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**PSYCHOLOGICAL DISTRESS AND JOB SATISFACTION
AMONG HEALTH CARE PROFESSIONALS
IN POST COVID-19 ERA**

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ABSTRACT

This aim of this research was twofold: First to examine the role of psychological distress in relation to job satisfaction among health care professionals in post COVID-19 era. Second to examine the gender difference on the variables of psychological distress and job satisfaction among health care professionals in post COVID-19 era. A sample of 150 health care providers was chosen from various hospitals of Faisalabad and Toba Tek Singh, Pakistan. Psychological distress, and job satisfaction were measured with the use of the Psychological Distress Scale (Kessler et al., 2003) and the Job Satisfaction Scale (Locke, 1976) respectively. The linear regression analysis reveals a significant predictive association between psychological distress and job satisfaction. The independent t-test reveals an insignificant gender difference on the variables of psychological distress and job satisfaction among health care professionals. The study has significant implications for mental health of health care professionals.

Keywords: *Psychological Distress, Job Satisfaction, Health care Professionals, COVID-19*

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INTRODUCTION

Job satisfaction can be thought of as an individual's subjective emotional reaction (Locke, 1976). Likewise, it has also been referred to as the emotional reactions to a work setting that are influenced by how well the job aspects match or surpass the persons' expectations (Spector, 1997). It has been argued that job satisfaction is not a single-dimensional term but rather encompasses workers' opinions about their occupations and their workplaces as a whole (Molla, 2015). According to Locke' Model of Job satisfaction (1969, 1976), there are three basic determinants of Job satisfaction such as facet amount, wanted amount and facet important. In the support of Locke 's Model, McFarlin and Rice (1991) showed after conducted a survey that when employees felt that job facets were unimportant for them, the amount of facet desires and currently they possessed these facets had little impact on their satisfaction level.

The workplace has the potential to be a source of increased vigor, creativity, and masterful output, for instance. When workers are happy in their jobs, they tend to work harder and feel motivated (Ayub & Ghauri, 2011; George & Jones, 2002). Employees' actions and thoughts while on the job can be influenced by the degree to which they enjoy their work. Unhappiness in one's job can lead to a rise in complaints, tardiness, absenteeism, decreased productivity and poor organizational performance and even a change in the number of people who represent the organization (Aazami & Shamsuddin, 2015; Gebregziabher et al., 2020; George & Jones, 2002).

Health care workers are reported to be under a lot of psychological and work stress (Fiabane, 2013; Stefanovska-Petkovska et al., 2021). Well-being in the workplace, such as the well-being of health care workers, is negatively impacted by stress at work, such as psychological anguish. This may cause individuals distress in the form of feelings like anger, disappointment, pettiness, and anxiety, all of which can eventually lead to dissatisfaction with their jobs. Similarly, health care staff may be less effective in their jobs. Psychological distress may have a major impact on the degree of job satisfaction among health care providers (Dziuba & Ingaldi, 2020). In another study, Stefanovska-Petkovska et al. (2021) reported an association between psychological distress, burnout and job dissatisfaction in health care workers.

Improved compensation, more comfortable work environments, and a deeper understanding of what makes people happy at work are all things that

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innovators in the health care sector have prioritized. The clinical official plays a vital role in palliative care provision and planning for medical personnel in order to raise awareness, aid in the management of frailty, and lessen the negative effects of stress in the workplace (Aziri, 2011). Limited resources and escalating patient demands have boosted workloads to extraordinary levels and led to an increase in consumer complaints, creating a particularly challenging environment for clinical practitioners (Sofia & Cruz, 2017).

The global welfare systems of all countries have been severely harmed by the COVID-19 pandemic, putting their very survival in jeopardy. Consistently, without so much as a hint of vaccination, health care staff have been deployed to combat COVID-19. Health care personnel, both those directly involved in patient care and those who supported them, experienced negative psychological effects from the pandemic as a result of the strain they were put under while working under difficult conditions with few resources (Froessi & Abdeen, 2021). Despite the fact that COVID-19 was more lethal and contagious than earlier plagues, frontline health care personnel routinely dealt with its victims. However, health care workers *have* experienced increased negative psychological effects including fear, anxiety, depression and psychological distress as a result of the viral outbreak (Breslau & Finucane, 2021).

Overworked personnel, an increase in patient requests, and concerns of burnout have all contributed to a particularly challenging time for those working in health care settings since the start of the COVID-19 pandemic (Gorman, 2021). In an initial pandemic investigation, health care workers reported experiencing psychological distress (Riaz et al., 2021). Health care professionals during pandemic encountered not only physical dangers but also mental ones (Forrest et al., 2021). Li and associates (2021) conducted a study on health care workers and findings suggested presence of COVID-19 outbreak related psychological distress and acute stress reaction in health care workers. Labrauge and de Los (2021) examined the influence of fear of COVID-19 on health care workers psychological distress, job satisfaction and other variables. An increase in fear of COVID-19 is reported to be negatively associated with job satisfaction and positively with psychological distress.

Deci and colleagues (2001) posited that independence, competence and empathetic environment at work place is equally essential for well-being of both male and female health workers. However, evidences document gender difference with regard to psychological distress and job satisfaction. A previous study by

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Viertiö et al. (2021) reported gender differences on variable of psychological distress in a sample of health care professionals where females have relatively scored higher than men. D'Etorre et al. (2019) in their study reported the similar findings in a sample of health care workers. Likewise, a study conducted on health care workers during COVID-19 pandemic demonstrated higher rates of psychological distress in women health care workers (de Pablo et al., 2020). Regarding gender differences on job satisfaction there are inconsistent findings. At one hand higher job satisfaction in female health care workers compared to males is reported (Carrillo-García, et al., 2013; Newbury-Birch & Kamali, 2012). However others found no genders differences in health care population (Liu et al., 2021).

To sum up, a review of above-stated literature is suggestive of presence of psychological distress and job-dissatisfaction in health care workers in general and during COVID-19 pandemic. Further, past evaluation foci have demonstrated the impact of psychological distress on job satisfaction in health care workers in pre COVID-19 era. However, such studies are scarce in health care workers during post pandemic era hence suggesting a significant vacuum in existing literature particularly with reference to Pakistani cultural context. As most of the available studies were carried out in Western countries, where the impact of psychological distress on job satisfaction may be different than it is in Pakistani society. Moreover, existing studies indicate interesting gender patterns in relation to psychological distress and job satisfaction. To our knowledge, no study in Pakistan has examined the gender differences in health care professional in post COVID-19 era. Hence, contemplating the gap in existing knowledge the present study is set out encompassing two-folded objectives. First, to examine the role of psychological distress in relation to job satisfaction in health care professionals in post COVID-19 era. Second, to examine gender differences on variables of psychological distress and job satisfaction in health care professionals in post COVID-19 era.

METHOD

Participants

The study's population was consisted of health care professionals (nurses and specialists) working in the Toba Tek Singh region and Faisalabad region. The purposive sampling technique was used to recruit 150 health care professionals (72 males & 78 females) with mean age of 31.26 ($\pm SD=6.32$ for males and mean age of 29.14 ($\pm SD=4.96$) for females).

Measures

Demographic Form

This form consisted of questions regarding the participants' demographic information like age, gender, educational qualification, profession etc.

Psychological Distress Scale

The Kessler Psychological Distress Scale (K10) (Kessler et al., 2002) is used as a screening tool and provides an estimate of the degree to which a person is suffering from emotional discomfort. The K10 scale has 10 questions responded on a 5-point Likert scale ranging from "none of the time" to "all of the time". The score ranges from 10 minimum to 50 maximum. It is valid and dependable enough to be used on a large-scale population. Test-retest reliability and interclass correlation coefficients of the scale for different population including the sample of treatment-seeking (ICC = .89; $r = .80$) for the non-treatment-seeking sample (ICC = .86; $r = .76$) were observed with the 1-2 week intervals indicating it as sound measure of psychological distress (Francis et al., 2021).

Job Satisfaction Scale

Job satisfaction Scale (Locke, 1976) was used to assess the level of job satisfaction. The scale comprised of ten questions about how happy people are in their jobs.

Procedure

After consent from the Chair of the Psychology Department at Riphah International University Faisalabad, the study was proposed. After receiving permission from the hospital administrators, the letter was sent to a variety of hospitals in Toba Tek Singh and the neighboring area of Faisalabad in order to collect data. Health care professionals who have given their consent to participate in the study were assured about the confidentiality and their autonomous decision to withdraw the study at any point without any penalty if they want to. With completion of demographic information questionnaires related to psychological distress scale and job satisfaction were filled by the participants. Each respondent spent about 35 to 40 minutes to complete the questionnaire.

Ethical Consideration

Ethical principle of confidentiality, right to withdraw from the study at any stage, integrity and taken care of the participant that there is no harm during the research process.

Statistical Analysis

The Statically Package of Social Sciences (version 26) was used to analyze the data. The statistical methods of linear regression analysis and *t*-tests and regression analysis was used to analyze the data.

RESULTS

Table 1
Descriptive Statistics for the Age of Health Care Professionals (N=150)

Variable	Male Health Care Professionals (n=72)		Female Health Care Professionals (n=78)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age	31.26	6.32	29.14	4.96

Table 2
Linear Regression Analysis with Psychological Distress as Predictor of Job Satisfaction among Health care Professionals

Predictor	<i>B</i>	<i>SE</i>	β	<i>R</i> ²	<i>F</i>	<i>Sig.</i>
Psychological Distress	.45.20	.35	-.51	.26	52.91	.00*

**p* <.05

Table 3
Independent t-test Gender-wise Difference in the Psychological Distress, and Job Satisfaction among Health Care Professionals

Variable	Male (n=46)		Female (n=154)		t
	M	SD	M	SD	
Psychological Distress	27.89	6.90	28.92	7.20	-.89*
Life Satisfaction	32.39	6.66	32.56	7.36	-.15*

* $p > .05$, $df = 148$

DISCUSSION

The purpose of this research was two folded: first to examine the role of psychological distress in relation to job satisfaction and second to examine the gender differences on variables of psychological distress and job satisfaction in health care professionals in post COVID-19 era. The results relating to first objective (Table 2) demonstrate that psychological distress accounted for 26% variance in the scores of job satisfaction and model is significant. Thus, these findings suggest the predictive association of psychological distress with job satisfaction in health care workers. These findings are consistent with findings from previous studies that indicated a link between psychological distress and job satisfaction in pre pandemic era (Fillion & Tremblay, 2017; Li et al., 2021; Labrauge & de Loss, 2021). These findings attributed to the challenges healthcare providers encountered and are encountering as the pandemic was still not over at the time of data collection for this study. Locke's theory of job satisfaction (1976) postulates the significance the value people attach to various aspects of their jobs along with how well their expectations are satisfied in determining job satisfaction. Health care professionals have difficult time coping with the COVID-19 pandemic. At their work place, health professionals faced particular stresses such as the lack of resources, the risky working circumstances, the usage of personal protective equipment that restricts movement and respiration, long working hours etc. Thus, they experienced threats to both their physical and mental well-being thereby contributing to the escalation of psychological distress (Petzold et al., 2020) that consequently have a detrimental impact on their job satisfaction. An increase in turnover intentions is also observed

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in health care workers during pandemic era (Labrauge & de Loss, 2021) which implies dissatisfaction with the job aspects.

The results regarding the second objective of the study reveal insignificant gender differences on the variable of psychological distress and job satisfaction in health care professionals (Table 3). The insignificant differences on psychological distress are inconsistent with the findings from previous studies (de Pablo et al., 2020; Viertiö et al., 2021). However, insignificant differences on job satisfaction are consistent with findings of Liu and associates (2021). These insignificant differences may also be attributed to the job related aspects. The challenges and stressors that health care workers are confronted with during COVID-19 pandemic at their work places were unique and homogenous in nature, and equally distressing for both genders hence gender differences are minimized. However, our study was the first one to examine the gender difference in post pandemic era hence further investigation is warranted to have more conclusive results.

In summing up, the finding of our study suggest the negative influence of psychological distress on job satisfaction in health care professionals in post COVID-19 era. Further no gender differences are evident on the variables in relation to psychological distress and job satisfaction. Our findings can be helpful for different health organizations for the provision of work environment that can better cater health professionals' needs and motivate them for the services. The findings emphasized the need for specific counseling and mental health support programs intended to reduce psychological distress for both male and female health care providers in order to enhance their level of job satisfaction and work effectively with the patients. The study has few limitations which can be considered and worked upon in future researches. Specific specialty of the health care workers can be studied in the future research to generalized the findings in more specific way. Equal proportion of both public and private hospitals can be studied to compare job satisfaction and psychological distress of the health professionals. Data from different cities of Pakistan can help better understanding of the health care concerns and wellbeing.

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