

“Effect of COVID-19 fear on nurse performance through insecurity and job satisfaction”

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EFFECT OF COVID-19 FEAR ON NURSE PERFORMANCE THROUGH INSECURITY AND JOB SATISFACTION

Abstract

Apart from physical health problems, the COVID-19 outbreak also affected psychological health, causing extreme fear of this pandemic. Thus, this study aims to investigate the relationship between nurse performance and the fear of COVID-19 mediated by job insecurity and job satisfaction with conservation of resources theory as the lens. Data from 260 nurses were collected through an online structured questionnaire and analyzed using structural equation modeling-partial least squares. The direct effect findings show that COVID-19 fear influences job insecurity ($p < 0.05$) but does not influence job satisfaction and nurse performance ($p > 0.05$). Besides, job insecurity significantly influences job satisfaction and nurse performance ($p < 0.05$). On the other hand, job satisfaction has no effect on nurse performance ($p > 0.05$). Then, the indirect effect results show that job insecurity fully mediates the influence of COVID-19 fear on job satisfaction and nurse performance ($p < 0.05$). Likewise, job satisfaction partially mediates the influence of job insecurity on nurse performance ($p < 0.05$) but does not mediate the fear of COVID-19 on nurse performance ($p > 0.05$). These findings provide evidence that the fear of COVID-19 plays an essential role for job insecurity, influencing job satisfaction and nurse performance. These results can develop strategies for better human resource management in nursing staff and provide pragmatic insight into the impact of the COVID-19 pandemic.

Keywords psychological health, organizational behavior, employee performance

JEL Classification D91, D23, L25

INTRODUCTION

It is vital for health service providers and patients to access improved nurse performance (Hoşgör & Yaman, 2022). For healthcare providers, improved nurse performance will differentiate the institution from its competitors and make the health system function quickly (Chen et al., 2020). For patients, it will help recover from COVID-19 (Pourteimour et al., 2021). To make this happen, it is crucial to have a strong psychological background so that nurses perform high and stay dedicated to work. Therefore, psychological capital and nurse performance are essential during a pandemic (Hoşgör & Yaman, 2022). If this is not paid attention to, there will be an increase in COVID-19 cases, as happened in Indonesia.

The soaring number of patients is not matched by the readiness of health facilities; the number of nurses is not commensurate with the number of patients exposed to this virus, thus making nurses tired. It is also coupled with a heavy burden because they are the frontline workers who are most at high risk of being exposed to this virus. Many nurses work more than the required working hours and are hired and placed in new specialties with greater difficulty than before (Ahorsu

et al., 2022; Maben & Bridges, 2020). There is limited personal protective equipment; thus, some nurses died while carrying out their duties, which gives rise to psychological problems, such as excessive fear of contracting this virus. Ultimately, they become incomplete in caring for patients, their work effectiveness becomes disrupted and causes job insecurity and dissatisfaction (Labrague & de Los Santos, 2021; Ahorsu et al., 2022).

It is interesting to use the conservation of resources (COR) theory as the basis for the research model. When nurses work in a state of fear due to the massive risk of transmission of COVID-19, feelings of insecurity at work will arise, such as tension, anxiety, and worry; this can weaken job satisfaction and decrease performance.

1. LITERATURE REVIEW AND HYPOTHESES

The conservation of resources (COR) theory explains that everyone seeks to acquire, retain, store, maintain, and protect valuable resources, such as energy, time, reputation, relationships, and optimism (Hobfoll, 1989). Valuable resources consist of object resources (such as cars and houses), conditional resources (such as work and length of work), personal resources (such as skills, abilities, and individual character), and energy resources (such as time, knowledge, and money) (Ahmad & Bilal, 2023). When these resources are challenged, threatened, and exhausted, it will have an impact on individual psychological state (Rai & Verma, 2023). The COR theory explains the causes of stress; stress arises because key resources are threatened with loss, extinction, and failure to obtain them with great effort (Mao et al., 2021). Thus, individuals tend to avoid causes of stress so that their resources can be maintained and protected. The COR theory explains that work is a valuable resource that will be used up and reduced by the impact of COVID-19. Valuable resources from a nurse's point of view are time, effort, work, reputation, relationships, and money. Nurses who fear caring for COVID-19 patients due to the risk of transmission of COVID-19 show insecurity and job satisfaction.

Job performance results from achieving goals related to work, role, or organization (Ahorsu et al., 2022). It is related to achieving organizational goals on employee results through the duties and responsibilities in the job description (Qin & Jiang, 2011). Simply put, if someone does a good job, he has good work performance (Pacheco et al., 2020). Referring to this, nurses in government

and private agencies carry out their work duties (Kirkpatrick et al., 2019). If nurses carry out their job duties properly, the work will be effective and of good quality. Therefore, Pacheco et al. (2020) argue that nurse performance is related to how well nurses complete the assigned work roles.

Fear arises because of unpleasant emotional conditions caused by perceived threats (Chen & Eyoum, 2021). Sarfraz et al. (2022) stated that fear is a feeling that arises from danger or threats. So, fear arises when individuals view COVID-19 as a real threat. The high fear of COVID-19 dangers makes it difficult for individuals to think clearly and stay rational. This is characterized by physical reactions (such as heart palpitations and sweating), emotional reactions (such as anxiety, worry, and fear), mental reactions (such as the emergence of adverse thoughts and reactions), and negative behavior (such as insomnia and avoiding crowds) (Ahorsu et al., 2022).

Excessive fear is a reaction to COVID-19 that can worsen employee performance (Sun et al., 2022; Sarfraz et al., 2022). Sasaki et al. (2020) also show that the increase in COVID-19 worries makes health workers show poor performance, thus drastically changing the dynamics of the workplace. The pandemic has created significant work challenges for health workers, forcing them to carry out their duties day and night, thereby exacerbating psychological problems and causing health workers to have difficulty working (Ota & Asada, 2020).

Fear of COVID-19 arises because employees who contract COVID-19 are unable to come to work, resulting in disruption to their financial stability, which will then increase their perception of job

insecurity (Chen & Eyoun, 2021). The essence of the COR theory is the extinction of vital resources, such as health and work safety, due to a perceived threat, which in turn will lead to high levels of stress (Ahorsu et al., 2022). Based on this nature, the COVID-19 pandemic is a cause of stress because it can destroy valuable individual resources. Employees are increasingly stressed and anxious about their careers (Mahmud et al., 2021). During COVID-19, employees experienced high levels of job insecurity (Pacheco et al., 2020). The fear of termination of employment is uncertainty about one's employment situation that occurred during the COVID-19 epidemic (Unur et al., 2022).

Fear of COVID-19 has the potential to affect employee performance and job satisfaction (Labrague & de Los Santos, 2021), meaning that the more a person's fear of COVID-19 increases, the more dissatisfied a person will be at work, which in turn can worsen performance (Abd-Ellatif et al., 2021; Raja et al., 2023). Çağış and Yildirim (2023) proved that a person will never be satisfied working during a pandemic because of the fear of the dangers of this virus.

When a crisis occurs, there is a chance of losing one's job, which is a form of job insecurity (Aguilar-Quintana et al., 2021). Based on COR theory, job insecurity is stress that can reduce employee performance (Vo-Thanh et al., 2020). Overcoming this requires support from valuable resources, such as individual behavior and community encouragement (Aguilar-Quintana et al., 2021). Since the COVID-19 outbreak, many employees have been infected with the coronavirus and thus absent from work. This event caused the company to experience many losses, such as a surge in production because the production process stopped. Companies took action to close or reduce the amount of production, ultimately affecting employee job security, such as loss of employee economic resources (Vo-Thanh et al., 2020). Therefore, job insecurity can reduce important individual resources and create a significant psychological burden on employees, which can reduce creativity and cause tension in the workplace. In addition, job insecurity hurts job satisfaction (Nemteanu & Dabija, 2021). COR theory explains that mental and physical damage is caused by high job insecurity shown through negative attitudes,

which ultimately results in decreased work satisfaction (Chirumbolo et al., 2021). Chen and Eyoun (2021) and To et al. (2020) supported the idea that job insecurity is an event that causes stress, which can harm employee satisfaction and performance.

There is a relationship between the fear of COVID-19 and the performance of frontline employees through job insecurity (Sun et al., 2022). It is assumed that there is a sense of fear in nurses because nurses are at the forefront of handling COVID-19 cases, thus triggering job insecurity and having a high risk of transmission. With this incident, there was a high psychological burden on nurses, so nurses became unable to focus on work. The COR theory explains that employees experience job insecurity when they feel the threat of losing resources and having insufficient resources (Chen & Eyoun, 2021). Thus, the threat of loss of resources can lead to job dissatisfaction and job insecurity. According to Choudhary and Saini (2021), job insecurity occurs due to a threat, and this will raise a sense of fear that will cause loss of resources, feelings of fatigue, decreased employee well-being, and work dissatisfaction. Therefore, during a pandemic, nurses have a high sense of fear of losing their resources, resulting in job insecurity and low job satisfaction.

Job satisfaction is the extent to which employees are happy about their various job responsibilities (Nemteanu & Dabija, 2021). Diana et al. (2021) explained that job satisfaction affects nurse performance, meaning that increased job satisfaction means an increase in nurse performance. However, during the COVID-19 pandemic, nurse job satisfaction was low, making it difficult to improve nurse performance. In addition, job satisfaction can decrease due to insecurity in the workplace, which is not what is promised by the company, reducing organizational commitment and well-being and increasing negative physical symptoms (Diana et al., 2021). According to the COR theory, job insecurity is a severe job stressor that affects employees (Nemteanu & Dabija, 2021). Based on this, job insecurity affects job satisfaction and employee performance. Besides, job satisfaction can decrease due to threats, such as COVID-19. Previous studies confirmed that COVID-19 causes psychological phenomena, such as moral breakdown, severe anxiety, fear, depression, and

stress, which can affect job instability and job satisfaction (Cheng & Kao, 2022). That way, employees feel unhappy with the work done during the COVID-19 pandemic due to extreme fear, which worsens employee performance.

Using the conservation of resources theory proposed by Hobfoll (1989) as a lens, this study aims to examine the fear of COVID-19 as a determining factor in nurse performance by considering the mediating role of job insecurity and job satisfaction. Based on the literature review, the following hypotheses are formulated (Figure 1):

H_1 : Fear of COVID-19 negatively affects nurse performance.

H_2 : Fear of COVID-19 positively affects job insecurity.

H_3 : Fear of COVID-19 negatively affects job satisfaction.

H_4 : Job insecurity negatively affects nurse performance.

H_5 : Job insecurity negatively affects job satisfaction.

H_6 : Job insecurity significantly mediates the connection between the fear of COVID-19 and nurse performance.

H_7 : Job insecurity significantly mediates the connection between the fear of COVID-19 and job satisfaction.

H_8 : Job satisfaction positively affects nurse performance.

H_9 : Job satisfaction significantly mediates the connection between job insecurity and nurse performance.

H_{10} : Job satisfaction significantly mediates the connection between the fear of COVID-19 and nurse performance.

2. METHODS

This study used a questionnaire survey to test the hypothesized model. The research population is nurses who feel fear of COVID-19. Due to privacy and security concerns, the hospital in West Sumatra, Indonesia, withheld information about the number and details of nurses fearing of handling COVID-19 cases from public knowledge (Puccinelli et al., 2021). Accordingly, this analysis cannot confirm the population framework with certainty and as a result is forced to use convenience sampling as part of the non-probability technique. According to Hair et al. (2019), the number of samples should have at least five times more observations than the number of variables to be processed. Likewise, Sekaran and Bougie (2016) explained that a sample size greater than 30 but smaller than 500 is considered sufficient for research studies. To determine the number of samples in non-probability sampling, the study used the method by Hair et al. (2019), namely the number of indicators of all variables multiplied by five to ten. Of all the variables, the number of indicators is 26 items, so the number used is $26 \times 10 = 260$ samples. This sample size is suitable for SEM-based studies, as emphasized by Kline (2023): generally, the minimum sample for SEM-based studies is 200 responses.

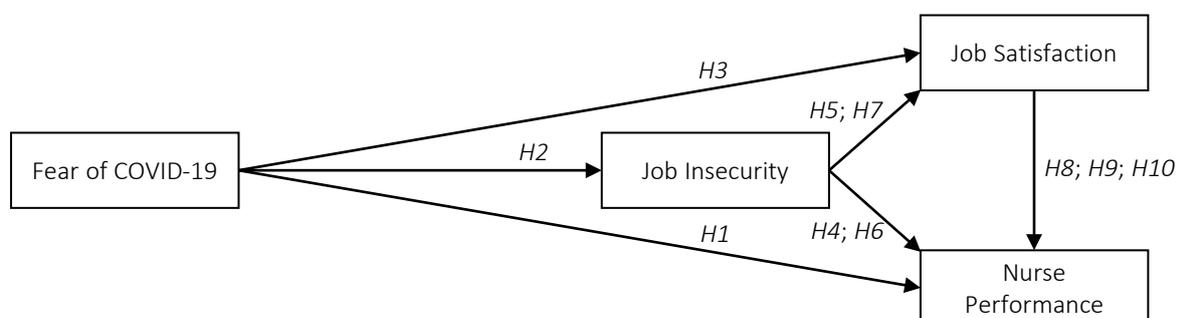


Figure 1. Research model

The questionnaire consists of two parts. Table 1 shows the outcomes of the first section, which describes the characteristics of the sample.

Table 1. Sample characteristics

Sample characteristics	Category	n (%)
Gender	Female	189 (84)
	Male	36 (16)
Age (Years)	≤ 25	15 (7)
	26-35	78 (35)
	36-45	78 (35)
	46- 55	45 (20)
	> 55	9 (4)
Marital Status	Married	165 (73)
	Single	57 (25)
	Divorced	3 (1)
Education	Associate Degree	15 (7)
	Bachelor of Applied Science	3 (1)
	Bachelor's Degree	196 (87)
	Graduate	11 (5)
Position	Frontline Nurse	218 (97)
	Nurse Manager	7 (3)
Nursing Unit	Pharmacy	10 (4)
	Medical Records	3 (1)
	Nursing Room	2 (1)
	Polyclinic Nurse	198 (88)
	Sterilization/Clean Utility	8 (4)
	Counseling Room	4 (2)
Working Period (Years)	6-10	201 (89)
	11-15	14 (6)
	≥ 16	2 (1)
License	Registered Nurse	176 (78)
	Licensed Practical Nurse	49 (22)
Dependents Amount (People)	1	117 (52)
	2	50 (22)
	3	56 (25)
	≥ 4	2 (1)

The second part measures the variables contained in the hypothesized model using a psychometric scale. There are seven items to measure the fear of COVID-19 by Chen and Eyoun (2021); job insecurity uses seven items by Vu et al. (2022). Job satisfaction uses seven items developed by Felicia et al. (2023), and nurse performance uses five items developed by Eliyana and Anwar (2022). Google Forms were applied to design an online questionnaire; the web link was shared across all social media platforms, including email, resulting in 245 responses. Twenty responses were rejected due to incomplete filling, and the remaining 225 responses were processed further. Thus, the response rate is 86.53%; the data were entered into an Excel worksheet and imported into SmartPLS 3.

3. RESULTS

Evaluation of measurement models for reflective indicators includes loading factor, composite reliability (CR) to assess internal consistency, convergent validity with average variance extracted (AVE) analysis, discriminant validity with Fornell-Larcker and Heterotrait-Monotrait Ratio (HTMT) as explained by Henseler et al. (2015) and Hair et al. (2019). Hair et al. (2019) stated that the loading factor for each indicator item should exceed the cut-off value of 0.7 (in this study, except JI1, JI2, JI3, NP1, and NP5). The AVE value should be above the threshold of 0.5, and CR has to be higher than 0.7 (Table 2). Table 3 shows the results of the Fornell-Larcker criteria by looking at the AVE value of each variable at the square root; its value must be higher than the correlation between constructs and other research constructs. Table 4 presents the results of the HTMT; all variables have HTMT values below 0.90 (Henseler et al., 2015). Thus, the evaluation of the reflective measurement model is feasible.

Table 2. Measurement model results

Construct	Reflective items	Factor loading	CR	AVE
Fear of COVID-19	FOC1	0.785	0.942	0.699
	FOC2	0.808		
	FOC3	0.855		
	FOC4	0.842		
	FOC5	0.866		
	FOC6	0.845		
	FOC7	0.847		
Job Insecurity	JI4	0.814	0.889	0.667
	JI5	0.822		
	JI6	0.809		
	JI7	0.822		
Job Satisfaction	JS1	0.821	0.922	0.628
	JS2	0.754		
	JS3	0.772		
	JS4	0.765		
	JS5	0.801		
	JS6	0.844		
	JS7	0.787		
Nurse Performance	NP2	0.798	0.862	0.675
	NP3	0.811		
	NP4	0.855		

Table 3. Fornell-Larcker criterion (discriminant validity)

Construct	FOC	JI	JS	NP
FOC	0.836	–	–	–
JI	0.160	0.817	–	–
JS	0.171	0.732	0.793	–
NP	0.127	0.783	0.547	0.822

Note: FOC = Fear of COVID-19; JI = Job Insecurity; JS = Job Satisfaction; NP = Nurse Performance.

Table 4. HTMT (discriminant validity)

Construct	FOC	JI	JS	NP
FOC	–	–	–	–
JI	0.179	–	–	–
JS	0.177	0.741	–	–
NP	0.146	0.410	0.619	–

Note: FOC = Fear of COVID-19; JI = Job Insecurity; JS = Job Satisfaction; NP = Nurse Performance.

Before testing the hypotheses, the study tested R-square (R^2) and f-square (f^2) to measure effect size and Stone-Geisser (Q^2) to measure predictive relevance, as shown in Table 5. The R^2 value shows that fear of COVID-19 causes a change in job insecurity by 26%, a change in job satisfaction by 54%, and a change in nurse performance by 61%. Hair et al. (2019) said that an R^2 value of at least 10% is satisfactory for predicting human behavior. Referring to that, the value of R^2 in this study is accepted. Then, f^2 of 0.35 is categorized as high and f^2 of 0.15 and 0.02 have a moderate and low effect (Hair et al., 2019). There is a low effect size of the fear of COVID-19 on job insecurity (0.026), job satisfaction (0.006), and nurse performance (0.000). Job satisfaction has a low effect size on nurse performance (0.004). On the other hand, job insecurity has a high effect size on job satisfaction (1.105) and nurse performance (0.814). This

study uses Q^2 to measure the accuracy of model predictions with a blindfolding procedure. If the Q^2 value is greater than zero, it indicates predictive significance for the criterion variable (Hair et al., 2019). Q^2 of job insecurity, job satisfaction, and nurse performance were 0.167, 0.568, and 0.678, respectively, indicating the right model prediction.

The path coefficient value shows whether a formulated hypothesis is rejected or accepted (Hair et al., 2019; Satrianto et al., 2023). If the t -value is greater than 1.96 and $p < 0.05$, the hypothesized relationship can be accepted. The mediation hypotheses were tested using SmartPLS with the bootstrap technique (Hair et al., 2019). Hair et al. (2019) explained that full mediation occurs if the direct influence is insignificant and the influence through mediation is significant; if the direct influence and influence through mediation are significant, partial mediation will occur (Table 5).

4. DISCUSSION

This study is interesting because fear of COVID-19 does not affect nurse performance (H_1). This happens because nurses have become significant frontline players in the health sector, so they continue to prioritize the quality of their performance by building interpersonal relationships, such as adapting and being able to manage emotions to avoid the fear of COVID-19 while treating patients. This is the main duty of nurses, namely providing care to patients under any circumstances, as pledged in the nursing oath. Another reason is that the number of COVID-19 cases has decreased so that fear is no longer at its peak because the cure

Table 5. R^2 , f^2 , Q^2 , path coefficients, and mediation analysis

Paths	Coefficients	T statistics	P value	Decision	R^2	f^2	Effect size	Q^2
H_1 : FOC → NP	-0.005	0.106	0.915	Rejected	0.614	0.000	Low	0.678
H_2 : FOC → JI	0.160	2.771	0.006	Accepted	0.259	0.026	Low	0.167
H_3 : FOC → JS	-0.055	1.103	0.271	Rejected	0.539	0.006	Low	0.568
H_4 : JI → NP	-0.824	13.279	0.000	Accepted		0.814	High	
H_5 : JI → JS	-0.723	17.757	0.000	Accepted		1.105	High	
H_6 : FOC → JI → NP	-0.132	2.630	0.009	Full Mediation				
H_7 : FOC → JI → JS	-0.116	2.648	0.008	Full Mediation				
H_8 : JS → NP	0.057	0.668	0.504	Rejected		0.004	Low	
H_9 : JI → JS → NP	-0.041	2.249	0.007	Partial mediation				
H_{10} : FOC → JS → NP	-0.003	0.437	0.663	No Mediation				

Note: FOC = Fear of COVID-19; JI = Job Insecurity; JS = Job Satisfaction; NP = Nurse Performance.

for COVID-19 by giving booster vaccinations has been launched; equipment and tools are already in place to protect oneself from the spread of this coronavirus. Hospital management implemented strict health protocols and routinely cleaned the workplace using disinfectants. Governments ordered to keep a distance from social crowds and imposed restrictions on community activities to reduce virus transmission. This result is supported by Sarwar et al. (2023), who discovered that employees' fear of coronavirus is not the main predictor of affecting performance. However, it contradicts Sun et al. (2022), Sarfraz et al. (2022), Ota and Asada (2020), and Sasaki et al. (2020) that the fear due to COVID-19 worsens employee performance at work. Following the COR theory, the fear of the COVID-19 pandemic has a significant influence on the insecurity of nurses at work (H_2). Chen and Eyoun (2021), Pacheco et al. (2020), Unur et al. (2022), and Kakar et al. (2023) described that what a worker fears during the COVID-19 pandemic is uncertainty about the work situation. Indonesia is paralyzed in various aspects as a result of the spread of this virus, so the government forces nurses to handle and care for COVID-19 patients, which causes job insecurity, such as feelings of tension and anxiety. Interestingly, the fear caused by COVID-19 was not a predictor in shaping nurse job satisfaction (H_3). These findings contrast with Labrague and de Los Santos (2021), Abd-Ellatif et al. (2021), Çağış and Yildirim (2023), and Raja et al. (2023), but follow Karataş et al. (2021) that the fear of COVID-19 is not a significant predictor of job satisfaction. The possible reason is that this study did not collect data when COVID-19 began to emerge but at a time when its spread had begun to decrease. Thus, fear had become another negative emotion and begun to decrease.

The results accept H_4 : during COVID-19 there was a decrease in nurse performance caused by insecurity at work. In line with the COR theory, there was a greater increase in workload during the COVID-19 pandemic among nurses and other medical personnel. Accordingly, COVID-19 has the potential to pose a threat to job security so that work creativity does not emerge and causes stiffness in the workplace. This finding confirms Aguiar-Quintana et al. (2021) that high or low employee performance is largely determined by the feeling of safety in the workplace. The COVID-19

outbreak causes insecurity in the workplace, which will impact nurses' low job satisfaction (H_5). These results are supported by Chirumbolo et al. (2021), To et al. (2020), and Chen and Eyoun (2021). Nurses have worse health and physical conditions when handling the COVID-19 pandemic, thus creating higher job insecurity by showing bad work attitudes, which in turn hurt job satisfaction. Based on COR theory, COVID-19 results in job uncertainty; for this reason, employees must work hard to manage their work needs and be able to handle the problem of insecurity in the workplace because if this situation continues, it can reduce job satisfaction.

In line with Sun et al. (2022), job insecurity is a crucial mediating factor in influencing the relationship between the fear of COVID-19 and nurse performance (H_6). The findings explain that front-line workers, such as nurses, have direct contact with COVID-19 patients, which creates an extraordinary fear of contracting this virus. Thus, they are hesitant and afraid to treat patients and become hampered in their careers. This triggers an increase in job insecurity which ultimately impacts nurse performance. Layoffs are a bad outcome of COVID-19 that creates feelings of insecurity at work and can worsen performance (De los Santos & Labrague, 2021). Besides, working in an environment full of fear will make employees feel dissatisfied at work (Choudhary & Saini, 2021). The fear of COVID-19 makes employees feel insecure and doubtful about their work environment and health (Cheng & Kao, 2022). The fear of COVID-19 on nurses' satisfaction at work is mediated by feelings of insecurity at work (H_7). With COVID-19, nurse performance is not determined by job satisfaction (H_8). Related to this, the results are inconsistent with Diana et al. (2021) but follow Setiani et al. (2023) that job satisfaction does not affect employee performance. One possible reason to explain this difference is that during the pandemic, nurses worked under pressure by prioritizing maximum work. Hospitals not only relied on nurse satisfaction as a measure of performance improvement but were able to reduce and suppress the growth rate of COVID-19 to serve as a benchmark for improvement of nurse performance.

This study explains that job insecurity can reduce nurse performance through job satisfac-

tion (H_9). This means that during a pandemic, work uncertainty peaked, reducing job satisfaction and decreasing nurse performance. Referring to this, to improve nurse performance, the hospital must be able to ensure the job security of nurses, because high job security will increase job satisfaction. In line with the perspec-

tive by Cheng and Kao (2022), there are adverse effects of the COVID-19 pandemic, namely the emergence of psychological phenomena, such as job instability, which can reduce job satisfaction and nurse performance. In contrast to H_{10} , fear due to COVID-19 on nurse performance is not mediated by job satisfaction.

CONCLUSION

This paper analyzes the influence of fear of COVID-19 on nurses' performance through job insecurity and job satisfaction. The results show that fear of COVID-19 has a direct impact on job insecurity but has no impact on job satisfaction and nurse performance. On the other hand, job insecurity has a significant impact on job satisfaction and nurse performance, but job satisfaction has no impact on nurse performance. In addition, the extraordinary fear of the COVID-19 pandemic is indirectly related to job satisfaction and performance of nurses through job insecurity. In addition, job satisfaction mediates the relationship between job insecurity and nurse performance but does not mediate the relationship between fear of COVID-19 and nurse performance. Consequently, job insecurity brought on by a fear of the coronavirus is the root cause of nurses' low job satisfaction and performance.

This study has several limitations. This study used a cross-sectional design; with other considerations, a longitudinal design can be used to understand the model to be proposed. Next, job insecurity and job satisfaction act as mediating variables between the fear of COVID-19 and nurse performance. Future research can introduce other psychological variables. Then, the unit of analysis used is a nurse so the results cannot be generalized to other health workers. Finally, the research object is a hospital, so the findings cannot be generalized to other sectors. For this reason, future research can test this model in other sectors to fully comprehend the effect of the fear of COVID-19.

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