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## **A Study on Psychological Condition of an Employee during Pandemic**

***Asst.Prof.Nita Vaghela, Jaiminee Rajput***

*1. Assistant Professor, Faculty Of Social Work, Parul University, Vadodara 391760, India*

*2. Student, PISW(MSW-HRM), Parul University, Vadodara 391760, India*

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### **A B S T R A C T**

This study has been done to study about the role of Human Resource Management in Psychological condition of an employee during pandemic. It covers the understanding of Going by the current physical reach of the COVID 19 pandemic in the population there are bound to be long-term implication in terms of socio-economic and psychological impact. The swift rise of fear and anxiety among people due to uncertainty of the disease are coupled with essential yet socially disruptive measures like lockdowns and quarantines. These can lead to significant psychological and psychiatric disturbances such as post-traumatic stress disorder, depression, anxiety, panic disorders, and behavioral disorders. Predisposing factors include staying away from family, loneliness, misinformation on social media, financial insecurity and stigmatization. Therefore, it is paramount to understand and research the psychological impact and key determinants to prevent, identify, and manage such problems. Suggested actions include support lines for anxious people, tele-counselling, virtual connecting & help groups, encouraging meditation, conducting research on psychological consequences, and developing and utilizing suitable interventions.

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**Keywords:**Covid-19, Pandemic, Mental health, Stress, Workplace, Depression, Psychological distress, Human resource management

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### **1. Introduction**

The new decade brought with it the first pandemic of the social-media age Corona virus Disease 2019, popularly known as COVID-19. While it reminds us of the 2003 SARS outbreak, COVID19 has prevented to be much more widespread with numbers of the affected surpassing SARS. According to the World Health Organization (WHO), a total of 8422 people worldwide were affected with SARS, with 916 deaths due to COVID-19, on the other hand, has already had over 33,000 deaths. The sudden outbreak of a serious respiratory illness in China followed by rapid spread to other parts of the world prompted researchers to study the disease and to isolate the virus without much delay. We now know that the disease is caused by a previously unknown virus: 2019-nCoV or SARS-CoV2. The uncertainty of the disease is a major reason for psychological stress among people. With the WHO declaring it a pandemic on 11th March 2020, there was a swift rise of fear and anxiety among the general population. Previous data on mass occurrences, like natural disasters, shows that large scale disruptive events are strongly associated with ill-effects on mental health - post-traumatic stress disorder (PTSD) being the most frequently encountered followed by depression, anxiety, and other behavioral & psychological disorders. Therefore, the current pandemic poses a great risk for psychological and psychiatric

\* Corresponding author. Tel.: +0-000-000-0000 ; fax: +0-000-000-0000.

E-mail address: [author@institute.xxx](mailto:author@institute.xxx)

morbidity. The disease caused by a hit her to unrecognized infection with no vaccines or approved drug regimens in place further adds to the distress. The management of work-related factors affecting mental health in a pandemic scenario seems crucial to support people engagement and consequently psychological well-being. This is of special interest to those professionals directly involved in the COVID-19 contrast actions, but also to the overall workforce dealing with new organizational approaches, different ways of working and other work related factors such as returning to work after a period of interruption, job loss, job insecurity, and fear of the future due to a possible business failure. For these reasons, there is a need to provide evidence on how organizational and work-related factors can contribute to maintain or affect psychological well-being. The purpose of the following narrative review is to provide a general overview of the various psychological and social implications linked to work related factors, following the current SARS CoV-2 pandemic. All states had adopted some form of social distancing measures by March 23rd (Adolph et al. 2020). Therefore, the negative effects of the shutdowns should be larger in April than in March. In addition, some states began reopening in May, so the effects for May might be smaller.

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## 2. Review Papers

[1] A study by Wang et al., 2020a At the end of 2019, the coronavirus disease (COVID-19) first appeared in China, in particular in Whang City, in Hubei province.

[2] World Health Organization, 2020a As of the first half of May, 2020, Italy was one of the most affected countries during this outbreak, counting over 223,000 individuals infected by COVID-19 and more than 31,000 casualties (World Health Organization, 2020a)

[3] World Health Organization, 2020b In March 2020, due to the global spread of the disease, COVID-19 was declared as a pandemic, causing widespread concern.

[4] Adhikari et al., 2020 Originating as a cluster of unexplained cases of pneumonia in Wuhan, China, novel coronavirus disease – officially designated as COVID-19 by the World Health Organization – has reached the level of a pandemic, affecting countries all across the world. To date (March 30th, 2020), over 720,000 confirmed cases and 33,000 deaths attributable to this disease have been reported. In the wake of this global health crisis, stringent public health measures have been implemented to 10 curtail the spread of COVID-19.

[5] Bao et al., 2020 Widespread outbreaks of infectious disease, such as COVID-19, are associated with psychological distress and symptoms of mental illness.

[6] Li and Wang, 2020; Cao et al., 2020 There are some elements related to the pandemic that affect more the population, such as separation from loved ones, loss of freedom, uncertainty about the advancement of the disease, and the feeling of helplessness.

[7] Weir, 2020 These aspects might lead to dramatic consequences.

[8] Kawohl and Nordt, 2020 Such as the rise of suicides Miles, 2014; Suicide Awareness Voices of Education, 2020; Mamun and Griffiths, 2020 Suicidal behaviors are often related to the feeling of anger associated with the stressful condition widely spread among people who lived/live in the most affected areas.

[9] Day et al., 2006; Mazza et al., 2020 In light of these consequences, a carefully evaluation of the potential benefits of the quarantine is needed, taking into account the high psychological costs.

[10] Orgilés et al., 2020 As reported in a recent survey administered during the Covid-19 pandemic, children and young adults are particularly at risk of developing anxious symptoms.

### 3. Research Methodology

#### UNIVERSE

Here the universe considered for this study is the employees of the organization.

#### SAMPLE

The sample size of the study is 52 employees working in the organization.

#### SAMPLING PROCEDURE

The sampling method used was simple random sampling method. The criterion for selecting the respondents was that they should belong from managerial cadre. The data was collected via primary sources (questionnaire) and secondary sources (websites and reports available on the internet).

#### TOOLS OF DATA COLLECTION

1. **Primary Data:** Primary data is collected through a **structured and self-constructed questionnaire** having a series of close ended and open-ended questions.
2. **Medium:** Google forms
3. **Secondary data:** it has been collected from books, reports, and online resources. The authentication of information has been assured while referring to the official and the reputed websites. Literature review and other information is reviewed from journal papers; newspaper reports; committee reports, annual reports.

1. TABLE SHOWING IF THE RESPONDENT HAS COME IN DIRECT CONTACT WITH COVID-19 PATIENT

SR.NO	PARTICULAR	FREQUENCY	PERCENTAGE
1	YES	9	17.3%
2	NO	33	63.5%
3	MAYBE	9	19.2%
	<b>TOTAL</b>	<b>52</b>	<b>100%</b>

2. TABLE SHOWING THE ARE YOU FEELING DEPRESSED FOR MOST OF THE TIME IN THE PAST 2 WEEKS

SR.NO	PARTICULAR	FREQUENCY	PERCENTAGE
1	Not at all	28	53.8%
2	All To a slight extent	15	28.8%
3	All To a moderate extent	3	5.8%
4	Extent To a great extent	6	11.5%
	<b>TOTAL</b>	<b>52</b>	<b>100%</b>

3. TABLE SHOWING THEHOW DO YOU PERCEIVE THE RISK OF CONTAGION DURING IN THE PAST 2 WEEKS PERIOD OF COVID -19 PANDEMIC

SR.NO	PARTICULAR	FREQUENCY	PERCENTAGE
1	Not at all stressful	26	50%
2	Somewhat stressful	15	28.8%
3	Moderately stressful	5	9.6%
4	Very stressful	6	11.5%
	<b>TOTAL</b>	<b>52</b>	<b>100%</b>

4. TABLE SHOWING THE ARE YOU WORRIED MORE THAN USUAL ABOUT THE FUTURE OF YOURSELF AND FAMILYMEMBERS IN THE PAST 2 WEEKS

SR.NO	PARTICULAR	FREQUENCY	PERCENTAGE
1	Not at all	20	38.5%
2	To a slight extent	17	32.7%
3	To a moderate extent	7	13.5%
4	To a great extent	8	15.4%
	<b>TOTAL</b>	<b>52</b>	<b>100%</b>

5. TABLE SHOWING THE RESPONDENTS ARE YOU WORRIED ABOUT THE FINANCIAL LOSS THAT YOU ARE INCURRING DURING THE PERIOD OF LOCKDOWN

SR.NO	PARTICULAR	FREQUENCY	PERCENTAGE
1	Not at all	18	34.6%
2	To a slight extent	21	40.4%
3	To a moderate extent	3	5.8%
4	To a great extent	10	19.2%
	<b>TOTAL</b>	<b>52</b>	<b>100%</b>

#### 4. Results and Conclusion

##### Results:

- Come in direct contact with COVID-19 patient: From the response we are able to find out that most of the people have not directly come in contact with the covid patients.
- Feeling depressed in the past two weeks: The most respondents are not feeling depressed in past 2 Weeks as we have received highest votes for that.
- Perceive the risk of contagion during in the past 2 week's period of COVID -19 pandemic: From the response we are able to conclude that 50% of people are not at all stressful from perceiving the risk of contagion.
- Worried more than usual about the future of yourself and family members in the past 2 weeks: As we have received most feedback from the youth we are able to conclude that they are worried for their future at most to slight extent based on their situation.
- Worried about the financial loss that you are incurring during the period of lockdown: Most of the respondents are worried to some extent for the financial loss.

##### Conclusion:

Data from this review suggests that interventions which bolster psychological resilience may be of benefit because this was found to protect against adverse mental health outcomes. Due to the nature of the pandemic which prevents face-to-face interventions, this is likely to be digitally based. A recent systematic review, pre-dating COVID-19, suggested that individualized interventions can have modest effect on reducing adverse mental health outcomes amongst physicians.

We suggest that a holistic approach to HCWs psychological wellbeing is needed that includes personalised interventions alongside necessary structural changes to create a healthy, safe and supportive work environment. Further research including social care workers and analysis of wider societal structural factors is recommended.

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