Quality of Work & Job Satisfaction Among Health Workers: Moderating Effect of Corona Fear

Garima Saini, Mubashir Majid Baba & Shabnam

This paper attempts to understand the impacts and fallouts of COVID-19 on health care workers. The effect of social intelligence, emotional stability and optimistic approach are studied on the quality of work of healthcare workers along with identifying how it influenced their job satisfaction. The moderating effect of corona fear is analyzed on the quality of work and job satisfaction. Empirical data derived through face-to-face interactions with 493 health care professionals were used for testing the conceptual framework derived from recent literature. The results indicate that social intelligence, emotional stability and optimism contribute towards quality of life of health care workers. Quality of work shows significant relation with job satisfaction. Corona fear shows the moderation effect, negatively affecting the quality of work.

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Introduction

First noticed in Wuhan, China in December 2019, Coronavirus disease (Covid-19) transmitted by leaps and bounds constantly threatening human life and increasing the death rate around the world. This virus is named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). This study has been using SARS-CoV-2 as Covid-19. Certain segments of populations who have direct exposure to COVID-19 like front-line workers, healthcare workers and marginalized groups experience psychological and physical distress due to fear of contamination with the virus (Mertens et al., 2020). Workers experienced various hardships, to name a few are social isolation; disturbances in daily life (Giuntella et al., 2020); and exhaustion at work. In the current pandemic, health care workers experience the psychological burden in the form of heightened burnout, stress, anxiety and suicide rates (Santarone et al., 2020). Covid-19 accumulated mental health symptoms and psychological distress in health care workers who are delivering their service in this pan-

demic. Health care workers who are infected with COVID-19 are exposed to longer working hours, suboptimal hand cleanliness and transferred to risky clinical settings. In their isolation period, they experienced emotional and physical deviations. Adding to this, health care workers in this distress were worried about their and their loved ones' health increasing their fear. The challenging environment for the health care workers arises many psychological factors affecting their performance due to lack of control, high demands, less sleep and overtime resulting in burnout (Aronsson et al., 2017).

Various researchers examined the psychological and professional effects of the pandemic on health care workers (Bostan et al.,2020; Rana et al.,2020; Chew et al., 2020; Cai et al., 2020). Health care workers experience mental, emotional, spiritual and physical stress factors affecting their well-being (Dewey et al., 2020). The same concerns are arising about psychological wellbeing, mental health and withdrawal symptoms of health care workers caring for patients with COVID-19. Discouraging health care workers from interacting with loved ones and colleagues increase isolation (Maunder et al; 2003). The changes and the adjustments of the pandemic exert untold pressure on workers worsening their mental health due to the corona fear (Van Agteren et al., 2020; Fiorillo & Gorwood, 2020; Shi et al., 2020; Salari et al., 2020). High emotional exhaustion among health care workers and being less empathic in dealing with patients lead to medical errors and low productivity with higher burnout and turnover rates (Penwell-Waines et al; 2018).

This study acknowledges the arduous duties of the front-line health care workers by understanding them on three parameters of work that are relationship, affection and change through constructs namely social intelligence, emotional stability, and optimism. These three constructs tend to affect another construct, viz. quality of work among health workers. Through all these constructs clouds on job satisfaction are witnessed. Understanding the duties of health care workers who seem fearful of infection and contagion to their family, colleagues and friends (Maunder et al., 2003) Living in this environment for long results in psychological trauma experiencing depression, anxiety and stress symptoms (Lee et al., 2007). Psychological resilience among health care workers varies as different individuals may have different capabilities to cope up with stress and fear (O'Dowd et al., 2018).

Job-Demand Resources Model

Being the most popular framework in occupational health psychology, the job demands-resources model investigates the cognate between employee well-being and job characteristics (Bakker & Demerouti, 2007). The positive psychology description of the theory helps in expressing the motivational process of the JD-R model by concentrating on organizational goals which require additional efforts during excessive demands in a job which adds up to exhaustion and burnout intentions in employees (Demerouti et al.,2001). Fur-

thermore, these recent observable trends lead to understating the positive aspects of health workers' well-being. The current study justifies the job-demand resources model as the job demands are described as physical, social and organizational aspects which justifies the constructs used. Adding to this employee's wellbeing with job resources and attributes are emphasized with salutogenic and pathogenic effects with its strengths and weaknesses

This model helps in better understanding and stimulating personal growth, learning, and development. The extension of the JD-R model includes the importance of personal resources which examines (optimism, self-efficacy and organizational-based self-esteem) for predicting work engagements and exhaustion (Xanthopoulou et al., 2006, Furthermore, personal resources play a mediating role when the association of work engagement and job resources are studied highlighting the fostering effect of job resources in the development of personal resources.

Demand-Control Model

Demand-control model in occupational health literature in studying the equilibrium between the demands employees are exposed to and the resources they have at their disposal. The stress in the organization particularly due to the combination of high job demands and low job control is emphasized by helping employees in recognizing by deciding how to meet their job demands by not experiencing job strain such as health complaints, job-related anxiety and exhaustion, and dissatisfaction (Karasek, 1979; 1998.)

Effort-Reward Imbalance (ERI) Model

Acting as an alternative, ERI-model talks about the rewards rather than the control structure of work (Siegrist, 1996) These models assume job strain as the result of an imbalance between effort and rewards. Lack of reciprocity between rewards and efforts results in stress and arousal as having a demanding and unstable job which lacks in providing security/career opportunities in terms of job security, status consistency and salary promotion prospects, are examples of a stressful imbalance and cardiovascular risks and other strain reactions. Furthermore, combining high effort and low reward in an organization is marked as a risk factor for burnout, mild psychiatric disorders and subjective health (Van Vegchel et al., 2005). Unlike the DCM, the ERI model introduces a personal component model as well as highlights emotional exhaustion and job satisfaction with affirming employees' perception of the working environment.

Review of literature

Social intelligence among professionals helps in maintaining and building relationships of health care workers as it provides foundations for emotional, deterministic and cognitive factors. If properly worked on, social intelligence of professionals helps in achieving personal and organizational

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success and improves performance. Healthcare organizations integrate social intelligence in the training of physicians which results in a better outcome and patient satisfaction. Health care workers are striving to provide patient-centered care during COVID-19. Managing these relationships needs to understand the importance of social intelligence. This boosts health professionals' relations by building awareness of others, self-management and self-awareness. Patient-centered care is not just in the models but in building relationships and interactions between patients and physicians (Warren et al., 2013). Social intelligence has shown a significant contribution to patient-health worker relationships. This will help in increasing teamwork, organizational commitment, effective leadership, empathy, health worker career satisfaction and proper management during COVID-19. A study demonstrating the relationship between job satisfaction and social intelligence of health care workers shows organizational commitment, retention and positive patient clinical outcomes (Carvalho et al.,2019). Evidence is that social intelligence can be improvised with training which would give a better understanding of behavior and attitude. This helps health workers in adapting specific behaviours and improve interactions with patients.

Social intelligence in health care workers helps in conveying and understanding difficulties of social affairs and surroundings during COVID-19. It affirms the combination of social and self-awareness, approaches having social views and desirable capacity for multifaced social change (Ross, 2015). Social intelligence helps in managing relations ability to manage human relations (Caroline et al.,2014) assisting professionals in attaining employee needs. It helps health care workers to know and understand themselves and others in a social environment by dealing thoughtfully and efficiently with his/her own identity, employing social inputs and a broader understanding of the social environment; empathetic consideration and cooperation with a social acquaintance (Babu et al.,2013).

Emotional stability can be traced in the health sector where practices of strategies using cognitive abilities (social awareness) can be traced from practices revolving around cognitive abilities which is a potent predictor for performance among health workers (Jordan et al., 2017). These psychological assessments in this field vindicated the importance of emotional and social skills in predicting performance and job satisfaction (Gowing, 2001). These skills and workplace behavior raise service quality, innovation, task achievement, employee commitment and exhaustion at work. The stability of emotions helps the individual in controlling emotions and behaving in an unorthodox way helps in coping with stress and fear. This will help lower anxiety thus emotional stability can be utilized

in the health sector where they have to face various challenges harmful on both external and internal fronts (Harris et al., 2010).

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The health sector works on the belief that social intelligence and emotional regulation play an important role in the quality of work, performance, task accomplishment, quality of service, job satisfaction and client outcomes (Cernis et al., 2020). Emotional stability in a health worker's personality regularizes him by keeping him away from fear, stress and anxiety maintaining the workplace pressure in COVID-19. Emotional stability is used in contrast to neuroticism which leads health worker to behave normally when they face stress, fear and anxiety which affect their performance. Emotionally stable worker tackles problems by understanding and controlling the problem to the best of their knowledge in the organization (Ho et al., 2013).

The literature review on severe acute respiratory syndrome (SARS) has provided evidence about the psychological and mental health issues of health care workers. Unfortunately, the research work on the impact of COVID-19 on health care workers is evolving with a better understanding of the pathogen. Optimist workers are more psychologically available in the given situation as they are naturally expecting a positive outcome and a strong cognitive engagement (Chen, 2015). Optimism being a psychological resource decides how an individual performs the task assigned and positively ramifies the worker's performance (Mishra et al.,2016). This commitment can be divided into formal and informal. Informal commitment, the organizational and action committees of the health care workers are studied whereas informal commitment defines the interpersonal and intrapersonal relations (Vandenberghe et al; 2004; Becker, 2009). The optimistic approach is the emotional need of humans, involving acquaintance with people. It concentrates on gaining attention, acceptance and support from the members of the group and giving that support in exchange also. In emerging research, optimism in the workplace helps in mitigating the negative impact of stressors on medical professionals (Huynh et al., 2014). The highly optimistic approach makes one feel supported, needed, valued and important to their respective organization (Cockshaw & Shochet, 2010).

Health professionals more than intellectual ability and ideas must possess human qualities like emotional stability (Erin et al., 2012) in COVID-19. The health sector industry should promote positive emotions in the workplace which would impact health workers' performance during the pandemic. The emotional states would influence the satisfaction of health workers and various levels of client/patient satisfaction (Tsai, 2002). This will help in moderating the relationship between corona fear and the services health workers give in this pandemic affecting their job satisfaction.

Employees' behavior at the workplace marks a flagpole that emotionally intelligent employees tend to perform better in the organization. (Goleman, 2005). Team effectiveness, employee retention, recognition at work and positive attitude results in socially intelligent employees' performance (Seibert, Kraimer & Liden, 2001). Performance is an important indicator of organizational success. Employees perform in a conducive environment to gain optimal capacity. The set goals are achieved as a primary objective that would result in job satisfaction. Employees' performance contributes to achieving goals keeping the relevance of procedure and respect. As it is a new disease and research is going on to control the infections with frequent modifications, health care workers putting the airtight personal protection equipment adds exhaustion with the increased workload. Health care workers are balancing the current obstacles by facing the pandemic challenges.

Hypotheses

Based on the literature review the following hypotheses are considered in this study:

H1- Social intelligence has a positive direct effect on the quality of work in health care workers.

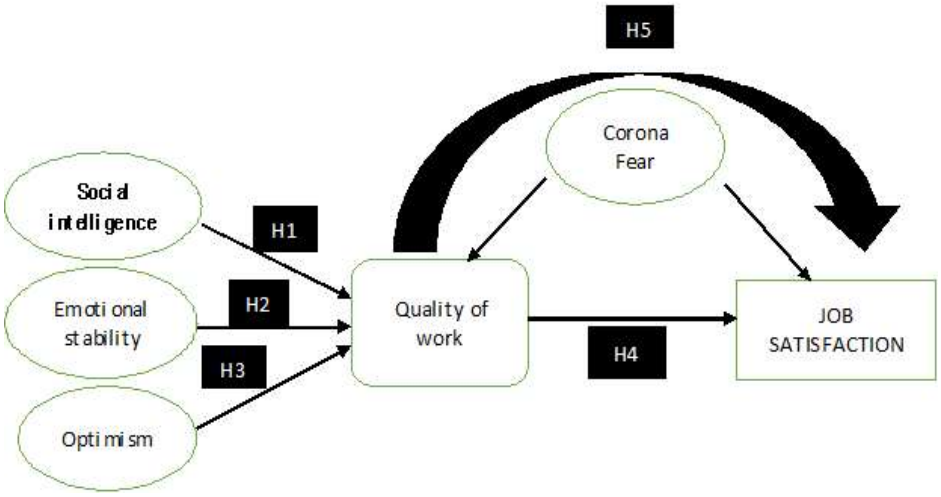
H2- Emotional stability has a positive direct effect quality of work for health care workers.

H3- Optimistic approach has a positive direct effect quality of work of health care workers

H4- Quality of work in health workers shows positive relation to job satisfaction.

H5- Corona fear moderating the relationship between quality of work and job satisfaction in health care workers.

Fig. 1: Conceptual Model



Study Area

The sample constituted of health sector organizations (public and private) in north Indian states-; of New Delhi, Ranchi, Rishikesh, Jammu and Kashmir and Gurugram. The data is collected through the paper pencil technique through face-to-face interaction of 493 health care workers comprising doctors, residents, patient care technicians, nurses and interns. The sample constituted of males (381) and females (112) health workers 30-65 years of age. Standardized tools are used in collecting the data on the 7-point Likert scale. The tools namely the organizational commitment scale (OCS) (Anukool M. Hyde and Rishu Roy, 2006); Leadership behavior scale (LBS) (Asha Hingar, 1984) and The Fear of COVID–19 (Ahorsu et al., 2020) having high validity, reliability and standardization on the samples are used.

Data Analysis

For assessing the minimum required sample size G*Power is used for achieving statistical power of 95% (Faul et al., 2009) for which 91 observations are needed according to the software. This verifies that the sample of 493 is enough in finding the effects reliably which shows existence in the population. In the study, PLS-SEM is used with its current development estimates for the structural equation models containing reflective constructs. PLS-SEM software working on complex models is termed the silver bullet of advanced research analysis without competition in the social sciences discipline (Matthews et al., 2018). High predictive power analyzing models like reflective–formative models show advancements in measuring latent constructs through path analysis and explanation of variance in dependent variables (Hair et al., 2017). For analyzing the data latest version of Smart PLS v. 3.3.3, is used with assumptions of linearity, normality and multi-collinearity for non-parametric and parametric data (Hair et al., 2017). The data set has no missing values. Expectations maximization (EM) algorithm utilized using multiple imputations and bootstrap algorithm for missing values; affecting the association of constructs not affected by expectations maximization providing accuracy in results (Honaker et al., 2011). in moderation studies, the use of expectation maximization helps in removing biases (Newman, 2009) and multi-collinearity effects (Wong, 2013).

Measurement Model (Stage 1)

The structural and measurement models in this study are assessed through recent guidelines for PLS-SEM software. The structural model of the study is divided into two parts. Firstly, the effect of social intelligence, emotional stability and optimism is studied on the quality of work. Secondly, the effect of quality of work on job satisfaction in health professionals is studied. The constructs used in the study are reflective in nature. Outer loadings of the model represent the measurement model of job satisfaction formed by the quality of work- social intelligence, emotional stability and optimism. Measurement model significance is in-

creased by factor reduction (Hair et al., 2017). The insignificant factors are dropped in the model which fails to meet the desired level of a minimum threshold of ≥0.5. The quality of the measurement model is analyzed through reliability, accessing the single items and convergent and discriminant validity (Hair et al., 2010). Table 1 shows the measurement model of the study. The outer loading values of the items qualify the minimum criteria of ≥0.5 for social intelligence, emotional stability, optimism, quality of work and job satisfaction and corona fear. Most of the statements in the model are nearer and above the preferred level of 0.7 and 0.8 (Table 1). Cronbach's α and Composite reliability verify the internal consistency of the items in the model (Hair et al., 2010). Table 1 shows the value of Cronbach's α of social intelligence (0.804) with 4 items, emotional stability (0.739) with 3 items; optimism (1. 000) with 1 item, quality of work with 3 items (0.724), job satisfaction with 3items (0.712), and corona fear with 4 items (0.701). The composite reliability of constructs shown in Table 1 is marked as a promising tool for reliability findings (Hair et al., 2010). Satisfactory levels of Cronbach's α and composite reliability show the acceptable value of ≥0.70 for all constructs (Hair et al., 2011).

Measurement Model (Stage 2)

The measurement model is evaluated in Stage 2 in which the measurement of higher-order constructs (HOC) by reporting the outer weights and p-values of first and lower-order constructs (Hair et al., 2017). The significance of job satisfaction (higher-order) and quality of work (first order) are evaluated through outer weights and p-values .The result stated that quality of work (β= 0.658; p<0.00) being a lower construct showed a positive contribution towards higher construct job satisfaction.

Discriminant & Convergent Validity

In the measurement model, the discriminant validity is evaluated through cross-loading indicators of the Fornell–Larcker criteria (Hair et al., 2017). Discriminant validity predicts that reflecting constructs shows high relation with the indicator and other constructs (Hair et al., 2017). Thus, we can see the empirical differences between the constructs which are used in the model Table 2. Fornell–Larcker criterion helps in comparing the cross loading of constructs with the square root of AVE. The higher the value of square root in latent constructs AVE in comparison with the correlation of latent constructs confirms the discriminant validity of the model. Table 2 shows the discriminant validity for social intelligence (0.766), emotional stability (0.805), optimism (1.000), quality of work (0.779), job satisfaction (0.797) and corona fear (0.806). higher values are shown by all the inter-construct correlations (Table 2). Convergent validity is the correlation reflected by the multiple indicators of the same construct. It can be seen in value ranges for factor loadings, composite reliability and AVE exceeding the threshold of 0.5 (Hair et al., 2017). It establishes that the value ranges of

factor loadings, composite reliability and AVE have shown all acceptable values exceeding the threshold of 0.50 (Table 1). The confirmation of uni-dimensionality is reflected in the model with authenticity and composites of convergent validity. Further, Evaluates of higher order constructs is shown in table 3.

Table 1 Evaluate of Measurement Model (Reflective Constructs)

Construct	Items	Outer Loadings	Composite Reliability	Cronbach's α (CA)	AVE
Social intelligence	SI1	0.801	0.871	0.804	0.630
	SI3	0.865			
	SI4	0.733			
	SI5	0.769			
Emotional stability	ES2	0.872	0.846	0.739	0.648
	ES3	0.780			
	ES5	0.759			
Optimism	O1	1.000	1.00	1.00	1.00
Quality of work	Qw1	0.784	0.822	0.724	0.607
	QW3	0.736			
	QW4	0.815			
Job satisfaction	JS1	0.773	0.839	0.712	0.635
	JS2	0.853			
	JS3	0.763			
Corona Fear	CF1	0.851	0.787	0.701	0.649
	CF4	0.824			
	CF5	0.751			
	CF3	0.742			

Source: Data Processed.

Table 2 Evaluates of Discriminant Validity (Fornell–Larcker Criterion)

Construct	Social intelligence	Emotional stability	Optimism	Quality of work	Job satisfaction	Corona Fear
Social intelligence	0.766					
Emotional stability	0.718	0.805				
Optimism	0.732	0.719	1.000			
Quality of work	0.748	0.729	0.821	0.779		
Job satisfaction	0.723	0.734	0.786	0.762	0.797	
Corona Fear	0.714	0.726	0.759	0.712	0.771	0.806

Source: Data Processed.

Table 3 Evaluates of Higher Order Constructs

Higher/second order construct	Lower/first order construct	Path coefficient	t-statistics	VIF	p-values
Job satisfaction	Quality of work	0.658	10.708	1.124	0.000

Source: Data Processed.

Structural Model

In the structural model, the significance of path coefficients for exogenous (independent) and endogenous (dependent) constructs are studied. PLS-SEM and bootstrapping algorithm evaluate model significance by using bootstrapping and t-values. The value of path coefficients is assessed from standardized β coefficients, t-values concentrate on the construct's significance level in the study which has a value of more than 1.64 (Hair et al., 2017). Structural model of job satisfaction (Fig. 1), Table 4 shows the t-values, path coefficients and significance level for constructs used in the study. Results show that constructs indicate predictive evaluative relevance experiencing the direct relationship between social intelligence, emotional stability, optimism, quality of work and job satisfaction and corona fear. The coefficient of determination (R2) is assessed in the model. The R2 value signifies the stronger statistical power in parameter estimations in the model (Hair et al., 2017). It shows how social intelligence, emotional stability and an optimistic approach to quality of work collectively explain 52.6 % of the variance in the model, and quality of work on job satisfaction shows a relation with 58.4 % of the variance. In PLS-SEM, a blindfolding procedure is applied to confirm the model's predictive relevance. Model fitness is confirmed by the value of standardized root mean residual (SRMR) having a 0.071 value which can be accepted within the range of 0.08 (Henseler et al., 2014) (Table 4).

Results show that constructs indicate predictive evaluative relevance experiencing the direct relationship between social intelligence, emotional stability, optimism, quality of work and job satisfaction and corona fear.

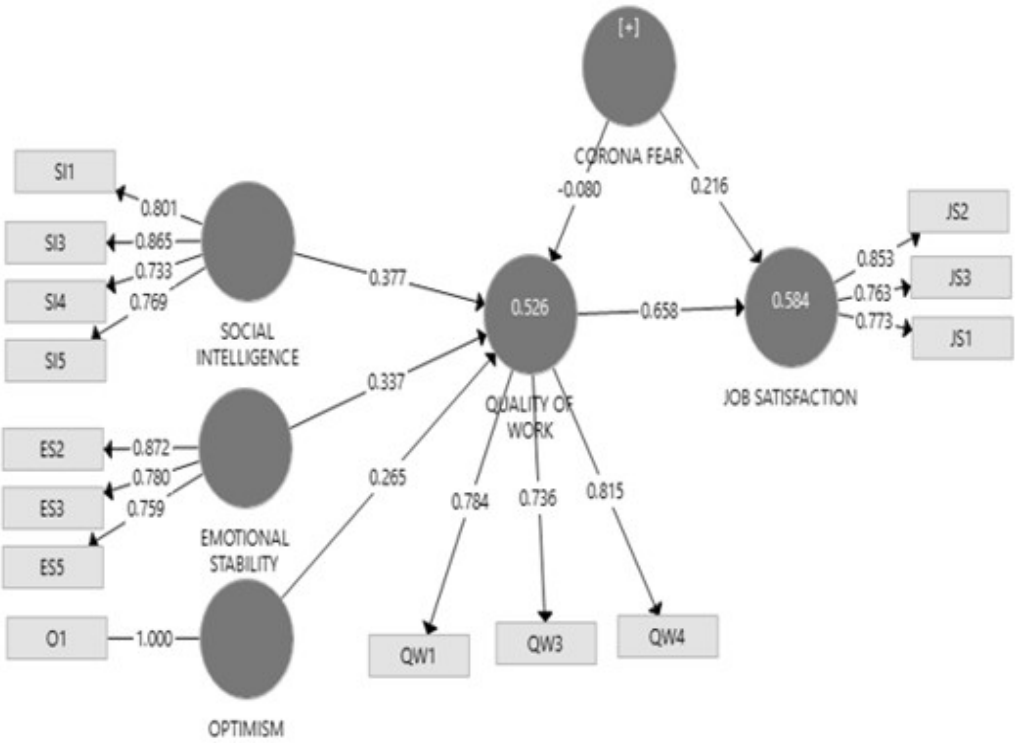
Hypotheses Testing

Bootstrapping technique is used in PLS-SEM for assessing the hypotheses used (Table 4). The model indicates the direct effect of social intelligence, emotional stability, optimism, quality of work and job satisfaction with impeding effects of corona fear. The relationship shows that social intelligence has a positive and significant effect on the quality of work (β=0.377; t=3.746; p <0.00); Therefore, H1 is accepted. Adding to this, emotional stability shows strong and positive relationship with quality of work (β=0.337; t=3.166; p< 0.02) hence we accept H2. The optimistic approach is showing a direct positive effect on the quality of work (β=0.265; t=2.950; p< 0.03) letting H3 be accepted. Quality of work shows direct relation with job satisfaction (β=0.658; t=11.367; p< 0.01) accepting H4.

Corona Fear Moderation Effect

The corona fear interaction is studied with quality of work and job satisfaction (Fig. 2 & Fig. 4 respectively). The negative effect of Corona fear was witnessed on quality of work (β=-0.035; t=2.789; p<0.00) whereas on job satisfaction the strong effect of corona fear is seen (β=0.228; t=3.104; p<0.02) showing significant moderations. Studying the

Fig. 2: Structural Model of Performance Oriented Withdrawal Cognition



Source: Data Processed.

Table 4 Summary of the Structural Model

Constructs	Path Coefficient	t-statistics	p-values	Effect size (f2)	R2-Value	SRMR
Social intelligence→Quality of work	0.377	3.746	0.00	0.178	52.6%	0.071
Emotional stability→Quality of work	0.337	3.166	0.02	0.183		
Optimism→Quality of work	0.265	2.950	0.03	0.164		
Quality of work→Job satisfaction	0.658	11.367	0.001	0.456	58.4%	
Moderating effect: Corona fear→ Quality of work	-0.035	2.789	0.000	0.152	53.9%	
Moderating effect: Corona fear→ Job satisfaction	0.228	3.104	0.002	0.283	58.8%	

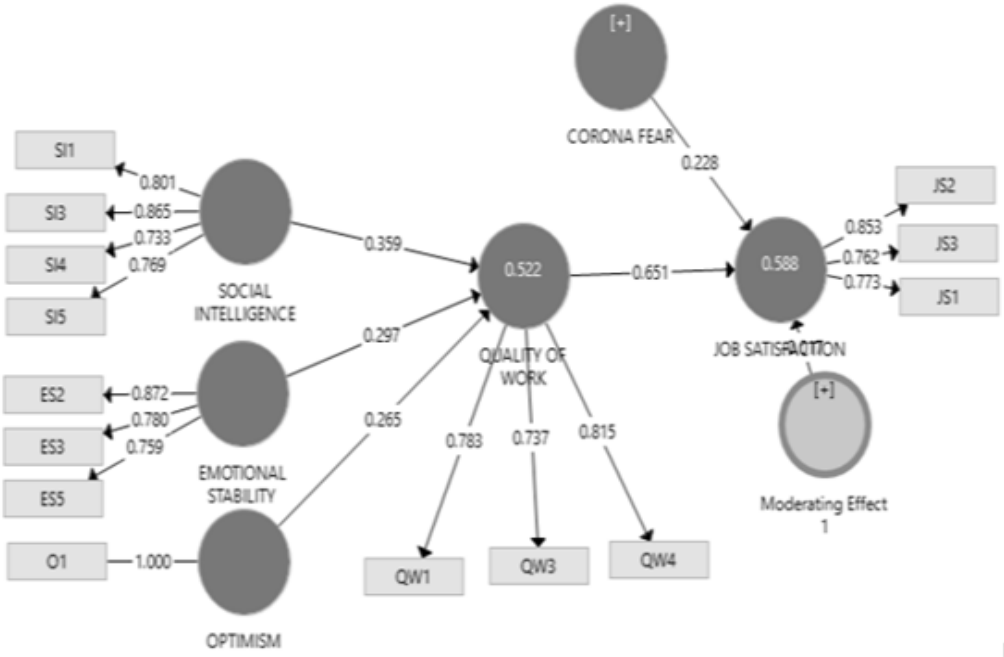
Source: Data Processed.
SRMR: Standardized Root Mean Squared Residual

interaction effect of corona fear the variance of the model is noticed with the change in R2-value from 52.6 % to 53.9 % for quality of work and 58.4% to 58.8% for job satisfaction (Table 4). The moderations of the constructs witnessed a small change holds a significant role played by R2 in evaluating the moderation effect. The effect size (f2) in the model helps in measuring the strength of

For the moderation effect, the effect size (f2 =0.152; f2 =0.283) is seen showing a significant effect of corona fear on quality of work and job satisfaction respectively.

independent/exogenous and dependent/ endogenous. Small effect is shown by the effect size (f2 = 0.02), f2 =0.15 shows medium effect and high effect f2 =0.35 possess high effect (Aguinis et al.,2005). Table 4, shows social intelligence has a medium effect (f2 =0.17) followed by medium effect (f2 = 0.183) of emotional stability, medium effect (f2 =0.164) of optimism and high effect (f2 =0.456) of quality of work. For the moderation effect, the effect size (f2 =0.152; f2 =0.283) is seen showing a significant effect of corona fear on quality of work and job satisfaction respectively. This accepts H4 of the study with significant exercise.

Fig. 3 Moderation Effect of Corona Fear



Source: Data Processed

Discussion

Working during pandemic times results in many psychosocial factors and stressors at work. Due to the insufficient and lack of information about the virus, continuing care of corona patients, heavy workload, exposure to events like fear of being infected, infecting their families, and deadly consequences on their health and death. Health care professionals during pandemics needed high expectations at work, excessive workloads and long working hours result in burnout

(Tachtsoglou, 2018). Other factors increasing exhaustion among health care workers are the current working environment, role alteration, staff mobility and long working hours often resulting in withdrawal. Exhaustion situation leads to poor decision-making and poor treatment of patients. Burnout negatively affects patients and health care workers during pandemics when health care is needed in the country (Clark, 2019). This resulted in the presence of psychiatric symptoms like anxiety, fear, and depression in health care workers (Huang et al.,2020). These consequences result in psychological incapacitation and weakening the motivation of the workers who are exposed to inadequate working conditions. If these factors are not considered it will result in withdrawal cognition/quitting their job (Lima et al.,2020). The impact of COVID-19 is different in different countries. In India, a fragmented health system, lack of equipment and working conditions, social problems, poor infrastructure and economic problems are there from the beginning of the pandemic. In today's globalized environment, professional satisfaction and motivation hold critical to success in the organization. Social intelligence among professionals helps in contributing to organizational outcomes like job satisfaction, work attitude and self-efficacy (Njoroge & Yazdanifard, 2014). Social intelligence also helps in improving the performance of the employees and helps in improving interpersonal relationships in the organization. It also contributes to decreasing burnout intentions among professionals finding the relationship between social intelligence and job satisfaction (Eketu & Ogbu Edeh, 2015). Social intelligence is the greatest among the types of intelligence revealing its impacts on job satisfaction (Yahyazadeh & Lotfi-Goodarzi, 2012). Professionals with higher social skills possess interpersonal skills and awareness and job satisfaction (Silvera et al., 2001). This study shows empirical evidence of social intelligence affecting quality of work (β=0.377; t=3.746; p <0.00) and job satisfaction (t=2.888; p <0.04). It is fair to say health professionals' social intelligence should be emphasized in the health sector industry emphasizing the positive constructs like commitment, performance and retention. Therefore, H1 is accepted. Emotional stability of the health professionals is the need of the hour as the world is facing a challenging pandemic COVID-19. Health professionals having greater emotional stability exhibit less emotional reactions towards anxious and stressful situations having more problem-solving. Managing patients effectively has been a priority concern in a pandemic arises psychological distress with exhaustion leading to burnout reducing job satisfaction. While emotional stability influences job satisfaction and performance in different contexts (Teng et al.,2009). This study found that emotional stability significantly affects the quality of work (β=0.337; t=3.166; p< 0.02) and job satisfaction (t=2.949; p <0.03) of health professionals letting us accept H2. In India, the

An optimistic approach holds an important role in lowering exhaustion and increasing their quality of work.

working condition of health workers in COVID-19 has been worse so it can be fairly said that an optimistic approach holds an important role in lowering exhaustion and increasing their quality of work (Bostan et al., 2020). With the results evaluated, it is fair to say that the optimistic approach affects the performance-oriented health worker which helps him to fight in these difficult times. The empirical evidence of optimism has a direct and positive influence on the quality of work (β=0.265; t=2.950; p< 0.03) and job satisfaction (t=3.084; p <0.02) in health sector professionals. So, H3 is accepted. Quality of work in the organization influences the professional's job satisfaction with high relevance that if the employee is satisfied with the quality of work it will affect its satisfaction. This study provides empirical evidence that quality of work influences job satisfaction (β=0.658; t=11.367; p< 0.01) accepting H4.

The recent research in the field of COVID-19, states that quality of work mitigated the negative impact of psychological distress on the health care professionals. Physical and emotional exhaustion of health care professionals in COVID-19 reduces the performance and personal accomplishment of around 60 % of the sample personnel with 25% experiencing depersonalization (Giusti et al., 2020). This leads them to have less satisfaction at jobs and increases exhaustion in the health care system. The challenges faced by front-line workers in COVID-19 are anxiety and stress causing strong emotions of fear. This study focuses on examining the moderate effect of coronavirus fear on quality of work and job satisfaction. Coronavirus negatively affects the quality of work (β=-0.035; t=2.789; p<0.00) and the R2-value of 53.9% states the quality of work in health workers reduces with corona fear interaction. Simultaneously, the effect of corona fear shows interaction with job satisfaction (β=0.228; t=3.104; p<0.02) and the R2-value of 58.8% states that corona fear may have an effect on job satisfaction and affect the health workers' organizational behavior due to the factors discussed. Though the interaction of corona fear leads to a little change in the R2-value of quality of work and job satisfaction but for moderating effect is noticeable as it shows interaction on the constructs. This accepts hypothesis H5 of the study.

Implications

COVID-19 teaches us many things but the important one is to make organizational and administrative changes for the quality health system which ensures sustainability and capacity despite the crisis the world will face (Salyers et al.,2015). Health professionals must be given protective factors which help them in increasing performance and adapting to the situations as there is high demand for their service during this challenging time. Resilience and adapting techniques in pandemic situations support the working condition of health professionals resulting in decreasing the psychosocial risk factors. Biosafety measures training and applications for controlling infection along with the use of PPE kits motivates and gives security for continuing work. Rec-

ognizing the efforts of front-line health workers by the government and society decreases their turnover intentions. Flexible and adaptive work schedules must be adopted in the pandemic. To avoid exhausting shifts, the work cycle of frontline workers should change towards the 4-hour shift and 4-hour rest. Desirably, sleep hygiene contributes toward undisturbed sleep and wise shift cycles for frontline workers. Social and economic support should be given to the health care workers' families as worries about members impede the work of professionals. Participation of the employee and their suggestions must be incorporated as they act as a motivation and helps them in feeling that their observations and ideas are considered by seniors boosting the mental and physical health of employees. Facilitation of a good coping mechanism helps health professionals in learning the attitude to advance care to patients. Health professionals and other frontline workers must be trained to take difficult decisions in an organized way. Ethical conflicts in the employees must be entertained in a proper way rather than ignored during these difficult times when the whole world is in psychological, physical and mental distress.

Conclusion

The COVID-19 pandemic challenged the psycho-social aspects of health care workers. The significant risk in both the short and long term is seen in psychological adjustment skills in health care professionals. Behavioral and emotional issues inevitably affect in chronic and acute manner. In this study, a consistent relation is witnessed with other studies highlighting the importance of social intelligence, emotional stability and optimism showing the contribution to the quality of work of healthcare workers. The moderation/ interaction effect of corona fear when studied shows interaction with quality of work and job satisfaction which helps in understanding the organization of health workers during hard times. These results shed light on the secondary effects that healthcare professionals are experiencing, for a better understanding of preventive approaches for healthy physical and psychological wellbeing with organizational and administrative reforms in the health sector. Future studies will focus on the secondary outcomes of the pandemic and research in these directions would have to gain momentum and similar research ideas are expected to be created.

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