Factors Influencing the Work Behavior of Village Health Volunteers During the COVID-19 Pandemic in Thailand: A Cross-Sectional Study

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Abstract

The objective of this study was to develop an influential model of work behavior encompassing the emotional intelligence, personality, and work environment of village health volunteers working under outbreak circumstances, with psychological capital as a mediator, during the COVID-19 pandemic in Thailand. A cohort of 425 village health volunteers (VHVs) was included in the research conducted in lower northern central Thailand. The data were analyzed using descriptive and inferential statistics, namely confirmatory factor analysis, correlation coefficients, and structural equation modeling. The results reveal that the measurement model fitted with the empirical data of χ^2 = 119.78, df = 106, p = .17, CFI = 1.00, NNFI = 1.00, GFI = .98, AGFI = .93, RMSEA = .01, and χ^2/df = 1.13. These findings indicate that psychological capital influenced the personality of VHVs. Furthermore, the work behavior of VHVs was also significantly influenced by EQ and the working environment (p = .01). Local administration and healthcare agencies should promote a conducive work environment and EQ to enhance VHVs' psychological capital and work behavior for unanticipated crises in the future.

Keywords

COVID-19; emotional intelligence; personality; village health volunteers; work behavior; work environment

Introduction

The large-scale COVID-19 outbreak created mental health problems such as loneliness, stress, and depression for healthcare professionals worldwide (Kawohl & Nordt, 2020; Weir, 2020). Since February 2020, frontline medical personnel, who have been directly interacting with the COVID-19 patients, have suffered from psychological disorders, notwithstanding that accepting these risks requires courage and accountability to work efficiently (Wang, Zhang, et al., 2020). Mental hazards are significantly associated with mental disorders, which lead to psychiatric disorders such as post-trauma stress syndrome (PTSS), high prevalence of stress and anxiety, depression, insomnia, and high risk of exposure to the infection (Chew et al., 2020; Juan et al., 2020; Tian et al., 2022). Psychological capital (PsyCap), as defined by Luthans et al. (2004), is a positive encompassing asset and strength with the capability to effectively handle or counter an adverse situation, including a positive mindset. Psychological capital has been considered a predictor of work performance outcome, teamwork learning climate, emotional intelligence, psychological wellbeing, and overall life satisfaction. These aspects of PsyCap would contribute to overcoming psychological distress and job burnout (Kanengoni et al., 2018; Luthans et al., 2007; Santisi et al., 2020; Singhal & Rastogi, 2018).

Village health volunteers (VHVs) are a group of primary healthcare delivery system volunteers working under the idea of community participation and involvement, providing support to the healthcare system by performing a health promotion role in their village, especially in rural and remote areas (Kauffman & Myers, 1997). In Southeast Asia countries such as Thailand, Lao PDR, and Cambodia, working in groups with support from the team and team leaders is essential for team citizenship behavior with VHVs (Kowitt et al., 2015; Ozano et al., 2018; Sato et al., 2014). Especially in Thailand, the World Health Organization recognizes Thai VHVs as a successful model for community-based public health by promoting good health practices, mosquito control measures, avian flu surveillance, HIV control, and disease prevention and control activities (Chuengsatiansup, 2007; Kharel, 2006; Phomborphub et al., 2008).

During the COVID-19 pandemic, VHVs have been considered frontline public health staff at high risk of infection in local rural areas, with a shortage of medical supplies, long working hours, lack of the PPE (personal protective equipment), and limited resource allocation (Kowitt et al., 2015; Pfefferbaum & North, 2020; Wang, Zhang, et al., 2020). To work under these stressful circumstances, VHVs require positive psychological capital to enhance their mental strength and interactions with others. These aspects are vital for human development in both mental and physical attributes, especially in Asian countries where group-based social connections and the community environment are essential

Several studies, primarily conducted in western countries, have examined and addressed various sectors (Avey et al., 2009; Luthans et al., 2004; Rabenu & Tziner, 2020; Santisi et al., 2020). However, few studies have investigated these concepts in eastern countries. Thus, this current research seeks to examine the work behavior of frontline VHVs, especially in the eastern context: in this case, Thailand, during the COVID-19 pandemic. The study considered the integration of psychological capital, emotional intelligence, and a hard personality and spiritual belief, together with the work environment, in work behavior that transfers positive feelings to others nearby. Therefore, the objective of the current study was to investigate the

influence of work environment, personality, emotional intelligence, and psychological capital on the work behavior of Thai VHVs during the COVID-19 pandemic.

Theoretical background and hypotheses

The four elements of psychological capital (PsyCap), developed from the concept of an individual positive psychological state of development that influences individual behavior and attitude (Luthans et al., 2007), are as follows. The first is "hope," fueled by goal-oriented energy, which refers to the positive motivation, feelings, and effort to overcome challenging situations. Individuals with hope tend to be friendlier, happier, and more confident (Heled et al., 2016). The second is "optimism," which is a positive attitude of accomplishment in the present and the future with realism and flexibility to believe that negative situations are temporary. In contrast, pessimistic views believe that negative situations are permanent and make negatively universal attribution (Rabenu & Tziner, 2020; Youssef & Luthans, 2007). The third is "self-efficacy," which is the ability of personal belief and confidence to make the significant effort necessary to succeed in adverse events (Rabenu & Tziner, 2020). Finally, "resilience" refers to an individual's ability to confront and overcome massive stress with a capacity to rebound back from the negativity (Coutu, 2002). People with resilience recover from crisis, conflict, failure, hardships, or disruption quicker and become stronger than those without this characteristic of resilience (Bonanno, 2004).

Emotional intelligence and psychological capital

Emotional intelligence, more commonly recognized as "EQ," is defined as an individual's capacity to realize their feelings and the feelings of others in order to create self-motivation for self-control in life (Bariso, 2018; Goleman, 1998). According to Goleman (1998), EQ consists of four components: self-awareness, social awareness, self-management, and relationship management. However, Thailand's Department of Mental Health (2000) defines EQ as the ability to understand, comprehend oneself and others, and have the desire, feelings, conflict, and stress to cope with the problem and express it appropriately. Previous studies have found that EQ contributes to flexible planning, creative thinking, mood redirected attention, motivating emotion, quality of life, job performance, wellbeing, family relationship, and work behavior (Santisi et al., 2020). Moreover, a positive relationship between EQ and psychological capital has been found (Mellão & Mónico, 2013; Santisi et al., 2020; Sarwar et al., 2017).

The first claim of this study is expressed as Hypothesis 1.

Hypothesis 1: Emotional intelligence influences the psychological capital of VHVs in Thailand during the COVID-19 pandemic crisis.

Personality and psychological capital

Personality refers to a set of unique individual characteristics, namely cognition and behaviors that express explicit thoughts, feelings, and attitudes, and is influenced by the culture as circumstance factors (Triandis & Suh, 2002). In China and Hong Kong, people view a hard personality as a protective factor against undesirable health-related problems, occupation stress, and burnout (Chan et al., 2003). Likewise, a hard personality tends to become resilient and optimistic as well as resistingly handling problems and obstacles, better able to endure

stress, have high emotional stability, and able to work under high pressure by positively interpreting the adversity to overcome the crisis (Kobasa, 1979; Zhou et al., 2008).

Moreover, research was confirmed that individual spirituality influenced psychological wellbeing, happiness, resilience, self-esteem, efficacy, development, connection, congruence, vitality, and calmness, as well as optimism (Basileyo, 2019; Fukofuka, 2007; Ho et al., 2010; Joseph, 2017; Longo et al., 2017). However, Arin (2012) stated that hardiness in personality should include spiritual belief since the spiritual belief has an impact on people in collectivist cultures, especially in predominantly Buddhist countries (Myanmar, Laos, Cambodia, and Thailand). As expressed in Hypothesis 2, this study examined the influence of a hard personality and spiritual belief, assuming that it would predict PsyCap during the pandemic crisis.

Hypothesis 2: Personality influences the psychological capital of VHVs in Thailand during the COVID-19 pandemic crisis.

Work environment and psychological capital

Thailand has been predominantly influenced by group identity. Separation from the community is seen as being neglected, including engaging social thought and comparisons and values a social reputation, with emphasis on the group over the individual, as well as the tendency to be more thoughtful, sharing straightforward ideas or criticizing other ideas, especially with seniority (Kawamura, 2012). In Thailand, group norms, social connections, and support are significant and become the principal component of the work environment that covers an emotional state for enhancing mental health (Johlke et al., 2002). Moos and Moos (1986) developed the three dimensions of the work environment, which are: relationship dimension, personal growth dimension, and system maintenance and change dimension. Schultz and Schultz (2006) argued that the work environment comprises physical, social, and mental environments.

Scott and Wenger (1995) stated that social support is not only just a social network but also interactions among the members who supply companionship, help, and advice, emotional and instrumental support. Apart from social support, family support also leads to psychological capital, especially during a crisis. Arin (2012) discovered that in the southern part of Thailand, where three border provinces continually face terrorism, family support enhances the psychological capital of medical staff working. Unconditional support from family contributes to emotional strength, resources, and cognitive support. Furthermore, as a group, teamwork is a part of the work environment, which refers to the cooperative effort to achieve specific goals via shared goals, group stability, interdependence, and internal process (Leigh, 2011; Salas et al., 2008).

Finally, this study applies the openness to COVID-19 news being brought into the work environment because when working as a team, sharing COVID-19 information is a part of social connection. Sharing helpful information leads to rightfulness, accuracy, and correctness. Thus, this study examined whether the work environment could lead to and predict individual psychological capital and work environment during a crisis. Therefore, as expressed in Hypothesis 3, the work environment is assumed to indicate psychological capital.

Hypothesis 3: The work environment influences the psychological capital of VHVs in Thailand during the COVID-19 pandemics crisis.

Work behavior as consequences of EQ, work environment, and PsyCap

In general, work behavior is defined as the activities that employees undertake when performing their duties to achieve organizational goals. However, the work behavior of VHVs is voluntary. Voluntary behavior is spontaneous behavior that encompasses and goes beyond specific tasks and responsibilities, conditions, or requirements (Tang et al., 2020; Wang et al., 2021). The National Health Commission of Thailand announced the National Health Act, 2550 (2007), which itemized five work behaviors for public health officials: responsiveness, assurance, empathy, reliability, and impersonal decision making.

It is assumed that work behavior in a crisis might differ from non-crisis behavior, especially the work behavior of VHVs in Thailand. Although during non-crisis, VHVs work under challenging circumstances and many expectations with a shortage of medical supplies and resources. Unfortunately, VHVs confront more challenges during the life-threatening period under stressful events of the emerging pandemics. Wang et al. (2021) confirmed that Chinese people with EQ (i.e., self-control) are more likely to express voluntary behavior and job satisfaction. Additionally, positive emotional intelligence contributes to empathy, employee wellbeing, and vulnerable work behavior. In contrast, a negative emotion leads to counterproductive work behavior (CWB), stress, anger, and anxiety (Spector & Fox, 2005). Makkar and Basu (2019) found that in India (e.g., Mumbai, Pune, and Nagpur), EQ predicted work behavior in the organization where employees with high EQ can endure every frustration and negative feelings, and still endeavor to perform until the jobs were completed. Therefore, this assumption is claimed as Hypothesis 4

Hypothesis 4: Emotional intelligence influences the work behavior of VHVs in Thailand during the COVID-19 pandemic crisis.

Furthermore, in the light of the literature regarding work environment, which affects work behavior by symbolizing individual's visual experiences into their cognitive model as a guideline for future implementation, action plans are settled, anticipating contingent results. The desired consequences are determined, and individuals learn by observing reference colleagues and leaders. Subsequently, an internal standard of behavior, including the inconsistency between their performance and working standard, would be evaluated. Individuals would then reflect on their performance and regulate their successful or unsuccessful actions.

Support for this claim can be found in classical Social Cognitive theory (Bandura, 1986), which considers the triadic influences of person, environment, and behavior as mutual stimuli. Not all individuals have spontaneous learning behavior from their surroundings, but such behavior originated from a unique personality due to work circumstances, including previous experiences, achievements, and/or performance failures (Porter et al., 2003). Moreover, research revealed that social factors (peers, family, and supervisor) are substantially related to

individual extra-role work behavior (Fox et al., 2007; Newton & Perlow, 2021). Thus, in Hypothesis 5, this study explores how the work environment will influence work behavior.

Hypothesis 5: The work environment influences the behavior of VHVs in Thailand during the COVID-19 pandemic crisis.

Considering the PsyCap aspect as a predictor of work behavior during the crisis, the four elements of psychological capital are hope, optimism, self-efficacy, and resilience; each has a separate impact on the psychological outcome (Madrid et al., 2018). According to Porter et al. (2003), self-efficacy is the diffusing psychological mechanism to positively motivate individuals. In other words, having an optimistic outlook correlates with and forms positive work behaviors (Makkar & Basu, 2019). Likewise, Bandura (1986) stated that

> *"unless people believe that they can produce the desired effects and forestall undesired ones by their actions, they have a little incentive to act. Whatever factors may operate as motivators, they are rooted in the core belief that one has the power to produce the desired result"* (p. 228).

Previous studies demonstrated that PsyCap remarkably contributes positively to work behavior, work performance (proficient, adaptive, productive), innovative work behavior, and happiness (Etikariena, 2017; Luthans et al., 2007; Madrid et al., 2018; Mishra et al., 2019; Purwanto et al., 2021). Psychological capital is associated with positive behavior and performance of employees and consequentially contributes strongly to positive employee behavior. Drawing on the theoretical integration of PsyCap and work behavior, most studies associate PsyCap with various psychological points and work performance. In addition, this approach valuably broadens and extends this concept beyond the western context. Thus, in Hypothesis 6, this study explores how psychological capital influences the work behavior of VHVs.

Hypothesis 6: Psychological capital influences the work behavior of VHVs in Thailand during the COVID-19 pandemic crisis.

Research method

Ethical considerations

The research protocol was approved by the Institutional Review Board of the Pibulsongkram Rajabhat University Ethics Committee (COA No: 032/2021, PSRU-EC No: 2021/024). Informed consent was obtained, and the participants were ensured that no potential risks of harm or loss of dignity were possible in participating in this study. The confidentiality of all responses was likewise ensured at all stages of conducting the study.

Study design and procedure

A cross-sectional quantitative research design was conducted. Data were collected in a single meeting with each participant from January 2021 to April 2021. The researcher directly contacted the participants face-to-face. A paper-based structured questionnaire was employed in an interview that took between 10 to 20 minutes. The structured questionnaires were

handed out and, after completion, were returned during the meeting. The language used was simple and was easily understood by the participants. None of the participants reported that they found the questions ambiguous.

The proposed hypotheses were analyzed by inferential statistics and confirmatory factor analysis (CFA), Pearson correlation, and multivariate analysis technique for means of structural equation modeling (SEM) by maximum likelihood estimation (MLE) (Hair et al., 2006).

Population and sample

The participants included 425 purposive stratified VHVs selected from 1,913 VHVs in Phitsanulok province, located in lower northern central Thailand. The selection was made by the non-probability convenience sampling technique. The sample group was categorized as 106 males (24.94%), 311 females (73.18%), and eight others (1.88%). Most of the sample group were Buddhists (383, 90.12%), 12 were Christians (2.82%), 1 Muslim (0.24%), 5 stating other religions (1.18%), and 24 indicated non-religion (5.65%). Marital status was reported as 296 married (69.65%), 122 single (28.71%), and seven did not indicate a status (1.65%). Participants worked in teams with 48 (11.29%) working in three-member teams, 52 (12.24%) working in teams of four members, and 51 (12%) in five-member teams—the remaining 274 participants (64.47%) working with more than five members in a team. The average age of the participants ranged from 129 (30.35%) who were 41–50 years old to 122 (28.71%) who were 31–40 years old. There were 143 participants (33.66%) with more than ten years of working experience as a VHV, 126 (29.65%) with 5–10 years, 139 (32.71%) with between 1–5 years, and 17 (4%) with less than a year experience. The majority of participants were farmers, cattlemen, and horticulture planters (204, 48%), general technicians (mechanic, carpenter, plumber, electrician, sculptor, etc.) (124, 29.18%), 52 were merchants (12.24%), 17 maids (4%), 13 white-collar workers (3.8%), ten unemployed (2.35%), and five others (1.18%).

Measures

All scales were measured using a six-point Likert Scale ranging from 1 (strongly disagree) to 6 (strongly agree). Content validity was conducted by three specialists to find the index of item-objective congruence (IOC), which scored 0.6. Internal consistency reliability test for 30 non-sample. Tryouts were 0.79 throughout the questionnaire.

Work behavior was measured by the revised work behavior questionnaire by Arin (2012) and the Thailand National Health Commission (Department of Health Service Support, 2020) in the five dimensions of responsiveness, assurance, empathy, reliability, and impersonal (non-discrimination). The scale was 0.65 and after tried out was 0.73.

The work environment was measured by using the concepts of Rhoades and Eisenberger (2002), Bertera (2005), and Pfefferbaum et al. (2015), with the four dimensions of organization support, family support, and community support, and perceived COVID-19 news. The internal consistency alpha after the pretesting was 0.73.

Personality was measured by the questionnaire revised from that conducted by Hahn (1966), Stroebe and Stroebe (1995), and Holt et al. (2003), with the two personality dimensions of hardiness personality (control, commitment, and challenge) and spiritual belief (spiritual,

religious belief and belief practices) being measured. The internal consistency alpha after the pretesting was 0.83.

Emotional intelligence was measured using the Thai EQ test developed by the Department of Mental Health (2000) that suits the participants. This test was divided into the nine dimensions: self-regulation, empathy, responsibility, self-motivation, problem-solving, interpersonal relationship, self-esteem, life satisfaction, and post-traumatic growth. The internal consistencies after the pre-testing were 0.89.

Psychological capital was measured using an adapted and revised PsyCap questionnaire, designed to assess an individual's PsyCap in collectivist countries (Heled et al., 2016; Luthans et al., 2007), comprising the PsyCap dimensions of hope, optimism, resilience, and self-efficacy. The final scale after being tried out was 0.72.

Furthermore, to guarantee that the scales were appropriate for the context of this research, single-level confirmatory factors analysis (CFA) and construct validity were conducted for each variable. As illustrated in Table 1 and Table 2, the results indicated that all variables' scales provided a good fit. The data were analyzed using SEM to investigate the influence of work environment, personality, EQ, and psychological capital on the work behavior of VHVs during the COVID-19 pandemic.

Table 1: Single-Level Confirmatory Factor Analysis Measurement

Measurement Model Fit	Work Behavior	Work Environment	Personality	EQ	PsyCap
Chi-square (χ^2)	2.84	1.44	.30	15.97	.63
Degree of freedom (*df*)	5	2	1	16	1
Probability level	.72	.48	.58	.45	.42
χ^2/df	.56	.72	.30	.99	.63
CFI	1.00	1.00	1.00	1.00	1.00
NNFI	1.00	1.00	1.00	1.00	1.00
GFI	1.00	1.00	1.00	.99	1.00
AGFI	.99	.99	1.00	.98	.99
RMSEA	.00	.00	.00	.00	.00

Note: CFI = comparative fit index, NNFI = non-normed fit index, GFI = goodness of fit, AGFI = adjusted goodness of fit, RMSEA = root mean square error of approximation

Table 2: Construct Validity

Variables	Bartlett's Test of Sphericity: Chi-Square	Degree of Freedom	*p* value	KMO
1. Work behavior	990.41	10	.00	.86
2. Work environment	324.69	6	.00	.70
3. Personality	166.16	1	.00	.50
4. EQ	2,413.69	36	.00	.92
5. PsyCap	972.98	6	.00	.83

Note: $p > .05$; KMO = Kaiser-Meyer-Olkin test

Results

The following section explains the statistical analysis and results of the study. The means and standard deviation as descriptive statistics were used as well as Pearson correlations, which were conducted as inferential statistics to measure the relationship among the variables. According to a Table 3 where work behavior is significantly positively correlated with personality (r = .75**, p = .001), work environment (r = .68**, p = .001), PsyCap (r = .67**, p = .001), and EQ (r = .16**, p = .001), respectively. The SEM result of the construct validity model based on MLE after adjusted parameter using the correlation error method, the result indicated an acceptable fit where χ^2 = 119.78, df = 106, p = 0.17, CFI = 1.00, NNFI = 1.00, GFI = .98, AGFI = .93, RMSEA = .01 and x^2/df = 1.13 (Figure 1).

Factors of loading range for work behavior was between .69 to .81, work environment between .56 to .72, personality between .64 to .85, EQ between .60 to .90, and PsyCap between .76 to .87, while all variables have R^2 range of .31 – .80, AVE range of .50 – .69, and CR range of .70 to .93.

Table 3: Means, Standard Deviations, and Correlations of the Analysis Variables

Variables	*M*	*SD*	1	2	3	4	5
1. Work behavior	5.26	.41	1				
2. Work environment	5.19	.46	.68**	1			
3. Personality	5.15	.48	.75**	.62**	1		
4. EQ	4.51	.55	.16**	.26**	.14**	1	
5. PsyCap	5.16	.46	.67**	.67**	.72**	.22**	1

*Note: n = 425, **p = .001.*

Figure 1 and Table 4 elaborate on the effect of EQ, personality, work environment, PsyCap, and work behavior, where PsyCap was the most positively directed by personality (β = .96, p = .01), and work behavior was the most positively influenced by work environment. However, there was an indirect insignificant effect from personality to work behavior (β = - 0.15, p = .01), and EQ by PsyCap (β = .00, p = .01).

Figure 1: SEM Model of Work Behavior

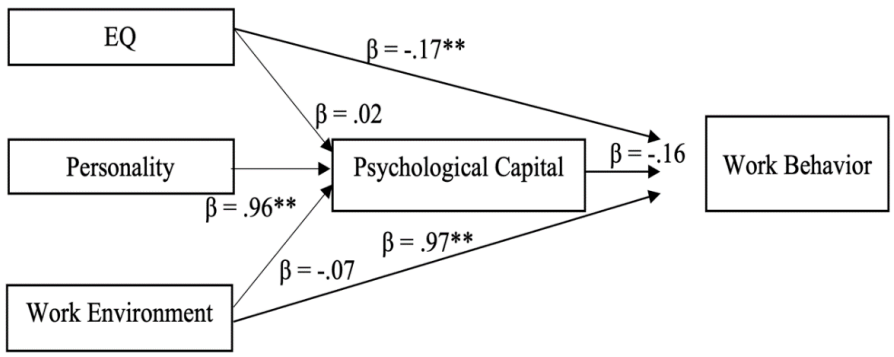

Table 4: Path Coefficient of the Model

R^2	PsyCap	Work Behavior
	.81	.88
Emotional Intelligence		
DE	.02	-.17**
IE	-	.00
TE	.02	-.17**
Personality		
DE	.96*	-
IE	-	-.15
TE	.96*	-.15
Work Environment		
DE	-.07	.97**
IE	-	.01
TE	-.07	.98**
Psychological Capital		
DE	-	.16
IE	-	
TE	-	

*Note: ** p = .01, DE = direct effect, IE = indirect effect, TE = total effect*

Nevertheless, the total effects analysis revealed that the PsyCap was significantly positively influenced by personality, while EQ and work environment were insignificantly influenced. Personality insignificantly influenced work behavior, while EQ and work environment significantly positively influenced work behavior, with work environment having the most detected total effect (β = .98, *p* = .01). The hypotheses testing summary are as follows:

Hypothesis 1 proposed that emotional intelligence influences the psychological capital of VHVs in Thailand during the COVID-19 pandemic crisis. The result indicated that emotional intelligence positively influences PsyCap at .02, which was insignificant; thus, Hypothesis 1 was rejected.

Hypothesis 2 proposed that personality influences the psychological capital of VHVs in Thailand during the COVID-19 pandemic crisis. The result found that personality positively influences PsyCap at .96 with the significance level at .01; thus, Hypothesis 2 was accepted.

Hypothesis 3 proposed that the work environment influences the psychological capital of VHVs in Thailand during the COVID-19 pandemic crisis. The result shows the work environment influences psychological capital at -.07, an insignificant influence, thus Hypothesis 3 was rejected.

Hypothesis 4 proposed that emotional intelligence EQ influences the work behavior of VHVs in Thailand during the COVID-19 pandemic crisis. The results showed that EQ influences work behavior at -.17 with a significance level of 0.01; thus, Hypothesis 4 was accepted.

Hypothesis 5 proposed that the work environment influences the behavior of VHVs in Thailand during the COVID-19 pandemic crisis. The result has shown that the work

environment positively influenced work behavior at .96 at the significant level of .01; thus, Hypothesis 5 was accepted.

Finally, Hypothesis 6 proposed that psychological capital influences the work behavior of VHVs in Thailand during the COVID-19 pandemic crisis. The result demonstrated that PsyCap directly affects work behavior at -.16, which is insignificant, thus Hypothesis 6 was rejected.

Discussion

The objectives of this cross-sectional study were to examine the influential effect of EQ, personality, and work environment during the COVID-19 outbreak in Thailand on the work behavior of VHVs with PsyCap as a mediator. The results revealed that PsyCap insignificantly affected work behavior. The results were contrary to what was expected. A plausible explanation for the unexpected results could be offered.

Psychological health plays a critical role in the daily functioning of the village health volunteers (Wang, Pan, et al., 2020). COVID-19 changed the VHVs' way of working in such a significant way that, during the crisis, the individual PsyCap characteristics, or dimensions, of hope, optimism, self-efficacy, and resilience were not adequate to handle the enormity of the COVID-19 pandemic; especially when it mutated to the many variants such as Alpha, Beta, Gamma, Delta, Epsilon, then to Omicron. The enormous psychological impact meant that the PsyCap factors alone might not effectively handle these extreme hardship circumstances. So, other factors, namely individual personality strength and work environment, were involved. This discovery can be explained as the psychological support from the community and the family significantly affected the people's behavior rather than the personal characteristics of self-encouragement and self-motivation. While work overload, scarce medical resources, and risky work duties would contribute to depression and anxiety, the integration of EQ, personality (hard personality and spiritual belief), and the existence of a supportive work environment from team members, the community, and family members contributed greatly to the work behavior of village health volunteers. Accurate COVID-19 information enabled VHVs to better understand what was happening in this unprecedented but almost overwhelming situation.

As well, the results showed that personality (hard personality and spiritual beliefs) positively influences PsyCap at the significant level of .001, which implies that under adverse situations, hard personality and spiritual beliefs significantly encourage the individual's wellbeing, mental health, and individual PsyCap as well as work outcomes. This outcome was evident not only in a work crisis but also in personal life crises, especially in Asian collectivist countries such as Thailand, Hong Kong, China, and South Korea (Basileyo, 2019; Choi & Lee, 2014; Tian et al., 2022). Thus, people with such personality traits tend to manipulate the crisis effectively when they experience the anxiety inherent in such turbulent situations by interpreting adversity as challenges to overcome with full capacity and confidence.

Arin (2012) supported the notion that a hard personality influences psychological well-being and work effectively via PsyCap when considering medical staff deployed to Thailand's three southern provinces, which are subject to a high level of terrorism. In addition, spiritual belief also predicts individual PsyCap and work behavior, an outcome of our study that is supported by Glover-Graf et al. (2007), who found that severe chronic disease patients who believed in a

deity and who prayed regularly tended to develop a level of mental rehabilitation which contributes to physical convalescence.

Moreover, spiritual belief is necessary for last-stage cancer patients to feel connected to their religion and deity, contributing to a positive attitude with hope, love, and care, as well as the meaning of life to prepare for a peaceful passing (Kaewmanee, 2019). Finding comfort in religious belief was confirmed by Tirapongprasert and Samartkit (2021), who identified a significant positive correlation between the perceived severity of illness and the religious practices and spiritual needs of palliative cancer patients. In Thailand, 95% of the population are Buddhist practitioners who perform spiritual practices such as prayer, meditation, and mindfulness, make merit, donate to religious institutions, and believe in Karma and genuine compassion. These spiritual characteristics and practices would shape the Buddhist devotee's worldview and help them overcome hardship to find contentment, joy, happiness, wellbeing, and enlightenment (Lama, 2011).

The findings also indicated that psychological capital insignificantly influences the work behavior of VHVs in Thailand during the COVID-19 pandemic crisis. This result could explain that if people were highly supported by their social friends and had a great team environment, there are the ones with strong personalities and spiritual beliefs. People fully have a psychological endorsement to behave effectively at work. This conclusion is consistent with Fox et al. (2007) and Newton and Perlow (2021), who affirmed that social factors and work circumstances cause people's work behavior and performance.

A further outcome of our research was that EQ positively and significantly influences PsyCap. This finding indicated that, during the crisis, the village health volunteers worked in a precarious situation where they needed information, and support was only available using sophisticated information processing systems. This indicates that self-regulation, empathy, interpersonal relationships, and social awareness are critical to this strong responsibility, especially in developing countries with limited medical supplies.

A study in China confirmed that vulnerable hospital staff suffered from severe negative psychological distress manifesting symptoms of anxiety, depression, obsessive-compulsive, and somatization (the manifestation of psychological distress by presenting physical symptoms) (Juan et al., 2020). According to our findings, the work environment significantly positively influences the work behavior of village health volunteers at .001, an outcome resulting from the psychological support from organizations, family, and the community that are valuable to people who are suffering from life crises by enhancing self-efficacy, harmony, encouragement, self-confidence, and self-empowerment (Juan et al., 2020; Tirapongprasert, & Samartkit, 2021). These act as psychological support when performing the duties unyieldingly because they feel a sense of social connection and involvement (Yarberry & Sims, 2021).

Na Chiangmai (2003) found that the orphans who lost their parents due to HIV-AIDS infection were raised and nurtured by close relatives or patrons with love and proper care and thereby gained acceptance from the community, possessed self-efficacy, high EQ, and patience to criticism. As expected, those who perceived greater support from family and society, including a positive work environment, showed greater well-being and better work performance together with a greater therapeutic sense of well-being than in the individualistic countries (Bertera, 2005; Chadda & Deb, 2013; King et al., 2006; Mukhtar, 2020; Taniguchi & Kaufman, 2021). Similarly, Ma et al. (2020) stated that collectivists living in individualistic countries experienced acculturation tension which may impact both their social and psychological wellbeing due to encountering dissimilar cultural values and norms and, as a consequence

contributing to a decline in mental health. Additionally, South East Asian countries tend to have a strong emotional attachment to the team, including a tendency to subjugate individual interests to achieve team/organization consensus.

In the future complex and unknown circumstances, assertive individuals in a suitable psychological work environment with enhanced EQ would significantly contribute to voluntary work behavior (assurance, sympathy, reliability, and impersonal), which are vitally associated with people's lives to mentalize individual awareness and behavior. Emotional regulation requires the individual's ability to consider their self-thoughts, regularly check their mental state, and overcome influences that may cause distress in their current psychological states (Zaman et al., 2021). This finding elaborates psychological fitness as a positive behavior process and a recuperative mental state, resulting in remaining mentally intact under perplexing and challenging situations such as the pandemic being experienced.

These results will help inform future efforts to understand the phenomena of PsyCap and EQ, as well as personality, to predict the role of positive work behavior in identifying and fortifying the strength of volunteers to help others while at the same time maintaining their psychological balance in facing unknown novel experiences and unexpected and challenging life crises in the future.

Conclusion

The COVID-19 pandemic that arose and spread with such devastating and widespread virulence has changed work behavior and mental health considerations. What may be seen as the new normal lifestyle requires researchers and professionals to creatively cross-cultural boundaries and understand diverse cultural, religious, and societal norms to develop and support frontline medical staff and others who dedicate themselves to work for an indefinite period of a pandemic. The ability to overcome complicated personal feelings and concerns and become empowered and persistent while maintaining a sense of well-being enables the individual to contribute to the community affected by the pandemic. Understanding these factors and how the village health volunteers engage with difficulties in their mental health brought about by the unexpected and often momentous changes required in their work behavior makes a significant contribution to maintaining good mental health and wellbeing in the face of these unprecedented circumstances.

This study supports the concept of psychological capital as an enabling factor in voluntary individual contribution to the community. It highlights the contribution of personality traits (hard personality and spiritual belief), harmonic work environment, and EQ strategies during COVID-19 to reducing psychological discomfort and its influence on work behavior among village health volunteers in a collectivist country. Specifically, the results demonstrated that EQ and personality positively affect psychological capital. At the same time, the work environment is positively associated with voluntary work behavior outcomes of willingness, assurance, sympathy, reliability, and impersonal reactions. These findings may support the theory of positive psychology presented by many researchers and generalize a host of new positive social psychology issues. Policymakers, local administration, and private agencies will also benefit from these findings in the development by human resource departments in organizations for guidelines to enhance positive voluntary behavior, such as enhancing the organizational citizenship behavior by promoting PsyCap, EQ, and a motivating work environment that maintains a sense of wellbeing even in diverse, risky, and potentially

dangerous situations in the future.

Limitations and future research

Like in any other study, the current research has some limitations. First, a qualitative study could be conducted to validate and confirm the results as being more objective. This research emphasized individual PsyCap, whereas team level PsyCap is a necessary additional study relevant to the interactions between individual PsyCap and team/group level PsyCap, especially in healthcare sectors, to overcome the negative feelings which lead to a depression that may lead to committing suicide (Mamun & Griffiths, 2020; Saladino et al., 2020). Finally, further research will identify and validate the diversity of multi-group analysis by using demographic variables, such as generations (Gen X, Y, Z), areas (rural and urban), spiritual and non-spiritual beliefs, and socioeconomic status are recommended.

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