

Reinventing employee morale during Covid Pandemic: Study of psychological contract and job satisfaction of healthcare professionals

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Abstract

Purpose: The purpose of the study is to comprehend and appraise the impact of employee morale during the COVID pandemic on psychological contract and job satisfaction of healthcare professionals in Indian private Hospitals.

Research methodology: The study adopted an empirical analysis. A structured questionnaire was adopted based on the Scale for assessing psychological contract by Rousseau (2000) for collecting primary data through a survey from doctors and nurses in selected private hospitals.

Results: The results suggest that managing the healthcare system by focusing on the insight of employee psychological contract and job satisfaction can improve employee morale during crisis conditions like the COVID-19 pandemic among the doctors and nurses in the healthcare sector.

Limitations: Due to COVID 19 pandemic, it was difficult to get responses from healthcare professionals.

Contribution: This paper aims to support the healthcare sector by recommending the building of employee morale and fulfilling the psychological contract to achieve job satisfaction of healthcare professionals in the healthcare sector.

Keywords: Commitment, COVID 19, Healthcare, Mental health, Psychological contracts, Strategies

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1. Introduction

A novel coronavirus named SARS-CoV2, which spread rapidly throughout the world causing catastrophic results to mankind, society, and global business has questioned the survival of human existence on earth through the worldwide pandemic. COVID-19 has been declared a public health emergency of global significance ([Wilder-Smith, Chiew, & Lee, 2020](#)). The COVID-19 pandemic has led to high death tolls for both patients and also healthcare providers. According to the IMA COVID-19 results, 382 people died and 2,238 doctors were infected ([ET HealthWorld, 2020](#)). Doctors encounter nearly twice the mortality of average citizens and eight times the mortality of physicians on the same scale ([ET HealthWorld, 2020](#)). Doctors are perhaps paying one of the hardest prices in the pandemic. The rise of the death toll and rapid spread of coronavirus did not frighten the doctors and nurses. Nurses are working hard with competent skills and undeterred courage. In the confrontation against coronavirus, the nurses and doctors are not only unsung heroes but also played the role of parents, children, and beloved ones in their family. The psychological contract has been identified to be an important element in their behavior that led to their commitment and high morale to contribute to their job.

The psychological contract is a cognitive evaluation of perceptual expectations of the employer-employee relationship, which explains the effects of external consequences on internal expectation regarding the level of fulfillment of the implied accepted promises in the employment relationship. The life of frontline warriors during the Covid-19 pandemic wearing a face mask for long hours has left a scar on the face, many others experienced severe skin burn due to constant sanitization using bleach-based disinfectants because the mask might have not stuck properly to the face or accidentally touch with dirty gloves, and many others have faced mental and psychological stress that left enduring marks in their lives. Although Healthcare professionals were psychologically tired, still they did not stop doing their jobs. Nurses and doctors have been committed to their profession, which shows their high morale and motivation to fulfill the social responsibilities related to their job roles. In such a scenario, it was the doctors' and nurses' perceptions of how well hospitals have met their obligations towards employees, that affect their commitment within the hospitals in the crisis of COVID-19. Women have serious symptoms of depression, anxiety, and pain ([Lai et al., 2020](#)). Protecting health care workers is an important component of public health strategies for tackling the COVID-19 outbreak. Healthcare workers reacting to the spread of COVID-19 recorded high rates of depression, anxiety, insomnia, and pain. Managers' awareness and managing of healthcare professionals' expectations can support positive psychological contracts and accentuate commitment levels among healthcare professionals. Expectations and commitments that promote accountability and autonomy of junior doctors and nurses, as well as promises of a social environment that involves cooperative partnerships and good communication at work, must be kept. To devise strategies for today's health industry, it's critical to understand the factors that influence psychological contracts. Extant researches state that the psychological contract variables influence the commitment of doctors and nurses due to the changing policies of the healthcare management and working conditions, interference of the management into the work processes, even though they manage family and work-life effectively. The lower satisfaction in terms of anti-epidemic job nature, wages relative to workload and working climate, and working conditions and HR policies are the factors that affect their job satisfaction and morale invariably lead to lower performance and commitment at work ([Yu et al., 2020](#)).

The present study has been found that the psychological contract variables and job satisfaction influences the morale of employees to perform efficiently and committedly especially during crises, which invariably impacts their performance, quality of healthcare services, and also the reputation of the healthcare organization or hospitals. Therefore, morale is an important determinant of healthcare professionals' performance. Healthcare management should always attempt at enhancing and re-inventing their morale during a crisis such as a pandemic, by implementing HR interventions that build the psychological contract and accentuate job satisfaction of employees. Thus, the present study analyses and appraises the role of psychological contract and job satisfaction of healthcare employees on employee morale during challenging times such as the covid-19 pandemic. The study highlights the impact of relational and transactional contracts on job satisfaction during a covid pandemic and also illustrates the impact of the pandemic on employees' morale.

2. Literature review and hypothesis development

Concept of psychological contract and job satisfaction

According to [Rousseau \(1989\)](#) perceived promises and commitments, bind the exchange parties to a set of mutual obligations that enable the exchange relationship to unfold smoothly. According to [Robinson \(1995\)](#) employees will participate in civic virtue if they believe their company has met its obligations, but they will refrain from doing so if they believe those obligations have not been met properly, or if the psychological contract has been weakened. According to ([Coyle-Shapiro & Kessler, 2000](#)) as the employees perceive that their employer does not fulfill the obligations, as an exchange process the employees tend to redress the relationship's equilibrium through lowering their commitment to participate in organizational citizenship behavior. According to [Rousseau \(2001\)](#) pre-employment interactions, recruitment methods, and early on-the-job socialization play a role in activating the antecedents of psychological contracts. According to ([Wayne, Shore, Bommer, & Tetrick, 2002](#)) assert that employees who are empowered and motivated by the organization over time experience

organizational support. To reciprocate for rewards and support, subordinates will participate in organizational citizenship behavior and perform at a higher expectation level.

According to [Kavanaugh et al., \(2006\)](#), the demographic variable most associated with the job satisfaction of healthcare professionals is age. The individual's years of clinical experience had no bearing on their satisfaction with job safety, their job, or their feelings about the hospital. [Vilma and Egle \(2007\)](#) explained that nurses' morale rises as they work side by side with physicians on an equal basis; the nursing profession is respected and admired by themselves and other healthcare professionals; interpersonal communication is positive, and disagreements are resolved constructively.

[El-Jardal et al. \(2009\)](#) recommend that retention plans be attentive to the needs and interests of nurses who are at high risk of leaving. Improved retention techniques and procedures should be implemented. [Nishanth et al. \(2016\)](#) showed that psychological contracts have a clear positive relationship with employee work satisfaction and organizational engagement. According to [Chien et al. \(2016\)](#), the nurse supervisors should treat all nursing staff equally, listen to the staff's concerns, identify their working styles and orient them appropriately. This can establish good working relationships with staff. Proper compensation and benefits along with health and safety measures, according to the hospital administrative staff need to increase job satisfaction. [Vantilborgh \(2016\)](#) states that employees with high job resources are less likely to disclose psychological contract violations since they have high levels of positive affect. [Bal et al. \(2017\)](#) claim that organizations should be mindful that when they overwhelm staff with jobs, they are more likely to perceive contract breaches when employees believe they lack access to job tools, such as adequate autonomy and power, as well as social support.

Employee morale

According to [Parkes \(1982\)](#), nurses' job relationships are viewed negatively, with the assumption that they are not being respected for their efforts, and nursing care can be compromised as a result of low morale. The nursing profession appears to be in the midst of a national crisis, with fewer people entering the field and a growing number of nurses leaving ([Fenner, 1988](#)). According to [Robinson et al. \(1993\)](#), these aspects of interpersonal relationships can be improved by measures such as team building and communications training, which can boost employee morale. [Shuy et al. \(1999\)](#), revealed that if a nurse's motivational needs are met, they would be more engaged in her work. [McDonald et al. \(2000\)](#) found that nurses who detect and report workplace misconduct can face severe professional consequences. Opportunities for advancement and job security are the primary motivators for healthcare professionals' morale ([Yang et al., 2005](#)). In community mental health services, employee morale and work perceptions should be measured regularly and used for quality control and program growth ([Priebe et al., 2005](#)). According to [Yang et al. \(2005\)](#) the higher the nurse's rank, the higher is the work morale, while the expectations of higher desired salary, the lower tends to be the workplace morale. [Sabitova et al. \(2018\)](#) suggest that enhancing clinical practices can be accomplished by improving employee job productivity, interventions, and workforce policies, which should seek to raise wages, improve working and living conditions, address healthcare personnel shortages, and provide more resources for career and professional growth. Negative experiences affected the work morale of physicians in low- and middle-income countries ([Sabitova et al., 2018](#)).

Impact of COVID 19 pandemic and mental health of healthcare professionals

According to [Tam et al. \(2004\)](#) during the SARS epidemic, frontline healthcare workers were subjected to severe stress from a variety of sources that impacted their mental health and job morale. [Bai et al. \(2004\)](#) highlight the importance of shortened work hours in reducing the enormous stress caused by a SARS outbreak, as well as the importance of unambiguous proof in reducing uncertainty. Personal health risks, workplace conflicts, and frequent changes to infection control policies were the most prominent challenges encountered. The perceptions of stress and the need for help in the workplace were the strongest indicators of psychological morbidity among healthcare employees. As a result of the COVID-19 pandemic, healthcare staff is at risk for a variety of health problems. The most common symptoms among COVID-19 infected healthcare professionals were fever and cough, which were close

to those seen in the general public. Long duty hours, working in a high-risk department, a lack of PPE, a diagnosed family member, unqualified hand-washing, and poor infection management were all identified as risk factors for healthcare professionals (Shaukat et al., 2020). Medical staff experienced less anxiety and depression because of the social support they received, and their self-efficacy improved (Xiao et al., 2020). Cai et al., (2020) found that among the medical staff personal safety, concerns about healthcare professionals' families, and concerns about patient mortality were identified as major stressors. During such a crisis, healthcare practitioners put a high emphasis on the availability of training and equipment. Successful leadership and administrative support for clinicians and their families often protect clinicians and their families from negative psychological outcomes (Galbraith et al., 2021). Yu, X. et al., (2020) claimed that frontline medical personnel should be more satisfied with their jobs by meeting standards such as improving emergency response and realistic service preparation for junior staff and ensuring they get enough sleep and rest. According to Said et al. (2021), the key reasons for job dissatisfaction among hospital nurses were dissatisfaction with extrinsic rewards, appreciation, and respect, indicating their perception that adequate financial and moral compensation was not met for their stressful work; secondly, dissatisfaction with job scheduling, family life, and work-life balance and strong connections that accompanies them.

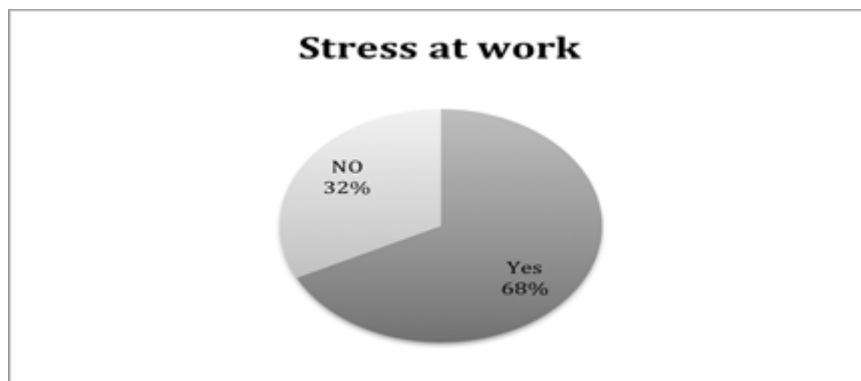


Figure 1. Stress at work
Source: author's primary data analysis

The above figure 1 indicates the stress level among the doctors and nurses at the hospital, in which 68% said they feel high-stress levels at the workplace probably due to workload resulting from a high influx of patients and limited resources available. Few nurses replied that management was not supportive, and they were asked to do unnecessary work, high level of interference from higher authority, less salary, and shortage of free time in their job leads to additional stress. Stress management frequently requires the enhancement of social support in the workplace (Tam et al., 2004). Nurses have also complained about a lack of management support.

Table 1. Healthcare professionals' problems as a result of the COVID 19 pandemic

Sl no.	Problems faced
1.	Healthcare professionals were more likely to get COVID 19 because of the chances of being exposed to positive cases.
2.	Healthcare professionals have no proper Personal Protective Equipment Kit
3.	As long hours of COVID duty were planned, healthcare professionals experienced pressure from always being in PPE.
4.	Overload of work and few employees, weak organizational culture, lack of mentoring, restricted or inadequate access to technology, lack of facilities for training.
5.	The population is against healthcare professionals and there were poor protective measures.
6.	Patients use to hide their history and get the treatment. Later patient informs about COVID positive reports after getting surgery/ treatment.
7.	No adequate infrastructure made it hard to work for healthcare professionals, no adequate manpower (healthcare workers), and no appropriate pay for the job.

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8. Healthcare professionals were under constant pressure.
 9. The family of healthcare professionals is at great risk because they have not been able to interact because of the risk of transmission.
 10. Health workers lack a positive spirit to help the needy because health workers were not assured about their safety.
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Source: Primary data

Healthcare staff is under unprecedented stress as a result of stress factors such as an overwhelming workload, virus exposure, insufficient personal protective equipment (PPE), moral dilemmas, job incivility, despair, isolation from family, and prejudice during the COVID-19 pandemic ([Lai et al. 2020](#)). The number of office days worked by healthcare staff affects job satisfaction, overall happiness, and turnover intention, according to a study by [Zhang, et al. \(2021\)](#). Workload, personal demands, and fears employing strict security measures, and described the high-priority stress among nurses of hospitals responsible for occupation ([Said, et al., 2021](#)).

Research Questions

Based on a thorough literature review, the research questions framed as per the problem of the study are-

- How do demographic variables influence psychological contracts and Job satisfaction of healthcare professionals?
- Why does relational contract affect the job satisfaction of healthcare professionals?
- How transactional contracts will affect the job satisfaction of healthcare professionals?
- How does the Covid pandemic affect the psychological contract and job satisfaction of healthcare professionals?
- How does psychological contract and job satisfaction impact employee morale?

Objectives of the study

The research questions become a basis for the formulation of the objectives and hypothesis of the study. The objectives of the study are-

- To know the impact of demographic characteristics on psychological contract and job satisfaction
- To determine the relationship between relational contract and job satisfaction
- To explain the link between transactional contract and job satisfaction
- To analyze the effect of Covid-19 on psychological contract and job satisfaction
- To study the overall impact of psychological contract and job satisfaction on the morale of healthcare professionals

3. Research methodology

The study adopts an empirical research design. It is based on causal research, which investigates cause and effect relationships. A random probability sampling technique has been adopted to identify a sample of doctors and nurses from 6 private hospitals in Bangalore. Semi-structured interviews were conducted with doctors and nurses in Bangalore Hospitals. A questionnaire was distributed and 154 valid responses were received. The data were analyzed using Statistical Package for Social Sciences (SPSS), and exploratory factor analysis (EFA) was used to determine the factors that lead to the overall psychological contract of healthcare employees. Cronbach's alpha values were used to assess the reliability of each factor, descriptive statistic, regression; correlation analysis between variables was conducted in the study.

Survey instruments

The instruments were measured on a five-point Likert scale, with 1 indicating, "strongly disagree" and 5 indicating, "strongly agree." The Psychological contract was measured by using the scale developed

by [Rousseau; D.M. \(2000\)](#) by selecting 29 items and the job satisfaction was measured from a selected 14-item scale developed by [McCloskey/Mueller Satisfaction Scale \(1990\)](#).

Conceptual model of the study

The conceptual framework for the study is as shown in figure 1. The model indicates the independent variables as demographic characteristics, psychological contract, and job satisfaction, whereas the dependent variable is employee morale.

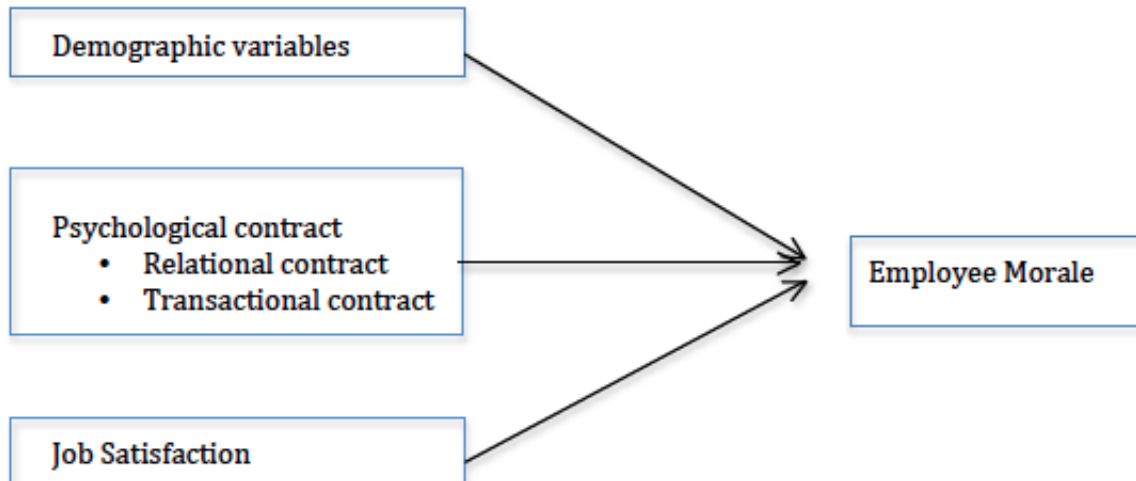


Figure 2. Conceptual model
Source: Author’s analysis

The study tests the following hypotheses:

- Research Hypotheses - H₁: There is an influence of demographic variables on PC and Job satisfaction
- Research Hypotheses - H₂: There is a relationship between relational contracts and job satisfaction.
- Research Hypotheses - H₃: There is a relationship between transactional contracts and job satisfaction.

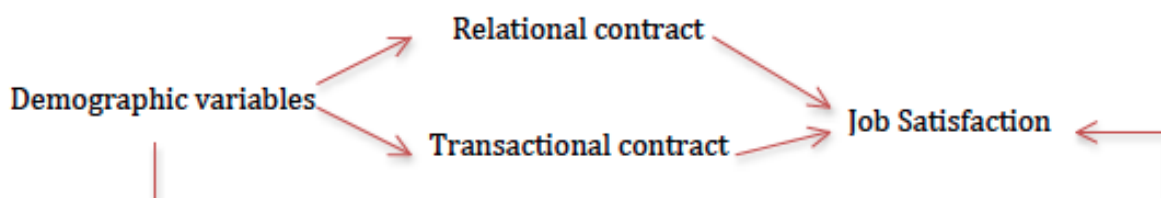


Figure 3. Hypotheses testing of the study
Source: Author’s analysis

4. Data analysis and interpretation

Samples and respondent profile

Out of the 154 respondents, 40 were doctors and 114 nurses. Among them, 104 respondents had less than 5 years of experience, 40 respondents had 6 to 10 years of experience and 4 respondents had 11 to 15 years of experience and 6 respondents had 16 to 20 years of experience. 67.5% of the respondents work for 8 hours per day, 9.1% work for 10 hours, 7.8% work for 12 hours, and 4% of respondents worked for more than 12 hours per day. 53.2% of respondents work on regular duty, 39% of respondents are reported to be on shift duty, and 12% are on permanent night duty.

Table 2. Demographic characteristics of respondents

Item	Category	N	Percentage
Gender	Male	70	45.5

Age	Female	84	54.5
	21 to 30 Years	70	45.5
	31 to 40 years	76	49.4
	41 to 50 years	8	5.2
Marital status	Single	58	37.7
	Married	94	61
	Widow	2	1.3
Shift of duty	Shift duty	60	39
	Regular duty	82	53.2
	Permanent night duty	12	7.8
Working hours per day	8 hours	124	80.5
	10 hours	14	9.1
	12 hours	12	7.8
	More than 12 hours	4	2.6
Experience	Less than 5 years	104	67.5
	6 to 10 years	40	26
	11 to 15 years	4	2.6
	16 to 20 years	6	3.9
Occupation	Doctor	40	26
	Nurses	114	74

Source: Primary data

Reliability analysis and data analysis

In Table 3, Cronbach's alpha was found to be 0.718. In Table 4, Kaiser-Meyer-Olkin's (KMO) value of sampling adequacy is 0.655 (more than 0.5); it indicates that the sample is adequate for factor analysis. Bartlett's test of sphericity had a p-value (Sig) of 0.000, which is less than 0.05.

Table 3. Reliability statistics

Cronbach's Alpha
0.718

Source: Primary data

Table 4. KMO and Bartlett's Test

Kaiser Meyer- Olkin Measures of Sampling accuracy		0.655
Bartlett's Test of Sphericity	Approx. Chi-Square	6.138E3
	df	903
	Sig.	0.000

Source: Primary data

Table 5. Variable and measurement indicators

SI no	Variables	Measurement items	Loadings	Reliability
1	Relational contract	Reciprocates the efforts	0.682	0.904
		A stepping stone in career development	0.770	
		Develop skills by training	0.795	
		Promotion with a length of service	0.804	
		Growth in workplace	0.863	
		Feels like a member of the family at the workplace	0.556	
		Feel like part of a team	0.557	
		My job is more than just paying a bill	0.652	

		Employer rewards who work hard	0.794	
		Promotion if employee work hard	0.751	
		The career path is mapped out	0.800	
		Motivated to contribute 100% at work	0.695	
		Help colleagues and ask a favor in return	0.683	
2	Transactional contract	I do this job just for the money	0.664	
		Prefer to work a defined set of working hours.	0.772	
		Relate with the hospital's goals	0.587	
		Involvement in job	0.669	
		Expect payment for overtime	0.662	
		Work purely to get the job done	0.696	
		Intend to stay in a job	0.821	0.822
		The long-term future does not lie with this hospital	0.660	
		Loyalty is contract specific	0.549	
		Perform work necessary in a job	0.747	
		Satisfied after achieving targets specified in the job	0.529	
		Work only hours set out in the contract	0.761	
		Important note to get too attached at workplace	0.865	
		Achieve the purely short-term goals	0.815	
		Commitment is defined by the contract	0.853	
		Flexible to work irregular hours if necessary	0.643	
3	Job Satisfaction	Salary	0.707	
		Benefits packages	0.699	
		Scheduling of working hours	0.730	
		Flexibility in scheduling working hours	0.865	
		Weekends off per month	0.829	
		Scheduling weekends off	0.851	
		Compensation for working weekends	0.692	0.664
		Maternity/ paternity leave time	0.616	
		Opportunities for social contact at work	0.711	
		Satisfied with peers	0.693	
		Opportunities to interact in the workplace	0.798	
		Responsibility offered at work	0.802	
		Recognition for work from superiors and peers	0.664	
		Satisfied with immediate supervisor	0.734	

Source: Primary data

Table 5 shows that the exploratory factor analysis was used to determine the influence of psychological contracts on the job satisfaction of healthcare professionals. Out of the 13 items in the first factor, 1 item that has a score of 0.863 focuses on employee expectation to grow in the present hospital. Healthcare professionals get motivated if they are provided with adequate training, career development, promotion, reciprocates to employees, rewards that make them contribute to the hospital. Hence the term 'relational contract' was stated for this factor. The items in factor 2 included the factors whether the employees are provided with the salary, goals, involvement in the job, payment for overtime, long term commitment, loyalty, employees work for a specified task, attachment to the workplace, short term achievement of goals in job and healthcare benefits which were loaded more than 0.664. Therefore, the term 'Transactional contract' was stated for this factor. Factor 3 was named as job satisfaction, in which compensation, satisfaction with peers, week-off, scheduling of work, benefits packages; social contact, opportunity, encouragement, decision-making, and recognition at work were analyzed, and scores above 0.616. Hence, the factor has been named as 'Job satisfaction'.

Hypotheses testing

H₁: There is the influence of demographic variables on PC and job satisfaction

H_{1a}: There is a significant influence of gender on PC and job satisfaction

Table 6a. Descriptive statistics

Variables	P-Value	Levene's Test for Equality of variance		Mean	
		F	Sig.	Male	Female
Relational Contract	0.000	15.864	0.000	3.31	3.55
Transactional contract	0.000	1.911	0.169	3.19	3.08
Job satisfaction	0.000	0.187	0.666	2.91	3.00

Source: Primary data

Table 6b. Mean scores of factors

Variables		N	Mean	Std. Deviation	Std. Error Mean
Relational Contract	Male	70	3.31	0.84	0.10
	Female	84	3.55	0.53	0.058
Transactional contract	Male	70	3.19	0.62	0.07
	Female	84	3.08	0.52	0.057
Job satisfaction	Male	70	2.91	0.48	0.058
	Female	84	3.00	0.45	0.049

Source: Primary data

The above table 6a shows gender influence on psychological contract and job satisfaction, the mean scores of female employees show that there is a difference in the relational and transactional contract. Female employees are a strength for the workforce as analysis reveals that female employees are high in morale compared to the male employees even during the crisis of covid pandemic. High relational contract leads to higher employee morale.

H_{1b}: There is a significant influence of age on psychological contract and job satisfaction

Table 7. Descriptive statistics

Items	Category		Psychological contract		Job satisfaction
			Relational contract	Transactional contract	
Age	21 to 30 years	Mean	3.41	3.11	2.96
		Median	3.53	3.18	3.00
		SD	0.82	0.69	0.54
	31 to 40 years	Mean	3.46	3.12	2.96
		Median	3.46	3.12	3.00
		SD	0.55	0.47	0.54
	41 to 50 years	Mean	3.57	3.39	2.75
		Median	3.34	3.46	2.64
		SD	0.82	0.20	0.19

Source: Primary data

The above Table 7, shows age influence on psychological contract and job satisfaction, the mean score is more in the age group 41 to 50 years of healthcare professionals with a relational contract and transactional contract. But mean value is more with job satisfaction in the age group of 21 to 30 years and 31 to 40 years. This difference plays a considerable role in the psychological contract and job

satisfaction of healthcare professionals. Therefore, the respondents with 41 to 50 years are more loyal towards the management and show an increased level of employee morale with a greater relational contract.

H1c: There is a significant influence of occupation on psychological contract and job satisfaction

Table 8a. Descriptive statistics

Variables	P-Value	Levene's Test for Equality of variance		Mean	
		F	Sig.	Doctors	Nurses
Relational Contract	0.025	39.188	0.000	3.16	3.54
Transactional contract	0.002	3.665	0.057	3.40	3.04
Job satisfaction	0.084	30.542	0.000	2.80	3.01

Source: Primary data

Table 8b. Mean scores of factors

Variables		N	Mean	Std. Deviation	Std. Error Mean
Relational Contract	Doctors	40	3.16	1.00	0.15
	Nurses	144	3.54	0.52	0.04
Transactional contract	Doctors	40	3.40	0.61	0.09
	Nurses	144	3.04	0.531	0.04
Job satisfaction	Doctors	40	2.80	0.752	0.11
	Nurses	144	3.01	0.30	0.02

Source: Primary data

In Table 8a, the p values for relational contract (sig. 0.000), transactional contract (0.05), and work satisfaction (0.000) are all less than 0.05 (95% Confidence Interval). As a result, the null hypothesis is rejected (H0). However, the mean scores of doctors and nurses show the difference that occupation has upon relational contract and job satisfaction with nurses in strengthening the relational contract as compared to the transactional contract. Instead, the doctor's mean score is more in the transactional contract has a positive impression of the doctors as compared to their nurses. Hence, there is a significant difference in occupation. As the above table shows an increase in relational contract and job satisfaction of nurses compared to doctors. Therefore, nurses in the healthcare sector are high in employee morale.

H1d: There is a significant influence of shift of duty on psychological contract and job satisfaction

Table 9. Descriptive statistics

Items	Category		Psychological contract		Job satisfaction
			Relational contract	Transactional contract	
Shift of duty	Shift duty	Mean	3.57	3.04	3.07
		Median	3.53	3.18	3.00
		SD	0.45	0.60	0.33
	Regular duty	Mean	3.39	3.20	2.86
		Median	3.46	0.57	2.92
		SD	3.46	3.06	0.55
	Permanent night duty	Mean	3.15	3.13	3.04
		Median	3.23	3.18	3.03
		SD	0.26	0.57	0.18

Source: Primary data

The above Table 9, shows a shift of duty influence on psychological contract and job satisfaction, the mean and median scores are more in the shift duty of healthcare professionals in the relational contract

(mean=3.57, median=3.53), and job satisfaction (mean=3.07, median=3.00), compared to the transactional contract. The healthcare professional in regular duty has scored more mean value in the transactional contract (mean=3.20).

Regression analysis

H₂: There is a relationship between relational contracts and job satisfaction.

Table 10a. Regression model summary

Model	R	R Squares	Adjusted R square	Standard error of the estimate	F	Sig. F change
1	0.411	0.169	0.164	0.42900	30.909	0.000

a. Dependent Variable: Job satisfaction

b. Predictors: (Constant): Relational contract

Source: Primary data

Table 10b. Correlation analysis between relational contract and job satisfaction

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std error	β		
1.	(Constant)	2.011	0.174		11.553	0.000
	Relational contract	0.275	0.050	0.411	5.560	0.000

Note. a. Dependant variable: Job satisfaction

Source: Primary data

In Table 10a, the possible effect of the Relational contract on Job satisfaction was assessed. As shown in Table 10a, the R= 0.411 has a value of representing a simple correlation with Job satisfaction. The R² is 0.169. The Relational contract β value of 0.411 (t =5.560, p < 0.05) indicates a significant relationship between the relational contract and Job satisfaction. Therefore, employees with significant relational contracts and high job satisfaction will lead to an increase in employee morale in healthcare.

H₃: There is a relation between transactional contracts and job satisfaction.

Table 11a. Regression model summary

Model	R	R Squares	Adjusted R square	Standard error of the estimate	F	Sig. F change
1	0.471	0.222	0.217	0.41514	43.330	0.000

a. Dependent Variable: Job satisfaction

b. Predictors: (Constant): Transactional contract

Source: Primary data

Table 11b. Correlation analysis between transactional contract and job satisfaction

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std error	β		
1.	(Constant)	4.167	0.184		22.362	0.000
	Transactional contract	-0.384	0.058	-0.471	-6.583	0.000

Note. a. Dependant variable: Job satisfaction

Source: Primary data

In Table 11a, the possible effect of transactional contracts on Job satisfaction was assessed. As shown in Table 11a, the $R = 0.471$ has a value of representing a simple correlation with Job satisfaction. The R^2 is 0.222. The transactional contract β value of -0.471 ($t = -6.583$, $p < 0.05$) indicates a significant relationship between the transactional contract and Job satisfaction. Therefore, employees with significant negative transactional contracts and job satisfaction will lead to lower employee morale in healthcare. In addition, such employees will remain for a shorter duration in their job and will be more task-oriented.

Table 12. Correlation analysis among variables

		RC	TC	JS
Relational contract (RC)	Pearson correlation	1	-0.221**	0.411**
	Sig. (2 tailed)		0.006	0.000
	N	154	154	154
Transactional contract (TC)	Pearson correlation	-0.221**	1	-0.471
	Sig. (2 tailed)	0.006		0.000
	N	154	154	154
Job satisfaction (JS)	Pearson correlation	0.411**	-0.471	1
	Sig. (2 tailed)	0.000	0.000	
	N	154	154	154

Correlation is significant 0.01 level (2-tailed)

Correlation is significant 0.05 level (2-tailed)

According to Table 12, it is noted that relational contract negatively correlated with a transactional contract is ($r = -0.221$, $p < 0.05$). While comparing relational contract with job satisfaction and commitment, the correlation value is ($r = 0.411$, $p < 0.05$). The transactional contract has a negative correlation with job satisfaction ($r = -0.471$, $p < 0.05$). Therefore, job satisfaction has a moderate positive correlation with relational contracts but a negative correlation with transactional contracts. The employees who are maintaining relational contracts at the workplace will have high job satisfaction and this impacts the overall employee morale.

5. Conclusion

The purpose of the study has been to determine the influence of psychological contract and job satisfaction on employee morale, and also to identify the relationship between PC and job satisfaction. The study also provides interesting revelations regarding the impact of demographic factors like – age, gender, occupation/job role, duty-shift on psychological contract, and job satisfaction. The uniqueness of the study is the findings revealed through the analysis of the effect of the Covid-19 pandemic on the psychological contract and job satisfaction of healthcare professionals. The results indicated female healthcare professionals have established stronger psychological contracts and job satisfaction compared to male healthcare professionals. The age group 41 to 50 years showed more relational

contract, while transactional contract and job satisfaction were found more in the younger age groups. Analysis of responses from doctors and nurses show that there is a different opinion on relational contract and job satisfaction among the two groups of professions. The nurses have a stronger relational contract as compared to the transactional contract. The healthcare professionals who work on shift duty and regular duty maintained a higher relational contract. While the healthcare professionals who work on permanent night duty rated higher on transactional contracts. The relational contract indicates a significant relationship with the job satisfaction of healthcare professionals. In addition, this indicates a negative relationship between transactional contracts and job satisfaction. Joy, curiosity, and enthusiasm are some of the emotions experienced by healthcare professionals because of intrinsic motivation. Doctors and nurses have a strong emphasis on pro-social form, which means intended to promote social acceptance and friendship, which motivate while choosing their profession.

Employees' willingness to go beyond their original duties has increased due to the COVID-19 pandemic. Pro-social sources of motivation include performing clinical duties and healthcare workers having an unselfish interest in supporting another individual, which has increased employees' willingness to go beyond their original duties. According to [Shaukat et al. \(2020\)](#), healthcare workers have high levels of depression, stress, anxiety, pain, frustration, fear, insomnia, and post-traumatic stress disorder. Mental health issues disproportionately affected females and nurses. Nursing staff with longer working hours in close contact with patients, which results in exhaustion, stress, and anxiety. As a result, relationship orientation has a significant mediating impact on the effects of contract fulfillment ([Cavanaugh & Noe, 1999](#)). The mental health conditions of COVID-19 high-risk groups, such as healthcare workers ([Cai et al., 2020](#); [Zhou et al., 2020](#)), caregivers of infected patients, residents of severely affected areas, and elderly people or others with known chronic conditions, should be given special consideration. Increasing career and professional growth opportunities, improving the physical and social working climate, introducing specific professional standards, and addressing the shortage of healthcare workers can have a positive impact on physicians' job morale ([Sabitova et al., 2018](#)). Leaders can work to improve nurses' job engagement and organizational identification, all of which are important factors in nurse morale ([Yang, et al., 2005](#)). Therefore, the finding stated that job satisfaction has a moderate positive correlation with relational contracts but a negative correlation with a transactional contract. The employees who are maintaining relational contracts at the workplace will have high job satisfaction and this impacts the overall employee morale. In addition, employees with transactional contracts and low job satisfaction usually lead to lower employee morale.

The study concludes with an emphasis on the need for strong interactions with healthcare professionals to foster emotional and attitudinal reactions which lead to positive work behaviors. There is a need for a supportive work atmosphere because it is an efficient way to increase social bonding and improve positive work-related outcomes, which could improve the ability to deal with the COVID-19 situation. Currently, the extent of commitment among doctors and nurses is determined by their belief in professional goals, beliefs, social experiences, and a willingness to stay in the profession. Obligation or responsibility keeps healthcare workers in their jobs that have a deep normative commitment. Organizations would need to incorporate an integrated, structural, and psychosocial solution to the occupational and psychological problems caused by future outbreaks of this kind ([Bai et al., 2004](#)). Healthcare professionals across the globe are facing increased physical-mental stress and work-conditions-related insecurity due to multiple job-associated factors including accentuated demand ([Koinis et al., 2015](#)). In the healthcare sector, there are few psychological contracts between doctors and nurses, and even fewer studies on how these contracts affect nurses' commitment to their profession and the organization. Nurses' dedication has been identified as one of the most important personal skills for improving patient care and well-being. Thus, the present study provides interesting and original revelations that help in achieving the objectives of the study.

Limitations and future research

In terms of achieving employee work satisfaction, the report has practical consequences for both public and private hospitals. Furthermore, HRM procedures vary widely, suggesting a lack of continuity and

need for views about human resources management practices and their impact on job satisfaction. Management should strive to create strong and refined HRM policies and procedures, as well as maintain job satisfaction, such that it helps in re-inventing and harnessing the employee morale for competitive advantage during a crisis. Management needs to understand the psychological contract of employees and encourage employees to speak openly about their concerns so they can be addressed proactively. [Bal et al. \(2013\)](#) discovered that HRM practices' selection, optimization, and compensation methods were only related to results when particular needs of employees were met.

With fewer resources available, effective employee training challenges may become more difficult, and HRP will be needed for this to assist in the development of acceptable and long-term initiatives. Increased use of technology or a broader role for other health personnel, such as nurses, could be examples of these approaches. HR will need to collaborate with current healthcare employees to assist in incorporating these and other new training methods. HR has the potential to establish and contribute to future training planning that better represents current and projected needs. In the healthcare sector, there is a need for a more interdisciplinary approach to be reflected. HR professionals have the chance and duty to play a strategic role.

Future research firstly should be undertaken to integrate HRM practices and the psychological contract. Secondly, research the relationship between HR practices and job satisfaction. Also identifying organizational barriers that limit the adoption of job satisfaction is suggested. Further discussion is required in the healthcare sector on the strategic role that HRM can play in the management of the psychological contract. This research has shown that psychological contracts are linked to variables that influence employee actions in the workplace and job satisfaction. It has been found that, as compared to the transactional contract, the relational aspect of the psychological contract tends to be significant concerning the impact on job satisfaction. Examining transitional and balanced psychological contracts, as well as how HR activities lead to psychological contracts, maybe a fruitful avenue for future theory growth. Future studies should concentrate on topics concerning the morale of healthcare professionals. The main limitation of the study was COVID 19 pandemic, due to which it was difficult to get responses from healthcare professionals. The relatively small sample size out of the main population represents the main limitation of our study.

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