Original Article

Impact of metamorphoses from desk to E-commute – an acumen of professionals: A cross-sectional study

Asmita Patnaik[1], Tapas R. Behera[2], Srabani Pradhan[3], Debjyoti Mohapatra[4], Smaraki Mohanty[5]

[1]Department of Community and Family Medicine, AIIMS, Bhubaneswar, Odisha, India, [2]Department of Community Medicine, FM Medical College, Balasore, Odisha, India, [3]Department of Community Medicine, SLN Medical College and Hospital, Koraput, Odisha, India, [4]Department of Community Medicine, Shri Jagannath Medical College and Hospital, Puri, Odisha, India, [5]Department of Community Medicine, Institute of Medical Sciences and SUM Hospital, Siksha 'O' Anusandhan Deemed to be University, Bhubaneswar, Odisha, India

Abstract

Introduction: The deadly pandemic COVID-19 has brought the world to a standstill. Due to worldwide lockdown, economy was severely compromised. Everyone was in fear of the consequences that would be faced. Many unprecedented changes happened because of this pandemic. People confined themselves at home to maintain social distancing and mitigation of risk factors. This posed many challenges to the individuals or work force with, and many times the work was compromised. **Objectives:** To explore the current and changes in work pattern and to assess the overall quality of life of professionals working from home. **Materials and Methods:** A cross-sectional study was conducted by circulating a structured questionnaire through online platform. A snowball sampling method was adopted. Totally, 520 respondents participated in this study. **Results:** Out of 520 participants, males accounted for 57.9% and 41.3% were females. Majority (45.8% males and 40.9% females) were engaged in the software or IT companies. A higher proportion of males were engaged in administration (6%), architecture (10%) and transportation (5.3%) sector, whereas more females were engaged in finance (10.7%) and law (3.3%) sector. 73.1% males worked for more than 12 hours a day in contrast to only 26.9% of females. As the working hours are reducing, the overall quality of life of the participants was increasing significantly with $P = 0.008$. For those with moderately increased work-life balance, near about half of the participants had overall quality of life between 50 and 75% ($P < 0.001$). **Conclusions:** In order to increase efficiency at work place, definite laws should be in place to protect the mental as well as overall well-being of professionals working from home. Elaborative research in this field is required in order to generalize the results.

Keywords: COVID-19, E-commute, overall well-being, work from home, work-life balance

Introduction

Our everyday life is dependent upon our immediate environmental factors like weather, flora and fauna, as well as the micro-organisms like bacteria, viruses and parasites. The best and most notable example that immediately strikes our mind is the COVID-19 pandemic. During this pandemic, many professionals started working from home, which rapidly became the "new normal" working style (Waizenegger *et al.*, 2020)[1] (Tusl *et al.*, 2021a).[2] Office environments are different according to the workplaces. Occupational physical activity (PA) and sedentary behaviour (SB) levels among workers differ across different workplaces (Fukushima *et al.*, 2021).[3] It changed billions of lives,

Address for correspondence: Dr. Smaraki Mohanty, Department of Community Medicine, Institute of Medical Sciences and SUM Hospital, Siksha 'O' Anusandhan Deemed to be University, Bhubaneswar, Odisha, India.
E-mail: dr.smaraki@gmail.com

Received: 21-08-2023 **Revised:** 12-10-2023
Accepted: 16-10-2023 **Published:** 14-06-2024

Access this article online

Quick Response Code:

Website: http://journals.lww.com/JFMPC

DOI: 10.4103/jfmpc.jfmpc_1375_23

How to cite this article: Patnaik A, Behera TR, Pradhan S, Mohapatra D, Mohanty S. Impact of metamorphoses from desk to E-commute – an acumen of professionals: A cross-sectional study. J Family Med Prim Care 2024;13:2253-9.

affecting every single country without discriminating between the rich or poor, male or female, elderly or kids. On 30 January 2020, WHO declared COVID-19 pandemic. In India, as soon as the 1st COVID case was detected on 30 January 2020, there was a rapid surge in the number of cases which was out of control (World Health Organization., n.d.).[4]

In order to curb down the cases, limit the transmissibility of the infection and reduce the workload over the already burdened healthcare structure of the country, GOI declared nationwide strict lockdowns, which involved closure of all educational institutions, government and private offices, all the public places as well as public transport. Only the essential goods and services were available like groceries and medicines (Government of India, 2020).[5] In synchrony to this, all the private and government companies instructed their employees to work from home remotely.

This was the beginning of a new era of corporate culture. Earlier people chose to work from home only if it met their criteria. But in this pandemic, it became mandatory and people were forced to work from home (Kniffin *et al.*, 2021).[6] Also, during this time, many people lost their jobs. A sudden compulsive change of work environment, fear of losing one's job, setting up workspace in their residence and social isolation led to increased levels of stress among individuals (McDowell *et al.*, 2020).[7] As time elapsed, many companies started considering instructing their employees to keep working remotely as a norm. The turmoil of pandemic along with the unexpected rapid turn-around of the lifestyles of people led to various mental and psychological changes in them.

Many studies worldwide have paradoxical responses regarding this new work culture (Tusl *et al.*, 2021b).[2] While some people argue that this gave them an opportunity to explore their passion or hobbies, to enhance their productivity, spend more quality time with their families and learn newer technologies on one hand, another group of people claimed that social isolation, absence of social life, lack of exposure to on-site tools and better technical set-up and increased responsibilities of family and household chores led to loss of their productivity, distractions at work and psycho-social stress.

As working from home is becoming more and more common with time, the primary care physicians are expected to know the implications of the same keeping in view the effect of remote working on the mental health of the individuals, ultimately affecting their quality of lives.

Objectives

1. To explore the current as well as the changes in working pattern of the professionals.
2. To assess the overall quality of life.
3. To find the association of changed working pattern over their personal lives (family harmony, work-life balance and quality of life).

Material and Methods

Study design

A web-based cross-sectional study design.

Study tools

A structured questionnaire using a Likert scale and the WHO 5-point well-being scale was being used (Hermanns. 2007).[8]

Study population

All the people currently working from home.

Exclusion criteria

1. Currently not working from home.
2. Did not work for at least 2 months remotely.
3. Individuals who were working both ways, i.e., remotely as well as on-site.

Study duration

1 June 2021 to 30 June 2021.

Sampling method

Snow ball sampling.

Sample size

520

Methodology

A structured schedule was prepared using Google forms, and pilot testing was done initially involving 50 participants. After validation, revision and formation of the final schedule, it was circulated through various online platforms like WhatsApp, telegram, social media applications and e-mails. A snowball sampling method was employed to include a greater number of participants.

We recruited the participants following the opening inclusion criteria question. A total of 615 responses were obtained from 1 June to 30 June 2021. Out of them, 53 people were not working from home at that time and rest 42 did not answer at least 50% of the questions.

The schedule included questions about the participants socio-demographic data, current working pattern, changes in their work pattern as compared to pre-pandemic era, self-perceived physical health and lifestyle patterns. To construct these questions, a 5-point Likert scale was used ranging from "Highly increased," "Moderately increased," "Unchanged" to "Moderately reduced" and "Severely reduced." Finally, a WHO-5 point well-being scale was administered to assess the overall quality of life of the individual participants (Hermanns, 2007).[8] The well-being scale was further divided into four groups, i.e., 0–25%, 26–50%, 51–75% and 76–100%.

Data analysis

The data were obtained in Google spreadsheet and was analysed using SPSS version 21.0. The quantitative variables were expressed in terms of mean and standard deviation (SD), whereas the categorical variables were expressed in proportions. The Chi-square test was used to find out the association between categorical variables, and the values with $P < 0.05$ at 95% CI were considered as statistically significant.

Ethical approval

Prior permission was obtained from the Institutional Ethical Committee vide letter no. IEC/IRB No. 836 dated 11th June 2021. Written informed consent was obtained from the participants.

Results

The mean age of the participants (57.9% males, 41.3% females and 0.8% transgender) was 31.8 ± 7.9 years. Almost equal number of married (47.9%) and unmarried (48.1%) people participated in the survey. Of all the participants, 48.5% had one to four dependents on them, while 48.7% have had no dependents on them.

Figure 1 depicts the distribution of occupation across gender of the participants. Majority of males (45.8%) as well as females (40.9%) were engaged in the software or IT companies, followed by education sector [males: 12%; females: 25%]. Among the transgender population, three-fourth was engaged in IT sector while one-fourth in education. More number of males were engaged in administration (6%), architecture (10%) and transportation (5.3%) sector, whereas more females were engaged in finance (10.7%) and law (3.3%) sector. Of the four transgender participants, three (75%) worked in IT sector and one (25%) in education sector.

Table 1 reflects the current work pattern of people working from home across different genders. People who worked for more than 12 hours were males (73.1%). The proportion of people who were working for 6 to 12 hours were 259 (57.6%) males and 187 (41.6%) females. However, these findings were not statistically significant. Regarding timing of work, majority of males, i.e., 154 (68.8%), had a flexible timing of work as compared to females, i.e., 69 (30.8%), whereas majority of females, i.e., 129 (50.4%), had a fixed 9am to 5pm job in contrast to males, i.e., 125 (48.8%). These findings were statistically significant with $P < 0.001$. Most of the males availed weekend off, i.e., 215 (58.3%), and had a separate room for work, i.e., 205 (57.3%) in contrast to females, but the results were not statistically significant.

Figure 2 shows the changes in work pattern of people working from home amid COVID-19 pandemic. The overall working hours increased ranging from highly increased for 31.2% to 45.8% stating a moderate increase in work hours. The frequency of virtual meetings was stated to have been increased highly by 66.5% of participants and as moderately increased by 21.3% participants. Amid all these increase in working hours and virtual meetings, the distractions while working were stated to have increased highly by one-fourth of participants and as moderately increased by 33.8%. However, 16% and 10.8% stated that distractions while working from home were moderately and highly reduced, respectively.

Table 2 shows the association of change in work pattern with the overall quality of life of participants. Half of the participants who stated a highly increased working hours had quality of life ranging from 26 to 50%. It was observed that, as the working hours are reducing, the overall quality of life of the participants was increasing significantly with $P = 0.008$. Similarly, more than half of the participants who stated a high and moderate increase in household chores had an overall quality of life ranging from 26 to 50%. A high reduction in household chores needs not necessarily increase the quality of life. Similar pattern was observed for family harmony as well. As far as work-life balance is taken into account, except for those cases where moderate increase in work

Table 1: Current work pattern of people working from home

Current work pattern	Males [*n*=301 (57.9%)]	Females [*n*=215 (41.3%)]	Transgender [*n*=04 (0.8%)]
Average working hours			
<2 h	0	01 (100%)	0
2 to 6 h	23 (53.5%)	20 (46.5%)	0
6 to 12 h	259 (57.6%)	187 (41.6%)	04 (0.9%)
>12 h	19 (73.1%)	07 (26.9%)	0
Timing of work*			
Flexible	154 (68.8%)	69 (30.8%)	01 (0.4%)
9 am to 5 pm	125 (48.8%)	129 (50.4%)	02 (0.8%)
2 pm to 10 pm	20 (58.8%)	14 (41.2%)	0
Night	02 (33.3%)	03 (50%)	01 (16.7%)
Weekend off			
Yes	215 (58.3%)	151 (40.9%)	03 (0.8%)
No	86 (57%)	64 (42.4%)	01 (0.7%)
Separate room			
Yes	205 (57.3%)	150 (41.9%)	03 (0.8%)
No	96 (59.3%)	65 (40.1%)	01 (0.6%)

*Values are statistically significant with P<0.05

Table 2: Association of change in work pattern with the overall quality of life of participants

Parameters	Quality of life (QoL)			
	0 to 25%	26 to 50%	51 to 75%	76 to 100%
Change in working hours *P*=0.003, chi=29.902				
HI	15 (9.3%)	81 (50%)	55 (34%)	11 (6.8%)
MI	04 (1.7%)	130 (54.6%)	86 (36.1%)	18 (7.6%)
Unchanged	01 (1.1%)	47 (50%)	29 (30.9%)	17 (18.1%)
MR	0	11 (55%)	08 (40%)	01 (5%)
HR	0	03 (50%)	02 (33.3%)	01 (16.7%)
Household chores *P*<0.001, chi=40.729				
HI	16 (8.7%)	98 (53.3%)	65 (35.3%)	05 (2.7%)
MI	02 (1%)	114 (56.2%)	61 (30%)	26 (12.8%)
Unchanged	02 (1.7%)	53 (44.2%)	51 (42.5%)	14 (11.7%)
MR	0	03 (37.5%)	03 (37.5%)	02 (25%)
HR	0	04 (80%)	0	01 (20%)
Work-life balance, *P*<0.001, chi=72.097				
HI	05 (13.9%)	15 (41.7%)	05 (13.9%)	11 (30.6%)
MI	01 (0.7%)	58 (41.4%)	68 (48.6%)	13 (9.3%)
Unchanged	01 (1.1%)	50 (55.6%)	28 (31.1%)	11 (12.2%)
MR	07 (4.1%)	105 (61.8%)	46 (27.1%)	12 (7.1%)
HR	06 (9.5%)	43 (68.3%)	14 (22.2%)	0
Family harmony, *P*<0.001, chi=60.671				
HI	05 (11.1%)	18 (40%)	10 (22.2%)	12 (26.7%)
MI	02 (1.4%)	55 (37.4%)	72 (49%)	18 (12.2%)
Unchanged	03 (2.7%)	62 (54.9%)	38 (33.6%)	10 (8.8%)
MR	07 (4.3%)	103 (62.8%)	46 (28%)	08 (4.9%)
HR	03 (5.9%)	34 (66.7%)	14 (27.5%)	0

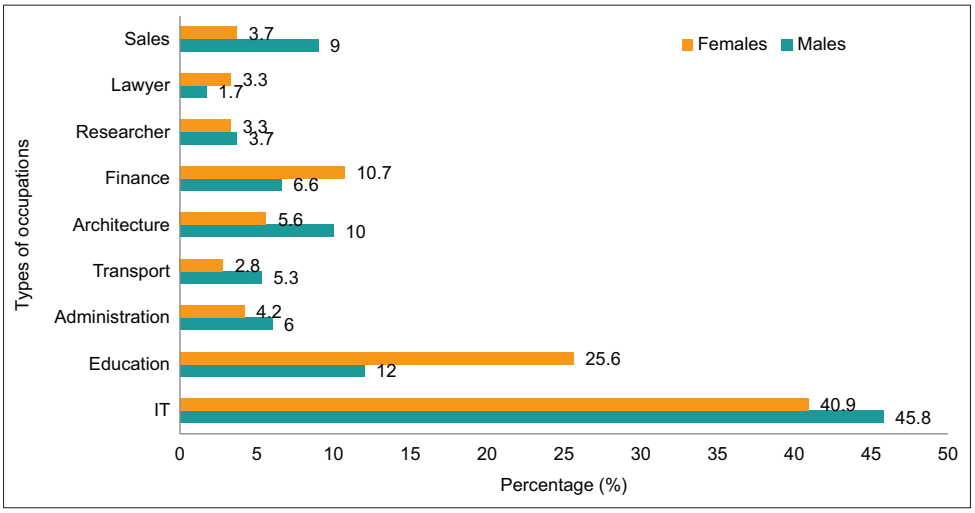

Figure 1: Type of occupation

life balance was depicted, majority of participants had quality of life in the range of 26 to 50%. For those with moderately increased work-life balance, near about half of the participants had overall quality of life between 50 and 75%. All these findings were statistically significant at $P < 0.001$.

Discussion

During initial phases of COVID-19, adoption of new style "work from home" was little bit difficult. This new style has both positive and negative aspects. Because of various positive aspects, later on it was well accepted and enjoyed by employees. Now, many employees are still continuing with this new normal mode of working.

This study was conducted through online platform keeping in view the rising trend of E-commute amid surge of potential epidemics and pandemics globally. Those who were working from home for the first time were included, which is similar to a study conducted in Japan, where 68.7% were working for

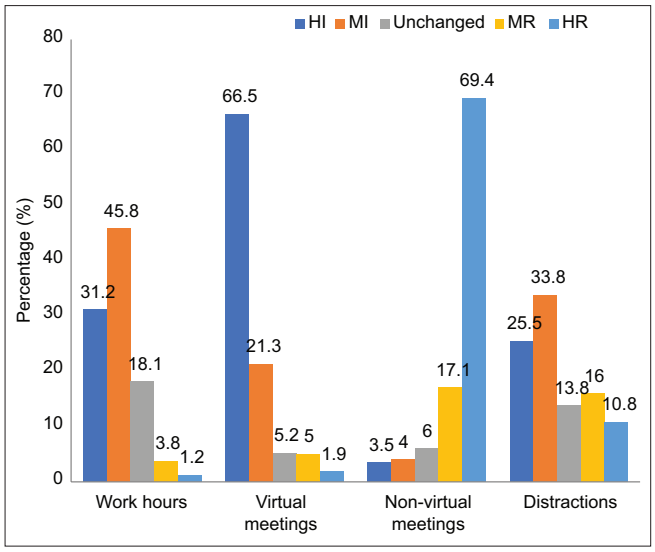

Figure 2: Change in work pattern due to pandemic

the first time till April 2020 (Fukushima *et al.*, 2021).[3] In this study, 57.9% were males and 41.3% were females, which is in contrast to the findings of a study where near about two-thirds of employees were females (Sridevi 2021).[9] In another study, as many as 84.03% participants were males, which is much higher than our finding (Patanjali and Bhatta, 2022).[10] In another study, almost equal number of males and females participated (Rohilla *et al.*, 2021).[11] The mean age of study participants was 31.8 ± 7.9 years, which is lower than a study on the impact of organizational factors on work from home employees in IT sector, i.e., 37.63 years (Patanjali and Bhatta, 2022).[10] A pilot study conducted on work from home, mental health and employee needs in Goa found that 51% of participants were around 31–40 years of age (Phadnis *et al.*, 2021).[12] In another study conducted in Coimbatore, the majority of participants were between 20 and 30 years of age (Sridevi 2021).[9] Another study on the negative impacts of work from home during COVID-19 pandemic showed that majority of participants were aged 25-35 years, which is lower than our finding (Rohilla *et al.*, 2021).[11] Almost equal number of married (47.9%) and unmarried (48.1%) people participated in the survey, which is similar to the findings of a study, where 51.4% and 48.6% of respondents were married and unmarried, respectively (Sridevi 2021).[9]

The majority of males (45.8%) as well as females (40.9%) were engaged in the software or IT companies, followed by education sector [males: 12%; females: 25%]. In a similar study, 30% and 46% of participants were junior-level and mid-level management employees (Phadnis *et al.*, 2021).[12] Most of the studies carried out in India are focused on IT sector employees (Patanjali and Bhatta, 2022) (Phadnis *et al.*, 2021) (Rohilla *et al.*, 2021).[10-12]

In our study, overall working hours increased ranging from highly increased for 31.2% to 45.8% stating a moderate increase in work hours. It was also observed that, as the working hours are reducing, the overall quality of life of the participants was increasing significantly with $P = 0.008$. A similar study finding showed that 67% of the employees agreed that their work load increased due to this transition of work culture, which is slightly lower than our study finding (Phadnis *et al.*, 2021).[12] This difference might be attributed to the different time period of study. In another study on the association of work from home on occupational sedentary behaviour and physical activity levels in Japan, it was found that more than half of those working from home, they had significantly prolonged and uninterrupted bout of sedentary behaviour (Fukushima *et al.*, 2021).[3] The crude sedentary behaviour (SB) time among workers was found to be more than 100 minutes, which can contribute to adverse health effects among those. The frequency of virtual meetings was stated to have been increased highly by 66.5% of participants and as moderately increased by 21.3% participants. A study done in 2006 stated that workers who do not have one to one conversation with other employees are more likely to be exhausted (Golden, 2006).[13] Similar findings were given in another identical study as well (Greer and Payne, 2014).[14]

More than half of the present study's participants also stated that while working from home their distractions have increased. Moreover, 59.3% of males and 40.1% of females did not have a separate work place during this phase. A study conducted on employees working from home showed that a good physical work environment often increases the efficiency of employees (Vischer, 2007).[15] 6.86% of the study participants from the study stated that their companies should have provided them with proper equipment for working from home, since they were not prepared for the same (Patanjali and Bhatta, 2022).[10] Moreover, 34.2% of participants from the study stated that they were not equipped for working from home, while the rest were positive about it (Sridevi, 2021).[9] In a study conducted in China on the impact of working from home on the physical and mental well-being of office station workers found that the mental well-being of those who had a shared work place (2.64, SD = 0.95) was slightly but significantly ($P = 0.04$) lower than those who had solitary work environment (2.78, SD = 0.90) (Xiao *et al.*, 2021).[16] In a Bahrain-based study conducted for assessing workers' perception on COVID-19 pandemic, it was found the 95% were satisfied with this new form of work and stated that it provided them a separate quiet environment for working without distractions (Almarzooqi and Alaamer, 2020).[17]

More than half of the participants who stated a high and moderate increase in household chores had an overall quality of life ranging from 26 to 50%. A high reduction in household chores need not necessarily increase the quality of life. In a study on IT employees, it was found that mostly the women stated that performing multiple roles amid this pandemic crisis was becoming overwhelming for them (Patanjali and Bhatta, 2022).[10] In another study to assess the difference in sleep pattern among office workers and students, it was found that the average sleep duration ranged from 4 to 8 hours whereby the students were able to sleep early relatively. Moreover, there was a significant increase in sleep duration ($P < 0.001$) among

students, whereas the same was significantly decreased among office workers ($P < 0.001$) (Majumdar *et al.*, 2020).[18]

As far as the family harmony is taken into account, for the majority of the respondents with moderate and severe reduction in family harmony, there was a reduction in mental well-being, which lied between 26% and 50% ($P < 0.001$). In an identical study, when people were asked whether or not they were able to give time to their family members, 13% completely disagreed, and 44% remained neutral (Phadnis *et al.*, 2021).[12] Most of the participants from that study were stressed or anxious due to work from home. In another similar study, as many as 34.2% participants spent less than 3 hours with their family. These patterns show the family harmony during this pandemic among people working from home (Sridevi, 2021).[9] In a study similar to our study conducted through online platform among German and Swiss employees, it was observed that there was decrease in work time and increase in leisure time among 38% and 36% of participants, respectively. It was also observed that participants living with partner or in a shared household had lower odds [OR = 0.41] of deterioration of their private life as compared to their counterparts (Tusl *et al.*, 2021a).[2]

Regarding work-life balance, more than two-thirds of the participants with a moderate-to-severe reduction in the same had over well-being score between 26% and 50% ($P < 0.001$). A study found that males had a lower mean in work-life balance and lifestyle changes as compared to females (Rohilla *et al.*, 2021).[11] However, the findings were not statistically significant. In other studies, globally stated that role blurring created more stress at home and was the result of numerous work-life conflicts too (Glavin and Schieman, 2012).[19] Another study on work from home found that employees with working spouses, children, and dependents were finding it difficult to balance their work and family demands. The blurring of boundaries between personal and professional lives was a major source of stress reported by employees (Jaiswal and Arun 2022).[20]

Another study found no significant difference in the perception of workers towards work from home based on gender (Almarzooqi and Alaamer, 2020).[17] In a study done in China, it found that women reported identical work productivity and job satisfaction as men before pandemic (Feng and Savani, 2020).[21] However, after the pandemic, women were less satisfied with their jobs [M = 5.08 (95% CI: 4.83 – 5.31)] than men [M = 5.41 (95% CI: 5.20 – 5.62)]. Another study found that work from home allowed the parents to contribute their time to their children (Chung and van der Lippe, 2020).[22] In contrast, studies conducted by other researchers stated that work from home created more conflicts among family members (Hermanns, 2007) (Allen *et al.*, 2013).[8, 23]

Conclusion

With the rise of various emerging and re-emerging diseases with the potential for epidemics as well as pandemics, it is high time that the guidelines for work from home should be revised and definite rules should be in place in order to protect the mental as well as overall well-being of those professionals who will be working from home as a new normal.

Limitations

1. Respondent bias might be there since we were not able to see whether or not different participants knew each other or not.
2. Participation from all the states of the country could not be ensured due to the limitation of resources.

Acknowledgement

We would like to express our gratitude to all the participants who spared their valuable time for answering our questionnaire even in a panicking pandemic situation.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

References

1. Waizenegger L, Mckenna B, Cai W, Bendz T. An affordance perspective of team collaboration and enforced working from home during COVID-19. European Journal of Information Systems 2020;29:429-42.
2. Tušl M, Brauchli R, Kerksieck P, Bauer GF. Impact of the COVID-19 crisis on work and private life, mental well-being and self-rated health in German and Swiss employees: A cross-sectional online survey. BMC Public Health 2021;21:741.
3. Fukushima N, Machida M, Kikuchi H, Amagasa S, Hayashi T, Odagiri Y, *et al.* Associations of working from home with occupational physical activity and sedentary behavior under the COVID-19 pandemic. J Occup Health 2021;63:e12212.
4. WHO director- general's statement on IHR emergency committee on novel coronavirus. (n.d.). Available from: https://www.int/director-general/speeches/detail/who-director-general-s-statement-on-ihr-emergency-committee-on-novel-coronavirus-(2019-ncov). [Last accessed on 2021 Jun 15].
5. Government of India. (2020, March 24). 1st Lockdown Notification in India (Notification number 40-3/2020). Ministry of Health and Family Welfare. Available from: https://www.mohfw.gov.in/pdf/Annexure_MHA.pdf. [Last accessed on 2021 Jun 10].
6. Kniffin KM, Narayanan J, Anseel F, Antonakis J, Ashford SP, Bakker AB, *et al.* COVID-19 and the workplace: Implications, issues, and insights for future research and action. Am Psychol 2021;76:63-77.
7. McDowell CP, Herring MP, Lansing J, Brower C, Meyer JD. Working from home and job loss due to the COVID-19 pandemic are associated with greater time in sedentary behaviors. Front Public Health 2020;8:597619.
8. Hermanns, N. (2007). WHO-5 Well-Being-Index. Der

Diabetologe, 3(6), 464 – 465.

9. Sridevi, R. (2021). Empirical Study of Financial Literacy Among Different Economic Classes in Coimbatore City.
10. Patanjali S, Bhatta NMK. Work from home during the pandemic: The impact of organizational factors on the productivity of employees in the IT industry. Vision 2022. https://doi.org/10.1177/09722629221074137
11. Rohilla P, Garg R, Chandiramani K. Negative effects of "work from home" culture during the coronavirus pandemic: A gender-based study. The International Journal of Indian Psychology 2021; 9:1232-46.
12. Phadnis S, Sengupta S, Chakraborty A. Work from home, mental health and employee needs: A pilot study in selected information technology organizations in India. Asia Pacific Journal of Health Management 2021;16:103-10.
13. Golden TD. Avoiding depletion in virtual work: Telework and the intervening impact of work exhaustion on commitment and turnover intentions. Journal of Vocational Behavior 2006;69:176-87.
14. Greer TW, Payne SC. Overcoming telework challenges: Outcomes of successful telework strategies. Psychologist-Manager Journal 2014;17:87-111.
15. Vischer J. The effects of the physical environment on job performance: Towards a theoretical model of workspace stress. Stress and Health 2007;23:175-84. https://doi.org/10.1002/smi.1134.
16. Xiao Y, Becerik-Gerber B, Lucas G, Roll SC. Impacts of working from home during COVID-19 pandemic on physical and mental well-being of office workstation users. J Occup Environ Med 2021;63:181-90.
17. Almarzooqi B, Alaamer FA. Worker perceptions on working from home during COVID-19 pandemic: Empirical evidence from Bahrain 2020.
18. Majumdar P, Biswas A, Sahu S. COVID-19 pandemic and lockdown: Cause of sleep disruption, depression, somatic pain, and increased screen exposure of office workers and students of India. Chronobiol Int 2020;37:1191-200.
19. Glavin P, Schieman S. Work-family role blurring and work-family conflict: The moderating influence of job resources and job demands. Work and Occupations 2012;39:71-98.
20. Jaiswal A, Arun CJ. Working from home during COVID-19 and its impact on Indian employees' stress and creativity. Asian Bus Manage 2022. https://doi.org/10.1057/s41291-022-00202-5.
21. Feng Z, Savani K. Covid-19 created a gender gap in perceived work productivity and job satisfaction: Implications for dual-career parents working from home. Gender and Management 2020;35;719-36.
22. Chung H, van der Lippe T. Flexible working, work-life balance, and gender equality: Introduction. Soc Indic Res 2020;151:365-81.
23. Allen TD, Johnson RC, Kiburz KM, Shockley KM. Work-family conflict and flexible work arrangements: Deconstructing flexibility. Personnel Psychology 2013;66:345-76.