

THE INFLUENCE OF FEAR OF COVID-19, MEDIATED BY PSYCHOLOGICAL DISTRESS, WITH ORGANIZATIONAL SUPPORT AS A MODERATOR, IMPACTS EMPLOYEE WELL-BEING

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Abstract: *The main objective of this research was to investigate how fear of COVID-19 affects the mental well-being of employees in Lahore. The study considered two important factors: the potential mediating effect of psychological distress and the potential moderating effect of perceived organizational support, and aimed to establish connections between these variables. The study gathered data from 324 participants from the public sector, regardless of gender, occupation, or job status, using convenient sampling methods and Google Forms and questionnaires. The results showed that individuals working in healthcare and the general public who experience increased levels of fear about COVID-19 are more likely to have compromised mental health. However, perceived organizational support was found to have no significant potential to alleviate the negative impact of psychological distress on employees' mental health. It is important to note that the study's conclusions are specific to the population surveyed in Lahore, as the research was limited to a single city in Punjab and the sample size was small. Future research could focus on strategies to mitigate fear during pandemics, thereby improving the overall quality of life for individuals. This study highlights that emergencies such as the fear generated by COVID-19 can negatively impact both physical and psychological health among employees. Therefore, it is recommended that healthcare workers and other professionals receive training to enhance their resilience in the face of such emergencies. This research fills a gap in current knowledge by examining the management of pandemic-related fear and its consequent negative impacts, while also highlighting the crucial role of perceived organizational support. Additionally, the study emphasizes the intermediary function of psychological distress in this context.*

Keywords: Fear of COVID-19, Psychological Distress, Perceived Organizational Support, Psychological Wellbeing.

Introduction

The global pandemic triggered by the highly contagious SARS-CoV-2 virus, commonly known as COVID-19, has emerged as a profound public health crisis (Escandón et al., 2021). Originating in China's Hubei Province, the virus swiftly spread across borders, prompting the World Health Organization to declare it a global health emergency in January 2020 (Hui et al., 2020). As the virus rapidly encircled the Wuhan region of China, it instilled widespread anxiety, apprehension, and fear among individuals worldwide.

Given the unprecedented nature of the pandemic, it is unsurprising that people have become increasingly concerned about their health and overall well-being (Rubin et al., 2009). COVID-19 has induced a spectrum of mental and psychological health challenges on a global scale, including issues like sleep disturbances, depression,

heightened anxiety, and pervasive fears (Majumdar et al., 2020). Of particular concern is the potential long-term impact on mental health, especially among individuals with pre-existing mental health conditions.

Early research conducted during the initial stages of the pandemic has indicated a decline in mental health attributed to the outbreak. With lives and physical health at risk, the virus has given rise to psychiatric issues such as anxiety, depression, unease, and even psychotic symptoms (Manchia et al., 2022). Mental health concerns have emerged as a substantial burden for governments and organizations in developed nations, with psychological distress manifesting as a public health challenge intertwined with physical symptoms stemming from emotional strain (Cianconi et al., 2020). The psychological toll on employees working through the pandemic has become a pivotal factor in this context.

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Should the adaptive response to acute stress remain unresolved as part of the healing process, it can result in adverse psychological and physiological consequences. Psychological discomfort is frequently associated with compromised physical well-being and an upswing in healthcare utilization, with dire repercussions for both individuals and employers. These consequences encompass diminished work engagement, increased absenteeism, heightened medical leave, and diminished productivity (Bryan, 2017).

The pandemic has also inflicted financial hardships upon healthcare workers. The rapid and potentially enduring impact on mental health is a significant concern. Financial and social constraints, including unemployment and social isolation, have affected a greater number of individuals in a shorter span than previous economic or environmental crises (Douglas et al., 2020). Studies have shown that even brief periods of unemployment, a predicament encountered by many during the early stages of the pandemic, can have profound mental health ramifications.

During previous pandemics, the crisis induced severe mental distress in half of the workforce. This was caused by various factors such as quarantine measures, social isolation, caring for infected colleagues, fear of infection, workplace stress, perceived stigma, and concerns about the well-being of family members (Gavin et al., 2020). Unfortunately, the anxiety also affected their loved ones, including children and partners, due to the perceived risk of infection. Additionally, conventional coping mechanisms like social interactions, physical exercise, and leisure activities were severely restricted during the COVID-19 pandemic (Bielec and Omelan, 2022; Talapko et al., 2021). Psychological well-being has become a matter of global concern, particularly in the context of the COVID-19 outbreak (Godinić and Obrenovic, 2020). Researchers have scrutinized the impact of economic instability triggered by epidemics, financial turmoil, and natural disasters on individuals' mental health (Anagnostopoulos et al., 2017). Sharp spikes in unemployment rates have been associated with heightened concerns about health and finances. Layoffs, downsizing, and limited access to healthcare services disproportionately affect marginalized individuals, including those grappling with persistent mental health issues or residing in low-income households (Benfer and Wiley, 2020).

Consequently, the COVID-19 pandemic has exacted a profound toll on healthcare professionals. Fear, a common response to impending threats, readies individuals to respond swiftly to unforeseen physical and mental risks (Garfin et al., 2020). In the case of infectious and perilous diseases, dread assumes a significant role, closely intertwined with the speed and spread of transmission.

Methodology

The aim of this study was to investigate how fear of COVID-19 and psychological discomfort affect the mental health of healthcare workers. The study also looked at how perceived organizational support can moderate these effects. The research design was quantitative, and data was collected through survey questionnaires from healthcare professionals and employees of private hospitals in Lahore, Pakistan.

The study used a convenience sampling technique due to time constraints and the ongoing COVID-19 pandemic. The population in question comprised healthcare workers and employees in private hospitals in Lahore, and an estimate of the population size (200-300) was used to distribute questionnaires to various private hospitals. The sample size was determined based on the study's objectives and population characteristics.

Data collection was done using a structured survey questionnaire with closed-ended questions. The questionnaire was self-administered and included questions related to fear of COVID-19, psychological discomfort, psychological well-being, and perceived organizational support.

The study measured the independent variable, "fear of COVID-19," using a seven-item scale developed by Ahorsu et al. (2020). The dependent variable, "psychological well-being," was assessed using an eight-item scale measured on a 5-point Likert scale. The mediating variable, "psychological distress," was evaluated using a ten-item scale measured on a 5-point Likert scale. Finally, the moderating variable, "perceived organizational support," was assessed using an eight-item scale measured on a 7-point Likert scale.

Data analysis involved using descriptive and inferential statistics. Descriptive statistics were used to summarize the characteristics of the sample, while inferential statistics included regression analysis to explore the relationships among the variables. Demographic variables were controlled for during regression using one-way ANOVA analysis.

The respondents were assured of anonymity and confidentiality to encourage candid and honest feedback. Before participating in the study, all participants were required to provide informed consent. The study adhered to ethical guidelines and principles for conducting research involving human subjects.

This study had several limitations, including potential response bias in self-administered questionnaires, the use of a convenience sample, and the exclusion of researchers from the study to maintain objectivity.

Results

The aim of this research study was to examine how the fear of COVID-19 impacts the psychological well-being of healthcare professionals. The study also looked at the role of psychological distress and perceived organizational support as mediators and moderators, respectively. In terms of gender distribution, the study involved 324 healthcare professionals, with 155 females (47.7%) and 169 males (52.3%). In this category, the participants' marital status is detailed. Among the healthcare professionals, 74 were married, making up 22.8% of the sample. The majority, 250 individuals, were single, comprising 77.2% of the sample.

This section breaks down the age groups of the participants. A significant proportion, 232 individuals, fell into the 18-25 age group, representing 71.6% of the sample. Additionally, there were 44 individuals (13.5%) in the 26-35 age group, 33 individuals (10.2%) in the 36-45 age group, and 15 individuals (4.6%) in the 46-60 age group. The education level of the healthcare professionals is described here.

Among the participants, 138 individuals were graduates, accounting for 42.6% of the sample. Furthermore, 150 individuals were undergraduates, constituting 46.4% of the sample, and 68 individuals held postgraduate degrees, representing 21.0% of the sample. This category delineates the work status of the participants. Among the healthcare professionals, 154 individuals worked full-time, making up 47.5% of the sample.

Additionally, 170 individuals worked part-time, constituting 52.5% of the sample. In this section, the professional positions of the healthcare professionals are detailed. There were 35 individuals categorized as clerical staff, representing 10.8% of the sample. The largest group was management/supervisors, with 178 individuals, making up 54.9% of the sample. Furthermore, there were 98 medical officers (30.2%) and 13 nurses (4.0%) in the sample. (Table, Figure 1).

Table 1: Sample Characteristics

Demographic Variables	Categories	Frequency	Percent
Gender	Female	155	47.7%
	Male	169	52.3%
Marital Status	Married	74	22.8%
	Single	250	77.2%
Age (Years)	18-25	232	71.6%
	26-35	44	13.5%
	36-45	33	10.2%
	46-60	15	4.6%
Education	Graduate	138	42.6%
	Undergraduate	150	46.4%
	Postgraduate	68	21.0%
Work Status	Full Time	154	47.5%
	Part Time	170	52.5%
Professional Position	Clerical	35	10.8%
	Management/Supervisor	178	54.9%
	Medical Officer	98	30.2%
	Nurse	13	4.0%

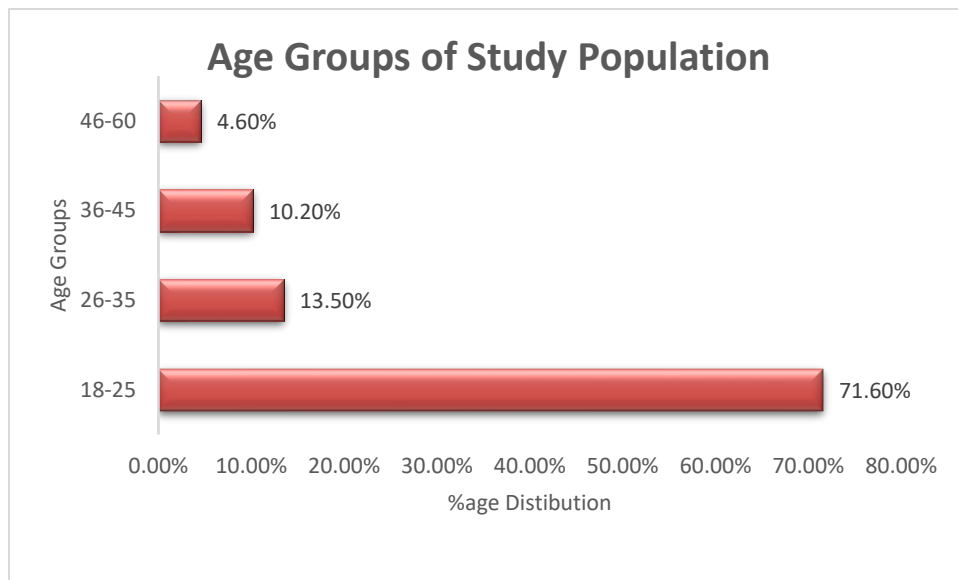


Fig.01

Table 2: Normality Analysis of the Data

Variables	Before Transformation	After Transformation
Fear of Covid-19	Skewness: 0.057, Kurtosis: -0.650	Skewness: -3.343, Kurtosis: -3.843
Psychological Distress	Skewness: 0.142, Kurtosis: -0.299	Skewness: -3.343, Kurtosis: -4.438
Psychological Wellbeing	Skewness: -0.664, Kurtosis: 0.693	Skewness: -3.243, Kurtosis: -3.481
Perceived Organizational Support	Skewness: -0.127, Kurtosis: -0.413	Skewness: -4.050, Kurtosis: 4.720

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The correlation matrix presented here reveals the relationships between the key variables in the study. Fear of Covid-19 shows positive correlations with both Perceived Organizational Support (0.345) and Psychological Distress (0.376), implying that higher levels of fear are associated with increased perceptions of support from the organization and higher psychological distress. Interestingly, Fear of Covid-19 exhibits a negative correlation with Psychological Wellbeing (-0.143), indicating that as fear intensifies, psychological wellbeing tends to decline. Moreover, Perceived Organizational Support demonstrates a significant positive correlation with Psychological Wellbeing (0.752), suggesting that greater perceived support from the organization corresponds strongly with improved psychological wellbeing. However, it displays a weak negative correlation with Psychological Distress (-0.106), implying a modest reduction in distress with higher perceived support. Lastly, Psychological Distress exhibits a slight negative correlation with Psychological Wellbeing (-0.155), indicating that higher distress is linked to slightly lower levels of psychological wellbeing. These correlation coefficients provide valuable insights into the interplay among these variables, shedding light on the complex dynamics within the study's context (Table 3).
 Structural Equation Modeling (SEM): The SEM diagram in Figure 4.2 illustrates the inner model assessment, showing the relationships among fear of COVID-19, psychological distress, psychological well-being, and perceived

organizational support. The following relationships were tested:

1. Fear of COVID-19 -> Psychological Wellbeing: Accepted, indicating a significant negative relationship.
2. Fear of COVID-19 -> Psychological Distress: Accepted, suggesting a significant positive relationship.
3. Psychological Distress -> Psychological Wellbeing: Accepted, indicating a significant negative relationship.
4. Perceived Organizational Support -> Psychological Wellbeing: Accepted, signifying a significant positive relationship.
5. Moderation (Perceived Organizational Support -> Psychological Wellbeing): Rejected, as the moderation effect was insignificant.

These results provide insights into the relationships between fear of COVID-19, psychological distress, psychological well-being, and perceived organizational support among healthcare professionals, highlighting the significant impact of fear of COVID-19 on their mental well-being. Additionally, the study suggests that perceived organizational support positively influences their psychological well-being, although it did not significantly moderate the relationship between psychological distress and well-being

Table 3: Correlation matrix of Fear of COVID-19:

	Fear of Covid-19	Perceived Organizational Support	Psychological Distress	Psychological Wellbeing
Fear of Covid-19	0.795			
Perceived Organizational Support	0.345	0.752		
Psychological Distress	0.376	-0.106	0.731	
Psychological Wellbeing	-0.143	0.541	-0.155	0.703

Discussion

The COVID-19 outbreak, originating in Wuhan, China in December 2019, triggered a global crisis characterized by widespread lockdowns and quarantine measures (Lauer et al., 2020). This novel virus led to severe symptoms, necessitating intensive care unit interventions such as mechanical ventilation. However, alongside the virus itself, these quarantine policies induced emotional stress and anxiety worldwide, ultimately contributing to job dissatisfaction and intentions to leave one's employment. The pandemic has had a significant impact on healthcare organizations, whose employees have been on the front line of treating infected patients (Lai et al., 2022). In response to this crisis, a study was conducted with a sample size of 324 individuals to investigate the effects of COVID-19-related fear on the psychological well-being of healthcare workers. The study revealed that younger individuals and women with young children experienced higher levels of fear than others. Interestingly, healthcare professionals exhibited lower levels of both COVID-19 fear and psychological distress. Additionally, the study found a positive correlation between COVID-19 fear and psychological distress, with

each one-unit increase in fear leading to a 14.13% increase in psychological distress (Beck and Daniels, 2023; Rahman et al., 2021). The study also identified perceived organizational support as a moderating factor that can alleviate the negative effects of COVID-19 fear on healthcare employees' psychological well-being. In conclusion, this research emphasizes the crucial importance of providing support and resources to healthcare workers during times of crisis.

The psychological wellbeing of healthcare workers and the public is negatively affected by the fear of COVID-19, as revealed by this study. Although psychological distress is a result of the fear, it does not act as a mediator between the fear and wellbeing. Perceived organizational support is essential, but insufficient in mitigating the negative impact of distress on wellbeing. To enhance wellbeing, it is crucial to address other factors contributing to distress as well.

Declarations

Data Availability statement

[Citation Rehman, S.U., Rehman, A.U., Elahi, A., Rafiq, M., Khan, R., Jaffar, F., Ain, Q.U., Awan, S., Mujahid, M.U.F., Rahman, N., Akhter, S., Devi, N., Avinash., Irfan, S., Shaikh. R., Ibragim, Y., Mehmood, R. (2023). The influence of fear of covid-19, mediated by psychological distress, with organizational support as a moderator, impacts employee well-being. *Biol. Clin. Sci. Res. J.*, 2023: 418. doi: <https://doi.org/10.54112/bcsrj.v2023i1.418>]

All data generated or analyzed during the study are included in the manuscript.

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Approved by the department Concerned.

Consent for publication

Approved

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Conflict of interest

The authors declared an absence of conflict of interest.

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