

**Summer Training
At
Medanta-The Medicity Gurugram**

**Job Stress and Job satisfaction as correlates of Covid-19 fear- A
Study on frontline healthcare workers in tertiary care hospital**

(03rd May 2021) to (03rd July 2021)

**A Report
by
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**MBA HOSPITAL AND HEALTH MANAGEMENT
2020-22**



Institute of Health Management Research

The IIHMR University , Jaipur

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Renny Thomas Iype** student of MBA (Hospital and Health Management) Batch 2020 - 2022 IIHMR University, Jaipur has successfully completed his Internship with **Global Health Private Ltd. (GHPL) Medanta – The Medicity, Sector 38, Gurgaon-122001(Haryana)**

. Department- Medical Administration & Clinical Operations

- . Project Title-1.** Assessment of Corona phobia, stress level, job satisfaction and turnover intention among frontline workers in a tertiary care facility (Medanta Hospital Gurgaon)
- 2.** Process mapping of Insurance Department and analysis of denials.
 - 3.** Time motion study on inpatient drug indent.

. Project Duration: 03.05.2021 to 26.06.2021

We wish him all the best for his future endeavors.

For **GLOBAL HEALTH PVT. LTD**

ASHISH ADHIKARI
DEPUTY GENERAL MANAGER - HR



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Abbreviations

CABG	Coronary artery bypass graft
OPD	Outpatient department
MLC	Medico-Legal Case
PTCA	Per-cutaneous transluminal coronary angioplasty
RBC	Red Blood cell
TPA	Third party administrator
IPSG	International patient safety goals

1.1.INTRODUCTION MEDANTA THE MEDICITY GURUGRAM

Medanta Hospital Gurugram is one of the largest hospital in India with area around 2.1M square feet campus which has around 1500+ beds and more than 10000+ dedicated staff.

It was founded by Dr.Naresh Trehan, who is one of the eminent cardiac surgeon in India in 2009.It is governed by the principle of providing medical services to the ill-patients with utmost care and dedication. He has a vision of providing the best standards of healthcare checkup besides being a best institute for clinical research, education and training to the healthcare professional



The hospital is spread across the 43 acre campus with around 350 advanced care critical beds and 46 operation theatres which caters to more than 25 specialties.

It has six centers of hospital facilities which includes best of the recent technology with best architectural capabilities with state of art infrastructure.

It also has the best resources of doctors, clinical scientist to encourage proper multidisciplinary research activities to inspire new innovative ideas /

Medanta is also famous for its integration of modern and traditional forms of medicine to offer reasonable and accessible healthcare facilities.

A one-of-its-kind facility in India, MEDANTA through its research integrates modern and traditional forms of medicine to provide accessible and affordable healthcare.

One of a notable attraction of Medanta is OPD lobby which is there in the Upper Ground floor. Here there is two large walled structure which is a symbolism that prayers (mannat) will be answered by God. It is a belief which is respected by all sections of the society.



1.2SPECIALITY INSTITUTES IN MEDANTA:

Institute Of Orthopedics and Musculoskeletal Disorders

Bone and Joint Institute

Head and Neck Oncology

Radiation Oncology

Breast Services

Medical and Haemato Oncology

Interventional Cardiology

Institute of Digestive and Hepatobiliary Sciences

Institute of Critical Care and Anesthesiology

Cancer Institute

GI Surgery, GI Oncology, and Bariatric Surgery

Gastroenterology

Clinical and Preventive Cardiology

Cardiac Surgery

Heart Institute

Kidney and Urology Institute

Electrophysiology and Pacing

Urology and Andrology

Nephrology

Institute of Liver Transplantation and Regenerative Medicine

Institute of Neurosciences

Ayurvedic Medicine

Clinical Immunology and Rheumatology

Dermatology

Dental Sciences

Emergency and Trauma Care

Endocrinology and Diabetology

Internal Medicine

Gynecology and Gynae Oncology

ENT and Head Neck Surgery

Laboratory Medicine, Pathology and Blood Bank

Pediatrics

Ophthalmology

Plastic, Aesthetic and Reconstructive Surgery

Peripheral Vascular and Endovascular Sciences



1.3.VISION

When Dr.Trehan came abroad from working from US, he was astounded with the medical practices. For every 1000 patients from India who came for treatment in US, there were another set of 1000 set of patients who couldn't afford to treat or fly down there.

So address that gap, Medanta Institution was built to address those gaps. The institution provides with half the cost than going to other countries. So he wanted to close those gaps and provide state of the art infrastructural facilities for the patients with good food and ambience which include all service at one tenth costing.

It has been termed as best hospital in India by the recent survey by statista and Newsweek.



1.4.MISSION

It has been established to provide the best of the treatment with wholesome facilities and one tenth of the price



1.5.ACCREDITATIONS:

1. JCI
2. NABH
3. National accreditation board for testing and calibration laboratories.

1.6.ACHIEVEMENTS:

1. Medanta became the first hospital in India in 2010 to provide robotic surgery in connection with urology, cardiac heart diseases and that too under one specialised roof.
2. Dr.Soin (Dr Arvinder singh soin) became the first doctor in India who successfully completed the transplantation of intestine.
3. The doctors here have performed more than 16,000 surgeries.
4. Over 2400 kidney transplants have been done here.
5. India's 1st first robot assisted kidney transplant
6. Highest number of Total Knee replacement done by doctors here.

1.7.FLOOR WISE MAPPING IN MEDANTA

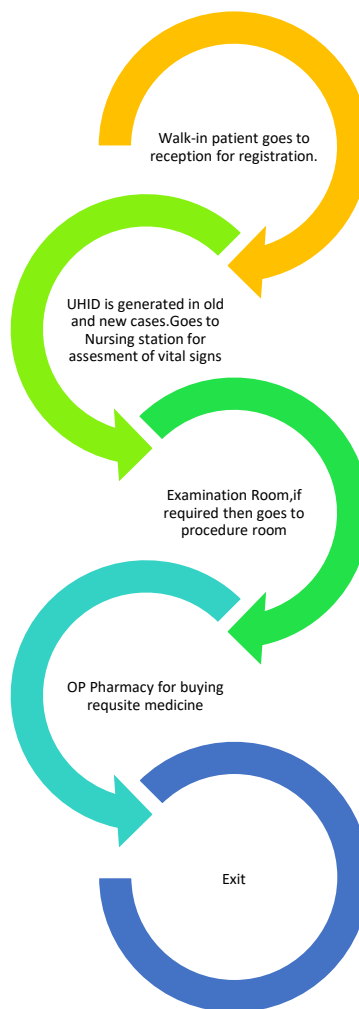
1. UG FLOOR:
 - Blood bank
 - Pharmacy
 - Emergency
 - Sample Collections
 - International patient services
 - Admissions
 - Radiology
 - Nuclear medicine
2. Second Floor : Preventive Health And Wellness Center
3. Third Floor : Heart Institute
4. Fourth Floor :
 - CTVS
 - Chest Surgery
 - Chest Onco Surgery
 - Lung Transplantation
5. 5th Floor Endocrinology & Diabetes
6. 6th Instiute Of Neuroscience
7. 7th Floor Insitiute Of Musculo Skeletal Disorders And Orthopaedics
8. 8th. Floor Ent Head And Neck Surgery

9. 9th Floor Internal Medicine
10. 10th Cancer Institute
11. 11th Institute Of Digestive And Hepatobiliary Sciences
12. 12th Kidney And Urology Institute
13. 14th Institute Of Liver Transplantation And Regenerative Medicine

1.8.OBSERVATIONAL LEARNINGS:

As per the departments I had visited, following were my observations regarding each department

1. OPD: The outpatient area in Medanta is between each of the two wings of Medanta A wing and Medanta B wing. Each floor houses each of the best speciality in the clinical field with excellence.



In addition to the process flow, each day additional appointments are also booked for next day according to rush. In the 10th and 11th floor, day care facilities are there .So both these floors have additional facilities too. Whenever the appointments are booked, the patients are informed with a text message informing the time slot and date slot for the appointment. The initial assessment is usually done by the doctors themselves, but in case of senior doctors, junior doctors are entrusted with taking case history and initial assessment.

2. OPERATION THEATRE

There are currently operational 38 OT with the capacity of large intake every day. In Medanta, we can see a large number of OT cases coming in spite of covid-19 protocols

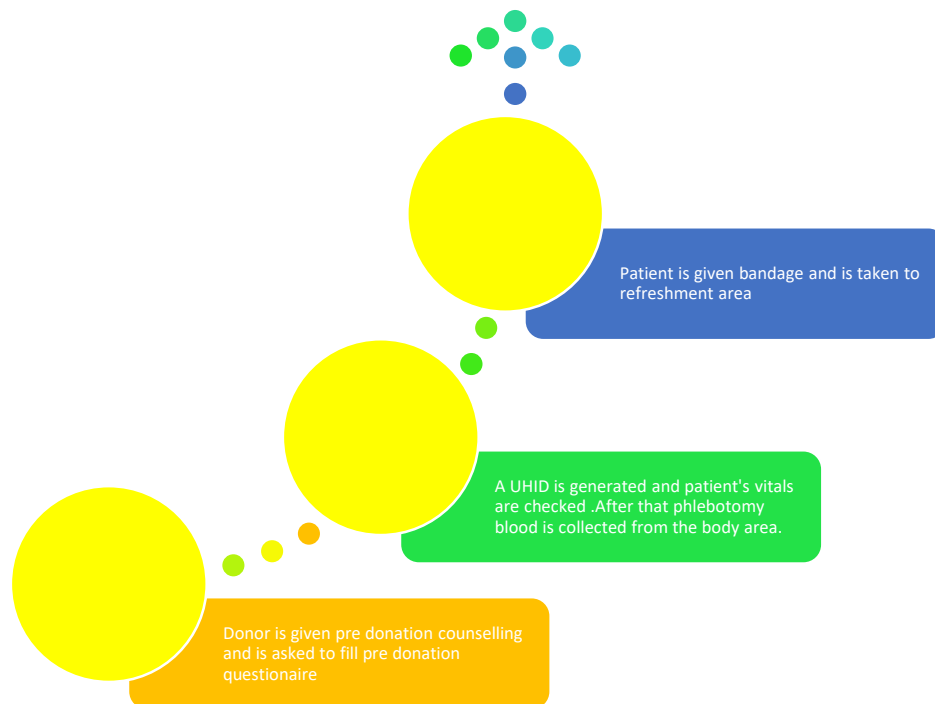
Numbering of OT	SPECIALISATION
First 7 OT's in 1 st floor	OT's of Cardiac care team
9th A,9th b	Orthopaedics
12 th A, 12 th B	Liver transplant team
11, 10	Neurology Team

We can estimate around 70-80 surgeries being done on a daily basis.

3. BLOOD BANK

The licensing details of the blood bank is 67-B which is mandated for the hospitals. It is licensed by the drug controller of the Haryana State.

The Upper ground floor of Medanta houses the blood bank



4. EMERGENCY DEPARTMENT

The UG Floor houses the emergency department. Around more than 20 emergency beds are available here for the patients

The triaging is done for the patients as per the colour code

The inpatients are usually given white bands

Yellow band is usually for the diabetes/kidney disease or with No I/V prick and with no measurement of Bp

Blue band is usually provided for vulnerable and high risk patients.

5. ENDOSCOPY DEPARTMENT

Endoscopy department is in the 11th floor .It has a specific day care unit also. Appointments for the procedure are booked 1 day prior. There is additionally seating arrangements and refreshment area specifically for kids in that department.The procedures like endocscopy and colonoscopy are

performed daily and the average endoscopy done everyday include 45-60,whereas colonoscopy averages around 15-18.

6. CSSD department

The CSSD department of Medanta is one of the largest in India and 2nd largest in Asia in terms of area.The whole CSSD department is U shaped with more number of machines kept for cleaning purpose.

The following are the areas in CSSD department

1. Receiving area
2. Processing area
3. Sterile area
4. Issue Area

7.Dietetics and Food and beverages

The dietetics department is locataed in the lower ground of Medanta.Here the team looks after the diets send by specific dietician present in each floor.

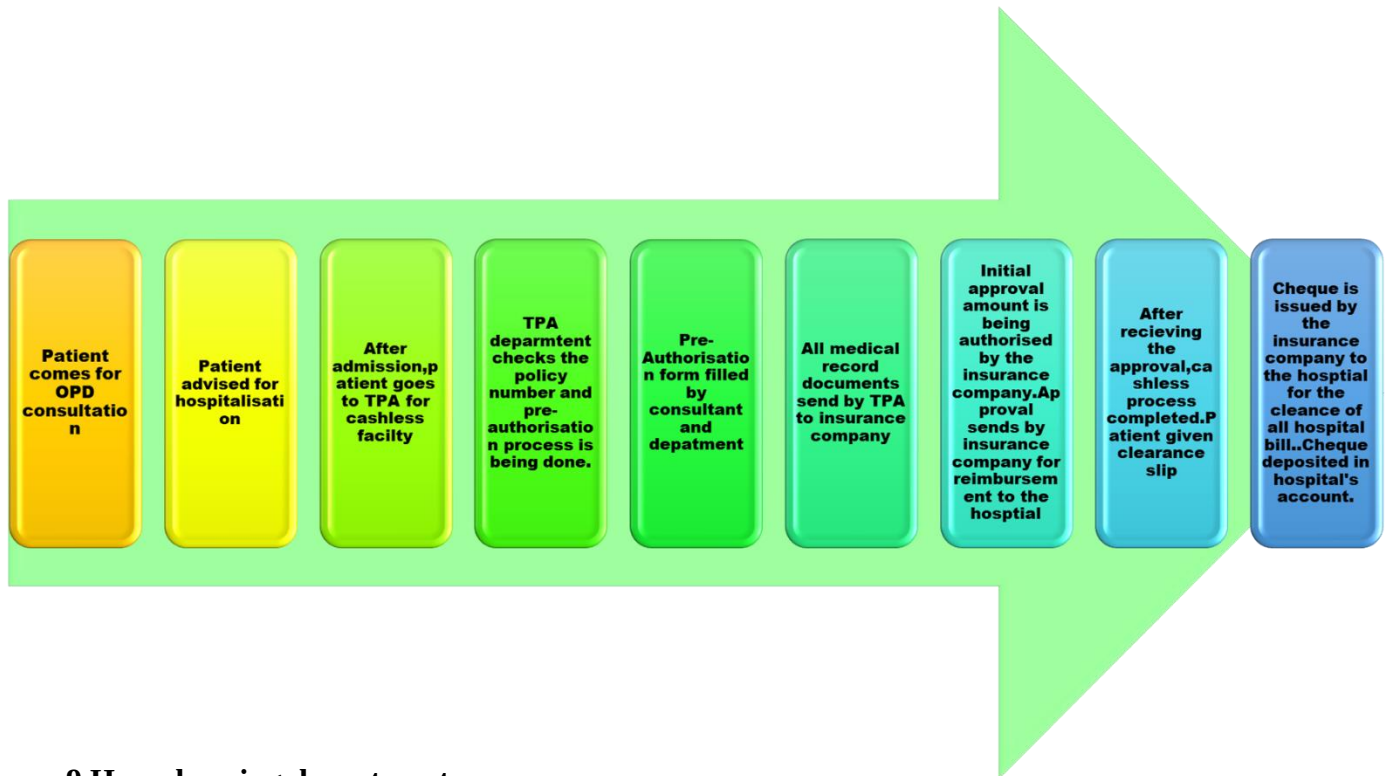
The dietetics team looks small small things including if a patient is suffering from blood pressure,they make it a point to provide them with optimum and nutritional food quality.

The food and beverages department is also located near the dietetics department.Beside this department,they have 3 canteens,one is for the team of doctors,one is staff canteen and the last one is for patient's attender.The food and beverage team is supported by two team,one is from GHPL and other is from medirest company,a subsidiary of Compass group LLC,UK. They both are responsible for catering to over 1300+ patients daily and other staff of the group.

8.TPA department

The TPA department is situated in the upper ground floor level near the blood bank area.It has also one counter near the admission process area.The main work of TPA process include claim authorisation,claim approval and other query justification and resolution

Process flow for TPA



9. Housekeeping department

The housekeeping department is located in the 2nd basement ,near the parking area. The housekeeping department is maintained by 2 partnering companies. The 2 partnering companies work in team along with the team of GHPL pvt ltd which is responsible for the daily complaint resolving and addressing the patient's concerns regarding facility. There is a team of around 300 from both partnering company for the meeting the daily requirement of attending 1300+ patients daily.

Job Stress and Job satisfaction as correlates of Covid-19 fear- A Study on frontline healthcare workers in tertiary care hospital

1. INTRODUCTION

The Covid infection 2019 (Covid-19) had begun in Wuhan, China toward the end of December 2019. This in turn was declared as a pandemic on 11 March 2020 by WHO and it has been proceeding to spread out all throughout the world. As of July 2021, the Covid-19 had affected around 1.84 billion individuals worldwide and caused more than 3.9 million deaths worldwide with 2.95 billion vaccinated ([WHO] World Health Organization Covid19 dashboard). To mitigate the spread of and openness to Covid-19, various governments had countered to this pandemic process with different country employing various levels of lockdown strategies. In Turkey, from the start of March 2020, the government proposed few restrictions to prevent the transmission of Covid-19. In India too, on March 25, 2020 nationwide lockdown was announced. Firstly, schools and all open social occasion places were shut, and a perpetual lockdown for the elderly and with chronic diseases or with comorbidities diseases was announced, which was trailed weekend curfews and restrictions. Moreover, remaining at home, except if impossible, and telecommuting, if possible, were encouraged. After that restrictions were slowly staggered as the cases load became less. But again the second wave hit around mid-march and cases started increasing exponentially. Thereafter lockdown was announced again with restrictions.

2.KEY VARIABLES OF THE STUDY:

2.1. Covid-19 fear: It can be defined as an excessive triggered response of fear of contracting the virus causing COVID-19, leading to accompanied excessive concern over physiological symptoms, significant stress about personal and occupational loss, increased reassurance and safety seeking behaviors, and avoidance of public places and situations, causing marked impairment in daily life functioning.⁽¹²⁾

Study on corona phobia has disclosed that people who are deliberately fearful and afraid about COVID-19 will in general experience a reasonable arrangement of unsavoury, physical manifestations which are set off by musings or data related by irresistible illness

2.2. Job Stress: The job stress can be defined as a prolonged state of high emotional instability and emotional drainage with stressors and demands that are difficult to cope with daily life. The adverse effects of stress due to COVID-19 may have a worsening effect on the health of the population. Additionally, the mental toll might be deteriorating for this health crisis because of the increasing number of mass deaths every day and joblessness levels.

It is believed that mental intervention in a crisis or emergency circumstance can assist individuals with getting out of the crisis quickly and re-establish mental equilibrium as soon as possible

2.3. Job Satisfaction: It can be defined as a subjective evaluation of the present nature of work.

Covid-19 fear, a generally term specifically deduced during this pandemic, has been demonstrated to be firmly diagnosed with dwindling and mental pain. Nonetheless, the degree to which covid-19 fear is interestingly responsible for the mental stress experienced during the COVID-19 emergency has not been deliberately researched. Study on covid fear has disclosed that people who are deliberately fearful and afraid about COVID-19 will in general experience a reasonable arrangement of unsavoury, physical manifestations which are set off by musings or data related by irresistible illness .Clinical degrees of covid fear have been functionally characterized by total of 9 or more prominent on the Coronavirus Anxiety Scale (Lee, 2020; Lee, Mathis, et al., 2020) [1]. Covid fear consistently has been shown to be immovably associated with depression, generalised tension, self-destructive thoughts, and practical impedances. All the more amazingly, asserted instances of self-destruction due to corona fear are additionally starting to arise.

Medical and non-clinical staffs, being the foundation of the battle in the main line of pandemic crisis mitigation and control, persevere through hefty work errands, high danger of contamination, and work pressure. Especially, the clinical staffs in hospital really focusing on positive confirmed or suspected patients are bound to be presented to high danger of infection and negative mental pressure than others in the population.

The fundamental objective of stress mediation is to diminish the danger of intense mental emergency and trauma, resolve and decrease its immediate consequences, and to improve the recuperation or recovery of people from hostile conditions. It is believed that mental intervention in a crisis or emergency circumstance can assist individuals with getting out of the crisis quickly and re-establish mental equilibrium as soon as possible. It is predictable as it naturally happens

with the mental attributes of the population after the calamities. Consequently, their emotional well-being, mental status of the medical professionals ought to be the special consideration of social and Hospital managers and supervisors, and the targeted psychological crisis intervention should be considered always.

From the advent of medical profession, healthcare workers have played a significant role in hospital, health facilities and even during the pandemic. The healthcare professionals include Doctors, nurses, and allied professionals, paramedical and other staffs. Much more terrible, healthcare professionals While healthcare professionals stay focus on this job, the remarkable squeezing factor applied by the pandemic on every country's medical services framework laid down new challenges and introduced different difficulties to medical caretakers (for example expanded patient level, expanded symptomatic patient burden , COVID-19 related protocols) which can impact their mental health status and work are taking a chance with their lives to complete their obligations, causing extraordinary dread of being tainted or unknowingly spreading the infection among others.

To viably assume their part during this pandemic, it is fundamental for healthcare professionals to keep up their mental and emotional well-being; in any case, the writing has shown that the development of COVID-19 has essentially affected the mental and mental prosperity of medical caretakers. There has been enough research article which have shown a critical relationship between the COVID-19 episode and unfavourable emotional wellness issues like pressure or burnout, sadness and tension

Since the beginning of the COVID-19 disease in November 2019, countless investigations have been directed and distributed exploring the impacts of the infection episode on emotional well-being among medical workers and other healthcare professionals. But no research has been directed to look at manifestation of covid-19 related mental results impacting frontline medical caregivers' work results. As unmanaged uneasiness or dread identified with COVID-19 may conceivably prompt long-haul impacts on medical professionals' work execution and occupation fulfilment, prompting regular non-attendance and inevitable, it is fundamentally critical to look at whether frontline medical caretakers' dread of COVID-19 adds to mental stress, Job gratification and intention to resign from the organisation working in and leaving the profession as a whole. It

also intrigues the attitude and passion to work in case 3rd wave of Covid-19 happens. It will thereby help the organisation in terms of workforce availability and resource allocation.

The casualty and setback of and vulnerability to Covid-19 can make or elevate strain and fear among healthcare professionals, perhaps impacting their psychological mental status and thriving and work feasibility during periods of pandemic crisis .What's more, front line healthcare givers, particularly the people who are in direct contact with Covid patients and work along with them, routinely encounter patients suffering & deaths, influencing their psychological wellbeing and leading to empathy exhaustion and post-horrendous pressure appearances . Subsequently, supporting the healthcare professionals' force during the COVID-19 pandemic is of fundamental significance.

3. RATIONALE

The first wave and second wave emergence of covid-19 has caused significant amount of influence on mental status of frontline healthcare professionals, which includes doctors, nurses, pharmacy staff and others. The awareness of psychological stress, anxiety and influence on the job is predicted to increase day by day during this pandemic. The lockdown period in India has also aggravated the situation. To study this impact and examine how the Covid fear contributes to mental status, their health which include their professional wellbeing in terms of work front in frontline healthcare professionals.

4. REVIEW OF LITERATURE

A study by gritsenko et al indicated the covid-19 fear leads to high level of stress level. The study further indicated that covid-19 fear led to high level of alcohol abuse which further lead to mental health disturbance, irritability in behaviour, depression mental and emotional exhaustion further leading to various complications. This study also indicated the impact and correlation of isolation with substance abuse(7).There has been evidence of negative economic conditions due to covid-19 fear and the allay of getting infected by it (atkeson et al 2020)(8).The recent study by Griffith et al is also lays down a new evidence that covid-19 fear has led to post traumatic stress disorder,depression,fatigue ,mental confusion,anguishness(9) .The study by brooks et al researched on the correlation between heavy substance abuse including cannabis, weed with covid-

19 fear by segregating those who get infected with covid-19 and those who didn't get. The research further found that prescription drugs have been found to be used as a mechanism of coping with fear (10)

A research by Durkin et al 2020 gave a perfect example of how social media consumption during covid-19 and its effect on the mental health. They found that 77.4% of the population had been affected by the social media and triggered emotional breakdown. Timely checking of mental health should be there as a part of routine check-up so that extreme level of stress can be prevented (11) Yang et al. Further Bailey et al concluded that fear level among surgeons in United Kingdom were very high during the pandemic. The reason attributed in the study was heavy patient load and lack of resources to mitigate the pandemic (12)

There has been evidence of burnout and dissatisfaction among people working during the pandemic. In China, hotel employees were experimented with the level of satisfaction with the job and burnout with respect to the current job. In Italy, doctors were experimented with the level of job satisfaction before and during covid-19 was measured. The scale used was Burden Scale and 5 measurement scale of job satisfaction. According to them around 73% doctors were unhappy with the organizational structure, hierarchy and made a strong complaint of decreased level of activities that would enhance their coping mechanism (13)

5. RESEARCH QUESTION

What is the influence of covid-19 fear on job stress and job satisfaction of healthcare workers?

6. OBJECTIVES:

Covid-19 has promoted higher levels of fear and anxiety among the people due to extended lockdown, lack of regulations regarding treatment protocols and social distancing, shortages of medical infrastructure at the peak time of the pandemic crisis. This study has the following objectives:

- 6.1. To measure covid-19 fear among the healthcare workforce
- 6.2. To measure the job stress among the healthcare workforce
- 6.3. To measure the job satisfaction among the healthcare workforce

6.4.To analyze the covid 19 fear, job stress, and job satisfaction concerning socio-demographic variables.

6.5.To find out whether covid-19 fear has a correlation with job stress and job satisfaction or not.

7. MATERIALS AND METHODS

- **Study Area :** Medanta –The Medicity Gurugram
- **Study Type:** Cross-sectional analytical study
- **Research Data:**
 - Primary data collection through a survey using a structured questionnaire
 - Secondary data: Available research data through research articles and available resources on data based platform.
- **Research Duration :** 3rd May 2021 to 25th June 2021
- **Inclusion criteria :** Healthcare professionals who were permanent staff of the facility, who had worked during the covid-19 crisis and had agreed and were available at the time of study
- **Exclusion criteria:** Nursing students , Those who had weren't present during the study and one who didn't sign the consent form were excluded
- **Tools used :**
 - **Covid-19 Fear scale** (Ahorsu et al., 2020)⁵ was utilised to examine medical healthcare professionals apprehension about covid-19.This 7-item unidimensional scale was responded by healthcare professionals using a 5-point Likert scale which had options which range from 1(strongly agree) to 5(Strongly disagree).It is the most widely used scale which is used to measure the fear and apprehensions due to Covid-19.
 - **Job Stress Scale (JSS)** (House & Rizzo, 1972)⁶ was utilised to assess healthcare professional's experience of psychological stress while carrying out their work. The participants responded to each item on the scale using a 5-point Likert scale which ranged from 1 (Strongly agree) to 5 (strongly disagree).
 - **Job Satisfaction Index (JSI)** (Schriesheim & Tsui, 1980). It was used to assess healthcare professionals' satisfaction with their present work being given to them .This 5-item scale consisted of items reflecting the 5 essential job elements: support from the organization, present work, coordination and support from co-workers, current salary and career progress

and development. Participants answered each item using a 5-point Likert scale which ranged from 1 (strongly agree) to 5 (strongly disagree).

- One single item each question which measures of organisational and professional turnover intention towards the organisation and towards the professional field were asked and responses were collected from the participants in terms of yes or No. The last question measured the intent of participants to work for the organisation and community and intent to work in case of 3rd wave of covid-19 wave. It was also measured using Yes, no, Can't say.

➤ **Sampling Technique** : Purposive sampling technique

➤ **Sampling Plan** : A sample of 100 people from that organisation were evaluated for response.

An online structured questionnaire was developed on google form/printed forms using 5 standardised scales, with a consent form attached to it. The link was circulated among the members of the organisation. The attachment of the questionnaire was sent through emails, whatsapp, LinkedIn and other social media among the general population of India. On clicking the link, the participants got auto directed to the questionnaire and consent form. Then a set of some questions appeared in arrangement, which the respondents had to answer.

➤ The Analysis of the informational data collected was executed using the SPSS version 28 software program (IBM Corp) and MS excel.

8.. RESULTS

A total number of 100 healthcare professionals were involved in this research study. An average mean age of the respondents were 30.09 years. Mostly the respondents were females (N=56). The Job occupation mostly comprised of nurses (N=58) which comprised of 58% of total job occupational roles. Remaining were doctors and other allied profession. On the work experience front, mostly were less than 5 years' experience (n=66). 65% of the population were mostly undergraduate with post graduate percent around to be 24%. The unmarried population was mostly seen among the participants with 72% unmarried and 28% married.

Table 8.1: Frequency and percentages of socio-demographic variables

		Frequency	Percentages
Gender	Male	44	44%
	Female	56	56%
Job Category	Doctor	19	19%
	Nurses	58	58%
	GDA	13	13%
	Allied Staff	10	10%
Work Experience	Less Than Or Equal To 5 Years	66	66%
	5-9 Years	17	17%
	More Than 9 Years	17	17%
Educational Qualification	School Level	11	11%
	Graduate Level	65	65%
	Post Graduate	24	24%
Marital Status	Unmarried	72	72%
	Married	28	28%

Interpretation: Table 81 demonstrates that 56% of the respondents were female and 44% were males. 58% of the respondents were nurses with doctors, GDA and other allied staff to be around 42%. More than 66% of the respondents were either having experience equal to or less than 5 years. More than 9 years respondents were senior doctors and nursing team. The educational qualification of the respondents were mostly graduate level with more than 65% of the respondents were mostly undergraduates with post graduates around 24% of the population. Most of the respondents were unmarried and married respondents comprised of 28%.

Table 8.2: Frequency showing respondents attended training related to COVID-19 protocols and awareness to covid-19 related protocols

	I have attended training related to covid-19	I am aware of the protocols related to covid-19
Yes	83	89

No	17	11
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Interpretation: From table 7.2, it can be interpreted that 83% of the respondents had attended training related to covid-19 and around 89% of the respondents were aware of the protocols related to covid-19.

Table 8.3: Cross tabulation between Gender with marital status, job category, work experience and educational level

Gender Percentage					
Characteristics		Male	Percentage	Female	Percentage
Marital status	Unmarried	27	37.50%	45	62.50%
	Married	17	60.70%	11	39.30%
Job category	Doctors	14	73.70%	5	26.30%
	Nurses	9	15.50%	49	84.50%
	GDA	11	85%	2	15.40%
	Allied Staff	10	100.00%	0	0.00%
Work experience	Less than 5 years	26	39.40%	40	60.60%
	5-9 years	7	41.20%	10	58.80%
	More than 9 years	11	64.70%	6	35.30%
Educational Level	School Level	9	81.80%	2	18.20%
	Graduate level	20	30.80%	45	69.20%
	Post graduate level	15	62.50%	9	37.50%

Interpretation: From table 8.3, it can be depicted that 62.50% of the females are unmarried and mostly belong to the job category of nurses. On further analysis, it is observed that younger population of nurses are there with less than 5 years of experience in the health facility .On further analysis, it can be see that doctors mostly had completed with their post graduate degree(62.5%)

Table 8.4: Tabulation of attending training of covid-19 protocols with various variables

I have attended COVID-19 protocols related trainings?						
Characteristics		Yes		No		Total
Gender	Male	31	70.50%	13	29.50%	44
	Female	52	92.90%	4	7.10%	56
Job category	Doctor	18	94.70%	1	5.30%	19
	Nurse	55	94.80%	3	5.20%	58
	GDA	1	7.70%	12	92.30%	13
	Other Allied staff	9	90.00%	1	10.00%	10
Experience	Less than 5 years	53	80.30%	13	19.70%	66
	5-9 years	15	88.20%	2	11.80%	17
	More than 9 years	15	88.20%	2	11.80%	17
Educational qualification	School Level	1	9.10%	10	90.90%	11
	Graduate	61	93.80%	4	6.20%	65
	Post graduate	21	87.50%	3	12.50%	24
Marital status	Unmarried	57	79.20%	15	20.80%	72
	Married	26	92.90%	2	7.10%	28

Interpretation: From table 8.4, it can be observed that more than 92% of the females had attended training related to covid-19 protocols. From the job category aspect, the respondents from GDA had mostly not attended trainings related to covid-19. The reason may be attributed to their work schedules and lack of awareness.

Table 8.5: Tabulation of awareness of covid-19 protocols with various variables

I am aware of existing protocol related to COVID-19?						
Characteristics		Yes		No		Total
Gender	Male	36	81.80%	8	18.20%	44
	Female	53	94.60%	3	5.40%	56
Job category	Doctor	19	100.00%	0	0.00%	19
	Nurse	54	93.10%	4	6.90%	58
	GDA	7	53.80%	6	46.20%	13
	Other Allied staff	9	89.00%	1	10.00%	10

Experience	Less than 5 years	53	87.90%	13	12.10%	66
	5-9 years	15	88.20%	2	11.80%	17
	More than 9 years	15	94.10%	2	5.90%	17
Educational qualification	School Level	7	63.60%	4	36.40%	11
	Graduate	58	89.20%	7	10.80%	65
	Post graduate	24	100.00%	0	0.00%	24
Marital status	Unmarried	62	86.10%	10	13.90%	72
	Married	27	96.40%	1	3.60%	28

Interpretation: From the awareness perspective of covid-19 protocols, GDA's were the least aware of covid-19 protocols and most of the respondents who are unaware were from qualification of school level. Fully aware with the covid-19 protocols and had higher percentage were mostly doctors and post graduates.

Table 8.6: Covid-19 fear scale with respect to gender, marital status and job category status

COVID-19 FEAR SCALE											
Characteristics		Fear Scale 1	Fear Scale 2	Fear Scale 3	Fear Scale 4	Fear Scale 5	Fear Scale 6	Fear Scale 7	Fear Mean	Std Deviation	P value
Gender	Male	2.98	2.98	4.32	3	3	4.11	4.68	3.5812	0.61418	0.005
	Female	3.55	3.55	4.11	3.57	3.54	4	4.88	3.8852	0.49293	
Marital status	Unmarried	3.24	3.24	4.22	3.29	3.29	4.04	4.79	3.7302	0.60207	0.047
	Married	3.46	3.46	4.14	3.39	3.32	4.07	4.79	3.8061	0.47175	
Attended Covid-19 Related trainings?	Yes	3.39	3.39	4.14	3.41	3.41	3.98	4.8	3.7866	0.55927	0.005

	No	2.88	2.88	4.47	2.88	2.76	4.41	4.76	3.5798	0.59219	
Awareness regarding existing protocol	Yes	3.39	3.39	4.19	3.4	3.38	4.04	4.83	3.8058	0.56047	0.005
	No	2.55	2.55	4.27	2.64	2.64	4.09	4.45	3.3117	0.4277	
Job category	Doctor	3.63	3.63	4.32	3.53	3.53	4.16	5	3.777	0.47039	0.025
	Nurse	3.33	3.33	4.22	3.34	3.31	4.02	4.88	3.9759	0.52989	
	GDA	2.54	2.54	4.31	2.69	2.69	4.23	4.54	3.3626	0.46149	
	Allied Staff	3.5	3.5	3.7	3.6	3.6	3.8	4.2	3.7	0.84233	

Interpretation: From table 8.6, it can be noticed that the covid-19 fear mean score among female was higher as compared to males and among them also, people who were married had more fear among them. This can be attributed to the fear among themselves that they may infect their family members. Among the job category, nurses had more fear among themselves as compared to doctors and other staff.

Table 7: Job stress scale concerning socio-demographic variables

JOB STRESS SCALE								
Characteristics		Stress 1	Stress 2	Stress 3	Stress 4	Stress 5	Stress 6	Stress Mean
Gender	Male	3.09	2.14	3.09	4.61	2.82	2.14	2.9811
	Female	3	2.09	3	4.79	2.71	2.13	2.9524
Marital status	Unmarried	3.13	2.08	3.13	4.74	2.82	2.11	3
	Married	2.82	2.18	2.82	4.64	2.61	2.18	2.875
Job category	Doctor	2.42	2.11	2.42	4.74	2.32	2.11	2.6842

	Nurse	2.84	2.12	3.89	4.72	2.62	2.16	3.105
	GDA	4.69	2.15	2.5	2.6	3.85	2.15	2.8
	Allied Staff	3.2	2	3.2	4.6	3	2	2.7

Interpretation: Among the job stress level, it can be depicted that male had a higher mean score of 2.98 as compared to female counterpart. Higher mean score clearly indicates higher stress among male population with very less significant difference as compared to mean scores of female. It can be further observed that unmarried respondents were more wary to higher stress level. Further it can be analysed that nurses had higher level of stress when compared to other job category.

Table 8.8: Job Satisfaction scale with reference to demographic variables

JOB SATISFACTION SCALE							
Characteristics		JS Scale 1	JS Scale 2	JS Scale 3	JS Scale 4	JS Scale 5	JS Scale Mean
Gender	Male	2.16	2.41	2.16	2.36	2.32	2.2818
	Female	2.07	2.5	2.07	2.55	2.5	2.3393
Marital status	Unmarried	2.08	2.49	2.08	2.5	2.43	2.3167
	Married	2.18	2.39	2.18	2.39	2.39	2.3071
Job category	Doctor	2.16	2.47	2.16	2.47	2.47	2.3474
	Nurse	2.1	2.5	2.1	2.55	2.5	2.3117
	GDA	2.15	2.46	2.15	2.31	2.23	2.2615
	Allied Staff	2	2.2	2	2.2	2.1	2.1
Work Experience	Less than 5 years	2.11	2.48	2.11	2.5	2.42	2.3242
	5-9 years	2.18	2.65	2.18	2.65	2.65	2.4588
	More than 9 years	2.06	2.18	2.06	2.18	2.18	2.1294

Interpretation: Female respondents in the healthcare population were more satisfied with the job role. Doctors and professionals who had been working for more than 5 years seemed contented and jobs satisfied during the covid crisis too.

Table 8.9: **Covid fear, psychological stress and job satisfaction descriptive statistics**

Descriptive statistics					
Scale	N	Minimum	Maximum	Mean	Std. Deviation
Covid Fear	100	1.00	5.00	3.7514	0.56731
Psychological Stress	100	1.00	5.00	2.9650	0.61968
Job Satisfaction	100	1.00	5.00	2.3140	0.36543

Interpretation :

Covid-19 fear: The total composite score for covid-19 fear came around 3.75^(6.1)

Job stress : For job satisfaction, the composite score came around 2.31^(6.2)

Job satisfaction : The job stress level mean score came around 2.96^(6.3)

Table 8.10: **Correlation between covid-19 fear concerning job stress and job satisfaction**^(6.5)

Correlates	Job Stress	Job Satisfaction
Covid-19 fear	0.79	-0.164
Job Stress		-0.297*.

*. Correlation is significant at the 0.01 level (2-tailed).

Interpretation: From the table, it can be depicted that there is a significant negative correlation between stress and job satisfaction. From the correlation of covid-19 fear on job stress and job satisfaction, there is a positive correlation and negative correlation respectively, but that cannot significantly be ruled out to be due to covid-19 fear only. There can be many other possible reasons for job stress and job satisfaction ^(6.5)

9. DISCUSSION

The following study measured the influence of covid fear with the covid-19 knowledge and various demographics related to it.

From the covid fear among the job category, we could clearly see nurses had more fear than their other counterparts. The fear can be attributed to the fact that in spite of training programs related to covid-19 protocols being given to the team at frequent intervals, most of them are not attending the training or maybe not taking it seriously.

From table 7, it could be observed that nurses had higher level of job stress level and this can be closely related to covid-19 fear among them also higher. Since nursing professionals are straightforwardly associated with patient care, their danger of contracting COVID-19 is higher than others. It could add to their perceptions of fear or anxiety or dread of being tainted or unconsciously infecting others, including their relatives or companions. Additionally, pandemic-associated concerns like expanded patient level and symptomatic patient burden, prioritisation of Covid associated precautionary measures, social distancing and home isolation after covid duty hours can heighten fears among medical attendants, influencing their mental and emotional wellbeing including their work performance ability.

Health care establishments like hospitals, clinics, government facilities or even covid-19 temporary setup are the place of frontline institutions which are always helpful for the society and even government. These were the people who had been serving the nation during the corona pandemic. An all-around arranged work environment convention ought to be set up, containing sets of activities applicable to disaster or pandemics, like guidelines and protocols for really focusing on handling patients, protocols when taking care of patients, significant preparations, response plans and coordinated effort with different health agencies at the neighbourhood and public level. As healthcare professionals, it is fundamental that all are oriented and acquainted by the protocols of work environment convention; for which all ought to be proficient on and dexterous in completing it. In this study, a critical extent of healthcare professional (89%) told that they were aware and were monitoring the presence of work environment protocols with respect to COVID-19.

From table 8, it can be depicted that job satisfaction level among the doctors are higher. The reason being they are provided with good remuneration for their work, extra incentive during the covid-19 pandemic crisis and other benefits by the health facility. The morale encouragement of every other staff should be done in the same way. Those professionals who had worked with the healthcare facility for more than 5 years were more job satisfied. Those more than 9 years if experience had a low mean score.

During the covid-19 outbreak, healthcare professionals were often given new roles and responsibilities and were required to carry out added tasks, which in some cases may be beyond the purview of their usual roles. For example a nurse deployed with gastro floor (11th floor) had been shifted to ICU floor (Floor 2) so that nursing workforce is not exhausted and more number of staff was available for covid-19 duties. Hence adequate training of the staff and manpower is an essential requirement of every hospital. The reason why more than 70% of the hospital staff is ready to work in case of covid-19 3rd wave(if it happens).This is because adequate training was given to them.

Among the different variables among the job stress, healthcare workforce agreed to have work related stress during and after covid-19.The mean score came around 2.96 which significantly proves there is some amount of work related stress while working. For example, in an examination including 1 304 Turkish people, expanded degrees of fear of COVID-19 were unequivocally connected to negative emotional states including uneasiness, depression, anxiety and stress (Satici et al., 2020)[2].

Table 9.11: Table showing organisational turnover intention

	Frequency	Percent
Yes	37	37
No	63	63
Can't say	0	0
Total	100	100.0

Finally if we analyse the organisational turnover intention among the workforce, we can see that 63% of the workforce is happy with the organisational protocols related to covid-19.They are willing to work with the organisation even in extreme pandemic situation. The reason is because

the facility was providing them with adequate resources like PPE kit, various cash incentives along with the salary during the covid-19. So organisational turnover intention among the workforce turned out to be positively good.

Table 9.12: Table showing professional turnover intention

		Frequency	Percent
	Yes	9	9
	No	91	91
	Can't say	0	0
	Total	100	100.0

And the professional turnover intention among the workforce, we can see that 91% of the respondents were not ready to shift to other profession owing to covid-19. They were happy with the current state of professions. Those 9% of the population who were unhappy with the professional turnover intention may be because of disorientation towards the work, unhappy with peers or dissatisfied with the boss leading to which burnout might have occurred. May be due to that, these may be the possible reasons. Other reasons can also be supported.

Table 9.13: Table showing intention to work in COVID-19 3rd wave

		Frequency	Percent
	Yes	61	61
	No	8	8
	Can't say	31	31
	Total	100	100.0

In terms of COVID-19 3rd wave support from workforce, around 61 % of the population had an agreement that they will join the healthcare facility if covid-19 3rd wave occurs. These people had been working even in the 2nd wave too. 31% of the population had contemplated that they won't be able to say anything as of now.

10. RECOMMENDATIONS

- The results of this study features the fundamental part of hospital directors and management staff in supporting healthcare professionals throughout the pandemic through evidence based interventions and strategy.
- As absenteeism of COVID-19 related training was connected with augmented level of covid fear, it is mandatory for every healthcare establishments and hospitals in India to provide necessary protocols and training for the staffs. This can be worked with by utilizing elective stages, for example, online classes, web-based media stages or other video advances to keep up with social distancing.
- For job stress level reduction, hospital HR team can come up with various programmes for the staff after the duty hours so that their stress level is reduced. They can have a family time with whole of hospital staff on Saturday or Sunday so that community participation with social distancing can connect them more with the co-workers and thereby stress level can be reduced. The mental health status of the workforce should be monitored timely and provided with necessary inputs.
- For job satisfaction level enhancement, there should be proper monitoring of the employees. The hospital team can also provide extra incentives for the healthcare professionals to boost their morale.
- Psychotherapy and emotional treatment may give healthcare professionals proper help (Sucala et al., 2012). Because of specific constraints with respect to access to in-person emotional wellness and mental state, a novel methodology, for example, telepsychiatry could give psychotherapeutic interventions to the healthcare workforce.
- Moreover, the arrangement of psychological materials (for example books, journals on emotional wellbeing), books on psychology and advising or psychoanalysis shall improvise frontline healthcare professionals' psychological well-being. Healthcare professionals ought to be oriented on how and where to get to these psychosocial and emotional well-being administrations, and admittance to these administrations ought to be worked with. Further, the Medanta Library at ground floor can be utilized for recreations and other psychology related activities.

- The healthcare professionals should be constantly updated with day to day new recent updates related to covid-19. So the information pertaining to covid-19 updates should be shared with the healthcare professionals constantly. This information ought to incorporate the idea of the causative infection, safeguards to forestall transmission of the infection to oneself as well as other people, how to successfully utilize hospital resources and assets and recent updates in the management of Covid patients. Similarly significant is guaranteeing that the individuals from the healthcare professional group are given a similar information identified with the covid-19, extra protocols when taking care of or overseeing patients infected with covid-19 .
- The frontline healthcare workers should be provided with sufficient break hours to permit them to take care of their wellbeing. By and large, the following actions could shorten the adverse consequences of our current pandemic & diminish apprehension among these healthcare professionals.
- Mental support and coordination from peers, partners, families and companions may work on the feeling of security and assist with easing dread in medical attendants .Appreciating and Sharing their work experience with other co-workers might be useful in achieving satisfactory mental support and working on to improve the morale during pandemic (Maben and Bridges, 2020).
- The management of the hospital should also support the healthcare professionals by providing them sufficient PPE kits, providing extra sanitizers for home. Further the chapters of doctors association of the state and nursing societies of the state/district level should regularly intervene and know the mental health status and orientation of the workforce in regular intervals.

11. CONCLUSION

The following study measured the influence of covid fear with the covid-19 knowledge and various demographics related to it.It also gave a schematic view of the job stress level, job satisfaction during the covid-19 and how they are related to socio-demographic variables.

As per the study, we were able to gauge the demographic variables present in the hospital facility. Attendance to covid-19 training had a significant impact on the fear related to covid-19.Inspite of most of the participant knowing about covid-19 protocols, still the stress level was quite high in

number. The job satisfaction level was adequate and the professional and healthcare turnover intention came out with positive results. Empathetic consideration of the components that add to covid fear and its effects on healthcare professionals work results is critical when planning & carrying out efforts to address healthcare professionals' necessities and concerns.

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