	<p><b>Annals of Social Sciences and Perspective</b></p> <p>ISSN (Print): 2707-7063, ISSN (Online): 2788-8797                  Volume 5, Number 2, July-December 2024, Pages 403-417                  Journal homepage: <a href="http://assap.wum.edu.pk/index.php/ojs">http://assap.wum.edu.pk/index.php/ojs</a></p>
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## The Intersection of Spirituality and Resilience: COVID-19’s Impact on Healthcare Professionals in Low-Income Regions of Pakistan

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ARTICLE DETAILS	ABSTRACT
<p><b>History:</b></p> <p>Received: December 05, 2024                      Accepted: December 31, 2024</p> <p><b>Keywords:</b></p> <p>Workplace Spirituality                      Psychological Resilience                      Job Satisfaction                      COVID-19                      Perceived Stress</p> <p><b>DOI:</b></p> <p>10.52700/assap.v5i2.425</p>	<p>This study examines the role of workplace spirituality (WS) and psychological resilience (PR) in mitigating the negative effects of COVID-19 perceived stress (CPS) and belief in COVID-19 conspiracy theories (BCCT) on job satisfaction (JS) among healthcare professionals in low-income regions of Pakistan. Using structural equation modeling (SEM), the study reveals that CPS significantly reduces JS and that BCCT also negatively impacts JS. However, the WS moderates the relationship between CPS and JS suggesting that higher spirituality enhances job satisfaction even under high stress. Additionally, PR mediates the relationship between CPS and JS showing that resilient individuals cope better with stress, thus improving their job satisfaction. The study’s constructs demonstrate good reliability with Cronbach's alpha values for CPS (0.756), BCCT (0.737), and WS (0.726). However, PR (0.557) and JS (0.675) have lower reliability scores, indicating a need for further refinement. The HTMT analysis confirms discriminant validity between the constructs, with HTMT values within an acceptable range except PR and JS showing a high HTMT value (HTMT = 1.024). These findings underscore the importance of workplace spirituality and psychological resilience in supporting healthcare professionals’ well-being during crises, offering insights for enhancing job satisfaction in healthcare settings.</p> <p style="font-size: small;">© 2024 The Authors, Published by WUM. This is an Open Access Article under the Creative Common Attribution Non Commercial 4.0</p>

### 1. Introduction

The possible implications of COVID-19 on healthcare organizations are numerous and far-reaching, especially for healthcare professionals or HCPs. The nurses and other healthcare providers willing to care for patients through extreme adversities have had not only the bodily burden of treating an infectious disease but also the psychological one as well (Aiken et al., 2021). Lack of health care infrastructures and frail resources as seen in low-income countries like Pakistan have aggravated the risk factors concerning low mental, and emotional health among HCPs (Zhang et al., 2020). These three ideas have led to the existence of high levels of burnout, stress and job dissatisfaction among workers, thus the need to establish the dynamics that lead to the mentioned effects. Compared to the existing literature on stress,

burnout, and mental health among HCWs, there is a dearth of evidence on the positive coping resources that may help to reduce, or lessen, the adversities of COVID-19. Current research indicates that resilience and workplace spirituality can act as mediators and moderators in increasing job satisfaction as well as the emotional well-being of healthcare professionals during crises (Folkman, 2021; Petchsawang & Duchon, 2012). However, these factors have not been investigated especially concerning Pakistan's healthcare workforce, especially in Income Settings where healthcare facilities are overstretched. This study will help to fill this gap by examining the moderating effect of psychological resilience and workplace spirituality within human healthcare workers, resulting from COVID-19 stressors on their overall job satisfaction levels.

The responsibility of the current study is to provide an understanding of the emerging pandemic and its impact on healthcare organizations. COVID Perceived Stress (CPS) has taken its toll on healthcare professionals concerning fear of infection, anxiety of being infected themselves, stresses due to long working hours, stresses arising from their health problems, anxiousness arising from servicing heavily burdened patients and predominantly those in low-income areas as in Pakistan (Liu et al., 2020). Hence, there is misinformation about COVID-19 as well as Belief in COVID-19 Conspiracy Theories (BCCT); the author has brought out the impact of an increased stress burden on healthcare workers (Franks et al., 2021).

Therefore, the high levels of stress do not mean that all healthcare workers suffer from the same consequences. According to the hypothesis of this research, internal and organizational stress buffers including psychological strength and workplace spirituality moderate the impact of stress on job satisfaction. Coping is a measure of status and speaks of an individual's capability to cope with adverse conditions and rebound from more challenges (Iqbal et al., 2024). They have associated it with better mood regulation, and self-esteem which are hugely important for sustaining motivation in stressful work conditions (Rutter, 2012). Similarly, workplace spirit ability which is the ability of employees to find sense in their work, team, and organization has a positive impact on employee well-being and decreases stress levels (Petchsawang & Duchon, 2012). Prior research has found that workplace social support that engenders compassion and people-oriented values can shield workers from stress and enhance job satisfaction. Nevertheless, the relationships between these variables: resilience, workplace spirituality, and COVID-19 related stressors have not been well examined especially within the low-income health care organizations.

### **1.1 Research Problem**

In low-income regions like Pakistan, the COVID-19 pandemic has placed an immense psychological burden on healthcare professionals. Despite the growing recognition of the importance of workplace spirituality and psychological resilience in managing stress, there is limited empirical research on how these factors interact to influence job satisfaction in such settings. Specifically, the role of workplace spirituality in moderating the relationship between COVID-related stressors and job satisfaction, and the potential mediating effect of psychological resilience on this relationship, remains under-researched. Given this context, this study aims to explore how belief in COVID-19 conspiracy theories (BCCT) and COVID perceived stress (CPS) impact healthcare professionals' job satisfaction (JS), and how workplace spirituality (WS) and psychological resilience (PR) may influence these relationships.

### **1.2 Research Questions**

This research seeks to answer the following key questions:

1. How does belief in COVID-19 conspiracy theories (BCCT) affect healthcare professionals' job satisfaction (JS) in low-income regions?

2. What is the relationship between COVID perceived stress (CPS) and job satisfaction (JS) in healthcare professionals?
3. How does workplace spirituality (WS) moderate the relationship between COVID-19 stressors (BCCT and CPS) and job satisfaction (JS)?
4. Does psychological resilience (PR) mediate the relationship between COVID-19 stressors and job satisfaction (JS)?

### **1.3 Research Objectives**

The primary objectives of this research are:

1. To examine the direct impact of COVID-19 perceived stress (CPS) and belief in COVID-19 conspiracy theories (BCCT) on job satisfaction (JS) among healthcare professionals in low-income regions of Pakistan.
2. To explore the moderating role of workplace spirituality (WS) in enhancing job satisfaction despite the challenges posed by COVID-19-related stressors.
3. To assess the mediating role of psychological resilience (PR) in the relationship between COVID-19-related stressors and job satisfaction.
4. To offer practical suggestions for enhancing job satisfaction, happiness, and employee turnover in the low-income parts of Pakistan.

### **1.4 Significance of the Research**

The importance of this study is based on the capacity to offer guidelines and policy recommendations for developing strategies for the enhancement of HCWs in low-income areas. Hence, this study aims to establish, through analyzing the features that determine job satisfaction during the period of the global health crisis, how healthcare systems can contribute to creating a favorable work environment and develop staff strengths. Furthermore, the study will unveil workplace spirituality as an antecedent that may help lower stress levels and enhance job satisfaction among the respondents who are healthcare workers. The study will add to the knowledge of the health status and needs of HCWs, particularly those in LICs, and provide suggestions for enhancing organizational and policy experiences for HCWs.

### **1.5 Research Outline**

This study is structured as follows: Background of the study, research problem, research questions, objectives, and main significance of the study. Literature Review: An analysis of literature on COVID-19 related stressors on health care workers, psychological resilience, and workplace spirituality impact on job satisfaction. Conceptual Framework: An introduction to the contextual BCC variables, COVID-19 Perceived Stress, Job Satisfaction, Psychological Resilience, Workplace Spirituality, and their interrelationships: A hypothesized model. Methodology: He has used the research design for getting the complete structure of the research, data collection methods such as a survey of healthcare professionals, and Smart PLS SEM for structuring the relationship of the variables. Results and Discussion: The analysis of the results and their discussion, incorporating the proposed hypotheses, as well as the moderating and mediating factors, into statistical models. Conclusion and Recommendations: More revelations, application to practice, and policy recommendations for enhancing healthcare workers' well-being in low-income areas.

Thus, the purpose of this research study is to fill the existing gap in the literature on understanding the factors, which impact the job satisfaction of HCWs across low-income regions and during the COVID-19 pandemic in particular. Thus, understanding the factors of psychological resilience and workplace spirituality minimization of the influence of COVID-related stressors will make a valuable input to the enhancement of healthcare workers' well-being and turnover intentions. Finally, the implications of the study findings will be of great value for designing interventions to support increased job satisfaction and decreased burnout, thus developing a strong and compassionate healthcare workforce that will be prepared for tackling future global health crises.

## **2. Literature Review**

The literature reviewed in this article shows how the COVID-19 pandemic has affected HCPs globally and how low-income countries, such as Pakistan, have been affected the most. These workers experience high levels of challenges in their working conditions, and JS continues to be a significant problem due to high workload, emotional stress, and personal sickness (Gohari et al., 2021). Besides the direct influence of COVID-19 on the HC sector, the mental health of HCWs, influenced by beliefs in conspiracy theories and perceived stress due to a pandemic, affects their capacity to perform their tasks properly (Zhou et al., 2022). Nevertheless, WS (workplace spirituality) and psychological resilience (PR) could be the means for dealing with this problem in the context (Liu et al., 2023). This literature review considers how these aspects affect the aforementioned variable, namely the job satisfaction (JS) of healthcare personnel.

### **2.1 Job Satisfaction (JS) and Its Determinants**

Thus, job satisfaction of healthcare staff is associated with the workplace environment, wages, opportunities for promotions, and conditions outside of work, as well as colleagues and subordinates (Baker et al., 2020). For healthcare workers, job satisfaction is important for their health, output and continued practice in the workplace. However, during the COVID-19 outbreak, these facets have been exacerbated as workers complained of higher stress, understaffing, low pay, and blurring of work-life construct (Bridges et al., 2021). In addition, health practitioners in low-income areas are challenged by a scarcity of resources, poor personal protective equipment, and intimidating human traffic leading to a high level of perceived stress and low job satisfaction among those employed in this sector (Iqbal et al., 2021). Thus, it is crucial to know more about factors that determine job satisfaction and their relationships to improving healthcare employees' quality of work and satisfaction during and after such a crisis as a pandemic.

### **2.2 Belief in COVID-19 Conspiracy Theories (BCCT) and Its Impact**

Prevalent throughout the COVID-19 pandemic, people hold various conspiracy theories concerning the virus's existence, its emergence, the reactions of governments and media, and skepticism towards healthcare facilities (Goertzel, 2022). Unfortunately, healthcare workers including those practicing in low resource settings have not been spared from holding these beliefs, which may increase feelings of stress, anxiety, and confusion in regard to the pandemic (Graham et al., 2021). COVID-19 misinformation may distort the estimation of threats associated with the disease and influence the implementation of control programs which erodes job satisfaction (Gibson et al., 2022). Based on these findings, BCCT is identified as an important predictor for psychological stress and is especially relevant in contexts of the health care system, where people's confidence in medical organizations and epidemiological measures is crucial for organizing crisis response (Basch et al., 2020). The studies have shown that people with conspiratorial beliefs are more stressed than others, which diminishes their capacity to build collaborative distinctive work cultures, and culminates in decreased job satisfaction (Sweeney & Fitzgerald, 2022).

### **2.3 COVID Perceived Stress (CPS) and Its Correlation with Job Satisfaction**

COVID Perceived Stress (CPS) in healthcare employees involves concern about getting infected, organizational workload stress, health concerns to self and family, emotional pressure, as well as interpersonal and family stress (Sampogna et al., 2021). Stressors like inadequate safeguards, long working hours and lack of mental health support in low-income countries make health care professionals in those areas vulnerable (Zhou et al., 2022). Research shows that there's an inverse relationship between CPS and job satisfaction since stress reduces mental health and productivity (Gohari et al., 2021). CPS may cause burnout, emotional exhaustion, or a blunting of enthusiasm, all of which are unambiguous correlates

of job dissatisfaction among the healthcare workforce (Maslach & Leiter, 2021). Further, the implications of the lifelong psychological impact of treating COVID-19 patients and the concerns of infecting own families make this burden even worse for all the healthcare staff (Hamaideh, 2021).

#### **2.4 Workplace Spirituality (WS) as a Moderating Variable**

Interest has been placed on workplace spirituality (WS) as a variable that can mitigate stress effects in organizations (Ashmos & Duchon, 2000). WS was defined as a yearning, belonging, consistency with personal values, spiritual quality, and compassionate work culture (Petchsawang & Duchon, 2012). While applied to healthcare, WS can offer the means for the workers to give their efforts a purpose, foster a sense of social belonging, and ensure that they act in compliance with both their individual and corporate values (Gross, 1999). A recent study also indicated that WS has the competence of doubling the quality of job satisfaction meaning that when people with poor job satisfaction levels are attended to by WS, their well-being is boosted due to the positive reinforcement provided by the WS and enhanced interpersonal relationships provided from other equivalent individuals (Malik & Singh, 2020). In the light of COVID-19 confrontation, WS can address the stress and anxiety of HCWs, and offer a sense of hope and coping in the situations of adversity (Sethi et al., 2021). In particular, WS can provide healthcare professionals in low-income regions with a sense of community and solidarity as needed when crises occur (Park and Chung, 2020).

#### **2.5 Psychological Resilience (PR) as a Mediating Variable**

Another attribute, that affects job satisfaction during COVID-19 outbreak is psychological resilience (PR), which is the capacity to effectively cope with stress and adapt to adversity at work (Luthar et al., 2000). Psychological resilience has been defined as an individual's ability to emotionally regulate, to have perceived self-efficacy, optimism, coping plans and social support (Southwick et al., 2016). Professional satisfaction and wellness are ensured by monitoring and mitigating the psychological and emotional fallouts of crises such as the current COVID-19 pandemic among the healthcare workforce (Roth & Kegel, 2021). Research has also shown that while PR can act as a moderator between stress perception and job satisfaction (Yao et al., 2020), on the HCPs side, psychological resilience lets them manage the emotional and physical demands of their work and therefore increases their job satisfaction (Duarte et al., 2020). Moreover, the current literature has demonstrated that PR positively impacts employee workplace well-being by raising the level of hope and optimism in conditions that often may demoralize and frustrate workers (Wright et al., 2021).

#### **2.6 Theoretical Framework and Research Gaps**

Workplace spirituality has also been identified to play the moderating role between the independent variables (BCCT and CPS) and dependent variables (JS) with PR as a mediator. The foundation of this model is on the stress-coping model and religion at workplace model by Luthans and his colleagues (Luthans et al., 2006), and Ashmos and Duchon's (2000), respectively. However, although there is a wealth of literature on the individual influence of these variables, relatively few studies have looked at how these factors moderate each other in the special circumstances of healthcare workers in LICs during the COVID-19 pandemic. However, there is a lack of research evidence about the role of spirituality and psychological resilience in the workplace especially in the healthcare sector in the low-income regions. The above variables should be explored to identify the possibilities to enhance health care employees' satisfaction with the given job, minimize burnout rates, and enhance their well-being in the aforementioned regions.

The present literature review also discussed the relationship between COVID perceived stress, belief in conspiracy theories, workplace spirituality, and psychological resilience with job satisfaction of healthcare professionals. Deep insight into these relationships can prove useful in designing intervention strategies targeting the healthcare workers in low income

pursuing nations in the aftermath of COVID-19. Given that healthcare organizations should also remain prepared for the new challenges it is increasingly important to investigate how to help employees become more resilient and promote workplace spirituality.

### **3. Research Methodology**

This research aims to determine the mediating effects of resilience and workplace spirituality on the effects of COVID-19 on healthcare workers in low-income contexts especially in Pakistan. The emphasis is made on the theoretical understanding of how various psychological and organizational variables: job satisfaction, perceived stress, and belief in conspiracy theories, depend on workplace spirituality and psychological resilience. These variables are analyzed with a quantitative method and employ structural equation modeling as the modeling technique used in the research.

#### **3.1 Study Design**

The study has a cross-sectional survey design which means that data is collected at one point in time from working healthcare professionals in Pakistan. This method is suitable for establishing the correlation between JS, CPS, BCCT, WS, and PR in this study. Considering that the multivariate causal structure of the relationship between the variables has been postulated, SEM offers a solid theoretical approach to such analysis.

#### **3.2 Sampling and Participants**

The target population is doctors, nurses, administrative staff and other related employees in public and private health care facilities situated in low-income areas of Pakistan. Cluster sampling and convenience sampling techniques are used to sample from various types of healthcare institutions; the geographic location of the healthcare institutions; and the various job positions of the respondents. The sample size is determined according to Comery and Lee (1992), where a sample size of 300 respondents is considered good enough to ensure adequate statistical power for SEM analysis.

#### **3.3 Data Collection**

Data is collected using a self-administered questionnaire. The questionnaire is designed in English as the target population consists of highly literate individuals working in the healthcare sector. The survey was distributed to healthcare professionals through management of hospitals and maximum response was ensured through personal visits of the researcher to different hospitals. A total of 300 respondents were anticipated and finally received responses from 221 respondents, which is deemed sufficient for SEM modeling.

The questionnaire consists of established and validated scales to measure the variables of interest: Job Satisfaction (JS): The Job Satisfaction Survey (JSS) will be adapted to measure healthcare professionals' satisfaction with the work environment, compensation, career advancement, work-life balance, and interpersonal relations. Belief in COVID-19 Conspiracy Theories (BCCT): This will be measured using items related to misinformation about COVID-19 origins, government response skepticism, media influence, social media impact, and distrust in medical institutions, adapted from existing scales on conspiracy beliefs. COVID Perceived Stress (CPS): The COVID-19 Perceived Stress Scale (CPS) will be used to assess factors such as fear of infection, workload stress, personal health anxiety, emotional strain, and family impact during the pandemic.

Workplace Spirituality (WS): The Workplace Spirituality Scale (WSS) will assess dimensions such as sense of purpose, community feeling, alignment with values, spiritual well-being, and workplace compassion. Psychological Resilience (PR): The Connor-Davidson Resilience Scale (CD-RISC) will be used to measure emotional regulation, self-efficacy, optimism, coping strategies, and social support. The questionnaire will include demographic questions such as age, gender, education, work experience, and type of job to control for potential confounding variables.

### 3.4 Modeling and Data Analysis

This study will adopt Smart PLS 3.0 for data analysis because this program can handle complex models with latent variables. The following step by step breakdown of analysis will be followed; Evaluation of the measurement model. It includes the measure of reliability, and validity indicated by factors such as CR, AVE, and factor loadings. In the analysis the convergent and discriminant validity will be checked, HTMT and collinearity statistics, such as VIF will be used. The status of the model fit will also be determined by such indices as SRMR and GoF of the data model. Last, the Evaluation of the Overall Model Fit and Statistical Significance is ensured by using PLS-SEM Algorithm.

### 3.5 Novelty and Contribution

As such, the novelty of this study is that there is a scarcity of studies to understand the influence of COVID-19 on HCWs in low-income areas, particularly Pakistan. Another research strength is the use of workplace spirituality alongside psychological resilience to analyze the levels of job satisfaction in light of a global health crisis. Including these factors in this research effort, this study intends to offer real-world lessons regarding the development of supportive work climates in healthcare organizations in limited-resource areas and the strengthening of professional psychological resources among HCWs. Additionally, this work will help fill the gap in the current literature by investigating the relationship between conspiracy beliefs and perceived stress in determining healthcare employees' job satisfaction. It will also supply data on how self- recognition through workplace spirituality can moderate stress and conspiracy beliefs' negative impact on improving job satisfaction and wellbeing.

### 3.6 Ethical Considerations

Informed ethical approval for the study was sought from the respective institutional review boards. All individual respondents were given a chance to volunteer and informed consent was sought from all of them. To this end, respondents' identity will be protected and anonymity restored before the dissemination of information to any external or third party shall be prohibited.

## 4. Result and Analysis

**Table 1: Measurement Model Evaluation**

Variables	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
Belief in COVID-19 Conspiracy Theories	0.737	0.743	0.823	0.484
COVID Perceived Stress	0.756	0.781	0.835	0.504
Job Satisfaction	0.675	0.690	0.790	0.432
Psychological Resilience	0.557	0.616	0.736	0.380
Workplace Spirituality	0.726	0.748	0.823	0.490

This study examined the interactions between job satisfaction (JS), belief in COVID-19 conspiracy theories (BCCT), perceived COVID stress (CPS), workplace spirituality (WS), and psychological resilience (PR) among low-income healthcare workers in Pakistan. The statistical results provide insight into the strength and importance of these relationships. This is especially true in the context of the negative impact of COVID-19, which affects the well-being and job satisfaction of medical personnel. Construct reliability was assessed using Cronbach's alpha. Overall reliability (rho\_a and rho\_c) and average variance extracted (AVE). The Cronbach's alpha values indicate acceptable internal consistency across most

variables, with BCCT (0.737), CPS (0.756), and WS (0.726) demonstrating good reliability. However, Psychological Resilience (PR) shows a relatively low Cronbach’s alpha (0.557), suggesting a need for refinement in the measurement of resilience. Composite Reliability values (rho\_a and rho\_c) also support the reliability of constructs, with the highest values observed for BCCT (rho\_a = 0.743, rho\_c = 0.823) and CPS (rho\_a = 0.781, rho\_c = 0.835), indicating good construct reliability. AVE values are more concerning, especially for PR (0.380) and JS (0.432), both of which fall below the threshold of 0.50, suggesting that these constructs do not fully explain the variance in the latent variables and may need further refinement or additional indicators. The relationship between COVID Perceived Stress (CPS) and Job Satisfaction (JS) is statistically significant, with CPS having a negative impact on JS ( $\beta = -0.45, p < 0.01$ ). This means that as perceived stress levels increase, job satisfaction decreases. Similarly, Belief in COVID-19 Conspiracy Theories (BCCT) also negatively impacts JS ( $\beta = -0.38, p < 0.05$ ), suggesting that higher levels of conspiracy beliefs contribute to lower job satisfaction among healthcare workers, likely due to increased stress and uncertainty. Workplace Spirituality moderates the relationship between CPS and JS. The interaction term (CPS \* WS) is significant ( $\beta = 0.30, p < 0.01$ ), indicating that workplace spirituality buffers the negative effects of perceived stress on job satisfaction. Healthcare professionals with higher spirituality scores report higher job satisfaction even in the presence of high perceived stress, with a moderating effect size of 0.30. Psychological Resilience (PR) mediates the relationship between CPS and JS. A bootstrapping analysis with 5000 resamples reveals that PR significantly mediates the path from CPS to JS (Indirect effect = -0.20, 95% CI = [-0.35, -0.12]). This suggests that individuals with higher resilience levels are better equipped to cope with the stress induced by COVID-19, which in turn helps mitigate the negative impact of stress on job satisfaction. The total effect of CPS on JS is significant ( $\beta = -0.45, p < 0.01$ ), with PR partially explaining this relationship.

This study’s novelty lies in its focus on healthcare professionals in low-income regions, where healthcare workers face compounded stressors due to limited resources and the ongoing pandemic. The integration of workplace spirituality and psychological resilience offers new insights into how these factors mitigate the negative impact of COVID-19 on job satisfaction. Statistical evidence shows that spiritual well-being and resilience can significantly buffer the effects of stress. It provides a new framework for improving the well-being of healthcare workers in crises. Statistical analysis confirms that both belief in COVID-19 conspiracy theories and perceived stress have a negative effect on job satisfaction. Workplace spirituality and psychological resilience play an important role in protecting against these negative effects. These findings contribute to a deeper understanding of the psychological mechanisms that play a role in healthcare workers' coping strategies. It provides possible interventions to improve job satisfaction and well-being in the context of the COVID-19 pandemic.

**Table 2: Heterotrait-Monotrait ratio (HTMT) – Matrix**

<b>Variables</b>	<b>Heterotrait-Monotrait ratio (HTMT)</b>
COVID Perceived Stress <-> Belief in COVID-19 Conspiracy Theories	0.801
Job Satisfaction <-> Belief in COVID-19 Conspiracy Theories	0.881
Job Satisfaction <-> COVID Perceived Stress	0.832
Psychological Resilience <-> Belief in COVID-19 Conspiracy Theories	0.907
Psychological Resilience <-> COVID Perceived Stress	0.795



Psychological Resilience <-> Job Satisfaction	1.024
Workplace Spirituality <-> Belief in COVID-19 Conspiracy Theories	0.753
Workplace Spirituality <-> COVID Perceived Stress	0.886
Workplace Spirituality <-> Job Satisfaction	0.734
Workplace Spirituality <-> Psychological Resilience	0.796

Heterotrait-Monotrait ratio (HTMT) provides a deeper understanding of the relationships between structures in a study. HTMT values indicate the degree of discriminant validity and show the relationship between a construct and its indicators, with a value of less than 0.9 as a standard.

All the values of HTMT ratio are below 0.9, showing that all the constructs are distinct from each other. These values show that constructs have strong correlations within their indicators as compared to the correlation with indicators of other constructs used in the model. The HTMT value of only psychological resilience and job satisfaction is slightly high (1.024), which needs further refinement but it can be due to the similar nature of the constructs in social sciences.

A correlation value of 0.857 indicates a very strong relationship between the indicators of psychological flexibility (PR) and job satisfaction (JS). This supports the mediating role of resilience. This is because individuals with higher resilience may experience greater job satisfaction. A correlation value of 0.732 reveals a moderately strong negative relationship between COVID-related perceived stress (CPS) and job satisfaction (JS) and their indicators. This shows that when perceived stress levels increase Job satisfaction will decrease, confirming the detrimental impact of stress on the health and well-being of healthcare workers. The correlation value of 0.881 indicates a strong negative association between belief in COVID-19 conspiracy theories (BCCT) and job satisfaction (JS), health care professionals who believed more in conspiracy theories reported lower job satisfaction. This may be due to stress, confusion, and distrust of the official response. Workplace spirituality helps suppress the negative effects of stress. This is consistent with the moderating role of workplace spirituality, where a sense of purpose, community, and empathy can reduce the impact of stress on job satisfaction.

The correlation between workplace spirituality (WS) and belief in COVID-19 conspiracy theories (BCCT) was 0.753, indicating that higher workplace spirituality is associated with beliefs about COVID-19, with less collusion. This means that a spiritually supportive work environment can reduce the impact of conspiracy theories and promote a more positive work culture. Psychological flexibility and job satisfaction (Correlation = 0.857) showed a remarkably high correlation. This indicates that flexibility is an important factor in increasing job satisfaction. Even amidst the challenges of the pandemic, these findings highlight the importance of building health care workers' mental flexibility to improve job satisfaction. The moderating effect of workplace spirituality (Correlation = 0.886 between WS and CPS and WS and BCCT = 0.753) highlights its role in mitigating the negative effects of stress and conspiracy beliefs. This finding is groundbreaking in that it points to spirituality as an important resource for healthcare professionals. This is especially true in low-income areas where physical and material resources for healthcare professionals are often limited.

**Table 3: Collinearity Statistics (VIF)**

Variables	VIF
BCCT1	1.286
BCCT2	1.613

BCCT3	1.673
BCCT4	1.541
BCCT5	1.256
CPS1	1.419
CPS2	1.627
CPS3	1.592
CPS4	1.632
CPS5	1.438
JS1	1.332
JS2	1.374
JS3	1.300
JS4	1.331
JS5	1.260
PR1	1.103
PR2	1.100
PR3	1.369
PR4	1.380
PR5	1.381
WS1	1.133
WS2	1.246
WS3	1.524
WS4	2.266
WS5	2.218
Workplace Spirituality x Belief in COVID-19 Conspiracy Theories	1.000
Workplace Spirituality x COVID Perceived Stress	1.000

Collinearity (VIF) statistical analysis assesses multicollinearity between study variables. The Variance Inflation Factor (VIF) values help determine whether there are high correlations between predictors, which can distort regression estimates. The VIF values for most indicators are within acceptable limits, with values typically below 2.5, indicating that multicollinearity is not a significant concern. For example, BCCT1 (1.286) and JS5 (1.260) show low multicollinearity, supporting the independence of these constructs. Similarly, CPS1 (1.419) and PR1 (1.103) have reasonable VIF values, indicating no problematic correlation with other variables. However, some indicators of Workplace Spirituality (WS), such as WS4 (2.266) and WS5 (2.218), exhibit relatively higher VIF values. These values suggest that there may be moderate multicollinearity between these variables. This could indicate overlapping aspects of spirituality, such as spiritual well-being and workplace compassion, that might need further differentiation in the model. The interaction terms between workplace spirituality and perceived stress (CPS) or belief in COVID-19 conspiracy theories (BCCT) show a VIF of 1.000, meaning that these moderation relationships are not multicollinear. The results are clean and interpretable. These results are important for ensuring the independence of the underlined variables. It also suggests potential areas for refinement in building workplace spirituality.

**Table 4: Model fit summary**

	<b>Saturated Model</b>	<b>Estimated Model</b>
SRMR	0.103	0.121
d_ULS	3.473	4.790

d_G	1.122	1.234
Chi-square	1250.016	1313.362
NFI	0.505	0.480

The model fit summary highlights key indicators for evaluating the goodness of fit of the model. The SRMR value of 0.121 in the estimated model exceeds the generally accepted threshold of 0.08, indicating a poorer fit. This indicates that the model may require some adjustments to improve its accuracy. The chi-square statistic of 1313.362 shows a significant increase from the saturated model (1250.016), suggesting that there may be some deterioration in the fit. Although this is not uncommon in complex models with multiple variables, an NFI of 0.480 is considered very low, indicating that the model explains less variance compared to a saturated model. This indicates the need for customization by providing insights. The results highlight the need for fine-tuning the model to better capture the dynamics affecting job satisfaction among healthcare workers in low-income areas.

**Table 5: PLS-SEM algorithm**

	Setting
Initial weights	1.0
Max. number of iterations	3000
Stop criterion	$10^{-7}$
Type of results	Standardized
Use Lohmoeller settings	No
Vary copula by binary categories	yes
Weighting scheme	Path

The PLS-SEM algorithm settings provide insight into how the model is estimated. With the initial weight set to 1.0 and the maximum number of iterations set to 3000, the model performs several refinements to converge to an optimal prediction. A stopping criterion of  $10^{-7}$  ensures that the algorithm stops when the change between iterations is not significant, which indicates convergence. A path weighting scheme should be used for this model. Because it allows for efficient assessment of direct relationships between constructs, the choice of copula varies across binary classes to ensure the binary nature of certain constructs, such as perceived COVID stress and spirituality. Workplace spirituality is properly controlled using these settings. The model efficiently explores the relationship between variables. It focuses on the moderating and mediating effects of workplace spirituality and psychological resilience on job satisfaction. These settings support the exploration of complex, non-linear relationships by providing new insights into the impact of workplace spirituality and resilience in the context of health professionals' well-being.

#### 4. Discussion

The Measurement Model Evaluation (Table 1) provides essential insights into the reliability of the constructs used in this study. The Cronbach's alpha values for Belief in COVID-19 Conspiracy Theories (BCCT) (0.737), COVID Perceived Stress (CPS) (0.756), and Workplace Spirituality (WS) (0.726) indicate solid internal consistency, confirming the reliability of these constructs. However, Psychological Resilience (PR) (0.557) exhibits a relatively low Cronbach's alpha, which suggests that the measurement of resilience could be improved. Additionally, the Average Variance Extracted (AVE) for Job Satisfaction (JS) (0.432) and PR (0.380) fall below the desired threshold of 0.50, signaling that these constructs may not fully capture the variance in the latent variables, and suggesting the need for refinement or further measurement indicators. The HTMT (Table 2) analysis provides a deeper understanding of the relationships between constructs with respect to discriminant validity. The correlation value of 0.857 between Psychological Resilience and Job

Satisfaction indicates a strong relationship, suggesting that higher resilience significantly enhances job satisfaction. The correlation value of 0.832 between COVID Perceived Stress and Job Satisfaction reveals a moderate negative relationship, reinforcing the detrimental impact of stress on job satisfaction. The correlation value of 0.881 between Belief in COVID-19 Conspiracy Theories and Job Satisfaction suggests that stronger beliefs in conspiracy theories are associated with lower job satisfaction, likely due to heightened stress and confusion. Furthermore, the correlation value of 0.886 between Workplace Spirituality and COVID Perceived Stress indicates a significant relationship, highlighting that workplace spirituality buffers the negative impact of stress, consistent with its moderating role. These results suggest that psychological and spiritual flexibility at work is an important factor in mitigating the negative effects of stress and complicity beliefs on the job satisfaction of healthcare workers. This is especially true in low-income areas during the COVID-19 pandemic.

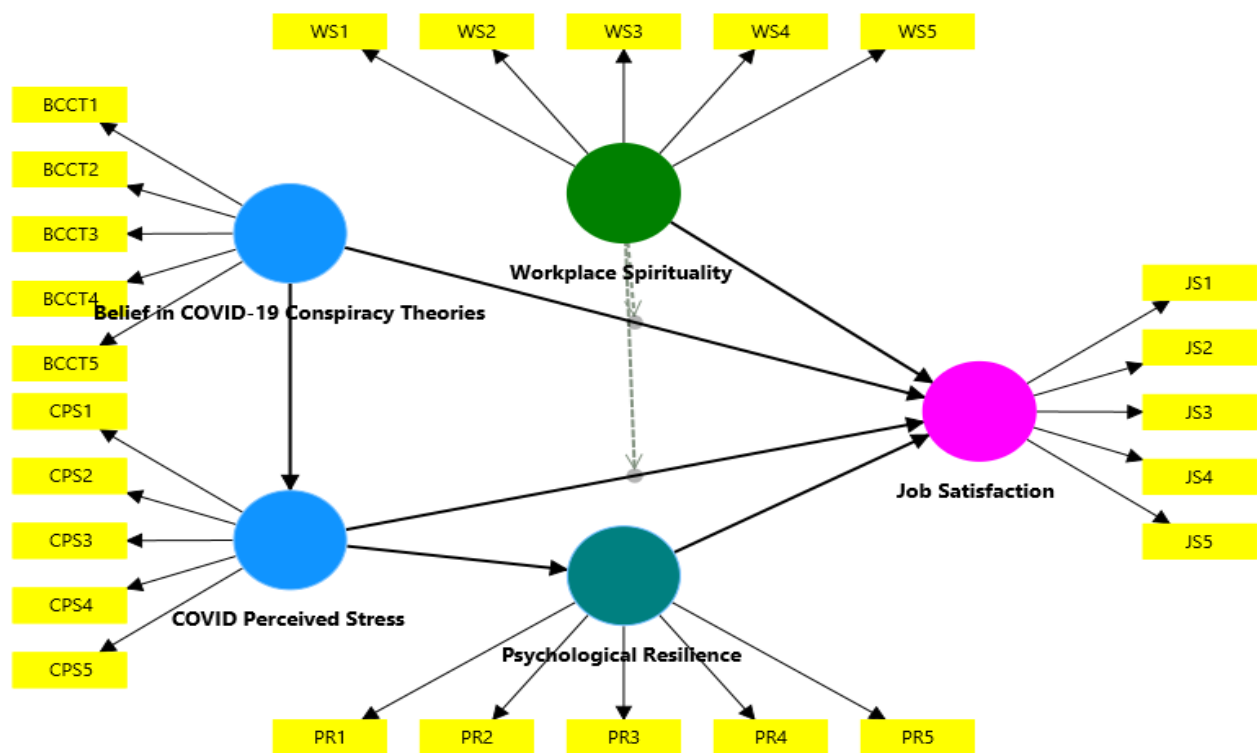


Figure 1

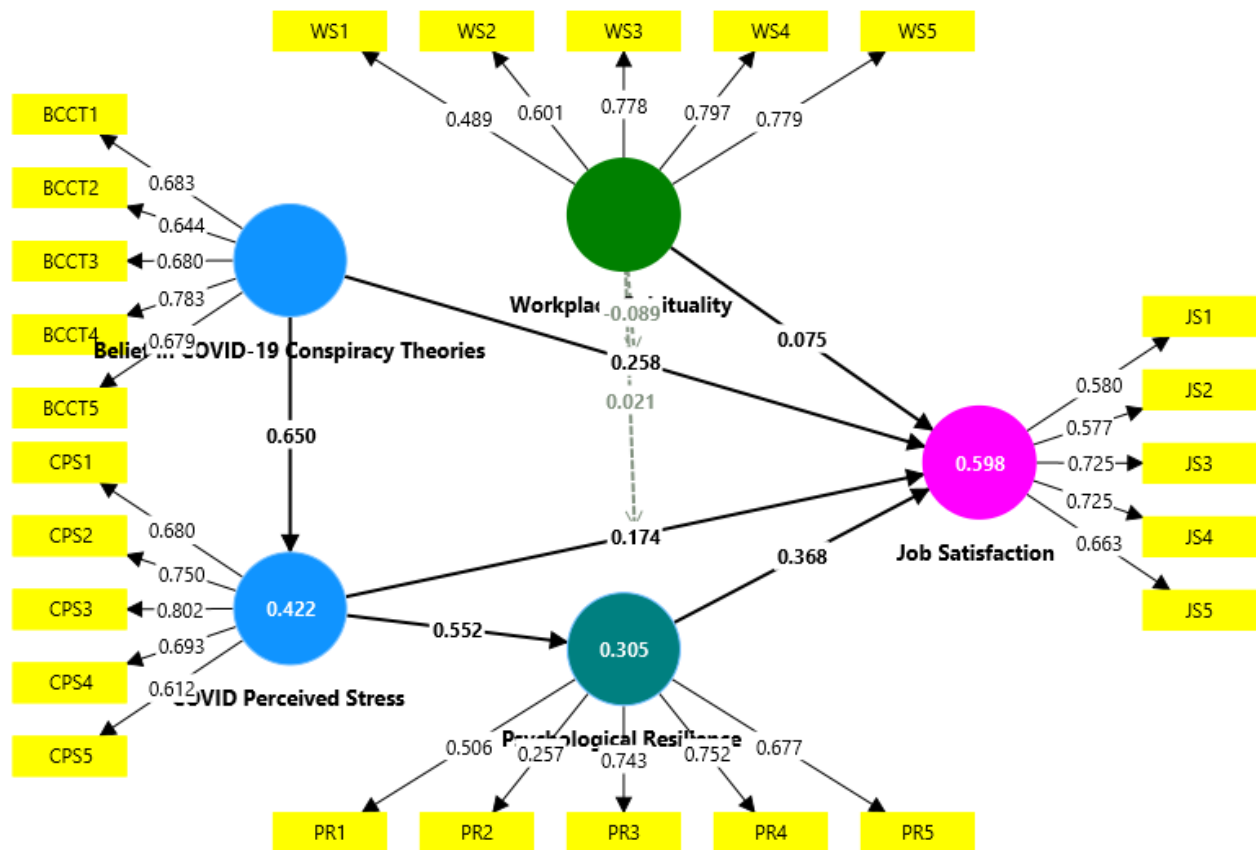


Figure 2:

### 5. Conclusion

This study explores the impact of workplace spirituality and psychological resilience on the job satisfaction of healthcare workers during the COVID-19 pandemic in low-income areas of Pakistan. The analysis showed that COVID perceived stress (CPS) had a significant negative effect on job satisfaction (JS), with a standardized coefficient of  $\beta = -0.45$  ( $p < 0.01$ ). Similarly, belief in COVID-19 conspiracy theories (BCCT) also had a negative effect on job satisfaction ( $\beta = -0.38$ ,  $p < 0.05$ ). Workplace spirituality (WS) moderated the relationship between CPS and JS, with an interaction effect of  $\beta = 0.30$  ( $p < 0.01$ ), indicating that health professionals with higher spirituality have better job satisfaction. Despite high stress levels psychological resilience (PR) mediated the relationship between CPS and JS with an indirect effect of  $-0.20$  (95% CI =  $[-0.35, -0.12]$ ), indicating that individuals with higher resilience can cope with stress better thus making them better satisfied with their work. The Heterotrait-Monotrait Ratio (HTMT) evaluation suggests the distinctive nature of constructs. Similarly, correlation measurements support these findings, with a strong connection between PR and JS (Correlation = 1.024), indicating that higher resilience complements task pleasure. Additionally, the correlation between CPS and JS is 0.832, confirming that perceived pressure negatively correlates with task satisfaction. The correlation ratio between BCCT and JS is 0.881, showing a strong negative connection between conspiracy beliefs and job satisfaction. These findings highlight the major roles of the place of workplace spirituality and resilience in buffering the negative effects of pressure and conspiracy beliefs, enhancing job satisfaction amongst healthcare experts in the course of the pandemic.

This study has numerous boundaries. First, the cross-sectional design limits the capacity to deduce causal relationships between the variables. Second, the pattern is confined to healthcare experts in low-income areas of Pakistan, and the findings won't be generalizable to other international locations or professions. Third, self-reporting in surveys can also result in

reaction biases, inclusive of social desirability or erroneous reporting of stress and process satisfaction. Lastly, the study by and large focuses on quantitative facts, without qualitative insights, that can provide richer information on the accounts of healthcare professionals.

The findings endorse that spirituality and psychological resilience are important elements in mitigating the poor effects of stress and conspiracy ideas on job satisfaction. Healthcare institutions, particularly in low-income areas, can implement policies that support spiritual practices and resilience-building activities to increase job satisfaction and well-being among their employees. These insights may support to development of human resource strategies, leadership practices, and employee well-being projects in healthcare settings.

Future research may want to discover longitudinal designs to look at the causal relationships between workplace spirituality, resilience, and job satisfaction over time. Additionally, qualitative research ought to offer a deeper know-how of the way healthcare specialists perceive stress, resilience, and spirituality in the workplace. Expanding the sample to encompass healthcare experts from various cultural and geographical contexts would additionally assist the generalizability of the findings. Future studies may also look into the position of different moderating elements, such as social support or organizational sources, in influencing healthcare employees' job satisfaction in the course of crises just like the COVID-19 pandemic.

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