

# Evaluation of Professionals Self-esteem and Quality of Life while Working Online during Covid-19 in the Southern Region of India

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***Abstract***

*Planned to assess Quality of Life, Self-Esteem score levels and deduce its relationship with sexual orientation and age uphold in a companion of the Indian populace (professionals') during COVID-19 pandemic. This study has been carried out by a cross-sectional survey on Web enlisting 544 members (Professionals) from the southern part of India, Tamilnadu. A self-detailed poll was organized to accumulate information on variables like age, sexual orientation, climate change, long stretches of study, disturbance at home environment, and persistent sickness which attributes was evaluated. Addition to this age factor, loss of routine scheduled life, disturbance in study environment, fear, and uneasiness of side effects of burdensome non healthy lifestyle, alive in regions with a high prevalence of COVID-19 cases are some of the side effects which served as a background and was essentially connected with lower QoL scores which were not there in the absence of the pandemic.*

**Keywords:** *Quality of life, Self-Esteem, Personal satisfaction, professionals WHO-QoL-BREF, Rosenberg Self-Esteem Scale*

## **Introduction**

India originally revealed its first affirmed instance of COVID-19 case on 30th January 2020 in a territory of Kerala, which is believed to have originated from Wuhan city of China. It started to spread forward in various part of India around March 2020 and has not completely controlled from that point. The critical effect of COVID-19 on the individuals and the professionals on Self-esteem and QoL is alarming. According to Britannica, one's level of personal satisfaction (QoL) indicates how stable, agreeable, and prepared they are to participate in or enjoy life's events<sup>1</sup>.

Quality of life (QOL) is described via the World Health Organization (WHO) as "a person's view of their situation in lifespan with respect to the way of life and value frameworks where they inhabit and corresponding to their objectives, assumptions, values and concerns<sup>2</sup>. Common indicators of personal satisfaction include job, the environment, one's physical and mental health, education, leisure activities, socializing, strong convictions, wellbeing, security, and independence. A wide range of contexts are covered by QOL, including business, government, healthcare, and another settings<sup>3-5</sup>. HR-QOL, or well-being-related QOL, measures QOL and its connection to health<sup>6</sup>.

Personal satisfaction for the WHO BREF (WHO-QoL-BREF) is a QoL estimation assessment that may be used to study health-related QoL through a wide range of illnesses or ailments. It is also used as a tool to demonstrate the effectiveness of various QoL mediations<sup>7</sup>. A few variables, like sexual orientation, climate, and long stretches of study, discouragement, and persistent sickness have been distinguished as indicators of QoL in college understudies<sup>8</sup>.

Overall, self-esteem provides a persuasive function by increasing the likelihood that people will examine their potential and deal with themselves. People with high self-esteem are also those who are motivated to take care of themselves and make a deliberate effort to achieve their personal aims and ambitions. Low self-esteem causes people to generally let important things slide and to be less dedicated and difficult in the fight against illness because they do not believe they are capable of or deserving of happy results. They might have the same goals as people who have higher self-esteem<sup>9</sup>.

### **High self-esteem**

Explores the significance of Self-Esteem one discovers when they are assigned with representative tasks and they tend to show significant degree of Self-Esteem. Workers who have a high sense of self-worth will trust their logic and decision-making, which makes them more likely to make wiser decisions. These qualities also enable us to form more fruitful interpersonal and professional connections, which means that we can more effectively contribute to the workplace around us<sup>10</sup>.

### **Low self-esteem**

Having low sureness is something that has impacted almost everyone at last in their lives. At whatever point it has been stamped it might be difficult to get back and shockingly, it

enormously influences our own and master lives. Vulnerable Self-Esteem every now and again prompts a fear of the new and new and it can incite futile work rehearses like defense, being unreasonably pleasant or disobedient.

### **Normal self-esteem**

As a pioneer it is not just huge that your gathering has high Self-Esteem, it is fundamental that you do also. As a boss, you can uphold keen reflection. Whether or not the opportunity has arrived to coordinate assessments, or a significant endeavor has as of late arrived at a resolution, do not continue forward preceding agreement what worked out positively and give a brilliant contribution to individuals who were incorporated. Assurance you associate with the whole gathering. A couple of individuals will ordinarily contribute vocally however others will remain there inconspicuously proceeding ahead with things. This does not suggest that they are achieving any less work or that the quality isn't as extraordinary yet consistently the quieter agents leave behind acknowledgement since they're not shouting about the thing they're doing. Put aside the work to perceive every associate give recognition where it is normal.

### **Methodology**

To the most awesome aspect of our insight, until this point in time, information on QoL appraisal in experts considering the COVID-19 pandemic are deficient. Consequently, this examination filled the exploration hole by means of the accompanying exercises: (a) assessing the QoL and Self-regard of experts and (b) surveying the relationship between different segment factors and QoL, Self-regard to recognize critical indicators of QoL and Self-regard among an accomplice of experts during the dubious season of the COVID-19 pandemic.

To assess the level of social support and QoL, the WHO-QoL-BREF in its Indian version was used. Self-Esteem scores and WHO-QoL-BREF area scores were introduced as persistent factors in this investigation. Information on segment qualities of the members gathered in this examination included age and sex. The time of members was recorded as a nonstop factor. The sex of members was ordered into males and females.

The WHO-QoL-BREF calculated the members' overall satisfaction. The subjects' quality of life was assessed using the self-directed WHO-QoL-BREF survey. It consists of 26 items, with items 1 and 2 being generic QoL questions, while the remaining items are grouped into four categories, such as actual wellness, mental health, social relationships, and climate-related QoL. Everything is rated from 1 to 5 on a Likert scale. Each domain receives a score among 0 and 100, with higher scores specifying higher quality of life. The psychometric characteristics of WHO-QoL-BREF are excellent<sup>11</sup>. The following are the general criteria for the WHO-QoL-BREF space scores: Mental quality of life was rated at 70.6 (sd = 14.0), physical wellness at 73.5 (sd = 18.1), natural quality of life at 75.1 (sd = 13.0), and social relationships at 71.5 (sd = 18.2)<sup>12</sup>. Additionally, the WHO-QoL-BREF in Malay has displayed outstanding psychometric qualities, with an interior consistency (Cronbach's) of 0.89<sup>13</sup>.

According to the RSS's basic methodology, the total score, or total score after adding the points for all the items on the scale (in our analysis, between 6 and 30 points), directs us to three possible levels of self-esteem: low level (6–15), normal level (16–25), and high level (26-30). The examples of people's responses from the full scores are sorted by these Self-Esteem levels<sup>14</sup>. Although determining the subject's degree of self-esteem is the primary purpose of the scale<sup>15</sup>, the most common practice in logical tests is using the mean of all scores as the primary foundation for analyzing the outcomes of the usage of the RSS.

A commonly used and recognized normalized asset in clinical and assessment practice is the Rosenberg Self-Esteem Scale (RSS). The scale consists of 10 items, 5 of which are communicated in positive proclamations and 5 in negative ones. Despite being designed as<sup>16</sup>, the RSS is typically graded on a Likert scale. The four response options available to subjects are Strongly Disagree, Disagree, Agree, and Strongly Agree. The RSS has been graded between a base score of 6 and a maximum score of 30. The range can vary from 0 to 30 depending on the study and how the reaction categories were classified and appended<sup>17</sup>. All the participants gave informed consent and were assured of privacy and confidentiality of protect the information. They finished the polls after a stage of online evaluation (Google Forms).

**Results**

This investigation selected an aggregate of 544 members. Table 1 summarizes the segment, person, clinical characteristics, COVID-19-related stresses, and member adaptation. The average age of the members was 30.76 years ([SD] = 6.82), and a higher percentage of them (n = 188, 33.9%) were mature in their 25 to 30s. Second most noteworthy number of members in the old enough gathering 30-35 years (n = 123, 22.2%) and other two age gatherings < 25 and > 35 years are a practically equivalent number, although among the age bunches correlation had measurable importance p < 0.001 and most members were male (n = 288, 52%).

Table 1: Shows the demographical characteristics of the variables in the study

Variables	Classifications	N (%)	M ± SD	t/F-test
Gender	Male	288 (52.0)	30.81 ± 6.84	(t=177, df=552) 30.76 ± 6,82 <sup>ns</sup>
	Female	266 (48.0)	30.70 ± 6.80	
Age	Below Age 25 Years	122 (22.1)	23.12 ± 1.51	(F=1213.50, df = 3.550) 30.76 ± 6,82 <sup>***</sup>
	Age 25-30 Years	188 (33.9)	27.69 ± 1.43	
	Age 30-35 Years	123 (22.2)	32.85 ± 1.42	
	> 35 Years	121 (21.8)	41.08 ± 4.53	

Self-Esteem (Score Levels)	Low Self Esteem (0-15)	333 (60.1)	12.54 ± 2.39	(F=3113.20, df=2.551) 14.82 ± 3.99***
	Normal Self Esteem (16-25)	201 (36.3)	17.32 ± 1.84	
	High Self Esteem (26-30)	20 (3.6)	27.55 ± 1.28	
Quality of Life (Score Levels)	Very Poor (0-20)	62 (11.2)	16.37 ± 2.78	(F=1735.45, df=4.549) 46.13 ± 19.69***
	Poor (21-40)	167 (30.1)	30.69 ± 5.38	
	Average (41-60)	201 (36.3)	51.29 ± 6.09	
	Good (61-80)	99 (17.9)	69.95 ± 5.14	
	Very Good (81-100)	25 (4.5)	87.36 ± 4.23	

<sup>ns</sup>-not statistically significant at 95% (p>0.05), \*\*\*-Statistically significant at 99.9% (p < 0.001)

The greater part of the members were low Self-Esteem (n = 333, 60.1%), 33% of members have typical Self-Esteem (n = 201, 36.3%) and not many of the members have high Self-Esteem (n = 20, 3.6%), Most of the members normal QoL (n = 201, 36.3%), 33% of the members have Poor QoL (n = 167, 30.1%), Good QoL (n = 99, 17.9%), exceptionally poor QoL (n= 62, 11.2%), not many of the members have awesome QoL (n = 25, 4.5%), and had a background marked by being isolated for 14 days in light of openness to COVID-19-positive cases and QoL of the members are introduced in Table 1.

The mean value of Low, Normal and High-Self Esteem scores were 12.54 (SD = 2.39), 17.32 (SD = 1.84) and 27.55 (SD = 1.28), individually, among the Self-Esteem bunch examination, the ANOVA test uncovers that the mean contrast had measurable importance p < 0.001. The commonness paces of Self-Esteem are 3.6%. Regarding the mean (QoL) scores were exceptionally poor, poor, normal, great, and generally excellent scores were 16.37 ± 2.78, 30.69 ± 5.38, 51.29 ± 6.09, 69.95 ± 5.14 and 87.36 ± 4.23, separately. Among the QoL bunch correlation, the ANOVA test uncovers that the mean distinction had measurable importance p < 0.001. The prevalence of QoL is 22.4%.

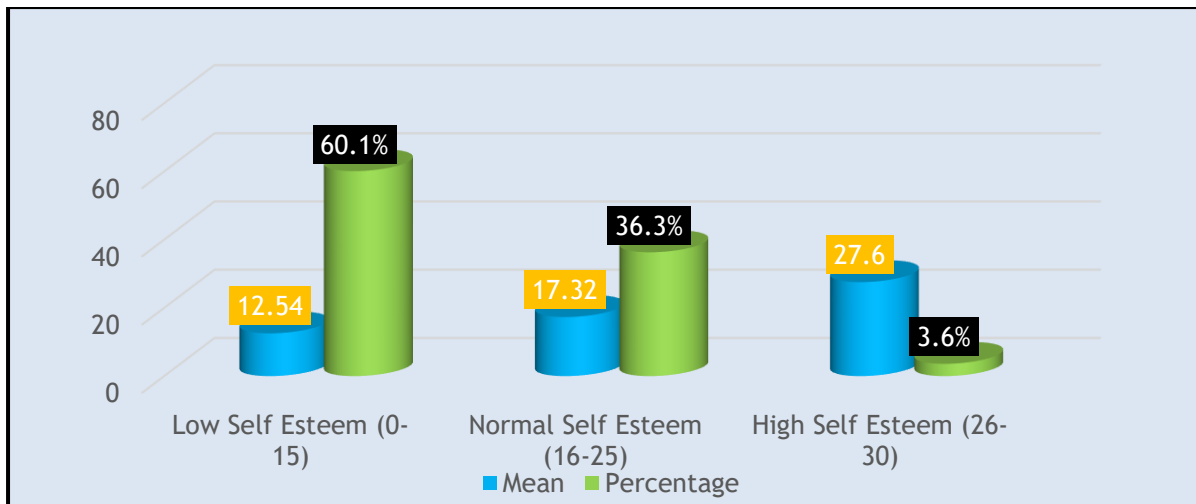


Figure 1 Bar Chart shows the Mean and Percentage values comparison among the Self-Esteem. Most study participants had low self-esteem (60.1%), which is significantly lower than the scores for normal self-esteem (36.3%) and high self-esteem (3.6%), according to a bar chart. The average values for low self-esteem are  $12.54 \pm 2.39$ , for normal self-esteem,  $17.32 \pm 1.84$ , and for high self-esteem,  $27.55 \pm 1.28$ . We are using an ANOVA test to compare the self-esteem of the three groups, and the results show that there is a statistically significant difference between the three groups ( $F=3113.20$ ,  $14.82 \pm 3.99$ ,  $p < 0.001$ ).

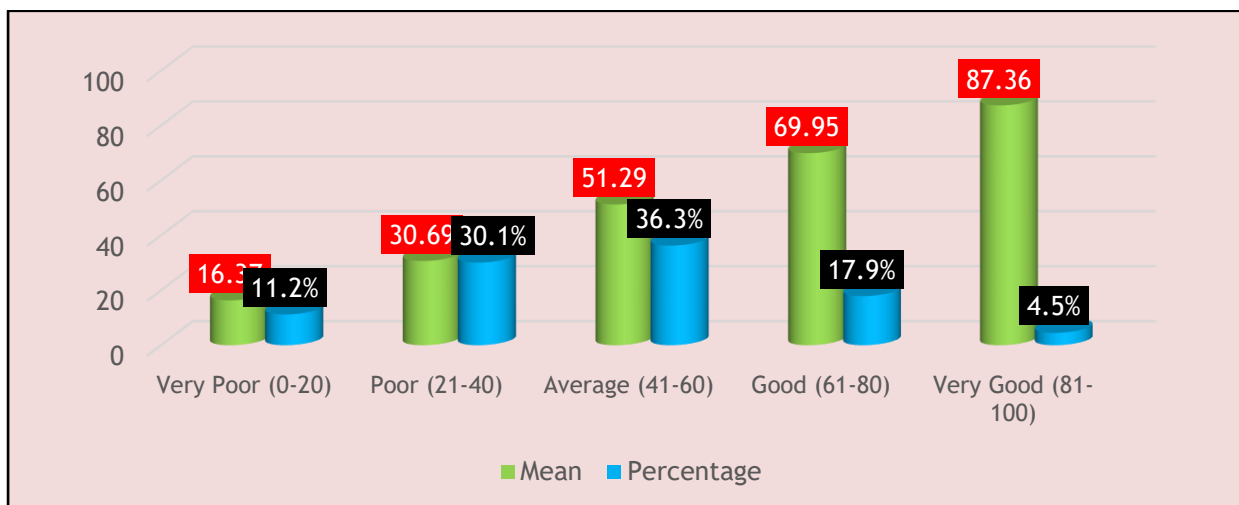


Figure 2 Bar diagram shows the Mean and Percentage values comparison among the Quality of Life.

According to the bar graph, participants in the Quality-of-Life categories of Very poor (11.2%), Poor (30.1%), and Average (36.3%) performed better than those in the Good (17.9%) and very good (4.5%) categories, which are significantly lower than the other four categories of QoL score levels. Using the F-test to compare the quality of life of the five groups, the average values of the very poor are  $16.37 \pm 2.78$ , the poor are  $30.69 \pm 5.38$ , the average is  $51.29 \pm 6.09$ , the good are  $69.95 \pm 5.14$  and the very good are  $27.55 \pm 1.28$ . Based on their mean sd values, the output result reveals that there is a statistically significant difference between the five groups ( $F=1735$ ,  $46.13 \pm 19.69$ ,  $p < 0.001$ ).

Table 2: Association between Self-Esteem, Quality of Life and Gender among the participants

		Gender			Chi-Square test	p-value
		Male N (%)	Female N (%)	Total N (%)		
Self-Esteem	Low Self Esteem (0-15)	178(32.1)	155(28)	333(60.1)	1.642 df=2	0.440 <sup>ns</sup>
	Normal Self Esteem (16-25)	98(17.7)	103(18.6)	201(36.3)		
	High Self Esteem (26-30)	12(2.2)	8(1.4)	30(3.6)		
Quality of Life	Very Poor (0-20)	28(5.1)	34(6.1)	62(11.2)	3.008 df=4	0.557 <sup>ns</sup>
	Poor (21-40)	93(16.8)	74(13.5)	167(30.1)		
	Average (41-60)	103(18.6)	98(17.7)	201(36.3)		
	Good (61-80)	49(8.8)	50(9.1)	99(17.9)		
	Very Good (81-100)	15(2.7)	10(1.8)	25(4.5)		

<sup>ns</sup>-not statistically significant at 95% (p>0.05)

Table 2 shows the relationship between segment, Self-Esteem, and personal satisfaction attributes in the members. Chi-square test uncovered that factor [self-esteem] was not altogether connected with sex (p > 0.05), and these are recorded in Table 2. In any case, the chi-square test showed that lone low Self-Esteem (60.1%) was not essentially connected with high Self-Esteem (3.6%), which were a lesser number of rates. Chi-square test uncovered that factor [QoL] was not fundamentally connected with sex (p > 0.05). Nonetheless, the chi-square test showed that lone normal QoL (36.3%) were not altogether connected with awesome QoL (4.5), which were a lesser number of rates, compare to another category among the QOL.

Table 3: Association between Self-Esteem, Quality of Life and Age among the participants

		Age (in Years)					Chi-Square test	p-value
		< 25 N (%)	25-30 N (%)	30-35 N (%)	> 35 N (%)	Total N (%)		
Self-Esteem	Low Self Esteem (0-15)	79(14.3)	105(19)	71(12.8)	78(14.1)	333(60.1)	4.339 df=6	0.631 <sup>ns</sup>
	Normal Self Esteem (16-25)	40(7.2)	76(13.7)	47(8.5)	38(6.9)	201(36.3)		
	High Self Esteem (26-30)	3(0.5)	7(1.3)	5(0.9)	5(0.9)	20(3.6)		



QoL	Very Poor (0-20)	10(1.8)	23(4.2)	18(3.2)	11(2)	62(11.2)	10.02 df=12	0.615 <sup>ns</sup>
	Poor (21-40)	40(7.2)	58(10.5)	34(6.1)	35(6.3)	167(30.1)		
	Average (41-60)	45(8.2)	66(11.9)	44(7.9)	46(8.3)	201(36.3)		
	Good (61-80)	23(4.2)	36(6.5)	21(3.8)	19(3.4)	99(17.9)		
	Very Good (81-100)	4(0.7)	5(0.9)	6(1.1)	10(1.8)	25(4.5)		

<sup>ns</sup>-not statistically significant at 95% (p>0.05)

Table 3 outlines the relationship between segment, Self-Esteem, and personal satisfaction qualities in the members. Chi-square test uncovered that factor [self-esteem] was not essentially connected with age (p > 0.05), and these are recorded in Table 3. Notwithstanding, the chi-square test showed that lone low Self-Esteem (60.1%) was not altogether connected with high Self-Esteem (3.6%), which were a lesser number of rates. Chi-square test uncovered that factor [QoL] was not essentially connected with age (p > 0.05). Notwithstanding, the chi-square test demonstrated that lone normal QoL (36.3%) were not altogether connected with generally very good QoL (4.5%), which were a lesser number of rates, compare to another category among the QOL.

Table 4: Association between Self-Esteem and Quality of Life among the participants

		Quality of Life						Chi-Square test	p-value
		Very Poor N (%)	Poor N (%)	Average N (%)	Good N (%)	Very Good N (%)	Total N (%)		
Self-Esteem	Low Self Esteem (0-15)	38(6.9)	108(19.5)	117(21.1)	57(10.3)	13(2.3)	333(60.1)	4.287 df=8	0.830 <sup>ns</sup>
	Normal Self Esteem (16-25)	22(4)	52(9.4)	76(13.7)	40(7.2)	41(2)	201(36.3)		
	High Self	2(0.4)	7(1.4)	8(1.4)	2(0.4)	1(0.2)	20(3.6)		

	Estee m (26- 30)								
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<sup>ns</sup>-not statistically significant at 95% (p>0.05)

Table 4 represents the relationship between segment, Self-Esteem, and personal satisfaction qualities in the members. Chi-square test uncovered that factor [self-esteem] was not essentially connected with age (p > 0.05), and these are recorded in Table 4. In any case, the chi-square test showed that lone low Self-Esteem (60.1%) was not altogether connected with high Self-Esteem (3.6%), which were a lesser number of rates, compare to normal Self-Esteem level also.

Table 5: Relationship between Age, Self-Esteem, and Quality of Life among the participants

Descriptive and Correlation Statistics				
	Mean ± SD	N	Correlation (r)	p-value
Self-Esteem vs Quality of Life	14.82 ± 3.99	554	0.056	0.196 <sup>ns</sup>
	46.13 ± 19.69	554		
Age vs Self-Esteem	30.76 ± 6.82	554	-0.026	0.541 <sup>ns</sup>
	14.82 ± 3.99	554		
Age vs Quality of Life	30.76 ± 6.82	554	0.034	0.422 <sup>ns</sup>
	46.13 ± 19.69	554		

ns-not statistically significant at 95% (p>0.05)

Table 6 shows the participants' ages in connection to their personal, self-esteem, and quality of life scores. The mean scores for Self-Esteem vs. Quality of Life, Age vs. Self-Esteem, and Age vs. Quality of Life were not substantially correlated, according to a Pearson correlation analysis, as shown in Table 5.

**Discussion**

Proficient personal satisfaction has developed as an intriguing subject of interest with regards to the new past with the advancement of better-approved scales with regards to aiding experts. A few examinations have been distributed beforehand on the predominance of Self-Esteem and QoL in western writing, while sympathy weakness is moderately new. The "cost of mindful" or sympathy weariness is by all accounts a significant territory to be featured through more examinations as the mental and actual strength of experts can have possible results on the nature of care gave to the patients. In any case, in India, the current investigation is the main endeavour to contemplate proficient personal satisfaction and Self-Esteem in expert consideration suppliers at care focuses.

In this investigation, results showed a normal degree of QoL and Self-Esteem while an extremely high normal degree of (QoL). Practically 50% of the investigation populace revealed having Low-Self-Esteem level of SE, while almost 50% of the examination populace detailed having higher SE (scores above 50th percentile), which shows that the greater part of the all-out investigation populace could not to get ideal delight from their work. This could be the aftereffect of numerous individual and hierarchical variables which are generally business

related. The responsibility (cases are seen each week) shifted inside the example and SE impacts for the most part incorporate fatigue, sensations of despondency, stalled, and being overpowered. Just Twenty-five experts had awesome degrees of QoL from the examination populace which is exceptionally less in number.

In the current investigation, a more grounded and not statically huge positive connection was found among QoL and Self-Esteem which is conflicting with discoveries from other studies.<sup>18,19</sup>. In a connection between QoL, Self-Esteem with age, no critical relationship was discovered which is steady with prior examinations where no relationship was found among QoL, and Self-Esteem with age<sup>20</sup>. These discoveries are not the same as different examinations among experts who had more number of cases when contrasted with the youthful and nearly less experienced experts, which could likewise imply that > 35 years' gathering's fulfilment is high and < 25 years is low.

The prevalence of QoL (3.6%), and Self-Esteem (22.4%) were estimated cross-sectionally, and there is a likelihood that a person's evaluation of his/her insights can change over the long run because of individual business-related conditions,<sup>21</sup>. The discoveries from the current examination can emphatically affect future exploration in the field. This is the initial move toward tending to the requirements and difficulties experienced by the experts regarding their work-life, and comparable investigations could be completed in different areas inside India to investigate the build more. This will additionally profit the consideration places like the nature of patient consideration would improve as a final product with no extra costs included. This examination likewise features the requirement for additional preparation openings and care for the experts to be incorporated inside the preparation modules or projects.

## **Conclusions**

The current study's findings strongly suggest that experts examine mental care and QoL programs for the professional class, with an emphasis on brief mediation programs that could potentially target extending their QoL and Self-Esteem levels and further upgrading their QoL. Having Self-Esteem and expanding it further after having to take on a demanding task and handling it is key to a working professional's progress and mental happiness, which further promotes quality of life because it is associated with self-esteem on a daily basis.

## **Ethical clearance**

Regarding ethical approval, I'd want to emphasize out that this was a survey-based study, and we solely received written informed consent from participants using Google Forms. Furthermore, it was conducted during the epidemic; we did not get institutional review board approval because most institutions, including the study location, operate online. We obtained departmental approval through email before beginning data collection, and then we collected the data. Please consider the circumstances and take the appropriate measures to proceed to the next step in the publication process.

## Acknowledgements

I would like to express my heartfelt gratitude to my Professor Dr. A. Subbarayan and our Vice Dean Dr. Mahdi for providing me with the golden opportunity to do this wonderful project on the 'Evaluation of Professionals' Self-Esteem and Quality of Life While Working Online During Covid-19 in the Southern Region of India,' which also assisted me in doing a lot of research and I learned so much from them. Second, I'd want to thank my friends for their assistance in completing this project within the time constraints.

**Conflicts of interest:** There are no conflicts of interest.

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