A Cross-Sectional Study on the Mental Health of Professionals Working from Home in Tamilnadu, India, during the Covid-19 Pandemic

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ABSTRACT

BACKGROUND
The Covid pandemic situation has brought drastic changes in workplace environments around the world with many organizations shifting to work from home (WFH) models. So, an online survey was conducted in India among professionals working from home to evaluate their mental health and determine as to how they were coping with working from home during this pandemic.

METHODS
An online survey was conducted with an invitation to professionals working from home to participate in the study. The survey questionnaire contained statements regarding their level of comfort in working from home and the statements from the Depression, Anxiety and Stress Scale (DASS - 21) and the acceptance and action questionnaire (AAQ - II). A total of 912 responses were statistically analysed.

RESULTS
Results showed that 63.9 % of the participants were experiencing various levels of stress, with 8.6 % having severe levels of stress; while 62.9 % had some level of anxiety, 6.9 % of the participants had severe levels of anxiety. 31 % of the respondents had some level of depression while 1.2 % had levels indicative of severe depression. Only 40.5 % of the respondents reported being comfortable working from home and 55 % of the people reported they could not work without disturbances at home. The nature of job, age, gender and parental status all influenced the levels of stress, anxiety and depression while WFH.

CONCLUSIONS
People who are working from home are stressed, anxious and have various levels of depression as clearly evidenced in this study.

KEY WORDS
Working from Home, Covid 19 Pandemic, Stress, Anxiety and Depression, Experiential Avoidance

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BACKGROUND

The Covid-19 pandemic has been pivotal in bringing change in many sectors. This pandemic situation has made various organizational sectors shift to work from home (WFH) models to prevent the spread of infection amid directions from their respective governments. Many organizational sectors have already been shifting to remote working in a bid to bring about flexible work hours or to reduce inconsistencies across different time zones in work environments[1] and WFH models have been proven to be productive when employees are adequately trained on the model with specific guidelines on methods of supervision, seeking help and guidance.[2] The software and data entry sectors are such organizational sectors where employees have some level of experience in WFH. The WFH has been studied in comparison to onsite work benefits[3,1,4] and results have varied with the type of job, marital status, parental status, teamwork, the need for human proximity, and ability to maintain work - life balance, serving as strong variables to the work from home model.

The Covid-19 pandemic has forcibly shifted many occupations, which were not traditionally considered suitable for it, like the teaching profession, and people who did not prefer it due to personal reasons, to WFH. Researchers are quoting this situation as a golden opportunity to assess the feasibility of working from home.[5] India has been in lockdown since March 2020 with guidelines for professionals to shift to WFH models wherever possible. While people who are semi - skilled labourers were temporarily laid off or lost their jobs, professionals who had the opportunity to WFH are thankful for the job security and resultant financial stability during these unpredictable times. Many professionals had to quickly learn to work from home using technological advancements, with online classes, telework – involving marketing, journalism, accounting, medicine, and banking among others, becoming the new normal. There are studies being conducted across the world on the feasibility of the WFH model, with increase in productivity as indicators of success of the WFH model, but there are only few studies that connect WFH to the mental health of the professionals and no regional studies have been published on the mental health of professionals who are working from home.

This study intends to find the mental health status of professionals who are working from home (WFH) during the Covid-19 induced lockdown in India. It hopes to find if people are comfortable working at home, and the effect of the imposed WFH atmosphere on their stress, anxiety and depression levels during this lockdown.

METHODS

This cross-sectional study was approved by the Institutional Ethics Committee. The study was conducted from June 15th to July 30th, 2020, when most people had begun to fall into a routine schedule of WFH. Simple random sampling was done. An online survey form was created in Google forms and widely circulated among friends and colleagues who were working from home and through social media with an invitation to participate in the survey and to recommend the survey to their colleagues.

All the participants irrespective of their prior experience with the WFH model, provided informed consent before participating in the survey and no personal information pertaining to their identity was collected. A total of 967 responses were collected, of which 55 had to be excluded due to incomplete responses and 912 were taken for analysis.

The survey questionnaire had statements pertaining to basic family details and the type of profession they belonged to. It also contained statements regarding their perception of working from home with regard to their level of satisfaction, missing colleagues or their ability to create a WFH environment. It was followed by the statements from the Depression, Anxiety and Stress Scale (DASS - 21)[6] and the acceptance and action questionnaire (AAQ - II)

Assessments

The Depression, Anxiety and Stress scale (DASS - 21)[6] is a self - report scale and it is a reliable and valid tool for assessing the levels of depression, stress and anxiety.[7] Internal consistency for each of the subscales of the 21 - items of the questionnaire is typically high at Cronbach's α of 0.96 to 0.97 for DASS - Depression, 0.84 to 0.92 for DASS - Anxiety, and 0.90 to 0.95 for DASS – Stress.[8] It has been validated for use in surveys for assessing levels of stress, anxiety and depression among sample populations.[6,9]

The acceptance and action questionnaire (AAQ –II) is used to measure the levels of experiential avoidance as conceptualized by acceptance and commitment therapy (ACT).[10] It is a self-report measure and the scores indicate the level of a person's acceptance of the situation with higher scores indicating higher levels of experiential avoidance.[10] Scores in AAQ have a direct influence on the levels of anxiety and depression.[11] The AAQ - II had adequate internal consistency (Cronbach's alpha =.78 -.87) and three and twelve month test - rest reliability (.81 and. 79, respectively).[10]

Data Analysis

The data was analysed using SPSS - Statistical Package for Social Services software, (IBM Corp. Released 2016. IBM SPSS Statistics for Windows, Version 26, Armonk, NY: IBM Corp). The various details pertaining to their present living conditions of the professionals and their responses to statements regarding their jobs were analysed for normal distribution. Mean, standard deviation of the scores obtained in the DASS scale were calculated and the relationship of the scores to the various responses obtained from the survey was analysed using one - way analysis of variance (ANOVA) at 95 % confidence level and $P < 05$ indicating a significant relationship between the variables. Pearson's correlation was calculated to find the relationship between the scores of psychological flexibility and stress, anxiety and depression, and their correlation to the different variables in the study.

RESULTS

The basic sociodemographic details pertaining to the participant's age, gender, and marital status were found to be normally distributed as given in Table 1. The occupation of the participants was not equally distributed and there were many

professions such as marketing and managerial positions which were poorly represented in this survey with less than 1 % of the participants from these sectors.

	Valid	Frequency	Percent
Age	21 - 30 years	298	32.7
	31 - 40 years	307	33.7
	41 - 50 years	188	20.6
	51 - 60 years	85	9.3
	Above 60 years	34	3.7
	Total	**912**	**100.0**
Gender	Female	430	47.1
	Male	482	52.9
	Total	912	100.0
Occupation	Banking	32	3.5
	Business	24	2.6
	Engineer	21	2.3
	IT	383	42.0
	Manager	5	.5
	Marketing	4	.4
	Others	132	14.5
	Teaching	311	34.1
	Total	**912**	**100.0**
Are you married	No	230	25.2
	Yes	682	74.8
	Total	**912**	**100.0**
Are you living with your family?	No	57	6.3
	Yes	855	93.8
	Total	**912**	**100.0**
Do you have children	No	250	27.4
	Yes	662	72.6
	Total	**912**	**100.0**

Table 1. Sociodemographic Details

When asked about how comfortable they were working from home, 40.5 % (N = 369) reported that they were comfortable working from home, while 38.4 % (N = 350) reported they were not comfortable working from home and 21.1 % (N = 193) liked it a little. 56.1 % (N = 512) of the respondents have said that they were able to create a workplace at home, while 17.3 % (N = 158) were unable to create a workplace and 26.6 % (N = 242) were able to create a partial working place at home. 55 % (N = 502) reported that they could not work without disturbances at home and 24.8 % (N = 226) felt that they were able to work without any disturbances, while 20.2 % (N = 184) felt that they were able to manage with mild disturbances at home.

58.2 % (N = 531) of the participants reported that their productivity had reduced due to lack of interaction with colleagues, while 24.5 % (N = 223) of them reported that it was somewhat affected and only 17.3 % (N = 158) felt their productivity had not reduced due to lack of interaction with co - workers. When asked about their productivity being reduced because of working from home, 45.4 % (N = 414) felt their productivity had reduced while working from home and 25.3 % (N = 231) had felt that there was a little reduction and only 29.3 % (N = 267) felt that there was no reduction in their productivity.

Surprisingly, 70.4 % (N = 642) reported that they were able to complete their usual home responsibilities and 15.9 % (N = 145) reported as there being a slight reduction and 13.7 % (N = 125) felt that they were unable to complete their usual responsibilities. When asked about the reduction in family time, 48 % (N = 438) of the participants felt there was no change is family time, with 16 % (N = 146) of the people feeling that there was a small change and 36 % (N = 328) felt that their family time was affected because of working from home. When asked about changes in sleep and appetite, 47.3 % (N = 431) of the respondents felt that they were not getting adequate sleep and 57.3 % (N = 524) reported that there was a definite change in their eating habits. 37.5 % (N = 342) of the participants felt that there was no change in their sleep and 29.9 % (N = 273) of the participants felt no change in eating habits while the others agreed to slight changes in their sleep and appetite.

The scores of depression, anxiety, and stress as measured by the DASS - 21 scale is given in Table 2. The scores indicate that 63.9 % of the participants have some level of stress with 8.6 % of the participants having severe stress. 62.5 % of the participants have some level of anxiety and 6.9 % of the participants have levels indicative of severe anxiety. 31 % of the participants have some level of depression while 1.2 % of the participants have severe depression (Fig. 1).

	Stress	Anxiety	Depression
Normal	330 (36.1 %)	342 (37.5 %)	629 (69 %)
Mild	290 (31.8 %)	335 (36.7 %)	201 (22 %)
Moderate	214 (23.5 %)	172 (18.9 %)	71 (7.8 %)
Severe	78 (8.6 %)	63 (6.9 %)	11 (1.2 %)

Table 2. DASS Scores

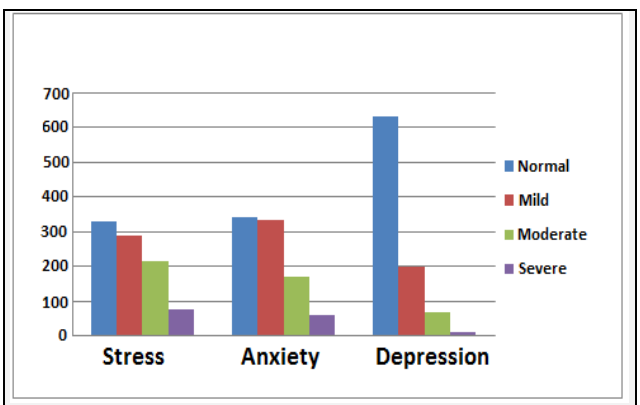

Figure 1. DASS Scores

The mean scores of stress, anxiety and depression in relation to various responses to the statements connected to WFH were analysed. Participants who were not able to create a workplace at home reported the highest amount of stress (M = 11.96, SD = 4.91), anxiety (M = 8.47, SD = 4.67) and depression (M = 7.86, SD = 4.95), than those who were able to create a workplace at home, either partially or fully.

Participants who reported that they were not comfortable with WFH had the highest scores in stress (M = 12.19, SD = 4.88), anxiety (M = 7.20, SD = 4.58) and depression (M = 5.88, SD = 4.28) than those who reported that they like WFH a lot or little. Participants who reported that their productivity has reduced while WFH had the highest mean scores in stress (M = 11.30, SD = 5.34), anxiety (M = 6.50, SD = 4.70) and depression (M = 5.70, SD = 4.07) than those who reported that it had little or no reduction in their productivity. Participants who had felt that their work was affected due to lack of interaction with colleagues had the highest mean scores in stress (M = 10.34, SD = 5.09), anxiety (M = 5.38, SD = 4.27) and depression (M = 5.23, SD = 3.79) than those who reported that it had little or no effect on their productivity.

Since a large percentage of participants were from information and technology (IT) and teaching professions, their scores were taken for further analysis. Scores obtained from professionals in teaching were analysed and it was noted that 71 % of females and 79.3 % of male respondents were suffering from some kind of stress, with 11.5 % of females and 11.7 % of males were having scores indicative of severe stress levels. 74 % of females and 76.6 % of males in the teaching profession had some level of anxiety, with 6 % of females and 10 % of males having scores indicative of severe anxiety. 37.5

% of female respondents had some level of depression with 1 % of them having severe depression. In comparison, only 26.1 % of male respondents had mild level of depression.

While analysing professionals in information and technology (IT), scores indicate that 63.4 % of females and 47.8 % of males had some level of stress with 13.7 % of females and 4.3 % of males having scores indicative of severe stress. 58.8 % of females and 48.3 % of males had some level of anxiety with 7.8 % of females and 4.3 % of males have scores indicative of severe stress. 43.8 % of females and 17 % of males had some level of depression with 5.2 % of females and 0.4 % of males having severe levels of depression.

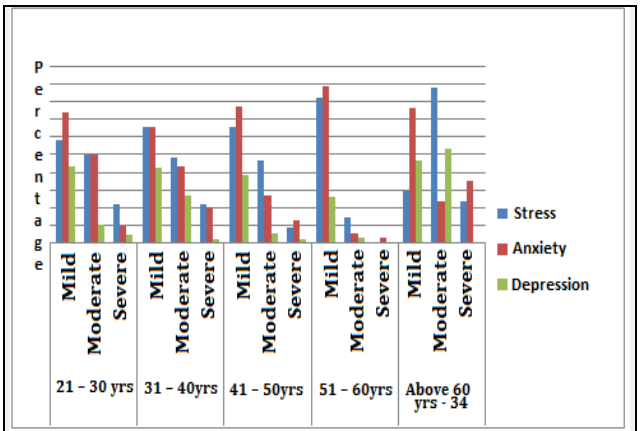

Figure 2. Age Wise Distribution

While analysing the age wise distribution of scores of stress, anxiety and depression as shown in fig 2, it is seen that participants over 60 years of age had the highest percentage of scores in stress (70.6 %), anxiety (67.6 %) and depression (50 %), followed by professionals in the age group of 31 - 40 years with 67.8 % of participants had some level of stress, 64.5 % of them had some level of anxiety and 35.6 % of them had some level of depression. Interestingly participants in the age group of 51 - 60 years had the lowest percentage of scores, with only 48.2 % of them having some level of stress, 48.3 % of them having some level of anxiety and only 14.2 % of participants having some level of depression.

Analysis of variance was done to find the relationship between the different variables including the family details and the survey statements to the scores of stress, anxiety and depression.

Age, gender, occupation and being a parent, has a significant influence on the scores of stress, anxiety and depression at P < .001.

Statement regarding being comfortable working from home has a significant influence on stress [F (2,909) = 75.96], anxiety [F (2,909) =106.38] and depression [F (2,909) = 64.94] at significance P < .001.

Similarly, statements regarding being able to create a workplace at home, feeling that productivity has reduced due to working from home and lack of interaction with co - workers affecting their work were all found to be significantly related to the scores of stress, anxiety and depression at P < . 001, as shown in Table 5. The relationship between gender and parental status was tested for its ability to account for variation in scores of stress, anxiety and depression and it was noted that gender and parental status in combination, have a significant relationship (P < .01) to the levels of anxiety at mean square = 175.37 and F (1,908) = 9.19, at P = .003.

	Experiential Avoidance	Stress	Anxiety	Depression
Experiential avoidance	1	.769**	.756**	.665**
Stress	.769**	1	.844**	.736**
Anxiety	.756**	.844**	1	.755**
Depression	.665**	.736**	.755**	1

Table 4. Correlation between Experiential Avoidance, Stress, Anxiety and Depression

**. Correlation is significant at the 0.01 level (2 - tailed).

Pearson correlation was done between scores on experiential avoidance, stress, anxiety, and depression. The results as shown in Table 4 indicate that there is a direct correlation between experiential avoidance and scores of stress, anxiety and depression, significant at P < .01 (2 - tailed). The results indicate that there is a strong relationship between stress and anxiety at Pearson r = 0.844, followed by a significant relationship between experiential avoidance and stress at Pearson r = 0.769.

			Stress	F (2,909)	P	Anxiety	F (2,909)	P	Depression	F (2,909)	P
Are you comfortable working from home?	A little N=193	Mean	7.21	75.96	.000	3.19	106.38	.000	4.39	64.94	.000
		Std. Deviation	3.759			2.669			3.203		
	No N=350	Mean	3.203			7.20			5.88		
		Std. Deviation	4.885			4.581			4.280		
	Yes N=369	Mean	5.49			2.37			3.10		
		Std. Deviation	3.514			2.282			3.114		
Are you able to create a workplace at home?	A little N=231	Mean	7.24	31.50	.000	3.76	49.88	.000	3.39	43.44	.000
		Std. Deviation	3.878			2.713			2.528		
	No N=158	Mean	11.96			8.47			7.86		
		Std. Deviation	4.713			4.674			4.949		
	Yes 5 N=12	Mean	7.89			3.44			3.88		
		Std. Deviation	5.313			3.638			3.326		
Do you feel that your productivity has reduced due to working from home?	A little N=231	Mean	7.16	84.31	.000	2.88	121.31	.000	3.73	67.12	.000
		Std. Deviation	3.472			2.349			3.847		
	No N=267	Mean	5.06			2.45			3.09		
		Std. Deviation	3.146			2.278			2.723		
	Yes N=414	Mean	11.30			6.50			5.70		
		Std. Deviation	5.341			4.702			4.021		
Do you think that the absence of actual interaction with your co - workers is affecting your work?	A little N=223	Mean	5.86	74.61	.000	3.18	68.92	.000	3.48	42.34	.000
		Std. Deviation	3.710			3.621			4.175		
	No N=158	Mean	5.60			2.80			3.14		
		Std. Deviation	4.008			2.890			2.570		
	Yes N=531	Mean	10.34			5.38			5.23		
		Std. Deviation	5.091			4.275			3.788		

Table 5. One-Way Analysis of Relationship between Statements Regarding Working from Home and Stress, Anxiety, and Depression

DISCUSSION

The results indicate that 63.9 % of the participants have some level of stress, with 8.6 % of the participants having severe stress, 62.5 % of the participants having some level of anxiety, of which 6.9 % of the participants were suffering from severe anxiety, and 31 % of them having some level of depression, with 1.2 % of them having severe depression. This correlates with a study among Microsoft employees in 8 countries[12] that reported that over 40 % of Indians are stressed due to working from home and a global study[13] indicating that levels of anxiety and depression have risen to 52 % during the pandemic. Not being able to create a workplace at home, not being able to interact with co - workers, feeling of decreased productivity due to WFH, increased workload, inability to balance work and home, all contributes to increased levels of stress, anxiety, and depression as clearly indicated in this study. Having children and tending to their educational, emotional, and physical needs while balancing working from home during the lockdown, negatively impacts the levels of anxiety in parents as clearly evidenced in this study.

Comparing teaching and IT professionals, it is seen that those in the teaching profession who are new to working from home, suffer from a higher percentage of stress, anxiety, and depression, irrespective of differences in gender except in levels of depression, with more percentage of women than men having scores indicating some level of depression. IT professionals who are more used to WFH have significantly lower percentages of stress and anxiety than those in teaching professions, but a higher percentage of female participants in IT have higher levels of stress, anxiety, and depression than the males working in IT. This could be explained by the fact that women tend to share the bulk of home responsibilities including tending to their children, and having them around during the lockdown could explain the increased levels of stress, anxiety, and depression when compared to men in the IT profession.

While comparing the age wise distribution of stress, anxiety, and depression scores, it was noted that participants over 60 years of age were more distressed as evidenced by the highest percentage of them having stress, anxiety, and depression, but they constitute only 3.7 % of the sample and hence these findings cannot be generalized to the general population. A higher percentage of people in late adulthood in the age group of 51 - 60 years have scores indicative of low stress, anxiety, and depression. People in this age group would have children who are settled, and working safely at home during this pandemic would actually provide them with protection against contracting the virus, while still maintaining their economic status, thus accounting for fewer people reporting stress, anxiety or depression. Whereas a higher percentage of people in the age group of 31 - 40 years who might have young children at home and are establishing themselves in their professions have higher levels of stress, anxiety, and depression. Experiential avoidance is a process by which humans tend to avoid or escape personal experiences that are stressful.

Avoiding a situation or experience has been proven to increase stress and anxiety as theorized by acceptance and commitment therapy. Studies have shown that people who have increased scores in experiential avoidance are more prone to develop stress,[14] anxiety, and depression[15] as also clearly evidenced in this study. These results are similar to the study involving psychological inflexibility and distress in the time of Covid done in the United States.[16] Feeling stressful and anxious in creating a sense of normalcy during this pandemic situation is normal, but people who have been able to take a positive perspective have been able to adapt and adjust as clearly indicated by scores in AAQ II having a direct influence on levels of stress, anxiety, and depression.

This clearly indicates the importance of creating a work - life balance at home during this pandemic. It is understandable that a large percentage of people are stressed while working from home, but the financial security that comes from working from home is a boon and people need to improvise to the new normal that is essential during these tough times. This is evident in newspaper reports that are emerging around the world[17] including India[18,19] of the rising support to work from home models. It should also be noted that not all professions are suited for the WFH model and for even those who are used to WFH, people still like human proximity as evidenced in this survey indicated by a large percentage of people who reported missing colleagues and feeling that their productivity being reduced while WFH, and by surveys on the benefits of a interpersonal relationships in increasing productivity.[20,21]

CONCLUSIONS

This study shows that professionals working from home are in distress and suffer from various levels of stress, anxiety, or depression. People working from home miss working with colleagues and feel that their productivity is reduced due to working from home.

The Covid pandemic situation is likely to continue as evidenced by the increase in the number of cases, but economic stability in the family and the nation is essential, and it cannot come at the cost of infection. The government is relaxing norms with options to work in shifts and to reopen offices with standard operating procedures to contain the spread of viruses. IT companies have been allowed to open their offices, but a majority of them have advised its employees to work from home for a few more months and teaching remotely has become the new norm in this situation.

Recommendations

The benefits of WFH are immense in the context of the pandemic situation, but these professionals need to be supported by their organizations by regular interaction with its staff to identify concerns regarding working from home, to address any psychological issues that may occur, so that adequate and timely help might be provided to them.

Limitations

This study focussed on the levels of stress, anxiety and depression of professionals who were working from home, based solely on statements limited to WFH, but there could be other confounding variables such as interpersonal conflicts, presence of pre-existing psychiatric illness or even the absence of domestic help during this lockdown which could have affected the mental health of these professionals. The

authors wish to acknowledge that several factors such as, personality characteristics, openness to WFH model, previous exposure to WFH model, internet connectivity issues, exposure to Covid-19, support from spouse or support of extended family members for working from home and caring for children were not dealt with in this survey. The productivity of the participants, as measured by the employers were not measured and these could form the scope for further studies. Sizable sample was obtained from professionals in IT and teaching professions. This study did not have a sizable sample from other professions, and so the results could not be generalized to all professionals who are working from home.

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