

COVID-19 Psychological Impact among Employees in India's Corporate Sector

Richa Khanna and Anil Kalaga

ABSTRACT

This study explored employee stress, coping mechanisms and perceived organizational support as they navigated the unique context of work from home (WFH) during the COVID-19 pandemic in India (N = 158). Stress overload for corporate employees was found to be higher than the general population. Most respondents reported utilizing helpful coping strategies to manage their stress. Majority respondents reported feeling supported by their organizations during this pandemic, however they expected more informal contact from their reporting managers at this time. Recommendations for organizations including attunement to employees' psychological needs, and investment in professional counseling services, have been discussed.

Keywords: COVID-19, Corporate, Stress, Coping.

INTRODUCTION

The world is witnessing unprecedented times since the onset of the Coronavirus or COVID-19 so much so that the World Health Organization (WHO) classified this as a pandemic in March 2020 (WHO, 2020). Several larger businesses and corporate houses have adapted to work from home (WFH) operations, in an attempt to minimize anticipated losses and maintain productivity amidst lockdown measures. It will be crucial in these circumstances to ensure appropriate digitization of operations (e.g., Makridis & Hartley, 2020) and creating a sustainable occupational model for the immediate and foreseeable future involving COVID-19. A related task for corporate organizations would be to ensure adequate support to human resources (e.g., Craven et al., 2020); and multi-faceted development of employees in this dynamic environment. This would help maintain and boost productivity, through attending to critical areas

of personal success and morale enhancement of individual corporate employees. There have been limited studies on the psychological impact of WFH on corporate professionals (Dingel, 2020; Kramer & Kramer, 2020). The present study will aim to explore employee stress, coping mechanisms and perceived organizational support as they navigate the unique context of WFH during this pandemic in India.

OBJECTIVES

- To identify various contextual aspects unique to working from home for corporate employees during and prior to the national lockdown
- To explore employees' stress overload in the context of the COVID-19 lockdown
- To understand employees' coping strategies in response to their perceived stress amid the COVID-19 lockdown
- To identify employees' needs and sense of perceived support from the organization during COVID-19 context
- To understand the association between employees' stress overload and coping strategies during the COVID-19 lockdown

METHODOLOGY

Participants included working professionals from the corporate sector, Indian citizens residing in India, currently working from home (employed for at least 1 year) and were recruited through online email requests to Human Resource Professionals and via social media websites in May-June 2020.

Demographic Details: Name and company (both optional), number of years employed, age, gender, highest level of education, marital status, number of children, spouse employment status, WFH status, designation, industry type, department and management level.

Contextual/WFH Factors: A total of nine items designed by the principal investigator (PI) to gather details during and prior to the national lockdown.

Stress Overload Scale – Short (Amirkhan, 2018): The scale is comprised of 10 items, with five items representing Personal Vulnerability (PV) and Event Load (EL) each.

Brief COPE Inventory (Carver, 1997): The scale is made up of 28 items, and scores are obtained on 14 unique coping mechanisms: self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion,

and self-blame.

Perceived Organizational Support: This is a nine-item scale designed by the PI assessed the extent to which employees have felt supported by their organization during this pandemic.

RESULTS AND DISCUSSION

Complete data is available from 158 participants who responded to an online survey hosted on Zoho, during May-June 2020 (response rate of 53%). The sample was 85% male in the age range of 24-62 years ($M = 40.44$, $SD = 8.68$); married (87%), with spouse working (60%), having either one or two children (38% each). The highest education reported was a Master's degree (80%); a majority of respondents held middle management positions (55%) primarily represented from the following industries: Construction, Infrastructure, Power, Manufacturing and Engineering. Time worked in the organization ranged from 1 to 33 years ($M = 8$, $SD = 6.55$).

Exploratory Analyses

WFH Factors: Participants' responses on contextual variables (number of WFH days, average daily working hours, hours of sleep, number of meals and stress) have been indicated in Table 1, including minimum, maximum and mean values. In addition, participants reported a slightly above average appetite rating and nutritional rating both pre and during lockdown. They indicated their top 3 additional responsibilities besides WFH as: purchasing essentials (85%), engaging with family (79%) and cleaning (71%). Majority of respondents denied knowledge of a friend (94%), family member

Table 1

Minimum, Maximum and Means for WFH Variables

Contextual Variables	Min	Max	Mean
WFH Day	0	70	51
Work Hour (Pre)	6	16	9.3
Work Hour (During)	2	17	9.6
Sleep (Pre)	5	9	7.1
Sleep (During)	4	11	7.0
Meals (Pre)	2	6	3.0
Meals (During)	1	5	3.1
Stress Level (Pre)	1	10	6.2
Stress Level (During)	1	10	6.6

(98%) or acquaintance (76%) being infected with COVID-19.

Mental Health Resources: A majority of respondents (97%) denied currently seeking the help of a counselor to manage their stress. Fewer respondents (69%) agreed that they are aware of counseling resources and 56% agreed that counseling resources are easily accessible. Moreover, 59% reported comfort with seeking counseling from a mental health professional; and just over half of them (51%) denied that counseling resources are affordable.

Coping: Mean scores on the Brief-COPE have been indicated in Table 2. Based on these, the most frequently employed coping mechanisms reported by respondents were acceptance ($M = 6.32$), positive reframing ($M = 5.70$) and planning ($M = 5.58$). On the

Table 2
Brief COPE Sub-scale Mean Values

Coping Mechanism	Mean
Acceptance	6.32
Positive Reframing	5.70
Planning	5.58
Active Coping	5.57
Religion	4.72
Self-Distraction	4.72
Emotional Support	4.47
Instrumental Support	4.21
Venting	3.80
Humor	3.73
Denial	3.20
Behavioral Disengagement	3.03
Self-Blame	2.78
Substance Use	2.30

other hand, behavioral disengagement ($M = 3.03$), self-blame ($M = 2.78$) and substance use ($M = 2.30$) were least employed by respondents during times of stress.

Perceived Organizational Support: Participants in this study agreed or strongly

agreed that their supervisor has checked in with them since the pandemic began (61%), their supervisor has demonstrated supportive listening (58%) and has communicated consistently (54%) since the pandemic began. Similarly, they agreed feeling adequately supported by their organization during this pandemic (70%) and that their organization has proactively shared mental health resources with them (59%). On the other hand, most participants were neutral, disagreed or strongly disagreed that their supervisor has maintained informal contact (51%), however 80% were either neutral or denied any worries around losing their job.

A qualitative analysis of response to open ended questions revealed several thematic areas of perceived organizational support: formal and informal communication, flexibility with work expectations, online learning options, and emotional support received during this pandemic. Some participants expressed their need for formal and informal communication from senior leadership, need for job assurance, WFH allowances, and provision of mental health resources including work life balance measures. On the other hand, some respondents indicated feeling well-supported by their organization in terms of motivation, engagement, regular check-ins, L&D options and job security.

Regression Analyses

Preliminary Analysis: Skewness and kurtosis of all sub-scale scores of SOS-S and Brief COPE; and individual items measuring Perceived Organizational Support were analyzed to screen for normality of the data. All kurtosis statistics were found to fall within the -3 and +3 range for sub-scale scores, skewness statistics also suggested normality of data with Z scores falling in the -1 and +1 range; except for substance use and self-blame scales of the Brief COPE Inventory. Subsequently, log transformations were performed for these two sub-scales, which led to scores on self-blame becoming normally distributed; while scores on substance use continued to be non-normal and hence were excluded from further analysis.

Main Analyses. Participants reported higher levels of stress (PV: $M = 12.1$, $SD = 5$; EL: $M = 13.9$, $SD = 4.9$) than found in the population as a whole on both dimensions of perceived vulnerability, $t(157) = 7.5$, $p < .001$; and event load, $t(157) = 4.1$, $p < .001$.

Linear regression analyses were conducted to examine the relationship between PV and EL and 13 coping mechanisms. The results of the regression indicated that the models with PV as the predictor explained between 9–21% of the variance in five coping mechanisms (self-distraction, denial, disengagement, self-blame and venting) and the models were significant at a .001 level. Similarly, the model with EL as the predictor explained between 7–17% of the variance in three coping

mechanisms (self-blame, disengagement and venting) and the models were significant at a .001 level.

This study aimed to explore the psychological impact of the COVID-19 pandemic, among employees pan-India, in the corporate sector who were working from home. Employees working from home, perceived their situation as highly demanding, while also noting a sense of powerlessness and inadequacy in dealing with those demands (managing job duties in addition to household responsibilities and engaging with family). The relationship between personal vulnerability and venting; self-blame and behavioral disengagement, points to the use of avoidant coping styles, which has overall been found to be a less effective way in managing difficult emotions and furthering distress (e.g., Holahan, Moos, & Bonin, 1999). Systemically speaking, employees expected greater informal contact from their supervisors at this time (for e.g., taking initiative to check in regarding the employee and their family's health and well-being). This might have been a necessary protective factor against unhelpful coping mechanisms of self-blame and disengagement. Moreover, the reported lack of affordable mental health services may be a deterrent for employees to seek professional help during times of distress.

CONCLUSION

The study points to a heightened need for organizations to prioritize employee well-being during these uncertain times, modify their systems and approaches and adapt to employees needs for maximized productivity. Various categories of interventions for promoting resilience during times of this pandemic have been suggested including increasing means of social support, various mechanisms of mindfulness and meaning making (Polizzi, Lynn & Perry, 2020), resilience training, telehealth, and psychological first aid (Haider, Tiwana & Tahir, 2020). For Indian organizations one way could be to invest in mindfulness and self-awareness programs for managers. These are fundamental to emotional well-being and would be helpful in handling the work environment far more effectively in times of extraordinary crises like the present one. Related to coping with COVID-19, Flesia et al. (2020) in their study of protective factors against psychological distress in Italy, found emotional stability, self-control, a positive coping style and internal locus of control as buffers. These factors could be promoted among organizations by making professional counseling services more affordable for employees at all levels by ensuring coverage of this in health insurance policies or investing in Employee Assistance Programs (EAPs).

Future research may look at the evolution of employee mental health over this past year of the pandemic, while also looking at additional sectors, a larger and a more

diverse sample than the present study. It would be important to explore mental health treatment gaps in India's corporate sector, so that robust and sustainable measures could be collaboratively implemented while taking into account both - needs of employees and organizations.

IMPLICATIONS FOR SOCIAL POLICY AND ACTION

As India's corporate sector continues to adapt to the new normal in the light of the COVID-19 pandemic, WFH is likely to be the most preferred and desirable mode of working until offices can fully reopen. This means that training for this shift in working will need to take place at all levels of the organization. For example, in order to mitigate the stress of WFH, organizations can identify work boundaries or encourage employees to work in shifts. Moreover, because the entire workspace has shifted online, employees will need to be trained technologically speaking in order for a smooth transition from paper-related work to one that is fully online.

Upper management can be sensitized to the importance of psychological health, while challenging any internalized stigma around this. An open and honest conversation regarding their own mental health and challenges they have faced in leading people, during the pandemic can serve as a healing opportunity and eventually a motivator to be better attuned to their teams' needs. As a next step they could be trained on counseling micro-skills which will promote employee engagement. Active listening, empathy, reflection, validation and attuned non-verbal communication are foundational relationship building and relationship strengthening skills. As a policy, organizations can hire Counseling Psychologists to provide bi-annual trainings to managerial level employees on these integral communication skills that are often overlooked in management training. Hence, a two fold purpose is served here: (1) improved well-being of managers, and (2) enhanced attunement to employees' needs.

Further attunement to employees' needs can be developed through frequent annual surveys on employee mental health, checking in with employees and their families, and interventions can be offered as needed. Some options include contracting a team of psychologists to work 1:1 with employees and their families to address any immediate mental health concerns; offering quarterly support groups to be run by professional psychologists; and providing mental health workshops (employee led topics) to be facilitated by professional psychologists. All these actionable steps if implemented would reflect the organizational stance on the importance of one's mental well-being, normalizing this as much as physical health and well-being.

Finally, an advocacy-based approach is needed from organizational leadership in recognizing and including mental/psychological health in their values and guiding

principles at a systemic level. Section 21(4) of the MH Care Act 2017 states that “every insurer shall make provision for medical insurance for treatment of mental illness on the same basis as is available for treatment of physical illness”. The Insurance Regulatory and Development Authority of India (IRDAI) had mandated insurance companies to include mental illness in their scope of coverage, with October 2020 being the deadline to remove exclusions for mental illness. However, more work is needed in this area. Key stakeholders including HR managers, employee representatives, psychologists, psychiatrists, social workers and the medical fraternity must join hands and advocate for insurance companies to provide comprehensive coverage for mental health concerns (psychological assessment, clinical interventions such as outpatient counseling, inpatient hospitalization, and psychiatric medication) and make this more visible in their standard policy inclusions, and not as add-on coverage.

UNIQUE CONTRIBUTION TO THE EXISTING LITERATURE

This study has taken a holistic view of human functioning in not only having captured the levels of stress experienced by corporate employees in India, but also the mechanisms through which they have been coping during these unprecedented times. Moreover, the inclusion of WFH factors highlights contextual factors, specific to the lockdown that need to be considered when assessing employee productivity and devising interventions to enhance it. In addition, employees’ personal experiences during the pandemic, sought as qualitative data is a rich source of feedback to upper management as navigate ways to engage employees and ensure their well-being.

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ABOUT THE AUTHORS

Richa Khanna, *Counseling Psychologist, Ph.D. Assistant Professor* – Tata Institute of Social Sciences, Mumbai, Maharashtra.

Anil Kalaga, *Group Head (L&OD)* – Adani Enterprises Limited, Ahmedabad 382421, Gujarat.