Impact of Physical Distance and Psychological Distress on Job Turnover Intention among Front-Line Health Workers during COVID-19 Pandemic

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Abstract

COVID-19 pandemic compels strict isolation to avoid the spread of Coronavirus. Physical distance with COVID-19 patients is undeniable for font-line health workers. This physical proximity of doctors and nurses at hospital affects their mental health and generating psychological distress. They sacrifice their social life and keeping themselves isolated due to their regular contact with COVID-19 patients. This causes high rate of depression, anxiety and stress. Therefore, this study aims to identify the effect of physical distancing and psychological distress on job turnover intention among the front line health workers. This study is applying Protection Motivation Theory (PMT) to understand this relationship. Data has been collected between March and April 2021 through structured questionnaire from doctors, nurses and hospital staffs who are managing COVID-19 patients at hospitals. This research has discovered that as front-line health workers' fear of COVID-19 grows, so does their relational anxiety, as well as their organizational and technical turnover intentions. Therefore, there is a need of psychological assistance and increasing capacity building for the front-line workers. This study includes only two variables to understand job turnover intention. For more insights and understanding of the experience in the light of COVID-19, further study can be done by including other factors like institutional support, policy implementation and social dilemma.

Keywords: Physical Distance, Psychological Distress, Job Turnover Intention, Front-Line Health Workers, COVID-19

Introduction

The COVID-19 pandemic and the global spread of Coronavirus necessitate to follow strict isolation from social gathering and human contact. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is causing COVID-19 and it gets contaminated person to person through physical proximity (Chu et al., 2020; Galea et al., 2020; WHO, 2019). Physical

distance is one of the strategies has come into application since 2020 to curb the spread of Coronavirus (Aminnejad & Alikhani, 2020; Chu et al., 2020). It requires individual to maintain at least one-meter distance while meeting other and suggests staying at home and avoiding social events. Physical distancing is widely practiced in recent time, but front-line health workers have no other option to come closure to people. Doctors, nurses and other health workers need to provide health services and there is a chance of Coronavirus transmission even though protective measures like masks, globes and Personal Protective Equipment (PPE) are used by them (Almario et al., 2020; Gill et al., 2020; White et al., 2020). There is always a fear among health workers specially those who work in hospitals and health clinics that they might get contaminated which causes chronic stress (Chew et al., 2020). This chronic stress limits one to cope up with stressful work environment and it induces both structural and functional consequences on the brain and psychological distress (Burtscher et al., 2020). As the health workers cannot deny their regular job duties, they have high chance of physical contact with COVID-19 patients every day. They cannot maintain physical distancing as guided. Therefore, it has become an emerging concern for the mental health of front line health workers since many of them may get reluctant to work during this critical condition considering the wellbeing of their own family members.

COVID-19 pandemic is an unprecedented challenge for the global community, and all the nations are fighting their best to take precaution and control over the spread of Corona virus. Front line health workers are contributing significantly in this crisis moment and their sacrifices are beyond gratitude and recognitions. Taking care of their mental health is the critical path of public health response. Health workers are also maintaining physical distance from their friends and family members. They are mostly isolated from their social life for more than years as they are on regular contact with COVID-19 patients. This causes high rate of depression, anxiety and stress. This study has been conducted to identify the effect of physical distancing and psychological distress on job turnover intention among the front line health workers. To know the job turnover intention among front line health workers, Protection Motivation Theory (PMT) has been applied for this study. The investigated association and the outcome of the study draw the attention of all level managers in health care sector as well as these contribute in continuing the rapid health care services to the Coronavirus affected people.

Literature Review

To know the impact of physical distance and psychological distress on job turnover intention of front line health workers, a rigorous literature review has been conducted. Physical distance and its relation to COVID-19 prevention management have been discussed in this part. Besides, psychological distress generated during COVID-19 outbreak is also mentioned. These two factors are also explained as the reasons of job turnover intentions among front line health workers. A special focus is given to the application of Protection Motivation Theory (PMT) for this study as PMT is widely used in health behaviour study. The justification of using PMT is also made in subsequent section.

Protection Motivation Theory

Protection Motivation Theory (PMT) refers the protective behaviour of human beings. PMT proposes that human behave in a protective manner due to their perceived severity of an event that is threatening to mankind, perceived probability of vulnerability, response efficacy and perceived self-efficacy (Wong et al., 2016). Human behavioural pattern can be understood with PMT. Rogers (1975) first introduced this theory. He developed a framework to understand the impact of fear appeals. This model explains about the perceived fear of certain event or issue on human behavioural pattern. PMT was extended further by Rogers (1983) to understand the impact of persuasive communication that considers PMT as a model of social cognition for

predicting health behaviour. This theory explains how human beings are interested in defending themselves from any kind of threat such as natural calamities, diseases, climate change and massive explosion (Wong et al., 2016). This protective behaviour benefits human beings to overcome various risks. People take decision to behave in certain way based on the threats appraisal and coping appraisal (Haque et al., 2020). These two appraisals are done by human before they make any defensive actions. Threat appraisal includes evaluation of perceived severity of threat and perceived vulnerability (likelihood to experience the adverse impact of threat). On the other hand, coping appraisal is the evaluation of individual's risk prevention ability and response to self-efficacy.

PMT has been used to study human choices in taking part of reducing health risk activities (Kelly & Barker, 2016). It is found useful to apply PMT for studying people's protective behaviour against skin cancer (Babazadeh et al., 2017), vaccination for seasonal influenza (Ling et al., 2019), Zika virus infection and mosquito control for dengue fever (Wong et al., 2017) and social distancing intention during COVID-19 outbreak (Haque et al., 2020). PMT is also applied widely in various health and population related studies (Fisher et al., 2018; Wong et al., 2016). All these studies indicating PMT as well fit theory for studying health safety behaviours. That is why this study is also using PMT to understand the impact of physical distance and psychological distress on job turnover intention of front line health workers during COVID-19 outbreak.

Physical Distance

Physical distance is commonly used term since 2020 due to the global spread of COVID-19. Physical distance means keeping oneself away from social gathering, staying at home, connecting people virtually and maintaining at least one-meter distance while meeting people in order to avoid the transmission of COVID-19 (Aminnejad & Alikhani, 2020; Gill et al., 2020). This prohibits people not to meet and greet in crowded place or in groups. It suggests people to stay at home as much as possible and work from home since coronavirus can spread quickly when one gets in touch of an affected person. Physical distancing is an intervention that attempt to reduce the transmission of infectious disease spread between individuals (Almario et al., 2020; Chu et al., 2020). It is usually recommended by the health professionals not to get in human contact once one is affected as changes in human contact behaviour drive the respiratory infection rates (Gill et al., 2020). That is why limiting social gathering as well as physical distancing have become mandatory though it can feel strange.

While physical distancing may be critical to mitigate the quick spread of COVID-19 disease, it definitely has impact on mental health both in short and long terms. Recent researchers have found the impact of physical distancing on psychological distress. Galea et al., (2020) have mentioned in their study that mental health consequences due to epidemics related diseases have been identified long before. In their study, it is mentioned that social isolation and physical distancing during pandemic increase depression, Post Traumatic Stress Disorder (PTSD), behavioural disorder and domestic violence. The same effects have been mentioned in the studies of Bergman et al., (2020) and Gill et al., (2020). Since physical proximity is avoided, it creates loneliness among people. There is a chance of anxiety, avoidance, detachment, irritability, low confidence, nausea, numbness and withdrawal behaviour that generates through the feeling of loneliness and self-isolation (Galea et al., 2020; Walton et al., 2020). This can happen to anyone of any age. Human contact and socialization give people comfort and sense of belongingness. At the same time, these make people feel connected and assure them about their social existence.

However, the front line health workers during COVID-19 outbreak are bound to keep themselves isolated due to their professional commitment and safety net of their family

members (Walton et al., 2020). They are away from friends and families, and their days end with many emotional heartbreaks of patients' death. Many health workers keep themselves present and provide mental support to the COVID-19 patients who are fighting with severity of the disease. It is often very difficult for the front line health workers to control their emotions and tears while looking after the patients at their final stage of life (Li et al., 2020). This has become a horror story for the health workers now a days and many of them can develop their job withdrawal behaviour. Thus, there is chances of job turnover intention among the front line health workers during this COVID-19 pandemic. This behavioural intention can be generated among them due to perceived severity of physical distancing on their mental health and self-care. The effect of physical distancing has been studied based on their coping appraisal during this COVID-19 outbreak, which is also covered in PMT. This study is examining the impact of physical distance on job turnover intention of front line health workers, which they might have as part of their protective behavioural action due to the perceived severity and perceived susceptibility of the disease on themselves as well as on their families. Thus, physical distance is maintained as part of the coping appraisal to avoid the spread of COVID-19 disease.

Psychological Distress
Psychological distress is an emotional suffering of individual taking place due to stressor and incapacity to cope up with certain event or phenomenon (Gill et al., 2020; Li et al., 2020; Qiu et al., 2020). It is also considered as dysfunctionality of mental health due to inadequate mental health care and social support. Psychological distress happens when one has traumatic experiences, major life events (deaths of family and friends, wedding, pregnancy and baby birth), stressors (job stress, family and relationships imbalances) and health issues (Li et al., 2020; Mazza et al., 2020). Psychological distress results anxiety, anger, sadness, fatigue, fear, loneliness and avoidance of social situations (Qiu et al., 2020). This is considered as mental illness and it needs good care through support, well-being and counselling. Anyone suffering from psychological distress have the chances of withdrawal behaviour in social setting (Gill et al., 2020). This can be happened with anyone due to the stressors mentioned. COVID-19 outbreak has both physical and psychological effects on many people around the world (Mazza et al., 2020). The severity of this pandemic is suffered by everyone and people are isolating when affected, many of them have died already and many are in the scared of contamination. Thus, the fear of corona virus is affecting everyone.

Doctors, nurses, medical students and hospital employees are front liners who are in touch with COVID-19 patience care and they have high chances of contamination (Gill et al., 2020; Walton et al., 2020). This causes them to remain fearful of the disease. As part of the precaution, PPE and other protective measures are taken and many of them remain isolated for particular time period. Front line health workers need to maintain physical distancing as well, but they cannot avoid physical proximity due to their professional commitments (Li et al., 2020). It gets challenging for medical staffs to return home after serving patients of Severe Acute Respiratory Syndrome (SARS) and pandemic flu (H1N1) as quarantine is mandatory for them to avoid contamination (Walton et al., 2020). Workload during the pandemic has increased for the medical staffs globally and this infectious disease has psychological effect on them. Front line health workers are always in pressure of working under frequently changed health protocols, fear of their families to be contaminated and looking after patients whose health's get deteriorated all in sudden during this COVID-19 outbreak (Gill et al., 2020). It often affects them emotionally and make them sad. Beside, managers in hospitals and health clinics are also in stress due to the pandemic. Research has found the lack of interpersonal behaviour among health manager during COVID-19 pandemic due to over pressure for patient management (Walton et al., 2020). Many front line health workers have over time and extra work almost every day in the hospital due to the pandemic. They are often bound to stay at

work over night and look after the patients. This is a kind of moral injury of the health workers. All these lead to fatigue and job stress which can influence them to quit their job for the time being. Due to psychological distress, health workers can withdraw their work behaviour and motivation as part of protective behaviour, which PMT also explains. There is a potential discontinuity of job by the front line health care employees during COVID-19 pandemic, which requires careful attention by the health managers and policy makers. That is why this study is examining the effect of psychological distress on job turnover intention among front line health workers. This psychological distress is considered as the threat appraisal of getting contaminated by Corona virus.

Job Turnover Intention

Job turnover intention is the willingness of employees to leave their current job or to get separated from the organization that they work (Scanlan & Still, 2019; Wang et al., 2020). Employees develop their interest to leave the organization when they encounter distress and dissatisfaction. It is found in several researches that employees intent to leave their job when there are inconsistency in work-life balance, lack of job motivation, overloaded job, risk of health hazard and violence (Lee & Jang, 2020; Van der Heijden et al., 2018). Employees also desire to leave the organization when there is work fatigue and job stress. When employees are not happy with their job and the organization, they have wish to quit their job. For this purpose, they develop their job turnover intention at the beginning, which is their job withdrawal behavior as part of their perceived risk associated with the work. PMT is referring the turnover intention of employees from work (Wong et al., 2016). The stressors at work influence turnover intention of employees. The recent COVID-19 pandemic itself is a stress factor for employees working in health care sector. There are many studies conducted on employees in health care sector which indicating psychological distress of employees at work (Labrague et al., 2020; Lee & Jang, 2020; Van der Heijden et al., 2018). Doctors, nurses and other front line health workers are on tremendous work pressure and health risk of being contaminated with Corona virus. It is also essential for them to remain physically isolated and quarantine for particular period before they return home at every work interval. Many of them remain at work for several days and months. All of these reasons can be associated with job turnover intention among the front line health workers, which is studied in this research.

Mental health of front line medical employees are deteriorating during COVID-19 outbreak since their engagement with patients are more and they are dealing patients with COVID-19 positive. Work engagement and productivity level of medical staffs are decreasing due to these stressors that they are encountering in recent time. A study has been conducted by Wang et al., (2020) on 10626 primary health care doctors in China. This study has found that 41% doctors felt highly exhausted, 37% highly depersonalised and 34% having low sense of personal accomplishment due to recent COVID-19 pandemic. Nurses have developed fatigue and they are losing their work motivation during COVID-19 outbreak (Labrague et al., 2020; Lee & Jang, 2020). The same has been found for all the medical care professional as studied by Bergman et al., 2020; Galea et al., 2020 and Walton et al., 2020. It is identified that health workers are having excessive workload at present time. Their working condition and work culture are having role ambiguity. These can lead employees for their job turnover intentions. Therefore, this study has been conducted on front line health workers in order to identify their level of job turnover intention effected by physical distance and psychological distress.
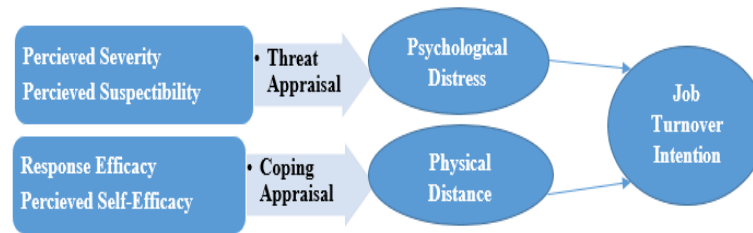
Conceptual Framework

Figure 1. Conceptual Framework of the Study

Hypotheses Development

Based on the above mentioned literature review and conceptual framework, the following hypotheses are developed to investigate the job turnover intention of front line heath workers.

H_1: Psychological distress has positive effect on job turnover intention

H_2: Physical distancing has positive effect on job turnover intention

Research Methodology

This quantitative study has followed deductive approach. Hypotheses have been developed based on existing literature and PMT theory. Questionnaire has been developed on three variables (physical distance, psychological distress and job turnover intention). A five-point Likert scale (e.g. 1= strongly disagree to 5= strongly agree) has been used to get the responses that express the statement of an agreement. Data has been collected between March and June 2021 through structured questionnaire from doctors, nurses and hospital staffs working in six major cities of Bangladesh. Convenience sampling has been adopted for this study, which is non-probability sampling subject to the convenient accessibility and proximity (Hair, et al., 2010; Kothari, 2015). A pilot study has been done by collecting initial responses from 30 respondents with an aim of getting comments and feedbacks for content validity. The questionnaire then modified in order to bring the clarity and improve the understandability. Questionnaire has been distributed by using google form and the link has been sent to the respondents though email and various social medias (Facebook Messenger, WhatsApp, IMO & Viber). Data are then imported into SPSS file from MS Excel file. Exploratory Factor Analysis (EFA), Confirmatory Factor Analysis (CFA) and the Structural Equation Modelling (SEM) are done for finding and analysis which are presented in subsequent section.

Analysis and Findings

Descriptive Analysis

Table 1 represents the demographic information of the participants, including their gender, age, education level, job role and years of experience respectively. Among the respondents, the majority were male (50.9%), 38.5% were in their youth age (31 to 35 years old), 48.8% were SPM passed, 36.8% were nurse and 54.3% were having 11 to 15 years of job experience.

Table 1. Demographic information of respondents

	Frequency	Percent (%)
Gender		
Male	148	50.9
Female	143	49.1
Age		

25-30	31	10.7
31-35	112	38.5
36-40	65	22.3
41-45	58	19.9
Above 45	25	8.60
Education		
Undergraduate	142	48.8
Master/MPhil	136	46.7
PhD	2	0.70
Others	11	3.80
Job Role		
Doctor	18	6.2
Nurse	107	36.8
Admin staff	63	21.6
Ward boy	80	27.5
Others	5	1.7
Years of Experience		
1-5	28	9.6
6-10	81	27.8
11-15	158	54.3
16-20	24	8.2

Table 2 represents the mean, standard deviation, skewness, kurtosis of the 25 variables corresponding to the scale items of this study which are physical distance, psychological distress and job turn-over intention constructs. There were some missing values which has been treated by applying estimation maximization (EM) method in SPSS. The valid sample size (N) is 291. All the skewness and kurtosis are within the valid range (± 2.5). Standard deviation is the square root of the variance which measures the spread of a set of observations. A smaller standard deviation indicates that more of the data is clustered around the mean, while a larger one indicates the data are more spread out.

Table 2. Descriptive statistics of variables

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
PD1	291	1	5	3.67	1.093	-.768	.143	.038	.285
PD2	291	1	5	3.78	.946	-.589	.143	-.166	.285
PD3	291	1	5	3.81	.876	-.675	.143	.494	.285
PD4	291	1	5	3.89	.854	-.763	.143	.841	.285
PD5	291	2	5	4.00	.794	-.493	.143	-.149	.285
PD6	291	1	5	3.99	.863	-.492	.143	-.322	.285
PD7	291	1	5	2.58	1.570	.420	.143	-1.441	.285
PDS1	291	1	5	3.87	.894	-.579	.143	-.033	.285
PDS2	291	2	5	3.90	.807	-.603	.143	.140	.285
PDS3	291	1	5	3.78	.872	-.650	.143	.315	.285
PDS4	291	1	5	3.63	.871	-.369	.143	-.213	.285

PDS5	291	1	5	3.61	.949	-.631	.143	.172	.285
PDS6	291	1	5	3.41	1.004	-.303	.143	-.454	.285
PDS7	291	1	5	2.53	1.543	.423	.143	-1.429	.285
PDS8	291	1	5	2.51	1.552	.489	.143	-1.394	.285
JTI1	291	1	5	3.64	.998	-.483	.143	-.338	.285
JTI2	291	1	5	3.59	1.021	-.376	.143	-.614	.285
JTI3	291	1	5	3.55	1.041	-.291	.143	-.686	.285
JTI4	291	1	5	3.66	.985	-.387	.143	-.761	.285
JTI5	291	1	5	3.57	1.026	-.249	.143	-.773	.285
JTI6	291	1	5	3.47	1.090	-.191	.143	-.893	.285
JTI7	291	1	5	3.50	1.022	-.239	.143	-.652	.285
JTI8	291	1	5	3.53	1.025	-.302	.143	-.559	.285
JTI9	291	1	5	2.52	1.093	.390	.143	-.618	.285
JTI10	291	1	5	2.42	1.062	.318	.143	-.679	.285
Valid N (listwise)	291								

Exploratory Factor Analysis

After running dimension reduction in SPSS from the KMO and Bartlett's test (Table 3), the sampling adequacy was found 0.922 which is good. The significance value is 0.000 which means at least one relation among the variables is significant. Using principle component analysis extraction method, 64.1% of total variance was explained by the initial Eigenvalues which is satisfactory. The initial extraction of values for communalities also represent satisfactory as all values were more than (0.3).

Table 3. KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.922
Bartlett's Test of Sphericity	Approx. Chi-Square	6338.025
	Df	300
	Sig.	.000

After running the data again in SPSS through fixed number of Factors (3) and suppressing coefficient values less than 0.5, we can see the Component Correlation Matrix is orthogonal. Again, we checked the varimax option in SPSS for analysing orthogonal matrix and found the rotated component matrix (Table 4). Few indicators (PD7, PDS1, PDS2, PDS7, PDS8, JTI9 and JTI10) were dropped from the list due to bad loadings.

Table 4. Rotated Component Matrix

	Component		
	1	2	3

PD1		.616	
PD2		.626	
PD3		.666	
PD4		.608	
PD5		.566	
PD6		.554	
PDS3			.571
PDS4			.805
PDS5			.756
PDS6			.511
JTI1	.775		
JTI2	.811		
JTI3	.780		
JTI4	.807		
JTI5	.786		
JTI6	.769		
JTI7	.806		
JTI8	.795		

Reliability and Validity Test

For checking the reliability and validity of the constructs, the Cronbach's Alpha values were tested beside Composite Reliability and Convergent Validity. Table 5 represents the Alpha, CR and AVE values which are mostly satisfactory for further analysis.

Table 5. Alpha, CR and AVE values

	PD	**PDS**	**JTI**
AVE	0.368827	0.45178	0.626291
CR	0.777429	0.761084	0.930567
Cronbach's Alpha	0.884	0.801	0.934
N of Items	6	4	8

Confirmatory Factor Analysis

AMOS usually deals with larger sample size (more than 200) and hence, we have used here sample size of 291. After completing the diagram in AMOS, when we tried to fit the model, the values for RMSEA showed unsatisfactory model fit and therefore we have used modification indices for better estimates. Figure 2 represents the SEM where the values we got from CFI is more than 0.9 and RMSEA is less than 0.8 which indicates satisfactory model fit. The measurement model (Figure 3) has been used to measure the relationships. From the output, we can see that all our indicated variables are loaded significantly with latent variables. From the standardized regression weight (Table 6), we can see that the critical ratio (CR) for both the relations are significant (more than 1.96) with p values less than 0.05 (confidence level). Between the relations, JTI <--- PDS is the most significant one.
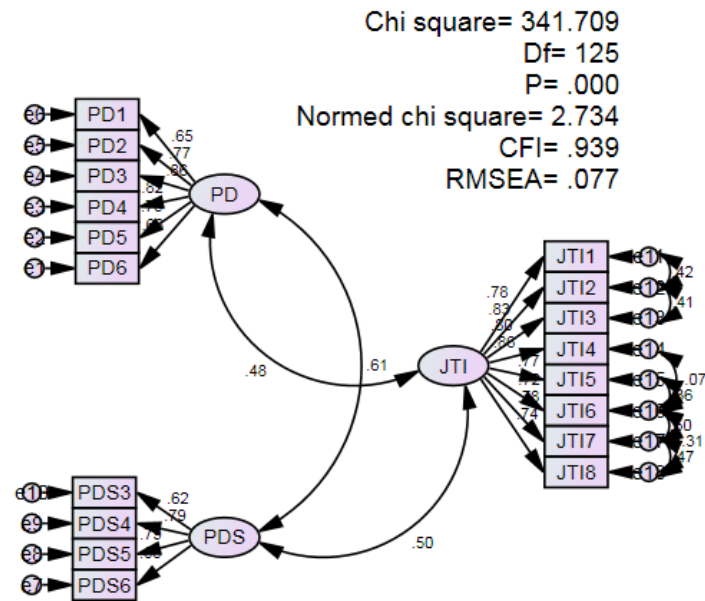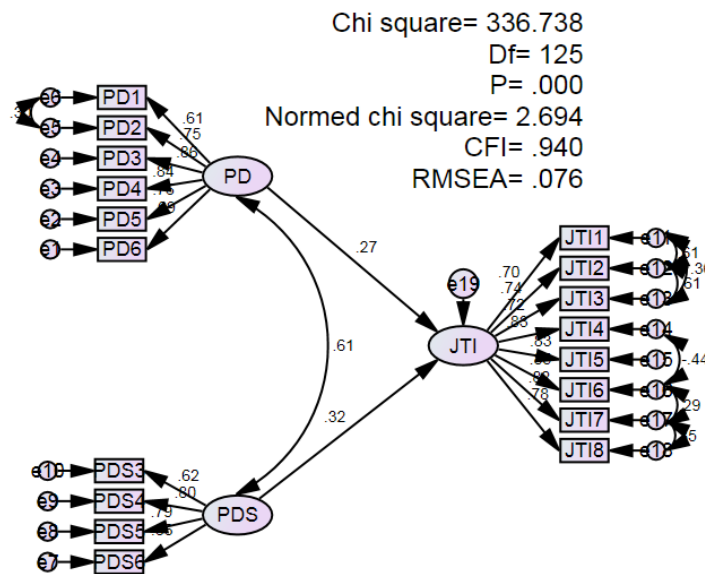
Figure 2. SEM (Modified model)

Figure 3. Measurement model

Table 6. Estimated relationships

	Estimate	S.E.	C.R.	P
JTI <--- PD	.361	.104	3.459	***
JTI <--- PDS	.406	.098	4.130	***

Hypotheses Test Results

The hypotheses test results are summarized in Table 7.

Table 7. Summary of Hypotheses

	Statements of Hypotheses	Results
H_1	Psychological distress has positive effect on job turnover intention.	Supported
H_2	Physical distancing has positive effect on job turnover intention.	Supported

Discussion

The primary goal of this study was to assess the impact of physical distance and psychological distress on job turnover intention among front-line health workers during covid-19 pandemic. Our findings found that community front-line health workers are young and have worked for the government from the beginning of their careers. The unprecedented health crisis created by the pandemic presented a physical and psychological challenge, especially for front-line health workers. Front-line health staff in many countries, including China (Hu et al., 2020), Taiwan (Feng et al., 2020), Italy (Bagnasco et al., 2020), Singapore, and India, were terrified by the COVID-19 pandemic. Even when treating for asymptomatic or mild cases, front-line health professionals in the field have a moderate distrust of COVID-19. This means that all front-line health employees are terrified of COVID-19. According to research, hospital front-line health staff are most worried with the fear of transmission and the effects of infecting their patients (Apisarnthanarak et al., 2020; Sun et al., 2020). This backs up the report's assertion that all health workers are challenged, including front-line health workers who are at the frontline of this challenging period (Jackson et al., 2020; Boyra & Legros, 2020).

The rapidly the number of COVID-19 cases from local returnees from Red Zone areas, as well as constantly changing quarantine protocols, a lack of established health information, longer work hours, laborious contact tracing, and depleted personal protective equipment supplies, physically and emotionally exhaust community front-line health workers, increasing their fear of contraception. In a multi-sectoral approach to managing community diseases in Bangladesh, these front-line health workers share the workload with other human resource workers to a greater degree. The pandemic has undeniably put front-line health workers in jeopardy. The reality is that front-line health professionals, especially those in urban environments, are now torn between protecting and saving patients and preserving themselves for their family and loved ones who rely on them. In these desperate times, the vulnerability of survival outweighs the call of duty, particularly as front-line health workers' families and loved ones are waiting for their safe return from the frontline with this unknown yet deadly virus. Despite retaining physical distance, relational anxiety has a significant effect on front-line health workers' ability to perform and accomplish their professional duties in providing the care that their patients deserved.

Conclusion and Implication

During the COVID-19 pandemic, there is a need to increase the accuracy of information accessed by front-line health professionals involved in critical practices by promoting internet access, given connectivity, and ensuring that it is all up to date. Eventually, during the current pandemic, international and national governmental authorities and academic centres seem to have started to recognize this need. This research discovered that as front-line health workers' fear of COVID-19 grows, so does their relational anxiety, as well as their organizational and

technical turnover intentions. Organizations must assess these needs and take steps to include the psychological assistance that these front-line health professionals need. Increase capacity building to solve problems of care and patient handling incapacity, institute psychological support programs, and stress reduction to provide health staff with assurance, warmth, and mental health. For example, one approach for reducing feelings of fear and distress in these health workers is to have adequate PPE and conduct COVID-19 exposure monitoring. Regular physical activity, according to research, can also benefit (Zhang et al., 2020).

Limitation

There are few limitations in the study. First the model used only two independent factors while there are some other important factors like institutional support, policy implementation, social dilemma which can also influence the front-line health workers towards their job turn-over intention during COVID-19 pandemic crisis. Adding these factors in the model will provide more insights and understanding of the experience in the light of COVID-19.

References

Almario, C. V., Chey, W. D., & Spiegel, B. (2020). Increased Risk of COVID-19 Among Users of Proton Pump Inhibitors. *The American journal of gastroenterology*, *115*(10), 1707–1715. https://doi.org/10.14309/ajg.0000000000000798.

Aminnejad, R., & Alikhani, R. (2020). Physical distancing or social distancing: that is the question. *Canadian Journal of Anesthesia/Journal canadien d'anesthésie*, *67*, 1457-1458.

Apisarnthanarak, A., Apisarnthanarak, P., Siripraparat, C., Saengaram, P., Leeprechanon, N., & Weber, D. (2020). Impact of anxiety and fear for COVID19 toward infection control practices among Thai healthcare workers. Infection Control & Hospital Epidemiology, 1-2. http://doi.org/10.1017/ice.2020.280

Babazadeh, T., Nadrian, H., Banayejeddi, M., & Rezapour, B. (2017). Determinants of skin cancer preventive behaviors among rural farmers in Iran: an application of protection motivation theory. *Journal of Cancer Education, 32*(3), 604-612.

Bagnasco, A., Zanini, M., Hayter, M., Catania, G., & Sasso, L. (2020). COVID 19-A message from Italy to the global nursing community. Journal of advanced nursing, 10.1111/jan.14407. Advance online publication. https://doi.org/10.1111/jan.14407

Bergman, D., Bethell, C., Gombojav, N., Hassink, S., & Stange, K. C. (2020). Physical distancing with social connectedness. *The Annals of Family Medicine*, *18*(3), 272-277.

Boyraz, G. & Legros, D.N. (2020) Coronavirus disease (COVID-19) and traumatic stress: probable risk factors and correlates of post-traumatic stress disorder. Journal of Loss and Trauma. https://doi.org/10.1080/15325024.2020.1763556

Burtscher, J., Burtscher, M., & Millet, G. P. (2020). (Indoor) isolation, stress, and physical inactivity: Vicious circles accelerated by COVID-19?. *Scandinavian journal of medicine & science in sports*, *30*(8), 1544-1545

Chew, N. W., Lee, G. K., Tan, B. Y., Jing, M., Goh, Y., Ngiam, N. J., ... & Sharma, V. K. (2020). A multinational, multicentre study on the psychological outcomes and associated physical symptoms amongst healthcare workers during COVID-19 outbreak. *Brain, behavior, and immunity*, *88*, 559-565.

Chu, D. K., Akl, E. A., Duda, S., Solo, K., Yaacoub, S., Schünemann, H. J., & Reinap, M. (2020). Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. *The Lancet*, *395*(10242), 1973-1987.

Feng, M., Wu, H., Lin, H., Lei, L., Chao, C., Lu, C., & Yang, W.(2020). Exploring the stress, psychological distress, and stress-relief strategies of Taiwan nursing staffs facing the global outbreak of COVID-19. Hu Li Za Zhi, 67(3), 64–74. http://doi.org.10.6224/JN.202006_67(3).09

Fisher, J. J., Almanza, B. A., Behnke, C., Nelson, D. C., & Neal, J. (2018). Norovirus on cruise ships: Motivation for handwashing? *International Journal of Hospitality Management, 75*, 10-17.

Galea, S., Merchant, R. M., & Lurie, N. (2020). The mental health consequences of COVID-19 and physical distancing: the need for prevention and early intervention. *JAMA internal medicine*, *180*(6), 817-818.

Gill, D., Whitehead, C., & Wondimagegn, D. (2020). Challenges to medical education at a time of physical distancing. *The Lancet*, *396*(10244), 77-79.

Hair*, J.F., Black, W.C., Babin, B.J. & Anderson, R.E. (*2010*). Multivariate Data Analysis. *7th Edition. New York: Pearson.*

Haque, A., Karim, W., Kabir, S. M. H., & Tarofder, A. K. (2020). Understanding Social Distancing Intention among University Students during Covid-19 Outbreak: An Application of Protection Motivation Theory. *TEST Engineering & Management*, 83 (16360-16377), May-June 2020.

Hu, D., Kong, Y., Li, W., Han, Q., Zhang, X., Zhu, L.X., Wan, S.W., Liu, Z., Shen, Q., Yang, J., He, H., & Zhu. J. (2020). Associated factors during the COVID-19 outbreak in Wuhan, China: A large scale cross-sectional study. EClinical Medicine. https://doi.org/10.1016/j.eclinm.2020.100424

Jackson, D., BradburyJones, C., Baptiste, D., Gelling, L., Morin, K., Neville, S. & Smith, G.D. (2020). Life in the pandemic: some reflections on nursing in the context of COVID19. Journal of Clinical Nursing, 29: 2041-2043. http://doi.org.10.1111/jocn.15257

Kelly, M. P., & Barker, M. (2016). Why is changing health-related behaviour so difficult? *Public health, 136*, 109-116.

Kothari, C. (2015). Research Methodology: Methods and Techniques. 2nd edition. New Delhi: New Age International Publication Ltd.

Labrague, L. J., De los Santos, J. A. A., Falguera, C. C., Nwafor, C. E., Galabay, J. R., Rosales, R. A., & Firmo, C. N. (2020). Predictors of nurses' turnover intention at one- and five-years' time. *International nursing review*, *67*(2), 191-198.

Lee, E., & Jang, I. (2020). Nurses' fatigue, job stress, organizational culture, and turnover intention: A Culture–Work–Health model. *Western journal of nursing research*, *42*(2), 108-116.

Li, Y., Wang, Y., Jiang, J., Valdimarsdóttir, U. A., Fall, K., Fang, F., ... & Zhang, W. (2020). Psychological distress among health professional students during the COVID-19 outbreak. *Psychological medicine*, 1-3.

Ling, M., Kothe , E. J., & Mullan, B. A. (2019). Predicting intention to receive a seasonal influenza vaccination using Protection Motivation Theory. *Social Science & Medicine, 233*, 87-92.

Mazza, C., Ricci, E., Biondi, S., Colasanti, M., Ferracuti, S., Napoli, C., & Roma, P. (2020). A nationwide survey of psychological distress among Italian people during the COVID-19 pandemic: immediate psychological responses and associated factors. *International journal of environmental research and public health*, *17*(9), 3165.

Qiu, J., Shen, B., Zhao, M., Wang, Z., Xie, B., & Xu, Y. (2020). A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations. *General psychiatry*, *33*(2), e100213. https://doi.org/10.1136/gpsych-2020-100213

Rogers, R. W. (1975). A protection motivation theory of fear appeals and attitude change1. *The journal of psychology, 91*(1), 93-114.

Rogers, R. W. (1983). Cognitive and physiological processes in fear appeals and attitude change: A revised theory of. *Social Psychophysiology: A Sourcebook*, Cacioppo, B.L., Petty, R.E., Eds.; Guilford, Press: London, UK

Scanlan, J. N., & Still, M. (2019). Relationships between burnout, turnover intention, job satisfaction, job demands and job resources for mental health personnel in an Australian mental health service. *BMC health services research*, *19*(1), 1-11.

Sun, N., Wei, L., Shi, S., Jiao, D., Song, R., Ma, L., Wang, H., Wang, C., Wang, Z., You, Y., Liu, S., & Wang, H. (2020). A qualitative study on the psychological experience of caregivers of COVID-19 patients. American Journal of Infection Control, 48(6), 592–598. https://doi.org/10.1016/j.ajic.2020.03.018

Van der Heijden, B. I., Peeters, M. C., Le Blanc, P. M., & Van Breukelen, J. W. M. (2018). Job characteristics and experience as predictors of occupational turnover intention and occupational turnover in the European nursing sector. *Journal of Vocational Behavior*, *108*, 108-120.

Walton, M., Murray, E., & Christian, M. D. (2020). Mental health care for medical staff and affiliated healthcare workers during the COVID-19 pandemic. *European Heart Journal: Acute Cardiovascular Care*, *9*(3), 241-247.

Wang, H., Jin, Y., Wang, D., Zhao, S., Sang, X., & Yuan, B. (2020). Job satisfaction, burnout, and turnover intention among primary care providers in rural China: results from structural equation modeling. *BMC family practice*, *21*(1), 1-10.

White, B., Drew, M., Gaughan, J., & Phadtare, S. (2020). Patient Awareness of Reported Adverse Effects Associated with Proton Pump Inhibitors in a Medically Underserved Community. *Healthcare (Basel, Switzerland)*, *8*(4), 499. https://doi.org/10.3390/healthcare8040499.

Wong, L. P., Alias , H., Aghamohammadi, N., Sam , I. C., & AbuBakar, S. (2017). Differences in perceived severity of Zika virus infection and dengue fever and its influence on mosquito control practices in Malaysia. *Journal of community health, 42*(5), 854-864.

Wong, T. S., Gaston, A., DeJesus, S., & Prapavessis, H. (2016). The utility of a protection motivation theory framework for understanding sedentary behavior. *Health Psychology and Behavioral Medicine, 4*(1), 29-48.

World Health Organization, WHO (2020). Coronavirus disease 2019 (COVID-19): situation report, 72. 1-13.

Zhang, S. X., Liu, J., Afshar Jahanshahi, A., Nawaser, K., Yousefi, A., Li, J., & Sun, S. (2020). At the height of the storm: Healthcare staff's health conditions and job satisfaction and their associated predictors during the epidemic peak of COVID19. Brain, behavior, and immunity, 87, 144–146. https://doi.org/10.1016/j.bbi.2020.05.010