

# A Cross-sectional Study on the Effect of Working from Home on Mental Health

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## Abstract

The COVID-19 epidemic has caused a significant expansion in the way work environments are set up, with a continuum between working entirely in-person and from home forming. Numerous employment risk factors for poor mental health—particularly in positions with high public exposure—have been made worse by the pandemic. We therefore set out to investigate any possible connections between the workplace and one's self-rated mental health. In order to do this, we created a model of the relationship between the workplace and self-rated mental health in the third wave of the COVID-19 online survey. Due to the possible impact on in-person workers' mental health of COVID-19-related stress, the mediating effects of immunisation, masking, and distance were investigated.

**Keywords:** COVID-19 pandemic • Mental health • Sociodemographic factors • Employment risk factors

## Introduction

Numerous risk factors for poor mental health at work have become more severe as a result of the COVID-19 epidemic. Anxiety and anxiety in response to continuous COVID-19 community transmission have grown as this epidemic has spread globally, with cases and fatalities growing. Numerous workers are terrified about catching and spreading COVID-19 at work, according to studies conducted all around the world. Humans use fear as just an adaptive defence mechanism when faced with a risk or danger, but persistent dread can have a negative impact on one's mental health and behaviour. Fear of COVID-19 has been linked to sadness, anxiety, and even subpar work performance in the COVID-19 pandemic. These detrimental effects on mental health have primarily been seen in workplaces with a high public profile and higher viral transmission risks. Many workers were exposed to anxiety-inducing conditions during the pandemic because they had to attend in-person roles at various moments when COVID-19 vaccines weren't widely available or there weren't any public health requirements.

## Literature Review

The pandemic has also increased stressors that negatively affect essential workers' mental health, such as taking on caregiving responsibilities for vulnerable family members, making the decision to work while ill or take time off and risk losing their jobs, having less job security and income, being at higher risk of contracting COVID-19, and working fewer hours. These burdens are impacted by several sociodemographic factors. For instance, ethnic minorities and recent immigrants are more likely to be employed in low-wage, public-facing occupations in Canada, raising concerns about equality given the populations higher risk of COVID-19 transmission and associated mental health disorders. Although those who deal with the public are aware of the risks

associated with mental health, it is less evident how working from home has affected those employees. Despite being in a generally lower risk condition, workers who work from home may suffer a more complex impact of their work environments on their mental health. Although those who deal with the public are aware of the risks associated with mental health, it is less evident how working from home has affected those employees.

Despite being in a lower overall risk condition, workers who work from home may suffer a more complex impact of their work environments on their psychological health. Teleworking during the pandemic, on the other hand, has also been linked to an increase in social isolation, professional stress, and family conflict distractions. As well as eating and drinking, which can all have a bad effect on employees' mental health. According to a recent Portuguese study, employees who work from home felt pressure to communicate with their coworkers more frequently online, which has been linked to melancholy, anxiety, and stress. Only a limited grasp of the relationship between mental health and general wellness can be gained from these objective indicators of mental health. Similar to this, the majority of recent study has focused on telework during COVID-19's initial waves. Although helpful, it's possible that this research understates the effect that cutting-edge measures like immunizations and mask regulations have on employees' mental health. In contrast to the early pandemic waves, Canadians today have access to free vaccines, masks, and other risk reduction measures. Additionally, the third wave of the pandemic in 2021 saw the start of the vaccine distribution for the general population in Canada, adding another layer of complexity to take into account when evaluating mental health. Due to the possibility for increased anxiety and vaccine reluctance as well as the potential for decreased mental discomfort due to the perception of protection provided by the vaccine, this development adds complexity across both negative and positive dimensions. It's also possible that the emotionally exhausting events of the first and second waves—a overburdened healthcare system, deaths in long-term care facilities, and socially isolating lockdown measures—made the availability of COVID-19 vaccines more likely.

As the COVID-19 pandemic's sixth wave comes to a conclusion, jurisdictions are currently moving farther away from public health orders after the bulk of working-age adults were given third doses in response to the Omicron variety. It is yet unknown how the pandemic's turbulence and the continued requirement for vaccination uptake may affect mental health. Additionally, this research will be important for employers and policy makers to evaluate the costs and benefits of various arrangements as workplaces largely return to in-person work because many businesses and organizations transitioned large numbers of staff to working from home or a hybrid of working from home and in-person work during earlier waves of the pandemic. To ensure optimal

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practises during the present COVID-19 epidemic and for upcoming public health emergencies, employers and policy makers must determine the degree of any disparities in mental health connected to work-from-home status. As COVID-19 dangers persist today, it is critical to comprehend how participants' mental health varies depending on where they work. This is especially true for risks like long-COVID and uncontrolled Omicron infection.

Additionally, due to their potential to reduce pandemic-associated stresses related to worries about COVID-19 transmission, physical separation and mask use, which have become widespread practises since the start of the pandemic, will be examined as mediators. The success of COVID-19 mitigation strategies such as COVID-19 immunisation, physical separation, and mask adherence led researchers to conduct a mediation analysis to determine whether these strategies had significant and protective impacts on self-rated mental health. When conducting these analyses, we made the assumption that those who used mixed work arrangements or worked from home had better self-rated mental health than those who only worked in-person. We additionally expected that the connection between working from home and poorer self-rated mental health would be partially mediated by exposure to COVID-19, as evidenced by noncompliance with public safety COVID-19 prevention standards. The key outcome variable for the study was the respondents' self-rated mental health. Although there has been a prior positive link between this variable and other mental health morbidity indicators, it should not be confused with other, more precise diagnostic categories like depression or anxiety.

In fact, many authors view self-rated mental health as a more all-encompassing and subjective measure of mental health outcomes that allows for the capture of a wide range of mental health issues, including mental health problems that are developing but which are not captured by more clinical mental health indicators. Based on prior research employing self-rated mental health, it was determined that this was a valid method for capturing a general sense of mental health status, allowing us to explicitly identify elements linked to subpar mental health. Multivariable analysis took other explanatory factors such occupation, adherence to COVID-19 mitigation measures, income, and identification into account. This made it possible for us to separate the impacts of socioeconomic and demographic factors that would otherwise be linked to the workplace and have a significant impact on how well people perceive their own mental health. Several additional variables were chosen in addition to these standard confounding factors based on their ability to mediate the association between self-reported mental health and work environment. In order to gauge these ideas, researchers asked individuals how often they donned masks in public.

With 30 confounding variables, an initial multivariable binary logistic

regression model was built, with the outcome variable being self-rated mental health and the major explanatory variable being work setting. By using a reverse selection procedure that favoured the model with the lowest Akaike Information Criterion, the final multivariable model was created. This method was balanced by adding other factors to the model that the backwards selection process had left out but were crucial to comprehending the association between work-setting and self-rated mental health. In order to create a final multivariable model, variables exhibiting collinearity were excluded after model fit and collinearity were evaluated using McFadden's Pseudo R2 and variance inflation factor. The newly generated research sample was used to build bivariable logistic regression models between all explanatory variables and the outcome variable [1-5].

## Conclusion

This study provides significant information revealing possible risks to mental health associated with exclusively in-person or home-based work, which is crucial given the limited research that are currently available investigating the effect of work setting on psychological health. Therefore, there may be promising chances to enhance employees' psychological health due to hybrid work arrangements. Replication will undoubtedly improve our understanding of in-person labour and telecommuting, especially in light of the ongoing public health crisis that disproportionately affects low-income and disadvantaged individuals.

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