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EXPLORING THE IMPACT OF THE COVID-19 PANDEMIC ON THE MENTAL HEALTH OF NGO STAFF IN BANGLADESH, FOCUSING ON STRESS AND COPING

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Abstract: Non-governmental organizations (NGOs) played a pivotal role during the COVID-19 pandemic by being at the forefront of responding to the global upsurge in humanitarian needs. The purpose of this study is to find out the factors associated with stress among NGO staff due to the COVID-19 pandemic. This study employed qualitative phenomenological research design and the data were collected using in-depth interviews from fifteen NGO staff. Thematic analysis technique was adopted for the data analysis. This study identified numerous stressors, including challenges of work-life balance, social isolation, and access to treatment facilities. Seven out of fifteen respondents stated that the extended hours they worked during COVID-19 had an impact on their ability to maintain a healthy work-life balance. The majority of the respondents felt anxious about getting access to treatment facilities during the COVID-19 pandemic due to higher treatment costs and limited treatment facilities. The respondents used a variety of coping mechanisms to deal with these stressors, including communicating and spending time with friends and family members, and engaging in fun activities such as watching movies, crafting, gardening, and reading. NGO staff's daily lives and their mental health were severely impacted by the COVID-19 pandemic. This study recommends the need to assess the stress of NGO staff so that early measures can be taken by concerned NGO agencies, such as employers, to take proactive measures to mitigate their stress during pandemics or other emergencies

Key words: *COVID-19, mental health, stress, anxiety, work-life balance, Bangladesh*

Introduction

The worldwide catastrophe brought on by the coronavirus disease 2019 (COVID-19) pandemic has led to short-term and long-term psychosocial and mental health implications on several segments of society (Banerjee et al., 2021; Shuvo & Mondal, 2022; Singh et al.,

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2020). Different occupational sectors have been impacted differently by the economic and productivity effects of the pandemic. While some staff played a significant role in combating the spread of COVID-19, others were compelled to cease working owing to lockdown regulations or actual job loss (Giorgi et al., 2020). COVID-19 caused a decline in the quality of life around the globe, particularly, mental health in many countries and across occupations is getting worse (Naser et al., 2020).

The prevalence of many mental and physical ailments is seen to vary significantly between men and women, suggesting that one's gender has an impact on one's general health (Verma et al., 2011). A study found poor mental health to be associated with being a woman, living without family, lower income, and unemployment (Das et al., 2021). In addition, the lockdown also affected the mental health of working women due to the stay-at-home measures (Uddin, 2021).

Furthermore, the paucity of job opportunities has left many people worried. Although some positions may allow for remote work, there is a risk that employees' mental health may suffer if they are unsure of how long they will have this choice (Osborn et al., 2022). Moreover, inadequate working space, split focus, high workload, unreliable internet connections, caring for children and the elderly, and the necessity of striking a balance between staff and home responsibilities all pose stress for employees who work from home (Giorgi et al., 2020). Apart from the fear of contracting this highly contagious virus, the fear of losing loved ones, the spread of false information about COVID-19, the lack of medical care, as well as the lack of necessary equipment to treat the patients, and lockdown-related issues are being investigated for links to mental distresses (Atanesyan, Hakobyan, Reynolds, 2021; Islam et al., 2020).

Stress is experienced as a combination of mental and physical discomfort that occurs whenever our homeostasis is disrupted (Rehman et al., 2021). It is perceived differently in different cultures. While in Eastern cultures, stress has long been associated with a lack of inner tranquility, in the West, it is associated with a loss of control (Verma et al., 2011). A person who has previously had psychiatric problems and those who have never exhibited any signs could be at a potential risk at present (Rajkumar, 2020). This implies that people who are at risk are likely to experience poor mental and physical health in the near future (Islam et al., 2020). An individual's reaction to stress is contingent upon the intensity of the stress encountered. Certain individuals excel when faced with pressure, whereas others resort to maladaptive coping strategies. Consequently, the significance of coping strategies in determining one's psychological well-being cannot be disregarded (Huang et al., 2021; Kabir et al., 2023).

Numerous studies have been conducted to investigate the mental health conditions of different groups of people during this pandemic period. The majority of COVID-19 studies conducted around the world are concerned with infection control, the development of an effective vaccine and treatment, as well as the disease's spread and projections (Islam et al., 2020). Many of these studies focus on Western populations (e.g., Adams-Prassl et al., 2022), though some studies do focus on Asian and South Asian populations (Banerjee et al., 2021; Repon et al., 2021), the mental health component is being largely overlooked or disregarded in the developing world (Islam et al., 2020).

This is especially true when considering the situation in Bangladesh, where prior studies have been conducted with a focus on the mental health aspect. These include studies on healthcare workers (Repon et al., 2021), working mothers (Uddin, 2021), and the general population (Das et al., 2021), and to the best of the authors' knowledge, no research has been conducted with a particular focus on non-governmental organizations

(NGOs). While numerous studies focused on the mental health of different professions, no studies have addressed NGO workers' mental health and the strategies they have adopted to cope with the challenges during COVID-19.

NGOs played a pivotal role during the COVID-19 pandemic by being at the forefront of responding to the global upsurge in humanitarian needs (Hasnath & Baser, 2024). During these challenging times, NGOs play critical roles in multiple areas, namely humanitarian aid (such as the distribution of food and essential supplies), health, advocacy, diplomacy, and global governance. However, the world has overlooked and failed to recognize the impact of the pandemic on NGOs and professionals.

Rohingya people who fled from Myanmar to Bangladesh in 2017 live in densely populated refugee camps in Cox's Bazar in Bangladesh (Labannaya & Mondal, 2024). As "Forcibly Displaced Myanmar Nationals," Rohingya people are not allowed to go or work outside of the camps. Therefore, the entire Rohingya population in Bangladesh is dependent on local and international NGOs for food and other essentials. Several national and international NGOs (INGOs) are actively working on the Rohingya response in Cox's Bazar. Against this background, this study aimed to reveal the factors associated with stress among NGO personnel working for the Rohingya response projects during COVID-19.

In this study, we define NGO staff as employees who are working in either national non-governmental organizations or international non-governmental organizations. The NGO staff has been working as contract staff for their organizations. This contractual nature of employment in NGO sectors evokes a feeling of insecurity and frustration among employees (Mikołajczak, 2021). In addition, the COVID-19 pandemic has brought stressful conditions that negatively impacted the mental health of employees. Facing these two challenges at the same time may increase the stress of NGO staff.

Since stress can hinder a staff member's performance and their service quality, it is also likely to affect their day-to-day family life. The quality of performance of NGO staff also depends on their psychological well-being. This study will fill this gap by exploring the factors that cause stress among NGO staff due to the COVID-19 pandemic. The research question of the study was: What factors cause stress among NGO staff during COVID-19? The study findings can be helpful to the concerned organizations and authorities in considering mental health issues from the beginning and adopting preventive measures that can help reduce the psychological morbidity of NGO staff.

Research methods and sampling approach. This study employed a qualitative phenomenological research design to explore insights into the mental health experiences of the participants. The target respondents were NGO staff who are working with NGOs as well as international NGOs. We selected NGO staff as the respondents of this study (Table 1).

Table 1

Demographic profile of the respondents (Source: Interview Survey, 2021)

Participant ID	Age (years)	Gender	Marital status	Number of children	Type of organization	Job location	Educational background	Position in organization
P1	26	Female	Married	0	NGO	Cox's Bazar	Graduate	Mid-level
P2	33	Female	Married	2	INGO	Dhaka	Post-Graduate	Mid-level
P3	28	Female	Married	0	INGO	Cox's Bazar	Post-Graduate	Mid-level

Participant ID	Age (years)	Gender	Marital status	Number of children	Type of organization	Job location	Educational background	Position in organization
P4	26	Female	Married	0	NGO	Cox's Bazar	Graduate	Mid-level
P5	26	Female	Married	0	NGO	Cox's Bazar	Graduate	Mid-level
P6	24	Female	Married	0	NGO	Cox's Bazar	Graduate	Junior-level
P7	28	Female	Married	0	INGO	Cox's Bazar	Post-Graduate	Mid-level
P8	50	Female	Married	1	INGO	Dhaka	Post-Graduate	Mid-level
P9	27	Female	Unmarried	0	INGO	Cox's Bazar	Higher secondary	Junior-level
P10	45	Female	Married	2	NGO	Dhaka	Post-Graduate	Senior-level
P11	56	Male	Married	2	INGO	Dhaka	Post-Graduate	Mid-level
P12	42	Male	Married	1	NGO	Cox's Bazar	Post-Graduate	Senior-level
P13	47	Male	Married	2	NGO	Cox's Bazar	Post-Graduate	Mid-level
P14	41	Male	Married	1	NGO	Cox's Bazar	Graduate	Senior-level
P15	36	Male	Married	2	NGO	Cox's Bazar	Graduate	Mid-level

Using convenient sampling, first, we selected five participants who were known to us, and then we employed a snowball sampling technique to identify potential respondents even if he/she did not belong to our known network. Each of the interviewees was requested to recommend another person who would also be willing to participate in this study. This technique helped us get the optimum number of participants in a short period of time. We conducted interviews until we achieved "data saturation," and fifteen people made up the final sample for our investigation.

The agreed participants were sent a set of questions via email to allow them to prepare themselves for the interview. The interviews took place from November to December 2021 at the participant's convenience. The interviews were conducted online (e.g., Zoom call, Skype call, phone call) to avoid face-to-face meetings and to ensure social distancing. Interviews were audio/video recorded with prior consent from the respondents. Each of the interviews took around 45 to 60 minutes.

The respondents were from five national and six international NGOs. These NGOs were providing support to the Rohingya people at the time of our study. All the respondents were working in the Rohingya response projects in Dhaka (head office) and Cox's Bazar district (field project office). Regardless of their job locations, the respondents had to travel to the Rohingya response project sites.

Data Collection tool and data analysis approach. A semi-structured questionnaire was developed to administer the interviews. The questionnaire includes several sections. The first section asks about respondents, age, gender, education, marital status, family size, and employment details. The second section asks about the challenges of the respondents' work-

life balance during COVID-19. The third section focuses primarily on their stress due to the pandemic. The fourth section includes their responses to coping with stress.

All participants shared their demographic and staff information voluntarily. We also asked the respondents to share how they spend their day on an hourly basis. The questionnaire was developed in English. The interviews were conducted in Bengali.

In this study, we adopted a data-driven thematic approach to analyze the data (Braun & Clarke, 2006). After the data collection, the first author transcribed the interviews in Bengali. The first author translated the interviews into English and shared recorded interviews along with the transcripts (both Bengali and English) with the authors to check the quality and accuracy of the data. The transcription and translation were randomly checked by the third author to maintain the quality and accuracy of the data.

The authors (first and third authors) read the transcripts of each interview and initially coded the data individually. In this stage, we generated as many codes as possible using comments in the Microsoft Office Excel files. We then combined the codes into groups according to commonalities. For the categories that were coded differently by the first and third authors, we discussed the differences, and the second author helped to come to a consensus. Finally, by reviewing the codes, several subthemes and themes were developed that are aligned with the key research questions of this study. The findings of our study have been presented under key themes and sub-themes aligned with the research questions.

Ethical Considerations. The study protocol was approved by the Department of Social Relations, East-West University, Dhaka. Electronic informed consent was obtained from each of the participants. The participants were briefed about the purpose of the study and sought their consent and time for the interview. Accordingly, a consent form was sent to each of the participants. By signing the consent note, the participants confirmed that they had understood the nature and scope of this research, voluntarily agreed to take part in it and answered the questions to their satisfaction. The consent form included that the participants could withdraw from the interview anytime without providing any justification.

Research results

Respondents' profile. Fifteen NGO staff from eleven NGOs (five national NGOs and six international NGOs) were interviewed between November and December 2021. Respondents were between the ages of 24 and 56 (mean age 35.67 years) and were predominantly represented by female respondents. The majority of the respondents (n=14) were married, lived with their families (n=13) and had children (n=8) (Table 2). All of them were currently employed in the NGO sector. The majority of the respondents were working for national NGOs (n=9) and the rest of them (n=6) were in international NGOs. Around three-quarters of the respondents (n=11) were working in Cox's Bazar district. The average family size of the respondents was 3.9 (range 2-8). Only six respondents had health insurance coverage and all of them were working with INGOs (6 INGOs) at the time of the interview (Table 2).

Table 2

Respondents characteristics (Source: Survey, 2021)

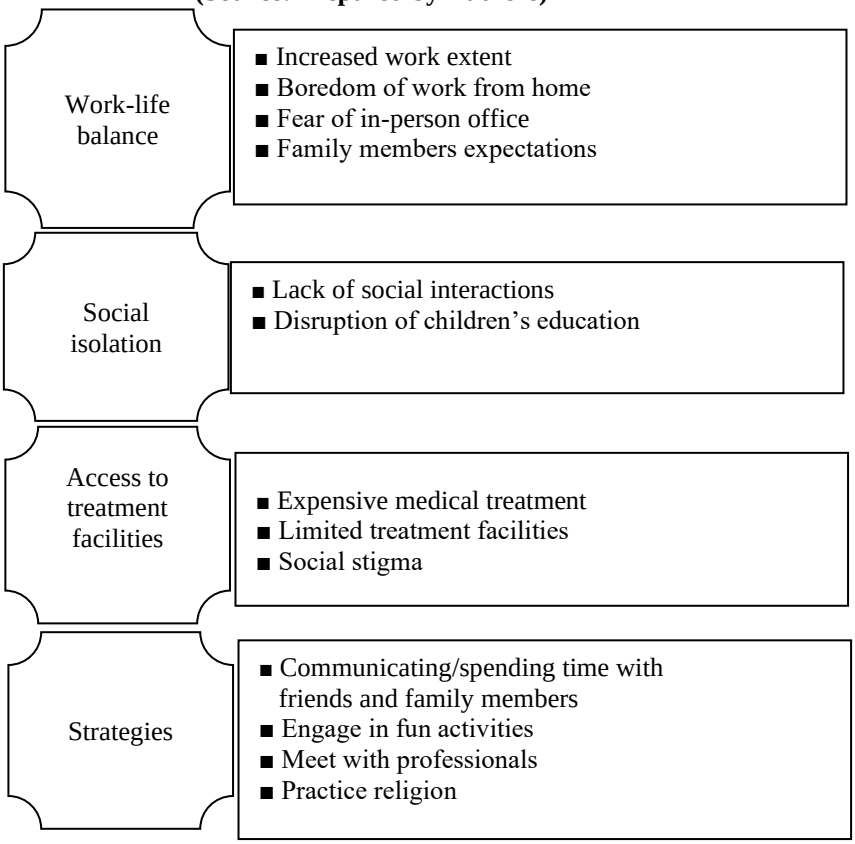
Characteristics	n (%)
Sex of the respondents	
Female	10 (66.7%)
Male	5 (33.3%)
Marital status	

Characteristics	n (%)
Married	14 (93.3%)
Unmarried	1 (6.7%)
Job location	
Dhaka	4 (26.7%)
Cox's Bazar	11 (73.3%)
Types of organization	
NGOs	9 (60.0%)
INGOs	6 (40.0%)
Educational qualification	
Graduate	14 (93.3%)
Undergraduate	1 (6.7%)
Health insurance coverage	
Yes	6 (40.0%)
No	9 (60.0%)

Factors contributing to a deterioration in mental health. To identify the factors associated with mental health, we first generated codes. Then, by reviewing the codes, several subthemes (e.g., increased work extent, boredom of work from home, lack of social interactions, engaging in fun activities, and so on) and themes (work-life balance, social isolation, access to treatment facilities, strategies) were developed that are aligned with the key research questions of this study. Figure 1 summarizes the key themes and sub-themes that emerged from the interviews. Themes, subthemes and corresponding respondents' quotes are described in this section.

Figure 1

Common reported themes about stress and the strategies to cope during COVID-19 (Source: Prepared by Authors)



Work-life balance

Increased work extent. The respondents spent around 9.5 hours a day on office work. Female respondents spent slightly less time a day on office work compared to male respondents, but the former spent more time on domestic and care-related work (Table 3). Moreover, females spent less time on recreational activities. Seven respondents mentioned that their work hours were extended during the COVID-19 pandemic. It is interesting to note that over half of female respondents (5 out of 9) mentioned that their work hours have been extended, while just one-fourth (1 out of 4) of male respondents reported the same.

Table 3

Average time spent by the respondents on daily activities (Source: Survey, 2021)

Sex of respondents	The average duration of office work (hours)		The average duration of domestic and care-related work (hours)		The average duration of recreation (hours)		The average duration of rest (hours)	
	NGOs	INGOs	NGOs	INGOs	NGOs	INGOs	NGOs	INGOs
Male (n=5)	10.0	12.0	2.5	2.0	3.2	2.0	6.2	7.0
Female (n=10)	8.6	9.6	3.4	4.4	3.2	2.2	7.2	6.2

One-third of the respondents (n=5) mentioned that they continued to 'work from home' mode due to the COVID-19 pandemic (Table 4). However, six respondents mentioned that they need to go to their workplace regularly, while the remaining respondents (n=4) need to visit their offices only when necessary (Table 4).

Table 4

Perception of increased workload (Source: Survey, 2021)

Working modes	Increased workload		Total
	Yes	No	
Work from the office regularly	1	5	6
Work from home	4	1	5
Work from the office sometimes	2	2	4
Total	7	8	15

Stress due to work from home: The majority of the respondents who were working from home or needed to visit the office on demand mentioned that their working load increased a lot. The respondents agreed that the transition from working in an office environment to working from home has brought with it an unprecedented demand for digital networking and meetings. The number of online meetings significantly increased because of the work-from-home context. As a result, they have limited time to complete their required tasks as per the work plan, which necessitates additional working hours. Respondents who worked from home stated that they woke up in the morning, turned on their laptops, started working, and did not stop until the day's end. One male respondent from an NGO shared his situation:

"I have to work and engage in office work for a longer time, sometimes on an interval basis. Such as online meetings in the morning, afternoon, and even at night (sometimes webinars at night). Considering these issues, my work extent increased during that time" (P-14, Male, 41 years).

When respondents were asked whether they enjoyed the work-from-home mode, the majority (4 out of 5) mentioned that even though it was enjoyable initially, it became uncomfortable for them after a few days. There was no longer any separation between time allotted for office work and one's personal time at home, as they needed to keep their computers switched on to be reachable. In addition, a home office setup requires better infrastructure (desk, chair, computer equipment), which is costly. One of the respondents mentioned:

"My work hours have been increased as an additional need of the organization, not related to or due to COVID-19" (P-11, Male, 56 years).

However, regardless of the type of organization (NGOs/INGOs), working mode (remote/in-person) and job location (Cox's Bazar/ Dhaka), this study revealed that nine respondents reported having severe anxiety, whereas the rest of the respondents (n=6) had mild anxiety.

Fear of in-person office. Those who needed to go to the office felt mental pressure and fear of being affected by COVID-19. Respondents who worked in Cox's Bazar district mentioned feeling anxious when they needed to visit field offices or beneficiaries. Visiting field offices or beneficiaries puts mental pressure on them and causes fear of being infected by COVID-19. One of the respondents who was working in Cox's Bazar district mentioned:

"I am worried because I am living alone here (Ukhia, Cox's Bazar). There is no one who will take care of me if I get sick" (P-1, Female, 26 years).

The respondents also informed us that if any of their co-workers tested COVID-19 positive, others also became worried about getting infected with COVID-19. Another respondent mentioned:

"When any colleagues in my office were diagnosed with COVID-19 positive, I was worried about my family's health. I could get infected by my colleague and spread the disease to my house" (P-5, Female, 26 years).

The repeated lockdowns and restrictions, combined with uncertainty about the situation, were very stressful. In addition, some offices were pressing to reopen without any clear safety evidence. The majority of the respondents felt worried as they had to go outside to perform their fieldwork and the possibility of spreading COVID-19 to their families. This is because the respondents were concerned about the safety of their family members. One respondent had a feeling that if something bad happened to her loved ones because of her activities outside the home, she would never forgive herself *(P-3, Female, 28 years).*

Another respondent who is working with a national NGO mentioned:

"All the members of my family have been infected with COVID-19 before, and we passed a very difficult time. Now, my fear is whether I will be infected with COVID-19 again" (P-15, Male, 36 years). He also mentioned that *"our office did not follow any health regulations related to COVID-19 restrictions, so I was more likely to be infected" (P-15, Male, 36 years).*

Family members΄ expectations: Working from home also affected family and personal life to a great extent. One of the respondents, who got married at the beginning of the COVID-19 pandemic, mentioned that working remotely hampered her family and personal life. She further elaborated on the reason:

"I was newly married at the beginning of the COVID-19 pandemic, so my husband and in-laws' family want me to spend time with them during the weekend and also want me to

stay at my in-laws' house during the nationwide lockdown period. As a humanitarian worker, I am supposed to be at my workstation during the lockdown period. Sometimes I have to work during the weekend or after office hours and report back to my supervisor, which was disturbing for my in-laws' family" (P-3, Female, 28 years).

Additional expectations and demands of the family members to prepare a variety of foods as they are staying at home longer. This puts pressure on females, as traditionally, they are responsible for doing household chores. One of the female respondents, who is a lactating mother, said:

"Family members' expectations have increased a lot. I have to finish my office work at night after my child has fallen asleep" (P-2, Female, 33 years).

Some of the female respondents also mentioned that the entry restriction on housemaids has put extended pressure on the female members. The reason behind the increased workload among the female respondents was additional health care activities to prevent COVID-19, particularly washing and cleaning. One of the female respondents said:*"I could not concentrate on work properly due to household work" (P-2, Female, 33 years).*

Another respondent mentioned: *"I feel that working from home resulted in additional hours of work. I could not maintain the timetable to have a break, which resulted in less work efficiency" (P-6, Female, 53 years).*

Social isolation

Lack of social interactions: Watching or hearing news of several deaths every day was very stressful. One of the respondents mentioned that she experienced a number of episodes of mental breakdown during the course of the pandemic *(P-5, Female, 26 years)*. As the COVID-19 infection rate continued to rise, she became worried about her family's well-being as well as their physical and emotional security. Moreover, she felt vulnerable in public places by seeing people wearing no masks *(P-5, Female, 26 years)*.

Disruption in children's education. More than half of the respondents (n=8) reported having children. These respondents expressed greater concerns about their children's education, the isolation of their children from their peers, and their mental health. One of the respondents explained:

"My son's education is affected by the pandemic. My children did not maintain good practices routinely, which upset me. They did not feel an urgency to wake up early as school was closed. I did not like it as they wake up late" (P-11, Male, 56 years).

Another male respondent noted: *"As mostly the classes were held online, the interaction with peers was minimized" (P-13, Male, 47 years).*

It was also very difficult from the perspective of the parents of young children who were supposed to be enrolled in school for the first time in their lives but got delayed by more than a year. One of the respondents mentioned: *"My only daughter just started her school life but had to stop" (P-12, Male, 42 years).*

Access to treatment facilities. The majority of the respondents (13 respondents out of 15) mentioned they felt anxious about getting access to medical treatment facilities during the COVID-19 pandemic. The notable reasons for their anxiety about treatment include the high cost of treatment, limited intensive care unit (ICU) facilities in hospitals and social stigma. The pandemic caused anxieties that led to increased stress and depression, which resulted in frequent physical weakness, as reported by one respondent (P-7, Female, 28 years).

Expensive medical treatment and limited facilities. There was a doubt whether

one would get admission to the hospital as the number of affected people was huge and surging. The respondents said they could not afford the cost required for the COVID-19 treatment, particularly in private hospitals.

Limited treatment facilities. Moreover, because there were few ICU facilities, there was ambiguity around access to such services. Consequently, one of the female respondents did not take her husband to a hospital when he tested positive for COVID-19 (P-8, Female, 50 years).

Some of them even did not visit a doctor's chamber during the pandemic unless it was absolutely necessary. One of the respondents said: *"I did not go for a checkup during my pregnancy, that's why my delivery and post-delivery complications were life-threatening" (P-2, Female, 33 years).*

Social stigma. Social stigma was identified as one of the critical issues to get access to COVID-19 treatment. Therefore, households restrained themselves from going for medical tests or treatment for fear of disclosing their infection with COVID-19. One of the respondents mentioned: *"My wife was affected twice with COVID-19. I was also afraid, thinking that we might be socially isolated if we disclosed her COVID-19 infection with our neighbors" (P-12, Male, 42 years).*

Strategies to cope with stress. The respondents used a variety of coping mechanisms to deal with the stress brought on by COVID-19. Most of the respondents adopted multiple strategies to reduce stress. One effective method for managing stress was to communicate with friends and family members (P-1, P-4, P-6, P14). One of the male respondents mentioned that *"to reduce stress, I regularly communicate with other family members and relatives and listen to music occasionally" (P-14, Male, 41 years).* Respondents also highlighted the role of spending time with their friends and family members as a means of reducing their stress (P-4, P-7, P-8, P-11, P-12). In addition, engaging in fun activities, such as watching movies, listening to music, crafting, gardening, and reading, are key techniques used to manage stress (P-1, P-5, P-9, P-10, P-14).

The findings also suggested that, regardless of their health insurance coverage, all respondents expressed concern about having access to treatment facilities. Only two respondents went to professional health care providers for advice or treatment to reduce stress during COVID-19, and both were working with the INGOs. None of the male respondents and NGO staff sought professional healthcare providers' support to manage stress.

Unexpectedly, two male respondents who did not have health insurance reported not being worried about the virus or its treatment (P-12, Male, 42 years; P-13, Male, 47 years). One of them mentioned: "By the grace of almighty Allah, I or my family members didn't need to go to the treatment center" (P-13, Male, 47 years). Some mentioned they would perform prayer to reduce stress (P-5, Female, 26 years; P-7, Female, 24 years).

Discussion

This study sought to explore the stress experienced by NGO staff in Bangladesh during the COVID-19 pandemic. The findings of our study suggest that COVID-19 has posed greater challenges for NGO staff. These findings are consistent with those of other frontline professionals, such as healthcare professionals (Giorgi et al., 2020; Khatun et al., 2021; Repon et al., 2021). Our study identified numerous stressors, including challenges of work-life balance, social isolation, and access to treatment facilities.

The findings suggested that all the respondents felt stressed during the COVID-19 pandemic regardless of their age, sex, job location, type of organization, working mode,

and insurance coverage. This may be due to the fact that conditions caused by the COVID-19 pandemic have led to more career ambiguity and less tolerance for uncertainty about career choices (Osborn et al., 2022).

Workload can significantly affect employees' mental health, with a greater workload causing more worry (Khatun et al., 2021). Our study revealed that during the COVID-19 pandemic, overall work hours increased among the respondents; however, it was more prominent for the female respondents. Healthcare requirements and additional expectations of family members put pressure on the female respondents as they are staying longer at home. Transitioning from working in an office environment to the 'work from home' mode was challenging and has an impact on work-life balance, especially for females. This may be because women have to perform a disproportionate number of domestic activities. These findings are consistent with others who reported that the household duties of working women compelled them to work harder for extended hours, which affected their overall well-being (Adams-Prassl et al., 2022; Khatun et al., 2021; Uddin, 2021).

Previous studies reported that the nationwide closures of educational institutes have negatively impacted school-going children (Lee, 2020) due to the disruption of their education, physical activities, and opportunities for socialization (Jiao et al., 2020). Our study revealed that the nature of worry among the parents is different, which includes their children's internet addiction, poor mental health conditions due to mobility restrictions, disruptions in education, and so on.

While technology's accessibility may provide some people with a way to escape isolation (Osborn et al., 2022), our study identified social isolation as one of the critical issues. Repeated lockdowns and restrictions, combined with pressures to open some of the offices, made a few respondents stressed. The respondents who lived without their families at workstations felt worried in case they got affected by COVID-19. Moreover, people who lived with their families worried that if they were the disease's carriers, their family would contract it as well. These findings are consistent with Das et al., (2021), who reported a higher prevalence of loneliness among the people who were living without their family members during COVID-19. This indicates that having social support is crucial to managing stress (Papandrea, 2020), which is in line with our study findings.

Moreover, the findings of our study suggest that almost all the respondents were apprehensive about getting access to treatment facilities during the COVID-19 pandemic. The cost of treatment, the availability of hospital facilities, and the potential threat of contamination were the major concerns of the respondents. As a result, the respondents felt afraid of bringing their family members with COVID-19 cases to health centers for treatment.

Our finding that religious practices help to reduce stress is consistent with Okafor et al., (2022). Our study also identified that only females went to professional health care providers for advice or treatment. Perhaps males had more opportunities and availability of time to talk or chat with friends and family members. On the other hand, females mostly had to perform household chores and family duties after completing office work, which contributed to poor mental health. The findings are consistent with the existing literature, including studies done in Australia (Power, 2020) and Bangladesh (Das et al., 2021; Khatun et al., 2021; Uddin, 2021).

While this study explores the mental health experiences of the NGO staff, it has some limitations. Face-to-face interviews were not possible due to strict restrictions on COVID-19. We had to trust participants' self-reported information; however, face-to-

face interviews might produce some additional information that is missing in this study. The sample size was small, and the survey was carried out purposively. There was also no scope to compare the information with the pre-COVID-19 situation. As a result, the level of anxiety and stress in our study may be overrepresented or underrepresented. Another drawback of this study was the calculation of the time budgeting of the respondents. There may be simultaneous activities that were not explored in detail in the current study. Despite these potential limitations, we have managed to contact 15 NGO staff for this study during a time of social distancing. This study investigated the immediate stress factors caused by COVID-19 on NGO staff. However, there might be long-term effects. These need to be investigated in due course to establish a relationship between the immediate and long-term effects.

Conclusion

This study identified numerous factors that contribute to the stress of NGO staff which are negatively linked to mental health. The COVID-19 pandemic suddenly affected respondents' normal lives, which has caused an increase in their workload. Higher levels of stress are found among the NGO staff regardless of the type of organization they are working in. To conclude, the findings revealed that female NGO staff workload was increased during COVID-19 by conventional gendered attitudes and societal and family norms. Development agencies may consider the findings of this study for the welfare and proper stress management of their staff during any pandemic or emergency.

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Conflict of Interests

The authors declare no ethical issues or conflicts of interest in this research.

Ethical Standards

The authors affirm this research did not involve human subjects.