Research Papers

OCCUPATIONAL STRESS IN HOSPITAL WORKERS WITH SPECIAL REFERENCE TO UTTAR PRADESH

Author: Dr. Devesh Ranjan Tripathi

ABSTRACT

Objectives: To determine the sources of occupational-stress in hospital workers working in Utter Pradesh Region, to examine the relationship between the socio-demographic variables and the level of work stress, and to study the relationship between occupational stress and the anticipated outcomes.

Methods: This study applies the descriptive analytical research design. Doctors, nurses, technicians, administrators, and therapists working at five hospitals in this region were screened using a self-administered questionnaire developed to serve the objectives of this study. 700 questionnaires were distributed and 414 were returned and valid for analysis. Frequencies, percentages, means, and standard deviations were used to present the descriptive analysis. Inferential analysis included Two independent samples t-test, One way ANOVA, Pearson correlation, and stepwise multiple regression. The significance level used for the inferential statistics was 0.05.

Results: The multiple regression analysis indicated that insufficient technical facilities, absence of appreciation, long working hours, and short breaks were significantly able to explain the variance in the level of occupational-stress among hospital staff. Pearson correlation showed that both age and experience showed significant negative relationship with occupational-stress level. Results also revealed that urban participants showed significantly higher level of occupational-stress than the rural. The rest of the socio-demographic and job variables showed no significant relationship with the level of occupational stress. Occurrence of health problems, changing the hospital, changing the job, quitting the practice and undesired relationship with coworkers were found to be correlated with occupational-stress.

Conclusion: The level of occupational-stress among the hospital staff seems to be high. This was due to insufficient technical facilities, absence of appreciation, long working hours, and short breaks. In addition, the older the employee and the more experience he/she has the less work-stress is experienced.

Keywords: Hospital workers, Health problems, Occupational stress, Stress outcomes.

INTRODUCTION

Occupational stress relates to the mental and emotional strain on the workers, which may be due to excessive pressure or various types of demands placed on them. Occupational stress occurs when there is a discrepancy between the demands of the environment/workplace and an individual's ability to carry out and complete these demands. Psychological stress in the workplace has become more prevalent during the past decade both in developed and developing countries. No wonder, the United Nations International Labour Organization has defined occupational stress as a "global epidemic." Usually the Hospital workers are faced with occupational stress related health hazards which develop silently and slowly and remain totally unknown.

Therefore, occupational stress has been a long-standing concern of the health care industry. Studies indicate that health care workers have higher rates of substance abuse and suicide than other professions and elevated rates of depression and anxiety linked to job stress. In addition to psychological distress, other outcomes of job stress include burnout, absenteeism, employee intent to leave, reduced patient satisfaction, and diagnosis and treatment errors.

In India, where the workers are often exposed to much worse hazards compared to advance countries this problem exists on a large scale though this is not officially recognized. The workload among workers ranges from light to heavy requiring greater effort and consequently increased physical and mental pressure. Specifically, the occupational stress produced in the workplace is associated with physiological and psychological disturbances resulting in decreased productivity in the hospital services. A large number of lost workdays each year can be attributed to stress. Absenteeism, lower staff turnover, stress related health conditions, worker's compensation, medical expenditures cost and so on. Stress also affects the employees' quality of work, frequent mistakes lack of concentration, disorganization, aggression and lack of interest in work can be seen. Thus, stress management in hospitals should be given due importance. Therefore following are the objectives of this paper:-

(1) Determine the sources of occupational-stress in the hospitals in order to deal with the sources effectively.
(2) Compare the stress level among the various hospital staff groups (Physicians, nurses, technicians, therapists, and administrators) in Utter Pradesh Region.
(3) Determine to what extent the level of occupational-stress is influenced by the Respondents' socio-demographic and job variables.
(4) Study the relationship between occupational-stress and the anticipated outcomes.
(5) Develop appropriate recommendations to deal with work-stress.

VARIABLES' DEFINITIONS

The following are the main variables in this study:

(1) Occupational-stress: It refers to the situation at which a worker's talents and ability don't match with his or her job demands or requirements, and/or when the worker's needs are not satisfied by the job.

(2) Sources of work-stress: They refer to statements related to work environment, role conflict and ambiguity, social and organizational elements that may lead to occupational-stress.

(3) Outcomes of occupational-stress: The outcomes of work-stress refer to behavioral effects (bad relationships with coworkers), health effects (health problems) and organizational effects (quitting the practice, leaving the hospital or changing the job).

LITERATURE REVIEW

The nature and definition of stress

It is well known that the impact of stress on the physical and mental health as well as the productivity of both the organization and the employee is a growing concern of organizations. In fact, stress and burnout are sometimes conceived among the organizational behavior major concerns of the decade (Du Brin, 1984:162). As mentioned earlier work stress is estimated to cost American industry between 200 to300 billion dollars per year. Though the literature paid a large amount of attention to stress, the basic nature of stress is still not agreed upon. Some authors see stress as an external or internal stressors causing tension on a person or a group. While others see stress as physiological and mental reaction to an external stressor (Durbin, 1984:162).However, it is true that not all stress is negative; there is the positive side of stress as well as the negative side of it (distress).

Therefore, there is the reasonable degree of stress, which motivates some people to high performance, and there is the too much stress which causes low performance; the situation of no stress is impossible (Morgan, 1994:307-309).

Literature includes hundreds of stress definitions. Most of which involve the complex interaction between a person and his/her work environment. Therefore, stress refers to the situation at which a person's skills and ability do not match with the work demands and requirements, and/or when the employees' needs are not fulfilled by the job environment (Ramirez et al., 1996:724). Baron defined stress as psychological and physiological discomfort that is experienced when work environment demands exceed a person's coping strategies (Baron, 1983:305). From the above it could be concluded that work-stress is helpful for the worker to

cope effectively with the work requirements, but extended or continuous coping sometimes hurts the worker and may lead to unpleasant results especially if the requirements continuously exceeds the worker skills and abilities.

Symptoms of stress

There are certain signs and symptoms that reflect the existence of stress. Relevant literature classifies stress symptoms into physiological, emotional and behavioral. Physiological symptoms include the increase in blood pressure, breathing rate, heart beating rate, and sweating. Yet, if the stress is unbroken certain unpleasant and dangerous results such as heart attacks, increased cholesterol level, and ulcers may appear. The most common emotional symptoms are anxiety, tension, and depression, lack of interest, hopelessness, mental exhaustion and low confidence. If stress level increases less job satisfaction is expected. Among the most common work-related behavioral symptoms include decreased performance, absenteeism, difficulties in concentration and communication, more turnover rates, higher alcohol and drug abuse, unexpected behavior, and higher rate of smoking (DuBrin, 1984:163-64).

Sources of occupational-stress

Previous research revealed that there are many causes correlated to occupational-stress. According to some researchers, causes of occupational-stress may be found both within worker personality and within the work environment. A study, conducted in the UK, reported that work overload and influenced home-life; poor administration and resources; administrative responsibilities assumed; and dealing with patients' pain were perceived as sources of stress. In the same study, radiologists reported the highest level of burnout in terms of low personal accomplishment In addition, lack of clear direction concerning the organization goals was found to be among the significant causes of occupational stress. Role ambiguity, role conflict, and clarity of organizational goals were also found to be of significant relationship with occupational-stress.

Role ambiguity, role conflict and the job-nature and its effect of job demands on primary health care doctors' social life was sources of stress were also correlated with occupational-stress. A study conducted on doctors in Scotland indicated that higher clinical workloads were related to higher stress (Deary et al., 1996:3). Responsibility for others, and career development were also found to be of significant relationship with occupational stress among doctors (Nusair and Deibageh, 1997:301).Undesired relationship with work colleagues was a significant source of stress (Glowinkowski and Cooper, 1986:177). The nature of hospital-job was also found to be a source of work stress; the fact that the employee may deal with communicable-disease patients causes a threat to the employee health.

Research has pointed out that a perception of the work environmental risks may increase occupational stress (Montgomery, 1995:445-450). Career planning and development were also reported to have significant influence on work-stress (Nusair and Deibageh, 1997:330). From the above studies it is clear that the most frequent causes of stress can be listed under role conflict and ambiguity, workload, responsibility for the others, poor relationships with others, job conditions, career planning and development. Role ambiguity arises out of being given inadequate information to perform a job properly. On the other hand, when roles and responsibilities contradict with each other role conflict emerges. Quantitative work overload arises when there is too much tasks to perform in a specific period of time. Yet, qualitative work overload occurs when the work requirements exceed worker's intellectual competence and skills. Responsibility for others can be too much to the extent it may contribute in causing work stress. Poor relationships with others lead to less trust and support between peers, subordinates, and superiors. Poor working conditions such as room temperature, noise, improper lighting, etc. can cause stress. Career planning and development include job security, promotions, worker transfers, and progress opportunities.

Outcomes of Occupational-stress

Previous research also revealed that there were costly negative outcomes of occupational stress. A lot of behavioral problems caused by occupation-related stress; among these problems undesirable relationships among work colleagues, increase rate of absenteeism, and gradual loss of self-confidence (Wilke et al, 1985:342-357). Another study covered diplomats of the American Board of Emergency Department (ABEM) showed that more than one quarter of the sample felt burned out or impaired, while 23.1% reported that they were planning to leave the practice within five years (Doan-Wiggins et al., 1995:556). Another study revealed that stressful nurses were more likely to leave their hospitals than those with less work-stress were (Bin Saeed, 1995:207). Stresses can also lead to health and behavioral problems such as heart and chest problems, consumption of alcohol and drugs (Al-Meer, 1995:212). Therefore, revealing the causes of occupational stress will help reducing the undesirable effects of work-stress.

Socio-demographic variables and Occupational-stress

In a study conducted in the United States it was found that ED doctors and nurses differ in mean stress levels (Perry et al., 2000:518). Many studies found that the level of occupational-stress vary according to differences in socio-demographic factors (Al-Fadli, 1999,Nusair and Deibageh, 1997, and Haines et al., 1991:212). A study revealed that the older the employee, the less occupational-stress level (Rathod et al., 2000:133), but the higher the educational level, the more occupational-stress level (Haines et al., 1991:212). It was also found that being 55 years or less and being single were independent risk factors for burnout (Ramirez et al., 1996:724).

Females were more likely to report being stressed (Rathod et al., 2000:133; and Al-Mishan, 2001:67).

METHODS

Participants

This research was conducted in rural-urban hospitals that belong to the Ministry of Health of State of Utter Pradesh. Simple random sampling technique was used to choose five hospitals of this Region to be included in this study. The chosen hospitals were in different areas. Then stratified random sampling was used to represent the target population of doctors, nurses, allied staff, and administrators working in the hospitals. A structured questionnaire was developed and 700 were distributed based on the estimated distribution of each group (using the available distribution in this region out of it 441 were returned (63%) but 414 were valid.

The instrument

The study instrument or questionnaire consists of two parts. Part one included some questions about the demographic information including respondent age, gender, job, educational level, experience, nationality, marital status, language at work, and first language. Part two included 39 statements cited in the literature as stress causes. In addition, the second part included a question to measure the level of stress among respondents. Another question about five common outcomes of stress was included in the second part as well. The questionnaire was developed in a way that allows respondents to grade their responses on a five-point scale: strongly disagree=1, disagree=2, do not know=3, agree=4, and strongly agree=5. Three steps normally followed, in research, to increase the content validity of the questionnaire (Bauman, 1980:88); first, the items forming the questionnaire were developed after reviewing the relevant literature. Second, the comments and suggestions of ten hospital management postgraduate-students and seven faculty members of the business administration, about the questionnaire were taken into consideration. Finally, ten hospital employees were asked to answer the questionnaire (pilot study).The suggestions and notes were also taken into consideration. The reliability of the questionnaire was measured using the coefficient alpha; it was 92.76%.

Data treatment

Respondents were given the questionnaire with answering instructions included in the covering letter. Data were entered and analyzed with the Statistical Package for Social Science (SPSS) for windows. Descriptive analysis used in this study included frequencies, percentages, means, and standard deviations. Inferential analysis included two independent samples t-test, ANOVA, Pearson correlation, and stepwise multiple regression. The significance level used for the inferential statistics was 0.05.

DATA ANALYSIS

This section of the study focuses on data analysis. The analysis consists of socio demographic variables of the respondents, Stepwise multiple regression, ANOVA and t-test results and Pearson correlation.

Socio-demographic variables of respondent

The age of participants in this study ranged from 22 to 60 years old with an average of 34 years and 7.5 years of standard deviation. Their experience ranged between one and 34 years with an average of 9 years and 7 years of standard deviation. Table (1) shows the frequency distribution of participants' socio-demographic variables.

Table (1): Frequency distribution of socio-demographic variables (n=414)

Variable	F	%
Gender :		
(1) Male	253	61.71
(2) Female	157	38.30
Total	**410**	**100%**
Job :		
(1) Doctor	83	20.20
(2) Nurse	125	30.40
(3) Technicians	60	16.40
(4) Administrative	73	17.8
(5) Therapists	70	16.9
Total	**411**	**100%**
Educational level :		
(1) High school or less	28	6.8
(2) Diploma	133	32.5
(3) Bachelor	187	45.7
(4) Master	27	6.6
(5) Ph.D. or equivalent	34	8.3
Total	**409**	**100%**
Marital :		
(1) Married	273	66.3
(2) Not-married	139	33.7
Total	**412**	**100%**
Language at work :		
(1) Urban	182	45.4
(2) Rural	219	54.6
Total	**401**	**100%**
Work language differ from first language :		
(1) Yes	212	54.2
(2) No	179	45.8
Total	**391**	**100%**

Sources of Occupational-stress

In order to determine the significant variables or sources of work-stress, Stepwise Multiple Regression (SMR) was used. However, SMR was first diagnosed for multi colinearity by using the Pearson's r between the independent variables in the model; the highest correlation value was less than 0.60. In addition, the conditional index (CI) was also tested, and the highest CI value was less than 30 (see Table (2)).Since all Pearson's r between each pair of independent variables did not exceed the value of 0.85 and the highest CI is less than 30 it could be concluded that there is no10serious mult-icollinearity between the independent variables .

The results of the SMR revealed that only four causes were significantly related to work-stress among MOH hospital staff. The four causes explain 18.3% of the variance in the work-stress level. Table (2) shows the results of the SMR. It is clear that the first cause accounted for the variance in the dependent variable (work-stress level) was the insufficient technical facilities available to hospital staff (beta = 0.258, t =5.276, and p<0.001). The value of R2 indicates that this cause is accounted for 12.3% of the variance in the work-stress level. The next cause accounted for the change in the occupational stress level was the absence of appreciation from the hospital management (beta =0.160, t =3.198, and p<0.01). It is accounted for 3.2% of the variance in the occupational-stress level. The third cause accounted for the change in the occupational stress- level was the long working hours (beta = 0.107, t =2.231, and p<0.05). Long working hours was found to be accounted for 1.8% of the variance in the occupational-stress level. Finally, the fourth causeways the short breaks (beta = 0.106, t =2.153, and p<0.05). Short break was found to be accounted for 0.7% of the variance in the work-stress level. Positive betas indicate that the four independent variables (causes) were positively related with the level of work stress.

From the above results it is very clear that shortage of technical facilities and absence of appreciation are alone accounted for more than 15% of the variation of occupational-stress. There fore it is very important that hospital management pay all efforts to supply their hospital with the appropriate technical facilities. In addition, appreciation of good work and effort must be shown, and breaks period of time need to be reconsidered in order to reduce causes of work-stress.

Table (2): Results of Stepwise multiple regression

Independent variables	Beta	T	p-value	R^2	Condition Index
Insufficient technical facilities	0.258	5.276	0.000	0.123	5.540
Absence of appreciation	0.160	3.198	0.001	0.032	6.573
Having to work long hours	0.107	2.231	0.026	0.018	8.579
Short breaks	0.106	2.153	0.032	0.007	10.140
F=23.022　p-value=0.000　R=0.428　R^2=0.183					

Occupational-stress and socio-demographic variables

As indicated in Table (3) it is true that occupational-stress was higher among doctors (stress level=4.04) and lower among hospital administrators (stress level=3.69), but ANOVA results revealed that the differences in work-stress levels between the various hospital staff represented in this study was not significant (F=1.382 and p>0.05). The same Table also showed that though the work-stress level was low among those holding postgraduate degrees, ANOVA results showed no significant differences between the respondent due to educational levels (F=0.941 and p>0.05).Results of t-tests included in Table (3) indicated that occupational-stress level is not influenced by gender, marital status, language at work, or whether the work language differ from the employee's first language (p>0.05). Yet, results showed a significantdifference between urban & rural (t=-2.21 and p<0.05). The effect of job demands on hospital staff's social life could be seen as a source of stress.

Table (3): the differences in occupational-stress level due to socio-demographic variables (ANOVA and t-test)

Variable			Mean	SD	Test-value	p-value
Job	1	Doctor	4.04	0.96	1.382(F)	0.239
	2	Nurses	3.98	1.03		
	3	Technicians	3.89	1.08		
	4	Therapists	3.81	1.14		
	5	Administrators	3.69	0.96		
Qualification	1	High School or less	3.81	0.89	0.941(F)	0.440
	2	Diploma	3.95	1.05		
	3	University	3.91	1.04		
	4	Master	3.57	1.31		
	5	Ph.D.	3.70	1.02		
Region	1	Allahabad	3.99	0.96	-2.21(t)	0.028*
	0	Non-Allahabad	3.76	1.12		
Gender	1	Male	3.84	1.07	0.780(t)	0.436
	0	Female	3.92	1.01		
Marital status	1	Married	3.91	1.04	-0.88(t)	0.376
	0	Not married	3.81	1.07		
Language at work	1	Hindi	3.84	1.03	0.454(t))	0.650
	0	Others	3.89	1.08		
Work language and your language are the same	1	Yes	3.97	1.00	-1.948(t)	0.052
	0	No	3.76	1.11		

As shown in Table (4) age and experience of participants showed a significant negative correlation with occupational-stress level ($p < 0.01$). That is, the older the employee the less work-stress is suffered and the more experience the employee has the less occupational stress is perceived. This is understandable because by time workers get more experience and become familiar with the hospital system and environment and hence become capable of coping with occupational-stress.

Table (4): Person correlation results between age, experience, and stress level

		Age	Experience
Stress level	Correlation	-0.145**	-0.162**
	P-value	0.005	0.003

** Correlation is significant at the 0.01 level

Outcomes of occupational-stress

Pearson correlation was conducted to test the relationship between the level of occupational-stress and the anticipated outcomes of stress. Results of correlation coefficients, included in Table (5), showed that the level of work-stress is significantly and positively correlated with: the occurrence of health problems (r=0.50 and p<0.01), changing the current hospital (r=0.40 and p<0.01), changing the job (r=0.39 and p<0.01), quitting the profession (r=0.37 and p<0.01), and interrupting relationship with co-workers (r=0.29and p<0.01). The results confirm the fact that occupational-stress may lead to costly negative outcomes. This goes along with many of the previous studies. The fact that respondents are hospital staff makes them able to detect health problems as an outcome of occupational-stress. However having health problems or bad relationships with coworkers, changing the job or the hospital, or even quitting the practice are very serious outcomes of occupational-stress that may bring down the quality of hospital services. Therefore work-stress needs to be given more attention and consideration by hospital management and researchers.

Table (5): Person correlation coefficients between stress-level and stress anticipated results (n=414)

Due to occupational-stress are you	Person correlation	P-value
Planning to quit the practice	R=0.37**	0.000
Planning to change the job	R=0.39**	0.000
Planning to change the hospital	R=0.40**	0.000
Having some health problems	R=0.50**	0.000
Having bad relationships with coworkers	R=0.29**	0.009

Conclusion

In the overall analysis, the main finding is that all health professionals and hospital managers agree significantly that they experienced occupational-stress. This result is similar to those found in a study conducted on hospital consultants, general practitioners, and senior health service managers (Weinberg and Creed, 2000). It also supports the assumption that health sector employees are among the highest groups subjected to work stress. Knowing the significant positive correlation between occupational-stress level and costly negative outcome such as quitting the practice or changing the hospital or the job must ring a bell to all decision makers, especially Utter Pradesh faces very serious problems in health-related manpower. Results also indicated that occupational-stress was not influenced by the educational level, the gender, the marital status, the language of the employee. Yet, it was influenced by region since urban experienced higher level of work-stress. This might have something to do with the employee's community and social obligations.

This result goes along with the importance of treating difficulties outside the work place in order to decrease the prevalence of anxiety and stress. Age and experience showed negative correlation with stress which could be interpreted by the fact that the older and experienced the worker, the more ability he/she has to cope with stress. Based on these results the hospital needs to work hard in order to have sufficient technical facilities. The current insufficient technical facilities could be improved with the implementation of the cooperative health insurance in Allahabad Region. Therefore, it is wise that the hospitals provide health services to non-eligible through the cooperative health insurance scheme. This will generate more financing ability to hospitals which allow them to improve the available technical facilities.

Good quality management requires hospital management to show appreciation whenever a good work is performed. Without such appreciation good performance employees will tend –by time to develop more stress and consequently decrease the quality and volume of their work. Providing enough break-time during the working hours is expected to reduce stress and therefore increases the productivity of hospital staff, otherwise stress leads to job dissatisfaction which is a major factor in the use of sick time (Brand, 2001:1-2). Providing enough break-time may automatically help in solving the problem of long working hours.

REFERENCES

- **Al-Aameri, A. S.** and **Al-Fawzan, N. M.** "Nurses' strategies for coping with job stress", *SaudiMedical Journal 2008*; **19** (**4**): 366-371.

- **Baron, R. A.** *Behavior in Organization*. Boston, Allyn & Bacon Inc. 2003.

- **Bauman, K. E.** *Research Methods for Community Health and Welfare: An Introduction*. NewYork, Oxford University Press, 2001.

- **Brand, R.** "Lifestyle as a way to manage job stress", *Job Stress Help 2011*; (March): 1-2(http://www.jobstresshelp.com/news.htm in 14/3/2011).

- **Burke, R. J., Richardsen, A.M**. "Sources of satisfaction and stress among Canadian physicians",*Psychological Reports 1990*, **67**: 1335-1344.

- **Caplan, R. P.** "Stress, anxiety, and depression in hospital consultants, general practitioners, and senior health service managers", *Br Med J 1994*; 309 (12 November): 1261-1263.

- **Deary, I. J., Blenkin, H., Agius, R. M., Endler, N. S., Zealley, Helen,** and **Wood, R.** "Models of job-related stress and personal achievement among consultant doctors ", *Br J Psychology 1996*; **87**: 3-29.

- **Doan-Wiggins, L., Zun, L., Cooper, M. A., Meyers, D. L.,** and **Chen, E. H.** "Practicesatisfaction, occupational stress, and attrition of emergency physicians: Wellness task force,Illinois College of Emergency Physicians", *Acad Emerg Med 2005*; **2**: 556-563.

- **DuBrin, A. J.** *Foundations of Organizational Behavior: An Applied Perspective*. Englewood Cliffs, N. J., Prentic-Hall, 2014.

- **Firth-Cozens, Jenny,** and **Moss, Fiona**. "Hours, sleep, teamwork, and stress: Sleep and teamwork matter as much as hours in reducing doctors' stress", *Br Med J 2008*; **317** (14November): 1335-1336.

- **Gautam, Mamta.** "Women in medicine: stresses and solutions", *West J Med 2001*; 174: 37-41.

- **Gianakos, Irene.**"Gender Roles and Coping with work stress", Sex Roles: *A Journal of Research 2000*; (June): 1-13. (http://www.findarticles.com/cf_0/m2294/2000_June/ 66011972/print. jhtml in 12/12/1420h)

- **Glowinkowski, S. P.,** and **Cooper, C. L.** "Managers and professionals in business/industrial setting: The research evidence", *Journal of Org Beh Mgt 1986*; 8: 177-193.14 *Badran Abdulrahman Al-Omar*▯

- **Graham, J., Ramirez, A. J.,** and **Cull, A.** "Job stress and satisfaction among palliative physicians", *Palliative Med 1996*; 10: 185-94.

- **Gross, E. B.** "Gender differences in physician stress: why the discrepant findings?" *Women Health* 2007; **26**: 1-14.

- **Haines, V. A., Hurlbert, J. S.,** and **Zimmer, C.** "Occupational stress, social support, and the buffer hypothesis", *Work and Occupations 2011*; May (2): 212-235.

- **Kirwan, M, Armstrong, D.** "Investigation of burn out in a sample of British general practitioners." Br. *Journal of Gen Pract 2015*; 45: 259-260.

- **Kleinbaum, D. G., Kupper, L. L., Muller, K.,** and **Nizam, A.** *Applied Regression Analysis and Other Multivariable Methods*. 3rd ed. Pacific Grove, Duxbury Press, 2018.

- **Montgomery, Kathleen.** "Fear of HIV contagion as workplace stress: Behavioral consequences and buffers", *Hosp & Health Serv Admin 2015*; **40** (**4**): 439-456.

- **Morgan, P. I.** "Job Stress" 2014. In **Monica, Elaine L. A.** and **Morgan, P. I.** (eds.). *Management in Health Care: A Theoretical and Experiential Approach*. London, MacMillan.

- **Murphy, R. L.,** and **Hurrell, J. J.** "Stress management in the process of occupational stress reduction." *Journal of Managerial Psychology 2017*; **2** (**1**): 18-23.

- **Newman, J.** and **Beehr, T.** "Personal and Organizational Strategies for Handling Job Stress: A Review of Research and Opinion", *Personnel Psychology 1979*; Spring: 1-44.

- **Ratliff, N.** "Stress and Burnout in the Helping Professions", *Social Casework 1988*; March, 147-154.

- **Rout, U., Rout, J. K.** "Job satisfaction, mental health and job stress among general practitioners before and after the new contract: A comparative study", *Journal of Fam Pract 1994*; **11**: 300-306.

- **Sexton, J. B. Thomas, EJ,** and **Helmreich, RL.** "Errors, stress, and teamwork in medicine and aviation: cross sectional survey", *Br Med Journal 2010*; 320 (18 March): 745-749.

- **Weinberg, A,** and **Creed, F.** "Stress and psychiatric disorder in healthcare professionals and hospital staff", *The Lancet 2010*; (355 Feb): 533-537.

- **Wilke, P. K., Gimelch, W. H.,** and **Lovrich, N**. "Stress and productivity: Evidence of the Inverted U function", *Public Productivity Rev 2015*; Winter: 342-357.

A STUDY ON 21ST CENTURY CHALLENGES FACED BY HR MANAGERS

Authors: Dr. Sourabh Jain
Dr. Sheetal Kaur Ahuja

Abstract

In today's global arena Human resources gained a competitive advantage. Moreover, HR manager turned as a catalyst of change to enhance the capacities of the workforce and make opportunities accessible(Fahed-Sreih, 2018).Human resources reflect 'business first mind-set' and play a vital role in gearing up the employee productivity with holistic organizational design (ChiradeepBasuMallik, 2018).Hiring a potential human capital in line with the business requirements is a grappling concern for current day talent acquisition managers. In this study we will discuss the vital challenges faced by the Human resource executives and provide various insights on organizational development in accordance with the modern management practices.

Keywords: Human Resources, Opportunities, Talent Acquisition, Organizational Development, Modern Management.

INTRODUCTION

In this competitive deploying technology to achieve consistent process execution is the key to achieve the business goals. Studies opine that 56% of redundant jobs are expected to get automated with current technology(NeelGandhi, 2018)**.**Imparting design thinking, following cross cultural analytics driven approach, aligning workforce to business outcomes are the most important competencies which are currently in trend allowing HR's to play a strategic role in navigating the organizational vision (ChiradeepBasuMallik, 2018).Currently, executives are trying to scale up the inertia towards team building activities, encouraging workforce one learning opportunity. In accordance with the employee experience there are several attributes which comes into play, such as brand value, hiring practises, regulations, employee emotional stability, etc.HR acts as a bridge in this scenario and ensures the frictionless experience and minimizes impacts in near future. In other words, human resources are trying to channelize their investments to ensure employee satisfaction(NileshGaikwad, 2019). To achieve these strategic goals HR managers are facing number of challenges which we discuss in this research paper, as part of our analysis.

RESEARCH OBJECTIVES

- To study the responsibilities that are crucial to human resource managers
- To figure out the challenges faced by human resource mangers
- To understand the strategies that needs to be implemented in HR function.

RESEARCH METHODOLOGY & DATA ANALYSIS

As part of our research study, we conducted both primary and secondary research to perform an analysis to understand the critical challenges of human resources in this 21st century VUCA world. Accordingly, to draw these final conclusions various Newspapers, company blogs, official sites and articles of leading consulting firms has been taken into consideration. Primary research was carried out to know how important areas, which transformed the role of human resources, add a visionary dimension in the aspect of organizational strategy. It was done by conducting a survey through online questionnaire.

RESEARCH DESIGN

To achieve the mentioned objective, we had the following research design:

The sample size included 100 respondents, including under graduates/Postgraduates, working professionals and home makers, ranging from the age 21 years to 60 years. In terms of segmentation, Age, Gender, and education were chosen as segmentation variables. Moreover, to pursue detailed analysis we made use of various tools such as bar graphs, pie charts and line charts with the obtained responses. The methodology of research is purely based on the facts and insights that we collected through secondary research and the responses we received through the questionnaire as part of primary research.

Profile of the Target Sample: We included males and females of the age group ranging from 21 to the age group up to 60, where the sample size comprises of graduates, postgraduates, working professionals, freelancers, and Business owners.

Source of Data

Primary Data: Collected from the structured questionnaire and the sample size of 100.

Secondary Data: Newspapers, research papers, blogs, and articles by few consulting firms are considered.

LITERATURE REVIEW

Leadership manifesto got transformed by leaps and bounds in the 21st century. Workforce needs to compete relentlessly and engage with the challenges to develop good business environment. Social responsibility and dealing with the combination of machines and people is the key to win at marketplace. Every initiative that HR implements that need to be aligned to organizational goals and it should help employees to accelerate their core competencies. In today's global business competition breakthrough approaches like automation and digitization are creating a value(Schwartz, 2019). Talent management practises are getting transformed and are breaking the complex models which got implemented few decades ago for forecasting. Moreover, when the challenges are clearly predictable, we need to focus on meeting demands and break the outdated assumptions to succeed in this volatile environment. Leading organizations are facing the problem of finding productive human capital and formulating a strategy to meet them. They are still a few companies which position HR as a tactical role, but organization with good vision looks up HR as a strategic partner (PeterCappelli, 2008). HR responsibilities took a gigantic turn to face the proportionate challenges at every level of the organization. Current day HR practises involves imparting values and they act as advocates to the employees (SusanMilligan, 2018). The most important aspect is human resource managers have started embracing technology and analytics, rather than focussing only on talent acquisition,training, and development, they started understanding strategic direction and aligning the business outcomes accordingly. In other words, we can sayhuman resource managers educate the business owners and managers to transform them as a quality workforce (NeilKokemuller, 2019)

SECONDARY RESEARCH

As per the executive'sopinion, one of the crucial issues that human resources team needs to deal with is the quality utilization of the resources than compared to layoffs and pay cuts. Employee engagement and staff morale helps in meeting the set expectations. To achieve the same communicating the perspectives from time to time with the employees is one of the best opportunities an organisation can focus upon. Firms are moving towards cost optimization plan and trying to implement sustainable solutions for the growth of the organization in terms of performance (RajeshwariSharma, 2009). Sukhjit S Pasricha (Kotak Mahindra CHRO) opines 21st century HR's need is to embrace disruption. He inclines his focus on adopting digital strategy for productive workforce management. In addition to this he also adds the importance of AI, ML technologies for digital onboarding, remote mentoring,etc. Organisation needs to train employees in managing performing and growth simultaneously. To ensure effective employee experience and growth, he emphasizes on self-assessment models and technology driven approach for employee wellbeing (NikharAggarwal, 2020). The critical challenges that today's human resource managers mostly face is focussing on cost reduction, measuring performance, testing leadership, training programmes, reviewing on employee count and finally

communicating clearly. To resolve this drift, Forbes discloses five most important roles in the vertical of human resources in today's knowledge based eco-system, such as, employee engagement, diversity officer, mind-set coach, exciting transformation and talent manager (Kavi Guppta, 2016).
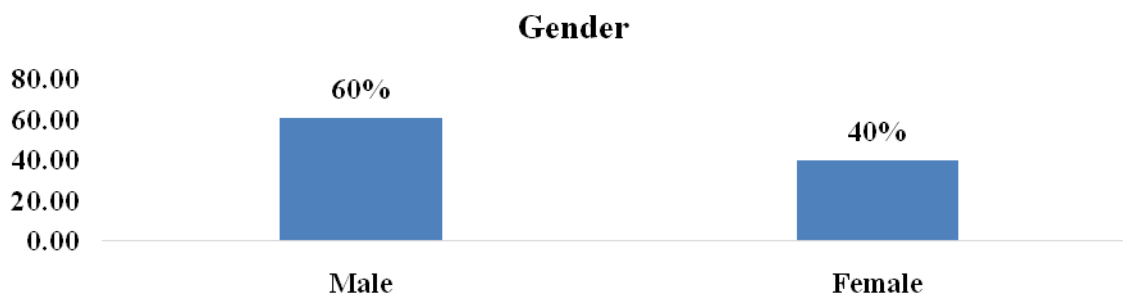
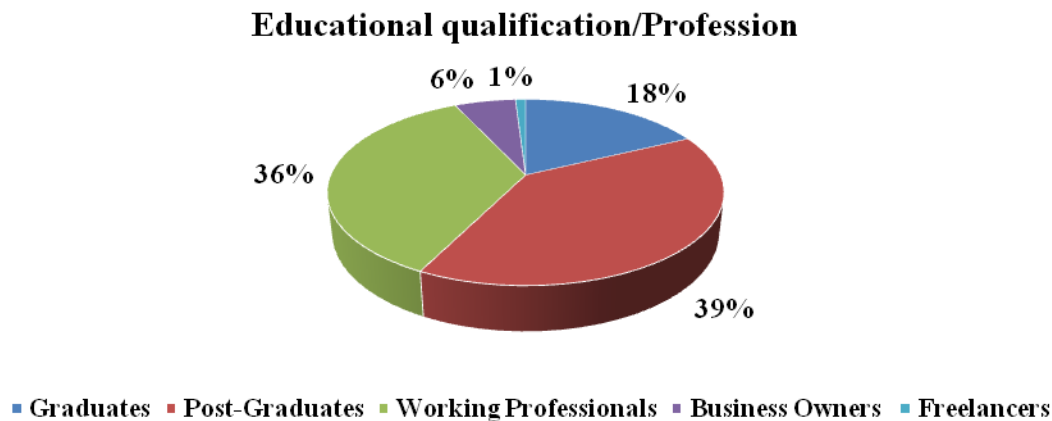## PRIMARY RESEARCH

1) Please specify your age group:
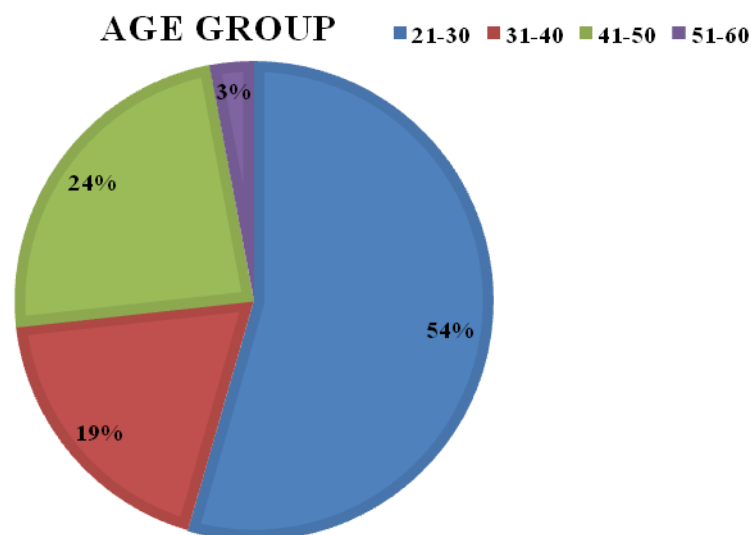
People across the age ranging from 21to 60 years have participated in the survey. According to the data, 54% of the people fall in the age group 21-30 years, followed by 19% who fall in the 31-40 years group.

2) Please specify your gender:

Based on the data, majority are males at 60% followed by females at 40%.

3) Please specify your academic qualification/Profession:

Educational qualification/Profession

■ Graduates ■ Post-Graduates ■ Working Professionals ■ Business Owners ■ Freelancers

As per the reports Graduates, Post Graduates, Working Professionals, Business Owners and Freelancers have tapped their opinion in the survey. Majority (39%) the respondents seem to be postgraduates followed by working professionals (36%) and freelancers (18%).

**4) Please mention the industry/sector you belong to.**

Industry/Sectors
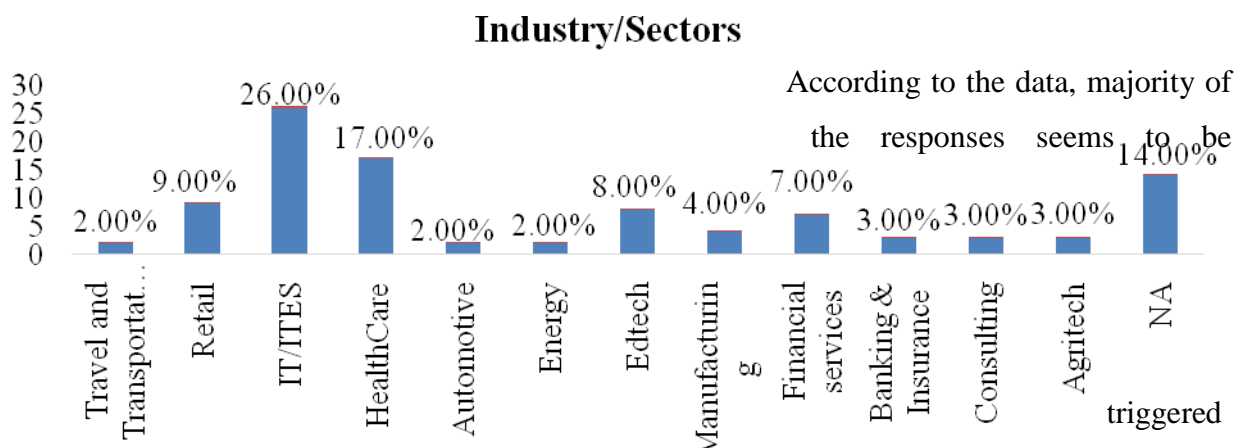
According to the data, majority of the responses seems to be triggered from Most of the respondents belonged to the IT sector (26%), followed by Health care (17%) and few student groups**.**

5) **Do you agree that human resources are the valuable assets of the organization?**

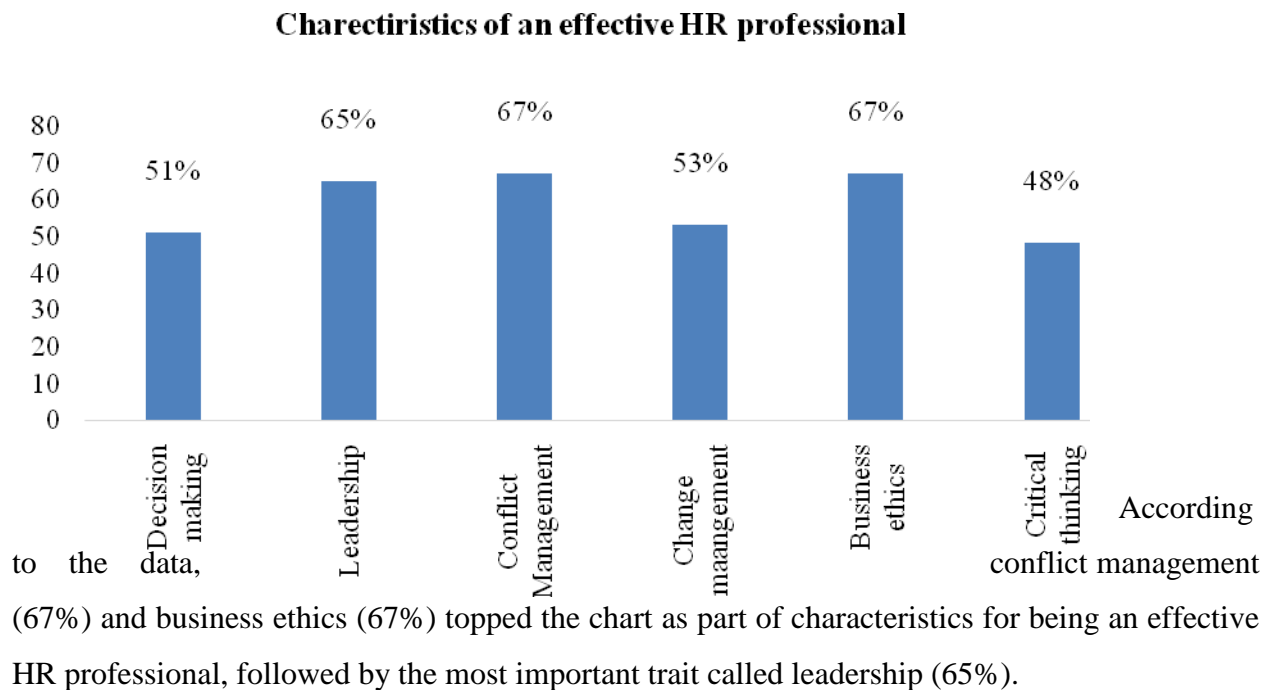Human resources are the valuable assets to organization
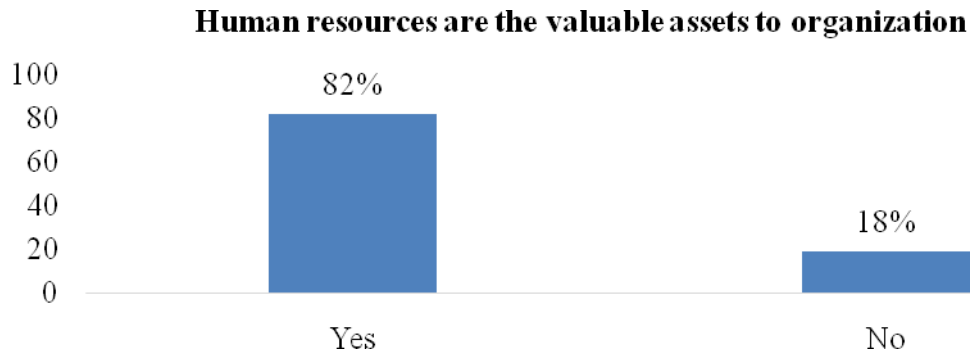
Based on the data, it is a positive sign to see 82% of the people strongly agreeing that human resources are the valuable assets for the organization.

6) **If yes, what value do you think HR adds up to the organization?**

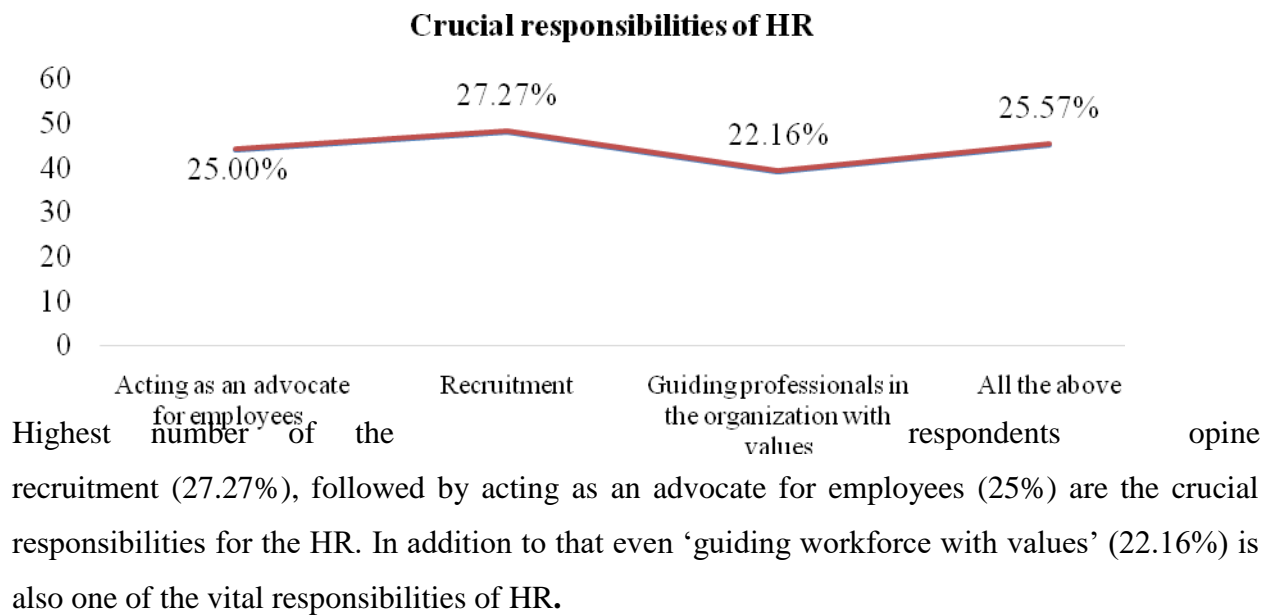Value that HR adds to the organization
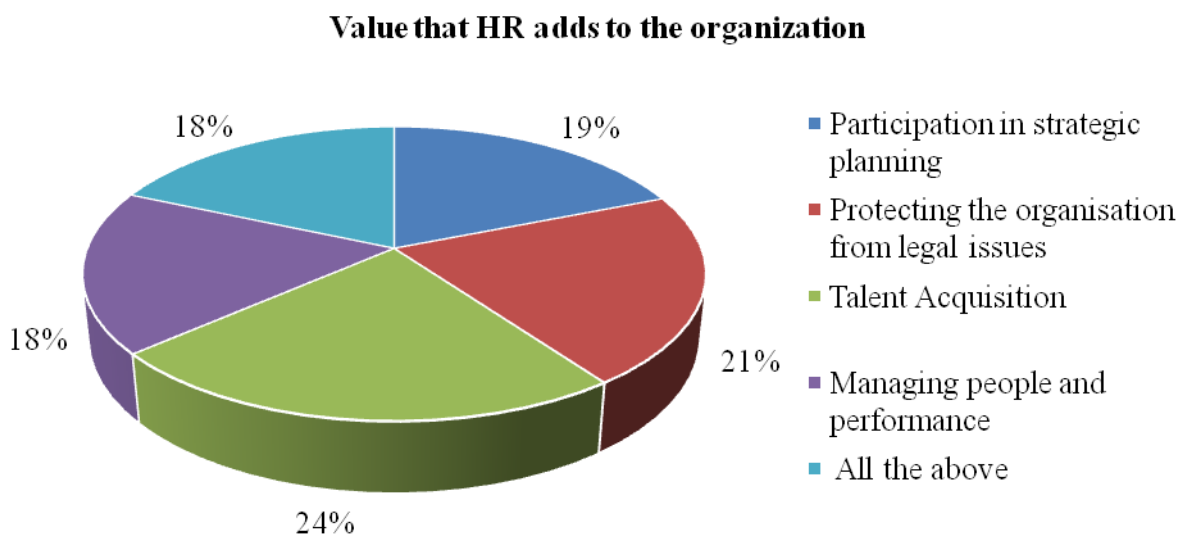
Most of the respondents opine that talent acquisition is most important, as it seems to be the fundamental responsibility, and is followed by managing people and performance. To be more precise, even protecting organization from legal issues and taking key decisions in strategic planning comes under the value addition, which is facilitated by HR.

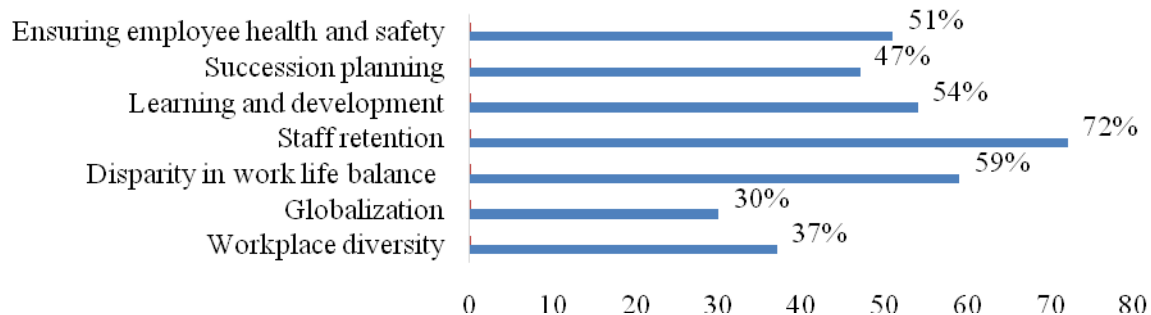**7) What characteristics do you think makes an effective HR Professional?**

Charectiristics of an effective HR professional

According to the data, conflict management (67%) and business ethics (67%) topped the chart as part of characteristics for being an effective HR professional, followed by the most important trait called leadership (65%).

8) Which of the below responsibilities do you think are crucial for HR managers?

Crucial responsibilities of HR

Highest number of the respondents opine recruitment (27.27%), followed by acting as an advocate for employees (25%) are the crucial responsibilities for the HR. In addition to that even 'guiding workforce with values' (22.16%) is also one of the vital responsibilities of HR.

9) What challenges do you think are faced by HR Managers?

Challenges faced by HR

Based on the data, ensuring staff retention (72%), followed by disparity in work life balance (59%) and creating learning opportunities (54%) to tune them as a quality workforces are some of the potential challenges faced by current day HR.

10) **Do you agree that technology complements talent acquisition?**

Technology complements talent acquisition
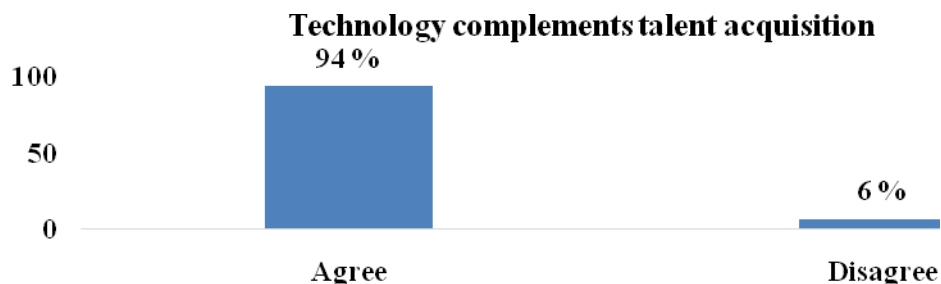
Majority of the respondents (94%) opine that technology surely complements talent acquisition as we can see current development in hiring practises and adapting to digital resolution can definitely reflect the growth of the organization.

11) **What strategies do you think need to be implemented in the HR function to face the future?**
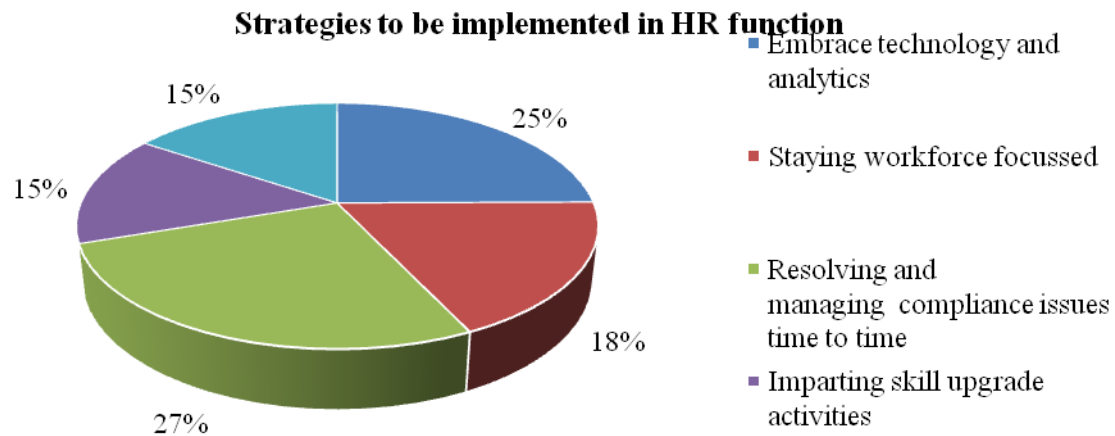
According to the data, people option 'resolving and managing compliance issues from time to time' (27%) and embracing technology and analytics (25%), followed by staying focussed towards workforce are the key strategies implemented by HR function.

12) **Please specify how the role of talent management function looks in today's competitive arena?**

According to the data, highest number of the respondents opines 'scaling up the ROI by ensuring employee development' (43%) and 'adapt to uncertainty in accordance with talent demand' (36%) are the crucial roles assumed by talent management. In addition to these, safeguarding employee interests and mitigating organizational risks are also the important roles played by talent management.

Conclusion: Based on the responses of the people including professionals and students, they opine acting as an advocate to the employees, conducting good hiring practises and guiding professionals with values are the key responsibilities. Moreover, disparity in the work life balance, staff retention and creating learning opportunities are the most crucial challenges faced by HR in 21st century. In addition to this, to facilitate all the business goals, ensuring that compliance issues are resolved, embracing technology and creating skill upgrade opportunities are the key strategies that can be implemented in the HR function.

Bibliography

1. Chiradeep Basu Mallik. (2018, November 14). *5 Must-have HR Competencies for the 21st Century*. Retrieved from HRTechnologist: https://www.hrtechnologist.com/articles/digital-transformation/5-hr-competencies-for-the-21stcentury/

2. Fahed-Sreih, J. (2018, September 12). *Human Resources in the Twenty-First Century*. Retrieved from intechopen: https://www.intechopen.com/books/human-resource-planning-for-the-21st-century/introductory-chapter-human-resources-in-the-twenty-first-century

3. Kavi Guppta. (2016, June 30). *5 Roles That Will Power 21st Century Human Resources Departments*. Retrieved from Forbes: https://www.forbes.com/sites/kaviguppta/2016/06/30/5-roles-that-will-power-21st-century-human-resources-departments/#5c6f49e151c2

4. Neel Gandhi. (2018, january 23). *Human resources in the age of automation*. Retrieved from Mcksiney&Company: https://www.mckinsey.com/business-functions/organization/our-insights/the-organization-blog/human-resources-in-the-age-of-automation

5. Neil Kokemuller. (2019, January 28). *How Does HR Add Value to an Organization?* Retrieved from Chron: https://smallbusiness.chron.com/hr-add-value-organization-50980.html

6. Nikhar Aggarwal. (2020, May 14). *The 21st century CHRO must embrace Disruption*. Retrieved from ETHRworld:
   https://hr.economictimes.indiatimes.com/news/industry/the-21st-century-chro-must-embrace-disruption/75729849

7. Nilesh Gaikwad. (2019, November 27). *Revolving-door problem: Retaining quality talent is a matter of survival for firms*. Retrieved from CNBCTV18: https://www.cnbctv18.com/views/revolving-door-problem-retaining-quality-talent-is-a-matter-of-survival-for-firms-4774961.htm

8. Peter Cappelli. (2008). *Talent Management for the Twenty-First Century*. Retrieved from HarwardBusinessreview: https://hbr.org/2008/03/talent-management-for-the-twenty-first-century

9. Rajeshwari Sharma. (2009, April 13). *HR in a downturn: the six issues that top the list*. Retrieved from Livemint:
   https://www.livemint.com/Consumer/XSe5tFBr1GLz0zTqQwHBdK/HR-in-a-downturn-the-six-issues-that-top-the-list.html

10. Schwartz, J. (2019, April 11). *Leadership for the 21st century: The intersection of the traditional and the new*. Retrieved from 2019 Global Human Capital Trends: https://www2.deloitte.com/us/en/insights/focus/human-capital-trends/2019/21st-century-leadership-challenges-and-development.html

11. Susan Milligan. (2018, October 19). *HR 2025: 7 Critical Strategies to Prepare for the Future of HR*. Retrieved from SHRM: https://www.shrm.org/hr-today/news/hr-magazine/1118/pages/7-critical-strategies-to-prepare-for-the-future-of-hr.aspx

STUDY ON SELECTIVE CORPORATE SOCIAL RESPONSIBILITY PRACTICES ALIGNED WITH CORPORATE STRATEGY FOR SUSTAINABLE BUSINESS - REFERENCE TO INDIAN COMPANIES.

Authors: Dr. Pavan Patel
Dr.Shanti Swamy

Abstract:

While after the Companies' Act 2013 several amendments were made, the one mandating the reporting of Corporate Social Responsibility (CSR) activities and spending literally became the talk of the town. One of the primary reasons for this was that India had become the only country in the world to mandate CSR through the statutory route. Nearly five years have been completed since then and the discussion on the importance, advantages and limitations of the CSR legislation do not seem to cease.

Despite apparent limitations we believe that the greatest advantage of the legislation is that it has brought CSR discussion into corporate boardrooms, from being an outside public relations (PR) activity. The Act has forced India Inc. to think and think hard about effective and efficient investments in societal well-being. The immense experience that top managements of companies possess can make a big difference in addressing major social issues. The virtues of output-oriented decision making are an inherent part of corporate strategy. The corporate social responsibility practices have become part of companies' business level strategies and functional strategies for sustainability of business through electronic media as well.

Keywords: Corporate Social Responsibility (CSR), National Skill development, Training and development, Corporate strategy, E-choupal program.

1. **Introduction:**

While after the Companies' Act 2013 several amendments were made, the one mandating the reporting of Corporate Social Responsibility (CSR) activities and spending literally became the talk of the town. One of the primary reasons for this was that India had become the only country in the world to mandate CSR through the statutory route. Nearly five years have completed since then and the discussion on the advantages and limitations of the CSR legislation do not seem to cease. The act has forced India Inc. to think and think hard about effective and efficient investments in societal wellbeing. The immense experience that top managements of companies possess can make a big difference in addressing major social issues. The virtues of output-oriented decision making are an inherent part of corporate strategy and planning. There are

several definitions of CSR across the globe from ethically making profits and paying taxes to creating shared value for multiple stakeholders to plain charity.

This Act contained three core areas. Firstly, it presents an overview to eight social sectors that have been identified in scheduled VII of the Act. These include education and skill development, healthcare and sanitation, women empowerment and social inclusion, rural development, slum development, sports development, environment and ecology, and culture and heritage. The primary reason for focusing on sector-specific micro and macro issues is to understand the key challenges that several states across India are facing and to highlight the significant schemes already initiated by the Government of India to deal with each of them. These, together, will enable the reader to identify gaps that exist in various geographies and across demographics through CSR projects. Lastly, and most importantly, it features CSR projects implemented by Indian corporations in the eight social sectors that have been identified in schedule VII. The CSR initiatives are based on the parameters of board objectives, implementation model, partnership with Non-Governmental Organisations (NGOs), challenges faced during implementation, key output and outcomes of the initiatives and impact on beneficiaries, in alignment with the CSR legislation, innovative projects relevant to societal needs and scalable over the next five to 10 years. A need has arisen to ask vital questions about the role of business in society and the relationship between a company and its community. Do business and society need each other? Does business have a role in society? Are social and economic goals compatible? Is there a need for an ad-hoc and compliance based approach to CSR or purpose oriented approach to it? Some of these questions are addressed in this article.

2. Why companies do Corporate Social Responsibility (CSR):

CSR activities can largely help companies manage their risks, get right talent, improve brand image, increase capital investment, social recognition, serve other stakeholders of the business and create a unique identity as it may seem to save money.
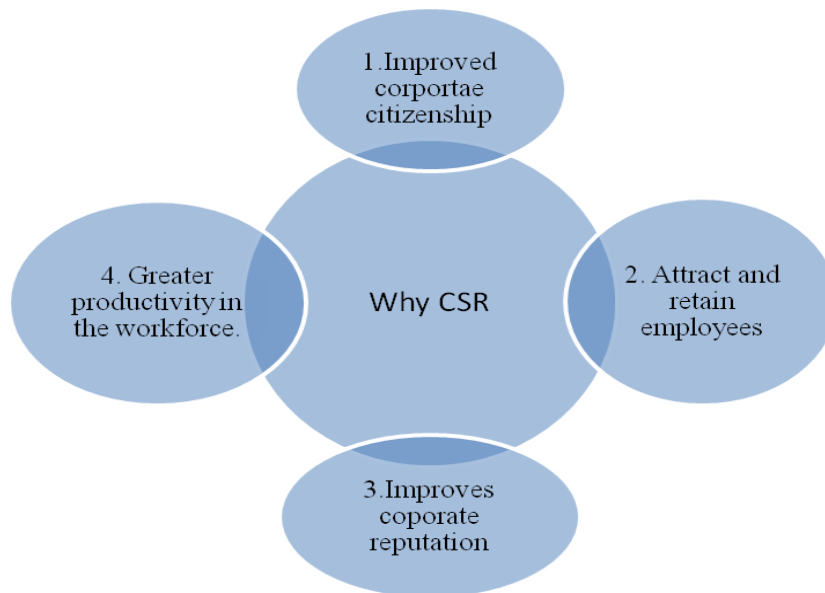
Figure 01: Understanding Why Corporate Social Responsibility

2.1 Improved Corporate Citizenship:

CSR is directly creating impact on the business performance of the company, the areas are as follows: a) better brand reputation b) better brand recognition c) Increase in sales d) Increased customer attraction and retention. Finally, it will contribute to increased above average returns to the company.

2.2 Attract and Retain employees:

The employees are a crucial factor for building reputation of the company. The company is providing opportunity through various activities of CSR for employees to accomplish the vision of the company. These activities are providing scope for individuals and their teams to enhance performance on their job.

2.3 Improves corporate reputation:

CSR activities are providing scope for the employees to perform well in their jobs as well as in CSR activities. Obviously, it will improve their corporate reputation.

2.4 *Greater productivity in the workforce:* As long as the company is providing scope for enhancing performance of the employees in accomplishments of the strategic objectives of the company, it will guarantee greater productivity among the workforce.

3. What are companies doing in CSR?

Since the mandate for CSR provision was made applicable in 2014, the spending on social initiatives by corporate India has increased radically. By 2018, companies had already spent INR 7,536 cores towards CSR initiative. Indian listed companies spent INR 10,000 crore in various programs ranging from educational program, skill development, social welfare, health care, etc., as responsible corporate to take other stakeholder interests.

4. Companies contributing to CSR:

Indian organisations have realized and recognised that apart from business growth, it is imperative to shape the society they are in and support communities at large if they want to take the business vision to the next level. Indian business organisations understood that business is by the people and for the people to address all stake holders of the business. Most of these programs are either defined by the social beliefs and current social scenarios or are aligned with deep presence of business goals. Leaders of the Indian economy, as some of the companies have found out with their CSR initiatives, are creating benchmarks for others to follow. These organisations are not only leading with examples of social sensibility but have made it inherent to their corporate religion.

Some companies were supporting National Skill Development to youth in preparing future talent requirements of manpower. Those selected companies mentioned below:

4.1 Asian Paints for National Skills Development: There are 10 fixed Asian Paints Colours Academics in major cities of India, while other parts of India are covered via Mobile and Hyper Mobile Academics. A mobile Colour Academy van travels to various locations with the entire setup. The team hires a venue and sets up the academy for a few weeks and conducts trainings. The Hyper Mobile Academy is meant for remote locations where the team travels to and conducts training there. The training provided in these facilities is exactly like that provided in the fixed colour academics. Asian Paints Colour Academy is a National Skill Development Corporation (NSDC) approved training partner and supports the Skill India Mission furthered by the Government of India. Since 2014, it has certified over 30,000 individuals through 20,800 individuals. Those trained by the company have been recruited by the company as per their requirement because they all are certified by NSDC. Finally, it has fulfilled strategic objectives of the company and enhanced income levels of the individuals.

4.2. Indian Oil Corporation Public Sector Unit: Skill Development Institute (SDI), Bhubaneswar, is promoted by Indian oil Corporation through a specifically formed society. The infrastructure for the institute - land, building, power and other amenities have been developed with the initial corpus fund created by the public sector with Indian Oil as the anchor investor.

The institute provides skills to unemployed youth across the nook and corner of Odisha, with special focus on far-flung and unreachable districts like Kandhamal, Bolangir and Koraput, so that these youth can be job-fit for the Industry.

4.3. Supporting skills training - Godrej way: In line with supporting inclusive growth the Godrej has committed to train 1 million unemployed and under-employed youth in skills that will enhance their earning potential. The group in collaboration with non-profits and social enterprises- design and run a number of employability training programmes. All the training programmes are aligned to its businesses. Since 2011 skill training programmes have been conducted in 29 trades and close to 3,00,000 people have been trained. A beautician training programme, Godrej Salon, trains young girls in beauty and hair care skills and equips them with employable skills to become financially independent. This programme is run with 31 partners across India. Training programmes are also run for construction related trades such as masonry, bar bending, shuttering, carpentry and safety as well as for sanitorial plumbing, electrical, gardening and housekeeping staff. Since 2011, the Godrej group has provided skill training programmes in close to 30 trades and trained close to 3,00,000 people in skills that enhances their earning potential. Apart from the number of people, who have got jobs, post training, there has also been an increase in family incomes.

4.4. Tata Consultancy Services-Education for Young and Old:
Software services company Tata Consultancy Services (TCS) designed its adult literacy programme by developing a computer based functional literacy (CBFL) software solution to augment the Government of India's efforts to achieve functional literacy. The CBFL solution supports non-literates in their native language in about 50 learning hours spread over three months. CBFL software is available in nine Indian and three foreign languages. Over 3,88,000 beneficiaries have benefitted from this deployment since inception of its adults literacy programme (ALP). In the year 2017-18 TCS reached 1,26,490 beneficiaries. About 550 persons were trained as master trainers. After the successful completion of the programmes, the beneficiaries are functionally literate and capable of signing documents, opening bank accounts, reading newspapers, etc. The adult literacy programme (ALP) has been going since year 2000, with five year roadmap and strategy in place. From those trained by TCS, almost all have joined different companies and some of them have been selected by Tata company. Finally, there income standards are improved.

4.5 ITC Group

ITC Group, a conglomerate with business interests across hotels, FMCG, agriculture, IT and packaging sectors has been emphasizing on developing sustainable livelihood and environment protection programs. The company has been able to generate sustainable livelihood opportunities for six million people through its CSR activities.

Their e-Choupal program connects rural farmers through the internet for procuring agriculture products, and it covers 40,000 villages and over four million farmers. Social empowerment programs have created sustainable livelihoods for over 40,000 rural women. By establishing a direct channel between themselves (ITC) and the farmer, e-Choupal significantly minimized the role of the middlemen, who played a vital role in linking the supply chain but were also responsible for several inefficiencies.

5. Conclusion:

Corporate social responsibility has become regular practice in many companies to contribute towards social and economic upgradation of the society and economy. Corporate social responsibility includes education and skill development, healthcare and sanitation, women empowerment, social inclusion, rural development, slum development, sports development, environment and ecology, and culture and heritage. In recent times Indian business corporations focused more on interests of all stakeholders directly and indirectly involved in business. Finally, to conclude, Indian corporations must shift focus from functional activities to social responsibility activities. Secondly, Indian corporations need to mention their CSR activities in official documents and public domains. Last, but not the least, the companies persistently support CSR activities that are initiated by them. To conclude, they must understand the philosophy of business, i.e. business is by the people and for the people.

References:
1. http://www.mca.gov.in/ministry/pdf/companiesactact 2013.pdf
2. http://www.ijrar.org/papers/IJRAR19J1535.pdf
3. https://www.asianpaints.com/content/dam/asianpaints/website/secondary-navigation/about-us/corporate-citizenship/CSR%20Policy.pdf
4. http://www.csrworld.net/csr-activities-of-indian-oil-corporation-limited.asp
5. https://www.godrej.com/Resources/uploads/pdf/636316584663136293_Godrej_Consumer_Products_CSR_Policy.pdf
6. https://indiacsr.in/tcs-invests-rs-434-cr-in-corporate-social-responsibility-csr-programs
7. https://www.india-briefing.com/news/corporate-social-responsibility-india-5511.html
8. ITC e-Choupal: Corporate Social Responsibility in Rural India by Asia case research centre, Hong Kong
9. https://unboxedtechnology.com/become-a-good-corporate-citizen

Abbreviations:

1.CSR: Corporate Social Responsibility
2.NSDC: National Skill Development Corporation
3. NGOs: Non-Governmental Organizations
4. SDI: Skill Development Institute
5. CBFL: Computer Based Functional Literacy
6. ALP: Adult Literacy Programme

INDICATORS OF QUALITY OF WORK LIFE IN HIGHER EDUCATION: A DISCOURSE OF LITERATURE REVIEW

Author: Dr Mehraj Ud Din Shah

Abstract

Quality of Work life (QWL)is undisputed domain that has profound impact on the success or failure of an organization. A poor QWL leads to de-motivation of employees towards their job and organization, which significantly affects organization health. A good QWL improves organizational performance and leads to both employee and organizational growth. Understandably,QWL is an amalgamation of the factors that contribute to pleasure or displeasure among the employees towards their job, organization and social system. It is viewed as the total environment that predominantly fosters employees motivation, commitment and involvement towards the job, provided the job yields pride, reward, social status, financial stability,etc.,to employee to conquer the all-round life demands. Therefore, to understand the broad indicators which have significant role for better QWL, this study is a modest attempt to gauge the existing literature on the subject matter. Accordingly, on the basis of exhaustive literature review,the study identified thirty four QWL indicators, which were clubbed into eight broad dimensions to measure the QWL in Higher Education.

Key Words: Quality, work Life, indicators, Social status, Organizational health.

Introduction

Performance Indicators of QWL are the basic aspects upon which a whole QWL system functions or operates. These are the features or elements on the basis of which a particular system is evaluated or quantified (Mehraj and Bhat, 2010). Performance indicators are the variables or elements which describe position, standard, condition of some system, object, organization under study and such variables/elements and are considered as the basis for measuring or quantifying the system. Jeager (1978) opines that performance indicators are the variables that represent the aggregate status of a system, place, object and institution under investigation. The literature on performance indicators is quiet vast and authors have delved into the area differently, based on their individual situation and specific understanding.

Literature discourse

Quality of Work Life is sum total of all such privileges, benefits, etc., which add to the work delight and life pleasure of an employee. The researchers, QWL experts, etc., have examined different aspects, elements, indicators which form the total QWL. In this context, Esha (2012) has identified ten vital elements of QWL. They include fair and reasonable pay, favorable and safe environment, employment benefits, job security, job design, job satisfaction, better career opportunity, social integration, protection of individual rights and respect for non work activities. Similarly, the European Foundation for Improvement of Living Conditions (2002) described the seven relevant elements of QWL, which largely are interrelated; they include job satisfaction, job involvement, motivation, productivity, health, safety, job security, competence development and balance between work and non work life. Likewise, Hosseini(2010) says that career satisfaction, career achievement and career balance are the significant variables to achieve QWL. Whereas Lau and Bruce (1998) identified five elements which have predominant role to influence QWL. The variables consist of job security, reward system, training and career advancement, opportunities and participation in decision making.

Kahn (1981) views that task content, supervision, resources, promotion, work conditions, organizational context, autonomy and control, relations with co-workers and wages are the core elements which lead to high QWL. Mirvis and Lawler (1984) opine that work environment and employee welfare have great impact on QWL. They put forth four vital element of QWL, which include safe work environment, equitable wages, equal employment opportunities and opportunities for advancement. In the context of education, Winter et. al. (2000) hint that five work environment domains like role stress, job characteristics, supervisory, structural and sectorial characteristics directly and indirectly shape academicians experience, attitudes and behavior and forms their perception about QWL. Consistent to this, Hackman and Oldham (1976) proposed eight conceptual elements of QWL. They include adequate and fair compensation, safety and health conditions at work, immediate opportunity to use and develop one's capacity, further opportunity for continuous development and safety, social integration in the working organizations, the total space of life and social relevance of workers life. This view is similar to that of   Mueller and McCloskey (1990); Kalliath and Morris (2002); Gill and Feinstein (1994). Therefore, to attain a high QWL, Hackman and Oldham (1976) say that there is a need to have skill variety, task identity, task significance, autonomy and feedback. Rethinam (2008) says that QWL is associated with various elements like job satisfaction, job involvement, motivation, productivity, health, safety and well being, job security, competence development and balance between work and non-work life. Further, Levine, Taylor and Davis (1984) have observed that QWL holds eight distinguished and interrelated elements like respect from supervisor and trust on employee's capability, change of work, challenge of work, future development opportunity arising from the current work, self esteem scope of impacted work and life beyond work itself, contribution towards society from work while as, Hackman and Othman (1976) views that QWL has many elements like skill variety, task identity, task significance, autonomy and feedback. Similarly, Taylor (1979) has hinted that QWL should consider the elements like employee participation in management, fairness and equity, social support, self-development and meaningful future at work. He also identified various other elements that have influence on the QWL. They include individual power, use of one's present skills, self-development, a meaningful future at work, social relevance of the work or product

and effect on extra work activities. Likewise, Alan Price (2007) says that team work, team briefings, interpersonal skills, appraisal and information sharing are the main elements of QWL. Eliss and Pompli (2002) have identified four elements of QWL. They include poor working environment, resident aggression, work load, inability to deliver required quality and balance of work and family. Subrahmanian and Anjani (2010) have used a bunch of elements to measure QWL in textile industry. They include nature of the work, pay and compensation, development and encouragement, human relations and social integration, workers participation in management, working condition, occupational stress, alternative work schedules, grievance procedure and promotion policy. Lock (1976) while attempting to find the relationship between QWL and job satisfaction found that job standard, reward system, working conditions, self esteem and role clarity are supporting elements of QWL. He further says that besides these elements there are some significant individual factors like adequate and fair compensation, safety and health conditions at work, opportunity for self development and social relevance of work. Herzberg finds that job and work environment are the primary determinants of employee quality of work life. Baba and Jamal (1992) described some typical indicators of QWL. They include Job satisfaction, job involvement, work role ambiguity, work role conflict, work role overload, job stress and organizational commitment and turn-over intensions. Consistent to this, Warr and Colleagues (1979) has investigated some key elements of QWL consisting of work environment, intrinsic job motivation, higher order need strength, perceived intrinsic job characteristics, job satisfaction, life satisfaction, happiness and self rated anxiety. Similarly Sirgy et al (2001) say that the main indicators of QWL are need satisfaction based on job requirements, work environment, supervisory behavior, ancillary programmes and organizational commitment. Danna and Griffin (1999) view that QWL is a very broad concept. It includes both work related and life related factors. The work related factors are directly the offshoot of job satisfaction, satisfaction with pay and relationship with the colleges. On the other hand, the life related factors are life satisfaction and general feelings of well being. Subrahmanian andAnjani (2010) has suggested six generic constructs of the QWL for organizations to address the work related problems. They include job satisfaction, development, human relations, promotion, stress and working conditions. The study tested ten QWL related

variables like work-family interference, quality of relationship, meaningfulness, pessimism about organizational change, self-competence impact, self-determination, access to resources, time control and support to study their influence on job satisfaction and overall QWL. Saklani (1979) and Stephen (2012) has presented thirteen (13) indicators to measure QWL related to both managerial and non managerial levels. They include adequate and fair compensation, fringe benefits and welfare measures, job security, physical work environment, work load and job stress, opportunity to use and develop human capacity, opportunity for continued growth, human relations and social aspects of work life, participation in decision making, reward and penalty system, equity, justice and grievance handling, work and total life space and image of organization. Muftah (2011) has identified various indicators of QWL which he classified into three broad factors namely physical, psychological and social factors. Similarly and somewhat aptly, Cunningham and Eberle (1990) has given three main areas to study the QWL. They include physical work environment, social environment, administrative system and relationship between life on and off the job. Cavry (1995) has observed that staff views that leadership style, operation and general contextual factors of setting have predominant impact on the QWL of employees. Looking at the Concept of QWL distinctively, Hofstede (1980) finds that culture, Carayon P. et al (2003) look at leadership role and Walton (1975), Khan (1981) and Dalia (2007) consider human resources functions and practices as the vital areas that contribute to QWL.

Main Indicators of QWL for Higher Education

In the light of the above discussion, the study made a humble attempt to identify thirty five (35) relevant indicators of QWL for higher education. These indicators cover all the aspects of QWL in higher education sector, from teaching community's point of view. They include teaching work load, committee work load, adequate work autonomy, secured job/ work life, demanding professional status, demanding professional opinion, existence of faculty evaluation and fair evaluation process, faculty recognition and reward system, equity between effort and reward, adequate post retirement benefits, high reputation of institution, social fit with higher ups and colleagues, community feelings, acknowledgement of social service, adequate professional development opportunities, expert of social issues, fair and fast mobility, linking of mobility and

performance, adequate library resources, research support service, adequate instructional support service, technical support service, adequate medical, canteen, lodging facilities, visionary academic and administrative leadership, co-operative work culture, healthy traditions and values and justified rules and regulations.

References

- Alan Price (2007) "Personnel and Human Resources Management", 5th Ed Book, Power London. Education, 21-16, PP. 5-16.

- Baba Vishwanath, Jamal V (1991) "Routinization of Job Context and job Content as related to Employee's Quality of Work Life: A Study of Canadian Nurses" Journal of Organizational Behaviour, Vol. 12, pp.379-386.

- Carayon P et al (2003) Quoted in "QWL and OrganisationalEfficency : A Proposed Framework " by Tripiti Singh and Sumit Kumar Srivastav, Journal of Strategic Human Resources Management. Vol 1, Issue 1, January 2012.

- Cavry, J, Wakefield D, Price I, Mueller C, & Mcloskey J (1995) "Determinants of Turnover Among Nursing Department Employees. Research Nurses Health. Vol 8 PP 397-411.

- Dalia Akranaviciutus, J. R. (2007). "Quality of Work Life and its Components Measurement" Engineering Economics, Vol. 2, No.52, PP.44-49.

- Danna K and Griffin R.W (1999) "Health and Well being at Work Place: A Review and Synthesis of the Literature" Journal of Management. Vol 25. PP 357-384.

- Ellis, N. &Pompli A. (2002) "Quality of Working Life for Nurses" Commonwealth Department of Health and Ageing. Canberra.

- Esha Mehta (2012) "Inevitability of Quality of Work Life in Today's Organizations" Asian Journal of Multidisciplinary Research, Vol 1, issue 1, June 2012.

- European Foundation for the Improvement of Living Conditions. (2002) "New Work Organization, Working Conditions and Quality of Work: Towards the Flexible Firm?"

[Online] European Foundation for the Improvement of Living and Working Condition. Luxembourg: Office for official Publications of the European Communities: Ireland Available: www.eurofound.eu.int.

- Gill T M and Feinstein A R (1994) "A Critical Appraisal of Quality of Quality of Work Life Measurement" JAMA. Vol 272 (8) pp 619-626.

- Hackman, J.R. and G.R. Oldham (1976) "Motivation Though the Design of Work: Test of a Theory" Organization Behavior. 16(2): PP 250-279.

- Hofstede G. (1980) "Culture's Consequences" Beverly Hills. In: Suzanne, E. A., & Ad Kerkstra, J. V. (2001). "Quality of working Life and Workload in Home Help Services: A Review of the Literature and a Proposal for a Research".

- Hosseini S. M (2010) " Quality of Work Life and its Relationship with Performance " Advanced Management Science, 1, PP 559-562.

- Kahn, R. (1981). *Work and Health*. New York; Wiley

- Kalliath T and Morris T (2002) "Job Satisfaction among Nurses: A Predictor of Burnout Levels" Journal of Nurse Administration. Vol 32 (2), PP 648-654

- Lau. R.S. M. & Brue, E. M. (1998) "A Win Win Paradigm for Quality of Work Life and Business Performance" Human Resource Development, quarterly, Vol. 9, No.3, pp.211-226.

- Locke E. (1976), "The Nature and Causes of Job Satisfaction" Handbook of Industrial and Organizational Psychology Edited by M.D. Dunnette (Chicago: Rand McNally, 1976). PP 901-969.

- Mehraj Ud Din Shah and Shabir A Bhat (2010) "Applying TQM in Business Education : An Emerging Paradigm" The International Journal of Management Science. VOl 16. PP 131-141.

- Mirvis, P. H., & Lawler E. E. (1984) "Accounting for the Quality of Work Life" Journal of Occupational Behavior, 5, 197-212.

- Mufath (2011) "Quoted in Review of Literature on QWL" by T N Nanjundeswaraswamy and D R Swamy, International Journal for Quality Research: 7 (2), pp 201-214

- Muller C W and McCloskey J C (1990) "Nurses Job Satisfaction: A Proposed Measure" Nurse Research 39 (2) pp 113-117.

- Rethinam, G. S. (2008) "Constructs of Quality of Work Life: A Perspective of Information and Technology" Professionals. *European Journal of Social Sciences, 7*(1), 58-70.

- Saklani (1979) "Quoted in Review of Literature on QWL by T N Nanjundeswaraswamy and D R Swamy, International Journal for Quality Research: 7 (2), PP 201-214

- Sirgy MJ, Efraty D, Siegel P, Lee DJ.(2001) "A New Measure of Quality of Work life (QWL) Based on Need Satisfaction and Spillover Theory. Society for Indicative Ressearch PP 55:241–302.

- Stephen (2012) "Quoted in Review of Literature on QWL" by T N Nanjundeswaraswamy and D R Swamy, International Journal for Quality Research: 7 (2), PP 201-214

- Subrahmanian. M U and Anjani N. (2010) " Constructs of Quality of Work Life – A Perspective of Textile and Engineering Employees" Asian Journal of Management , Integrating Publishing Association

- Taylor (1979) "Quoted in A Study of Quality of Work Life Among Workers with Special Reference to Textile Industry in Tirupur District-A Textile Hub" International Journal of Multidisciplinary Research, Vol 2, issue 2, April 2012.

- Taylor, Levine and Davis (1984) "Quoted by T.S Nangundeswaraswamy and Swamy D R (2012) in   A Literature Review on Quality of Work Life and Leadership Styles" International Journal of Engineering Research and Applications , Vol 2, issue 3, May-June 2012, PP 1053-1059 by

- Walton R. E. (1975) "Criteria for Quality of Working Life" quoted in Davis, L. &Cherns, A. (eds) (1975) The Quality of Working Life Vol 1, Free Press, New York, 91-10.

- War and Colleagues (1979) "Quoted in Stress and Quality of Work Life: A Literature Review, Journal of Multidisciplinary Research, Vol. 1, issue 3, August, 2012.

- Winter, R., Taylor, T. and Sarros, J.(2000) "Trouble at Mill: Quality of Academic Work Life Issues within a Comprehensive Australian University" Studies in Higher Education, Vol. 25 (3), PP 279-294.

MANAGING MENTAL HEALTH DURING COVID- 19 PANDEMIC AND BEYOND

Author: Dr. Sini V. Pillai
Mr. Vipin H.
Ms. Navya Jayachandran

Abstract

The novel Corona virus disease 2019 (COVID-19) pandemic is a global public health crisis of a scale not previously experienced in modern times. The whole of humanity is sharing a problem that is changing the world and humans are living under more uncertainty. Most people have been feeling intense anxiety related to COVID-19 and the aftermath the world will leave in its wake. This paper intends to put up a deeper understanding of the anxiety reaction about various aspects of current life. Clear strategies for managing and turning off the anxiety response for short periods is developed based on the understanding of how one's brain reacts to crises along with some powerful tools for managing the pandemic. The paper explores some of the strategies to address mental health during COVID-19.

Keywords: COVID-19, Isolation, Stress, Social Connecting, Mental Power, Physical Distancing.

Introduction and Overview

The COVID-19 pandemic is the most massive threat the world has ever faced to health, social welfare and the global economy (Kickbusch et al., 2020). Anxiety, sadness, and stress are normal responses and understandable to real threats and at times when faced with uncertainty or the unknown. It becomes routine and understandable that people are experiencing fear and stress in the context of the pandemic. Supplementary to the fear of contracting the virus in a plague, movements are being restricted in efforts to control and slow down the spread of the virus. Cities and states have limited educational and business operations under penalty of certification, fines, and loss of licenses. Almost all states have stopped or limited the operations of bars, restaurants, theatres, gyms, shopping malls and other settings. Majority of the states have closed all unnecessary businesses, with exceptions in health care, the food and agriculture sector and those of different needs (Gostin and Wiley, 2020). Governmental 'lockdown' measures focused at minimizing virus spread including 'stay at home' orders, closure of businesses and places of gathering, and travel restrictions have had a significant societal impact that penetrates almost every aspect of daily life (Gostin & Wiley, 2020; Shanafelt, Ripp, & Trockel, 2020). These widespread changes were a significant source of stress in the population and will have adverse effects on mental health while going forward. Mental health is not different from physical health. But there is a huge mental challenge for all, as it is not clear when the pandemic is going to end and this is a time to be mentally ready. Certain things trigger reactions in the body that can produce emotional states and then those emotional states can enter into the mind and make a bit of a spiral (Davidson, 2013).

As nations begin to come out from 'lockdown', the collateral damage to human health caused by these restrictions has taken prominence and mental health issues, particularly stress-related conditions and outcomes, are prominent among them. The health services are placed under excess pressure, making working life even more stressful than usual during acute health crises (Abuse, 2013). The healthcare professionals face higher levels of work stress than the general population, even under normal circumstances and pressure on doctors is associated with both physical and mental health problems.

Taking the whole population into consideration, some groups may be more susceptible than others to the psychosocial effects of the pandemic. Mostly, people who contract the disease, those at sharp risk for it including the elderly, people with less immune function and those living or receiving care in congregate settings and people with pre-existing medical, psychiatric, or substance abuse problems are at increased risk for adverse psychosocial outcomes (Pfefferbaum and North, 2020). Healthcare professionals (HCPs), compared to other occupational groups, also have a higher probability of suicidality due to work-related stress. Many doctors find it hard to tell their colleagues or employers about their mental health problems. The most common reasons may be perceived as stigma and anticipated damage to future career prospects (Bedini, 2000). Suicidal thoughts in doctors can present particularly strong fears of ostracism (Galbraith et al., 2020). Feelings of shame and professional failure may strengthen such concerns and associated worries about fitness to practice and licence restrictions. The problem with contemporaries is that they are often unwilling to get professional help too. Research shows that many doctors would relatively seek help from friends and family than look for psychological/psychiatric consultation.

Beyond stresses intrinsic in the illness itself, mass home-confinement directives including stay-at-home orders, quarantine and isolation are new to all and raised concern about how people will react individually and collectively (Nkporbu et al., 2020). A recent review of psychological importance in samples of quarantined people and health care providers revealed numerous emotional outcomes, including stress, depression, irritability, insomnia, fear, confusion, anxiety, anger, frustration, boredom, substance use, domestic violence and stigma associated with quarantine (Hatta, 2020), some of which persisted even after the quarantine was removed. Specific stressors included more significant duration of confinement, having insufficient supplies, difficulty getting medical care and medications and resulting in financial losses. In the current pandemic, the home quarantine of the population for indefinite periods, differences among the stay-at-home orders and conflicting messages from government and public health authorities intensify distress among the people. Opportunities to monitor psychosocial needs and provide support during direct patient contact in clinical practice are considerably incomplete in this crisis by large-scale home confinement. Psychosocial services, which are increasingly offered in primary care settings, are being delivered using telemedicine (Korthuis, 2017). In light of the widened economic crisis and numerous uncertainties surrounding this pandemic, suicidal thoughts may emerge and demand immediate consultation with a mental health professional or referral for possible emergency psychiatric hospitalization. The longer the world remains in self-isolation due to COVID-19, the more mental health issues are of concern. People are getting worried, daily, about getting sick and that creates heightened levels of stress (Wilkinson and Pickett, 2020). People are still working with the uncertainty of when the pandemic will end; and

wondering how long it will take. Families all across the world are now homeschooling their kids which can be a challenge for both working and stay at home parents. The effects of COVID-19 reach beyond physical health issues to the overall picture of mental health and wellness.

The vital strategies to help in managing stress and minimizing related health problems has become a priority. The background of this paper is to provide some concrete notions of what it means to get mentally ready by focusing on some specific issues that are relevant to COVID.

The effects of isolation

Isolation terms solitary confinement in jails, where people are both physically and socially separated and left for long periods involving physical isolation (Xiao et al., 2020). In a work context, for example, one sees themselves as highly competent and skilled at specific tasks and that makes them feel good. The psychological issues of isolation make people socially anxious after being kept isolated, making them lose their sense of self. It also leaves a feeling like a boat without an anchor, just like one is drifting and doesn't know what to do. It can lose a sense of identity and a sense of purpose to some extent that can lead to feelings of depression (Burden, 2008).

Social isolation can come about in several ways out of the inability to deal with others. It can be older people and families placed in a home and no people coming to visit them, people moving to another location and for a while don't know anybody there and also with people who have trouble socially connecting to any group and are, may be, pushed out of all groups trying to communicate with and all end up socially isolated. If the isolation part goes on too long, it can lead to social anxiety (Roy, 2020) and starting to get nervous about it. So it's like snowballs; the longer one allows oneself to be socially isolated, the harder it is to reconnect again and therefore one doesn't want that to go on for too long, and also, the word depression comes in. One starts to feel like life is doing things to them on losing the internal focus of control, leading to a feeling of helplessness, worthlessness and 'nobody to care' attitude. When people interact with other human beings, they connect with them emotionally and that's the core of something called empathy, the ability to share emotional states with other human beings. But if kept out of the social interactions for too long, if distanced from them, one starts to lose a sense of empathy and can lead to some pretty strong thinking and even violence and such other things. During the time of isolation, one must find ways to be socially together while physically apart and if one can help others to achieve that too. Reconnect with family, reconnect with friends and old friends, have deep, meaningful conversations.

Importance of Social Connections in Physical Distancing World

The social world and social networks are powerful to mental health and it is time to reconnect and re-strengthen, socially accepting the fact that humans are social beings from birth (Bashi, 2007). Based on the famous concept called Maslow's hierarchy of needs, if one has all the food and drink and has all the security they need, then what they need is a social network of intimate relations and friends. Humans have the desire to connect and connections form a very

emotionally insulating feedback loop where they can rely on each other and just knowing each other is there as a way of making them feel better and connected. Viruses can spread when people are physically close. Still, they do not spread through social networks unless physically interacting with the social network.

COVID-19 information is spreading everywhere in the world via television, social media, newspapers, family and friends. Prevention recommends closing schools and other gathering places to mitigate pandemics. Closures have significant social and economic consequences, but business closures cause unemployment and financial harm, which may, in turn, harm health (Gostin and Wiley, 2020). The economic impact of the virus changes lifestyle. With COVID-19, the threat is chronic and ambiguous, and the isolation is exactly feeding into the threat system resulting in a couple of things (Vellingiri et al., 2020). The most common emotion confronted by everyone is fear (Griskevicius et al., 2009). It makes anxious, panicky and might even push to think, say or do matters that might not be suitable under normal circumstances. The chronic threat is a whole different dynamic making it scarier by affecting the sympathetic nervous system, evoking frustration when nothing can be done to figure it out. The reaction drives to do something to fight against the pandemic and to overcome it is necessary to respect the anxiety system by controlling it through proper mind control.

In the time of COVID, people want to rely on social connections (Marston et al., 2020). One needs to find ways of using things like Facebook and Messenger much more deeply. Virtual meeting platforms like Zoom, FaceTime allows one to see the person's face and hear the voice (Chodosh at al., 2020). So there are the words itself, which is the information, but everything else is the emotions behind that information. These interactions are essential and powerful and the human voice is vital.

Strategies to Re-energize

Several studies and researches suggest that going to bed and waking up at a specific time, eating one meal at the same time roughly every day and trying to eat nutritious, healthy food will keep one physically strong all the time. Scheduling weekdays in a consistent pattern and necessarily, weekends being open and free, will energize the way and help push through the day (Murnane et al., 2016). There are psychological results that suggest that people who have dogs tend to be emotionally more balanced, mentally healthier, and happier (Bower and Cohen, 2014). When further studied, one of the core reasons that dogs tend to live a more structured and predictable day, and they focus the owner into it. This structure helps push through the day and gives it a specific form. Another way is to start the day with a walk and get some fresh air by maintaining the specified distance away from other people. Getting some aerobic activity would be fantastic. Relaxation is a plus point, and the mornings might be the best time to remind oneself what relaxation feels like (Benson and Proctor, 2011). People who work just as well at home and for whom this virus has not reduced their amount of work, they're almost the easiest because they can continue their work.

Knowledge is power; the more understanding we have about a particular issue, the less fearful it will be (Gunaratnam, 2003). Distract from negative emotions by listening to music, reading, watching an entertaining programme on television, etc. Engage free time by activities like painting, gardening or stitching. At instances of anxiety, exercise breathing slowly for some minutes. Think of something calm and serene and sluggish down your mind. Feeling lonely or unhappy is likewise quite common. Stay connected and keep interacting with others. Communication can help to connect with family and friends. If the emotion worsens, a person may also feel helpless, hopeless and feel that lifestyle is not always really well worth living. Help and support from families and other caregivers are essential for persons with mental illness.

Table 1: Strategies to manage mental power during Crisis

Common Public	Exercise regularly, eat well, maintain a healthy diet to maintain a healthy weight and get plenty of sleep. Minimize daily choices and reduce chronic stress and manage chronic conditions Plan for unavoidable known triggers and stay away from toxic people and negative interactions. Cut back on unhealthy social media time but focus on building strong relationships Maintain a treatment plan, continuing prescription medications and reduce the consumption of alcohol and extensive drug usage.
People at high risk (elderly people)	Exercise regularly, practise yoga, eat nutritious food and avoid sugar. Become active within one's community and maintain warm relationships. Taking regular walks, exercise, and physical activity is suitable for both the mind and the body via way of means of boosting confidence and lowering the chance of falling. Adult day health is an exceptional resource for seniors seeking to stay active, make new friends.
Families and Children	Stop over-scheduling, make proper sleep a priority. Spend more time with family. There is higher demand on the time to own circle of relatives and it is required to be healthy by exercising. Manage moods by means of letting all emotions be OK; however, not all behaviors. People with smaller social networks and little intimate relationships find it harder to control social situations.
Health care workers	Fight compassion fatigue, manage one's work-life balance. Talk to dear ones on stress and stay away from known triggers. Make a habit of stepping away from PC and smart phone from time to time. Leadership should try to hold vital infrastructure and produce other aid in place for worker groups during this time. Mental health and psychosocial concerns should be included in all response activities.
Employers	Resist perfectionism, manage work-life balance. Adopt a positive attitude. Praising personnel who work late and arrive early, or looking forward to them

	to work from home in the evenings. Healthy eating, exercise and participation in leisure activities are some secure methods to build mental powers. Talking of stress management, self-care, and mental health in meetings and email communications can reduce the stigma related to mental illness.
Government and Community	National Mental Health Programme (NMHP) is being carried out by the Government of India to aid country governments in imparting mental power and health services in the country. Violence prevention programmes: The primary prevention of violence consists of many things such as children development, economic improvement or community improvement due to the fact that all offer an extra activity for youngsters than group involvement. Youth improvement is a method that enables children to emerge as socially, morally, emotionally, physically, and cognitively competent. These are crucial for the primary prevention of each violence affecting youngsters. Experiencing or witnessing violence can contribute to mental fitness problems, especially post-annoying stress disorder. Mental health violence prevention programs understand the intrinsic courting among excellent intellectual health and preventing violence that impacts younger people. Community development programmes: The most vital feature of this programme is the involvement of the people's in the system. People need to stay in resilient and wholesome communities. To enhance the requirements of rural life, one has to have alternate facilities regarding health need improvement, complete with providing facilities of clinical and health offerings, maternity and infant welfare services, etc. Provision of health offerings is one of the developmental measures taken up with the aid of using Community Development Project.

Mental health encompasses one's psychological, emotional and social well-being. This means it impacts how one feels, thinks and behaves each day. Mental health also contributes to the decision-making process, how one copes with stress and how one relates to others in our lives. The human mind affects one's level of physical energy. Increased willpower and motivation often lead to healthier eating habits, less procrastination and happy life. Figure 1 explains various techniques to manage mental power to overcome the pandemic and beyond.
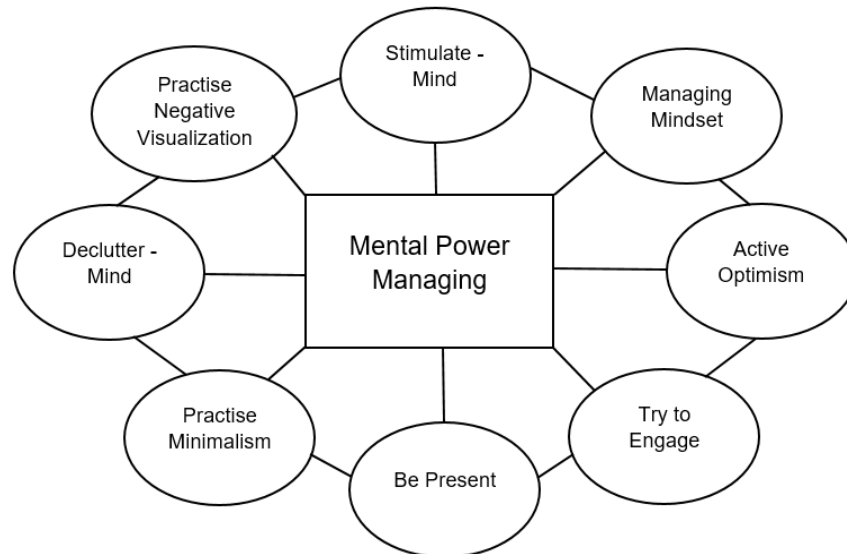
Figure 1: Managing Mental Power

Practicing negative visualisation: Negative visualization is a technique that dates back many thousands of years and is one of the most powerful tools. This imagination practice will help to deal with whatever life throws. The visualization exercise will help to foresee bad stuff to train oneself to be able to stay calm and free from emotional suffering. Thinking about negative scenarios does not make one pessimistic but somewhat optimistic. One will appreciate the things they have much more when regularly imagining bad things to happen.

Stimulate mind: Keep mind stimulated, however not overworked. The mental challenge will provide energy. Try getting to know a new ability to stimulate the mind.

Be present: Thinking negatively about the past can motivate anxiety. Thinking approximate destiny can give anxiety. Be within the present moment. Accept the situation and take the pleasant action.

Try to engage: Reconnect with an old friend, invite households for lunch, or ask a neighbour to join for coffee. Join networking, social, or select groups that meet on an everyday basis.

Managing mindset: One talks to oneself more than to anyone else in this world. Use one's words to change one's situation, not to describe it. When one is feeling down-spirited, don't tell people how you feel, tell them how you want to feel. By controlling what one says and how one says it - using positive words with enthusiasm - It helps to change one's physical and mental state.

Active optimism: Optimism is the tendency to take the most hopeful view of matters. It's the tendency to expect the finest outcome, the belief that good will prevail over evil. The optimist always has the yield to look forward to another day. They are not more resilient than pessimists

but able to tolerate adversity, more task-oriented and committed to success. Active optimists act in a way that increases the likelihood that things will indeed turn out well. The powerful source of vibrant optimism appears to be the success itself. The more successes one has, the better they will understand what it takes to be successful — which will generate successes - and the more one will tend to expect success.

Practice minimalism: Minimalism is a simpler and more focused lifestyle. Decluttering is a process that develops as it progresses. The minimalist declutters to simplify life so can focus on the most important things. The benefits of practising minimalism are endless. Minimalism leads to higher productivity, a renewed sense of mindfulness, and allows one to prioritize the things most important to one, such as relationships, travelling or saving money. Learning to say 'no', donating or selling what one does not need, saving an emergency fund, simplifying one's spending, cutting back on social media are some ways to practice minimalism.

Declutter mind: Just like cabinets and cupboards, one's reasons to need tidying up from time to time. Getting rid of all non-essential mental baggage is essential to stay focused, motivated and productive. A cluttered mind is unfocused. It tries to move in different directions at once, and the result is that very little gets done. Mental clutter includes all of the following: worrying about the future; ruminating about the past; keeping a mental to-do list; complaints; and so on. Jotting down tasks, keeping them as a journal, letting go of the past, stop multitasking, prioritize and learning to meditate are effective ways to practice decluttering.

Conclusion

It may be stressful to be separated from others if exposed to COVID-19. Each individual finishing a duration of home isolation may also sense it in different ways. Emotional reactions may also encompass combined feelings, which includes relief, worry and fear of your very own fitness and the health of your cherished ones, pressure from the experience of getting COVID-19 and being monitored via others, sadness, anger, or frustration due to the fact friends or loved ones have fears of having the disease from you, even though you're cleared to be around others, guilt of not being capable of carrying out regular parenting or parenting responsibilities. In contrast, you had COVID-19, fear about getting re-infected or ill once more even though you've already had COVID-19. Children can also sense dissatisfied or produce other sturdy feelings if they, or someone they know, has COVID-19, even though they may be now higher and able to be around others again. As the mortality and morbidity facts are accomplishing new peaks, each day, and isolation and lockdown states are becoming prolonged, leisure possibilities for human beings are lessened, and the economic disaster is building up, intellectual health troubles are in all likelihood to develop exponentially. There is a want to apprehend the philosophical views of COVID-19 and possible measures to address the pandemic for his or her self management.

References

Bashi, V. (2007). *Survival of the knitted: Immigrant social networks in a stratified world*. Stanford University Press.

Bedini, L. A. (2000). "Just sit down so we can talk:" perceived stigma and community recreation pursuits of people with disabilities. *Therapeutic Recreation Journal*, *34*(1), 55-68.

Benson, H., & Proctor, W. (2011). *Relaxation revolution: The science and genetics of mind body healing*. Simon and Schuster.

Betty Pfefferbaum, M.D., J.D., and Carol S. North, M.D., M.P.E.(2020) Mental Health and the Covid-19 Pandemic A
https://www.nejm.org/doi/full/10.1056/NEJMp2008017

Bower, G. H., & Cohen, P. R. (2014). Emotional influences in memory and thinking: Data and theory. *Affect and cognition*, *13*, 291-331.

Burden, R. (2008). Is dyslexia necessarily associated with negative feelings of self-worth? A review and implications for future research. *Dyslexia*, *14*(3), 188-196

Chodosh, J., Weinstein, B. E., & Blustein, J. (2020). Face masks can be devastating for people with hearing loss

Davidson, D. (2013). Knowing one's own mind. *The American Philosophical Association Centennial Series*, 389-409.

Gostin, L. O., & Wiley, L. F. (2020). Governmental public health powers during the COVID-19 pandemic: stay-at-home orders, business closures, and travel restrictions. *Jama*, *323*(21), 2137-2138.

Griskevicius, V., Goldstein, N. J., Mortensen, C. R., Sundie, J. M., Cialdini, R. B., & Kenrick, D. T. (2009). Fear and loving in Las Vegas: Evolution, emotion, and persuasion. *Journal of Marketing Research*, *46*(3), 384-395.

Kickbusch, I., Leung, G. M., Bhutta, Z. A., Matsoso, M. P., Ihekweazu, C., & Abbasi, K. (2020). Covid-19: How a virus is turning the world upside down. BMJ, 369, m1336.
https://doi.org/10.1136/bmj.m1336

Korthuis, P. T., McCarty, D., Weimer, M., Bougatsos, C., Blazina, I., Zakher, B., ... & Chou, R. (2017). Primary care–based models for the treatment of opioid use disorder: A scoping review. *Annals of internal medicine*, *166*(4), 268-278.

Marston, H. R., Musselwhite, C., & Hadley, R. A. (2020). COVID-19 vs Social Isolation: the impact technology can have on communities, social connections and citizens. *The British Society of Gerontology*.

Murnane, E. L., Abdullah, S., Matthews, M., Kay, M., Kientz, J. A., Choudhury, T., ... & Cosley, D. (2016, September). Mobile manifestations of alertness: Connecting biological rhythms with patterns of smartphone app use. In *Proceedings of the 18th international conference on human-computer interaction with mobile devices and services* (pp. 465-477)

Nkporbu, A. K., Stanley, C. N., & Stanley, P. C. Psychosocial Implications of the Coronavirus Pandemic: Early Study and Projections from Port Harcourt Nigeria.

Pfefferbaum, B., & North, C. S. (2020). Mental health and the Covid-19 pandemic. *New England Journal of Medicine*.

Roy, D., Tripathy, S., Kar, S. K., Sharma, N., Verma, S. K., & Kaushal, V. (2020). Study of knowledge, attitude, anxiety & perceived mental healthcare need in Indian population during COVID-19 pandemic. *Asian Journal of Psychiatry*, 102083.

Shanafelt, T., Ripp, J., & Trockel, M. (2020). Understanding and addressing sources of anxiety among health care professionals during the COVID-19 pandemic. JAMA, 323(21), 2133. A https://doi.org/10.1001/jama.2020.5893

Vellingiri, B., Jayaramayya, K., Iyer, M., Narayanasamy, A., Govindasamy, V., Giridharan, B. & Rajagopalan, K. (2020). COVID-19: A promising cure for the global panic. *Science of The Total Environment*, 138277.

Wilkinson, R., & Pickett, K. (2020). *The inner level: how more equal societies reduce stress, restore sanity and improve everyone's well-being*. Penguin Books.

Xiao, H., Zhang, Y., Kong, D., Li, S., & Yang, N. (2020). Social capital and sleep quality in individuals who self-isolated for 14 days during the coronavirus disease 2019 (COVID-19) outbreak in January 2020 in China. *Medical science monitor: international medical journal of experimental and clinical research*, *26*, e923921-1.

Web References

Abuse, S. (2013). Mental Health Services Administration. *Results from the*, *2*, 013. https://greenlake.extension.wisc.edu/files/2019/03/Green-Lake_April-2019-CWAS-Newsletter.pdf

Gunaratnam, Y. (2003). *Researching 'race' and ethnicity: Methods, knowledge and power*. Sage. http://preview.keyanmi.com:28080/521000/939de71025a74e9fb074fc75719baaf2.pdf

Hatta, S. The Psychological Sequelae during Mental Health and COVID-19 Pandemic: Learning from the Past for Today's Coping Styles.
http://www.medicineandhealthukm.com/sites/medicineandhealthukm.com/files/article/2020/1_editorial_pdf_12443.pdf

Managing stress during corona virus disease 2019 pandemic and beyond: Reappraisal and mindset approaches
https://onlinelibrary.wiley.com/doi/epdf/10.1002/smi.2969

WHO (2020) Mental health and Covid 19
https://www.who.int/teams/mental-health-and-substance-use/covid-19