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A study to assess the level of job satisfaction among workers, who is under work from home environment during COVID pandemic lockdown

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Abstract

The 2019 coronavirus disease (COVID-19) epidemic in China is a global health threat, and is by far the largest outbreak of atypical pneumonia since the severe acute respiratory syndrome (SARS) outbreak in 2003. The transition to remote work has been beneficial to some workers, who have reported increased productivity due to fewer in-office distractions. When asked about the biggest reasons they decided to work remotely, 79% of remote workers responded with increased productivity and better focus, according to a study by Owl Labs Since the pandemic situation had created more psychological and economic problems among general public and also working class. This induced the investigator was very much interested to conducted a research among working people who are under lockdown and also working from home environment. The descriptive research design was employed with 150 samples matched the inclusion criteria and were selected by purposive sampling technique. Self-administered structured multiple choice questionnaire was administered to samples. Data collection has been done for five days by collecting 30 samples each day. The study findings inferred that most of the working people under lockdown had low level of job satisfaction.

Keywords: Job satisfaction, environment, COVID, pandemic

Introduction

The 2019 coronavirus disease (COVID-19) epidemic in China is a global health threat, and is by far the largest outbreak of atypical pneumonia since the severe acute respiratory syndrome (SARS) outbreak in 2003. The World Health Organization (WHO) declared the COVID-19 outbreak a public health emergency of international concern

Lockdown is one of several public health measures to prevent the spread of an infectious disease and as shown in this Review, has a considerable psychological impact for those affected. As such, there is a question as to whether other public health measures that prevent the need to impose lockdown (such as social distancing, cancellation of mass gatherings, and school closures) might be more favorable. Future research is needed to establish the effectiveness of such measures.

Working from home may have impacts on family functioning through time spent on children, the quality of relationships, the home environment and other family obligations. It impacts upon work life balance when work interferes with family responsibilities, when overworking affects employees' social networking, and their balance between work and personal life. Duxbury and Higgins (2002) note that telecommuting can increase conflict between work and family when: employees who work at home spend a greater, or disproportionate, percentage of their time on paid work activities; flexibility gained through

telecommuting benefits the work organization but not the employee's family; commuting serves as a buffer between the employee's home and work domains, and the lack of a commute decreases the opportunity for employees to reduce the transfer of stress from one domain to the other. The World Health Organization (WHO) Global Burden of Disease Survey estimates that mental disease, including stress-related disorders, will be the second leading cause of disabilities by the year 2020. Although the term stress is used in a wide variety of contexts, it has consistently been demonstrated that individuals with stress and related disorders experience impaired physical and mental functioning, more work days lost, increased impairment at work, and a high use of health care services. Since the pandemic situation had created more psychological and economical problems among general public and also working class. This induced the investigator was very much interested to conducted a research among working people who are under lockdown and also working from home environment.

Methods and Materials

The research approach adopted in the study was descriptive approach. A study was conducted after obtaining formal permission from the Grama Panchayat authority. Samples who met the inclusion criteria were selected by using purposive sampling technique. Samples who do not understand Tamil or English, mentally and critically ill were

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excluded from the study. Total number of samples was 150. The participants who consented for willing to participate were informed about the purpose of the study. Demographic variables were collected by using multiple choice questionnaires followed by knowledge assessment was done by using a self-administered structured multiple choice questionnaire for samples each day 30 samples were collected. The data were tabulated and analyzed by descriptive and inferential statistics.

Results

Regarding demographic variables, Among 150 samples, regarding sex 102(68%) were male and 48 were female. Regarding age 90(60%) were aged under 30 years, 51 (34%) were aged between 30-39 years and 9 (6%) were aged between 40-49 years.

Table 1: Frequency and percentage distribution of level of job satisfaction among working people during lock down.

Level of job satisfaction	Frequency	Percentage
Low satisfaction	123	82.0
Moderate satisfaction	27	18.0
High satisfaction	0	0

The data presented in Table -1 show that most of the working people under lock down, 123(82%) had low level of job satisfaction and 2718%) had moderate level of job satisfaction.

Table 2: Mean and standard deviation of job satisfaction score among working people under lock down.

Job satisfaction	Score
Minimum score	19.0
Maximum score	33.0
Mean	24.6
Standard deviation	2.97

The data presented on the table-2 depicts that the mean score of job satisfaction was 24.6 with standard deviation of 2.97. The minimum score was 19.0 and the maximum score was 33.0.

Table 3: Association of level of job satisfaction among working people under lock down with their selected demographic variables.

Demographic variables	χ2	Table value	Inference
Sex		5.9 df = 1, p < 0.05	NS
Age		7.8 df =2, p <0.05	S
Marital status		5.9 df = 2, p < 0.05	NS
Children	7.903	5.9 df = 2, p < 0.05	S
Education	0.753	5.9 df = 1, p < 0.05	NS
Occupation	19.655	7.8 df =2, p <0.05	S

The table 3 shows that the demographic variables such as age and children had shown statistically significant association with level of job satisfaction among working people under lock down at p<0.05 level. The demographic variable occupation had shown statistically significant association with level of job satisfaction among working people under lock down at p<0.001 level and the other demographic variables had not shown statistically significant association with level of job satisfaction among working people under lock down.

Discussion

The main focus of this study was to level of job satisfaction among workers, who is under work from home environment during COVID pandemic lockdown. Among 150 samples, regarding sex 102(68%) were male and 48 were female. Regarding age 90(60%) were aged under 30 years, 51 (34%) were aged between 30 – 39 years and 9 (6%) were aged between 40 – 49 years. Regarding marital status 141(94%) were married, 6 (4%) were unmarried and 3 (2%) were separated. Regarding children 84(56%) were having one child, 51 (34%) were having two or more children and 15 (10%) having none. Regarding education 78(52%) were primarily educated, 69 (46%) were secondarily educated and 3 (2%) were graduates. Regarding occupation 54(36%) were software engineers, 39 (26%) were lectures and 57(38%) were others.

The first objective was to assess the level of job satisfaction among working people under lockdown. The study shows that among the 150 working people most of the working people under lockdown, 123 (82%) had low level of job satisfaction and 27(18%) had moderate level of job satisfaction. The analysis also depicts that the mean score of job satisfaction was 24.6 with standard deviation of 2.97.

The second objective was to associate the level of job satisfaction among working people under lockdown with selected demographic variables. The study revealed that the demographic variables such as age and children had shown statistically significant association with level of job satisfaction among working people under lock down at p<0.05 level. The demographic variable occupation had shown statistically significant association with level of job satisfaction among working people under lock down at p<0.001 level and the other demographic variables had not shown statistically significant association with level of job satisfaction among working people under lock down.

Conclusions

The following conclusion was drawn from the study. The study proved that most of the working people under lockdown had low level of job satisfaction. Through this study we emphasize to factors outlined were isolation under pandemic situation, excess time of work and atmosphere at home setting. All of these factors may negatively impact employee satisfaction, motivation and performance as employees will be less driven and less likely to achieve if they are negatively affected by things such as isolation or technology issues that they may face.

References

- 1. https://www.bbc.co.uk/bitesize/guides/z9bn97h/revisio
- 2. Simoes EAF, Cherian T, Chow J, Shahid-Salles SA, Laxminarayan R, John TJ. Acute respiratory infections in children. In *et al.*, editors. Disease Control Priorities in Developing Countries. 2nd ed. Washington (DC): The International Bank for Reconstruction and Development/The World Bank 2006. Chapter 25. Available
 - from: https://www.ncbi.nlm.nih.gov/books/NBK11786/Co-published by Oxford University Press, New York.
- 3. WHO. Health Situation in the South East Asia Region, Regional Office for SEAR. New Delhi: WHO 1999.

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- 4. Bhanderi D, Chowdhary SK. An epidemiological study of health and nutrition status of under five children in the suburban community of Gujarat: Estimating child mortality due to diarrhea in developing countries. Indian J Public Health 2006;50(4):213-9.
- 5. Savitha MR, Nandeeshwara SB, Pradeep Kumar MJ, ul-Haque F, Raju CK. Modifiable risk factors for acute lower respiratory tract infections. Indian J Pediatr 2007;74:477-82.
- 6. Bates MN, Pokhrel AK, Chandyo RK, Valentiner-Branth P, Mathisen M, Basnet S *et al.* Kitchen PM2.5 concentrations and child acute lower respiratory infection in Bhaktapur, Nepal: The importance of fuel type. Environ Sci 2018;161:546-53.
- 7. Perez-Padilla R. Household air pollution: Consider lifelong exposure. Am J Respir Crit Care MED 2019;199:553-4.
- 8. Burrell CJ, Howard CR, Murphy FA. Chapter 31 coronaviruses. In: Burrell C.J., Howard C.R., Murphy F.A., editors. Fenner and White's Medical Virology (Fifth Edition) Academic Press; London 2017,437-446. https://www.bbjgroup.com/blog/covid-19-best-practices-for-manufacturing-facilities
- 9. Person B, Sy F, Holton K, Govert B, Liang A, National Center for Inectious Diseases SCOT. Fear and stigma: the epidemic within the SARS outbreak. Emerg Infect Dis 2004:10:358-63.
- 10. Tao N. An analysis on reasons of SARS-induced psychological panic among students. Journal of Anhui Institute of Education 2003:21:78-9.
- 11. Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. Lancet 2020.
- 12. Janz NK, Becker MH. The health belief model: a decade later. Health Educ Q 1984;11:1-47. [PMID: 6392204]
- 13. Ajilore K, Atakiti I, Onyenankey K. College students' knowledge, attitudes and adherence to public service announcements on Ebola in Nigeria: Suggestions for improving future Ebola prevention education programs. Health Education Journal 2017;76:648-60.
- 14. Tachfouti N, Slama K, Berraho M, Nejjari C. The impact of knowledge and attitudes on adherence to tuberculosis treatment: a case-control study in a Moroccan region. Pan Afr Med J 2012;12:52.
- 15. Dahab M, van Zandvoort K, Flasche S, Warsame A, Spiegel PB, Waldman J 2020. COVID-19 control in low-income settings and displaced populations: What canrealistically bedone? https://www.lshtm.ac.uk/newsevents/news/2020/covid-19-control-low-income-settings-anddisplaced-populations-what-can
- 16. Feng S, Shen C, Xia N, Song W, Fan M, Cowling BJ. Rational use of face masks in the COVID-19 pandemic. Lancet Respir. MED 2020.
- 17. WHO. Rolling Updates on Coronavirus Disease 2020. (COVID-19) URL https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen
- 18. Marzieh Nemati *et al.* Assessment of Iranian Nurses' Knowledge and Anxiety Toward COVID-19During the

- Current Outbreak in Iran Impress (In Press) 2020. e102848.Publishedonline2020March29.
- 19. Yuan Wang *et al.* Study on the public psychological states and its related factors during the outbreak of coronavirus disease 2019 (COVID-19) in some regions of China 2019. Psychology, Health & Medicine https://doi.org/10.1080/13548506.2020.1746817
- 20. Amir Moghanibashi-Mansourieh. Assessing the anxiety level of Iranian general population during COVID-19 outbreak 2020. https://doi.org/10.1016/j.ajp.2020.102076

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