

IMPLEMENTATION OF MENTAL HEALTH
IMPROVEMENT PROGRAMS IN PRIVATE OFFICES: A
CASE STUDY ANALYSIS

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FACULTY OF ENGINEERING
UNIVERSITI MALAYA
KUALA LUMPUR

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OFFICES: A CASE STUDY ANALYSIS**

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IMPLEMENTATION OF MENTAL HEALTH IMPROVEMENT PROGRAMS IN PRIVATE OFFICE: A CASE STUDY ANALYSIS

ABSTRACT

Mental Health has become an important aspect in Malaysia recently. There are many cases of workers experiencing mental health issues at workplace. The aim of this study is to improve mental health level and quality of life for people affected by these issues. By providing healthy environment, work culture and appropriate processes to prevent mental health issues from occurring has become very important. In this study a private and government offices are selected to evaluate the level of mental issues occurrence, the reasons for the occurrence and the effect on work performance, health, and other factors. This study was conducted through survey and interview session. SPSS software was used to analyze the data from the survey question. Subsequently, recommendations are made to mitigate the mental health issues in this case. By using the DASS-21 (Depression, Anxiety and Stress Scale Assessment), it is found that 21% of the respondents experiencing mild depression, stress, and anxiety due to their workplace situations, where 12% were female and 9% were male. Aside from that, the survey results suggest that some of their companies do not value mental health as highly as productivity, and that their management is uninterested in resolving their employees' mental health difficulties. On the other hand, the hypothesis testing that were conducted shows that mental health and employers have relationship as the null hypothesis was accepted and alpha value is more than 0.05. From this study, a checklist of mental health interventions was proposed where employers can implement at their workplace to take care of their employees' mental health continuously and mental health programs was proposed.

Keywords: Mental Health, Employees, Work Performance, Offices

**PELAKSANAAN PROGRAM PENINGKATAN KESIHATAN MENTAL DI
PEJABAT SWASTA: ANALISIS KES KAJIAN**

ABSTRAK

Kesihatan Mental telah menjadi aspek penting di Malaysia baru-baru ini. Terdapat banyak kes pekerja yang mengalami masalah kesihatan mental di tempat kerja. Tujuan kajian ini adalah untuk meningkatkan tahap kesihatan mental dan kualiti hidup bagi orang yang terjejas oleh masalah ini. Dengan menyediakan persekitaran yang sihat, budaya kerja dan proses yang sesuai untuk mencegah masalah kesihatan mental daripada menjadi sangat penting. Dalam kajian ini pejabat swasta dan kerajaan dipilih untuk menilai tahap kejadian masalah mental, sebab-sebab berlakunya dan kesan terhadap prestasi kerja, kesihatan, dan faktor-faktor lain. Kajian ini akan dilakukan melalui sesi tinjauan dan temu ramah. Data yang diperolehi dari pertanyaan tinjauan dianalisis menggunakan SPSS (Statistical Package for Social Science). Selepas itu, cadangan dibuat untuk mengurangkan masalah kesihatan mental dalam kes ini. Dengan menggunakan DASS-21 (Penilaian Depresi, Kecemasan dan Skala Tekanan), didapati bahawa 21% responden mengalami kemurungan, tekanan, dan kegelisahan ringan disebabkan oleh keadaan di tempat kerja mereka di mana 12% adalah perempuan dan 9% adalah lelaki. Sebaliknya, pengujian hipotesis yang dilakukan menunjukkan bahawa kesihatan mental dan majikan mempunyai hubungan kerana hypothesis nol diterima dan angka alpha lebih daripada 0.05. Selain daripada itu, tindak balas pekerja dari tinjauan juga menunjukkan bahawa sebilangan majikan mereka tidak mengutamakan kesihatan mental sama pentingnya dengan produktiviti dan pengurusan mereka tidak melibatkan diri dalam menyelesaikan masalah kesihatan mental pekerja. Dari kajian ini, dicadangkan senarai intervensi kesihatan mental di mana majikan dapat melaksanakan di tempat kerja mereka untuk menjaga kesihatan mental pekerja mereka.

Keywords: Kesihatan Mental, Pekerja, Prestasi Kerja, Pejabat

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LIST OF SYMBOLS AND ABBREVIATIONS

DAS	:	Depression, Anxiety and Stress
WFH	:	Work From Home
SPSS	:	Statistical Packages for the Social Sciences
COVID-19	:	Coronavirus disease

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CHAPTER 1: INTRODUCTION

1.1 Background

Mental health is defined as a state of well-being that affects everyone understands their own potential, is prepared to deal with life's normal pressures, can work successfully and fruitfully, and is ready to contribute to society. As seen by the inclusion of mental health in the United Kingdom's Sustainable Development Goals, there has been a growing recognition of the critical role mental health plays in accomplishing global development goals in latest years (WHO,2020). Department of Health, 1993, stated that the United Kingdom Department of Health and the British Business Confederation have predicted that over their working life, 15-30 percent of employees would develop a sort of mental health crisis. Mental illnesses are a leading source of sickness and impairment.

In Malaysia, the average prevalence of workplace stress was found to be 29.9%. The percentages ranged from 6.0% to 71.7 % (bin Hassan et al., 2018). The 2019 National Health and Morbidity survey revealed that 2.3% of Malaysian adults which is equivalent to half a million of people are suffering from depression (NHMS,2019). Financial problems, unemployment, work-related pressures, family issues such as domestic strife, bad parenting, and other environmental causes are all potential contributors to this more than two-fold increase in the last ten years (10.6 percent in 1996; 11.2 percent in 2006) (Minister of Health Malaysia,2016). Mental health issues have grown increasingly relevant in the workplace, as well as among children and students, as the number of persons afflicted rises.

An office is a vital location, part, or region for the conduct of some employment, jobs, enterprises, or transactions. There are a total of 389,909 companies or offices registered with Suruhanjaya Syarikat Malaysia (SSM) till 2020 (Suruhanjaya Syarikat

Malaysia,2020). In these offices, there are a few issues that has affected the employee's wellbeing. According to a study, Malaysian employees are exhausted and lack of sleep, with 51% reporting work-related stress and 53% sleeping fewer than seven hours each day. The result of AIA Vitality 2019's Malaysia's Healthiest Workplace study also found that mental health issues are on the rise, with 22% of employees indicating that they are now dealing with a lot of financial difficulties. Furthermore, 20% of employees asked claimed workplace bullying continues to affect them, which contributes to their stress at work (AIA.,2019).

Besides that, COVID-19 pandemic situation has also become a contributing factor to mental health issues. The initial COVID-19 on January 25, 2020, was identified in Malaysia, and it was categorized into three Chinese citizens who had close contact with an COVID patient in Singapore. The suspected person landed in Malaysia through Singapore on January 24, 2020, and sent for treatment to Sungai Buloh Hospital in Selangor, Malaysia. (New Straits Time.2020). A pandemic is far more than a medical catastrophe; it has far-reaching consequences for people and society, resulting in turmoil, anxiety, stress, stigma, and xenophobia(Javed et al., 2020). In March 2020, a religious incident in Sri Petaling, Kuala Lumpur, resulted in a rapid increase in cases, the number of cases slowly grew (Barker A.,2020). The government has implemented an "Enhanced Movement Regulated Order (EMCO)" for selected locations in Kuala Lumpur, such as Kluang, Hulu Langat, Menara City One, Selangor Mansion, and Malayan Mansion, that would remain to April 28, 2020(Elengoe, 2020).

All services, both government and private establishments, were directed to suspend operations and remain closed in accordance with the MCO, except for establishments providing emergency services and everyone was ordered to work remotely from home(Kaur, 2020). Everyone may be emotionally upset during a COVID-19

outbreak. Everyone reacts differently when presented with a difficult crisis. COVID-19 creates panic, concern, and anxiety which lead to a wide range of negative feelings, including stress and melancholy (Javed et al., 2020). Furthermore, when the COVID-19 pandemic entered its seventh month in Malaysia, the number of individuals with depressed symptoms peaked: the prevalence of depression among the research participants was close to 60% based on the DASS-21-D rating during the last four weeks of data collection. (Wong et al., 2021).

Therefore, this study focuses on the level and reason of the event of mental health issue, the effect of mental health issue to work performance, job, and other relevant factors.

1.2 Problem Statement

Mental diseases are predicted to account for 8.6% of total disability-adjusted life years in Malaysia. Employee mental health is increasingly being acknowledged as poor mental health and workplace demands can contribute to several physical ailments such as pressure, diabetes, and cardiac problems, according, among others. The burden on well-being and efficiency from mental health problems has long been underestimated.

World Health Organization, 2020, stated that the effect of occupational mental health issues has significant consequences not only for the worker, but also for the company's competitiveness. The offices can cause mental health issues of workers. A study has found out that office factors such as workload, support, resources, control, recognition, human tolerance, and compensation has been proven to have a major influence on employee stress levels(Prayogo et al., 2017).Job stress and employee performance should be acknowledged as a communal issue with far-reaching

repercussions for an employee's entire well-being, as well as the organization's, society, and the country's economy (ILO.,2016).

Furthermore, employees' mental health has been impacted by the COVID-19 outbreak. Lockdowns, strict segregation, social distance, and industry closures have had an impact on psychological well-being and anxiety levels, even though the measures adopted mostly reduced the COVID-19 epidemic in Malaysia(Sundarassen et al., 2020).

Despite the government's stimulus packages designed to reduce the financial hardships faced by many Malaysians, many small and medium enterprises (SMEs) in the countries unable to cope with the mounting debt and have been forced to slash salaries, decrease the number of jobs, and provide unpaid leave. Losing a job instills dread and uncertainty, disrupting mental health and leading to anxiety and sadness.(Shanmugam et al., 2020).

The purpose of this study is to investigate the mental health state and to improve mental health throughout pandemic. This research objective is to evaluate the level of mental health issues at workplace in Malaysia. The scope of this study is limited to measuring depression, stress, and anxiety of employees at workplace by using questionnaire. A list of measures will be suggested to enhance the mental health of employees and their overall well-being.

1.3 Research Questions

1. How workplace affects the mental health of employees?
2. How does mental health issues affect the job performance of an employee?
3. How does mental health issues affect the productivity of an employee?
4. How to mitigate the occurrence of mental health issues in offices?

1.4 Aim and Objective

The aim of this study is to improve mental health level and quality of life for employees who are affected by these issues. The objective of this study is:

1. To evaluate level of mental health issues at workplace during pandemic.
2. To determine probable reasons for the occurrence of mental health issues.
3. To identify strategies in mitigating mental health problems.

1.5 Hypothesis

- i. H_0 : There is significant relationship of depression, stress, and anxiety among employees.

H_A : There is no significant relationship of depression, stress, and anxiety among employees.

- ii. H_0 : There is significant relationship between management priority and mental health.

H_A : There is no significant relationship between management priority and mental health.

- iii. H_0 : There is significant relationship between organization support and mental health of employees.

H_A: There is no significant relationship between organization support and mental health of employees.

iv. H₀: There is significant relationship between organizational participation and communication and mental health of employees.

H_A: There is no significant relationship between organizational participation and communication and mental health of employees.

1.6 Definition of Key Terms

1.6.1 Mental Health

Mental health is described as a state of one's mind which everyone is aware of his or her own potential, can manage with daily challenges, can perform successfully and usefully, and can contribute to the country. (WHO,2018). Our capacity to study, emote, connect with people, make a job, and experience life on a social and individual level is all dependent on our mental health. Indeed, mental illnesses have been defined as a wide range of disorders with differing symptoms and indicators, but all of them are characterized by abnormal feelings, ideas, and behavior.

1.6.2 Work Performance

To better comprehend job effectiveness, consider the linkages between work outputs, persons, and situational effects. Employee performance contributes to market growth, so it is important for businesses to focus on results. Performance is the result of an individual's or a group's work in an organization at a particular moment, and it indicates how well the person or group satisfies the criteria of a job in attaining the organization's objectives (Ewan Carr, 2016). A bad workplace atmosphere is most certainly one of the key causes of excessive employee turnover, dissatisfaction, and poor performance. (Mustafa & Ali, 2019). Workplace elements and satisfaction can also be useful indicators

for measuring potential improvements and developments in the workplace (Jawaad et al., 2019).

1.6.3 Employee

Employees are individuals who are paid to do certain duties. Employees are those who are paid to work for another person or corporation (the employer) and are bound by the employer's detailed instructions on how to do the job. The requirements of the payroll tax code bind employees. Employees, on the other hand, are often recognized as valuable commodities or assets by employers, who value their input.

1.6.4 Office

An office is a vital location, part, or region for the conduct of some employment, jobs, enterprises, or transactions. The term "office" refers to a location where business is conducted, such as a room or department where clerical work is performed, or a location where professional and commercial operations are carried out, or a location where various functions within the company are handled (Kapur R.,2018).

1.7 Dissertation Outline

The research project is divided into five chapters, as follows:

Chapter 1: Introduction on the background of the research project. Overall view of the occurrence of mental health issue at workplace and the strategies used to reduce mental health problem at workplace. The problem statement, objectives of the research and scope of study are included in this chapter.

Chapter 2: A literature review on how mental health effects the organization, individual and industry. The causes of mental health problem at workplace, effect of COVID-19 towards mental health of employees, importance of mental health promotion at workplace and effectiveness of mental health program at workplace is also included in the literature review. The findings of the literature review will be summarized in the literature review summary.

Chapter 3: Introduce the study's approach, which includes a survey and an interview to gather data from respondents. A total of 101 participants are prepared to respond to the survey. The data obtained will be analyzed using SPSS software. An interview also conducted with experts to obtain information on seriousness of mental health, the post COVID effect on mental health and solutions for mental health problem.

Chapter 4: The data and information gathered were studied and reviewed. Tables and graphs were used to show the data. The result of SPSS analysis will be presented in this chapter as well and supported by information from journals. Besides that, the information from interview will be used to provide recommendation on improving one's mental health in workplace, especially during this pandemic.

Chapter 5: Conclusion of research on the summary findings and proposed of a suggestion for further research.

CHAPTER 2: LITERATURE REVIEW

2.1 Theories related to Mental Health

There are many theories used to explain the reasons of mental health issue at workplace. This study is based on six theories: Early Stimulus based theories, Pearson-Environment Fit Theory, Herzbergs Two factor theory, McGregor's Theory X and Theory Y, Job Demand Control and Effort Reward Imbalance Model (ERI).

2.1.1 Early Based Theories

The first author developed a rudimentary taxonomy of stress theories in 1978, which was based on two simple characteristics(Cox, 1987): First, there's the distinction between early and (then) more recent or contemporary theories; second, there's the distinction between stimulus and reaction-based theories (early theories) and interactional (structure based) and transactional (process based) theories between these two classes (contemporary theories) is shown in **Figure 2.1 below**.

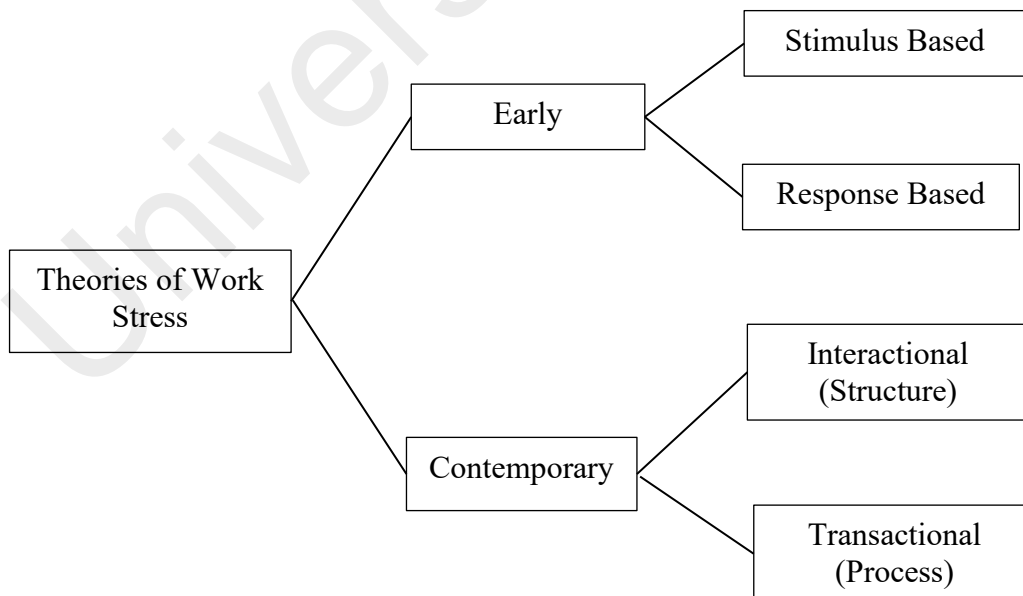


Figure 2.1: The taxonomy of work-related stress hypotheses

2.1.1.1 Early hypotheses based on stimuli ('Engineering' Model)

Early stress theories were based on a mental model that was simple, mechanical, linear, and mostly borrowed from engineering. The central point was that external events could trigger a behavioral and physiological response in the person who was subject to them. In a study on mental health problems in Royal Air Force flying staff, Sir Charles Symonds (1947) (cited in Cox (1978)) said succinctly, "Stress is that which happens to the individual, not that which happens in him; it is a collection of reasons, not a set of symptoms." As a result of this method of dealing with stress research, the definition of a "stress threshold" was developed, as well as research into individual variations in terms of this threshold.

2.1.1.2 Theories based on Early Response ("Psychological" Models)

Early response-based theories used medical language to convey what was essentially the same philosophical paradigm. Stress was described as the individual's reaction to aversive or noxious environmental features, and stress was defined as the individual's reaction to such stressors. As a result, stress is viewed as a regression model, i.e., a physiological response to a potentially harmful scenario. Selye (1950, 1956), He is likely most known for his clarification of the response dependent approach, which he defined as "a condition represented by a particular symptom that comprises of all the non-specific alterations inside the biologic system." Selye also describe the neuro-endocrine pathways that play a role in the physiological and behavioral reactions to external stressors were detailed in great detail, and he postulated a three-stage pattern of stress response that he called the General Adaptation Syndrome (GAS).

He performed research on the adrenal glands (medulla and cortex) and discovered a non-specific and generic pattern of stress response that appeared to develop with time

during a species' existence and to be shared by most, if not all, mammalian species. When an animal is first exposed to immediate stimuli, such as a warning or physical injury, it reacts with an alarm or emergency response. After that, the animal goes through a rehabilitation or resistance cycle, during which it recovers itself and stores energy. Exhaustion sets in if the stressful situations occur.

Burnout became a common term for this third level. Burnout is characterized by a lack of motivation and energy, mental flatness, and (in humans) a waning ability to respond to others' needs. There tends to be a lot of correlation between burnout symptoms and exhaustion and chronic fatigue syndrome symptoms. In Selye's GAS model, exhaustion will come before death, mediated by a last recurrence of the emergency response: a last dice roll.

2.1.2 Contemporary Theories

During the 1970s, a different theory emerged. These modern ideas were differentiated by two characteristics: They ascribed a more involved role for the individual in that interaction, using a new set of psychological principles to describe the interaction, and first, they more clearly called for an association between the participant and their environment; and second, they ascribed a more involved role for the individual in that interaction, using a new set of psychological principles to describe the interaction. Contemporary stress theory is psychological in that it recognizes the importance of psychological systems such as vision, memory, and emotion, either directly or indirectly, in stress.

Stress, according to contemporary theories, is a negative (unpleasant) mental sensation that happens when people believe they are being subjected to unreasonable demands or requests that they cannot meet. The behavioral and physiological correlates

of stress experience alter how people perceive and learn about the environment, how they respond, and their physiological behavior patterns. In certain conditions, these improvements may raise the likelihood of psychiatric, physical, and social illness, as well as improper behavior.

Under modern theories, there are two sorts of theories: interactional (structural) and transactional (process). The interactional theories place less emphasis on the mechanisms involved and the individual's attempt to cope because of the encounter in the design of the settings that cause stress. Transactional theories, on the other hand, are concerned with mechanisms like cognitive assessment and adjustment, and so attribute the individual a more active role in determining results.

2.1.2.1 Theories of Person-Environment Fit

The Person-Environment Fit (P-E Fit) model was created by French, Kaplan, and Van Harrison (Caplan, 1983; Edwards, Caplan, & van Harrison, 2000; French & Caplan, 1972; van Harrison, 1978). The P-E Fit model highlights the relevance of an individual's perspective of the world, themselves, and their interactions in shaping their reaction to workplace situations and events, as well as the individual's view of the environment, themselves, and their relationships.

In the P-E Fit paradigm, the factual P-E Fit and the intuitive P-E Fit are clearly separated. 'Fit' refers to a balancing or coordinating process between, on the one hand, environmental demands, and human needs, and, on the other hand, what the environment provides and an individual's potential (to cope). In terms of companies, the model addresses two aspects of fit: how well an employee's personality and abilities meet the demands of the job, and how well the employment environment meets the requirements of the workers.

Tension can be generated by an incompatibility, according to P–E Fit theories. According to Edwards, Caplan, and van Harrison (1998), this can take one of three forms: The expectations of the workplace are greater than the employee's willingness to meet them, the job environment continuously fails to meet the demands of employees and there is a combination of these two cases, in which the needs of employees are not being met while their capacities are being stretched.

P–E Fit model says that an incompatibility can cause both psychological and physical effects (e.g., Anxiety, panic episodes, dysphoria, and restlessness are all symptoms of sleep problems.), This is in line with existing facts and the majority of other existing hypotheses (e.g., raised blood pressure, raised serum cholesterol, lowered immunity of stress) (Edwards, Caplan, & van Harrison, 1998).

2.1.2.2 Job Demand Control Theory

Karasek began his academic career as a sociologist. As part of his PhD study in the mid-1970s, he devised the Demand–Control theory, which he published in a seminal essay in 1979. The idea integrates epidemiology insights on the link between job demands and health issues with job satisfaction and motivation studies.

The model's core is its link with a specific set of work characteristics: task demands and job management. The model is usually shown as a 2 X 2 matrix, with "low and high demand" and "high and low control." in **Figure 2.2 below**.

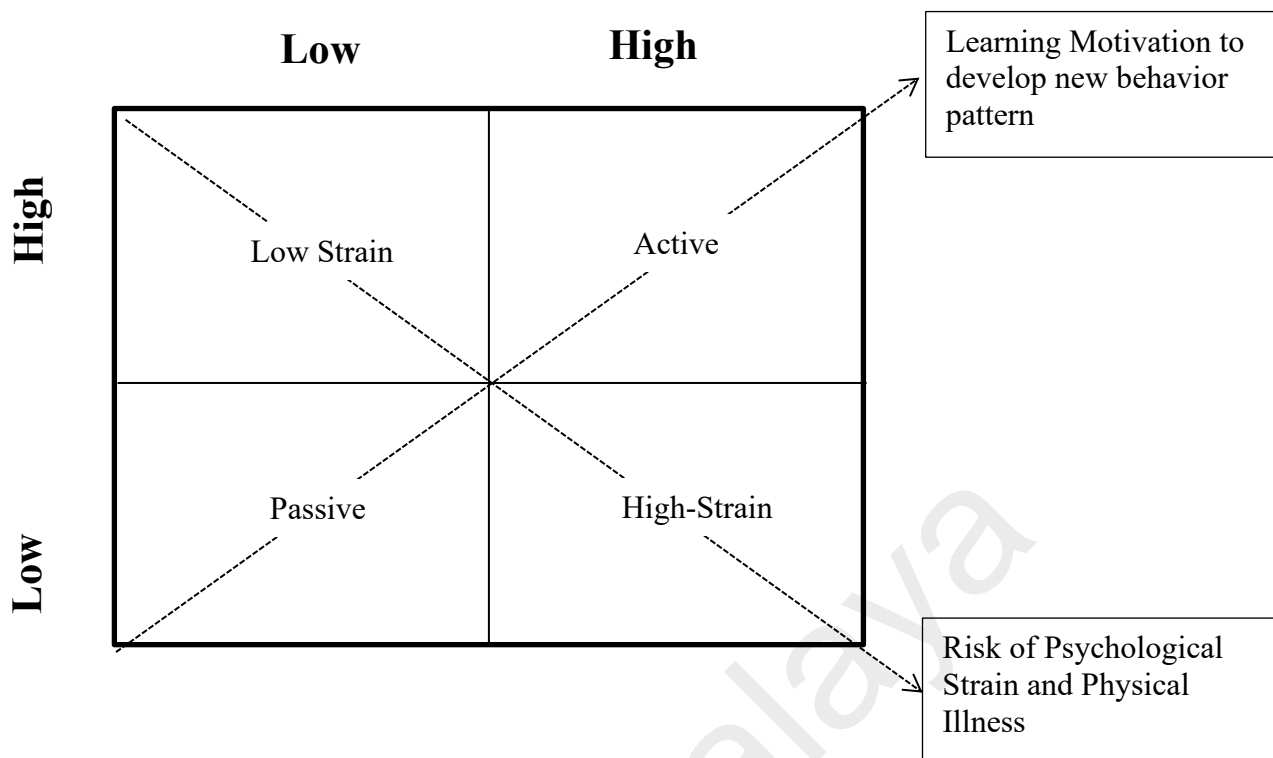


Figure 2.2: Job Demand Control theory of stress

In the simplest terms (Karasek & Theorell, 1990; Stansfeld & Candy, 2006), this results in four distinct task categories: 'High-stress occupations' are those that have a lot of expectations and little leverage (the riskiest to health). 'Active jobs' have a lot of expectations, but they still have a lot of leverage (less hazardous to one's health, typical levels of work stress). The demands of 'low-strain occupations' are modest, but the leverage is great (lower than normal work strain). 'Passive employment' is a term used to describe professions that are not physically demanding. Low expectations with limited control (the demotivating essence of this work form can result in average levels of job strain).

High work demands mixed with inadequate job control are associated to psychological and physical strain (high strain occupations), whereas occupations with high demands and control contribute to well-being, growth, and personal growth (active jobs). Three factors that can be concluded from Job Control Demand Theory. First, while both demand and control are important drivers of health-related outcomes, they might

work independently rather than together. Second, the consequences of demand-supply interactions and at the population level, those results can be easier to explain than at the corporate or entity level. Despite these limitations, many scholars continue to use Karasek's (1979) hypothesis, even without question, and it has had a significant effect on politics.

2.1.2.3 Effort -Reward Imbalance Model

The Effort–Reward Imbalance (ERI) theory of Siegrist and the Demand–Control theory of Karasek have similar interactional underpinnings, but the theories differ in how they interpret the relationship's key aspects. ERI theory is founded on equity theory, which stresses the effort put in at work and the rewards received in exchange for it. According to Siegrist (1996), when a person's perceptions of the rewards of working do not match their expectations of the time commitment necessary, the result can be damaging to one's health and behavior (**Figure 2.3**).

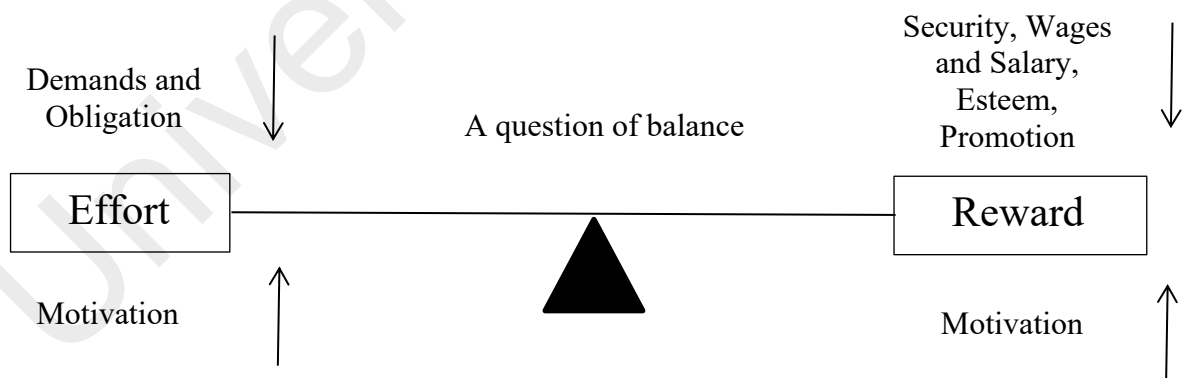


Figure 2.3: The Effort -Reward Imbalance Theory

According to Siegrist, tension resulting from a disparity between commitment and reward can manifest itself in three ways: the employee has a poorly understood job contract or few options for alternate career opportunities, the employee accepts the

difference for tactical reasons, such as the possibility of better working practices in the future, and the employee tries to cope with the demand of work over commitment. The distributive justice notion is central to the theory, which claims that labor activity is carried out as part of a psychological arrangement based on the social reciprocity rule, in which benefits are distributed in the form of money, respect, and career chances, including job security.

In what are for the employee high-cost, low-gain cases, a lack of reciprocity between commitment and compensation creates emotional distress and stress responses. Recurrent violations of the reciprocity standard can lead to emotions of being mistreated and discriminated against, which can harm not just the worker psychological contract, but also their identity.

2.1.3 Contemporary Transactional Theory

The majority of what has been demonstrated by the formulation, testing, and application of systemic communicative theories has been included into transactional stress theories. The principles of demand, power, and social support have proven to be universal and valuable cornerstones. Transactional theories seek to explain how factors such as a person's perception of expectations, power, and positive reinforcement, as well as proximity to the workplace, influence an individual's feelings of stress, their responses to it, their efforts at dealing, and the impact on their health and behavior.

Tension at work is neither a result of the employee's workplace nor a reflection of their reaction to it, according to the concept of 'transaction.' Rather, 'stress' represents the interaction of an individual with certain motivations and values with an atmosphere whose characteristics, depending on these personal characteristics, pose damage, risks, or challenges. The systemic features of the interactional method are paired with a process-

oriented approach to portray a tension process in five fundamental components.: Exposure to both traditional workplace risks and those found in the nature and operation of jobs and work organizations are antecedent influences. Employees' expectations of the pressures they face, their motivation to deal with those requirements, and the support they get both at and outside of work are all cognitive mechanisms that contribute to the interpersonal understanding of stress.

The social, behavioral, and physiological correlates of emotional stress, some of which reflect coping attempts. The broader or indirect consequences of stress, which may manifest as illness, bad social and interpersonal behavior, and have ramifications for the employee's workplace, home, and social condition. The effectiveness or failure in coping is partially reflected in feedback from the broader world. This, in a way, completes a period of action that defines the stress response as a continuous operation.

2.2 Mental Health at Workplace

Mental health issues have been one of the most pressing concerns among employees in recent years, owing in part to the pandemic this year. The public's awareness of mental illness is growing, as seen by the establishment of a prioritized mental state in the workplace. Unfortunately, indicators of stress, worry, and depression have an impact on the well-being, progress, and ambitions of a major section of the population (Sikafi, 2019).

Malaysia has been compelled by globalization forces to adopt Western success models that encourage minimization and mergers. While these initiatives have increased productivity, they have also led to changing work environments, which have increased job demand for employers while reducing employee job control. These changes in employment arrangements have had a negative influence on employees' mental health, as

seen by higher claims of exhaustion, anxiety, and depression among Malaysian employees. Financial difficulties, issues with family and relationships, old age, and divorce were all identified as leading indicators of depression and anxiety among Malaysians.

While there has been study on the effects of work on stress, anxiety, and depression, there has been little study on SME employees in Malaysia. Given that SME's account for about 97.3 percent of all office buildings in Malaysia, it is critical to have a better knowledge of the impact of the working environment on the mental health of employees. As SME workers in Southeast Asia struggle to meet the demands of globalization, it is crucial to remember that the workplace is changing. Their psychological condition is negatively impacted by their desires.

The UK's Health and Safety Executive stated that work-related stress and mental health illnesses frequently occur concurrently, with symptoms that are comparable. Workplace demands can exacerbate a significant mental health problem, making it hard to manage. It becomes hard to discern one from the other when job stress reaches a point where it has resulted in an underlying mental health problem. Lin L.S (2018) stated that in 1996, only 19.67% of the population had mental health issues. However, in 2015, 4,206,697 people were at risk of mental illness, bringing the ratio to 29.2 percent in

Figure 2.4 below.

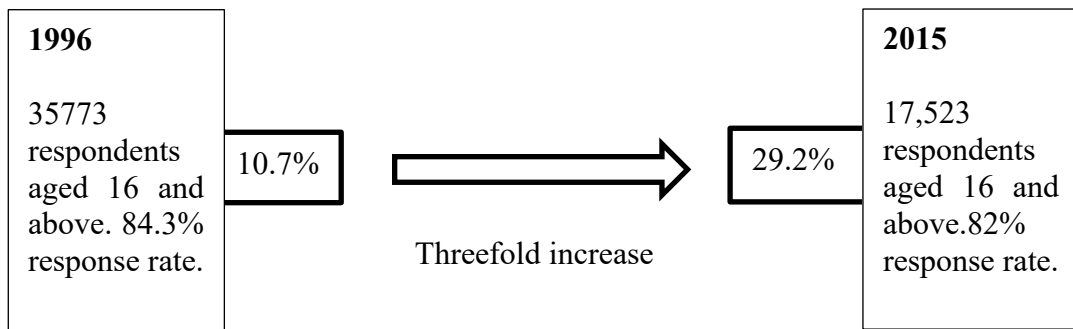


Figure 2.4: Differentiation of the prevalence of mental health issues between 1996 and 2015.

The National Health and Morbidity Surveys (NHMS) have also revealed that the incidence of mental illness among adults is on the rise. Lin L.S (2018) conducted research on which age group has the largest amount of mental health difficulties to learn more. In 1996, the age group most susceptible to mental illness was those over the age of 65. In 2015, however, the age group most susceptible to mental illness was 16-24 years old. As stated in the National Health and Morbidity Survey 2019, the case of mental health is on the rise and is likely to increase in the next years, with most of them suffering from depressive disorders.

2.3 The Importance of Mental Health at Workplace

Poor mental health is linked to rapid social transformation, insecure working settings, gender inequality, social isolation, risky behaviors, physical ill-health, and human rights violations. Acts that improve psychological well-being are required for mental well-being promotion. In a society that values and defends basic legal, political, and economical rights, mental health is vital. It is difficult to preserve a high level of mental well-being without the protection and freedom that these safeguards provide. (WHO, 2018)

In order to offer integrated services at the levels of individuals, families, and processes, effective mental well-being promotion should ideally include a strategy including multiple different government agencies and volunteer organizations. Beyond the hospital system, much of the effort to enhance mental health must be done in businesses that have an influence on people's and families' daily lives in order to encourage growth, stability, and mental well-being. In recent years, mainstream mental health awareness initiatives have gotten a lot of attention, such as initiatives to destigmatize mental illnesses. These activities are critical, and demographic-targeted advertising efforts may be consolidated, expanded, and supplemented. (The Department of Mental Health, 2018).

There is certain workplace that has implemented interventions for mental health issues. The purpose of these treatments is to offer knowledge and skills to employees across the business so they may successfully identify, manage, and control changeable potential risk aspects at workplace while also fostering mental health and well-being. (Joyce et al., 2016). To date, workplace mental health treatments differ in terms of content, delivery manner, training time, and intended population. Certain programs, for instance, are intended for all employees, while others are targeted at certain employees or supervisors (Gayed et al., 2018).

2.4 The Causes of Mental Health Problem at Workplace

Mental health issues can arise for a variety of causes. A variety of circumstances, including familial issues, financial stress, and job environment, may contribute to the development of mental health disorders. Mental health difficulties are complicated by a lack of understanding of mental illnesses. Mental disorders literacy has been established as a problem of mental illness.

2.4.1 Family Problems

Work and family are two interconnected but equally critical aspects of everyone's life. It is incredibly tough to combine them, especially if one has a family of one's own. When someone is compelled to choose between two responsibilities (family and job), necessitating them to perform several roles, conflict will occur (Amiruddin, 2019).

Thus, Employee stress is caused by work - family. Work family conflict typically affects workers who already have a family, and there are two pressures that must be fulfilled at the same time: the demands of the workplace and the demands of the family. Work-family pressure happens when someone has long working hours and finds it difficult to reconcile work and family needs, resulting in depression or stress and a decrease in job happiness (Munda & Yuniawan, 2018).

Work-family had a favorable and substantial influence on work stress, a favorable and significant influence on turnover intention, and a favorable and substantial impact on worker productivity, according to a research (Amiruddin, 2019). According to Sedarmayanti, family tension occurs when individuals must cope with the demands of one sphere of interest (work or family), causing one's interest (role) to be pitted against the interests of others (Noviyanti, 2017).

According to the Greenhaus dimension (work-family conflict), which is strain-based tension happens as the stress of performing one task makes it impossible to perform the tasks of other roles, Time-based conflict where the time allotted to play one task makes it impossible to fulfill the needs of other tasks, this is known as time-based conflict and Behavior-based Conflict is a type of conflict arises where the stress created in one position has an impact on the execution of other positions (SARI, 2018).

2.4.2 Financial Stress

Financial stress has significant impact towards workplace. Companies, policymakers, and regulators are all concerned about people's financial habits, especially those related to saving and spending. Individuals' improper financial management often has ramifications that stretch into their personal lives, affecting their families as well as their job results (Sabri & Aw, 2020). In addition, according to a study commissioned by PricewaterhouseCoopers (PwC), 53% of employees are experiencing financial hardship, which has a significant impact on their success at work. PwC has reported that workers lose \$3.3 million a year because of financial hardship (Ford R.,2018).

According to Kim J.,2016, financial problems will spill over into the office. To explain, employee absenteeism can rise, resulting in a decrease in productivity. Worse, employees who are under financial pressures at work may not be completely engaged in their work. Money, health, and job are inextricably related. The importance of financial matters is not limited to people's personal lives, but also to their professional lives (Sinclair & Cheung, 2016).

2.4.3 Work Surroundings

The physical spatial area in addition to the surrounds of the workplace, such as an industrial site or a workplace, are defined as the working environment. Other factors that impact the quality of the working situation include air quality, noise level, and working relationships. It has been proved that employees who are pleased at work perform better and like their employment more than those who are dissatisfied (Khuong & Yen, 2016).

Based on the study done by (Khuong & Yen, 2016), the researcher deduce that the worst workers have problems in the workplace environment, working relationship, and career growth and they experience more stress, since these three aspects are all

positively related to job stress. Employees' experiences of meeting career-related goals in a work setting are related to workplace satisfaction and the degree to which it is met. The personality and character of an individual employed in a company are closely linked to their level of satisfaction (Pandey & Asthana, 2017).

It is important for the employee to enjoy his or her job experience so that he or she can use his or her working time effectively and optimally, resulting in better work efficiency. Employees' job satisfaction and productivity are often affected by their working climate (Pawirosumarto et al., 2017).

2.5 Effect of Mental Health Problem towards Organization

Despite the high frequency of poor psychological health at work, it's critical to consider how crucial it is for people to suffer in silence rather than seeking the help and assistance they obviously require. There are several reasons for this, including the negative reputation that hysteria, lethargy, and depressed symptoms are all too regularly linked with (Sikafi, 2019). It has been proven that persons with mental health issues have a bad self-image. (Hennekam et al., 2020), insecure career perspectives, a lack of housing that motivates them to work, and, as a result, unfavorable stereotypes about the occupational ability of individuals with disabilities (Cohen et al., 2019) all have a detrimental impact on their productivity.

2.5.1 Job Performance

Productivity and other optimal workplace benefits such as loyalty and happiness have been found to be strongly linked to occupational mental health. Job success and interpersonal relations are also harmed by poor mental health. As a result, it could have detrimental consequences not only for worker satisfaction but also for service safety and efficiency. Recent studies have shown that psychological well-being can predict an

individual's future success, although these studies did not determine the degree to which job performance differs with the level of well-being(Usman, 2017).

There are several factors that influence success, and performance evaluation can consider more than just human traits (e.g., motivation and work satisfaction)(Fogaça et al., 2018).Previous research examined at the connection between job performance and stressors including workload, task tension, work-life balance, peer relationships, job security, time pressure, and so on, with inspiration as a mediating element(Vijayan, 2017).

Performance evaluation has become critical for all businesses. The compilation of communication among the employer and the employee over a certain period is part of the performance improvement process. Any business employs the most effective way of performance management as part of its policy, a mechanism that assists in the devotion of all employees to the business's goals. If workers see that their efforts and dedication are being measured, they will be more motivated to continue working.

2.5.2 Job Satisfaction

Job satisfaction is one of the repercussions of job stress, which can lead to things like abandoning the company, absenteeism, underemployment, and a lack of time in the office, among other things (Singh et al., 2019). A person who is hesitant and delayed by a work because he dislikes it and sees no incentive to perform it correctly. Depression, anxiety, boredom, frustration, solitude, and hostility are some of the other psychological symptoms (Amiri, 2018).

Workplace discrimination, a lack of job stability, and an excessive sensitivity to having things done right. Workload is excessive, and there is a lack of feedback. Stressful variables in the workplace include frequent relocation and mistaken expectations, economic challenges and concerns, and lengthy working hours. Managers should think

about and prioritize job happiness since a dissatisfied employee will be late or absent, but a happy employee will be more productive and dedicated to the firm. It has been proven that satisfied employees are healthier and more productive (Singh et al., 2019).

2.5.2.1 Working Conditions

Employers should seek to improve working conditions since employees spend so much time at work during the week. To improve working conditions, provide a spacious workspace rather than a small one, comfortable and standard furniture, and proper lighting (Singh et al., 2019). Working circumstances can be changed in a health-supportive approach to avoid harmful repercussions from critical working situations (e.g., burnout risk) (Jiménez et al., 2017).

2.5.2.2 Absenteeism

Absenteeism at work is described as a practice of missing a duty or responsibility on a regular basis. While absenteeism is commonly thought to be a significant predictor of poor performance and bad for business in general, in some cases, not seeing an employee show up for work is preferable to seeing them show up; consider the potentially catastrophic consequences of seeing a sick or fatigued pilot or surgeon perform their duties (Badubi, 2017).

The increase of absenteeism rate is due to working hours where the employees do not get much time to spend with family members and get enough rest. From the viewpoint of an employer, extended working hours not only have a negative effect on their employees' welfare, but they can create a bad work climate, which can contribute to high absenteeism. Employers should seek for ways to enhance an employee's work-life balance, as well as apply occupational wellness promotion techniques that can increase an employee's drive and motivation, and therefore reduce absenteeism (Leonard, 2016).

2.6 Effect of COVID-19 towards Employee's Mental Health

The globe has recently been afflicted by the COVID-19 virus, which has had an impact on global activities and the economy. The COVID-19 epidemic and the economic calamity have had a bad influence on many people's mental health and have created further barriers for them. There are various reasons for this. We believe that this approach has several psychological consequences that should be considered now, rather than later, as the COVID 19 epidemic continues to spread over the world (Cullen et al., 2020).

Closure of businesses such as hospitality, theatres, gyms, and shopping malls during a pandemic has resulted in both temporary and long-term unemployment, as well as huge economic damage, particularly in industrialized nations (Gostin & Wiley, 2020). The hotel and film sectors will have to rethink their plans until a vaccination for COVID 19 is discovered, because spatial separation will be the law for the next few years. Economic stress has had a significant impact on mental health (Jain, 2020).

The government's health officials have prohibited all large-scale events. Even once the movement control order is lifted, daily life and the "new normal" are likely to be affected. Religious services, sports, athletic activities, corporate meetings, and political meetings are all affected (Gostin & Wiley, 2020). Again, the mental strain of not being able to keep up socially or enjoy live sport and leisure is unknown.

2.6.1 Work from Home

Many employees were urged to WFH full-time during the COVID-19 epidemic, changing the traditional concept of WFH, which had previously only been employed for certain types of work, on an as-needed basis, or in unique employee scenarios. Many companies predict work from home. WFH to become more popular after the outbreak

since firms have already paid the fixed cost of putting up remote work solutions(Bartik et al., 2020).

Furthermore, Exhaustion, fatigue, headaches, and other eye-related disorders can result from lengthy periods of screen time from full-time computer work(Majumdar et al., 2020).Social and behavioral variables have the most visible effects on health. The mandated long stay at home during this situation may contribute to changes in routines and food habits are the outcome of general depression and apprehensive feelings.(Di Renzo et al., 2020).

A significant problem that occurs in work-life boundaries is balancing work schedules around other family members. For some parents, working time becomes "porous," since they may need to handle of domestic work and run errands in between work meetings(Messenger, 2017). In certain situations, parents may opt to forego sleep hours in exchange for working late at night or early in the morning because these are the only times when they can concentrate on their job without being interrupted (Thompson C.,2020).

2.7 Summary of Literature Review

A theoretical framework to depict mental health has been established based on the literature review undertaken. This study focuses on the factors that influencing the mental health, including family issues, financial stress, workplace pressure, working environment, promotion, and training. The theoretical framework of this study is presented in **Figure 2.5** below.

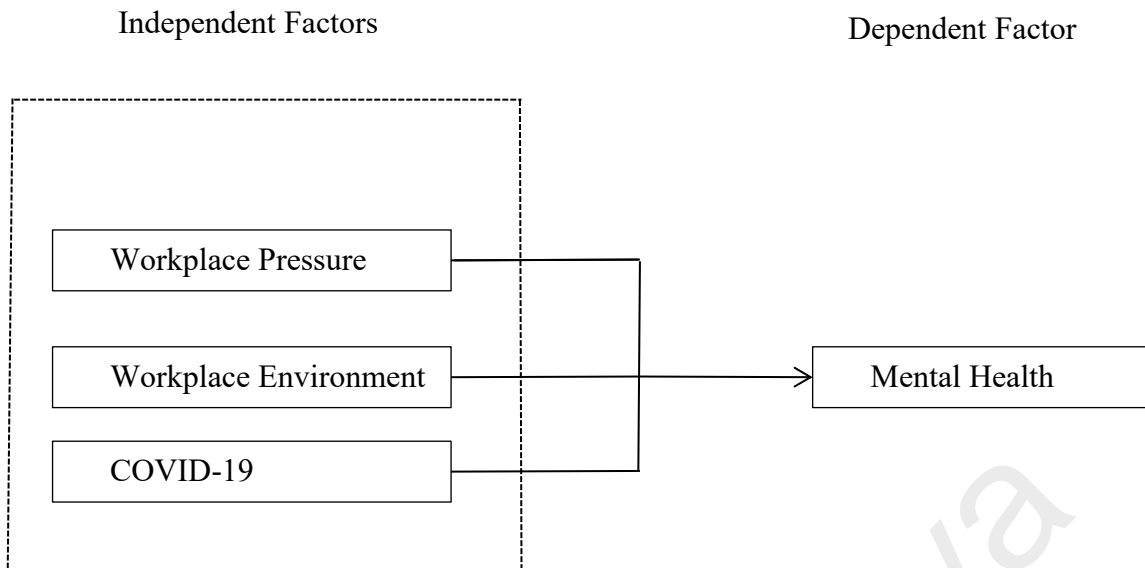


Figure 2.5: Theoretical Framework between independent and dependent factors of mental health

Besides that, many studies have identified the reasons of mental health issues at workplace such as high work pressure and long working hours. However, the actual reasons are not quantified. As to ensure the reasons are quantified, this study also proposed program that can be implemented at workplace especially during pandemic situation.

CHAPTER 3: METHODOLOGY

3.1 Introduction

The research methodology, research design, study population, sampling processes, data collecting method, operationalization, measurement, and data analysis techniques employed in this study are all covered in this chapter.

3.2 Research Design

Research design is a method that can be used to collect and analyze the data to achieve the research objective. To get an accurate and consistent result, it is critical to choose the right approaches. The current study used descriptive analysis to identify the respondent's data and qualities, such as gender and age, year of employment, educational status, and others, and to examine the causation relationship between the research's independent factors and Mental Health.

Each hypothesis was statistically tested using a quantitative approach. The questionnaire is built around the research's goal and theoretical framework. Since the hypothesis was tested and the idea was grounded to support it, quantitative was included in this analysis. Furthermore, the questionnaire used in this analysis focuses on closed-ended questions and open-ended ones.

3.3 Study Population and Sampling Procedure

This research aimed to study the respondents who are employed at an organization. In this study a simple random sampling method was used. A total of 101 male and female employees from various sector such as manufacturing, education, construction etc. were randomly selected. Employees of various age ranges, ranging from less than 25 to more than 50 years, were entitled to participate in the study. The respondents are eligible when the following criteria to answer the survey: they must be

employed with an organization. Besides that, the participants were ensured that their responses will be stored private and used for research purposes only.

3.4 Pre-test

A pre-test involving 12 people comprising of students from Diploma in Occupational Safety and Health program was conducted. The purpose of this procedure is to make sure that the questionnaire is clear to the respondent in terms of the language used, valid and reliable for the determination of the study. The research questions were adapted from The New Zealand Workplace Barometer which is written by Bently, T. et al., (2019). Pretesting is a way of ensuring that queries function as expected and that those who are likely to answer to them understand them (Hilton, 2017). The feedback received from the respondent during this stage were analyzed to ensure that if there is any modification is required to be done towards the questionnaire to get accurate results.

3.5 Pilot Study

After pre-testing, the next step of the research was done by conducting a pilot study. Pilot studies are often correlated with a quantitative method of evaluating a scientific instrument. The significance of pilot work seems to have been modified to include qualitative research, where it is carried out as part of the planning for the main report (Majid et al., 2017). The aim of the pilot study was to ensure the reliability of the measures.

3.6 Reliability Analysis

Table 3.1: Reliability Statistics

Constructs	Cronbach's Alpha	N of Items
Depression, Anxiety and Stress	0.882	3
Management Priority	0.683	4
Management Support	0.922	9
Organizational Participation and Communication	0.948	5

Cronbach's alpha is by far the most widely used reliability index in psychology research (McNeish, 2017). Thus, **Table 3.1** shows the association of reliability analysis for management support and Organizational Participation and Communication is high, more than 90% and for the Depression, Anxiety and Stress is accepted, more than 80% where the scale yields consistent results and therefore reliable.

3.7 Data Collection Method

A questionnaire-based data collection approach was used to verify the study model. The questionnaire was circulated to the respondents in two ways: by email and google document. Respondents were willing to answer the questionnaire as they were assured that the information will be used for study purpose only.

3.8 Operationalization Measurement

The survey consists of 6 parts. Part 1: Demographic Information, Part 2: Depression, Anxiety and Stress Scale (DASS-21) Evaluation, Part 3: Support and Commitment from Management, Part 4: Management Priority, Part 5: Organization Communication and lastly Part 6: Organization Participation and Engagement.

Part 1 of the assessment is regarding demographic information where the respondents will provide their personal information. Part 2 is regarding Depression, Anxiety and

Stress Scale (DASS-21) assessment. Lovibond and colleagues developed this scale, where the respondents designated to measure the mental states of fear, fatigue and depression. There are 7 items on each of the three DASS-21 scales, separated into sub-scales of related material. Misery, despair, devaluation of life, consciousness, lack of desire / involvement, chronic depression, and lethargy are all assessed on the depression scale. The anxiety scale assesses autonomic arousal, skeletal muscle symptoms, social dread, and subjective perceptions of nervous impact.

Persistent non-specific arousal thresholds might affect the stress scale. It assesses the ability to calm down, nervous eagerness, and the ability to get rapidly Angry, irritable/over-reactive, and outraged. Depression, anxiety, and stress scores are determined by summing up the scores for the elements involved. The rating scales that were used in the assessment is, 0: Did not apply to me at all, 1: Applied to me to some degree or some time, 2: Applied to me to a considerable degree or a good part of time and 3: Applied to me very much or most of the time. According to (Lovibond, 1995), The suggested cut-off scores for traditional (normal, mild, severe) severity labels are as follows:

Table 3.2: The scores of DASS-21 Assessments

Level	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	34+

3.9 Data Analysis Techniques

This research was analyzed using the Statistical Package for the Social Sciences (SPSS) V26 software. This is because SPSS software widely used data processing software in this form of study. This software has been used in previous studies. Using the SPSS Software results in a precise data analysis, which was then used to arrive at a well-informed conclusion and set of recommendations. Nevertheless, before testing, the researcher completed preliminary data processing tasks such as editing, coding, and entry, as seen in Figure 3.1 below.

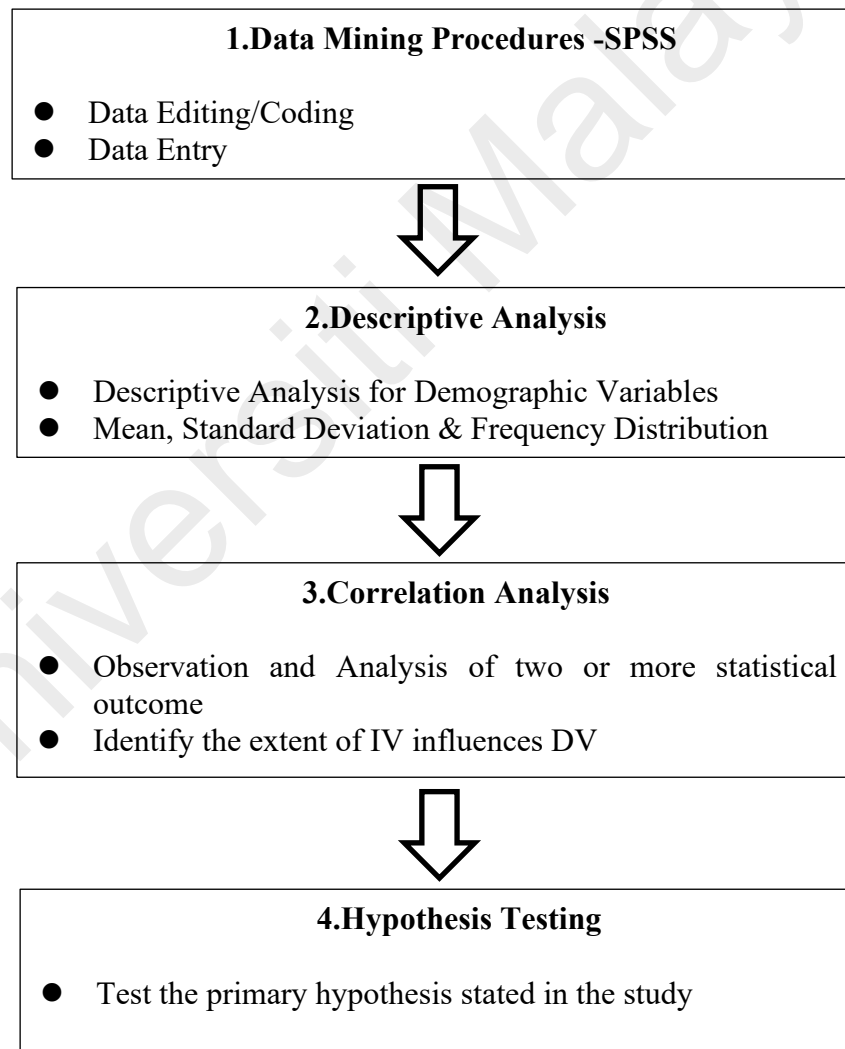


Figure 3.1: Data Analysis Process

3.9.1 Data Mining Procedure

Data mining is an essential aspect of the data management process. Part of it entails coding the information collected, which makes data entry easier. Respondents' answers are classified and grouped with a value dependent on the answer in question, which is known as data coding. This aided in the interpretation of the data from the questionnaire into SPSS, making it ready for the next phase in study.

3.9.2 Descriptive Analysis

The basic structures of the collected statistics were depicted using descriptive analysis. It aided the study in determining the data distribution, making simple to detect outliers or typos in the data. This study aided the research by displaying the research data's mod, maximum, and minimum values.

3.9.3 Correlation Analysis

Pearson's Correlation Coefficient was used in this study to identify the relationship between the effect of mental health, management support and organization participation and communication. A calculation of a monotonic correlation between two variables is correlation. The value of one variable grows in lockstep with the value of the other variable, or the value of one variable declines in lockstep with the value of the other variable in a monotonic connection between two variables (Schober et al., 2018). The correlation analysis assisted the study in determining how often the independent variable affected the dependent variable.

3.9.4 Hypothesis Testing

Based on the literature review conducted, the following hypothesis were proposed:

i. H_0 : There is no significant relationship of depression, stress, and anxiety among employees.

H_A : There is significant relationship of depression, stress, and anxiety among employees.

v. H_0 : There is no significant relationship between management priority and mental health.

H_A : There is significant relationship between management priority and mental health.

vi. H_0 : There is no significant relationship between organization support and mental health of employees.

H_A : There is significant relationship between organization support and mental health of employees.

vii. H_0 : There is no significant relationship between organizational participation and communication and mental health of employees.

H_A : There is significant relationship between organizational participation and communication and mental health of employees.

3.10 Interview

There are a total of 7 questions were asked to the interviewees. The interview questions are adapted from a journal (Frawley, 2016). A qualitative investigation of college student identity and mental health experiences. Two employees, one manager and one counsellor has been interviewed to support the analysis of this study. The interview questions are attached in the Appendix B.

3.11 Demographic of Respondents

A total of 101 valid replies were obtained from the questionnaire distribution, resulting in a 100 percent response rate. A frequency distribution would best represent the survey's basic information shown in **Table 3.3** below.

Table 3.3: Information of the Respondents

Variable	Categories	Frequency	Percentage (%)
Gender	Male	47	46.5
	Female	54	53.5
Age	20-29	60	59.4
	30-39	19	18.8
	40-49	10	9.9
	Above 50 years	12	11.9
Status as Parent	Have a child 16 years and below	14	13.9
	Have child 16 years and above	23	22.8
Marital Status	Have no child	64	63.4
	Single	65	64.4
	Married	35	34.7
	Divorced	1	1
Type of Organization	Public	5	5
	Private	95	95
Employment Nature	Full Time	91	90.1
	Part Time	10	9.9
Organization Sector	Manufacturing	27	26.7
	Construction	5	5
	Education	31	30.7
	Medical	10	9.9
	Others	28	27.1
Education Level	PHD	4	4
	Master	15	14.9
	Bachelor	69	68.3
	Diploma	13	12.9
Total Working Hours	Less than 30 hours	10	9.9
	30-40 hours	36	35.6
	41-50 hours	35	34.7
	More than 50 hours	20	19.8

3.11.1 Gender and Age

Table 3.3 indicates that more than 50% of the respondents were females (53.5%) among 101 respondents. Regarding age, the highest percentage of respondents are between 20-29 years old (59.4%), followed by the age group between 30-39 which is 18.8% and above 50 years old which is 11.9%. The lowest percentage reported for age group is between 40-49 years old with only 9.9%.

3.11.2 Marital Status

The majority respondents (64.4%) in this study reported that they are single, 35% of the respondents are married and only 1% of the respondent is divorced as shown in **Figure 3.2** below.

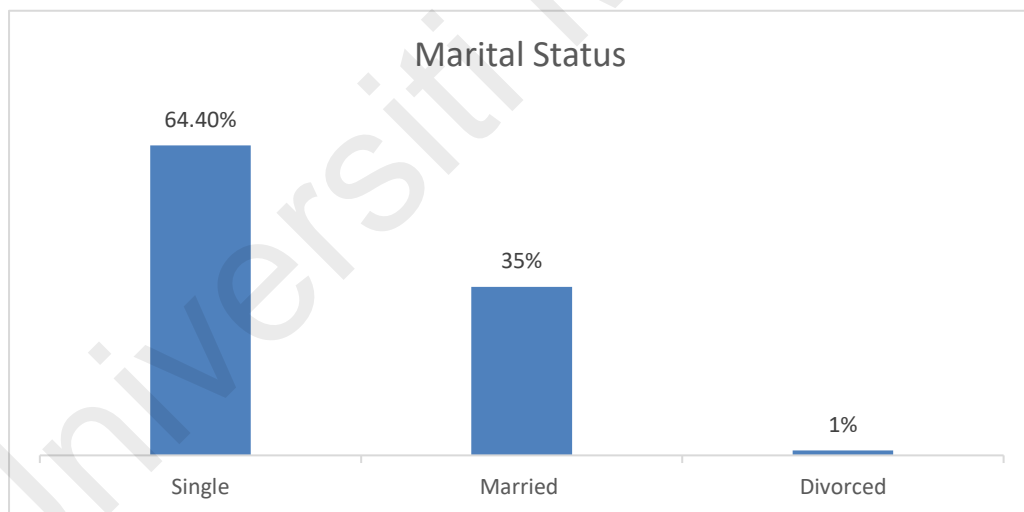


Figure 3.2: Marital Status of Respondent

3.11.3 Status as Parent

From the responses of the survey, 63.4% of the respondents have no child, 22.8% of them has children above 16 years old and lastly 13.9% of them have children above 16 years old from 35% of married and 1% of divorced respondents as shown in the **Figure 3.3** below.

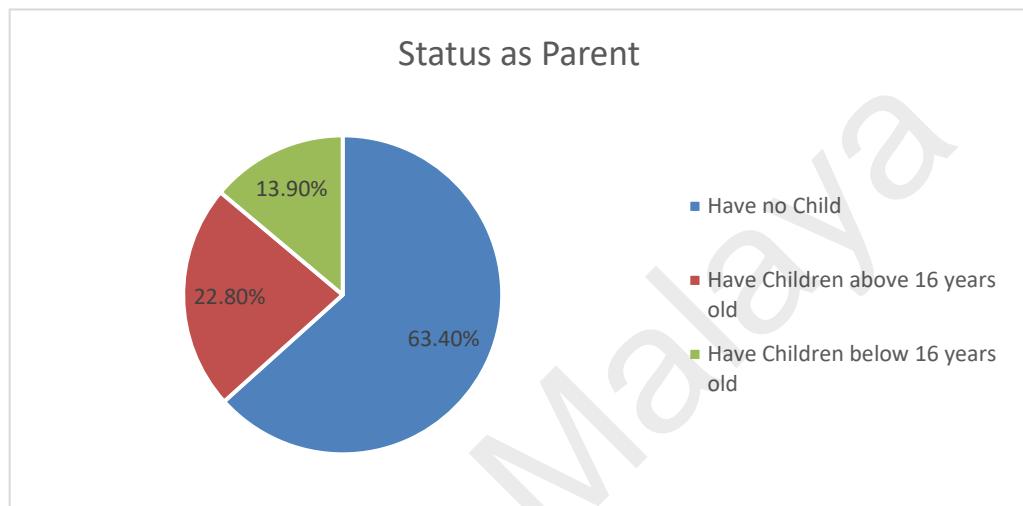


Figure 3.3: Status as Parent

3.11.4 Organization Sector and Employment Nature

In terms of organization sector, 95% of the respondents are working at private organization and 5% of them are working at public organization. Besides that, 90.1% respondents are employed full time and 9.9% are employed part time as shown in **Table 3.3** above.

3.11.5 Type of Organization Sector

Most respondents, with a total of 30.7% are working in education sector, followed by 27.7% are classified as Others which is tourism, software, transportation and Information Technology sector. The next sector is manufacturing with 26.7%, then medical sector with 9.9% and the lowest percentage is construction with 5% as shown in the **Figure 3.4** below.

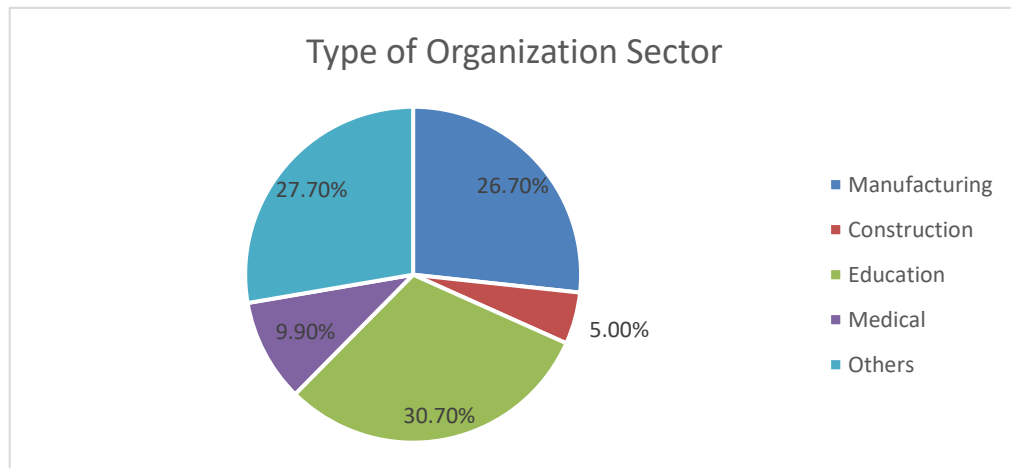


Figure 3.4: Type of Organization Sector

3.11.6 Education Level

Most respondents have bachelors which is 68.3%, followed by 14.9% who are master holders. 12.9% of the respondents are diploma holders and 4% of them had completed their PHD.

3.11.7 Total Working Hours

A total of 35.6% are working for 30-40 hours per week, followed by 34.7% of the respondents are working 41-50 hours per week. 19.8% of the respondents are working above 50 hours per week and only 9.9% of the respondents are working less than 30 hours per week as shown in the **Figure 3.5** below.

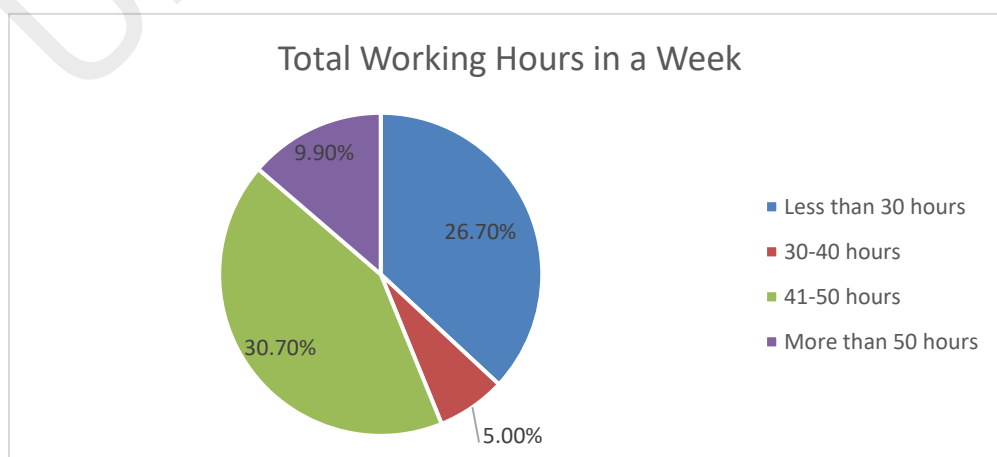


Figure 3.5: Total Working Hours

3.12 Safety Precautions

Few safety precautions were taken as the research was conducted during the Covid-19 pandemic including elimination physical contact. The survey questions were distributed through google document and the interview itself was done through online mode (google meet and video conferencing). The respondents were assured of the confidentiality of information provided.

Universiti Malaya

CHAPTER4: RESULTS AND DISCUSSION

4.1 Introduction

The research aims at discovering the management support and organizational participation and communication and how it is linked with the employee's mental health. The population size is limited to 101 respondent who are employed at an organization. This chapter focuses on examining the data and describing the conclusions using charts and tables as illustrations.

The survey data is analyzed in this chapter, and the results are compared to the study's goals. SPSS was used to assess the quantitative data obtained through the survey. The qualitative data was also carefully reviewed, and the study's goals were thoroughly explored. The survey is structured into the demographic information of the employee, the employee's depression, stress and anxiety level and the factors that affect the mental health of employees.

4.2 Descriptive Analysis

The summary of the descriptive statistics of the variables is summarized in Table 4.1 to 4.5. Descriptive statistics are typically obtained from all the survey's questions, and they reflect the study's raw data outcome. The variables for mental health assessment were measured with '0' being Did not apply to me at all to '3' Applied to me very much or most of the time. On the other hand, the variables for management support and organization participation and communication were measured in the 5-point Likert scale with '1' being Strongly disagreed to '5' Strongly Agreed.

Descriptive statistics are important to the researcher because they serve as the foundation for further review and enable the reader to replicate the study while also

providing a summary of the findings. The central tendency is the subject of the most important descriptive statistics. The use of mean is one of the most frequent means of defining the fundamental trend of quantitative analysis.

4.2.1 Descriptive Analysis of the Demographic Profile

Table 4.1 shows the summary of descriptive statistics (Mean and Standard Deviation) of respondent's demographic profile which includes gender, age, marital status, status as a parent, organization sector, type of organization sector, employment nature, education level and total working hours in a week. The standard deviation (Std. Dev.) is a measurement of how often individual answers to a question differ from the mean. The standard deviation gives details about the responses, such as whether they are clustered around the mean or dispersed widely. The demographic of respondents mean is around 1 to 4 and the standard deviation is around 0.4 to 1 as shown in the **Table 4.1** below.

Table 4.1: Descriptive Statistics of Demographic Profile

Information	Mean	Standard Deviation
Gender	1.53	0.501
Age	1.74	1.055
Marital Status	1.37	0.504
Status as a Parent	2.50	0.730
Organization Sector	1.95	0.218
Type of Organization Sector	1.10	0.300
Employment Nature	3.07	1.531
Education Level	2.90	0.656
Total Working Hours in a Week	2.64	0.912

Marital status, the occurrence of physical signs, impaired physical fitness, and seeing return to work as a health threat were all linked to the seriousness of psychological symptoms in the workplace (Tan et al., 2020).

4.2.2 Descriptive Analysis of the Depression, Anxiety and Stress Assessment

Table 4.2 describes the descriptive analysis of each variables studied to assess the mental health assessment at the workplace. A total of 21 questions were asked in this section, which comprise of 7 questions for Depression Assessment, Stress Assessment and Anxiety Assessments each. The mean scores for DAS assessment dimension range from 1.23 to 1.52. The highest mean value is 1.52 achieved for anxiety assessment, followed by depression assessment with mean 1.36. The lowest mean value of 1.23 is reported for stress assessment. As for standard deviation, the highest value is 0.867 for anxiety, followed by 0.657 for depression and the lowest is 0.445 for stress assessment.

Table 4.2: Descriptive Statistics of Depression, Anxiety and Stress (DAS) Assessment

Question	Mean	Standard Deviation
Depression	1.36	0.657
Anxiety	1.52	0.867
Stress	1.23	0.445

4.2.2.1 Descriptive Analysis of the DAS Assessment by Gender and Age

There are two factors that can be analyzed for the mean of stress, depression, and anxiety, which is in terms of male and female gender. It is found that 12% of female respondents suffer from mild stress, while for male only 9% of male suffer from mild stress and 1% of male suffer from moderate stress. A study found that females had much greater levels of felt stress than males(Kneavel, 2020).Female employees are more prone to stress and succumb to it significantly due to their high sensitivity as women and low job satisfaction. Female employees also may experience stress because of the demanding nature of their jobs(Ewan Carr, 2016) . Understanding the depth and breadth of a person's social networks is important when working with males and females in practice. as well as

how they use those networks (Kneavel, 2020). According to the present findings, women are perceived stronger than men because they have a bigger support system, report higher quality social support, and social support quality predicts stress levels differently for different genders (Kneavel, 2020).

This study has found that the age groups that are exposed to mental health issues are 20-29 years old and 50 years and above. Older employees (aged 65 and above) with little control, less incentive unbalanced job, and poorer health were less inclined to work in their later years. Younger people respond to the gain cycle from work stresses to job satisfaction better than older workers (Guglielmi et al., 2016). At work, older people seemed to have more emotional repression (Ewan Carr, 2016). The socio-ecological model was used to investigate the impacts of numerous chronic illnesses and resilience on late-career workforce change. Resilience mitigated the harmful impacts of numerous chronic illnesses on worker participation and remained independent by using longitudinal two-wave data. That means that having a higher level of resilience will assist older people stay engaged at work (Jason et al., 2017).

Employees between the ages of 20 and 29 reported greater levels of workplace stress, more work-family issues, and more recent incidences of discrimination. It is possible that younger employees are still learning how to fit into the job, or that older employees are more flexible to changing conditions (Scheibe et al., 2016). Workplace resilience has been highlighted as an essential aspect in minimizing burnout. Furthermore, though not as vital as systemic improvements, adapting and coping skills may aid workers in managing their work stress (Jason et al., 2017).

4.2.2.2 Descriptive Analysis of the DAS Assessment by Organization Sector

As for organization sector, the sector that was found to contribute to mental health issues are education and manufacturing sector. One of the main reasons that contributes to mental health issues is the pandemic situation. Today's education system is undergoing a significant shift from traditional to online education, which may cause additional stress for teachers and force them to change significantly, because better teaching requires two-way communication and interaction, which is essential for making it more engaging. Teachers are under a great deal of stress because of the pressure to change and the difficulties in delivering online lessons(Chitra, 2020). A study showed that their stress from online classes is unaffected by demographic characteristics, and that this has a significant impact on their work satisfaction which may have an indirect impact on their performance(GOPINATH, 2020).

Stress is linked to lower performance management, lower employee overall performance, a high error rate and low productivity, high staff turnover, and absenteeism due to health issues such as anxiety, emotional disorders, work-life balance, depression, and other ailments such as frequent headaches, obesity, and cardiac arrests in manufacturing industries (Ewan Carr, 2016). The manufacturing industry has been determined to have considerable psychological risk factors. In terms of the link between psychological risk factors and work performance, it has been discovered that there is a considerable link between the two (Nuruzzakiyah & Hanida, 2020).

4.2.2.3 Descriptive Analysis of the DAS Assessment by Total Working Hours

Job stress is viewed as a mediator because, as work hours increase, workers are exposed to more hours of employment stress, and job characteristics such as long or short working hours may be associated to job stress. According to a study, appropriate working hours are required to protect workers' mental health. Long working hours were linked to depressed symptoms due to a low of social support and poor compensation. As a result, we may deduce that workplace social support from supervisors and coworkers might be helpful in reducing depressed symptoms. Managerial leadership, personality respect, conflict resolution, organizational abilities, and coworker collaboration and support may all enhance workers' mental health.

Reward accounted for a significant part of depression symptoms in individuals who worked more than 68 hours. Inadequate remuneration for hours worked was found to be a risk factor for depressed symptoms. As a result, for employees' mental health, it is required to increase social support or provide adequate compensation based on working hours, and, ultimately, to work in the proper hours. Long work hours might result in a lack of recuperation time, which can contribute to depression. Other aspects, such as physical and mental recovery, must be explored later as processes impacting depression symptoms caused by excessive working hours (Yoon et al., 2018).

4.2.3 Descriptive Analysis of the Management Priority

Table 4.3 describes the descriptive analysis of each of the variables studied to identify the respondent's opinion on management priority regarding mental health. There is a total of 4 question in this section. The mean scores range from 3.31 to 3.78. The highest mean value achieved is for the question "Mental health well-being of staff is a priority for this organization" with a mean value 3.78, followed by the question "Management clearly considers the mental health of employees to be of great importance"

with a mean of 3.40. The lowest mean value is reported for the question “Management considers employee mental health to be equally as important as productivity” with mean 3.31.

Table 4.3: Descriptive Statistics for Management Priority

Question	Mean	Standard Deviation
Mental health well-being of staff is a priority for this organization	3.78	1.333
Management clearly considers the mental health of employees to be of great importance	3.40	1.320
I believe that employee mental health well- being is not assigned a high priority(reversed)	3.33	1.375
Management considers employee mental health to be equally as important as productivity	3.40	1.178

The results shows that management priority in terms of mental health is important at workplace. Most of the respondents feel that the mental health must be a priority at all organizations and the respondent’s organization are giving importance on their employee’s mental health. The respondents agree that their organization prioritize on mental health issues but on the other hand the employee also did not agree that the organization able to provide solution to the employees. It is becoming painfully evident that most countries around the world are unprepared to cope with this mostly unseen and underappreciated health and social stress. To incorporate mental health care into health-care delivery platforms that rely on the entire patient rather than a collection of illnesses, countries must implement medium-term strategies and plans(Marquez & Saxena, 2016).This researcher did a study on making mental health as a global priority and thus mental health care also should be a priority in an organization especially during pandemic.

4.2.4 Descriptive Analysis of the Management and Organization Support

Table 4.4 describes the descriptive analysis of each of the variables to identify the respondent's opinion on the management and organization support on mental health at workplace. There are a total of 10 questions for this section. The mean score for this section ranges from 2.83 to 3.47. The highest mean value, 3.47 achieved for question "The senior leaders at my workplace listen to me and care about my concern", followed by the question "I feel that the management at my workplace is concerned about my general welfare." with a mean value of 3.33. The lowest mean value is 2.38 is reported for the question "In my workplace management turn a blind eye to issues concerning employee's mental health". As for standard deviation the value ranges from 1.045 to 1.320.

The results shows that the organization listen and care about the mental health of workers as it has the highest mean (3.47). Organizations should provide support to employees. Other aspects that influence health, such as the composition of the organization, personnel responsibilities, autonomy, and the availability of senior assistance, will almost certainly change because of the pandemic. Where the aim is to get as few people on site and vulnerable to infection as possible, remote psychological assistance by phone, Skype, and other means is recommended.

Although peer reinforcement has its position, being able to vent to a virtual stranger can be beneficial to employees, particularly if they are dealing with feelings like anxiety, frustration, or a reluctance to come to work (Walton et al., 2020).

Table 4.4: Descriptive Statistics of Management and Organization Support

Question	Mean	Standard Deviation
My workplace management acts quickly to correct problems/issues that contribute to employee's mental health	3.11	1.295
In my workplace, managers/supervisors show an interest in my mental health.	3.17	1.320
Management is genuinely concerned about workers mental health.	3.12	1.366
Management acts decisively when a concern of an employee's mental health status is raised.	3.16	1.286
In my workplace management turn a blind eye to issues concerning employee's mental health (reversed).	2.83	1.167
There is a good attitude to employee's mental health at my workplace.	3.19	1.198
I feel that the management at my workplace is concerned about my general welfare.	3.33	1.193
Employees mental health is taken seriously at my workplace.	3.12	1.344
The senior leaders at my workplace listen to me and care about my concern.	3.47	1.045
Senior management show support for stress prevention through involvement and commitment.	3.21	1.219

4.2.5 Descriptive Statistics for Participation and Communication

Table 4.5 describes the descriptive analysis of each of the variables to identify the respondent's opinion on the organization participation and communication on mental health at workplace. There are a total of 5 questions for this section. The mean score for this section ranges from 3.19 to 3.29. The highest mean value, 3.29 achieved for question "Participation and consultation in occupational health and safety occurs with employees, unions and health and safety representatives in my workplace.", followed by the question "I am involved in informing management of the important issues that affect workplace mental health" and "Employees are encouraged to become involved in mental safety and health matters." with a mean value of 3.26. The lowest mean value is 3.19 is reported for

the question “In my organization, the prevention of stress involves all levels of the organization”. As for standard deviation the value ranges from 1.163 to 1.181.

The results shows that participation and consultation of mental health matters are important for the respondents as they can convey their problems to their employer. The employee agrees that their employers provide participation and consultation on mental health issues. On the other hand, not all the employees are involved in the prevention of stress at workplace. Research shows that approaches aimed at both client, employee, and organizational causes are the most successful way to avoid, treat, and secure employee mental health issues(LaMontagne et al., 2016).The research also recommend that future guidance take organizational-level considerations into account to ensure that their recommendations are systematic and consistent with a best-practice, coordinated approach (Memish et al., 2017).

Table 4.5: Descriptive Statistics of Organizational Participation and Communication

Question	Mean	Standard Deviation
Participation and consultation in occupational health and safety occurs with employees, unions and health and safety representatives in my workplace.	3.29	1.178
My contributions to resolving occupational health and safety concerns in the organization are listened to.	3.20	1.175
I am involved in informing management of the important issues that affect workplace mental health.	3.26	1.163
Employees are encouraged to become involved in mental safety and health matters.	3.26	1.172
In my organization, the prevention of stress involves all levels of the organization.	3.19	1.181

4.3 Reliability Statistics

Cronbach's alpha is by far the most widely used reliability index in psychology research (McNeish, 2017). Thus, **Table 4.6** shows the association of reliability analysis for Management Support and Organizational Participation and Communication is high, more than 90%, as for Management Priority then reliability analysis is more than 60% and for the Depression, Anxiety and Stress is accepted, more than 80% where the scale yields consistent results and therefore reliable.

Table 4.6: Reliability Statistics

Constructs	Cronbach's Alpha	N of Items
Depression, Anxiety and Stress	0.882	3
Management Priority	0.683	4
Management Support	0.922	9
Organizational Participation and Communication	0.948	5

4.4 Hypothesis Testing on Mental Health factors at workplace

This section will discuss the relationship between mental health issues and organization approach towards mental health. The Chi-Square Test used to discover out the correlation between the variables.

4.4.1 The Level of Depression, Stress and Anxiety at Workplace

Table 4.7: The Chi-Square test for Depression, Anxiety and Stress

DAS	x²	df	p-value	Result
Depression	0.638 ^a	2	0.552	Not Significant
Anxiety	4.372 ^a	2	0.727	Not Significant
Stress	1.188 ^a	4	0.358	Not Significant

H₀: There is significant relationship of depression, stress, and anxiety among employees during pandemic.

H_A: There is no significant relationship of depression, stress, and anxiety among employees during pandemic.

The Pearson coefficient for depression, anxiety and stress is 0.638, 0.4372 and 1.188, respectively. The significance value for depression, anxiety and stress is more than the alpha level of 0.05, and therefore it is not significant. Thus, H_A is rejected, and H₀ is accepted. There is high level of depression, stress, and anxiety among employees during this pandemic. An increase in mental health difficulties has been highlighted in editorials, research letters, viewpoints, and commentary in scientific literature, as well as print and visual media coverage. Experts from all around the world have voiced alarm about the rising number of people suffering from mental illnesses and have called for more mental health assistance (Xiang et al., 2020).

4.4.2 The Relationship between Management Priority and Mental Health Issues

Table 4.8: The Chi-Square test for Management Priority and Mental Health

Test Variables	χ^2	df	p-value	Result
Mental health well-being of staff is a priority for this organization	4.686 ^a	4	0.321	Not Significant
Management considers employee mental health to be equally as important as productivity	2.021 ^a	4	0.732	Not Significant

H₀: There is significant relationship between management priority and mental health.

H_A: There is no significant relationship between management priority and mental health.

The Pearson coefficient for “Mental health well-being of staff is a priority for this organization” and “Management considers employee mental health to be equally as important as productivity” is 4.686 and 2.021. The signature values for management priority are more than the alpha level of 0.05, and therefore it is significant. Thus, H_A is rejected, and H_O is accepted. This shows that there is an effect between management priority and mental health of the employees.

4.4.3 The Relationship between Organization Support and Mental Health

Table 4.9: The Chi-Square test for Organization Support and Mental Health

Test Variables	χ^2	df	p-value	Result
My workplace management acts quickly to correct problems/issues that contribute to employees’ mental health	0.5224 ^a	4	0.265	Not Significant
The senior leaders at my workplace listen to me and care about my concern	2.560 ^a	4	0.634	Not Significant
Senior management show support for stress prevention through involvement and commitment	9.068 ^a	4	0.059	Not Significant

H_O : There is significant relationship between organization support and mental health of employees.

H_A : There is no significant relationship between organization support and mental health of employees.

The Pearson coefficient for “My workplace management acts quickly to correct problems/issues that contribute to employees’ mental health”, “The senior leaders at my workplace listen to me and care about my concern” and “Senior management show support for stress prevention through involvement and commitment” are 0.5224, 2.560

and 9.068. The signature values for management priority are more than the alpha level of 0.05, and therefore it is not significant. Thus, H_A is rejected, and H_O is accepted. This shows that the organization support is important to manage the mental health of employees.

4.4.4 The Relationship between Organization Participation and Communication and Mental Health

Table 4.10: The Chi-Square test for Organization Participation and Communication and Mental Health

Test Variables	χ^2	df	p-value	Result
Participation and consultation in occupational health and safety occurs with employees', unions and health and safety representatives in my workplace	4.316 ^a	4	0.365	Not Significant
My contributions to resolving occupational health and safety concerns in the organization are listened to	5.651 ^a	4	0.227	Not Significant
In my organization, the prevention of stress involves all levels of the organization	3.786 ^a	4	0.436	Not Significant

H_O : There is significant relationship between organizational participation and communication and mental health of employees.

H_A : There is no significant relationship between organizational participation and communication and mental health of employees.

The Pearson coefficient for “Participation and consultation in occupational health and safety occurs with employees’, unions and health and safety representatives in my workplace”, “My contributions to resolving occupational health and safety concerns in the organization are listened to” and “In my organization, the prevention of stress involves all levels of the organization” are 4.316, 5.651 and 3.786. The signature values for

management priority are more than the alpha level of 0.05, and therefore it is not significant. Thus, H_A is rejected, and H_0 is accepted. This shows that the organization participation and communication is important to manage the mental health of employees.

4.5 Analysis of Interview

The first interviewee is a registered counsellor. The counsellor mentioned that her mental health state is quite stable since pandemic has started. She started to take care of her mental health since COVID-19 has attacked our country. In terms of action taken to cope her mental health problems, she mentioned that “I will take time off and relax my mind. Besides that, I will also share my problems with a trustable person to release my stress. According to a Counsellor that the researcher interviewed, she mentioned that it is important for the organization to care and consider mental health issues, not only productivity of the workers. By conducting mental health awareness program and understanding the workers mental health state helps in decreasing the issue and the workers will be satisfied with their job.

The next interviewee is a manager at an established company. He mentioned that he is facing a stressful time at workplace, especially during this pandemic situation. Besides that, he also mentioned that he must work overtime in the morning and night. The manager mentioned that he will handle all the situations calmly and he will take some time to rest before he starts to do his work. In relation to the impact of mental health on the workplace, the manager stated that he will examine the mental health concerns of his employees and give remedies. On the other hand, the manager mentioned that his organization provide training, reward and team building activities.

The last interviewee is an employee in an education institution. This interviewee started to care about her mental health since pandemic has started. In terms of her mental

health, she stated that her mental health is unstable because her company does not prioritize employee mental health. The action taken to manage her mental health is that she will talk to her friends and family to release her stress. She also mentioned that her organization expect more productivity and they do not care of their employee’s mental health.

4.6 Proposal of Mental Health Interventions at Workplace

From this study, a checklist, and programs to mitigate mental health issues can be deduced. The mental health issues are not only due to individual factors while the environment and other factors also can contribute to mental health issues among employees. Thus, a checklist in **Table 4.11** below has been generated to guide employers on mitigating mental health issues at workplace.

Table 4.11: Checklist for Mental Health Mitigation

No.	Factors
1.	Workplace Environment <ul style="list-style-type: none"> a) Temperature/Circulation Humidity b) Facility (Toilet, Pantry, Workspace)
2.	Amount of Work
3.	Time of Work
4.	Scope of Work
5.	Performance of the Company
6.	Co-worker Influence
7.	Job Security

A study discovered that high temperatures, precipitation, humidity, cloud cover, and other environmental factors were linked to deteriorated emotion expressions (Mullins & White, 2018). Both results obtained from the Centers for Disease Control and Prevention's self-reported mental health survey, although with different research durations and empirical models. The study discovered an elevated (risk of) reports of

unpleasant mental health days in the past month, with more days falling into the warmest temperature bucket (Obradovich et al., 2018). Climate change has been demonstrated to have varying effects on mental health. The phenomenology of climate change's consequences varies greatly—some mental diseases are prevalent, while others are more unique to abnormal climate circumstances (Cianconi et al., 2020).

Besides that, facility of the workplace is also important to maintain employee's mental health. Physical well-being and elements that foster physical exercise; physical/psychological well-being and (day)light, individual control, and real/artificial greenery; and social well-being and tiny shared rooms all have good associations (Colenberg et al., 2021). Individual employee behavior is favorably influenced by the office environment. As a result, the quality of the workplace plays an important role in influencing employee and worker motivation, productivity, and performance (Sharma et al., 2016). Employee productivity is the most important concern nowadays, and it is influenced by the workplace in a variety of ways (Mwendwa et al., 2017).

During pandemic, the amount, scope, and time of work has affected the employee's mental health as well. During the COVID-19 pandemic, employees must work under duress, for longer hours and shifts, with increasing workloads and shorter rest times. Other workers, such as those who engage in the manufacture of critical commodities, delivery and transportation, and population security and safety, confront comparable challenges, such as lengthy overtime hours and a severe workload. Those who work from home, may feel either job overload or underload (ILO,2020).

The national unemployment rate has risen to 14.7 percent by mid-April 2020, the highest level since the Great Depression (U.S. Beureau,2020). Recessions and other periods of widespread employment insecurity (i.e., permanent loss of a job or loss of employment characteristics) raise the probability of poor mental health outcomes (Forbes

MK, Krueger RF.,2019). These findings appear to be particularly important in the context of the COVID-19 epidemic, since many employees have faced increased job insecurity because of the epidemic (e.g., decreased work hours, salary reduction, and job loss) (Wilson et al., 2020).

On the other hand, based on the findings of the open-ended question on suggestion, the researcher developed a checklist that companies can implement to improve and maintain the mental health of employees in **Table 4.12** below.

Table 4.12: Mental Health Programs

No.	Mental Health Programs	Effectiveness	Acceptance Level
1.	Mental Health Awareness Campaign	Moderate to High	High
2.	Counselling Session	High	High
3.	Mental Health Policy	Moderate	Moderate
4.	Open-Channel Communication	High	High
5.	Team Building Session	High	High
6.	Increment in Salary	High	High
7.	Recognition of task/job	High	High
8.	Human Resource Department- Organize activity during festival and monthly staff celebration	High	High
9.	Conduct test on Employees Stress Level	Moderate	High
10.	Organize Sports Activity	High	High

The respondents were asked to provide recommendations for programs/strategies that their organization may conduct/implement to enhance the mental health of its employees because of the survey. The most common suggestion among respondents are mental health programs (11%), providing counselling session (10%) and campaign

awareness (11%). A multi-pronged approach of specific action measures was created and targeted at key stakeholders and health problems. Daily sharing focus groups, social networking, weekly personal experiences from leadership via webinars and multi-media messaging, expert-led seminars, lunch and learning events, and management and staff teaching were all part of a complete framework for mental well-being (Ammendolia et al., 2016).

Besides that, respondents also expect management to give recognition of their work and provide token of appreciation to the employees as it will be a benefit of the employee's mental health. Based on a study, the researcher believes that strong compensation, advancement, respect, a pleasant work atmosphere, equality and justice, and other facets of human resource management processes are critical for increasing engagement, worker satisfaction, and efficiency (Bawa, 2017).

Furthermore, the respondents suggested their companies to conduct team building at least once a year. According to the respondents, team building can help to strengthen the relationship between employers and employees and indirectly open a channel for communication on mental health matters. One of the main goals of team building is to improve coordination among participants, both as team members and as individuals. Teamwork, team trust, and incentives and appreciation were also part of the team bonding process. Team building is less important than the attitudes and behavior of the team leader. It is the leaders who invent and inspire participants using various strategies such as bonuses, prizes, and other rewards (Khan & Wajidi, 2019).

The next suggestion that respondents mentioned is increment in salary. According to the respondents, increment in salary can improve the mental health and job satisfactory of the employees. Salary satisfaction has a moderating impact on job pressure on organizational environment, organizational loyalty, and turnover intention, i.e., there is a

reduced working pressure controlling impact when salary satisfaction is high, and a stronger conditioning impact when pay satisfaction is low(Hung et al., 2018).

In addition, the researcher suggests that employers can create and implement policy on mental health. Companies will do better to discuss mental wellbeing in the workplace by establishing a consistent mental health program. Building the data base to support specific prevention methods, identifying what constitutes a working atmosphere that promotes employee wellbeing and well-being, delivering workplace mental health trainings, enhancing outreach to specific audiences on the research underlying and implementation of workplace mental health, and conducting policy. To promote effective mental health promotion in the workplace, for example, integrated policy interventions are required, which include providing key actors, such as employers, with specific guidance on their roles, resources, and preparation opportunities for recognizing and resolving mental health problems in a timely manner, and financial benefits doing the right thing by incorporating health and wellness(Goetzel et al., 2018).

CHAPTER 5: CONCLUSION

5.1 Introduction

The findings from Chapter 4 were described in this chapter, as well as the study's contributions to knowledge and implications for future research. This section also summarizes and suggests further research.

5.2 Conclusion

Employers must prioritize mental health as the most crucial factor to consider, especially during a pandemic. This study aims to investigate the reasons of mental health issues at workplace and to propose a mental health checklist.

This study had more females (63%) than male (37%). The highest percentage of employees falls between the ages 20-29. At this age, the employees are struggling to build their career. It is essential that the organization has a career-oriented person. Academically, the most significant number of respondents (68%) have a degree, so they have expertise, knowledge, and ability to carry out their duties. This study also found out that most of the respondents gained enough experience to provide accurate and reliable information. This also means that the organizations are recruiting qualified employees, this will ensure better work efficiency.

Based on the study also reported that the majority respondents are single (64.4%) and the significant total working hours (35.6%) is for 30-40 hours. In terms of Depression, Anxiety and Stress Assessment, a total of 21% of the respondents were detected suffering from mild depression, anxiety, and stress. From the 21%, 12% of them were female and 9% of them were male respondents. As for management priority, management support and management participation in mental health has obtained a mean between 2.83 to 3.78.

The respondents agree to a point where their employer and management should support their employee and mitigating mental health issues.

Pearson correlation and the analysis shows that management priority is related to mental health state of the employees. On the other hand, the respondents suggest conducting a counselling session and open channel communication to enhance mental well-being of the employees. Furthermore, management and organization support prove to be important to the employees to maintain their mental health. Survey analysis shows that respondents agree that their senior leaders could be a help to the employees if they listen and care for the employees. The respondents also indicated that participation and consultation of employer in mental health program could create a positive impact of mental health. Besides, the pandemic also has become one of the issues that effects the employee's mental health as most of the sectors has been closed and it has affected their salary and job.

Moreover, the respondents suggested a few programs or strategies that their employer can implement. Most of them suggested that to organize mental health awareness campaign, team building session, increment in salary, conduct test on employee's stress level and to implement mental health policy at workplace. The study also shows that employers need to consider mental health as important as productivity.

5.3 Implications of the study

Employers will have a greater grasp of the value of employee mental health because of the quantitative findings of this study. The analysis also shows that management priority, management support and organization participation and communication have influence on the mental health improvement of the employees. Besides, as the study concluded, each organization should provide mental health care and

strategies as the employees can have mental health state. Mental Health awareness campaign is one of the most crucial strategies to implement and improve mental health of employees. It is also a structured program to enhance the productivity and mental health.

5.4 Recommendation for Future Studies

For a broader perspective on the mental health status during pandemic and its organization, it is vital to carry out further across the nation. A replication of this research in the public sectors will reveal the mental health issues and status of employees. Future researchers would further study current literature on mental health difficulties in the employment environment and give important information. The practical implications of the study must be conveyed to the private and public entities so that they can better understand the phenomenon of mental health, workplace during pandemic and how it affects the employees.

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