

CHAPTER I

INTRODUCTION

Psychological Distress

The symptoms of stress, anxiety, and depression are all included under the umbrella term "psychological discomfort." The presence of prevalent mental diseases such as anxiety and depression, as well as poor mental health, can be indicated by high levels of psychological distress. It is critical to get an understanding of the factors that contribute to psychological discomfort in the working population. This is because such knowledge can assist in the prediction of both sick days and job disability among persons of working age.

In January of 2020, every province in the country announced that the 2019 new coronavirus constituted a first-level national emergency that required immediate action. On January 30, 2020, the World Health Organization (WHO) determined that the newly discovered case of coronary pneumonia warranted the designation of a National Health Emergency of Global Concern (PHEIC). As a precaution against the further spread of the novel coronavirus pneumonia, Wuhan was quarantined on January 23, 2020. During the course of the outbreak, people all over the country began to experience rising levels of anxiety, tension, and other unfavorable feelings. It quickly spread and replicated among the member nations of the entire society, plunging the entire nation into a psychological crisis; forcing the working employees in the first line of defense to bear balanced and comprehensive and psychological pressure, that may have a particular impact on emotional state; and forcing the medical staff to produce psychological stress; all of these things combined to cause the working staff to experience psychological stress. Previous study has revealed that the negative impacts of the coronavirus virus (COVID-19) outbreak may extend afar

the financial challenges and worries regarding physical fitness, and may also have a substantial impact on the psychological suffering experienced by persons who are required to remain in quarantine. The physical and mental manifestations of stress are equally widespread. Stress is the reaction of the body to potentially damaging stimuli.

According to Jiang, all sorts of stress are caused by a combination of biological, mental, and behavioral factors, including physical, biological, social, mental, cultural, and others. Each sort of stressor has a link to the others. A compound stressor can be created when the characteristics of one type of stressor are mixed with those of another type of stressor. Events involving the public's health can result in a variety of psychological stress reactions because they disrupt people's inner balance, which is a major source of stress. These events also induce human insecurity and instability because of their suddenness, uncertainty, and injury.

In December of 2019, a new COVID capable of transmitting from one person to another was discovered in China. This virus swiftly spread to many other countries, resulting in a global pandemic that the World Health Organization (WHO) has designated as COVID-19 (WHO, 2020). (Chan et al., 2020; Cheng and Shan, 2020; Li et al., 2020; Phan et al., 2020; Zhu et al., 2020). The escalating global mortality and morbidity associated with COVID-19 have brought to light significant problems with regard to community health and the economy. On 20th of April in the year 2020, the People's State of China issued an official report stating the overall quantity of verified COVID-19 cases had surpassed and over 88,000, although the overall number of cases worldwide skyrocketed to even more than 2,400,000. The individuals who are effected existing with different stages of psychological issues even after they discharged from the hospital, as was shown in earlier studies of comparable virus-related respiratory problems, such as severe acute respiratory syndrome (SARS). This demonstrates that the psychological status of these individual

people should not be ignored, as it indicates that the disease has affected their mental health (Cheng et al., 2004; & Mak et al., 2009). On the basis of this study, the National Health Commission (NHC) of China has issued a number of instructions pertaining to psychological health for COVID-19 patients. The first of these looked at the fundamentals of dealing with psychological emergencies in cases of pneumonia caused by new coronavirus outbreaks (National Health Commission of China, 2020). On the other hand, these materials were prepared and distributed in accordance with evidence-based investigations of outbreaks that were not caused by COVID.

The studies that were conducted in China to investigate the psychological impacts of the SARS epidemic that occurred between 2002 and 2004 revealed the depression that appeared immediately after the outbreak (Cheng et al., 2004; Wu et al., 2005). Approximately 8.3 percent of fighters developed adjustment disorders or Posttraumatic Stress Disorder (PTSD) and almost 25 percent of survivors reported major depression six months after being discharged from the hospital. After 30 months of the SARS outbreak, 25 percent of patients met the diagnostic criteria for post-traumatic stress disorder (PTSD), and 15.6 % had depression or anxiety. Previous studies were typically carried out after the patients had been discharged from the hospital, and as a result, they placed an excessive amount of emphasis on quantitative research methods. On the other hand, combining quantitative and qualitative methods as well as gathering data pertinent to the direct psychological anguish experienced by sick people may result in more precise and thorough knowledge of the influence that a virus has on mental status (Guetterman et al., 2015; Pluye and Hong, 2014).

Furthermore, the occurrence of mood or anxiety problems may be strongly related to the severity of a person's physiological status, owing to the fact that this severity is reflected in blood levels of peripheral inflammation indicators. Depression and anxiety symptoms have been linked

to elevated levels of WBCs, and perivascular C-reactive protein (CRP) and pro-inflammatory cytokines (Shafiee et al., 2017). (Kohler et al., 2017). These findings have been repeated in a number of research investigations. As a result, the goal of this study was to look into the linkages between patients' mental health and the levels of inflammatory markers in their bodies in order to acquire a better understanding of the psychological effects of COVID-19. There is considerable reason to be worried about the harmful influence on mental health caused by the COVID-19 pandemic, both in the short term and possible nor the long term as well (Raker et al., 2020). During the early stages of the epidemic, a large number of people were unemployed. In addition, research has shown that natural calamities, such as pandemics (Brooks et al., 2020), have immediate negative consequences on mental health (Goldmann and Galea, 2014; North, 2014).

A greater frequency of poor mental health was reported compared to earlier time periods in two research that used national samples from the United States. One of the studies looked at psychological distress, and the other looked at depressive symptoms. In order to prospectively evaluate whether or whether there has been a noteworthy decline in people's psychological well-being throughout the epidemic in comparison to their mental health status before the epidemic, longitudinal data are required. For the purposes of prioritizing treatments and funding for vulnerable populations and monitoring the pandemic's long-term health impacts, it will be vital to have data on the level of mental trauma during the initial stage of the pandemic as well as the predictors of this distress.

One of the primary reasons that leads to impairment in today's communities is depression, which is prevalent in current society (Dong et al., 2020). It has been shown that populations that have been through traumatic events, such as epidemics or natural disasters, have higher rates of long-term depression (Lee et al., 2018; Morganstein and Ursano, 2020), which may also affect

their future suicide rates (Cheung et al., 2008). Having a life that is filled with more distressing experiences and having a harder time coping with those experiences are also indicators of anxiousness, anxiety, and depression (Zou et al., 2018). The status of the population in some nations that have been severely hit by the pandemic and have limited ability to deal, as is occurring in several countries in Latin America, is particularly worrying. This is the case across several Latin American countries. Researching the factors that contribute to depression in vulnerable settings can be of tremendous strategic importance in the present pandemic crisis. This can assist ease the effects of the illness as well as prevent it from occurring in the future.

The SARS-CoV-2 virus is highly contagious and has a protracted incubation period; it mostly affects the respiratory system. The World Health Organization (WHO) has designated the year 2019 as the year for the Corona Virus Disease (COVID-19; Wu et al., 2020). In the year 2019, it was found for the first time in the city of Wuhan in China. Despite this, the World Health Organization (WHO) considers it a pandemic because of its amazing capacity to spread and its explosive growth across the world (Rothan and Byrareddy, 2020). In recent years, this disease has emerged as one of the most significant public health and socioeconomic challenges facing the entire world (Nicola et al., 2020).

Several studies have demonstrated the consequences that COVID-19 can have on people's well-being as a result of its capacity to generate a full-scale mental health crisis. This is especially true in nations where a large number of individuals are afflicted more by disease (Fiorillo and Gorwood, 2020). In populations that have been impacted by COVID- 19, some research have already begun looking into the possibility of psychological problems such as depression. Depression is characterized by an illness that is characterized by symptoms that are connected with low morale. These symptoms include despair, melancholy, self-deprecation, and a feeling that one is useless. Depression can result in decreased self-esteem and a loss of interest in

life. Those who have the disorder have a far decreased chance of completing significant life goals, along with a deterioration in their health and an increased risk of attempting suicide (Antnez and Vinet, 2012; Roh et al., 2020; Siegrist and Wege, 2020; Zhuo et al., 2020). In order to alleviate and avoid depression during the current crisis and in the world that will exist after COVID-19, it is necessary for us to investigate the components that are related with this condition.

As a result of the epidemic, several countries have been obliged to establish stringent restrictions in an effort to stop the infection from occurring (Adhikari et al., 2020). The governments of the countries that have been hit the hardest by the outbreak, in regards to the number of infectious diseases, patients, and mortality rates, such as Asia, Europe, Western Europe, and Ecuador, have mandated longer periods of self-isolation and curfew, during which citizens have been required to remain inside their homes. This has had a significant negative impact on the living standards of their citizens, and in nations with limited resources, like those found with in Latin American region, this has been an extremely severe effect. There is an increased level of fear among the population as a result of certain aspects of the disease, such as the lack of a vaccine to treat or prevent the disease, the lack of information regarding how the disease is transmitted.

Earlier waves have shown that the concerns brought on by the perception of dangerous stimuli are nothing new (MERS-CoV; Bukhari et al., 2016). The Fear of COVID-19 Scale was developed by Ahorsu et al. (2020) in response to the serious threat to the world and the impact that the COVID-19 virus outbreak has generated on many aspects of human continued existence, health, well-being, and development. The scale was designed based on the scientific literature that was already available (FCV-19S). This scale has been implemented in many different nations, including the Middle East.

The HADS and DAS both measure levels of anxiety and depression (DASS-21). According to findings from previous studies, stress and anxiety are more often associated to a fear of the COVID-19 virus, while depression is linked to the virus less frequently (Tzur Bitan et al., 2020). Fear of COVID-19 has been linked to at least some instances of suicidal behavior among the general population, despite the fact that there appears to be a weaker correlation between fear and sadness (Mamun and Griffiths, 2020).

In addition, the media's constant bombardment of locals with news of new instances and fatalities, as well as the stress that results from this, might contribute to the onset of mental illness. In 2020, both Duan and Zhu and Gao et al. Researchers in China indicated that a sizable percentage of the population was experiencing moderate to severe levels of anxiety, stress, and depression in the earliest stages of the pandemic (Huang and Zhao, 2020). It has long been established that anxiety, stress, and depression are all interconnected. The theoretical theories are reinforced by evidence from scientific investigations that show how social and environmental stress are related to the internal biological mechanisms that drive the pathophysiology of depression (e.g., Slavich and Irwin, 2014; Park et al., 2019). Stress is a predictor of depression, according to longitudinal studies of young individuals (e.g., Agoston and Rudolph, 2011). Stressful situations are known to significantly increase the risk for both depression and anxiety (Daz et al., 2012). High levels of fear and anxiety are common symptoms of post-traumatic stress disorder, for instance (Forbes et al., 2010).

Factors contributing to psychological distress

Global health crisis, such as the spread of COVID-19, can have far-reaching psychological effects, and some populations are more at risk than others, as stated by the research of Brooks et

al. (2020). Women, during COVID-19, reported higher acute levels of anxiety, depression, insomnia, and general discomfort. When compared to men, women also reported greater severity and more frequent occurrences of PTSS and sleep disturbances (Lai et al., 2020). Apparently, getting older is a major contributor to the likelihood of suffering emotional turmoil. Younger people infected with COVID-19 have lower death and sickness severity rates, but higher rates of negative psychological impacts such as anxiety, hopelessness, and post-traumatic stress disorder (Conversano et al., 2020b; Qiu et al., 2020). Some examples of the mental harm caused by these factors are: The adverse childhood experiences (ACEs) a person has are likely to have a lasting and severe effect on their general mental health and wellbeing throughout their lifetime (Felitti et al., 1998; Hughes et al., 2017). People who had traumatic experiences as children are likely to have a higher risk of experiencing mental harm during the COVID-19 pandemic, despite the fact that adverse childhood experiences (ACEs) do not appear to have been investigated in relation to pandemics (Bryant et al., 2020).

Being a part of a racial or ethnic minority, as well as having a poor socioeconomic level, are also additional risk factors that have been connected to the development of adverse outcomes in terms of mental well-being. The complex combination of early childhood trauma, ethnic background, and socioeconomic level is an essential component that influences both health of an individual (Wilkinson and Marmot, 2003).

The pandemic has caused several governments to implement limitations, ranging in severity, on its citizens. These restrictions have had an effect on how people go about their daily lives. At the beginning of the crisis, Israeli policy was considered to be quite stringent. It levied, almost simultaneously, extensive restrictions such as sitting home except when it was essential to leave the house (for example, for work, expected to adhere to set limits, acquiring medicine and

food, receiving medical care, or going to perform other important functions), as well as a prohibition on gathering. All schools serving children aged 0 to 18 was forced to close their doors during this time period, which lasted from the beginning of April through the middle of May. A large number of other enterprises, such as eateries and entertainment facilities, shops of all types, malls, shopping malls, and hotels, had to close their doors immediately. The exceptions to this rule were establishments that were seen as vital, such as pharmacies and grocery stores. Even while critical sectors continued to function, non-essential sectors were only allowed to use a limited number of workplace characteristics that imply either protection (such as optimism, a sense of control, positive relationship between perceived, and institutional trust) or danger (such as financial stress and loneliness).

Mastery, according to Pearlin and Schooler, is defined as the conviction that one is in control of the unfolding of events, as opposed to the conviction that one is at the mercy of forces from the outside. People who have a strong feeling of mastery believe that they have the capacity to influence the world and bring about the outcomes that they want. Mastery is connected to cognitive coping skills, which involve making intentional efforts to adjust one's perspective of demanding stressful events so that they appear less threatening. These techniques can help one deal with demanding stressful situations more effectively. Demand can generate fewer emotional responses when these strategies are utilized. Cognitive coping methods are effective when confronted with large-scale, external events that are beyond one's ability to influence, such as the increase in unemployment that accompanies a pandemic. This theory receives additional support from previous research that shown the moderating influence that mastery plays in unemployment (as well as financial hardship).

A psychological construct known as optimism can be characterized by the broad tendency to expect good outcomes or the idea that "good as contrasted to disgusting things will, generally speaking, occur in one's life." One of the most significant impacts of this positive outlook is that optimists are better able to handle stressful situations. It's possible that pessimists are less adaptive than optimists when it comes to finding ways to deal with difficult situations. Optimists will switch to much more responsive emotion-focused having to cope techniques (also referred to as cognitive coping mechanisms), such as a people are satisfied of the circumstance, when issue coping is ineffectual, as it did in early stages of the disease outbreak in Israel. For example, a positive reimagining of the circumstance could be that the situation is a blessing in disguise. As a consequence of this, Solberg Nes and Segerstrom reached the conclusion in their conceptual that optimists shift between an emotion-focused and a problem-focused mode of coping depending on the degree to which the stressor is under their control. It's possible that optimists have a wider range of coping methods at their disposal than pessimists do. We reasoned that this adaptability would be of the utmost importance in the event of an unforeseeable stressor, such as unemployment brought on by a pandemic.

In addition, studies have shown that individuals who are optimistic have higher levels of well-being even when they are jobless. In spite of the fact that COR theory makes reference to supplementary psychological capital (including self-esteem), we decided to examine some factors as primary resources in light of the pandemic. We made the assumption that an individual's perception of his or her ability to control his or her life, and the propensity to expect beneficial results, is absolutely critical to that individual's well-being in the face of major and unexpected external circumstances accompanied by reducing the uncertainty (macro stressors) and individual stressful events (joblessness as a micro stressor).

In conclusion, trust is an essential component of social capital that is conceptualized and operationalized through the use of cognitive and structural components. The extent and depth of social ties and involvement, both of which can be validated in an objective manner, make up one of the structural components. On the other hand, the cognitive components comprise, among other things, an individual's subjective sense of trust. According to Rotenberg, trust involves both the conviction that other people will keep their commitments and the emotional sensations that come along with holding those beliefs or attributing those feelings. These beliefs may help to alleviate some of the stress that comes with being unemployed.

According to this presumption, trust has been examined in the past as a mediator in unemployment, well-being has been studied as a mediator, and poverty and loneliness have been studied as a moderator. In light of the severe restrictions placed on social meetings and activities (which make up the structural element of social capital) as well as the lockdown that was implemented during the month of April, we believed that the cognitive dimension would be more suitable for assessing social value than the structural one. In addition, a decrease in the quantity or quality of a person's social ties may be the cause of loneliness. Loneliness is defined as an unpleasant subjective experience that arises from a perceived lack of closeness with other people. It is also possible that it is the result of a discrepancy between an individual's real and expected quantity of social interactions and the quality of their relationships.

It is generally recognized that there is an association between Parkinson's disease and loneliness, which is a health risk for the psychological health of individuals of all ages. This correlation has been studied extensively. This link may indicate a discrepancy between an individual's desire for and real interpersonal relationships, which may result in an increase in PD. As a result of the epidemic and the severe constraints placed on people's ability to participate in

social activities, we believe that the gap that exists between people's wants and their real social relationships will widen. In addition, Jahoda and Pearlin believe that the losses that are associated with unemployment can result in social isolation. In point of fact, previous studies have found a correlation between unemployment and loneliness, coupled with the loss of interpersonal ties and normal daily social interactions that create a feeling of belonging and support for the individual.

It is not clear at this time what the COVID-19 outbreak will mean for people's mental health in the longer term. There is evidence to suggest that very stressful events on a wide scale, such as natural disasters, can have long-lasting consequences on one's mental health, particularly in the aftermath of direct experience with traumatic events (Kukihara et al., 2014; Neria et al., 2008). On the other hand, there is a body of evidence that suggests that despite the fact that people's mental health has suffered as a direct result of the outbreak of the COVID-19 issue, people with mental health may be mostly resilient over the longer run (Galatzer-Levy et al., 2018). For instance, in reaction to the SARS epidemic that occurred in 2003, healthcare personnel who were exposed to a high risk of infection and who performed their jobs in stressful environments showed minimal evidence of increased mental health issues (Lancee, Maunder, and Goldbloom, 2008; Maunder et al., 2008).

Several surveys conducted on the general public have, up to this point, shown that the ongoing pandemic is associated with heightened levels of mental distress and post-traumatic stress (PTS) manifestations (Rajkumar, 2020; Vindegaard and Benros, 2020). In reaction to the COVID-19 epidemic, preliminary statistics from China indicate that almost one quarter of the general public experienced moderate levels of anxiety and stress symptoms (Qiu et al., 2020; Wang et al., 2020). Research carried out in a variety of Western nations found evidence of the harmful psychological effects that the COVID-19 epidemic had on persons' mental health (Newby et al.,

2020; Smith et al., 2020; Tull et al., 2020; Zacher and Rudolph, 2020). In spite of this, the vast majority of research on mental health conducted in the COVID-19 sector has primarily used a descriptive approach and concentrated on the prevalence of self-reported psychotic illnesses (Duan et al., 2020; Xiong et al., 2020). Therefore, there is a need for data analysis methods that are more complicated in order to advance this subject by taking into consideration the dynamic correlations that exist between distress indicators over the passage of time (Jordan et al., 2020).

In addition to this, it was hypothesized that the extensive suffering associated with COVID-19 could encompass a greater variety of dimensions and correlations, including health anxiety, emotional regulation techniques, and intolerance of unknown (Taylor et al., 2020a). Because of this, a great deal more information regarding the multifaceted characteristics of the people who suffered during the COVID-19 epidemic needs to be gathered. To summarize, although it has been established that COVID-19 has negative psychological consequences in the general public (Xiong et al., 2020), very little research has been done to identify more help to select through which certain psychosocial variables, including such ER, IU, and support networks may play an important role in fostering mental harm in the population. This is despite the fact that the adverse affective repercussions of COVID-19 have indeed been founded in the general population.

Psychological distress's etiology

Epidemiological research on mental trauma relies heavily on merging data collected from large-scale studies and surveys that focus on subsets of the population defined by factors like age, ethnicity, nationality, and socioeconomic status. This evidence has been accumulated over the course of many years. The complicated relationship between psychological discomfort, prospective risk determinants, and resilience factors, as well as the co-evolution of these variables

and distress through time, can be better understood with the use of longitudinal data. However, their value diminishes as intervals between data collection cycles lengthen.

The process of stress is engrained in three levels of social structure, according to Pearlin's (1989) hypothesis. These layers consist of social hierarchies (e.g., age, generation, cultural status, and race), social groups that offer positions and status, and social interactions. The manifestation of distress, the degree of exposure to various stressors, and the coping mechanisms that are employed are all products of the social structures that people are embedded in. Pearlin identifies the following five groups of strains that are associated with occupying certain social roles:

- Role overload, which can be defined as an inefficient capacity to cope with the expectations that are intrinsic to a function.
- Conflicts between individuals within their respective position sets (e.g., husband-wife)
- Conflicts between different roles (e.g., mother-worker)
- Character imprisonment (i.e., filling an unwanted role)
- The reallocation of roles within the context of a specific role.

The relationship between stress and emotional anguish, according to Thoits, lies in the importance of one's social role. To be more precise, a person's mental health is more likely to suffer when confronted with adversities that threaten the role identities, they hold most dear (Thoits 1991). People who play social roles and consist of highly in those roles, in her opinion, create role personalities that make a contribution to their self-esteem. This is because the role identities people adopt help them feel more secure in their identities and more fulfilled in their roles in life.

Therefore, the lack of social duties poses a risk to psychological health since it deprives people of a sense of community identification. There are two primary corollaries that stem from the role-identities paradigm. To begin, the significance that a society places on particular social roles might

differ from one society to the next and even within a single society. Among Western societies, for instance, the mother's role is seen as more important than the father's (Thoits, 1991). This is a contention made by Thoits.

Secondly, the aggregation of social roles ought to be protective since, in the event that one position is unable to cultivate in individuals a sense of self-esteem as well as meaning and purpose, the others can step in and do so instead. Two theories have been proposed as explanations for why one's level of exposure to anxiety and their methods for coping with stress are likely to change throughout the course of their lifetime (Folkman et al. 1987).

According to developmental theory, the way in which individuals deal with adversity naturally shifts as they grow older. According to the contextual hypothesis, age-related disparities in coping are the outcome of changes in the circumstances that individuals are required to cope with as they age.

The scientific evidence just on epidemiology of mental trauma in the general public can be summarized by dividing risk factors and protective factors into three categories. These categories are as follows: (1) cultural variables; (2) pressure considerations; and (4) resources. Inherent characteristics (such as gender, age, and ethnicity) are included in the socio-demographic elements, as are characteristics that represent the role that individuals perform in the social structure. These are the most often used indicators of people at risk for developing psychological distress, and so might be the target of preventative or therapeutic efforts. The occurrences in an individual's life as well as the conditions of their lives can be classified as stressful to that person's mental health and are therefore included in the stress category. The social resources group includes all of the tools that are openly accessible to people with the goal of mitigating the likelihood of experiencing emotional anguish. These three categories of elements might work together in a complementary fashion. For example, being poor is seen as a difficult life circumstance, whereas having money is seen as a cognitive tool that can help alleviate stress.

Most of the time, the stress-distress model's derived hypotheses are corroborated by the data. Exposure to various stress factors can have a more or less severe influence on mental health depending on the resources accessible to individuals who belong to different social groups, and these groups tend to have different experiences with stressful occurrences or living situations. While some research narrow down on one or two stressors that are consistent with the role-identify theory, others look at a wider spectrum of potential sources of tension. Some research, for instance, has zeroed in on the effects of major life changes like job loss, divorce, or interpersonal strife at work or at home. Furthermore, most research have isolated one age bracket, such as adolescents, young adults, working-age adults, or the elderly. This is because, in accordance with the model of stress, the likelihood of exposure to various kinds of stress is likely to shift over the course of a person's lifetime.

Jorm and his team found that the factors linked with psychological distress in Australian workers vary by age and by gender (Jorm et al. 2005). For example, it was discovered that the extent to which people of the three ages studied were exposed to stress varied widely. To be more specific, the risk of a recent breakup in a romantic relationship, a recent conflict with another person, or a recent danger to one's work decreased as one's age increased. Certain risk factors, such as enduring a personal or family accident or disease, having conflicts with another person, having troubles at work, or having contradictory connections with friends or family, raised the probability that both men and women would experience psychological discomfort.

There were differences in the likelihood of experiencing stress due to three different life events based on a person's gender. For example, men were more likely than women to experience stress due to job insecurity, while women were more likely than men to experience stress due to death in the family or the end of a romantic relationship. These data provide credence to the hypothesis that males continue to play a

more significant part in the workforce than women do, whereas women continue to play a more significant role in the care of their families than men do.

Key risk factors for mental distress in seniors include long-term stress, upsetting recent experiences, and traumatic experiences in childhood (Cairney and Krause 2005). There is little evidence that suggests that this form of worry may be more harmful to females than to boys (Darcy and Siddique 1984; Ystgaard, Tambs, and Dalgard 1999). Adolescents are more prone to emotional discomfort when they are under stress connected to scholastic accomplishment (Darcy and Siddique 1984; Myklestad, Roysamb, and Tambs 2011; Ystgaard, Tambs, and Dalgard 1999).

Teenagers' mental health might be negatively impacted when they have the perception that they are failing in their duty as students. When children experience bullying at school or domestic strife, their average degree of distress rises. While both sexes feel the effects of stress, it appears that family disputes have a bigger effect on girls than on boys (Ystgaard, Tambs, and Dalgard 1999). Resources and externally are the two categories that can be used to classify a person's personal resources. Personality traits, such as ego and a feeling of command over one's life, are examples of inner resources. Personality-driven inner resources are also a valid category. Although these reserves tend to remain consistent over the course of a person's life, they might be temporarily or permanently shattered by traumatic events. For both adults and the elderly, higher levels of self-esteem and perceived agency are associated with less overall mental suffering (Gadalla 2009; Jorm et al. 2005; Walters, McDonough, and Strohschein 2002). (Cairney and Krause 2005). One's perception of their own agency, however, does not seem to mitigate the negative effects of poverty (Gadalla 2009). Social media, social support, financial resources, and formal education are all examples of "external resources."

In the midst of the current catastrophe brought on by the pandemic, the newly published research is starting to shed light on key differences that may be categorized according to gender and age. The feelings of depression, anxiety, tension, and fear that are associated with COVID-19 are more prevalent in younger persons and women. However, the majority of this research was carried out on healthcare professionals, and very little is known about young people as a result.

In the case of universities, it has been observed that undergraduate students are more terrified of COVID-19 than postgraduates (Reznik et al., 2020). In addition, a number of studies have found that the symptoms of anxiety and depression are becoming more prevalent among these students as a direct result of social isolating policies and lockdown regulations (Chen et al., 2020a; Mazza et al., 2020; Santini et al., 2020). It is of the utmost importance to find a middle ground between doing research during such a potentially distressing period and adhering to ethical principles that will help safeguard volunteers from any harm or suffering that may be caused by the study. The COVID-19 epidemic has had a huge impact on the lives and social situations of a great number of people all over the world. This is due to the negative impacts of physical isolation as well as the dread of contracting the coronavirus. Participants in research connected to COVID-19 may be more likely to report feelings of stress and anxiety as a result of the characteristics listed above.

Contradictory reactions are sparked by this kind of activity. One option would be to keep increasing the variety of surveys being carried out as well as the scope of those being surveyed, presuming that the benefits would outweigh the drawbacks. This entails placing a greater focus on the potential benefits of the research in comparison to its potential risks, while at the same time giving priority to the requirements of the existing policy and research. The other extreme would be to avoid the collecting of data during such a stressful time in order to reduce the dangers to the

participants. It could be possible to reach a satisfactory compromise if one were to accept the pressing requirement for the collecting of current and trustworthy data while simultaneously maintaining an unusually tight eye on the well-being of the participants. This research aims to apply such a method and examine the effects of a survey connected to COVID-19 on participants. Specifically, survey discomfort and satisfaction will be directly assessed through experimental and observational methods.

According to studies, experiencing depressive symptoms as a young adult may make it more difficult for a person to accomplish challenging developmental tasks. This, in turn, can have a negative influence on a person's later life in the form of low achievement, occupational difficulties, and social dysfunction (Schulenberg and Zarrett, 2006; Salmela-Aro et al., 2008). Separately examining risk and protecting factors for depressive symptoms in early adults is important because protective factors can positively influence the course of development if embraced during this transitional time (Masten, 2001; Galambos et al., 2006).

According to the findings of previous research, participants reported feeling very little anxiety and a great deal of contentment as a result of taking part in the study (Gibbs et al., 2018; Jacomb et al., 1999; A. F. Jorm et al., 1994; Anthony F. Jorm et al., 2007; Newman et al., 2001). The findings also imply that research concentrating on the experience of trauma is likely to indicate higher levels of suffering than those that do not (Lambert et al., 2017; Sikweyiya & Jewkes, 2012).

According to the available research, certain types of people may be more likely to experience distress as a result of their participation in scientific studies. These types of people include those who already have problems with their mental health; those who are women or younger; those who report having financial difficulties; those who have experienced trauma or other traumatic events; those who are highly neurotic; and those who have fewer social supports. It is important to keep

in mind that the vast majority of studies have only investigated the immediate impact of participating in research. According to research, crises can produce social threats, which can negatively influence people's health and well-being. Some examples of these social threats include a reduction in the capacity for social assistance. Several research conducted in the years that followed the outbreak of the SARS epidemic (which began in 2003) has shown that there has been an ongoing rise in the distress symptoms of post-traumatic stress disorder and altruistic feelings. In addition, new research has demonstrated that COVID-19 is responsible for an increase in agitation.

Researchers have shown a significant amount of interest in the anxiety and depression symptoms that have been linked to the COVID-19 pandemic. According to the results of initial surveys, their presence among the populations of a number of the countries that have been affected looks to be considerable. According to the research done by Wang et al. in China, 28.8% of respondents were found to have moderate to serious anxiety symptoms, while 16.5% of responders were found to have medium to serious depression symptoms.

Cao et al. conducted a study of Chinese undergraduate students and found that 21.3% of respondents experienced mild depression, 2.7% of respondents experienced moderate depression, and 0.9% experienced severe depression. Both Huang and Zhao came to the same conclusions on the topics that they investigated in China and found similar results. The percentage of respondents who supported depressive symptoms was 20.1%, whereas the percentage who supported general anxiety symptoms was 35.1%. In a preliminary investigation, it was discovered that similar data exhibiting sadness, anxiety, and depression-anxiety co-occurring were identified in Nepal.

Subjective well-being

It has been said that psychological well-being is the bedrock upon which mental health is built. Mental health is defined as "a condition of health in which each individual fulfills their full potential, is able to handle daily duties, can work efficiently and productively, and can contribute back to their community," according to the World Health Organization (2011). Historically, the absence of side effect of distress (i.e., the absence of depressive episodes, anxiety, and other symptoms of mental conditions) has been used to define psychological well-being. However, the meaning of the phrase "psychological well-being" has expanded to include other positive aspects over the course of time (Keyes & Magyar-Moe, 2003). That is to say, psychological well-being is now widely acknowledged to refer to more than only the absence of debilitating symptoms; rather, it also encompasses the good attributes that individuals possess and which have the potential to contribute to mental health. Recent models of positive functioning have been proposed to explain fundamental features of psychological well-being. [Creative Commons] [Creative Commons] The notions of empowerment, recovery-oriented components such as hope, self-initiation, and meaning in life; individual, environmental, and systems-based elements of psychological well-being; and subjectively experienced dimensions of positive functioning are some of the major concepts (autonomy, environmental mastery, self-acceptance, etc.).

Subjective well-being, which is defined as "a person's cognitive and emotional judgments of his or her life" (Diener et al. 2002), is a significant element in determining a person's mental health regardless of the presence or absence of mental disease and disorders (de Cates et al. 2015). The general consensus holds that subjective well-being is made up of two types of components that are conceptually distinct but related to one another. The cognitive component, which refers to evaluations of one's overall life satisfaction as well as the affective type, which makes reference to positive and negative psychological responses to life, are the two types of

components that make up subjective well-being (Busseri & Sadava 2011; Diener 1994; Kiemy et al. 2020). Since the COVID-19 pandemic epidemic and the subsequent social exclusion have disrupted daily routines and stripped away subjective well-being, it is vital for scholars and clinicians to create tailored initiatives and protect the mental well-being of target populations. This is because it is imperative that academics and clinicians create customised interventions and safeguard the mental well-being of specific populations (Ettman et al. 2020). (Grubic et al. 2020).

Therefore, therapeutic treatments are centered on making positive changes, pushing beyond a state of acceptance in which one acknowledges that distressing symptoms will persist despite the fact that skills may be gained to enhance one's psychological well-being (Office of the Surgeon General, 1999). Instilling hope; obtaining a stable living arrangement (i.e., a positive, growth-producing environment); concentrating on the self (i.e., taking on an active role in one's recovery from mental illness); cultivating healthy relationships; developing a feelings of empowerment; learning different coping strategies for managing signs; and developing meaning and purpose in the process of recovery are all important aspects of the process (Jacobson & Greenley, 2001). The incorporation of these concerns into treatment regimens for those struggling with mental illness might, in principle, assist such persons in progressing from a condition of simply surviving in life to one in which they are thriving in life.

Relatively recently, leaders at the Office of Women's Health (OWH) of the United States Department of Health and Human Services devised a model of recovery specifically for female patients. Because women experience a disproportionately high number of mental diseases in comparison to males, they questioned the legitimacy of the challenges that already exist for women when it comes to coping with mental illness (e.g., depression, anxiety disorders, and phobic disorders, OWH, 2009). They conceived of a conceptual framework that would cover a full list of

problems that women face on the individual, environmental, and systemic levels.

Certain mental disorders, such as depression, anxiety disorders, and phobic disorders; trauma, crime, and abuse; social stress and stigma; biological and developmental factors (such as sex differences in the course of treatment); health system issues (such as a lack of evidence-based practice on women); treatment access and health coverage; identifying and intervention issues; and protective and rehabilitative factors are all particularly important to the psychological well-being of women (OWH, 2009). The elimination of problems at each of the levels, the fulfillment of unfulfilled needs, the expansion of access to resources, and the development of factors that foster resilience are all things that, in theory, would help to improve women's psychological well-being and reduce the amount of psychological distress they experience. In recent years, new models of psychological well-being have been created, and the components of such models have been detailed. [T]hese models have been outlining the importance of [t]he following: [The phrase "psychological well- being," on the other hand, has remained something of a nebulous idea (Guindon, 2020).

In addition, the term "psychological well-being" is defined exclusively by some researchers as "positive functioning." Because of the several ways in which this concept may be defined, measuring and interpreting the results has proven to be challenging. In point of fact, the concept of psychological well-being did not have a precise and all-encompassing definition, nor was it quantified based on theory, until the last few of decades (Ryff, 1989). Ryff took note of this difficulty and investigated previously developed theories in search of conceptual overlap. She went back several decades to those described by Jung, Allport, Erikson, and Neugarten, and identified several themes within the frameworks. Then, she designed a new model of positive functioning that incorporates six ideas: autonomy, purpose in life, positive relations with others, personal growth, and environmental mastery. Self-acceptance was also included in the model (Ryff, 1989).

As a result, she devised a new model of positive functioning and defined it as a multidimensional construct as well as the degree to which individuals perceive themselves to be functioning well in these six primary areas of life. She also analyzed the correlation between positive functioning and a number of other factors (Ryff, 1989). Since the inception of this framework, this positive psychological well-being construct has been examined in a variety of circumstances, and it has been discovered to have an impact on significant parts of people's mental, emotional, and physical states. [Citation needed]

There is a correlation between having difficulty adjusting to significant life changes and a decline in positive psychological well-being (Abbot et al., 2008; Kwan, Love, & Ryff, 2003); an increase in distress symptoms (Rafanelli et al., 2000; Simon, 2002); an increase in negative self-evaluations; a decrease in work productivity; and neuroticism (Abbot et al., 2008; Kwan, Love, & Ryff (Lindfors, Berntsson, & Lundberg, 2006). It has been shown that improved psychological wellbeing can reduce stress, assist in coping with traumatic experiences, and predict the development of successful identities (Vleioras & Bosma, 2005; Schnyder, Büchi, Sensky, & Klaghofer, 1999; Showers & Ryff, 1996).

Other benefits of greater psychological well-being include better physical health (Keyes, 2005a; Lindfors & Lundberg, 2002), better sleep quality (Friedman et al., 2005), and decreased vulnerability to psychological injury as a result of traumatic experiences (Ryff & Singer, 2003). It means that greater psychological well-being has been proven to protect against a range of psychological distress and to improve one's capacity to "bounce back" from adversity. [Citation needed] [Citation needed] [Citation needed] [Citation needed] [Citation needed] [(Ryff & Singer, 1998; Ryff, Singer, Love, & Essex, 1998). Although it is generally known that men and women face a variety of distinct difficulties to their mental

health, the focus of these research has not been on gender despite the fact that this has been extensively documented. At the same time, it has been said that women are more susceptible to experiencing a decline in their psychological well-being (OWH, 2009).

Women in the United States have been subjected to a history of discrimination, devaluation, and oppression in the past (Worell & Remer, 2003). As a direct consequence of this, the hypothesis that sexism in institutions is to blame for the higher rate of depression and other mental health problems experienced by women has been proposed and investigated (Keith, Jackson, & Gary, 2003). Depression affects women at a rate that is two times higher than that of males (Lewinsohn, Rhode, Seeley, & Baldwin, 2001). In addition, women are two to three times more likely than males to suffer from anxiety, stress and panic disorders (Kessler et al., 2005).

According to research conducted by the Office of Women's Health of the United States Department of Health and Human Services (2009), females have a nine times higher risk of developing eating disorders than boys do, and they have a two times higher risk of developing bipolar disorders. Mental diseases are more prevalent in women than in males by themselves. In a large sample consisting of men and women that was intended to be representative of the population as a whole (N = 9,282), 23.4% of women and 14.3% of men matched the criteria for having an anxiety disorder. The overall prevalence of major depressive disorder was found to be 8.6% among women and 4.9% among men, whilst the prevalence of mood disorders was found to be 11.6% among women and 7.7% among men (Kessler et al., 2005). Because women encounter a disproportionately high number of mental health issues, the quality of women's mental health has been called into doubt (OWH, 2009).

Because it is essential to address the challenges that women face with regard to their mental health, national organizations such as the Office on Women's Health (OWH) and the joint task

forces of divisions 17 (counseling psychology) and 35 of the American Psychological Association (APA) have taken the initiative to do something about it. The leaders of these groups have launched a number of initiatives with the goals of promoting good functioning and reducing the psychological distress symptoms experienced by women. Among the projects that are of interest to academics, educators, and mental health practitioners, research and reporting on the condition of women's psychological well-being are two of the most important ones. Other initiatives include the development of recovery-oriented strategies and interventions to improve and advance the psychological well-being of women, as well as the application of research with women in community-based, educational, and therapeutic settings. These initiatives are aimed at improving and advancing the psychological well-being of women. (OWH, 2009)

Fear of infection from the COVID-19 pandemic has a significant negative impact on the quality of life and wellbeing of the general population. In particular, the psychological impact of COVID-19, rigorous isolation measures, the cessation of educational and recreational activities, and strain on existing healthcare services are all contributing factors that are making it increasingly difficult for the general populace to maintain their health.

Frontline workers, such as paramedics, police officers, personal and home care aides, healthcare employees, and others, are among those who have the highest risk of developing a physical illness and are subjected to the highest levels of emotional stress while on the job. However, the stress caused by the COVID-19 epidemic is not confined to those who interact directly with patients. Employees in service industries that include physical contact with other people, such as cashiers at grocery shops, couriers, and bank tellers, are also at an increased risk of contracting an infectious disease. This study will assess the relationship between the open to interpretation well-being of employees in Pakistan's nursing field and their dread of the COVID-19 epidemic in order to gain a better understanding of how the

continued economic crisis decided to bring on by COVID-19 affects employees' job security. COVID-19 is the virus responsible for Pakistan's current economic crisis.

Late in the month of February in the year 2020, the COVID-19 epidemic started in Pakistan as a result of refugees coming from Iran. The population in Pakistan has been thrown into serious disarray by the first two waves. The nation is currently in danger from the pandemic's third wave of infection. As of the 2nd of July in the year 2021, the total number of people has surpassed 829 thousand. In addition, there have been over eighteen thousand fatalities, with an estimated 360 of those fatalities being among medical professionals such as nurses and EMTs. The health and well-being of nurses has taken a serious hit as a result of inadequate levels of psychological support, a dearth of first-hand medical knowledge, a lack of access to personal protective equipment, and inadequate education on how to prevent the spread of infection. As a direct consequence of this, they have been subjected to significant amounts of stress as well as psychological anguish.

Two considerations led to the decision to analyze the clinical personnel at Pakistani hospitals using this particular research project. To begin, the position of Pakistan on the map is quite important. Pakistan's borders are shared with two of the most problematic countries: China, which is the country where COVID-19 was discovered for the first time, causing an epidemic all over the world; and India, which is the country where the spread of COVID-19's third wave has overwhelmed the health system. The number of patients in Indian hospitals is at an all-time high, there is not enough oxygen available, and the proportion of patients with positive test results has climbed by more than 300 000 instances every day. Pakistan is tackling the problem by either focusing its efforts on a certain location or by imposing a nationwide lockdown over the whole nation. Fear of COVID-19 has had a significant impact on Pakistan's working population as a direct result of the closing down of industries, enforced isolation, jobs lost, and other related issues.

Fear of COVID-19, that is the third primary reason for doing this research, is felt by a significant portion of the working-age population in Pakistan. This fear is compounded by the fact that working people in Pakistan have limited access to healthcare. Fear of COVID-19 during the first wave of the outbreak had a detrimental effect on the health of healthcare practitioners and was even reportedly a contributing factor in some cases of attempted suicide. The intensity of the third wave, its devastating repercussions, the strain it is placing on the nation's healthcare infrastructure, and the devastation that has befallen Pakistan's neighbor, India, have all contributed to the widespread fear that has gripped the population of Pakistan. It is more probable that workers will encounter stress that is detrimental to their health if they are exposed to a varied range of demographics, stressful scenarios, and risk control situations in the course of their employment. Workers' employment is made more precarious as a result of the current economic situation, which was brought about by COVID-19; the growth in the expense of medical care; and the anxiety that one may contract COVID-19.

When it comes to overcoming challenges and effectively navigating life, psychological well-being is an advantage that cannot be overlooked (Ryff, Keyes & Hughes, 2003). The capacities and points of view that make up psychological well-being are necessary for successfully navigating one's environment, creating connections with other people, and realizing one's full potential (Ryff, 1989). There is a positive correlation between indicators of a person's physical health and their psychological well-being (Ryff et. al., 2006). Therefore, maintaining a healthy mental state is essential for people of all ages, particularly those who are actively working (Bowman, 2010). Several pieces of research point to a correlation between one's mental health and their ability to employ healthy coping mechanisms in different types of academic environments (Freire et al, 2016). Those persons who scored higher on psychological well-being were more

likely to utilize adaptive strategies such as commitment, positive reappraisal, or searching for both practical and emotional aid in comparison to those who scored lower on psychological well-being (Freire et al, 2016).

People who had a lower psychological well-being likely to use more maladaptive coping strategies, in comparison to those who had a higher psychological well-being and scored higher on the psychological well-being scale. The avoidance of the problem, the imposition of blame on oneself for the predicament, and the search for consolation in fanciful beliefs are all examples of poor coping techniques (Freire et al, 2016). According to Burriss and colleagues' research, optimism was one of the best measures of psychological wellness.

Adults who are gainfully employed and who have a happy attitude on life are more inclined to persevere, which is necessary for success in an organizational context (Burriss et al, 2009). According to the findings of this study, if people adopted a more optimistic mentality, it would likely improve their psychological wellness and increase the likelihood that they would be successful in their academic careers. In addition, Burriss and colleagues found a positive association between a person's psychological well-being and the importance they place on their health. Examples of activities that enhance health include engaging in physical activity and refraining from using drugs that are known to be harmful to one's health, such as alcoholic beverages, marijuana, and tobacco (Burriss et al, 2009).

People who place a high value on their health are likely to make the prevention of psychological discomfort and the enhancement of psychological well-being two of their top goals (Burriss et al., 2009). In addition, Burriss and colleagues found a significant link between spirituality, religion, and one's overall psychological health and well-being. The findings of this study imply that adopting a more optimistic outlook, engaging in religious and spiritual practices, and adopting behaviors that are congruent with health as a value may also increase the likelihood of a greater psychological well-being. The findings of this study were published in the

journal *Psychological Science*. [Citation needed] The state of one's mental health is influenced by a number of things, including one's physical health, the amount of money his or her family earns, and the quality of one's connections with one's family, a significant other, and friends (Chow, 2007).

Subjective well-being, which has been the focus of the vast majority of research conducted in the subfield of positive psychology, is not only a vital component of human cognition but also a reliable predictor of a wide range of outcomes, including pleasure, health, and other cognitive aspects. Ulloa, Miller, and Sousa-Poza all referred to it as the ultimate goal that a person should strive to accomplish with their life. Individuals whose subjective well-being is at a higher level have better physical and mental health, as well as more inventive and proactive social behaviors and the ability to solve more problems. Happier people have higher levels of positive affect. They also have more fruitful connections with others in social settings.

The environment and the circumstances that an individual finds themselves in have a considerable influence on the individual's perceived level of well-being. This relationship may be further understood by applying the transactional stress theory, which contends that stress is nothing more than a transaction that takes place between an individual and the setting in which they find themselves. It is possible to cause someone damage by putting their health at jeopardy. The severity of the components, such as previous experiences, work obligations, and present levels of job stress, can determine whether short-term or long-term stress is manageable or unmanageable. This can also affect whether the stress is controllable or not. The idea of transactional stress is founded on cognitive and attitudinal assessments, which suggest that stress is communicated through an interaction process and eventually impacts the well-being of individuals. This theory is known as the "transactional stress model."

A study that was conducted in the hospitality industry during the COVID-19 epidemic found that employees' perceptions of the spread of COVID-19 were based upon their surroundings, which increased the likelihood of employees experiencing depressive symptoms, which in turn affected their overall well-being. Bermes also investigated the ways in which the dissemination of false news on the spread and severe outcomes of COVID-19 produced transactional stress, which has a number of detrimental effects in a variety of contexts.

Perceived Social Support

According to several definitions, the term "perceived social support" relates to how individual views individual views and evaluates the help that they get from others in their surroundings (Zimet et al., 1988).

According to the extant literature, young people's adaptive psychological functioning depends heavily on their ability to form and maintain relationships with supportive adults (Rueger et al., 2016 & Lei et al., 2018).

Chinese culture, which values internal peace and appropriate behaviour in public, is often cited as an example of this point of view (Bond, 2010; Chen, 2010). To augment the key role that family bonds play in people's social support networks, it is highly valued in Chinese culture to transform persons from outside the family structure into kin through trade partners of favours. This is accomplished by mutual acts of kindness (Bond, 2010; Lan, 2020). While having friends has been associated to having fewer mood problems, the exact mechanism through which social support has an effect on one's defenses is still unclear. This is due to the fact that the exact mechanism by which social support reduces depression symptoms remains unclear. For instance, according to the buffering effect paradigm, when people are under stress, only social support may ease their psychological suffering (Auerbach et al., 2011; Dumitrache et al., 2017; Wang et al., 2020). When people are struggling or unhappy in their daily lives, Velez et al. (2016) say they are

more likely to seek out social support and consolation from others. For example, Dumitrache et al. (2017) found that those who have strong social support are protected from the detrimental effects that low levels of life satisfaction and perceived health status might have. To be more precise, when persons have a negative perception of their health state and have access to social support, they report much higher levels of life satisfaction. According to the findings of this study, young individuals who report a high COVID-19 infection risk may benefit from having access to social assistance in order to reduce their risk of developing negative emotional states, including symptoms of depression.

It has been shown that one of the most essential psychosocial coping resources for people to manage with serious mental illnesses and sustain subjective well-being is social support. [Citation needed] [Citation needed] (Cobb 1976; House et al. 1988). A person's views of being supported and involved within a supportive social network are improved as a result of receiving instrumental, informational, or emotional aid, as defined by this concept (Qi et al. 2020). This is especially true for people who are working and who are in the midst of an important phase in which they are figuring out and adjusting to adult life as well as developing their own sense of who they are (Arnett 2000).

This subfield of social support research is predicated on the concept that knowledge of the psychosocial benefits of available social support from intimate, support groups, and significant others can be used to inform the development of more effective strategies for promoting the mental health and well-being of working people (Hefner & Eisenberg 2009). There is a strong link between the perception of social support and life satisfaction, as well as a reduction in stress and emotional exhaustion and an increase in pleasurable feelings, according to the research (Wang et al. 2018). On the other hand, it has been shown that working individuals who do not have access to social support are unable to effectively manage the stress brought on by both

their personal and professional lives, and they report lower levels of subjective well-being (Wang, et al. 2014).

During the COVID-19 pandemic, working individuals who already have substantial mental health problems are subjected to two additional stressors: the unpredictability and concerns brought on by the pandemic, as well as the experiences of direct exposure to COVID-19 (American Campus Communities 2020; Grubic et al. 2020). People who have jobs may have to rely heavily on the knowledge and resources for assistance that are a part of their social relationships with important others in order to overcome the challenges associated with online learning, cope with stressful situations, and maintain their psychosocial functioning (Saltzman et al. 2020). Although, to the best of our knowledge, there hasn't been much study done on the association between objective well-being and friendship quality among individuals working during the COVID-19 epidemic, fresh studies on the general population have revealed how vital supportive relationships with loved ones are for sustaining mental health during a time of tremendous peril (Aluh & Onu 2020).

Recent research has investigated the role that coping strategies and social support play in the development of anxiety and depression. During the course of the pandemic, those who were affected by the disease appear to have benefited from a protective factor that was greater perceptions of social support. A recent study found that the different degrees of social support experienced by medical professionals are associated with a negative link with levels of concern and stress, and a positive correlation with levels of self-efficacy and the quality of sleep experienced. Contrarily, due to the complexity of the issue of societal support, it is not always possible to diagnose or evaluate loneliness based solely on the presence or absence of social connections alone. This is because there are many factors that contribute to feelings of isolation. The concept of social support is one that may be segmented into a great number of subcategories

and is so complex that its meaning can be construed in a number of different ways.. According to Thoits, the primary function of social support is to provide "coping help" for the detrimental effects of stress by increasing an individual's feeling of self-confidence and sense of control over the circumstances in which they find themselves.

In contrast to social support, loneliness can persist in a person's heart even when they give the impression of being surrounded by other people and actively engaging in social activities. There is a high probability that it will be preceded by significant life events for the individual. It has a considerable harmful influence on both physical and mental health, including premature death rates that are equivalent to those that are caused by obesity and smoking. During the COVID-19 epidemic, it is essential to make a distinction between the impact of the physical isolation caused by lockdowns and the degree to which individuals subjectively feel alone or supported by others. An observer can determine whether a person is socially isolated by looking at their proximity to other people and whether or not they are actively interacting with others. It's possible that they don't genuinely feel alone. In addition, it is essential to bear in mind that social support is complex and may vary based on the type of help provided by a wide variety of people, such as members of one's own family, close friends, or even complete strangers.

In addition, studies have shown that different kinds of support can each have their own unique impact on the decrease of stress. In point of fact, it appears that assistance, particularly from family and friends, was helpful to people in maintaining their sense of wellbeing and communicating their emotions during the COVID-19 outbreak. In addition to the impact that social support might have, the implications that various coping methods can have on either postponing or encouraging the manifestation of psychological symptoms are also not well understood. Existing research on the psychological responses and coping mechanisms utilized by the general

public during previous outbreaks has revealed that problem-focused coping techniques (looking for alternatives, protecting oneself and others) as well as looking for social support to lessen feelings of anxiety and depression have been shown to be effective coping mechanisms. There is a possibility that certain populations are more vulnerable to the psychological consequences of catastrophic global health crises like COVID-19 (for a review see Brooks et al., 2020).

During COVID-19, among Chinese healthcare professionals, women reported experiencing more severe PTSS and disrupted sleep than men did. Additionally, women reported experiencing more severe sensations of worry, despair, insomnia, and general misery than men did (Lai et al., 2020). It appears that one's age is also a substantial risk factor for experiencing psychological discomfort. Despite lower mortality and sickness severity rates, younger patients with COVID-19 have reported greater rates of negative psychological impacts, such as anxiety, sadness, and post-traumatic stress disorder (Conversano et al., 2020b; Qiu et al., 2020).

Last but not least, there has been a rise in the amount of research that investigates the significance of the absence of social support following COVID-19 home confinement. To help individuals deal with the effects of stress, social support can be characterized as the resources supplied by others, such as aid in coping with it, or as an exchange of resources between persons (Schulz and Schwarzer, 2004). During the COVID-19 epidemic, some data from China show that having more social support was a key protective factor against experiencing psychological distress in the community and among medical health professionals (Cao et al., 2020; Ni et al., 2020; Yu et al., 2020).

In addition, it was suggested that a higher perceived impact of COVID-19 on an individual's day-to-day life was associated with a higher perceived social support and less loneliness (Tull et al., 2020) among individuals rather than in social networks (Cairney and Krause 2005, Caron and Liu 2011, Gadalla 2009, Prévillle et al. 2002). This was discovered to be the case

when considering how people felt COVID-19 had affected their daily lives. Also, some data suggests that the help a person receives and the individuals who offer it might have different long-term consequences on men and women.

Kuriyama and colleagues conducted a study (Kuriyama et al., 2009) among Japanese individuals aged 40 and up to highlight the complexity of the relationship between the form of assistance and psychological distress. Researchers found that both sexes were more likely to suffer from emotional distress if they lacked a support system, and that women in particular were more likely to suffer if they had no one to talk to about their health, provide care for them, or transport them to the hospital. Having a large social circle, especially among adolescents, is associated with less anxiety (Myklestad, Roysamb, and Tambs 2011, Ystgaard, Tambs, and Dalgard 1999). Differentiating between the support of school friends and that of friends outside of school reveals that school friends operate as a protective factor for males but not for girls, while the support of friends outside of school had no influence on the degree of psychological discomfort experienced (Myklestad, Roysamb, and Tambs 2011).

No of one's nationality, race, or cultural background, having a supportive and loving family is an essential component of a happy and fulfilling existence. It has been the subject of several different pieces of study. The term "familism," which is sometimes spelled "familismo," refers to the intense connection and attachment that individuals have with their families as well as the significance of extended family relationships in Latino culture. The phrase "familism" is also spelled "familism" (Triandis et al., 1984). The primary idea of perceived family support (PFS), that was originally proposed by Martin (1992) and has continued to be refined by subsequent researchers, is assistance from families in general, endorse from the partner, and assistance from those other relatives in specific, such as children, parents, and other family members. This concept was first proposed by Martin (1992), and future studies have continued to refine it.

Seligman (2002) discussed how feelings of happiness and other psychological aspects are connected to the support of one's family. The research conducted by Byron in 2005 found that family stress and family support both have a substantial influence on an employee's ability to maintain a healthy work-family balance. The researchers Aryee and colleagues (1999) devised the measure in order to investigate the influence of reported support from family on the employee's level of participation at work along two dimensions: the assistance from the spouse, as well as the support from other members of the employee's family.

Girls who reported low levels of parental warmth and who relied on friends rather than family members during times of family conflict were more likely to report high levels of distress, as shown in a study by Operario et al. (2006). Males, on the other hand, were unaffected by either parental warmth or peer support. Supportive relationships and social networks in the general adult population may not have the same calming impact on older persons, according to some research (Paul, Ayis, and Ebrahim, 2006). According to Cairney and Krause (2005), the quantity of seniors' interactions does not influence their levels of psychological discomfort; instead, seniors' intensity of perceived social support are connected with lower levels of suffering.

In addition to providing emotional and practical help, social networks can also offer invaluable knowledge and insight (Cai et al., 2021). In spite of the abundance of help available, it was the provision of emotional support that proved most crucial. In a large way, nursing students' happiness results from the availability of emotional support (Senocak et al., 2020). The term "subjective well-being" refers to an all-encompassing psychological notion used to assess a person's state of mind, which includes their experience of pleasant emotions, their lack of negative ones, and their level of contentment (Joshani et al., 2018). According to proponents of the

humanistic psychology school of thought, a person's subjective feeling of well-being rises when their individual needs are met. Based on these findings, Abraham Maslow was able to formulate his theory of self-actualization (Maslow, 1943). Like him, I believe that a person's need for love, belonging, and self-esteem are intrinsically linked to the level of social support that one receives.

Emotional support in social support includes things like being there for others while they're going through a rough patch, showing them that you care, and sharing in their successes and accomplishments (Cai et al., 2021). The supply of social support, on the other hand, has a positive impact on the development of a person's self-esteem, particularly throughout the adolescent years. That's why it's so important for people to have strong social networks; it may do wonders for their happiness (Rueger et al., 2016; Li et al., 2018).

Many recent empirical research have looked into the connection between social networks and happiness. How students interacted with teachers and with one another, for instance, was a strong predictor of a variety of subjective elements of well-being in the context of school (Littlecott et al., 2018). Additionally, having others who care about you is likely an excellent barometer of your own sense of happiness (Morelli et al., 2015; Wang et al., 2021). In a positive way, social connections contributed to one's sense of fulfilment (Sharda et al., 2019). Healthcare providers should also be made aware of the positive effect that social connections can have on patients' well-being (Khusaifan and El Keshky, 2020).

Organizational Support

This refers to the acts taken by the organization itself, as well as its capacity to exhibit and give ethical, legal, and financial management toward its staff members (Eisenberger et al., 1986).

The quality of a person's job and life are intrinsically tied to one another. Since happiness at work has been shown to be connected to happiness in other aspects of one's life, the experience of work goes much beyond the four walls of the workplace (Saari & Judge, 1996). Employment is so more than simply a means of survival for individuals; it also helps them discover "meaning, security, and a feeling of community and identity." As a consequence, employment is more than just a means to an end (Shuck & Wollard, 2008). In addition, in order to maintain competitiveness and continue to be successful, businesses need to be able to swiftly adapt to an ever-changing environment and ensure that their employees have the opportunity to grow in their jobs (Irman et al., 2020). Multiple studies have highlighted the significance of aid in the workplace as well as assistance outside of the workplace, such as support from family and friends, as a means of improving job devotion and performance.

Not only has the COVID-19 pandemic resulted in a lot of societal changes that have never before been seen, but it has also resulted in a great deal of change in society as a whole. In addition to causing people a great deal of pain in a variety of different ways, it is also responsible for starting a recession all over the world. Nicola and colleagues (2020) forecast that the state of the global economy would be much more dire than it was during the financial crisis of 2008. According to assessments by Fannah et al. (2020) and Prasad and Prasad (2020), the fight against COVID-19 is still active, and it will require a significant increase in the amount of work and coordination that is provided by both local and international organizations. According to Butler (2020), it should come as no surprise that the epidemic will have a lasting impact on the investments made in healthcare and the delivery techniques used. As a consequences of pandemic caused by COVID-19 and the

present state of the corporate world, human resource professionals and practitioners in businesses have identified increasing employee engagement as one of their top priorities as one of the key objectives for their departments (Chanana, 2020).

Despite the extreme lockdown imposed by the government, employers and organizations have been able to maintain their normal levels of productivity and carry on with their regular operations. In spite of the challenging conditions, individuals were able to keep their safety in tact while still maintaining their work. However, both productivity and efficiency have suffered as a direct result of issues that have arisen at residence. These issues include disagreements with the wife and other members of the family. Employees are finding it difficult to balance their personal and professional lives under "the new normal scenario," which they attribute to the stresses associated with having children, maintaining their own health, and taking turns doing chores. Therefore, the assistance that officers receive from their family members and spouses in the form of support and sharing plays an essential part in assisting them in completing their task with a better level of performance and successfully contributing to the management of their organizations as a whole. In addition, the support of organizations, such as supervisors and coworkers, is another factor that helps the employees retain their job dedication and performance. This factor has been studied in the relevant research.

Employees are led to think, in accordance with the organizational support theory (OST), that the disposition of their place of employment can be either advantageous or unfavorable, depending on the treatment they receive from the company itself (Eisenberger et al., 1986). One of the most crucial characteristics of POS, according to OST, is the extent to which employees attribute their positive or poor treatment by the company to the underlying motivations of its management (Kurtessis et al., 2015). The choice of OST as the theoretical foundation for this study has the benefit of squarely tackling the problems that crop up at the point of sale while interacting

with staff (POS). The organizational support theory proposed a framework that enabled people to take control of their own lives and grow in their careers by employing a variety of methods for bettering themselves (Kurtessis et al., 2015). The OST "also supports self-enhancement activities," despite its reputation as a doctrine of social exchange (Kurtessis et al., 2015; Wayne, Shore, & Liden, 1997). Specifically, (Kurtessis et al., 2015, p. The reasoning behind why high POS leads to outcomes that increase the employee-organization relationship is based on social exchange and self-improvement, according to Eisenberger and Stinglhamber (2011).

To explain why high POS leads to results that strengthen the bond between the company and its workers, this hypothesis was established (EOR). Self-enhancement is a sort of empowerment that focuses on the recognition of the company that results from workers' point of view (POS) (POS). It has the ability to increase organizational commitment, engagement, and performance by fostering stronger employee- organization connections (EOR) (EOR). The self-improvement approach centers on the positive publicity that comes from workers' POS Eisenberger et al. (1986), Eisenberger et al. (2016), Eisenberger et al. (2019), Eisenberger and Stinglhamber (2011), and Kurtessis et al. (2015) all agree on this point.

What's good about the organizational support theory's strengths This study found that empowerment is an integral part of both the organizational support (OST) and the perceived organizational support (POS) frameworks (Kurtessis et al., 2015; Shore et al., 2004). Shore et al. (2004) provide a definition of empowerment as the process through which educators gain the information and abilities to take charge of their own learning and problem-solving.

Improvements in POS, as posited by OST, should be made to the point that workers associate high self-worth with fair treatment on the job (Kurtessis et al., 2015). One of the most crucial characteristics of POS, according to OST, is the extent to which employees attribute their

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Employees' point-of-sale (POS) successes are crucial to self-improvement since they provide the company prestige (Eisenberger et al., 1986; Eisenberger et al., 2016; Eisenberger et al, 2019; Eisenberger & Stinglhamber, 2011; Kurtessis et al., 2015).

Weaknesses Among the theoretical foundations of this study is the fact that the great majority of previously published research has relied on quantitative or mixed research methodologies, which is a fundamental limitation of OST (Bogler & Nir, 2012; Eisenberger et al., 1986; Kurtessis et al., 2015; Shannock & Eisenberger, 2006). Contrarily, a number of academics in the field of education have used qualitative approaches to investigate this question

(Scanlan, Cleland, Walker, & Johnson, 2018). One of the most significant subjects in management and organizational psychology literature, OST has been the subject of more than 1,200 papers (Caesens & Stinglhamber, 2020). However, the researcher for this study was interested in analyzing OST in the realm of education in order to better understand the POS of school staff workers in times of crisis.

The organizational support theory (OST) suggests that self-improvement activities and social connections with coworkers may both strengthen employees' commitment to their jobs (Kurtessis et al., 2015). Commitment among workers is defined as "personal identification and active participation with the organization" by Porter, Steers, and Mowday (1974). For a citation, see [Citation needed] There are three parts to this participation in particular: convictions and acceptance of the organization's missions and ideals; a readiness to devote substantial effort in favor of the organization; a resolve to maintain involvement with the organization. Research undertaken by Douglas (2010) lead him to the conclusion that both individual employee behavior and the collective and collaborative actions of the entire firm may serve as good indicators of employee commitment. Tschannen and Moran argue that managers and employees alike share the burden of keeping employees committed to their careers (2009).

Several studies and anecdotes show a correlation between POS and higher levels of employee dedication on the job (Eisenberger & Stinglhamber, 2011; Kim, Eisenberger, & Baik, 2016; Rahman & Rana, 2012; Rhoades & Eisenberger, 2002; Riggle, Edmonson, & Hansen, 2009). Kim et al. (2016) found that the strongest link between employee dedication and POS was (e.g., emotional attachment to the organization). To investigate the dynamic connection between POS and AC, the researchers combined the results of three smaller experiments into a single comprehensive study. The primary research was conducted to learn more about how workers' perceptions of their own organizational competence

(POC) affect their performance in the workplace in the United States and South Korea. A total of 363 staff members were polled on their confidence in "the organization's potential to fulfill objectives and goals." In the study, the findings were dissected and examined (Kim et al., 2016, p. 561). According to the results, POC mediated the connection between POS and loyalty to one's employer.

According to OST, employees look for harmony between themselves and their employers through a social exchange concept, which is supported by these results (Kim et al., 2016). The second study replicated the first in every way except that it employed a longitudinal technique instead of a cross-sectional design to dig further into the ties between POS and employee dedication. According to the abstract, this research "provide proof of the causative direction" between POS and AC (Kim et al., 2016, p. 577). This means that the researchers discovered that the relationship between AC and POS was moderated by the amount of POS in both nations, despite the fact that the two cultures are quite different. Both of the preceding studies suggest that POC has a role in the relationship between POS and AC (Kim et al., 2016).

In a third study, researchers looked at the leader's actions in regard to "initiating structure and consideration" as a predictor of POC and POS (Kim et al., 2016, p. 571). According to the findings of the third study, leadership actions "may be more directly tied to supervisors' support and competency than to comparable opinions of the company" (as well as POS and POC) (Kim et al., 2016, p. 576). Emotional commitment (AC) has been linked to better employee well-being and productivity, as evidenced by studies by Kim et al. (2016) and Meyer and Maltin (2010).

Scientists in the field of education are just beginning to investigate how a deeper understanding of workers' commitment to and success in their jobs might improve workers' views of the support they receive from their employers (POS). In a survey of Indian school staff, POS was found to significantly increase both workplace devotion and productivity (Nazir & Islam, 2017). Moreover, it has been discovered that

workers' level of job satisfaction may restrict such relationships (Nazir & Islam, 2017). Workers who reported lower at POS were more likely to show low levels of job commitment, as found by Garg and Dhar (2014). In light of this, point-of-sale (POS) data is crucial for gauging an employee's dedication to their job (Kurtessis et al., 2015). Experts say that point-of-sale (POS) systems are highly linked to an improvement in employee performance, in addition to the ties that exist between POS and employee work commitment via engagement. This is on top of the links that already exist between POS and employees' dedication to the job.

How happy workers are with the support they receive from their employer, and how much work they are able to do. When employees' POS is high, they have more of a personal investment in achieving organizational goals (Eisenberger, et al., 1986; Vatankhah, Javid & Raoofi, 2016). Researchers Cullen, Edwards, Casper, and Gue discovered that employees who were subjected to high levels of POS were more inclined to try to make apologies with their bosses by providing improved performance (2013). Improved outcomes for the relationship between employees and the company as a whole may also arise from an increase in favorable perceptions and POS received by employees (Cullen et al., 2013).

On the other side, workers may start slacking off and performing at "lower levels" if they don't feel they have the backing of management (Cullen et al., 2013,). Eisenberger et al. (2016) state that many organizations still do not fully comprehend how strong relationships boost worker productivity and promote the organization's mission, vision, and goals. Although a great deal of research has been done on the effects of positive relationships on professional performance in other fields, this topic has received surprisingly little attention in the field of education.

Evidence of the employee-organizational relationship, employee performance, and point-of-sale (POS) systems has been studied extensively in many disciplines, including but not limited to business, marketing, and management (Biswakarma, 2017; Chiang & Hsieh, 2011; Eliyana & Ma'arif, 2019; Karaalioglu & Karabalut, 2019; Karatepe & Aga, 2016; Kim, Hur, Moon, & Jun 2017; Nazir, 2017). Employee performance, employee-organization relationships, and point-of-sale (POS) systems are less common in the education sector (Afzali, Motahari & Shirkouhi, 2014; Guan, 2014; Muhammad, Ahmed, & Ashiq, 2019; Ridwan, Mulyani, & Ali, 2020). On the other hand, studies of POS and worker productivity in schools show a strong connection between the two ideas, suggesting that POS can improve teaching efficiency.

Researchers in the field of education found that when school administrators and teachers worked together, student achievement increased (Afzali et al., 2014 Muhammad et al., 2019). Scholars from all across the world seem to agree that organizational support may be related to employee performance, as found in a comprehensive review of the research on POS in the field of education undertaken by Muhammad et al. (2019). Therefore, it stands to reason that if employees feel valued and appreciated by their employers, they will work harder and more effectively. Success in the connection between secondary school employees and their supervisors and the organization as a whole is crucial to the success of the change, as stated by Muhammad et al. (2019).

People frequently rely on social assistance, which is seen as an essential external resource in the management of stressors and the enhancement of stress resistance, in order to decrease the loss that is caused by stressors or even to enable resource gain. Acquiring managerial success is a critical occupational supportive social resource that has to be acquired in order to keep other essential resources and minimize the influence of stress on significant work-related outcomes such as job fatigue and intent to leave one's current position. This is due to the fact that the support for the organization comes from a third party and is not directly held by the members of the group.

According to the organizational support theory, workers tend to form an overall impression of the degree to which their employer values the contributions they make and is concerned about their health and happiness (Eisenberger & Stinglhamber, 2011).

Perceived organizational support, abbreviated as POS, refers to the factors that influence an organization's chances of getting positive or negative treatment (Kurtessis et al., 2015). In other words, employee activities that lead to favorable relationships between staff and management are behaviors that are embodied by the concept of perceived organizational support (Chiang & Hsieh, 2012). According to Eisenberger et al. (2016) and Amir and Mangundjaya (2021), the phrase "perceived organizational support" refers to the degree to which workers believe that their managers acknowledge and care about the contributions they make to the organization. It is possible for employees' perceptions of the support they receive from their organization to be improved through a more in-depth examination of three positive organizational practices. These practices are organizational rewards, the working environment, assistance from supervisors, and fairness.

Sitorus proved in his study from 2017 that there is a significant direct association that exists between organizational support and the behavior of employees when they are on the job in the organization. It is generally accepted that employee engagement is a significant ordinal effect of employees' perceptions of their organizations' support (Shams et al., 2020). According to Chaing and Hsieh (2012), organizational support has a major beneficial influence on the work performance of workers and, in certain instances, develops a sense of devotion to the professions that they hold. The studies carried out by Li et al., as well as Ariani (2015). (2020). Hermawan et al. (2020) give research assistance to establish the direct influence that supervisor assistance has on an individual's assessment of the overall level of support provided by the company.

Cooperation from coworkers or colleagues may also influence how successfully a firm succeeds, as well as how highly such support is valued inside the organization (Kumar & Sia, 2012; Lianto et al., 2018; Siswanto, et al., 2021)

When attempting to explain variances in psychological suffering, work organization factors appear to be more essential than the jobs themselves. The circumstances of the work organization may be characterized in terms of four organizational aspects relating to the job design, the demands, the social interactions, and the gratifications (Marchand, Demers, and Durand 2005a). There is great diversity in both the type and the substance of work across different vocations and organizations. It is possible for tasks to be more or less repetitious, and for an individual's abilities and credentials to be utilized more or less frequently. Individuals can be given a greater or lesser amount of power (also known as autonomy or decision authority) over the manner in which they carry out work-related responsibilities if the company so chooses.

A higher risk of psychological distress is associated with monotonous and repetitive work, as found by studies by Johansson (1989) and Shiron, Westman, and Melamed (1999), whereas a lower risk of distress is associated with work that requires the use of one's skills and gives them some autonomy in determining how their work is completed (Albertsen, Nielsen, and Borg 2001, Bourbonnais et al. 2005, Karasek and Theorell 1990). As a whole, giving workers more leeway to make their own decisions is good for their mental health (that is, when high skill utilization and high decision authority are present). However, other studies' results suggest that an abundance of skill utilization and decision authority may contribute to elevated levels of mental anguish (Marchand, Demers, and Durand 2005b, 2006). Because of the expectations of the organization as well as your own personal commitment in the work, you may experience a psychological and cognitive burden that has an impact on your mental health. The stress that is caused by these expectations may, up to a certain point, boost one's sense of mastery and social affiliation while at work. This does not necessarily mean that the stress is a negative thing.

In spite of this, going above this limit might result in psychological suffering due to the combination of physical, psychological, and contractual responsibilities.

One way in which work-related physical stress might express itself is through potential hazards to workers' health and safety (such as high levels of noise, dust, heat, cold, toxic vapors, and neurotoxic substances). Injuries and fatalities are also possibilities in the job. Workers may also be subjected to extensive physical labor on the job (e.g., transporting heavy loads or uncomfortable work postures). The strains one places on their body are one factor that might contribute to mental distress (de Jonge, Mulder, and Nijhuis 1999; Marchand, Demers, and Durand 2005b). Similar to how physical stress can increase the chance of mental agony, psychological stresses can increase stress levels (Albertsen, Nielsen, and Borg 2001, Bourbonnais et al. 2005, Marchand, Demers, and Durand 2005b, Paterniti et al. 2002).

Examples of several forms of psychological demands include the job's rhythm, the workload, the time constraints, and the conflicting and emotional needs (e.g., client aggression, exposure to the suffering of others). The criteria are defined by the contract's unpleasant work schedules and long hours. Night shift workers, as well as those whose schedules are constantly changing for various reasons, are put in a difficult position. Workers must learn to adjust their internal body clocks for shift work, on-call duty, and other forms of irregular or erratic scheduling. Stress levels may rise as a result of disturbed sleep and other neurotic reactions. Employees must learn to adjust their circadian rhythms to the demands of shift work, being on call, and erratic work schedules. Long hours at the office may have a negative effect on family life and lead to feelings of isolation, both of which can have a negative effect on an employee's mental health.

A greater likelihood of feeling mental distress is associated with job schedules and hours (Hayasaka et al. 2007, Hilton et al. 2008, Marchand, Demers, and Durand 2005b, Matthews, Power, and Stansfeld 2001, Sekine et al. 2006, Spurgeon, Harrington, and Cooper 1997). An employee's mental health might be negatively affected by a stressful situation at work caused by an unpleasant interaction with coworkers or superiors. Considerable attention has been paid to the concept of social support at work. Much research and discussion has focused on the positive effects of social interactions that provide both instrumental and emotional support from peers and superiors in the workplace. Having one's efforts at work recognized and praised by one's peers is a great morale booster and helps make the time spent there worthwhile. When people are appreciated and validated in their efforts, they feel this need is met. Global indicators of social support at work have demonstrated time and time again to be correlated with reduced levels of psychological distress in the workplace (Albertsen, Nielsen, and Borg 2001, Bourbonnais et al. 1998, Marchand, Demers, and Durand 2005a, 2006, McDonough 2000, Pomaki, Maes, and Ter Doest 2004).

According to Tasnim (2016), employees spend anywhere from eight to ten hours a day at work, and the degree to which they enjoy their time there has a significant bearing on how they evaluate the human condition. If an employee believes that their employer knows and cares about their human state, they may be more dedicated to their work as a means of maintaining their happiness (such as well-being). According to Eisenberger et al (1986) 's research, employees are more dedicated to their professions when they perceive that their boss recognizes the importance of their contributions to the firm, supports them, and cares about how they are doing personally and professionally.

According to the organizational support theory, workers have a tendency to construct a generalized view regarding how much they believe their employer values their contributions and cares about their wellbeing (Eisenberger & Stinglhamber, 2011). It is said that an organization's "perceived organizational support" (POS) can be either positive or negative depending on the kind of treatment that it receives (Kurtessis et al., 2015). In other words, the attitudes of the workers that foster a favorable connection between the employees and the organization are expressed by the perceived support of the organization that the employees get from their employer (Chiang & Hsieh, 2012).

Thus according to Amir and Mangundjaya (2021) and Eisenberger et al. (2016), the concept of perceived organizational commitment relates to the extent to which workers think that their bosses recognize and care about the contributions they make. Employees' perceptions of a company's supportiveness may be improved by the implementation of three positive organizational practices: incentives from the organization, working environment, assistance from supervisors, and fairness. Sitorus proved in his study from 2017 that there is a significant direct association that exists between organization commitment and the behavior of employees when they are on the job in the organization. It is generally accepted that employee engagement is a substantial and consistent effect of employees' perceptions of their organization's support (Shams et al., 2020).

According to Chaing and Hsieh (2012), organizational support has a significant positive effect on employees' ability to execute their jobs and even fosters a sense of devotion to their jobs. This study also found that employees felt more committed to their jobs as a result of the support they received from their employers. Analytical evidence was shown in the studies carried out by Ariani (2015), Li et al. (2020), and Hermawan et al. (2020), which demonstrated that the assistance provided by supervisors has a direct bearing on how employees feel about the support provided by their organizations as a whole. A company's ability to operate successfully and the

respect in which it is held can also be influenced by the support it receives from its employees and other businesses.

In conclusion, the gratifications that are offered in the workplace provide individuals with a significant source of recognition, motivation, valorization, and connection with the work that they do. As a result, having a low degree of fulfillment can lead to feelings of dissatisfaction and stress, both of which can have a negative impact on mental health. These gratifications include monetary compensation in addition to career prospects, job stability, and improved feelings of self-esteem while at work. Those employees who are content with the benefits they receive on the job have been shown to experience a reduced level of psychological discomfort, according to several research (de Jonge et al. 2000; Demerouti et al. 2000; Tepper 2000).

On the contrary side, there are a variety of studies that lend credence to the idea that factors such as job instability, as well as perhaps the type of compensation and the amount of it, might contribute directly to psychological discomfort (Bourbonnais et al. 1998; Ibrahim, Smith, and Muntaner 2009; Ikeda et al. 2009; Marchand, Demers, and Durand 2005a, 2006; McDonough 2000; Rugulies et al. 2006). (Bourbonnais et al. 1998; Ibrahim, Smith, and Muntaner 2009; Ikeda et al. 2009; Marchand, Demers, and Durand 2005a, 2006; McDonough 2000; Rugulies et al. 2006).

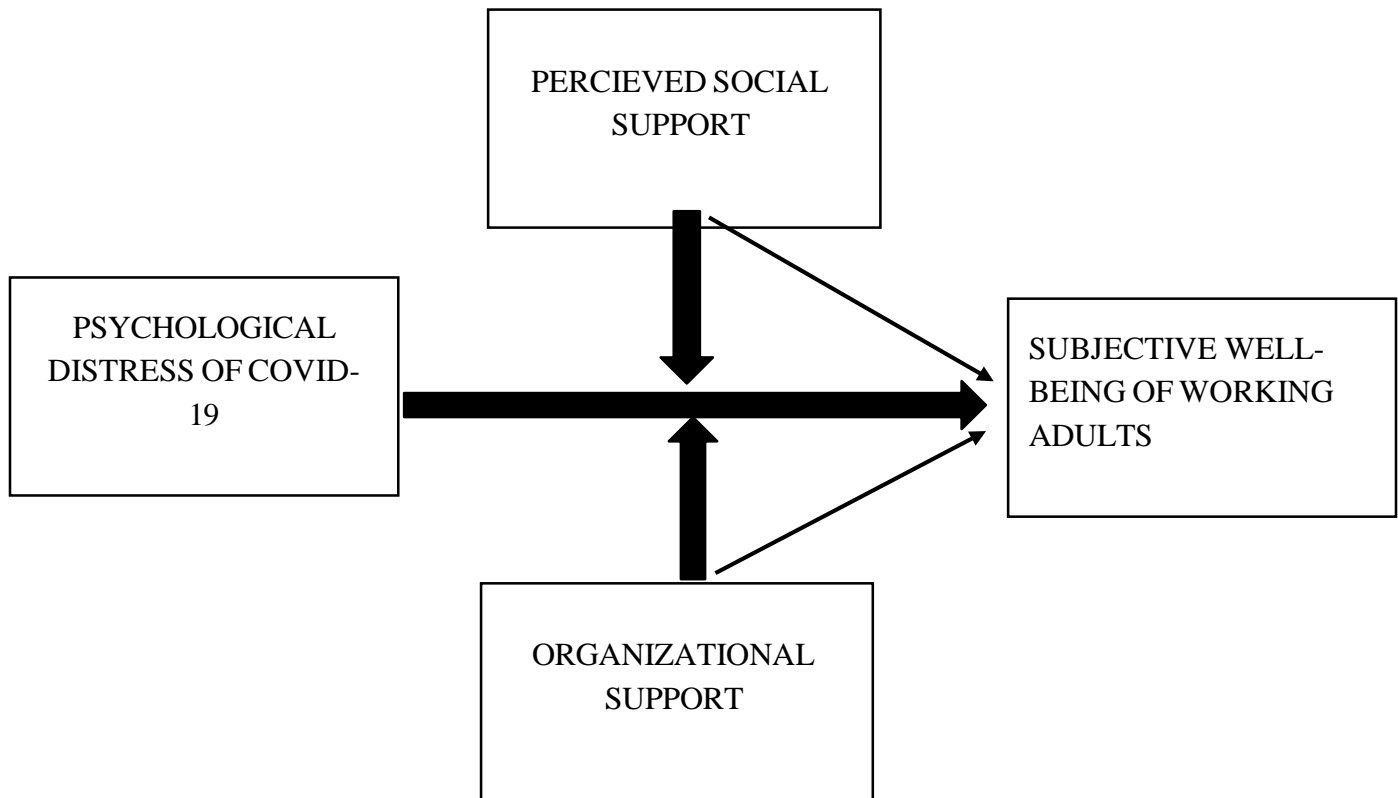
RATIONALE OF STUDY

Because COVID-19 posed major risks to people's mental health, it caused a wide variety of mental health problems, including fear, panic attacks, psychological agony, anxiety, and sadness. These problems were brought on by the virus. This study is intended to determine the presence and incidence of psychological distress, as well as the ways in which psychological distress affects a person's sense of well-being, and it is designed to do so. Additionally, this study seeks to determine the ways in which psychological distress affects a person's ability to function normally. We plan to carry out this research so that we may offer some suggestions on the providing of mental health treatment and intervention counseling to working personnel located in high-risk areas associated with emergency situations.

Many researchers point out the relationship of COVID related stress and subjective wellbeing Pakistan has not produced any studies on the relationship of psychological distress and subjective well-being with Perceived social support and organizational support among working people therefore this study designed to investigate psychological responses resulting from COVID-19 and detecting the social and organizational factors that may influences the psychological response towards COVID-19.

CONCEPTUAL FRAMEWORK OF STUDY

A study's conceptual frameworks are made up of "personal interests and aims, social location, subjectivity, topical research, and theoretical frameworks" (Ravitch & Riggan, 2017, p. 13). Researchers employ conceptual frameworks to explain the essential themes to be addressed graphically or narratively (Miles, Huberman, & Saldaa, 2020). A conceptual framework's objective is to learn from the expertise and experience of others while developing one's own perspective and understanding on the subject (Ravitch & Riggan, 2017).



Using previous studies as a reference point for this study, the theoretical understanding of the organizational support theory (OST) (Eisenberger et al., 1986) will conceptually lead the research. According to research that supports OST, employees' commitment to their workplace is highly influenced by their perceived organizational support (POS) (Eisenberger et al., 1986). According to organisational support theory (OST), favourable treatment by leaders of an organisation results in a good attitude or emotional link of the employee toward the organisation (Eisenberger et al., 1986). As a result, pleasant treatment from the firm improves employee's satisfaction and well-being. Employee attitudes or emotions as a result of a significant incident can either benefit or harm the organisation (Provost, 2015)

Humans have always had a strong need to belong, according to the need to belong theory (Baumeister & Leary, 1995), therefore they are motivated to form and maintain a specific number of positive and stable interpersonal interactions. In other words, humans are wired to avoid isolation and desire to connect emotionally and socially with others. Baumeister and Leary linked the urge to belong to other basic requirements such as food, water, and shelter to highlight how being socially connected is vital for existence. Furthermore, Baumeister and Leary contended and offered empirical evidence that a lack of social relationships and belongingness effect subjective wellbeing and cause greater levels of anxiety and depression.

HYPOTHESIS

H1 Psychological Distress of Covid-19 is correlated with Subjective Wellbeing.

H2 Perceived Social Support is correlated with Subjective Wellbeing.

H3 Organizational Support is related with Subjective Wellbeing.

H4 Perceived Social Support moderate the relationship between Psychological distress and Subjective Wellbeing.

H5 Organizational Support moderate the relationship between Psychological distress and Subjective Wellbeing.

H6 There is a significant gender difference on the basis of study variables

H7 There is a significant differences in psychological distress of COVID-19 and perceived social support on the basis of family system (Nuclear/Joint family system)

CHAPTER II

RESEARCH METHODOLOGY

The current study was cross-sectional study, designed to measure the effect of Psychological distress of COVID-19 on Subjective well-being and how social support and organizational support moderates the relationship of Psychological Distress and subjective well-being among working adults.

Objectives of study

1. To study the main effect of psychological distress of COVID-19 on subjective well-being of working adults.
2. To conceptualize how participants respond to this crisis situation.
3. To study the moderating role of perceived social support and organizational support in the relationship between psychological distress and subjective variables.
4. To find out the role of Demographics on study variables (age, gender, education)

Operational Definition of Variables

Psychological distress

Psychological distress is multifactorial, unpleasant emotional experience of a psychological (cognitive, behavioural, emotional), social and spiritual nature interfering with the ability to cope effectively with pandemic situation. It was measured through The COVID-19 Peritraumatic Distress Index (CPDI). High scores indicates that people are high at psychological distress and low score is indicative of low level of distress.

Subjective well-being

Psychological wellbeing refers to simple notion of a person's welfare, happiness, advantages, interests, utility and quality of life (Burriss et al., 2009). In present study the subjective well-being was measured by subjective well-being questionnaire. Low score indicate the worst possible quality of life and high sore indicates the best possible quality of life.

Perceived social support

The perceived social support can be measured as a perception that one has assistance available, the actual received assistance, or the degree to which a person is integrated in a social network. Social support can come from many sources, such as family, friends, organizations, colleagues etc. (Verinika et al.2020)

Organizational support

The degree to which a company provides its employees with the capitals, communication, reinforcement, and reassurance necessary to foster their own well-being is referred to as "organizational support. It was measured by the 8 items measure of COVID-19 organizational support developed by Stephen X.Zhang in 2020.

Instruments

The research questionnaire consisted of 6 parts. Permissions were taken from all the authors of given Questionnaire.

1. Consent Form

It included an introduction of the researcher, purpose of the study, confidentiality of participants, right to withdraw along with signature of participants.

2. Demographic sheet

The second part consisted of demographic sheet. Following the literature review and cultural perspective it included age, gender, education, marital status, family system, socioeconomic status, monthly income and working hours.

3. The COVID-19 Peritraumatic Distress Index (CPDI)

The COVID-19 Peritraumatic Distress Index (CPDI) developed by Qiu et al. in 2020 containing 24 questions was utilized in order to study the frequency of anxiety, depression, particular phobias, cognitive change, avoidance and obsessive behavior, somatic symptoms, and loss of social functioning during the course of the previous week. The scale for this investigation ranged from 0 to 100. A score lower than 28 indicates no distress. A score between 28 to 51 reflects a level of distress that ranges from mild to moderate. A score above 51 indicates extreme anguish. The correctness of the CPDI's content was double-checked by psychiatrists working at the Shanghai Mental Health Center. Internal consistency of questionnaire was ascertained by Cronbach's alpha score of 0.95.

4. Ryff's Subjective Wellbeing Scale

Ryff's, the 42-item psychological wellbeing scale (PWB) developed by Ryff et al., 2007 adapted from Ryff, 1989 was used to measure the subjective wellbeing of working adults. Scales measures the six aspect of wellbeing and happiness: autonomy, environmental mastery, personal growth, positive relation with others, purpose in life and self-acceptance. Each component consist of 7-items. Respondents were asked to rate their level of agreement based on a 6-point agreement ranges from 1 (strongly disagree) to 6 (strongly agree). The scores for six subscales were calculated as averages; higher scores mean greater psychological wellbeing and lower score indicates lesser psychological wellbeing. The internal consistancy realibility coefficient that ranges from .86 to .93 for six subscales with a Cronbach Alpha of .77 as reported by Chinawese(20140).

5. Multi-Dimensional Scale of Perceived Social Support (MSPSS)

The original form of Multidimensional scale of Perceived Social Support was developed by Zimet et al., (1988) in USA, and its Turkish adaptation, its reliability and validity studies were addressed by Eker et al., (2001).The MSPSS is a self-report 12-item instrument capturing the multidimensionality of perceived social support, through items that measure social support from family, friends and a special person (significant other). The three subscales of family, friend, and significant other perceived social support consist of four items, rated on a seven-point Likert scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). The subscales' discriminant validity is satisfactory and the instrument has good psychometric properties in terms of validity and reliability index for all three subscales ranging from 0.85 to -0.92 and 0.87 to 0.93 for the whole scale. Being high the obtained scores means higher perceived social support.

6. Measure of COVID-19 Organizational Support

The measure of COVID-19 Organizational Support (COVID-OS) allows healthcare organizations to assess, monitor, compare and improve COVID-19 specific support to their workforce to mitigate their anxiety and fear while working during pandemic. It is 8-item assessment tool which was developed by Stephen X. Zhang in 2020. It was used to assess the organizational support among the working individuals had high risk of COVID-19 exposure. The respondents were ask to rate the extent to which they agree or disagree with each of eight statements using a 7-point Likert scale from 1 (Strongly disagree) to 7 (strongly agree). Higher obtained scores indicates the higher organizational support.

Research design

To find out the relationship of variables (Psychological distress, Subjective well-being and Perceived social support and organizational support) the cross-sectional survey research design was used. A sample of 150 participants was selected to participate in the study. Five questionnaires were administered on the sample of 150 participants for the purpose of data collection.

1. Socio demographic data
2. The COVID-19 Peritraumatic Distress Index(CPDI)
3. Ryff's Subjective well-being scale
4. Multi-Dimensional scale of Perceived social support (MSPSS)
5. A measure of COVID-19 Organizational support (COVID-OS)

Sample

The working adults (currently working in different organizations e.g schools, banks, hospitals, shops, offices etc) were the target population of the study. The sample was obtained from different organizations of punjab during period of COVID-19. (July 2021-October 2021)

Non-probability sampling technique was used to get data from target population. The working adults were selected from different organizations through purposive convenient sampling technique for data collection. In order to participate the participant were required to give their consent by signing an informed consent form. The number of participants were 250 comprising both males and females. About 100 participants were eliminated because of missing items and random filling of forms. The final data collected were about 150 participants (75males & 75 females) with age ranged lies between 25 to 50 years.

Inclusion Criteria

According to Inclusion criteria those Participants were included who were currently working in different organizations, and had direct exposure towards COVID-19. Those participants were included who were going to attend their organizations (hospital, banks, offices) on daily basis and those who were willing to participate in the research study and available at the time of data collection. Participants of both private and government organizations were included in the study. The age of participants ranged from 25-50 years and the participants who can read and write English were included

Exclusion Criteria

While according to Exclusion criteria those participants were excluded who were having age less than 25 years and more than 50 years and those who do not know to read and write English. The individuals working from home were excluded because they didn't had direct exposure towards Covid-19 and their psychological distress level can be different from those who had direct exposure towards Covid-19.

Data collection

Data were collected by selecting 250 working adults (both male and female) from different government and non-government organizations from Rawalpindi and Islamabad and wahan cantt e.g. Banks, Offices, Hospitals, labs/pharmacies etc. Online forms were sent to almost 265 participants via email and whatsapp from which 250 participants fill the forms and gave us information about their mental health. Participants first read the informed consent form. Their agreement to participate in the study include the guarantee of their privacy, confidentiality and right of resigning the investigation at any place. The form which was sent to participants to fill out was arranged in a way that they first completed demographic information sheet and then questionnaires.

Procedure

First of all permission was taken for using scale from the authors of all the scales (COVID-19 Peritraumatic Index CPDI, Ryff's Subjective wellbeing scale, Multidimensional Scale of Perceived Social Support MSPSS and The measure of COVID-19 Organizational Support) via email. All the scales were selected keeping in view their reliability, validity, cultural relevance and appropriateness of items. As the sample of the study were working adults so preferably all the scales selected were in English Language. Prior to data collection proper permission was obtained from the Higher Authority of different organization with University reference letter. First the researcher introduced herself to the subjects and participants was asked to sign an informed consent letter if they are willing to participate in the research process. They were debriefed about the purpose of research. They all were asked they have right to withdraw the research process at any time for any reason. They were briefed that no cost will be paid for participation. By using purposive convenience sampling technique questionnaires, were administered on the target population. After that consent form was obtained, and written and verbal instructions were given about the confidentiality and how to attempt the survey. Questionnaires were distributed thanked for their participation.

Due to COVID-19 situation in Pakistan, most of the individuals participated in the study online. Same consent form, demographic sheet and questionnaires were generated online on Google forms and then sent to participants through their email and through whatsapp numbers. The online google form included Demographic sheet, COVID-19 Peritraumatic Index CPDI, Ryff's Subjective wellbeing scale, Multidimensional Scale of Perceived Social Support MSPSS and The measure of COVID-19 Organizational Support. The demographic sheet included age, gender, education, marital status, family system, socioeconomic status, monthly income and working hours.

Contact information of some participants were taken from concerned organization and were contacted through emails and some of the participants were contacted through friends and family. The online forms were sent to 265 participants, the ratio of filled form was about 250 and a lot of the filled forms were discarded because of missing items and acquiescence responses (random filling). The final data collected were about 150 participants.

Statistical Analysis

Data were analyzed in Statistical Package for the Social Sciences (SPSS-21) for windows. Descriptive analysis, frequencies, correlation analysis, T-test, ANOVA and Moderation analysis were computed to find out the differences among the variables.

Ethical Considerations

The names of organization were not mentioned in the study. Also the names of participants were not required at time of data collection to maintain confidentiality. It was informed there were no harmful consequences of participation in research. The written consent was obtained and purpose of study was clearly stated in the form. Participants had the right to withdraw from study at any moment. It was also informed to university/college authorities and participants that data collected would be used for research purpose only.

CHAPTER III

RESULTS

The study goal was to investigate the impact of psychological distress of COVID-19 on subjective well-being of working adults with moderating role of perceived social support and organizational support. Reliability analysis was run for each scale and Cronbach alpha for the scale was reported. Person product moment correlation analysis used for assessing the relationship between variables. Linear regression was run to check the prediction of variable. T-test and Anova analysis used to check differences on basis of demographic variables. Moderation analysis was used in present study to assess moderating effect of perceived social support and organizational support on psychological distress and subjective well-being.

Table.1*Sample Characteristic (N=150).*

Demographics	f	%
Age		
25-35 years	129	86
36-45 years	14	9.3
46 years and above	7	4.7
Gender		
Male	75	50
Female	75	50
Education		
Matric	2	1.3
Intermediate	13	8.7
Graduation	57	38.0
Masters/PHD	78	52.0
Marital Status		
Single	80	53.3
Married	68	45.3
Divorced	2	1.3
Family System		
Joint	81	54
Nuclear	69	46
Socioeconomic Status		
Lower Class	3	2
Lower Middle Class	39	26
Upper Middle Class	104	69.3

Higher Class	4	2.7
Monthly Income		
20000-40000pkr	38	25.3
40000-50000pkr	30	20.0
50000 and above	82	54.7
Working hours		
2-7 hours	66	44
8-13 hours	74	49.3
14 and above	10	6.7

Table 1 shows the frequency distribution and percentages of the all the demographic variables in the present study. It comprised of information regarding participants Age, gender, education, marital status, family system, socioeconomic status, monthly hours and working hours. Sample consisted of 150 working adults with age range 25-35 are 86%, 36-45 are 9.3% and 46 years and above 4.7%. Sample comprises of 50% male working adults and 50% females working adults. Working adults belongs to joint nuclear system were 54% and nuclear system were 46%.

Table 2

Descriptive Statistics and Alpha Coefficient for all the study Variables (N=150)

Scales	<i>k</i>	<i>α</i>	<i>M</i>	SD	Range		Skewness	Kurtosis
					Actual	Potential		
CPDI	24	.90	25.93	15.62	0-96	0-61	.104	-.850
RPWB	42	.85	169.71	22.73	42-252	120-221	.402	-.743
MSPS	12	.94	58.59	17.23	12-84	12-84	-.646	.113
COVID19- OS	8	.70	35.37	8.53	8-56	8-56	-.069	.588

Note: CPDI= COVID-19 Peritraumatic Distress Index, RPWB= Ryff's Psychological Well-being Scale, MSPSS = Multidimensional Scale of Perceived Social Support, POSS=Perceived Organizational Support Scale

Table 2 shows the information related to psychometric properties Mean, Standard deviation, skewness, kurtosis and ranges of used scale. Cronbach alpha reliability estimates of scale, ranged from .70 to .94. Overall alpha reliability of scales CPDI was .90, RPWB was .85, MSPSS was .94 and COVID19-OS was .70. The value of kurtosis in the data ranges from -.850 to .588 and skewness values are between .104 to .588.

Table 3

Co-relation among study variables (N=150).

Variables	1	2	3	4
1. Psychological Distress	-	-.377**	-.093	.030
2. Subjective Well-being		-	.417**	.119
3. Perceived Social Support			-	.309**
4. Organizational Support				-

Note: **p<.01;

Table 3 shows that in the sample of working adults; Psychological distress is significantly negatively correlated with subjective wellbeing, which reflects that as the level of psychological distress increases, there is decrease in subjective wellbeing. The results showed that subjective well-being is significantly positively correlated with perceived social support, which means that as level of one variable increases, other will increase too. According to results Perceived Social Support is significantly positively associated with Organizational Support.

Psychological distress is negatively associated with perceived social support ($r=-.093$) and positively related with organizational support ($r= .030$). Results also depicted positive association between subjective and organizational support ($r=-.119$).

Table 4*Gender differences (N=150).*

Variables	<u>Male(n=75)</u>		<u>Female(n=75)</u>		<u>95% CI</u>				Cohen's
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>	<i>LL</i>	<i>UL</i>	<i>d</i>
PD	24.73	16.61	27.13	14.57	-.940	.484	-7.44	2.64	0.153
SWB	165.99	22.17	173.43	22.82	-2.02	.537	-14.70	-1.78	0.330
PSS	56.40	19.72	60.77	14.11	-1.56	.010	-9.90	1.16	0.254
OS	34.35	9.61	36.39	7.21	-1.47	.097	-4.78	.703	0.240

Note: PD= Psychological Distress, SWB= Subjective Well- Being, PSS= Perceived Social Support, OS= Organizational Support

Table 4 showed significant mean difference across gender in perceived social support among working adults, while there was no significant results on basis of gender in psychological distress of Covid-19, subjective well-being and organizational support among working adults. Findings also showed that female participants exhibited higher scores than male working adults.

Table 5

Difference across family system (N=150).

Variables	<u>Joint(n=81)</u>		<u>Nuclear(n=69)</u>		<u>95% CI</u>				Cohen's
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>	<i>LL</i>	<i>UL</i>	<i>d</i>
PD	26.43	16.65	25.53	14.42	.422	.076	-3.98	6.15	0.577
SWB	170.38	24.24	168.91	20.97	.393	.153	-5.91	8.85	0.064
PSS	59.88	17.13	57.07	17.34	.993	.866	-2.77	8.38	0.163

Note: PD= Psychological Distress, SWB= Subjective Well- Being, PSS= Perceived Social Support, OS= Organizational Support

Table 5 showed non-significant mean difference across family system in psychological distress of Covid-19, subjective well-being and perceived social support among working adults. According to result findings working adults with joint family system exhibited higher scores than working adults with nuclear family system.

Table 6

One Way ANOVA to Investigate Differences on the Basis of Age (N=150).

Variables	25-35yrs (n =129)		36-45yrs (n =14)		46y&above (n = 7)		F	p
	M	SD	M	SD	M	SD		
PD	26.52	15.14	24.07	19.87	18.86	15.39	.907	.406
SWB	169.1	23.04	170.5	20.91	178.2	21.62	.541	.583
PSS	58.52	16.61	54.43	24.31	68.14	7.47	1.49	.228
OS	34.95	8.43	34.86	4.89	44.14	11.96	4.04	.020

Note; PD= Psychological Distress, SWB= Subjective Well- Being, PSS= Perceived Social Support, OS= Organizational Support,

Table 6 shows one way ANOVA to investigate differences on the basis of age in psychological distress of Covid-19, subjective well-being, perceived social support and organizational support among working adults. Results shows significant differences on the basis of age in organizational support while non-significant mean differences in in psychological distress, subjective well-being and perceived social support among present sample.

Table 6.1

Post Hoc Test (Gabriel Method) for investigating Multiple Comparisons with Respect to Age (N = 150).

Dependent Variable		95% CL					
(J)Age	(I)Age	MD (I-J)	S.E	p	LL	UL	
Organizational Support	25-35 years	36-45 years	.089	2.354	.970	-4.56	4.74
		46 years and above	-9.197*	3.246	.005	-15.61	-2.78
	36-45 years	25-35 years	-.089	2.354	.970	-4.74	4.56
		46 years and above	-9.286*	3.872	.018	-16.94	-1.63
	46 years and above	25-35 years	9.197*	3.246	.005	2.78	15.61
		36-45 years	9.286*	3.872	.018	1.63	16.94

*Note: MD= Mean Difference; S.E= Standard Error; *p < .05*

Table 6.1 shows post hoc test for investigating multiple comparisons with respect to age. Results show that in organizational support there was significant difference between the scores of 25-35 years with 46 years and above ($p = .005$), 46 years and above in 36-45 years ($p = .05$).

Table 7

One Way ANOVA to Investigate Differences on the Basis of Marital Status (N=150).

Variables	Single (n =80)		Married (n =68)		Divorce (n = 02)		F	p
	M	SD	M	SD	M	SD		
PD	24.45	15.63	27.59	15.56	29.00	21.21	.778	.461
SWB	165.8	22.20	174.1	22.63	173.0	33.94	2.55	.081
PSS	55.09	17.75	62.76	15.98	56.50	4.95	3.80	.025
OS	34.00	8.29	37.12	8.60	30.50	6.36	2.85	.061

Note; PD= Psychological Distress, SWB= Subjective Well- Being, PSS= Perceived Social Support, OS= Organizational

Table shows one way ANOVA to investigate differences on the basis of marital status in psychological distress of Covid-19, subjective well-being, perceived social support and organizational support among working adults. Results shows significant differences on the basis of marital status in perceived social support while non-significant mean differences in in psychological distress, subjective well-being and organizational support among present sample.

Table 7.1

Post Hoc Test (Gabriel Method) for investigating Multiple Comparisons with Respect to Marital Status (N = 150).

Dependent Variable	(I) Marital Status	(J) Marital Status	95% CI				
			MD (I-J)	S.E	p	LL	UL
Perceived Social Support	Single	Married	-7.677*	2.790	.007	-13.19	-2.16
		Divorced	-1.413	12.109	.907	-25.34	22.52
	Married	Single	7.677*	2.790	.007	2.16	13.19
		Divorced	6.265	12.135	.606	-17.72	30.25
	Divorced	Single	1.413	12.109	.907	-22.52	25.34
		Married	-6.265	12.135	.606	-30.25	17.72

*Note: MD= Mean Difference; S.E= Standard Error; *p < .05; LL= Lower Limit; UL= Upper Limit; CI= Class Interval*

Table 7.1 shows post hoc test for investigating multiple comparisons with respect to marital status. Results show that in perceived social support there was significant difference between the scores of single in married status and with married in single marital status ($p = .007$).

Table 8

One Way ANOVA to Investigate Differences on the Basis of Education (N=150).

Variables	Matric (n = 2)		Intermediate (n = 13)		Masters/PHD (n = 57)		Graduation (n = 78)		F	p
	M	SD	M	SD	M	SD	M	SD		
PD	20	.00	32.15	15.89	26.53	16.52	24.62	14.99	.995	.397
SWB	195	.00	154.4	22.24	167.6	20.88	173.0	23.13	3.69	.013
PSS	61	.00	54.92	20.07	59.14	17.37	58.73	17.01	.227	.878
OS	29	.00	35.54	14.05	35.39	9.68	35.49	6.38	.373	.772

Note; PD= Psychological Distress, SWB= Subjective Well- Being, PSS= Perceived Social Support, OS= Organizational Support,

Table 8 shows one way ANOVA to investigate differences on the basis of education in psychological distress of Covid-19, subjective well-being, perceived social support and organizational support among working adults. Results shows significant differences on the basis of education in subjective well-being while non-significant mean differences in in psychological distress, perceived social support and organizational support among present sample.

Table 8.1

Post Hoc Test (Gabriel Method) for investigating Multiple Comparisons with Respect to Education (N = 150).

Dependent Variable		95% CI					
(I)Education	(J)Education	MD (I-J)	S.E	p	LL	UL	
Subjective wellbeing	Matric	Intermediate	40.538*	16.819	.017	7.30	73.78
		Graduation	27.333	15.930	.088	-4.15	58.82
		Masters/PHD	21.910	15.857	.169	-9.43	53.25
	Intermediate	Matric	-40.538*	16.819	.017	-73.78	-7.30
		Graduation	-13.205	6.806	.054	-26.66	.25
		Masters/PHD	-18.628*	6.634	.006	-31.74	-5.52
	Graduation	Matric	-27.333	15.930	.088	-58.82	4.15
		Intermediate	13.205	6.806	.054	-.25	26.66
		Masters/PHD	-5.423	3.859	.162	-13.05	2.20
	Masters/PHD	Matric	-21.910	15.857	.169	-53.25	9.43
		Intermediate	18.628*	6.634	.006	5.52	31.74
		Graduation	5.423	3.859	.162	-2.20	13.05

*Note: MD= Mean Difference; S.E= Standard Error; *p < .05; LL= Lower Limit; UL= Upper Limit; CI= Class Interval*

Table 8.1 shows post hoc test for investigating multiple comparisons with respect to education. Results show that in subjective well-being there was significant difference between the scores of matric-intermediate ($p = .017$), intermediate-Masters/PHD ($p = .006$).

Table 9

Linear Regression Analysis of Psychological Distress of Covid-19 as Predictor of Subjective Well-Being among working adults (N=150).

<i>Variables</i>	<i>B</i>	<i>S.E</i>	<i>β</i>	<i>p</i>
Constant	183.92	3.352		.000
PD	-.548	.111	-.377	.000
<i>R</i>	.377			
<i>R</i> ²	.142			
<i>ΔF</i>	24.49			

Note. PD= Psychological Distress, B= Unstandardized Coefficient, β= Standardized Coefficient, S.E= Standard Error, p= Significant Value, R= Correlation, R² = Correlation Square, ΔF = F Change

Table 9 mentioned above shows the predictive role of psychological distress of Covid-19 as predictor of subjective well-being among working adults. The linear regression analysis showed that psychological distress was significant predictor of subjective well-being, which is explaining the variance of 14% as predictor of subjective well-being among working adults.

Table 10

Moderating effect of Perceived Social Support and Organizational Support on Psychological Distress of COVID-19 and Subjective wellbeing (N=150)

Variables	B	Subjective Wellbeing		
		P	LL(95%CI)	UL(95%CI)
Constant	166.76	.000	147.616	185.91
PD	-1.14	.001	-1.849	-.444
SS	.265	.090	-.042	.574
PD × SS	.011	.058	-.000	.023
R ²		.306		
ΔR ²		.017		
F		21.46		
Constant	192.96	.000	166.67	219.25
PD	-1.437	.002	-2.35	-.520
OS	-.224	.527	-.924	.475
PD × OS	.023	.052	-.000	.047
R ²		.180		
ΔR ²		.021		
F		10.72		

Note: PD= Psychological Distress, PSS=Perceived Social Support, B= Unstandardized Coefficient, β= Standardized Coefficient, S.E= Standard Error, p= Significant Value

Table 10 indicates the moderation analysis which shows the moderating effect of Perceived Social Support and Organizational support in relationship between psychological Distress and subjective wellbeing. Results reveals that the interaction effect of Social support and Organizational Support on relationship of Psychological Distress and Subjective wellbeing has significant moderating effect.

CHAPTER IV

DISCUSSION

The purpose of the present study was multifold. The main focus of study was to assess impact of psychological distress of COVID-19 on subjective well-being of working adults with moderating role of perceived social support and organizational support. The sample consisted of working adults, in which there are 75 males and 75 females. Four scales were used to assess psychological distress, subjective wellbeing, perceived social support and organizational support among working adults.

Present study provided evidence supporting hypothesis 1, which states that “Psychological distress of Covid-19 is corelated with subjective wellbeing. Finding showed that psychological distress is significantly correlated with subjective well-being among working adults Previous studies also supported that psychological distress has association with well-being (Anser et al., 2021). There is little data yet available on psychological distress during Covid-19 epidemic research (Parker et al., 2019). According to findings of study, psychological distress found to be in threefold higher prevalence of poor mental health status (Ettman et al., 2020; McGinty et al., 2020).

It is also important to note that, while adaptation and recovery from psychological distress were the most common responses in our study, there may be populations that we did not uncover that would face more extended psychological issues as a result of the COVID-19. for example, medical professionals may be more vulnerable to work-related burnout and mental strain (Hu et al., 2020; Lin et al., 2020).

Additionally, there are claims that those who contracted the SARS virus in 2003 are more likely to experience long-term psychiatric issues (Lee et al., 2007; Mak et al., 2009). It will be crucial to investigate whether COVID-19 has an effect on survivors' mental health. Although there is a general trend toward recovery from distress, some people will unavoidably face an aggravation of mental health issues, therefore it will be crucial to identify and help individuals who are most at risk (Job et al., 2020; Wright et al., 2020; Zhou et al., 2020).

The present study provided evidence supporting hypothesis 2, which states that “Perceived social support is correlated with subjective wellbeing.” The correlation study finding indicated that subjective well-being is significantly positively correlated with perceived social support. Previous studies revealed that social support is positively associated with well-being (Thomas, 2010). In literature a study indicated perceived social support as a predictor of subjective well-being (Gülaçti, 2010). According to previous studies social support is found to be most significant psychosocial coping mechanism for people to combat psychological problems and maintain subjective well-being (Qi et al., 2020). The results are in line with previous researches that social support from family, friends and significant others is very important in any phase of life to inform effective approach to mental well-being (Hefner & Eisenberg, 2009). According to another study social support have greater influence and relationship with mental well-being (Fan & Lu, 2019). The research from (Cicognani's, 2011) focused on social support and well-being. According to study social support from family and friends has a positive influence on well-being.

Present study provided evidence supporting hypothesis 3, which states that “Organizational Support is related with Subjective Wellbeing” The correlation analysis indicated positive association between subjective wellbeing and organizational support. According to

previous study, there is a meaningful, positive relation between wellbeing and organizational support. The findings of previous studies demonstrated the importance of organizational support in enhancing well-being during the COVID-19 pandemic. A study states that to enhance subjective wellbeing it is important to provide special support (e.g., targeted occupational healthcare services, individual working arrangements) when employees face difficulties. When working remotely with digital technologies, it is crucial to ensure that employees have the ability to use them and that the technologies are usable and reliable (Jaana-Piia et al). Another study by (Riggle et., 2009) found that perceived organizational support had a strong and positive effect on job satisfaction and organizational commitment, a moderate and positive effect on employees' performance, and subjective wellbeing.

Present study provided evidence supporting hypothesis 4, "Perceived social support moderates the relationship between psychological distress of Covid-19 and subjective well-being. According to moderation analysis perceived social support as a moderator between psychological distress and subjective well-being. According to previous finding, both types of social support were significantly associated with perceived stress, anxiety and depression. Previous study by (Li et al, 2020) reported that social support has a negative relation with psychological symptoms during the COVID-19 pandemic among Chinese university students. A study supported our results which investigated perceived social support moderated the direct link between subjective well-being (Ouyang et al., 2021). The present study finding is inconsistent with ([McMahon et al.'s, 2020](#)) study reporting that perceived social support mediated the relationship between subjective well-being. The result finding related to subjective well-being is consistent with the results of some researches (Cheng & Furnham, 2003; Diener & Fujita, 1995;

Diener & Seligman, 2002). Another study supported our results and indicated psychological distress as a significant predictor of subjective well-being (Gülaçti, 2010).

As part of the effort to prevent the expected daily exponential increase in infections during peak of COVID-19 (Matrajt & Leung, 2020). Most organizations, educational institutions, and offices shuttered their doors and sent employees home, advising them to stay at home, work remotely, maintain social distance, and avoid leaving the house unless absolutely essential (CDC, 2019). Additionally, social gatherings were limited to less than 10 individuals and many person turned to virtual meetings, workshops, and social media to meet their social demands. Individuals who practice social distancing and self-isolation in order to assist restrict the spread of COVID-19 may face greater rates of distress and poor psychological health because they quit the social atmosphere often associated with attending groups. According to the findings of a study, the group most at risk for poor psychological health were those who were more distressed about COVID-19 and had lower perceived social support.

Furthermore, there was a strong connection between psychological health and both perceived and received social support. When controlling for worry, having higher levels of social support (either perceived or received) was found to be protective against the adverse effects of self-isolation and/or social distancing on psychological health. (Erica Szkody, 2021)

Present study provide evidence supporting hypothesis 5, Organizational Support moderate the relationship between psychological distress of Covid-19 and subjective well-being". According to moderation analysis, organizational support significantly moderates the relationship between psychological distress and subjective wellbeing. Previous literature supported our results. Previous literature also revealed same results and showed there is

moderating effect of organizational support on psychological distress (Choi, 2020). According to previous study organizational support has influence on association between stress and stressor like psychological distress. According to another study the organizational support has moderating effect on distress (Sarfraz et al., 2019). According to previous study perceived organizational support act as a moderator between and occupational stress of teachers (Malik & Noreen, 2015). According to previous literature no moderating effect of organizational support was found on well-being relationship which supported our results of present study (Mäkinieni et al., 2021).

Present study provided evidence supporting hypothesis 6, “There is a significant gender difference on the basis of study variables.” The t-test analysis results indicated significant differences on basis of gender in perceived social support while no significant differences on basis of psychological distress of Covid-19, subjective well-being and organizational support. According to previous study no statistically significant difference were found in psychological wellbeing between males and females which supported our findings (Husted, 2017). These findings are in line with those found in other countries during the first wave of COVID-19 where greater psychological distress has been found in women compared to men (Pierce et al., 2020; Qiu et al., 2020; Rens et al., 2021). This finding is according with the main model of perceived social support (Rueger et al., 2016; Chang et al., 2018) and previous empirical studies (Wang et al., 2018; Yun et al., 2019), suggesting that perceived social support directly benefit female adolescents by changing their depression level. The another study also revealed no gender differences associated with psychological distress(Tran et al., 2022). In previous study gender differences were seen in social support which supported our results (McLean et al., 2022).

According to previous literature lack of gender differences on subjective well-being were revealed which supported our results (Batz-Barbarich & Tay, 2017). Limited literature was found on gender differences in organizational support among working adults.

Present study provided evidence supporting hypothesis 7, “There is a significant differences in psychological distress of Covid-19 and perceived social support on the basis of family system (Nuclear/Joint)”. The t-test analysis finding showed significant differences on basis of family system in organizational support while no significant differences on basis of psychological distress of Covid-19, subjective well-being and perceived social support. In the literature, study exploring family system with these variables is quite limited. Therefore, discussion of the research findings in relation to the literature remains restricted, which can be a limitation of the current study.

Conclusion

Our study revealed that the epidemic of COVID-19 would cause high level of psychological distress among working adults of Pakistan. The working adults with a family history of COVID-19 would perceived more impacts of the epidemic and showed higher level of psychological distress in the early stages of COVID-19 epidemic. The results of study revealed psychological distress of Covid-19 is significantly correlated with subjective wellbeing. Subjective well-being is significantly positively correlated with perceived social support among working adults. Perceived Social Support is associated with organizational support. The study also indicated psychological distress as predictor of subjective well-being. The differences on basis of gender, family system, age, education and marital status was analyzed. The study revealed moderating effect of perceived social support and organizational support on psychological distress and subjective well-being.

Implications

While being isolated, people can improve their emotional connections with others using network-based methods, which may reduce their COVID-19 distress. Secondly, mental health organizations and practitioners should think about creating online social support services to meet the public's need for more social connections. Policymakers are also encouraged to provide solutions to individuals' financial distress and unemployment threats.

Employees working in an organization that provides various types of support during COVID-19, such as access to appropriate personal protective equipment, rapid testing for COVID-19, and competent medical care, can work on up reskilling their abilities to meet the dynamic demands of the business environment because it is described as a component of the organization's overall strategy.

Limitations

Although the current study has many strengths, the limitations must be acknowledged. Firstly, the patients with severe and life-threatening COVID-19 were not included in this study. Secondly this is a cross-sectional study with a small sample size so difficult to generalize all over the world, and conclusive causal relationships remain to be established. However the severity psychological distress depends upon the other mental health conditions. Therefore, cohort studies with larger samples are needed to investigate the effects of social support on subjective well-being and function of working staff who are working with increased levels of stress and increased workloads, as with the COVID-19 infection epidemic in Pakistan. Future studies should include objective indicators of stress, such as measurements of serum cortisol level with the questionnaire. Longitudinal studies should be conducted to examine longitudinal effects of COVID-19 and better understanding of mechanism of social support and organizational support during pandemic.

As measures used in present research are self-reporting, so it might cause social-desirability. So it is suggested for future researches to add some measure of social desirability to control this element.

The current study is unable to determine the causation or direction of effects. Forexample, it may be that individual with poor mental health before the pandemic may perceive or receive less social support and thus, feel they must isolate or have been isolating more than other populations. Additionally these individuals may also worry or ruminate about the pandemic more than individual in good psychological health

Although our findings are intriguing, they are limited to Pakistan's working sector and may be biased due to self-selection. As a result, we encourage future studies to contribute to varied contexts and overcome self-selection bias.

Future Recommendations

Findings of this study suggest the following recommendations for future interventions:

- More attention needs to be paid to susceptible groups such as the young, the elderly, women and migrant workers;
- Approachability to medical resources and the public health service system should be further strengthened and improved, particularly after evaluating the initial coping and management of the COVID-19 epidemic;
- Nationwide strategic planning and management for psychological first aid during major disasters.
- An inclusive crisis prevention and intervention system including epidemiological observation, screening, referral and targeted intervention should be built to reduce psychological distress and prevent further mental health problems.
- Psychological interventions should be implemented urgently, especially for those in the working population with high level distress characteristics.
- Future study could explore the role of coping techniques and gender differences in patients' stress-related symptoms, as well as the origin and effect of stigma linked with COVID-19 psychiatric symptoms.

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