

**IMPACT OF THE COVID-19 LOCKDOWN ON THE HEALTH AND WORK-
LIFE BALANCE OF THE INDIAN CORPORATE WORKFORCE**

Dissertation Submitted to



The IIHMR University, Jaipur

For the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

Komal Kaur

Under the Supervision and Guidance of

Dr. Sheenu Jain

2021

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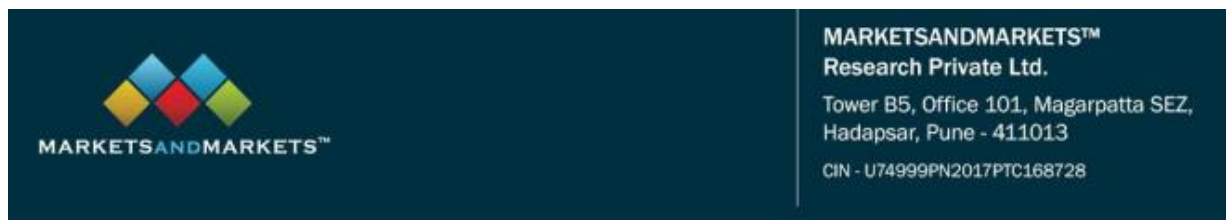
DECLARATION BY STUDENT

I hereby declare that this dissertation titled 'Impact of the COVID-19 lockdown on the health and work-life balance of the Indian corporate workforce' is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Name of Student: Komal Kaur

Date: 03-07-2021

CERTIFICATE 1



16th Jun 2021

To Whomsoever Concern

This is to certify that **Ms. Komal Kaur (8728)** is working with us full time as a **Research Associate** from **05-Mar-21** till date.

This letter is provided upon his/her own request in lieu of documentation for **education purpose** and has no other significance.

For Markets and Markets Research Pvt. Ltd.

A handwritten signature in black ink, appearing to read "Dhara Shah".

Dhara Shah
Vice President - Human Resources

Note:- This E-Copy is issued during the **Work From Home** period followed by the Organization in adherence to the health and safety advisory issued by competent authority under the Government of India in the month of March and the year 2020

CERTIFICATE 2

This is to certify that dissertation titled ‘Impact of the COVID-19 lockdown on the health and work-life balance of the Indian corporate workforce’ is a record of the research work undertaken by Komal Kaur in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management from the IIHMR University, Jaipur under my guidance and supervision and her efforts in the research study have been sincere, scientific, and analytical.

Faculty Guide

School Dean

IIHMR University, Jaipur

IIHMR University, Jaipur

Date

Date

ABSTRACT

Objectives: The Coronavirus pandemic has taken the world by surprise. In lieu of physical office, many organisations mandated a work-from-home policy. This has had negative and positive implications on the workforce. This cross-sectional, observational study aims to find out the effect of work from home on mental health, physical health and work-life balance of the Indian corporate workforce.

Methods: A comprehensive questionnaire was formulated after extensive secondary research and discussion, which recorded the responses of the study participants with regards to work from home. The data was then analysed in MS Excel and SPSS, and presented.

Results: 60% of the respondents said that their mental health deteriorated in during work from home. Majority of those with mental health issues said that work from home contributed to aggravating their problem. The eating habits of the respondents seemed to improve during work from home. Almost 50% of the respondents said that their frequency of consuming processed food and aerated drinks had decreased during work from home. Regarding work-life balance. It was found that six independent variables affected the work-life balance of corporate employees in India.

Conclusion: To make work from home success, organisations should focus on limiting the increasing expectations from their employees and ensuring they provide a healthy work-life balance. Organisations should ensure proper and efficient management of the workforce using digital tools, specifically focusing on tracking an employee's productive working hours, and compensating effectively for overtime. In the coming times, where work from home is set to become the norm, these steps could ensure the best results, both for the companies as well as their employees.

ACKNOWLEDGEMENTS

It is important to mention the names and give due credit to the people who helped me through this report.

Firstly, I would like to thank my faculty mentor from IIHMR University, Jaipur, Dr. Sheenu Jain, who gave me access to her technical expertise in the field of public health. Apart from giving my work the direction which was much needed, she also went through the details to point out where improvements were possible.

Secondly, I want to extend my thanks to my professional mentor, Mr. Awanish Pandey, who gave his valuable inputs and guided me with presenting the best possible version of the study results.

Thirdly, credit must be given to my family members who gave me the freedom and the environment to work tirelessly to put together this report. I am thankful that I was not asked to weigh my work against family responsibilities.

I would like to thank the administrative team and the library staff at IIHMR University, Jaipur. They made sure to provide the right format to work on a research report even in a time when they presumably had more urgent issues at hand.

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ABBREVIATIONS

1. CoV – Coronavirus
2. SARS-CoV-2 – Severe Acute Respiratory Syndrome coronavirus 2
3. COVID-19 – Coronavirus Disease, 2019
4. WFH – Work-from-home
5. IT – Information Technology
6. WLB – Work-Life balance
7. SPSS – Statistical Package for the Social Sciences

CHAPTER 1: INTRODUCTION / BACKGROUND

During the year 2020, the world faced a major crisis in the form of the Coronavirus Disease (COVID) pandemic. The epicentre of the disease was said to be in Wuhan, China, and the virus later spread to various parts of the world, including India.

COVID-19 is caused by the Severe Acute Respiratory Syndrome coronavirus 2 (SARS-CoV-2) virus, which comes from the family of coronaviruses (CoV). The virus spreads through droplet infection, either through saliva, or discharge from the nose when an infected person coughs or sneezes. Crowded public places are, therefore, dangerous in this regard.

The incubation period for the novel coronavirus is said to be anywhere between 1-14 days. In most cases, an infected person shows mild to moderate symptoms including dry cough, breathlessness, and fever. The susceptibility tends to increase in persons who have underlying medical conditions, especially breathing problems and immune-suppressive conditions.

In a study conducted by [Hatchett et al. \(2007\)](#) on the Spanish Flu, social distancing was said to significantly reduce the transmission of the flu and lower both the peak and mortality during a pandemic. Similar learnings from previous pandemics encouraged countries across the globe to mandate measures which limited physical contact among people. One of the primary ways to do that is by implementing the work-from-home strategy, where working individuals can altogether avoid physically going to a crowded office space.

The origins of work from home date back to the 2000s, when telecommuting technologies started to develop. WFH aids in avoiding commuting, providing flexibility in schedules, and achieving an improved work-life balance.

Working from home has its pros and cons. The most evident benefit is that the employees, along with being safe from the virus, can continue to work remotely and, in many cases, deliver the same results. This theoretically ensures the best interests of both the employees as well as the organisation. However, there have been growing concerns about the lack of boundaries between the personal and professional lives of the employees, which translates into a work-life imbalance.

According to a study ([Allen et al. 2015](#)), major organisations like Yahoo and Best Buy pulled the plug on their WFH policies/programs in the 2010s citing possible negative impacts on performance as the reason. So much so, that the then Best Buy CEO, Hubert Joly, said that Best Buy's work from home program was "fundamentally flawed from a leadership standpoint".

Other studies conducted on the topic have revealed some of the primary impacts of working from home. Due to it being a solitary workspace, employees tend to feel lonely, which breeds mental health issues such as anxiety and depression, not to forget physical symptoms like joint pains.

Many workers also complain that the boundaries between their work and home life have become blurred or even non-existent. This seems to be more so with people who do not have a designated home office, which is separate from their personal living space. A separate workspace has been found to act as an effective way of disconnecting from work.

Attractive career milestones are another missing ingredient in the work-from-home setup, the lack of which translates to decreased productivity. For instance, if an employee is

aware that a promotion may get them into a fancy office, they tend to want it more, and therefore, work more diligently. This is a form of positive reinforcement which tends to boost productivity in a physical workplace.

The expectation from an employee to dawn many hats while working from home, is another hurdle. From effective time management and virtual communication skills to technical jobs like IT troubleshooting, a worker is expected to solve myriad problems on a daily basis, which takes a toll.

Additionally, as an extension of non-existent boundaries, employees tend to work overtime on a regular basis, either due to the employer's requirement, or due to the fear of not being productive enough. Organisations that offered monetary or other forms of compensation for working extra hours, stopped doing so in the work-from-home setup, maybe because it became more difficult to effectively track their employees' productive hours.

Back-to-back virtual meetings are the latest trend. In a physical office, this would not have been possible. This aggravates the aforementioned issue of disappearing boundaries, as it leaves the employees with significantly less productive time to capitalize upon. As well as being a time-consuming activity, these video meetings cause fatigue and leave employees feeling disconnected and exhausted. This issue becomes even more apparent in larger meetings, where the speaker is unable to see her/his audience.



Source: Shutterstock

Figure 1: Mental stress during work-from home

The final, but arguably the most important factor at play is the absence of physical human connection. The void created due to a sudden lack of fellow workmates to share daily banter with, leaves employees with nobody to turn to in case of stress or anxiety.

Both employers and employees will require insights on how to make working from home effective, efficient, and profitable for all. This study touches on some of the points mentioned above, to understand how work-from-home affected corporate employees, both mentally and physically, and gives recommendations based on this analysis.

Objectives

1. To study the effects of work-from-home on the mental health of corporate workforce in India.
2. To study the effects of work-from-home on the physical health of corporate workforce in India.
3. To study the effects of work-from-home on the work-life balance of corporate workforce in India.

CHAPTER 2: REVIEW OF LITERATURE

In a study ([Jaiswal et al., 2020](#)) relevant to the one being conducted, an increase in the number of working hours was reported by the respondents in the work from home setting. Respondents working in service sector who had technology-enabled work reported high levels of work-related stress. Contributing factors were many, including constant engagement in online meetings, telephone conversations, etc. Another study ([Kumar et al., 2020](#)) suggested 52% of the responders expressed feeling socially isolated in the lockdown due to being bound inside their home. In addition to this, a similar study ([Ince, Fatma, 2020](#)) conducted in Turkey clearly pointed out that working from home negatively impacted productivity of employees, with a decreasing level of perceived performance and wellbeing.

On the other hand, a separate study ([Rehman et al., 2021](#)) showed that while teachers, students, and researchers reported mild levels of stress, mental health professionals and corporate employees were found to be in the normal range of stress, contradictory to the findings of the first two studies. Evidence from another study ([Sayed et al., 2020](#)) on similar lines suggested that work from home was beneficial to the employees. So much so that a study about the effects of lockdown on the Indian Economy said that HR heads of firms like EY, Cognizant, Deloitte viewed virtual workplaces as the future of work. ([Joshi et al., 2020](#))

According to a study by researchers at the [University of Southern California](#) published in the Journal of Occupational and Environmental Medicine, a negative effect of WFH was seen on the workers' mental and physical health. According to the study, working from home led to "increased work expectations and distractions, reduced our (employee) communications with co-workers, and ultimately lessened our productivity". From the sample population of respondents, more than 64% reported having one or more new physical health issues, while nearly 75% reported encountering one new mental health issue due to a work from home setup.

A poll conducted by the [Kaiser Family Foundation](#), 53% of American adults reported having a negative impact on their mental health due to pandemic-associated stress. The same study found the effect of the pandemic on the mental health of young adults (aged 18-24 years) to be particularly severe. A higher than normal (56%) proportion of young adults reported symptoms of anxiety, sometimes coupled with depressive disorder. A juxtaposition against the entire adult population reveals young adults are more likely to report substance use (25% v/s 13%) and suicidal thoughts (26% v/s 11%).

Most of these studies reviewed were conducted before the lockdown was over. This also means that these studies only mapped the immediate effects of the lockdown.

In a research study conducted among researchers working from home ([Balazs Aczel et al., 2021](#)), it was found that 47% respondents had decreased work efficiency, while 23% of them said their efficiency increased. Additionally, a majority of the respondents said that they would be equally efficient after the lockdown, while 29% thought their efficiency would remain the same if they continued to WFH.

Another research ([Xiao et al., 2021](#)) revealed an increased in the physical and mental health problems during WFH.

Ten telework factors were identified by another group of researchers ([Nakrošiene et al., 2019](#)). This included trust and support of the supervisor, time management skills, saving

on travel expenses, etc. According to them, these factors explained most of the variance in telework outcomes.

CHAPTER 3: METHODOLOGY

Study Method

A cross-sectional, observational study was conducted.

An **observational study** is one where the researcher, without interfering with the process, draws conclusions from data collected from a sample. This information is then extrapolated to the population from which the sample was taken and meaningful inferences are drawn. In this type of study design, the independent variable is not under the control of the researcher.

A **cross-sectional study** is also known as a transverse study or a prevalence study. It is a type of observational study design in which data is collected at a given point in time across the sample population and analysed.

Sampling technique

A **convenience sampling** method was used. In this method, the individuals who happen to be most accessible to the researcher are asked to participate.

Study population

People in the age group of 20-60 years, who were working with corporate organisations pan-India, were part of the study population.

A sample size of 220 respondents was expected to be interviewed. Out of these, 213 complete responses could successfully be taken.

Inclusion Criteria:

- Working for a corporate organisation in India
 - Worked from home for the study duration in India
- Internet access**

Exclusion Criteria:

- Unwilling to participate in the study
 - Working from office during the COVID-19 lockdown in India
- Not

Ethical Permission: Consent was taken from the respondents before they were asked to participate in the survey.

A mixed approach was leveraged to conduct the study. Following are the various methods used:

Desk/Secondary Research

Secondary research was undertaken to understand the various factors at play in dynamics of mental and physical health and work-from-home, and to gain deep insight into possible effects of the COVID situation on the said dynamic. The information gathered from the desk research prompted effective formulation of questions for the primary research.

Data Collection and Data Preparation

To further understand the study topic, detailed information from relevant primary sources was required. For this, a questionnaire was created, keeping in mind all three objectives under study, namely, mental health, physical health and work-life balance. This was circulated among a cohort that consisted of individuals aged 20-60 years, who worked in corporate organisations pan-India, and had been working from home, for a minimum of 4 months before the study was conducted.

Data was collected from respondents across key variables such as:

Psychographic

- Changes in exercise patterns, sleep cycle, energy levels, consumption of processed food, and alcohol.
- Changes in creative inclination, attachment to friends and family, optimism, work efficiency.

Demographic: Age, and gender

Data from a total of 213 respondents was analysed. Also, data checks were done to identify similar answers to contradicting statements to highlight the bad respondents.

Study tool: A semi-structured questionnaire was self-prepared after literature review, secondary research, and discussion of the relevance of questions. The responses were kept anonymous.

The 'Google Forms' tool was used to capture data from a large number of audiences in a short amount of time. Questions were prepared keeping in mind the secondary research and discussions previously undertaken with relevant persons. The aim of the questionnaire was to find out whether WFH had an effect on the mental and physical health, and the WLB of the respondents.

The questionnaire was designed in such a way that it did not ask for any personal information with which one could directly identify the respondent. A consent form was attached in the beginning which conveyed that the information collected would be anonymous and will not be passed on. This information encouraged the respondents to give their unbiased responses, especially in relation to mental health.

The pilot testing of the questionnaire was done 5 times, each time correcting the skip pattern in the questions and changing the sequence and flow of the questionnaire as deemed necessary. These 5 responses were checked in the google forms format for results. After due diligence, the final questionnaire was prepared and sent to potential respondents.

The responses were captured from 213 respondents and covered the age group of 20-60 years.

Certain questions were designed with skips, keeping in mind the smooth flow of the questionnaire. For example, one of the questions asks whether or not the respondent suffers from any mental health issues. For the ones who answer 'Yes', the tool takes them to the next question which asks if WFH contributed to aggravating this problem. For the ones who answered 'No', the tool skipped the next question, and went straight to the one after that.

For the skip function to work, all questions had to be marked as mandatory. This ensured that the respondents went through the whole questionnaire in the correct sequence, without leaving out any information.

Analysis

Quantitative Method

The final cleaned respondent data was then used to conduct further analysis.

The collected data was transferred from google forms to an excel file format. To make it easier to handle and analyze, categorical data was given scores and converted into a quantitative form.

For example, in the question, “How would you rate your health status while going to work physically in an office?”, the respondents were given 5 options on a Likert scale. These were, very poor, poor, fair, good and excellent. During analysis, these options were given a numbering from 0 to 4, i.e. very poor – 0, poor – 1, fair – 2, good – 3, excellent – 4. Getting the data in quantitative form made it easier to run analyses on it.

How would you rate your health status while going to work physically in an office?	How would you rate your health status while going to work mentally in an office?	In the past 4 weeks, how often have you felt stressed?	In the past 4 weeks, how often have you felt nervous?	In the past 4 weeks, how often have you felt sad?	In the past 4 weeks, how often have you felt happy?	In the past 4 weeks, how often have you felt energetic?	In the past 4 weeks, how often have you felt tired?	How has your sleep been in the last 4 weeks?	Gender	Age	In the last 4 weeks, how often have you felt stressed?	In the last 4 weeks, how often have you felt nervous?	In the last 4 weeks, how often have you felt sad?	In the last 4 weeks, how often have you felt happy?	In the last 4 weeks, how often have you felt energetic?	In the last 4 weeks, how often have you felt tired?
1	2	3	-1	0	0	1	1	1	-1	0	0	1	-1			
2	3	3	-1	0	1	3	0	0	0	0	0	0	0	-1		
2	3	3	-1	-1	1	2	0	0	0	0	0	0	1	-1		
4	3	3	0	0	2	2	1	-1	-1	0	0	1	0			
4	4	3	-1	-1	2	3	1	-1	1	0	0	1	0			
2	3	3	-1	-1	1	3	1	1	0	1	1	0	0			
2	2	3	-1	-1	1	3	1	1	0	1	0	0	0			
3	3	3	-1	-1	1	3	0	0	-1	0	0	0	0			
2	1	3	-1	0	1	2	1	1	-1	1	0	0	-1			
3	3	3	-1	0	2	2	1	1	0	0	0	2	0			
3	3	3	-1	1	1	1	1	-1	-1	1	0	0	-1			
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3	2	3	-1	0	1	3	0	0	1	0	0	1	0			
4	4	3	-1	-1	1	3	1	1	0	0	0	0	-1			
1	1	3	1	0	0	3	1	-1	-1	0	0	0	1			
3	3	2	1	1	0	3	1	-1	-1	1	1	0	1			
4	4	3	0	0	0	3	1	-1	-1	0	0	0	-1			
4	1	2	1	1	0	3	1	-1	-1	1	1	0	0			
3	3	3	1	1	1	2	1	-1	-1	0	0	1	-1			

Source: Shutterstock

Figure 2: Snapshot of data converted to a quantitative form

Primary Analysis

The data collected through the questionnaire was presented in the form of pie charts. The responses were divided into 4 parts:

1. Demographic
2. Mental Health
3. Physical Health
4. Work-Life Balance

Pivot Charts

To analyse how mental and physical health variables vary with age and gender, selected variables were plotted against age and gender in MS Excel.

The charts thus formed are attached in the Results section.

Regression

To study the effect of independent variables on the dependent variable, a linear regression was run. The test was initially run keeping WLB as the dependent variable and all others as independent variables.

Dependent Variable

WLB was taken as the dependent variable to find out which factors have a significant effect on it. A 5-point scale response was created for respondents to rate their WLB during WFH. Related questions were also asked, which represented the independent variables. A linear regression was run to find out the significance of each factor on WLB.

Independent Variable

To study the effects of external variables on the WLB which is the dependent variable in this case study.

The independent variables initially analyzed against WLB are listed below:

1. How would you rate your health status while going to work physically? (Mental Health)
2. How would you rate your health status while going to work physically? (Physical Health)
3. In the last 4 months what was your frequency of consuming home-cooked food?
4. In the last 4 months has your frequency of consumption of processed food changed?
5. In the last 4 months has your frequency of consumption of aerated drinks changed?
6. In the last 4 months how often did you practice any kind of physical activity or exercise?
7. In the last 4 months how much daily sleep did you get on an average?
8. In the last 4 months has your sleep cycle changed due to work?
9. How has your sleep cycle changed during WFH?
10. In the last 4 months did you feel a difference in your energy levels?
11. In the last 4 months what was your frequency of alcohol consumption? (Female)
12. In the last 4 months on an average what was your frequency of alcohol consumption? (Male)
13. In your opinion has the frequency of smoking among people of your background and age group changed in the last 4 months?
14. In the last 4 months did you feel any change in your sense of attachment with friends and family?
15. In the last 4 months did you feel a change in your inclination towards creativity?
16. In the last 4 months did you feel any change in your levels of
17. How has work from home affected your work efficiency?
18. In the last 4 months have you experienced increased mood swings?
19. In the last 4 months have you been worried about your job security?
20. In the last 4 months did you feel any change in your mental health?

After this initial analysis, it was found that only a few variables showed a significant value ($p < 0.05$). Another regression was consequently run with only the significant variables, and a linear equation was formulated.

CHAPTER 4: RESULTS AND DISCUSSIONS

The questionnaire consisted of questions related to 4 aspects – Demographics, Mental Health, Physical health, and WLB. Following are the preliminary findings from the questionnaire responses:

Demographics

- Almost half of the respondents (47.4%) identified as female.

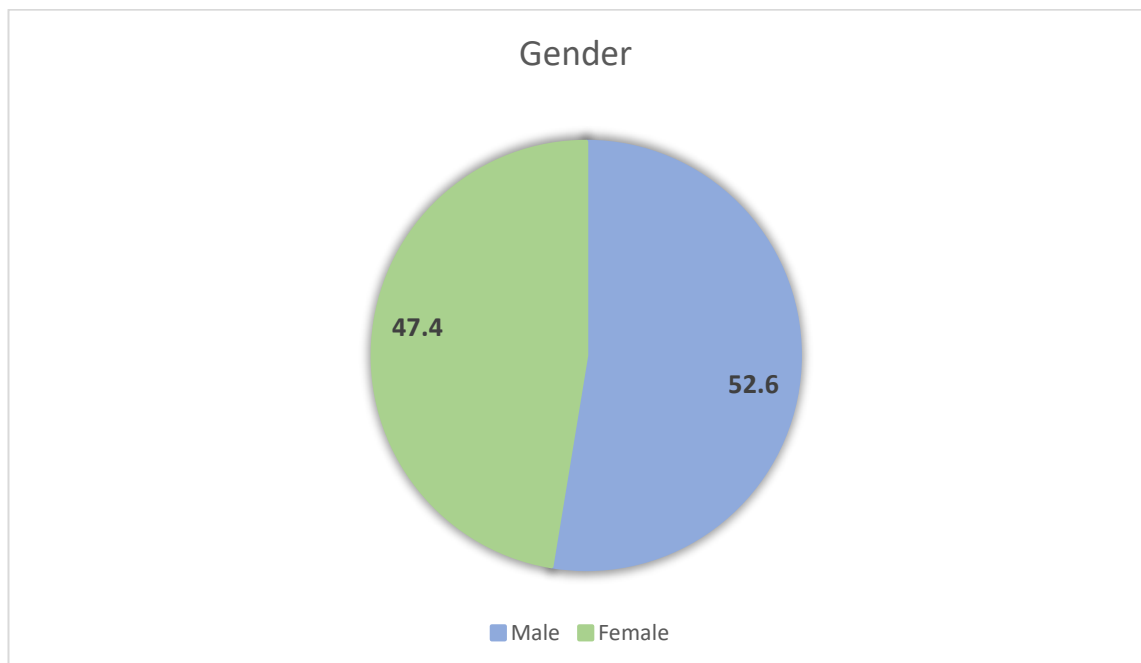


Figure 3: Gender distribution of respondents

- Most of the respondents (61.5%) belonged to the 26-35 years age group, followed by 33.8 who were younger (20-25 years).

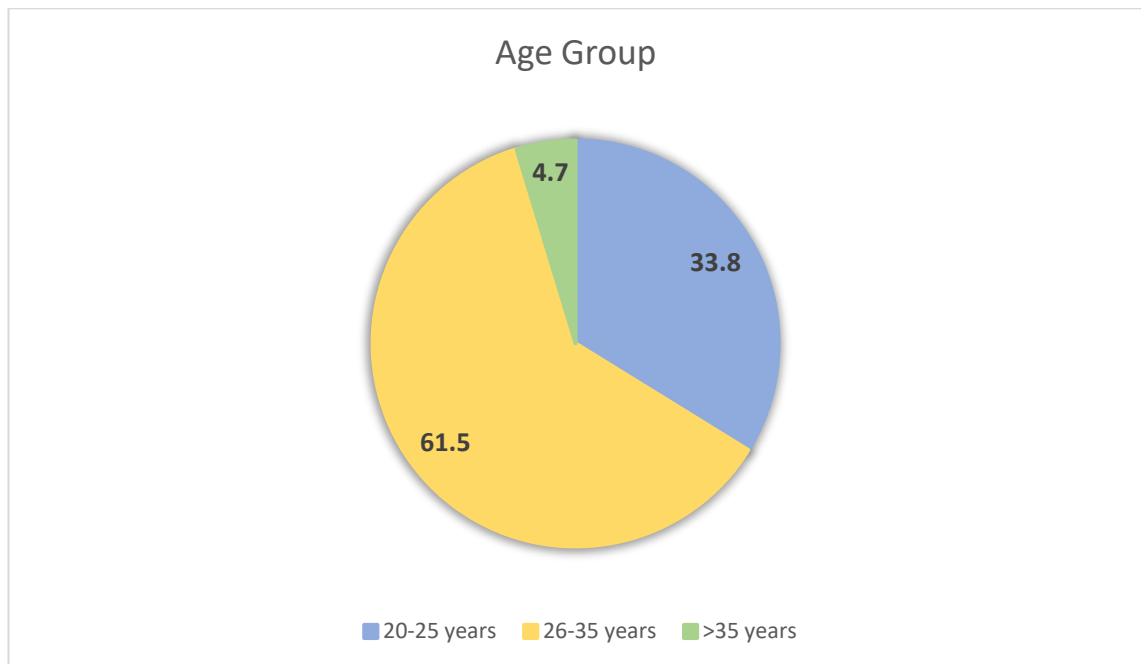


Figure 4: Age distribution of respondents

Mental health

- 46.5% of the respondents rated their mental health, before WFH began, as being 'Good'.
- 158 out of the 213 respondents said that WFH impacted their sleep cycle. 75.3% out of these had a disturbed sleep cycle.
- 81.3% of the respondents who suffered from mental health problems said that WFH contributed to aggravating the same.
- Inclination towards creativity decreased among the respondents during WFH. 45.1% of them said they felt less creative.

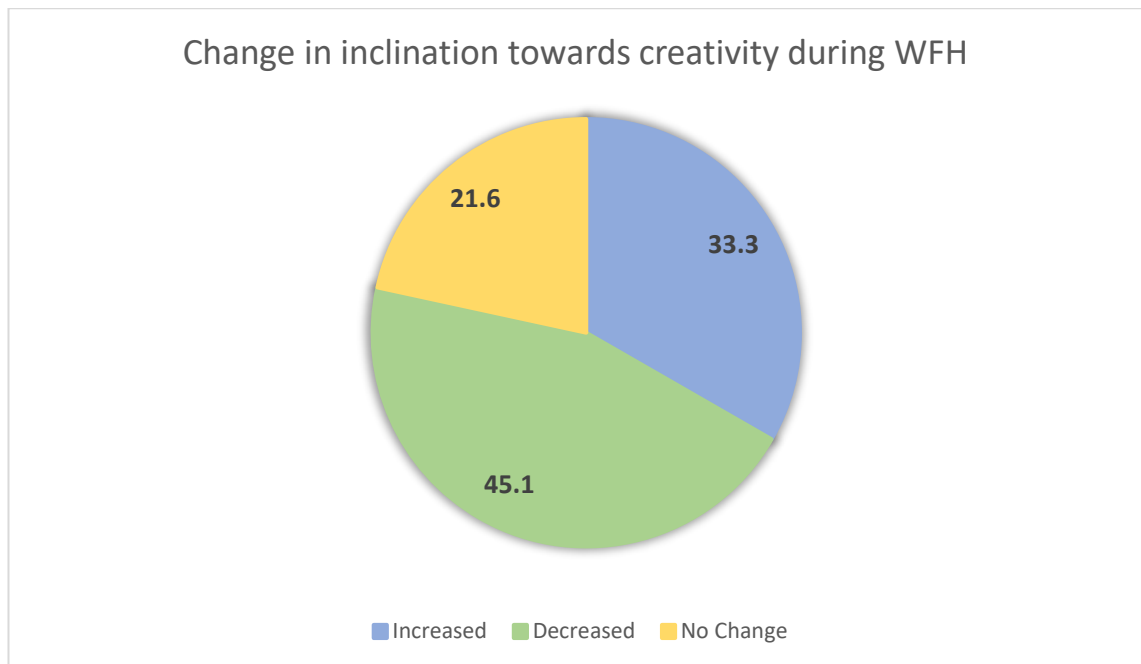


Figure 5: Change in inclination towards creativity during WFH

- A question on mental health status during WFH revealed that about 60% respondents felt their mental health had deteriorated during this period.

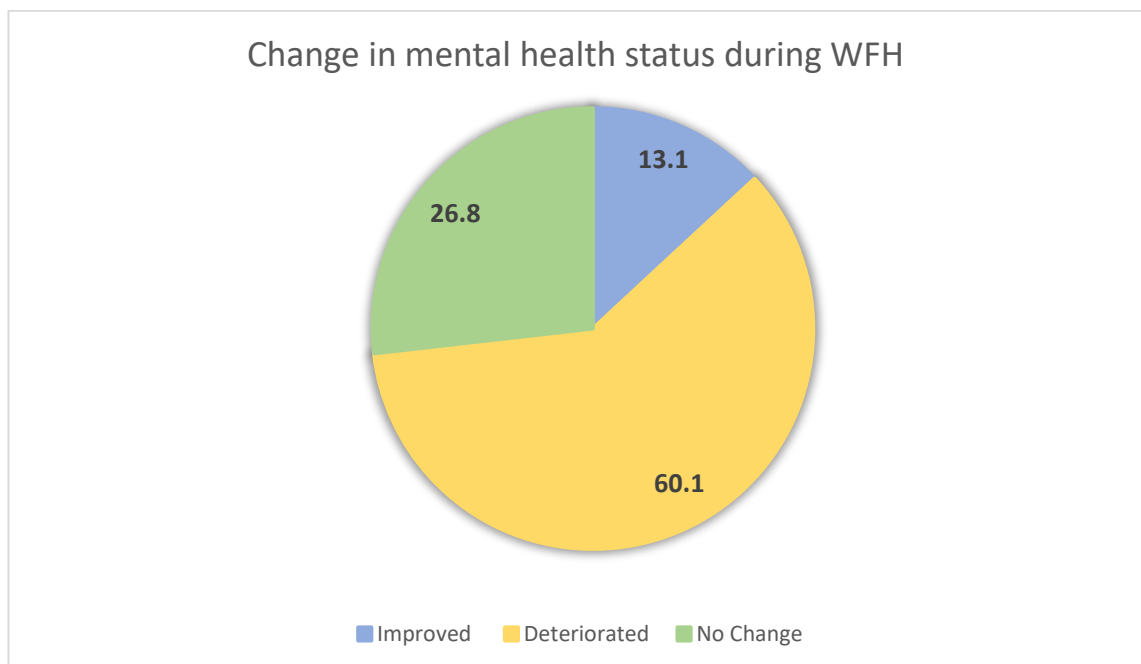


Figure 6: Change in mental health status during WFH

- On a positive note, almost half the respondents felt closer to their family and friends during the WFH period. This could be attributed to working professionals going back to their hometowns and living with their families.

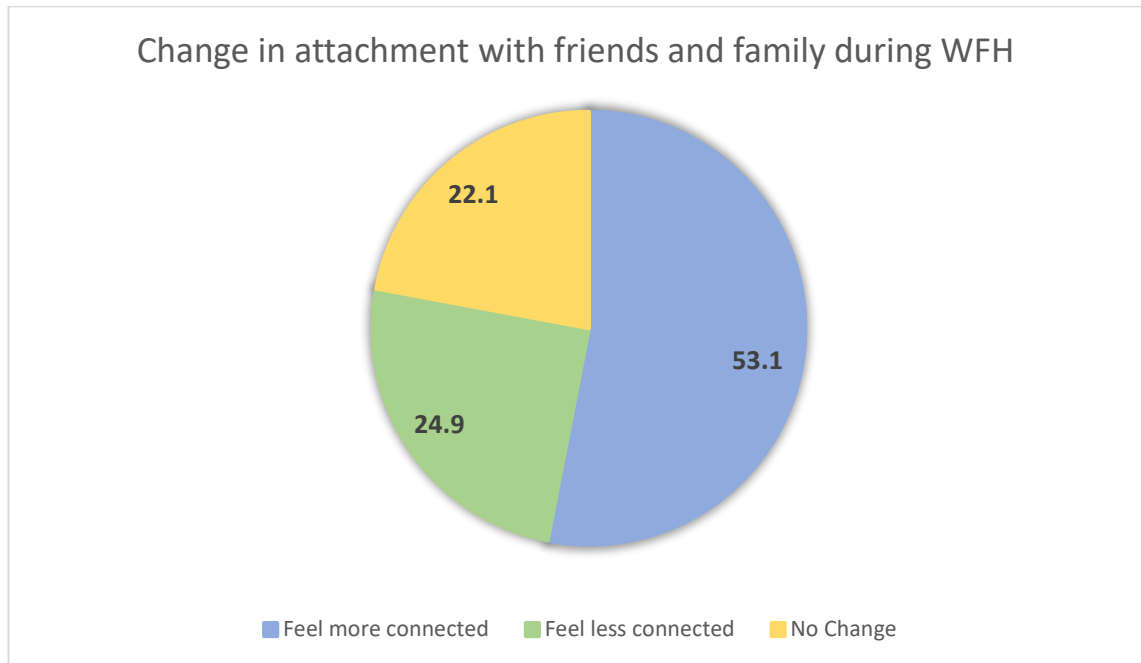


Figure 7: Change in attachment with friends and family during WFH

- After plotting age and gender against change in mental health, it became apparent that most of the respondents, both male and female, in the 20 to 35 age group, experienced a deterioration in mental health during WFH.

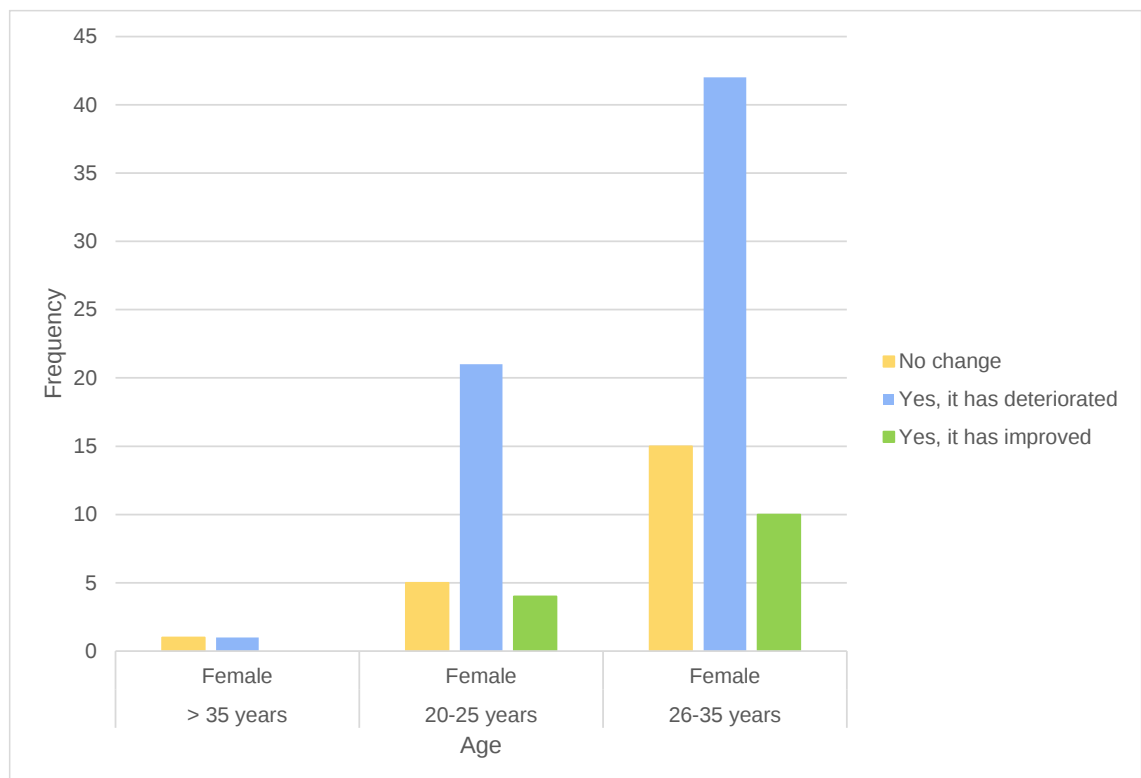


Figure 8: Change in mental health of females across age groups during WFH

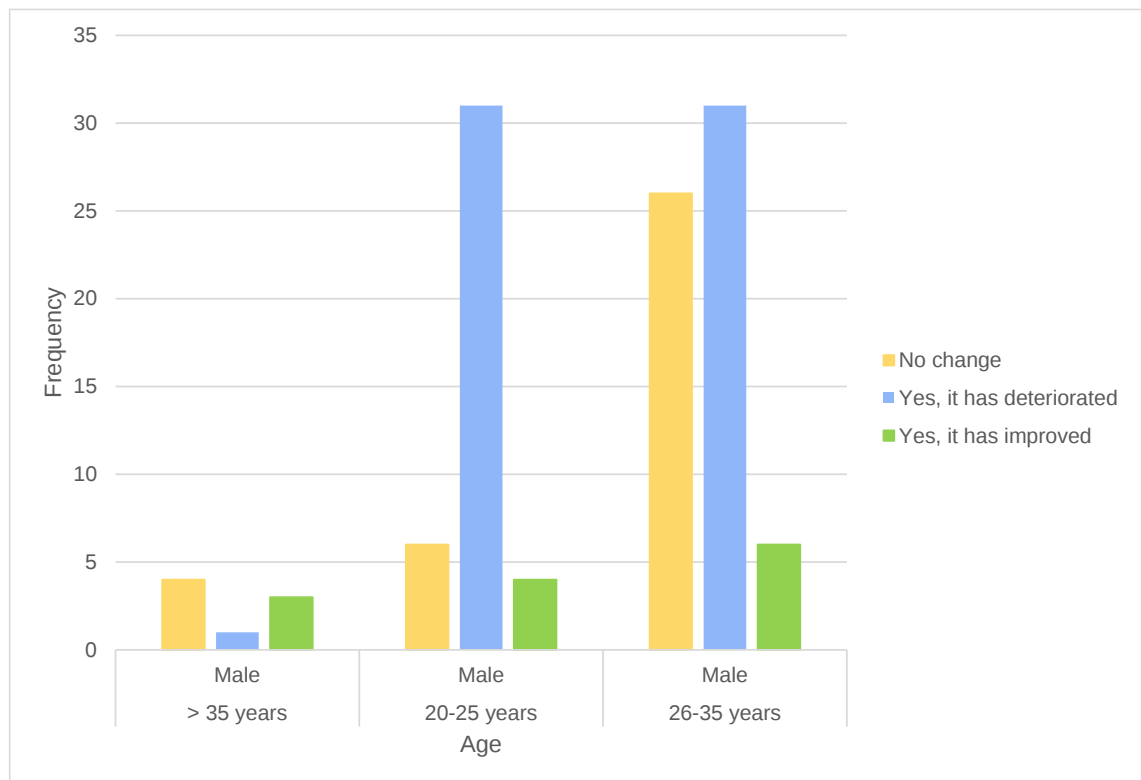


Figure 9: Change in mental health of males across age groups during WFH

Physical health

The responses related to physical health were relatively positive:

- 54% respondents said that the frequency with which they consumed processed food in-between meals decreased during WFH.

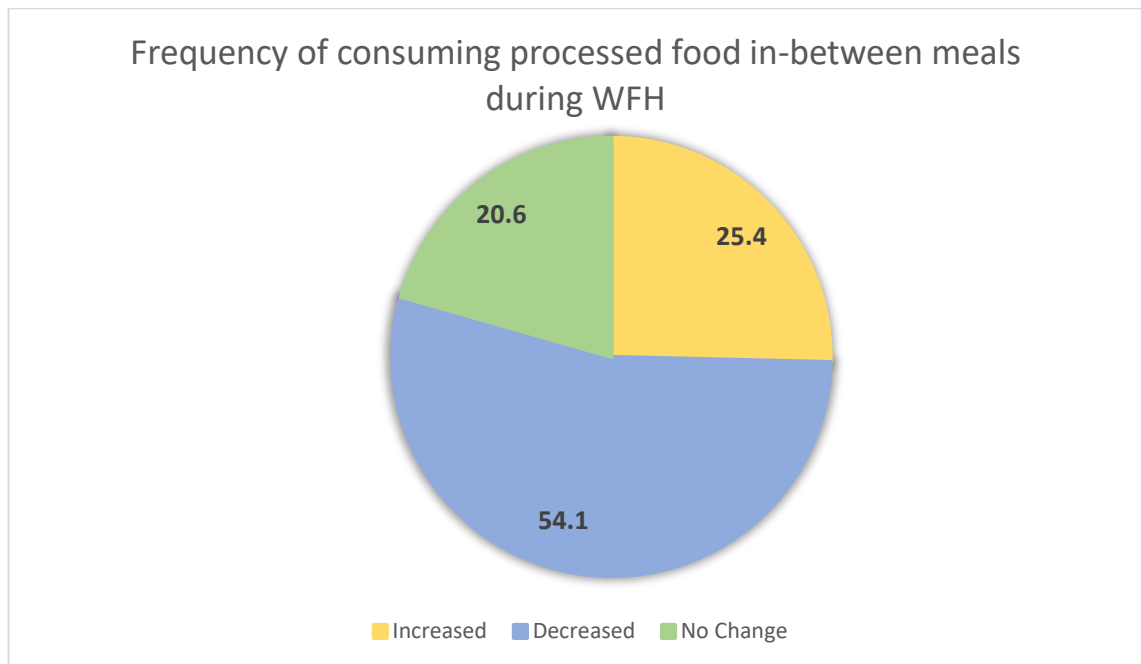


Figure 10: Frequency of consumption of processed food in-between meals during WFH

- Another 52% of them revealed that their frequency of consumption of aerated drinks had gone down.

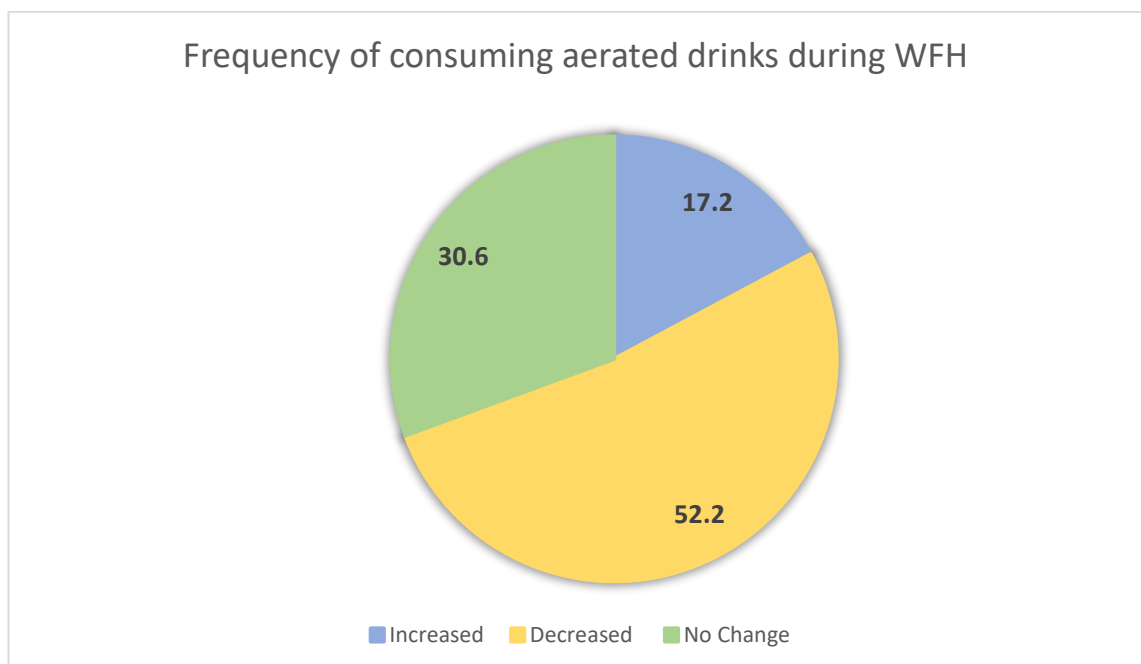


Figure 11: Frequency of consumption of aerated drinks during WFH

- However, physical exercise among 47.4% of the respondents was limited to less than 5 hours a week. Additionally, 24.9% said that they did not exercise at all.

Work-life balance

- 72.3% experienced an increase in mood swings at work during this period.
- Almost half of the respondents worried about their job security.
- The respondents rated their WLB on a 5-point scale, where 0 represents no WLB. 41.3% of the respondents gave a score of 2 or less.
- More than half of the respondents said that their levels of optimism towards work had decreased.

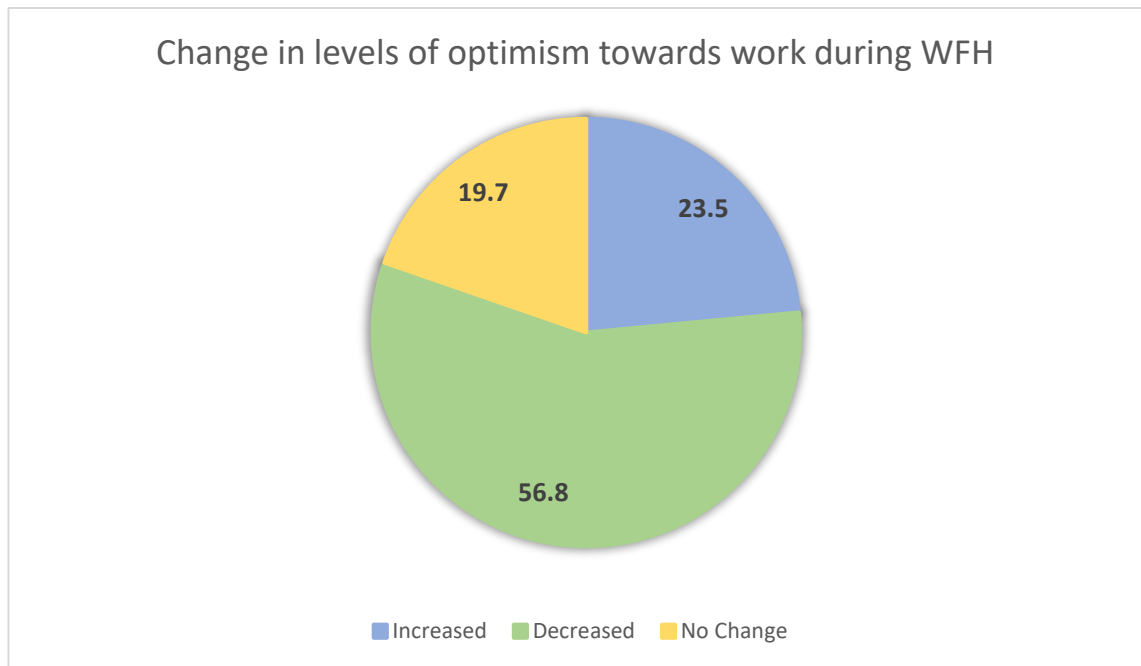


Figure 12: Change in level of optimism towards work during WFH

- 48.4% of the respondents felt that their working efficiency had taken a toll during to WFH.

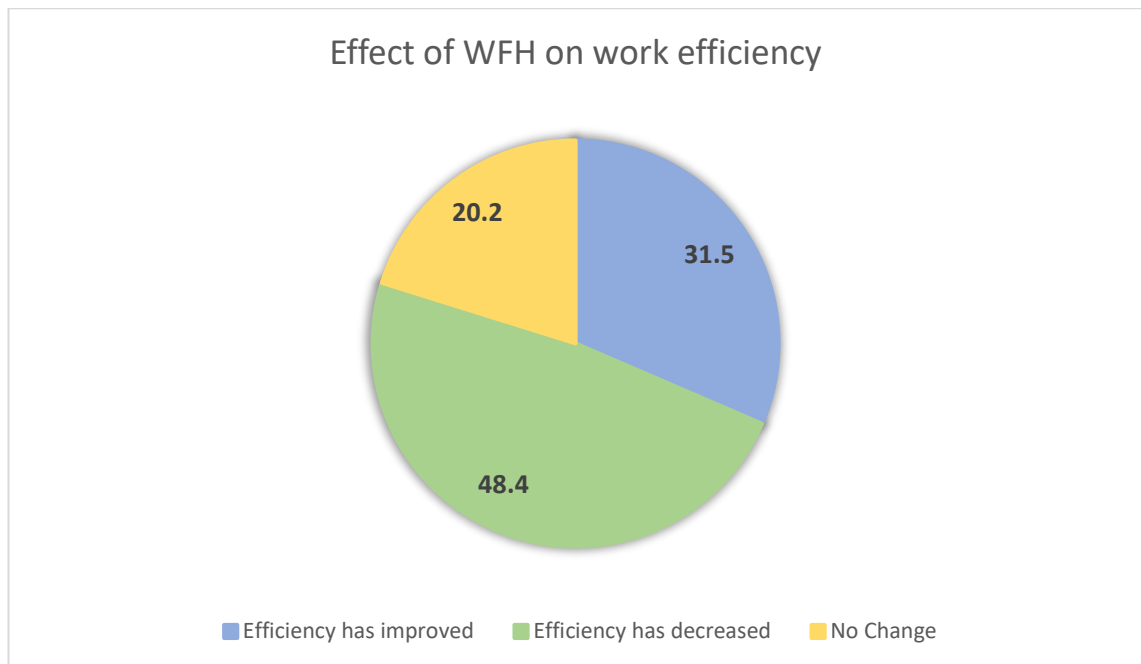


Figure 13: Effect of WFH on work efficiency

- The respondents were asked to rate their WLB during WFH. This was individually plotted against gender and age.
- The plot with gender showed that most females gave a lower score to their WLB, than most males.

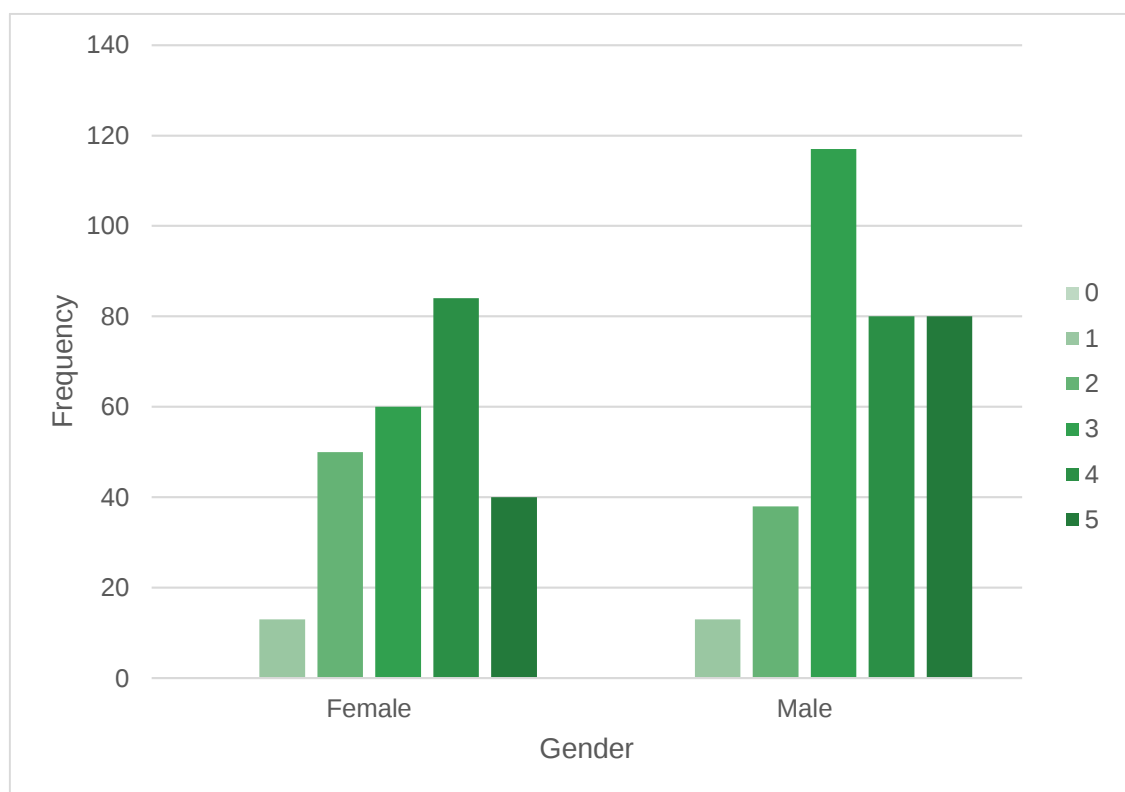


Figure 14: Comparison of WLB score in males and females

- The plot with age most respondents in the 20-35 age group gave a score of 2 or 3 on a 5-point scale for WLB, where 0 represents no WLB.

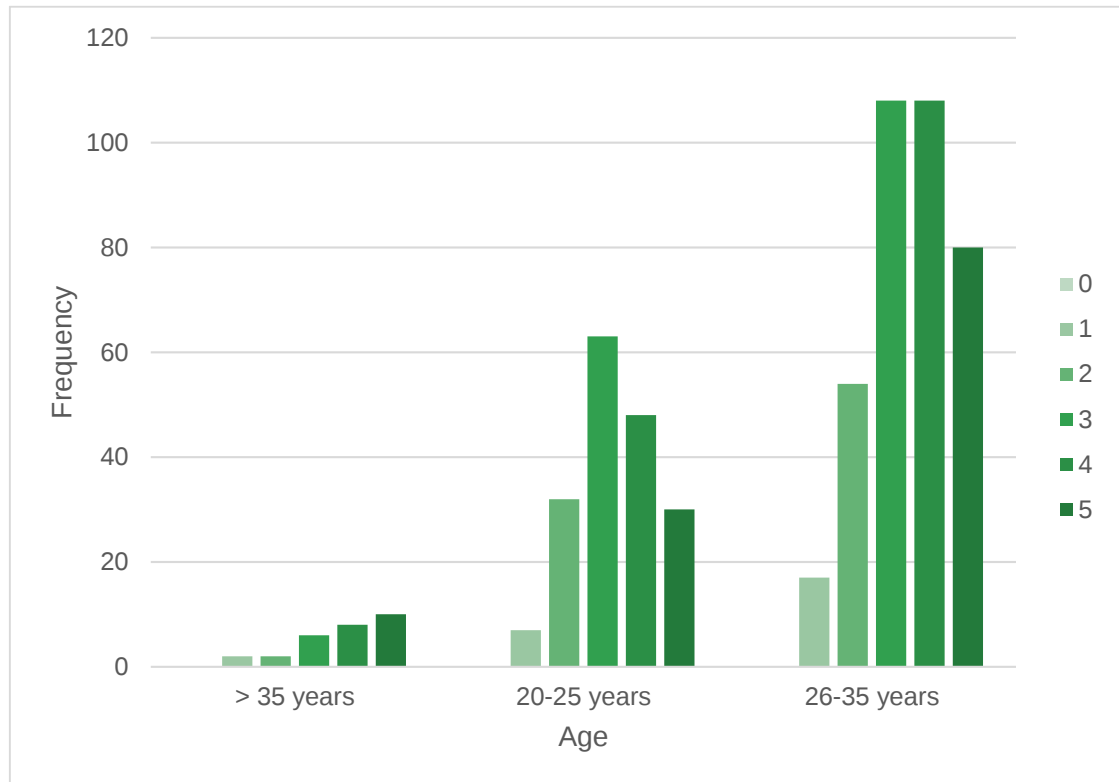


Figure 15: Comparison of WLB scores across various age groups

Linear Regression

To study the effect of independent variables on the dependent variable, a logistic regression was run. The test was initially run keeping WLB as the dependent variable and all others as independent variables.

The results found were as follows:

Table 1: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.619 ^a	.383	.318	1.171

Table 2: ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	161.526	20	8.076	5.890	<.001 ^b
	Residual	260.531	190	1.371		
	Total	422.057	210			

The analysis was significant ($p < 0.05$).

However, the R value was 0.619 but the adjusted R square was very low, i.e., 38.3%.

This implied 2 things:

- 1) The number of values is less (N is less)
- 2) There are variables which are cancelling out each other and are not independent.

To remove this effect, the significance of each variable was checked.

Table 3: First linear regression run

		Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.
Model	B		Std. Error			
1	(Constant)	2.191	.677		3.235	.001
	How would you rate your health status while going to work physically? (Mental Health)	.046	.122	.029	.373	.710
	How would you rate your health status while going to work physically? (Physical Health)	.083	.121	.054	.684	.495
	In the past 4 months what was your frequency of consuming home-cooked food?	.166	.156	.067	1.066	.288
	In the past 4 months has your frequency of consumption of processed food changed?	-.088	.119	-.052	-.740	.460

In the past 4 months has your frequency of consumption of aerated drinks changed?	.174	.130	.092	1.332	.184
In the last 4 months how often did you practice any kind of physical activity or exercise?	.187	.119	.096	1.565	.119
In the last 4 months, how much daily sleep did you get on an average?	.125	.145	.056	.863	.389
In the past 4 months has your sleep cycle changed due to work?	-.358	.210	-.111	-1.706	.090
How has your sleep cycle changed during WFH?	.294	.119	.161	2.472	.014
In the last 4 months did you feel a difference in your energy levels?	.256	.153	.126	1.677	.095
In the last 4 months what was your frequency of alcohol consumption? (Female)	.418	.255	.106	1.637	.103
In the last 4 months on an average what was your frequency of alcohol consumption? (Male)	-.005	.174	-.002	-.028	.978
In your opinion has the frequency of smoking among people of your background and age group changed in the last 4 months?	.041	.115	.021	.359	.720

	In the last 4 months did you feel any change in your sense of attachment with friends and family?	.210	.106	.125	1.986	.048
	In the last 4 months did you feel a change in your inclination towards creativity?	-.040	.106	-.025	-.375	.708
	In the last 4 months did you feel any change in your levels of optimism towards your work	.230	.123	.135	1.876	.062
	How has work from home affected your work efficiency?	.023	.109	.015	.216	.829
	In the last 4 months have you experienced increased mood swings?	-.725	.211	-.230	-3.443	<.001
	In the last 4 months have you been worried about your job security?	-.098	.177	-.035	-.554	.580
	In the last 4 months did you feel any change in your mental health?	.100	.073	.099	1.357	.176

It was found that several variables were not significant ($p > 0.05$).

In the subsequent test, another regression was run keeping the dependent variable same, but using only the significant independent variables.

Table 4: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.581 ^a	.538	.518	.171

Table 5: ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	142.530	6	23.755	17.337	<.001 ^b
	Residual	279.527	204	1.370		
	Total	422.057	210			

The test was significant and the adjusted R Square was considerably high at 0.538, i.e., 53.8% of the dependent variable was defined by the selected independent variables.

Table 6: Second linear regression run

Unstandardized Coefficients				Standardized Coefficients Beta	t	Sig.
Model			Std. Error			
1	(Constant)	3.943	.200		19.730	<.001
	In the past 4 months has your sleep cycle changed due to WFH?	-.509	.192	-.158	-2.651	.009
	How has your sleep cycle changed during WFH?	.322	.115	.177	2.800	.006
	In the last 4 months did you feel a difference in your energy levels?	.223	.138	.110	1.615	.108
	In the last 4 months did you feel any change in your sense of attachment to family and friends?	.217	.098	.129	2.204	.029
	In the last 4 months did you feel any change in your level	.267	.112	.157	2.383	.018

	of inclination towards experimentation and creativity?					
	In the last 4 months have you experienced increased mood swings at work?	-.799	.196	-.254	-4.084	<.001

The final result was:

- 6 independent variables were found to affect the WLB.
- Work life balance = 3.943 - 0.509 (Sleep cycle change) +0.322 (Number of hours of sleep) +0.223 (Energy levels) -0.799 (Mood swings) +0.217 (Experiment and creativity) +0.216 (Family bonding).

CHAPTER 5: RECOMMENDATIONS

Almost half of the respondents (47.9%) said that their organisation took the initiative to carry out extra-curricular stress-busting activities. Out of these, 79.5% respondents felt that these activities might be effective.

63.8% of the respondents felt that strictly regulated working hours could help improve their mental well-being, followed by 53.1% who said monetary compensation for working overtime may tackle the problem.

In my opinion, to help make WFH a success, organizations should:

1. Fix work timings to ensure that the employee's work does not interfere with their sleep cycle. This could contribute to a healthy sleeping pattern, and possibly increased work efficiency.
2. Take initiative of including the employees' family and friends in the extra-curricular activities.
3. Limit the virtual work-related communication after office hours to ensure that the employees get proper family time, which could ultimately contribute to a healthy WLB and better work efficiency.
4. Come up with some creative exercises from time-to-time. This could include incentives for creative problem-solving, or other activities which promote creativity.
5. Create a platform on which employees, guided by a trainer, can exercise together virtually. This could include Cardio, Yoga, Meditation, Dance, and other forms of fitness activities.
6. Provide a point of contact for e-consultation (mental health trainers, psychologists, and other experts) regarding mental health issues faced by the employees. At the same time, the organization should ensure the confidentiality of the employees is maintained.



Source: Shutterstock

Figure 16: Virtual yoga sessions

Lastly, organisations should ensure proper and efficient management of the workforce using digital tools, specifically focusing on tracking an employee's productive working hours, and compensating effectively for overtime. In the coming times, where WFH is set to become the norm, these steps could ensure the best results, both for the companies as well as their employees.

LIMITATIONS

- Insufficient sample size for statistical measurement
- Limited knowledge of SPSS
- Responses on mental health could have been biased, due to the taboo around the topic
- Conflicts arising from cultural, social and personal situations
- Limited access to data
- Time constraints, due to which the sample size was small

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