

Impact of COVID-19 on Mental Health of Working Professionals

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ABSTRACT

Coronavirus is a new virus that was discovered in December 2019 and declared pandemic by World Health Organization (WHO) in March 2020. Corporates have always had a vital role to play in the growth and prosperity of any country. In these challenging times of the Covid-19 pandemic and the subsequent shutdown, Organizations now have to deal with a whole new set of problems, most of which has to do with the mental health of their employees. Isolation from society, the inflow of bleak coronavirus-related knowledge, the fear of contracting Covid-19, the looming economic recession and the sense of helplessness are all adversely affecting people's mental well-being, causing a lot of stress, anxiety, depression and other mental health concerns. This paper looks at the effect of COVID-19 outbreak on mental health of workers, especially psychological distress and depression. The paper is a study of the literature. This seeks to define the key stressors during and after COVID-19, analyze the main moderating factors that may reduce or aggravate the impact of COVID-19 on mental health of employees and finally provide guidelines from a human resource management perspective to mitigate the impact of COVID-19 on mental health of employees.

Keywords: Mental health, Stress, employees, COVID-19, Psychological Distress, and Management of Human Resources

I. INTRODUCTION

Coronavirus (CODIV-19) was declared a pandemic by the World Health Organization (WHO) on 11 March 2020. This means an outbreak of global disease which threatens the entire world.

CODIV-19 is a coronavirus- induced infectious disease. 'Coronaviruses (CoV) are a broad family of viruses that cause diseases ranging from common cold to more serious illnesses such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). A novel coronavirus (nCoV) is a new strain not previously observed in humans. (WHO, 2020a). They're transmitted between humans and animals. Symptoms include fever, dry cough, shortness of breath and trouble breathing, exhaustion with potential signs of pain and aches, nasal congestion, runny nose, sore throat or diarrhea (WHO, 2020a).

Coronavirus is a new virus that was discovered in December 2019, with its outbreak in Wuhan, China. Today, it has spread to many countries at a lightning pace. As of March 31, 2020, this virus reached 202 countries, areas or territories with 693,224 confirmed cases and 33,391 deaths, according to WHO (2020b). Many countries showed leadership by implementing emergency measures to prevent the spread of the infection. In this context, schools and universities, kindergartens, cinemas, museums, restaurants were closed, public meetings and events were cancelled, people quarantined, travel restrictions, close borders and flights cancelled from and to countries with high levels of contamination (e.g., China, Italy, France, Spain, the US, Canada ...)

A pandemic will lead to sharp shocks for the world's economies and communities in addition to the negative effects on the individual (MacIntyre, 2020; Shigemura et al., 2020). According to the latest Interim Economic Outlook (2020) of the Organization for Economic Co-operation and Development (OECD), 'the Covid-19 coronavirus presents the world economy with its greatest danger since the financial crisis. 'A sharp slowdown in world growth seen in the first half of 2020, even in the best-case scenario of limited outbreaks in non-China countries, as supply chains and commodities are hit, tourism drops, and confidence falls. For the entire year, global economic growth has plummeted to 2.4 percent, compared to an already low 2.9 percent in 2019 (OECD, 2020). This situation can have a negative effect on profitability of industry and individual jobs. This has caused furloughs and layoffs in reality (World Economic Forum, 2020). In this situation, workers need to take care of themselves, their families and seek to retain their place in the job. In this sense, what about their mental health?

Individuals have raised anxiety-related behaviors in the face of this epidemiological crisis, converted into a severe scarcity of sanitizers, medical masks (Shigemura et al., 2020), and toilet paper (Corkery & Maheshwari, 2020). That indicates that coronavirus is not only a challenge to physical health, but also heavily weighs on individuals' mental health. The latest example is the painfully obvious suicide in Japan of a 37-year-old government worker who was responsible for caring for isolated Wuhan (China) returners (The Japan Times,

2020). COVID-19 epidemic in China has resulted in enormous psychological issues that have created a significant emerging obstacle for mental health services in China (Li et al., 2020).

Nonetheless, it appears that mental health issues of individuals can often be largely ignored during a pandemic outbreak, especially in the case of an unknown new virus. The goals of this paper were twofold. First, to analyze the effect of COVID-19 on the mental health of workers within organizations Secondly, to evaluate the key organizational strategies from the perspective of human resource management, this can minimize this effect. As we write this paper the coronavirus spreads so quickly. Studies, which have studied its effect on the mental health of individuals, are scarce despite its novelty. In fact, there are few studies that have looked from a strategic viewpoint at this epidemiological catastrophe.

II. METHODS

The approach used in this paper is a general literature review focused on the classification of Grant & Booth (2009), which offers an overview of the recent and current literature and covers various topics with varying degrees of completeness and comprehensiveness. The topic discussed in this paper is the COVID-19 coronavirus that the whole world faces while we are writing it. We systematically discuss its influence on the mental health of employees and the stressors; we analyze the moderating factors and potential methods of organizational behavior to reduce the effects of COVID-19 on the mental health of the employee. The narrative form is the key characteristic of this type of analysis which we adopted in this paper (Grant & Booth, 2009).

In Google Scholar, Web of Science and Semantic Scholar, we searched for papers using a combination of words linked to coronavirus OR COVID-19 and workplace; COVID-19 and mental wellbeing of employees; COVID-19 and psychological distress; COVID-19 and depression, occupational policy and COVID-19. Articles were selected based on their importance to the subject of our study. We looked for papers that provided details about the effect of COVID-19 on the mental health of workers, and concentrated on those published between December 2019 and July 2020. Articles on biomedicine were not published. Our goal was to analyze articles that help build a bridge between epidemiology, psychology and management of human resources. In this case, we were looking for articles which link these epidemics to mental health. All of the papers reviewed are mentioned in this paper and in the references.

III. LITERATURE RIVEIW

COVID-19, the workplace and the mental health of employees This paper examines two outcomes of mental health: psychological distress and major depression which may result from a pandemic or epidemic outbreak (Chiu et al . , 2020; Lai et al . , 2020; Perlis, 2020; Wu et al . , 2005; Xiang et al., 2020). Mental distress is widely used as a mental health measure (Drapeau et al., 2011). This refers to a condition of mental distress for people, followed by signs of depression (e.g. frustration and lack of interest) and anxiety (e.g. restlessness) (Drapeau et al., 2011; Mirowsky & Ross, 2003; Payton, 2009) and somatic symptoms such as insomnia (Drapeau et al., 2011; Marchand, 2004). Psychological distress is associated with a set of psychophysiological and behavioral symptoms spread over time (Marchand, 2004). Although depression is a psychological mood condition, characterized by persistently diminished mood and motivation (Bonde, 2008), recurrent feelings of distress, negative emotions and difficulty in managing day-to-day obligations (Cummins et al., 2015).If psychological distress is not detected it may lead to severe depression (Marchand, 2004).While depression may have serious consequences such as suicide (Beck & Alford, 2009; Cummins et al., 2015).

Psychological distress and depression are the product of extreme or unmanaged stress, mostly due to the inability of the patient to cope with traumatic events in life (Cummins et al., 2015; Drapeau et al . , 2011; Marchand, 2004). The current pandemic is a source of intense stress to the entire population worldwide.

The COVID-19 pandemic can be associated with other stressors that can rob the mental health of workers, during and after this pandemic. We've made a distinction in this section between the stressors during the coronavirus pandemic and those that could emerge after this pandemic. The pain a person feels isn't the issue. It is the product of the problem, rather (Mirowsky & Ross, 2003). This is also necessary to identify the issue so that solutions can be found which will allow workers and organizations to reduce the risk of mental health problems. This is the principal intention of this post.

Stressors during the coronavirus pandemic

The key stressors during a pandemic are: 1) perception of stability, danger and risk of infection (Brooks et al . , 2020; Xiang et al., 2020); 2) Infobesity and the Unknown (Gao et al., 2020; Garfin et al., 2020) 3) quarantine and confinement (Brooks et al., 2020; Qiu et al., 2020; Wang et al., 2020), 4) stigma and social isolation (Brooks et al., 2020; Xiang et al., 2020) and 5) Economic loss and instability in jobs (Brooks et al., 2020; Zhou et al., 2020).

Perception of Safety, Threat and Risk of contagion

Fear and panic set in during pandemics. Nonetheless, the anxiety of individuals rise following the first death and increased media coverage associated with the number of new cases (Rubin & Wessely, 2020). In this situation, individuals fear for their own wellbeing and the wellbeing of family members (Bai et al., 2004; Brooks et al., 2020; Xiang et al., 2020). The COVID-19 outbreak itself and the control measures taken can cause widespread fear and panic (Zhang et al., 2020a). Fear behaviors can propel and spread the virus in pandemic areas (Chan, 2014; Shultz et al., 2015). For example, some cases of fearful symptomatic patients escape from treatment centers when Ebola occurred, concealing sick relatives at home (Chan, 2014; Shultz et al., 2015). According to some writers, feeling anxious and vulnerable to pandemics are predictors of poor mental health (Brooks et al., 2018).

Infobesity versus the unknown

Individuals face an infobesity or information overload during pandemic outbreak. People are frustrated by the infection's documented lethality, as well as the media attention severity of this pandemic outbreak, which exacerbates their sense of risk (Bai et al., 2004; Garfin et al., 2020; Shigemura et al., 2020), raises their fear (Shigemura et al., 2020) and damages their mental wellbeing. In this case misinformation spreads more quickly than COVID-19.

The social media is one of the key networks offering revised COVID-19 information (Bao et al., 2020; GAO Et Al., 2020). While it can play an important role in facilitating the contact with distant relatives of individuals who are quarantined (Brooks et al., 2020), social media is not always a reliable source of knowledge for updates on the pandemic (Gao et al., 2020). In reality, it may spread rumors or false information leading to an abundance of misinformation (Bontcheva et al., 2013; Roth & Brönnimann, 2013), which fuel baseless fears among many people. Gao et al. (2020) research found a high prevalence of mental health problems (depression and anxiety, or a combination of both) that was positively correlated with regular access to social media during the COVID-19 outbreak in Wuhan, China.

In addition, news coverage of a pandemic outbreak may include an amount of contradictory information that may shake an individual's confidence (McCauley et al., 2013), generate ambiguity, uncertainty and increase the individual's level of stress and his or her incapacity to cope with the current situation's severity. In addition, the lack of clear information on the different levels of risk can lead individuals to assume the worst that exacerbates their anxiety (Desclaux et al., 2017). In addition, inadequate clear information about the pandemic and clear clarification about the need for quarantine was established during the pandemic as important sources of stress to individuals (Brooks et al., 2020).

Stigma and social exclusion

One of the common social consequences of a pandemic is stigma (Xiang et al., 2020). Fearing the possibility of a potentially lethal infectious disease, people develop a form of stereotyping against people associated with the disease epicenter by avoiding it, blaming it for new disease outbreaks (Desclaux et al., 2017; Kinsman, 2012; Koh, 2020; McCauley et al., 2013; Shigemura et al., 2020; Shultz et al., 2015; Xiang et al., 2020) and spreading false rumors on social media (Depoux et al., 2020) about these. In addition, stigma and social isolation can be directed against confirmed patients, survivors and their relationships (Zhang et al., 2020a), and individuals who have been quarantined or have had contact with those who have been quarantined (Bai et al., 2004; Brooks et al., 2020). Bad psychological results are correlated with rejection, alienation and prejudice (Brooks et al., 2018).

Health workers aren't spared the stigma. They can actually feel even more stigma than the general public (Brooks et al., 2018). Bai et al. (2004)'s study showed that health-care workers were more likely to feel stigmatized and rejected in their neighborhood due to their hospital work. This stigma may result in high psychological distress and depression (Kinsman, 2012; Zhang et al., 2020a). They may suffer from it in extreme ways, as there were cases where neighbors throw stones at health care workers during the Ebola outbreak and chase them from their homes (Guimard et al., 1999). The provision of accurate and timely information on the disease may, according to some authors, minimize the stigmatization of health care workers (Bai et al., 2004).

Quarantine and confinement

Quarantine refers to the isolation from the rest of the population of individuals (or communities) potentially exposed to an infectious disease (Hawryluck et al., 2004; Parmet & Sinha, 2020). It also refers to reducing movement of persons potentially exposed to an infectious disease (Brooks et al., 2020). COVID-19 is an infectious disease, as it travels around the world. Governments such as China, Italy and many other countries have implemented punitive policies of an unforeseen and unparalleled scale, such as implementing quarantines and travel bans (Parmet & Sinha, 2020; MacIntyre, 2020). Although quarantines are usually set up for the public good, they can result in a significant psychological, emotional, and financial strain on individuals

(Hawryluck et al., 2004). Nevertheless, quarantined individuals may experience boredom, rage and loneliness (Xiang et al., 2020). Some studies have indicated that quarantine is associated with poorer mental health during a pandemic, such as COVID-19 (Brooks et al., 2020, Rubin & Wessely, 2020), with a high prevalence of psychological distress and disease symptoms (Wang et al., 2020). Owing to the length of the quarantine this relationship could be worse (Brooks et al., 2020). In addition, Bai et al. (2004)'s study on health care staff found that quarantined employees were substantially more likely to experience fatigue, anxiety when coping with febrile patients, insomnia, irritability, low work output rates and poor focus. Brooks et al. (2020) suggested that long-term negative psychological effects of quarantine encounters that occur; not only for quarantined individuals, but also for the quarantine-administering health care system, as well as for policymakers and public health officials.

Financial loss and job insecurity

Pandemics contribute to destruction of the businesses. The outbreak of a pandemic causes schools and workplaces to be closed (Ferguson et al., 2006), as well as work hours to be shortened (Tyko, 2020) as measures to mitigate the severity and spread of the disease. Since companies cannot run at their previous capacity, most of them close, resulting in a large spread of staff lay-offs and redundancies that will dramatically decrease employment rates (Page et al., 2006). This condition would have a negative effect on the financial ability of individuals as a result of sales loss (Zhou et al., 2020). Financial losses may also be a concern for people who are quarantined because they are unable to function or continue their professional interests, often without the previous opportunity to prepare for this eventuality in the long run, with possible long-lasting consequences (Brooks et al., 2020). Likewise, in the case of SARS outbreak, the Mihashi et al. (2009) analysis found that income reduction strongly predicts psychological illness with odds of 25.0. Some scholars also consider inadequate benefits and coverage as one of the contributing factors for poor mental health (Tam et al., 2004). In addition, the effect of the pandemic outbreak on companies will dramatically increase an individual's feeling of job insecurity, which can have a detrimental impact on the mental wellbeing of workers impacted by the organizational reforms of closure and reduction of working hours during COVID-19. The adverse effect of job instability on occupational mental health has been widely reported in literature (Strazdins et al., 2004; Virtanen et al., 2002).

Stressors post Coronavirus

Studies indicate that the long-lasting effects of certain stressors that developed during pandemic outbreaks (Brooks et al., 2020). That means they live long after this pandemic ended. COVID-19 is still present at the time of writing of this document. Therefore its effects on the mental health of individuals following their disappearance cannot be reliably described. However, if we draw on recent COVID-19 literature, literature related to previous pandemics and epidemics such as SARS, some assumptions can be made regarding possible post-COVID-19 stressors which may have a negative effect on the mental health of employees. In this situation, apart from the posttraumatic stress disorder linked to recovery from a life-threatening physical disease (Wu et al., 2005), it seems that after COVID-19, stigma, financial loss and work instability may have a long-lasting impact.

It appears that stigma continues in the post-SARS period according to Siu's (2008) report. The author argued that up to four years after the SARS epidemic, which strengthened their social isolation, increased their level of stress and exacerbated their mental health, SARS victims were still experiencing stigmatization. Following SARS, from their colleagues and even from their employers, participants in this study reported that they encountered stigma and isolation in their workplace.

Additionally, financial loss and job insecurity can be considered as long-lasting COVID-19 stressors. In reality, COVID-19 has contributed to some businesses losing operations, which would take time to recover from the financial effects of this pandemic. It will generate a spillover effect on the job market with a possible long-lasting adverse impact on the budgets of workers and can have detrimental effects on their mental health. However, some events that contribute to significant financial difficulties for individuals tend to be associated with high rates of serious and lasting psychological consequences (Norris et al., 2002).

Moderators:

What are the mitigating or aggravating effects of COVID-19 on the mental health of employees this paper examines three main dimensions of the moderating factors that may mitigate or aggravate the impact of COVID on the mental health of employees: organizational factors, institutional factors and individual factors.

ORGANIZATIONAL FACTORS

Organizational considerations have to do with the position of the worker, workplace safety and health management as well as teleworking.

Occupational role

Pandemic risk varies depending on the work environment and the role of the employee in the job (Bai et al., 2004; Brooks et al., 2018). Hence its effect on the mental health of workers may also differ. In this sense, health care workers are exposed to the virus in addition to their job overload (Maunder, 2004), because they are in constant contact with the general public, which poses a high risk to their profession in terms of mental health, especially during a pandemic (Bai et al., 2004; Chen et al., 2005; Huang & Zhao, 2020; Huang et al., 2020; Ho et al., 2020; Koh, 2020; Maunder et al., 2006; Maunder, 2004; Wu et al., 2009; Xiang et al., 2020; Zhu et al., 2020). During COVID-19 in China, on February 14, 2020, the vice minister at the National Health Commission announced that six health workers had died from the new coronavirus and that more than 1,700 were infected (CNA, 2020). Maunder (2004) noted that being a nurse, having SARS contact and having children is associated with a high psychological distress.

Occupational safety and health management

Employers are responsible for protecting their workers and ensuring a workplace free from threats that can physically damage them or cause them to die. The current situation that COVID-19 is creating is daunting for organizations around the world. In this sense, administrators will work together with human resource professionals and health agencies to establish a health and safety strategy that will eliminate the risk of transmitting coronavirus and contagion within the organization. In this sense the strategies of the company play a significant role in mitigating the spread of the virus. They need to follow the instructions of the health authorities, the government of their country and the World Health Organization for this reason (Benson & Dix, 2009). We need to inform and train their workers on habits of prevention and provide the requisite material of security to those who need to be present in the workplace (e.g. masks, sanitizers, social distance ...). They do need to post guidance on prevention (e.g., washing hands, avoiding touching eyes, nose and mouth) (Ramesh et al., 2020), and encourage teleworking where possible (Benson & Dix, 2009). Having clear preventive measures in the workplace will build confidence that will help reduce stress levels for employees. They'll feel their employer protected and supported (Brooks et al., 2018).

Teleworking

To monitor the risk of transmitting COVID-19, many workers in various countries had to stay away from their workplace at home, causing teleworking practices.

Teleworking is the best way to manage the activities of the company while maintaining employees' health and safety during a pandemic and to secure income for the workers in quarantine (Greer & Payne, 2014). This may also have a negative effect on the mental health of workers, primarily because it increases social isolation (Gajendran & Harrison, 2007; Henke et al., 2016; Tavares, 2017), which is correlated with a high risk of psychological distress and depression. An employee will genuinely feel lonely, being separated from his workplace and his colleagues. In addition, teleworking will cause workers to work longer hours because there are no clear boundaries between private and professional life (Gajendran & Harrison, 2007; Henke et al., 2016; Tavares, 2017). Additionally, with the presence of children at home since schools are closed, the level of stress may increase.

Institutional factors

Institutional considerations in this paper apply to federal initiatives that seek to provide financial and psychological assistance to workers during and after the pandemic.

Government services, especially services for financial protection, help minimize the occurrence of psychological illness during pandemics (Mihashi et al., 2009). They are important considerations that should be taken into account in future pandemic mass isolation approaches (Mihashi et al., 2009). For example, countries with a high level of COVID-19 infection, such as France, Spain and the UK, have introduced emergency packages that include direct payouts to employees; loans and incentives for businesses to alleviate the pandemic's economic effect (Mallet & Dombey, 2020), which will help individuals sustain income throughout the pandemic period.

In addition, the existence of an effective mental health system can reduce the effects of COVID-19 on mental health of individuals (Qiu et al., 2020; Zhang et al., 2020a; Zhou et al., 2020). Shultz et al. (2015) suggest that the lack of mental health and psychosocial support networks, combined with a shortage of well-trained mental health providers, has increased the risk of psychological distress during Ebola. Investment prioritization, such as the World Bank Group's Pandemic Emergency Financing Program, assists in creating sustainable health systems (Bitanirwe, 2016). In addition, psychosocial help is critical for quarantined people and health care workers during and immediately after the pandemic outbreak (Zhang et al., 2020a). Mental health services were provided during the COVID-19 outbreak in China using different networks, such as

hotlines, online clinics, online courses (Gao et al. , 2020; Liu et al., 2020) and telemental health services (Zhou et al . , 2020).

Mental health services for the patients and health staff impacted by COVID-19 has been under-addressed, according to Xiang et al. (2020). The authors argued that while emergency psychological crisis initiatives focused on the outbreak of SARS were implemented in China on January 26, 2020 to provide psychological support during COVID-19, most health professionals employed in isolation units and hospitals did not obtain training on how to provide mental health treatment. Xiang et al. (2020) suggest an urgent development of timely mental health care, based on the creation of multidisciplinary mental health teams set up by health officials; provide clear communication with a regular update on COVID-19 and the establishment of safe psychological counseling services using electronic devices and applications (smartphones and WeChat, for example); Regarding COVID-19 patients as well as health professionals, routine screening regarding depression, anxiety , and suicidal thoughts will be carried out. In this context, public health officials should develop a nationwide strategic plan for first aid psychology through telemedicine (Qiu et al., 2020) and effectively provide clear messages to help individuals understand the situation accurately (Brooks et al., 2020).

Individual factors

Specific factors in this paper include social demographic factors (gender, age and education), the history of the mental disorder of the person, and the perception of vulnerability to physical health.

There are no clear studies examining this moderating effect of these factors in the relationship between COVID-19 outbreak and mental health of the employees. However, some assumptions can be made based on the literature on mental wellbeing at work. Indeed, research has shown that women are more vulnerable to depression than men (Bonde, 2008; Read & Gorman, 2011) and have greater psychological vulnerability to stress, indicating that, in the case of a pandemic, they may respond more intensively to stress than men (Brug et al., 2004; Zhu et al., 2020). Furthermore, Braunack-Mayer et al. (2013)'s research found that pregnant women , especially those with small children, are more worried about being infected or transmitting the virus to others; this may mean they may be more depressed than men and other people who are not in the same situation. In comparison, one study has shown that being a male is a predictive factor in the emergence of psychological disorders during SARS (Mihashi et al., 2009). In addition, it appears that older adults are more likely to be at high risk for mental health issues, primarily due to the high mortality rates among them during COVID-19 (Yang et al., 2020), which render them physically and psychologically vulnerable. They are usually isolated with little social help (no family or family left home) (Yang et al., 2020) and have restricted access to online mental health resources because of the lack of technical skills that could substantially compromise their mental health (Yang et al., 2020). In addition, education is expected to have a protective impact because more educated people have stronger cognitive abilities that can help them cope with any impairment (Brug et al., 2004; Drapeau et al . , 2011; Mihashi et al . , 2009) However, a history of mental illness is a risk factor during pandemics (Brooks et al . , 2020). The perception of an individual's physical health, if bad, is also correlated with elevated stress and psychological morbidity (Tam et al., 2004) It is also the case if they have a history of chronic disease (Wang et al., 2020).

SUGGESTIONS AND RECOMMENDATIONS

Perspective to reduce the impact of COVID-19 on mental wellbeing of workers before and after a pandemic outbreak

Based on the stressors established that may explain the possible negative effects of COVID-19 outbreak on mental health of employees and moderating factors that may reduce or aggravate these effects, we have produced a list of considerations and guidelines for workplaces, particularly for managers and practitioners in the field of human resources management. It would seem that preventive measures are required during and after a pandemic to mitigate its possible negative effects on the mental health of a person (Brooks et al., 2020). In this context, we propose that companies should create an organizational strategy for the short and long term, based on the following recommendations:

Optimize communication and transparency

Managers need to establish a communication strategy, in conjunction with human resource management experts, which clearly outlines the organization's business continuity plan decisions during the pandemic (Smith et al. 2007). In addition, managers should maintain constant contact with their workers regardless of whether they are physically present or not at work (Greer & Payne, 2014). In addition, employers should include workers in the planning of a post-pandemic business plan, which will minimize stress rates among staff, promote positive attitudes and improve team cohesion. In reality, decision latitude has been widely recorded as a buffer of stressors which could undermine the mental health of employees (Karasek , 1979).

Communication is also important after the pandemic, to reduce the anxiety of the workers and their stress levels. In this sense, a communication strategy will be created to provide workers with specific details about what will happen after COVID-19, what are the key steps to be taken to restore organizational operations, and the possible effect of such steps on the work of employees. In reality, providing straightforward and consistent details on future plans for the company will reduce the fear of the unknown.

Prevention of stigma

Stigmatization can be reduced by supplying staff and managers with reliable and timely COVID-19 knowledge (Bai et al., 2004), and preparation (Brooks et al., 2020) during and after the pandemic outbreak. Organizations should also create or improve corporate strategies that tackle the avoidance of stigma. For example, the implementation of a zero-tolerance (anti-discrimination) policy (Stewart, 2018) is a valuable tool for protecting workers, reducing harassment and improving workplace health and well-being.

Management of teleworking and prevention of social isolation

To prevent the adverse effects of teleworking on the mental health of workers during COVID-19, companies should develop effective strategies to help workers during organizational changes. Greer & Payne's study (2014) put forward some approaches found by teleworkers which can help to resolve the teleworking challenges. Such techniques include constant contact about goals, job progress and availability with colleagues and superiors during teleworking. As well as giving the employee flexibility in coordinating his job schedule and priorities. In addition, employees should be provided with good technical equipment to promote their job and contact with their boss and co-workers, and to and their stress levels. Telecommuters will need to be educated to use technology to promote their work and contact when away from their office, which will minimize their stress level (Greer & Payne, 2014).

Training

Working out before and after the pandemic is also important. This is believed to be a protective factor against mental health problems (Brooks et al., 2018). It helps inform workers about the behaviors needed and their value in preventing viral spread. General education about COVID-19 and the reasons for quarantine could minimize workplace stigma (Brooks et al., 2020). Training will include managers too. COVID-19 is an unforeseen situation, managers need to be prepared and educated on how to handle it correctly, which may reduce their stress level. They will need to be educated on how they can handle virtual teams, taking the teleworking context into consideration, in order to help their team members. In this context, co-development projects should be introduced to improve the capacity of workers and managers to cope with the effect of COVID-19 on the work place.

Social support

Social support at work is widely recorded in literature as a protective factor against mental health issues in the workplace (Karasek & Theorell, 1990). Developing and enforcing mental health care and programs is key to reducing COVID-19 mental health results (Xiang et al., 2020; Xiao et al., 2020). Several studies have indicated that insufficient workplace psychological support is a contributing factor to poor mental wellbeing (Brooks et al., 2018; Tam et al., 2004). Wu et al. (2005)'s study showed that resource mobilization for emotional support may boost the resilience of survivors of SARS.

To minimize the possible negative effects of quarantine, social isolation, fear of contagion and employee insecurity, managers should foster a positive working atmosphere (Brooks et al., 2018). In this sense, during and after COVID-19, social support systems need to be established by ensuring consistent contact with employees (Greer & Payne, 2014), for example by arranging daily virtual team meetings. Employee assistance can also be provided in this case (Benson & Dix, 2009), and can be given to managers and non-managers by employee assistance programmes. Nevertheless, while managers are those that enable companies to recover from a major crisis (Wooten & James, 2008), they are not free from mental health problems, they do need help from their team members (Hamouche, 2019), by maintaining constant communication with them.

Development of return-to-work plan

Employers would also create a return-to - work schedule during COVID-19 for workers who were either quarantined or in a teleworking mode. This form of program will reduce the level of stress on the workers and the likelihood of mental health issues. In this situation, prior to his return to work, the employer will discuss goals and future plans of the business with the employee. In this sense, job arrangements and a gradual return to work (Durand et al., 2014) should be suggested, if necessary, by the employee who was quarantined or suffering from a mental health condition during the pandemic.

Contribution of the present paper

The present paper is a summary of the literature that discusses the effect of COVID-19 coronavirus on the mental health of employees. It provides a study of the major stressors during and after the pandemic, as well as the possible moderating factors in the relationship between COVID-19 and mental health for employees. There have been reports of three dimensions of moderators: organizational, institutional, and person. The goal of this paper is to deepen the understanding of the influence of COVID-19 on the mental health of employees, and to suggest strategies for organizational behavior from a human resource management perspective, during and after COVID-19, to minimize their effects. Very few articles have looked at COVID-19 from a psychological and organizational perspective. This paper helps expand the reach of occupational mental health studies, and offers some perspectives for administrators and professionals in the area of human resource management.

Practical implications for organizations

The COVID-19 outbreak is unparalleled in terms of infectiousness, how quickly the epidemic spreads through various countries and affects the global economy. In terms of information, resources and competencies, not all companies are equipped to cope with this pandemic. Managers and human resource practitioners must find ingenious solutions to maintain operations while ensuring their employees are protected. The paper offers useful knowledge that helps organizations consider the major stressors to be present after COVID-19 during COVID-19 and those currently there. This also offers details on the key moderating factors which can reduce or aggravate the effect of COVID-19 on mental health of employees. The recommendations outlined in this paper will help managers and human resource practitioners establish an action plan for the time during and after COVID-19, ensure efficient and rapid continuous contact with their staff, including supervisors, and ensure relationships between managers, human resource practitioners, health officials and government.

IV. CONCLUSION AND FUTURE RESEARCH

This form of analysis is encouraged by the novelty of the COVID-19 and its potential adverse effects on mental health of employees. The main purpose of this paper is to include the knowledge required to avoid or minimize the adverse effects of COVID-19 on mental health of the employees. We find that this goal is supported by the consistency of the literature examined in this paper.

However, the literature review's contribution should be viewed in the light of certain limitations. Firstly, the potential to be subjective in selecting the articles. However, the most cited articles are provided by the databases used (Google scholar, science web and semantic scholar). In addition, the concise nature of this paper and its main goal of presenting valuable knowledge to workers and organizations do not require a comprehensive analysis of the literature. This article therefore contributes with a well-condensed and well-structured paper focused on knowledge gathered from a broad literature review of the effect of COVID-19 or other pandemics on the mental health of the employees. This literature review can be useful in creating a conceptual model that can be empirically evaluated in future studies to establish the correlation between the stressors found and the mental health of the employee during or post COVID-19 outbreak. Second, the COVID-19-related experiments were performed when the pandemic is still going on, which does not help to recognize the real stressors post-COVID-19 and validate the existence of a causal link. In this situation, future work needs to be done to investigate this relationship. In addition, future studies may examine other stressors or moderating factors not discussed in this paper, such as the individual's physical health background, marital status, and organizational size. Finally, several of the studies illustrate the insecurity of the mental health of health care staff during and after the pandemic. Potential studies may explicitly explore the effect of COVID-19 on mental health care staff. For this case it can include other mental health consequences such as burnout.

BIBLIOGRAPHY

- [1]. Bai Y, Lin CC, Lin CY, et al.: Survey of stress reactions among healthcare providers Employees involved in the outbreak of SARS. *Psychiatr Serv.* 2004; 55(9): 1055–1057. PubMed Abstract | Publisher Full Text
- [2]. Bao Y, Sun Y, Meng S, et al.: 2019-nCoV epidemic: address mental health care to empower society. *Lancet.*2020; 395(10224): e37–e38.
- [3]. Beck AT, Alford BA: *Depression: Causes and treatment.* University of Pennsylvania Press.2009; 405
- [4]. Bitanihirwe BK: Monitoring and managing mental health in the wake of Ebola. *Commentary. Ann Ist Super Sanita.* 2016; 52(3): 320–322.
- [5]. Benson DW, Dix KS: Pandemic preparations for the workplace. *Colorado Lawyer.*2009; 38: 49
- [6]. Bonde JP: Psychosocial factors at work and risk of depression: a systematic review of the epidemiological evidence. *Occup Environ Med.* 2008; 65(7): 438–445.
- [7]. Braunack-Mayer A, Toohar R, Collins JE, et al.: Understanding the school community's response to school closures during the H1N1 2009 influenza pandemic. *BMC public health.*2013; 13(1): 344.

- [8]. Bontcheva K, Gorrell G, Wessels B: Social media and information overload: Survey results. arXiv preprint arXiv:1306.0813. 2013.
- [9]. Brooks SK, Dunn R, Amlôt R, et al.: A Systematic, Thematic Review of Social and Occupational Factors Associated With Psychological Outcomes in Healthcare Employees During an Infectious Disease Outbreak. *J Occup Environ Med.* 2018; 60(3): 248–257.
- [10]. Brooks SK, Webster RK, Smith LE, et al.: The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet* 2020; 395(10227): 912–920.
- [11]. Brug J, Aro AR, Oenema A, et al.: SARS risk perception, knowledge, precautions, and information sources, the Netherlands. *Emerg Infect Dis.* 2004; 10(8): 1486–9.
- [12]. Chen CS, Wu HY, Yang P, et al.: Psychological distress of nurses in Taiwan who worked during the outbreak of SARS. *Psychiatr Serv.* 2005; 56(1): 76–9.
- [13]. Chan M: Ebola virus disease in West Africa--no early end to the outbreak. *N Engl J Med.* 2014; 371(13): 1183–1185.
- [14]. Cummins N, Scherer S, Krajewski J, et al.: A review of depression and suicide risk assessment using speech analysis. *Speech Commun.* 2015; 71: 10–49
- [15]. Chiu M, Amartey A, Wang X, et al.: Trends in objectively measured and perceived mental health and use of mental health services: a populationbased study in Ontario, 2002–2014. *CMAJ* 2020; 192(13): E329–E337
- [16]. Depoux A, Martin S, Karafillakis E, et al.: The pandemic of social media panic travels faster than the COVID-19 outbreak. *J Travel Med.* 2020; pii: taaa031
- [17]. Durand MJ, Corbière M, Coutu M, et al.: A review of best work-absence management and return-to-work practices for workers with musculoskeletal or common mental disorders. *Work* 2014; 48(4): 579–589.
- [18]. Drapeau A, Marchand A, Beaulieu-Prévost D: Epidemiology of psychological distress. Croatia, In Tech. 2011
- [19]. Gajendran RS, Harrison DA: The good, the bad, and the unknown about telecommuting: meta-analysis of psychological mediators and individual consequences. *J Appl Psychol.* 2007; 92(6): 1524.
- [20]. Greer TW, Payne SC: Overcoming telework challenges: Outcomes of successful telework strategies. *The Psychologist-Manager Journal.* 2014; 17(2): 87.
- [21]. Gao J, Zheng P, Jia Y, et al.: Mental Health Problems and Social Media Exposure During COVID-19 Outbreak. Available at SSRN 3541120.2020
- [22]. Hawryluck L, Gold WL, Robinson S, et al.: SARS control and psychological effects of quarantine, Toronto, Canada. *Emerg Infect Dis.* 2004; 10(7): 1206–1212.
- [23]. Ho C, Chee CY, Ho RC: Mental Health Strategies to Combat the Psychological Impact of COVID-19 beyond Paranoia and Panic. *Ann Acad Med Singapore.* 2020; 49(1): 1–3.
- [24]. Huang Y, Zhao N: Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 epidemic in China: a web-based cross-sectional survey. medRxiv. 2020
- [25]. Huang JZ, Han MF, Luo TD, et al.: Mental health survey of 230 medical staff in a tertiary infectious disease hospital for COVID-19. *Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi* 2020; 38(0): E001.
- [26]. Lai J, Ma S, Wang Y, et al.: Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019. *JAMA Netw Open* 2020; 3(3): e203976–e203976
- [27]. Karasek R, Theorell T: Healthy work: stress, productivity, and the reconstruction of working life. New York, Basic Books 1990; 66(4): 525–526.
- [28]. Koh D: Occupational risks for COVID-19 infection. *Occup Med (Lond).* 2020; 70(1): 3–5.
- [29]. Liu S, Yang L, Zhang C, et al.: Online mental health services in China during the COVID-19 outbreak. *Lancet Psychiatry* 2020; 7(4): e17–e18
- [30]. Mallet V, Dombey D: France, Spain and UK unleash rescue packages to help companies. *UK FinancialTimes* 2020; [Accessed March 20 2020].
- [31]. Mihashi M, Otsubo Y, Yinjuan X, et al.: Predictive factors of psychological disorder development during recovery following SARS outbreak. *Health Psychol.* 2009; 28(1): 91–100
- [32]. Mirowsky J, Ross CE: Social causes of psychological distress. New York, Transaction Publishers 2003
- [33]. OECD: Global economy faces gravest threat since the crisis as coronavirus spreads. 2020; [Accessed March, 16 2020]
- [34]. Parmet WE, Sinha MS: Covid-19 - The Law and Limits of Quarantine. *N Engl J Med.* 2020; 382(15): e28.
- [35]. Payton AR: Mental Health, Mental Illness, and Psychological Distress: Same Continuum or Distinct Phenomena? *J.Health Soc Behav.* 2009; 50(2): 213–227

- [36]. Ramesh N, Siddaiah A, Joseph B: Tackling corona virus disease 2019 (COVID 19) in workplaces. *Indian J Occup Environ Med.* 2020; 24(1): 16–18.
- [37]. Rubin GJ, Wessely S: The psychological effects of quarantining a city. *BMJ* 2020; 368: m313
- [38]. The Japan Times: Japanese official looking after Wuhan returnees found dead. [Online] Japan: The Japan times. 2020; [Accessed March 14, 2020]
- [39]. Wang C, Horby PW, Hayden FG, et al.: A novel coronavirus outbreak of global health concern. *Lancet* 2020; 395(10223): 470–473.
- [40]. WHO: Coronavirus disease (COVID-19) Situation Dashboard. [Online].Geneva: World Health Organization. 2020b; [Accessed March 31 2020]
- [41]. WORLD ECONOMIC FORUM: COVID-19's Workforce Impact. [Online].Geneva: World Economic Forum, Strategic intelligence. 2020; [Accessed March 16, 2020]
- [42]. Xiang YT, Yang Y, Li W, et al.: Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. *Lancet Psychiatry.*2020; 7(3): 228–229.
- [43]. Zhang SX, Wang Y, Rauch A, et al.: Health, distress, and life satisfaction of people one-month into COVID-19 outbreak in China. *medRxiv.* 2020b.
- [44]. Zhou X, Snoswell CL, Harding LE, et al.: The Role of Telehealth in Reducing the Mental Health Burden from COVID-19. *Telemed J E Health.* 2020

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