



COVID'19 IMPACT ON HEALTH CONDITION, ATTITUDES AND LIFESTYLES

Research study conducted by MedLife
Study period: March 24 – April 30, 2020
ROMANIA

AGENDA

- 1. CONTEXT**

A brief retrospective of recent events that created the context of this research study
- 2. CHALLENGES**

The tensions generated by COVID'19 that triggered the need for the present research study
- 3. RESEARCH QUESTIONS**

In-depth research areas in order to support strategic decision-making with an impact on the population and business environment in Romania
- 4. METHODOLOGICAL APPROACH**

Methodological framework designed to answer the research questions
- 5. CONCLUSIONS**

The main results of the research as well as the recommended directions of action deriving from them
- 6. DETAILED RESULTS**

Research results detailed in tabular format and interpretations related to statistical analyzes



1



CONTEXT

A brief retrospective of recent events that created the context of this research study

THE STATE OF EMERGENCY ENACTED IN ROMANIA ON **MARCH 16, 2020** DUE TO THE SARS-COV-2 PANDEMIC IS EXTENDED BY 30 DAYS

- The first case of COVID'19 was officially registered on February 26, 2020
- The threshold of 100 infected people was exceeded, 139 cases being registered until March 15
- All economic sectors have reduced their activity to a greater or lesser extent
- Over 250,000 employment contracts have ended, the affected persons no longer benefiting from the measure of technical unemployment aid covered by the state (*)
- As of April 22, more than 1 million suspended employment contracts have been registered (*)
- Specialists anticipate another peak of infections by the end of the year and a period of at least 1-2 years until a vaccine that confers immunity to the body against the new coronavirus is developed



THE ACTIVITY OF THE ROMANIAN HEALTHCARE SYSTEM, BOTH PUBLIC AND PRIVATE, WAS ALSO RESTRUCTURED

- According to the Institute of Public Health, following the centralization of data for the week of April 13-19, 2020, 1 in 7 cases diagnosed with COVID-19 was confirmed among medical staff (1,031 cases).
- However, the Sanitary Solidarity Federation declared 1,743 medical staff infected with the new coronavirus, the centralization being made based on official data and with the help of the union leaders they have in each medical unit or directly from the employees in the healthcare system.
- MedLife, the leader of the private healthcare services market in Romania, has developed and implemented a series of triage and protection measures and procedures against infection with the new coronavirus to ensure continuity of medical activity in conditions of maximum safety for both the patients and own medical and auxiliary staff.



2



CHALLENGES

The tensions generated by COVID'19 that triggered the need for the present research study

RESUMPTION OF ECONOMIC ACTIVITY IN CONDITIONS OF MAXIMUM SAFETY

The short / medium term impact, but also the long term impact on the population in terms of:

- financial dimension (income level, unemployment rate)
- health status (e.g. taking over medical emergencies, treatment of chronic diseases, etc.), including the psychic / emotional one determined by the measures of isolation, social distance, lack of mobility or the phenomenon of virtualization of reality as a result of the transfer to the online environment of a significant number of activities

will be determined by the moment when the economy will restart its engines, hence the concern to identify solutions and a framework for continuing the activity without negative effects on the contamination rate of both the active population and the vulnerable population (elderly or people with comorbidities).

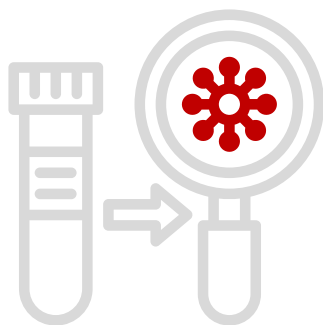


RESEARCH QUESTIONS

In-depth research areas in order to support strategic decision-making with an impact on the population and business environment in Romania

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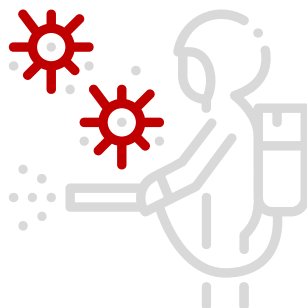




1 What is the level and pace of natural immunization of the population given that other research in other states has confirmed the existence of a significant number of asymptomatic patients infected with SARS-CoV-2 that are not included in official COVID'19 medical statistics?



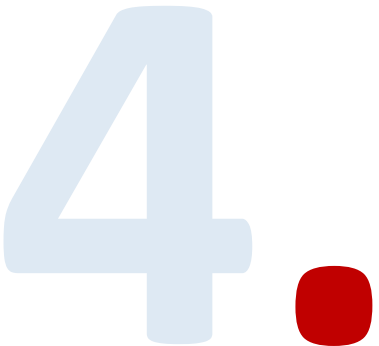
2 How effective are the protection measures and working procedures developed and implemented by MedLife since the outbreak of the pandemic?



3 Could these measures and procedures be adapted and translated in other sectors of the economy so that companies can gradually resume their activity in conditions of maximum safety?

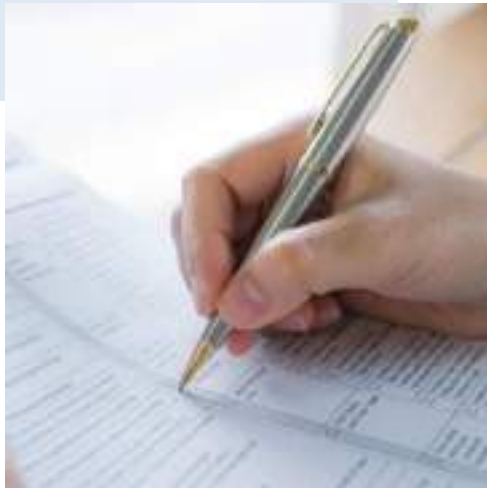
METHODOLOGICAL APPROACH

Methodological framework designed to answer the research questions





In order to come up with an answer to the questions presented above, MedLife conducted a research study among its **own medical and auxiliary staff** between **March 24 - April 30**, on a representative sample of **n = 1005** study participants.



The selected individuals were tested in order to verify the **proportion of people who developed antibodies (IgG, IgM)** or who **were infected** at the time of the project.

In addition, selected individuals participated in an **opinion poll** measuring how COVID'19 context influenced their **perceptions, attitudes, and lifestyles**.

METHODOLOGICAL COORDINATES OF THE OPINION POLL

Target population: the adult population of Romania

Sampling framework: MedLife medical staff (doctors, nurses, caregivers) si auxiliary staff (reception, administrative, etc.)

Sampling methodology: probabilistic, non-proportional, stratified, multistage

Stratification criteria: type of staff (doctors, nurses, caregivers, reception, administrative staff) and the geographical region

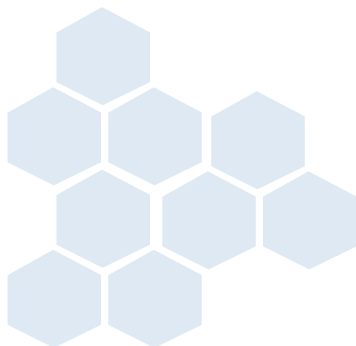
Sampling stages:

- (1) selection of cities in which MedLife has medical units;
- (2) selection of medical units from selected cities;
- (3) from each selected medical unit, random selection of respondents from the 4 targeted professional categories: doctors, nurses/caregivers, reception, administrative staff

Post-stratification: data weighting was applied in order to cancel the distortion that occurred in the sampling process. Thus, the weight of each study participant was calculated according to the prevalence of the group to which it belongs (FUNCTION x CITY) in the sample vs. in the total universe formed by MedLife medical and auxiliary staff commonly coming into contact with patients. Respondents from the under-represented groups in the sample received higher shares and respondents from the over-represented groups in the sample received lower shares. The tables on the next slide reflect the distribution of respondents before and after applying data weighting procedure.

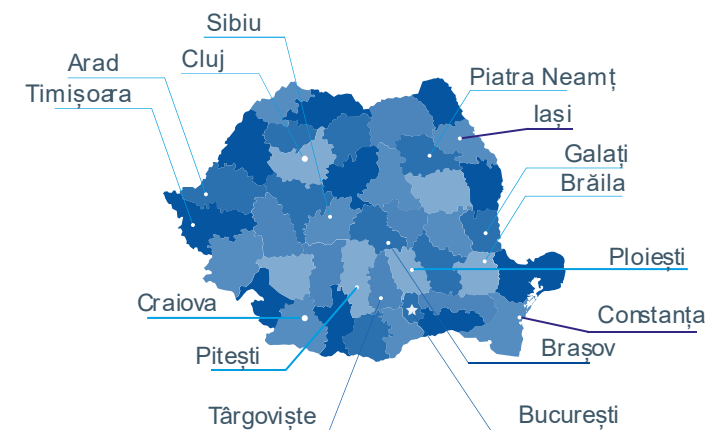
STRUCTURE OF THE SAMPLE BEFORE AND AFTER DATA WEIGHTING(1/2)

FUNCTION	DISTRIBUTION OF MEDLIFE UNIVERSE	DISTRIBUTION OF SAMPLE <u>BEFORE</u> DATA WEIGHTING (N=1005)	DISTRIBUTION OF SAMPLE <u>AFTER</u> DATA WEIGHTING (N=1005)
	%	%	%
Doctors	38	27	38
Nurses	37	45	39
Caregivers	9	14	10
Reception	7	9	6
Administrative (IT, Accounting, HR, Call Center, Marketing, etc.)	9	5	9
TOTAL	100	100	100



STRUCTURE OF THE SAMPLE BEFORE AND AFTER DATA WEIGHTING(2/2)

FUNCTION	DISTRIBUTION OF MEDLIFE UNIVERSE	DISTRIBUTION OF SAMPLE BEFORE DATA WEIGHTING (N=1005)	DISTRIBUTION OF SAMPLE AFTER DATA WEIGHTING (N=1005)
	%	%	%
Arad	6	6	6
Braila	1	1	0
Brasov	10	6	9
Bucuresti	54	48	57
Cluj Napoca	4	6	4
Constanta	2	4	2
Craiova	1	3	1
Galati	1	2	1
Iasi	2	1	1
Piatra Neamt	1	3	1
Pitesti	0	1	0
Ploiesti	2	2	2
Sibiu	11	16	12
Targoviste	3	1	2
Timisoara	2	1	1
Total	100	100	100



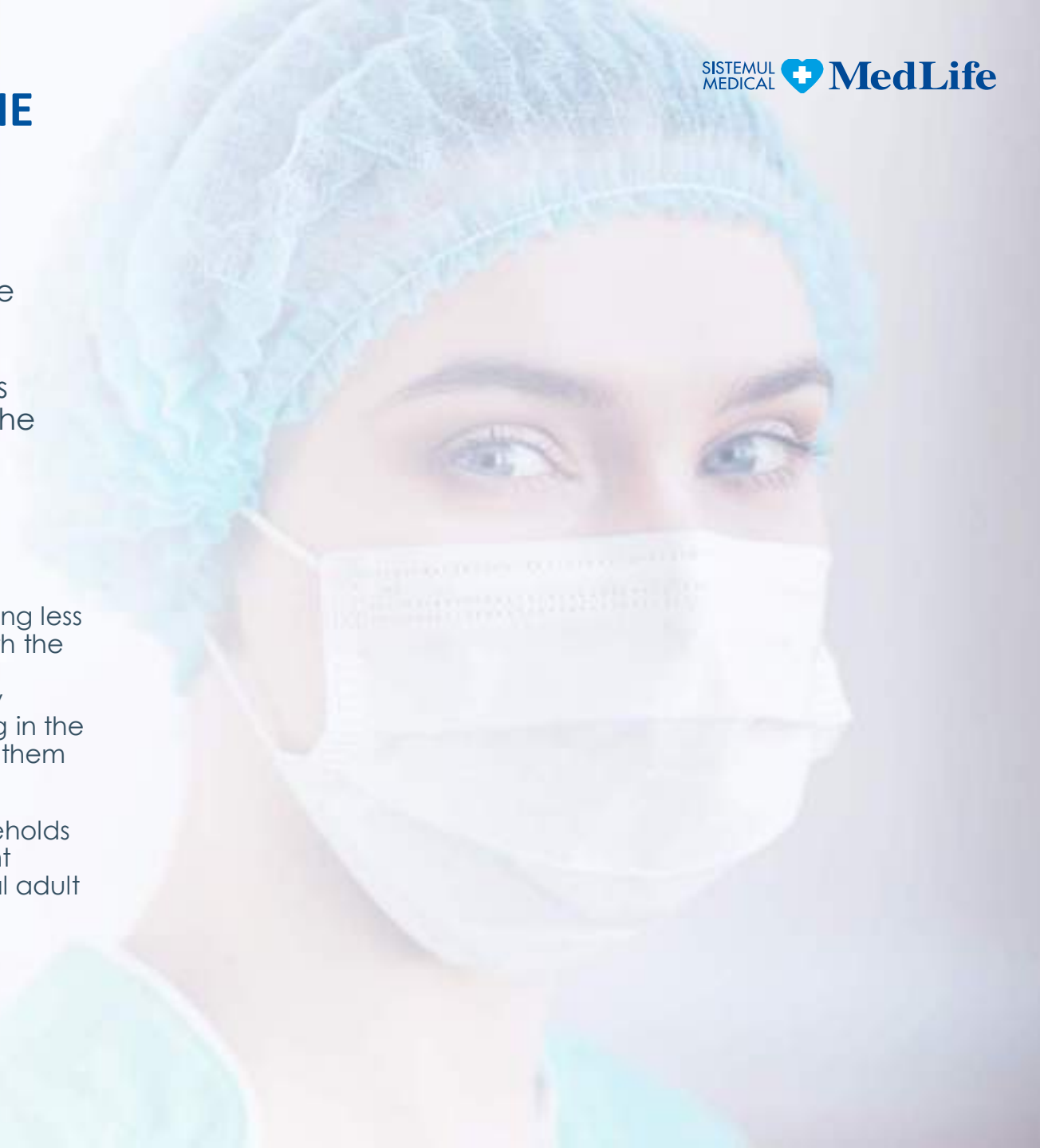
METHODOLOGICAL COORDINATES OF THE OPINION POLL (CONT.)

Representativeness: the sample is representative for MedLife medical (doctors, nurses, caregivers) and auxiliary staff (reception, administrative, etc.) who commonly come into contact with patients. For certain results of the study such as those related to the rate of immunization, extrapolation to the entire population of Romania could be validated for the following reasons:

- the high degree of exposure of the target segment compared to the rest of the population, the latter being less vulnerable from the perspective of contamination with the new coronavirus thanks to the restriction measures on mobility and socialization imposed by the emergency ordinance (on average, at work, people participating in the study came in contact with 29 people, almost half of them being patients)
- the occupational profile of the members of the households from which the study participants come could present similarities with the occupational profile of the general adult population in urban areas

Sample size:

- $n=1005$
- 3% sampling error



METHODOLOGICAL COORDINATES OF THE OPINION POLL (CONT.)

Measures:

- Laboratory tests: RT-PCR, serological testing and rapid tests
- Opinion poll based on a structured questionnaire that aimed at the following research objectives:
 - Occupational profile in the period before COVID'19, but also after the state of emergency was enacted regarding: the number of face-to-face contacts in the hospital, the number of patients for whom the consultation / treatment / intervention involved also physical contact
 - Social profile related to the period after the state of emergency was enacted: means of transport used, types of activities carried out outside the house and their frequency;
 - Attitude towards COVID'19: perceived health condition and level of vulnerability, reasons behind perceptions; and
 - Demographic coordinates: gender, age, size and structure of the household, type of housing (incl. number of rooms), occupation of life partner.



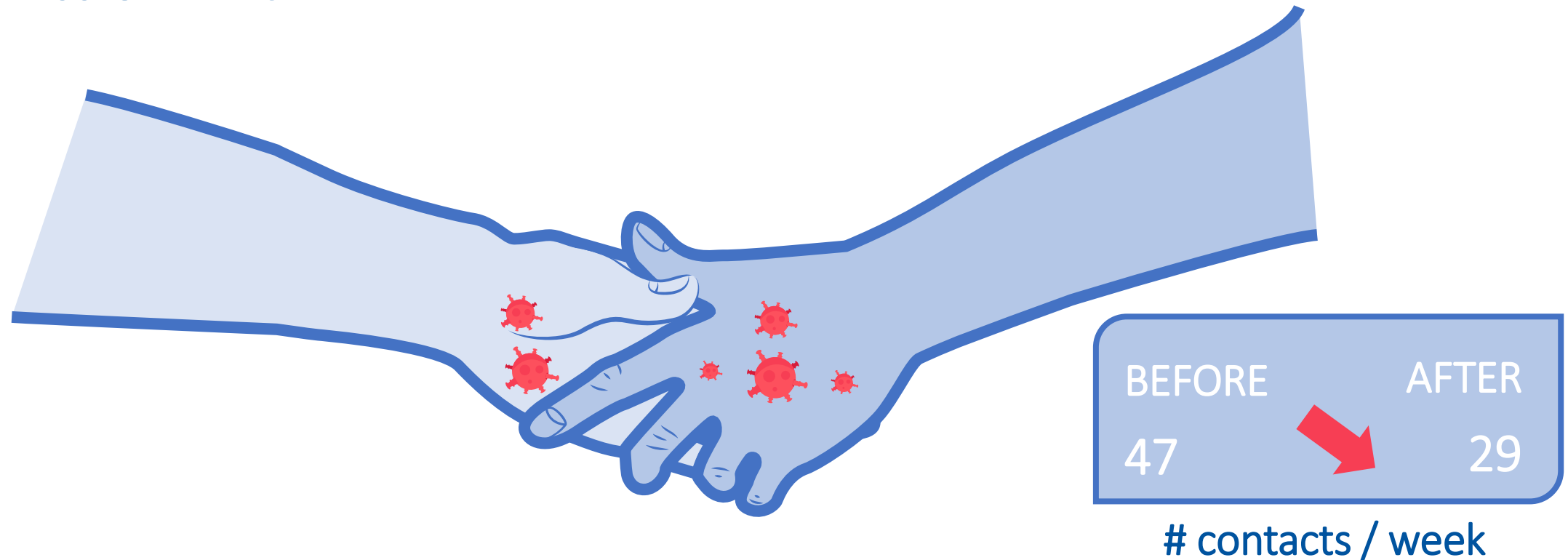
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CONCLUSIONS

The main results of the research as well as the recommended directions of action deriving from them

COVID'19 IMPACT ON PROFESSIONAL ACTIVITY



The enactment of the state of emergency as a result of the pandemic caused by the SARS-CoV-2 virus significantly influenced the number of contacts in the hospital / polyclinic (by approximately 38%*)

Even under these conditions, the **exposure** of MedLife staff and, implicitly, **the risk of infection** are significant and probably clearly **higher** than the values registered among the general population.

(*) according to the perception of the respondents participating in the study

COVID'19 IMPACT ON LIFESTYLE

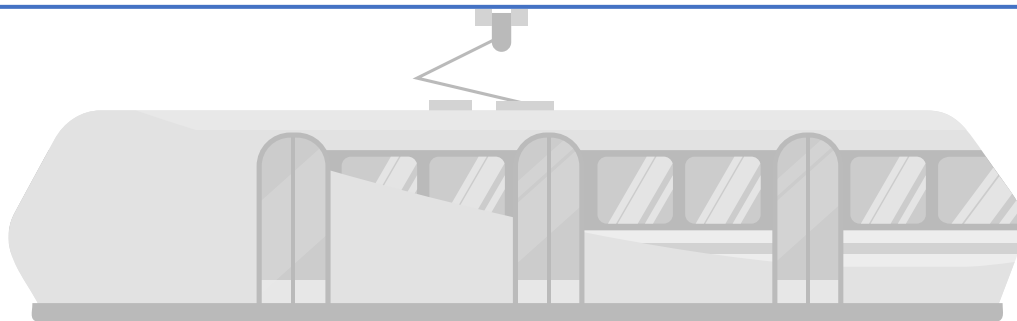
Both contexts, professional and personal, reflect a **socially active individual**, engaged weekly also in other **activities outside the house**, that has to use not only his personal car, but also **public transport (26%)**.



Engaged in other activities outside the house



26% use most often **public transport** for travel to and from the hospital / polyclinic.

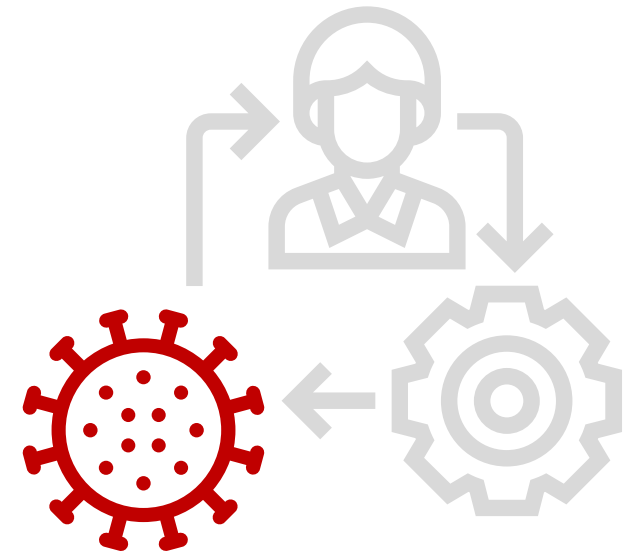


COVID'19 IMPACT ON LIFESTYLE (CONT.)



PEOPLE WITH WHOM THE RESPONDENTS LIVE COULD REPRESENT POSSIBLE SOURCE OF SARS-CoV-2 INFECTION GIVEN THE SOCIAL DIMENSION THAT CHARACTERIZES THEM:

- 65% of the respondents stated that in their household there is at least one member who came into contact with other people outside the house
- almost half of the respondents mentioned that there is at least one member in their household who went to work in the last 7 days
- people with whom MedLife employees live have also been engaged in activities outside the house, such as shopping, physical activity (incl. walking) or care / assistance provided to other persons



ATTITUDE TOWARDS COVID'19

Adequate protection measures not only protected MedLife staff from SARS-CoV-2 infection, but also strengthened employees' confidence, making them feel less vulnerable to the virus.



95% of the respondents rate their health condition as **very good** (56%) or **good** (39%)



27% recognize their vulnerability to the new coronavirus, mainly due to the **contagiousness of the virus** (73%)

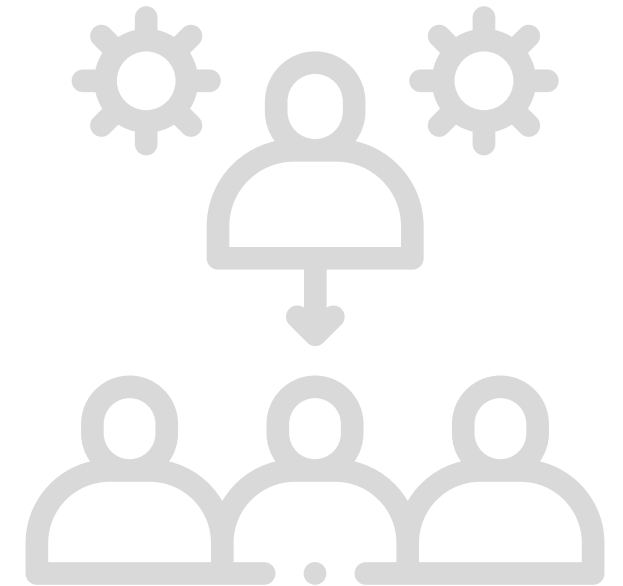


39% do **NOT** feel vulnerable to the new coronavirus, the main reasons being: **hospital protection measures** (37%), **contagiousness of the virus** (30%), **health condition** (23%)

DEMOGRAPHIC PROFILE OF THE RESPONDENT

From the demographic characteristics point of view, **caregivers** seem to be the most **vulnerable** category in terms of the consequences of a possible infection with SARS-CoV-2, but also of the potential for transmitting the virus to other people. It is the segment with the highest average age (**1 in 2 is over 50 years old**), with the highest average number of members in the household, the share of caregivers that have to commute being much higher than the value recorded in the entire MedLife staff (**38% versus 26%**).

DOCTORS	7 out of 10 are women, 74% between 30 and 50 years old, 3 members per household, 4 out of 10 live in a house with 3.5 rooms, 21% live in another city (vs the city of the medical unit)
NURSES	9 out of 10 are women, almost 2 thirds are between 30 and 50 years old, 3.1 members per household, 34% live in a house with 2.9 rooms, 30% live in another city
CAREGIVERS	Almost 100% women, 72% over 40 years, 3.2 members per household, 45% live in a house with 2.9 rooms, 38% live in another city
RECEPTION	95% women, 57% under 30 years, 3.1 members per household, 72% live in a 2.7 room apartment, 21% live in another city
ADMINISTRATIVE	Approx. 40% men, 66% under 40 years, 2.9 members per household, 81% live in a 2.5 room apartment, 18% live in another city



#1

What is the **level and pace of natural immunization** of the population given that other research in other states has confirmed the existence of a significant number of asymptomatic patients infected with SARS-CoV-2 that are not included in COVID'19 official medical statistics?

The natural immunization rate of the analyzed population is very low (less than 2%). Therefore, until the creation of a vaccine, the development of a framework of protection measures for employees of companies so that they can continue their work becomes a priority so as not to deepen even more the negative effects that the pandemic has had and will have on economy and, implicitly, the standard of living and quality of life of the population.

#2

How **effective** are the **protection measures and work procedures** developed and implemented by MedLife since the outbreak of the pandemic?

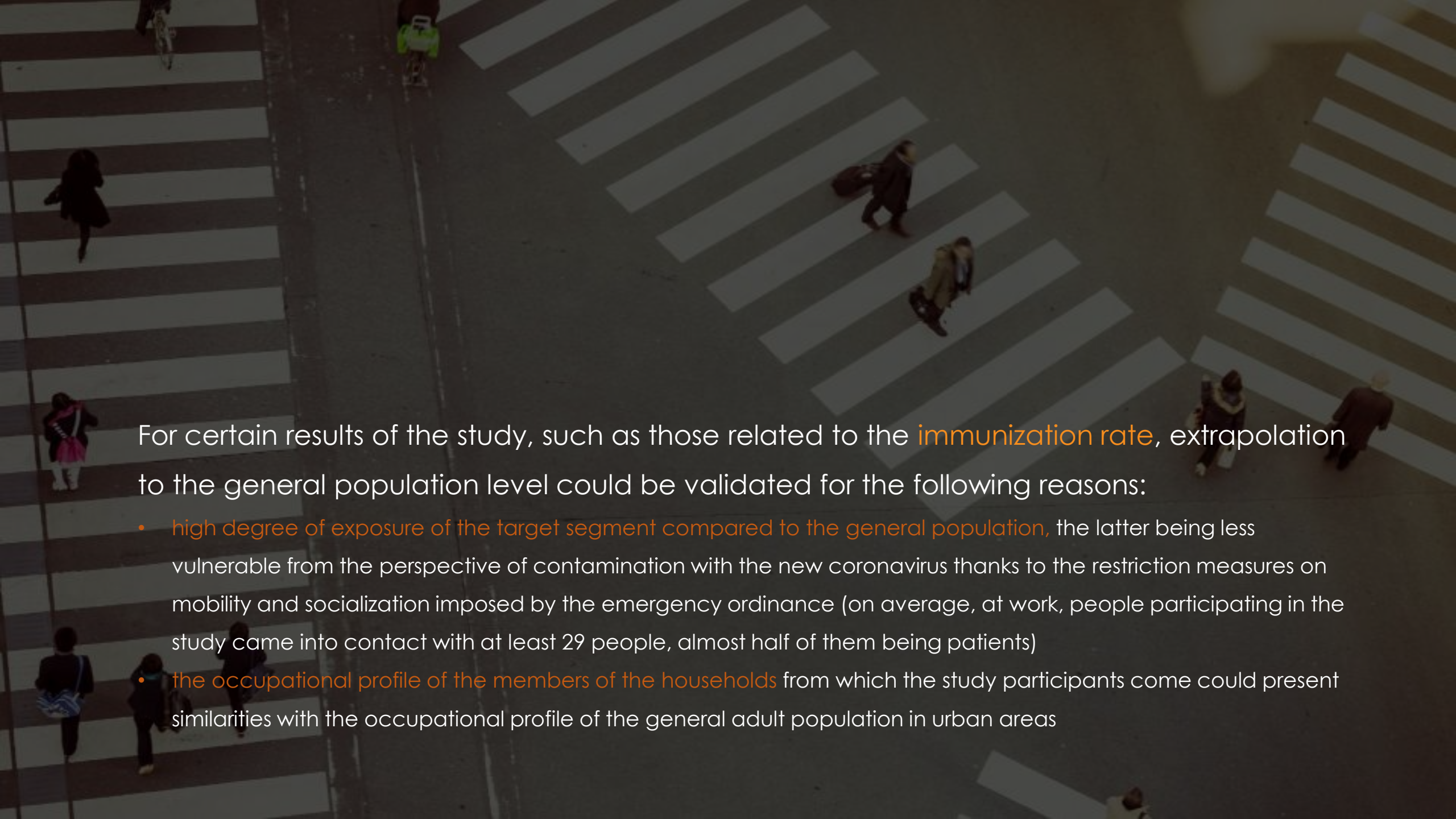
MedLife staff protection measures have proven effective because, despite the large number of face-to-face contacts – both in and outside the hospital- the number of those infected represents less than 2% of the total staff.

#3

Given that MedLife has implemented an extensive set of epidemiological prevention measures, and these have had a direct impact on the very small number of infected people, the company will be able to adapt and translate these measures among other companies to help them resume their activity in safe conditions. Among the most important measures that can be translated we list:

- Introduction of triage filters
- Rules for social and professional contact
- Coronavirus self-declaration form
- The wearing of protective equipment
- Equipping the units with disinfectants and protective medical supplies
- Informing employees about the need for hand sanitization and limiting social contact
- Temperature measurement
- Circuit management and staff rest
- Preventive testing
- Recalibration of front-line staff according to health condition and resistance to infection

Could these **measures and procedures be adapted and translated in other sectors of the economy** so that companies can gradually resume their activity in conditions of maximum safety?



For certain results of the study, such as those related to the **immunization rate**, extrapolation to the general population level could be validated for the following reasons:

- **high degree of exposure of the target segment compared to the general population**, the latter being less vulnerable from the perspective of contamination with the new coronavirus thanks to the restriction measures on mobility and socialization imposed by the emergency ordinance (on average, at work, people participating in the study came into contact with at least 29 people, almost half of them being patients)
- **the occupational profile of the members of the households** from which the study participants come could present similarities with the occupational profile of the general adult population in urban areas



IT IS RECOMMENDED THAT THE INTERPRETATION OF THE RESULTS BE MADE IN STRICT CORROBORATION WITH CLINICAL AND EPIDEMIOLOGICAL DATA AND SUBJECT TO THE STILL INCOMPLETE INFORMATION ON THE SEROLOGICAL RESPONSE OF THE HUMAN BODY TO THE INFECTION WITH THE NEW CORONAVIRUS

6

DETAILED RESULTS

Research results detailed in tabular format and interpretations related to statistical analyzes

6.1 COVID'19 IMPACT ON PROFESSIONAL ACTIVITY

Note: All databases ($N = \dots$) are unweighted. Statistical estimators are representative for Medlife universe following the application of post-stratification. For more details on how the weighting coefficients were derived, see chapter "Methodological approach".

COVID'19 IMPACT ON PROFESSIONAL ACTIVITY CONCLUSIONS

Even if during COVID'19, after the emergency state was enacted, the number of face-to-face contacts in the hospital / polyclinic decreased significantly, the exposure of MedLife staff and, implicitly, the risk of infection are significant and probably significantly higher than the general population.



COVID'19 IMPACT ON PROFESSIONAL ACTIVITY RESULTS

- After enactment of the emergency state, MedLife staff came in contact with, on average, about 29 people, about half of them being patients. The most exposed was the reception staff - 47 contacts per day, of which approx. 60% patients. Nurses / caregivers and administrative staff interacted daily, on average, with 33-34 people, half of whom were patients. Doctors, on the other hand, stand out with the lowest exposure - 21 people on average per day, of which approx. 40% patients.
- For **62%** of the patients with whom the doctors came in contact, the consultation / intervention also involved physical contact.
- For **47%** of the patients with whom the nurses/caregivers came in contact, the consultation / intervention also involved physical contact.



COVID'19 IMPACT ON PROFESSIONAL ACTIVITY

Number of **people** with whom MedLife medical and auxiliary staff came in contact, on average, per day (in hospital / polyclinic) *

	AFTER...	BEFORE...	COVID'19 impact on # contacts in
	...the state of emergency		hospital/ polyclinic
	# contacts per day	# contacts per day	(# contacts after-# contacts before)/ # contacts before
Total	29	47	-38%
Doctors	21	37	-44%
Nurses / Caregivers	34	48	-30%
Reception	47	89	-47%
Others (administrative, guard, etc.)	33	61	-46%

* According to respondents' perceptions

COVID'19 IMPACT ON PROFESSIONAL ACTIVITY

Number of **patients** with whom MedLife medical and auxiliary staff came in contact, on average, per day (in hospital / polyclinic) *

	AFTER ...	BEFORE...	COVID'19 impact on # contacts in
	...the state of emergency		hospital/ polyclinic
	# patients per day	# patients per day	(# patients after-# patients before)/ # patients before
Total	14	24	-40%
Doctors	8	18	-53%
Nurses / Caregivers	17	25	-29%
Reception	29	57	-49%
Others (administrative, guard, etc.)	17	29	-43%

* According to respondents' perceptions

COVID'19 IMPACT ON PROFESSIONAL ACTIVITY

Number of **coworkers** with whom MedLife medical and auxiliary staff came in contact, on average, per day (in hospital / polyclinic) *

	AFTER ...	BEFORE...	COVID'19 impact on # contacts in hospital/ polyclinic (# coworkers after-# coworkers before)/ # coworkers before
	...the state of emergency # coworkers per day	# coworkers per day	
Total	15	23	-35%
Doctors	13	19	-35%
Nurses / Caregivers	17	24	-30%
Reception	18	32	-43%
Others (administrative, guard, etc.)	16	31	-48%

* According to respondents' perceptions

6.2 COVID'19 IMPACT ON LIFESTYLE

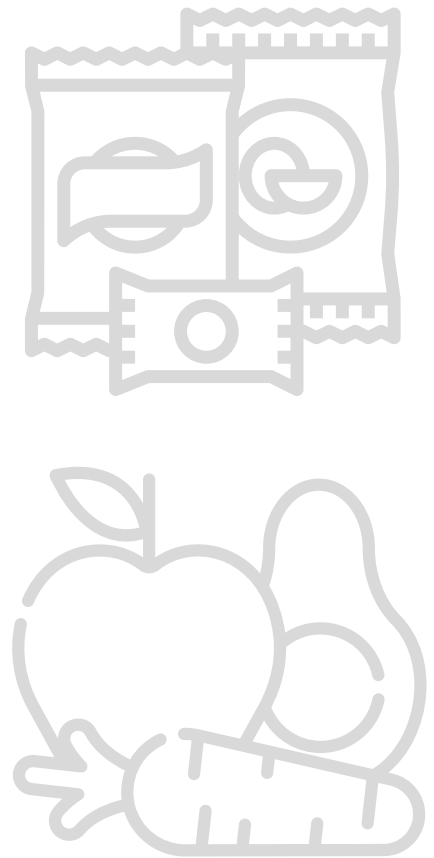
Note: All databases ($N = \dots$) are unweighted. Statistical estimators are representative for MedLife universe following the application of post-stratification. For more details on how the weighting coefficients were derived, see chapter "Methodological approach".

COVID'19 IMPACT ON LIFESTYLE

CONCLUSIONS

Both contexts, professional and personal, reflect a socially active individual, engaged weekly also in other activities outside the house, that has to use not only his personal car, but also public transport. Moreover, among all segments, we can see the presence of face-to-face contacts with other people than those in their own household or hospital / polyclinic (patients & coworkers), **thus surprising for the vast majority the voluntary activities offered by respondents who provided medical help to relatives and friends, and made supplies for relatives and friends.**

The people with whom the respondents live could also represent a possible source of infection with SARS-CoV-2 given their social profile (they go to work, carry out activities outside the house).



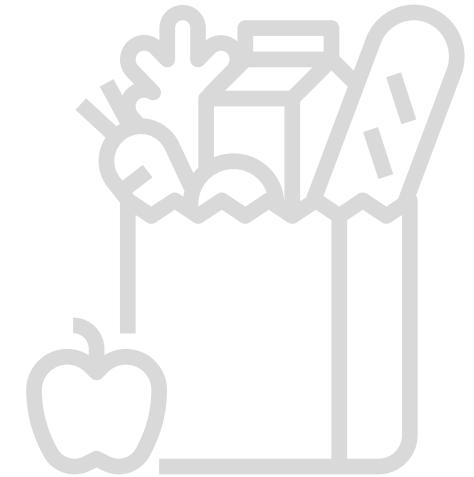
COVID'19 IMPACT ON LIFESTYLE

RESULTS

The vast majority of MedLife staff go to hospital / polyclinic by personal car (61%), while 26% of them use public transport. The most exposed segments are caregivers and auxiliary staff, who use to a significantly greater extent the means of public transport. (approx. half of the caregivers, 4 out of 10 people working in the reception, more than half of the rest of the auxiliary staff).

Every week, MedLife staff is engaged in other types of activities outside the house, the most common being shopping, either from small stores near the house (approx. 78%), or from large stores like super- or hyper-market (approx. 64%). 4 out of 10 respondents went out in the proximity of the house in the last week to carry out a physical activity (incl. walking), while a third provided care / assistance to other people outside the house.

The number of those who made online shopping is relatively high - 4 out of 10 study participants. The frequency of this type of acquisition is 1.59, higher values being registered among doctors (1.76).

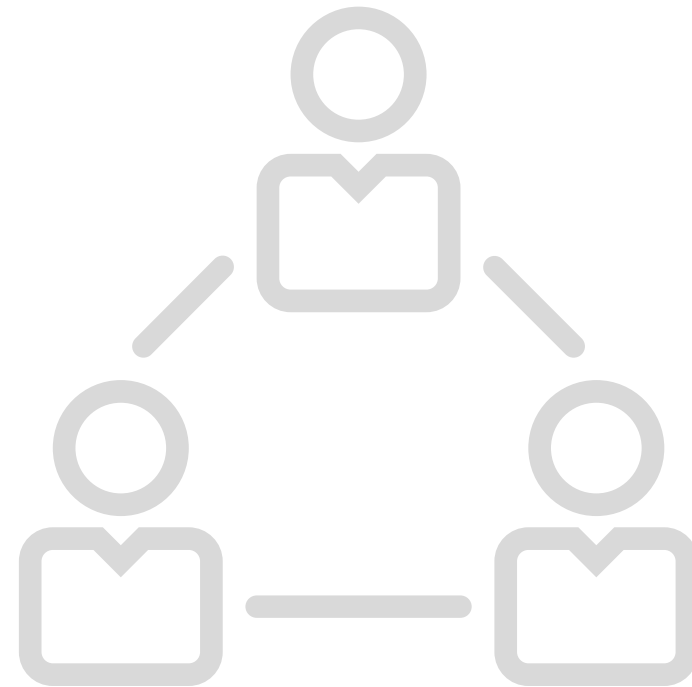


COVID'19 IMPACT ON LIFESTYLE

RESULTS (CONT.)

Not only the medical and auxiliary staff of MedLife is very active from a social point of view, but also their families:

- 65% of the respondents stated that in their household there is at least one member who came into contact with other people outside the house;
- Almost half of the respondents stated that there is at least one member of their household who went to work in the last 7 days to which are added other activities performed outside the house such as shopping, physical activity (incl. walking) or care / assistance given to other people outside the house.



COVID'19 IMPACT ON LIFESTYLE

Activities carried out outside the house in the last 7 days

	Total	Doctors	Nurses/ caregivers	Reception	Others
	N=1005	N=271	N=589	N=94	N=51
	%	%	%	%	%
Went to hospital / polyclinic	94	98	93	88	81
Went shopping from small stores near the house (food, pharmacy, etc.)	78	75	80	85	75
Went shopping from supermarket/ hypermarket/ market	64	63	64	62	68
Went out of the house to do a physical activity (eg running, gymnastics, walking)	37	41	34	40	31
Gave care / assistance to other persons outside the house	32	36	29	36	33
Went out near the house for the needs of pets	24	22	28	25	17
Other activities that required going outside the house	31	30	31	33	33



COVID'19 IMPACT ON LIFESTYLE

The means of transport most often used for travel to and from the hospital / polyclinic in the last 7 days

	Total	Doctors	Nurses	Caregivers	Reception	Others
	N=1005	N=271	N=453	N=136	N=94	N=51
	%	%	%	%	%	%
Personal car	61	82	58	24	32	38
Car of others (coworker, friend), as a passenger	6	5	8	6	12	1
Public transport	26	10	26	51	41	55
○ Bus / trolleybus	11	5	11	32	24	27
○ Subway	11	2	10	14	8	22
○ Tramway	3	2	3	5	9	4
○ Train	1	1	0	0	0	2
Bicycle / scooter	1	0	0	4	0	0
None of the above	7	3	8	15	15	6



COVID'19 IMPACT ON LIFESTYLE

Frequency of online shopping in the last 7 days

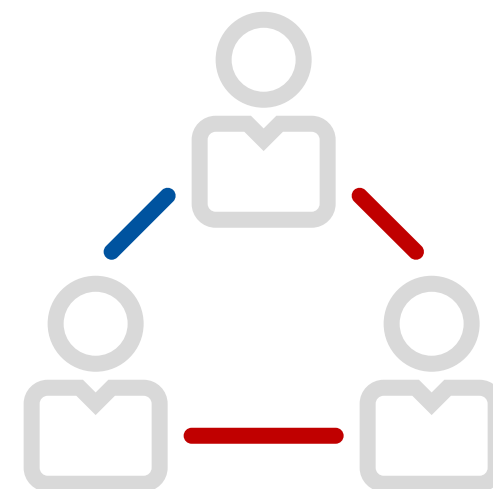
	Total	Doctors	Nurses/ caregivers	Reception	Others
	N=1005	N=271	N=589	N=94	N=51
% have been shopping online in the last 7 days	40%	46%	36%	46%	25%
Average frequency (times in the last 7 days)	1.59	1.76	1.47	1.63	1.18



COVID'19 IMPACT ON OTHER HOUSEHOLD MEMBERS

Households in which ...	% N=1005
At least one member had face-to-face contact with other people outside the house	65
○ Coworkers	42
○ Relatives	36
○ Friends / acquaintances	21
No member of the household had face-to-face contact with other people	27
Respondents do not live with other people	8

face-to-face contact was defined as a social interaction that involves a physical distance of less than 2 meters and a duration of at least 15 minutes



COVID'19 IMPACT ON OTHER HOUSEHOLD MEMBERS (CONT.)

Activities carried out outside the house by other household members in the last 7 days	% N=1005
At least one activity outside the house	82
○ Went to work	49
○ Went shopping from small stores near the house (food, pharmacy, etc.)	67
○ Went shopping from supermarket/ hypermarket/ market	56
○ Gave care / assistance to other persons outside the house	18
○ Went out of the house to do a physical activity (eg running, gymnastics, walking)	23
○ Went out near the house for the needs of pets	12
○ Other activities that required going outside the house	23
No activity outside the house	10



6.3 ATTITUDE TOWARDS COVID'19

Note: All databases ($N = \dots$) are unweighted. Statistical estimators are representative for Medlife universe following the application of post-stratification. For more details on how the weighting coefficients were derived, see chapter "Methodological approach".

ATTITUDE TOWARDS COVID'19

Conclusions

- Adequate protection measures not only protected MedLife staff from SARS-CoV-2 infection, but also strengthened employees' confidence, making them feel less vulnerable to the virus.

Results

- Almost all respondents say that their health condition is very good (approx. 56%) or good (approx. 39%). However, the attitude towards the virus in terms of vulnerability is strongly polarized - 27% acknowledge their vulnerability mainly due to the contagiousness of the virus, 34% have a neutral position. The remaining 39% feel rather that they have or can have control over the disease, invoking mainly the protection measures in the hospital to which is added the optimism regarding both the state of health and the rate of contagion of the virus.
- If the highest level of vulnerability is registered among doctors, at the opposite pole is the staff in reception, they being much more optimistic about the risk of infection.

ATTITUDE TOWARDS COVID'19

Detailed tables – health condition

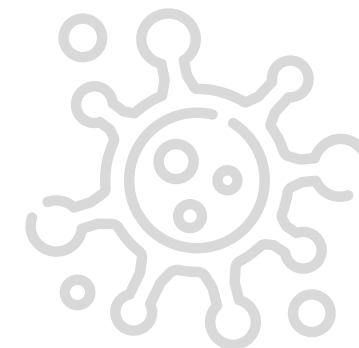
	Total	Doctors	Nurses/ caregivers	Reception	Others
	N=1005	N=271	N=589	N=94	N=51
	%	%	%	%	%
Very precarious	0	0	0	0	0
Quite precarious	0	0	0	0	0
In between	4	1	8	6	0
Quite good	39	37	37	37	65
Very good	56	62	55	58	35
Total	100	100	100	100	100
(Very) good	95	99	91	94	100



ATTITUDE TOWARDS COVID'19

Detailed tables- attitude towards the virus

	Total	Doctors	Nurses/ caregivers	Reception	Others
	N=1005	N=271	N=589	N=94	N=51
	%	%	%	%	%
Not at all vulnerable	16	9	21	21	13
Rather not at all vulnerable	23	27	20	25	23
In between	34	32	34	26	46
Quite vulnerable	23	28	20	23	13
Very vulnerable	4	3	5	5	4
Total	100	100	100	100	100
Very/ quite vulnerable	27	32	26	28	17
Not at all vulnerable/ rather not at all vulnerable	39	36	40	46	36



ATTITUDE TOWARDS COVID'19

Detailed tables- attitude towards the virus (Cont.)

The main reasons why respondents DO NOT FEEL VULNERABLE to COVID'19 disease		%
Protection measures in the hospital		37
Virus contagion rate		30
Health condition		23
Protection measures outside the hospital		7

The main reasons why respondents FEEL VULNERABLE to COVID'19 disease		%
Virus contagion rate		73
Protection measures in the hospital		11
Health condition		7
Protection measures outside the hospital		5



6.3 DEMOGRAPHIC PROFILE OF THE RESPONDENT

Note: All databases ($N = \dots$) are unweighted. Statistical estimators are representative for MedLife universe following the application of post-stratification. For more details on how the weighting coefficients were derived, see chapter "Methodological approach".

DEMOGRAPHIC PROFILE OF THE RESPONDENT

CONCLUSION

From the perspective of demographic characteristics, caregivers seem to be the most vulnerable category in terms of the consequences of a possible infection with SARS – CoV-2, but also of the potential for transmitting the virus to other people.

It is the segment with the highest average age (1 in 2 is over 50 years old), with the highest average number of members in the household, the share of caregivers that have to commute being much higher than the value recorded in the entire MedLife staff (38% versus 26%).



DEMOGRAPHIC PROFILE OF THE RESPONDENT

RESULTS

- The structure of MedLife universe is predominantly female (8 out of 10 respondents are women), the share of men being higher among support functions (approx. 40%) and among doctors (approx. 30%).
- Almost two thirds of MedLife staff - medical and auxiliary - are between 30 and 50 years old, the categories of employees analyzed having very different profiles in terms of distribution by age. If 1 in 2 caregivers is over 50 years old, at the opposite pole we find the reception staff where 6 out of 10 people are under 30 years old.
- 9 in 10 respondents live with at least one other person, and a third come from large households with 4 or more members.
- The vast majority live in an apartment (65%), the share of this type of housing being higher among the auxiliary staff (reception - 72%, other support departments - 81%).
- 1 in 4 respondents commutes, living outside the city where the medical unit they work for is located. In the case of caregivers, the number of commuters is significantly higher (4 out of 10).



DEMOGRAPHIC PROFILE OF THE RESPONDENT

DETAILED TABLES

	Total	Doctors	Nurses	Caregivers	Reception	Others
	N=1005	N=271	N=453	N=136	N=94	N=51
Distribution of the respondents by gender						
	%	%	%	%	%	%
• Woman	82	71	91	97	95	62
• Man	18	29	9	3	5	38
Total	100	100	100	100	100	100

	Total	Doctors	Nurses	Caregivers	Reception	Others
	N=1005	N=271	N=453	N=136	N=94	N=51
Distribution of the respondents by age						
	%	%	%	%	%	%
• under 30 years	17	1	28	5	57	22
• between 30 and 40 years	30	30	30	23	34	45
• between 40 and 50 years	33	44	32	26	5	19
• between 50 and 65 years	18	22	9	46	4	15
• above 65 years	2	3	2	0	0	0
Total	100	100	100	100	100	100

DEMOGRAPHIC PROFILE OF THE RESPONDENT

DETAILED TABLES (CONT.)

	Total	Doctors	Nurses	Caregivers	Reception	Others
	N=1005	N=271	N=453	N=136	N=94	N=51
Distribution of the respondents by household size						
	%	%	%	%	%	%
• 1 member	8	9	7	8	8	12
• 2 members	32	29	35	27	35	32
• 3 members	26	27	25	23	22	29
• 4 members	23	28	19	30	15	13
• 5 members or more	12	8	14	11	20	14
DK	0	1	0	1	0	0
Total	100	100	100	100	100	100
Average number of household members	3.07	3.00	3.12	3.18	3.14	2.94

DEMOGRAPHIC PROFILE OF THE RESPONDENT

DETAILED TABLES (CONT.)

	Total	Doctors	Nurses	Caregivers	Reception	Others
	N=1005	N=271	N=453	N=136	N=94	N=51
Distribution of the respondents by household structure						
	%	%	%	%	%	%
Husband/ wife/ partner	76	80	74	72	76	68
Children under the age of 18	45	53	41	41	25	47
Other adults <u>under</u> the age of 65	24	16	25	38	45	18
Other adults <u>above</u> the age of 65	14	13	18	10	14	2
Do not live with other persons	9	10	7	10	8	12

DEMOGRAPHIC PROFILE OF THE RESPONDENT

DETAILED TABLES (CONT.)

	Total	Doctors	Nurses	Caregivers	Reception	Others
	N=1005	N=271	N=453	N=136	N=94	N=51
Distribution of the respondents by type of housing						
	%	%	%	%	%	%
Apartment	65	61	66	55	72	81
House	35	39	34	45	28	19
Total	100	100	100	100	100	100

DEMOGRAPHIC PROFILE OF THE RESPONDENT

DETAILED TABLES (CONT.)

	Total	Doctors	Nurses	Caregivers	Reception	Others
	N=1005	N=271	N=453	N=136	N=94	N=51
Distribution of the respondents by number of rooms in the house						
	%	%	%	%	%	%
1 room	5	1	4	13	9	13
2 rooms	30	18	38	29	44	41
3 rooms	31	34	31	27	26	30
4 rooms	18	26	14	18	7	15
5 rooms or more	15	20	14	13	13	2
DK	0	1	1	0	0	0
Total	100	100	100	100	100	100
Avg. no. of rooms	3.08	3.45	2.94	2.89	2.70	2.52
Avg. no. of members per household	3.07	3.00	3.12	3.18	3.14	2.94
Avg. no. of members per room	1.00	0.87	1.06	1.10	1.16	1.17

DEMOGRAPHIC PROFILE OF THE RESPONDENT

DETAILED TABLES (CONT.)

	Total	Doctors	Nurses	Caregivers	Reception	Others
	N=1005	N=271	N=453	N=136	N=94	N=51
Distribution of respondents by place of residence						
	%	%	%	%	%	%
same city as the one where the medical unit is located	74	79	70	62	79	82
other city as the one where the medical unit is located	26	21	30	38	21	18

The study was conducted by MedLife in 3 laboratories of the group: MedLife Grivita Central Laboratory in Bucharest, Panduri Medical Center Laboratory and Sfanta Maria Laboratory.

- **Laboratory team coordinator:** Dr. Roxana Vasilescu, MD Laboratory Medicine, Head of MedLife Grivita Laboratory.
- **Scientific support offered by:** Dr. Valeriu Gheorghita, MD Infectious Diseases, Doctor of Medicine, Assistant Professor at UMF Dr. Carol Davila, Central Military Emergency University Hospital Dr. Carol Davila and Dr. Mihai Varciu, MD Endocrinology, Doctor of Medicine, Lecturer Transilvania Brasov University, Medical Director of MedLife Brasov.
- On the methodology and sampling side, the opinion poll was supervised by Andi Dumitrescu, consultant and market research expert with over 20 years of experience. Mr. Dumitrescu led the company GfK Romania, which has been the leader of the market research industry in the past 20 years.



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