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Social, work-related challenges and mental health status of employees during the COVID-19 pandemic: Implications for intervention

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ABSTRACT
This study determined the social and work-related challenges and mental health status of employees during the COVID-19 pandemic. The main purpose of the study is to produce a guide or basis in the creation of a mental health program to address their mental health issues.

The study looked into the profile of the respondents in terms of socio-demographics, perceived social norms and attitude towards mental health, exposure to violence and social disorder, health factors such as access and availability of health care, nutrition, lifestyle, genetics) and social support. It also delved into the employees' over-all job assessment and their mental health conditions during the COVID-19 pandemic. There were 321 employees from the 8 campuses of the university who participated in the study. The data were gathered by administering a questionnaire and conducting a focus group discussion. Some respondents experienced verbal, emotional and physical abuse from their family members and from their supervisors. Work related issues stress the respondents the most. Although some of the respondents admitted that they received support from the administration, most of them would want more programs and activities that can help them boost their mental health. The study also found out that the mental health and work perception of employees have no significant relationship with their profile. The mental health status of the respondents is normal as indicated by moderate level of anxiety.

Keywords: COVID-19 Pandemic, Mental health status, Anxiety, Work-related challenges, Domestic violence, Depression

INTRODUCTION

The COVID-19 pandemic has had a profound effect on people's life in many ways, including their mental health. The devastating effects of the pandemic even extended months after the decline in Covid cases. With this alarming increase in mental health problems, the researchers embarked on exploring the correlation between mental health conditions and the pandemic. This is evident from the growing body of research on the subject.

Research have revealed a marked rise in mental health problems during the pandemic. According to a Centers for Disease Control and Prevention (CDC) report, between April and June 2020, the prevalence of anxiety and depressive symptoms rose from 36.4% to 41.5%. (Czeisler et al., 2020). Another study done in the UK discovered that the prevalence of depression had increased during the pandemic (Pierce et al., 2020).

The pandemic has caused a great deal of stress and anxiety, which can exacerbate mental health problems. Concerns about one's own health, the health of loved ones, losing a job, facing financial instability, and other stressors that could have an adverse effect on one's mental health are common. Lockdowns and other social distancing tactics have also increased social isolation, which can worsen feelings of loneliness and anxiety. Social isolation was a strong predictor of depression and anxiety during the epidemic, according to a study carried out in China (Li et al., 2020).

Also, the epidemic has disrupted mental health services and access to care, making it challenging for people to seek assistance when necessary. Many people no longer have access to their usual networks of peers, therapists,

and support groups for mental health. People may feel abandoned as a result, making them more susceptible to mental health problems. According to a US study, the COVID-19 pandemic significantly affected the use of mental health services, with a decline in outpatient visits for mental health treatment (Wang et al., 2021).

In summary, research have shown that the COVID-19 pandemic has had a major influence on mental health, with an increase in mental health concerns. The pandemic has disrupted mental health services and access to care, making it challenging for people to seek help when they need it. Stress and uncertainty are two factors that can exacerbate mental health issues.

In the Philippines, about 14.2% of the population are suffering from extreme distress (Bernardo et al, 2021). Additionally, the National Center for Mental Health had reported an increase in suicide-related calls in their crisis hotline service (NCMH, 2020). A survey conducted in 2020 by Lara et.al (unpublished article) has indicated that the pandemic has caused anxiety to the academic community. In particular, it revealed that men have experienced a higher level of anxiety compared to women, which negated most studies on gender and mental health (Lara et al, 2021). Moreover, the study recommended the creation of mental health programs designed specifically for males and the conduct of a thorough study on the impact of the pandemic to our mental health.

In light of the pandemic's profound impact on people's lives, especially their mental health, it is crucial to provide attention to mental health support and care during this trying time. The foregoing discussions have propelled the conduct of this study as basis for the creation of a mental health program. In determining the factors that affected women and men's mental health, organizations can assist in addressing this problem brought about by the pandemic. With this end-in-view, an enhanced psychological well-being of women and men and a more resilient workforce that induce productivity despite the pandemic is expected.

Purpose of the Research

Primarily, the study determined the social and work-related factors that define the mental health status of the respondents amidst the COVID-19 pandemic. Specifically, it sought to answer the following questions;

1) What is the socio demographic profile of respondents?
2) What are the respondents' status on exposure to violence?
3) What are the respondents' over-all assessment of their job during the pandemic?
4) What is the mental health status of the respondents in terms of their level of depression and anxiety?
5) What are the coping mechanisms adopted by the respondents?
6) Is there a significant correlation between the profile of the respondents and their mental health status?
7) Is there a significant correlation between exposure to violence and work-related factors to mental health?

MATERIALS AND METHODS

The study used mixed-methods design. In the quantitative phase, the relationship of the respondents' socio demographics and their exposure to violence, work assessment during the pandemic and their mental health condition was determined. In the qualitative phase the focus group discussion was utilized to explore the mental health needs and coping strategies. Descriptive statistics and chi-square test were used to ascertain the correlation between the variables, while thematic analysis was used to explore the mental health needs and coping behaviors. The output of the study is the enhanced mental health program of the university.

Respondents of the study are employees of a state university– the only state university in the northern part of the province which consists of 8 satellite campuses at the time of the study, located all over the locality. Stratified random sampling technique was used to identify respondents from the different campuses. The number of employees in the 8 campuses and university offices were identified first before determining the sample size per unit. Using the Raosoft sample size calculator, at 5% margin of error and 95% level of confidence, the sample size is 321.

A survey instrument was designed and adopted to elicit the needed data. The instrument is divided into 6 parts. First part elicited data on the respondents' socio-demographic characteristics. The second part gathered data on social norms and attitude towards mental health. Third part, on respondents' exposure to violence and social disorder. Fourth part drew data on health factors, while the fifth part obtained data on social support of respondents. Lastly, the instrument drew data on the level of depression and anxiety of the respondents using the CDASS instrument (Tagalog version). The instrument was pre-tested on 30 participants. A focus group discussion (FGD) was also conducted among employees who have suffered from anxiety or depression at the height of the pandemic.

Data from the survey was analyzed using descriptive and correlational statistics while the result of the FGD was clustered thematically. Pearson-r and chi-square tests were used in treating the gathered data. Patterns were identified and labeled using concepts derived from the literature. Findings were also compared to similar studies.

RESULTS AND DISCUSSIONS

Table 1 provides the distribution of respondents across various demographic categories, offering valuable insights into the composition of the study population. Table 1 shows that respondents whose ages fall within 50-59 and 20-29 years old respectively have equal number of respondents comprising about 25.84 %. Around 21% or 69 respondents have ages between 30-39 years old while only 42 or 12.62 % of them are within the age bracket of 40-49, and only 13 or 4% are 60 and above. Most of the respondents are female; majority completed a post graduate degree with most of them belonging to the Itawes ethnic group. They are generally Roman Catholics with only 31% non-Catholics.

Table 1. Respondents' Socio-demographic Profile

Profile Variables	Frequency	Percentage
Age		
20 - 29	113	25.84
30 - 39	69	21.23
40 - 49	42	12.92
50 – 59	84	25.84
60 – above	13	4
N	321	100
Sex		
Female	217	66.67
Male	108	33.23
Educational Attainment		
Post Graduate	215	66.15
College Graduate	103	31.69
College Undergraduate	7	2.15
Ethnicity		
Ibanag	51	15.69
Itawes	204	62.77
Itawit/Itawes	45	13.85
Iloco-Ibanag	1	0.31
Others	24	7.38
Religious Affiliation		
Roman Catholic	232	71.38
Born Again Christian	41	12.62
Jehovah's Witness	8	2.46
Iglesia ni Cristo	6	1.85
Saksi ni Hesukristo sa Iglesia ng Dios	37	.307
Others		11.35

Table 2 presents the exposure to violence of the respondents experienced in their home and workplace. According to the data gathered, they experienced both physical and verbal abuse. The study further looked into the respondents' exposure to domestic violence. The data shows that majority of the respondents never experienced any form of abuse in the home or in the workplace. However, among those who experienced abuse, about 51% were victims of their own family members. They were either yelled at, cursed or shoved hard. Moreover, 13 of the respondents experienced being pointed at with a gun or a knife once, and 2 experienced it a few times. The exposure to workplace violence was also indicated by the respondents. Apparently, about 31 respondents seldom experienced verbal abuse in the workplace which may be in the form of being yelled at by their supervisor or officemate. The common experience of abuse by victims are domestic in nature. The perpetrators are often their own family members such as spouse, parent or immediate kin. In a study done in 2004, 47.2% of women respondents had experienced psychological and physical violence at the hands of their intimate partners in their lifetimes (Ramiro, L., Madrid, B.J & Amarillo, M.E.). Although domestic violence is

not prevalent in the study population, a number of the victims had experienced serious form of abuse. The result is also in congruence with the American Psychological Association's Technical Report entitled Violence Educators and School Personnel: Crisis during COVID Technical Report which states that different types of violence were experienced by educators in their workplace and at home. According to the technical report, during the COVID-19 epidemic, respondents reported verbal and threatening violence from students, parents, coworkers, and administrators. Moreover, respondents also expressed worry about larger societal and structural inequalities affecting their schools, such as neighborhood safety, poverty, and insecure housing.

Table 2. Relationship of Respondents' Exposure to Violence and their Mental Health Conditions and Work Perceptions

Exposure	Mental Health Conditions and Work Perceptions	Chi-square	df	p	x
Yelled	Depression	15.84821	6	0.015	*
	Anxiety	30.73140	9	0.000	*
	Stress	5.065319	3	0.167	ns
	Perception on work	28.68448	12	0.004	*
Thrown Something	Depression	12.93089	6	0.044	*
	Anxiety	37.33217	9	0.000	*
	Stress	5.222163	3	0.156	ns
	Perception on work	34.26194	12	0.001	*
Slapped	Depression	8.518071	6	0.203	ns
	Anxiety	42.98016	9	0.000	*
	Stress	10.53169	3	0.015	*
	Perception on work	17.44701	12	0.134	ns
Beaten you up	Depression	17.35380	6	0.008	*
	Anxiety	21.50059	9	0.011	*
	Stress	6.404172	3	0.094	ns
	Perception on work	30.22486	12	0.003	*
Pointed at with a knife or a gun	Depression	3.687024	4	0.450	ns
	Anxiety	29.50260	6	0.000	*
	Stress	4.666302	2	0.097	ns
	Perception on work	5.726474	8	0.678	ns
Pushed or shoved really hard	Depression	8.727935	6	0.189	ns
	Anxiety	19.44239	9	0.022	*
	Stress	1.585592	3	0.663	ns
	Perception on work	22.99160	12	0.028	*
Taking drugs	Depression	31.68961	4	0.000	*
	Anxiety	9.511128	6	0.147	ns
	Stress	.0377315	2	0.981	ns
	Perception on work	66.56270	8	0.000	*
Arrested	Depression	.1042011	2	0.949	ns
	Anxiety	.1676987	3	0.983	ns
	Stress	.0250764	1	0.874	ns
	Perception on work	2.376314	4	0.667	ns
Cursed	Depression	45.27365	6	0.000	*
	Anxiety	70.28729	9	0.000	*
	Stress	8.461836	3	0.037	*
	Perception on work	34.04331	12	0.001	*

Correlating the mental health status and their experience of abuse, the data further showed that being yelled at has a significant relationship with their depression, anxiety and perception of work. It has no significant relationship though with their stress which means that being yelled at may not cause them stress but may result in mild feelings of depression and anxiety. Meanwhile, having experienced being thrown something at caused them anxiety and depression and affected their work perception. The other forms of abuse such as being slapped and beaten may not cause stress but led them to feel anxious and depressed. Being slapped caused the respondents' depression and stress. It did not cause them anxiety and it did not affect their work perception. Being beaten caused the respondents depression, anxiety and changed their perception on work. Being beaten

did not cause their stress. Having experienced being pointed with a knife or a gun caused the respondents' anxiety but it did not affect their perception on work and did not cause their depression and stress. This may be attributed to the fact that this form of abuse is committed by their family members. Having experienced being arrested is not associated with the respondents' anxiety, depression, stress and their perception on work. Having been pushed or shoved really hard had no relationship with the respondents' depression and stress but was found to be associated with anxiety and their perception. Lastly, having experienced being cursed correlated with the respondents' depression, anxiety, stress and their perception on work.

According to the findings of the study conducted by Lacomba-Trejo, (2022), emotional symptoms were linked to pre pandemic physical and mental health issues, higher levels of worry and negative affect, and poorer levels of life satisfaction and resilience.

Overall, the table helps indicate possible areas of concern or emphasis for additional research or intervention by illuminating the connections between exposure to particular settings and mental health issues or views related to one's job.

The respondents' perceptions of their workplace conditions further determined how their job contributes to the stress and distress that they experience. Generally, the respondents agree to the positive indicators of their job such as: "Over-all, I am satisfied with my job", "I am satisfied with the support that the company provided during the pandemic", "I am satisfied with the work-home balance", and "I have confidence in the ability of top management". Interestingly, respondents who have been in the service for about 0-5 years, have higher ratings of their satisfaction with their job during the pandemic. The results further show that among the respondents, members of the teaching staff have higher ratings than their non-teaching counterparts. Similarly, those with post graduate and graduate studies strongly agree that their workplace conditions are favorable. Presumably, the positive perceptions on workplace conditions of the respondents imply that their need are responded to by the organization during the pandemic. The favorable ratings of the respondents may be attributed to the flexible work schedule that the organization has implemented during the lockdowns. As mentioned by brooks et.al (2018), having clear preventive measures in the workplace will build trust which will help to reduce employees' level of stress. Additionally, they will feel protected and supported by their employer.

To determine the relationship between the respondents' socio-demographic profile and level of mental health conditions, the chi-square test was utilized. As shown in Table 3, there is no correlation between respondents' socio-demographic profile such as age, sex, educational attainment, status of employment, religion and their level of mental health conditions as indicated by the following chi square values of X2= 9.67; X2= 6.06, x2= 1.05 and X2=16.04 respectively. The results imply that the respondents' socio-demographic profile is not associated with their perceived work conditions.

Table 3. The Relationship between the Profile of the Respondents and the Respondents' Level of Mental Health Conditions

Profile of Respondents	Level of Mental Health Conditions	Pearson Chi-square	Level of Significance
Age	Normal	p=.81081	Not significant
Educational Attainment	Normal	p=.09981	Not significant
Ethnicity	Normal	p=.31758	Not significant
Civil Status	Normal	p=.36829	Not significant
No. of Children	Normal	p=.60483	Not significant
Occupation	Normal	p=.24072	Not significant
Years of Service	Normal	p=.47674	Not significant
Sex	Normal	p=.13976	Not significant
Number of Household Residents	Normal	p=.90615	Not significant
Status of Employment	Normal	p=.20886	Not significant

Contrary to the previous study conducted by Lizena and Lera (2022) where teachers experienced significant levels of depression, anxiety, and stress and that their mental health deteriorated throughout the epidemic, the employees of Cagayan State University experienced normal mental health condition. Moreover, the profile of the employees such as age, educational attainment, ethnicity, civil status, number of children, occupation, years of service, sex, number of household residents and status of employment have no significant relationship with the level of mental health conditions of the men and women of Cagayan State University during the pandemic. The result is in contrast with the findings of the study conducted by Andrade-Hidalgo et.al. (2021) wherein all psychological factors were substantially connected with age, females had greater levels of felt stress, and instructors with home care duties had higher levels of psychological discomfort as well as perceived stress.

The study likewise shows that the respondents' mental health status is normal with a frequency of 305. As gleaned from Table 4, those who fall within the age group of 30-39 indicated that there are symptoms of anxiety that can be attributed to the pandemic. They sometimes experience difficulty to unwind, breathing difficulty, tended to over react to situations and difficulty to relax. To get infected by the virus is their greatest fear. Nonetheless, the respondents never experienced the following symptoms: getting panicky, tremors, feeling that they had nothing to look forward and felt that life is meaningless. Although studies show that teachers' mental are negatively affected by the pandemic and distress level is high among them, the study population showed otherwise. The ability to handle distressing situation such as the pandemic may be affected by the resiliency and positive outlook in life of Filipinos.

Further, the socio-demographic profile of the respondents is not significantly correlated with their mental health status.

Table 4. Distribution of Respondents By Mental Health Status and Age

D Scale	2-Way Summary Table: Observed Frequencies Marked cells have counts > 10					
	Age G 30-39	Age G 40-49	Age G 50-59	Age G 20-29	Age G 60-67	Row Totals
Mild	4	1	1	4	0	10
Normal	107	67	41	77	13	305
Moderate	2	1	0	3	0	6
Totals	113	69	42	84	13	321

Results of the conducted focus group discussion has shown emerging issues as well as coping mechanisms of the participants. It is to be noted that participants of the FGD have experienced anxiety and stress at the midst of the pandemic especially that most have suffered from Covid-19. Central to the FGD are the following themes: a) sources of anxiety and stress b) impact of the pandemic on sociality c) help-seeking behavior of coping mechanism and d) recommendations from the participants which focused on the need of a comprehensive mental health program integrating stress management, moral recovery and spirituality enhancement programs.

Causes of anxiety

Several sources of anxiety were identified and experienced by the participants. Due to several protocols set by the government and the lockdowns in the provinces, schools were forced to conduct online classes whether they were ready or not. This transition from face-to-face to online classes was a major source of anxiety and stress among the participants. In addition to that, the concern on the use of the technology has brough about digital stress. A lot of issues were needed to be resolved for the online classes, for instance training on the learning management system, provision of the digital infrastructure, online connectivity, digital literacy, and non-availability of digital technology.

Anxieties were heightened due to the uncertainties and cancelled plans. Some of the participants mentioned concerns over life goals as plans on travel and career were put on hold at the height of the pandemic. The participants came home immediately after the announcement of the lockdown.

Impact of the pandemic on sociality

Another emerging theme was on the impact of the pandemic on sociality. Lockdowns have engendered a sense of isolation among the participants, severing their connections to the community and the world. Those who were stricken with the virus were not only physically isolated but also struggled with emotional and mental isolation. They frequently experienced extreme loneliness in their fight against the infection, resorting mostly to their faith for comfort and support. This also has brought them anxiety and stress. They were also concerned about their family's health especially with whom they have close contact with. Even the stigma brought about by the disease has crept in the minds of the participants which increased their already heightened anxiety and stress levels. As a result, the psychological toll of the pandemic goes beyond its effects on physical health, permeating social bonds and adding to a complex interplay of emotional challenges

Connecting with others through social media as a coping strategy

Reducing the negative mental health effects required utilizing a strong network of friends and family, drawing strength from prayer, and strategically employing social media as an essential coping mechanism. The study participants skillfully employed social media channels to create and preserve relationships with their family members, strengthening their ability to withstand the difficulties presented by the pandemic. Even virtual meetings and webinars conducted by the administration has been noted as one of the coping mechanisms of the study participants as these kept their minds away from their concerns. Combining social networks, spirituality, and the internet has been helpful in creating a sense of community and fortitude among those facing the many difficulties brought on by the pandemic.

Recommendations from the participants

In light of their experiences, the study participants, recommended several activities to be included in the mental health program of the university. Their recommendations span a wide range of activities such as the introduction of specialized sports program for men and women, stress management programs, moral recovery program, dialogues with the administration. The inclusion of varied wellness initiatives was also pushed for by participants as a way to fully address the complex aspects of mental health. These well-considered suggestions, derived from personal experience, highlight the significance of a proactive and comprehensive approach to mental health within the university setting.

CONCLUSION

While the level of the mental health conditions of the men and women of the University during the pandemic is normal, our investigation of the pandemic's effects on the university community has uncovered a variety of facets. The study shed light on the significant difficulties that the individuals had, which included managing the stigma attached to the infection in addition to feelings of isolation, increased worry, and stress. Participants used a variety of coping techniques, including prayer, social media strategy, and strong familial and social support, to show off their notable resilience.

It is clear that a cooperative effort incorporating institutional assistance, individual resilience, and community engagement is essential as we negotiate the continued challenges faced by the pandemic. Universities may play a crucial role in creating a supportive environment that fosters well-being, resilience, and a feeling of community in the face of hardship by paying attention to the ideas made by the participants and adopting a holistic approach to mental health.

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STATEMENT ON CONFLICT OF INTEREST

There is no known conflict of interest.

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Table 1. Type each table on a separate sheet. Never use vertical lines to separate columns. Prepare tables so that compared data read down, not across. Columns that show no significant variations should be omitted. Do not use tables for word lists. Titles should be clear, and column headings should be brief with units of measurements in parenthesis. Symbols and abbreviations should be defined below the table. Indicate table footnotes with a, b, c, *etc.*

Table heading

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[c]Third footnote

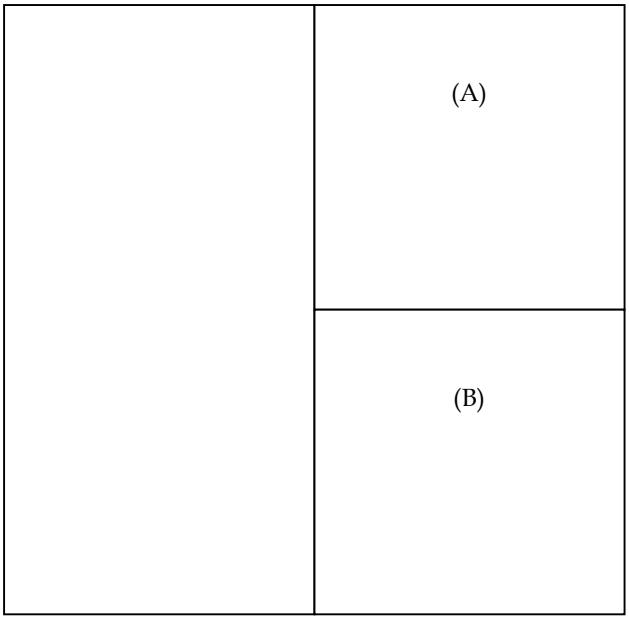

Figure 1. This section includes line drawings, photographs, and computer plots. They should be clear. Magnification of figures if needed should be given by scale (*e.g.* 100x). The size should not exceed a full manuscript page. Glossy prints of photographs should be sent mounted on regular bond paper, with lettering about 3 mm high. Each figure should have a legend (A, B) or caption typed on a separate sheet and should be self-explanatory. Figure legends should be in lowercase print-type, except for the first letter of the first word. Abbreviations and symbols on figures should be defined in the legend.