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Research paper

The Impact of Perceived Epidemic Concerns on Organizational Citizenship Behaviors: The Mediating Role of Work Stress

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ABSTRACT

This study examines the psychological and behavioral consequences of the COVID-19 pandemic on frontline hotel employees in Kerala, India. Due to outbreak of the novel Corona Virus, various studies have been conducted on the work stress arising from pandemic. In this study, four attributes of epidemic concerns perceived by hotel employees were examined on work stress and organization citizenship behaviour were verified. There specifically, it investigates the relationship between Perceived Epidemic Concerns (PEC) and Organizational Citizenship Behaviors (OCB), with work Stress serving as a mediator. Data from 100 participants were analyzed using PLS-SEM via Smart PLS 3. In order to attain the research objectives, four hypotheses were created. The results indicate that PEC significantly drives work stress (β= .738), which subsequently inhibits OCB (β = -.391). The study provides a roadmap for hospitality management to sustain extra-role behaviors during public health crises. Though the sample size was not large it can be replicated in the future by the large samples in the same sector. So we would highly recommended that future research can get a better understanding of the impact of Perceived epidemic concern on organisation citizenship behaviour mediated by work stress.

1. Introduction

On February 11, 2020, WHO Director-General Tedros Adhanom Ghebreyesus announced that the illness caused by the novel coronavirus would be formally known as COVID-19. This title serves as a shorthand for "coronavirus disease 2019," marking the year the initial cluster was detected. Meanwhile, the virus itself was labeled SARS-CoV-2, a name chosen because of its close genetic relationship to the pathogen that triggered the 2003 SARS outbreak (Ghebreyesus, 2020). What began as a localized outbreak swiftly transformed into a worldwide crisis, defined by the virus's ability to spread easily and mutate into new variants, leading to high rates of severe illness and death. While primarily categorized as a respiratory infection, research has demonstrated that COVID-19 is actually a multi-organ disease, frequently impacting the heart, brain, kidneys, and liver (Gupta, et al., 2020). Furthermore, the societal disruption of the pandemic has caused widespread mental health challenges, ranging from acute anxiety to chronic depressive disorders (Brooks, et al., 2020)

Healthcare professionals, including nursing interns, have been at the forefront of pandemic response efforts, making them particularly vulnerable to psychological strain. Studies indicate that adverse mental health

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conditions among healthcare workers can negatively influence both their well-being and the quality of care delivered to patients (Lai, et al., 2020). Similarly, employees in the hospitality sector have experienced heightened levels of fear, uncertainty, and stress due to the nature of their work and exposure risks.

The COVID-19 pandemic has fundamentally altered workplace structures worldwide. Interventions such as social distancing, travel restrictions, remote working arrangements, and reduced workforce capacity have transformed traditional work environments. These changes have significantly influenced employees' emotional, cognitive, and physical well-being, thereby affecting organizational performance. While some organizations have adapted effectively, others have reported declines in productivity due to increased stress, inadequate infrastructure, and weakened interpersonal relationships (Montenero & Cazorzi, 2022). For instance, a Deloitte survey reported that nearly 46% of firms anticipated decreased performance during the pandemic (Narayanamurthy & Tortorella, 2021)

The tourism and hospitality industry has been one of the most severely affected sectors globally. Regions such as Kerala experienced drastic declines in tourist arrivals due to lockdowns and travel restrictions. Hotels, resorts, and travel agencies faced extensive financial losses, widespread booking cancellations, and prolonged operational shutdowns. This downturn exacerbated existing vulnerabilities within the sector, which had already been recovering from prior crises such as natural disasters and disease outbreaks.

Hotel employees, in particular, are exposed to unique occupational risks due to their direct and indirect interactions with customers. Their responsibilities—including guest services, housekeeping, and food handling—place them at increased risk of infection. Consequently, employees may experience multiple stressors, including fear of contracting the virus, anxiety about transmitting it to family members, job insecurity, income reduction, and social stigma. Such stress can negatively influence employee attitudes, job satisfaction, and overall organizational performance (Kaur, 2023).

While workplace tension has been a frequent subject of academic inquiry, there remains a notable gap in research concerning how infectious disease crises specifically affect the mental health and professional conduct of hotel staff. Currently, more investigation is required to understand the bridge between the perceived dangers of a pandemic and the resulting psychological pressure on employees, as well as how that strain translates into broader organizational consequences. To address these gaps, this research intends to establish a robust theoretical model that analyzes the interplay between pandemic-induced stress, the wellness of hospitality workers, and overall institutional efficiency.

1.1 Research Objectives & Questions:

The primary objective of this study is to examine the impact of perceived epidemic concerns on organizational citizenship behavior among hotel employees.

The specific objectives are:

- To find out the impact of Perceived Epidemic Concerns on organization citizenship behaviors mediated by work stress.
- To find out the impact of Perceived Epidemic Concerns on Work Stress

The research questions are:

- What is the impact of work stress, perceived epidemic concerns of hotel employees on organizational citizenship behavior?
- What is effect of perceived epidemic concerns on work stress?

2. Literature Review

In an effort to standardize communication, the World Health Organization (WHO) formally designated the new coronavirus illness as COVID-19 on February 11, 2020. This announcement, made during a global summit in Geneva, adhered to strict international protocols designed to exclude references to specific locations, animals, or populations. These guidelines aim to minimize social stigma and prevent the unfair targeting of specific groups. Shortly thereafter, the International Committee on Taxonomy of Viruses officially identified the underlying pathogen as SARS-CoV-2 (Gorbalenya, 2020)

These naming strategies are supported by a coalition of global organizations, including the WHO and the Food and Agriculture Organization, which advocate for neutral terminology during health crises. Such

practices are regarded as vital for safeguarding human rights and fostering international solidarity (WHO, 2015). While SARS-CoV-2 is genetically related to the virus that caused the 2003 SARS outbreak, it remains a separate entity with its own specific patterns of spread and clinical impact (Raveendran, Jayadevan, Rajeev, & Sashidran, 2021). Distinguishing between these two viruses is fundamental to developing precise public health responses and prevention measures.

2.1 Concept of Stress and Occupational Stress

Stress is a dynamic psychological and physiological response that occurs when individuals face demands or constraints perceived as significant and uncertain. It involves interactions between environmental stimuli, individual perceptions, and behavioral responses. Occupational stress, specifically, arises from work-related factors such as workload, role ambiguity, time pressure, and organizational environment (Hon, Chan, & Lu, 2013)

Work stress reflects an individual's adaptive response to environmental pressures; however, excessive or prolonged stress can lead to negative outcomes such as fatigue, anxiety, depression, and burnout. These conditions can significantly impair job performance and overall well-being. According to (Hon, Chan, & Lu, 2013), key stressors include organizational demands, poor working conditions, and interpersonal conflicts within the workplace.

While moderate stress can enhance motivation and performance, chronic exposure to high stress levels may result in serious physical and psychological consequences, including cardiovascular diseases, insomnia, emotional instability, and decreased productivity (Jing & M, 20001)

2.2 Occupational Stress in the Hospitality Industry during Pandemics

The hospitality sector is uniquely susceptible to external disruptions, largely because its core business model depends on face-to-face engagement. Staff members within hotels, aviation, and tourism find themselves at the forefront of health risks, as their daily duties involve constant interaction with a global and diverse clientele.

Throughout crises like the COVID-19 pandemic, these workers face intensified psychological pressure. This distress stems from a combination of factors: the immediate threat of falling ill, the secondary fear of endangering relatives, precarious employment status, and financial instability. These burdens are often compounded by insufficient safety protocols and the unpredictable nature of an ongoing public health emergency.

2.3 Organizational Citizenship Behavior (OCB)

Organizational Citizenship Behavior (OCB) refers to voluntary, discretionary actions performed by employees that go beyond formal job requirements and contribute positively to organizational effectiveness (Organ, 1988).These behaviors are not explicitly recognized by formal reward systems but are essential for organizational success.

OCB is typically categorized into two dimensions:

- **OCB-I (Individual-directed behaviors)**: Includes altruism and courtesy toward colleagues
- **OCB-O (Organization-directed behaviors)**: Includes conscientiousness, civic virtue, and sportsmanship

(Organ, 1988) Expanded the concept into five key dimensions:

1. **Altruism** – Helping colleagues with work-related problems
2. **Courtesy** – Preventing conflicts and maintaining harmonious relationships
3. **Conscientiousness** – Exceeding minimum role requirements
4. **Civic virtue** – Active participation in organizational life
5. **Sportsmanship** – Maintaining a positive attitude despite inconveniences

OCB plays a crucial role in enhancing organizational efficiency, adaptability, and overall performance. As noted by (Katz, 1964)organizations require not only role compliance but also innovative and voluntary behaviors to function effectively.

2.4 Determinants of Organizational Citizenship Behavior

OCB is influenced by both environmental and individual factors. Organizational support, leadership behavior, and workplace environment significantly shape employees' willingness to engage in OCB. The concept of Perceived Organizational Support (POS) suggests that employees reciprocate positive treatment from organizations through increased discretionary behaviors ((Halbesleben, et al., 2009)

Work interdependence is another important factor. High levels of collaboration and interaction among employees foster stronger interpersonal relationships, which in turn promote OCB. Additionally, personality traits play a critical role; for example, extroverted individuals are more likely to exhibit helping behaviors, while individuals with high neuroticism may show lower levels of OCB (Rodríguez-Rey, et al., 2020)

Other influencing factors include fairness perceptions, educational background, and social upbringing. Employees who perceive fairness and equity within the organization are more likely to contribute beyond their formal roles. These findings highlight that OCB is a multifaceted construct influenced by both contextual and individual characteristics.

2.5 Research Gap

Although existing literature has extensively explored work stress and OCB independently, limited research has examined their relationship within the context of infectious disease outbreaks, particularly in the hospitality industry. Furthermore, there is insufficient empirical evidence on how pandemic-related stress influences employees' psychological well-being and, subsequently, their organizational behaviors.

Therefore, this study aims to address this gap by examining the impact of pandemic-induced stress on hotel employees' well-being and OCB, contributing to both theoretical development and practical implications for the hospitality sector.

3. Research Methodology

Utilizing a quantitative methodology, this research seeks to identify how hotel staff perceive emerging infectious diseases, focusing specifically on those whose roles required them to interact with a diverse clientele during the COVID-19 pandemic. The study's primary participants consisted of both frontline employees and management figures. Every individual involved provided their informed consent, participating voluntarily out of a shared interest in improving the overall well-being of the hospitality workforce. Prior to the formal interviews, the research team ensured that all participants had a clear understanding of previous health crises—such as SARS and MERS—as well as the specific detrimental effects of COVID-19 and the typical professional responses to such outbreaks.

3.1 Measurement tools for other constructs

The survey instrument for this research was structured around three primary dimensions: perceived economic concerns (the independent variable), work stress (the mediating variable), and organizational citizenship behaviors (the dependent variable). Within the category of economic concerns, the study specifically examined physical, psychological, and financial impacts, as well as the influence of "social gaze." Participants rated each item using a 5-point Likert scale, ranging from "1" (strongly disagree) to "5" (strongly agree).

To refine the instrument, 35 questionnaire were designed to response employees. Respondents provided feedback via digital radio buttons and offered qualitative suggestions through an online platform. Based on participant feedback, which focused largely on the readability and "intelligibility" of certain items, several questions were revised to ensure maximum clarity. This pilot study was a critical step in identifying and resolving potential errors or logistical challenges before the full-scale data collection commenced.

3.2 Relationship among study Variables

Hospitality staff engage in frequent direct and indirect interactions with a diverse global clientele, spanning various age groups, ethnicities, and religious backgrounds, to manage accommodations and provide essential services. Maintaining operations during an epidemic significantly increases their exposure to pathogens—most notably the coronavirus and other transmissible diseases—which often results in heightened workplace anxiety, fear, and clinical depression.

Extensive academic literature has established a clear link between the threat of infection and psychological strain. For instance, during the 2015 MERS outbreak, healthcare professionals reported extreme stress levels due to the direct risk of contracting the virus. Observed that healthcare workers operating in high-risk MERS environments between April and May 2014 suffered from substantial psychological distress regarding their own safety and the health of their families and colleagues.

Crucially, research by (Melo & Soares, 2020) identified that hotel employees ranked immediately behind medical staff in experiencing profound mental and physical exhaustion during the SARS-CoV (Severe Acute

Respiratory Syndrome) crisis. Given that hotels host a revolving door of international guests, employees remain constantly vulnerable to emerging viral strains. If a single staff member becomes infected, the risk of rapid transmission to coworkers, guests, and family members creates a cycle of persistent fear and occupational stress.

Hypothesis 1: There is a positive relationship between Perceived Epidemic Concerns and work stress.

The detrimental consequences of occupational stress on both the workforce and institutional stability have become a focal point of contemporary research. While Western academia has explored the nuances of workplace pressure for several decades, regional studies in this field are a more recent development.

According to (Melo & Soares, 2020) factors such as persistent frustration, fear, and burnout act as destructive elements that compromise the psychological health of staff members. Furthermore, (Ooh, 2023)argue that mental exhaustion serves as a significant barrier to organizational citizenship behavior (OCB). Their findings suggest that when hotel employees harbor deep-seated concerns regarding an epidemic, there is a direct negative impact on both their individual job performance and their willingness to engage in extra-role behaviors that benefit the organization.

Hypothesis 2: There is a negative relationship between Perceived Epidemic Concerns and organization citizenship behaviors.

Hypothesis 3: There is a negative relationship between work stress and organization citizenship behaviors.

Hypothesis 4: Work stress mediates the relationship between perceived epidemic concerns and organization citizenship behavior.

3.3 Variables

Independent Variable: Perceived Epidemic Concerns, An epidemic is formally defined as a disease that impacts a large number of individuals simultaneously, spreading throughout a specific area where the condition is not a permanent fixture. According to the World Health Organization (WHO), this phenomenon is characterized by its occurrence within a specific community or geographic region.

During the COVID-19 crisis, mandatory physical distancing measures significantly compromised the psychological well-being of vulnerable groups, particularly the elderly and those with disabilities. Prolonged isolation, even within a domestic setting, can trigger severe mental health challenges, including acute anxiety and trauma. Because older adults often rely on younger family members for daily support, the necessity of self-isolation can disrupt the traditional family structure. Similarly, those residing in care facilities may experience heightened emotional distress. Notably, simple interventions—such as regular telephonic communication—can serve as a vital emotional anchor. For elderly individuals with pre-existing mental health conditions, the pandemic frequently exacerbated symptoms of depression and stress (Sepúlveda, et al., 2022)

Dependent Variable: Organizational Citizenship Behaviors (OCB) Organizational citizenship behaviors represent the voluntary, "extra-mile" actions taken by staff members that fall outside their official job descriptions. When leadership understands the dynamics of OCB, they can better foster an environment where employees contribute meaningfully to the institution’s success without succumbing to exhaustion or burnout (Helen, Campbell, & Pickford, 2016)

Mediating Variable: Workplace Stress Workplace stress arises when a professional is faced with job requirements that conflict with their capabilities or resources. The intensity of this strain is often dictated by the level of autonomy an employee has over their daily tasks. While most roles involve some pressure, "true" work stress becomes pathological when it triggers uncontrollable physical and emotional responses to professional demands.

3.4 Research Model

The theoretical framework for this research explores the epidemic-related anxieties experienced by hotel staff in Kerala using a qualitative methodology. These concerns are categorized into four primary dimensions: psychological well-being, physical health risks, financial instability, and the pressure of social perception (social gaze). The study examines how these perceived threats influence workplace stress levels and subsequently impact the "extra-role" contributions, or organizational citizenship behaviors, of these employees.

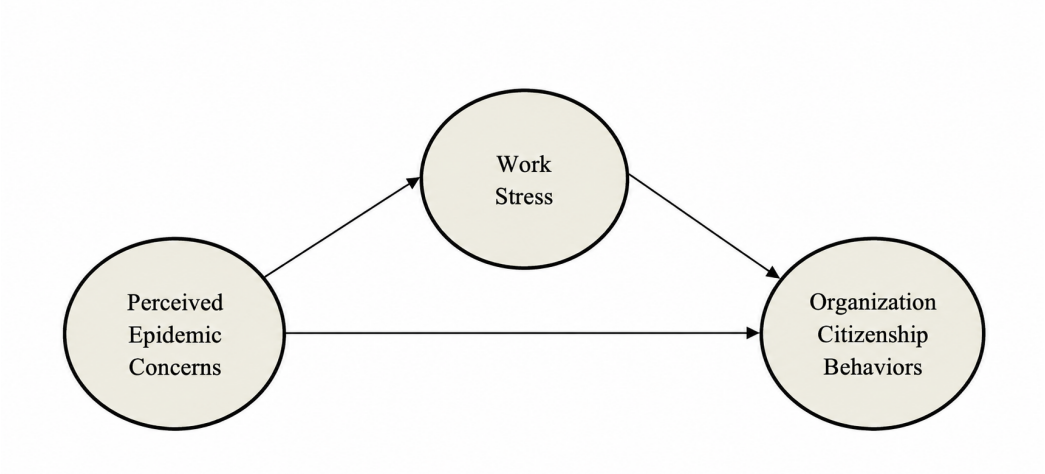

Figure 1: Research Model

3.5 Data collection and sample characteristics

For data collection, online survey was conducted using the internet by google forms by randomly selected the employees based on their based on epidemic impact over them. Regarding the survey, a URL containing short explanation of the purpose of my study and was distributed to employees who are working in hotels in Kerala. Especially the questionnaire was responded mainly by the employees who are directly contact to customers to have change to be infected or fear or work stress. Not only specific department, we asked to front desk, housekeeping valet parking, food corner) and sales.

3.6 Questionnaire Design

The variable of this study include perceived epidemic concerns, work stress and organization citizenship behavior. The purpose of the try out scale included the describing of the statistical test (e.g. Mean, Standard deviation and Skewness coefficient) missing data inspection and extreme group comparison (chiou, 2010). The Cronbach Alpha test was used to the reliability and validity to investigate the internal consistency and used the Pearson correlation coefficient to show the relationship between scale and criterion measuring. The full scale quantity was after modifying the inappropriate ambitious and guide to the answer type questions. There are 35 variables related questions with Likert scale from "strongly agree" to strongly disagree, agree, disagree and neutral were given 5 points, 1 points, 4 points, 2 points and 3 points. The first 27 items are designed as reverse coded questions while asking to despondence due to get the real scenario of variables Perceived epidemic concerns and work stress.

3.7 Data processing and Analysis

This study analyzed the background in formation of the respondents with SMATPLS version 3 to analyze the factor loading analysis and estimate the causal relationship among the variable of this study framework. 100 samples are often sufficient for Partial Least Squares Structural Equation Modeling (PLS-SEM) because the method is designed to handle complex models with smaller sample sizes, prioritizing prediction over model fit.

4. Data Analysis and Interpretation

4.1 Demographic Analysis

This chapter focuses on data analysis, interpretation and presentation.

Table 4.1 below presents the respondents gender percentages.

Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Male	79	79.0	79.0	79.0
Female	20	20.0	20.0	99.00
Prefer not to say	1	1	1.0	100.0
Total	100	100.0	100.0	

In table-4.1 represents that there are 100 respondents and 79 (79%) respondents are male and 20 (24%) respondents are female. There are more than 100 questionnaires are distributed to the respondents to fill up the questionnaire through online.

4.2 Reliability and Validity Test

Reliability is defined as the degree to which a collection of survey items consistently evaluates the specific variables under investigation (Cooper & Schindler, 2006)A standard technique for assessing this internal consistency—essentially determining how uniformly a group of items measures a single construct—is Cronbach's alpha (Cooper & Schindler, 2006). This metric serves as a primary indicator of scale reliability; for a measurement to be deemed academically acceptable, the Cronbach's alpha coefficient should generally exceed 0.60.Model fit and quality analysis says that Average path coefficient (APC)=0.459, P<0.001 Average R-squared (ARS)=0.437, P<0.001, Average adjusted R-squared (AARS)=0.428, P<0.001. Table 4.2 also shows that value which is perfectly fit for analysis.

The R-squared, also called the coefficient of determination, is utilized to disclose how much info factors WS and PEC clarify the variety of yield factors OCB. It goes from 0 to 1. Here Average R-squared is 0.42, it demonstrates that 42% of the variety in the OCB are clarified by the WS and PEC. As a rule, a higher R-squared demonstrates a superior fit for the model.

Table 4.2 Latent Variable Coefficient

	PEC	WS	OCB
R Squared		0.544	0.263
Adjusted R Squared		0.540	0.248
Composite Reliability	0.878	0.865	0.875
Rho_A	0.873	0.836	0.850
Cronbach Alpha	0.857	0.817	0.838

Table 4.3 Path Coefficient and P Values

	PEC	WS	OCB	P Values
PEC				0.001
WS	0.738			0.001
OCB	-0.151	-0.391		0.001

Note: *represents p<0.05; **represents P<0.01

4.4 Total Effect and Indirect effect

Total Effect	**Std. Beta**	**Std. Deviation**	**T-Value**	**P Values**
PEC -> OCB	-0.479	0.077	5.692**	0.001
PEC -> WS	0.762	0.040	18.408**	0.001
WS -> OCB	-0.404	0.141	3.033**	0.006
Indirect Effect	**Std. Beta**	**Std. Deviation**	**T-Value**	**P Values**
PEC -> OCB	-0.309	0.113	2.565**	0.011
PEC -> WS				
WS -> OCB				

Note: *represents p<0.05; **represents P<0.01

The total effect of PEC>OCB is statistically significant due to P value is less than 0.05, PEC>WS, WS->OCB are statistically significant where p value is less than 0.05 (see table-4.4). The indirect effect of PEC->OCB is statistically significant where p value is less than .05.

Table 4.5 Testing Hypothesis

Hypothesis Relationship	**Std. Beta**	**Std. Deviation**	**T-Value**	**P Values**	**Decision**
PEC -> OCB	-0.170	0.148	1.025*	0.030	Supported
PEC -> WS	0.762	0.040	18.408**	0.001	Supported
WS -> OCB	-0.404	0.141	2.779**	0.006	Supported
PEC -> WS->OCB	-0.303	0.113	2.565**	0.001	Supported

Note: *represents p<0.05; **represents P<0.01

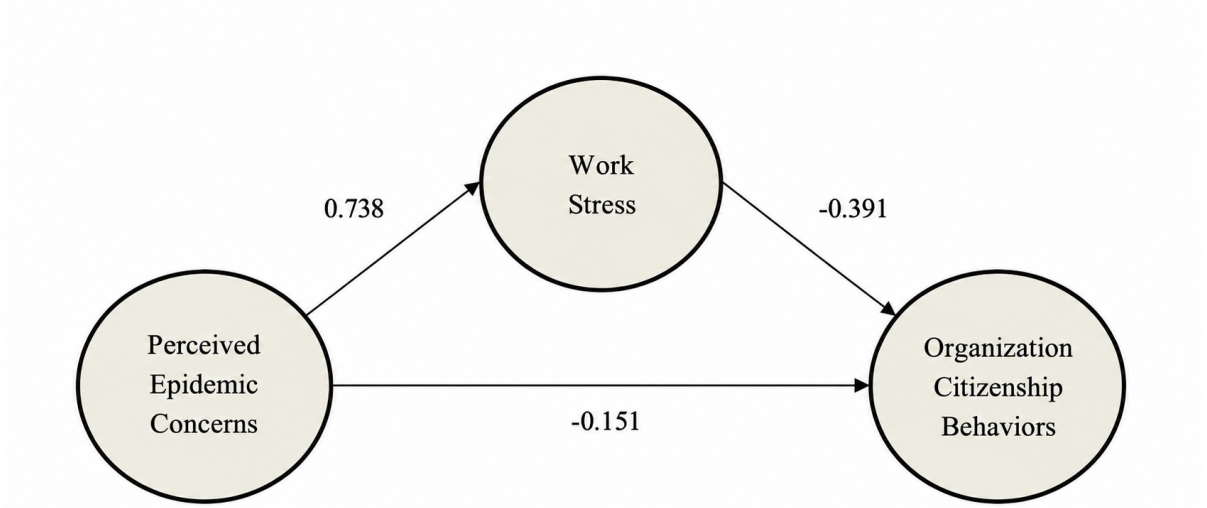

Figure 2 Structural model of Estimation

5. Findings

This section presents the consequences of the investigation. Moreover, the clarifications or proof are given to help the theories results. The proposals of the examination are talked about. In the last area, the overall finish of the entire examination is introduced.

5.1 Overall Goodness of Fit Index

In this examination the primary condition demonstrating was utilized to check the theory model. Assessment of the theoretical model capacity and the identification of the causal connection between the dormant variable. Model fit appraisal test is essential to decide if a sensible translation of the real overserved information. Composite reliability is required more than 0.7 which is above 0.8 and Cronbach Alpha results is also more than 0.7 shown in table 4.4 Tenenhaus GoF (GoF)=0.45 where acceptance range is small >= 0.1, medium >= 0.25, large >= 0.36. Sympson's paradox ratio (SPR)=1.000 where acceptable if >= 0.7, ideally = 1 and R-squared contribution ratio (RSCR)=1.000, acceptable if >= 0.9, ideally = 1. The Statistical suppression ratio (SSR)=1.000, acceptable if >= 0.7 Nonlinear bivariate causality direction ratio (NLBCDR)=1.000, acceptable if >= 0.7. Overall this study goodness of theoretical model is achieving the desired.

5.2 Test of study Hypotheses

The value figured out by the maximum likelihood method is used to test where the study hypothesis is up to the level of significance. The test of the study hypothesis are shown in Table 4.5 and model figure shown in figure 2. There are four hypotheses are up to the level of significance where p is less than .05 and details is given below:

Hypothesis 1: There is a positive relationship between Perceived Epidemic Concerns and work stress.

This section examined the impact of Perceived epidemic concerns and work stress affect, the results showed standardized estimated Beta and P values are .762 and 0.001 where P is required less than 0.05, there is significant relationship and supported the hypothesis 1. The result confirmed when the Perceived epidemic concerns increased the highest work stress added to the employee.

Hypothesis 2: There is a negative relationship between Perceived Epidemic Concerns and organisation citizenship behaviours.

In addition, the impact of Perceived epidemic concerns and organisation citizenship behaviour, the results showed standardized estimated Beta and deviation values are -0.170 and 0.148 where P < 0.039, up to the insignificance level and there is a negative relationship where Hypothesis 2 supported. The results mean that when epidemic increases the organisation citizenship behaviour decreases.

Hypothesis 3: There is a negative relationship between work stress and organisation citizenship behaviours.

So the impact of work stress and organisation citizenship behaviour, the results showed standardized estimated Beta and deviation values are -0.404 and 0.141 where P < 0.006 am there is a significant negative

relationship between work stress and organization citizenship behaviour, so our study said that is supported the hypothesis 3. It means when work stress increased the organisation citizenship behaviour decreases.

Hypothesis 4: Work stress mediates the relationship between perceived epidemic concerns and organisation citizenship behaviour.

The mediating effect of Perceived epidemic concerns and organisation citizenship behaviour mediated by work stress the results showed standardized estimated Beta and deviation values are -0.303 and 0.113 where P<0.001, there is a significant negative relationship arises and we can say that supported the hypothesis 4. The results mean that work stress plays a mediating role were 30% negatively increase the organisation citizenship behaviour.

6. Limitation of the Study

The officials are extremely co-employable yet they are too occupied to even consider giving personal chance to get information about down to earth exercises. Additionally, they need to bargain in a cutthroat climate dependent on cash related exercises. I needed to set up this report alone. Each errand has a few limits. I confronted some standard limitations throughout my paper. These are as per the following

Enough time yet pandemic: I needed to finish this paper composing inside a more limited timeframe. So the time limitation of the investigation frustrating the course of huge region and time for setting up a report inside the referenced period is truly troublesome due to Coronavirus circumstances.

Occupied with work space: The authorities had a few times been not able to give data because of office lockdown and not accessible every one of the representatives.

Absence of adequate very much educated authorities: It is hard to gather data through online due vulnerability.

7. Recommendations

The study recommends that during the epidemic happened there is a high stress increases, so organisation should take necessary steps to reduce stress during the pandemic period and also improve the financial, physiological and psychological improvements of Kerala Hotel employees. Even pandemic demotivated the employees organisation citizenship behaviours for an effectively management program, there must be clear communication channels among employees and the senior management. This enables employees to understand the objective of work during pandemic problems. The study further recommends that though the hypotheses supported but further research can identify the real solution during this crisis time

Furthermore, since the study only focused on the quantitative measure, future works are encouraged in several areas in both quantitative and qualitative measure. It is recommended that future research can get a better understanding of the impact of Perceived epidemic concern on organisation citizenship behaviour mediated by work stress.

8. Conclusion

The outbreak of new infectious diseases continues, through vaccine is invented but it is continuously changing its variation and effect hotel employees as well as all employees over the world. By finding the results we can say that it is an alarming for hotel employees, mental, physical and psychological health that gives increases more work related stress. During these time hotel employees whose main job is to serve the variety of customers, may experience this stress and it impacts their performance also. In this examination four credits were distinguished for example actual concerns, mental concerns, monetary concerns and concerns with respect to social look. It was found through exact examination that ascribes of plague concerns cause high pressure in inn representative and diminish the general exhibition. Hotel employees serve clients of different identities, races, and ages that's why they are infected very much. They concern about their job and how to manage stress. After all it is a serious impact so hotel owner should take necessary steps as well as government subsidies.

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Conflicts of Interest: The author declares no conflict of interest.

Reference:

Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020, February 26). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. The Lancet Journal, 395, 912-920. doi:https://doi.org/10.1016/ S0140-6736(20)30460-8

Cooper, D., & Schindler, P. (2006). Business Research Methods (9th ed.). McGraw-Hill, New York.

Ghebreyesus, D. T. (2020, February 11). World Health Organization. Retrieved from https://www.who.int/news-room/speeches/item/who-director-general-s-remarks-at-the-media-briefing-on-2019-ncov-on-11-february-2020

Gorbalenya, A. E. (2020, March 2). The species Severe acute respiratory syndrome-related coronavirus: classifying 2019-nCoV and naming it SARS-CoV-2. Nature Microbiology, 5, 536-544. doi:https://doi.org/10.1038/s41564-020-0695-z

Gupta, A., Madhavan, M. V., Sehgal, K., Nair, N., Mahajan, S., Sehrawat, T. S., . . . Mathew S. Maurer, A. S. (2020, july 10). Extrapulmonary manifestations of COVID-19. Nature Medicine, 26, 1017-1032. doi:https://doi.org/10.1038/s41591-020-0968-3

Halbesleben, Jonathon, Harvey, Jaron, Bolino, & Mark. (2009). Too Engaged? A Conservation of Resources View of the Relationship Between Work Engagement and Work Interference With Family. American Psychological Association, 94(6), 1452-1465. doi:10.1037/a0017595

Helen, Campbell, & Pickford. (2016). Organisational Citizenship Behaviours: Definitions and Dimensions. Saïd Business School Research Papers, 1-13.

Hon, A. H., Chan, W. W., & Lu, L. (2013, june). Overcoming work-related stress and promoting employee creativity in hotel industry: The role of task feedback from supervisor. International Journal of Hospitality Management, 33, 416-424. doi:https://doi.org/10.1016/j.ijhm.2012.11.001

Jing, Z., & M, G. J. (20001, November 30). When Job Dissatisfaction Leads to Creativity: Encouraging the Expression of Voice. Academy of Management Journal, 44(5), 682-696. doi:https://doi.org/10.5465/3069410

Katz, D. (1964). The motivational basis of organizational behavior. Journal of the Society for General Systems Research, 9(2), 131-146. doi: https://doi.org/10.1002/bs.3830090206Digital Object Identifier (DOI)

Kaur, H. (2023, october 20). The Impact of Occupational Stress on the Performance of Employees: Systematic Review. International Journal of Applied Business and Management Studies, 8(2), 19-34.

Lai, Jianbo, Simeng, YingWang, ZhongxiangCai, & JianboHu. (2020, March 23). Factors AssociatedWithMentalHealthOutcomesAmongHealthCareWorkers ExposedtoCoronavirusDisease2019. JAMA NetworkOpen, 3(3), 1-12. doi:10.1001/jamanetworkopen.2020.3976

Melo, M. C., & Soares, D. d. (2020, September). Impact of social distancing on mental health during the COVID-19 pandemic: An urgent discussion. International Journal of Social Psychiatry, 66(6), 625-626. doi:10.1177/0020764020927047

Montenero, V., & Cazorzi, C. (2022, March 14). Virtual management during the Covid-19 era: Changes in leadership and management. International Entrepreneurship Review, 8(1), 78-94. doi:10.15678/IER.2022.0801.06

Narayanamurthy, G., & Tortorella, G. (2021, February 23). Impact of COVID-19 outbreak on employee performance – Moderating role of industry 4.0 base technologies. International Journal of Production Economics , 234, 1-19. doi:https://doi.org/10.1016/j.ijpe.2021.108075

Ooh, S. L. (2023, November). The Relationship between Emotional Exhaustion and Organisational Citizenship Behaviour: Psychological Capital as a Moderator. Employee Responsibilities and Rights Journal, 37(1), 75-86.

Organ, D. (1988). Organizational citizenship behavior: The good soldier syndrome. Lexington Books.

Raveendran, Jayadevan, Rajeev, & Sashidran. (2021, March 26). Long COVID: An overview. Diabetes & Metabolic Syndrome: Clinical Research & Reviews, 15(3), 869-875. doi:https://doi.org/10.1016/j.dsx.2021.04.007

Rodríguez-Rey, Rocío, Garrido-Hernansaiz, Helena, Collado, & Silvia. (2020, Jul 01). Psychological impact of COVID-19 in Spain: Early data report.. Special Section: International Perspectives on COVID-19. 12(5), 550-552. doi:https://doi.apa.org/doi/10.1037/tra0000943

Sepúlveda-Loyola, W. Rodríguez-Sánchez, I. & Pérez-Rodríguez P. (2022). Impact of Social Isolation Due to COVID-19 on Health in Older People: Mental and Physical Effects and Recommendations. The Journal of nutrition, health and aging, 24(9), 938-947. doi:https://doi.org/10.1007/s12603-020-1500-7