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Coping Skills and Well-being of Indian Employees

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Abstract

COVID-19 spread like wildfire globally towards the beginning of 2020. This period presented unforeseen and unprecedented challenges before the country's citizens, specifically the working class. However, this also presents an opportunity to study psychological phenomena such as the coping skills and well-being of the employees during the lockdown period. This research aimed to study the significant difference in essential services and work-from-home employees' mental well-being and coping strategies during COVID-19. The data were collected through an online survey of 171 participants, out of which 90 were 'essential services' and 81 were 'work from home' employees, using the Brief-cope and Warwick-Edinburgh Mental well-being scales. The results showed a significant difference in mental well-being between essential service and work-from-home employees. Work from home employees' mental well-being is higher than that of essential services employees. It was also observed that the work from home employees used more approach coping strategies than essential services employees.

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Introduction

The COVID-19 pandemic has profoundly impacted individuals and communities worldwide, leading to changes in daily routines, work and social life disruptions, and increased stress and anxiety. The Indian government also implemented four stages of nationwide lockdown in March 2020 to mitigate the spread of the virus, starting on March 25th, 2020, and followed by Unlock 1.0 on June 8th, 2020. The lockdown significantly affected the well-being of individuals, including employees, who faced unique work and job security challenges. When talking about employees who were working during COVID-19, these can be put broadly into two categories, namely essential services employees and work from home employees. The essential services employees included health professionals, police, emergency services providers, daily essential services providers, and others, including electricity, water, transportation, sanitation, etc. They were at the risk of contracting the virus daily and returning it to their homes. Seeing patients and deaths through own eyeshade a much more significant impact than watching COVID-19. COVID-19 has aggravated the stress among essential services employees who were already under much stress before COVID-19.

According to Labrague (2021), healthcare providers could not take advantage of social support during the COVID pandemic and used their resilience skills to increase other positive coping strategies.

On the other hand, the work from home (WFH) employees included people who were working for their organization remotely from their home. The internet has made it possible to continue work from anywhere. However, working in an office environment provides structure and routine to the employees. Working from home leads to a blurring of boundaries between work life and home life. This leads to a disturbed work life balance. This impacts the worker's mental health negatively. Moreover, the lack of face-to-face interaction resulted in a feeling of disconnection from their colleagues. Previous studies have demonstrated that employees who had to do WFH reported feelings of professional and social isolation due to a lack of belongingness (Cooper & Kurland, 2002; Mulki & Jaramillo, 2011). Other challenges included not having enough space at home to allow it to work or a lack of infrastructure. Employees often faced conflict between taking care of their family and jobs simultaneously. The lack of house-help services had also added to the stress. Coping skills are critical to navigating challenging situations and play a vital role in determining an individual's ability to maintain their well-being during times of stress.

Coping skills are conscious or unconscious adjustments or adaptations that decrease tension and anxiety in a stressful experience or situation. Coping mechanisms can be cognitive, behavioral, or emotional in nature. According to Carver and colleagues (1989), coping mechanisms can be classified into two main categories: approach coping and avoidance coping. Approach coping refers to strategies that involve actively engaging with a stressful situation, such as seeking information, making plans, and taking action to resolve the problem. Avoidance coping involves strategies that aim to avoid or distract from the stressor, such as denial, substance use, or behavioral disengagement.

Well-being is a state of being that is characterized by positive emotions, a sense of purpose, and a feeling of satisfaction with one's life. According to the World Health Organization (WHO), well-being is "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (WHO, 1948). Well-being is also influenced by an individual's ability to cope with stress and adversity. Mental well-being is a part of well-being itself. It means how well one handles or responds to the challenges or ups and downs of life. People who experience mental well-being can get back up when they fall. In short, they show up for life. It means thriving in life despite adversities.

A study done during COVID-19 by McFadden et al. (2021) found that positive (approach) coping was associated with better well-being and greater work life than negative (avoidance) coping techniques. Many studies described the use of approach coping strategies like asking for help when needed, thinking positively, and solving problems are linked to reduced levels of psychological discomfort, anxiety, depressive symptoms, traumatic stress, and stigma. Conversely, there was an association between the use of negative coping strategies, such as avoidance, and elevated levels of psychological distress, emotional stress, PTSD symptoms, and exhaustion. (Babore et al., 2020; Chew et al., 2020; Hou et al., 2020; Mi et al., 2021; Nie et al., 2020; Zhu et al., 2020).These results hold even at the time of covid 19. Health and social care workers faced the impact of covid 19 to the fullest. Such stressful circumstances will likely negatively impact health and social care workers' well-being.

The current study could be situated within the Job Demands Resources model (Bakker & Demerouti(2007),it asserts that there are certain job demands and resources inside every occupation, and that these factors' interaction determines whether job stress or other outcomes, such burnout or low well-being, would be experienced. Work demands are those components of the job that call for consistent mental or physical effort, which can result in the negative results mentioned above. Job resources, on the other hand, are those facets of the job that lessen job demands. There is no denying that the COVID-19 outbreak has raised employment needs. This is when one's own resources, including coping mechanisms, may come in handy.

Given that when there are a limited number of techniques available to manage the stressors, like

with COVID-19, cognitive appraisal could be especially helpful. The crucial role that cognitive evaluation plays in the treatment of psychological distress has been highlighted in previous work detailing existing theories related with stress (Lazarus & Folkman, 1984), self-regulation (Carver & Scheier, 2012), and emotional regulation (Gross, 2015). A shift in perspective regarding COVID-19 can significantly impact the threat response. For example, psychologically separating oneself from the stressor and viewing the pandemic as nonthreatening can help people feel less afraid or anxious (Folkman et al., 1986).Based on the above literature review, this study aims to investigate employees' coping skills and well-being during the COVID-19 lockdown in India, comparing employees working in essential services and work from home employees.

Method

Sample

The quantitative data were collected through a Google form survey of 185 participants. Out of 185 participants, 171 participants gave their consent to participate in this research. Out of 171 participants, 90 were in the essential services category and 81 were in the work from home category. The age mean for essential services was 40.78 years (SD: 8.03 years) and for work from home was 35.91 years (SD: 11.15 years). Their age range was 25 to 53 years, and their education level was from high school to post-graduate. Out of 171 participants, 113 were male, and 58 were female. Table 1 summarizes the essential characteristics of the participants.

The measurement scales

The Brief-COPE scale, developed by Carver (1997), was used to measure coping skills. There are 28 items, which correspond to a Likert scale ranging from 0 to 4.In this scale scores were presented for the following coping styles: avoidant coping, approach coping and neither approach nor avoidance coping style. In the current study, the reliability of the scale (Cronbach's alpha) was 0.60.

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was developed by Tennant et al. (2007).

Table 1: Socio demographic Characteristics of Participants at Baseline (N=171)

Baseline characteristics	*N*		*%*	
	Essential Services (n=90)	*Work from Home (n=81)*	*Essential Services (n=90)*	*Work from Home (n=81)*
Gender				
Male	66	47	73.4	58.0
Female	24	34	26.6	42.0
Age				
Young adulthood	50	61	55.7	75.3
Middle age	33	20	36.6	24.7
Older adulthood	07	-	07.7	-
Type of Family				
Joint Family	26	20	28.9	24.7
Nuclear Family	35	49	38.9	60.4
Staying Alone	29	12	32.2	14.9
Marital Status				
Married	57	45	63.3	55.5
Unmarried	22	25	24.5	30.9
Single	11	11	12.2	13.6
Employment status				
Self-Employed	34	64	37.8	79.0
Employed in Private Organization	09	03	10.0	03.8
Employed in Government Organization	28	05	31.1	06.1
Students	19	09	21.1	11.1
Educational Status				
School	05	05	05.6	06.1
Undergraduate	47	22	52.2	27.1
Post Graduate	38	42	42.2	51.9
Other	-	09	-	11.1
Missing Value	-	03	-	03.8
Monthly Income				
Below 25000rs	19	20	21.1	24.7
25000-50000rs	43	30	47.8	37.0
50000-100000rs	26	15	28.9	18.6
More than 100000rs	2	16	2.2	19.7

There are 14 items on this mental well-being scale that address psychological functioning and subjective well-being. Each item on the scale is scored by adding up the responses on a Likert scale from 1 to 5. The scale range from 14 to 70, where a higher number denotes a higher state of well-being.In the current study, the reliability of the scale (Cronbach's alpha) was 0.85.

The final questionnaire was bilingual (English + Hindi). The questionnaire items were originally written in English. The Brislin model (Brislin, 1970; Jones et al., 2001) is used to translate these scales from English to Hindi.

Data Collection Procedure

In order to respect the social distance directives and cautions issued by government and health officials, as well as health concerns, personal visits to the participants were avoided during the height of the COVID-19 pandemic period when the data collecting was taking place. Data was gathered via an online survey method using Google Forms, which organized the results into Excel sheets automatically. Before any data was collected, each participant gave their informed consent to ensure that ethical standards were followed.

Results

Data collected through the survey method were analyzed. Prior to doing the descriptive statistics and one-way ANOVA for socio demographic factors, the parametric test assumptions were verified. The relationship between the variables was examined using Pearson's correlation analysis.

The frequencies and percentages of the socio demographic variables are shown in Table 1. Coefficients of correlation and one-way ANOVA were used. Statistical tools were employed in this analysis to examine the nature, differences, and extent of the association of mental well-being and approaching, avoidant, and neither approach nor avoidant coping strategies in essential services and work from home employees.

Table 2 represents the descriptive statistics and correlation matrix. Mental well-being has a strong and positive correlation with approach coping strategy (0.581). Mental well-being was negatively correlated with avoidant coping strategy (-0.603). The mental well-being was not significantly correlated with neither approach nor avoidant coping strategy (-.095). The approach coping strategy has a negative correlation with the avoidant coping strategy (-0.447) and no significant relationship with neither approach and nor avoidant coping strategy (-0.031). The avoidant coping strategy is not significantly related to neither approach nor avoidant coping strategy (0.037). There was a significant relationship among mental well-being, approach, and avoidant coping strategies.

Table 2: Descriptive analysis and correlation between mental well-being and different coping strategies (N = 171).

Variables	*M*	*SD*	*MWB*	*APC*	*AVC*	*NAPAVC*
MWB	47.23	12.23	1	.581**	-.603**	-.095
APC	17.35	3.61		1	-.447**	-.031
AVC	6.88	2.55			1	.037
NAPAVC	5.30	1.72				1

M: Mean, SD: standard deviation, **p<0.01, MWB: mental well-being, APC: approach coping, AVC: avoidant coping, NAPAVC: Neither approach nor avoidant coping

Table 3: Descriptive and T-test analysis of mental well-being for essential services and work from home employees (N = 171)

Groups	N	M	SD	T	df	p
Essential services employees	90	34.15	6.47	6.34	169	.000
Work from home employees	81	47.27	10.70			

M: Mean, SD: Standard deviation.

Table 3 represents the descriptive and t-test analysis. There was a significant difference in the score of essential services employees (M = 34.15, SD = 6.47) and work from home employees (M = 47.27, SD = 10.70) t (169) = 6.34, p<.000. These results suggest that mental well-being is high in work from home employees as compare to essential services employees during COVID-19. There was a significant difference in mental well-being in both groups.

Table 4 depicts the descriptive and t-test analysis. There was a significant difference in the score

Table 4: Descriptive and t-test analysis of different coping strategies for essential services and work from home employees (N = 171)

Groups	*N*	*Approach coping strategy*			*Avoidant coping strategy*			*Neither approach nor avoidant coping strategy*		
		M	*SD*	*t*	*M*	*SD*	*t*	*M*	*SD*	*t*
Essential services employees	90	14.15	2.80	4.27**	7.07	2.42	2.77*	5.21	1.87	-.51
Work from employees	81	17.42	3.63		5.63	1.86		5.42	1.56	

M: Mean, SD: Standard deviation. **p<.001

Table 5: Socio-demographic characteristics of participants and descriptive analysis at baseline (n=171)

Variables	*N*	*Mental well-being*			*Approach Coping*			*Avoidant Coping*		
		M	*SD*	*F*	*M*	*SD*	*F*	*M*	*SD*	*F*
Gender										
Male	113	35.12	11.93	6.90	10.50	.93	40.25**	10.54	2.24	65.32**
Female	58	42.58	9.93		15.27	3.61		6.59	1.14	
Type of Family										
Joint Family	46	24.94	7.94		10.23	.83		11.70	.58	
Nuclear Family	84	40.08	12.54	10.81**	15.22	5.26	8.63**	8.57	2.57	12.92**
Staying Alone	41	33.63	10.52		15.89	5.05		8.94	2.12	
Marital Status										
Married	102	35.45	12.32	1.92	16.23	5.60		8.23	2.67	3.18*
Unmarried	47	40.15	10.15		13.84	3.38	2.77*	9.73	1.14	
Single	22	42.10	11.04		13.00	2.94		9.50	2.46	
Employment status										
Self-Employed	98	30.17	9.86		17.17	5.47		8.41	2.82	
Employed in Private Organization	12	41.03	12.44		13.00	4.41		9.48	2.69	
Employed in Government Organizations	33	27.52	9.06	6.45**	14.23	5.37	3.23*	10.05	1.63	1.54
Students	28	35.50	14.27		35.50	14.27		10.16	1.60	
Monthly Income										
Below 25000rs	39	24.56	8.56		12.56	3.84	6.54**	10.56	2.03	
25000-50000rs	73	31.10	7.66	6.54**	14.06	4.75		9.20	2.38	1.59
50000-100000rs	41	33.94	10.60		16.76	5.94		8.82	2.45	
More than 100000rs	18	43.12	17.17		12.62	4.68		9.25	3.32	

M: Mean, SD: Standard deviation. **p<.001, *p<.005

of approach coping strategy in essential services employees (M = 14.15, SD = 2.80) and work from home employees (M = 17.42, SD = 3.63) t (169) = 4.27, p<.000. These results suggest that work from home employees using more approach coping strategy as compared to essential services employees. There was a significant difference in both groups; There was significant difference in the score of avoidant coping strategy in essential services employees (M = 7.07, SD = 2.42) and work from home employees

(M = 5.63, SD = 1.86) t (169) 2.77, p<.000, which is indicated that both groups are using avoidant coping strategy differently. There was also not a significant difference in neither approach nor avoidant coping strategy in essential services (M = 5.21, SD = 1.87) and work from home employees (M = 5.42, SD = 1.56) t (169) -.51, p>.000. This result suggests that both groups of employees using this coping strategy equally.

The descriptive and one-way ANOVA analysis of the socio demographic variables is displayed in Table 5. The study found no significant difference between males and females in mental well-being [f (1, 169) = 6.90, p>0.000)]. The results showed a significant difference between males and females in approach coping strategy [f (1, 169) = 40.25, p<0.000] and avoidant coping strategy [f (1, 169) = 65.32, p<0.000)]. There was also a significant difference among joint family, nuclear family, and staying alone employees in mental well-being [f (2, 168) = 10.81, p<0.000)], in approach coping strategy [f (2, 168) = 8.63, p<0.000] and in avoidant coping strategy [f (2, 168) = 12.92, p<0.000)]. There was not a significant difference among married, unmarried, and single employees in mental well-being [f (2, 168) = 1.92, p>0.000)]. There was a significant difference in married, unmarried, and single employees in approach coping strategy [f (2, 168) = 2.77, p<0.005)] and in avoidant coping strategy [f (2, 168) = 3.18, p<0.005)]. There was a significant difference among self-employed, employed in private organizations, employed in government organizations, and students in mental well-being [f (3, 167) = 6.45, p<0.000)] and approach coping strategy [f (3, 167) = 3.23, p<0.000)]. There was no significant difference among self-employed, employed in private organizations, employed in government organizations, and students in avoidant coping strategies [f (3, 167) = 1.54, p>0.000)]. Groups based on monthly income showed variation in the results. Those who earn below 25000 rupees, 25000 to 50000 rupees, 50000 to 100000 rupees, and more than 100000 rupees were found to have significant differences in mental well-being [f (3, 167) = 6.54, p<0.000)] and approach coping strategy [f (3, 167) = 6.54, p<0.000)]. There was no significant difference among groups based on monthly income in avoidant coping strategy [f (3, 167) = 1.59, p>0.000)].

Discussion

The present study investigated the coping skills and well-being of employees working from home and essential services employees during the COVID-19 lockdown in India. Results indicated that there was a significant positive relationship between mental well-being and approach coping strategy and a significant negative relationship between mental well-being and avoidant coping strategy. Similar findings were reported in the previous research, showing that coping strategies moderate the well-being level of individuals with COVID-19 (Kim et al., 2021). Previous researches have shown that approach coping strategies are associated with better mental health outcomes, while avoidant coping strategies are associated with poorer mental health outcomes (Carver et al., 1989; Folkman & Lazarus, 1988).

There was a significant difference in mental well-being between the two groups, with essential services employees reporting lower levels of mental well-being than work from home employees. This finding is consistent with previous research that has shown that health professionals who provide essential services, such as care for COVID-19 pandemic patients, are more likely to suffer from burnout, stress, and depression (Ulfa *et al.*, 2022).

Work from home employees exhibited a greater use of approach coping strategies than essential services employees. This finding could be attributed to several factors. Firstly, that works from home employees have more control over their work environment and can better manage their work-life balance, which may contribute to their greater use of approach coping strategies (Chen, 2021). Additionally, the reduced exposure to the potential health risks associated with essential services work may have alleviated some stressors, enabling work from home employees to focus more on active coping strategies.

There was no significant difference in avoidant coping strategies between the two groups of employees. It is possible that there are certain job demands and resources inside every occupation to detect a significant difference in avoidant coping strategies between the two groups. There was no

significant difference in approach coping strategy between the two groups of employees. This finding is consistent with previous research showing that approach coping strategies are less influenced by situational factors such as occupation or work status and more by individual factors such as personality and cognitive style (Lazarus & Folkman, 1984).

Regarding gender differences, the study did not find any significant difference between males and females in mental well-being. However, significant differences were observed in both approach and avoidant coping strategies, with males and females exhibiting different coping styles. These findings are consistent with previous research that has highlighted gender differences in coping strategies, suggesting that males and females may employ distinct strategies when faced with stressors (Matud, 2004; Tamres et al., 2002).

In terms of family structure, the study found significant differences in mental well-being, approach coping strategy, and avoidant coping strategy among individuals belonging to joint families, nuclear families, and those living alone. These findings suggest that family structure may affect individuals' coping mechanisms and well-being during challenging times. Marital status was not found to have a significant effect on mental well-being. However, significant differences were observed in approach coping strategy and avoidant coping strategy among married, unmarried, and single employees.

Furthermore, significant differences were found among self-employed individuals, employees in private organizations, government organizations, and students in mental well-being and approach coping strategy. However, these groups observed no significant differences in avoidant coping strategies. These results suggest that different occupational statuses and roles may influence individuals' coping strategies and well-being during times of crisis. Previous research has highlighted the impact of occupational factors on coping styles and mental health outcomes (Shen & Slater, 2021).

The study also examined the influence of monthly income on mental well-being and coping strategies. Significant differences were observed among income groups in both mental well-being and approach coping strategies. However, no significant differences were found in avoidant coping strategies. These findings indicate that income levels may be associated with coping strategies and mental well-being variations. Previous studies have demonstrated the influence of socioeconomic status, including income, on coping mechanisms and psychological well-being (Lachman & Weaver, 1998).

It is important to note that the present study has some limitations. The study used self-report measures, which could have introduced social desirability effects and response biases. To improve the validity of the results, objective measurements or mixed-method approaches may be used in future research. Additionally, the study focused specifically on employees in India during the COVID-19 lockdown, limiting the generalisability of the results to other contexts and populations. Further studies conducted in different cultural settings and during various pandemic stages could provide a more comprehensive understanding of coping skills and well-being.

The present study has important implications for employers and policymakers to provide support and resources, especially for essential services employees at higher risk of psychological distress. Work-from-home arrangements can contribute to better mental well-being by allowing individuals to have more control over their work environment and work-life balance. Gender, family structure, marital status, occupational status, and income are important factors to consider when designing interventions and support programs tailored to different groups.

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