

COVID-19 ORGANIZATIONAL SUPPORT AND EMPLOYEE VOICE: INSIGHTS OF PHARMACEUTICAL STAKEHOLDERS IN JORDAN

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Abstract

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COVID-19 has posed unprecedented challenges for organizations and impacts on employees worldwide, particularly in the healthcare sector. This paper proposes a conceptual model to examine the mediating effects of job satisfaction and job burnout on the relationship between COVID-19 organizational support (COVID-OS) and employee voice among pharmaceutical stakeholders in Jordan. To empirically test the model, the data were collected through a questionnaire from 248 community pharmacists in Jordan. Descriptive statistical analysis, correlation between variables, and hypothesis testing were carried out. The findings supported the proposed model and showed that there is a direct relationship between COVID-OS and employee voice. The findings also revealed that this direct relationship can be mediated by the work-related well-being dimensions of job satisfaction and job burnout. Moreover, It is found that job satisfaction negatively affects job burnout of the employees. This paper makes significant contributions to the theoretical knowledge base and provides practical implications for the context of pharmaceutical employee management, with broader implications for professions related to healthcare services.

Keywords: Organizational Support, Employee Voice, Job Satisfaction, Job Burnout, COVID-19 Pandemic, Mediation Effect, Pharmacists, Jordan

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1. INTRODUCTION

Modern organizations are increasingly concerned to gain employees' voices, which affect the quality of the decision-making process and companies' agility that relies heavily on the continuous flow of

information from their employees (Morrison, 2014). Obtaining employee voice leads to several desirable outcomes for organizations, such as improving organizational productivity (Frese, Teng, & Wijnen, 1999; Kim, MacDuffie, & Pil, 2010), and enhancing innovation performance (Argyris & Schön, 1997),

among others. In contrast, the lack of employee voice could promote a norm of silence that can be costly for organizational success (Li, Liang, & Farh, 2020). Therefore, it is crucial to promote an attractive and supportive workplace to encourage employees to share their ideas with their organizations. However, the recent economic shocks and instability due to the worldwide COVID-19 pandemic resulted in several unforeseen consequences for employees, including unfamiliar working conditions and working from home, higher workloads, salary cuts, and mass layoffs. These conditions challenge companies to ensure higher quality and quantity of information flow and to elicit more suggestions from their employees to streamline and improve their activities.

This situation particularly confronts the healthcare sector, whose workers were in the front-line of dealing with the COVID-19 pandemic ramifications. The public policy response of locking down productive economic sectors was based on the rationale of protecting healthcare systems from being overwhelmed, but the associated economic impacts of long-term economic damage and poverty will increase pressure on healthcare systems and workers for years to come. Healthcare professionals are already subject to several severe risks, such as moral injury, mental health issues, burnout, and stress (Greenberg, Docherty, Gnanaprasagam, & Wessely, 2020). These challenges could affect their motivation and productivity, which is why healthcare management need to provide substantial support to their workers, to mitigate the negative impacts of challenging working conditions, and enable them to meet their professional responsibilities to service users with the highest desired levels.

The literature found that perceived organizational support (POS) leads to several favorable outcomes at the employee level, such as job satisfaction and success (Allen, Shore, & Griffeth, 2003; Kuijpers, Schyns, & Scheerens, 2006); as well as the organizational level, such as more commitment and better performance (Dawley, Andrews, & Bucklew, 2008). Given the current unprecedented situation of the COVID-19 pandemic and the long-term impacts for health systems and general populations worldwide, our focus should be on COVID-19 organizational support (COVID-OS). COVID-OS is a specific type of support offered by organizations to their workers to deal with the challenges in their jobs during the COVID-19 pandemic (Zhang et al., 2020). Due to the novelty of the concept, there is a dearth of research addressing this issue in organizations. In literature, exploring the mechanism, by which COVID-OS affects employee voice, is highly needed during the COVID-19 era (Hsieh, Wang, & Huang, 2019; Zhang et al., 2020). Furthermore, employee well-being is one of the key issues that has received considerable attention recently due to its significant impact on employee motivation and performance during the COVID-19 pandemic (Caligiuri, De Cieri, Minbaeva, Verbeke, & Zimmermann, 2020). To address these gaps, this study aims to investigate the impact of COVID-OS on employee voice, taking into consideration the mediating impact of work-related well-being, comprising job satisfaction and job burnout. In other words, this study intends to answer the following research question (RQ):

RQ: What is the effect of COVID-OS on employee voice, considering the mediating effects of job satisfaction and job burnout?

To answer this question, the current paper will study the organizational support provided by Jordanian private community pharmacies to their employees (i.e., pharmacists) during the COVID-19 pandemic and its impact on employee voice, considering the dimensions of job satisfaction and job burnout. Therefore, the current study will add more contributions to the knowledge base and enrich our understanding of this domain. It will also offer practical implications that enable healthcare institutions to manage their employees and deal with their concerns effectively during the COVID-19 pandemic.

The remainder of this paper is organized as follows. Section 2 presents the prior literature and hypotheses development. Section 3 discusses the research methodology. Section 4 presents the results and discussions. Section 5 provides the conclusion with limitations and future research.

2. LITERATURE REVIEW AND HYPOTHESES DEVELOPMENT

2.1. Theoretical underpinning

The ability of healthcare workers to deal with stressful and challenging working conditions relies mainly on the available resources. Employees who receive POS are more likely to be effective in dealing with associated stressors, and thus be more satisfied in their jobs (Allen et al., 2003), experiencing less job burnout (Bobbio, Bellan, & Manganelli, 2012), thereby reducing the endemic problems of high turnover, sickness, and absenteeism among healthcare professionals (Dyrbye et al., 2019). These positive job outcomes improve the performance of healthcare workers and increase patient outcomes and satisfaction (McCann, Hughes, Adair, & Cardwell, 2009), ultimately improving the operation and results of the employing community pharmacies (Urbonas, Kubilienė, Kubilius, & Urbonienė, 2015). In this study, we employ the conservation of resources (COR) theory (Hobfoll, 1989) and social exchange theory (SET) (Homans, 1958; Cropanzano & Mitchell, 2005) to address this inquiry. These theories offer a solid theoretical background that enables us to understand the factors of interest in this study and insightful interpretations of the reached findings.

COR theory focuses on the main drivers that motivate people to acquire new resources and maintain existing ones. Hobfoll (1989) used this theory to address the stress issue in terms of a lack of resources, whereby the fear of losing available resources increases the level of stress. Furthermore, researchers found that COR theory is an effective theoretical background to study job outcomes (Lee & Ashforth, 1996; Park, Jacob, Wagner, & Baiden, 2014). On the other hand, SET is based on the principle of reciprocity. When employees believe that they receive enough support and resources, they become more satisfied and less stressed, which results in encouraging them to share their ideas with their organizations, thereby improving their organizational performance.

2.2. The relationship between COVID-OS and employee voice

Voice is a “change, rather than escape from, an objectionable state of affairs” that is initiated by employees who identify an opportunity for improvement or who want to protect their organizations from harmful activities (Hirschman, 1970, p. 30). This change is constructive, oriented toward sharing ideas and information to improve the situation. Liang, Farh, and Farh (2012) distinguished precisely between prohibitive and promotive forms of voice. A prohibitive voice is exercised when destructive results and risks can be caused by certain operations and procedures, whereas the promotive voice occurs when desirable opportunities are identified and expressed by employees who want to improve the operations of their organizations.

Several studies showed that the quantity and quality of stakeholders’ suggestions have significant impacts on organizational productivity (Frese et al., 1999; Kim et al., 2010), problem-solving (Detert & Burris, 2007), and customer service and performance (Al-Tahat & Bwaliez, 2015; Bwaliez & Abushaikh, 2019; Lam & Mayer, 2014). Therefore, the employee voice has recently received growing attention from researchers, focused on several factors that encourage employees to exercise voice behavior, such as psychological safety supports (Dyne, Ang, & Botero, 2003), leadership (Detert & Burris, 2007), self-efficiency (Farr & Ford, 1990), and POS (Ta’Amnha, 2020; Tucker, Chmiel, Turner, Hershcovis, & Stride, 2008). Our focus in this study is on the impact of POS on employees’ voice.

POS is formed by employee attitudes, shaped based on the employees’ evaluation of the extent to which their companies acknowledge and value their contributions and care about their well-being (Eisenberger, Huntington, Hutchison, & Sowa, 1986). This support becomes more prominent when it is provided voluntarily by organizations, and not in response to external pressures or internal petitionary efforts (Dawley et al., 2008; Rhoades & Eisenberger, 2002). Employees who receive considerable support from their employers are more likely to show positive desirable attitudes and behaviors (Allen et al., 2003; Ta’Amnha, 2020). This is because when employees find that their organizations consider their needs and provide them with several sorts of job resources, they feel more obligated to pay back their organization by focusing more on their organizations’ welfare and its objectives, such as offering their constructive voice to their organizations and avoiding passiveness (Allen et al., 2003). According to Tucker et al. (2008), POS is positively related to employees’ safety-voice among large-unionized urban transport companies in northern England. Wang and Hsieh (2013) found that there is a negative relationship between POS and employee silence, which means that when employees find that their organizations are caring about their contributions and well-being, they become less silent, and perhaps exercise more voice. For all of the above arguments, we propose that:

H1: COVID-OS has a positive relationship with employee voice.

2.3. The mediation effect of job satisfaction

Job satisfaction is a desirable attitude that refers to positive feelings about the job resulting from the evaluation of its characteristics, conditions, and surrounding environment (Rifai, Yousif, Bwaliez, Al-Fawaeer, & Ramadan, 2021; Zhang, Hu, & Qiu, 2014). In literature, it was found that POS has a significant positive impact on employees’ attitudes, such as job satisfaction (Allen et al., 2003), intrinsic career success (Kuijpers et al., 2006), organizational commitment and less job search intentions (Dawley et al., 2008). Eisenberger et al. (1986) found that the felt obligation from the employee side mediates the relationship between POS and affective commitment, organizational spontaneity, and in-role performance. In addition, they found that the relationship between POS and felt obligation increases when employees perceive and accept reciprocal norms inside their organizations. When behavior is perceived as meeting social obligations, the exchange process is created and the cycle endures (Tucker et al., 2008). Similarly, Galletta, Portoghese, Penna, Battistelli, and Saiani (2011) found that nurses’ job satisfaction becomes stronger when perceived organizational support is high. It was also found that job satisfaction is related to the employee voice. Employees with greater job satisfaction are more likely to exercise voice behavior and provide their organizations with their constructive ideas (Alfayad & Arif, 2017; Farrell & Rusbult, 1992; Lin, Lam, & Zhang, 2019; Zhang et al., 2014). Therefore, we propose that:

H2: Job satisfaction mediates the relationship between COVID-OS and employee voice.

H2a: COVID-OS has a positive relationship with job satisfaction.

H2b: Job satisfaction has a positive relationship with employee voice.

2.4. The mediation effect of job burnout

Job burnout is associated with the prolonged response to chronic emotional and interpersonal work stressors and is usually defined as an emotional syndrome of exhaustion, cynicism, and inadequacy (Maslach, Schaufeli, & Leiter, 2001). Exhaustion is defined as work-related fatigue caused by increasing job demands. Cynicism happens when people have negative job attitudes and experiences in their jobs, and therefore, they tend to distance themselves from their work, showing no interest in their companies’ products and customers, and ultimately tending to leave their company (Demerouti, Bakker, Vardakou, & Kantas, 2003). Inadequacy results from employees’ feeling of professional inadequacy per se and feeling less appreciated in their current jobs and expecting less from their work (Salmela-Aro, Rantanen, Hyvönen, Tilleman, & Feldt, 2011). Researchers found that job burnout is significantly associated with more sick leave, more reported absences for mental health reasons, and poor self-rated and supervisor-rated job performance (Dyrbye et al., 2019; Parker & Kulik, 1995).

Several studies found that job resources affect employees’ well-being significantly. For instance, Demerouti, Bakker, Nachreiner, and Schaufeli (2001) argued that providing employees with job resources shields them from experiencing job burnout because these resources enhance their abilities to meet their

professional responsibilities effectively. Job resources reduce job demands and related physiological and psychological costs and enhance performance, which fosters individual development. Desselle and Holmes (2007) pointed out that the presence of POS reduces the negative impacts of job stress on the job satisfaction of certified pharmacy technicians. In addition, Schaufeli, Bakker, and Van Rhenen (2009) found that changing job resources (i.e., social support, autonomy, opportunities to learn, and performance feedback) changes employee well-being. Bobbio et al. (2012) found that there is a negative relationship between POS and job burnout. Moreover, Tims, Bakker, and Derks (2013) found that increased job resources are positively related to increased employee well-being, engagement, job satisfaction, as well as decreased job burnout. Therefore, it is recommended to recognize, prevent, and reduce or deal with stress levels and burnout among healthcare workers such as pharmacists, whose jobs are characterized by long working hours, to avoid the associated destructive consequences for health systems and their users as well as the workers themselves, by providing them with various types of supports (McCann et al., 2009). Accordingly, we propose that:

H3: Job burnout mediates the relationship between COVID-OS and employee voice.

H3a: COVID-OS has a negative relationship with job burnout.

H3b: Job burnout has a negative relationship with employee voice.

2.5. The relationship between job satisfaction and job burnout

Job satisfaction is a desirable work attitude that positively shapes the cognitive side of employee work-related well-being (Tims et al., 2013). Healthcare institutions are working extensively to promote satisfaction among all healthcare personnel, including pharmacists, who were found to experience less job satisfaction in comparison to other healthcare workers, such as physicians and surgeons (Dowell, Westcott, McLeod, & Hamilton, 2001). This is perhaps due to the associated high level of stress resulting from poor communication and a “long hours” culture (McCann et al., 2009). Kalliath and Morris (2002), who conducted their study among nurses, revealed that job satisfaction has

both direct and indirect effects on job burnout, confirming job satisfaction as a significant predictor of burnout. In addition, Griffin, Hogan, Lambert, Tucker-Gail, and Baker (2010) found that job satisfaction has an inverse relationship with emotional exhaustion, depersonalization, and a sense of reduced accomplishment at work. Furthermore, Lambert, Qureshi, Frank, Klahm, and Smith (2018) indicated that job satisfaction is associated with lower levels of job burnout, as it reduces emotional exhaustion, depersonalization, and increases the sense of accomplishment. Capitalizing on the previous discussion, we propose that:

H4: Job satisfaction has a negative relationship with job burnout.

The feasibility of the aforementioned proposed hypotheses is demonstrated in the next section that presents the research methodology.

3. METHODOLOGY

3.1. Research model

A proposed research model that combines all of the hypotheses presented in the previous section is shown in Figure 1. This model proposes that:

- COVID-OS has a positive relationship with employee voice (*H1*).

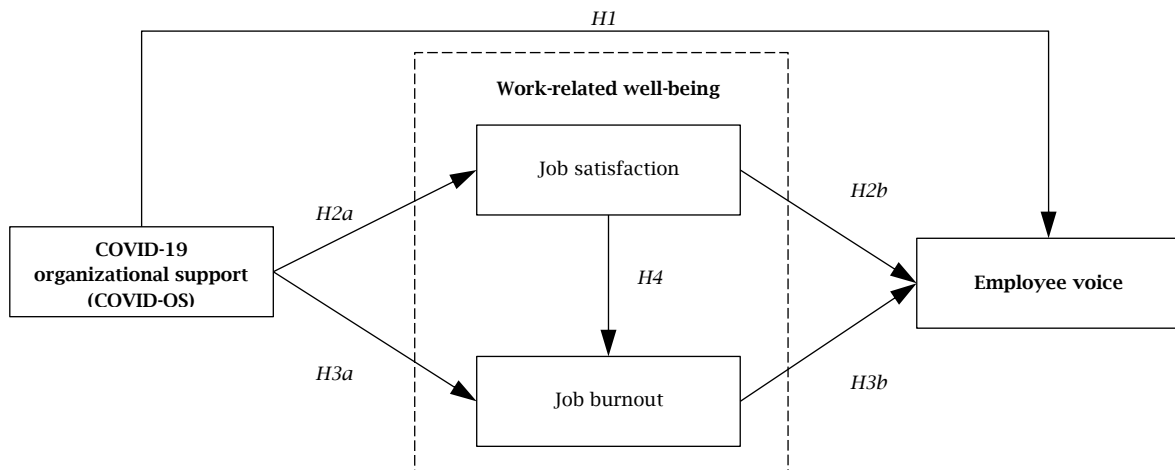
- Job satisfaction mediates the relationship between COVID-OS and employee voice (*H2: H2a and H2b*).

- Job burnout mediates the relationship between COVID-OS and employee voice (*H3: H3a and H3b*).

- Job satisfaction has a negative relationship with job burnout (*H4*).

This model is the first theoretical framework suggesting the mediating effects of work-related well-being dimensions (i.e., job satisfaction and job burnout) on the direct relationship between COVID-OS and employee voice. It includes COVID-OS as an independent variable, employee voice as a dependent variable, as well as job satisfaction and job burnout as mediating variables. To empirically test the model, a questionnaire was constructed, as presented in the next sub-section, in order to collect the needed research data.

Figure 1. Research model



3.2. Questionnaire and measures

To achieve the objectives of the current study, a questionnaire was developed. This questionnaire comprised several measurement items about each research variable (i.e., COVID-OS, job satisfaction, job burnout, and employee voice) adopted from the published literature. COVID-OS was measured using eight items adopted from Zhang et al. (2020). We adopted these items because they are comprehensive and cover different aspects of organizational support that should be provided by organizations during the COVID-19 pandemic. Additionally, these items were originally developed to be distributed to healthcare workers, which suits the targeted sample of our study. Moreover, the reliability of these items in the original study was very high. Job satisfaction was measured using eight items adopted from the 2004 Workplace

Employment Relations Survey (WERS) (Baptiste, 2008; Kersley et al., 2013). The high reliability (Cronbach's $\alpha > 0.8$) of these items in the original studies was the main motive to adopt them. Job burnout was measured using nine items adopted by Salmela-Aro et al. (2011). These items were chosen because they achieved high reliability and validity among managers from different countries. Finally, employee voice was measured using six items taken from Van Dyne and LePine (1998). The reliability of these items in the original study was very high, which made them better for adoption in such a study. The final measurement items are presented in Table 1. For each measurement item, the respondents were asked to indicate their degree of agreement with each statement on a five-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree).

Table 1. Measurement items

Item number	Item description (References)
COVID-OS (Zhang et al., 2020)	
COVID-OS1	I have access to appropriate personal protective equipment (PPE) (e.g., hand gloves or face masks).
COVID-OS2	I am exposed to the risk of getting COVID-19 at work and taking the virus home to my family.
COVID-OS3	I can get tested for COVID-19 rapidly if I need to.
COVID-OS4	I am certain my organization would take care of my own needs (e.g., personal and family) if I get COVID-19.
COVID-OS5	People in my organization have access to childcare during increased work hours and school closures.
COVID-OS6	As work demands increase, I can get support for other personal and family needs (e.g., food, lodging, transportation).
COVID-OS7	My organization can provide me competent medical care if I am deployed to a new area (e.g., from non-ICU to ICU).
COVID-OS8	I feel I lack access to up-to-date information and communication from the healthcare system.
Job satisfaction (Baptiste, 2008; Kersley et al., 2013)	
JS1	I am satisfied with the sense of achievement I get from my job.
JS2	I am satisfied with the scope for using the initiative.
JS3	I have influence over my job.
JS4	I am satisfied with my pay.
JS5	I feel my job is secure.
JS6	I am satisfied with the training I have received.
JS7	I am satisfied with the work I do.
JS8	My manager involves me in decision-making.
Job burnout (Salmela-Aro et al., 2011)	
JB1	I am snowed under with work.
JB2	I feel dispirited at work and I think of leaving my job.
JB3	I often sleep poorly because of the circumstances at work.
JB4	I frequently question the value of my work.
JB5	I feel that I have gradually less to give.
JB6	The expectations of my job and my performance have reduced.
JB7	I constantly have a bad conscience because my work forces me to neglect my close friends and relatives.
JB8	I feel that I am gradually losing interest in my customers or my other employees.
JB9	Honestly, I felt more appreciated at work before.
Employee voice (Van Dyne & LePine, 1998)	
EV1	I develop and make recommendations concerning issues that affect my organization.
EV2	I speak up and encourage my colleagues to get involved in issues that affect my organization.
EV3	I communicate my opinions about work issues to my colleagues even if my opinion is different and they disagree with me.
EV4	I keep well informed about issues where my opinion might be useful to my organization.
EV5	I get involved in issues that affect the quality of work-life in my organization.
EV6	I speak up in my organizations with ideas for new projects or changes in procedures.

3.3. Research sample

The data needed to conduct this study were collected from pharmacists who work in community pharmacies in Jordan during the period between September and November 2020. Several pharmacy chains in Jordan were contacted to ask them to voluntarily participate in this study. The purpose and the need for this research were explained to them. In the end, only one pharmacy chain, comprising 13 community pharmacies, accepted to participate in this study. Although 450 questionnaires

were distributed to these pharmacies, only 254 questionnaires were received. After eliminating questionnaires with missing data, the final sample comprised 248 valid questionnaires, representing a response rate of 55.1% out of all targeted pharmacies. This response rate goes in line with several previous empirical studies conducted in Jordan and used a similar distribution method (e.g., Al-Tahat & Bwaliez, 2015; Bwaliez, 2012, 2018; Bwaliez & Abushaikha, 2019; Rifai et al., 2021).

3.4. Questionnaire's validity and reliability

To ensure the content validity of the questionnaire, it was initially developed in the English language and later was translated into Arabic language using the back-translation procedure (Brislin, 1980). Thereafter, the questionnaire was reviewed by four academic professors in human resource management (HRM) to ensure that all the constructs are measuring what are supposed to be measured and to guarantee the clarity, understandability, and appropriateness of the measurement items. Amendments and modifications were made to address the comments received from the professors. Moreover, five pharmacy managers pre-tested the questionnaire and modifications were made as needed.

On the other hand, to evaluate the internal consistency reliability of the questionnaire, the Cronbach's alpha (α) coefficient is found using

the statistical packages for the social sciences (SPSS) software (IBM SPSS Statistics version 26). Cronbach's α is a reflection of the degree to which different items complement each other and measure the same concept (Litwin, 1995). The closer the Cronbach's α coefficient is to 1, the greater is the internal consistency of the items in the scale (Nunnally & Bernstein, 1994). Although values above 0.7 are often considered acceptable, a Cronbach's α value of 0.8 is a general target (George & Mallery, 2010). A value of 0.6 and less indicates unsatisfactory internal consistency reliability (Haier, Black, Babin, & Anderson, 2014). Table 2 shows that Cronbach's α values for all of the research variables are greater than 0.7. These values suggest that the reliability of the questionnaire items used to measure each research variable is acceptable.

Table 2. Cronbach's α value for the research variables

Research variable	Cronbach's α value
COVID-OS	0.77
Job satisfaction	0.82
Job burnout	0.74
Employee voice	0.88
Overall mean	0.80

3.5. Model fitness

The model's goodness of fit refers to the degree to which the research model matches the observed data (Berenson, Levine, Szabat, & Stephan, 2020). To measure the goodness of fit for our model, relative chi-square (χ^2) ratio, root mean square error of approximation (RMSEA), comparative fit index (CFI), incremental fit index (IFI), and goodness of fit index (GFI) were found using the SPSS software.

The relative χ^2 ratio is computed by dividing the χ^2 value over the corresponding degrees of freedom (DF) (Armstrong & Tan, 2000). According to Armstrong and Tan (2000) and Marsh and Hocevar (1988), if the value of χ^2 ratio is less than 5, the model will be acceptable. Table 3 shows that the relative χ^2 ratios for all hypotheses are

below five, which means that our model has an acceptable fitness.

According to MacCallum, Browne, and Sugawara (1996), a RMSEA value of 0.05 or less means that there is a close fit of the model in relation to the DF. Table 3 shows that all RMSEA values for our model are less than 0.05, which supports the model fitness.

CFI, IFI, and GFI values range from zero for a poor fit to 1 for a good one; where a value of 0.9 or more is generally considered to be an indicator for good fit (Bentler & Bonett, 1980). These indices are derived from the comparison of a hypothesized model with the independence model, and it provides a measure of complete covariation (Byrne, 2016). Table 3 shows that our model has an acceptable fitness because all CFI, IFI, and GFI values are greater than 0.9 at the 0.001 level of significance ($p < 0.001$).

Table 3. Goodness of fit results for the research model

	χ^2 ratio	RMSEA	CFI	IFI	GFI	p-value
Model	4.245	0.032	0.96	0.96	0.99	0.000
Variables	3.214	0.044	0.92	0.93	0.91	0.000

4. RESULTS AND DISCUSSIONS

Detailed statistical analyses were carried out using the SPSS software. These analyses comprised descriptive statistics, hypothesis testing, analysis of variance (ANOVA), and the correlation between the research variables. The next sub-sections present these analyses.

4.1. Descriptive statistics

The mean (\bar{x}), standard deviation (S), and implementation level were found for each research variable as shown in Table 4. This table shows that the mean (\bar{x}) and standard deviation (S) of the whole model are 3.61 and 0.80, respectively. It also shows that the overall implementation index of the research variables is 72.1%.

Table 4. Descriptive statistics for the research variables ($n = 248$)

Research variable	Mean (\bar{x})	Standard deviation (S)	Implementation index
COVID-OS	3.31	0.92	66.2%
Job satisfaction	4.33	0.65	86.6%
Job burnout	2.77	0.95	55.4%
Employee voice	4.01	0.66	80.2%
Overall mean	3.61	0.80	72.1%

4.2. The correlation between research variables

The coefficient of correlation (r) measures the relative strength of a linear relationship between two variables. The values of r range from -1 for a strong negative correlation to +1 for a strong positive correlation, while a value of zero means that there is no correlation between the two variables (Berenson et al., 2020). Table 5 shows the correlation matrix for the research variables. It shows that the relationship between COVID-OS and employee voice is strong,

as the coefficient of correlation between these two variables is 0.79 at the 0.01 level of significance. Table 5 also shows that COVID-OS is positively correlated with job satisfaction ($r = 0.56$) and negatively with job burnout ($r = -0.62$). Job satisfaction is positively correlated with employee voice ($r = 0.82$). Moreover, COVID-OS, job satisfaction, and employee voice are negatively correlated with job burnout, with $r = -0.62$, $r = -0.66$, and $r = -0.79$, respectively.

Table 5. Correlation matrix for the research variables

Research variable	COVID-OS	Job satisfaction	Job burnout	Employee voice
COVID-OS	1			
Job satisfaction	0.56**	1		
Job burnout	-0.62**	-0.66**	1	
Employee voice	0.79**	0.82**	-0.79**	1

Notes: ** Correlation is significant at the 0.01 level (two-tailed), $n = 248$.

4.3. Hypotheses testing

In this study, the direct relationships represented by $H1$ and $H4$ were tested using the linear regression analysis, while the indirect relationships represented by $H2$ and $H3$ were tested using the hierarchical regression analysis.

Regarding the first hypothesis ($H1$), Table 6 shows the regression statistics for the relationship between COVID-OS and employee voice. The value

of r for these two variables is 0.691, which means that there is a positive and strong relationship between them. Furthermore, the coefficient of determination (R^2) is 0.85, which means that 85% of the variability in the employee voice variable is explained by the COVID-OS variable. Additionally, the regression statistics ($F = 22.801$, $p < 0.01$) indicate that $H1$ is supported. Therefore, it can be concluded that COVID-OS positively affects employee voice.

Table 6. Regression statistics for COVID-OS against employee voice ($n = 248$)

r	R^2	Adjusted R^2	F-value	Sig.
0.691	0.850	0.810	22.801	0.000

Table 7 shows the regression model for the relationship between COVID-OS (independent variable) and employee voice (dependent variable). It is clear from this table that COVID-OS ($t = 4.775$, $p < 0.01$) has a positive and significant impact on

employee voice at the 0.01 level of significance. This indicates that community pharmacies in Jordan believe that COVID-OS positively affects employee voice.

Table 7. Regression model for COVID-OS against employee voice ($n = 248$)

Model	Unstandardized coefficients		Standardized coefficients	t-value	Sig.
	B	Standard error	β -value		
(Constant)	3.316	0.151		21.975	0.000
COVID-OS	0.210	0.044	0.291	4.775	0.000

Regarding the fourth hypothesis ($H4$), Table 8 shows the regression statistics for the relationship between job satisfaction and job burnout. The value of r for these two variables is -0.752, which means that there is a negative and strong relationship between them. Furthermore, the R^2 is 0.83, which

means that 83% of the variability in the job burnout variable is explained by the job satisfaction variable. Additionally, the regression statistics ($F = 31.422$, $p < 0.01$) indicate that $H4$ is supported. Therefore, it can be concluded that job satisfaction negatively affects job burnout.

Table 8. Regression statistics for job satisfaction against job burnout ($n = 248$)

r	R^2	Adjusted R^2	F-value	Sig.
-0.752	0.830	0.790	31.422	0.000

The second hypothesis ($H2$) proposed that job satisfaction mediates the relationship between COVID-OS and employee voice. Table 9 shows that COVID-OS significantly affects employee voice as shown in the data of Model 1 for job satisfaction. In addition, it shows that job satisfaction mediates the relationship between COVID-OS and employee voice as shown in the data of Model 2 for job satisfaction ($\Delta R^2 = 0.067$, $\Delta F = 19.027$, $p < 0.000$).

Therefore, it can be concluded that $H2$ (which is composed of $H2a$ and $H2b$) is supported.

Furthermore, the third hypothesis ($H3$) proposed that job burnout mediates the relationship between COVID-OS and employee voice. Table 9 shows that COVID-OS significantly affects employee voice as shown in the data of Model 1 for job burnout. In addition, it shows that job burnout mediates the relationship between COVID-OS and

employee voice as shown in the data of Model 2 for job burnout ($\Delta R^2 = 0.066$, $\Delta F = 18.677$, $p < 0.000$). Consequently, it can be concluded that H3 (which is

composed of H3a and H3b) is supported. A summary of the final results of hypotheses testing is presented in Table 10.

Table 9. Hierarchical regression analysis

Dependent variable	Employee voice			
	Model 1		Model 2	
	b	SE	b	SE
COVID-OS	0.201*	0.045	0.170*	0.044
Job satisfaction			0.269*	0.062
R ²	0.075*		0.141*	
ΔR^2			0.067*	
ΔF			19.027*	
Dependent variable	Employee voice			
	Model 1		Model 2	
	b	SE	b	SE
COVID-OS	0.201*	0.045	0.158*	0.045
Job burnout			-0.187*	0.043
R ²	0.075*		0.140*	
ΔR^2			0.066*	
ΔF			18.677*	

Notes: n = 248; b is unstandardized regression coefficients. SE is standard error; *p < 0.000.

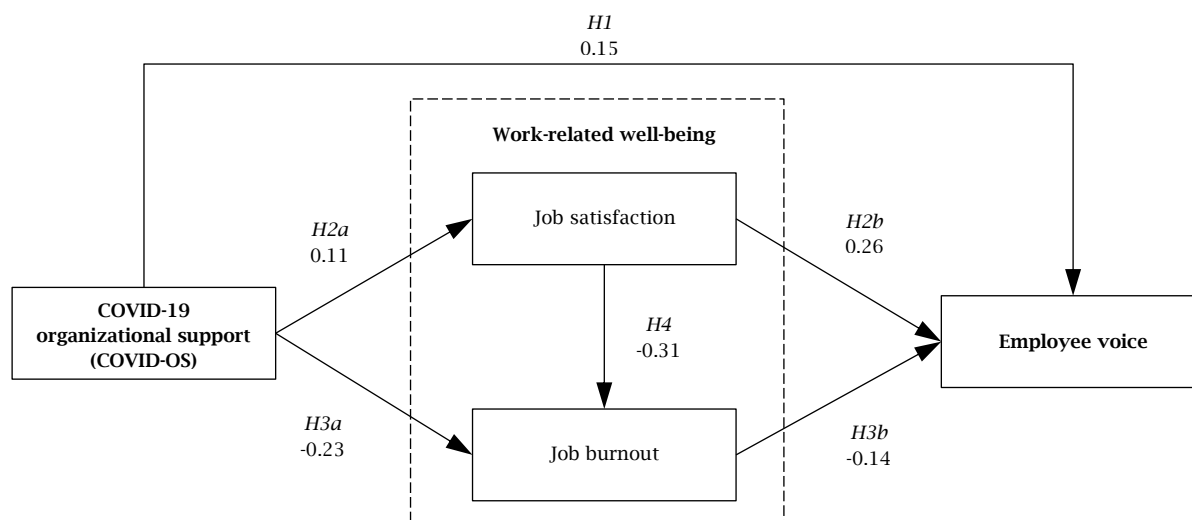
Table 10. Summary for the hypotheses testing results

Hypothesis	Relationship	Support of hypothesis	Implication
H1	COVID-OS → Employee voice	Supported	COVID-OS affects employee voice positively
H2a	COVID-OS → Job satisfaction	Supported	COVID-OS affects job satisfaction positively
H2b	Job satisfaction → Employee voice	Supported	Job satisfaction affects employee voice positively
H3a	COVID-OS → Job burnout	Supported	COVID-OS affects job burnout negatively
H3b	Job burnout → Employee voice	Supported	Job burnout affects employee voice negatively
H4	Job satisfaction → Job burnout	Supported	Job satisfaction affects job burnout negatively

On the other hand, the estimated strength (i.e., standardized regression weights) for all of the relationships between research variables are shown in Figure 2. The positive signs refer to direct relationships between these variables, while the negative signs refer to inverse relationships

between them. Improving or harming any one of these research variables will affect another variable(s) according to the amount of estimated strength presented in Figure 2. This implies that none of the research variables should be ignored or given less attention.

Figure 2. Research model with estimated strengths for the relationships



In summary, this study aimed to investigate the impact of COVID-OS on employees' voice, taking into consideration the mediating effect of work-related well-being, including job satisfaction and job burnout. Our results revealed that the more support community pharmacies offer to their pharmacists, the greater the employees' willingness to offer their voice to their employing pharmacies. This is because when people receive organizational support, they

show more positive behavior to their organizations and become more engaged to offer their ideas to their organizations. Furthermore, this study found that as the COVID-19 pandemic causes stress on the employees, offering resources to pharmacists during this pandemic serves to increase their job satisfaction and alleviate their job burnout and stress levels, and therefore they exercise voice behavior more and more.

These results are in line with the COR theory, which proposes that people experience more stress when they lose available resources in their normative situation or need more resources to face the demands of newly challenging situations. Therefore, when employees feel that they get more support from their organizations, they feel more obligated to them. This commitment is shown in several forms, including the provision of constructive information and ideas that will lead to the benefit of their organizations. The results are also consistent with the SET, whereby reciprocity is considered to be the core of interaction and relationships between employers and their employees.

The results go also in line with the very limited research that has explored the POS concept in the context of the healthcare sector. For example, our results agree with Urbonas et al. (2015) who found that POS enhances the provision of medication information provided by pharmacists, which enhances the performance of community pharmacies in terms of the quality of services provided to the patients. In addition, it agrees with Reiss, Footman, Akora, Liambila, and Ngo (2016) who found that pharmacists in Kenya play an important role in providing medical information and referrals, which can be improved by offering them technical support. This sort of information-sharing is fruitful if it is directed towards organizations' clients, because it ultimately improves service user experience and satisfaction, leading to improved results for organizations.

Finally, the results showed that the more people become satisfied with their job, the less they experience job burnout. This is consistent with previous studies that conclude the same result (e.g., Griffin et al., 2010; Kalliath & Morris, 2002; Lambert et al., 2018; Tims et al., 2013). The next section introduces the conclusion, including theoretical and practical implications, as well as presents the limitations and future research.

5. CONCLUSION

In literature, there is a general lack of research on specific explanations of the types of support offered by organizations to their employees during the COVID-19 pandemic, reflecting the novelty and unprecedented nature of the scenario (Zhang et al., 2020). Consequently, this study explores how a new conceptualization of POS during the COVID-19 pandemic influences employees' voice by shedding the light on the mechanism by which organizational support, particularly the COVID-OS, boosts employee

voice behavior through the mediating impact of work-related well-being, comprising employees' job satisfaction and job burnout. Our study shows that COVID-OS directly affects employee voice, as well as it reveals that job satisfaction and job burnout mediate the relationship between COVID-OS and employee voice.

These findings expand the knowledge about the employees' motives and mechanisms of sharing their voice within their organizations (Li et al., 2020), as well as adding to the emerging body of knowledge concerning employee voice behavior in non-Western cultures. This is particularly significant as voice expectations and processes are not culturally universal, and the cultural dimension and specifics should be considered in the design of employment practices (Fodchuk & Sherman, 2008).

The findings of this study provide practical implications for community pharmacies and other healthcare institutions on how to offer special forms of support to their workers during the COVID-19 pandemic in order to enhance the flow of constructive information and ideas from their employees. This support can also be an opportunity to enhance job satisfaction and alleviate job burnout and anxiety of their employees.

In order to build upon this study, some opportunities for future research were identified. These opportunities emerged from several limitations that constrained this research. First, this study comprised a sample of community pharmacists in Jordan. The restriction of the data collection to a single profession and country limits the generalization of the results. In order to increase the validity and generalizability of the results, the developed conceptual model can be applied in additional professions other than pharmacy, additional countries other than Jordan, as well as through taking larger samples. Second, this study is considered a cross-sectional study that was conducted at a specific time. A longitudinal study or a field experiment can be adopted by future researchers through gathering the data over a longer time span, which will provide a stringent test and further investigation of the relationships between the research variables. Third, this study investigated the indirect relationship between COVID-OS and employee voice through the mediating effect of job satisfaction and job burnout. Future researchers can examine this relationship again by considering the moderating role of several factors. Finally, future researchers interested in the area of HRM can reuse the assessment tool developed in this study to conclude corroborating or conflicting results with current results.

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