

Acclimatizing the Fear of COVID-19: Impact on Psychological Distress and Job Burnout

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ABSTRACT

Purpose: The world is currently witnessing a pandemic of the contagious disease termed as COVID-19, which has accentuated globally. Though global attention is largely focusing on the effects of the coronavirus on physical health, the impact of the coronavirus on mental health cannot be ignored. This paper analyses the repercussions of fear of COVID-19 on psychological distress and job burnout. It aims at examining the mediating role of psychological distress on the relationship between fear of COVID-19 and job burnout.

Design/ Methodology/ Approach: The proposed research shall be descriptive. The data was collected from employees confined to private companies in India and analyzed using PLS-SEM.

Findings: The results of the study show that the fear of COVID-19 among employees have positive impact on psychological distress and job burnout. The impact of Psychological Distress on the relationship of fear of COVID-19 and job burnout was also found to be significant. The study was conducted under the circumstances of COVID-19 lockdown using convenience sampling. The analysis was focused only on self-reports and online surveys that have not been verified by medical documentation or expert reviews. The generalization of our findings to the general population is minimal. The use of clinical interviews is recommended to allow a more accurate evaluation of the issue. The paper identified the mediating factors which alleviate the effect of COVID-19 on the psychological distress of workers and their participation in the organization. Not all organizations are prepared for this disease outbreak in terms of awareness, capital, and skills. Managers and personnel must find ingenious ways to handle activities while safeguarding their employees. Extensive research work has been undertaken in the context of psychological distress and job burnout.

Paper Type: Empirical Research Paper.

KEYWORDS COVID-19 | Mental Health | Psychological Distress | Job Burnout

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Introduction

Humankind has faced the menace of pandemics and epidemics several times in history. The novel coronavirus has put the world's biggest threat in a decade. COVID-19 is both a public health concern and a challenge to the global economy. China was the first nation to diagnose the novel coronavirus (COVID-19) disease as the cause of the outbreak and apparently to curb the COVID-19 outbreak, Chinese authorities placed lockdown measures on ten cities. The spread of COVID-19 was reported as a global public health risk by the World Health Organization (WHO) on 30 January 2020. Also analyzed in March 2020 that COVID-19 can be described as a pandemic (Mahase, 2020a). Scarce resources, longer work hours, disturbances in sleep and work-life balance, and work-related threats associated with exposure to novel coronavirus have led to physical and mental exhaustion, anxiety, stress, and burnout (Lai, Ma, Wang, Cai, Hu, Wei & Tan, 2020). There has been a massive rise in the rates of stress and depression worldwide with the emergence of COVID-19. During the current disease outbreak, Wuhan's nursing professionals have faced major challenges, including the high risk of contamination and insufficient protection from infection, frustration, loneliness, lack of communication with the family, and fatigue. Mental health issues like tension, concern, depressing symptoms, restlessness, renunciation, rage, and anxiety are triggered by serious circumstance (Ojha & Syed, 2020).

The global lockdown of companies and industries put into effect and enforced to curb the spread of the virus formed a wide array of unique and vital challenges for both employees worldwide. The magnitude and eventual effect of this pandemic is still unpredictable on global health, world economies, social stability, and daily life. While our awareness grows about the existence of this virus and its connection with social responses, the volatile nature of the spread of this virus has brought considerable confusion within society (Verity, 2020). The social distancing initiatives implemented by governments across the world mean that people are now much more isolated than ever. Against this backdrop, it is unsurprising that many of us experience high-level uncertainty, worry, stress, while those with pre-existing mental health conditions may be exacerbated by current conditions. Some of the most noticeable shifts that came as a result of the COVID-19 pandemic was the transition of several workers through professions to work from home arrangements. Individuals from other occupational classes who had very little experience working from home were transferred to these arrangements while individuals around the profession who tended not to work from home were now pushed into these work arrangements. Around the same time, some people encountered a less aggressive shift in some occupations. Nevertheless, there has been little debate about what happens to workers' jobs and experiences in flexible working arrangements. Many workers can also

feel physical or mental stress if they are diagnosed with this virus or their families. While great efforts have been made to tackle the extraordinary economic shock, not all businesses can manage the situation well. Many working people may not be motivated to work efficiently or accept subpar work arrangements, particularly if a good employee relationship was not nurtured during normal times by the companies.

The research aims to investigate the impact of the fear of COVID-19 on employees' psychological distress and its relationship with the level of job burnout in the organization. The ultimate goal is to identify and treat employees' mental morbidity, improve job engagement, and help ensure the quality and safety of job performance in this pandemic outbreak.

Literature review

COVID-19 and Employees' Psychological Distress

In addition to the expected rise in mental illness, with the potential for increased depressive symptoms, is deemed most likely to coalesce in the mid- and post-pandemic phases as economic recession, scarce mental health services, human vulnerabilities, and the extreme reality of drastically altered lifestyles. However, adapting to the new constraints introduced by COVID-19 has intensified the workload on psychological distress. These widespread infectious disease outbreaks are related to psychological distress and mental illness symptoms (Bao, Sun, Meng, Shi & Lu, 2020). Psychiatrists around the world should be aware of these symptoms, their causes, and methods for handling them that include both the needs of different populations (Yang, Li, Zhang, Zhang, Cheung & Xiang, 2020) and the preventative measures required to control COVID-19 spread (Liu, Yang, Zhang, Xiang, Liu, Hu & Zhang, 2020).

Health refers to the general state of physical, mental, and emotional well-being; and a healthy person is free of sickness, injury, or mental and emotional issues that affect normal human activity (Mathis & Jackson, 2011). It may be argued that workers who are currently healthy (not suffering from Corona) can become ill due to Corona. This may occur emotionally first, and then physically. Mental wellbeing has more to do with the human mind and emotions than with the human body; and physical health has more to do with the human body than with the human mind and emotions (Opatha & Henarath, 2020). It should be said that with an employee who is currently safe having learned that there is a disease called Corona, fear should generate. The fear here means that the employee has an unfavorable feeling when he or she thinks he or she is in danger owing to the corona.

A big problem today is that the effects of mental wellbeing may have a disproportionate effect on the most marginalized and disadvantaged individuals in society, like those with



diagnosed psychological distress problems (Yao, Chen & Xu, 2020). Although empirical evidence is scarce, it seems fair to say that psychiatrists before COVID-19 had not commonly recognized the widespread effects of a pandemic on mental health care systems. This has resulted in the accelerated need to tackle a multitude of dynamic unpredictable situations, often resulting in high-risk outcomes (Goldman, 2020). Despite these concerns in mind, demands for improved resourcing of mental health facilities have been justifiably made, along with a concerted international initiative to tackle problems such as suicide prevention (Gunnell, Appleby, Arensman, Hawton, John, Kapur & Chan 2020). Also, the position of unpredictability, uncertainty, disease severity, and social isolation leading to stress and mental morbidity was stressed by Zandifar and Badrfam, (2020). The authors stressed both the need for psychological distress services, especially for vulnerable populations, and the need to improve social capital to mitigate the adverse psychological effects of the outbreak. One, from Japan (Shigemura, Ursano, Morganstein, Kurosawa & Benedek, 2020), investigated the economic effects of COVID-19 and its effect on well-being, as well as the likely high rates of fear and panic behaviour in the general population, such as hoarding and stockpiling of resources. In this paper, we discuss the outcome of mental health, i.e. psychological distress and severe depression which may result from a pandemic outbreak (Chiu, Amartey, Wang, Vigod & Kurdyak, 2020; Perlis, Roy, 2020; Xiang, Yang, Li, Zhang, Cheung & Ng, 2020). Psychological distress is used in large part as a mental health indicator. This relates to an unpleasant psychological distress, accompanied by signs of depression (e.g. anger and loss of interest) and agitation (e.g. restlessness) and somatic symptoms such as insomnia (Drapeau, Marchand & Beaulieu-Prévost, 2012); a set of psychophysiological and behavioural symptoms spread over time are correlated with psychological distress (Marchand, 2004). Emotional trauma and depressive symptoms are the result of intense or uncontrolled stress, mainly due to the individual's difficulty in coping with stressful life events (Drapeau et al., 2012 & Marchand, 2004). For the whole population worldwide, the latest contagion is a cause of extreme stress. In addition, the effect of the pandemic outbreak on companies would significantly increase the sense of job insecurity of an employee, which can have a negative impact on the psychological distress of employees affected during COVID-19 by organisational closure reforms and reduction of working hours. In the literature on psychological distress in the workplace, the adverse influence of job instability has been widely reported (Strazdins, D'Souza, Lim, Broom & Rodgers, 2004; Virtanen, Vahtera, Kivimäki, Pentti & Ferrie, 2002). Therefore, it is hypothesized that-

H1: Fear of COVID-19 is positively related to Employees' Psychological Distress

COVID-19 and Job Burnout

Perhaps one of the most notable shifts that occurred as a result of the COVID-19 disease outbreak was the transition of several workers through occupations to work from home arrangements. Corona has a powerful impact on employees and workers. No employee in any company that is immune to Corona is employed. Coronavirus disease is so dangerous that to save human beings, all practicable steps at the individual, corporate, region, and global levels do need to be taken. In general, hazards that occur in a company include workplace injuries, occupational diseases, labor standard regulation, and job stress (Opatha & Henarath, 2020). He further listed four-employee health risks in the workplace, such as occupational disorders, psychological distress threats, stressors in the workplace, and career burnout. It must be noted that coronavirus is more dangerous than the workplace hazards that are commonly known.

Giusti, Pedroli, D'Aniello, Badiale, Pietrabissa, Manna, and Molinari, (2020) in their research found the prevalence of burnout among health workers has a very strong effect both on physical and psychological health and on their organization and function. Burnout typically takes place after long-term exposure to organizational risk factors, but critical crises, such as epidemics, can quickly trigger emotional exhaustion, cynicism, depersonalization, and personal efficacy.

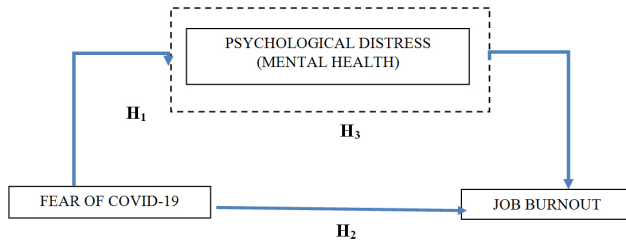
The employee may likely to get burnout if the stress lasts for a prolonged period. Long exposure to stress leads to burnout, and burnout becomes hypertensive, experiences chronic fatigue, faces mental depression and becomes pessimistic about everything. Burnout is a slowly intensifying pattern of physical, psychological, and behavioral dysfunction that develops in response to an ongoing stressor flow; burnout can result in a complete mental or physical breakdown (Opatha & Henarath, 2020). Emotional exhaustion is the root of burnout feeling so exhausted and drained by the work that you have little left to offer. This does not only affect the productivity of employees but also affects their mental and physical wellbeing. There is evidence that burnout interacts with compromised immune systems and even metabolic syndrome. It is no wonder the World Health Organization has declared burnout an occupational condition (Grant, 2020). Therefore, it is hypothesized that-

H2: Fear of COVID-19 has significant impact on Job Burnout

Regarding the mediating role of psychological distress (mental health) on the relationship between COVID-19 fear and Job Burnout, the effect of the pandemic outbreak on business will dramatically increase an individual's sense of work vulnerability and job exhaustion, which could have a detrimental impact on employee mental wellbeing during COVID-19 (Hamouche, 2020). According to the definition of burnout (Maslach, Schaufeli & Leiter, 2001), It was triggered

by stress at work and by psychological distress. To investigate whether health stress and fear of pandemic could also affect burnout, we analyzed the mediating role of psychological distress on the relationship between fear of COVID-19 and Job burnout. Therefore, it is hypothesized that-

H3: Employees' psychological distress mediates the relationship between fear of COVID-19 and Job Burnout



Source: Author's Compilation

Research Methodology

The study is descriptive. The data was collected using convenience sampling from employees of private companies in India. The data was collected using a semi-structured questionnaire. Three variables were identified from the literature. The items were adapted from the existing scales in literature. The items were measured using a 5-point Likert scale. The data was analyzed using PLS-SEM. PLS-SEM is widely used and found effective in the testing of higher-order effects. Since the study tests the mediating role of psychological distress on the relationship between fear of COVID-19 and job burnout, the use of PLS is found suitable.

Research Model

The mediating role effect of employees' psychological distress on the relationship between fear of COVID-19 and Job Burnout is exemplified in the model given below. Following the study of literature, the research hypothesis created in line with the research model is introduced below.

Measures

The unidimensional 7-item, 5-point Likert scale, developed by Ahorsu, Lin, Imani, Saffari, Griffiths, and Pakpour, (2020) was used to measure the participants' fear of epidemic outbreak i.e. COVID-19. The Distress Questionnaire- 5 (DQ-5) is a five-item measure of psychological distress (mental health) in the past 30 days (Batterham, Sunderland, Carragher, Calcar, Mackinnon, & Slade, 2016). Individuals are asked how often they experienced each item on a scale from "1 – never" to "5 – always" (e.g., "I felt hopeless"). MBI-GS for measuring job burnout has 16 items that were loaded on three different subscales; emotional exhaustion, cynicism, and personal efficacy (Maslach et al., 2001).

Data Analysis

The research questionnaire was completed by a total of 100 respondents. The demographic analysis reveals that 39% of females and 61% of males are there with the mean age of 27. 52% of the respondents exercises for less than 1 hour. 83% of the employees are post graduated whereas 17% of the employees are graduated.

Assessment of Measurement model

Confirmatory factor analysis (CFA) was done to verify the strength of the questionnaire. CFA was done by assessment of the measurement model. Assessment of measurement model means measuring the relationship between indicators and constructs. It was done by evaluating internal consistency, convergent validity, and discriminant validity.

Internal consistency was assessed using Cronbach's alpha and composite reliability. The values of Cronbach's alpha were higher than the recommended values of 0.7 (Hair et al., 2012) (refer Table 1). The values of composite reliability were between 0.7 and 0.91 (Hair et al., 2012). Hence internal consistency was observed.

Convergent validity was established by evaluating outer loadings and average variance extracted. AVE. The factors having a lower than recommended value of 0.7 were removed (B2, B4, B10, B11, B12, B13, B14, B15, B16, B17, B18, B19, F1 and F4). The values of AVE were found to be greater than 0.5 (refer Table 1). Hence convergent validity was established.

Discriminant validity was established by evaluating cross-loadings and Fornell-larcker Criterion (1981) (refer Table 2). The factors had higher loadings on their parent construct than other constructs, hence cross loading was not an issue (Hair et al., 2012). The AVE values were higher than the values of squared correlations with other constructs (Fornell-larcker, 1981). Therefore, discriminant validity was established.

Assessment of Structural model

The model was tested for collinearity issues. All VIF values were found to be greater than 5 and hence there was no issue of multicollinearity. The model was tested using PLS-SEM run with bootstrapping at 5000 subsamples (Hair et al., 2012). Structural model was assessed to test the hypotheses (refer Table 3).

All the three hypotheses were supported. H1 evaluated the impact of fear of COVID-19 on Job burnout and was found to be significant ($\beta = 0.548, t = 8.153, p=0.000$). H2 evaluated impact of fear of COVID-19 on Psychological Distress and was supported ($\beta = 0.613, t = 8.753, p=0.000$). The indirect effects of Psychological Distress on the relationship of fear of COVID-19 and job burnout was also found to be significant. ($\beta = 0.314, t = 3.993, p=0.000$). Hence,



The value of R square for job burnout was 0.301 and the adjusted R square was 0.294. The value of R square for psychological distress was 0.376 and the adjusted R square was 0.369. Further, the value of *f* square was found to be between 0.147 and 1.583. The model fit was tested using SRMR (0.068) which shows a good fit.

Discussion and Suggestion

The nascent literature has recently attempted to examine the associations between psychological stress and burnout during COVID-19. India is witnessing a substantial increase in recorded psychological health issues with the on-going disease outbreak, with a growing number of individuals seeking online counselling and psychotherapeutic sessions. In the contagion, telepsychiatry is becoming necessary as individuals with mental disorders are more vulnerable to infections, have more trouble obtaining timely health care, have a greater susceptibility to stress that contributes to mental health decline, and lack of frequent follow-up (Ojha & Syed, 2020).

The spike in mental health services has increased the risk of private and organizational burnout among professionals, considering the situation in COVID-19. Higher level of fear of COVID-19 were significantly associated with intensified psychological distress, reduced work satisfaction, emotional exhaustion, emotional conflagration, cynicism, secondary traumatic stress, poor clinical efficacy, and longer period of treatment. Besides, the pandemic’s ambiguity and unpredictability have raised the risk of people and gave post-COVID depression along with mental health problems.

Organizations can also provide employees with COVID-19 related services, including emotional and psychological well-being information and the provision of perseverance, and stress management programs. Regular inspection and accurate diagnosis of these conditions are required to protect the health of the employees and to increase the resilience of the health systems to meet the medium- and long-term effects of the outbreak. This study also found evidence supporting the main role of mental wellbeing in minimizing the influence of COVID-19 fear on burnout in the sense of this disease outbreak.

Although the long-term consequences of COVID-19 are currently uncertain, there is little reason to believe that its influence on employees will be momentary. Not only are the consequences of the current pandemic being distant, as health experts have warned, but the possibility of potential health emergencies of this far-reaching nature is almost assured (Carnevale, J. B., & Hatak, I., 2020). Our emphasis must therefore be forward-thinking, based on the premise that the great challenge we are currently facing is not a special, anomalous occurrence, but rather a “modern fact” that poses new avenues for organizational academics and professionals alike to need and want to remain attentive.

Limitations of the study and future implication

The basic limitation of the study is that the study was conducted under the circumstances of COVID-19 lockdown using convenience sampling. The findings obtained in our analysis were focused only on self-reports and online surveys that have not been verified by medical documentation or expert reviews. In addition to self-report questionnaires, future research can use implicit measures or behavioural indicators to study the causal mechanisms that connect mental health to burnout in the context of pandemics. Also, the use of clinical interviews is recommended to allow a more accurate evaluation of the issue. In the future, this study would benefit from longitudinal studies or studies requiring therapeutic intervention should resolve this limitation to fully understand the causal association between fear of COVID-19 and burnout via mental health in challenging times. Besides, we only considered the mediating role of mental health in our research on the relationship between COVID-19 fear and work burnout.

However, there could be other possible variables that can mediate the mechanism underlying the relationship between stress and burnout of COVID-19. For the following research, this could be another path. Despite the large sample size, the generalization of our findings to the general population is minimal. Our research results support the use of COVI19 fear as a quick, simple, cost-effective, and unidimensional scale for the COVID-19 pandemic burnout assessment. We were unable to evaluate the psychological conditions of an individual before the outbreak because of the sudden emergency phase of this disease outbreak.

Tables and Figures

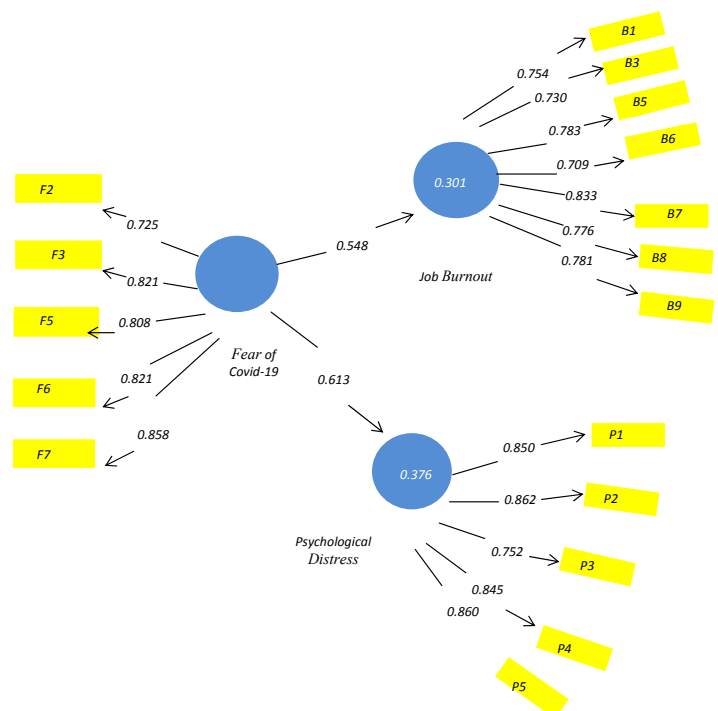


Table 1. Factor Loadings

| Items | Factor Loadings | t-value | Cronbach's alpha | Composite Reliability | AVE |
|---|-----------------|---------|------------------|-----------------------|-------|
| Job Burnout (developed by Maslach et al., 2001) | | | | | |
| B1: I feel emotionally drained from my work. | 0.754 | 17.534 | 0.884 | 0.909 | 0.589 |
| B3: Working with people all day is really a strain for me. | 0.730 | 13.165 | | | |
| B5: There are days when I feel tired before I arrive at work. | 0.783 | 17.089 | | | |
| B6: I feel frustrated by my job. | 0.709 | 10.754 | | | |
| B7: I treat some colleagues as if they were impersonal objects. | 0.833 | 22.445 | | | |
| B8: I have become more callous. | 0.776 | 13.421 | | | |
| B9: I worry that this job is hardening me emotionally. | 0.781 | 15.350 | | | |
| Fear of COVID-19 (developed by Ahorsu, Lin, Imani, Saffari, Griffiths, and Pakpour, 2020) | | | | | |
| F2: It makes me uncomfortable to think about Corona. | 0.725 | 11.290 | 0.866 | 0.903 | 0.652 |
| F3: My hands become clammy when I think about Corona. | 0.821 | 21.267 | | | |
| F5: When I watch news and stories about Corona on social media, I become nervous or anxious. | 0.808 | 21.751 | | | |
| F6: I cannot sleep because I'm worrying about getting Corona. | 0.821 | 18.062 | | | |
| F7: My heart races or palpitates when I think about getting Corona. | 0.858 | 29.438 | | | |
| Psychological Distress (developed by Batterham, Sunderland, Carragher, Calear, Mackinnon, & Slade, 2016) | | | | | |
| P1: In the last 30 days, my worries overwhelmed me. | 0.850 | 29.496 | 0.891 | 0.920 | 0.696 |
| P2: In the last 30 days, I felt hopeless. | 0.862 | 31.391 | | | |
| P3: In the last 30 days, I found social settings upsetting. | 0.752 | 13.029 | | | |
| P4: In the last 30 days, I had trouble staying focused on tasks. | 0.845 | 20.719 | | | |
| P5: In the last 30 days, Anxiety or fear interfered with my ability to do the things I needed to do at work or at home. | 0.860 | 31.781 | | | |



Table 2. Discriminant Validity

| Fornell Larcker Criterion | Fear of COVID-19 | Job Burnout | Psychological Distress |
|---------------------------|------------------|--------------|------------------------|
| Fear of COVID-19 | 0.808 | | |
| Job Burnout | 0.548 | 0.768 | |
| Psychological Distress | 0.613 | 0.651 | 0.835 |
| Cross Tabulation | Fear of COVID-19 | Job Burnout | Psychological Distress |
| B1 | 0.464 | 0.754 | 0.568 |
| B3 | 0.460 | 0.730 | 0.435 |
| B5 | 0.450 | 0.783 | 0.502 |
| B6 | 0.335 | 0.709 | 0.359 |
| B7 | 0.424 | 0.833 | 0.549 |
| B8 | 0.384 | 0.776 | 0.538 |
| B9 | 0.399 | 0.781 | 0.520 |
| F2 | 0.725 | 0.398 | 0.424 |
| F3 | 0.821 | 0.518 | 0.495 |
| F5 | 0.808 | 0.472 | 0.556 |
| F6 | 0.821 | 0.363 | 0.445 |
| F7 | 0.858 | 0.443 | 0.536 |
| P1 | 0.558 | 0.522 | 0.850 |
| P2 | 0.561 | 0.565 | 0.862 |
| P3 | 0.410 | 0.447 | 0.752 |
| P4 | 0.470 | 0.555 | 0.845 |
| P5 | 0.536 | 0.614 | 0.860 |

Table 3. Testing of Hypotheses

| Hypotheses | Beta Value | t-value | p value | Results |
|---|------------|---------|---------|-------------|
| H1: Fear of COVID-19 is positively related to Employees' Psychological Distress. | 0.548 | 8.153 | 0.000 | Significant |
| H2: Fear of COVID-19 has a significant impact on Job Burnout. | 0.613 | 8.753 | 0.000 | Significant |
| H3: Employees' psychological distress mediates the relationship between fear of COVID-19 and Job Burnout. | 0.314 | 3.993 | 0.000 | Significant |

Note: Hypothesis were tested at 5% level of significance

Table 4. Literature Review

| S No. | Author | Major Findings |
|-------|---|--|
| 1 | YaMei Bai and Chao-Cheng Lin (2004) | An integrated administrative and psychosocial solution to the occupational and psychological challenges created by potential outbreaks of this nature will need to be implemented by organizations. |
| 2 | Ji Soo Kim and RN (2016) | In preparation for potential future outbreaks of infectious diseases, it is important that we develop efficient and comprehensive burnout management systems to track and avoid burnout. |
| 3 | Leodoro J. Labrague and Janet De los Santos (2020) | Higher levels of COVID-19 fear were associated with increased psychological distress, reduced work satisfaction, decreased perceptions of health and increased intention to turnover. It is important to consider the variables that lead to the fear of COVID-19 and its impact on nurse job outcomes while developing and implementing interventions to address the needs and concerns of nurses. |
| 4 | Wen-rui Zhang and Kun Wang (2020) | During the outbreak of COVID-19, medical health staff had Psychosocial issues and risk factors for their growth. They were in search of services for attention and rehabilitation. |
| 5 | Jiayin Qiu, Bin Shen and Min Zhao (2020) | Disadvantaged groups such as young people, the elderly, women and migrant workers need to be given greater attention. Further enhancement and development of accessibility to medical care and the public health service system, national strategic preparation and coordination during major disasters for psychological first aid, theoretically provided by telemedicine. It is important to develop a robust system of crisis prevention and intervention, including epidemiological surveillance, screening, referral and targeted intervention. |
| 6 | Amit Kramer and Karen Z. Kramer (2020) | Three key areas of research investigation have been identified: a) changes in occupational status and their connection to productive work and calling; b) how the structure of the work home could shift organizational attitudes about which occupational groups and people are best suited to work from home; and c) how occupations can be further segmented into core and periphery. They conclude that overall, while the pandemic might favor some occupational classes, its overall effect would increase and expand wealth, gender, racial, and ethnic inequality. |
| 7 | Li Duan and Gang Zhu (2020) | In order to deal efficiently with psychological distress issues triggered by public health crises, the government must develop and enhance an intervention framework based on sound scientific advice. |
| 8 | Qiongni Chen and Mining Liang (2020) | It is necessary to preserve the psychological distress of workers to help manage infectious diseases. It is expected that learning from these psychological interventions will enable the Chinese government and other parts of the globe to respond better to potential unexpected outbreaks of infectious diseases. |
| 9 | Yuan Yang, Wen Li and Qinge Zhang (2020) | In order to provide high-quality, timely crisis psychological services to community-dwelling older adults, stakeholders and health policy makers should work to overcome this obstacle. |
| 10 | H.H.D.N.P. Opatha (2020) | The assurance of the welfare of the workers by pandemic prevention and control ensures a smooth operation. Until employees become infected, preventive steps will have to be taken and corrective actions will have to be taken after employees become infected. |
| 11 | Yeen Huang and Ning Zhao (2020) | During the COVID-19 outbreak, the Chinese population had a huge psychological distress burden, and young people, people who spent so much time worrying about the outbreak, and healthcare workers were at high risk of psychological problems. As part of global planning efforts, ongoing monitoring of psychological effects for outbreaks should be routine. |
| 12 | Tim R. Wind and Marleen Rijkeboer (2020) | Practitioners should start implementing e-mental health care applications immediately, both as approaches to continue their care for current patients in need and as strategies to deal with the potential increase in symptoms of mental wellbeing due to the coronavirus. |
| 13 | Julio Torales and Marcelo O'Higgins (2020) | An emphasis on the psychological distress effects of patients and the general public should be included in a globally inclusive response. Information from the media and social networks should be tightly monitored and therapeutic strategies funded by the government should be promoted internationally. |
| 14 | Lijun Kang and Simeng Ma (2020) | People with subthreshold and moderate conditions of psychological distress try to find ways to better serve others, which is good for health care teams. |
| 15 | Hao Yao and Jian-Hua Chen (2020) | Many questions remain unanswered about online services in low- and middle-income countries, and much more effort is still needed during the COVID-19 epidemic to enhance the delivery of mental health services in China. |



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Annexure 1

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**Reviewers
Memorandum**

Reviewer's Comment 1: The research topic is quite pertinent. The research is well-organized and well-supported. The authors have conducted significant research on the subject and consulted a considerable number of sources in order to complete the paper. The sample size is enough for the study and fulfils its objectives. The employment of appropriate technologies has improved the study's quality. The findings will be extremely useful to educational facilitators in framing their curricula to meet market demands. A conceptual framework diagram immediately after the literature review section would enhance readability of the manuscript for the rest of the sections. There is a need to bring theory and practise closer together, as well as to expand the section for future research. An enhanced sub-section on the managerial implications of the study would be quite helpful. There is no need for the literature review to be in tabular form. Please keep it paragraph wise in the main text in the literature review section.

Reviewer's Comment 2: The author conducted significant research on the subject and consulted a considerable number of sources in order to complete the paper. The sample size is enough for the study and fulfils its objectives. The employment of appropriate technologies has improved the study's quality even more. The findings will be extremely useful to educational facilitators in framing their curriculum to meet market demands. Please include the CFA results, which That could not get to see. Was your model well-fitting or poorly-fitting? Please keep in mind that I'm not sure you tested your model correctly. This could be a significant drawback. Does the work properly state its point, taking into account the field's technical terminology and the expected level of understanding among the journal's readers? Has there been any thought given to the clarity of language and readability of the text, such as sentence structure, jargon usage, acronyms, and so on: The language used in the paper is clear and suitable?

Reviewer's Comment 3: Because the external environmental forces were not examined, the work shows a restricted approach. External drives, on the other hand, would have emphasised the value of study to all private sector. The author has met the objectives and presented the results in a systematic manner within the constrained scope of the study. Instead of using t-scores, please use p values, which are easier to understand. The segment on outcomes analysis and discussion seems to be well, and empirical evidence is handled appropriately. There is a need to integrate theory and practise, as well as to broaden the part for future research. We applaud the researchers' efforts.

Eti Jain, Anuja Shukla,
Arvind Kumar and Shiv Kumar Sharma
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**Editorial
Excerpt**

The article has 04% of plagiarism which is the accepted percentage as per the norms and standards of the journal for the publication. As per the editorial board's observations and blind reviewers' remarks the paper had some minor revisions which were communicated on a timely basis to the authors (Eti, Anuja, Arvind and Shiv) and accordingly all the corrections had been incorporated as and when directed and required to do so. The comments related to this manuscript are noticeably related to the "Acclimatizing the Fear of COVID-19: Impact on Psychological Distress and Job Burnout" both subject-wise and research-wise. The present research article aims to study the learning concerns that affected the academic progress of the children with disabilities and is based on the perspective of the parent. It makes suggestions for an appropriate learning environment for children with disabilities studying through an online mode. Overall, the paper promises to provide a strong base for the further studies in the area. After comprehensive reviews and editorial board's remarks, the manuscript has been categorized and decided to publish under "Empirical Research Paper" category.

Acknowledgement

The acknowledgment section is an essential part of all academic research papers. It provides appropriate recognition to all contributors for their hard work and effort taken while writing a paper. The data presented and analyzed in this paper by (Eti, Anuja, Arvind and Shiv) were collected first handily and wherever it has been taken the proper acknowledgment and endorsement depicts. The author is highly indebted to others who had facilitated in accomplishing the research. Last but not least endorse all reviewers and editors of GJEIS in publishing in a present issue.

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