The Impact of Raising Employee Moral in Reducing Psychological Effects of COVID-19: A Study on Menoufia University Hospitals in Egypt

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Abstract
The objective of the research is to examine the impact of raising Employee Moral (EM) in reducing psychological effects of COVID-19. The research population consists of all employees at Menoufia University hospitals in Egypt. The researcher adopted a sampling method to collect data for the study. The appropriate statistical methods were used to analyze the data and test the hypotheses.

The research has reached a number of results, the most important of which are (1) The negative psychological effects of COVID-19 have increased in Egyptian society, such as Obsessive Compulsive Disorders (OCD), Post Traumatic Stress Disorder (PTSD), and General Anxiety Disorders (GAD) among individuals in Egyptian society, (2) there is a statistically significant relationship between the psychological effects of COVID-19 (OCD) and the JE among employees in the organization. In other words, there is a negative relationship between the study variables, so the more negative psychological effects COVID-19 have, the lower the degree of JE, (3) there is a statistically significant relationship between the psychological effects of COVID-19 (PTSD) and the job link among the organization's workers. In other words, there is a negative relationship between the study variables, so the more negative psychological effects COVID-19 have, the lower the degree of JE, and (4) there is a statistically significant relationship between the psychological effects of COVID-19 (GAD) and JE among the organization's workers. In other words, there is a negative relationship between the study variables, so the more negative psychological effects COVID-19 have, the lower the degree of work association.

The study referred to a number of recommendations, the most important of which are (1) the necessity of making strategic alliances in the medical field and the technological field between South Korea and the rest of the world in order to benefit from its experience in the field of confronting COVID-19, (2) the necessity of conducting many research and studies in the field of artificial intelligence as one of the tools that can be used in facing COVID-19, (3) increasing awareness campaigns on COVID-19 and viewing it as a disease like other diseases that require diagnosis and treatment, (4) seeking assistance from specialists in awareness programs and disseminating all information through social media for the purpose of awareness and prevention of infection COVID-19, (5) providing psychological service to COVID-19 patients inside hospitals in a manner that raises their spirits and confronts this virus, (6) the necessity for the Egyptian Ministry of Health to enhance the level of mental health for all members of society by establishing a psychological aid unit and taking over work to reduce the psychological anxiety from COVID-19, (7) spreading positive feelings among enough community members through the media, explaining that COVID-19 will be overcome, and providing the necessary awareness programs to reduce anxiety problems and sleep disorders, (8) researchers and scholars in the field of psychology and mental health conduct research and studies through which counseling and validation programs for community members are published, and (9) expanding the study of psychological immunology, and focusing on the psychological immunity variables in reducing the negative effects of COVID-19.

Keywords: Employee Moral, Psychological Effects of COVID-19

1. Introduction

Employee Morale (EM) is a complex phenomenon and vital to organization culture. The positive collective attitude will create a positive working environment for everyone. If your organization has a poor morale or a culture of suffering then there is a possibility that employees have a low or negative morale that can adversely affect the productivity of the organization. It can most certainly lead to greater employee attrition, just to begin with (Bhat, 2019).

Organizations today are trying to keep up positive EM among their employees, since employees with positive EM perform better, reduce the rate of absenteeism and waste, tend to be devoted and consequently increase the productivity of organizations (Kandhakumar & Balasingh, 2016).
The organization should improve EM. If the organization fails to improve EM, this will lead to decreased productivity, high rates of absenteeism and conflict, employee turnover, loss of competitive advantage in the market, etc. Further, the study revealed that some organizations unnecessarily spend resources due to high rates of turnover (Blankenship, 2014).

The high EM in the organization is one of the most important manifestations of their feeling of satisfaction, loyalty to the organization, and their willingness to exert more effort in order to achieve its goals. Also, the low EM indicates their feeling of dissatisfaction with the organization they work for, and their lack of enthusiasm to work for its success (Bhat, 2019).

Raising EM is a fundamental pillar to achieve the goals of the organization, in addition to the pillar of communication and leadership. Therefore, the leader must motivate employees to work efficiently, and ensure that employees' goals are linked to the organization’s goals, which ultimately raises EM (Neely, 1999).

There are many studies that have demonstrated that the working environment has an impact on EM. If the employees do not believe that managers are honest, and practice high levels of integrity, any efforts made to improve morale will be vain (Schaefer, 2017).

There are six reasons for the importance of EM, improvement of productivity, performance and creativity, decreasing leave days, giving attention to details, providing safety at the workplace and developing quality of the work (Millett, 2010).

There are many reasons causing low morale for employees. Poor leadership contributes to the low EM (Fretwell, 2002). Also, stress and poor leadership are main causes (Schuler, 2004; Robbins (2003). Lack of cooperation with management and poor relationship with coworkers and inflexible working environment make employees disappointed and lowers EM (Stevens, 2009; Dye & Garman, 2006).

High EM leads to high productivity. There is not always a positive correlation between both of them. There are different combinations of EM and productivity. This means high EM and low productivity; high EM and high productivity; low EM and high productivity; and low EM and low productivity (Rao, 2007).

Therefore, the managers have to work for improving EM of their employees. The high EM makes for a better working environment, and it helps the organization attain its goals easily.

There are two other major areas which increase EM. They are personal motivation, and a conducive working environment (Chandrasekar, 2011).

Most managers ignore environmental conditions within their organizations, which results in an adverse effect on the performance of their employees (Spector, 1997).

There are key physical factors of the workplace environment to keep employees’ morale high. They are lighting, noise, color, air conditioning, office layout, office furniture, and equipment (Tjambolang (2013).

Manager should keep EM and maintain a productive workplace increasing the loyalty of employees and organizational productivity. Therefore, EM starts from the time of orientation after hiring (Lancaster, 2015).

Managers should treat their employees with respect, they are not only improving their morale, but also helping employees treat their customers and other employees with respect whilst maintaining their confidence at the workplace (McFarlin, 2016).

Not all business owners can afford to put their employees in a nice building and maintain good conditions in the working environment. Providing good equipment, an adequate supply of stationery, and keeping offices clean are simple things that are expected from every organization, yet ignored by many managers (Hibberd, 2014).

Leaders spend their time, resources, and energy seeking out the best and brightest employees who can bring their best to the organization though no care is provided, and the focus changes to organizational profitability instead of maintaining EM. Thus, the major challenges for managers is to provide job security, stable businesses, conducive workplace environments, unlimited mobility, and fair compensation to increase employees' morale and personal well-being (Blankenship, 2014; Ali, 2017).

Corona Virus Disease 2019 (COVID-19) appeared in Wuhan, China at the end of 2019, and then spread to most countries of the world at the beginning of 2020 (Chan et al, 2020).
COVID-19 has recorded 228,376 deaths, 322,966 infected, 1006,988 cures spread over 212 countries. The United States of America, Spain, Italy, Germany, the United Kingdom, France, Turkey, Iran and China are the countries most affected by the spread of COVID-19 (Elflein, 2020 A).

The number of COVID-19 cases in South Korea has escalated frighteningly after 31 cases were recorded, while the number of deaths from the first COVID-19 infection to April 20, 2020, has reached 247 deaths (Elflein, 2020 B).

The numbers recorded in South Korea are very good, as the deaths and injuries are among the least countries compared to other countries, and the United States of America recorded 228,376 deaths until April 2020 compared to South Korea, which recorded 247 deaths until April 2020 (Elflein, 2020 C).

COVID-19 has created a state of fear and anxiety among all peoples, and the patterns of life and social relations have changed, as stress, anxiety, and depression increased in Chinese society specifically in the initial period of its spread (Wang et al, 2020).

The pressures that an individual hears through the news every day about injuries and deaths in the media are among the most important reasons behind fear of COVID-19, which led to individuals feeling fear, terror and anxiety (Lin, 2020).

Fear of COVID-19 is one of the most important predictors of pressures exerting on it, and that is why it is called Corona Phobia or Corona Anxiety, all of which are emotional states that accompany the individual because there is a source of threat (Sun et al, 2020).

The spread of COVID-19 has led to the exposure of all categories of societies to unprecedented changes in a short period of time, such as changes in lifestyle, health care systems, prevention of movement, suspension of flights, and devastation of the economy in many countries (Viswanath & Monga, 2020).

The spread of COVID-19 has also led to home quarantine procedures, travel restrictions, constant examination and monitoring of all individuals in the community, and the spread of a large amount of misinformation through social media (Baberjee, 2020).

Community members live in a state of anxiety and tension on a large scale that humanity has not witnessed before due to the frightening figures that were reported by local and international media on the numbers of injuries and deaths due to COVID-19 (Velavan & Meyer, 2020).

Community members also feel alienated, and symptoms of depression, stress, and stress increased (Dong & Bouey, 2020).

COVID-19 has turned into a global pandemic, with very frightening numbers that surpassed the SARS epidemic. In general, there is a state of boredom and panic among all members of society (Zhai & Du, 2020).

COVID-19 has caused a psychological and social impact on the world level, as well as collective fear, economic burdens and financial losses, which led to the emergence of a large number of negative psychological manifestations such as tension, anxiety, depression, stress, boredom, and distress among all classes of society (Dubey et al, 2020).

COVID-19 has caused many more disturbances in Egyptian society than its counterpart in other cultures, and perhaps this is related to the fact that some studies have been conducted in other societies, especially in Chinese society, which made them deal with COVID-19 and work to limit its spread, unlike the Egyptian environment.

COVID-19 has left negative psychological effects in Egyptian society such as anxiety, distress, fear, and boredom. This is in addition to other social problems such as lack of communication with family and friends, as well as economic problems such as financial pressures, loss of work, and the many demands of life.

2. Literature Review

2.2. Employee Morale Concept

EM is determined by how employees view their work environment and their overall level of satisfaction in their workplace. Employee morale has a direct effect on employee retention. A disinterested or unhappy employee will not stay for long in an organization that he/she cannot rationalize their goals and progress with (Bhat, 2019).

EM refers to the total viewpoints, attitudes, fulfillment and self-assurance of employees that they feel at work (Heathfield, 2018).
EM is the most essential psychological state of mind of an individual which is conveyed in the form of self-confidence, zeal and devotion towards an organization. Thus, EM is viewed as a person's attitude towards being part of an organization and it reveals the satisfaction and the sense of accomplishment they obtain from being a part of the group (Kandhakumar & Balasingh, 2016).

EM is significant for improving productivity, performance and quality, greater consideration for details, a safer working environment and increased efficiency (Millett, 2010).

EM is more impacted from the top down (management) than from the bottom up (first line employees).

EM can be a driving force for organizational development (Ewton, 2007).

EM is the ability of employees to join hands, persistence, and perseverance to achieve a common goal (Weakliem & Frenkel, 2006).

EM is a psychological state of affairs for contentment, poise and resolution. In an organizational concept EM is an important factor which determines the performance of an organization. This means EM will create a positive attitude among employees and help attain organizational commitment and goals. Hence, EM determines the performance of an organization (Morgan, 2002).

EM is the degree to which an employee feels good about his/her work and work environment. It is also described as a total satisfaction of employee stemming from the job, the environment and the factors that make personal fulfillment (McKnight et al., 2001).

2.2. Employee Morale Dimensions

The dimensions of EM are varied, and many studies have dealt with how to measure EM. There is a study indicating that the dimensions of EM are represented in individuals’ feeling of pride towards work, individuals' sense of job connection, and individuals' sense of appreciation from leaders and colleagues, and moderating the mood of employees (Akintayo, 2012).

There is another study that indicated that the dimensions of EM are job satisfaction, organizational commitment, and the rate of work turnover in the organization (Tiwari, 2014).

Another study indicated that the dimensions of EM are organization pride, self-confidence, belonging to the organization, dedication to work, and elevated moods (Kanimozhi & Vinothkumar, 2018).

There is also another study that indicated that the dimensions of EM are psychological balance, ability to make decisions, ability to adapt, and a sense of belonging to the organization (Kumar & Velmurugan, 2020).

Another study indicated that the dimensions of EM are the employees’ feeling of connection to work, the employees’ sense of their dignity at work, and the employees' sense of justice at work (Malllik et al: 2020).

In the current study, the researcher will rely on measuring EM through the individual's sense of connection to work, the individual’s sense of dignity at work, optimism, and mood (Malllik et al; 2020; Kanimozhi & Vinothkumar, 2018).

2.2. COVID-19

2.2.1. COVID-19 Concept

COVID-19 is an animal-based virus that is transmitted to humans upon close contact with farm animals or wild animals infected with this virus, but despite this, this virus remains and needs more research to determine its exact source (Word Health Organization, 2020).

COVID-19 is a broad strain of viruses that may cause disease in animals and humans. It is known that a number of corona viruses cause respiratory diseases in humans, whose severity ranges from common colds to more severe diseases such as MERS and SARS (World Health Organization, 2020).

COVID-19 is an animal virus that developed and turned into a human virus that is transmitted from one person to another, that is, it is one of the diseases that affect the respiratory system. COVID-19 spreads through infection from an infected person and has symptoms of the disease such as heat, cough, difficulty breathing, through droplets resulting from coughing and sneezing, close personal contact with an infected person, touching an object or surface with the virus on it, and then touching the mouth, nose, or eyes without washing hands (US Public Health Administration).
Anxiety disorder refers to a group of mental disorders characterized by feelings of anxiety, dysphoria, and fear, including Generalized Anxiety Disorder (GAD), panic disorder, social anxiety disorder, Obsessive Compulsive Disorder (OCD), and Post Traumatic Stress Disorder (PTSD) (Wittchen, 2002).

2.2.2. Psychological Effects of COVID-19

The psychological effects of COVID-19 on all individuals in society varied. Many studies have been carried out in all countries of the world, such as the United States of America, China, and the United Kingdom, in order to identify the psychological effects resulting from the spread of COVID-19 and its reflection on the behavior of individuals within society, and some of these effects are as follows:

1. COVID-19 does not affect the physical health of the individual, but rather negatively affects the mental health of the patient and non-patient, and these effects appear in the form of fear, anxiety, tension, and instability in general (Lima et al, 2020).

2. The psychological effects resulting from COVID-19 are fear, depression, OCD, panic, anxiety, tension and others, and all of these factors are negatively reflected on workers in all organizations of all types and sizes in a way that leads to a decrease in the degree of employee engagement and low performance (Dubey et al, 2020).

3. Anxiety and fear are among the most important psychological effects resulting from COVID-19, and this reflects negatively on students in different educational stages. Therefore, family stability and support are among the most important factors that contribute to reducing anxiety and fear among their members (Cao et al, 2020).

4. Anxiety, depression, stress, and OCD are among the most important negative effects resulting from COVID-19, which negatively affects the morale of workers, which leads to difficulty in carrying out the tasks assigned to them (Rajkumar, 2020).

5. Anxiety, depression, and stress are among the most important negative psychological effects on workers, which is reflected in the level of their general performance within the organization. Therefore, psychological support plays an important role in reducing the psychological effects resulting from COVID-19 and thus improving the level of performance of staff (Wang et al, 2020).

6. The psychological effects affecting employees as a result of COVID-19 are fear for their families, fear of infecting colleagues, fear of infection risks, and depression. Psychological support plays an important role in reducing the negative psychological effects of COVID-19 (Dai et al, 2020).

7. The bad psychological effects of COVID-19 are anxiety, stress, depression, fear, insomnia, and others. Therefore, safety measures that must be followed such as rest periods, psychological support, and the provision of a healthy lifestyle contribute to reducing the negative psychological effects of on COVID-19 (Blake et al, 2020).

8. Women are more likely than men in terms of psychological effects from the spread of COVID-19, and the most important of these effects are anxiety, mental stress, depression, stress, and fear (Badahdah et al, 2020).

9. Anxiety and depression are among the most important negative psychological effects resulting from COVID-19, which leads to social problems among community members (Bhat et al, 2020).

10. Anxiety and depression are among the most important negative psychological effects of COVID-19, which leads to an increase in psychological and mental symptoms among community members (Cullen et al, 2020).

11. Anxiety, stress, and depression are among the most important negative effects resulting from COVID-19, which greatly affect young people with chronic diseases compared to others (Ozamiz et al, 2020).

12. High anxiety and disease delusions are among the most important negative effects of COVID-19, and there is also an inverse relationship between knowledge of COVID-19 and anxiety about infection (Jungmann & Witthoft, 2020).

13. OCD, personal sensitivity, phobia, and anxiety are among the most important psychological symptoms resulting from COVID-19, and there are no differences between males and females in terms of psychological symptoms resulting from COVID-19 (Wang et al, 2020).

14. Students in rural areas are less likely than students in big cities in terms of the psychological effects of COVID-19 (Cao et al, 2020).
15. Teachers in various destinations have turned to virtual education, and adherence to quarantine procedures, in order to reduce the negative effects of COVID-19 (Joy & Toquero, 2020).

16. The level of anxiety increases when infected with COVID-19, which results in an increase in the manifestations of disorder, drug abuse, and the spread of suicidal thoughts among community members (Lee, 2020).

17. The level of anxiety increases, and symptoms of depression increase in young people compared to the elderly, in addition to sleep disturbances and other negative effects resulting from COVID-19 (Huang & Zhao, 2020).

18. Females are the most vulnerable groups to anxiety and depression. In addition to that, urban residents are the most common groups that have mental disorders resulting from COVID-19 (Ozdin & Ozdin, 2020).

After examining the previous psychological effects of COVID-19, the researcher can limit these effects to the following (Rajkumar, 2020, Wang et al, 2020):

2.1.2.1. Obsessive Compulsive Disorders

The spread of COVID-19 has led to the infection of many community members with OCD such as fears of contracting the virus, and exaggerated application in terms of hand washing, sterilization, and others (Liu et al., 2020).

The spread of COVID-19 has also led to social distancing, quarantine, increased feelings of detachment and isolation, depression, and a general sense of instability (Fineberg, 2020).

2.1.2.2. Post-traumatic Stress Disorder

There are many and varied disorders that may affect an individual after psychological trauma, and these symptoms are depression, headache, difficulty concentrating, anger attacks, inability to express, and difficulty solving problems, which is reflected in the individual's personal life path (Lee, 2020).

Anxiety plays an important role in affecting individuals suffering from OCD, which leads to the emergence of new symptoms that have implications for the psychological state of the individual (Liu, 2020).

2.1.2.3. Generalized Anxiety Disorder

Anxiety is a disorder, and it has multiple effects such as mental illnesses for community members (Cao et al, 2020).

Anxiety disorder refers to a group of mental disorders characterized by feelings of anxiety, dysphoria, and fear, including Generalized Anxiety Disorder (GAD), Obsessive Compulsive Disorder (OCD), and Posttraumatic Stress Disorder (PTSD) (Wittchen, 2002).

Anxiety is considered a normal response to a state of stress that the individual feels, and when anxiety increases, it falls under the classification of anxiety disorders (Sylvers, et al, 2011).

Anxiety is an unpleasant feeling that is accompanied by fear of anticipated events such as fear of death or the occurrence of a certain accident (Davison, 2008).

Anxiety is a general mood that occurs in the individual without knowing the motives behind it. Anxiety is different from fear, in that fear occurs in the presence of a perceived threat while anxiety is the result of threats that cannot be controlled or avoided. Fear is associated with specific behaviors such as fleeing and avoiding, while anxiety is associated with fatigue, muscle spasms, and problems with concentration. In general, the feeling of anxiety and fear appears in the form of an exaggerated reaction to a particular situation (Barker, 2017).

Anxiety is a future-oriented mood in which the individual is prepared to try to deal with upcoming negative events (Stolker et al, 2001).

Anxiety is a physiological condition that occurs in an individual as a result of an unpleasant feeling associated with discomfort and fear. Anxiety is often accompanied by behaviors that reflect a state of tension and discomfort, and the individual also shows physical symptoms that reflect the state of anxiety he feels (Barlow, 2000).

3. Research Model
The diagram shows that there is one independent variable of EM. There is one dependent variable of psychological effects of COVID-19.

EM is measured in terms of individual’s sense of related to work, the individual’s sense of dignity at work, optimism, and mood (Mallik et al; 2020; Kanimozhi & Vinothkumar, 2018).

Psychological effects of COVID-19 is measured in terms of OCD, PTSD and GAD (Rajkumar, 2020; Wang et al., 2020).

4. Research Questions

EM is not just the employee’s responsibility or attitude. It is a collective responsibility of the employees and the organization to provide a conducive working environment and a workplace culture that exudes positivity and goodwill. Work culture is because of the employees and they should know the importance of values and morale. To achieve the best, it is important to first be the best (Bhat, 2019).

There is a study interested in identifying the effect of job satisfaction, the general situation in the organization, the compatibility between individuals within the organization, the time of work, and the nature of work on EM. The study found a significant relationship between the previous factors and EM. Job satisfaction is the most important factor affecting the EM, and there is also a relationship between EM and organizational success, that is, the higher EM, the more it leads to achieving organizational success (Mallik et al; 2020).

There is a study that focused on investigating the effect of high EM on organizational effectiveness. EM was measured through organization pride, self-confidence, belonging to the organization, dedication to work, optimism, and mood. The study found that there is a significant correlation between high EM and organizational effectiveness, meaning that high EM contributes positively to achieving organizational effectiveness (Kanimozhi & Vinothkumar, 2018).

There is another study aimed at identifying the effect of reducing the size of employment on EM. The study found that there is a negative relationship between reducing the size of employment and EM, as reducing the size of employment leads to a lack of sense of belonging to the organization, unwillingness to exert effort in order to achieve its goals, and a lack of cooperation between them in a way that achieves the vision and mission of the organization. This leads to a decrease in the EM (Eruemegbe, 2016).

There is a study interested in learning about the nature of the relationship between a healthy work environment and EM. The healthy work environment was measured through the organizational support programs, development and training programs, and the conditions of the organization’s employees. EM was measured through employees’ sense of pride towards work, employees’ sense of job connection, employees’
sense of appreciation from leaders and colleagues, and employees’ mood. The study found a statistically significant relationship between the healthy work environment and the morale of the employees (Akintayo, 2012).

The topic of COVID-19 is one of the modern topics of the day, as time has become available for conducting academic and scientific research and studies in this field. Therefore, this study is of great importance in providing an academic reference on which researchers rely in studying such topics in the future.

There is a group of viruses known to cause diseases ranging from colds to more serious diseases, as happened with MERS and SARS (World Health Organization, 2020).

The world is currently witnessing a new health pandemic, which specialists initially called COVID-19. After that, it was agreed on the scientific name for it COVID-19. It is a respiratory disease that causes SARS to attack the respiratory system and lead to many diseases such as fever, cough, and difficulty breathing. It may also lead to death by 3.4% of the number of infected people (World Health Organization, 2020).

COVID-19 appeared in mid-December 2019, and spread to China and then to the rest of the world. This virus has caused several negative effects on various social, economic, political, cultural and other fields, which prompted countries of the world to adopt different methods to confront this virus, which was classified as a pandemic in March 2020 (World Health Organization, 2020).

The spread of COVID-19 has affected global mental health, as it has led to a high rate of psychological stress, anxiety, symptoms of depression, anger, and pathological violations among all members of society (Torales et al., 2020).

COVID-19 has become the main source of fear, tension, and anxiety around the world (Kim & Su, 2020, Reznik, 2020).

The spread of COVID-19 has changed human life in various countries of the world, whether developed or developing, and problems of fear, trauma, depression, and anxiety have spread (Joy & Toquero, 2020).

COVID-19 has led to the spread of anxiety among all members of society, as rates of anxiety and depression ranged between 16-28% during COVID-19. Also, psychological stress reached 8%, in addition to other psychological disorders such as hypochondria and sleep disorders (Rajkumar, 2020).

Mental immunity plays an important role in mitigating the negative effects of COVID-19, and these variables are resilience, recovery, coping strategies, mindfulness, social support, and orientation towards long-term goals (Polizzi, et al., 2020).

The research problem has two sources. The first source is to be found in previous studies. There is a lack in the number of literature review that dealt with the analysis of the relationship between psychological effects of COVID-19 and JE. This called for the researcher to test this relationship in the Egyptian environment.

According to psychological effects of COVID-19, there is a study aimed at exploring the effects of COVID-19 on mental health, economics, and social life. The study found that 67.5% of the sample individuals had increased psychological problems such as anxiety and depression, and that 53.5% had social problems (Bhat et al., 2020).

There is another study that aimed at identifying mental health in the period of COVID-19 in a Chinese city. The study found an increase in anxiety symptoms in 29% of the sample, and an increase in depression symptoms in 17% of the sample, which led to an increase in psychological and mental symptoms (Cullen, et al., 2020).

There is another study interested in identifying levels of stress, anxiety, and depression in the first period of COVID-19 in a Spanish. The study found high rates of stress, anxiety, and depression among the sample members, and it increased significantly among young people with chronic diseases compared to others (Ozamiz et al, 2020).

There is a study that aimed at identifying health anxiety and delusions during the COVID-19 period in a German. The study found a rise in anxiety associated with COVID-19 and hypochondria. The study indicated that there is an inverse relationship between knowledge of COVID-19 and anxiety about infection (Jungmann & Witthoft, 2020).
There is another study concerned with learning about psychological diseases of Chinese citizens during the first period of COVID-19. The study found an increase in the psychological symptoms of OCD, personal sensitivity, phobia, and anxiety. The study indicated that there are no differences between males and females in terms of psychological symptoms of COVID-19 (Wang et al, 2020).

The second source is the pilot study, which was conducted an interview with (30) employees at Menoufia University hospitals in Egypt. The researcher found several indicators notably the important role that could be played by EM in affecting COVID-19. The research questions of this study are as follows:

Q1: What is the relationship between EM (Relate to Work) and psychological effects of COVID-19 at Menoufia University hospitals in Egypt?
Q2: What is the nature of the relationship between EM (Dignity at Work) and psychological effects of COVID-19 at Menoufia University hospitals in Egypt?
Q3: What is the extent of the relationship between EM (Optimism) and psychological effects of COVID-19 at Menoufia University hospitals in Egypt?
Q4: What is the relationship between EM (Mood) and psychological effects of COVID-19 (OCD) and JE at Menoufia University hospitals in Egypt?

5. Research Hypotheses

In the light of a review of previous studies towards EM, there is a study that focused on investigating the effect of workload on EM. EM was measured through psychological balance, the ability to make decisions, the ability to adapt, the sense of belonging to the organization. The study found a negative impact of workloads on EM, that is, increasing the big work assigned to employees in the organization contributes to decrease in their morale (Kumar & Velmurugan, 2020).

There is a study focused on investigating the effect of low EM on achieving the productivity of the organization. EM was measured by the turnover rate, the absence rate, and the amount of loss. The study found that there is a negative relationship between low morale of the employees and organizational productivity. Therefore, officials must work to raise EM in ways that contribute to increasing the productivity of the organization and improving its competitive position (Shapan et al, 2017).

There is a study that focused on identifying the effect of high EM on achieving the organization's goals. EM was measured through job satisfaction, organizational commitment, and work turnover. The study found that a high level of job satisfaction and organizational commitment positively affects the achievement of the organization’s goals, and that the low turnover rate also contributes positively to achieving the organization’s goals (Tiwari, 2014).

According to the previous studies towards psychological effects of COVID-19, there is a study that aimed at identifying the psychological impact of COVID-19 on university students in Chinese city. The study found 90% of sample have severe anxiety, 2.7% have moderate anxiety, and 21.3% have low anxiety. The study also indicated that students in rural areas are less anxious than students in large cities (Cao et al, 2020).

Another study aimed at learning how teachers in a Philippine city deal with the anxiety associated with COVID-19. The study found that teachers turned to virtual learning, and adhering to quarantine measures, in order to reduce anxiety associated with COVID-19 (Joy & Toquero, 2020).

Another study aiming to identify the anxiety associated with COVID-19 found a high level of anxiety during COVID-19 infection, higher manifestations of disorder, drug abuse, and the spread of suicidal thoughts during COVID-19 (Lee, 2020).

Another study aimed at identifying anxiety, depression, and sleep quality during the period of COVID-19 in a Chinese city. The study found a higher level of anxiety and more depressive symptoms among young people compared to the elderly, in addition to multiple disturbances during sleep (Hung & Zhao, 2020).

There is also another study aiming at identifying levels of anxiety, depression, and health anxiety during COVID-19 in a Turkish city. The study found that females are the most vulnerable groups to health anxiety and depression. In addition, individuals who inhabit geographical regions are more groups with mental disorders compared to others (Ozdin & Ozdin, 2020). The following hypotheses were developed to decide if there is a significant correlation between EM and psychological effects of COVID-19.
H1: There is no statistically significant relationship between EM (Relate to Work) and psychological effects of COVID-19 at Menoufia University hospitals in Egypt.

H2: EM (Dignity at Work) have no statistically significant effect on Psychological effects of COVID-19 at Menoufia University hospitals in Egypt.

H3: There is no relationship between EM (Optimism) and psychological effects of COVID-19 at Menoufia University hospitals in Egypt.

H4: There is no statistically significant relationship between EM (Mood) and psychological effects of COVID-19 and JE at Menoufia University hospitals in Egypt.

6. Research Population and Sample

The population of the study included all employees at Menoufia University Hospitals in Egypt. The total population is 3307 employees. The following equation determines the sampling size (Daniel, 1999):

\[ n = \frac{N \times (Z)^2 \times P \times (1-P)}{d^2 \times (N \times P) + (Z)^2 \times P \times (1-P)} \]

The number of samples obtained by 344 employees at Menoufia University Hospitals in Egypt is presented in Table (1).

<table>
<thead>
<tr>
<th>Job Category</th>
<th>Number</th>
<th>Percentage</th>
<th>Size of Sample</th>
</tr>
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<tbody>
<tr>
<td>Physicians</td>
<td>488</td>
<td>15%</td>
<td>344X 15% = 52</td>
</tr>
<tr>
<td>Nurses</td>
<td>2141</td>
<td>65%</td>
<td>344 X 65% = 224</td>
</tr>
<tr>
<td>Administrative Staff</td>
<td>678</td>
<td>20%</td>
<td>344 X 20% = 68</td>
</tr>
<tr>
<td>Total</td>
<td>3307</td>
<td>100%</td>
<td>344 X 100% = 344</td>
</tr>
</tbody>
</table>

Table (1) Distribution of the Sample Size on the Population

Source: Personnel Department at Menoufia University, 2020

<table>
<thead>
<tr>
<th>Demographic Variables</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Job Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians</td>
<td>130</td>
<td>43%</td>
</tr>
<tr>
<td>Nurses</td>
<td>110</td>
<td>37%</td>
</tr>
<tr>
<td>Administrative</td>
<td>60</td>
<td>20%</td>
</tr>
<tr>
<td>Total</td>
<td>300</td>
<td>100%</td>
</tr>
<tr>
<td>2- Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>210</td>
<td>70%</td>
</tr>
<tr>
<td>Female</td>
<td>90</td>
<td>30%</td>
</tr>
<tr>
<td>Total</td>
<td>300</td>
<td>100%</td>
</tr>
<tr>
<td>3- Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>110</td>
<td>37%</td>
</tr>
<tr>
<td>Married</td>
<td>190</td>
<td>63%</td>
</tr>
<tr>
<td>Total</td>
<td>300</td>
<td>100%</td>
</tr>
<tr>
<td>4- Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From 30 to 45</td>
<td>100</td>
<td>33%</td>
</tr>
<tr>
<td>Above 45</td>
<td>200</td>
<td>67%</td>
</tr>
<tr>
<td>Total</td>
<td>300</td>
<td>100%</td>
</tr>
<tr>
<td>5- Educational Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University</td>
<td>180</td>
<td>60%</td>
</tr>
<tr>
<td>Post Graduate</td>
<td>120</td>
<td>40%</td>
</tr>
<tr>
<td>Total</td>
<td>300</td>
<td>100%</td>
</tr>
<tr>
<td>6- Period of Experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From 5 to 10</td>
<td>170</td>
<td>57%</td>
</tr>
<tr>
<td>More than 10</td>
<td>130</td>
<td>43%</td>
</tr>
<tr>
<td>Total</td>
<td>300</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table (2) Characteristics of Items of the Sample

7. Procedure

The goal of this study was to identify the impact of EM on psychological effects of COVID-19. A survey research method was used to collect data. The questionnaire included three questions, relating to EM, psychological effects of COVID-19, and biographical information of employees at Menoufia University hospitals in Egypt. About 344 survey questionnaires were distributed. Multiple follow-ups yielded 300 statistically usable questionnaires. Survey responses were 87%.

8. Research Variables and Methods of Measuring
The 13-item scale EM section is based on Mallik et al; 2020; Kanimozhi & Vinothkumar, 2018. There were three items measuring individual’s sense of related to work, there were three items measuring the individual’s sense of dignity at work, there were four items measuring optimism, and there were three items measuring mood.

The 13-item scale psychological effects of COVID-19 section is based on Rajkumar, 2020; Wang et al., 2020. There were five items measuring OCD, five items measuring PTSD, and five items measuring GAD.

Responses to all items scales were anchored on a five (5) point Likert scale for each statement which ranges from (5) “full agreement,” to (1) for “full disagreement”.

9. Data Analysis and Hypotheses Testing

9.1. Coding of Variables

<table>
<thead>
<tr>
<th>Main Variables</th>
<th>Sub-Variables</th>
<th>Number of Statement</th>
<th>Methods of Measuring Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Variable</td>
<td>Employee Moral</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Relate to Work</td>
<td>3</td>
<td>Mallik et al; 2020;</td>
</tr>
<tr>
<td></td>
<td>Dignity at Work</td>
<td>3</td>
<td>Kanimozhi &amp; Vinothkumar, 2018</td>
</tr>
<tr>
<td></td>
<td>Optimism</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mood</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Total Psychological Effects of COVID-19</td>
<td></td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Dependent Variable</td>
<td>Psychological Effects of COVID-19</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Obsessive Compulsive Disorder</td>
<td>5</td>
<td>Rajkumar, 2020</td>
</tr>
<tr>
<td></td>
<td>Posttraumatic Stress Disorder</td>
<td>4</td>
<td>Wang et al., 2020</td>
</tr>
<tr>
<td></td>
<td>General Anxiety Disorder</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Total JE</td>
<td></td>
<td>18</td>
<td></td>
</tr>
</tbody>
</table>

9.2. Construct Validity

9.2.1. Employee Moral

Figure (2) CFA for Psychological Effects of Employee Moral

From the previous figure, it is clear that all the statement of psychological effects of COVID-19 are greater than 0.50, which corresponds to GFI. This is a good indicator of all other statistical analysis. The quality indicators for psychological effects of COVID-19 can be illustrated in the following table:

<table>
<thead>
<tr>
<th>Quality Indicators for Employee Moral Using AMOS Analysis</th>
<th>Test Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test the Quality of the Model</td>
<td></td>
</tr>
<tr>
<td>Acceptance Condition (Daire et al., 2008)</td>
<td></td>
</tr>
<tr>
<td>X² / Degree of freedom &gt;5</td>
<td>293.508</td>
</tr>
<tr>
<td>P. value &gt; 0.5</td>
<td>0.000</td>
</tr>
<tr>
<td>Goodness of fit Index (GFI) &gt; 0.90</td>
<td>0.877</td>
</tr>
</tbody>
</table>
In light of the above-mentioned indicators, it is clear that the previous indicators are good for making all other statistical analysis.

9.2.2. Psychological Effects of COVID-19

The researcher used CFA for JE which consists of three dimensions. This can be illustrated by the following figure:

![Figure (3) CFA For Psychological Effects of COVID-19](image)

According to Figure (2), it is clear that all the statement of JE are greater than 0.50. This is a good indicator of all other statistical analysis. The quality indicators for JE can be illustrated in the following table:

<table>
<thead>
<tr>
<th>Test Value</th>
<th>Test the Quality of the Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.812</td>
<td>Tuker-Lewis Index (TLI) &gt; 0.95</td>
</tr>
<tr>
<td>0.858</td>
<td>Comparative Fit Index (CFI) &gt; 0.90</td>
</tr>
<tr>
<td>0.830</td>
<td>Normed Fit Index (NFI) &gt; 0.90</td>
</tr>
<tr>
<td>0.860</td>
<td>Incremental Fit Index (IFI) &gt; 0.95</td>
</tr>
<tr>
<td>0.776</td>
<td>Relative Fit Index (RFI) &gt; 0.90</td>
</tr>
<tr>
<td>0.043</td>
<td>Root Mean Square Residual (RMR) &lt; 0.5</td>
</tr>
<tr>
<td>0.115</td>
<td>Root Mean Square Error of Approximation (RMSEA) &lt; 0.5</td>
</tr>
</tbody>
</table>

In light of the above-mentioned indicators, it is clear that the previous indicators are good for making all other statistical analysis.
9.3. Descriptive Analysis

Table (6) Mean and Standard Deviations of EM and Psychological Effects of COVID-19

<table>
<thead>
<tr>
<th>Variables</th>
<th>The Dimension</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Moral</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relate to Work</td>
<td>3.54</td>
<td>0.610</td>
<td></td>
</tr>
<tr>
<td>Dignity at Work</td>
<td>3.50</td>
<td>0.699</td>
<td></td>
</tr>
<tr>
<td>Optimism</td>
<td>3.44</td>
<td>0.608</td>
<td></td>
</tr>
<tr>
<td>Mood</td>
<td>3.85</td>
<td>0.548</td>
<td></td>
</tr>
<tr>
<td><strong>Total Measurement</strong></td>
<td><strong>3.57</strong></td>
<td><strong>0.544</strong></td>
<td></td>
</tr>
<tr>
<td>Psychological Effects of COVID-19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obsessive Compulsive Disorder</td>
<td>2.25</td>
<td>0.493</td>
<td></td>
</tr>
<tr>
<td>Posttraumatic Stress Disorder</td>
<td>2.07</td>
<td>0.454</td>
<td></td>
</tr>
<tr>
<td>General Anxiety Disorder</td>
<td>2.05</td>
<td>0.462</td>
<td></td>
</tr>
<tr>
<td><strong>Total Measurement</strong></td>
<td><strong>2.13</strong></td>
<td><strong>0.410</strong></td>
<td></td>
</tr>
</tbody>
</table>

Regarding to EM, most of the respondents identified the presence of related to work (M=3.54, SD=0.610). This was followed by dignity at work (M=3.50, SD=0.699), optimism (M=3.44, SD=0.608), and mood (M=3.85, SD=0.548).

According to Table (6), most of the respondents identified the presence of OCD (M=2.25, SD=0.493), PTSD (M=2.07, SD=0.454), GAD (M=2.05, SD=0.462), and total psychological effects of COVID-19 (M=2.13, SD=0.410).

9.4. Evaluating Reliability

Table (7) presents the reliability of EM. The 13 items of psychological effects of EM are reliable because the ACC is 0.890. Related to work, which consists of 3 items, is reliable because the ACC is 0.565. The 3 items related to dignity at work are reliable because the ACC is 0.751 while the 4 items of optimism are reliable because ACC is 0.773. The 3 items related to mood are reliable because the ACC is 0.603. Thus, the internal consistency of EM can be acceptable.

Table (7) Reliability of EM and Psychological Effects of COVID-19

<table>
<thead>
<tr>
<th>Variables</th>
<th>Dimension</th>
<th>Number of Statement</th>
<th>ACC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Moral</td>
<td>Relate to Work</td>
<td>3</td>
<td>0.565</td>
</tr>
<tr>
<td></td>
<td>Dignity at Work</td>
<td>3</td>
<td>0.751</td>
</tr>
<tr>
<td></td>
<td>Optimism</td>
<td>4</td>
<td>0.773</td>
</tr>
<tr>
<td></td>
<td>Mood</td>
<td>3</td>
<td>0.603</td>
</tr>
<tr>
<td></td>
<td><strong>Total Measurement</strong></td>
<td><strong>13</strong></td>
<td><strong>0.890</strong></td>
</tr>
<tr>
<td>Psychological Effects of COVID-19</td>
<td>Obsessive Compulsive Disorder</td>
<td>5</td>
<td>0.743</td>
</tr>
<tr>
<td></td>
<td>Post Traumatic Stress Disorder</td>
<td>4</td>
<td>0.632</td>
</tr>
<tr>
<td></td>
<td>General Anxiety Disorder</td>
<td>4</td>
<td>0.629</td>
</tr>
<tr>
<td></td>
<td><strong>Total Measurement</strong></td>
<td><strong>13</strong></td>
<td><strong>0.746</strong></td>
</tr>
</tbody>
</table>

The 13 items of psychological effects of COVID-19 are reliable because ACC is 0.746. The obsessive compulsive disorder, which consists of 5 items, is reliable because ACC is 0.743. The 4 items related to post traumatic stress disorder are reliable because ACC is 0.632 while the four item variable related to general anxiety disorder is reliable because the ACC is 0.629. Thus, the reliability of psychological effects of COVID-19 can be acceptable.

9.5. The Means, St. Deviations and Correlation among Variables

Table (8) Means, Standard Deviations and Intercorrelations among Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Employee Moral</th>
<th>Psychological Effects of COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Moral</td>
<td>3.57</td>
<td>0.544</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Psychological Effects of COVID-19</td>
<td>2.13</td>
<td>0.410</td>
<td>0.649**</td>
<td>1</td>
</tr>
</tbody>
</table>

Table (8) shows correlation coefficients between EM and psychological effects of COVID-19. EM is (Mean=3.57; SD=0.544), while psychological effects of COVID-19 is (Mean=2.13; SD= 0.410). Also, the correlation between EM and psychological effects of COVID-19 is (R=0.649; P <0.01).
9.6. The Correlation between EM and Psychological Effects of COVID-19

Table (9) Correlation Matrix between EM and Psychological Effects of COVID-19

<table>
<thead>
<tr>
<th>Research Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relate to Work</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dignity at Work</td>
<td>0.762**</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optimism</td>
<td>0.656**</td>
<td>0.767**</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mood</td>
<td>0.588**</td>
<td>0.608**</td>
<td>0.668**</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Psychological Effects of COVID-19</td>
<td>0.568**</td>
<td>0.558**</td>
<td>0.630**</td>
<td>0.481**</td>
<td>1</td>
</tr>
</tbody>
</table>

Based on Table (9), correlation between EM (Related to Work) and psychological effects of COVID-19 is 0.569 whereas EM (Dignity at Work) and psychological effects of COVID-19 shows correlation value of 0.558. Also, EM (Optimism) and psychological effects of COVID-19 is 0.630 whereas EM (Mood) and psychological effects of COVID-19 shows correlation value of 0.481. The overall correlation between EM and psychological effects of COVID-19 is 0.649.

9.6.1. EM (Related to Work) and Psychological Effects of COVID-19

Table (10) MRA Results for EM (Related to Work) and Psychological Effects of COVID-19

<table>
<thead>
<tr>
<th>EM (Related to Work)</th>
<th>Beta</th>
<th>R</th>
<th>R^2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel part of my workplace.</td>
<td>0.321**</td>
<td>0.474</td>
<td>0.224</td>
</tr>
<tr>
<td>2. I feel that what I do is a patriotic duty that deserves to be appreciated.</td>
<td>0.324**</td>
<td>0.478</td>
<td>0.228</td>
</tr>
<tr>
<td>3. I try hard to provide the best methods of healthcare.</td>
<td>0.135**</td>
<td>0.323</td>
<td>0.104</td>
</tr>
<tr>
<td>MCC</td>
<td>0.592</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DC</td>
<td>0.351</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calculated F</td>
<td>53.283</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree of Freedom</td>
<td>3.296</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indexed F</td>
<td>3.78</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level of Significance</td>
<td>0.000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As Table (10) proves, the MRA resulted in the R of 0.592 demonstrating that the 3 independent variables of EM (Related to Work) construe psychological effects of COVID-19 significantly. Furthermore, the value of R^2, 3 independent variables of EM can explain 0.35% of the total factors in psychological effects of COVID-19 level. Hence, 65% are explained by the other factors. Therefore, there is enough empirical evidence to reject the null hypothesis that said there is no relationship between EM (Related to Work) and psychological effects of COVID-19.

9.6.2. EM (Dignity at Work) and Psychological Effects of COVID-19

Table (11) MRA Results for EM (Dignity at Work) and Psychological Effects of COVID-19

<table>
<thead>
<tr>
<th>EM (Dignity at Work)</th>
<th>Beta</th>
<th>R</th>
<th>R^2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I can take a break from work exhausted.</td>
<td>0.112</td>
<td>0.401</td>
<td>0.160</td>
</tr>
<tr>
<td>2. The management of the organization listens to the complaints submitted and decides on them.</td>
<td>0.297**</td>
<td>0.491</td>
<td>0.241</td>
</tr>
<tr>
<td>3. There is no differentiation in treatment between junior, senior doctors and nurses.</td>
<td>0.266**</td>
<td>0.472</td>
<td>0.222</td>
</tr>
<tr>
<td>MCC</td>
<td>0.562</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DC</td>
<td>0.316</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calculated F</td>
<td>45.60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree of Freedom</td>
<td>3.296</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indexed F</td>
<td>3.78</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level of Significance</td>
<td>0.000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As Table (11) proves, the MRA resulted in the R of 0. 0.562. This means that psychological effects of COVID-19 has been significantly explained by 3 variables of EM (Dignity at Work). As a result of the value of R^2, the three independent variables of EM (Dignity at Work) justified 31% of the total factors in psychological effects of COVID-19. Hence, 69% are explained by the other factors. So, there is enough
empirical evidence to reject the null hypothesis that it said there is no relationship between EM (Dignity at Work) and psychological effects of COVID-19.

9.6.3. EM (Optimism) and Psychological Effects of COVID-19

Table (12) MRA Results for EM (Optimism) and Psychological Effects of COVID-19

<table>
<thead>
<tr>
<th>EM (Optimism)</th>
<th>Beta</th>
<th>R</th>
<th>R²</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel that we can overcome the crisis.</td>
<td>0.214*</td>
<td>0.513</td>
<td>0.263</td>
</tr>
<tr>
<td>2. I always assume higher incidences of healing.</td>
<td>0.290†</td>
<td>0.540</td>
<td>0.291</td>
</tr>
<tr>
<td>3. I resist the moments of despair and frustration that sometimes plague me.</td>
<td>0.135†</td>
<td>0.463</td>
<td>0.214</td>
</tr>
<tr>
<td>4. I help patients overcome their bad psychological state.</td>
<td>0.204*</td>
<td>0.497</td>
<td>0.247</td>
</tr>
</tbody>
</table>

As Table (12) proves, the MRA resulted in the R of 0.656 demonstrating that the 4 independent variables of EM construe psychological effects of COVID-19 significantly. Furthermore, the value of R², 4 independent variables of EM (Optimism) can explain 0.43% of the total factors in psychological effects of COVID-19 level. Hence, 57% are explained by the other factors. Therefore, there is enough empirical evidence to reject the null hypothesis that it said there is no relationship between EM (Optimism) and psychological effects of COVID-19.

9.6.4. EM (Mood) and Psychological Effects of COVID-19

Table (13) MRA Results for EM (Mood) and Psychological Effects of COVID-19

<table>
<thead>
<tr>
<th>EM (Mood)</th>
<th>Beta</th>
<th>R</th>
<th>R²</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel happy in most cases recovering.</td>
<td>0.280*</td>
<td>0.359</td>
<td>0.128</td>
</tr>
<tr>
<td>2. My sense of happiness from the recovery of some cases, the feeling of sadness prevails when some people die.</td>
<td>0.195**</td>
<td>0.229</td>
<td>0.052</td>
</tr>
<tr>
<td>3. The mood of the recovered is sure to improve my mood</td>
<td>0.262*</td>
<td>0.341</td>
<td>0.116</td>
</tr>
</tbody>
</table>

As Table (13) proves, the MRA resulted in the R of 0.484 demonstrating that the 3 independent variables of EM (Mood) construe psychological effects of COVID-19 significantly. Furthermore, the value of R², 3 independent variables of EM (Mood) can explain 0.23% of the total factors in psychological effects of COVID-19 level. Hence, 77% are explained by the other factors. Therefore, there is enough empirical evidence to reject the null hypothesis that it said there is no relationship between EM (Mood) and psychological effects of COVID-19.

10. Research Results

1. The negative psychological effects of COVID-19 have increased in Egyptian society, such as obsessive compulsive disorder (OCD), posttraumatic stress disorder (PTSD), and general anxiety disorder (GAD) among individuals in Egyptian society in terms of:

- Changing lifestyles and social relationships, increasing stress, anxiety, depression, changing health care systems, preventing movement, stopping flights, and spreading a large amount of misinformation through social media.
- Individuals are living in a state of anxiety and tension on a large scale that humanity has not witnessed before, due to the frightening numbers that were reported through local and international media about the numbers of injuries and deaths due to COVID-19.
Feelings of fear, economic burdens and financial losses led to the emergence of a large number of negative psychological manifestations such as tension, anxiety, depression, stress, boredom, and distress among all classes of society.

General disorder and negative psychological effects such as anxiety, distress, fear, and boredom, in addition to social and economic problems were found among the Egyptian community.

2. There is a statistically significant relationship between the psychological effects of COVID-19 (OCD) and the JE among employees in the organization. In other words, there is a negative relationship between the study variables, so the more negative psychological effects COVID-19 have, the lower the degree of JE.

3. The spread of COVID-19 has led to the infection of many members of the Egyptian community with OCD such as fears of contracting the virus, and the exaggerated application in terms of hand washing, sterilization, and others. Also, the spread of COVID-19 has also led to social distancing, quarantine, and isolation, depression, and a general sense of instability for individuals in Egyptian society.

4. There is a statistically significant relationship between the psychological effects of COVID-19 (PTSD) and the job link among the organization's workers. In other words, there is a negative relationship between the study variables, so the more negative psychological effects COVID-19 have, the lower the degree of JE.

5. The spread of COVID-19 has led to the multiplicity and diversity of disorders that may affect an individual after psychological trauma, and these symptoms are depression, headache, difficulty concentrating, outbursts of anger, inability to express, and difficulty solving problems, which has an impact on the individual's personal life path. Anxiety also plays an important role in affecting individuals suffering from PTSD, which leads to the emergence of new symptoms that have implications for the psychological state of individuals in Egyptian society.

6. There is a statistically significant relationship between the psychological effects of COVID-19 (GAD) and JE among the organization's workers. In other words, there is a negative relationship between the study variables, so the more negative psychological effects COVID-19 have, the lower the degree of work association.

7. The spread of COVID-19 has led to a psychological state that forms in the individual as a result of an unpleasant feeling associated with uneasiness and fear, and anxiety is often accompanied by behaviors that reflect a state of tension and unease. Also, the individual shows physical symptoms that reflect the state of anxiety he feels. This is considered a natural reaction to the state of stress felt by the individual, and the state of GAD increases for individuals in the Egyptian society.

11. Recommendations

11.1. Recommendations Related to EM

1. Managers must give employees respect, develop work conditions, skills and consider employee life environment. These are part of improving EM.

2. Accessibility of the manager, culture of openness and being role model for employees can give them can increase EM.

3. Managers should attract the appropriate talent, hire for skill and behavior, find best practice, hire for passion and focus on the customer.

4. The managers have to work for improving EM because the high EM makes for a better working environment, and it helps the organization attain its goals easily.

5. Manager should keep EM and maintain a productive workplace to increase the loyalty of employees and organizational productivity.

6. Managers should treat their employees with respect because this will help employees treat their customers and other employees with respect whilst maintaining their confidence at the workplace.

7. Managers should provide job security, stable businesses, conducive workplace environments, unlimited mobility, and fair compensation to increase employees’ morale and personal well-being.

8. Managers must work to raise EM in ways that contribute to increasing the productivity of the organization and improve its competitive position.

11.2. Recommendations Related to COVID-19
1. The necessity of making strategic alliances in the medical field and the technological field between South Korea and the rest of the world in order to benefit from its experience in the field of confronting COVID-19.

2. The necessity of conducting many research and studies in the field of artificial intelligence as one of the tools that can be used in facing COVID-19.

3. Increasing awareness campaigns on COVID-19 and viewing it as a disease like other diseases that require diagnosis and treatment, and focusing on the need for the patient to contact the relevant authorities as soon as symptoms appear on him so that his health and psychological condition does not worsen.

4. Seeking assistance from specialists in awareness programs and disseminating all information through social media for the purpose of awareness and prevention of infection COVID-19.

5. Providing psychological service to COVID-19 patients inside hospitals in a manner that raises their spirits and confronts this virus. This is in addition to conducting many research studies in the field of coping with COVID-19 and reducing its psychological effects.

6. The necessity for the Egyptian Ministry of Health to enhance the level of mental health for all members of society by establishing a psychological aid unit and taking over work to reduce the problems of fear and psychological anxiety from COVID-19.

7. Spreading positive feelings among enough community members through the media, explaining that COVID-19 will be overcome, and providing the necessary awareness programs to reduce anxiety problems, sleep disorders and others.

8. Researchers and scholars in the field of psychology and mental health shall conduct research and studies through which counseling and validation programs for community members are published, focusing on limiting the effects of the spread of COVID-19.

9. Paying attention to psychological support programs for different groups of students during the COVID-19 period and expanding the applications of positive orientation in psychology, especially in the field of education.

10. Expanding the study of psychological immunology, and focusing on the psychological immunity variables in reducing and mitigating the negative effects of COVID-19, which are resilience, recovery, coping, mindfulness, and social support. This is in addition to the necessity of training on psychiatric immunology skills.

11. Designing a set of programs based on mental immunity by imposing a reduction in anxiety resulting from COVID-19, and working to link mental immunity with methods of protection from COVID-19.

12. The need to provide a set of psychological and therapeutic programs on the part of psychological institutions with the aim of mitigating the psychological effects of COVID-19. Neglecting it will have serious consequences at the individual and community level, and it also leads to the spread of depression and psychological loneliness between members of the society.

13. Overcoming OCD by not suspecting that everyone around me is infected, and not using sedative drugs without the need for them, and not exaggerating the use of preventive measures.

14. The importance of overcoming the post-traumatic stress phase through adequate rest and calm, controlling personal emotions, integrating individuals, avoiding isolation, and taking precautionary measures.

15. Overcoming public anxiety disorders by dealing with COVID-19 as a curable virus, not being afraid of making important decisions, and having confidence in the cure of a large number of diseases afflicted by COVID-19, and raising their spirits.

12. Future Studies

The present study attempts to reveal the psychological effects of COVID-19 and its impact on the JE, but the scope of this study, the methods used and its findings indicate that there are areas for other future studies.

Among these research areas are (1) the impact of COVID-19 on job performance, (2) the role of psychological effects of COVID-19 in increasing workplace anxiety, (3) the impact of COVID-19 on unproductive work behaviors, (4) the role of psychological effects of COVID-19 in increasing...
administrative corruption, (5) the impact of psychological effects of COVID-19 on mental health of workers, (6) the impact of raising morale in reducing the effects of COVID-19, (7) the role of psychological immunity in reducing the effects of COVID-19, (8) the role of human resource maintenance strategies in overcoming the negative psychological effects of COVID-19, and (9) the role of artificial intelligence in facing the effects of COVID-19, and (10) the impact of COVID-19 on education, tourism and the Egyptian economy.

References


