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Emotional Dissonance and Psychological Burnout on Role Performance among COVID-19 Frontline Healthcare Workers

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ABSTRACT: *A sporadic novel corona virus disease, COVID-19 was first diagnosed in humans in Wuhan, China in December 2019. Since this unprecedented occurrence, COVID-19 has become a global pandemic leading to short- and long-term psychological ill-health to people from all walks of life. In this situational framework, patients and front-line healthcare workers have become the most vulnerable. The main aim of the study was to explore emotional dissonance and psychological burnout on role performance of COVID-19 frontline healthcare workers in Busia County, Kenya. Cross-sectional research design was employed. A standardized set of questionnaire was used to quantify the data. For this study, the researchers adopted multi-stage sampling technique to collect the data from the frontline healthcare workers in selected public hospitals in Busia County. The collected data were analyzed with multivariate regression analysis while qualitative findings were transcribed under themes.The findings show that emotional dissonance had an influence on role performance of frontline HCWs since the results are statistically significant. Males were more likely to experience emotional dissonance as opposed to females. Conversely, the findings revealed that psychological burnout had an insignificant relationship with role performance. Probably the sample size was small or the test items failed to meet the assumptions of the cultural orientation of the majority of the participants in the study. The outbreak of Covid-19 pandemic might have conflicted with the Healthcare Workers calling and professional orientation. Most frontline healthcare workers in hospitals had not received adequate psychotherapy in preparation for COVID-19. Emotional dissonance seems more (certainly-delete) a consequence of unprecedented infection. Certainly Healthcare Workers obligation to save life might have been frustrated leading to exaggerated emotional dissonance and decline in performance output. Knowledge levels about COVID (have-delete) proved to have massive impact on severity and susceptibility of Healthcare Workers.There is need to bridge the gap in the knowledge levels, help improve on the understanding on how to freely handle the pandemic. Call for bridging the gaps in training of healthcare workers to overcome the fear that comes with knowledge of COVID-19 adversities. Intensified counselling and psychosocial support to HealthCare Workers and community sensitisation. Further research on home-based care since it has proven to be affordable alternative to hospital care or isolation.*

KEY WORDS: COVID-19, emotional dissonance, frontline healthcare workers, psychological burnout, role performance

INTRODUCTION

The rationale for this study is that in Africa and in particular Kenya health systems are chocked for the spread of the coronavirus (Olum *et al*, 2020). As Countries world over progress through crisis management into containment, prevention, and recovery, there is need to focus on invaluable services of all front-line health workers; doctors, nurses, midwives, first responders, pharmacists, and community health workers, at the front and center of our discussions. Challenges that front-line health workers have faced during outbreak of COVID-19 include among others; burnout, trauma, inadequate of protection and support, resources and investment (Shrestha *et al*, 2020). For instance, front-line health workers don't have the support and resources they need to do their jobs safely and well. There is need to adequately support and protect front-line health workers not just because of the unique challenges they face and sacrifices they have made in response to the pandemic, but also because health workers who have dignity, respect, and the tools they need to do their jobs effectively are our best chance to tackle this pandemic and prepare for the next one. The coronavirus disease (COVID-19) was first reported in Wuhan, China during late December, 2019. According to the World Health Organization (WHO), the virus had quickly spread to become a worldwide pandemic by March, 2020 (WHO, 2020). In Kenya, the government in an attempt to curb the spread of COVID-19 and reduce fatalities, introduced a number of health protocols which included but not limited to lockdown, reshaping of social interactions (e.g., wearing a facial mask and maintaining social distance of at least one meter between people), heightened personal hygiene practices (hand washing, refraining from touching one's face) and increased sanitization of objects and surfaces (National Governors Association, 2020).

The consequences of COVID-19 have been felt far and wide. According to the World Bank report (2020), the pandemic has increased poverty by 4 percentage points (or an additional 2 million poor) through serious impacts on livelihoods, by sharp decreases in incomes and employment. The unemployment rate increased sharply, approximately doubling to 10.4 percent by November, 2020. Many wage workers who are still employed experienced reduced working hours, with average hours decreasing from 50 to 38 hours per week (Ibid. 2020). This has further aggravated to emotional anguish with many workers experience emotional dissonance and psychological burn out.

According to Jeroem & Monique (2002), emotional dissonance is a feeling of unease that occurs when someone evaluates an emotional experience as a threat to his or her identity. It is a mental state whereby substitute feelings prevent authentic feelings to make human life flourish. In the words of McKnight & Harrison (2008), emotional dissonance occurs in the workplace whenever expressed emotions are in conformity with organizational norms, but are clashing with our true feelings. As a result, the worker experiences emotional labor, a term coined by sociologist Hochschild (1983) in her research article; *the managed heart*. Emotional labor is a situation whereby the employee is forced to manage or fake his/her emotions in order to shape the state of mind of the customer (Peggy, 2010). In addition, the worker is also likely to experience psychological burn out (Sultana *et al*, 2020).

Research has shown that workload pressure and related psychosocial stressors are a major cause of emotional dissonance and by extension psychological burn out to frontline health care workers especially during this time of COVID 19 pandemic. For example, a study carried out in Wuhan, China by Huan *et al* (2021), established that time pressure brought about by the increasing cases of COVID 19 patients led to emotional exhaustion occasioned by occupational stresses of frontline health workers. Prior study conducted in Italy by Fiabane (2019) revealed that emotional dissonance was a significant precursor to emotional fatigue among healthcare professionals. Emotional dissonance was found to produce a state of unfriendly tension, leading to emotional exhaustion in the long run (Salyers, 2015). Another study conducted in Norway revealed that exhaustion is a mediator for the relationship between emotional dissonance and burnout (Indregard *et al*, 2018). The study further revealed that emotional dissonance induces job tension leading to emotional exhaustion. Thus, employees with innately low self-esteem were more likely to experience emotional dissonance and suffer from emotional exhaustion.

The signs and symptoms visible that frontline health workers are experiencing emotional dissonance and consequently psychological burnout include sleep deprivation, feeling overextended emotionally, feeling cynical, and having an impersonal response toward recipients of one's work, experiencing distanced attitudes toward work, and feeling a lack of accomplishment toward work (Huan *et al*, 2021).

Globally, Sultana *et al*, (2020) have suggested multi-prolonged approaches to address emotional dissonance and psychological burnout among frontline health workers during the COVID 19 pandemic The scholars suggest approaches such as increasing awareness of work-related stress and burnout, promoting mindfulness and self-care practices for promoting mental wellbeing and ensuring provision of optimal mental health services to health workers. Unfortunately, the health care system just like other work organizations, down play workers emotions which has an influence on key organizational performance indices more so during the COVID 19 pandemic (Thanesa & Yudar,2018).

In addition, systematic review of burnout among healthcare workers in Sub-Saharan Africa reported the highest levels of burnout among nurses as compared to other healthcare workers, in emergency situations such as COVID 19 (Kim, 2019). A study carried out in Ghana on COVID-19 response preparedness, stress and burnout among healthcare workers found out that COVID-19 pandemic has complicated the global crisis of stress and burnout among healthcare workers (Afulani *et al*,2021).

In Kenya, a study by Kokonya *et al*, (2014) found out that the Kenyan healthcare workers experience psychological burnout syndrome that is inherent self-factors and their work environments. Since frontline healthcare workers deal with death on a regular basis and emotional strain of caring for patients with COVID 19 and grieving family members, have chances of increasing the risks of developing psychological burnout (Gavidia, 2020). This implies that the healthcare workers progressively become less capable of coping with work related stress both in

private and public lives, a condition that could have serious repercussions to health service provision in Busia County and Kenya particularly during COVID-19 pandemic.

This study was tailored to assess the effort of the county government in ameliorating the emotional dissonance and psychological burn out of the frontline healthcare workers in Busia County.

Contribution to the literature

• This article provides a systematic review on one of the potential fields of research by undoing the extent to which integration of emotional dissonance and psychological burnout are critical issues to the existing role performance among frontline healthcare workers during COVID-19 pandemic.

• This article in addition to a large extent, revealed a considerable coverage of the most emotional dissonance and psychological burnout pressing issues such as distress symptoms such as fatigue, physical and mental, and feelings of depression, mental distress and low self-efficacy on role performance.

• The article further calls for the need to reflecting towards addressing emotional dissonance and psychological burnout to achieve role performance among healthcare workers during COVID-19 pandemic.

MATERIALS AND METHOD

Participants

The study participants consisted of frontline healthcare workers including doctors, clinical officers, nurses, administrative cadre among others sampled from level four public healthcare hospitals in Busia County. The County public and sanitation chief officer approved the study and participants provided informed consent prior to completing the online survey.

Materials

The survey contained a battery of measures, totaling 55 questions. Survey topic areas in order of presentation, were emotional dissonance, psychological burnout and role performance among COVID-19 Frontline Healthcare Workers. Emotional dissonance was measured using Frankfurt Emotion Work Scales-E (FEWS) of Zapf *et al*., (2001). The questionnaire display emotions and actual inner feelings. Likert scale with 10-items on a 5-point scale, ranging from 1 (never) to 5 (always) was used to measure frontline healthcare workers' emotional dissonance. For psychological burnout, we applied the Oldenburg Burnout Inventory (OLBI; Demerouti *et al*, 2003) to measure burnout among frontline healthcare workers. OLBI is a reliable and valid measure for the assessment of burnout that can be used as an alternative to the widely used Maslach Burnout Inventory (Maslach *et al*, 1996). Secondly, OLBI covers both positively and negatively framed items to assess the two core dimensions of burnout: exhaustion and disengagement. It measures burnout with two dimensions: exhaustion and disengagement. Exhaustion refer to general feelings of emptiness, overtaxing from work, a strong need for rest, and a state of physical exhaustion due to job demands, whereas *disengagement* refers to distancing oneself, cynical

attitudes and behaviors toward one's work in general. The Likert scale comprised of sixteen items, eight for exhaustion *and eight for* disengagement. For both sub-scales, four items are positively worded and four items are negatively worded.

Role performance was assessed using role conflict and role ambiguity scale developed by Rizzo,*et al* (1970). Each of twenty-nine items was rated on a scale ranging from 1to 7. A score of 1 indicated the healthcare worker perceived that the statement was not reflective of one's job. A score of 7 indicated strong agreement that the item reflected the healthcare worker's occupation. The role ambiguity items were reverse scored because these items were worded positively for clarity. Thus, higher scores on the role questionnaire were indicative of higher levels of role conflict and role ambiguity. A summary of the research variables is given in Table 1.

Table 1. Summary of the research variables and their domain

Construct	Examples	Domains	Examples
Emotional dissonance 10 items (Always to Never)	To be successful in my job, I must pretend to care about patients' problems even when I am indifferent	**Positive** 5 items (Always to Never).	To be successful in my job, I must pretend to care about patients' problems even when I am indifferent
		Negative 5 items (Always to Never).	To be effective in my job, I must not demonstrate how agitated I may feel with patients
Psychological Burnout 16 items (Strongly agree to Strongly disagree)	I always find new and interesting aspects in my work	**Disengagement** 8 items (Strongly agree to Strongly disagree).	It happens more and more often that I talk about my work in a negative way.
		Exhaustion 8 items (Strongly agree to Strongly disagree)	When I work, I usually feel energized
Role performance 29 items (Always true to Always false)	I have enough time to complete my work	**Conflict** 5 items (Always true to Always false).	I receive assignments that are within my training and capability.
		Ambiguity 24 items (Always true to Always false)	I have clear, planned goals and objectives for my job

Demographic Information.

Demographic information collected included age, gender, marital status, religious affiliation, highest level of education, type of work unit, work specialization and employment status.

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Procedure

A cross-sectional research design with survey method was employed to gather information about emotional dissonance and psychological burnout on role performance among covid-19 frontline healthcare workers. Data collection was conducted with the help of trained research assistants. A random sample of 5 county hospitals was selected from a total target of 86 public health facilities in Busia County. Within each hospital a proportional sample size of frontline healthcare workers were selected to participate in the study. Data were collected using a questionnaire developed on three constructs relating to COVID-19 pandemic. Researchers administered questionnaire through Open Data Kit (ODK) using mobile phone platform to reduce contact with print questionnaire during the COVID-19 period. Interview schedule was constructed based on the study variables. The questionnaire was administered in English, the official language of instruction in Kenyan public health facilities. The questionnaire was completed in approximately 30 minutes in a work environment setting. Completed questionnaires were electronically checked for errors prior to data entry. The use of ODK reduced data collection errors by close to100%. Research procedures were approved by the Institutional Ethical Review Committee of Masinde Muliro University of Science and Technology. The permit to conduct the study in Busia County was granted by National Commission for Science Technology and Innovation (NACOSTI) in Kenya. The participants were verbally briefed on their rights as participants in the study and signed informed consent for as a guarantee of anonymity and willingness to participate. Only Frontline Healthcare workers present at the time of data collection were included in the study.

Data analysis

Data analysis involved treating Likert-type scale data as interval measures. Cronbach's α scale was employed to test internal reliability consistency for each the variables. Multiple regression analysis with the help of statistical analysis system (SAS) was conducted to investigate the association between socio-demographic characteristics, emotional dissonance and psychological burnout on role performance. Descriptive statistics, including means (M) and standard deviations (SD), were also used to summarize the data. Each categorical variable was dummy-coded and tested against a reference group with 95% confidence level and P-value set at less than 0.05 considered statistically significant.

RESULTS

Socio-demographic characteristics as predictor of Role performance

To find the extent to which socio-demographic characteristics predicted role performance, a multivariate logistic regression model was run. The results are presented in Table 2.

Table 2: Linear Regression analysis on socio-demographic characteristics as predictor of role performance

Model	Parameter Estimate		*T*	95% CI	P value
	β	Std error			
Male	0.058	0.041	1.41	- 0.023 – 0.140	0.159
Age	- 0.007	0.002	- 3.48	- 0.011 - - 0.003	**0.0006**
Married	- 0.119	0.044	- 2.72	- 0.206 - - 0.033	**0.007**
Catholic	- 0.028	0.041	- 0.66	- 0.100 - - 0.055	**0.055**
College / University	- 0.100	0.081	- 1.21	- 0.258 – 0.061	0.225
Urban	- 0.080	0.041	- 1.93	- 0.162 – 0.001	**0.054**
Medical / Surgical; Paediatric; Maternity; Out-Patient	- 0.036	0.042	- 0.87	- 0.120 – 0.046	0.385
Years of service	- 0.006	0.002	- 2.73	- 0.011 - - 0.002	**0.007**
Doctors / Clinical Officer / Nurse / Midwife	- 0. 074	0.042	- 1.79	- 0.156 – 0.007	0.074
Permanent	- 0.087	0.042	- 2.09	- 0.169 - - 0.005	**0.038**
Undergraduate / Graduate	0.020	0.050	0.40	- 0.078 – 0.118	0.692

Dependent variable: Role performance

Prior to conducting regression analysis as indicated in Table 2, certain statistical assumptions were met.The assumptions were related to the normality of the data, linearity of the relationship and equality of the variances. Results from Table 2 show a strong causal relationship between age, marital status, years of service, and being a permanent employee and role performance. A negative coefficient suggests that as the independent variable increases, the dependent variable tends to decrease. Age negatively affected role performance. One unit increase in age resulted in 0.007 decrease in role performance (p = 0.0006). Equally, being married led to a decrease in role performance by 0.119 (p = 0.007). Available evidence also show that one unit increase in years of service was statistically significantly associated with a 0.006 unit decrease in role performance (p = 0.007). There was also evidence of lower role performance among permanently employed frontline healthcare workers and those working in urban health facilities than those on contract or part-time employees (p = 0.038) or in rural settings (p = 0.054). Being a Catholic (p = 0.055) or doctor/clinical officer/nurse (p = 0.074) was marginally significantly associated with a decrease role performance.

The Influence of Emotional dissonance on Role performance

Table 3 presents study findings on the influence of emotional dissonance on role performance after controlling for socio-demographic factors.

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Table 3: Multivariate Regression analysis on the influence of emotional dissonance on role performance

Model	Parameter Estimate		*T*	95% CI	P value
	β	Std error			
Urban	- 0.123	0.042	-2.90	- 0.206 - -0.039	**0.004**
Male	0.101	0.042	2.41	0.018 - 0.184	**0.017**
< 35 years	0.071	0.059	1.17	- 0.047 - 0.186	0.241
Married	- 0.080	0.050	-1.59	- 0.179 - 0.019	0.113
Catholic	- 0.020	0.041	- 0.49	- 0.101 - 0.061	0.626
College / University	- 0.105	0.083	-1.26	- 0.268 - 0.059	0.209
Medical / Surgical; Paediatric; Maternity; Out-Patient	- 0.014	0.062	- 0.22	- 0.136 - 0.109	0.824
Duration of work: < 8 years	- 0.045	0.061	- 0.74	- 0.165 - 0.075	0.462
Doctors / Clinical Officer / Nurse / Midwife	- 0.041	0.062	- 0.66	- 0.164 - 0.082	0.511
Permanent	- 0.026	0.052	- 0.51	- 0.129 - 0.076	0.612
Undergraduate / Graduate	0.049	0.050	0.98	- 0.049 - 0.146	0.327
Emotional Dissonance	0.082	0.024	3.36	0.034 - 0.130	**0.0009**

Dependent variable: Role performance

The model in Table 8 had an R^2 value of 0.083 with 8.3% of the variability in role performance could be explained by the model – that is the differences in socio-demographic characteristics of frontline healthcare workers (R^2 = 0.083). The model predicted role performance of the frontline healthcare workers (F = 3.3, p = 0.0002). The findings indicate a highly statistically significant association between emotional dissonance and role performance (β = 0.082, 95% CI: 0.034 - 0.130, p = 0.0009) again, after controlling for socio-demographic factors. One unit increase in emotional dissonance is being associated with an average increase of 0.082 units in role performance after adjusting for socio-demographic factors.

The coefficient of the emotional dissonance of 0.082 was higher than the individual coefficient of the same independent variable in univariate analysis of 0.048. This suggests that the effect of emotional dissonance on role performance is independently low but increases in the presence of other socio-demographic factors included in the model. Respondents who were working in urban health facilities experienced lower role performance unlike their counterparts in rural settings (β = - 0.123, 95% CI: - 0.206 - - 0.039, p = 0.004). On the contrary, males were associated with improved role performance (β = 0.101, 95% CI: 0.018 - 0.184, p = 0.017).

The Influence of Psychological burnout on Role performance

The findings on the influence of psychological burnout on role performance among frontline healthcare workers are presented in Table 4.

Table 4: Multivariate Regression analysis of the relationship between psychological burnout and role performance

Model	Parameter Estimate		*T*	95% CI	P value
	B	Std error			
Urban	-0.101	0.043	-2.54	-0.195 - -0.025	**0.012**
Male	0.104	0.043	2.42	0.019 - 0.188	**0.016**
< 35 years	0.076	0.060	1.26	-0.043 - 0.195	0.210
Married	-0.093	0.051	-1.82	-0.193 - 0.007	**0.070**
Catholic	-0.026	0.042	-0.63	-0.108 - 0.056	0.532
College / University	-0.117	0.085	-1.38	-0.284 - 0.049	0.168
Medical / Surgical; Paediatric; Maternity; Out-Patient	0.002	0.063	0.04	-0.122 - 0.127	0.971
Duration of work: < 8 years	-0.032	0.062	-0.52	-0.154 - 0.090	0.606
Doctors / Clinical Officer / Nurse / Midwife	-0.065	0.063	-1.03	-0.190 - 0.059	0.302
Permanent	-0.048	0.053	-0.90	-0.152 - 0.056	0.368
Undergraduate / Graduate	0.035	0.050	0.69	-0.064 - 0.134	0.489
Psychological Burnout	-0.021	0.087	-0.24	-0.191- 0.149	0.807

Dependent variable: Role performance

The model had an R^2 value of 0.047 indicating that 4.7% of the variance in role performance could be explained by collectively, the independent variables in the model (R^2 = 0.047). The model predicted role performance of the frontline healthcare workers (F = 2.2, P = 0.011). The results notwithstanding, the relationship between psychological burnout and role performance was not statistically significant (β = 0.021, 95% CI: - 0.019 - 0.149, P = 0.807), after controlling for socio-demographic factors.

Individually, the coefficient of the psychological burnout of -0.011 was lower than the model fitted with confounding factors which had a coefficient of -0.021. This implies that the effect of burnout on role performance is independently low but increases after controlling for the confounders, although the association is non-significant. Respondents who were working in urban health facilities experienced lower role performance unlike their counterparts in rural settings (β = -0.101, 95% CI: - 0.195 - -0.025, P = 0.012). On the contrary, males were associated with improved role performance (β = 0.104, 95% CI: 0.019 - 0.188, P = 0.016). Role performance of respondents who were married was lower compared with singles, divorced, separated or widowed colleagues, though the results were borderline statistically significant (β = - 0.093, 95% CI: -0.193 - 0.007, P = 0.070).

DISCUSSIONS

The study found out that emotional dissonance had an influence on role performance of frontline HCWs since the results were statistically significant. Frontline HCWs who frequently experienced emotional dissonance reported higher levels of exhaustion and mental distress, leading to reduced role performance. Males are more likely to experience emotional dissonance as opposed to females. Unlike female, males were less likely to share and speak out about their distress. Similarly, healthcare workers in urban facilities were more likely to experience emotional dissonance compared to their rural counterparts. This could be attributed to the urban lifestyle which is more stressful and demanding. In addition, urban areas recorded high cases of COVID 19,hence the high patient turnout that overwhelmed the staff.

The outbreak of COVID-19 pandemic might have reduced mobility and consultancy of HCWs to help those in dire need as per their training. It is certain that their obligation to save life of patients might have been frustrated by COVID-19. These might have exaggerated emotional dissonance leading to decline in role performance.

These findings were found to be in tandem with views of McKnight & Harrison (2008), who found out that emotional dissonance occurs at workplace whenever expressed emotions are incongruence with working norms, but are clashing with individual true feelings. As a result, the HCWs experience 'emotional labor- a situation whereby the employee is forced to manage fake emotions in order to shape the state of mind of the patient (Peggy, 2010). The findings also agrees with Fiabane's (2019) view that emotional dissonance is a significant antecedent to emotional fatigue, which in turn, affect role performance among healthcare professionals. Therefore emotional distress can occur at any time along the COVID-19 trajectory bringing a change in thinking, feelings and behaviour that affect role performance.

The findings revealed that psychological burnout had an insignificant relationship with role performance. Probably the sample size was small or the test items failed to measure the quantities being studied in the sample population. The results disagree with those of Kokonya *et al (2*014), who found out that healthcare workers experience psychological burnout syndrome in their work environments that is likely to lead to decline in role performance. Based on the results, further investigations are needed to establish the outcome of the unexpected findings.

Frontline, HCWs in urban health facilities experienced lower role performance unlike their counterparts in rural settings (β = - 0.101, 95% CI: - 0.195 - - 0.025, P = 0.012). This probably suggests that more frontline HCWs in rural facilities worked under relaxed environment, with few and complex cases as compared to their counterparts in urban facilities. The diffusion and peaking of COVID-19 cases in urban than in rural areas is more likely to cause psychological burnout among frontline HCWs in urban than in rural health facilities. Consequently, significant relationship existed between psychological burnout and role performance in males.

The strength of relationships between predictor variables and role performance as outcome variable were stronger for males than for females. Depersonalization was strongly related to job resources for females and only weakly for males though female frontline HCWs might have more elaborate support systems than males.

Role performance of respondents who were married was lower compared with singles, divorced, separated or widowed colleagues. The correlation between marital status and role performance for those frontline HCWs who were unmarried (single/divorced) could potentially show lower psychological burnout. Furthermore, since the correlation between marital status and low psychological burnout had very low values, it would not be relevant in a possible risk profile for role performance. Nevertheless, its relevance could increase in the case of frontline HCWs considered, single or divorced subjects felt less fulfilled. This could be due to the fact that the family environment of a couple's life style is a factor that provides security and support, and which protects the subject from developing psychological burnout towards role performance. These results coincide with those reported by other authors. For example, Oliveira (2012), found no relation between burnout and the gender of healthcare professionals, whereas other authors claim precisely the opposite (Hochwalder, 2009). Similarly, there are also contradictory findings for the correlation between burnout and marital status. For instance, Gama (2014) claim that being single or married is unrelated to the three burnout dimensions.

Implications for healthcare systems

The management and care of individuals with post-COVID-19 syndrome is likely to become a substantial burden for healthcare systems worldwide. In Kenya, approximately 300,000 individuals have been diagnosed with COVID-19, and with a positivity rate of about10% more are estimated to be infected according to current seroprevalence studies (Olumu *et al*,2020). Based on this study, a relevant number of individuals suffering from longer-term complications have to be expected, which will require some degree of support or healthcare services. This study therefore, provides awareness on more need for healthcare utilization and sustainability due to soaring COVID-19 pandemic. Majority of frontline healthcare workers in our study needed an average primary care consultations related to protracted distress, stigma and anxiety related to COVID-19 infection. Interestingly, we also observed that despite an increased likelihood of emotional dissonance on role performance participants did not report proper channels for ventilating emotional distress. This indicates that there may be need for intervention measures for frontline healthcare workers with post-COVID-19 syndrome. The study provides valuable evidence for understanding the longer-term complications and burden of COVID-19 on healthcare systems and for planning public health resources and tailored services accordingly.

CONCLUSIONS

This study underscores the role of emotional dissonance and its predictive impact on role performance among frontline HCWs during COVID-19 pandemic. The result of the study focuses on need to regulate emotional dissonance through appropriate interventions. The results also

underscore the need for preventive training, especially for male healthcare professionals working in urban areas, who are at a high risk of experiencing emotional dissonance giving rise to diminished role performance.

This study determined the influence of psychological burnout on role performance by demographic variables. It also proved that the frontline HCWs were no exception to the incapacitating effects of psychological burnout during COVID-19 pandemic. They are at high risk of contracting corona virus and also pass it on to their families and friends. Thus experience fear, anxiety and distress while working. Role performance is compromised. Their sources of psychological burnout is characterized by self-factors, families, friends parents and their work environments in addition to demographic variables. It therefore, means that the frontline HCWs were progressively becoming less capable of coping with their roles at work places, a future outcome of which could have serious repercussions to health services provision under prevailing COVID-19 pandemic that is characterized by different and complex waves in Kenya. There is need to remedy the role performance of frontline HCWs reducing sources that trigger psychological burnout and put mechanism in place that monitors the impact of psychological burnout on their role performance.

Recommendations

Need to bridge the gap in the knowledge levels, help improve on the understanding on how to freely handle the pandemic. Bridge the gaps in training of healthcare workers to overcome the emotional dissonance These is especially for male healthcare professionals working in urban areas, who are at a higher risk of experiencing emotional dissonance giving rise to diminished role performance. Although psychological burnout not statistically significant there is need to remedy the role performance of frontline HCWs by reducing sources that trigger. Further research on home-based care since it has proven to be affordable alternative to hospital care or isolation.

Limitations

This study included a small sample size and inadequate diversity of the sample characteristics, which may have reduced the generalizability of the findings. Additionally, respondents were from health facilities from one county, which may not be representative of frontline HCWs at Country level. The psychometric qualities of the constructs under study adopted test items development from a specific cultural orientation. That might have compromised reliability and validity. COVID-19 questions also need to be better established with reliability and validity analyses. It may be that this assessment of frontline HCWs' views much latter after the emergence of COVID-19 are unique and respondents' perspectives would differ if measured at other times. Future research should evaluate whether frontlines HCWs' response change across time as the pandemic unfolds. However, the findings were generally consistent with similar prior studies conducted.

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