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Correlation of Physical Spaces, Mental Health and Work Performance in Lockdowns- the Case of Saudi Arabia

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ABSTRACT

In order to determine the influence of the COVID-19 pandemic on the mental health of workers' cognitive performance, as well as on work engagement and work environment, we anticipated that there would be a correlation between the variables. The study included 600 participants, of whom 597 responded, resulting in data collection from 597 participants. The participants' approval was required before any demographic data could be obtained. The study was carried out during the first pandemic wave, which brought about an immediate lockdown and compelled the majority of the firm to switch to having their employees work from home. The results of the data suggested that there was only a very little correlation between the variables, however the outcomes of the research revealed that there was a definite relationship. It is not notable, in this research's outcomes that leaning on social resources may help decrease COVID-19 anxiety. This discovery comes at a time when the favorable theoretical effect of work crafts continues to rise.

INTRODUCTION

The human being, superior to all the species, imprisoned by an unseen entity. Corona Virus kept the pandemic alive for over a year. whilst the graveyards were flooded with dead bodies, the terror coercive the streets with no restrictions. The deadliest virus affected not only the human body physically but psychologically as well. Many scholarly studies showed the prevalence of multiple variables in the covidean (COVID) era. It started with the most populated country on the globe, China. Within a few months, the treatment was diffused worldwide. This unpredictable novel virus with very clichéd symptoms became a life-threatening disease. Symptoms that people usually ignore were taken criminally offensive. Approximately 235 countries have reported being infected by this acute respiratory syndrome. It was first seen in Wuhan, China, in 2019. But due to its mortality and contagiousness, the virus couldn't be contained. Within three months, millions of cases were reported

with a good ratio of the death count.

Graphical data has been recorded by the legitimate WHO website of the number of cases detected worldwide every month as shown in figure 1. The infection debuted in Saudi Arabia on 7th March 2021 and on 11th March it was declared a global pandemic. The immediate lockdown was enforced in every boundary and other precautionary measures were implemented.

In very few instances throughout human history, pandemics have peaked and gradually subsided. The human population has roughly quadrupled in the past 50 years, raising the danger of human-to-human transmission and perhaps leading to an early peak hit for which nations lack the appropriate health infrastructure. As a consequence, comparing COVID-19 to previous pandemics may be deceptive (De Falco *et al.*, 2020; Locey *et al.*, 2020; Organization, 2020; Otto, March 11, 2020; Ritchie & Roser, 2018; Wang *et al.*, 2020; worldometer, 2022; Wu *et al.*, 2020).

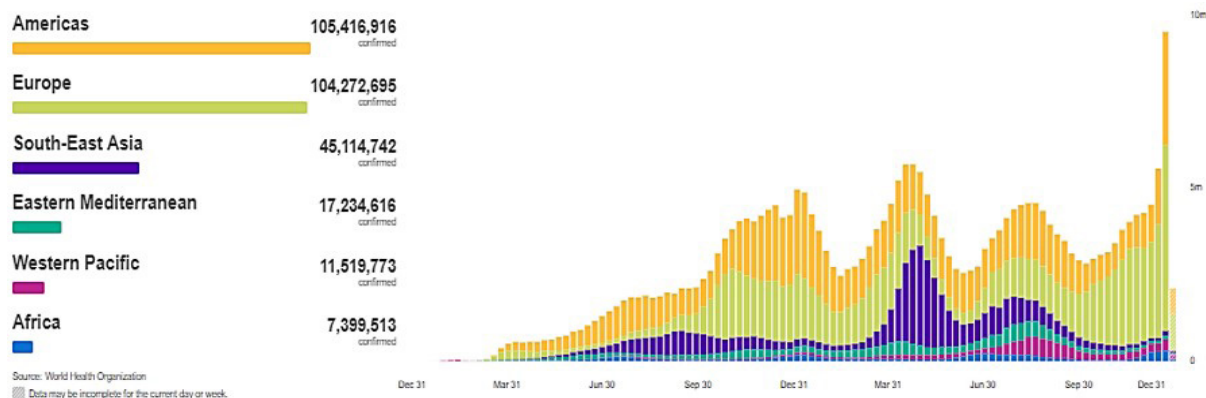


Figure 1: WHO report on confirm COVID-19 cases. (Source: WHO January 5th, 2022)

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Numerous elements, such as population density, local COVID-19 evolution, sociocultural lifestyle, and other elements, have an impact on the transmission of COVID-19. For instance, Japan has a population of 126.4 million people, with 92 percent of them living in cities, compared to Saudi Arabia's approximate 38.8 million people, who are mostly urban.

LITERATURE REVIEW

Based on population size, it seems to sense that the spread in Japan would be quicker than in the KSA. Like Iran, which has an 83.9 million population and a 76 percent urbanisation rate, Turkey has an 84.3 million population and a 76 percent urbanisation rate (Locey *et al.*, 2020; worldometer, 2022). It is difficult to get an accurate number since COVID-19 spreads at various speeds over the globe.

Quarantine was one of the most effective preventive method to control the spread. Hospitals were flooded with infected individuals. Isolation wards and centers were made to cater to the patients so that other patients cannot be exposed to the deadliest virus in the facilities. Patients with the asymptomatic infection were advised to get tested and quarantine within their houses. In general, quarantine was beneficial in public safeguard to limit the spread of the virus. But isolation can be often troublesome and can cause some upsetting emotions and experiences in life. As the literature suggests the prevalence of many factors caused by loneliness.

The uncontrollable spread of the virus made everyone work remotely. It adversely affected millions of people financially and economically. The physical spaces limited interpersonal relationships when social distancing and restrictions on public gatherings including physical classes, and workplace attendance, etc. were compromised. Which not only affects work performance but mental well-being hand in hand. The studies reported the total disaster of the market and entrepreneurship during the lockdown. When factors like that and severe chances of losing life are expected emotional well-being is compromised in often events.

Ever since the global shutdown, industries have been facing difficulties selling their products and the market experienced a collapse in services due to unavailability and shortage of raw material and no access to the main source. Notably from the most industrial country, China. The coronavirus pandemic (COVID-19) has had a major influence on world trade, affecting a wide range of activities (Giones *et al.*, 2020; Zhan, 2020). All nations have put in place a variety of preventive measures to stop the virus from spreading, including social distance standards, the closure of certain institutions, and employment limitations. In the wake of the present pandemic, businesses are seen as pivotal in helping local communities recover economically from the consequences of the coronavirus (Karimi-Zarchi *et al.*, 2020).

Due to economic harm, certain businesses, including eateries, tour operators, and movie theatres, have had to

completely shut down. Similarly, internet retailers have had trouble satisfying customer demands owing to a supply constraint.

According to researchers, if the virus is not stopped immediately, it might reduce global economic development by over 2% every month. Likewise, foreign trade might drop by 13% to 32%. Saudi Arabia has also cut its interest rates by 75 basis points, lowering its repo and reverse repo rates to 1% and 0.5 percent, respectively (AlHumaid *et al.*, 2020). Due to the lockdown, in every country, a huge financial loss has been resulted due to the immediate shut of airlines and travel mediums. The tourism business and travel agency experienced bankruptcy. Psychological consequences have been noted due to financial disturbances in every country due to drastic mitigation precautions. (Brooks *et al.*, 2020; Matias *et al.*, 2020; Tull *et al.*, 2020).

The occurrence of anxiety and stress disorders and in many cases suicidal attempts have been seen in those diagnosed with COVID-19 and their family member or friends (Sher, 2020). Students, in particular, are the most vulnerable population, since they are bombarded with countless stimuli that contribute to emotional stress (Chan *et al.*, 2020; Liu *et al.*, 2020). Undergraduate final year candidates who were already very vulnerable and concerned about their career and futuristic approach to the practical world faced global health disturbance (Tang *et al.*, 2020). During the problematic pandemic, the institutional classes were shifted to virtual classes due to public avoidance and the spread of the infection. With the invention of the post-digital era, zoom online classes also contributed to disturbing psychological outcomes among students (Asmundson & Taylor, 2020; Courtet *et al.*, 2020; Lima *et al.*, 2020; Reger *et al.*, 2020). The negative impact of pandemic and quarantine was calculated in a study conducted on the Arabian sample. Post-Traumatic Stress disorder symptoms were predicted in children/adolescents of Saudi Citizens (Sayed *et al.*, 2021).

Lockdown caused immediate shut down to all the public places. The Saudi Government even suspended all the visits to the Holy mosque. The authorities enforced curfew all over the region. A study investigated how physical activity was decreased during the lockdown as compared to before lockdown. People were isolated during the lockdown and most of the daily physical activities were being performed virtually, for example, shopping, dine-outs, work, and educational activities. Which can significantly affect the mental health of an individual (Barwais, 2020).

Healthcare professionals, especially those working on the front lines, migratory workers, and those who come into contact with the public on a regular basis, like police enforcement, are more prone to suffer from stress, sleeplessness, PTSD, depression, suicidal thoughts, and drug and alcohol addiction. These worries are associated with a stressful work, fear of becoming ill and infecting one's family, and potential stigma and prejudice. It not only interfered with everyday activities but also with people's

ability to execute their jobs, which negatively impacts the county's economy. Since the pandemic's emergence, a more interconnected and globalised world has seen the social and economic impacts of the epidemic. The rate of global economic expansion has sharply slowed, and stock indices throughout the globe have fallen (McKibbin & Fernando, 2020).

A common mental health issue in the population, psychological distress is defined as a psychological condition characterized by symptoms of sadness and anxiety (Dohrenwend & Dohrenwend, 1982). The importance of mental health and related issues is underappreciated, and given the global epidemic, these sneaky and quiet issues could go unnoticed. During the lockdown, common challenges such as confinement to physical areas, mobility problems, frenzied shopping, poor pay, adjusting to the new normal, and increasing ambiguities were noted. This helped to alleviate the

worldwide health crisis (Grover *et al.*, 2020).

Due to legal requirements, the challenges of environmental, economic, and social sustainability are being pushed to the front of the professional agenda in the built environment. However, the objectives of carbon reduction and energy conservation generally take a back seat to the residents' comfort, well-being, and pleasure. A general lack of integrated creative and technical skills makes it challenging to design structures with clear and comprehensive sustainability goals. Which includes not only energy criteria but also human-centered and ethical values based on a professional and informed assessment of the needs of the site, the program, and the occupants. This is true even though the majority of professionals claim to be motivated by sustainability in their work. In order to support a range of human activities, humans design constructed environments.

As seen in figure 2. This study highlights three important

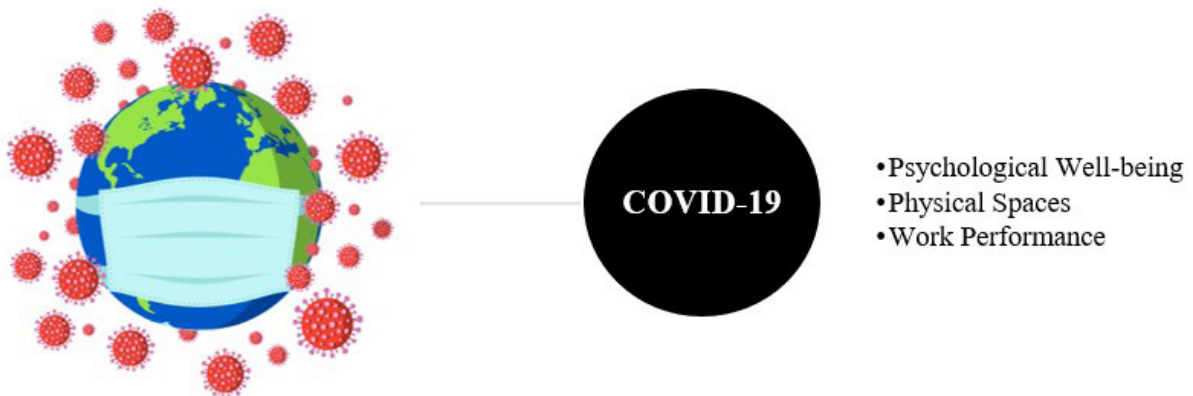


Figure 2: Factors induced by COVID breakout

factors namely, work performance, psychological well-being, and work performance. Therefore, the aim of this study is to explore the association between the built environment design, occupants' mental health, and work performance particularly performing duties from home during the lock-down of COVID-19 pandemic in Saudi Arabia. Following objectives will be focused.

1. There will be correlation between work environment and mental health of a working individual.
2. Fear of COVID is positively correlated with mental health and work engagement of the individuals working from home.
3. To determine the extent of correlation of physical spaces/environment work engagement and mental health of occupants in lock-downs during the outbreak of COVID-19 pandemic in Saudi Arabia.
4. If there a significance relation between mental health, work environment, and work engagement and fear of COVID.

MATERIALS AND METHODS

Sample

Total 600 participants were included in this study using snowball sampling technique. These data were obtained as part of a broader, continuing web-based research in Saudi

Arabia that tries to explore people's knowledge, sentiments, attitudes, and behaviors in connection to COVID-19 and sufficient exposure and living circumstances. This research was conducted to determine people's knowledge, emotions, attitudes, and behaviors on COVID-19 and sufficient exposure and living circumstances. Participants were required to speak Arabic or English well, to be at least 18 years old, and to be representative of the Saudi Arabian community as a whole.

Measurement

Similar to self-reporting instruments, the WES-10 consists of 10 questions. The team used a five-point scale to evaluate the issues, with one meaning "completely disagree" and five signifying "absolutely agree." According on the results of a previous research, the WES-10 can assess four clinically relevant subscales (Rossberg *et al.*, 2004). Workload (which measures the number of tasks imposed on staff members and the extent to which they feel they should have been in multiple places at once), Conflict (which measures the extent to which staff members experience conflicts and loyalty issues), and nervousness are the three factors that make up the employee engagement index (which measures the degree to which staff members experience conflicts and loyalty problems). Self-recognition (which

assesses whether or not staff members feel supported, whether they gain confidence, and whether or not they are able to put their knowledge to use on the ward). Self-actualization (which evaluate (which gauges whether or not staff members are committed to their jobs). Staff (n = 10) scores on these four dimensions were as follows: self-realization (3.42 0.24), conflict (2.55 0.31), workload (2.87 0.28) and anxiety (2.33) 0.18.

Schaufeli, Salanova, Gonzalez-Roma, and Bakker (2002) developed the Utrecht Work Engagement Scale (UWES) to measure an individual's commitment to his or her employment. Using a 17-item survey with a frequency rating scale ranging from 0 (never) to 6 (very often), with 6 being the highest score, the degree of engagement is measured (daily). Research undertaken in South Africa and throughout the world, as well as in South Africa, has shown that the instrument has internal consistency. In 2008, researchers (Bakker, Schaufeli, Leiter, & Taris) found that. Using confirmative factor analysis, Schaufeli *et al.* (2002) and Schaufeli, Martinez, Marques-Pinto, Salanova, and Bakker (2002) were successful in showing the factorial validity of the UWES. The sample of police officers used by Storm and Rothmann (2003) yielded an alpha coefficient of 0.78 for vigour, whereas 0.89 was achieved for commitment.

WEMWBS was used to assess individuals' psychological health. 5 The 14-item WEMWBS has been shown to be valid and reliable across a wide range of ages (from 13 and above) and ethnicities, addressing both emotional and psychological functioning categories of mental health. 5, 36, 37, 38 Total scores range from 14 to 70, with higher numbers indicating stronger psychological health, and are based on respondents' ratings on a 5-point Likert-type scale. According to the Health Survey for England, both men and women aged 16+ had median WEMWBS scores of 53.

The Fear of COVID-19 Scale is composed of seven different Items. Users may express their opinions on several topics using a Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). A person's total score may decrease anywhere between 7 and 35 points. Higher ratings indicate more concern over the potential of contracting COVID-19. The scale's excellent internal consistency ($\alpha = .82$) is only one evidence of its excellent psychometric properties; there are many more. For the development of the FCV-19S, we relied on the English

version provided by the original writers. The terminology employed by Ahorsu *et al.* (2020) was consistent with the rest of the FCS-19S's components.

Statistical Analysis

To analyze the demographics of the sample, descriptive statistics were used. Means and standard deviations were calculated so that we could offer a more accurate description. We give the mean, the standard deviation (SD), and the range of values for normally distributed data with continuous dispersion. For categorical variables, both the occurrence percentages and the occurrence frequencies were provided. Additionally, bar charts were produced with the aid of the application. The Pearson's two-way test for association was conducted in order to determine the magnitude of the link between the variables. A standard estimate value was determined by doing regression analysis on the three variables.

The significance threshold for all of the tests was set at a p-value of less than 0.05, and all of the tests were conducted using a two-tailed approach. All statistical analyses were conducted using version 24.0 of SPSS, the latest version available.

Study Design

The online cross-sectional survey was carried out between January 15 and December 15 of the following year, 2021. The most severe phase of the COVID-19 epidemic in Saudi Arabia occurred throughout the course of the research project's time span. In all, there were 597 people who took part in this study, with men accounting for 449 (or 74.7% of the total) and women accounting for 151 (or 25.3% of the total) of the participants, as presented in table 1. Prior to their participation in the survey, the fact that it was voluntary was made clear to each and every respondent. Everyone who took part in the study was informed about both the importance of the research and its aims. The survey was conducted through software that allowed respondents to remain anonymous via the internet, and the survey results were kept secret. There were no clinical studies that were carried out. Living quality (Indoor quality & Neighborhood quality) was assessed using work environment scale sub divisions and working from home assessed using work environment scale (the scoring only includes the responses of those participants who work from home).

Table 1: Study demographics

	Frequency	Percent	Mean	Std. Error of Mean	Std. Deviation	Variance
Gender			1.25	.018	.435	.189
Male		446	74.7			
Age			2.46	.047	1.143	1.307
18-29	134	22.4				
30-39	198	33.2				
40-49	159	26.6				
50-59	67	11.2				

60-69	38	6.4				
Academic Qualification			2.36	.037	.898	.807
High School	64	10.7				
Bachelor	353	59.1				
Master	96	16.1				
PhD	72	12.1				
Other	12	2.0				
Province or Country			3.18	.128	3.120	9.737
Riyadh province	113	18.9				
Makkah province	352	59.0				
Madinah province	12	2.0				
Eastern province	25	4.2				
Qassim province	2	.3				
Asir province	11	1.8				
Tabuk province	4	.7				
Baha province	20	3.4				
Jizan province	8	1.3				
Najran province	20	3.4				
overseas	30	5.0				
Nationality						
Saudi citizen	545	91.3				
Resident	40	6.7				
Visitor	12	2.0				
Employment Status						
Student	54	9.0				
Self-employed	46	7.7				
part-time employment	18	3.0				
full-time employment	344	57.6				
disability	2	.3				
Homemaker/ full-time parent	46	7.7				
Unemployed and seeking work	31	5.2				
Retired	56	9.4				
Income Status			3.01	.069	1.663	2.765
Less than 45,000 SAR	183	30.7				
45?000 - 84,000 SAR	55	9.2				
84,000 - 120,000 SAR	82	13.7				
120?000 - 190,000 SAR	154	25.8				
190,000 - 300,000 SAR	70	11.7				
> 301,000 SAR	45	7.5				
What is your house type?			1.62	.022	.515	.265
Villa	222	37.2				
Flat-Apartment	332	55.6				
Other	8	1.3				
Is there a garden in your house ?			1.77	.018	.427	.182
Yes	128	21.4				
No	429	71.9				
Other	2	.3				
Is there a balcony in your house ?			1.75	.018	.436	.190

Yes	142	23.8				
No	417	69.8				
What is the size of your house?			3.86	.085	2.024	4.096
Less than 100m2	55	9.2				
100-150 m2	133	22.3				
150-200m2	102	17.1				
200-250m2	80	13.4				
250-300 m2	46	7.7				
300-350 m2	39	6.5				
>350 m2	110	18.4				
Do you rent or own the house?			1.59	.023	.537	.289
Rent	245	41.0				
Own	307	51.4				
Other	13	2.2				
How many people are living in your house?			5.26	.092	2.176	4.734
1	22	3.7				
2	41	6.9				
3	55	9.2				
4	96	16.1				
5	100	16.8				
6	77	12.9				
7	69	11.6				
8	97	16.2				
9	2	.3				
10	2	.3				
14	2	.3				
15	2	.3				
How many children are living in your house?			2.45	.075	1.550	2.402
0	10	1.7				
1	125	20.9				
2	106	17.8				
3	117	19.6				
4	36	6.0				
5	9	1.5				
6	15	2.5				
7	2	.3				
8	6	1.0				
9	2	.3				
Covid Exposure			5.77	.037	.876	.768
Yes, diagnosed and recover	10	1.7				
Yes, diagnosed and still ill	6	1.0				
Yes, diagnosed and deceased	2	.3				
Suspected and recovered	24	4.0				
Suspected and still ill	4	.7				
No	519	86.9				

RESULTS

The study aimed to find the correlation between work environments and mental well-being of a working individual. The results of the study revealed that working environment at office is negatively related to mental health i.e. $r = -.191$ whereas, mental health is positively correlated working environment at home i.e. $r = .124$. The correlation between the two variables were unpredictably weak. Which indicates that working environment, either office or work is weakly influences mental of a working individual. The second hypothesis of this study was to if mental health and work engagement are positively related to fear

of COVID which caused the world the biggest pandemic. But the results suggested otherwise. Fear of COVID was independently and very weakly correlated to mental health of a working individual ($r = -.072$) whereas, $r = -.051$ suggested similar condition for work engagement and fear of COVID.

However, our third objective of the study was to determine the correlation between work engagement and mental health of occupants in lockdown during the outbreak of the COVID-19 pandemic. And the results of the study suggested that both of these variables are positively and strongly related i.e. $r = .764$.

Table 1: Study demographics

		Fear of COVID	Work environment at office	Work environment at home	Mental Health	Work engagement
Fear of COVID	Pearson Correlation	1				
	Sig. (2-tailed)					
	N	565				
Work environment at office	Pearson Correlation	.102*	1			
	Sig. (2-tailed)	.016				
	N	554	583			
Work environment at home	Pearson Correlation	-.043	-.132**	1		
	Sig. (2-tailed)	.339	.003			
	N	495	497	497		
Mental Health	Pearson Correlation	-.072	-.191**	.124**	1	
	Sig. (2-tailed)	.125	.000	.008		
	N	458	461	458	461	
Work engagement	Pearson Correlation	-.051	-.274**	.575**	.764**	1
	Sig. (2-tailed)	.257	.000	.000	.000	
	N	495	498	497	459	498

* Correlation is significant at the 0.05 level (2-tailed).

Regression analysis was carried out to see the constant effect of fear of COVID on the other variables of the study i.e. work environment, work engagement and mental well-being. But the values of R and R2 did not predict the correlation between independent and dependent variable. It is possible to demonstrate that there is a connection between the independent variables and the dependent variable, and that this connection has a regression coefficient of “R” equal to .330, which is equivalent to 33%. According to the coefficient of

determination “R2” of .109, work engagement, work environment, and mental health all contribute 10.9% of the variation in COVID fear, as presented in table 3. Because the significance threshold of $P \leq 0.000$, which is less than $P \leq 0.05$, the F value of 13.668 is significant. This suggests that the total regression model is valid, fit, and statistically significant. According to the regression model, all independent variables contribute to the dependent variable’s significance and positive correlation, as seen in table 3.

Table 3: Regression Model

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.330a	.109	.101	.477

a. Predictors: (Constant), work environment, Mental Health, Work engagement

Table 4: Anova

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	12.429	4	3.107	13.668	.000b
	Residual	101.849	448	.227		
	Total	114.278	452			

a. *Dependent Variable: Fear of COVID?*

b. *Predictors: (Constant), work environment, Mental Health, Work engagement*

The table that can be seen below displays, with a degree of confidence of 95%, the coefficient of regression between the dependent variable, fear of COVID, and the other three factors, work engagement, work environment, and mental health. The t-value for mental health, which is 4.271, is higher than the critical value, which means it surpasses it (p value of 0.000). In a manner comparable

to this, the t-values for work engagement and work environment are both greater than the critical value, with corresponding values of 4.197 and 3.156 (p value = 0.000). The alternative hypothesis, “Is there a significant significance between mental health, work environment, and work engagement and fear of COVID,” is approved since the computed values are bigger than the critical value.

Table 5: Regression coefficients of IV and DV.

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.741	.187		14.667	.000
	Mental Health	.22	.083	.423	4.271	.000
	Work environment	.10	.048	.312	4.197	.000
	Work engagement	.101	.087	.117	3.156	.000

a. *Dependent Variable: Fear of COVID?*

DISCUSSION

The study showed a distinct weak relation between intersecting multiple variables including mental well-being, work engagement, work environment and fear of COVID. Significant parts of the population have reported having intense fears of spreading the disease to their friends, relatives, or coworkers during the COVID-19 pandemic (Ahorsu *et al.*, 2020; Şimşir *et al.*, 2022). Multiple groups of employees are being allowed or encouraged to report to work at the same time in order to carry out essential duties for the benefit of society and the economy (van Zoonen & Ter Hoeven, 2022). As a result, it is essential to have an understanding of how these employees respond to anxiety caused by COVID-19, how they manage it, and how they continue to be involved in their job. The purpose of this research was to find a solution to this issue by investigating the ways in which COVID may impact an employee’s surroundings, level of involvement in their job, and mental health. By following employees who were employed in public organizations over a period of five consecutive days, we were able to gather data that suggested that the dread of COVID-19 had a positive indirect influence on work engagement via the use of social job resources.

One way to look about the concerns that employees have with the COVID-19 is as a fluid concept that evolves over time and in fear of new worries. Employees who typically have a lower degree of fear with COVID-19 may on sometimes have days in which they feel a greater level of anxiety. Our research sets the door for the development of more episodic approaches to investigate fear in

organizations in general and COVID-19 fear in particular (Jordan *et al.*, 2020; Oh & Farh, 2017).

Our work is unique from prior studies on the influence of fear on employee silence, unjust treatment, or scenarios involving future organizational layoffs (Jordan *et al.*, 2020; Oh & Farh, 2017), since it refers to an invisible and contagious virus as the site of genesis of the danger (COVID-19). In meta-analytic study that was carried out prior to the COVID-19 pandemic, a correlation between fear and anxiety of a modest degree was discovered to exist ($r = .32$) (Sylvers *et al.*, 2011). During the outbreak of COVID-19, Erbiçer *et al.* (2022) conducted a meta-analysis, which showed that there was a strong correlation ($r = .55$) between anxiety and fear of COVID-19 (Erbiçer *et al.*, 2021). This article adds to the growing body of research that is looking at the functional view of negative emotions in organizations. Despite the fact that the COVID-19 pandemic has put people all over the world in a dangerous situation, this article offers proof that fear of the disease is linked to proactive actions like job crafting (George, 2011; Humphrey *et al.*, 2022; Lebel, 2017). We were sure to take general job stress as well as optimism into consideration, which is crucial since it indicates the situational fear of COVID-19 that may lead to preventive steps.

We are well aware of the limitations of the research in its many forms. To begin, the fact that the measures for the research consisted of self-reports from the same source raises problems about common-method variance. In further investigations, data from several sources may be used to further validate our observations.

It is crucial to highlight that our data are correlational, which makes it difficult to draw definite conclusions about causality. Despite the fact that our results went in the direction that was anticipated, it is vital to mention this fact. In further research, if the appropriate designs are used, it is possible that this issue will be resolved. However, further research showed that the possibility of anxiety having an indirect impact on job crafting via work engagement is smaller. This alleviated concerns over the ordering of the variables in our model. During the third wave of the COVID-19 outbreak, our sample consisted of a relatively homogenous set of tenured professionals who were not public sector organization (Khan *et al.*, 2021). These individuals were working in-person at their respective institutions. Due to the fact that we implicitly accounted for the possibility of job loss, this sample was sufficient for the purposes we had in mind; nevertheless, future research may include samples from other countries.

CONCLUSION

To summarize, the uniqueness, relevance, disruptiveness, and persistence of the COVID-19 pandemic all contribute to the event's status as a powerful one (Morgeson *et al.*, 2015). Our first hypothesis focused on the work between a fear of COVID and work engagement as well as mental health, both of which are associated with the environment of the workplace which could alternately affect the work efficiency of an individual especially while performing their work from home. The results of our research indicated that there was just a minimal correlation between the dependent variables and COVID fear. Our results contribute to the growing body of research on the effects of the COVID-19 pandemic on the work (Kramer & Kramer, 2020) in general and the potential advantages of negative emotions in businesses in particular (Humphrey *et al.*, 2022; Lebel, 2017).

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