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CENTRALITY OF RELIGIOSITY: ITS INFLUENCE ON MENTAL HEALTH AND ORGANIZATIONAL CLIMATE AMONG THE DIOCESAN SCHOOLS DURING THE PANDEMIC

Bungay, A[1]; Cajurao, G[2]; Nuevo, JJ[3]; Solis, M[4]
[1]School Director, St. Martin de Porres Catholic School, Inc., Philippines
[2]Educational Consultant, Malolos Diocesan Catholic Schools Association (MADICSA), Philippines
[3]Dean, College of Medical Laboratory Science, Our Lady of Fatima University, Philippines
[4]Coordinator, Immaculate Conception School of Malolos – Metropolis, Philippines
[1] akosipaternong@gmail.com; [2] cajuaraogil@gmail.com; [3] drjurellnuevo@gmail.com; [4] fayesolis@gmail.com

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Abstract— The researcher explored the influence of religiosity on mental health and organizational climate among diocesan schools during pandemic. This study made used of the descriptive-correlational method of research which utilized standardized questionnaires as primary data gathering technique. The study involved 269 respondents from 22 institutions from Malolos Diocesan Catholic Schools Association (MADISCA). The multiple correlation and regression analysis was used to determine the influence of religiosity on the mental health and organizational climate. Data revealed that the centrality of religiosity often occurs among the respondents as evidenced by an overall mean score of 4.33 while the mental health was applied to some degree or some of the time with a mean score of 0.87 and the organizational climate often occur among the respondents with a mean score of 1.88. Data also revealed that there is a significant relationship between centrality of religiosity and mental health (p-value of 0.001), and organizational climate (p-value of 0.0037), Moreover, the obtained Beta coefficient of 0.120 with p-value of 0.003 for organizational climate while 0.103 with a p-value of 0.101 on mental health suggested that the centrality of religiosity contribute significant influence on organizational climate. The implementation of a holistic and comprehensive mental health awareness program through Wellness Promotion and Prevention Office (WPPO) which was crafted based on the findings of the study.
Keywords— Centrality of Religiosity, Mental Health, Organizational Climate

I. INTRODUCTION

Maintaining good mental health was seen as the key to have coping skills especially during the time of global health crisis. Mental health was defined as a "state of well-being by which each person recognizes one's potential, manages with the normal stresses of life, works efficiently and fruitfully, and was able to make an impact to one's community" (WHO, 2018). It was viewed as a dimension of overall health that spans a continuum from high-level wellness to severe illness (WHO, 2018). The promotion of mental health entails action taken to make living situations and environments that provide support on mental wellness and let individuals, families, groups or communities to adopt and maintain healthy lifestyles nurturing best emotional functioning and social inclusion (O'Reilly et al., 2018).

A. The Centrality of Religiosity and Mental Health

For the last decades, researchers from across different levels of disciplines have explored and acknowledged the positive contribution religiosity can hold to mental health. Service clients and survivors have also recognized the ways in which spiritual activity can impact on mental health and wellbeing, mental sickness, and recovery. This research explored the affect that some manifestations of religiosity had it as part of a consolidative approach to understanding mental health and wellbeing within organization of the diocesan school during pandemic.

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In the past number of years, a rounded approach to understanding individuals has paved the way for research to explore religiosity as one dimension of the cognitive, emotional, behavioral, interpersonal, and psychological factors that make up a human being. It was dimly acknowledging the connection of religiosity with mental health in Eastern ideologies like Buddhism for one with numerous centuries ago (King, U., 1998), the historical split concerning religion and science in the West has resulted in a relatively recent interest in the field in the UK (Abela, J. R., K. Brozina, and M. E. Seligman, 2004). This interest in the connection between religiosity and mental health was explored in a number of ways (Ai, A. L., C. Peterson, S. F. Bolling, and H. Koenig, 2002). Researchers in a range of disciplines, including psychology, psychiatry, theology, nursing and gerontology, are exploring the connections between various elements of these two areas of human existence (Ai, A. L., and C. L. Park, 2005). Service users and survivors as well as those in various faith communities were also added their voices to the evidence based and associated with ways in which religiosity had contributed to mental health and wellbeing, mental illness and recovery (Foskett, J., J. Marriott, and F. Wilson-Rudd, 2004).

Psychologists viewed religion as an integral part of a person's self-schema (McIntosh, 1995) and as a significant part of an identity formation (Erikson, 1950). Religion provided the most fundamental framework for interpreting reality, shapes how individuals view themselves and the world around them, and influences decisions in a person's daily life (Cadwallader, 1991). In recent years there has been a noticeable increase in research, published articles, and books dealing with positive influences of religion and religious practices on mental health (Koenig, 2015; Luhrmann, 2013; Moreira-Almeida, Neto, & Koenig, 2006) and improving care for religious clients (Barnett & Johnson, 2011; Cashwell, Young, Cashwell, & Belaire, 2001; Lukoff, Lu, & Turner, 1992; Milstein, Manierre, Susman, & Bruce, 2008). However, there was a scarcity of quality empirical research to give a clear picture of how religion influences professional mental health care seeking behaviors among religious individuals and their views of psychology and psychotherapy. The American Psychological Association's (APA) (2017) latest Code of Ethics states that religion of the patient is one of the important individual characteristics that have to be considered and respected in the process of diagnosing and treating mental health issues. Lack of research into the influence of religion on professional mental health treatment utilization and barriers religious people might have in getting appropriate mental health care makes it difficult to address in a culturally appropriate manner the issues and needs religious people might face when seeking help for their mental health problems.

B. Organizational Climate

Social support which dwells within the organization from the representatives, leaders, and clergy of religious congregations as significantly one of the crucial mediators between religiosity and mental health (Hill, P. C., and K. I. Pargament, 2003). In other kinds of social support, spiritual or religious support can be a beneficial source of self-esteem, information, camaraderie, and practical help that enables people to cope with stress and negative life events or exerts its own main effects. Swinton (2018) described some of the specific ways the spiritual community appeared to provide support. These include protecting people from social isolation; providing and strengthening family and social networks; providing individuals with a sense of belonging and self-esteem; and, offering spiritual support in times of adversity.

Several studies were also conducted in relation to religiosity and organizational work climate. Ekizler, Galifanova, (2020), stated that religiosity was found positively related to work values which signifies high level of work commitment. Olowookere (2014) conducted a study and was mentioned an influential side of intrinsic religiosity in relation to affective commitment, moreover extrinsic commitment was found to affect continuance and normative commitment. Sav (2016) supported the hypothesis of beneficial and positive relationship of religiosity and work-life facilitation.

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Pandemic has never been so easy for all organizations and to stride with a constantly health concern it was inevitable for organizations especially school ones to adapt and developed practical activities necessary for continuance of education. In school organizational set up mechanical and traditional rules are conscientiously replaced with more open and flexible ones. In order to integrate individuals into organizations fully every demographic characteristic be it visible like gender and race or invisible like religion and sexual orientation should be encouraged for expression. Religiosity among school organizations should take into consideration their employees' religious and spiritual affiliations since, as many researches stated, it is positively connected with commitment.

In Gyekye and Haybatollahi's (2012) study, industrial workers affiliated with religiosity were found to be strongly incorporated with work values. Moreover, Ekizler, Galifanova, (2020). Considering high living costs, tough economic conditions, and high competition this bearing is meaningful. People realizing the costs upon leaving their jobs, stay in an organization for stable income. It was also important to note that the time and personal sacrifices were equally important for an employee to stay in an organization.

The primary purpose of this study was to understand deeply the centrality of religiosity, the level of mental health, and its effect with the organizational climate of teachers and administrators among diocesan schools during the pandemic. Furthermore, much empirical literature supported the idea that centrality of religiosity was a key issue associated with clients diagnosed with mental illness and shows a clear positive correlation between clients' religiosity and their mental illnesses (Gilbert, 2007). In this sense, it was true that workers with clients with mental illness should have been sensitive about the centrality of religiosity and be careful in integrating it into their practice. For the above reasons, community mental health settings could fit the purpose of the study and could be good match since religiosity has become one of the new factors in mental health practice (Gilbert, 2007). In this study the researcher has found significant impact of religiosity on mental health of the organization among diocesan schools during the time of pandemic. The current study has served as the basis for creating a more holistic mental health program for teachers anchored in religiosity.

C. Theoretical/Conceptual Framework

This study was theoretically anchored on the Cognitive and Humanistic theoretical frameworks. Martin Seligman (1974) projected a cognitive account of depression called the learned helplessness theory, that depression occur when an individual learns to escape negative situations and makes no difference, this leads to becoming passive and endure aversive to stimuli or environment most especially when it is possible. This theory was originated using dogs in experimentation and was then extended to human behavior as a model for explaining depression. According to Seligman, individuals with depression have understood to be powerless. Simply put, they feel that whatever they do will be useless, and do not believe that they have any control over their environment. Seligman concluded that depression in humans in terms of learned helplessness, whereby the individual gives up trying to influence their environment because they have learned that they are helpless as a consequence of having no control over what happens to them.

On the other hand, Humanists believed that there were needs that are unique to the human species. Maslow mentioned the need for self-actualization (achieving out potential). The self-actualizing human being has a meaningful life. Whatever thing that prevents the striving to satisfy this need can be a cause of depression such as: parents imposing conditions of worth on their children i.e., rather than accepting the child for who s/he is and offering unreserved love, parents does love conditional on decent behaviour.

The conceptual model has presented that the independent variables laid with the demographic profile of the respondents in terms of: respondent's employment classification, gender, respondent's position, length of service and diocesan cluster employment classification while the three dependent variables carried in this study

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(1) organizational climate that covered supportive, directive, engaged, frustrated, and intimate behavioral dimension (2) centrality of religiosity which entails intellectual dimension, ideology, public practice, private practice and experience of religiosity and (3) Mental health that have included on the level of depression, anxiety and stress.

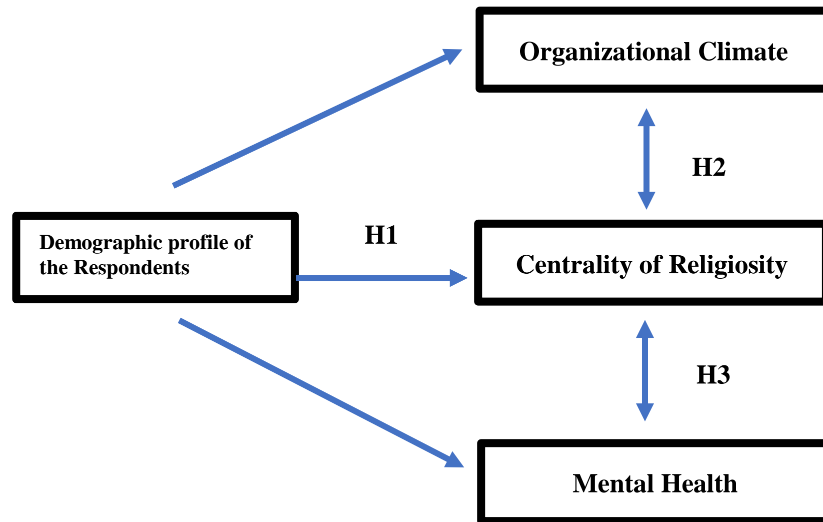

Fig. 1. Conceptual Model of the Study

In this research it also included hypothetical model of significant changes **(H1)** dealt with the significant difference in the assessment on organizational climate, centrality of religiosity and mental health when grouped according to the demographic profile of the respondents (**H2**) dealt with the significant correlations between mental health and centrality of religiosity. On the other hand (**H3)** dealt with the significant relations between centrality of religiosity and organizational climate (Figure 1).

D. Statement of the Problem

This research aimed to determine the effect of religiosity on the mental health and organizational climate among the diocesan schools in Malolos during the pandemic.

Specifically, it answered the following questions:

1) What is the demographic profile of the respondents based on:
   1.1 Respondent's employment classification;
   1.1.1. Casual;
   1.1.2. Regular;
   1.2 Gender;
   1.2.1. Male;
   1.2.2 Female;
   1.3 Respondent's Position;
   1.3.1. School Head;
   1.3.2. Principal;
   1.3.3. Teacher;
   1.4 Length of Service; and
   1.5 Diocesan Cluster Employment classification?

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2) What is the assessment of the respondents with regards to centrality of religiosity in terms of:
   2.1 Intellectual dimension of religiosity;
   2.2 Ideology of religiosity;
   2.3 Public practice of religiosity;
   2.4 Private practice of religiosity; and
   2.5 Experience of religiosity?

3) What is the assessment of the respondents with regards to level of mental health of the educators during the pandemics in terms of:
   3.1. Depression;
   3.2 Anxiety; and
   3.3 Stress?

4) What is the assessment of the respondents in Organizational Climate Dimension based on:
4.1 Supportive Behavioral Dimension;
4.2 Directive Behavioral Dimension;
4.3 Engaged Behavioral Dimension;
4.4 Frustrated Behavioral Dimension; and
4.5 Intimate Behavioral Dimension?

5) Is there a significant difference in the assessment of r to centrality of religiosity, mental health and organizational climate when grouped according to the demographic profile of the respondents?

6) Is centrality of religiosity significantly affect the mental health and organizational climate of the educators among the diocesan schools in Malolos?

7) Is centrality of religiosity significantly relate with organizational climate and mental health of the educators among the diocesan schools in Malolos?

8) What mental health awareness program was crafted based on the result of this research?

E. Hypotheses of the Study

The following hypotheses were crafted based on the statement of the problem:

1) There is no significant difference in the assessment of r to centrality of religiosity, mental health and organizational climate when grouped according to the demographic profile of the respondents.

2) The centrality of religiosity not significantly affect the mental health and organizational climate of the educators among the diocesan schools in Malolos.

3) Centrality of religiosity significantly is not relate with organizational climate and mental health of the educators among the diocesan schools in Malolos.

II. METHODOLOGY

This study has utilized the descriptive evaluative type of research. Descriptive research have provided the scientific basis for providing descriptive details about the respondents and the results of the questionnaire given, thus this involved extensive observation and note-taking as well as in-depth narration of the tabulated results. This have helped the researcher identifies the important factors, laying a foundation for more-rigorous research. Evaluative type on the other hand have helped in investigating the differences among the variables and help answer the questions. Moreover, Descriptive type of research was a design which aimed to describe the nature of a situation of a particular phenomenon and have utilized for description, recording, analysis and interpretation of the present nature of a situation.

The researcher have disseminated and gathered data through google form with the permission of all the school heads of the diocesan schools.

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A. Locale of the Study

To help the researcher determine the sample population of the study, cluster sampling will be utilized. The researcher has divided the population into smaller groups known as **clusters** and randomly select among these clusters and formed a sample.

The locale of the study have included the seven (7) clusters coming from the Malolos Diocesan Catholic School Association (MADISCA) that headed by different father rectors of the diocese of Malolos. Cluster 1 composed of three (3) catholic schools located in Municipality of Hagonoy and Paombong, Cluster 2 composed of nine (8) catholic schools located in City of Malolos and Municipality of Guiginto, Cluster 3 composed of 2 composed of two (2) catholic schools located in Brgy. Panasahan, City of Malolos and Municipality of Plaridel, Cluster 4 composed of two (2) catholic schools from City of Valenzuela and Municipality of Obando, Cluster 5 composed of two (2) catholic schools from Municipality of Norzagaray and Poblacion of San Jose del Monte City while Cluster 6 composed of three (3) catholic schools from City of San Jose Del Monte, Municipality of San Rafael and Municipality of Angat and Cluster 7 composed of two (2) catholic schools from Municipality of Doña Remedios Trinidad and Municipality of San Ildefonso Bulacan.

B. Respondents of the Study

The respondents of the study involved 599 teachers or the total population of school teachers from 22 MADISCA diocesan schools. Table I presented the breakdown of respondents that have participated in this research with regards to clusters that the respondents belong to with corresponding percentage.

TABLE I
FREQUENCY AND PERCENTAGE DISTRIBUTION ON RESPONDENT

College	No of schools	Teachers	Frequency	Percent
Cluster 1	3	135	142	**21.55**
Cluster 2	8	149	168	**25.49**
Cluster 3	2	16	21	**3.19**
Cluster 4	2	117	123	**18.66**
Cluster 5	2	39	45	**6.82**
Cluster 6	3	126	138	**20.94**
Cluster 7	2	17	22	**3.33**
Total	**22**	**599**	**635**	**100**

C. Instruments of the Study

To evaluate and measure the centrality of religiosity on the mental health and organizational climate, the following standardized research instruments were utilized:

1) *Centrality of Religiosity Scale (CRS):* This research instrument was developed by Stefan Huber and Odilo W. Huber in 2012. The CRS is a measure of the centrality, importance or salience of religion that assesses the general intensities of five theoretical defined core dimension of religiosity which are public practice, private practice, religious experience, ideology and the intellectual dimension.

The basic scale was provided in three lengths with 15 items questions. The CRS 15 has three items per dimension. It was the version with the highest dimensional discriminance such as allowing the measurement of the core dimensions with the highest reliability and accuracy and this is best being applied if the differential influence of the dimension on other phenomena is of interest. In the reliabilities of the individual dimensions Cronbach Alpha ranged from 0.80 to 0.93 and from 0.92 to 0.96 for the whole CRS 15.

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2) *DASS (Depression, Anxiety, Stress):* The Depression Anxiety Stress Scales (DASS) is a 42-item self-report tool intended to measure the three related negative emotional states of depression, anxiety and tension/stress. The DASS was composed not merely as another set of scales to assess conventionally defined emotional states, but to further the process of defining, understanding, and measuring the ubiquitous and clinically significant emotional states usually described as depression, anxiety and stress.

Each of the three DASS scales includes 14 items, divided into subscales of 2-5 items with comparable content. The Depression scale evaluates dysphoria, hopelessness, devaluation of life, self-deprecation, and lack of interest/involvement, anhedonia, and inertia. The Anxiety scale evaluates autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The Stress scale is sensitive to levels of chronic non-specific arousal. It evaluates difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive and impatient. Subjects are requested to use 4-point severity/frequency scales to rate the extent to which they have experienced each state over the past week. Scores for Depression, Anxiety and Stress are computed by adding the scores for the appropriate items.

2.1) Characteristics of High Scorers on each DASS Scale

Depression scale

- self-disparaging
- dispirited, gloomy, blue
- convinced that life has no meaning or value
- pessimistic about the future
- unable to experience enjoyment or satisfaction
- unable to become interested or involved
- slow, lacking in initiative

Anxiety scale

- apprehensive, panicky
- trembly, shaky
- aware of dryness of the mouth, breathing difficulties, pounding of the heart, sweatiness of the palms
- worried about performance and possible loss of control

Stress scale

- over-aroused, tense
- unable to relax
- touchy, easily upset
- irritable
- easily startled
- nervy, jumpy, fidgety
- intolerant of interruption or delay

Internal uniformity of the DASS subscales was high, with Cronbach's alphas of 0.94, 0.88, and 0.93 for depression, anxiety, and stress respectively. Factor analysis showed a three factor solution, which corresponded well with the three subscales of the DASS. Construct validity was beyond supported by moderately high relationships of the DASS with indices of convergent validity (0.65 and 0.75), and lower correlations of the DASS with indices of divergent validity (range −0.22 to 0.07). Support for criterion validity was supported by a statistically significant difference in DASS scores among two diagnostic groups. A cut off score of 5 for anxiety and 12 for depression is recommended. The DASS revealed probabilities of anxiety and depression after a negative test result of 0.05 and 0.06 respectively. Probabilities of 0.29 for anxiety disorder and 0.33 for depression after a positive test result indicate relatively minimal specificity of the DASS.

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The DASS questionnaire is public domain, and so permission for use is not necessary. The DASS questionnaire and scoring key may be downloaded from the DASS website and copied without restriction.

2.2) Scoring Guide

DASS (42) Scoring	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	34+

DEPRESSION Items: 3 5 10 13 16 17 21 24 26 31 34 37 38 42
ANXIETY Items: 2 4 7 9 15 19 20 23 25 28 30 36 40 41
STRESS Items: 1 6 8 11 12 14 18 22 27 29 32 33 35 39

Reference: *Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety Stress Scales (2nd. Ed.). Sydney: Psychology Foundation*

3) *Organizational Climate Questionnaire:* The research instrument was adapted from the Organizational Climate Description Questionnaire developed by Wayne R. Hoy, C. John Tarter and Robert Kottkamp (2008).

The researcher transcribed the following instruments into Google Form Application. The utilization of research instruments in this study need no permission from the authors' approval. More so, the respective authors of each instrument encourage researchers to employ the instrument with proper acknowledgement as required in reverence to the source of the instrument. This demonstrated the stability of its structure which confirms the validity and reliability of the research instruments.

Likewise, the following four-point Likert scale was utilized to interpret the data:

Mean Scores	Quantitative Description
4.00 – 3.51	High Importance/Always/ A lot
3.50 – 2.51	Moderate Importance/Most of the Time/To some extent
2.50 – 1.51	Low Importance/Sometimes/Very Little
1.50 – 1.00	No Importance/Never/ Not at all

D. Data Processing and Statistical Treatment

The data collected was tabulated and processed using Statistical Packages for Social Sciences (SPSS). Version 23 and Graph Pad InStat Version 3. The findings and tables were presented using necessary tables and figures with appropriate labeling. To analyze and interpret the data, the researcher has used certain procedures on statistical treatment:

1) *Frequency and Percentage Distribution:* This statistical tool was used in the presentation of characteristics profile of the respondents in terms of respondents' employment classification, gender, respondent's position, length of service and diocesan cluster employment classification. This statistical tool was also used in determine the depression, anxiety and stress of the respondents.

2) *Mean Score:* This statistical tool was used in presenting the centrality of religiosity and organizational climate.

The assessment centrality of religiosity was quantified using the following scale:

Descriptive Evaluation	Range
Very Often Occurs	5.0 – 4.50
Often Occurs	4.49 – 3.50
Occasionally Occurs	3.49 – 2.50
Rarely Occurs	2.49 – 1.50
Never Occurs	1.49 – 1.0

The assessment strength of organizational climate was quantified using the following scale:

Descriptive Evaluation	Range
Rarely Occurs	4.00 – 3.50
Sometimes Occurs	3.49 – 2.50
Often Occurs	2.49 – 1.50
Very Frequently Occurs	1.49 – 1.0

3) *Pearson's R Coefficient Correlation*: This statistical tool was utilized to determine significant relations between the centrality of religiosity with mental health.

4) *Multiple Linear Regression Analysis:* This statistical tool was utilized to determine significant correlates between centrality of religiosity and the organizational climate of the institution.

5) *Independent T-Test:* This statistical tool was used to determine significant difference in the assessment of the centrality of religiosity, mental health and organizational climate when grouped according to gender profile of the response while **Analysis of Variance (ANOVA)** was utilized for other characteristics of the respondents.

This research was opted to determine the 95% validity of the study with a 5% degree of error and set at P-values of <0.05 was assumed to be statistically significant.

E. Ethical Considerations

La Consolacion University Philippines (LCUP) under the Graduate School Program observed the determination and implementation of specific considerations in thesis writing to ensure compliance with ethical requirements to safeguard the interests of the research participants.

The researchers have secured the institutional clearances and permission from LCUP and the different school heads of the MADISCA Diocesan School, the locale where the research was conducted.

The following ethical considerations were highly observed for this research in the data gathering procedure:

1. The informed consent have presented the background of the study. It has aided the participants to decide whether or not to participate in the study.
2. It was clearly stated in the informed consent that participation in the research study was highly voluntarily, ensuring no coercion or deception in participation.
3. The participants have given the right to withdraw from the study anytime without requiring them to state any reasons for doing so.
4. Confidentiality and data privacy was ensured, and information obtained was used solely for research purposes.
5. Anonymity among participants was observed to preserve personal identity. The participants have been named Teacher with corresponding number assigned to them (e.g., Teacher 1, Teacher 2, etc.)

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6. The data was stored in the private personal computer with the sole access of the researcher. The data collected was stored until the completion of the research study. The data collected was permanently deleted after the completion of the research study in accordance to the graduate school's requirements.

III. Results and Discussions

This study made use of the descriptive-correlational method of research which utilized standardized questionnaires as primary data gathering technique. The respondents of the study will involve 269 respondents from 22 MADISCA diocesan schools.

The following null hypotheses were tested at 0.05 significance level with 0.95 reliability:
1) There is no significant difference in the assessment on the centrality of religiosity, mental health and organizational climate when grouped according to the demographic profile of the respondents.
2) Centrality of religiosity significantly affect mental health of the educators among the diocesan schools in Malolos.
3) Centrality of religiosity significantly affect organizational climate of the educators among the diocesan schools in Malolos.

The results were processed using the Statistical Packages for Social Sciences (SPSS), and the data were presented using appropriate tables and texts. The results were analyzed and interpreted using statistical tests such as weighted mean procedures on determining the level of centrality of religiosity, mental health, and organizational climate. The multiple correlation and regression analysis was also used to determine the effects of the independent variable on the dependent variables mentioned.

Having said that, the results of the study may be summarized as follows:

Problem 1: What is the demographic profile of the respondents?

The demographic profile of the respondents was statistically described as follows:

TABLE III
Composite Summary of the Demographic profile of the Respondents

Indicators	**Highest Frequency (*f*)**
Employment classification	Regular
Gender	Female
Position	Teachers
Year of Service	Less than 5 years
Cluster	Cluster 2

The demographic profile of the respondents can be summarized as a regular female teacher with less than 5 years in service who belong to cluster 2.

Problem 2: What is the assessment of the respondents with regards to centrality of religiosity?
As can be noticed in the Table II, the centrality of religiosity often occurs among the respondents as evidenced by 4.33 overall mean percentage score. Specifically, this was presented through the following: intellectual dimension of religiosity (4.07), ideology of religiosity (4.55), public practice of religiosity (4.35),

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private practice of religiosity (4.42), experience of religiosity (4.28). The highest mean score was the ideology of religiosity while the lowest was the intellectual dimension of religiosity.

TABLE IV
COMPOSITE SUMMARY OF THE CENTRALITY OF RELIGIOSITY

Indicators	Mean	Interpretation
Intellectual Dimension of Religiosity	4.07	Often Occurs
Ideology of Religiosity	4.55	Very Often Occurs
Public Practice of Religiosity	4.35	Often Occurs
Private Practice of Religiosity	4.42	Often Occurs
Experience of Religiosity	4.28	Often Occurs
Total	**4.33**	**Often Occurs**

Problem 3: What is the assessment of the respondents with regards to level of mental health of the educators during the pandemic?

TABLE V
COMPOSITE SUMMARY OF THE LEVEL OF MENTAL HEALTH

Indicators	Mean	Interpretation
Depression	0.85	Applied to me to some degree or some of the time
Anxiety	0.85	Applied to me to some degree or some of the time
Stress	0.90	Applied to me to some degree or some of the time
Total	**0.87**	**Applied to me to some degree or some of the time**

Table IV revealed that the mental health was applied to the respondents to some degree or some of the time with the general mean percentage score of 0.87. This was determined through these sub-variables: depression (0.85), anxiety (0.85), and stress (0.90).

Problem 4: What is the assessment of the respondents in organizational climate dimension?

TABLE VI
COMPOSITE SUMMARY OF THE ORGANIZATIONAL CLIMATE

Indicators	Mean	Interpretation
Supportive Behavioral Dimension	2.02	Often Occurs
Directive Behavioral Dimension	1.89	Often Occurs
Engaged Behavioral Dimension	1.91	Often Occurs
Frustrated Behavioral Dimension	2.00	Often Occurs
Intimate Behavioral Dimension	1.58	Often Occurs
Total	**1.88**	**Often Occurs**

Table V revealed that the indicators of organizational climate often occur among the respondents with the general mean percentage score of 1.88. This was determined through the following: supportive behavioral dimension (2.02), directive behavioral dimension (1.89), engaged behavioral dimension (1.91), frustrated behavioral dimension (2.00), and intimate behavioral dimension (1.58).

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Problem 5: Is there a significant relationship in the assessment on the centrality of religiosity, mental health and organizational climate when grouped according to the demographic profile of the respondents?

Analysis of data revealed an F-value of 6.561 with the associated p-value of .000. Since the associated probability does not exceed .05 alpha, it is, therefore, safe to conclude that there is significant relationship between demographic profile of the respondents and the centrality of religiosity, mental health, and organizational climate. Hence, the decision is to reject the null hypothesis.

Lastly, the R able to denote multiple correlation coefficient between the different variables as a predictor of the dependent variable. It could be noted that the R is .265 which indicates a level of prediction. It can be indicated that the explanatory powers of the dependent variable of 0.265 implies that 27% of the variation in demographic profile of the respondents is accounted by changes in organizational climate, mental health, and centrality of religiosity.

Problem 6: Does centrality of religiosity significantly affect the mental health of the educators among the diocesan schools in Malolos?

As can be gleaned from the results, the obtained Beta coefficient of 0.146 (intellectual dimension) and 0.123 (experience of religiosity) suggest that the indicated centrality of religiosity contribute significant effects on mental health. The B coefficient results indicate that in every unit increase in the servant leadership in terms of empowering and emotional healing will mean a 0.146 and 0.123 increase on mental health.

Further analysis of the data revealed an F-value of 5.153 with the associated p-value of .000. Since the associated probability does not exceed .05 alpha, it is, therefore, safe to conclude that the combined effects of centrality of religiosity namely intellectual dimensions, and experience of religiosity a set of significant predictors of mental health. Hence, the decision is to reject the null hypothesis.

Lastly, the R able to denote multiple correlation coefficient between the different variables as a predictor of the dependent variable. It could be noted that the R is .299 which indicates a level of prediction while R-square figure is a statistical measure on closeness of the data in regression line as the coefficient of determination or simply the coefficient of multiple determination for multiple regression. It can be indicated that the explanatory powers of the dependent variable of 0.299 implies that 30% of the variation in centrality of religiosity is accounted by changes in mental health.

Problem 7: Does centrality of religiosity significantly affect the organizational climate of the educators among the diocesan schools in Malolos?

Results revealed an F-value of 2.801 with the associated p-value of .000. Since the associated probability does not exceed .05 alpha, it is, therefore, safe to conclude that the combined effects of centrality of religiosity namely intellectual dimensions, ideology of religiosity, public practice of religiosity, private practice of religiosity, and experience of religiosity a set of significant predictors of organizational health. Hence, the decision is to reject the null hypothesis.

Furthermore, the R able to denote multiple correlation coefficient between the different variables as a predictor of the dependent variable. It could be noted that the R is .226 which indicates a level of prediction while R-square figure is a statistical measure on closeness of the data in regression line as the coefficient of determination or simply the coefficient of multiple determination for multiple regression. It can be indicated that the explanatory powers of the dependent variable of 0.226 implies that 26% of the variation in centrality of religiosity is accounted by changes in organizational climate.

Problem 8: What mental health awareness program can be crafted based on the result of this research?

Based on the results of the study a holistic and comprehensive mental health awareness program focusing on the three major components of human development namely religiosity, mental health, and organizational climate.

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IV. CONCLUSIONS AND RECOMMENDATIONS

Based on the results of the study, the following conclusions were drawn:

1) The demographic profile of the respondents can be summarized as a regular female teacher with less than 5 years in service who belong to cluster 2.
2) The centrality of religiosity was manifested at the high level in terms of intellectual dimension, ideology, public and private practice, and experience - indicative of the whole organization's capabilities to engage in continuous religious formation.
3) The level of mental health was also presented at a healthy level which implies that the respondents have a great sense of safeguarding their mental health in the midst of COVID-19 pandemic.
4) The organizational climate was also presented at high level. Higher assessment was noted on intimate behavioral dimension, and the lowest was the supportive behavioral dimension.
5) No significant relationship exists on the assessment of the respondents with regards to centrality of religiosity, mental health, and organizational climate when grouped according to their profile.
6) The centrality of religiosity significantly affects mental health of the respondents.
7) The centrality of religiosity significantly affects organizational climate of the respondents.
8) The findings of the study can be a basis for the development of a proposed mental health awareness program since it was empirically conducted with utmost confidence of giving light to the existing problems in the organization.

Recommendations

Based on the results and conclusions of the study, the following recommendations are offered:

1) Schools are challenged to provide avenues for the teachers to be classified as regular from the casual employment classification, they are also challenged to provide various opportunities for the teachers to promote their retention by offering more competitive fringe and benefits.
2) School principals may consider promoting intellectual dimensions of religiosity such as catechism among teachers, and other school personnel. Doing this would bring significant changes on their ideologies towards religiosity.
3) Although a strong mental health was noted, teachers are still challenged to keep their mental health during the COVID-19 pandemic as they are the agents of instructional delivery and formation among students.
4) The supportive and frustrated behavioral dimensions got the lowest assessment. Hence, it is highly recommended for the school principals and heads to show strong collaborations with the teachers towards actualization of school's vision-mission statement.
5) Giving of short courses about theology to promote intellectual dimensions of religiosity as correlated with their ideologies would increase the level of mental health of the respondents.
6) School principals and administrators are challenged to exercise agapeic support on teachers through peer-mentoring and coaching at the expense of professionalism, and personalism in the organization.
7) The implementation of a holistic and comprehensive mental health awareness program through Wellness Promotion and Prevention Office (WPPO) which was crafted based on the findings of the study is highly recommended.

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REFERENCES

[1] Aarons, G. A., & Sawitzky, A. C. (2017). Organizational climate partially mediates the effect of culture on work attitudes and staff turnover in mental health services. Administration and policy in mental health and mental health services research, 33(3), 289-301.

[2] Albiladi, K. (2019). Blended Learning in English Teaching and Learning: A Review of the Current Literature. Journal of Language Teaching and Research, 10(2), 232–238. https://doi.org/http://dx.doi.org/10.17507/jltr.1002.03.

[3] Aperribai, L., Cortabarria, L., Aguirre, T., Verche, E., & Borges, Á. (2020). Teacher's physical activity and mental health during lockdown due to the COVID-2019 pandemic. Frontiers in Psychology, 11, 2673.

[4] Apipalakul, C., & Kummoon, D. (2017). The effects of organizational climate to conflict management amongst organizational health personnel. Procedia-Social and Behavioral Sciences, 237, 1216-1222.

[5] Aten, J. D., Smith, W. R., Davis, E. B., Van Tongeren, D. R., Hook, J. N., Davis, D. E., et al. (2019). The psychological study of religion and spirituality in a disaster context: A systematic review. Psychological Trauma: Theory, Research, Practice, and Policy., 11(6), 597–613. https://doi.org/10.1037/tra0000431.

[6] Awuni, M., & Tanko, M. Z. (2019). Organizational Citizenship Behavior and Religiosity at the Workplace. International Journal of Contemporary Research and Review, 10(05), 21501-21514.

[7] Baker, C. N., Peele, H., Daniels, M., Saybe, M., Whalen, K., Overstreet, S., & The New Orleans, T. I. S. L. C. (2020). The Experience of COVID-19 and Its Impact 69-on Teachers' Mental Health, Coping, and Teaching. School Psychology Review, 1-14.

[8] Banerjee D. (2020). The COVID-19 outbreak: Crucial role the psychiatrists can play. Asian Journal of Psychiatry, 50, 102014 10.1016/j.ajp.2020.102014E

[9] Batubara, H. H., & Batubara, D. S. (2020). Penggunaan Video Tutorial Untuk Mendukung Pembelajaran Daring Di Masa Pandemi Virus Corona. Muallimuna : Jurnal Madrasah Ibtidaiyah, 5(2), 21. https://doi.org/10.31602/muallimuna.v5i2.2950.

[10] Bentzen, J. S. (2019). Acts of God? Religiosity and natural disasters across subnational world districts. The Economic Journal, 129(622), 2295–2321.

[11] Bentzen, J. S. (2020). In crisis, we pray: Religiosity and the COVID-19 pandemic. Working paper.

[12] Chandler C, Foltz PW & Elvevåg B: Using machine learning in psychiatry: the need to establish a framework that nurtures trustworthiness. Schizophr Bull 2020; 46:11-4

[13] Charcot JM., & Freud S. (2015). Future of an illusion. In: Strachey J, trans-ed. Standard Edition of the Complete Psychological Works of Sigmund Freud. Richmond, UK: Hogarth Press. Retrieve from https://www.psychiatrictimes.com/view/religion-spirituality-and-mental-health.

[14] Crossley D. (2015). Religious experience within mental illness: opening the door on research. Br J Psychiatry. Retrive from https://www.psychiatrictimes.com/view/religion-spirituality-and-mental-health.

[15] Del Castillo F. A., Biana H. T., Joaquin J. J. B. (2020). ChurchInAction: The role of religious interventions in times of COVID-19. Journal of Public Health, 42(3), 633–634. 10.1093/pubmed/fdaa086

[16] Desai, K. M., & Pargament, K. I. (2015). Predictors of growth and decline following spiritual struggles. The International Journal for the Psychology of Religion, 25(1), 42–56.

[17] Ebadi A., Ahmadi F., Ghanei M., Kazemnejad A. (2009). Spirituality: A key factor in coping among Iranians chronically affected by mustard gas in the disaster of war. Nursing & Health Sciences, 11(4), 344–350.

[18] Exline, J. J., & Rose, E. (2013). Religious and spiritual struggles. Handbook of the psychology of religion and spirituality (2nd ed., pp. 379–398). New York, NY: Guilford Press.

[19] Ferrell, B. R., Handzo, G., Picchi, T., Puchalski, C., & Rosa, W. E. (2020). The urgency of spiritual care: COVID-19 and the critical need for whole-person palliation. Journal of pain and symptom management, 60(3), e7-e11.

[20] Friedman, Audrey A.; Rosen-Reynoso, Myra; Cownie, Charles T. III; and Hunter, Cristina J. PhD, "Looking at Catholic schools' responses to the COVID-19 pandemic through the lens of Catholic Social Teaching Principles" (2020). COVID-19 and Catholic Schools. 16. https://digitalcommons.lmu.edu/ce_covid/16

[21] Galea S., Merchant R. M., Lurie N. (2020). The mental health consequences of COVID-19 and physical distancing: The need for prevention and early intervention. JAMA Internal Medicine, 180(6), 817–818.

[22] Galiatsatos, P., Monson, K., Oluyinka, M., Negro, D., Hughes, N., Maydan, D., ... & Hale, W. D. (2020). Community calls: Lessons and insights gained from a medical–religious community engagement during the COVID-19 pandemic. Journal of Religion and Health, 59(5), 2256-2262.

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[23] Glisson, C., & Hemmelgarn, A. (2015). The effects of organizational climate and interorganizational coordination on the quality and outcomes of children's service systems. Child abuse & neglect, 22(5), 401-421.
[24] Graham S, Depp C, Lee EE, Nebeker C, Tu X, Kim HC et al.: Artificial intelligence for mental health and mental illnesses: an overview. Curr Psychiatry Rep 2019; 21:116
[25] Hackney, C. H., & Sanders, G. S. (2003). Religiosity and mental health: A meta-analysis of recent studies. Journal for the scientific study of religion, 42(1), 43–55.
[26] Haq, I. U., De Clercq, D., Azeem, M. U., & Suhail, A. (2020). The interactive effect of religiosity and perceived organizational adversity on change-oriented citizenship behavior. Journal of Business Ethics, 165(1), 161-175.
[27] Henrich, J., Bauer, M., Cassar, A., Chytilová, J., & Purzycki, B. G. (2019). War increases religiosity. Nature Human Behaviour, 3(2), 129–135.
[28] Hubert, P., Abdel Hadi, S., Mojzisch, A., & Häusser, J. A. (2021, January 7). The Effects of Organizational Climate on Adherence to Guidelines for COVID-19 Prevention and Organizational Identification: A Three-Wave Study. https://doi.org/10.31234/osf.io/sj94b
[29] Junianto, D., & Wagiran, W. (2013). Pengaruh kinerja mengajar guru, keterlibatan orang tua, aktualisasi diri dan motivasi berprestasi terhadap prestasi. Jurnal Pendidikan Vokasi, 3(3), 307–319. https://doi.org/10.21831/jpv.v3i3.1845.
[30] Khattar, A., Jain, P. R., & Quadri, S. M. K. (2020, May). Effects of the disastrous pandemic COVID 19 on learning styles, activities and mental health of young Indian students-a machine learning approach. In 2020 4th International Conference on Intelligent Computing and Control Systems (ICICCS) (pp. 1190-1195). IEEE.
[31] Koenig H. G. (2020). Maintaining health and well-being by putting faith into action during the COVID-19 pandemic. Journal of Religion and Health, 59(5), 2205–2214.
[32] Koenig, H. G. (2018). Religion and mental health: Research and clinical applications. London: Academic Press.
[33] Kraft, M. A., Simon, N. S., & Lyon, M. A. (2020). Sustaining a sense of success: the importance of teacher working conditions during the COVID-19 pandemic.
[34] Krisna, N. L. P. G., D, I. W. R., & Abadi, I. B. G. S. (2013). Pengaruh Model Pembelajaran Kuantum berbantuan Media Video Kontekstual terhadap Hasil Belajar IPA Siswa di SDN Dangin Puri. MIMBAR PGSD Undiksha, 1(1). https://doi.org/http://dx.doi.org/10.23887/jjpgsd.v1i1.1261.
[35] Kush, J. M., Badillo-Goicoechea, E., Musci, R. J., & Stuart, E. A. (2021). Teacher Mental Health During the COVID-19 Pandemic: Informing Policies to Support Teacher Well-being and Effective Teaching Practices. arXiv preprint arXiv:2109.01547.
[36] Li Z, Ge J, Yang M, Feng J, Qiao M, Jiang R, et al. Vicarious traumatization in the general public, members, and non-members of medical teams aiding in COVID-19 control. Brain Behav Immun 2020; [Epub ahead of print].
[37] Lim, C., & Putnam, R. D. (2010). Religion, social networks, and life satisfaction. American Sociological Review, 75(6), 914–933.
[38] Lucchetti, G., Góes, L. G., Amaral, S. G., Ganadjian, G. T., Andrade, I., de Araújo Almeida, P. O., ... & Manso, M. E. G. (2020). Spirituality, religiosity and the mental health consequences of social isolation during Covid-19 pandemic. The International journal of social psychiatry.
[39] Lucchetti, G., Góes, L. G., Amaral, S. G., Ganadjian, G. T., Andrade, I., Almeida, P., do Carmo, V. M., & Manso, M. (2020). Spirituality, religiosity and the mental health consequences of social isolation during Covid-19 pandemic. The International journal of social psychiatry, 20764020970996. Advance online publication. https://doi.org/10.1177/0020764020970996
[40] Malinakova, K., Tavel, P., Meier, Z., van Dijk, J. P., & Reijneveld, S. A. (2020). Religiosity and mental health: A contribution to understanding the heterogeneity of research findings. International journal of environmental research and public health, 17(2), 494.
[41] Matiz, A., Fabbro, F., Paschetto, A., Cantone, D., Paolone, A. R., & Crescentini, C. (2020). Positive impact of mindfulness meditation on mental health of female teachers during the COVID-19 outbreak in Italy. International Journal of Environmental Research and Public Health, 17(18), 6450.
[42] McCullough, M. E., & Willoughby, B. L. (2009). Religion, self-regulation, and self-control: Associations, explanations, and implications. Psychological Bulletin, 135(1), 69–93.
[43] Mudiyantun, Y. (2019). The Investigation Of Situational Leadership, And Work Motivation On Kindergarden Teacher Performance. Jurnal Kepemimpinan Pendidikan, 2(1). https://doi.org/https://doi.org/10.22236/jkpuhamka.v2i1.3814.
[44] Natalie Spadafora, Caroline Reid-Westoby, Molly Pottruff, Magdalena Janus medRxiv 2021.05.11.21257057; doi: https://doi.org/10.1101/2021.05.11.21257057

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[45] Novitasari, D., Yuwono, T., Cahyono, Y., Asbari, M., Sajudin, M., Radita, F. R., & Asnaini, S. W. (2020). Effect of Hard Skills, Soft Skills, Organizational Learning and Innovation Capability on Indonesian Teachers' Performance during Covid-19 Pandemic. Solid State Technology, 63(6), 2927-2952.

[46] Ornell F, Schuch JB, Sordi AO, Kessler FHP. "Pandemic fear" and COVID-19: mental health burden and strategies. Braz J Psychiatry 2020; [Epub ahead of print].

[47] Pirutinsky S., Cherniak A. D., Rosmarin D. H. (2020). COVID-19, mental health, and religious coping among American Orthodox Jews. Journal of Religion and Health, 59(5), 2288–2301. 10.1007/s10943-020-01070-z

[48] Pogodzinski, B., & Morris, A. (2021). Organizational Climate in Schools Across the Archdiocese of Detroit. Journal of Catholic Education, 24(1), 204-224.

[49] Prasad, Dr. KDV and Mangipudi, Dr Mruthyanjaya Rao and Vaidya, Dr Rajesh and Muralidhar, Budumuru, Organizational Climate, Opportunities, Challenges and Psychological Wellbeing of the Remote Working Employees during COVID-19 Pandemic: A General Linear Model Approach with Reference to Information Technology Industry in Hyderabad (May 13, 2020). International Journal of Advanced Research in Engineering and Technology (IJARET), 11(4), 2020, pp. 372-389., Available at SSRN: https://ssrn.com/abstract=3599799

[50] Rogers JP, Chesney E, Oliver D, Pollak TA, McGuire P, Fusar-Poli P, Zandi MS, Lewis G, David AS., Lancet Psychiatry. 2020 Jul; 7(7):611-627. Psychiatric and neuropsychiatric presentations associated with severe coronavirus infections: a systematic review and meta-analysis with comparison to the COVID-19 pandemic.

[51] Rosmarin, D. H., & Koenig, H. G. (2020). Handbook of spirituality, religion, and mental health (2nd ed.). London: Academic Press.

[52] Rosmarin, D. H., Pargament, K. I., & Mahoney, A. (2009b). The role of religiousness in anxiety, depression, and happiness in a Jewish community sample: A preliminary investigation. Mental Health, Religion and Culture, 12(2), 97–113.

[53] Schuster M. A., Stein B. D., Jaycox L. H., Collins R. L., Marshall G. N., Elliott M. N., Zhou A. J., Kanouse D. E., Morrison J. L., Berry S. H. (2001). A national survey of stress reactions after the September 11, 2001, terrorist attacks. New England Journal of Medicine, 345(20), 1507–1512.

[54] Shigemura J, Ursano RJ, Morganstein JC, Kurosawa M & Benedek DM: Public responses to the novel 2019 coronavirus (2019-nCoV) in Japan: mental health consequences and target populations. Psychiatry Clin Neurosci 2020.

[55] Suprapti, S., Asbari, M., Cahyono, Y., & Mufid, A. (2020). Leadership Style, Organizational Culture and Innovative Behavior on Public Health Center Performance during Pandemic Covid-19. Journal of Industrial Engineering & Management Research, 1(2), 76-88.

[56] Thomas, Justin, and Mariapaola Barbato. 2020. "Positive Religious Coping and Mental Health among Christians and Muslims in Response to the COVID-19 Pandemic" Religions 11, no. 10: 498. https://doi.org/10.3390/rel11100498

[57] Thune-Boyle I. C., Stygall J. A., Keshtgar M. R., Newman S. P. (2006). Do religious/spiritual coping strategies affect illness adjustment in patients with cancer? A systematic review of the literature. Social Science & Medicine, 63(1), 151–164.

[58] Wang C, Pan R, Wan X, Tan Y, Xu L, Ho CS, et al. Immediate psychological responses and associated factors during the initial stage of the 2019 Coronavirus disease (COVID-19) epidemic among the general population in China. Int J Environ Res Public Health 2020; 17:E1729.

[59] Weinberger-Litman S. L., Litman L., Rosen Z., Rosmarin D. H., Rosenzweig C. (2020). A look at the first quarantined community in the USA: Response of religious communal organizations and implications for public health during the COVID-19 pandemic. Journal of Religion and Health, 59(5), 2269–2282. 10.1007/s10943-020-01064-x

[60] World Health Organization. Novel coronavirus (2019-nCoV) situation reports. Geneva: World Health Organization; 2020.

[61] Zhu Y, Chen L, Ji H, Xi M, Fang Y, Li Y. The risk and prevention of novel coronavirus pneumonia infections among inpatients in psychiatric hospitals. Neurosci Bull 2020; 36:299-302.