



The Route to Public Health Care Workers Psychological Wellbeing in Times of Covid 19

Cheah Yeh Ying^(✉), Cheah Chew Sze, and Chin Yong Quan

Faculty of Business, Multimedia University, Melaka, Malaysia
yycheah@mmu.edu.my

Abstract. Health care workers worldwide are faced with unprecedented challenges brought upon by Covid 19 pandemic. High workloads, anxiety, stress and occupational burnout are severely affecting health care workers' psychological wellbeing. There is a pressing need for comprehensive steps to safeguard the wellbeing of the healthcare workers. The present study will develop and validate a conceptual model for investigating the predictors (workload, social support, and coping styles) of health care worker's psychological wellbeing in Malaysia's public sector healthcare. This study will focus on nurses working at government hospitals in Peninsular Malaysia as the source of data collection as government hospitals are the primary source of health care for most Malaysians. Understanding the linkages between the predictors of healthcare workers psychological wellbeing is essential as it all leads to the quality of health care provide and patient safety outcomes.

Keywords: Psychological Wellbeing · Coping Style · Social Support · Work Load

1 Introduction

Covid 19 pandemic has brought about unprecedented stressor particularly for the health care workers worldwide. Millions of cases and thousands of deaths have been reported. Globally, as of 5 January 2022, there have been 293,750,692 confirmed cases of COVID-19, including 5,454,131 deaths, reported to WHO [1]. World Health Organization estimated that between 80 000 to 180 000 health and care workers have died from COVID-19 between January 2020 to May 2021 [2]. This has overturned many countries' healthcare systems, and, affected health care workers such as nurses struggling on the frontlines to preserve the lives of everyone affected. The prolonged pandemic has impacted on various aspects of human life, and no one knows when it will end.

COVID-19 pandemic has intensified the shortages of health care workers [2]. Shortages in health care workers have been reported in 66% countries surveyed as the main cause of disruption to essential health care services [2]. An additional of nine million nurses and midwives are required by the year 2030 in order to reach Sustainable Development Goal of health and well-being [3]. The largest needs-based shortages of nurses and midwives are in South East Asia and Africa [3]. Severely constrained human resources

in health care organizations worldwide results in health care organization facing the challenges of maintaining high-quality care. Malaysia is facing a similar issue, where a lack of qualified and experienced health care workers particularly in hospitals.

The main problems nurses faced are the severe shortage of manpower, beds, and medical provisions, including personal protective equipment (PPE) and, also emotional changes and phobia of infection among nursing employees [2]. In the wake of this global health crisis, health care workers' psychological wellbeing has been severely affected due to high workloads, anxiety, stress and occupational burnout. A 2021 study by Institute for Health Behavioral Research, Ministry of Health Malaysia on 6,616 frontliners revealed that 14.2% of frontliners faced severe mental disorder [4].

World Health Organization has emphasized that the wellbeing of healthcare workers during this pandemic is a prerogative to enable the sustainable performance of health care workers [5]. Over the coming days and months, a significant public health challenge will be providing psychological support to health care workers [6]. There is an urgent need for instant action to protect the welfare of the healthcare workers [7]. Hospital health care workers working in a high risk and stressful environment may experience psychological stress that impacts on work efficiency and medical outcomes [8]. Healthcare workers during the COVID-19 pandemic encounter extreme psychological stress which may heightened their risk of burnout, which has negative results not only for employee wellbeing, but also for patient care and the healthcare system [9].

Deci and Ryan [10] and Ryan and Deci [11] posit that there are two common perspectives of wellbeing, i.e., subjective wellbeing (hedonia) and psychological wellbeing (eudaimonia). Drakopoulos and Grimani [12] highlighted the importance of employee psychological wellbeing awareness as it is vital as work is a substantial psychological dimension.

The psychological wellbeing of healthcare workers is very important and has to be put in utmost priority in ensuring excellent performance in the fight against the new Coronavirus [4]. In this situation, understanding the health-related consequences of COVID-19 outbreak on Malaysia frontline healthcare workers is of critical importance. The present study will develop and validate a conceptual model for investigating the predictors (workload, social support, and coping styles) of health care worker's psychological wellbeing in Malaysia's public sector healthcare.

2 Methods

This research will use a quantitative cross-sectional study approach utilising the sampling method of convenience and snowballing technique. This study will focus on nurses working at government hospitals in Peninsular Malaysia as the source of data collection as government hospitals are the primary source of health care for most Malaysians. A self-administered questionnaire was developed based on literature review. An online questionnaire will be utilised as it is low cost, convenient and allows instant response. Respondents can answer the questionnaire at their leisure and convenience.

First, the respondents will be approached via face to face at selected hospitals. Respondents will be to join the study via scanning a QR code. The respondents will be informed that their involvement was voluntary and confidential. Upon agreeing to

a letter of consent, respondents will then be given the questionnaire on Google Forms and asked to complete it. Sociodemographic and occupational data of the respondents, including gender, age, educational level, workload characteristics (i.e., working position and level). Respondents will also be asked if they were being directly involved (front-line) or not (second-line) in the clinical management of patients with suspected or confirmed COVID-19. The collected data will then be analysed using the statistical methods of descriptive and inferential statistics via using partial least squares structural equation modelling (PLS-SEM).

3 Results and Discussion

3.1 Psychological Wellbeing

In any work environment, there are various stressors which can affect psychological wellbeing, job satisfaction and job performance [13]. Psychological wellbeing is the foundation of mental health. Wright [14] posit that psychological wellbeing as “a subjective and global judgement that one is experiencing a good deal of positive and relatively little negative feelings or emotions”. Psychological wellbeing interpreted in a simple sense means “a generalized feeling of happiness” [15]. It represents wellness that is conceived as “progressions of continued growth across the life course” [16].

Psychological wellbeing of employees has been proven to impact on organizational effectiveness in that it nurtures employee’s contentment and well-being [17] which in turn leads to productivity. Employees with higher psychological wellbeing feel more contented, capable, well-supported, and experience higher life satisfaction [18]. Studies have shown that psychosocial hazards are link to employees’ psychological wellbeing [19]. Thus, suggesting that when employees are facing high job demands with little physical and mental resources to cope, it will possibly cause them to experience stress [20] which is associated with poor psychological wellbeing. Study by [21] show that job function, health condition, mental health, availability of social support, and coping style can affect one’s psychological well-being.

[22] psychological wellbeing scale will be utilized in this this study. This scale measures six subscales: self-acceptance, environmental mastery, personal development, positive relationships with others, goals and autonomy in life.

3.2 Workload

Workload is simply the amount of work required to fulfil job expectations. There are two types of work overload: quantitative, which occurs when the workload is too great or the time frame to complete it is too short; and qualitative, which happens when the employee doesn’t have the appropriate skills to do the job [23].

Increased workload may result in work overload, which occurs when an employee handles too many demands, has insufficient time to complete work, or completes tasks for which they may feel unqualified. Healthcare workers are having a higher tendency to stress and workload pressures which have a negative impact on their psychological well-being [24].

3.3 Social Support

The effects of different types of social support on psychological well-being have been reported in many studies [25]. Higher levels of family and peer social support received by hospital nurses had reduced levels of burnout and compassion fatigue [26]. Supervisor support was identified as one of the factors that reduce nurses' depression in Japan in a study by [27].

Social support beyond the workplace may also reduce stress, but due to heavy workloads or anxieties around infecting others due to their own work-related contact to the virus, consequently healthcare workers often neglect relationships with their family and friends [28]. Social distancing requirements has also made having social contact is increasingly challenging. [21] study confirms a significant connection between social support and psychological wellbeing. The Job Content Questionnaire (JCQ) will be used to assess work load and social support [29].

3.4 Coping Style

Coping capability is a multifaceted interaction between the individuals and their situations [21]. A coping strategy refers to an individual effort to manage stress [30] and is a variable that impacts on individual psychological well-being [31]. Yao [21] in their study reported that positive coping style contributes to psychological well-being of the hospital staff, which is consistent with the previous studies. In general, positive coping style has attributed to positive psychological health outcomes [32].

During the SARS outbreak, positive coping strategies has resulted in alleviating anxiety and depression levels of hospital staff during the SARS outbreak [33]. Unfortunately, the approach of coping strategy used by someone with poor mental health status could result in a negative effect [34]. The Brief-COPE Scale [35] will be utilised in this study to measure coping style. The Brief-COPE scale with a total of 28 questions evaluates 14 stress-coping strategies [35].

4 Conclusion

This paper's explorations of various theories and constructs of psychological well-being have identified and develop a conceptual model for investigating the predictors (workload, social support, and coping styles) of health care worker's psychological wellbeing in Malaysia's public sector healthcare. The implications of the study might assist to provide support and identify the needs of health care workers to ensure health care workers can cope and react to this pandemic with greater resilience. Understanding the linkages between the work environment and psychological wellbeing of health care workers is now more important than ever as it all leads to the quality of health care provide and patient safety outcomes.

Various studies have studied on psychological well-being based on various models; however few studies have assessed the Western model in a multi-ethnic collectivistic culture like Malaysia. The result of this study may provide new insights and enrich the literature of psychological well-being determinants in the context of Malaysia.

Acknowledgement. This work was supported by MOHE (Ministry of Higher Education Malaysia) under the Fundamental Research Grant Scheme (FRGS) (FRGS/1/2019/SKK06/MMU/03/02).

References

1. World Health Organization (WHO). WHO Coronavirus (COVID-19) Dashboard. Retrieved Jan 6, 2022, from <https://covid19.who.int/>
2. World Health Organization (2021). *The impact of COVID-19 on health and care workers: a closer look at deaths.* (WorkingPaper-2021.1). <https://www.who.int/publications/i/item/WHO-HWF-WorkingPaper-2021.1>
3. World Health Organization (WHO). *State of the world's nursing 2020: investing in education, jobs and leadership.* Retrieved Apr 1, 2022, from <https://www.who.int/publications/i/item/9789240003279>
4. Institute for Health Behavioural Research Institute for Health Behavioural Research 2020. Psychological Effects on Coronavirus Disease 2019 (COVID-19) Amongst Healthcare Workers - Key Findings. Retrieved Jan 1, 2022, from https://iptk.moh.gov.my/images/research/2020/infografik-psychological_effects_of_coronavirus_disease_2019_covid-19_amongst_healthcare_workers.pdf
5. World Health Organization (WHO). *Mental Health and Psychosocial Considerations during the COVID-19 Outbreak.* Retrieved Jan 1, 2022, from <https://www.who.int/docs/default-source/coronavirus/mentalhealth-considerations.pdf>
6. Kluge, H. H. P. (2020). *WHO regional director for Europe—statement to the press: Physical and mental health key to resilience during COVID-19 pandemic.* WHO.
7. Ayanian, J. Z. (2020). Editor's comment: Mental health needs of health careworkers providing frontline COVID-19 care. Retrieved Jan 1, 2022, from <https://jamanetwork.com/channels/health-forum/fullarticle/2764228>. <https://doi.org/10.1001/jamahealthforum.2020.0397>
8. Chong, M. Y., Wang, W. C., Hsieh, W. C., Lee, C. Y., Chiu, N. M., Yeh, W. C., et al. (2004). Psychological impact of severe acute respiratory syndrome on health workers in a tertiary hospital. *British Journal of Psychiatry*, 185, 127–133. <https://doi.org/10.1192/bjp.185.2.127>
9. Patel, R. S., Bachu, R., Adikey, A., Malik, M., & Shah, M. (2018). Factors related to physician burnout and its consequences: A review. *Behavioral Science*, 8, 98. <https://doi.org/10.3390/bs8110098>
10. Deci, E. L., & Ryan, R. M. (2008). Hedonia, eudaimonia and wellbeing: An Introduction. *Journal of Happiness Studies*, 9, 1–11. <https://doi.org/10.1007/s10902-006-9018-1>
11. Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic wellbeing. *Annual Review of Psychology*, 52, 141–166. <https://doi.org/10.1146/annurev.psych.52.1.141>
12. Drakopoulos, S.A., & Grimani, K. (2015). The effect of pay cuts on psychological wellbeing and job satisfaction. In R. Osbourne (Ed.), *Job satisfaction: Determinants, workplace implications and impacts on psychological well-being.* Nova Science Publishing.
13. Bryson, A., Forth, J., & Stokes, L. (2014). Does worker wellbeing affect workplace performance? Department for Business Innovation and Skills. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366637/bis-14-1120-does-workerwellbeing-affect-workplace-performance-final.pdf
14. Wright, T. A. (2010). The role of employee wellbeing in organizational research. In P. A. Linley, S. Harrington, & N. Garcea (Eds.), *Oxford handbook of positive psychology and work* (pp. 143–154). Oxford University Press.

15. Schmutte, P. S., & Ryff, C. D. (1997). Personality and well-being: Reexamining methods and meanings. *Journal of Personality and Social Psychology*, 73(3), 549. <https://doi.org/10.1037//0022-3514.73.3.549>
16. Ryff, C. D. (1995). Psychological well-being in adult life. *Current Directions in Psychological Science*, 4(4), 99–104. <https://doi.org/10.1111/1467-8721.ep10772395>
17. Schaufeli, W. B., & Bakker, A. B. (2004). Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. *Journal of Organizational Behavior*, 25(3), 293–315. <https://doi.org/10.1002/job.248>
18. Huppert, F. A. (2009). Psychological well-being: Evidence regarding its causes and consequences. *Applied Psychology: Health and Well-Being*, 5(1), 137–164. <https://doi.org/10.1111/j.1758-0854.2009.01008.x>
19. Terry, D. J., Nielsen, M., & Perchar, L. (1993). Effects of work stress on psychological well-being and job satisfaction: The stress-buffering role of social support. *Australian Journal of Psychology*, 45(3), 168–175. <https://doi.org/10.1080/00049539308259135>
20. Schaufeli, W. B. (2004). The future of occupational health psychology. *Applied Psychology*, 53(4), 502–517. <https://doi.org/10.1111/j.1464-0597.2004.00184.x>
21. Yao, D., Lyu, J., Ma, Z., Champ, M., Xiong, Q., Li, M., et al. (2021). Influencing factors of psychological wellbeing of the non-designated hospital staff in China during the COVID-19 pandemic. *Frontiers in Psychiatry*, 12, 58. <https://doi.org/10.3389/fpsyt.2021.591026>
22. Ryff, C. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069–1081. <https://doi.org/10.1037/0022-3514.57.6.1069>
23. Quick, J. C., Quick, J. D., Nelson, D. L., & Hurrell, J. J., Jr. (1997). Organizational demands and stressors. In J. C. Quick, J. D. Quick, D. L. Nelson, & J. J. Hurrell, Jr. (Eds.), *Preventive stress management in organizations* (pp. 21–40). American Psychological Association. <https://doi.org/10.1037/10238-003>
24. Grace, A. T. (2021). Stress, workload and psychological wellbeing among healthcare professionals in Cameroon: A quantitative cross-sectional study from a public health perspective.
25. Xu, L., & Song, R. (2016). Influence of work–family–school role conflicts and social support on psychological wellbeing among registered nurses pursuing advanced degree. *Applied Nursing Research*, 31, 6–12. <https://doi.org/10.1016/j.apnr.2015.12.005>
26. Ariapooran, S. (2014). Compassion fatigue and burnout in Iranian nurses: The role of perceived social support Iranian. *Journal of Nursing and Midwifery Research*, 19(3), 279–284.
27. Saijo, Y., Yoshioka, E., Kawanishi, Y., Nakagi, Y., Itoh, T., & Yoshida, T. (2015). Relationships of job demand, job control, and social support on intention to leave and depressive symptoms in Japanese nurses. *Industrial Health*, 54(1), 32–41.
28. Blake, H., Bermingham, F., Johnson, G., & Tabner, A. (2020). Mitigating the psychological impact of COVID-19 on healthcare workers: A digital learning package. *International Journal of Environmental Research and Public Health*, 17(9), 2997. <https://doi.org/10.3390/ijerph17092997>
29. Karasek, R., Brisson, C., Kawakami, N., Houtman, I., Bongers, P., & Amick, B. (1998). The job content questionnaire (JCQ): An instrument for internationally comparative assessments of psychosocial job characteristics. *Journal of Occupational Health Psychology*, 3, 322.
30. Rantanen, M., Mauno, S., Kinnunen, U., & Rantanen, J. (2011). Do individual coping strategies help or harm in the work–family conflict situation? Examining coping as a moderator between work–family conflict and well-being. *International Journal of Stress Management*, 18(1), 24–48. <https://doi.org/10.1037/a0022007>
31. Landen, S. M., & Wang, C.-C.-D.-C. (2010). Adult attachment, work cohesion, coping, and psychological well-being of firefighters. *Counselling Psychology Quarterly*, 23(2), 143–162. <https://doi.org/10.1080/09515071003776028>

32. Taylor, S. E., & Stanton, A. L. (2007). Coping resources, coping processes, mental health. *Annual Review of Clinical Psychology*, 3, 377–401. <https://doi.org/10.1146/annurev.clinpsy.3.022806.091520>
33. Chua, S. E., Cheung, V., Cheung, C., McAlonan, G. M., Wong, J. W., Cheung, E. P., et al. (2004). Psychological effects of the SARS outbreak in Hong Kong on high-risk health care workers. *Canadian Journal of Psychiatry*, 49, 391–393. <https://doi.org/10.1177/070674370404900609>
34. Skapinakis, P., Bellos, S., Oikonomou, A., Dimitriadis, G., Gkikas, P., Perdikari, E., et al. (2020). Depression and its relationship with coping strategies and illness perceptions during the COVID-19 lockdown in Greece: A cross-sectional survey of the population. *Depression Research and Treatment*, 2020, 3158954. <https://doi.org/10.1155/2020/3158954>
35. Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the brief cope. *International Journal of Behavioral Medicine*, 4(1), 92–100.

Open Access This chapter is licensed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits any noncommercial use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license and indicate if changes were made.

The images or other third party material in this chapter are included in the chapter's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the chapter's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder.

