

RESEARCH ARTICLE

Quality of life among individuals working from home during COVID-19 pandemic: a cross sectional study from United States of America, Canada, India and Sri Lanka

Rogina J.S. Savarimuthu*, C. Kanniammal and N. Bamini Devi



Highlights

- A majority of the respondents had a moderate to good level of life with regard to physical health, psychological domain, social relationships and environmental aspects.
- Age, marital status, number of children and currently physically ill significantly associated with psychological domain.
- Occupation was significantly associated with the domain of social relationships.
- Financial constraints and country of residence were significantly associated with the environmental domain.

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Quality of life among individuals working from home during COVID-19 pandemic - a cross sectional study from United States of America, Canada, India and Sri Lanka

Rogina J.S. Savarimuthu*, C. Kanniammal and N. Bamini Devi

SRM College of Nursing, SRM IST, Kattankulathur, Chengelpattu District, Tamil Nadu, India.

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Abstract: The COVID-19 pandemic has threatened human life since December 2019. The study's objectives were to assess the quality of life among individuals working from home during the COVID-19 pandemic and to associate the quality of life parameters with their demographic variables. Majority of the respondents reported moderate quality of life. Age, marital status, number of children and currently physically ill were significantly associated with psychological domain, while the occupation was significantly associated with the domain of social relationships. Financial constraints and country of origin (or country of residence) was significantly associated with the environmental domain.

Keywords: COVID-19, pandemic, lockdown, quality of life, work from home

INTRODUCTION

The COVID-19 pandemic has threatened the lives of many, since it's outbreak originated from Wuhan, China in December, 2019. The infection had been spreading rapidly, varying in the rate of spread, mode of transmission, health effects, and thus causing challenges to life styles of many who were trying different means to prevent and control the spread. The working mode was changed to work from home to many individuals in contrast to their traditional system of working. This shift of work environment had an impact on their personal, interpersonal, family, social and occupational lives of individuals.

In-order to mitigate the issues of the COVID-19 pandemic, working from home was encouraged. Work categories like fiscal work, business management, scientific services and related professionals could pursue work from home unlike others in the fields of health care, hospitality and farming. The shift in the work-life balance, adjustments within the individual and the family members, demanded more from each individual. Studies revealed that women experienced more exhaustion emotionally than men while working from home. The stress of completing of the work on time, working to make the ends demand, ensuring the health of family members, meeting the physical and psychological needs of family members have added extra burden on the individuals working from home. Restricted movements, decreased availability of food, decrease in income and investments, and restriction of shopping time were added on to the stress of an individual. The comfort

of the home was changed into a place of work. The relaxing home environment was changed into a stressful working environment. The individual seldom found a safe place to unwind their stress and frustration as everyone was under lockdown and away from their normality of pre-pandemic era. The feelings of frustration, agitation, aggression, helplessness, hopelessness, fear and anxiety and their interactive effects influenced the quality of life of individuals working from home during the pandemic (Dharshini et al., 2020; Bao et al., 2020; Mazza et al., 2020; Zhang & Ma, 2020; Jribi et al., 2020; Kumar & Dwivedi, 2020; Bhumika, 2020).

The COVID-19 pandemic had inevitably pushed each individual to stay safe at home in order to control the spread of the disease. Work from home demanded attending to daily routines and family commitments in addition to their respective occupations. Meeting the needs and demands of the family members especially those of the children and elderly and balancing the needs and demands of the employer at the same time was the need of the hour (Bhumika, 2020; Shareena & Shahid, 2021). Working from a new setting also caused stress for the individual. Until the emergence of the pandemic, home was a place for rest, happiness and relaxation. Yet with the shift in work place, work schedules and their demands brought changes to the home environment, thus imposing stress and anxiety. It was reported that working from home during the pandemic brought about many negative impacts within the individual and within the family structure and function (Bhumika, 2020; Prithivi & Thilagaraj, 2020).

According to studies, the public had moderate to good level of quality of life in terms of physical health, moderate level quality in psychological and social relationship and good quality of life in environmental domain during the COVID-19 pandemic. Social relationships were significantly associated with physical health (Savarimuthu et al., 2021), while psychological experiences were reported to be associated with low quality of life (Algahtani et al., 2021).

The present study was conducted in order to assess the quality of life among individuals working from home during the COVID-19 pandemic and to associate the quality of life parameters with their demographic variables.

*Corresponding Author's Email: roginajerome@gmail.com



MATERIALS AND METHODS

The study used the non-experimental descriptive research design. It was conducted among individuals who were working from home during the pandemic. In order to use convenient sampling technique, individuals who fulfilled the sampling criteria were invited to participate in the e-survey. Web-based link was created on Google Forms and shared through WhatsApp application. Snowball sampling method was used to select the samples. Initial participants were encouraged to share the link with others after submitting their responses. Participants were informed about the nature of the study. The survey was on voluntary basis and only those who consented to participate could respond to the survey. Electronic responses were collected from participants residing in United States of America, Canada, India and Sri Lanka during the complete lockdown period from December, 2020 to April, 2021.

Instruments

Demographic variables proforma and the WHO Quality of Life-BREF (WHOQOL-BREF) were used as survey tools. The WHOQOL-BREF is a standard tool to assess the quality of life. It has 26 items with a 5 point Likert scale. Quality of life was assessed over four domains: physical health, psychological health, social relationships and environment. Physical health was assessed over seven items, psychological health over six items, social relationships over three items and environmental health over eight items (Vahedi, 2010).

Data collection

Data were collected through an e-survey over a period of five months from December, 2020 to April, 2021. In total, 106 responses were received and analyzed accordingly.

Ninety-four respondents were from India, 7 from Sri Lanka, 4 from United States of America & Canada and 1 refrained to reveal his/her nation. The data were tabulated, coded, analyzed and interpreted using SPSS 21 Version software.

Ethical consideration

Institutional Ethical Committee Clearance was obtained prior to the e-survey. Consent was obtained from the participants electronically before collecting the information. The information collected about the participants in the proposed research was used for the specific research purpose only. Assurance was given to the study participants on the anonymity of the data collected.

RESULTS AND DISCUSSION

The majority of the respondents were females (67%). There were postgraduates (68%), married persons (68%), individuals with children (59%), individuals from family units of less than five members (89%), professionals (78%), individuals with no physical illness (95%), individuals with family support for chores (76%), individuals with no family members affected by COVID-19 (85%), individuals whose country of origin and country of residence during the pandemic was same (89%), individuals with no financial constraints (58%), individuals with no pay/income or salary cut down (56%) and individuals with no loss of family members or friends due to COVID-19 (85%). Mean age of the respondents was 33 years with SD of 10.8 (Table 1).

Majority of the respondents reported a moderate level of life quality with regard to physical health (53.8%) (Figure 1), moderate to good level of life quality in psychological domain (41.5%) (Figure 2), good levels in social relationships (39.6%) (Figure 3) and environmental aspects (49.1%) (Figure 4).

Table 1: Demographic characteristics of the test population.

Serial No	Sample characteristics	No.	As a %
1	Gender:		
	a) Female	71	67
	b) Male	32	30
	c) Not preferred to disclose	3	3
2	Age:		
	a) 20 -29	33	31
	b) 30 - 39	31	29
	c) 40 - 49	35	33
	d) ≥ 50	3	3
	e) Not preferred to disclose	4	4
3	Highest level of education:		
	a) Undergraduate	34	32
	b) Post graduate	72	68
4	Marital status:		
	a) Single	31	29
	b) Married	72	68
	c) Living to-gather	1	1
	d) Divorced	1	1
	e) Widowed	1	1

5	No. of children:		
	a) 0	13	12
	b) 1	26	25
	c) 2	34	32
	d) 3	2	2
	e) Not Applicable	31	29
6	No. of family members currently staying with:		
	a) ≤ 5	94	89
	b) > 5	12	11
7	Occupation:		
	a) Professional	83	78
	b) Skilled worker	23	22
8	Physically ill currently:		
	a) Yes	5	5
	b) No	101	95
9	Need to support for family chores:		
	a) Yes	81	76
	b) No	25	24
10	Are you / your family member affected with COVID-19:		
	a) Yes	16	15
	b) No	90	85
11	Country of origin same as country of residence during the pandemic:		
	a) Yes	94	89
	b) No	11	10
	c) Not preferred to disclose	1	1
12	Presence of financial constraints during the pandemic:		
	a) Yes	44	42
	b) No	62	58
13	Presence of pay/income or salary cut down:		
	a) Yes	47	44
	b) No	59	56
14	Loss of a family member / friend due to COVID-19:		
	a) Yes	16	15
	b) No	90	85

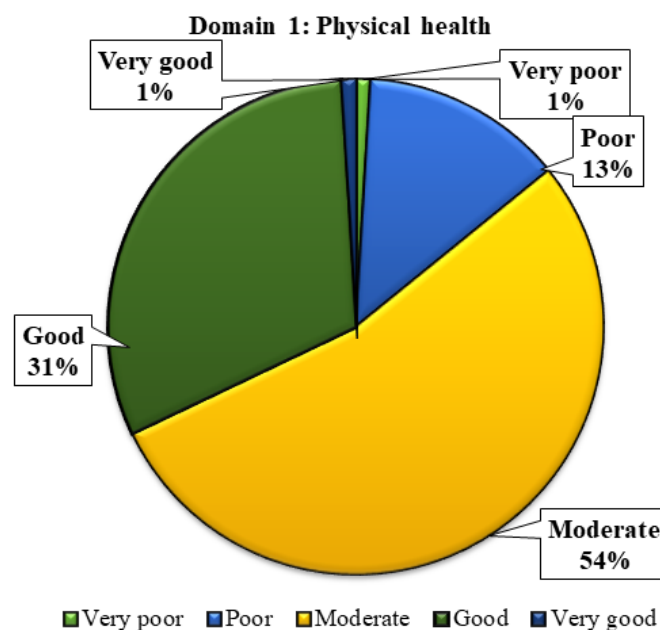


Figure 1: Distribution (as a percentage from the total population) of quality of life according to physical health domain.

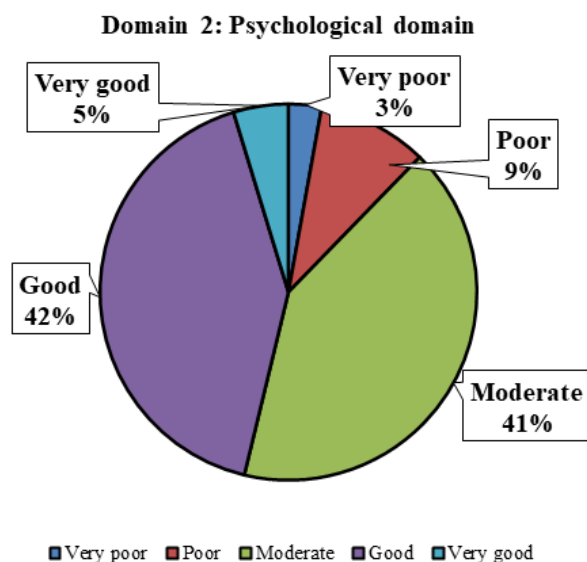


Figure 2: Distribution (as a percentage from the total population) of quality of life according to psychological domain.

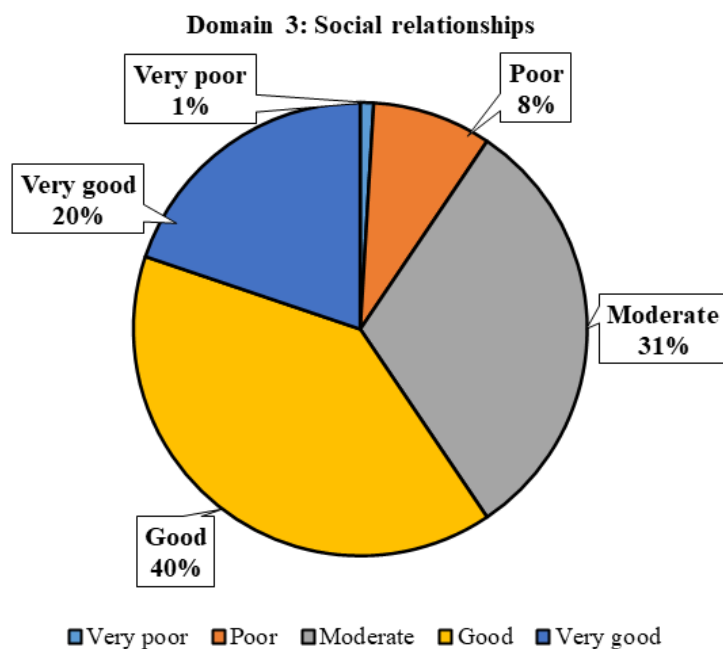


Figure 3: Distribution (as a percentage from the total population) of quality of life according to social relationship domain.

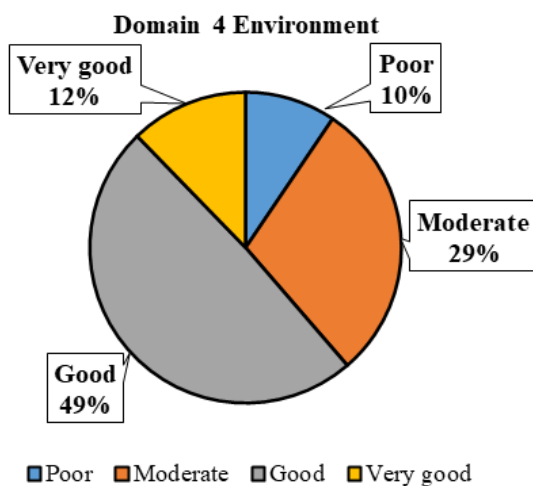


Figure 4: Distribution (as a percentage from the total population) of quality of life according to environmental domain.

Age ($p=0.015$), marital status ($p=0.000$), number of children ($p=0.030$) and physical illness ($p=0.028$) were significantly associated with psychological domain. Occupation ($p=0.054$) was significantly associated with the domain of social relationships. Financial constraints ($p=0.035$) and country of origin (or the current country of residence) ($p=0.028$) were significantly associated with the environmental domain.

Lockdown and social distancing that were laid down during the peak of the pandemic had been relaxed at varying levels during the data collection. The waxing and waning nature of the pandemic, different measures taken to combat the pandemic, varied remedies put forward in the prevention and treatment of the pandemic, accessibility and availability of medications and, vaccines related to COVID-19 and other common diseases causing morbidity and mortality had resulted in the decline in the overall wellbeing. The findings of the current study are supported by previous studies where the financial difficulties, physical illnesses and psychological factors contributed to poor quality of life during the pandemic (Dharshini et al., 2020; Bao et al., 2020; Mazza et al., 2020; Zhang & Ma, 2020; Jribi et al., 2020; Kumar & Dwivedi, 2020; Bhumika, 2020).

The COVID-19 was a novel disease the world tried to combat. Thus, more focus was given to identify treatment strategies and preventive measures and to discover new vaccines. Relatively a handful of studies have been carried out to explore the impacts of the pandemic and its consequences on the quality of life of the people. Even though the current findings revealed a moderate to good level in all four domains tested to determine the overall quality of life, more focus should be given to those who experienced very poor to poor quality of life, despite their minimal representation. Poor quality of life among healthy individuals can result in stress, leading to minor mental disorders that could result in mental illnesses over time. Therefore, early identification of these individuals and intervention at the right time are important considerations.

In the present study, a majority (88.7%) of the respondents were from India and majority of them were women (67%). Out of the total women responded, 97% were from India. Women normally are expected to fulfill their household responsibilities with minimum support from their family members. However, during the pandemic each family member supported each other in bearing the burden of the family. During the pandemic, in addition to their duties and responsibilities towards their own professional life, individuals had to care for their family members as well. They experienced stress in ensuring a good supply of food to the family in the midst of lockdown and rationed availability of food materials, preparing the family meals, cleaning, maintaining the house etc.. Previous research findings reported increase in individual's stress levels during the pandemic (Bhumika, 2020; Prithivi & Thilagaraj, 2020). Working woman is vulnerable to stress and strain. Hence special consideration is needed to be given to working women in view of improving family support, quality time for oneself and time for respite.

CONCLUSION

The quality of life had been compromised during COVID-19 pandemic. The COVID-19 pandemic had resulted in moderate quality of life among individuals working from home. Age, marital status, number of children, currently physically ill, occupation, financial constraints and country of residence are significantly associated with quality of life. Individuals with advanced age are enveloped with family care responsibilities, presence of comorbidities and the increased likeliness of losing of their life partner. On the other hand, a younger age individual lacks the skill and experience in handling the work obligations, the family's needs, the death of family members, financial constraints, constraints on the availability of food, restraints on social relationships, isolation, lock-down aftermath in the fight against COVID-19. An unmarried individual lacks the support that is needed to cope up. Married individuals have more responsibilities in taking care of oneself and the others depended on them. Making the children understand the pandemic situation and the measures to combat it, is a struggle for the parents. The presence of existing comorbidity during the pandemic had soared the burden through the restraints on health checkups, the availability of medicines and the accessibility to medical facility. The lock-down imposed contributed to constraints in occupation resulting in financial constraints, as the movement restricted major kinds of businesses which involved gathering people. Individuals stayed in native country during the pandemic had relatives and friends for manpower, personal and emotional support which may be compromised when the individual is living in a foreign country. While the individual is behind locked doors as a part of lockdown, the decision and the responsibility of one's health is at the hands of the individual himself/herself.

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DECLARATION OF CONFLICT OF INTEREST

The authors declare no conflicts of interest.

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