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Job Satisfaction, Anxiety and Fear of Covid-19 in Telecommuters

Karina Carlota Astudillo-Llerena.[1], Isabel Cristina Mesa-Cano[1,2], Andrés Alexis Ramírez-Coronel[1,2,3]

[1]Master's Degree in Postgraduate Care Management of the Catholic University of Cuenca, Ecuador.
[2]Nursing Career of the Catholic University of Cuenca, Ecuador.
[3]Laboratory of Psychometry, Comparative Psychology and Ethology of the Center for Research, Innovation and Technology Transfer of the Catholic University of Cuenca, Ecuador.

*Correspondence: Mesa Cano Isabel Cristina
Affiliation: Master in Postgraduate Care Management, Universidad Catholica de Cuenca, Ecuador.

Abstract:- As a consequence of this new digital and globalized era, has arisen the need to acquire new knowledge and develop new skills among workers, this accompanied by a change of priorities on the part of the new generations, where the personal use of time (family life, leisure, sports, etc.) becomes more valued than in previous times. The objective of the present work is to determine job satisfaction, anxiety and fear of COVID-19 in teleworkers of the Catholic University of Cuenca. A non-experimental, prospective and descriptive quantitative study was carried out with a cross-sectional correlational and comparative design. We worked with 108 teleworkers of the Catholic University of Cuenca Matriz. The results obtained in the present work show that the workers, both teachers and administrative staff of the Catholic University of Cuenca, who performed their work activities through the telework method, although they were satisfied with their work, presented levels of anxiety from mild to high, and high levels of fear as a result of the pandemic of COVID-19 and the compulsory isolation that this generated.

Keywords:- *Job Satisfaction, Telework, Anxiety, Fear. SARS-CoV-2, Confinement.*

I. INTRODUCTION

Teleworking is a labor modality that is being promoted and implemented in Colombia as a strategy for employment generation. However, this form of labor flexibilization requires minimum guarantees in terms of protection for workers (1).

Colombia, since 2010, has generated proposals for laws on telework, in order to generate jobs and self-employment. In other countries such as Uruguay or Brazil, no distinction is made between telework and home-based work (2).

In Argentina, it is defined as a provision of services that is performed in places other than the company, in Costa Rica it is defined as the provision of services of a non-presential nature, where a civil servant can develop part of his working day through the use of telematic means from his own home or authorized place, provided that the nature and need of the service allow it, and within the framework of the policy of reconciliation of personal, family and work life of civil servants (3).

The work stress of health professionals caused by teleworking, we must bear in mind that it can affect any workplace and any worker.

Stress, in some cases, linked to the health profession of the teleworker can be caused by different factors, such as the content of the work, its organization, environment, lack of communication and the like, is a state that is accompanied by physical, psychological or social complaints or dysfunctions and results from the inability of individuals to live up to the demands or expectations placed on them (4).

The individual is able to handle short-term stress, which can be considered positive, but has difficulty withstanding prolonged exposure to intense pressure such as teleworking (5).

At present by Covid 19 are the reasons why there is an increase in the desertion of people who are part of the world, the cause of stress that is handled by the performance of work within an organization, thus creating relationships of tension between all areas with senior management. Because of this, flexible forms of work have emerged as teleworking as it is a modality capable of improving relations between all members of the organization, since it has been proven that performing work from home releases the burdens of tension between senior management towards their workers, improves the quality of life on a large scale both in the personal and work environment and finally ensures increased organizational productivity (6).

The COVID-19 pandemic can be stressful for individuals because fear and anxiety about a new disease and what might happen in the face of it can be overwhelming and generate strong emotions in both adults and children. Public health measures, such as social distancing, have caused people to feel isolated.

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The COVID-19 pandemic is affecting the economy of all countries, generating critical situations in companies around the world, unemployment and economic difficulties for most families and individuals. Those with high anxiety trait, tend to respond with anxiety to situations of uncertainty, could be overwhelmed by the economic situation created by this pandemic (7).

Worldwide surveys show that around 30-60% of workers are not satisfied in their jobs, although 80-85% of these workers say they could be satisfied if some aspect of their job were to change. However, job satisfaction is an essential element for achieving effective workers, involved and committed to the organization and willing to contribute innovation and improvements (7).

A study of 106 teleworkers in the City of Buenos Aires showed that 61% of them recognize that they have improved their performance, 53% say they have a greater concentration on their tasks, while 35% find it easier to fulfill them when teleworking (8).

This research shows the level of job satisfaction that teleworking has in the Catholic University of Cuenca in its employees, taking into account that the means of communication especially the internet, allows to carry out different work experiences, however, teleworking is not only a benefit for employees, it is also an advantage for the Universities because costs are reduced, higher productivity is generated and all processes will be efficient, thus betting on a competitive advantage.

Telework is a form of work organization, which is developed at a distance or away from the company's facilities. It has three modalities that allow companies through a detailed study of feasibility of implementation, to define for a group of workers or for certain positions, this type of work. This way of working is supported, almost depending on the integral use of information and communication technologies, it also has a series of advantages and benefits for the parties involved (company - worker), as well as some points of attention as we call it in the present writing or disadvantages; that from the planning and the controls can be mitigated. The quality of life for workers is one of the advantages and is the focus of this research, as it represents several factors such as savings from the point of view of travel, time, as well as personal, social and family aspects of individuals that together with the above provide welfare and happiness. On the other hand, and not less important, for the companies and according to the integral planning, the telework increases the productivity, reduces costs of physical plane, reduces the absenteeism, among others (9).

Telework is a modality of work organization characterized by: the distant position of the worker with respect to the headquarters of his employer, and the use by the worker of new information and communication technologies to develop the work and communicate with his employer and colleagues (10).

A study by Healthcare investigated among 15 countries and found that workers were more productive when doing their jobs and found that employees who worked at home had longer working hours, more intense work and interrupted work to perform household chores (11). The research distinguished between employees who regularly worked at home, those who moved constantly to work in different locations and those who split their time between an office and another location. The groups of workers who always worked in the office reported lower levels of stress and sleeplessness than those who worked at home. Forty-two percent of the latter had high levels of stress, compared to 29% of workers who performed their tasks in an office (12).

Psychiatrist Ana Millán explains that, since teleworking began, "the use of anxiolytics and hypnotics", drugs used to reduce anxiety and help sleep, "has skyrocketed. In the first place, the doctor explains, because the change from working in an office to being at home all day was abrupt and imposed by a public health issue. Secondly, because "the living space was invaded by the working space". Juanita, for example, can no longer bear to enter the place in her home where she set up her work station and is terrified to think that now she no longer likes a space in her home because it is associated with anxiety and stress. Another cause pointed out by psychiatrist Millán is that, since there is no movement between home and the office, the mental space to metabolize and digest day-to-day problems has been lost (13).

Fear is directly associated with its transmission rate as well as its morbidity and mortality. This further leads to other psychosocial challenges such as stigmatization, discrimination and loss of loved ones. With high levels of fear, individuals may not think clearly and rationally when reacting to COVID-19. However, current treatment for COVID-19 worldwide has mainly focused on infection control, an effective vaccine, and treatment cure rate (14).

Objective General

- To determine job satisfaction, anxiety and fear of COVID-19 in tele-workers of the Catholic University of Cuenca**.**

Specific

1. To identify the sociodemographic characteristics of the study population.
2. Assessment of the dimensions of job satisfaction, anxiety and fear of COVID-19.
3. To relate the dimensions of job satisfaction with anxiety, fear and sociodemographic variables in the participants of the research.

II. METHODOLOGY

Type of research

A non-experimental, prospective and descriptive quantitative study with a cross-sectional correlational and comparative design was carried out.

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Population

For the following study there was a population of 150 teleworkers of the Universidad Católica de Cuenca, Azogues branch.

Sample

A simple random sampling was carried out. The sample consisted of 108 teachers of the Universidad Católica de Cuenca, Azogues, according to the formula Sierra Bravo of 1988, the error (5%) that we make in estimating the sample size, based on a confidence level of 95%.

Inclusion and exclusion criteria

Male and female teachers between 18 and 65 years of age were included, who agreed to participate in this study by filling out the informed consent form and who are currently teaching at the Catholic University of Cuenca, Azogues campus. Teachers with any illness will be excluded.

Instruments

Sociodemographic survey: Age, sex, education, marital status, number of children, number of people living, years of teaching experience, time of confinement, presence of symptoms related to COVID-19.

Job Satisfaction: The instrument contains items related to the level of job satisfaction in relation to issues of working conditions, work supervision, work recognition, work significance, autonomy, communication with other areas.

STAI Anxiety Scale: According to Fonseca-Pedrero et al. (2012) the Spanish adaptation of the "State-Trait Anxiety Inventory (STAI; Spielberger et al., 1970; Spielberger et al, 2008). The STAI is a 40-item self-report (Appendix 2) designed to assess two independent concepts of anxiety: anxiety as a state (transient emotional condition) and anxiety as a trait (relatively stable anxious propensity). The time frame of reference for anxiety as a state is "right now, at this moment" (20 items) and for anxiety as a trait is "in general, most of the time" (20 items). Each subscale consists of a total of 20 items in a 4-point Likert response system according to intensity (0= almost never/not at all; 1= somewhat/sometimes; 2= quite often; 3= very much/almost always). The total score in each of the subscales ranges from 0 to 60 points. In samples of the Spanish population, internal consistency levels have been found that range, both for the total score and for each of the subscales, between 0.84 and 0.93 (13).

Fear of COVID-19: This instrument was created by Ahorsu, Lin, Imani, Saffari, Griffiths and Pakpour. The sample comprised 717 Iranian participants. The FCV-19S items were constructed based on an extensive review of existing fear scales, expert assessments, and participant interviews. Several psychometric tests were conducted to determine its reliability and validity properties. After panel examination and corrected item total correlation tests, seven items were retained with acceptable corrected item total correlation (0.47 to 0.56) and were further confirmed with significant and strong factor loadings (0.66 to 0.74). In addition, other properties assessed using both classical27 test-retest theory and the Rasch model28 were satisfactory on the seven-item scale. More specifically, reliability values such as internal consistency (α = 0.82) and test-retest reliability (ICC = 0.72) were acceptable. Concurrent validity was supported by the Hospital Anxiety and Depression Scale (with depression, r = 0.425 and anxiety, r = 0.511) and the Perceived Vulnerability to Illness Scale (with perceived unafectability, r = 0.483 and germ aversion, r = 0.459). Participants indicate their level of agreement with the statements using a five-item Likert scale. Responses included "strongly disagree," "disagree," "neither agree nor disagree," "agree," and "strongly agree." The minimum possible score for each question is 1, and the maximum is 5. A total score is calculated by adding the score of each item (from 7 to 35). The higher the score, the greater the fear of cororonavirus-19(14).

Confinement COVID-19 related symptoms: Fever Yes or No, cough Yes or No, shortness of breath Yes or No, chills Yes or No, muscle pain Yes or No, repeated shivering with chills Yes or No, headache Yes or No, sore throat Yes or No, onset of loss of smell and taste Yes or No, difficulty breathing Yes or No, persistent pain or pressure in the chest Yes or No, persistent pain or pressure in the chest Yes or No.

Procedure: The sample was accessed using criteria of accessibility and economy by digital means: ERP from the platform of the Catholic University of Cuenca, in which the informed consent was detailed and , the data of the participants were collected using the form in Google in which the questions corresponding to the sociodemographic variables, job satisfaction, anxiety and fear of Covid-19 were implemented, a codebook was prepared to collect each variable with its labeling and operationalization, the data are for the exclusive use of this research, it was coded with the participant number, without registration of name or surname so the participants cannot be identified with their personal data.

Statistical analysis: A descriptive analysis was performed using percentages, frequencies, measures of central tendency, and then a normality test was performed using Shapiro Wilk (W). Parametric tests were used for the correlation of anxiety and confinement variables, using Pearson's correlation coefficient. For the aforementioned statistical analyses, InfoStat and SPSS 26 software were used.

III. RESULTS

Sociodemographic profile

Table 1 presents the characteristics of the population studied. When analyzing the sociodemographic characteristics, it can be determined that of the 108 participants, the average age is 35.95 years, 67.6% are women, 63.9% have a master's degree, 88% have a teaching position, with an average of 4.76 years of experience, 51.9% are married, 95.4% have a middle-level socioeconomic

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status, 69.4% have children. Regarding the characteristics according to the confinement, it can be determined that 67.6% were in confinement from 1 to 6 months before reintegration of their work and 44.4% of the population did not present any symptoms related to COVID-19 (Table 2).

Table 1. Description of sociodemographic characteristics

Characteristics		f	%
Age: (mean) (SD)	(35,95) (8,267)		
Years of experience (mean) (SD)	(4,76) (4,664)		
Sex:	Male	35	32,4%
	Female	73	67,6%
Instruction:	Third Level	36	33,3%
	Master's Degree	69	63,9%
	PHD	3	2,8%
Current position:	Teacher	95	88,0%
	Administrative	13	12,0%
Current marital status:	single	34	31,5%
	married	56	51,9%
	common-law	10	9,3%
	widowed	1	0,9%
	divorced/separated	7	6,5%
Socioeconomic status	Low level	4	3,7%
	Medium level	103	95,4%
	High level	1	0,9%
Do you have children?	Yes	75	69,4%
	No	33	30,6%
How many people do you live with in your household?	1 to 3 people	35	32,4%
	4 to 6 persons	61	56,5%
	6 to 9 persons	12	11,1%

Table 2. Description of the characteristics according to confinement

		f	%
¿Time of confinement?	1 to 6 months	73	67,6%
	6 to 12 months	35	32,4%
Presence of COVID-19 related symptoms.	Fever	4	3,7%
	Cough	8	7,4%
	Shortness of breath or difficulty breathing	3	2,8%
	Muscle pain	10	9,3%
	Headache	21	19,4%
	Sore throat	10	9,3%
	Appearance of loss of sense of smell and taste	4	3,7%
	No symptoms	48	44,4%

Table 3 presents the assessment of job satisfaction in the modality of teleworking, where teachers and administrative staff of the Catholic University of Account present job satisfaction in all dimensions: Considerations of Work, supervision, recognition, transcendence, independence / autonomy, communication with other areas.

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Table 3. Job Satisfaction Rating

Dimensions		Minimum	Maximum	Mean	Mean Variance Deviation
Job Considerations	1. Regarding the space you have available for your telework?	1	4	3,13	,750
	2. Regarding the illumination of your telework place?	1	4	3,22	,715
	3. Regarding the ventilation of your teleworking place?	1	4	3,19	,742
	4. Regarding the noise level of your teleworking place?	1	4	3,05	,790
	5. Regarding the temperature comfort of your home to perform telework?	1	4	3,19	,712
	6. Regarding the adequacy and aids that your company provides to perform telework?	1	4	3,06	,727
Supervision	1. Regarding the control that your boss exercises over you since you have been teleworking?	1	4	3,12	,817
	2. Regarding the way in which your boss evaluates your performance?	1	4	3,19	,791
	3. Regarding the frequency with which you contact your boss?	1	4	3,20	,818
	4. Regarding the timeliness of the response you receive from your boss?	1	4	3,10	,842
	5. Regarding the feedback you receive from your boss?	1	4	3,10	,842
Recognition	1. With the way your boss recognizes your work?	1	4	3,12	,794
	2. With the support you receive from your boss?	1	4	3,13	,855
	3. With the rewards for the achievement of objectives?	1	4	3,06	,807
Transcendence	1. What does your work produce in you?	1	4	3,18	,807
	2. In terms of the possibilities for creativity that your job offers you?	1	4	3,17	,755
	3. In terms of the opportunities your job offers you to do the things you like to do?	1	4	3,24	,709
	4. In terms of the development of your skills from your work?	1	4	3,19	,767
Independence / autonomy	1. Regarding the ability to freely decide aspects related to your work?	1	4	3,15	,721
	2. Regarding the ability to decide how much work you do in a day?	1	4	3,06	,734
	3. Regarding your participation in the decisions of your work group?	1	4	2,99	,704
Communication with other areas	1. With regard to the interrelationship with your co-workers?	1	4	3,08	,763
	2. Regarding the frequency with which you contact your co-workers?	1	4	3,04	,760
	3. Regarding the clarity and timeliness of the information transmitted to you?	1	4	3,07	,770

Table 4 presents the valuation of the anxiety of work in the modality of teleworking, of the teachers and administrative staff of the Catholic University of Cuenca. The values presented are based on the mean corresponding to each item of the questionnaire. The variation of the means ranges between 0.55 and 2.43.

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Table 4. Anxiety Rating

	Minimum	Maximum	Mean	Mean Desv
I feel calm	0	3	1.66	.877
I feel confident	0	3	1.84	.833
I am tense	0	3	.86	.803
I am upset	0	3	.75	.787
I feel comfortable (I am at ease)	0	3	1.64	.952
I feel upset	0	3	.55	.647
I am worried about possible future misfortunes	0	3	1.31	.924
I feel rested	0	3	.98	.626
I feel anxious	0	3	.77	.756
I feel comfortable	0	3	1.31	.882
I feel confident	1	3	2.43	.713
I feel nervous	0	3	.70	.752
I am uneasy	0	3	.68	.681
I feel very "tied down" (as in oppressed)	0	3	.62	.782
I am relieved	0	3	1.14	.922
I feel satisfied	0	3	1.56	.846
I am worried	0	3	.96	.796
I feel dazed and overexcited	0	3	.56	.674
I feel joyful	0	3	1.68	.771
At this moment I feel good	0	3	1.87	.821

Table 5 presents the valuation of fear of working in the modality of teleworking, of the teachers and administrative staff of the Catholic University of Cuenca. The values presented are based on the mean corresponding to each item of the FCV-19S questionnaire. The variation of the means ranges between 2.68 and 3.40.

Table 5. Assessment of fear of Covid-19

	Minimum	Maximum	Mean	Mean Desv
I am very afraid of the coronavirus - 19	1	5	3.40	1.260
I feel uncomfortable thinking about coronavirus - 19	1	5	3.35	1.278
I feel my palms sweat when I think about coronavirus - 19	1	5	2.81	1.382
I am afraid of losing my life to coronavirus - 19	1	5	3.38	1.379
When I see new stories about coronavirus - 19 on social media, I get nervous or anxious.	1	5	3.19	1.348
I can't sleep because I am worried about having coronavirus - 19	1	5	2.68	1.446
My heart races or races when I think about getting coronavirus - 19	1	5	2.86	1.437

The relationship between the sociodemographic variables with job satisfaction, anxiety and fear related to COVID-19 is presented below.

Regarding the relationship between job satisfaction, Table 6 presents the means corresponding to each of the six dimensions for each sociodemographic variable. It can be seen, for example, that in terms of gender, men have the highest satisfaction scores in the four components; in components 5 and 6 the scores are similar. For each variable, those with the highest satisfaction scores compared to the other sociodemographic variables are highlighted in Table 6.

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Table 6.- Relationship between job satisfaction and sociodemographic characteristics

		SL1	SL2	SL3	SL4	SL5	SL6
		Mean	Mean	Mean	Mean	Mean	Mean
Sex:	Male	**20**	**17**	**10**	**14**	**9**	**10**
	Female	18	15	9	12	9	9
Age: (grouped)	24-40	18	16	9	13	9	9
	41 - 60	**20**	**16**	**10**	**13**	**10**	**9**
Education:	Third Level	18	15	9	12	9	9
	Master's Degree	19	16	9	13	9	9
	PHD	**19**	**17**	**11**	**14**	**10**	**10**
Current position:	Teacher	19	16	9	13	9	9
	Administrative	**19**	**17**	**10**	**14**	**10**	**9**
Years of experience 1 (grouped)	Less than 10years	19	16	9	13	9	9
	More than 10 years	**20**	**18**	**11**	**14**	**9**	**10**
Current marital status:	single	18	15	9	12	9	9
	married	19	16	9	13	9	9
	common-law marriage	**21**	**17**	10	13	10	**10**
	widowed	19	17	**12**	**16**	**11**	9
	divorced/separated	18	15	9	13	10	9
Socioeconomic stratum	Low level	17	14	9	13	9	9
	Medium level	**19**	**16**	9	13	9	9
	High level	17	14	9	12	9	9
Have children:	Yes	19	16	9	13	9	9
	No	18	15	9	13	9	9
Number of children	0	18	15	9	13	9	9
	1	19	16	9	13	9	9
	2	19	16	9	13	9	9
	3	**20**	**17**	**10**	**13**	**10**	**10**
	4	19	15	8	12	8	8
How many people do you live with in your household?	1 to 3 persons	**20**	**17**	**10**	**14**	**10**	**10**
	4 to 6 persons	18	15	9	12	9	9
	6 to 9 persons	19	16	10	12	9	10
Time of confinement?	1 to 6 months	**19**	**16**	**9**	**13**	**9**	**9**
	6 to 12 months	18	15	9	12	9	9
Presence of symptoms related to COVID-19	Fever	20	19	11	14	10	11
	Cough	**21**	**18**	**11**	**14**	**11**	**10**
	Shortness of breath or difficulty breathing	20	18	10	12	10	10
	Muscle pain	18	15	9	12	9	9
	Headache	19	16	9	13	9	9
	Sore throat	**21**	**17**	**10**	**14**	**10**	**10**
	Appearance of loss of smell and taste	17	15	9	11	9	8
	No symptoms	18	15	9	12	9	9

Regarding the relationship between anxiety, the means corresponding to the total score of the STAI questionnaire items for each sociodemographic variable are presented in Table 7. The anxiety means presented in Table 7 range from 20 to 34. As in Table 6, the variables with higher anxiety scores compared to the other sociodemographic variables have been highlighted.

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Table 7.- Relationship between anxiety and sociodemographic characteristics

		TOTAL_ANXIETY
		Mean
Sex:	Male	24
	Female	24
Age: (grouped)	24-40	23
	41 - 60	**27**
Education:	Third Level	21
	Master's Degree	**25**
	PHD	24
Current position:	Teacher	24
	Administrative	**26**
Years of experience 1 (grouped)	Less than 10years	24
	More than 10 years	**30**
Current marital status:	single	22
	married	**25**
	common-law marriage	21
	widowed	**34**
	divorced/separated	23
Socioeconomic stratum	Low level	24
	Medium level	24
	High level	20
Have children:	Yes	**24**
	No	23
Number of children	0	23
	1	23
	2	24
	3	25
	4	**27**
How many people do you live with in your household?	1 to 3 persons	**25**
	4 to 6 persons	23
	6 to 9 persons	23
Time of confinement?	1 to 6 months	24
	6 to 12 months	24
Presence of symptoms related to COVID-19	Fever	27
	Cough	**28**
	Shortness of breath or difficulty breathing	25
	Muscle pain	**28**
	Headache	26
	Sore throat	27
	Appearance of loss of smell and taste	23
	No symptoms	20

Finally, regarding the relationship between fear, Table 8 presents the means corresponding to the total score of the FCV-19S questionnaire items for each sociodemographic variable. The fear means presented in Table 8 range from 15 to 29. Similarly, the variables with higher fear scores compared to the other sociodemographic variables have been highlighted in Table 8.

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Table 8.- Correlation between fear and sociodemographic characteristics

		TOTAL_FEAR
		Mean
Sex:	Male	20
	Female	**22**
Age: (grouped)	24-40	**22**
	41 - 60	19
Education:	Third Level	**25**
	Master's Degree	20
	PHD	21
Current position:	Teacher	**22**
	Administrative	19
Years of experience 1 (grouped)	Less than 10years	**22**
	More than 10 years	15
Current marital status:	single	21
	married	22
	common-law marriage	21
	widowed	19
	divorced/separated	**29**
Socioeconomic stratum	Low level	20
	Medium level	**22**
	High level	21
Have children:	Yes	**23**
	No	19
Number of children	0	19
	1	26
	2	21
	3	22
	4	**28**
How many people do you live with in your household?	1 to 3 persons	21
	4 to 6 persons	21
	6 to 9 persons	**25**
¿Time of confinement?	1 to 6 months	**22**
	6 to 12 months	21
Presence of symptoms related to COVID-19	Fever	20
	Cough	19
	Shortness of breath or difficulty breathing	20
	Muscle pain	16
	Headache	20
	Sore throat	20
	Appearance of loss of smell and taste	18
	No symptoms	**25**

IV. DISCUSSION

The main objective of this research was to determine job satisfaction, anxiety and fear of COVID-19 in teleworkers of the Catholic University of Cuenca, Azogues.

The sample consisted of 108 professionals, including teachers and administrative staff, from the Catholic University of Cuenca, Azogues, was characterized by being composed mostly of women with 67.6% compared to 32.4% belonging to men; the average age of the participants was 35.95 years, with a minimum age of 24 years and a maximum age of 64 years. Another important characteristic to mention is that 95.4% of the workers reported belonging to a medium socioeconomic stratum.

As for the assessment of job satisfaction, the mean scores in all dimensions, ranged from 2.99 - 3.24; that is to say that teachers and administrators who perform teleworking in general are satisfied with the Considerations of work, Supervision, Recognition, Transcendence, Independence and Communication with other areas.

In the assessment of anxiety, the values of the means of the total scores for each item of the STAI questionnaire varied between 0.55 and 2.43, being 0 the indicator the lowest score and 3 the highest. Regarding fear, the mean corresponding to each item of the FCV-19S questionnaire ranged between 2.68 and 3.40, with the lowest score being 1 and 5 being the highest.

Job satisfaction was evaluated in terms of mean scores. In terms of gender, men had higher satisfaction scores than women in components 1, 2, 3, and 4. Professionals between 41 and 60 years of age indicated higher satisfaction than younger professionals. It was found that professionals with a PhD degree have higher satisfaction, in all dimensions, than those with a third level degree and master's degree. In terms of position, administrative staff were more satisfied than teachers in dimensions 2, 3 and 4. According to years of experience, those with more than 10 years of experience were more satisfied than those with less than 10 years of experience. Marital status suggests that those in a common-law union have higher job satisfaction in dimensions 1, 2, and 6; however, in dimensions 3, 4 and 5 it is widowers who indicated higher job satisfaction. Professionals of a medium socioeconomic stratum revealed to be more satisfied at work, but only with regard to dimensions 1 and 2, since in the remaining dimensions the mean scores are equal; similar results were presented by those who reported having children, and those who have 3 children indicated feeling more satisfied at work compared to those who have fewer children.

Regarding the home situation, the highest job satisfaction scores correspond to professionals who live with 1 to 3 people, and as the number of family members increases, job satisfaction decreases; in this sense, professionals who spent less time in confinement, from 1 to 6 months, also reported being more satisfied than those who had to spend between 6 months and 1 year in confinement. Finally, among all the symptoms considered for the present study, cough was the symptom that caused least discomfort in the professionals, since those who had it indicated higher levels of job satisfaction.

Regarding gender and job satisfaction, the results differ from the results of other authors, for example, Sánchez et al. et al. (2007) (16) point out that the vast majority of results support that the highest satisfaction is manifested among women, which agrees with Carrillo-García et al. et al. (2013) (17), who support a trend of feminization of several professions, showing that women are the ones who show higher levels of satisfaction at a global level. Hodson (1989) (18) argues that socially women tend to be more passive and less likely to express their discontent even when they feel dissatisfied, as indicated by Jung (2007) (19) probably because they compare themselves with unemployed or underemployed women more than with their male colleagues. Regarding marital status, similar results were obtained in a study by Gómez-García. (2013) (20), where it was shown that separated/divorced/widowed social workers presented a higher degree of dissatisfaction than those who were married or living with a partner.

Regarding the relationship between anxiety, with mean STAI questionnaire scores between 20 and 34, and according to (21), teachers who performed telework presented anxiety levels from mild to high. For each sociodemographic variable, those who presented higher levels of anxiety were professionals between 41 and 60 years of age; professionals with a master's degree; administrative staff more than teachers; those with more than 10 years of experience also presented higher levels of anxiety; according to marital status, it was widowers who indicated high anxiety compared to mild anxiety of those in other marital statuses; with regard to socioeconomic status, both those with low and high levels of income showed higher anxiety than those with high levels; professionals with children also showed more anxiety than those without children, and those with 4 children showed higher levels of anxiety compared to those with fewer children. In addition, those who live with 1 to 3 people were more anxious than those who live with more people, and those who presented symptoms such as cough and muscle pain also indicated higher anxiety compared to the other symptoms considered in this study. In terms of sex, men and women presented equal levels of anxiety, and those who were confined for 1 to 6 months presented equal levels of anxiety as those who were confined for up to 1 year.

In contrast to the work by Lin. et al (21) that aimed to identify populations vulnerable to anxiety and depression during COVID-19, it showed that the COVID-19 pandemic significantly increased levels of anxiety and depression in its initial phase. Furthermore, it showed that although the female gender was vulnerable to anxiety in most studies, no significant differences were found between genders.

In general, with mean FCV-19S questionnaire scores between 15 and 29, the professionals who performed presented a high level of fear. For each sociodemographic variable, those who presented higher levels of fear were women, workers between 24 and 40 years of age, professionals with a third level degree, teachers, those with less than 10 years of experience, those with divorced/separated marital status, those of middle socioeconomic status, those who have children, those who have more children, those who live with more people, 6 to 9 people, and those who did not present any symptoms of COVID-19 disease.

V. CONCLUSIONS

The results obtained in the present work show that workers, both teachers and administrative staff of the Catholic University of Cuenca Sede Azogues, who performed their work activities through the teleworking method, although they were satisfied with their work, presented levels of anxiety from mild to high, and high levels of fear as a result of the pandemic of COVID-19 and the mandatory isolation that this generated.

These results highlight the need to try to mitigate the psychological impact of the COVID-19 pandemic. It is imperative that governments emphasize the need for protection and appropriate measures, as well as increased family support and psychological support. In this context, WHO presents the following mental health considerations during the COVID-19 outbreak among them are to protect staff from chronic stress so that they can fulfill their responsibilities; ensure good quality and up-to-date information to all staff; plan for workers to alternate high stress roles with lower stress roles; ensure that staff work in teams or pairs; encourage and monitor breaks at work; implement flexible working hours, facilitate and ensure access to mental health and psychosocial support services (22).

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