Mental Health At The Workplace: An Online Exploratory Study On Perceived Stress, Common Mental Disorder, And Sleep During COVID-19 Pandemic

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Abstract

Introduction: Stress in the workplace is a well-known phenomenon. With the current COVID-19 pandemic and the measures to counteract it has led to a psychological toll on employees of almost all sectors. We aim at exploring the self-perceived stress, screen for anxiety, and depression, and sleep problems among the employees of a corporate business house.

Material And Method: An online survey using a cross-sectional design and purposive sampling was conducted during the lock-down due to the COVID-19 pandemic in Nepal among the employees of a corporate house before conducting a stress management session. The tools used were semi-structured proforma and the Perceived Stress Scale (PSS), Patient Health Questionnaire-4 (PHQ4), and Single-item sleep quality scale (SQS). A descriptive statistical analysis was performed.

Results: The majority of the respondents were male (64.9%), unmarried (78.9%), and lived with their family (92.8%). A moderate level of stress was present among 86.0% and a high level of stress among 5.2% of respondents. 24.6% and 33.3% of individuals were screened positive for anxiety and depression respectively. 17.5% of the individuals had poor sleep and 15.8% perceived their work efficiency was decreased.

Conclusion: The stress and psychological problems reported by the respondents strongly suggest a need for regular stress management programs. Further studies are warranted with a larger sample size and from different sectors to look at the real impact of COVID-19 on the employees.

Keywords: COVID-19, Corporate employees, Stress Management, Psychological Impact

INTRODUCTION

Most of the world’s population spend one-third of their adult lives at work. Stress in the workplace is common and can keep one from feeling and performing at his/her best — mentally, physically, and emotionally. Job stress or stress at the workplace is defined by Beehr & Newman (1978) as a condition arising from the interaction of people and their jobs and characterized by changes within people that force them to deviate from their normal functioning. Stress accounts for more than a third of all cases of work-related ill health and almost half of all working days lost due to illness. The evidence throughout the world suggest stress at the job and poorly functioning work environments are associated with the development of mental health problems. Stress-related illnesses directly impact employers through absenteeism, employee productivity, and morale. Studies have also shown being unhappy with or unfulfilled by work can take a toll on our health, relationships, and even lifespan.
manifest as heart disease, back pain, headaches, gastrointestinal disturbances, or various minor illnesses; as well as psychological effects such as anxiety and depression manifested as loss of concentration and poor decision making. Ignoring mental health and stresses in the workplace cause massive losses in a business’ bottom line and creates a hardship for employees.

The workplace is an appropriate environment to educate individuals and raise their awareness about stress-related problems and prevent them from developing. Promotion of good mental health practices can be part of human resource management policy, and occupational health care services can play an important role in early recognition and identification of stress-related difficulties. Stress management might also help in preventing and promoting mental well-being. Early intervention and prevention programs can be integral in managing symptoms of stresses, mental illness, and improving treatment outcomes.

The coronavirus disease 2019 (COVID-19) pandemic is having a profound effect on all aspects of society, including mental health and physical health and the business and corporate world cannot be untouched by it. A recent study in China among 1323 members of the workforce using the online platform showed that 10.8% of respondents suffered from post-traumatic stress disorder, anxiety (3.8%), depression (3.7%), stress (1.5%), and insomnia (2.3%). Both the pandemic and the methods used to counteract it like isolation, quarantine, and lockdown can have mental health consequences. Also with the down-going economy the employees of the corporate world face other challenges like salary deduction, job insecurity, working from home not being as efficient as work at the office which can create a toll on mental wellbeing. The employees have to face a lot of challenges and apprehension at this hard time all around the world considering the economy, major change in work modality. In the context of Nepal, there are very limited studies in occupational health and the pandemic has presented a unique opportunity to study the impact of changing work modality and economy in the mental health of employees of the corporate sector. This study aims at exploring the self-perceived stress, screen for anxiety, and depression, and sleep problems among the employees of a corporate house.

**MATERIAL AND METHOD**

We had run a program titled "Stress Management and Self-care during the ongoing COVID-19 pandemic" for all the employees of a corporate business house using the online platform. The overall goal of the program was to promote positive mental health at the workplace, stress management, early identification and intervention of mental health problems, and respond to employees who need support. Before the stress management session of 1.5 hours, we also performed an online structured assessment. A google form was made and the link of the survey was sent to employees using online platforms. Respondents were made aware of the initials and credentials of the investigators, length of the study, storage of data, and password-protected google drive with investigator limited access, the purpose of the information collection, and the expected outcome of the study. No identifiable or contact information was obtained from the respondents. This study is a part of another larger project titled "Mental Well-being during the COVID 19 pandemic lock-down". Ethical approval has been taken from the Nepal Health Research Council (Ref. no: 2467).

The following tools were used for assessment:

i. **Semi-structured proforma:** This consisted of age, gender, marital status, education, current living arrangement, etc. We also asked about the increase/decrease of smoking habit using unstructured questions. Also, one question on efficiency at work was asked.

ii. **Perceived Stress Scale (PSS):** It is the most widely used psychological instrument for measuring the perception of stress. It is a measure of the degree to which situations in one’s life are appraised as stressful. The questions in the PSS ask about feelings and thoughts during the last month. It has good psychometric properties when used in the general population.

iii. **Patient Health Questionnaire-4 (PHQ-4):** This four-item scale consists of two core criteria each for depressive disorder and generalized anxiety disorder and is regarded as an ultra-brief tool for the
detection of depression and anxiety. Study from the general population supports the reliability and validity of this scale. It has the potential to be used as a mass screener for depression and anxiety.

iv. **Single-item sleep quality scale (SQS):** This is a self-administered questionnaire that incorporates a discretizing visual analog scale (VAS). The questionnaire instructions direct the respondent to rate the overall quality of sleep over a 7-day recall period on a discretizing VAS, whereby the respondent marks an integer score from 0 to 10, accordingly categories are made. It possesses a favorable measurement characteristic relative to lengthier or more frequently administered sleep questionnaires for insomnia.

### RESULT

**Table 1: Socio-demographic profile and substance use among respondents**

| Variables                  | Number | Percentage (%) |
|----------------------------|--------|----------------|
| Gender                     |        |                |
| Male                       | 37     | 64.9           |
| Female                     | 20     | 35.1           |
| Age: Mean (SD)             | 26.81  | NA             |
| (SD= 4.9 years)            |        |                |
| Marital Status             |        |                |
| Married                    | 12     | 21.1           |
| Unmarried                  | 45     | 78.9           |
| Education                  |        |                |
| Masters                    | 40     | 70.2           |
| Bachelors                  | 16     | 28.1           |
| 10+2                       | 1      | 1.8            |
| Current living arrangement |        |                |
| With family                | 53     | 92.8           |
| Alone                      | 4      | 7.2            |
| History of psychiatric illness | 50   |                |
| Yes                        | 7      | 12.3           |
| No                         | 45     | 87.7           |

| Change in smoking habit    |        |                |
| Doesn’t apply              | 40     | 70.2           |
| No change                  | 5      | 8.7            |
| Increased                  | 1      | 1.8            |
| Decreased                  | 11     | 19.3           |

| Change in drinking habit   |        |                |
| Doesn’t apply              | 36     | 63.2           |
| No change                  | 11     | 19.3           |
| Increased                  | 2      | 3.5            |
| Decreased                  | 8      | 14.0           |

As seen in table 1 majority of the respondents were male and the mean age was 26.81 years. The majority were unmarried (78.9%) and had an education of bachelors or above. Most respondents lived with their families (92.8%). In the case of the smoking habit, only one respondent reported having increased, and for drinking two respondents reported having increased.

**Table 2: Perceived stress, mental health screening and sleep among respondents**

| Screened Disorder          | Number | Percentage (%) |
|----------------------------|--------|----------------|
| Perceived stress Score     |        |                |
| Low stress                 | 5      | 8.8            |
| Moderate stress            | 49     | 86.0           |
| High stress                | 3      | 5.2            |
| Anxiety Disorder           |        |                |
| Screen Positive            | 14     | 24.6           |
| Screen Negative            | 43     | 75.4           |
| Depression                 |        |                |
| Screen Positive            | 19     | 33.3           |
| Screen Negative            | 38     | 67.7           |
| Sleep problem rating       |        |                |
| 0 = terrible               | 0      | 0              |
| 1–3 = poor                 | 10     | 17.5           |
| 4–6 = fair                 | 23     | 40.4           |
| 7–9 = good                 | 22     | 38.6           |
| 10 = excellent             | 2      | 3.5            |

| Efficiency in work (self-perceived) |        |                |
|-------------------------------------|--------|----------------|
As in table 2, the majority of the participants had a moderate level of stress (i.e. 86.0%). However, 5.2 % of the participants had a high level of stress which is indicative of the need for some intervention at a personal level. This table shows only the stress level, it doesn’t mean the individuals have mental disorders. Also, 24.6% of individuals were screened positive for anxiety and 33.3% of individuals were screened positive for depression. Regarding sleep, 17.5% of the respondents had poor sleep. Also, we looked at the efficiency at work during this lock-down period and found 15.8% of the employees perceived their efficiency was decreased.

**DISCUSSION:**

The study aimed at exploring the perceived stress score, screening for anxiety, depression, and sleep pattern among the employees of a corporate business house in Nepal during the lockdown period of the COVID-19 pandemic. Male respondents were more than female and the mean age was 26.81 (SD= 4.9 years) and the majority were unmarried indicating that most of the employees were young and in their early stage of career. There was an overall decrease in the pattern of smoking and alcohol use. This is in line with a study done in Kerala among 263 respondents where there was a decrease in alcohol use and smoking by 83.3% and 58.8% respectively. Also, it has been suggested lockdown represents a risk factor for increased alcohol consumption in people with alcohol use disorders and relapse for those who were previously abstinent. Lockdown might cause different behavioral changes in smoking and alcohol intake. Generally, substance use has been well recognized as a risk of relapse and increased use, the reduction might be associated with decreased financial ability, restricted mobility, no group activity, being at home with family, decreased availability, etc. Also, fear about the decrease in immunity leading to the chance of complication if infected by COVID-19 could be another reason for decreased use.

However, it is imperative to be aware that there might be chances of withdrawal with a decrease in alcohol. Also, some cases reported increase use which may show a maladaptive coping and risk for future addiction.

The majority (86%) of the respondents had a moderate level of perceived stress and 5.2% had a severe level of perceived stress. This is higher than seen in other studies done in Nepalese during this pandemic. A study by Gupta et al. among 142 respondents, 77.4 % and 1.6 % had a moderate and severe level of perceived stress. Another online study in the Nepalese setting showed 76.7% of respondents have moderate self-perception of stress, 5.3% high stress; and 17.9% low stress. The higher percentage of perceived stress in our sample suggests that the young employees working in the corporate sector have a higher level of stress compared to the general population and hence highlight the importance of stress management programs like we conducted in our sample.

The screening showed 24.6% and 33.3% of respondents were positive for anxiety and depression respectively. The prevalence of anxiety is in line with the study done by Gupta et al which showed 25.4% but the prevalence is higher in our sample as compared to 7% but comparable to another study by the same author. Also, our data is well within the range suggested by a recent meta-analysis among the general population during the COVID-19 pandemic in China, Spain, Italy, Iran, the US, Turkey, Nepal, and Denmark i.e. the rates of symptoms of anxiety 6.33% to 50.9%, depression:14.6% to 48.3%, and stress: 8.1% to 81.9%. The interesting point to note here is 15.8% of respondents only reported a self-perceived decrease in efficiency during the lockdown. This might be due to a change in modality of work or as a psychological impact of the COVID 19 pandemic. This is another area that needs further research.

The strength of the study is that this survey was followed by a stress management program for the respondents. This is among a very few studies in Nepal that have looked into the psychological factors among the employees of the corporate sector. The homogenous nature of the sample highlighting the stress management
program is another strength. However, there are limitations to this study. The relatively small sample size recruited using a non-randomized sampling procedure, limits the generalizability of present study findings. Also, we conducted the study at the time of the COVID-19 pandemic, and since as we lack the baseline data among corporate employees of Nepal we are not able to comment on whether the pandemic has led to an increase in perceived stress and psychological problems.

CONCLUSION:
The stress and psychological problems reported by the employees of the corporate sector strongly suggest a need for regular stress management programs. Also, there is no denying the fact that the COVID-19 pandemic has impacted the psychological wellbeing in this group. Further studies are warranted with a larger sample size and from different sectors to look at the real impact of COVID-19. We believe this study could act as a baseline for other larger studies and help in formulating a contextualized stress management package for the corporate sector.

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