

Beyond the Desk: Mental Health initiatives in IT/ITES sector

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Abstract—

This study explores the relationship between employee demographics, awareness and perception of mental health resources, and job satisfaction within the IT/ITES sector. We hypothesized that demographic profiles influence awareness of mental health resources (H1), years of experience affect perceptions of mental health initiatives (H2), job satisfaction is positively correlated with the perceived effectiveness of mental health resources (H3), alignment of personal and company goals leads to higher job satisfaction (H4), and a supportive work environment enhances job satisfaction and well-being (H5). Using a crosssectional survey design, data were collected from 150 employees via structured questionnaires. Descriptive statistics and regression analysis were employed to analyse the data. The results indicated a weak positive correlation between job satisfaction and perceived effectiveness of mental health resources (R = 0.1009, p = 0.3180), leading to the rejection of H3. Descriptive analysis revealed diverse perceptions regarding job satisfaction and mental health resource effectiveness. The study highlights the importance of a holistic approach to employee well-being, addressing gaps in long-term effectiveness and the impact of organizational culture on mental health outcomes. These findings suggest that tailored, sustainable interventions are crucial for enhancing employee well-being in the IT/ITES sector.

Keywords: IT/ITES sector, employee well-being, mental health resources, job satisfaction, regression analysis

I. INTRODUCTION

The employee's well-being is a very important feature of organizational management in today's framework, more so within the high-pressure domain prevailing in IT and ITES organizations. Mental health for personnel working within the industries related to this sector is critical, as the nature of the job will mostly remain under high stress levels, long working hours, and constant pressure for meeting deadlines. The World Health Organization identifies mental health in the place of work as one of the priority areas affecting not only the well-being of workers but also the work rate and efficiency of organizations. Recent research has been emphasis on the increasing burden of mental health disorders within the community of IT professionals. Work pressure, with fast-changing technology, has created a stressful environment that puts them at risk of burnout, anxiety, and depression. The importance of having sound mental health initiatives arranged help employees cope through the pressure and maintain a productive workforce has increasingly been identify by organizations.

Accordingly, many organizations are put down in place various mental health initiatives to help fight some of these challenges. These incorporate employee assistance programs, mental health campaigns, workshops on stress management, and the provision of mental health resources and support services. These would help to come up with a supportive work environment that would foster mental well-being and help people cope with stress in a more competent way. The COVID-19 pandemic further focused interest on mental health, with new elements of remote working and isolation influence with and adding proportions to the mental health challenges of workers. The effectiveness of such initiatives is usually quantified by the extent of awareness and perception of the mental health resources available to workers.

Basically, awareness is a very vital variable since it will convey the extent to which employees are knowledgeable about the resources at their disposal and the willingness to outstretch for them in case of need. On the other hand, perception shows employees' evaluation of availability and effectiveness of those resources; according to Hobfoll, 1989, positive perception may lead to increased rates of utilization, hence better mental health outcomes.Another critical factor is job satisfaction as consider the work environment. A supportive work environment, in terms of good practices in management, professional development opportunities, and goal design at personal and organizational levels, enhances job satisfaction and general well-being (Judge et al., 2001). Job satisfaction is not just a major indicator of employee well-being; it is a predictor of devotion and productivity within an organization. In this regard, this study shall further look at demographic and professional background data of the employee, evaluate the awareness and perception of resources that exist for mental health, and consider job satisfaction and work environment across IT/ITES sectors. These elements all come together to help an organization position its initiatives on mental health to the needs of the employees, as well as foster a healthier and more productive workforce.

II. LITERATURE REVIEW

Recent studies highlight the prevalence of mental health challenges in the IT/ITES sector, with one quarter of Indian IT professionals reporting moderate to severe stress, anxiety, depression, and interpersonal difficulties (Vidya Bharat et al., 2020). Job satisfaction is strongly associated with mental health and organizational stressors, particularly emotional stress (N. Sandal et al., 2023). To combat burnout, companies are implementing various well-being initiatives, including flexible work arrangements, leadership development, and mental health support (Funmilayo Aribidesi Ajayi & Chioma Ann Udeh, 2024). Many IT companies are adopting a preventative approach to stress management by identifying risks and causes, offering resilience-building training, and promoting employee well-being through various initiatives (E. Monteiro & James Joseph, 2022). However, financial well-being remains an area that receives less attention. These findings underscore the need for a holistic, multifaceted approach to fostering employee well-being in the IT/ITES sector, with a focus on organizational commitment and continuous adaptation to evolving workforce needs.

The Information Technology (IT) industry in India has experienced remarkable growth, but it also faces significant mental health challenges among its workforce (Chaudhury et al., 2023). Studies have shown high levels of stress, anxiety, depression, and insomnia among IT professionals (Ranjith et al., 2020; Padma et al., 2015). These mental health issues are often associated with unfavorable work conditions, long hours, and job insecurity (Chaudhury et al., 2023). Additionally, IT workers frequently experience physical health problems, including musculoskeletal symptoms, hypertension, diabetes, and obesity (Padma et al., 2015). The nature of IT work, involving prolonged use of visual display units, contributes to various health and psycho-social disorders (Kesavachandran et al., 2006). Recent economic challenges, including layoffs and salary reductions, have further exacerbated mental health concerns in the industry (Chaudhury et al., 2023). Early diagnosis, lifestyle modifications, and psychological counseling are recommended to address these issues and improve the overall health of IT professionals (Padma et al., 2015).

The IT industry faces significant occupational stress, with studies showing high levels of psychological distress among employees (Mohamed Ali & Sunitha, 2023; Machado et al.,

2013). Research indicates that 38% of BPO employees experience psychological distress (Machado et al., 2013), while 54% of IT workers report anxiety and 18% report stress and depression (Rajendran et al., 2021). Factors contributing to stress include workload, rapid technological changes, and job demands (Mohamed Ali & Sunitha, 2023). Women, permanent employees, and those employed for longer periods are more vulnerable to stress (Machado et al., 2013). To address these issues, workplace spirituality and organizational justice have been found to positively impact employee engagement and mental health (Sharma & Kumra, 2020). Implementing fair organizational policies, promoting workplace spirituality, and improving employee engagement strategies can help mitigate mental health concerns in the IT sector (Sharma & Kumra, 2020).

Recent studies highlight the growing importance of workplace mental health interventions, particularly in the Indian context. A systematic review found limited comprehensive needs assessments and impact evaluations of such interventions in India, with most focusing on curative approaches like counseling services (Pandya et al., 2022). The COVID-19 pandemic has exacerbated mental health challenges, with increased workload and feelings of disconnection reported among employees working from home (Phadnis et al., 2021). The tech industry appears particularly vulnerable to mental health issues, with higher rates of diagnosis compared to other sectors (Mitravinda et al., 2023). Factors affecting workplace mental health include work content, workload, schedule, control, environment, organizational culture, interpersonal relationships, and work- life balance (Sarkar et al., 2024). Poor mental health can lead to decreased productivity, increased burnout, and occupational hazards. There is a pressing need for comprehensive occupational health policies that address mental well-being in the evolving work landscape (Phadnis et al., 2021; Sarkar et al., 2024).

Recent studies have explored the impact of mental health on employees in the IT sector, highlighting its significance for overall well-being and productivity. Machine learning techniques have been employed to predict and analyze mental health disorders among employees, considering factors such as work environment, family history, and company policies (Awal & Rao, 2021; Sujal et al., 2022). Research has emphasized the importance of holistic well-being initiatives in enhancing employee engagement, encompassing physical, psychological, social, financial, and spiritual dimensions (Rajashekar & Jain, 2023). However, current initiatives often lack balance, with insufficient attention given to spiritual aspects. To address these challenges, technology-enabled solutions are being developed and implemented to improve mental health care delivery, targeting patients, caregivers,

healthcare providers, and administrators (Srikanth et al., 2021). These efforts aim to create comprehensive digital platforms for mental health services, potentially scalable across India and contributing to global sustainable development goals.

Workplace stress and mental health are increasingly recognized as critical issues in occupational wellness. Ruckmani & Venkateswaran (2022) emphasize the importance of mental wellness in the workplace, proposing that companies should actively implement initiatives to support employee mental health. Doraiswamy et al. (2019) advocate for the ethical adoption of technologies to improve global mental health access and outcomes. Maulik (2017) highlights workplace stress as a neglected aspect of mental health, defining it as a mismatch between work demands and an individual's abilities to cope. To address the shortage of mental health professionals, especially in underserved areas, Ibrahim et al. (2021) describe a tele- mentoring program in Chhattisgarh, India, which uses digital technology to train primary care doctors and rural medical assistants in mental health care. This initiative has successfully provided care to 15,000 patients who previously lacked access to mental health services.

Mental health initiatives in the workplace have gained increasing attention, with organizations like the Mental Health Commission of Canada developing models and methods to address this issue (Dobson et al., 2018). In Australia, the "beyond blue" initiative aims to engage the community and promote a public health approach to depression and related disorders (Hickie, 2001). Studies have shown that mental health concerns are prevalent among workers in various industries. For instance, a study of female garment workers in India found that 45.1% had significant mental health issues, with somatic illness, anxiety, social dysfunction, and depression being common concerns (Shanbhag & Joseph, 2012). The COVID-19 pandemic has further exacerbated mental health challenges, particularly among healthcare workers. Factors such as fear of stigma and administrative issues have been identified as barriers to seeking help, highlighting the need for improved supportive strategies and organizational changes to address these concerns (Pujari et al., 2021).

Mental health issues among workers, particularly in high- stress industries like call centers and corporate sectors, are becoming increasingly prevalent. Studies have shown that employees in these sectors experience high levels of stress, anxiety, and related disorders due to contemporary work settings (Raja & Bhasin, 2014; Mahindru et al., 2016). The COVID-19 pandemic has further exacerbated adverse mental health outcomes for healthcare workers (Gold, 2020). A pilot study in Bangalore, India, found that 36% of industrial workers scored positively for anxiety and 18% for stress, although no workers showed signs of depression (Rao & Ramesh, 2015). These mental health issues can significantly impact workplace productivity, potentially resulting in substantial financial losses (Rao & Ramesh, 2015). The lack of collaboration between industries and the mental health sector poses challenges for mental health professionals in evaluating and treating employees (Mahindru et al., 2016). Addressing these occupational health challenges is crucial for safeguarding workers' well-being in emerging and high-stress industries.

Recent research highlights the growing importance of mental health and well-being initiatives in workplace settings. Organizations are increasingly recognizing the impact of mental health on employee performance and overall success, leading to a strategic integration of well-being programs into HR practices (Daraojimba et al., 2024). These initiatives encompass flexible work arrangements, health programs, and efforts to destigmatize mental health conversations. The COVID-19 pandemic has further emphasized the need for mental health support, particularly for frontline workers (Sathiyanarayanan et al., 2024). Studies have explored innovative approaches to mental health detection and support, including the use of speech, voice, and sentiment analysis technologies in the IT sector (Diwate et al., 2023). However, implementing effective well-being initiatives faces challenges such as addressing stigma and ensuring accessibility (Daraojimba et al., 2024). The promotion of mental health and well-being is crucial for psycho-social development, especially among young people and specific populations like ex-service personnel (Hartwell, 2015).

A. Abbreviations and Acronyms

IT/ITES: Information Technology / Information Technology Enabled Services

SPSS: Statistical Package for the Social Sciences SD: Standard Deviation

SE: Standard Error

df: Degrees of Freedom SS: Sum of Squares MS: Mean

Square

ANOVA: Analysis of Variance

R: Correlation Coefficient

R²: Coefficient of Determination p: p-value (probability value)

B. Research Gap

Despite the extensive research on mental health challenges and well-being initiatives within the IT/ITES sector, significant gaps remain. Current studies predominantly focus on the prevalence and immediate interventions for mental health issues such as stress, anxiety, and burnout among IT employees. However, there is a lack of comprehensive evaluations of long-term effectiveness and sustainability of these interventions. Additionally, the intersection of financial well-being with mental health has not been adequately explored. There is also a need for more in-depth analysis of how organizational culture, leadership styles, and personal goal alignment with company objectives influence mental health outcomes. Addressing these gaps is essential for developing holistic, sustainable strategies to enhance employee well-being in the evolving IT landscape.

C. Figures and Tables



Sample size was computed with the G*Power 3.1.9.7 software to achieve a medium effect size of 0.5, a significance level of 0.05, and a power of 0.95. Thus, the following strategy will minimize any potential bias and will add to the validity of the study. Out of a total of 250 initially approached, a stratified sampling method was used, hence 88 males and 88 females were randomly selected to ensure the sample is balanced and representative. Data collection was through structured surveys, hence standard for both groups. The methodology ensured that the findings are robust and could be generalized to the broader population segments being studied.

- a) Data Analysis: -
- D. Data Analysis: -
- E. Demographic Analysis:

| Category | Subcategory | Frequency | Percent | |
|---------------------|----------------------|-----------|---------|--|
| | 25-34 | 56 | 31.80% | |
| 1.00 | 35-44 | 72 | 40.90% | |
| Age | 45-54 | 48 | 27.30% | |
| | Total | 176 | 100.00% | |
| | Male | 88 | 50% | |
| Gender | Female | 88 | 50% | |
| | Total | 176 | 100.00% | |
| | Single | 70 | 39.80% | |
| Marital Status | Married | 106 | 60.20% | |
| | Total | 176 | 100.00% | |
| | Bachelor's Degree | 53 | 30.10% | |
| Educational | Master's Degree | 91 | 51.70% | |
| Qualification | Doctorate | 16 | 9.10% | |
| | Others | 16 | 9.10% | |
| | Total | 176 | 100.00% | |
| | Project Manager | 84 | 47.70% | |
| | QA Tester | 22 | 12.50% | |
| Current Job Role | Data Scientist | 2 | 1.10% | |
| | HRBP | 48 | 27.30% | |
| | Other | 20 | 11.40% | |
| | Total | 176 | 100.00% | |
| | 1-3 years | 68 | 38.60% | |
| | 4-6 years | 4 | 2.30% | |
| Experience | 7-9 years | 18 | 10.20% | |
| | Above 9 Years | 86 | 48.90% | |
| | Total | 176 | 100.00% | |

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F. Hypothesis Testing 1:

- *G.* H1: There is a significant relationship between the demographic profile (age, gender, marital status) and the level of awareness of mental health resources in the workplace.
- H. For this hypothesis testing Chi-Square Tests done.
- I. Test Result-
- J. Table1

| Variable | Pearson Chi- Square | df | p- value | Likelihood Ratio | df | p- value | Linear-by- Linear Association | df | p- value |
|-------------------|---------------------------|----|-------------|---------------------|----|-------------|-------------------------------------|----|-------------|
| Age | 91.981 | 6 | < 0.05 | 107.867 | 6 | < 0.05 | 0.042 | 1 | 0.838 |
| Gender | 25.624 | 3 | < 0.05 | 33.43 | 3 | < 0.05 | 9.003 | 1 | 0.003 |
| Marital Status | 60.281 | 3 | <0.05 | 71.526 | 3 | <0.05 | 3.129 | 1 | 0.077 |

К.

L. Analysis:

- *M.* The relationship of Age, Gender and Marital Status with level of awareness of mental health resources in the workplace are significant and strong as p values for Pearson Chi-Square and Likelihood Ratio are smaller than 0.05. **Hence, hypothesis is accepted**.
- *N*. These results collectively suggesting that these demographic factors play a role in awareness levels.

O. Hypothesis Testing 2:

- *P.* **H2:** The number of years of experience in the IT/ITES sector influences the perception and effectiveness of mental health initiatives.
- *Q.* For this hypothesis, Levene Statistic Tests, Kruskal-Walli's test, Post Hoc Tests (Tamhane's T2 test and Games-Howell test) have been done.

R. Test Results: -

S. Table2

| Levene Statistic | df1 | df2 | Sig. |
|------------------|-----|-----|------|
| 19.540 | 3 | 172 | .000 |

Τ.

U. Analysis:

V. The obtained Levene's test statistic of 19.540 has a p-value of 0.000 that shows there are

significant differences in variances across the groups. Since the p-value is less than 0.05, the variances are equal; hence, homogeneity of variances assumption is violated. Hence, Kruskal-Wallis Test will be performed for hypothesis testing.

W. Kruskal-Wallis Test Results:

X. Table3:

| Experience in IT Industry | Ν | Mean Rank | |
|-----------------------------|------------------|-----------|--------|
| Perception of Mental Health | 1-3 years | 68 | 101.79 |
| Initiatives | 4-6 years | 4 | 105.75 |
| | 7-9 vears | 18 | 10 // |
| | <i>T-J</i> years | 10 | 17.44 |
| | Above 9 | 86 | 91.64 |
| | Years | | |
| | Total | 176 | |
| | | | |

Υ.

Z. Table4

AA. Test Statistics a, b

| | Perception of Mental Health Initiatives | | | |
|-------------|---|--|--|--|
| Chi-Square | 40.383 | | | |
| df | 3 | | | |
| Asymp. Sig. | .000 | | | |

a. Kruskal Wallis Test

b. Grouping Variable: Experience in IT Industry

BB.

CC. Analysis:

- *DD.* Table 3 &4 are results of Kruskal-Walli's test. It was done to see the differences in perception on mental health initiatives among Information Technology professionals by experience levels. Perceptions on this aspect differed significantly according to the experience level, with a Chi-Square statistic of 40.383 (p < 0.05).
- *EE.* The mean ranks demonstrate a conclusive variation: the mean rank for those with 1-3 years of experience is 101.79, followed by 4-6 years with 105.75 and above 9 years with

91.64. For the group of 7-9 years, the mean rank is far below both these groups, and at 19.44 would point to significantly less overall positive perceptions as compared to the other levels of experience.

- *FF.* It is also obvious that the big Chi-Square value makes the difference statistically significant, so experience level does influence perceived initiatives on mental health. In more detail, the low mean rank for the 7-9 years group is indicative of the fact that this group views initiatives for mental health more negatively compared to others falling into other categories of experience. From this, a critical insight that there is a distinction in perceptions among levels of experience is seen as the 7-9 years old group does indeed hold rather critical opinions. Hence, the findings have identified a relation between years of service in the IT industry and the different attitudes toward initiatives in this direction, evidently weaker positive for mid-level experience workers.
- GG. Pot Hoc Test:
- HH. Table 5:

Dependent Variable: Perception of Mental Health Initiatives

| | | | | | | 95% Con Inte | nfidence rval |
|-------------------------------|-----------|--------------------------|---------------|--------|----------------|-----------------|------------------|
| (I) Experience in IT Industry | | Mean Difference (I-J) | Std. Error | Sig. | Lower Bound | Upper Bound | |
| Tamhane | 1-3 years | 4-6 years | 27941 | .89906 | 1.000 | -5.1091 | 4.5503 |
| | | 7-9 years | 3.16503* | .24780 | 0.000 | 2.4950 | 3.8350 |
| | | Above 9 Years | .03454 | .27858 | 1.000 | 7119 | .7810 |
| | 4-6 years | 1-3 years | .27941 | .89906 | 1.000 | -4.5503 | 5.1091 |
| | | 7-9 years | 3.44444 | .86781 | .157 | -1.8775 | 8.7664 |
| | | Above 9 Years | .31395 | .87709 | 1.000 | -4.8411 | 5.4691 |
| | 7-9 years | 1-3 years | -3.16503* | .24780 | 0.000 | -3.8350 | -2.4950 |
| | | 4-6 years | -3.44444 | .86781 | .157 | -8.7664 | 1.8775 |
| | | Above 9 Years | -3.13049* | .14959 | 0.000 | -3.5319 | -2.7291 |

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| | Above 9 Years | 1-3 years | 03454 | .27858 | 1.000 | 7810 | .7119 |
|------------------|------------------|------------------|-----------|--------|-------|---------|---------|
| | | 4-6 years | 31395 | .87709 | 1.000 | -5.4691 | 4.8411 |
| | | 7-9 years | 3.13049* | .14959 | 0.000 | 2.7291 | 3.5319 |
| Games- Howell | 1-3 years | 4-6 years | 27941 | .89906 | .988 | -4.2231 | 3.6643 |
| | | 7-9 years | 3.16503* | .24780 | .000 | 2.5136 | 3.8164 |
| | | Above 9 Years | .03454 | .27858 | .999 | 6923 | .7614 |
| | 4-6 years | 1-3 years | .27941 | .89906 | .988 | -3.6643 | 4.2231 |
| | | 7-9 years | 3.44444 | .86781 | .082 | 7196 | 7.6085 |
| | | Above 9 Years | .31395 | .87709 | .982 | -3.7759 | 4.4038 |
| | 7-9 years | 1-3 years | -3.16503* | .24780 | .000 | -3.8164 | -2.5136 |
| | | 4-6 years | -3.44444 | .86781 | .082 | -7.6085 | .7196 |
| | | Above 9 Years | -3.13049* | .14959 | .000 | -3.5213 | -2.7397 |
| | Above 9 Years | 1-3 years | 03454 | .27858 | .999 | 7614 | .6923 |
| | | 4-6 years | 31395 | .87709 | .982 | -4.4038 | 3.7759 |
| | | 7-9 years | 3.13049* | .14959 | .000 | 2.7397 | 3.5213 |

II.

JJ. Analysis:

- *KK.* The Post Hoc analysis has been done to test the differences in perception of mental health initiatives based on IT industry experience.
- *LL*. The Tamhane's T2 test results show significant mean differences only between the group with 7-9 years of experience and the groups with 1-3 years of experience, with a mean difference of -3.165 and p < 0.05, and above 9 years, with a mean difference of -3.130 and p < 0.05. This therefore means that the group with 7-9 years of experience viewed mental health initiatives more negatively compared to the group with 1-3 years and that with over 9 years. Other comparisons were not significant.
- MM. Games-Howell test indicates that there is a significant negative difference between 7-

9 years and both 1-3 years (mean difference: -3.165, p < 0.05) and above 9 years groups (mean difference: -3.130, p < 0.05).

NN.

In other words, the perception of mental health initiatives is significantly less favourable among IT professionals who have 7-9 years of experience compared to those with 1-3 years and above 9 years of experience. **Hence, Hypothesis 2 accepted.**

00. Hypothesis Testing 3:

- *PP.* **H3:** Job satisfaction is positively correlated with the perceived effectiveness of mental health resources and initiatives.
- *QQ.* For this testing Correlations analysis has been done.

RR. **Table 6:**

| | | Perception of Mental | |
|----------------------|------------------------|----------------------|------------------|
| | | Health Initiatives | Job Satisfaction |
| Perception of Mental | Pearson | 1 | .639** |
| Health Initiatives | Correlation | | |
| | Sig. (2-tailed) | | .000 |
| | N | 176 | 176 |
| Job Satisfaction | Pearson Correlation | .639** | 1 |
| | Sig. (2-tailed) | .000 | |
| | N | 176 | 176 |

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

SS.

TT. Analysis:

- *UU.* From the correlation analysis, there is a positive relationship between employees' perceptions about mental health initiatives and their job satisfaction, since the Pearson correlation coefficient is 0.639. This infers that the higher the employees' perceptions regarding mental health initiatives, the higher their job satisfaction. The correlation is statistically significant, with a p-value of 0.000 well below the 0.05 alpha level.
- *vv.* This positive correlation, therefore, does imply that effective mental health initiatives can play an important role in increasing job satisfaction. As such, organizations should be

willing to invest in and enhance mental health programs since such initiatives are bound to increase overall job satisfaction among employees. Giving primacy to mental health will possibly lead to better rewards in the work environment, employee well-being, and engagement. Thus, in brief, the findings point out that such programs will go a long way in addressing mental health initiatives to ensure a positive work atmosphere and might suggest that job satisfaction will improve in companies that focus on these areas. **Hence, Hypothesis 3 accepted.**

Hypothesis Testing 3:

H3: Job satisfaction is positively correlated with the perceived effectiveness of mental health resources and initiatives.

For this testing Correlations analysis has been done.

Table 6:

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