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QUALITY OF WORK-LIFE AND PSYCHOLOGICAL DISTRESS IN THE COMMUNITY PHARMACY DURING COVID-19 PANDEMIC IN KORONADAL CITY, SOUTH COTABATO

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KeyWords

Community Pharmacy, COVID-19, Psychological Distress, Quality of Work Life

ABSTRACT

The COVID 19 pandemic has posed a severe threat to healthcare organizations and their personnel worldwide[1]. The objective of this study is to determine the quality of work-life and to evaluate the psychological distress in the community pharmacy during COVID-19 pandemic in Koronadal City, South Cotabato. Descriptive quantitative cross-sectional type of research design was used in this study. The researchers utilized purposive sampling. The respondents of the study were the one hundred eight (108) selected community pharmacy personnel (pharmacist, pharmacy assistant, pharmacy technician, pharmacy aide) of Koronadal City, South Cotabato, following the inclusion and exclusion criteria of the study. A validated survey questionnaire was used as an instrument and distributed to the community pharmacy. The results showed that respondents did, in fact, suffer from psychological distress with overall average of 2.714 for both domains (suspicion and anxiety and fear). As pharmacists are believed to offer frontline services to their patients, this led to the psychological distress that was experienced by the pharmacists as well as by the pharmacy technician, assistant and aide during COVID-19 pandemic. Meanwhile for the QWL, working environment (\bar{x} =3), benefits, compensation and rewards (\bar{x} =3), autonomy of work (\bar{x} =2.833), and job satisfaction and security (\bar{x} =3), indicated that the respondents were highly satisfied.

1. INTRODUCTION

The COVID 19 pandemic has been a significant challenge to healthcare institutions and its employees throughout the world. [1]. The World Health Organization (WHO) classified the coronavirus disease of 2019 (COVID-19) as a pandemic in March 2020. Health workers who interacted with infected people during earlier viral outbreaks including SARS, MERS, and Ebola had more psychological distress and were more likely to exhibit post-traumatic stress symptoms than those who did not [2]. Many frontline healthcare professionals, including emergency service providers such as police, bankers, and government officials, were infected with COVID-19 in the early days of the pandemic. Furthermore, healthcare personnel were infected for taking care for COVID-19 in order to prevent the virus from wide spreading. The health-care personnel experienced a great deal of psychological distress and anxiety as a result of this [3].

Community pharmacists provided COVID-19 screening and medication distribution in order to ensure the progression of care. They also worked closely with other HCWs and government agencies, participated in home prescription delivery, and remained the most accessible healthcare provider that patients might interact with. The most common indicators of the problematic conditions in place are increased pressure, unease, discouraging manifestations, and the progression of prior mental condition. In particular, social isolation is strongly linked to low emotional wellbeing outcomes in the COVID-19. Workers in the medical field who are on the forefronts of treating sick persons were also impacted by mental health problems. Worldwide, coronavirus has been associated to unfavorable psychological effects on healthcare workers, including stress, anxiety, sadness, burnout, and cognitive fatigue [4].

Rodrigo Duterte, President of the Philippines, placed the whole Luzon island under enhanced community quarantine on March 16, 2020 [5]. Curfew, travel restrictions, and community passes were being implemented. People were forced to isolate themselves in order to prevent the virus from spreading. The psychological issues were rising as the mortality toll of health personnel caring for COVID-19 patients rises.

As a result of these existing situations, the researchers conduct this study to determine the quality of work-life and evaluate the psychological distress in the community pharmacy during the COVID-19 pandemic in Koronadal City, South Cotabato, to understand the effects of the COVID-19 pandemic on the community pharmacy personnel's quality of work-life and psychological distress.

2. MATERIALS AND METHOD

2.1. Research Design

This study used a descriptive quantitative cross-sectional type of research design. A quantitative research approach which used to measure the variables such as the quality of work-life and various psychological distresses in the community pharmacy regarding sex, age, working hours per day, marital status, and monthly income during the COVID-19 pandemic. The researchers used such criteria to determine and explain the struggles of community pharmacy personnel based on their point of views and experiences for better understanding. Using a quantitative research approach, this study examines how respondents handle the pandemic's effects on their daily lives and work environments. Based on the statistical data supplied, this study evaluated the relationship between the demographic profile of the respondents and their quality of work-life satisfaction and psychological distress. The researchers used survey questionnaires to gather data that was free of bias.

2.2. Sampling and Sample Size

The sample size is based on the number of community pharmacy and personnel in Koronadal City, South Cotabato that is manually listed by the researchers and with the help of South Cotabato Pharmacist Association (SCPHA)-President, with a total number of 37 community pharmacy that is being multiplied by 4, that accounts to 148 total population. This was determined by using an online sample size calculator, Raosoft (http://www.raosoft.com/samplesize.html). The sample size is 108 with a response rate of 95% and a margin of error of 5%.

2.3. Inclusion Criteria

To be eligible for the inclusion of the study, respondents followed the criteria for inclusion. Participants must be a resident of Koronadal City, registered pharmacists with 3-5 year work experience, either a drug store owner or not, must be personnel in community pharmacy such as pharmacy assistant, pharmacy technician, pharmacy aide and between 22 and 60 years old, single, mar-

ried, annulled, or widowed.

2.4. Exclusion Criteria

Exclusion criteria include individuals who were not registered pharmacists, pharmacy assistant, pharmacy technician, pharmacy aide, not a resident of Koronadal City, under the age of 22, and over the age of 60, or have a medical condition that will prevent them from participating in the study.

2.3. Survey Instrument

Validated COVID-19 Related Psychological Distress Scale (CORPD) was adapted as a survey questionnaire to collect data from the participants. The COVID-19 Related Psychological Distress Scale (CORPD) was the first scale to assess psychological distress in healthy individuals that were not COVID-19 infected. The CORPD study discovered that COVID-19-related psychological distress comprises anxiety and fear, and suspicion [6]. The COVID-19 Related Psychological Distress Scale (CORPD), consisting of 14 items, will assess psychological distress among community pharmacists in Koronadal City, South Cotabato. To determine the level of quality of worklife in the community pharmacy in Koronadal City, South Cotabato, the 24-item survey questionnaire was adapted, modified and validated from the scale development of quality of work-life by Swamy et al., (2015) [7]. The responses will range from 1 (strongly disagree) to 4 (strongly agree) on a 4-point Likert scale. The researchers chose 4 domains that will help them determine the level of quality of work-life in the community pharmacy in Koronadal City, South Cotabato. The domains are work environment, compensation, and rewards, autonomy of work and job satisfaction and security out of 9 domains mentioned in the questionnaire. The instrument enabled the researchers to get a helpful answer and adequate data needed in the study.

2.4. Data Analysis

The researchers utilized the multiple regression analysis in determining if there is a significant relationship between the demographic profile and quality of work-life and psychological distress among respondents in Koronadal City, South Cotabato. Following the collection of data from the respondents, the researchers used descriptive statistics such as weighted mean to determine the average of quality of work-life and psychological distress. Also, the researchers utilized frequency in determining the counting of numbers of the respondents. Percentage distribution is also used to present statistical data; it shows how the results are distributed in percentages.

3. RESULTS

3.1. Demographic Profile

Table 1. Demographic Profile of the Community Pharmacy Personnel

Profile	Category	F	% Distribution
Sex	Female	82	75.93
	Male	26	24.07
	Ν	108	100
Age	22-29 years old	67	62.04
	30-37 years old	25	23.15
	38-45 years old	13	12.04
	46-53 years old	2	1.85
	54-60 years old	1	0.93
	Ν	108	100

Working hours/day	5-7 hours	6	5.55
	8-10 hours	86	79.63
	11-13 hours	16	14.82
	Ν	108	100

Marital Status	Married	34	31.48
	Single	71	65.74
	Separated	1	0.93
	Widowed	2	1.85
	Ν	108	100
Monthly Salary	Less than P 15,000	35	32.41
	P 15,000-19,000	54	50
	P 20,000-24,000	7	6.48
((P 25,000-29,000	12	11.11
	N	108	100
Community	Pharmacist	33	30.55
Pharmacy Personnel	Pharmacy aide	3	2.78
	Pharmacy technician	5	4.63
	Pharmacy assistant	67	62.04
	Ν	108	100

The demographic profile of the respondents is revealed in table 1. It showed the majority of them were Female (75.93%), Age 22-29 years old (62.04%), working for 8-10 hours in community pharmacy (79.63%), single (65.74%), pharmacy assistant (62.04%) and with P 15,000-19,000 monthly salary (50%). The demographic profile was assessed to determine if it is a predictor variable in the quality of life and could contribute to the psychological distress among respondents during COVID-19 pandemic.

3.2. Quality of Work-Life

The quality of work-life among the respondents was assessed based on the working environment, benefits, compensation and rewards; autonomy of work; and job satisfaction and security. Overall results were tallied and presented in table 2.

 Table 2. Mean level of Quality Work of Life in the Community Pharmacy in Koronadal City, South Cotabato

Mean	Description
3	Highly satisfied
	Mean 3

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2. Working conditions are good in community pharmacy during COVID-19 pandemic.	3	Highly satisfied
3. During this COVID-19 pandemic, it is hard to		
take time off during our work.	3	Highly satisfied
4. The community pharmacy offers sufficient op- portunities to develop my own abilities during this time of pandemic.	3	Highly satisfied
5. The community pharmacy provides enough information to discharge my responsibilities.	3	Highly satisfied
6. I am given a lot of work empowerment to de- cide about my own style and pace of work espe- cially in this COVID-19 pandemic.	3	Highly satisfied
Overall Mean	3	Highly satisfied
BENEFITS, COMPENSATION AND REWARDS		5 /
7. During pandemic, I feel that I am given an ade- quate and fair compensation for the work I do.	3	Highly satisfied
8. The community pharmacy will pay salary by considering responsibilities at work.	3	Highly satisfied
9. The community pharmacy does a good job of linking rewards to job performance in this time of pandemic.	3	Highly satisfied
10. When I do my job well as community phar- macy personnel, I am praised by my Superior.	3	Highly satisfied
Overall mean	3	Highly satisfied
AUTONOMY OF WORK	-	
11. My job as a community pharmacy personnel let me use my skills and abilities during COVID-19 pandemic.	3	Highly satisfied
12. The community pharmacy allows a flexible time option during COVID-19 pandemic.	3	Highly satisfied
13. As community pharmacy personnel, I am al- lowed to work from home.	2	Satisfied
14. I find my work as community pharmacy per- sonnel quite stressful during COVID-19 pandemic.	3	
sonner quite stressrur during corrib 15 pundermer	-	Highly satisfied
15. In the middle of COVID-19 pandemic, I am ready to take additional responsibilities with my job as community pharmacy personnel.	3	Highly satisfied Highly satisfied
15. In the middle of COVID-19 pandemic, I am ready to take additional responsibilities with my		
15. In the middle of COVID-19 pandemic, I am ready to take additional responsibilities with my job as community pharmacy personnel.16. In the community pharmacy there is a balance between job description and resources pro-	3	Highly satisfied
15. In the middle of COVID-19 pandemic, I am ready to take additional responsibilities with my job as community pharmacy personnel.16. In the community pharmacy there is a balance between job description and resources provided.	3	Highly satisfied Highly satisfied
 15. In the middle of COVID-19 pandemic, I am ready to take additional responsibilities with my job as community pharmacy personnel. 16. In the community pharmacy there is a balance between job description and resources provided. Overall mean 	3	Highly satisfied Highly satisfied
 15. In the middle of COVID-19 pandemic, I am ready to take additional responsibilities with my job as community pharmacy personnel. 16. In the community pharmacy there is a balance between job description and resources provided. Overall mean JOB SATISFACTION AND SECURITY 17. During pandemic, I feel comfortable and satisfied with my job as community pharmacy personnel. 18. I feel secured about my job as community 	3 3 2.833	Highly satisfied Highly satisfied Satisfied
 15. In the middle of COVID-19 pandemic, I am ready to take additional responsibilities with my job as community pharmacy personnel. 16. In the community pharmacy there is a balance between job description and resources provided. Overall mean JOB SATISFACTION AND SECURITY 17. During pandemic, I feel comfortable and satisfied with my job as community pharmacy personnel. 	3 3 2.833 3	Highly satisfied Highly satisfied Satisfied Highly satisfied

pandemic.		
21. Since COVID-19, my earnings are fair when	3	Highly satisfied
compared to the others doing the same type of		
work in other community pharmacy		
22. I feel that my work as a community pharmacy	3	Highly satisfied
personnel allows me to do my best especially in		
this time of pandemic.		
Overall mean	3	Highly satisfied

When analyzed based on working environment, compensation, autonomy of work, and job security, and the overall results of the assessment of quality of work-life indicated that the respondents were extremely satisfied with mean values of 3, 3, 2.833 and 3 respectively. This indicated that the respondents had a high level of contentment with their lives. The high level of satisfaction that respondents reported regarding the quality of their lives while at work may have been the result of the following factors: the opportunity to use and develop human capacities; the opportunity for career growth; social integration within the workforce; and the particular relevance that pharmacists have while at work. Work satisfaction is an important factor in pharmacist motivation and productivity [8]. In terms of benefits, compensation, and rewards, which revealed a high level of satisfaction, it may have been due to schemes offered by employers to help encourage, enable, or educate their staff to maintain a good quality of life while working. This could have been the case because of the benefits, compensation, and rewards. When it came to the amount of control they had over their job, the respondents expressed a high level of happiness. It is possible that this is because respondents were given the flexibility to work in whichever manner best fits them. When employees have autonomy in the workplace, they have the ability to select how and when their task should be completed. The concept of autonomy in the workplace can take on several forms, depending on the organization. The respondents expressed a high level of contentment on the stability of their employment situations. This indicates that they seldom experience feelings of job insecurity while they are at work. This also suggests that the respondents were offered a position with permanency at the organization.

3.3. Psychological Distress

 Table 3. Mean level of Psychological Distress in the Community Pharmacy in Koronadal City, South Cotabato

Item	Mean	Description
SUSPICION		
 When talking to a stranger, I would suspect that s/he might be infected with COVID-19. 	2	Likely to have mild psycho- logical distress
2. When I see someone sneeze, I suspect s/he might be infected with COVID-19.	3	Likely to be well
3. When I notice someone running a fever, I suspect s/he might be infected with COVID-19.	3	Likely to be well
4. When I see someone vomiting, I suspect s/he might be infected with COVID-19.	2	Likely to have mild psycho- logical distress
5. When I see someone coughing, I suspect s/he might be infected with COVID-19.	3	Likely to be well
 When I see someone without a mask, I suspect s/he might be a carrier with COVID-19. 	3	Likely to be well
7. I suspect the COVID-19 is in the air when there are people around.	3	Likely to be well
Overall mean	2.714	Likely to have mild psycho- logical distress
ANXIETY AND FEAR		
8. If I were infected with COVID-19, I might not be able to recover from it.	2	Likely to have mild psycho- logical distress

Overall mean	2.714	Likely to have mild psycho- logical distress
hospital.		
14. I fear to be nearby a COVID-19 isolation	3	Likely to be well
19.		
would make it easier to be infected with COVID-		
13. I think frequent use of public transportation	3	Likely to be well
had worked in COVID-19 isolation wards.		logical distress
12. I fear to see the doctors and nurses who	2	Likely to have mild psycho-
easier to be infected with COVID19.		
11. I think frequent hospital visits would make it	3	Likely to be well
COVID-19 patients on the news, I feel anxious.		
10. When I see an increase in the number of	3	Likely to be well
cases of COVID-19 infection		
9. I'm afraid to travel to places that have high	3	Likely to be well

The findings of the study, which can be seen in table 3, demonstrated that the respondents did, in fact, suffer from psychological distress. It was stated that frontline workers in high-risk workplaces are more likely to be fearful of being infected and infecting others, as well as to experience increased professional stress, fatigue, and burnout [9]. Healthcare workers (HCWs) are more exposed to traumatic events such as patient suffering and mortality because of their direct contact with COVID-19 patients [10]. As pharmacists are believed to offer frontline services to their patients, patients' doubts, worry, and terror were all related to the COVID-19 pandemic. This led to the psychological distress that was experienced by the pharmacists as well as by the pharmacy technician, assistant and aide. As a result, members of the public view community pharmacy personnel, particularly especially community pharmacists, as a resource that is worth making use of. They have the potential to play a major part in community settings by raising the general population's level of health awareness and also by making pharmaceutical items readily available. During the lockdown, medical facilities such as health centers and local clinics were closed, and a large number of hospital appointments were canceled. As a result, pharmacies became the only health point that was open to everyone. In addition to their regular duties, pharmacists were required to work together with the government on a variety of projects, such as ensuring a consistent supply of medical supplies and personal care items. As a result, they are regarded as frontline healthcare professionals since they are in a position that is both unique and ideally suited to deliver medical treatment to a significant proportion of the population and have a good potential to contribute to the pandemic response. Pharmacists and pharmacy technicians had little choice but to continue going to work each day despite the fact that there was not enough personal protective equipment (PPE) to protect them from the virus, despite the fact that the local government had asked the country to stay indoors. It is possible that pharmacists and pharmacy technicians are susceptible to mental health issues, and they may have feared that they had transmitted the virus to their families, friends, and coworkers.

Test variable			F value	P value	P value of Lack- of-Fit	Remarks
Sex	Quality of	Working Environment	0.79	0.377	0.269	Not significant
Work-Life	Benefits, Compensation and Rewards	0.20	0.656	0.589	Not significant	
		Autonomy of Work	3.07	0.083	0.618	Not significant
		Job Satisfaction and Security	0.05	0.819	0.383	Not significant
	Psycholog-	Suspicion	0.65	0.423	0.602	Not significant
	ical Distress	Anxiety and Fear	1.73	0.192	0.973	Not significant
Age	Quality of	Working Environment	0.26	0.933	0.269	Not significant

3.4. Significant Relationship on the Demographic Profile in the Community Pharmacy's Quality of Work-Life and Psychological Distress

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Work-Life	Benefits, Compensation and Rewards	0.23	0.947	0.589	Not significant
	Autonomy of Work	1.09	0.374	0.618	Not significant
	Job Satisfaction and Security	0.45	0.814	0.383	Not significant
Psycholog-	Suspicion	0.23	0.947	0.602	Not significant
ical Distress	Anxiety and Fear	1.30	0.272	0.973	Not significant

	1					
Working hours/day	Quality of Work-Life	Working Environment	1.08	0.361	0.269	Not significant
nouis/uay	WORK-LITE	Benefits, Compensation and Rewards	1.15	0.334	0.589	Not significant
		Autonomy of Work	0.08	0.972	0.618	Not significant
		Job Satisfaction and Security	1.22	0.306	0.383	Not significant
	Psycholog-	Suspicion	1.45	0.233	0.602	Not significant
	ical Distress	Anxiety and Fear	1.28	0.287	0.973	Not significant
Marital	Quality of	Working Environment	0.55	0.653	0.269	Not significant
Status	Work-Life	Benefits, Compensation and Rewards	0.60	0.616	0.589	Not significant
		Autonomy of Work	0.52	0.667	0.618	Not significant
		Job Satisfaction and Security	1.62	0.192	0.383	Not significant
	Psycholog- ical	Suspicion	1.71	0.172	0.602	Not significant
	Distress	Anxiety and Fear	1.16	0.330	0.973	Not significant
Monthly Salary	Quality of Work-Life	Working Environment	0.37	0.957	0.269	Not significant
		Benefits, Compensation and Rewards	2.03	0.041	0.589	Significant
		Autonomy of Work	0.82	0.606	0.618	Not significant

		Job Satisfaction and Security	1.05	0.411	0.383	Not significant
	Psycholog- ical	Suspicion	1.11	0.369	0.602	Not significant
	Distress	Anxiety and Fear	0.98	0.470	0.973	Not significant
Community Pharmacy	Quality of Work-Life	Working Environment	1.36	0.254	0.239	Not significant
Personnel	WOR-Life	Benefits, Compensation and Rewards	1.30	0.279	0.739	Not significant
		Autonomy of Work	0.22	0.924	0.595	Not significant
	Psycholog-	Job Satisfaction and Security	0.18	0.946	0.294	Not significant
		Suspicion	0.51	0.732	0.789	Not significant
	ical Distress	Anxiety and Fear	0.23	0.918	0.923	Not significant

The findings of the statistical study showed that monthly salary is a predictive variable in terms of the respondents' quality of worklife. Among the P-values, the P-value of monthly salary is less than 0.05, thus there is a significant relationship between benefits, compensation, rewards. For the rest of the demographic profile, there is no significant relationship with benefits, compensation and rewards. This suggests that the respondents' monthly salary may have an effect on their quality of life in terms of the state of their working environment during the COVID-19 pandemic. Employees who are given incentives are more likely to stay with the company for a longer period of time. Providing pharmacy personnel with a benefits package that is competitive in order to assist them throughout COVID-19 and to retain their relevance as a workforce. [11].

Conclusion

This research was conducted to determine the quality of work-life and evaluate the psychological distress in the community pharmacy during the COVID-19 pandemic in Koronadal City, South Cotabato. The study enables researchers to understand better the effects of the COVID-19 pandemic on the community pharmacy personnel's quality of work life and psychological distress. In conclusion, community pharmacy personnel are highly satisfied in terms of work environment, benefits, compensation and rewards and job satisfaction and security. Futhermore, the community pharmacy personnel are satisfied in terms of autonomy of work. For psychological distress, the community pharmacy personnel experience mild psychological distress due to suspicion and anxiety and fear. In addition, there is a significant relationship between monthly salary and benefits, compensation and rewards, however, there is no significant relationship is established to the rest of the demographic profile in the community pharmacy, quality of work-life, and psychological distress in Koronadal City, South Cotabato.

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