



# The After-Effects Of The Pandemic On The Mental Health Of Working Employees

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## Abstract

The COVID-19 pandemic has drastically changed workplaces worldwide, leading to significant mental health challenges for employees. This paper explores how the pandemic has affected working individuals by increasing stress, anxiety, depression, and burnout. Drawing from surveys, interviews, and secondary data, the study highlights how sudden transitions to remote work, job insecurity, isolation, and blurred personal-professional boundaries became significant stressors. The findings reveal a dual impact—widespread psychological strain but also the emergence of new opportunities to prioritize employee well-being in organizational policies. The study also looks at ways to help employees cope with these challenges. Solutions include providing mental health support, flexible work arrangements, and strategies to improve resilience. Understanding these effects is crucial for businesses and policymakers to create a healthier work environment and better prepare for future crises. Recommendations include institutionalizing mental health policies, fostering hybrid-friendly work cultures, and equipping managers with the skills to address employee well-being. Ultimately, the research underscores that addressing the after-effects of the pandemic on mental health is not only a moral responsibility but also a strategic imperative for long-term organizational sustainability and productivity.

**Keywords:** COVID-19; Mental Health; Employees; Stress; Anxiety; Burnout; Work-Life Balance; Remote Work; Organizational Support; JD-R; PERMA; Coping

## 1. Introduction

The COVID-19 pandemic was one of the most disruptive global events of the 21st century, altering not only healthcare systems and economies but also the very structure of work. From sudden lockdowns and social distancing protocols to a rapid transition into remote and hybrid work environments, employees were compelled to adapt to unfamiliar routines under conditions of uncertainty. While these changes allowed organizations to continue functioning, they also produced significant psychological consequences for employees. Even before the pandemic, mental health in the workplace was a growing concern. The World Health Organization (WHO) estimated that depression and anxiety cost the global economy nearly USD 1 trillion annually in lost productivity. However, the pandemic amplified these concerns, creating new stressors such as fear of infection, job insecurity, long working hours, blurred work-life boundaries, and digital fatigue. Employees also faced challenges such as social isolation,

caregiving responsibilities, and financial instability, all of which compounded their psychological distress. The after-effects of the pandemic are still unfolding, with many employees experiencing lingering stress, burnout, and decreased motivation long after restrictions were lifted. At the same time, the crisis opened avenues for re-thinking workplace culture. Organizations began to recognize the importance of employee well-being as central to business sustainability, and mental health discussions—once stigmatized—entered mainstream corporate agendas. Hybrid work models, flexible schedules, and wellness programs became more common, though their effectiveness varies widely across industries and organizations. This research aims to examine the after-effects of the pandemic on the mental health of working employees, focusing on the psychological challenges they faced, the coping mechanisms adopted, and the organizational strategies implemented to support them. By analyzing both the negative and positive outcomes, the study seeks to provide a comprehensive understanding of how the pandemic reshaped the intersection of work and mental health. Ultimately, this paper argues that addressing employee mental health is not merely a temporary response to a crisis but an essential component of a resilient and future-ready workplace.

## **2. Theories Related to Stress, Mental Health and Employee Well-being**

### **2.1 Lazarus and Folkman's Model of Stress and Coping (1984)**

Lazarus and Folkman proposed that stress is a dynamic process between an individual and their environment. Rather than being a direct outcome of external events, stress emerges from how individuals interpret those events and the coping mechanisms they use in response. Cognitive appraisal refers to the individual's evaluation of a situation—primary appraisal (irrelevant, harm/loss, threat, challenge) and secondary appraisal (resources and coping options, perceived control, social support). Coping distinguishes between problem-focused (changing the situation) and emotion-focused (managing the emotional response). During the pandemic, employees with good resources—flexible workplaces, emotional support, digital skills—coped better, while those without felt overwhelmed, leading to burnout, anxiety, and depression.

#### **Research Gap (Lazarus & Folkman)**

The model focuses primarily on individual coping, whereas workplace reality includes organizational support, teamwork, and leadership. It does not fully capture long-term, evolving stressors such as remote work fatigue, job insecurity, and digital overload faced by employees post-pandemic.

### **2.2 Job Demands–Resources (JD–R) Model**

Developed by Demerouti, Bakker, Nachreiner, and Schaufeli (2001), the JD–R model classifies job characteristics into demands (workload, time pressure, emotional strain, role conflict) and resources (supervisor support, autonomy, recognition, training). The health impairment pathway posits that high demands with insufficient resources cause strain and poor mental health, while the motivational pathway suggests adequate resources foster engagement and resilience. During the pandemic, knowledge-sector employees experienced long hours, online meeting overload, and blurred boundaries. Where organizations provided flexible schedules, counseling, and supportive leaders, employees coped better and stayed engaged; without such resources, burnout and anxiety increased.

#### **Research Gap (JD–R)**

The JD–R framework often treats demands and resources as static, while employee experiences are dynamic and evolving. There is limited empirical evidence assessing the long-term effectiveness of wellness programs, flexible arrangements, and mental health support in sustaining well-being.

### 2.3 PERMA Model

Seligman's PERMA identifies five elements of well-being: Positive Emotions, Engagement, Relationships, Meaning, and Accomplishment. Applying PERMA—fostering engagement, supportive relationships, meaningful work, and recognition—can reduce stress and build resilience. However, most studies emphasize general well-being rather than specific workplace challenges (remote fatigue, digital overload, job insecurity). Integration with stress, burnout, and coping mechanisms remains limited.

### 3. Need and Significance of the Study

Rising mental health concerns persist post-pandemic; remote and hybrid models created both opportunities and challenges. Declining mental health impacts engagement, job satisfaction, and retention; organizations risk turnover if well-being is not addressed. There is a lack of comprehensive workplace policies integrating mental health into culture. This study contributes academic insight, practical organizational implications, policy guidance, and societal benefits by bridging immediate disruptions and lasting influence on employee mental health.

### 4. Review of Literature

Giorgi et al. (2020) synthesized early workplace mental health evidence, identifying vulnerable groups (healthcare, frontline, migrant, younger employees) with high anxiety, depression, PTSD, sleep disturbance, and burnout. Stressors included job insecurity, quarantine, stigma, inadequate safety; protective factors included safety protocols, resilience training, leadership support, flexible work. Research gaps include over-focus on healthcare, limited attention to other sectors, and a lack of empirical evaluation of interventions. Longitudinal studies (e.g., Maunder et al., 2023) show heterogeneous recovery; some workers exhibit persistent symptoms and protracted burnout, underscoring the need for sustained organizational interventions. Systematic reviews (Costin et al., 2023) link remote work to digital fatigue and burnout under weak support, while autonomy and clear hybrid policies improve work-life fit. Other research across 2021–2023 highlights isolation, blurred boundaries, job insecurity, sectoral differences, and benefits of resilience training, workshops, and peer support; many employees continue to face mental health challenges as workplaces normalize, reinforcing the need for ongoing support and flexibility.

### 5. Objectives and Methodology

Objectives: (i) Examine pandemic impact on employee mental health; (ii) Identify key stressors (job insecurity, remote challenges, work-life issues); (iii) Explore strategies and interventions to improve workplace mental health. Methodology: Descriptive and exploratory mixed-methods design. Participants: 15 employees across industries, remote and on-site, varied ages and genders, different organization sizes. Sampling: Purposive. Procedure: Structured questionnaire; responses analyzed using quantitative (descriptive stats, correlation, t-tests) and qualitative (thematic analysis) methods. Hypotheses: H1—job insecurity associates with higher stress and anxiety; H2—remote work challenges disrupt work-life balance, increasing burnout.

### 6. Scales and Instruments

Perceived Stress Scale (PSS-10): Measures perceived stress over the past month (0–4 Likert), with reverse scoring on positively worded items; validated widely across occupational groups. Generalized Anxiety Disorder-7 (GAD-7): Assesses excessive, persistent worry and related symptoms (restlessness, fatigue, concentration, irritability, muscle tension, sleep disturbance) relevant to workplace functioning. Work-Life Balance Scale (Fisher, Bulger, & Smith, 2009): Captures work interference with personal life, personal interference with work, and cross-domain enhancement via Likert items.



## 7. Analysis and Interpretation

### 7.1 Perceived Stress Scale (PSS) Results

No. of participants	Total score	Min score	Max score	Mean	Standard Deviation
15	312	13	29	20.8	4.61

The mean (20.8) falls within the moderate stress range (14–26), indicating noticeable stress among employees. Variability (SD = 4.61) suggests some participants experienced significantly higher or lower stress. These findings support H1: job insecurity likely contributed to elevated stress.

### 7.2 Generalized Anxiety Disorder (GAD-7) Results

No. of participants	Total score	Min score	Max score	Mean	Standard Deviation
16	126	0	12	7.87	4.1

The mean (7.87) indicates mild anxiety; variability (SD = 4.1) shows moderate differences among participants. Anxiety presence partly supports H1, reflecting psychological impact of job insecurity during the pandemic.

### 7.3 Work–Life Balance (WLB) Results

No. of participants	Total score	Min score	Max score	Mean	Standard Deviation
15	763	36	66	50.86	7.97

The mean (50.86) suggests moderate work–life balance, with wide variation (SD = 7.97). These results support H2: remote work challenges contributed to imbalance and potential burnout.

### 7.4 Correlations Between Study Variables

Variable Pair	r-value	Direction	Strength	Interpretation
PSS - GAD-7	+0.46	Positive	Moderate	As stress increases, anxiety increases
PSS - WLB	-0.41	Negative	Moderate	Higher stress associates with poorer work–life balance
GAD-7 - WLB	-0.38	Negative	Moderate	Higher anxiety corresponds to lower work–life balance

Stress and anxiety are positively related; both inversely correlate with work–life balance, reinforcing the need for organizational support, flexibility, and well-being programs.

## 8. Conclusion

The pandemic has lasting effects on employee mental health. Businesses and policymakers should institutionalize mental health programs, promote healthy work–life balance, and create supportive environments to sustain productivity and resilience.

## References

- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands–resources model of burnout. *Journal of Applied Psychology*, 86(3), 499–512. <https://doi.org/10.1037/0021-9010.86.3.499>
- Dhanpat, N., Makhubele, B., & De Braine, R. (2025). Contextualising workplace mental health in post-pandemic South Africa: A systematic review. *SA Journal of Industrial Psychology*, 51. <https://doi.org/10.4102/sajip.v51i0.2225>
- Khan, R., & Patel, I. (2025, January 6). Remote work and its impact on employee productivity and mental health. *International Journal of Innovative Research in Technology and Innovation (IJIRTI)*. <https://www.ijirti.com/index.php/ijirti/article/view/12>
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing Company.
- Costin, A., Dabija, D.-C., Valaskova, K., & Raišiene, A. G. (2023). Remote work burnout, professional job stress, and employee emotional exhaustion during the COVID-19 pandemic: A systematic review. *Frontiers in Psychology*, 14, 1193854. <https://doi.org/10.3389/fpsyg.2023.1193854>
- Wells, J., Figueiredo, D., & Smith, R. (2023). A systematic review of the impact of remote working on physical and psychological health. *Occupational Health Journal*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10612377>
- Wilson, J. M., Lee, J., Fitzgerald, H. N., Oosterhoff, B., Sevi, B., & Shook, N. J. (2020). Job insecurity and financial concern during the COVID-19 pandemic are associated with worse mental health. *Journal of Occupational and Environmental Medicine*, 62(9), 686–691. <https://doi.org/10.1097/jom.0000000000001962>
- Novopsych. (n.d.). Perceived Stress Scale (PSS-10). <https://novopsych.com/assessments/well-being/perceived-stress-scale-pss-10/>
- NCBI. (n.d.). Generalized Anxiety Disorder. <https://www.ncbi.nlm.nih.gov/books/NBK441870/>
- Scribd. (n.d.). Work-life balance scale by Hyman (2005). <https://www.scribd.com/document/666188744/Work-life-Balance-Hyman-2005>

## Appendix A: Perceived Stress Scale (PSS-10) – Sample Items

For each question choose from 0 (Never) to 4 (Very Often). Sample items: (1) Upset because of unexpected events? (2) Unable to control important things? (3) Felt nervous and stressed? (4) Felt confident handling personal problems? (5) Felt things were going your way? (6) Could not cope with all tasks? (7) Able to control irritations? (8) Felt on top of things? (9) Angered by uncontrollable events? (10) Difficulties piling up too high?

## Appendix B: Generalized Anxiety Disorder (GAD-7) – Sample Items

Response options: 0 (Not at all), 1 (Several days), 2 (More than half the days), 3 (Nearly every day). Items: (1) Feeling nervous or on edge; (2) Not able to stop or control worrying; (3) Worrying too much; (4) Trouble relaxing; (5) Restlessness; (6) Irritability; (7) Feeling afraid as if something awful might happen. Impairment item: Overall difficulty in work, home, or social functioning.

### Appendix C: Work–Life Balance Scale – Sample Items

Likert: 1 (Strongly Disagree) to 5 (Strongly Agree). Items include: Personal life suffers due to work; Job makes personal life difficult; Neglect personal needs due to work; Put personal life on hold; Miss personal activities; Struggle to juggle; Unhappy with non-work time; Personal life drains energy for work; Too tired to be effective; Work suffers due to personal life; Hard to work due to personal matters; Personal life gives energy for job;

Job gives energy for personal activities; Better mood at work due to personal life; Better mood due to job.

