Job Satisfaction and the Healthcare Heroes; A Review

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Abstract

The global COVID-19 pandemic has pushed countries' health systems to breaking point, with previously unknown consequences for health professionals' job performance. While the COVID-19 pandemic has added stressors to healthcare workers' lives, it is unclear which factors will be the most valuable targets for interventions to reduce employee distress across the board. This article review compiles expressed thoughts on the multifactorial reasons for job satisfaction. The factors revolve around the scope of Burnout, Fear of Covid-19, Post Traumatic Stress Dysfunction (PTSD), lack of support and Resilience. It can be concluded that these scopes are interrelated and influence one's job satisfaction.

Key Words: Covid-19; Job satisfaction; Healthcare Workers; Well-Being, Turnover

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1. Introduction

The COVID-19 pandemic is not only affecting the physical health of millions of people's but the mental health of people is also getting affected by its virus. Recently, scientific research has focused on evaluating health professionals' work performance to improve service quality. Then what influences performance? Numerous studies link leadership, job satisfaction, organization commitment, and work environment. Fewer studies have linked all of these variables in health. PTSD and depression were common among healthcare workers during the epidemic (PTSD). Making internet-based interventions more accessible to healthcare workers could avoid current COVID-19 issues. Non-healthcare workers know it treats and prevents stress-related disorders. Worker exposure to the “COVID-19 pandemic” increases the risk of psychical ailments and particularly psychiatric symptoms.

The pandemic risked the lives of healthcare workers, many of them suffered a psychosocial strain. Standard hospital precautions keep infections at bay. Healthcare workers who ignore infection control guidelines run the risk of getting sick, especially during pandemics. Traumatic events can cause burnout and PTSD in emergency healthcare workers (PTSD).

The COVID-19 started in 2019, and since its outbreak was declared as a pandemic, doctors, health staff and nurses have devoted themselves to their patients for saving them. Many of the health of care workers were satisfied with their jobs but some of them also became dissatisfied. Jathanna et al., (2011) explained job satisfaction as a complicated function of several factors. A person may be pleased with one or more aspects of his or her job while being dissatisfied with other areas of the job. A healthcare professional, for example, maybe happy with his or her job title but not with his or her pay. Many studies have revealed that satisfied employees are more productive, creative and committed with their jobs as compared to non-satisfied or less satisfied employees. Therefore, in the health sector, the happiness of employees can lead to satisfaction of patients. Following the global coronavirus (COVID-19) outbreak, all healthcare professionals must be trained and developed. A pandemic is a good time to research internal CSR activities like workplace health promotion. This deadly pandemic has put much pressure on the government and particularly the healthcare sector of every country. The mental health of healthcare workers and systemic issues must be considered. This review has highlighted the occupational values for healthcare workers in a pandemic. Moreover, it has explained that how the increased level of satisfaction with infection control and prevention policies will improve compliance. This study has adopted the literature review approach and recommends more empirical research on healthcare workers' experiences which can be helpful for future studies.

2. Literature Review

2.1. Burnout

The emergency created by COVID-19 convinced Buselli et al., (2020) to investigate the impact of working context and personal variables on the professional quality of life of healthcare workers which was measured by three things, one is compassion satisfaction (CS), second is burnout, and third is secondary traumatization (ST). During the COVID-19 pandemic, 265 healthcare workers were selected for this research. The ProQOL-5, PHQ-9, and GAD-7 were used to assess HCWs' CS, burnout, ST, depression, and anxiety symptoms. Feminine ST outperformed male ST, and healthcare assistants outperformed second-line workers and physicians. Burnout and ST were linked to depressive or anxiety scores. In addition, their study highlighted that the COVID-19 pandemic presents new challenges for healthcare workers, necessitating ST and intervention strategies to prevent burnout (Buselli et al., 2020).

Leskovic et al., (2020) conducted mixed research for identifying the relationship between satisfaction and burnout levels of HCWs. They used the sample of 556 for quantitatively examining the relation between burnout and satisfaction. Whereas, the qualitative technique in their study highlighted that burnout syndromes increased between 2013 and 2020.

A lack of personal accomplishment and emotional exhaustion increased in the era of COVID-19, but depersonalization didn't enhance. It has been observed that in 2013, the pandemic crises affected the working conditions of healthcare workers and also affected their social recognition with nursing homework and the work of state institutions and politicians. During that crisis, the healthcare workers were less satisfied. Whereas, the COVID-19 enhanced the burnout syndromes among nursing home caretakers in rural Slovenia. This burnout can be predicted with job satisfaction (Leskovic et al., 2020). Similarly, Ansari et al., (2021) highlighted that job satisfaction and goal setting can enhance the motivation to transfer and transfer training.

Many studies on Coronavirus or pandemic (i.e. COVID-19) highlighted the job satisfaction of healthcare workers but still, only a few studies have investigated the impact of the COVID-19 pandemic on the healthcare workers of Italy who not only treated the COVID-19 patients but also provided the services in areas where the spread of pandemic was faster. Therefore, Trumello et al., (2020) studied the attitudes towards psychological support among medical professionals. Their research accessed the psychological support concerning 627 Italian healthcare workers and highlighted its linkage with stress, anxiety, depression and professional quality of life (burnout, compassion fatigue). The results of their study highlight that COVID-19 professionals have higher levels of workplace stress, depression, burnout, anxiety and secondary trauma. Workers in high-contagion zones reported more stress, burnout, and compassion satisfaction. In areas where the pandemic spread faster, working with COVID-19 patients did not affect working with patients. Finally, among COVID-19 professionals, twice as many considered seeking psychological help. Mindfulness-based interventions and prevention programs are needed for frontline healthcare workers (Trumello et al., 2020).

2.2. Post-Traumatic Stress Dysfunction (PTSD)

Carmassi et al., (2021) examined the burnout, global functioning and post-traumatic stress dysfunction in some emerging healthcare workers working in the major university hospital of Italy. Personnel from an Italian University Hospital (Pisa) were assessed for post-traumatic stress using the "Trauma and Loss Spectrum – Self Report (TALS-SR)", burnout using the Professional Quality of Life Scale – Revised IV, and work-related stress using the Work and Occupation Stress Scale (WOS). Compared to non-PTSD HCWs, PTSD HCWs reported more burnout and global functioning impairment. All total scores showed moderate to strong significant correlations.

In the COVID-19 pandemic, it has been observed that many healthcare workers were worried about their jobs and considered quitting their job because instead of being happy, they were not satisfied with the job. Zhang et al., (2021) examined the job satisfaction, life satisfaction, and turnover intention of healthcare workers during the era of the COVID-19 pandemic. They used an online survey to gather data from 240 Bolivian healthcare workers to know their intentions towards turnover intention and job/life satisfaction during the COVID-19. The number of days spent at work predicted the three things, job satisfaction, life satisfaction, and turnover intention, but the relationships varied by age. For example, office days were related to job satisfaction for the young (b = 0.21; 95 percent CI: 0.36 to 0.60) but not the old (b = 0.25; 95 percent CI: 0.06 to 0.44). As the COVID-19 pandemic continues, healthcare organizations can use these findings to identify employees dissatisfied with their jobs, lives, or plans to leave (Zhang et al., 2021). Tahara et al., (2021) conducted an online survey and used GHQ-12 to assess "health status, satisfaction with daily life activities, work, leisure, and new activities, and anxiety" about COVID-19. The results showed that 440 (66.6%) of the 661 participants had poor mental health. The findings of their research also linked poor mental health to the female gender, low social communication, and high anxiety. However, good health, job satisfaction, and enjoyment of new activities were linked to reducing mental health issues. The majority of participants chose avoidance coping, while those in worse mental health sought social support. These findings may help healthcare workers deal with COVID-19-related mental health issues (Tahara et al., 2021). Weiner et al. (2020) compared the efficacy of the 'My Health Too' CBT program to an active control group at 3- and 6-month follow-up on immediately perceived stress and the emergence of psychiatric disorders (i.e., bibliotherapy). Methods: This six-site open trial randomly assigns 120 healthcare workers with PSS-10 stress levels greater than 16 to either the 7-session online CBT program or bibliotherapy. Less PSS-10 scores at 8 weeks are the primary outcome. Secondary outcomes include depression, insomnia, PTSD symptoms, self-reported resilience, rumination, credibility, and satisfaction (Weiner et al., 2020).

2.3. Lack of support

Zhang et al., (2020) studied the behavioral outcomes of healthcare workers during COVID-19. They investigated that during the peak of COVID-19 spread, what was the condition of healthcare workers and how they faced anxiety, distress and depression. Moreover, it examined the physical/ mental health and job satisfaction of HCWs during the COVID-19 pandemic. The results highlighted that anxiety, depression and distress were found in 28 %, 30.6 and 30.6 % of healthcare workers respectively. Among these 304 HCWs, there were doctors, nurses, technicians, and even radiologists. Access to PPE and COVID-19 infection among healthcare workers varied greatly: "negative (69.7%), unsure (28.0%) and positive (100%)". Other studies of healthcare workers in China during the COVID-19 outbreak found different predictors. This study helps identify those who need help as COVID-19 cases spike in many countries, allowing for more targeted help (Zhang et al., 2020).

During the Covid-19 pandemic, Israeli nurses' working conditions and factors affecting job satisfaction were examined by Savitsky et al., (2021). They collected the data by the survey which was filled by 130 Israeli nurses. The findings highlighted a significant difference in occupational satisfaction between nurses caring for Covid-19 positive patients and nurses caring for Covid-19 positive patients in the community. Most respondents said they lacked PPE (PPE). Not wearing PPE, reduced occupational satisfaction (3.4 vs 3.8, p=.039). Personal accomplishment was the foundation for occupational satisfaction. Due to staff shortages, most nurses' workload increased, but not their job satisfaction (Savitsky et al., 2021).

It's important to highlight the job satisfaction and related factors among COVID-19 community healthcare workers (HCWs). Thai et al., (2021) included 319 HCWs from all commune hospitals in Ho Chi Minh City to analyze the factors related to job satisfaction. They designed the 36-items based online survey for job satisfaction. The majority of participants (56.7%) were male, aged 34.7 (SD=7.1). Job satisfaction was a low—most satisfied co-worker (19.63.9), then supervisor (19.34.1). In terms of operating conditions (11.43.4) and contingent rewards (14.33.8), The JSS found that only half of HCWs were satisfied with their jobs. Job satisfaction was higher for older married male HCWs with higher incomes. An HCW's specialty, occupation or work experience did not affect their job satisfaction. Acute job satisfaction interventions are required to combat infectious diseases (Thai et al., 2021).

2.4. Fear of COVID-19

Abd- Ellatif et al., (2021) analyzed the fear of the COVID-19 pandemic between 411 frontline physicians of Egypt. Moreover, they examined the determinants/ predictors and their impact on job satisfaction and turnover intention. There was moderate fear among the study's participants, with 16.5 percent having severe fear. COVID-19 fear linked to the work department. 42 percent of fearful people found unhappy with their jobs. COVID-19 was found be to highly correlated with turnover intention and dissatisfaction. Egyptian frontline doctors fear the COVID-19 pandemic (moderate to severe). It is linked to lower job satisfaction and turnover (Abd-Ellatif et al., 2021).

2.5. Resilience

Fiabane et al., (2021) studied the risk and protective factors by gathering the data from 616 healthcare workers working in hospitals. They related two risk factors including stress and perceived risk with two protective factors, namely resilience and job satisfaction. The results of their research highlighted that women (i.e. specifically the nurses are more emotionally exhausted. In addition, job satisfaction and resilience, both are protective factors, whereas, perceived stress is the risk factor (Fiabane et al., 2021).

During the COVID-19 pandemic, job satisfaction and mental health affected health workers. The study included 498 doctors. Job satisfaction (change or non-change) and resilience (resilience) were also studied. These changes did not affect job satisfaction or mental health. Exhaustion negatively predicted both job satisfaction and mental health, while disengagement positively predicted both. The happiest workers dealt with the most COVID-positive and suspicious patients. Those who lost job satisfaction had lower resilience, mental health, and burnout than those who gained it (Tokić et al., 2021).

2.6. Support

The COVID-19 pandemic caused by Coronavirus will put HCWs under much stress. The most stressful workers will be those who will have limited resources but more virus exposure. They were inspired by the COVID-19 specific organization support framework (COVID-OS). These findings were made during the COVID-19 pandemic in Bolivia, Ecuador, and Peru. COVID-OS should be tested more widely (Zhang et al., 2020). Wong et al., (2021) aimed to assess the compliance of healthcare workers with infection prevention and control practices during the pandemic. They used an online survey in Hong Kong asked nurses about workplace infection prevention policies, standard precautions, and pandemic health. The respondents were dissatisfied with the policy's comprehensiveness (62%) and clarity (64%). The respondents did not fully adhere to standard medical precautions. Their patient handling and invasive procedure compliance were low (54%). Among high-risk groups, perceptions of infection control and prevention were associated with standard precautions compliance (0.020; 95 percent confidence interval: 0.005–0.036), while older respondents had higher compliance levels (0.065–0.076). Among high-risk and inpatient groups, compliance was linked to teamwork and chronic illness (Wong et al., 2021).

During the COVID-19 pandemic, Canadian healthcare workers showed increased depressive symptoms. Knowing about the pandemic and taking extra precautions at work made employees less likely to report negative effects on their health. To improve population health, researchers advise healthcare employers to take these steps and provide targeted mental health interventions (Wilbiks et al., 2021).

A psychological burden on UK healthcare workers, but their use and accessibility are unknown. Facility usage, employee satisfaction and perceptions were studied. The study's main findings are listed below. Over 17 weeks, 14,934 people visited two sites (n = 2605 at peak). Each centre needed 134 well-being buddies. 819 hospital employees voted online (88 percent female; 37.7 percent working in COVID-19 high-risk areas; 52.4 percent frontline workers; 55.2 percent had accessed a well-being centre). 31.6 percent of those spa-goers felt better. A variety of quality rest areas and psychological support is encouraged (Blake et al., 2020).

The COVID-19 study examines sensory processing sensitivity and compassion. The study included 1566 Spanish adult healthcare and education professionals (n = 694). A sociodemographic questionnaire was given along with the PQLS (ProQOL-vIV). Compassion fatigue is more common in healthcare than in education. Aside from its positive impact on personal awareness, sensory processing sensitivity was confirmed as a risk factor (Pérez-Chacón et al., 2021). Ramaci et al., (2020) studied the effects of job demands, stigma, self-esteem, and working as a "frontline care provider" with coronavirus patients, (COVID-19). Their research was a correlational study that included data of 260 healthcare workers in Italy. The findings highlighted that stigma affects workers' outcomes. Moreover, the stigma may influence employee compliance and management communication strategies regarding the pandemic risk for HCWs (Ramaci et al., 2020).

Seven registered nurses (RNs) and ten licensed practical nurses (LPNs) were treated remotely using the URG-EMDR protocol. The HAD scale was used to assess anxiety, depression, and perceived disturbance (SUD). A second satisfaction survey with remote psychotherapy was conducted. In one session, the URG-EMDR protocol improves emotional state and reduces perceived disturbance in COVID-19 patients. Despite the participants' and event's continued professional activities, this result lasts a week. The patients also liked the remote therapy setting, even if it needed some tweaking and practice. The use of URG-EMDR remotely allows for early intervention and long-term prevention of psychological disorders after a stressful situation (Tarquinio et al., 2020). She et al., (2021) conducted a study in which they asked doctors and nurses if they would accept a free or low-cost vaccination against COVID-19 with 80% effectiveness and minimal side effects. Their research was cross-sectional in nature and conducted on government hospitals. 362 doctors and 1702 nurses from five hospitals in three provinces participated. Methods: In November 2020, WeChat/QQ working groups conducted an anonymous online survey. Data on COVID-19-related work experiences and outcomes were collected. Multivariate logistic regression was used. Physical (e.g., vaccination's protective effect), self-evaluative (e.g., anticipated regret), self-efficacy, norms (e.g. COVID-19 doctors wanted more self-vaccination (She et al., 2021).

Faced with COVID-19, healthcare workers must manage ongoing stressors and maintain low psychological distress. This study examined nurse resilience in Ahvaz hospitals, one of Iran's most COVID-19-infected cities. 387 Iranian nurses from Ahvaz took part in the cross-sectional study. Three online questionnaires were used to collect data (the Copenhagen Psychosocial, Demographic, and Connor–Davidson Resilience Scale). The average resilience score for 387 nurses was 61.8 14.8. Stress (r = 0.458, P 0.000), burnout (r = 0.287, P 0.005), and work pace (r = 0.262, P 0.011) all had a negative correlation with resilience. “Stress, job satisfaction, burnout, and age” were significant predictors of nurse resilience during the pandemic (Afshari et al., 2021).

Zhu et al., (2020) conducted a single-centre cross-sectional study. They developed an online survey for health workers and collected data between the first two weeks of February 2020. They accessed the anxiety, depression, and stress using the IES-R, PHQ-9, and GAD-7. In addition, they created a COVID-19 threat perception questionnaire and a support measures satisfaction questionnaire. Their study used multivariate logistic regression for studying acute stress, depression, and anxiety. Based on data gathered from 5062 completed surveys (response rate, 77.1 percent), the results highlighted that stress, depression, and anxiety symptoms of HWs were reported to 29.8%, 13.5%, and 24.1% respectively. The odds ratio (OR) for women was 1.31 (95% CI, 0.47–0.97; p = 0.032), and the odds ratio for people with chronic diseases was 2.02 (95% CI, 1.47–2.79; p0.001) (Zhu et al., 2020).

Between 13th April 2020 and 26th April 2020, asymptomatic pregnant women were tested for SARS-CoV-2. Among the 310 women who did not test positive, 34.4% reported increased postpartum anxiety, citing concerns about hospital infection and a lack of social support. Only 27.6% of women who tested negative were reassured. Job satisfaction and job-related anxiety were harmed. Despite concerns about patient delays or changes, maternal and neonatal separation, most health care workers supported universal testing. Conclusion It has mixed results for maternal mental health, but it was well-received by labor and delivery staff. Maintaining staff and patient safety while maintaining quality and equality of care was critical. Reminders Women with SARS-CoV-2 had a bad hospital experience. A negative SARS-CoV-2 test did not help patients. COVID-19 is harmful to healthcare workers' health (Bender et al., 2020).

The ongoing coronavirus has been extensively covered in journals and media. However, despite the significant impact, medical students and medical education have received little attention. As a result of COVID-19, two medical students and a cardiothoracic surgeon with a long academic career examine the recent history of medical education. After that, the system must adapt to meet the needs of healthcare learners during COVID-19 and beyond (Newman & Lattouf, 2020).

The global COVID-19 pandemic has created a slew of ethical dilemmas for healthcare providers and systems. 67 percent of 1606 respondents had difficulty prioritizing in the previous two weeks. Indirect COVID-19 care, redeployment, or psychiatry/addiction medicine workers had higher rates of COVID-19. Even though 59 percent of respondents had suffered from resource scarcity, severe consequences were rare (Miljeteig et al., 2021).

Bryant & Isaacs (2020) gathered the data from 124 healthcare workers from General Hospital Nasice by using the questionnaire which also included the "Short Form Health Survey-36, Depression Anxiety Stress Scales (DASS-21), and Ways of Coping Questionnaire (WOC; consisting of 8 subscales: Confrontive Coping, Distancing, Self-Controlling, Seeking Social Support, Accepting Responsibility, Escape-Avoidance, Problem Solving, Positive Reappraisal"). The results show that 11% of health workers are depressed, 17% are anxious, and 10% are stressed. 67 percent of doctors are worried. The Escape-Avoidance and Positive Reappraisal subscales showed significant differences between nurses and physicians. Nurses, unlike doctors, used avoidance coping and positive reappraisal. Those over 40 seek social support, whereas those under 40 use avoidable stress management techniques. Global health must monitor and ensure the mental health of coronavirus care workers (Bryant & Isaacs, 2020).

Meese et al., (2021) discussed distress factors, resilience and organizational level factors to analyze the healthcare system of Southeast America. They considered the sample of 1130 hospital employees and used multivariate regression for examining the "Employee-WBI" distress score relationship. The results of their research revealed that the appropriate staffing can be the perfect way for reducing distress. In addition, the COVID-19 pandemic's financial impact on the healthcare system may hinder efforts to address stressors (Meese et al., 2021). Chen et al., (2021) analyzed the job satisfaction and stress of nurses. They gathered the data from students of different nursing education systems. Their study highlighted that experience of patient care is dependent on job satisfaction of nurses and clinical stress. Stepwise regression analysis found clinical stress, caring for infected patients, and taking an infectious nursing course significantly predictors of intention to stay. The desire to continue nursing was linked to clinical stress, patient care frequency, and nursing course attendance (Chen et al., 2021).

De Kort et al., (2021) examined that how abortion clinic employees perceive the impact of protective measures on abortion consultations and procedures. The study interviewed the center's coordinator, seven psychosocial staff members, and three doctors using a phenomenological approach. Even though fewer people requested and had abortions, the new procedures put the staff under stress. Telephone consultations were deemed unsuitable for discussing concerns, contraception counseling, and building trust, so in-person consultations were introduced.

The center remained open, but staff noticed a shift in client reactions. Staff says the lockdown did not affect the abortion procedure. However, they perceived a negative impact on their ability to provide psychological support, particularly to clients who were unsure of their decision or who did not speak English. After the lockdown, a triage system was implemented to ensure that all clients received emotionally safe abortion care (de Kort et al., 2021).

One study examined the link between structural and psychological empowerment among hospital frontline workers during a public health emergency. Methods: The workplace empowerment frameworks of Kanter and Spreitzer influenced psychological experiences of empowerment. A random sample of NAs who cared for COVID-19 patients in the hospital was interviewed. A data matrix was created from the psychological experiences of meaning, competence, self-determination, and impact. Results: 13 NAs were interviewed (mean age 42, 92 percent female). The information the NAs received influenced their fear, preparation, and autonomy. When resources (protocols, equipment, and staffing) were limited, NAs had to take on new roles. NNAs felt valued and motivated by nurses' majority support. However, many NAs felt leadership undervalued their contributions. They were challenged to internal and external employee satisfaction is not directly affected by personal factors like mental and emotional health. Influences such as healthcare support promote health, happiness, and loyalty. Employer support is vital in a pandemic (Travers et al., 2020). Li et al., (2020) compared two training methods for medical staff to better don and doff PPE. Methods: The study included 48 nurses, split into two groups at random. Group A watched an 8-minute video four times, and then an 8-minute live demo by Group B. Both groups had 40 minutes of instruction. A 29-step test followed the training. A checklist for Groups A and B included PPE donning and doffing steps. Group B outperformed Group A, with a mean (SD) of 94.92 (1.72). (P0.001). Group B spent 17.67 (1.01) minutes versus 21.75 (1.82). (P0.001). Group B was happier and more assured than Group A. (P0.001). Combined video and live demonstration are better than repeated video display for donning and doffing PPE (Li et al., 2020).

The current COVID-19 crisis puts clinicians in danger. Mindfulness training increases life satisfaction, stress resilience, self-compassion, and compassion in healthcare workers. These short, simple, and accessible mindfulness practice aim to increase clinicians' resilience and compassion in the face of the pandemic. The techniques work for both new and seasoned meditators. They come from scientific mindfulness programs. More research is needed to assess MMFC's effectiveness in promoting clinician resilience (Hedderman et al., 2021).

3. Conclusion

Personal growth, professional challenges, job diversity, and interest are important occupational values for healthcare workers in a pandemic. An increased level of satisfaction with infection control and prevention policies will improve compliance. Not enough is done to prevent infection, especially during pandemics. There is room for improvement. Nurses may be helped by psychosocial and demographic factors, according to a study. People with more than ten years of experience, chronic diseases, a history of mental disorders, and confirmed or suspected family members or relatives are more prone to stress. It is also vital to address the needs of HCWs, who are often more stigmatized than the general public. It also concludes how COVID-19 mitigation influenced those not directly involved in patient care.

Finding vulnerable groups and support systems requires empirical research on healthcare worker experiences. Assuring well-being and preventing burnout appears to be linked in emergency HCWs with PTSD symptoms. We must manage and empower medical personnel. Future research should examine actual COVID-19 vaccination rates and evaluate promotion efforts.

4. Limitations and Recommendations

This research has highlighted an important issue of job satisfaction among healthcare workers during the era of COVID-19. Besides highlighting significant implications, this study has several limitations which can be considered by future researchers in developing their research. First, this research is qualitative in nature as it's based on the review of different studies, thus, future studies can emphasize quantitatively examining the job satisfaction in healthcare workers, particularly doctors. Secondly, the current research mainly highlighted the job satisfaction factors and in the future the studies can focus on the organizational commitment factors.

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