

Mental Wellbeing status of Online and Work From Home women employees with special reference to Coimbatore, Tamilnadu

B. L. Shivakumar¹

Principal, Sri Ramakrishna College of Arts and Science, Coimbatore, India

Thirumoorthi Rangaraj²

Professor and Head, PG & Research Department of Social Work,
Sri Ramakrishna College of Arts and Science, Coimbatore, India

Srisiva R³

Principal, Aravindar College of Arts and Science, Kalasapakkam, Thiruvannamalai

Abstract

A severe devastation has been caused by Covid-19 pandemic not only in poor countries but also in developed countries. We live in a difficult circumstance due to ever growing number of cases and increasing impositions of containments / lock downs / self-regulated isolations which hurt both individuals as well as economies in a larger manner.

The Union Government of India, through Ministry of Home Affairs (MHA), on 30 May 2020, announced the further extension of the lockdown in containment zones up to 30 June 2020, and to reopen prohibited activities in a phased manner in areas outside containment zones. As on 5th July, another extension of the lock down was announced by the Provincial Government of Tamilnadu, with certain relaxations and some restrictions in place to continue in the state.

With demanding preventive measures and impediments put in place by the Indian Government due to Covid19 situation, almost all sections of the population are encountering mental health related issues to a greater extent. It was the purpose of the present study to measure and document the downside of the mental health issues faced by the employees who Work From Home (WFH), in particular, the women employees belonging to IT / ITeS sectors apart from their vital role as housewife / mother in the house.

One need to understand how far and to what extent the Covid-19 has impacted the mental well-being of the respondent employees, working from home. For this purpose the widely used DASS-21 scale was adopted and administered. The Depression, Anxiety, and Stress Scales were developed by researchers at the University of New South Wales (Australia). Nearly 300 women employees from Coimbatore district of Tamilnadu were the respondents.

Keywords: Covid-19, pandemic, mental wellbeing, stress depression, anxiety.

1.0 Statement of the Problem

The term Pandemic is referred to as *“an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people” (World Health Organisation, 2001).*

The epidemic causing Corona Virus is shortly known as Novel Corona. Causing virus called SARS-CoV-2, which spread like lightning speed and caused a worldwide pandemic of respiratory illness, called COVID-19. Corona viruses are infectious viruses affecting both people and animals. The major illness caused by the Covid-19 is respiratory ailment that go from regular colds to considerably more genuine contaminations.

On 31st of December 2019, the Wuhan Municipal Health Commission reported a cluster of cases of pneumonia in Wuhan, Hubei Province. A novel corona virus was eventually identified. As a response, the World Health Organization (WHO) set up the IMST (Incident Management Support Team) on January 1, 2020 across three levels of the organization, namely, headquarters, regional headquarters and country level, putting the organization on an emergency footing for dealing with the outbreak. On 4th of January, 2020, WHO reported that there was a cluster of pneumonia cases and the next day, it published first Disease Outbreak News on the new virus which was considered to be an important technical publication to the scientific and public health community, which contained a risk assessment and advice.

On 12th of January 2020, the Chinese authorities disclosed the genetic sequence of COVID-19. The following day, an official case of Covid-19 was recorded for the first time out side of China, that is in Thailand. However, the Emergency Committee (EC) under the International Health Regulations (IHR 2005) chaired by the WHO Director-General during 22nd-23rd January 2020 was inconclusive on deciding whether the outbreak constituted a public health emergency of international concern. On 30th of January 2020, the Emergency Committee (EC) reached consensus and approved that an Covid-19 as an outbreak to constitute a Public Health Emergency of International Concern (PHEIC).

Following which the Director-General accepted the recommendation and declared the novel corona virus outbreak (2019-nCoV) a PHEIC. WHO's situation report for 30 January reported 7818 total confirmed cases worldwide, with the majority of these in China, and 82 cases reported in 18 countries outside China. WHO gave a risk assessment of very high for China, and high at the global level.

On 3rd February, 2020 the WHO releases the international community's Strategic Preparedness and Response Plan to help protect states with weaker health systems. During 11th-12th of February 2020, the WHO convened a Research and Innovation Forum on COVID-19 with around 400 participants from around the world, mostly health experts to discuss and understand the epidemic. On March 11, 2020, WHO characterized COVID-19 as a pandemic.

Therefore, this study aims at assessing the mental health of individuals during lockdown amid Covid-19 pandemic in India. This study aims at finding the prevalence of psychiatric symptoms viz. Depression, Anxiety and Stress across gender, age etc. This study will further assist the government agencies and healthcare professionals by providing them beneficial information which can be used to safeguard the psychological wellbeing at community level in India.

2.0 Literature Review

The present study is mainly focusing on the mental health status of the women employees who Work From Home which is shortly known as WFH and / or otherwise called as T/ICTM. In this literature review the authors concentrate on understanding the concepts of WFH (or) T/ICTM as well as the mental health factors of such employees.

2.1 Aspects of Mental Health Factors

The first ever Covid-19 case was reported in Wuhan in the month of December 2019 (*Chen N.S., Zhou M., Dong X. 2020*). It was around 4.65 lakh infections 199 countries, and 0.21 lakh deaths as on 27th March 2020 (*WHO, 2020A*).

It was then considered as a major threat to global and national healthcare systems posing a severe challenge on the mental health of the healthcare professionals who act as frontline warriors in the fight against Covid-19 (*Honey M., Wang W.Y.Q., 2013*).

As on 1 July 2020, all over the world the infection from the pandemic of Coronavirus Disease 2019 (COVID-19) has surged to one crore and still increasing, thus posing a severe public health threat. By 01 July 2020, the pandemic has caused about 10.3 million infections and about 5.06 lakh deaths (*WHO, 2020b*).

The coronavirus(COVID-19) is introducing new and novel difficulties. We are exploring uncharted waters with this infection, making it critical to discover better approaches to work and collaborate while likewise dealing with our psychological wellness and prosperity.

Many are teleworking full-an ideal opportunity just because, disconnected from colleagues, loved ones. Our day by day living schedules are disturbed causing included nervousness, anxiety—truly, intellectually, and monetarily. It is totally normal for this interruption and vulnerability to prompt nervousness and stress.

Presently like never before, we as a whole should deal with our emotional well-being and prosperity. As we secure ourselves against expected presentation to the coronavirus, remember that social removing doesn't mean social segregation. This asset gives functional tips on dealing with our psychological wellness and prosperity (<http://workplacementalhealth.org/Employer-Resources/Working-Remotely-During-COVID-19>).

Though the fact is that the frontline healthcare workers are the most hit ones in respect to mental health issues (*National Health Commission of the People's Republic of China, 2020*), those, particularly, women who work from home in IT & ITeS are seemed to have affected severely by mental health issues.

A recent study conducted in Wuhan, China revealed that the front line health nurses were working in Wuhan often felt stress, depression, and anxiety (*Sullivan, C. (2003)*).

2.2 Defining WFH

In earlier days, authors like *Sullivan (2003)* felt that the WFH / T/ICTM needs to be defined very precisely. According to *Eurofound and the International Labour Office (2017)*, T/ICTM is defined as “Telework/ICT-Mobile Work (T/ICTM) on the world of work. T/ICTM can be defined as the use of ICT – such as smart phones, tablets, laptops and desktop computers – for the purposes of work outside the employer’s premises”.

At the same time, it was held by (*Greenworking, 2012*) that the definitions for WFH / T/ICTM derived will only be based on the place, extent of ICT adoption, time taken to travel to and fro office. In the instance of WFH, home is the place strictly considered work location for study purposes, whereas, Dares (2004) had a magnanimously include all places of work outside the employer’s premises.

It has been acknowledged by (*Vilhelmson and Thulin, 2016*) that the WFH / ICT based working outside the employers place is yet to gain momentum, and inching towards to become as a general work practice. This kind of slower phase of adoption is attributed to numerous human, social and organisational factors.

Yet another dimension of WFH is that only those who perform T/ICTM regularly (*CBS and TNO, 2014a*), but few hold it even one can consider those who do telework occasionally (*Lyly-Yrjänäinen, 2015*).

As found by (*Eurofound, 2016*), a series of surveys called European Working Conditions Survey (EWCS) were mandated to quantify the extent of T/ICTM in counties lying in European Union. This was mainly done to identify the relationship among various factors like WFH, working time, work–life balance, occupational health, well-being etc.

Studies were undertaken as early as in the last quarter of 20th century itself to record the existence of Telework (*Nilles, 1975*). Despite the earlier studies, the role of Information and Communication Technology in WFH assumed a larger place during the later part of the second decade of the 21st century. Here, it shall be noted that the mobile based devices have enable the employees to work not only from home but “practically any location where they needed to work” (*Messenger and Gschwind, 2016*).

Moreover, one could easily conclude that the intervening socio-organisational constituents slow down this adoption process as found by *Rasmussen and Corbett, (2008)*.

Further, studies have explored the attitude of the employers towards irregular and deviating time agendas varying from positive, engaging and attracting. According to *Pfisterer et al (2013)*, most of the employers in German never expect the workers to be engaged outside normal working hours. On the other hand in France, work for longer and more intensive working time and more atypical work schedules (*Lasfargue and Fauconnier, 2015a*).

2.3 Anxiety, Stress and Depression during Covid-19

When people feel the fear of difficulty, the resultant factor is called stress (*Holland 2018*). The further aggravating condition is what one experiences namely Depression leading to a condition of lack of engagement in day by day exercises.

Due to the pandemic that is Covid-19, almost the entire population on this globe is undergoing the condition of anxiety, stress and depression. As held by *Xiang et al. (2020)*, worries with respect to mental misery calls for a far and wide, sincere and intensive interventions to ensure the emotional well-being is required.

The guidelines released by the World Health Organization (*WHO 2020*) requires the nation states to initiate interventions to prevent / cure mental issues that may emerge in the days to come.

Further, the pandemic related stress and depression is making the people to commit suicide in alarmingly higher levels (*Goyal et al. 2020; Mamun and Griffiths 2020*). Likewise, *Wang et al. (2020)* had recorded in his study the enhanced levels of anxiety, stress, and depression among the general public in Chinese cities. Similarly, *Qiu et al. (2020)* had also discovered a quite common mental disturbances in the form of stress, anxiety, and depression.

3.0 Research Methodology Adopted

3.1 Title of the Study

“Mental Wellbeing status of Women Employees who Work From Home (WFH) or working Online with special reference to Coimbatore, Tamilnadu

3.2 Physical Area

The entire corporation limits of the Coimbatore City, Tamilnadu, India was the physical area where the present study is conducted.

3.3 Objectives

The objective of the present study was to assess the stress and anxiety levels experienced by the working women employees who work from home during these lockdown days. The worries and stresses underwent by the women employees were

mainly as a result of fear of losing a job or being put on lay-off. The present study is striving to appraise or estimate the nature extent, and significance of the Depression, Anxiety and Stress among the women employees who work from home but later on put on lay-off (or) received partial salaries for which the Depression Anxiety and Stress Scale (DASS- 21) was used. This DASS is considered to be standardized assessment tool to measure the psychological distress.

3.4 Sampling Procedure

Random sampling procedure was adopted in this study.

3.5 Data Collection

In the initial stage, a population of 450 women employees, working in IT and ITES sectors (Data Entry and BPO [Voice / Non-Voice services]) were randomly drawn and contacted using Google Form. Out of which 445 had responded, Among these respondents, 49 were found to have working from home, but their place of physical work was either Chennai or Bangalore, hence they were excluded from the population.

From these remaining 396 women employees, 63 opted 'Not willing to participate' and have skipped to proceed further, and 24 had forwarded only incomplete formats (omitted or not marked any one of the options given) and 17 had marked that they do not have any job related stress or anxiety at all, hence the researcher was forced to exclude these respondents. Finally, the researcher was able to accept the remaining respondents, i.e., 292 responses were recorded through Google Form during the Second and Third weeks of May 2020.

4.0 Analysis and Interpretation

The researchers were able to reach out as many as 292 respondents who were working from home due to Lock down imposed as a curtailing measure by the Government of India / State Government of Tamilnadu. All the respondents were women (100%) in the age group of 18-45.

Table - 1:

Age-wise Distribution of the Respondents

Age Group	No.	%
18-25	38	13%
25-30	97	33%
30-35	109	37%
35 & above	48	17%
Total	292	100%

The respondents were classified based on the following two categories, namely, (i) *Lay-off status* and (ii) *Fear for Loss of Employment* in the near future (due to uncertainty that prevails in the job market on account of global economic slowdown).

Table - 2:

Layoff Status of the respondents

Lay-off Status	No.	%
No Lay-off	225	77.10%
Partial Lay-off	43	14.70%
Full Lay-off	24	8.20%
Total	292	100%

From the above table, it is clear that a vast majority of the respondents, i.e., IT Sector employees (77.10%) , who are mostly women and Work From Home (WFH) so far have not been put on lay-off status, hence working and receiving salary as usual. However, nearly 15% of the respondents were on partial lay-off (mostly a few days in a month during April & May 2020), whereas another 8% of the respondents were under full lay-off, but neither they had lost their employment nor permanently cease to be the employee of their organization.

Table - 3:

Fear for Employment Loss among the respondents

Fear for Loss of Employment	No.	%
No fear	80	27.40%
Mild fear	122	41.80%
Deep fear	90	30.80%
Total	292	100%

Though our respondents were overwhelmingly working full time from home without any lay-off, it is quite different when the job prospects in the days to come. Put together, nearly 70% of the respondents had fear for loss of employment in the near future, if the uncertainty will continue (lock down, slump in IT Sector job market, etc.) in the present magnitude.

4.1 Test of Correlation

The mental health status of the employees is reflected, measured and gauged using certain implied factors namely, anxiety, stress and depression. A five point scale (varying from – Normal, Mild, Moderate, Sever and Extreme) was adopted to measure the extent of anxiety, stress and depression among the women employees of IT / ITeS sector. Correlation

between Age, Lay-off status, Fear for Loss of Employment and various mental health factors (Anxiety, Stress and Depression) measured were as presented below:

Table - 4:
Correlation between Age and Anxiety

	Age Vs Anxiety
Pearson Correlation	.009
Sig. (2-tailed)	.881
Sum of Squares and Cross-products	2.380
Covariance	.008
N (Valid recorded responses)	292

Though there prevails significant levels of anxiety among the respondents, in the present study, it is revealed by the analysis that there is no direct, positive and significantly meaningful correlation between factors namely Age Vs Anxiety level. The Pearson's correlation result shows that a very meager correlation exists (0.009) which is much insignificant. This signifies, the anxiety is prevalent, but not directly correlated with age factor, that means, anxiety is not controlled / determined / influenced by the age factor.

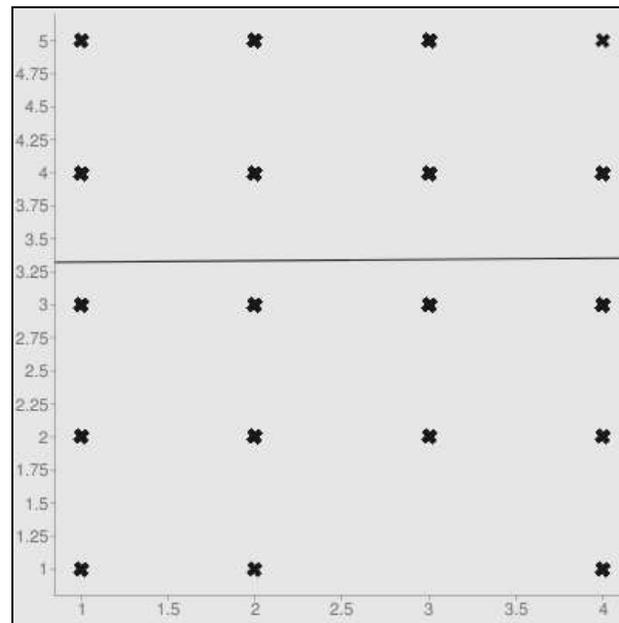


Fig. 1: Age Vs Anxiety :: Correlation coefficient (r): 0.009

Sample size: 292

Mean x (\bar{x}): 2.5719178082192

Mean y (\bar{y}): 3.3390410958904

Intercept (a): 3.313900336151

Slope (b): 0.0097751023221139

Regression line equation:

$y=3.313900336151+0.0097751023221139x$

The next test was to measure the correlation between the age factor and stress level. Here, it is a clear negative relationship that has been measured. The Pearson's Correlation between the measured factors was -.235.

Table - 5:
Correlation between Age and Stress

	Stress Vs Anxiety
Pearson Correlation	-.235**
Sig. (2-tailed)	.000
Sum of Squares and Cross-products	-68.065
Covariance	-.234
N (Valid recorded responses)	292

Significant at 0.01 level (2-tailed).

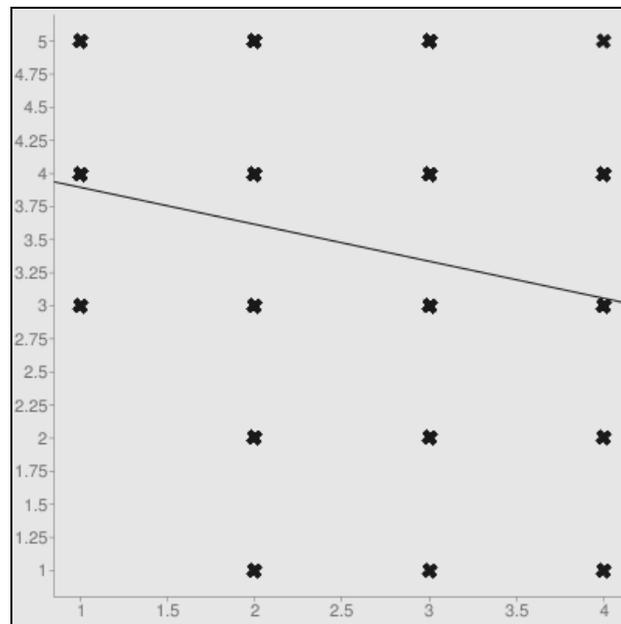


Fig. 2: Age Vs Stress :: Correlation coefficient (r): -.235**

Sample size: 292

Mean x (\bar{x}): 2.5719178082192

Mean y (\bar{y}): 3.4554794520548

Intercept (a): 4.1744328330919

Slope (b): -0.27953979662161

Regression line equation: $y = 4.1744328330919 - 0.27953979662161x$

The measured Correlation was significant at the 0.01 level (2-tailed). That means the stress is high among the youngsters, whereas the more aged respondents reported less stress, may be attributed to their experiences and maturity.

Finally, the correlation between age and depression was also measured, found to have negative correlation between the factors. It was -.204 which was significant at the 0.01 level (2-tailed).

Table - 6:
Correlation between Age and Depression

	Age Vs Depression
Pearson Correlation	-.204**
Sig. (2-tailed)	.000
Sum of Squares and Cross-products	-61.342
Covariance	-.211
N (Valid recorded responses)	292

Significant at 0.01 level (2-tailed).

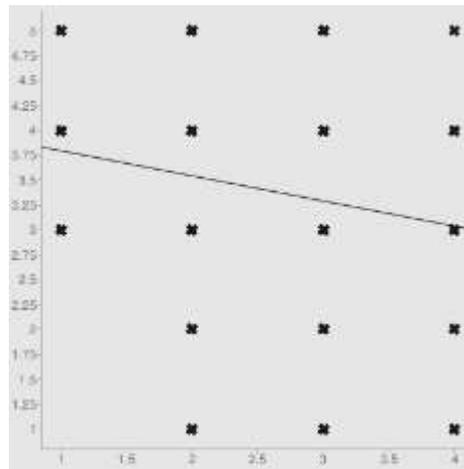


Fig. 3: Age Vs Depression :: Correlation coefficient (r): -.204**

Sample size: 292

Mean x (\bar{x}): 2.5719178082192

Mean y (\bar{y}): 3.3972602739726

Intercept (a): 4.045204573904

Slope (b): -0.25193040689743

Regression line equation: $y=4.045204573904-0.25193040689743x$

It is also noted that the correlation is negative, that is when age increases the depression level lowers, that may be attributed to the age and life experiences.

4.2 Test of hypotheses

For the present study certain research hypotheses were formulated and tested as stated below:

i. Null Hypothesis - 1:

There is no significant relationship between *Fear for Loss of Employment and Anxiety Level* of the women employees who Work From Home (WFH).

Table - 7:
Cross Tabs

Age	<i>Fear for Loss of Employment and Anxiety Level</i>					Total
	Normal	Mild	Moderate	Severe	Extreme	
No Fear	56	22	2	0	0	80
Mild Fear	32	73	11	4	2	122
Deep Fear	3	5	21	50	11	90
Total	91	100	34	54	13	292

Table - 8:
Chi-Square Test

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	239.941a	8	.000
Likelihood Ratio	251.612	8	.000
Linear-by-Linear Association	162.532	1	.000
N of Valid Cases	292		

Result: The null hypothesis is rejected. Hence, there was a significant relationship at 10% significance level between the *Fear for Loss of Employment and Anxiety Level* ($X^2 = 239.9$, $df = 8$, $p = .000$).

ii. Null Hypothesis - 2:

There is no significant relationship between *Fear for Loss of Employment and Stress Level* of the women employees who Work From Home (WFH).

Table - 9:
Cross Tabs

Age	<i>Fear for Loss of Employment and Stress Level</i>					Total
	Normal	Mild	Moderate	Severe	Extreme	
No Fear	54	16	2	0	8	80
Mild Fear	37	63	14	4	4	122
Deep Fear	3	4	19	45	19	90
Total	94	83	35	49	31	292

Table - 10:
Chi-Square Test

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	211.433a	8	.000
Likelihood Ratio	226.059	8	.000
Linear-by-Linear Association	109.577	1	.000
N of Valid Cases	292		

Result: The null hypothesis is rejected. Hence, there was a significant relationship at 10% significance level between the *Fear for Loss of Employment and Stress Level* ($X^2 = 211.4$, $df = 8$, $p = .000$).

iii. Null Hypothesis - 3:

There is no significant relationship between *Fear for Loss of Employment and Depression Level* of the women employees who Work From Home (WFH).

Table - 11:
Cross Tabs

Age	<i>Fear for Loss of Employment and Depression Level</i>					Total
	Normal	Mild	Moderate	Severe	Extreme	
No Fear	60	13	1	6	0	80
Mild Fear	36	56	14	16	0	122
Deep Fear	3	5	21	51	10	90
Total	99	74	36	73	10	292

Table - 12:
Chi-Square Test

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	194.331a	8	.000
Likelihood Ratio	203.280	8	.000
Linear-by-Linear Association	135.179	1	.000
N of Valid Cases	292		

Result: The null hypothesis is rejected. Hence, there was a significant relationship at 10% significance level between the *Fear for Loss of Employment and Depression Level* ($X^2 = 194.2$, $df = 8$, $p = .000$).

iv. Null Hypothesis - 4:

There is no significant relationship between *Lay-off and Anxiety Level* of the women employees who Work From Home (WFH).

Table - 13:
Cross Tabs

Age	<i>Lay-off and Anxiety Level</i>					Total
	Normal	Mild	Moderate	Severe	Extreme	
No Lay-off	93	112	17	3	0	225
Partial Lay-off	5	27	8	3	0	43
Full Lay-off	0	4	3	10	7	24
Total	98	143	28	16	7	292

Table - 14:
Chi-Square Test

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	172.674a	8	.000
Likelihood Ratio	109.210	8	.000

Linear-by-Linear Association	109.218	1	.000
N of Valid Cases	292		

Result: The null hypothesis is rejected. Hence, there was a significant relationship at 10% significance level between the *Lay-off and Anxiety Level* ($X^2 = 172.6$, $df = 8$, $p = .000$).

v. Null Hypothesis - 5:

There is no significant relationship between *Lay-off and Stress Level* of the women employees who Work From Home (WFH).

Table - 15:

Cross Tabs

Age	<i>Lay-off and Stress Level</i>					Total
	Normal	Mild	Moderate	Severe	Extreme	
No Lay-off	142	78	4	1	0	225
Partial Lay-off	5	28	8	2	0	43
Full Lay-off	0	4	3	10	7	24
Total	147	110	15	13	7	292

Table - 16:

Chi-Square Test

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	227.723a	8	.000
Likelihood Ratio	153.413	8	.000
Linear-by-Linear Association	153.892	1	.000
N of Valid Cases	292		

Result: The null hypothesis is rejected. Hence, there was a significant relationship at 10% significance level between the *Lay-off and Stress Level* ($X^2 = 227.7$, $df = 8$, $p = .000$).

vi. Null Hypothesis - 6:

There is no significant relationship between *Lay-off and Depression Level* of the women employees who Work From Home (WFH).

Table - 17:
Cross Tabs

Age	<i>Lay-off and Depression Level</i>					Total
	Normal	Mild	Moderate	Severe	Extreme	
No Lay-off	133	84	7	1	0	225
Partial Lay-off	5	27	9	2	0	43
Full Lay-off	1	5	3	9	6	24
Total	139	116	19	12	6	292

Table - 18:
Chi-Square Test

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	194.258a	8	.000
Likelihood Ratio	126.907	8	.000
Linear-by-Linear Association	129.005	1	.000
N of Valid Cases	292		

Result: The null hypothesis is rejected. Hence, there was a significant relationship at 10% significance level between the *Lay-off and Depression Level* ($X^2 = 194.2$, $df = 8$, $p = .000$).

5.0 Conclusion

The present study was undertaken with an objective of documenting the levels of anxiety, stress and depression that prevails among the employees who work from home, as a result of Covid-19 related lock down. The study has clearly established the association among the mental health factors and the new normal of Work from Home. Further, it is found that the prevailing working conditions or the conditions that are sure to emerge in days to come, namely lay-off and fear for loss of employment, all due to economic slowdown around the world have caused the anxiety among the employees leading to stress and depression.

The authors further suggest to researchers to undertake future studies in unexplored areas like mental wellbeing of workers in domestic and unorganized sectors so as to develop an all comprehensive intervention package to enhance the mental health of the employees.

References

1. **CBS and TNO (2014a)**, Nationale enquête arbeidsomstandigheden [Netherlands working conditions survey], available at <http://www.monitorarbeid.tno.nl/publicaties/netherlands-working-conditions-survey>.
2. **CBS and TNO (2014b)**, Nationale enquête arbeidsomstandigheden [Netherlands working conditions survey], available at <http://www.monitorarbeid.tno.nl/publicaties/netherlands-working-conditions-survey>
3. **DARES (2004)**, Le télétravail en France [Teleworking in France], Premières informations et premières synthèses, No. 51.3, DARES, Paris.
4. **Eurofound (2016)**, Sixth European Working Conditions Survey 2015: Overview report, Publications Office of the European Union, Luxembourg.
5. **Eurofound and the International Labour Office (2017)**, Working anytime, anywhere: The effects on the world of work, Publications Office of the European Union, Luxembourg, and the International Labour Office, Geneva. (A Joint ILO–Eurofound report)" ISBN: 978-92-897-1568-3. p1.
6. **Goyal, K., Chauhan, P., Chhikara, K., Gupta, P., & Singh, M. (2020)**. Fear of COVID 2019: First suicidal case in India! *Asian Journal of Psychiatry*, 49, 101989. <https://doi.org/10.1016/j.ajp.2020.101989>
7. **Greenworking (2012)**, Telework in large French Enterprises: How distance transforms our ways of working [Le télétravail dans les grandes entreprises françaises : Comment la distance transforme nos modes de travail], Synthesis delivered to the Minister for Industry, Energy and the Digital Economy, Paris.
8. **Holland, K. (2018, May 24)**. Anxiety: Causes, symptoms, treatment, and more. Retrieved 24 from <https://www.healthline.com/health/anxiety>.
9. **Lasfargue, Y. and Fauconnier, S. (2015a)**, 2015 Survey on the impacts of telework [Enquête 2015 sur les impacts du télétravail], OBERGO.
10. **Lyly-Yrjänäinen, M. (2015)**, Työolobarometri: Autumn 2014 Preliminary information, Ministry of Employment and the Economy, Helsinki.
11. **Messenger, J. and Gschwind, L. (2016)**, ‘Three generations of telework: New ICT and the (r)evolution from home office to virtual office’, *New Technology, Work and Employment*, Vol. 31, No. 3, pp. 195–208.

12. *Nilles, J. M. (1975)*, ‘Telecommunications and organisational decentralization’, *Transactions on Communications*, Vol. 23, No.10, pp. 1142–1147.
13. *Pfisterer, S., Streim, A. and Hampe, K. (eds.) (2013)*, *Arbeit 3.0: Arbeiten in der digitalen Welt [Working in the digital world]*, Bundesverband Informationswirtschaft, Telekommunikation und neue Medien e. V. [Federal Association for Information Management, Telecommunications and New Media] (BITKOM), Berlin.
14. *Qiu, J., Shen, B., Zhao, M., Wang, Z., Xie, B., & Xu, Y. (2020)*. A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: Implications and policy recommendations. *General Psychiatry*, 33(2), e100213. <https://doi.org/10.1136/gpsych-2020-100213>
15. *Rasmussen, E. and Corbett, G. (2008)*, ‘Why isn’t teleworking working?’ *New Zealand Journal of Employment Relations*, Vol. 33, No. 2, pp. 20–32
16. *Sullivan, C. (2003)*, ‘What’s in a name? Definitions and conceptualizations of teleworking and home working’, *New Technology, Work and Employment*, Vol. 18, No 3, pp. 158–165.
17. *Vilhelmson B. and Thulin E. (2016)*, ‘Who and where are the flexible workers? Exploring the current diffusion of telework in Sweden’, *New Technology, Work and Employment*, Vol. 31, No. 1, pp. 77–96
18. *Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C., et al. (2020)*. Immediate psychological responses and associated factors during the initial stage of the 2019 Coronavirus Disease (COVID-19) epidemic among the general population in China. *International Journal of Environmental Research and Public Health*, 17(5), 1729. <https://doi.org/10.3390/ijerph17051729>.
19. *WHO. (2020)*. Mental health and psychosocial considerations during the COVID-19 outbreak [Ebook]. Retrieved from <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>.
20. *Xiang, Y., Yang, Y., Li, W., Zhang, L., Zhang, Q., Cheung, T., et al. (2020)*. Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. *The Lancet Psychiatry*, 7(3), 228– 229. [https://doi.org/10.1016/s2215-0366\(20\)30046-8](https://doi.org/10.1016/s2215-0366(20)30046-8).