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Effects of Covid-19 on the psychological well-being of employees in South Africa

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Topic: Effects of Covid-19 on the psychological well-being of employees in South Africa.

Applied Research Project

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DECLARATION

I, _Ahmed Ashruf __, declare that this applied research is my own work except as indicated in the references and acknowledgements. It is submitted in partial fulfilment of the requirements for the degree of Master of Business Administration in the Graduate School of Business Administration, University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in this or any other university.

AHMED ASHRUF

(Type your name in full here, and sign in the space above)

Signed at …Johannesburg……

On the ……08th…….. day of ……September…… 2022…

ACKNOWLEDGEMENTS

I am truly grateful and thankful to the people that assisted and supported me

To Mr Bruce Conradie, thank you for the supervision, direction, motivation and inspiration provided to submit this research work.

To my wife, Shahista Mahomed and kids Ali and Adam I appreciate the support, love, encouragement, understanding and prayers. I will forever be appreciative to you for your patience.

To my manager and my CEO, Mr Logan Moodley, the sponsorship, time off and reassurance motivated me to achieve more.

To my parents, team and colleagues, your prayers, love and support that you gave to me during this journey made this journey possible.

To all those who contributed in the study, my sincere gratitude for your support with the collection of data.

DEDICATION

Completing research takes away a lot of personal time from family and I would like to dedicate my research to my loving wife, Shahista Mahomed and my children Ali and Adam for all their patience, love, and support. Thank you to my parents and colleagues as well for all their prayers.

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CHAPTER ONE: INTRODUCTION

1.1. Introduction

The Covid-19 virus first emerged in South Africa in March 2020, after a tourist made a visit to Italy. Ever since, the nation has had four waves of Covid-19, resulting in a total of 137 440 deaths (Makoni,2021, p.267). A main concern for organisations today is ensuring safe and healthy workplaces which is vital in managing the Covid-19 pandemic and the ability for a company to resume work. This research study will discuss the effects of Covid-19 on the psychological well-being of employees in South Africa.

1.2. Background

On January 30, 2020, the World Health Organization (WHO) declared the Covid-19 virus to be a pandemic (Zanke et al., 2020, p.49). The virus first spread in South Africa when a traveller returned to the country after visiting Italy. To stop the infection from spreading South Africa implemented a national lockdown as per the Disaster Management Act, Regulations: Alert level 5 on the 26th of March 2020.

South Africans were only permitted to leave their homes for medical crises, food, and medication (Villani et al., 2021, p.2). Furthermore, universities and schools were shut down whereby some functioned online, intern-regional, and international travel was suspended. During this time, all kinds of meetings were prohibited. Inter-regional travel became feasible six month later, and five months later it was conceivable for those living in various regions to be able to return to their homes (Villani et al., 2021, p.2). However, front line workers were only permitted at the time to attend work while other companies transitioned to remote work.

Covid-19 was anticipated to have a psychological, sociological, and neuroscientific impact on the population, according to several experts around the world (Villani et al., 2021, p.3). Furthermore, the outbreak caused a significant prevalence of psychological health disorders in general, including severe stress, anxiety, post-traumatic stress, insomnia, irritability, depression, and decreased levels of attention, all of which were more common in those who had experienced the outbreak.

Employees were facing many stressful situations at work due to Covid-19 pandemic such as workload increase, additional working times and less rest periods together with the concern of passing the virus to family, friends, and others at work. While work from home has exposed employees to psychological risks such as isolation, little or no boundaries between family and work and risk of domestic violence amongst others (Villani et al., 2021, p.4).

Several researchers across the world concur such a (Xiang et al.,2020, p.228) states in his research that the pandemic has had a swift and deep impact on people's daily lives, including how they work, socialise, work, shop and plan. A study carried out by *(*Wang et al.,2020, p.42) explored the quick spread of the disease, as well as the increasing number of infected cases and deaths, has caused widespread alarm and anxiety in the populace. In *(*Wang et al.,2020, p.42) preliminary research of the acute psychological response to the Covid-19 epidemic among Chinese general populations, 53.8 percent of subjects judged the outbreak's psychological impact as moderate or severe.

As a result, more detailed and rigorous study is required to comprehend the mental impacts of the Covid-19 epidemic on employees, the associated risk, preventative measures, and treatment.

1.3. Research Problem

Many firms were confused about measures to ensure in the early stages of Covid-19 in South Africa to protect their employees from the virus and ensure their psychological well-being (McGuire & Palus, 2018). Furthermore, employee’s lives were disrupted in terms of engagement during Covid-19 due to social separation, wearing masks, isolation, and other precautionary procedures. To address Covid-19, a collaborative effort is essential for successful transformation, which necessitates the participation of all systems, people, and practices in the process, as well as the recognition and full participation of leaders to set a good example (McGuire & Palus, 2018).

Leaders must be able to manage change effectively, leaders must be excellent in briefing, planning, organising, motivating, controlling, and collaborating (Gillam & Siriwardena, 2013). (Gillam & Siriwardena, 2013) confirm that before changing the culture of the organisation, leaders must change themselves. A problem faced by

managers is to ensure that psychological wellbeing is felt by employees in the organisations so that employee performance does not deteriorate.

This is difficult because employees may experience psychological suffering because of traumatic occurrences like Covid-19. Furthermore, the path of the pandemic is unknown, and it could take long-standing penalties for psychological health. To control then lessen the burden of mental issues, it is critical to further research the most effective solutions, interventions, recognise vulnerable groups and subgroups, and prepare for severe and long-term psychological care (Villani et al., 2021).

By identifying the effects of Covid-19 this study will help solution measures to treat and prevent the effects as well as provide insight to organisations on the challenges their employees may be facing. For this problem to be solved it is imperative that the independent and dependent variables are identified. The independent variable is Covid-19, and the dependent variable would be Psychological well- being which encompasses key aspects such as fear, anxiety, depression, safety, and motivation.

1.4. Aim of the study

The aim of the study is to determine the effects of Covid-19 on the psychological well-being of employees in South Africa. This will be done through reviewing various literature and research papers related to the topic and after conducting a quantitative survey with employees to determine the effects Covid-19 has had on their well-being. This research is important as there are not many published research studies that has examined the effects on employees in South Africa once Covid-19 became a pandemic. Further many research papers focus on frontline workers and fail to account for the psychological well-being of other workers who have been employed during the pandemic. On conclusion of the study, the study will contribute to identifying key factors that impact employees and their well-being during Covid-19 as well as provide measures to prevent and treat the effects identified.

The study seeks to understand the effects of emotional challenges faced by employees due to Covid-19. Furthermore, a grasp of the problems and differences between how things are done presently and how they should be done to improve the fight against Covid-19.

Although, Covid-19 is distant from over, the discoveries of the study will permit leaders, managers and organisations to examine existing organisational support available and provide appropriate support taking into consideration the effects of COVID -19 physically and mentally on employees.

1.5 Research Objective

Identify the effects of Covid-19 on psychological well-being in the workplace.

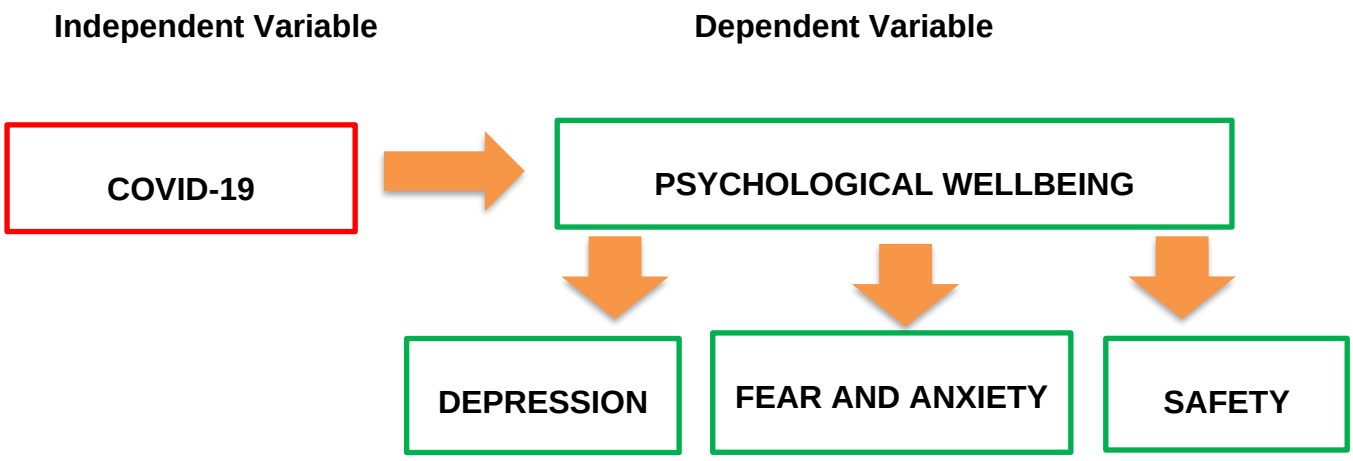
1.6 Research Question

What are the effects of Covid-19 on psychological well-being in the workplace?

1.7 Conceptual Framework

In research it is anticipated that independent variables will have an impact on dependent variables and what occurs as a result of the independent variable is referred to as a dependent variable (Bougie & Sekaran ,2019). This study will explore the impact of the independent variable, Covid-19 will have on the dependent variable, psychological wellbeing which is a combination of depression, safety, fear and anxiety.

Figure 1: Relationship between variable



The participants' psychological wellbeing, with a focus on the presence of depression, safety, anxiety, and fear, was the dependent variable of primary interest in this study. COVID-19 is one of the independent variables taken into account in relation to this. The conceptual framework essential to our investigation was developed after reviewing the expanding body of scholarly literature on COVID-19's effects on psychological health**.**

1.8. Significance of the Study

This study is important to employees and organisations and will provide a deeper understanding of the effects of Covid-19 on the psychological well-being of employees in South Africa. The research will add to research on Covid-19 in South Africa and provide for reference to other researchers keen on further dissecting the topic.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

The Covid-19 epidemic, which began in 2020, drastically affected people's lives and perceptions of the world. Increased financial insecurity, social separation and worry about the future have emerged from the virus's combined effects, as well as the virus's containment tactics (Anglim & Horwood.,2021,p1527). Pundits have expressed concern that the pandemic may lead to a rise in despair, loneliness, and suicide, and numerous cross-sectional polls have found that people are more distressed than before (Anglim & Horwood.,2021, p1527).

As per the conceptual framework outlined in the research proposal. The independent variable in this study is Covid-19 and the dependent variable is psychological well-being which is further broken down to discuss key aspects of psychological well-being which include fear and anxiety, depression, and safety.

This literature review critically analyses current research as well as evaluates existing knowledge relevant to Covid-19 and the effect on psychological well-being of employees in South Africa.

2.2. Covid-19

The novel Coronavirus disease (Covid-19) was discovered for the first time in December 2019 in Wuhan, China and it began to spread, first in China and then quickly throughout the rest of the world. The number of recognised cases and deaths grew quickly, and by April 5th, there were around 1 200 000 confirmed cases and deaths and over 68000 deaths worldwide (Johns Hopkins University & Medicine, 2020).

To fully understand the Covid-19 virus, researchers examined scientific data from five individuals who had Covid-19-related pneumonia, with radiographic findings demonstrating verbose opacities and commonality in all patients, revealing a novel unnamed Covid beta (Huang et al., 2020, p.577). The discovery revealed that the virus has a 79 percent nucleotide resemblance to SARS and a 51 percent similarity to MERS, which is prevalent in bats. In his research (Huang et al., 2020, p.577) reveals that persons who confirmed positive for Covid-19 may have a high fever and cough, and that their effects may be like influenza symptoms. Covid-19 instances that are severe may require chest imaging that detect opacities (Shi et al., 2020, p.343).

By contacting a polluted item or surface and touching one's nose, mouth, or eyes, Covid-19 can be transmitted from one person to another who has contact or is within 6 feet of each other (Centers for Disease Control and Prevention,2020). Based on two investigations of symptomatic individuals, the average incubation time for a person who catches the virus is 5,1 and 4 days (Guan et al., 2020; Lauer et al., 2020). People who test positive for Covid-19 have an incubation period of 2 to 14 days, during which time they are more likely to transmit the disease (Tan et al,,2020, p.587). (Wu & McGoogan,2020) indicate that now the Covid-19 virus can be passed from one person to another, and that people with comorbidities and older people are more likely to die.

The virus's spread causes difficulties in areas where there is a lack of social distance, overcrowding, lack of education and awareness of how the virus can spread, to the point where scientists have recommended countries to prepare for the consequences of super spreaders (Ebrahim & Memish, 2020).

South Africa, like the rest of the world, succumbed to the Covid-19 pandemic and imposed severe restrictions on movement. (Carroll & Conboy,2020) confirms Covid-19

is the most significant crisis the world has seen in the last 50 years since the second world war.

Covid-19 obliged most workers worldwide to alter their work schedules (Carroll & Conboy, 2020). Companies had to come up with innovative techniques to ensure that workers working remotely from their homes in a business context were productive. As a result, many workers have adopted the flexibility of working from home as a new way of life.

Through being infected or influenced by the Covid-19 scenario in the broader social context, people have succumbed to challenges such as anxiety, depression, stress and mental health difficulties. The Covid-19 pandemic influences mental health in general. Depression and anxiety levels are most likely elevated in families of remote workers where Covid-19 infections and deaths have occurred.

2.3. Psychological Wellbeing

It is understood that the Covid-19 pandemic and the conditions it causes interfere with human psychological well-being. Psychological well-being is an individual's evaluation of the events/ situations they experience. Individual and organisational psychological well-being at work is critical for effective performance (Mendonca et al., 2022). At the individual level, it increases creativity and prosocial behaviours. Covid-19 impacts on human psychological well-being.

Research conducted by (Wang et al.,2020, p.43) & (Sumakul et al,.2020) shows, that in the early phase of the Covid-19 pandemic in China, more than half of the study participants experienced psychological effects as a form of stress, anxiety and depression which were felt at moderate to severe levels. While research conducted by (Luo et al.,2020) regarding the psychological and mental impact of Covid-19 on medical workers and the public, found that the psychological impact caused by Covid-19 was mostly anxiety and depression problems experienced by both medical workers and the public.

However, research has repeatedly found very high levels of distress. Several studies have been carried out to examine well-being during the Covid-19 epidemic, either cross-sectionally (Anglim & Horwood.,2021, p1527) or longitudinally (Wang et al.,2020, p.44).

But these cross-sectional and longitudinal studies do not have a pre-COVID comparison group, which limits conclusions about the pandemic's causal impact (Anglim & Horwood.,2021, p1527).

Researched conducted by (Sun et al., 2020,p.548) examined the individual and social characteristics that influence the degree of individuals' suffering or thriving during the Covid-19 outbreak using survey data obtained from 26,684 participants in 51 countries from 17 April to 15 May 2020.This research showed that an individual's recent experiences of specific transient pleasant and negative emotions, such as serenity, loneliness, love, and determination, as well as their socioeconomic level, are associated to their wellbeing.

During the Covid-19 outbreak, calm, connection, and control were determined to be essential components of wellbeing all over the world (Sun et al., 2020, p.548). Findings from two representative samples employing pre-registered techniques, as well as a prospective 30-day daily diary research, corroborate the findings of this research.

2.4 Fear and Anxiety

This pandemic has quickly and significantly altered how people live, work, shop, socialize, and make plans (Sherman et al,.2020). Despite the media's regular coverage of these changes' psychological repercussions, the needs of those affected by the crisis in terms of mental health care have mostly gone unmet (Xiang et al., 2020, p.228).

This is surprising because prior research on pandemic-related anxiety has revealed that these individuals tend to have higher levels of anxiety, general stress, post-traumatic stress disorder and suicidality (Sherman et al,.2020).

In order to help identify people most impacted by the fear, anxiety, and uncertainty of this escalating pandemic crisis, the Coronavirus Anxiety Scale (CAS) was recently created (Sherman et al,.2020). The CAS is a 5-item mental health screening tool created to aid researchers and medical practitioners in spotting potential instances of dysfunctional anxiety connected to the Covid-19 problem (Lee, 2020).

Each CAS item causes a different physiologically grounded dread or anxiety reaction in response to thoughts, feelings, and information about the coronavirus. It's important to

note that "coronavirus anxiety" and "corona phobia" have both been used interchangeably in this emergent study (Asmundson & Taylor, 2020).

In a study to revaluate its psychometric features, the Coronavirus Anxiety Scale (CAS), one of the initial published measures of Covid-19 linked psychopathology studies utilising CAS, was shown to be highly reliable with a stable as well as invariant factor structure (Lee, 2020). Furthermore, it was shown that the diagnostic capabilities of the CAS were comparable to those of other psychiatric screening exams.

In a following study by (Xiao et al., 2020) The Personal Social Capital Scale 16 (PSCS-16) was used to assess social capital in individuals who isolated during the Covid-19 outbreak (PSCI-16). The study found that stress and poor sleep quality were linked to anxiety, and that anxiety and stress together diminished the positive effects of social capital on sleep quality (Xiao et al., 2020). Furthermore, nearly 1250 medical personnel who treated patients with the coronavirus were the subject of a study in China that looked at their mental health. 50.4 percent of participants said they were depressed, 44.6 percent said they were anxious, 34.0 percent said they had trouble sleeping, and 71.5 percent said they were upset (Xiao et al., 2020).

South Africa has two distinct national health-care systems: public and private. The government has diverted funds to the public health system to assist Covid-19 testing, tracking, and treatment (Naidu, 2020). In urban and peri urban areas, mental health services are offered through the public health system. Through their professional organisations, South African psychologists and psychiatrists have provided private pro bono consultations to those affected by the Covid-19 pandemic.

2.5 Depression

People's lives have been thrown into disarray all around the world because of the Covid-19 epidemic. Even though research has shown that acute and widespread stressors (such as natural disasters) have serious mental health consequences, there is no precedent or data sets for understanding the psychological health effects of Covid-19 because prospective studies examining the effects of a pandemic are almost non-existent (Liu et al., 2020). It's especially crucial to identify key risk factors for anxiety, depression, and post-traumatic stress disorder (PTSD) in children and adolescent (Liu et al., 2020). Pandemic-related mental health is believed to be linked to a few risks and

protective variables. Covid-19-related anxiety (e.g., keeping a job, having a Coronavirus test) may be associated to mental health problems.

Given the directions for social separation and isolation, loneliness may be especially pervasive and destructive during the pandemic as loneliness is already prevalent among those under the age of 25, and the epidemic may worsen these sentiments (Liu et al., 2020). Additionally, despite the importance of social support in lowering the risk of mental health disorders, social distance guidelines may make it harder to obtain it.

Individual resiliency, or the ability to manage with stress, and distress tolerance, or the ability to control and tolerate emotional discomfort, may both be crucial protective factors against the mental health symptoms that come with high stress levels (Liu et al., 2020). Following natural disasters, individual resilience is a strong protective factor against depression, PTSD, and general health. Distress tolerance has been linked to fewer symptoms of depression and PTSD in the aftermath of tornadoes, according to research (Liu et al., 2020). However, it is unknown to what extent these characteristics are linked to mental health problems during a pandemic.

Research conducted by (Sherman et al., 2020) in which the depression level was explored through the Zung Self-Rating Depression Scale. The scale has 20 items that encompass affective, psychological, and physical symptoms of depression (for example, "I have difficulties sleeping at night" or "I am restless and can't keep still"). The study found that 35.33 percent of university students experienced anxiety symptoms and 72.93 percent had depression symptoms, albeit with minor symptoms (Sherman et al., 2020).

According to the results of (Varma et al., 2021) global study, there was significant psychological agony in the early stages of the epidemic. (Varma et al., 2021) study's participants reported high levels of anxiety, stress, melancholy, and poor sleep, demonstrating the psychological effects of the current pandemic over the world. Previous mental health diagnosis was associated to poor mental health. Furthermore, 20% of respondents indicated their financial situation was causing them significant distress, which was connected to both psychological distress and poor sleep. Sleep deprivation, loneliness, resilience, and age were all found as mediators in the link

between stress and mental health, pointing to areas where targeted interventions may be made (Varma et al., 2021).

Poor mental health prior to isolation is a major concern and may lead to increased psychiatric illness following isolation, according to data from recent pandemics (e.g., SARS, MERS) (Varma et al., 2021). As per (Kim et al., 2020) recent estimates indicate that South Africa has a relatively high prevalence, recorded incidence, and challenge of mental illness compared to other nations. One in three South Africans (30.3%) are predicted to experience mental and psychological illness, 25% of cases are deemed severe, and approximately half of the population (47.5%) is at extremely high risk of experiencing a psychiatric disorder at some point in their lifetime (Kim et al., 2020).

A study conducted by (Kim et al.,2020) assessing the mental health consequences of the Covid-19 pandemic: perceived risk of infection with Covid-19 and childhood trauma in urban South Africa, 14.5 percent of adults were considered depressed, according to a study. In qualitative data, anxiety, financial insecurity, fear of infection, and rumination were identified as powerful experiences.

Despite these circumstances, access to mental healthcare and utilisation are severely limited in South Africa, with just 27% of individuals with serious mental diseases obtaining treatment.

2.6 Safety

Trust and respect between people make it possible for people to feel safe and are essential for employees to be adaptable (Lee,2021). According to Jiang et al. (2019), key contributors for trust in an organisation that influences employees' activities or associated events are fairness, information-sharing, expression and decision making. Previous research on psychological safety at work (Connelly & Torrence, 2018) concentrated on the types of distinct emotions that employees experienced in relation to their positive and negative workplace emotions.

While other studies conducted by (Matta & Dyne.,2020) relate that psychological safety and emotions are derived from societal comparison. However, the circumstances differ during a crisis such as COVID-19 the emotional response of employees and organisational support required by employees differ for any organisations to maintain a

safe workplace. Employees perceived organisational support as "one who cares for their welfare and values their contributions and organizations," according to the organisational support theory described by (Kurtessis et al.,2017). Supervisory support is a part of the social support setting, which is an intrinsic value of psychological safety in the workplace. Because these forms of support are embedded inside a healthy and pleasant interpersonal relationship with their co-workers, there is a stronger psychological safety in the workplace, and as a result, employees respect the assistance offered by organisations, supervisors, and co-workers (Carmeli et al., 2009).

Past studies conducted correlated support from team members and colleagues with psychological safety (Lee,2021). Hence during a disruptive event such as Covid-19 and a challenging time for organisations, mutual respect, trust, and support received from leaders and employees provides a sense of safety and security which preserves psychological safety in the workplace.

2.7 Conclusion

There are still substantial gaps in our understanding of how the Covid-19 epidemic has affected people's well-being, notwithstanding research by (Sher & Xiong et al., 2020).First off, there is no meaningful pre-COVID control group in the majority of studies on the effects of Covid-19 on wellbeing, which are cross-sectional surveys were out during the pandemic (Anglim & Horwood.,2021, p1528). Secondly, the longitudinal studies that are conducted to address this issue, such as those by (Foa et al., 2020; Sibley et al., 2020; Zacher & Rudolph, 2020), primarily focus on the early stages of the pandemic and do not include data on the effects of sustained or the additional waves, which are second, third, and fourth lockdowns.

Thirdly, very little research has yet compared the impact of personality on well-being before and after the pandemic's inception, despite a few studies focusing solely on the relationship between personality and well-being in the context of Covid-19 (Anglim & Horwood.,2021, p1528). Last but not least, knowing if the Covid-19 pandemic modifies the impact of personality on wellbeing has implications for helping various types of people during the epidemic. Additionally, it is a useful ordinary experiment for testing hypotheses regarding the interactions between personality and environment.

Despite the fact that Covid-19 and its effects on wellbeing have been the subject of innumerable studies, South Africa lacks sufficient research in this area. One in three people in South Africa experience a psychiatric problem at some point in their lives, making the country's countrywide lockdown a major threat to public mental health. Future Covid-19 infections and the associated morbidity and mortality outcomes were successfully avoided thanks to the South African shutdown. Epidemiological models predict that after one month, the lockdown led to a 40–60% drop in transmission compared to baseline (South African Covid-19 Modelling Consortium, 2020). However, the potential mental health effects are greater in a nation with high rates of poverty and unemployment, severe psychiatric morbidity, and a weak mental healthcare system.

However, the possible negative effects of the lockdown on mental health shouldn't be disregarded in a nation with major psychiatric morbidity, a weak infrastructure for mental healthcare, and high rates of poverty and unemployment (Chathurika et a.,2021). There is a significant gap about the impacts of Covid-19 on the psychological well-being of employees in South Africa, it is found after critically analysing recent research and reviewing available knowledge pertinent to the initiative and its impact on that country's workforce (Chathurika et al., 2021).

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Research Approach

To better understand the effects of Covid-19 on psychological well-being of employees in South Africa the quantitative research approach will be adopted. The quantitative research approach highlights scientific principles, the analysis of correlations between variables, carefully structured research, researcher is independent from the issue, and the selection of large enough samples to generalise conclusions (Bougie & Sekaran ,2019). In this case, the correlation between the independent variable in this study is Covid-19 and the dependent variable is psychological well-being which is further broken down to discuss key aspects of psychological well-being being fear and anxiety, depression, and safety.

3.2 Research Philosophy

Research philosophy entails dealing with the nature, source and development of information and knowledge. In simple terms, a research philosophy is a belief about the ways in which data and information about a phenomenon should be collected, analysed, and used. The research philosophy used in this study is Positivism. Positivism evaluates people behaviours and actions based on scientific data through the collection of quantitative data (Alvesson & Sköldberg,2017).

3.3 Research Design

A research design is a plan that includes researching sites, selecting subjects, collecting data, and a process of answering research questions (Sekaran & Bougie,2016). This study's research design is explanatory research. Explanatory research is a type of study that investigates why something happens when there is only a limited amount of data available. It aids research by helping to better understand a topic, understanding and determining how, why and reasons behind a specific phenomenon that occurs, and forecasting for future events.

3.4 Target Population and Sampling

3.4.1 Target Population

The target population comprises employees in South Africa.

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3.4.2 Kinds of Sampling

The non-probability sampling technique is widely used only applies to a quantitative research study. For this study convenience sampling will be used. Convenience sampling entails accessing easily available elements of the population such as existing networks ie. family, work colleagues and friends.

3.4.3 Sample Size

The target required for the sample size is 80 employees across South Africa.

3.5 Research Instrument

The research instrument chosen will be surveys. The survey was created bearing in mind the research questions and to yield the answers essential to answer those questions. Further the survey questions were designed to bear in mind key dependent and independent variables and measure their effect on the target population. The research instrument will be administered through Survey Monkey.

3.6 Validity and Reliability

Validity and reliability are terms that refer to a measurement's accuracy and are concerned with whether the researcher is measuring what he or she claims to be measuring. Reliability refers to the consistency or repeatability with which a research instrument measures phenomena. Once the data has been collected, the Cronbach Alpha test will be used to determine the data's reliability. Cronbach's alpha is a measure of internal consistency, or how closely related a group of items is (Robertson & Evans, 2020). Two reliability tests will be utilised: (a) the questionnaire will be tested on a purposeful sample of six pilot participants, and (b) the Cronbach's Alpha reliability test will be used to test the questionnaire directed to participants of the survey. A reliability

co-efficient of 0.70 or higher will be considered acceptable for this study. Furthermore, Pearson correlation will be used to determine the data's validity. The Pearson correlation coefficient assesses the strength of a two-variable linear relationship (Robertson & Evans, 2020).

3.7 Data analysis

Socio-demographic data will be collected as well as respondents experience in the workplace during Covid-19. A five-point Likert scale is adopted from one (1 - Much less than before Covid-19) to five (5 - Much more than before Covid-19). The scale adopted provides for a comparison to pre Covid-19. Once the datum has been collected, the data analysis and interpretation will be examined using Survey Monkey, Microsoft Excel and Minitab Version 19. Data obtained will be presented in charts, tables, and figures. Based on the data, inferential statistics will be used to make general inferences about the observations. Descriptive statistics will be used to simply describe the data by identifying the median, mode, mean, skewness, and standard deviation. In addition to descriptive statistics, a univariate analysis will be conducted to explore the associations between psychological well-being related to Covid-19.

3.8 Data Storage and protection

Survey responses will be password protected, and only the researcher will have access to them. Raw data will be stored for a period of five years.

3.9 Limitations and Delimitations of the Study

There are various limitations that have been considered. A major challenge is that the researcher is entirely at the mercy of the time availability and willingness of participants of the survey.

3.10 Elimination of Bias

The researcher will ensure the following throughout the study by:

- Avoiding language that imply evaluation or promotes preconceptions
- Using gender neutral phrases
- Identifying persons by ethnicity or ethnic group unless it is important

- No assumptions made about different age groupings

3.11 Research Ethics: Key Considerations

The researcher is finally responsible for the veracity of the study process as well as the dignity and well-being of the research subjects when doing research. To ensure that participants have given their informed consent, the researcher has written a statement outlining the study's goals and nature. Keeping in mind that the participants are chosen because they have the intellectual capacity and psychological maturity to understand their engagement in the study, are aware of the study's nature, and are not being forced to participate.

CHAPTER FOUR: DATA ANALYSIS

4.1. Introduction

Chapter 4 discusses the data analysis and findings from 115 questionnaires completed by employed recipients. The aim of the study is to determine the effects of Covid-19 on the psychological well-being of employees in South Africa.

The objective of the study was to:

- Identify the effects of Covid-19 on psychological well-being in the workplace.

Initially the questionnaire and consent form were shared with a pilot group of individuals to test the suitability and attain feedback. Subsequently, the questionnaire was amended. Thereafter, the questionnaire and consent form were sent to recipients through an online link to complete using Survey Monkey. The signed consent form would lead to the questionnaire if not given consent the recipient would be unable to complete the questionnaire. Furthermore, the questionnaire was applicable to employed individuals only.

A total of 125 employed individuals attempted the questionnaires. After review of submission 10 of the questionnaires were incomplete which will be treated as a defective survey as it is an incomplete response. The data from the questionnaire was reviewed before being statistically analysed. The data analysis was carried out by using The Minitab Version 19 and Microsoft Power Bi. The findings are discussed in sequence related to sections of the questionnaire. The sections of the questionnaire are as follows:

- Biographical Data
- Covid-19 in Workplace
- Fear and Anxiety
- Depression

The information gathered from participants of the questionnaire was subjected to frequency counts. In other words, the subjects' responses to each individual question were totalled to determine the highest frequency of occurrence (i.e., the number of times that a particular response occurs). These quantifiable responses are then presented in percentage, graphical, and tabular formats.

4.2. Biographical Data

The biographical data section of the questionnaire covered the recipient's gender, age, race group, education status, marital status industry, residing Province and Covid-19 experience. The personal data depicts respondents from all backgrounds, equal gender and from different sectors of workplace.

4.2.1 Gender

Recipients consisted of 40% Male and 60% Female.

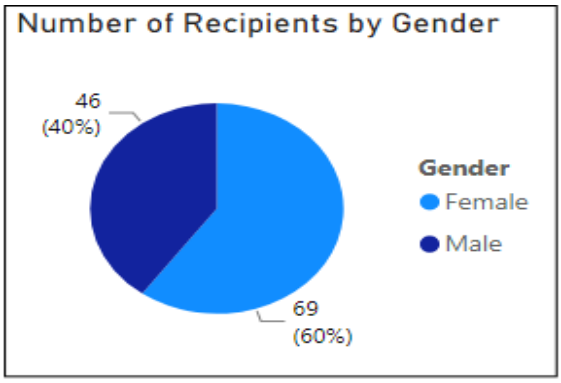


Figure 1 Respondents gender

4.2.2. Age

Employed recipients ranged from 20 to over 50. 42% of recipients were between the ages of 30-39.

Age	Frequency	Percentage
20-29	21	18%
30-39	48	42%
40-49	31	27%
Over 50	15	13%
Grand Total	**115**	**100%**

Table 1 Respondents' ages on completing the questionnaires

4.2.3. Race Group

The 115 respondents contained all four race groups. This shows that the research is generalisable to all races that are employed.

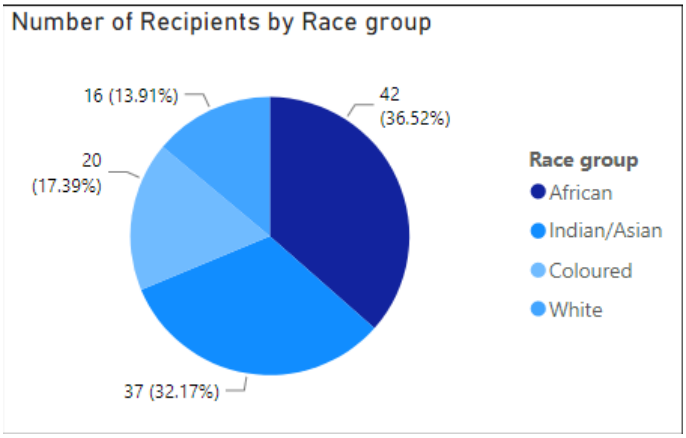


Figure 2 Respondents by Race group

4.2.4. Education Status

The 115 recipients comprised of employed individuals with 42.16 % comprising of post graduate degrees and 6% Matriculants. The below suggest that research is generalisable amongst all education status.

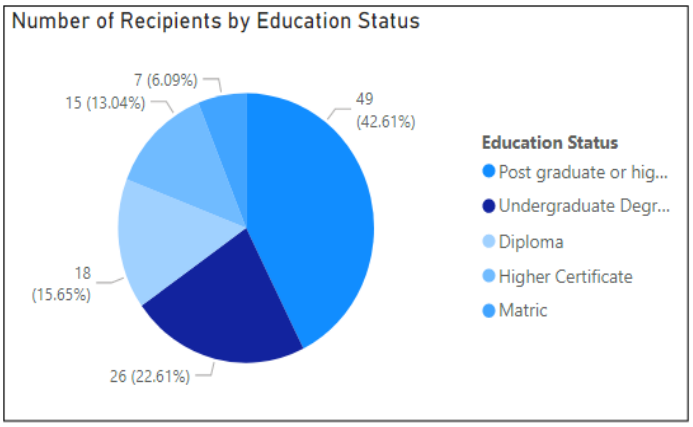


Figure 3 Respondents by Education Status

4.2.5. Marital Status

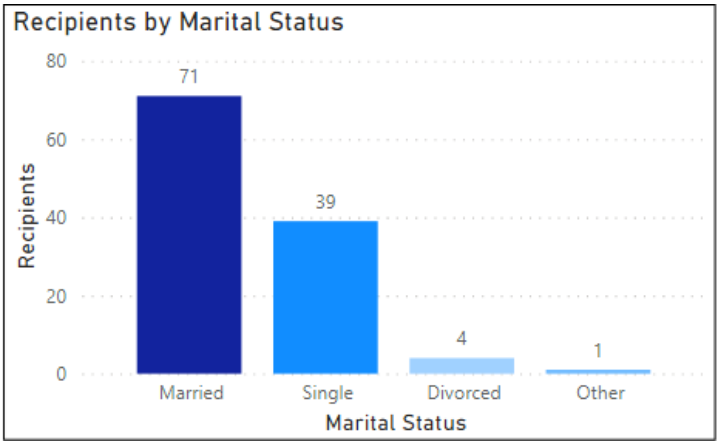


Figure 4 Respondents by Marital Status

4.2.6. Residing Province

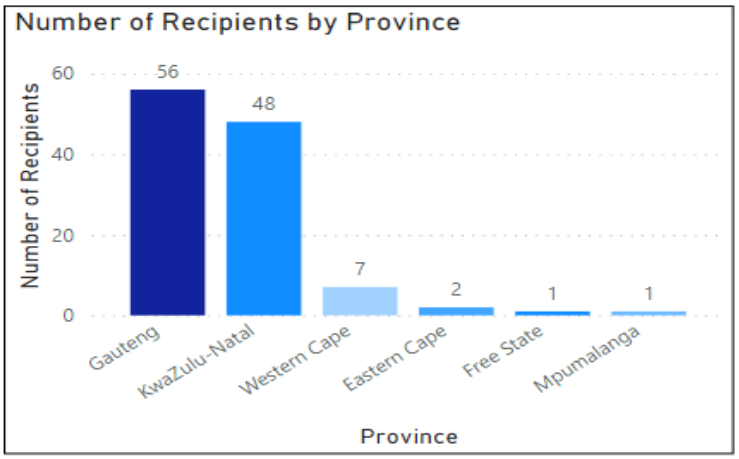


Figure 5 Respondents by Province

4.2.7 Industry

The recipient's industry ranged from Transport to Aerospace whilst most frequent industry were Manufacturing.

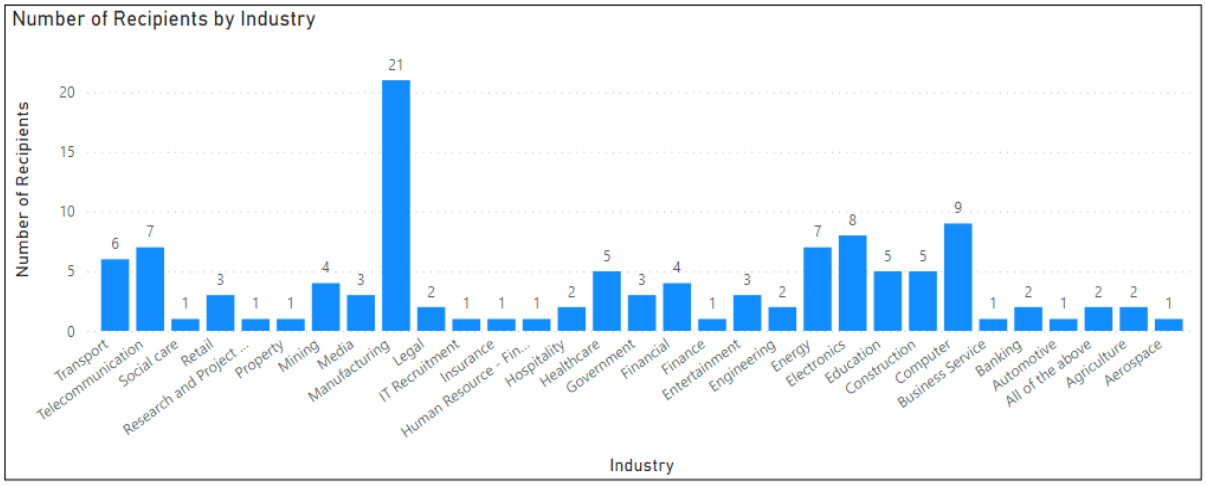


Figure 6 Respondents by industry

4.2.8. Covid-19 Experience

60% of respondents have not been infected by Covid-19 whilst 40% have previously tested positive with Covid-19.

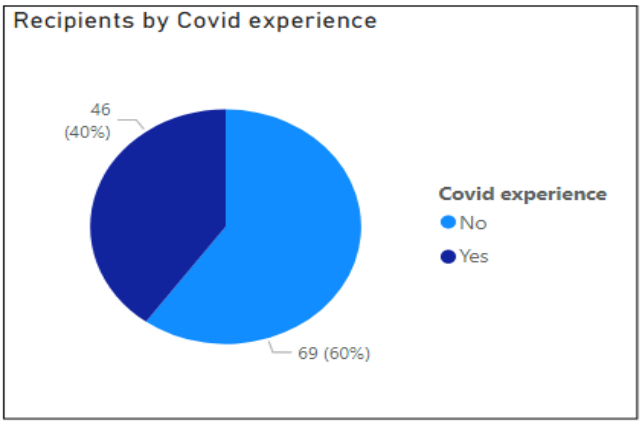


Figure 7 Covid -Experience

4.3 Covid-19

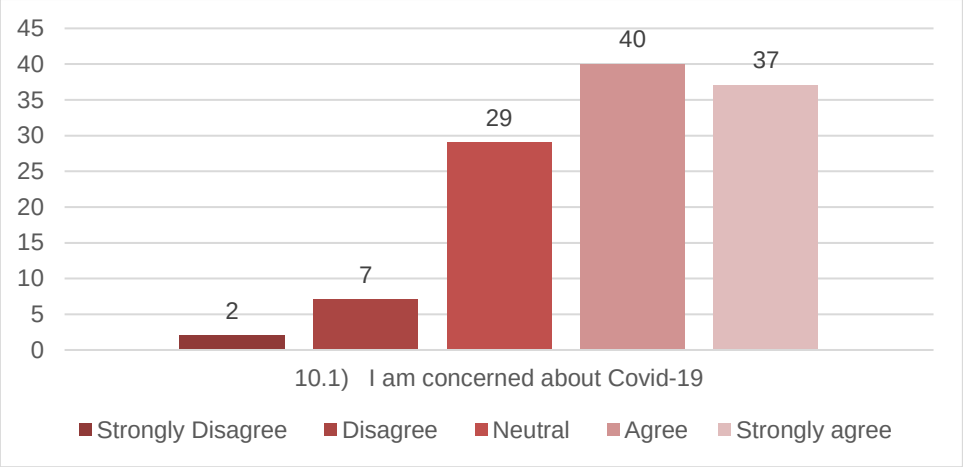
To determine the well-being with regards to Covid-19 at the workplace 8 questions were posed to respondents. The questions were formed to determine the level of awareness and well-being by their employers and a 5-point Likert scale was used to quantify the selection.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

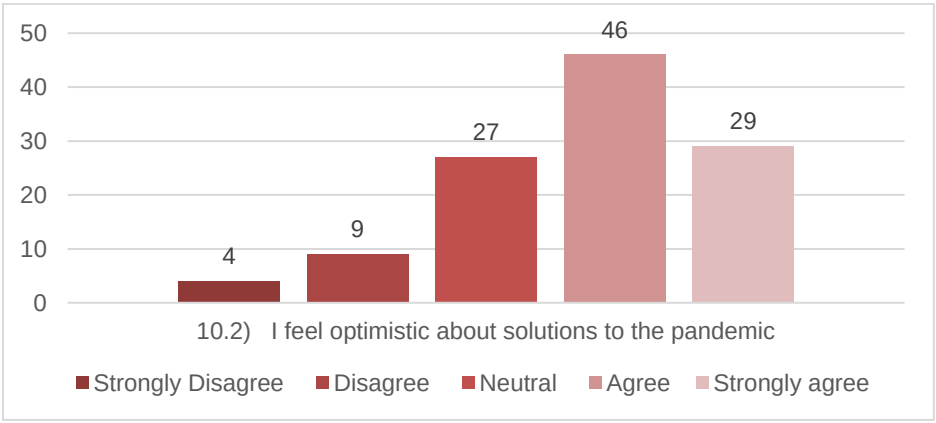
A Likert scale is a form of psychometric response scale in which respondents rate their agreement with a statement on a scale of one to five.

4.3.1 The responses for each of these questions are summarised below:

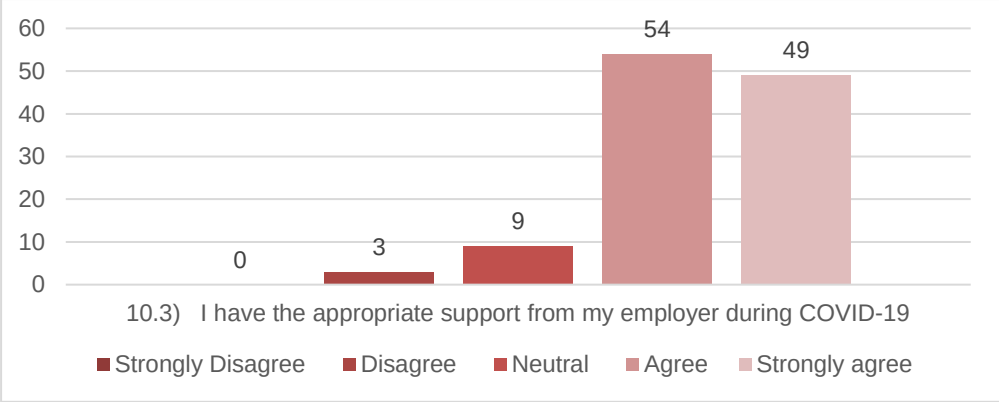
- **"I am concerned about Covid-19" –** Majority of respondents agree that there is a concern about Covid-19. The Mean response 3.9 as well as the Median response was 4 which leans close to Agree. The standard deviation for the question's response is 0.98. This shows that the data is clustered around the mean.



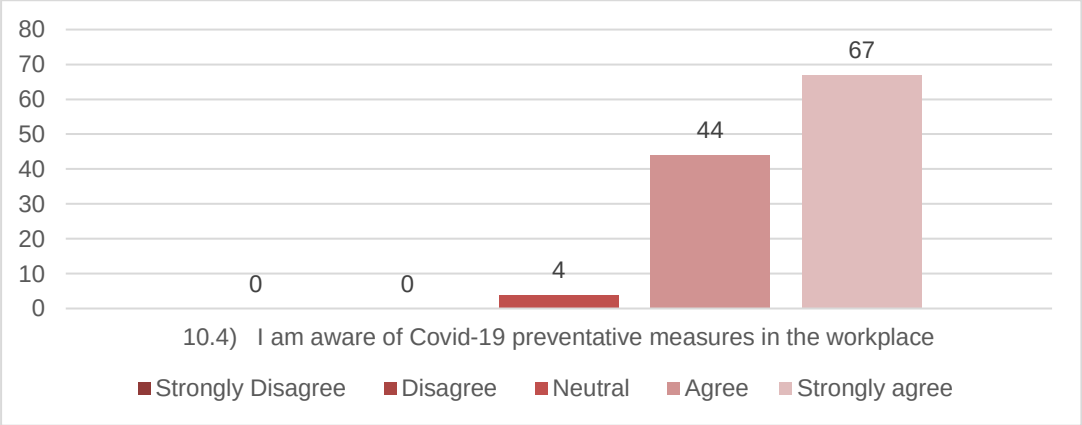
- **"I feel optimistic about solutions to the pandemic"-** Majority of respondents have an optimistic feeling about solutions to the pandemic. The Mean response 3.76 as well as the Median response was 4 which leans close to Agree. The standard deviation for the question's response is 1.03 this shows that the data for this question was more spread-out.



- **"I have the appropriate support from my employer during COVID-19"-** Majority of respondents have been receiving the appropriate support from their employer. No respondent chose the option of strongly disagree for this question. The Mean response 4.3 as well as the Median response was 4 which leans close to Agree. The standard deviation for the question's response is 0.72 this shows that the respondents' choices were close to mean and less spread-out.

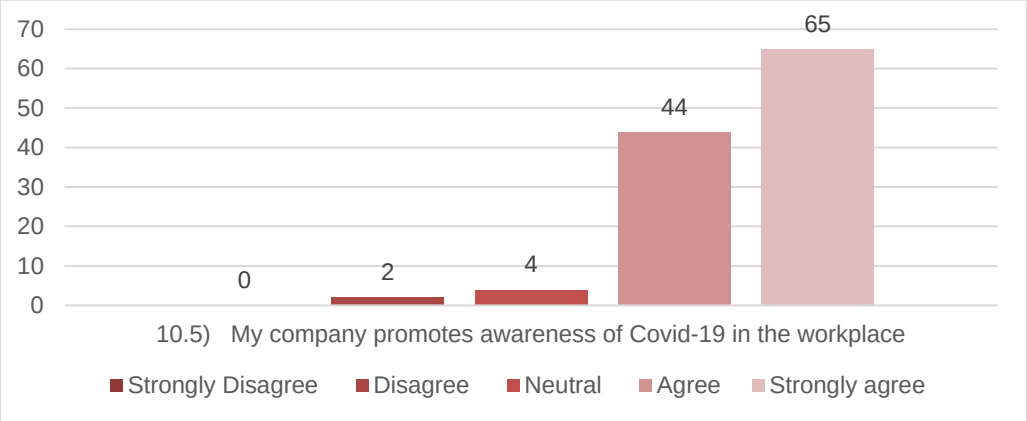


- **"I am aware of Covid-19 preventative measures in the workplace" -**Majority of respondents Strongly Agree that they have awareness of Covid-19 preventative measures in the workplace. No respondent chose to Strongly-disagree or Disagree for this question. The Mean response 4.55 as well as the Median response was 5 which leans close to Strongly Agree. The standard deviation for the question's response is 0.56 this shows that the respondents' choices were close to the mean and less spread-out.

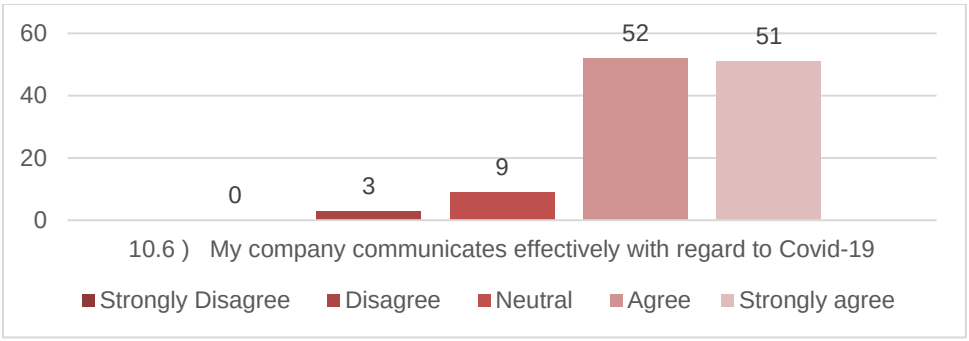


- **"My company promotes awareness of Covid-19 in the workplace" –** Majority of respondents Strongly Agree that their company promotes awareness of Covid-19 in the workplace. No respondent chose to strongly-disagree for this question. The Mean response 4.50 as well as the Median response which was 5 leans close to Strongly Agree. The standard deviation for the question's response is

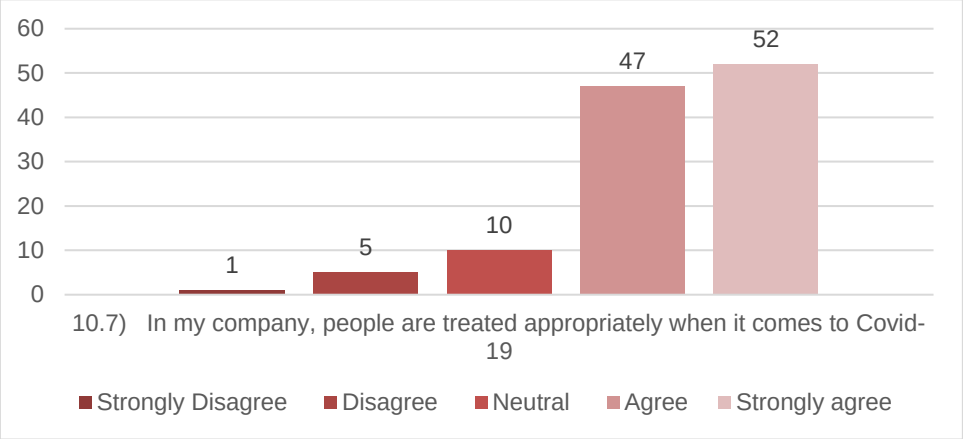
0.65 this shows that the respondents' choices were close to the mean and less spread-out.



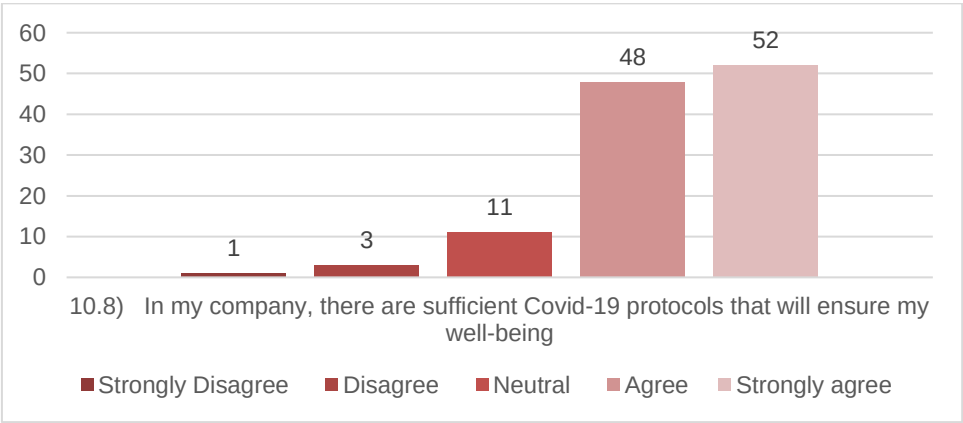
- **"My company communicates effectively about Covid-19"-** Majority of respondents Strongly Agree that their company communicates effectively about Covid-19 in the workplace. No respondent chose to strongly-disagree for this question. The Mean response 4.3 as well as the Median response which was 4 leans close to Agree. The standard deviation for the question's response is 0.73 this shows that the respondents' choices were close to the mean and less spread-out.



- **"In my company, people are treated appropriately when it comes to Covid-19"-** Majority of respondents Strongly Agree that employees in their company are treated appropriately when it comes to Covid-19. The Mean response 4.25 as well as the Median response was 4 which leans close to Agree. The standard deviation for the question's response is 0.85 this shows that the data is clustered around the mean.



- **"In my company, there are sufficient Covid-19 protocols that will ensure my well-being"-** Majority of respondents Strongly Agree that there are sufficient Covid-19 protocols in their company. The Mean response 4.28 as well as the Median response was 4 which leans close to Agree. The standard deviation for the question's response is 0.81 this shows that the data is clustered around the mean.

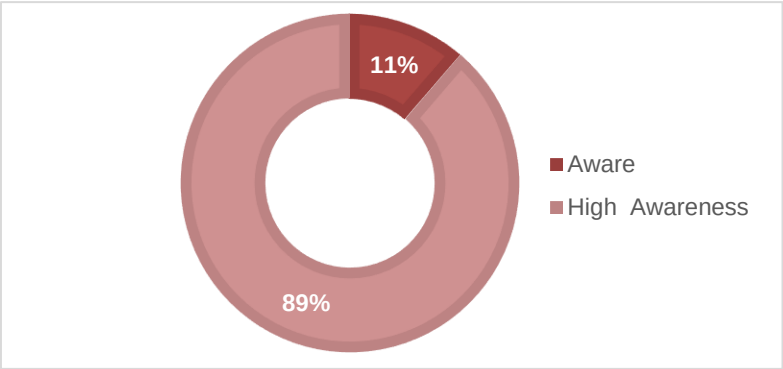


4.3.2. To determine the total level of awareness the responses were tallied individually, and a Covid-19 Awareness scale based on the total amount was determined. A total score between 30 – 40 would be a High Awareness, 29 – 20 Aware ,19 – 10 Mildly Aware and 9 -0 No Awareness.

Covid Awareness	20	21	24	25	27	28	29	30	31	32	33	34	35	36	37	38	39	40	Total
Aware	1	1	2	3	1	3	2												13
High Awareness								8	12	15	6	8	6	6	13	13	5	10	102

Table 2: Covid Awareness Scores

Scores tallied from 20/40 to 40/40 amongst the 115 respondents. From this we can see that 89% of the respondent's workplace shows a High Awareness whilst 11% workplaces are Aware. The average score 33, median 34 and the standard deviation 4.33 depicting a high and clustered response.



4.4. Fear and anxiety

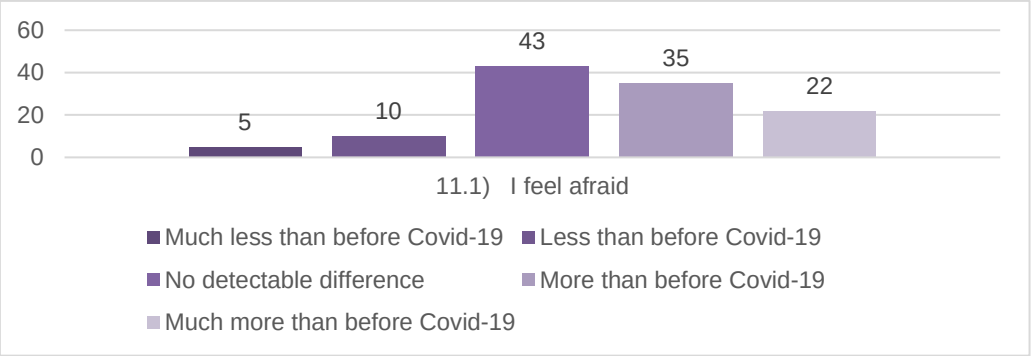
To determine the level of Anxiety per respondent the Anxiety Self rating scale was used. The scale consists of 10 items that rate an individual's level of anxiety. The questions determine the level of fear and anxiety of respondents during the Covid-19 pandemic. For the Fear and Anxiety questionnaire a 5-point Likert scale was used to quantify the selection. A Likert scale is a type of psychometric response scale in which respondents stipulate their level of agreement to a statement typically in five points:

1. Much less than before Covid-19
2. Less than before Covid-19
3. No detectable difference
4. More than before Covid-19
5. Much more than before Covid-19

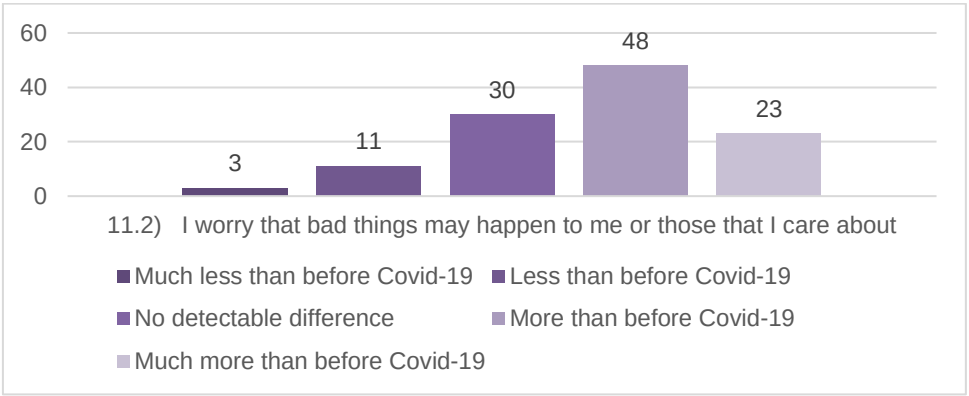
4.4.1. The responses for each of these questions are summarised below:

- **"I feel afraid" –** Majority of the respondents experienced no detectable difference of being afraid prior or after Covid-19. The mean response for the

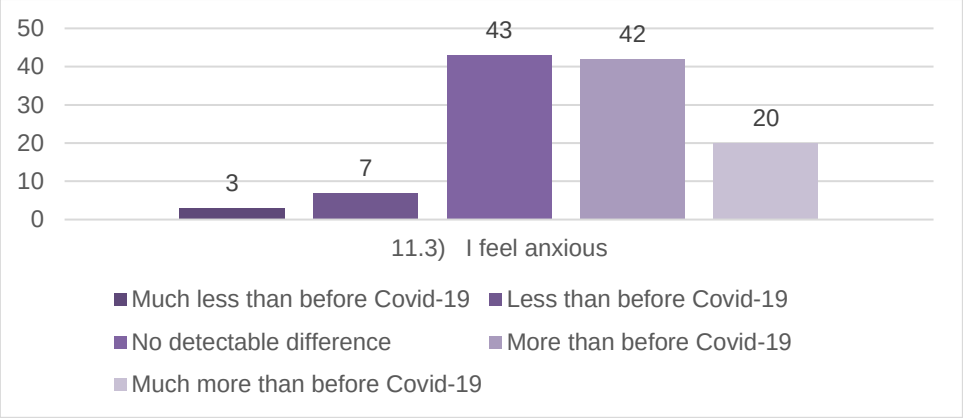
question is 3.55 which is close to the No detectable difference option. The median response is 3.76 which is closer to the More than before Covid-19 option. The standard deviation for the question was 1.01 which is relatively high and depicts a clustered response.



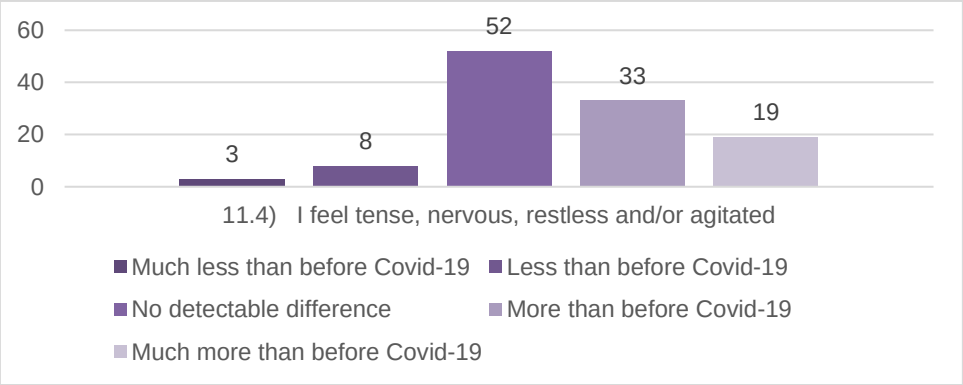
- **"I worry that bad things may happen to me or those that I care about"-** Majority of the respondents experienced More than before Covid-19 of worrying bad things my happen to them or those that care about them. The mean response for the question is 3.71 which is close to the More than before Covid-19 difference option. The median response is 4 which is closer to the More than before Covid-19 option as well. The standard deviation for the question was 0.96 which is relatively high.



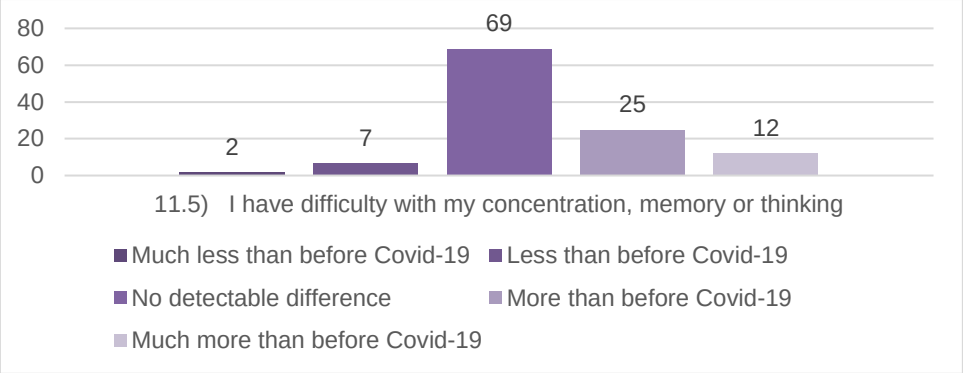
- **"I feel anxious"-** Majority of the respondents experienced no detectable difference of feeling anxious. The mean response for the question is 3.63 which is close to the No detectable difference option. The median response is 4 which is closer to the More than before Covid-19 option. The standard deviation for the question was 0.93 which is relatively high and depicts a clustered response.



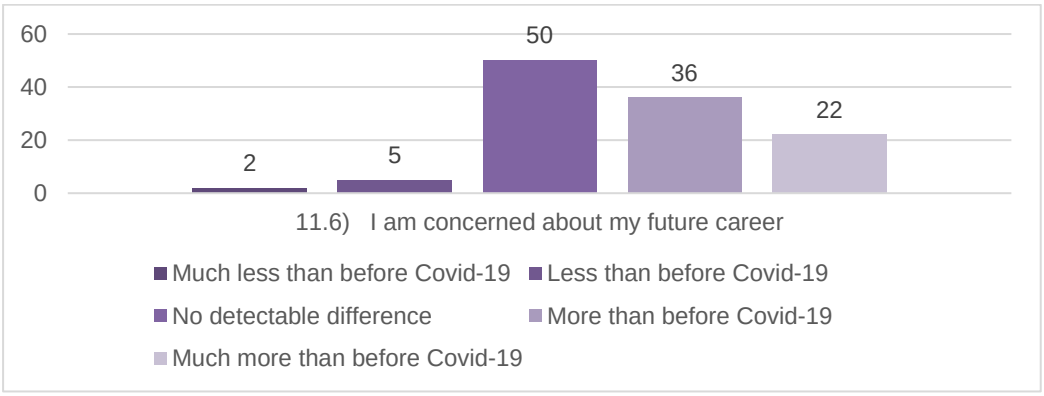
- **“I feel tense, nervous, restless and/or agitated” -** Majority of the respondents experienced no detectable difference of feeling anxious. The mean response for the question is 3.63 which is close to the No detectable difference option. The median response is 4 which is closer to the More than before Covid-19 option. The standard deviation for the question was 0.93 which is relatively high and depicts a clustered response.



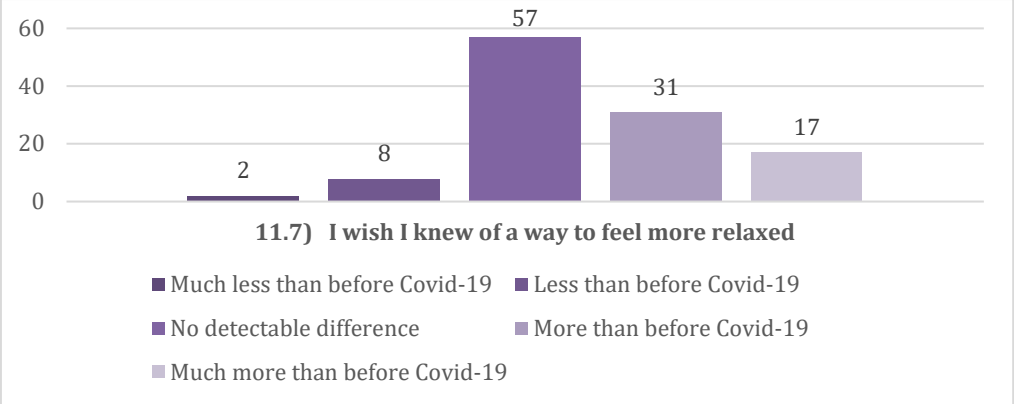
- **“I have difficulty with my concentration, memory or thinking” -** Majority of the respondents experienced no detectable difference having difficulty concentrating with memory or thinking. The mean response for the question is 3.33 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.79 which is relatively low and depicts a less clustered response.



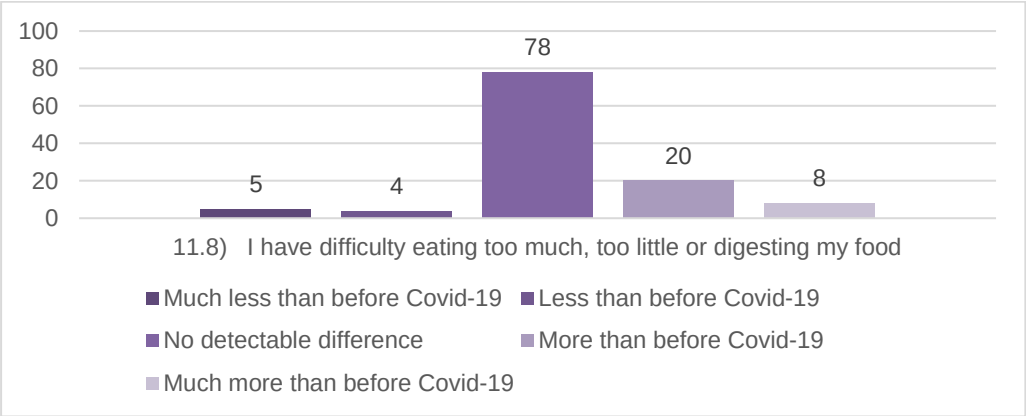
- **"I am concerned about my future career"–** Majority of the respondents experienced no detectable difference in concern for their future career. The mean response for the question is 3.62 which is close to the No detectable difference option. The median response is 3.8 which is also close to the neutral option. The standard deviation for the question was 0.81 which is relatively high and depicts a clustered response.



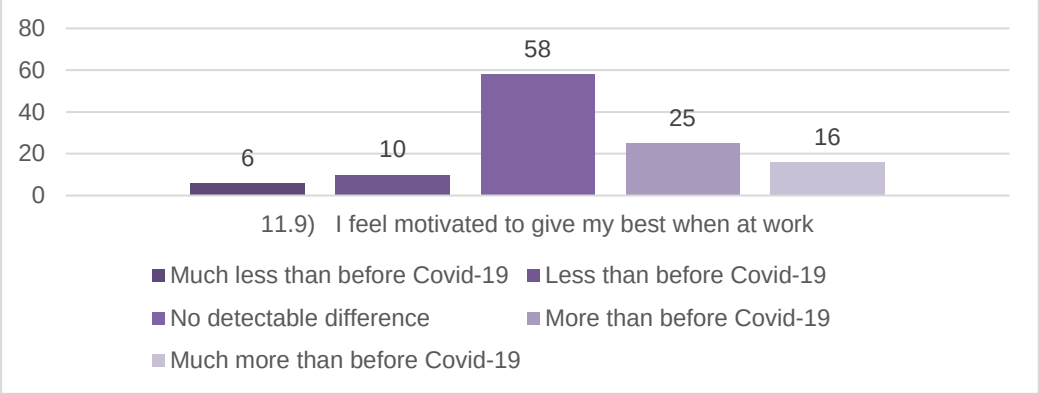
- **"I wish I knew of a way to feel more relaxed"-** Majority of the respondents experienced no detectable difference. The mean response for the question is 3.46 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.88 which is relatively high and depicts a clustered response.



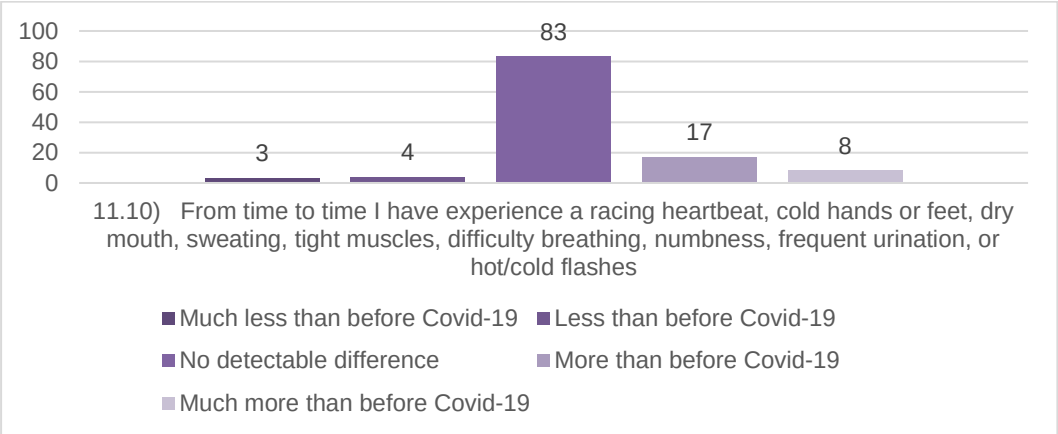
- **“I have difficulty eating too much, too little or digesting my food”-** Majority of the respondents experienced no detectable difference with eating too much, too little or digesting food. The mean response for the question is 3.23 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.74 which is relatively low and depicts a less clustered response.



- **“I feel motivated to give my best when at work”-** Majority of the respondents experienced no detectable difference with levels of motivation and willingness to give their best when at work. The mean response for the question is 3.23 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.94 which is relatively high and depicts a clustered response.



- **“From time to time I have experienced a racing heartbeat, cold hands or feet, dry mouth, sweating, tight muscles, difficulty breathing, numbness, frequent urination, or hot/cold flashes”-** Majority of the respondents experienced no detectable difference with racing heartbeat, cold hands or feet, dry mouth, sweating, tight muscles, difficulty breathing, numbness, frequent urination, or hot/cold flashes. The mean response for the question is 3.23 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.70 which is relatively low and depicts a less clustered response.



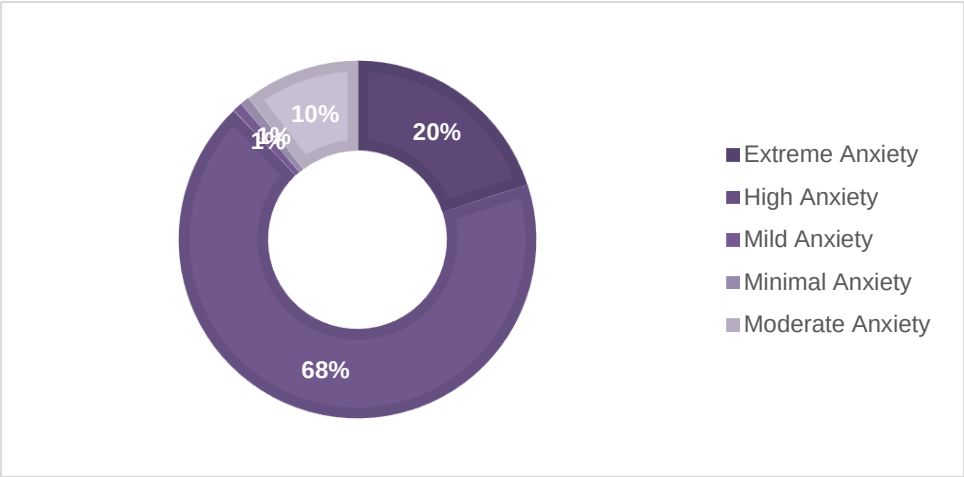
4.4.2. To calculate the level of Anxiety responses were tallied individually, and an anxiety scale was used, and Anxiety based on the total amount was determined.

“**MINIMAL ANXIETY - 0 to 10 points, MILD ANXIETY - 11 to 20 points MODERATE ANXIETY - 21 to 30 points, HIGH ANXIETY (Warning Level) - 31 to 40 points, EXTREME ANXIETY (Warning Level) - 41 to 50 points**”

	10	19	20	21	22	23	24	25	26	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	44	46	47	48	49	Total
Extreme Anxiety																						3	6	4	1	2	1	4	2	23
High Anxiety												14	13	6	6	8	6	12	3	6	4									78
Mild Anxiety		1																												1
Minimal Anxiety	1																													1
Moderate Anxiety			2	1	1	1	1	1	1	1	3																			12

Table 3 Anxiety Awareness Scores

Score ranged from 10 to 49. With the average score being 34.38 and median 34 whilst the standard deviation amounted to 6.64. 68% experienced High Anxiety.



4.5. Depression

The last aspect of the questionnaire sought to identify the level of depression amongst the recipients. This enabled the researcher to identify whether recipients felt an increase in depression level whilst at work due to Covid-19. It is the researcher's conviction that to obtain reliable results, only the responses of subjects that fully completed all questions will be analysed.

To determine whether the respondents were depressed The Zung Self-Rating Depression Scale was used in this study. W.W. Zung developed the Zung Self-Rating Depression Scale to assess the level of depression in patients with major depression. The Zung Self-Rating Depression Scale is a brief survey used to assess a patient's level of depression.

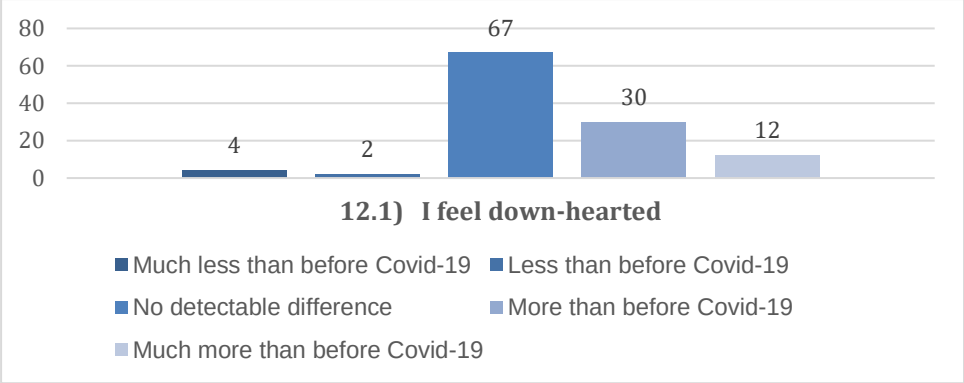
The scale has 20 items that rate depression based on four common characteristics: pervasiveness, physiological equivalents, other disturbances, and psychomotor activities. There are ten questions that are positively worded and ten questions that are negatively worded.

For the depression questionnaire a 5-point Likert scale was used to quantify the section. A Likert scale is a type of psychometric response scale in which respondents specify their level of agreement to a statement typically in five points:

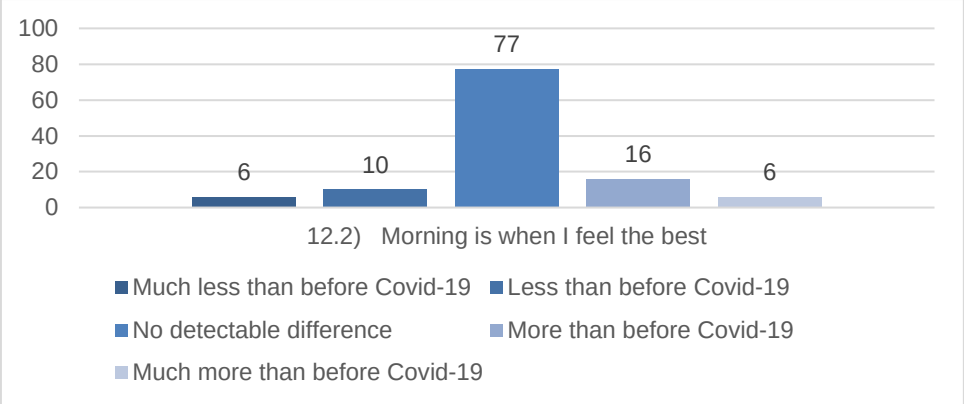
1. Much less than before Covid-19
2. Less than before Covid-19
3. No detectable difference
4. More than before Covid-19
5. Much more than before Covid-19

4.5.1. The responses for each of these questions are summarised below:

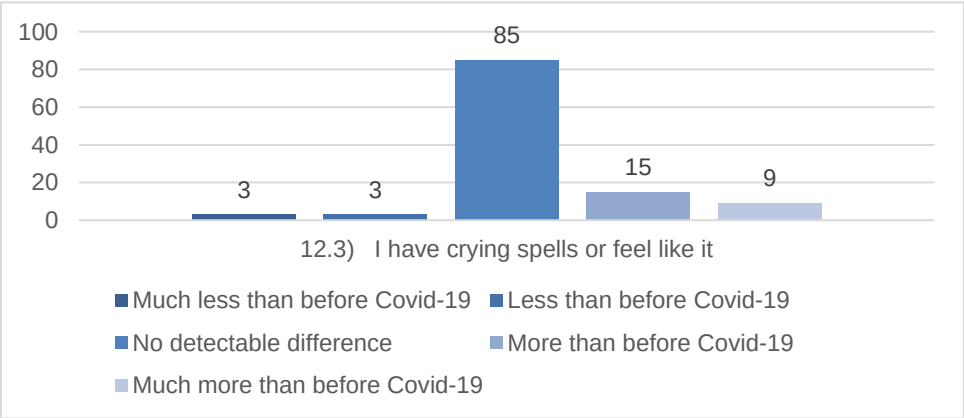
- **"I feel downhearted" -** Majority of the respondents experienced no detectable difference having difficulty as to whether they are feeling down- hearted. The mean response for the question is 3.83 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.83 which is relatively high and depicts a clustered response.



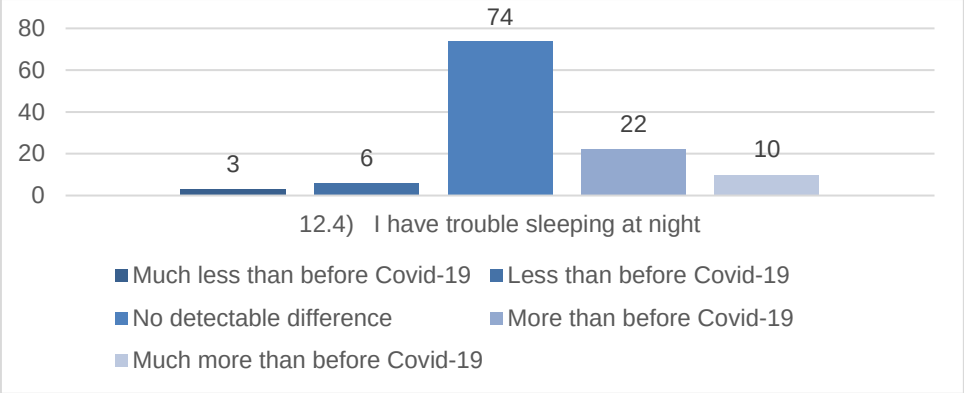
- **"Morning is when I feel the best"-** Majority of the respondents experienced no detectable for the statement posed "morning is when I feel the best". The mean response for the question is 3.05 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.8 which is relatively high and depicts a clustered response.



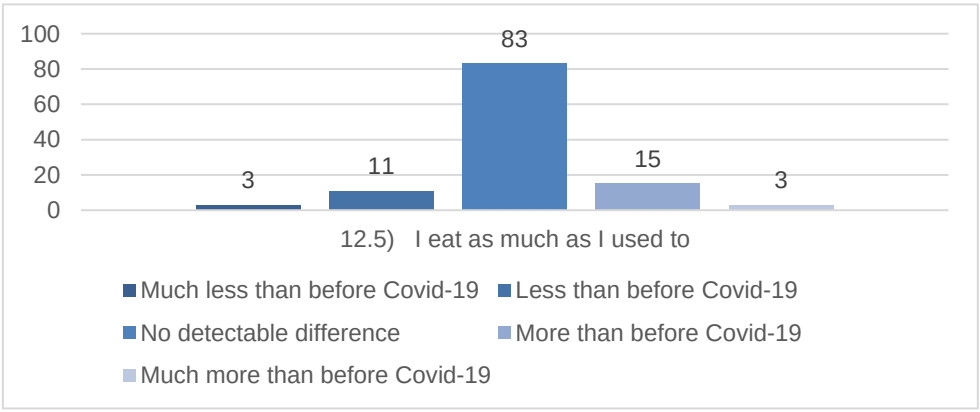
- **“I have crying spells or feel like it”-** Majority of the respondents experienced no detectable difference for the statement posed “I have crying spells or feel like it”. The mean response for the question is 3.2 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.8 which is relatively high and depicts a clustered response.



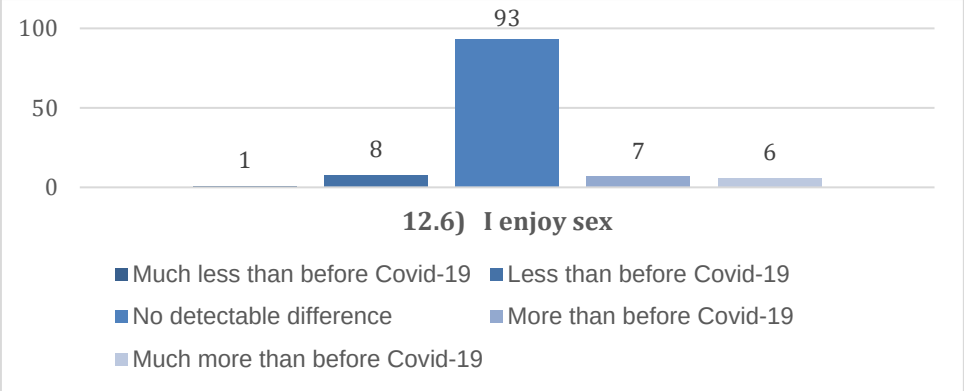
- **“I have trouble sleeping at night”-** Majority of the respondents experienced no detectable difference for the statement posed “morning is when I feel the best”. The mean response for the question is 3.26 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.79 which is relatively high and depicts a clustered response.



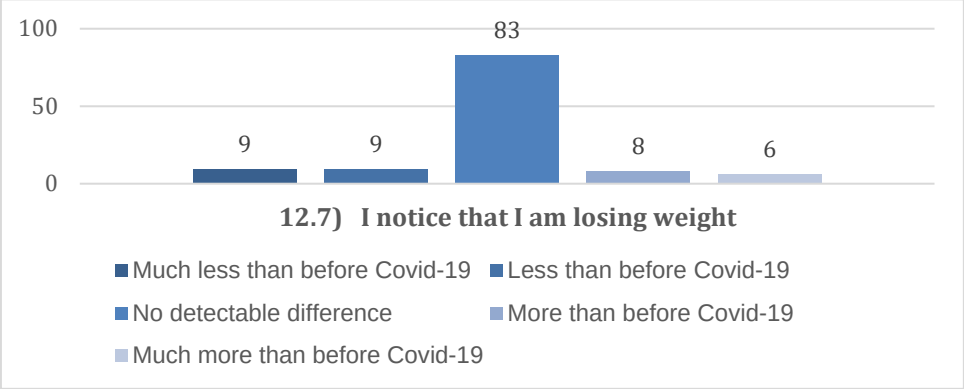
- **“I eat as much as I used to”-** Majority of the respondents experienced no detectable difference for the statement posed “I eat as much as I used to”. The mean response for the question is 3.03 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.65 which is relatively high and depicts a clustered response.



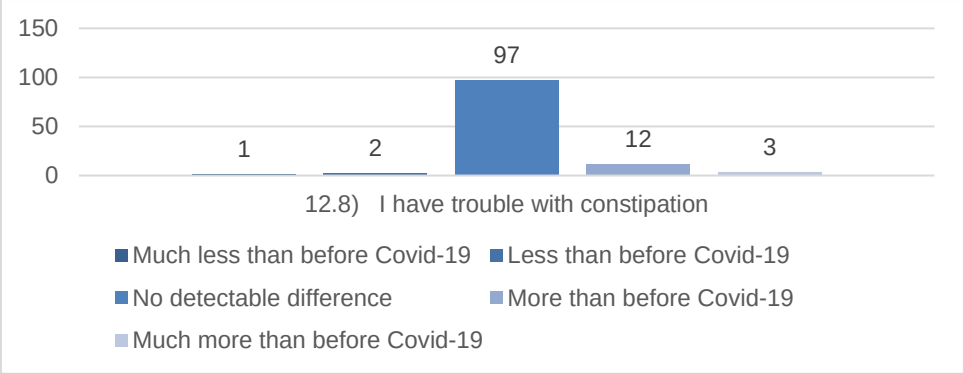
- **“I enjoy sex” -** Majority of the respondents experienced no detectable difference for the statement posed “I enjoy sex”. The mean response for the question is 3.07 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.6 which is relatively high and depicts a clustered response.



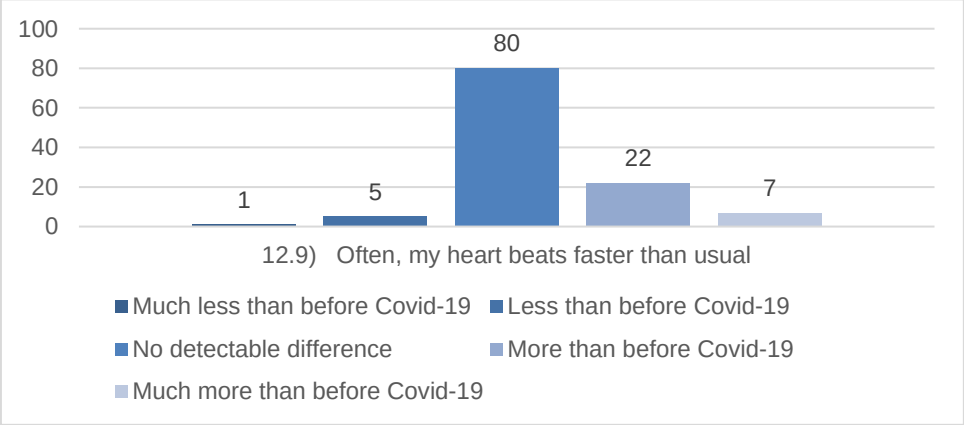
- **“I notice that I am losing weight”-** Majority of the respondents experienced no detectable difference for the statement posed “I notice that I am losing weight”. The mean response for the question is 2.9 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.8 which is relatively high and depicts a clustered response.



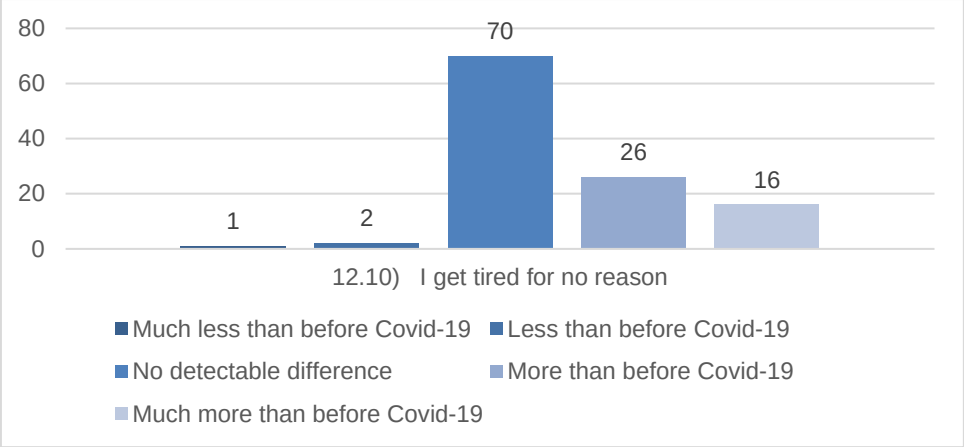
- **“I have trouble with constipation”-** Majority of the respondents experienced no detectable difference for the statement posed “I have trouble with constipation”. The mean response for the question is 3.1 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.5 which is relatively low and depicts a less clustered response.



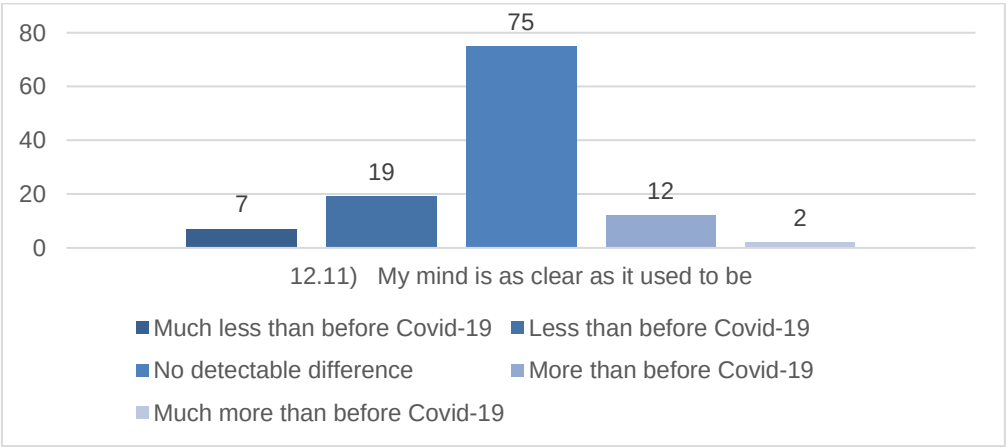
- **“Often, my heart beats faster than usual”-** Majority of the respondents experienced no detectable difference for the statement posed “my heart beats faster than usual”. The mean response for the question is 3.25 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.67 which is relatively high and depicts a clustered response.



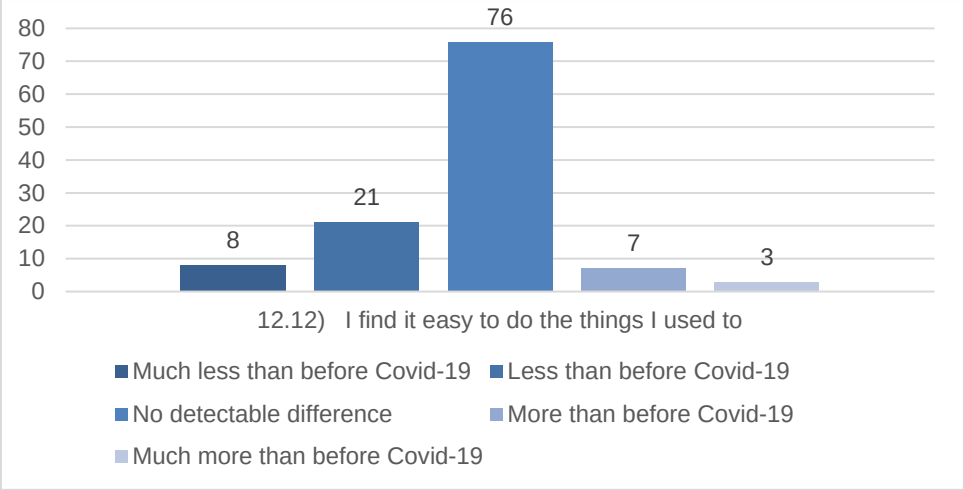
- **“I get tired for no reason”-** Majority of the respondents experienced no detectable difference for the statement posed “I get tired for no reason”. The mean response for the question is 3.5 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.78 which is relatively high and depicts a clustered response.



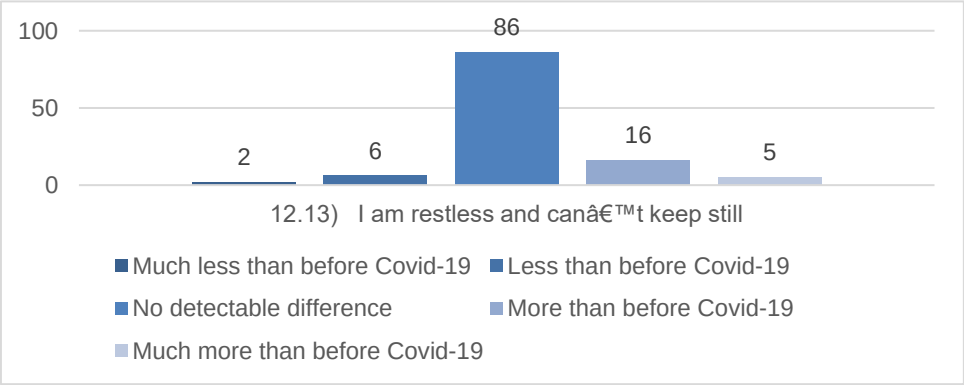
- **"My mind is as clear as it used to be"-** Majority of the respondents experienced no detectable difference for the statement posed "my mind is clear as it used to be". The mean response for the question is 2.85 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.74 which is relatively high and depicts a clustered response.



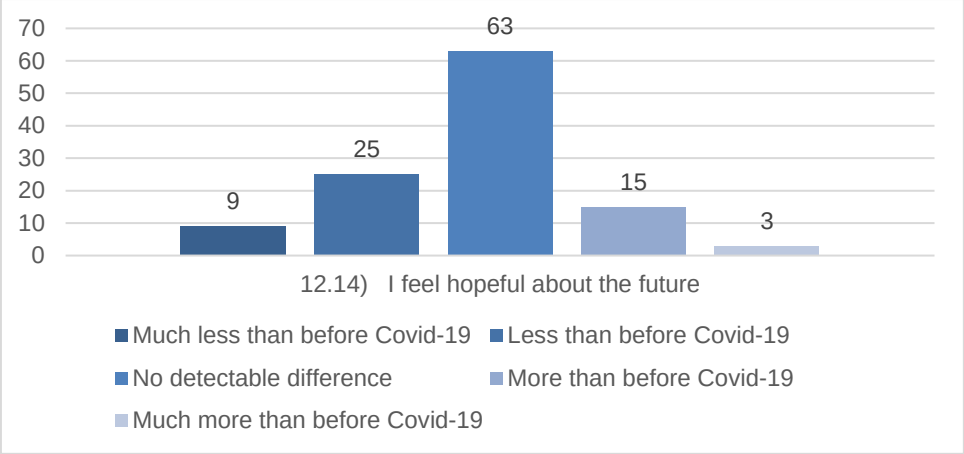
- **"I find it easy to do the things I used to"-** Majority of the respondents experienced no detectable difference for the statement posed "I find it easy to do the things I used to". The mean response for the question is 2.79 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.76 which is relatively high and depicts a clustered response.



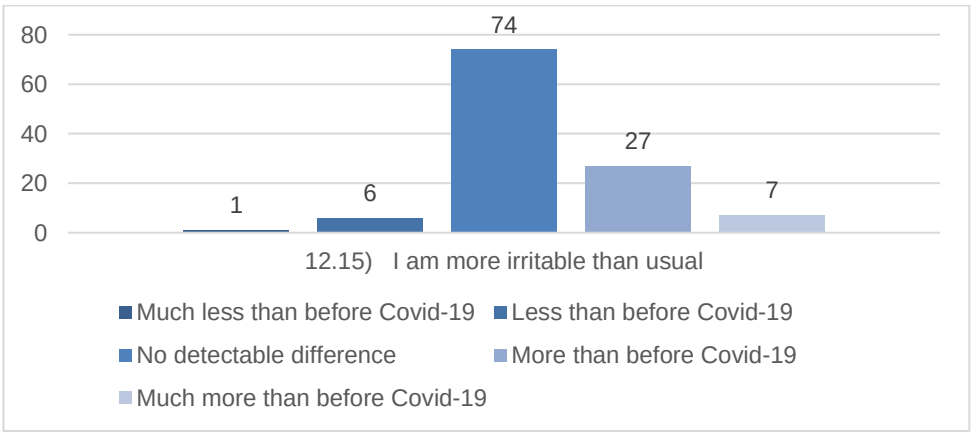
- **"I am restless and can't keep still"-** Majority of the respondents experienced no detectable difference for the statement posed "I am restless and can't keep still". The mean response for the question is 3.31 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.64 which is relatively high and depicts a clustered response.



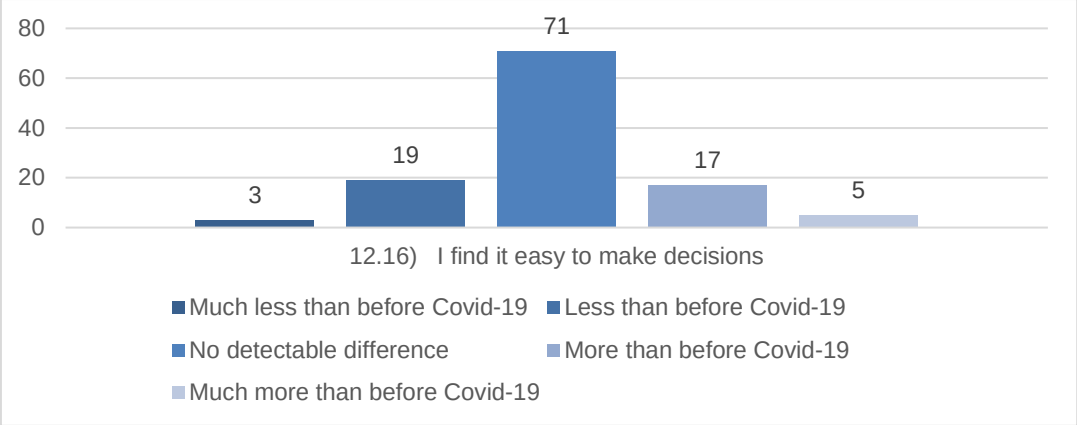
- **"I feel hopeful about the future"-** Majority of the respondents experienced no detectable difference for the statement posed "I feel hopeful about the future". The mean response for the question is 2.8 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.7 which is relatively high and depicts a clustered response.



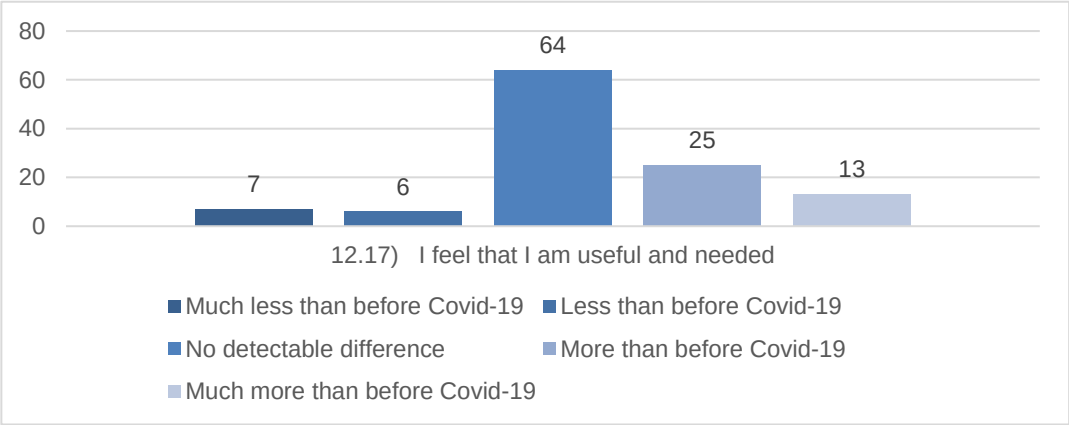
- **“I am more irritable than usual”-** Majority of the respondents experienced no detectable difference for the statement posed “I am more irritable than usual”. The mean response for the question is 3.28 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.7 which is relatively high and depicts a clustered response.



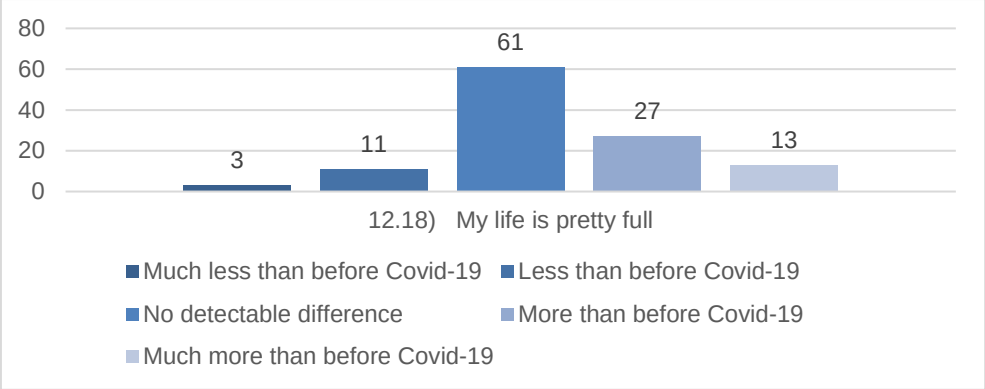
- **“I find it easy to make decisions”-** Majority of the respondents experienced no detectable difference for the statement posed “I find it easy to make decisions”. The mean response for the question is 3.02 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.8 which is relatively high and depicts a clustered response.



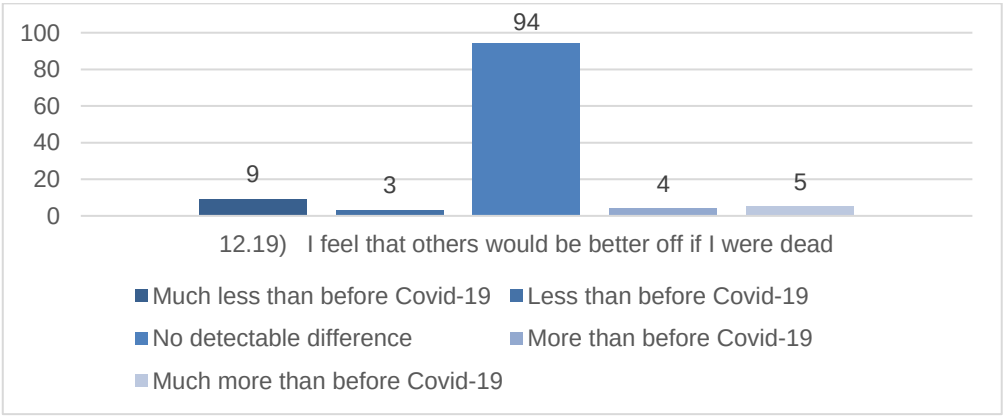
- **"I feel that I am useful and needed"-** Majority of the respondents experienced no detectable difference for the statement posed "I feel that I am useful and needed". The mean response for the question is 3.3 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.95 which is relatively high and depicts a clustered response.



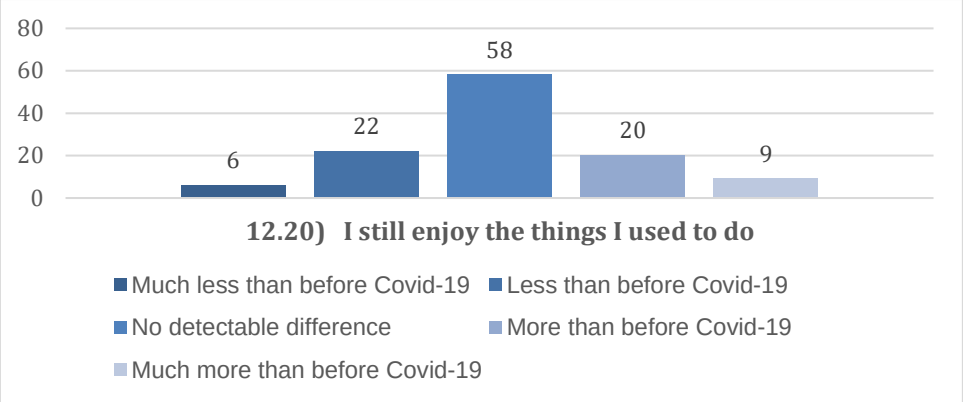
- **"My life is pretty full"-** Majority of the respondents experienced no detectable difference for the statement posed "My life is pretty full". The mean response for the question is 3.3 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.8 which is relatively high and depicts a clustered response.



- **"I feel that others would be better off if I were dead"-** Majority of the respondents experienced no detectable difference for the statement posed "I feel that others would be better off if I were dead". The mean response for the question is 2.9 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.7 which is relatively high and depicts a clustered response.



- **"I still enjoy the things I used to do"-** Majority of the respondents experienced no detectable difference for the statement posed "I still enjoy things I used to do". The mean response for the question is 3.03 which is close to the No detectable difference option. The median response is 3 which is also close to the neutral option. The standard deviation for the question was 0.9 which is relatively high and depicts a clustered response.



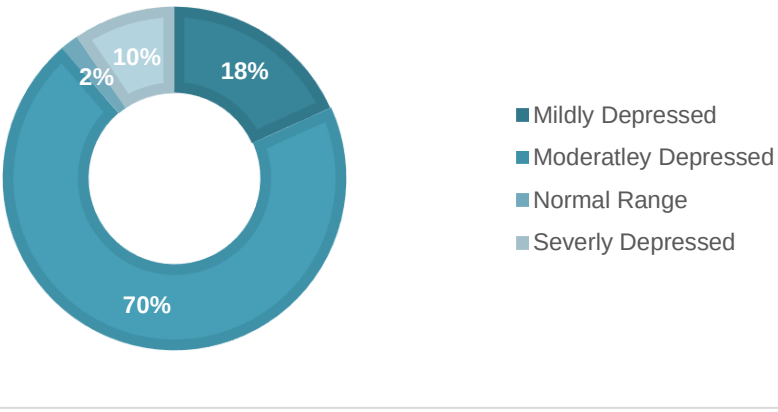
4.5.2. To calculate the level of depression responses were tallied individually, the Zung scale was used, and depression based on the total amount was determined. The scores range from 25-100:

- 25-49 Normal Range
- 50-59 Mildly Depressed
- 60-69 Moderately Depressed
- 70 and above Severely Depressed

	43	45	52	53	54	55	57	58	59	60	61	62	63	64	65	66	67	68	69	71	72	73	74	77	78	79	88	
Mildly Depressed			1	3	2	4	1	4	6																			21
Moderatley Depressed										28	14	9	7	3	5	10	3	1	1									81
Normal Range	1	1																										2
Severly Depressed																				2	1	1	1	1	1	3	1	11

Table 4 Zung Scale Depression Scores

Scores ranged from 43 – 88. The average score 62 which would be moderately depressed and the median 61. The standard deviation 6.3.



4.6. Reliability and Validity

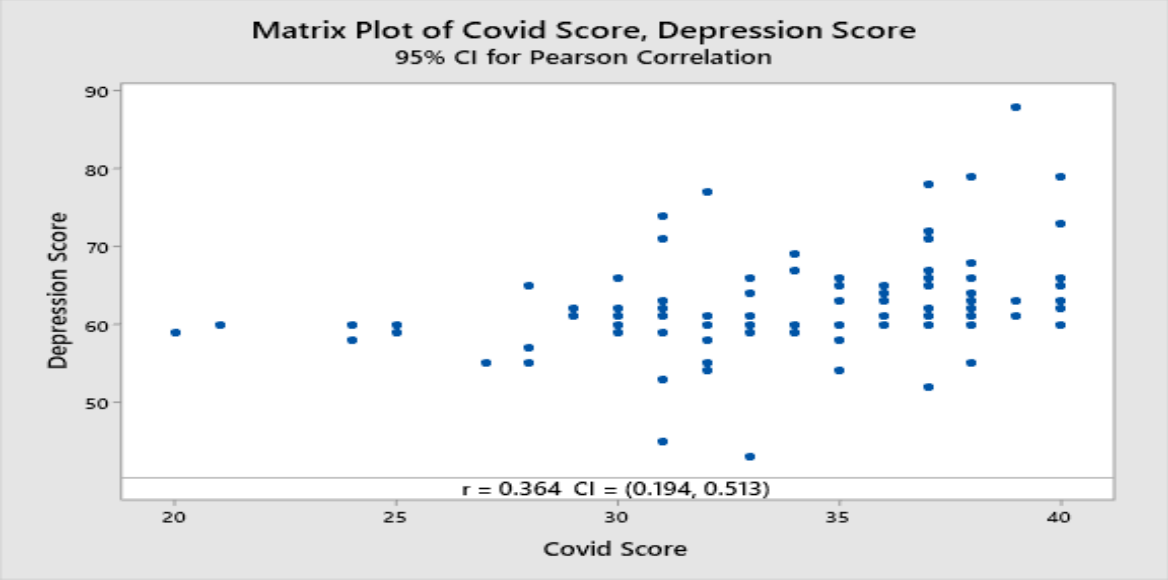
4.6.1. Analysis of Covid Score and Depression Score

4.6.1.1. Correlation Matrix –

Pearson correlation of Covid Score and Depression Score = 0.364

The value lies between ± 0.30 and ± 0.49, then it is said to be a medium correlation which depicts a moderate degree of correlation.

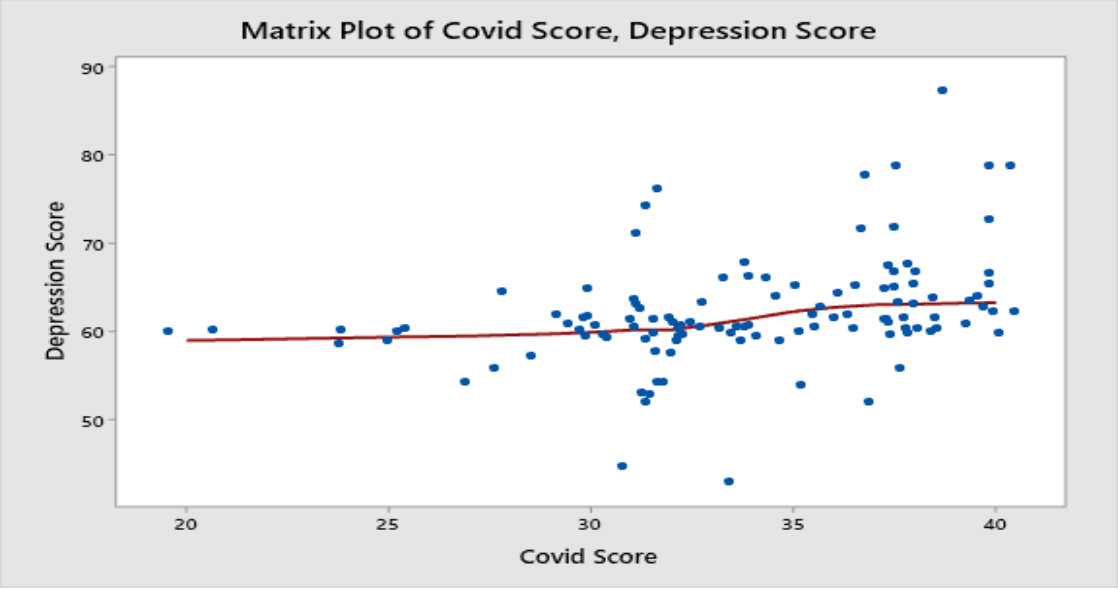
Variable	Total Count	Mean	StDev
Covid Score	115	33.835	4.347
Depression Score	115	62.252	6.292
Total	115	96.087	8.854



4.6.1.2. Cronbach's Alpha

Alpha = 0.5079

The reliability co-efficient Cronbach's alpha of .70 or higher is generally considered "acceptable" although in this case the alpha is 0.5079, therefore that the data is less reliable.



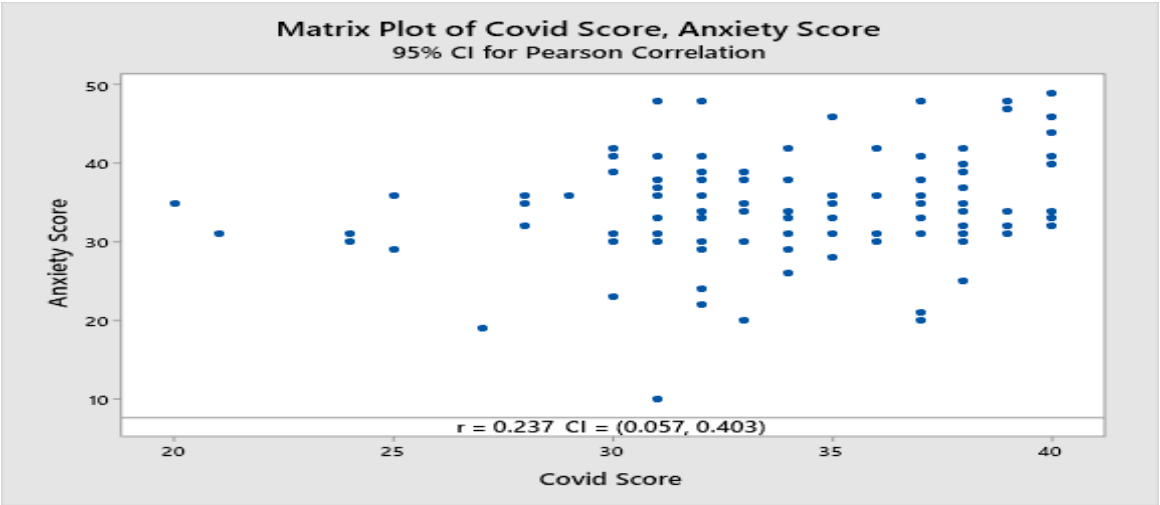
4.6.2. Analysis of Covid Score and Anxiety Score

4.6.2.1. Correlation Matrix

Pearson correlation of Covid Score and Anxiety Score = 0.237

The value lies below + .29, then it is said to be a small correlation.

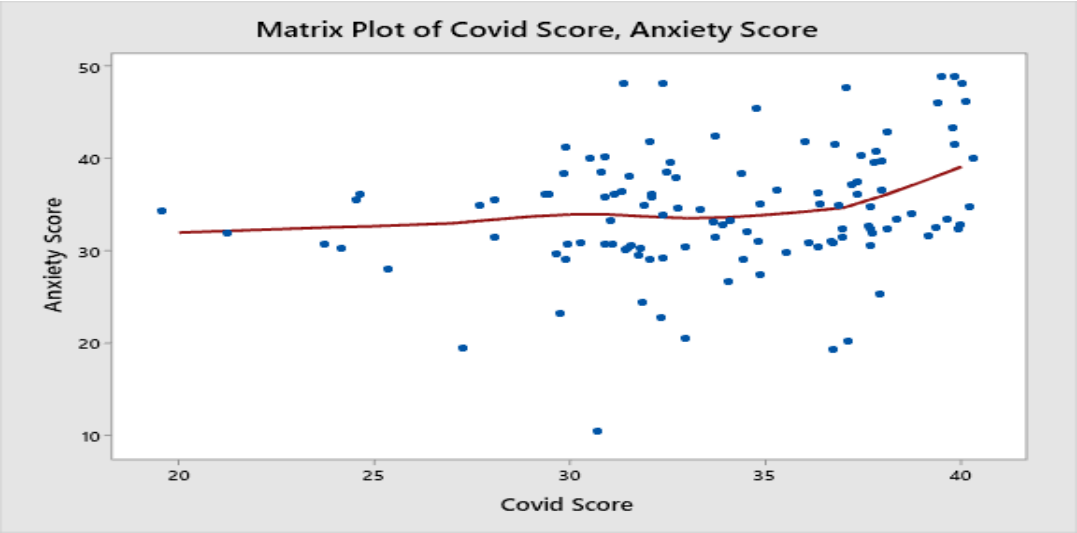
Variable	Total Count	Mean	StDev
Covid Score	115	33.835	4.347
Anxiety Score	115	34.383	6.664
Total	115	68.217	8.778



4.6.2.2. Cronbach's Alpha

Alpha = 0.3567

The general rule of thumb is that a Cronbach's alpha of .30 shows that the data is less reliable. The reliability co-efficient Cronbach's alpha of .70 or higher is generally considered "acceptable" although in this case the alpha is 0.3567, therefore that the data is less reliable.



4.7. Conclusion

This chapter concentrated on the presentation and analysis of the collected data. The online platform Survey Monkey was used to collect data. This chapter also included the target population's profile and background information. Data collected from each of the methods was used to inform the presentation and analysis for each of the research questions. Furthermore, each research question's data was presented and analysed separately. The following chapter will concentrate on interpretation and summarizing research findings.

CHAPTER FIVE: FINDINGS

5.1 Introduction

This chapter concludes the research report with a reflection of the research purpose and method. In addition, the chapter provides a re-conceptualisation of psychological well-being of the workplace since Covid-19 taking into consideration key aspects from literature being depression, anxiety and fear and the findings from the study. Next, a summary of the major findings is presented.

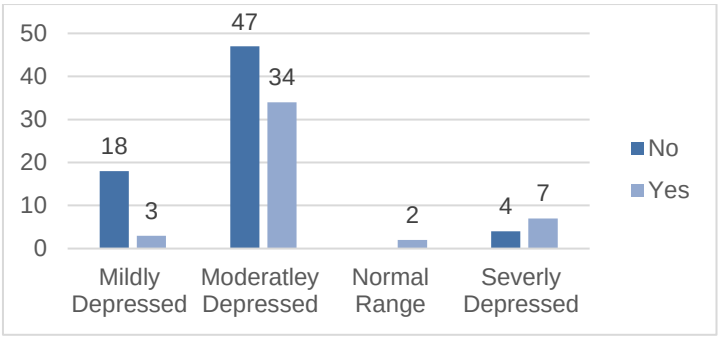
5.2 Major Findings

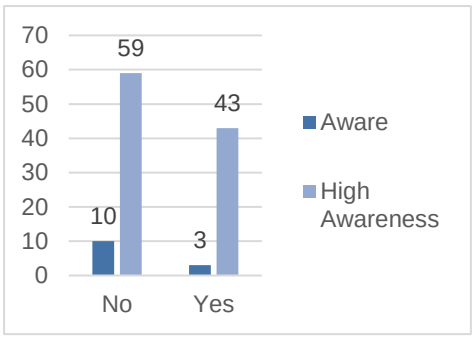
The findings of the research are presented below and based on the objectives of the study.

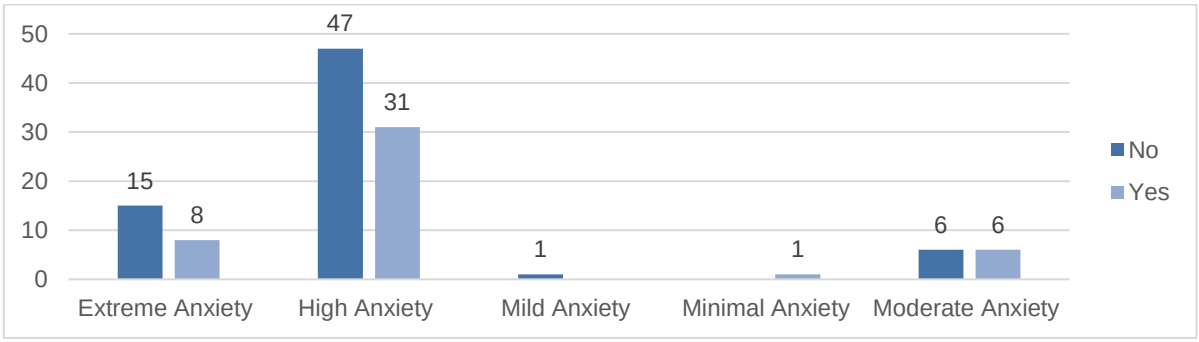
5.2.1 Biographical Data

The biographical data collected did not alter or influence the main objective of the study. With regards to gender, age, race groups, education, province, marital status, and industry all responses were widespread. However, a key question in the biographical data was later seen as a possible aspect that should be researched in the future. Covid-19 experience which was answered 40% Yes and 60 % No by respondents could affect a respondent's perspective towards Covid-19 having the experience whether positive or negative could affect being depressed and having anxiety. The respondents who were not infected by Covid-19 had a higher awareness and psychological safety from their workplace as opposed to respondents who answered yes. Despite this, the respondents experienced a higher Depression rate and Anxiety level than respondents that were infected.

Findings 1: Respondents who have not been infected previously from Covid-19 experienced a higher depression and anxiety level despite having a high awareness of Covid-19 and psychological safety in the workplace.

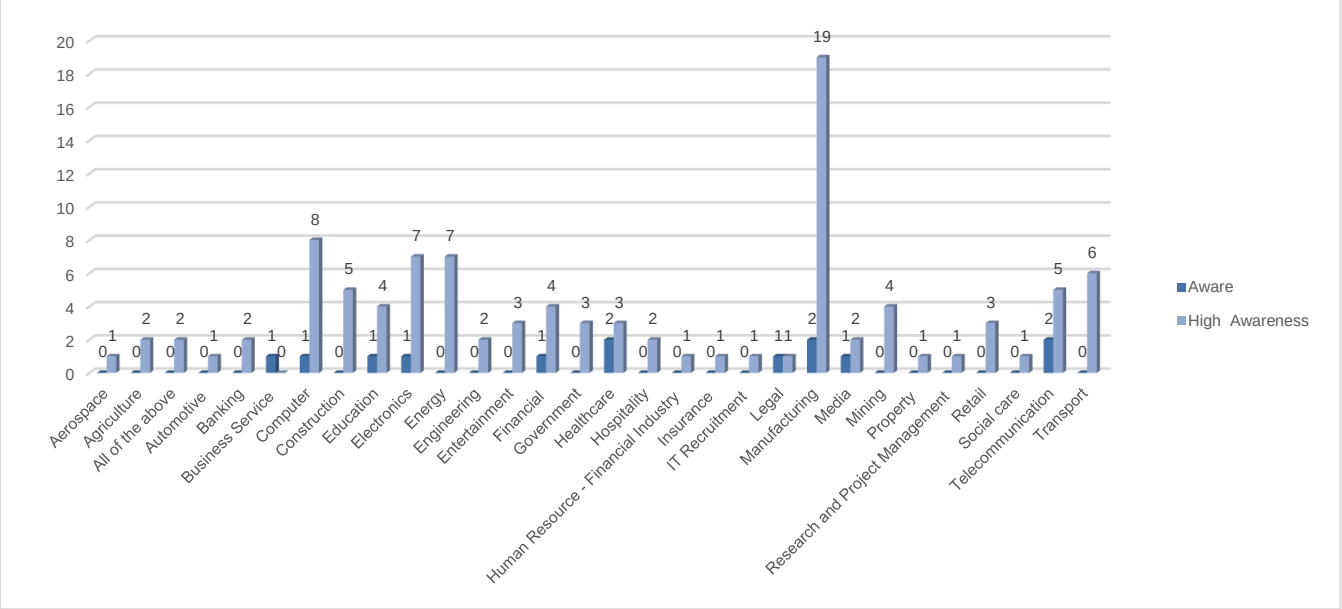






5.2.2 Covid-19

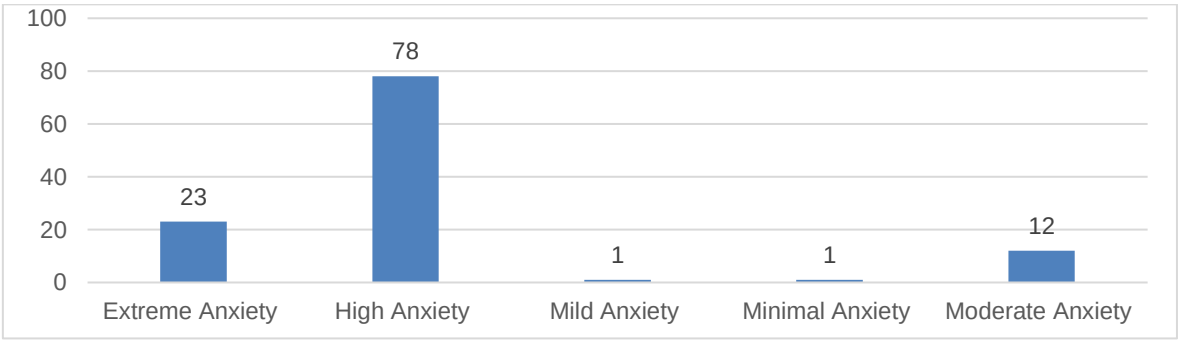
The questions under the Covid-19 section were answered definitively as minimum number of respondents chose the neutral option. Answers were widespread for each question. Majority of the respondents rated in their workplace that their companies had showed a high awareness and care about employees about Covid-19. This tells us that the employees' psychological well-being was met during Covid-19 at their time of employment.



Findings 2: All respondents industry/ workplace showed a high awareness of Covid - 19 and psychological safety of employees during the pandemic.

5.2.3 Fear and anxiety

The questions under Fear and Anxiety were answered neutrally. This would be an issue in most research as neutral states that the respondent has neither a positive response nor a negative response, but undecided denotes a state of confusion of the respondent which is not good for data dependability. Despite this, the questionnaire was derived using the Anxiety scale and individual calculation would be done to determine the level of Anxiety of the respondents. The neutral responses per question showed the frequency of uncertainty of respondents and the total score per respondent would depict the level of anxiety through the Anxiety scale. During Covid-19 respondents experienced Extreme Anxiety to moderate level of anxiety. Majority of respondents experienced a high level of anxiety and Extreme anxiety.

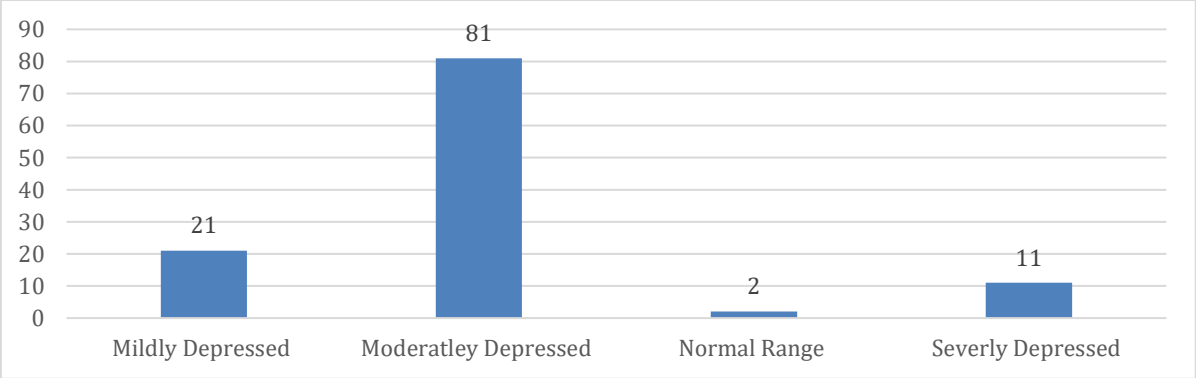


Findings 3: *During Covid-19 respondents experienced a high level of anxiety.*

5.2.4 Depression

The questions under Depression were answered neutrally. This would be an issue in most research as neutral states that the respondent has neither a positive response nor a negative response, but undecided denotes a state of confusion of the respondent which is not good for data dependability. Despite this the questionnaire was derived using the Zung Depression scale and individual calculation would be done to determine the level of Depression of the respondents. The neutral responses per question showed the frequency of uncertainty of respondents and the total score per respondent would depict the level of depression through the Zung Scale. During Covid-19 pandemic respondents experienced a depression level from Mildly Depressed to Severely Depressed. Majority of respondents experienced Moderate Depression and Mild depression.

Findings 4: *During Covid-19 respondents experienced a Moderate Depression.*



5.3 Conclusion

This chapter focused on the Major findings from the data analysis from the previous Chapter. The last chapter will provide a summary of the findings and provide a limitation of the study. Thereafter recommendations for the study and future research.

CHAPTER 6: SUMMARY, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

6.1 Introduction

This chapter provides an overview of the research findings, the limitations, and discusses the recommendations of the study. The research aim was to determine the effects of Covid-19 on the psychological well-being of employees in South Africa. The main research question for the study, the effects of Covid-19 on psychological well-being in the workplace. After reviewing literature, the key aspects of psychological well-being showed to be fear and anxiety and depression.

6.2 Summary of the findings

The summary findings are outlined below based on the objectives of the study.

- **Findings 1:** Respondents who have not been infected previously from Covid-19 experienced a higher depression and anxiety level despite having a high awareness of Covid-19 and psychological safety in the workplace**.** The research found that respondents have a high rate of respondents from the study did not get infected with Covid-19 previously which showed an Increase level of Anxiety and Depression. This shows based on this research respondents that were not infected had a higher depression and anxiety level. A reason could be the fear of the unknown.

- **Findings 2:** All respondents industry/ workplace showed a high awareness of Covid -19 and psychological safety of employees during the pandemic. The psychological well-being and awareness of respondents by their employers were at a high level during Covid-19. This shows that for this research it is evident that employers were considerate of their employees well- being during Covid-19.

- **Findings 3**: During Covid-19 respondents experience a high level of anxiety. The level of anxiety experienced by the respondents were high even though the workplace response depicted that employer had high levels of awareness, support, and communication for their employee's well-being during Covid-19.

- **Findings 4**: During Covid-19 respondents experience Moderate Depression. The level of depression experienced by the respondents were moderate even though the workplace response depicted that employer had high levels of awareness, support, and communication for their employee's well-being during Covid-19.

6.3 Limitation of the study

The study's shortcomings were the sample size and data collection method. As 10 respondents' questionnaires were defective and could have yield a different result. The data could be bias as well and further research could cure this.

6.4 Recommendation

6.4.1. Recommendations for Effects of Covid-19 on the psychological well-being of employees in South Africa.

The following recommendations are made based on the findings of the research:

- **Employers to Create a Friendly Environment** - Employees' moods are frequently influenced by the setting in which they work. To foster a welcoming and cheerful atmosphere by leading by example and being helpful and upbeat. Employers and employees can work together to keep the workplace clean and well-organized.
- **Promote Flexibility** - It is critical for businesses to adopt a flexible working style. An employee struggling with mental health issues may need more time to complete tasks or slight changes to their workload or hours.
- **Introduce measures to reduce anxiety and depression** - Consider implementing training programs, offer counselling, hosting workshops and introducing e-learning to all staff.
- **Offer Support -** Support is your most powerful ally when it comes to keeping people happy and comfortable at work. A safe environment is created through expressing concern and treating circumstances with caution and understanding.

6.4.2. Recommendations for future research

For future research it is recommended to research the psychological well-being of respondents before and after the Covid-19 pandemic. Furthermore, it would be advantageous to identify whether being infected with Covid-19 and not being infected with Covid-19 would have an effect of psychological wellbeing in the workplace. Determining whether the employee worked from home during the Covid-19 pandemic or on sight/ in the office would also determine whether respondents experienced different levels of anxiety and depression.

6.5 Conclusion

This chapter concludes the study and makes a discussion on the findings of the research based on the objectives and summarised the findings. The researcher made recommendations for the improvement of psychological well-being in the workplace during Covid-19 and made recommendations for further research.

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APPENDICES

Draft Cover letter and Survey Questionnaire

Date: xx February 2022

Dear Participant

I am pursuing my studies towards a Masters Degree in Business Administration (MBA) at Wits Business School. For the purposes of my study, I will be carrying out research on the employee perceptions of Covid-19 in the work environment. The research findings will help organisations and researchers in South Africa to understand the challenges to the workplace that are because of Covid-19.

As part of the data collection, participants are requested to complete a questionnaire. Kindly note that by responding to the questionnaire, you will not only be making a valuable contribution towards this research, but you will be also providing valuable information that has a bearing on the success of organisations.

I would therefore appreciate if you would spare some of your time to complete the attached questionnaire. Your response is of importance to me and this research so therefore, please kindly provide honest answers. Responding to this questionnaire should be relatively quick and should not take more than 10-15 minutes.

Your participation will be kept anonymous and you are assured of confidentiality. Your name is not required and wont be mentioned in the study. Please note that participation is on a voluntary basis and you may withdraw at any time without providing an explanation.

I appreciate your time and thank you for your co-operation.

Yours faithfully
Ahmed Ashruf

NB: *Please tick ☒ the appropriate box of your choice on each question*

With regard to your background, please indicate the category in which you belong:

Q1) Employment Status:

Employed	☐	Unemployed	☐

If unemployed cannot continue.

Q2) Gender:

Male	☐	Female	☐

Q3) Age:

10 - 19	☐	20 - 29	☐	30 - 39	☐	40 - 49	☐	Over 50	☐

Q4) Race group:

African Black	☐	White	☐	Indian or Asian	☐	Coloured	☐

Q5) Highest level of education:

None	☐	Primary	☐	Matric	☐	Certificate	☐	Higher Certificate	☐	Diploma	☐	Degree or Higher	☐

Q5) Marital Status

Never Married	☐	Single	☐	Married	☐	Divorced	☐	Widowed	☐	Other	☐

Q6) Please tell us which industry is most relevant for you.

☐ Agriculture,
☐ Aerospace,
☐ Transport,
☐ Computer,
☐ Telecommunication
☐ Construction
☐ Education
☐ Pharmaceutical
☐ Healthcare
☐ Food
☐ Hospitality
☐ Entertainment
☐ Media
☐ Energy

☐ Manufacturing
☐ Music
☐ Mining
☐ Electronics
☐ Other

Q7) If you don't belong to an activity mentioned above, please add a description of your activity/work in the box below

Q8) In which province do you reside

☐ Gauteng
☐ Kwa Zulu Natal
☐ Western Cape
☐ Mpumalanga
☐ Limpopo
☐ Eastern Cape
☐ Free State
☐ Northern Cape
☐ North West

Q9)

	Yes	No	Not sure		
I am concerned about Covid-19	☐	☐	☐		
I have been infected with Covid-19	☐	☐	☐		
I feel optimistic about solutions to the pandemic	☐	☐	☐		
I am aware of Covid-19 preventative measures in the workplace	☐	☐	☐		
My company promotes awareness of Covid-19 in the workplace	☐	☐	☐		
My company communicates effectively with regard to Covid-19	☐	☐	☐		
In my company, people are treated appropriately when it comes to Covid-19	☐	☐	☐		
In my company, there are sufficient Covid-19 protocols that will ensure my well-being	☐	☐	☐		

	Much more than before Covid-19	More than before Covid-19	Not sure / Does not apply to me	Less than before Covid-19	Much less than before Covid-19
Q10)					
I feel afraid	☐	☐	☐	☐	☐
I worry that bad things may happen to me or those that I care about	☐	☐	☐	☐	☐
I feel anxious	☐	☐	☐	☐	☐
I feel tense, nervous, restless and/or agitated	☐	☐	☐	☐	☐
I have difficulty with my concentration, memory or thinking	☐	☐	☐	☐	☐
I am concerned about my future career	☐	☐	☐	☐	☐
I wish I knew of a way to feel more relaxed	☐	☐	☐	☐	☐
I have difficulty eating too much, too little or digesting my food	☐	☐	☐	☐	☐
I feel motivated to give my best when at work	☐	☐	☐	☐	☐
From time to time I have experience a racing heartbeat, cold hands or feet, dry mouth, sweating, tight muscles, difficulty breathing, numbness, frequent urination, or hot/cold flashes	☐	☐	☐	☐	☐

Q11)	Much more than before Covid-19	More than before Covid-19	Not sure / Does not apply to me	Less than before Covid-19	Much less than before Covid-19
I feel down-hearted	☐	☐	☐	☐	☐
Morning is when I feel the best	☐	☐	☐	☐	☐
I have crying spells or feel like it	☐	☐	☐	☐	☐
I have trouble sleeping at night	☐	☐	☐	☐	☐
I eat as much as I used to	☐	☐	☐	☐	☐
I enjoy sex	☐	☐	☐	☐	☐
I notice that I am losing weight	☐	☐	☐	☐	☐
I have trouble with constipation	☐	☐	☐	☐	☐
Often, my heart beats faster than usual	☐	☐	☐	☐	☐
I get tired for no reason	☐	☐	☐	☐	☐
My mind is as clear as it used to be	☐	☐	☐	☐	☐
I find it easy to do the things I used to	☐	☐	☐	☐	☐

I am restless and can’t keep still	☐	☐	☐	☐	☐
I feel hopeful about the future	☐	☐	☐	☐	☐
I am more irritable than usual	☐	☐	☐	☐	☐
I find it easy to make decisions	☐	☐	☐	☐	☐
I feel that I am useful and needed	☐	☐	☐	☐	☐
My life is pretty full	☐	☐	☐	☐	☐
I feel that others would be better off if I were dead	☐	☐	☐	☐	☐
I still enjoy the things I used to do	☐	☐	☐	☐	☐
Thank you for your participation! Be safe					

Final Report

Attempt 2

SUBMITTED on 8 Sep 2022 18:47
Next Up: Review Feedback

2 Attempts Allowed
Available until 8 Sep 2022 23:59

Details

You must submit your final Applied Research Project final report here, and it must be in MS Word format (.doc or .docx).

Appendices and supplementary files must be submitted in the Supplementary documents assignment.

Final Report

Attempt 2

SUBMITTED on 8 Sep 2022 18:47
Next Up: Review Feedback

Attempt 2 Score:
N/A

2 Attempts Allowed
Available until 8 Sep 2022 23:59

Details

You must submit your final Applied Research Project final report here, and it must be in MS Word format (.doc or .docx).

Appendices and supplementary files must be submitted in the Supplementary documents assignment.

