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### **An Investigative Study on the Mental Health and its associated factors during the Work from Home in the Covid-19 Pandemic**

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#### **ABSTRACT**

General health is a holistic indicator of overall well-being, and its regular evaluation is common practice in different population settings, especially during times of a worldwide health emergency like the Covid-19 outbreak. Therefore, cross-sectional research aids in conducting an analysis of the factors impacting the psychological health of individuals while working from home. This paper aims to explore the concept of working from home and the impact it could have on other domains of life. A sample of 325 participants was collected using purposive and snowball sampling with their demographic information like age, gender, marital status, along with standardised tools like the GHQ-28, The Resilience Scale, Adversity Response Profile, UCLA Loneliness Scale, Family Adaptability and Cohesion Evaluation Scale (Faces-IV), and Work-Family Conflict Scale. Data was analysed using the t-test and one-way ANOVA to highlight differences in different levels of demographic information. ANOVA and independent sample t-test indicated that results for GHQ, resilience, loneliness, communication, and satisfaction scales of FACES IV (FACES2, FACES3) were found to be significant at the 0.01 confidence level for age and marital status, respectively. The results of the multiple linear regression analysis showed that the variables together accounted for 61.6% of the variance in resilience.  $F = 19.204$ ,  $p < 0.001$ ,  $R^2 = 0.379$ . Results show that the unmarried population, or the younger age group of 18-25 was found to be the most affected with deteriorated mental health, low resilience and adversity response, as well as high levels of loneliness. A detailed analysis, limitations, and recommendations of the research were discussed.

**KEYWORDS:** Work from Home, General Health, Resilience, Adversity, Loneliness

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## **1. INTRODUCTION**

Several organisations transitioned their employees to a work from home model during the pandemic.<sup>1</sup> Work from home, also known as "working remotely" or teleworking, involves employees working from a remote location, typically one's home. The first verified case of Covid-19 in India was reported on January 27, 2020. In reaction to the Covid-19 virus transmission, the Indian government embraced a range of drastic public wellness measures, like obligatory quarantines for citizens returning from overseas, remote work arrangements, and school shutdowns.

The COVID-19 pandemic has upended the day-to-day activities for much of the world's community, including India, resulting in social disconnection and economic unreliability, which have led to consequential increases in psychological health concerns, anxiety, depression, posttraumatic stress, and suicidal-destructive ideation.<sup>2</sup> An employee confronted with several workplace demands that arise in high stress may find it challenging to maintain an optimistic and free-and-easy association with family or friends.<sup>3</sup> Thus, Covid-19 pandemic might have created shifts in exposure to work-life conflict. Struggling to separate work and family lives, feeling secluded, lack of concealment, and overstraining oneself dominate the list of remote-functioning stressors globally.<sup>4</sup>

The study tries to focus on the less researched nature versus nurture debate in the Indian context by considering personality factors (intrinsic variables) like resilience, loneliness, age, and gender as well as environmental variables like marital status, work family conflict, and interpersonal relationships to understand their effects on the general and mental health of an individual.

## **2. MATERIALS AND METHODS:**

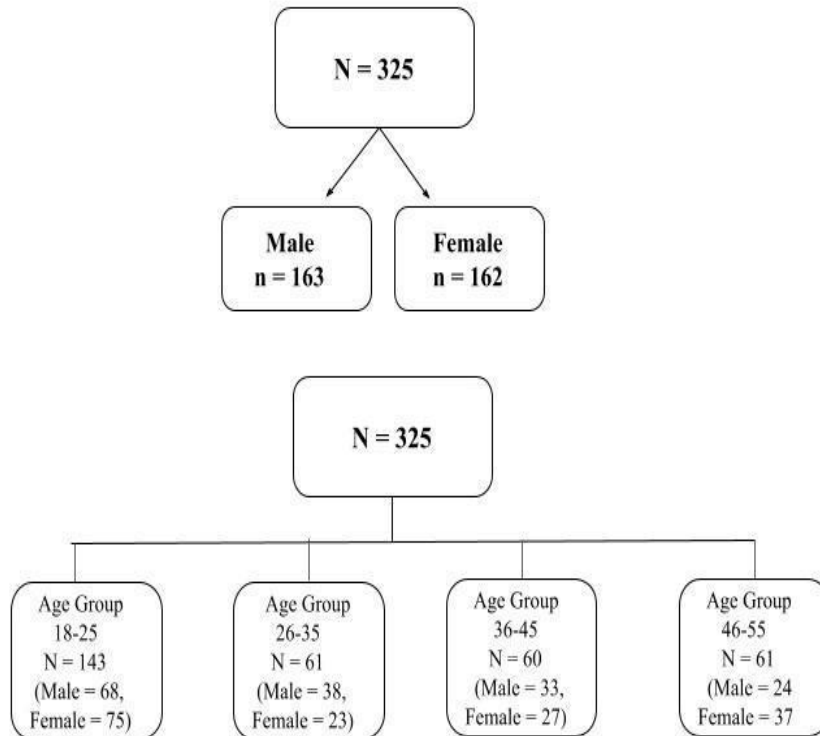
A cross sectional study from July 2021- June 2022 was conducted among individuals working from home during the Covid-19 pandemic under the Department of Psychology at Loreto College, Kolkata. Data collection was done over a period of 3-months from November 2021 to January 2022. The form was circulated online, and consent was obtained from all participants.

### **2.1 Sample**

The sample comprised 325 individuals - 163 males and 162 females, within the age range of 18-55 years, who had been working from home actively for at least 4 hours a day, for the past six months.

## 2.2 Figure 1

Diagrammatic representation of the sample - in terms of a flow chart



**Study Tools:** The participants were required to fill out the General Health Questionnaire-28 (1979), the ResilienceScale by Wagnild and Young (1993), the Adversity Response Profile (1997), the UCLA Loneliness Scale (1978), the Family Adaptability and Cohesion Evaluation Scale (FACES IV) (1994), and the Work-Family Conflict Scale (WSFCS) (2015). Participants were requested to complete the form in one session.

## 2.3 Data collection and Analysis

Participants were selected using the purposive and snowball methods of non-probability sampling. The dependent variables in the study included intrinsic variables like general health, resilience, adversity, and loneliness, while the extrinsic variables included interpersonal relationships and work family conflict. The independent (demographic) variables included age, marital status, and gender. The data was analysed using IBM SPSS Statistical Software Ver. 22. A descriptive frequency

analysis was done to understand the sample characteristics. Inferential statistics included One-way ANOVA and independent samples to test for different dependent variables of the study. Post hoc analysis to find out the differences between the groups was carried out using Bonferroni. Further a Multiple regression analysis was used.

### **3. RESULTS**

**Table No. 1: “Sample Characteristics”**

<b>Variable</b>	<b>Categories</b>	<b>N</b>	<b>%</b>
<b>Gender</b>	Male	163	50.2 %
	Female	162	49.8%
<b>Age</b>	18-25 Years	143	44%
	26-35 Years	61	18.8 %
	36-45 Years	60	18.5%
	46-55 Years	61	18.8%
<b>Marital Status</b>	Unmarried	193	59.4%
	Married	132	40.6%
<b>Type of Family</b>	Nuclear	265	81.5%
	Joint	60	18.5%

Table No. 2: “F statistics and p-value for various groups of age in ANOVA”

Measure	Age								F (325)	p-value
	18 - 25 years		26 - 35 years		36 - 45 years		46 - 55 years			
	M	SD	M	SD	M	SD	M	SD		
GHQ	17.17	11.942	12.26	12.41	9.65	10.43	12.3	11.94	<b>7.06**</b>	0.000
Resilience	134.96	18.96	144.57	20.35	144.07	19.65	144.92	21.43	<b>6.23**</b>	0.000
Loneliness	25.83	14.27	19.15	15.35	17.6	13.69	19.13	14.24	<b>6.84**</b>	0.000
Adversity	139.86	19.23	143.61	22.56	140.8	19.5	144.85	21.69	1.088	0.354
APS	61.82	16.4	65.99	17.41	65.62	15.82	68.21	13.74	<b>2.67*</b>	0.047
BPS	58.85	16.45	60.15	17.33	63.23	15.8	65.85	13.96	3.149	0.250
CPS	42.67	20.24	48.75	25.16	44.15	25.57	43.13	21.48	1.099	0.350
DPS	42.95	18.69	52.36	22.8	46.37	21.42	46.05	20.59	<b>3.052*</b>	0.029
EPS	45.32	19.33	51.33	24.71	51.47	23.06	48.3	19.7	1.794	0.148
FPS	36.55	19.01	43.33	24.47	38.95	21.86	38.07	21.73	1.482	0.219
FACES2	52.15	30.45	61.08	32.05	61.17	30.69	70.15	25.98	<b>5.481**</b>	0.001
FACES3	51.69	31.91	60.05	32.96	62	31.98	68.54	27.19	<b>4.648**</b>	0.003
WFCS1	19.06	6.82	20.18	8.33	19.12	8.22	20.57	7.97	0.767	0.513
WFCS2	14.52	6.81	14.85	8.78	16.03	8.87	14.66	8.73	0.528	0.663

**Table No 3: “Post-hoc (Bonferroni) - Age”**

Variable	M1	M2	Mean Diff.	Std. Error	Sign
GHQ	18-25 years	26-35 years	4.913*	1.8	0.04
		36-45 years	7.525*	1.811	0
		46-55 years	4.880*	1.8	0.042
Resilience	18-25 years	26-35 years	-9.616*	3.032	0.01
		36-45 years	-9.109*	3.05	0.018
		46-55 years	-9.960*	3.032	0.007
Loneliness	18-25 years	26-35 years	6.678*	2.198	0.015
		36-45 years	8.225*	2.211	0.001
		46-55 years	6.694*	2.198	0.015
APS	18-25 years	26-35 years	-4.067	2.452	0.589
		36-45 years	-3.798	2.466	0.747
		46-55 years	-6.395	2.452	0.057
DPS	18-25 years	26-35 years	-9.410*	3.117	0.016
		36-45 years	-3.416	3.135	1
		46-55 years	-3.098	3.117	1
FACES2	18-25 years	26-35 years	-8.928	4.592	0.316
		36-45 years	-9.013	4.618	0.311
		46-55 years	-17.994*	4.592	0.001
FACES3	18-25 years	26-35 years	-8.364	4.787	0.489
		36-45 years	-10.315	4.815	0.198
		46-55 years	-16.856*	4.787	0.003

Table No 4: “t-value and p-value for two groups of Gender in t-test”

D Variable	Gender				df	t-value	p-value
	Male		Female				
	M	SD	M	SD			
GHQ	11.72	11.778	16.19	12.035	323	-3.377**	0.001
Resilience	140.5	19.643	140.12	21.003	323	0.168	0.866
Loneliness	20.8	13.788	22.8	15.649	323	-1.226	0.221
Adversity	143.82	20.714	139.52	19.956	323	1.904	0.058
APS	65.25	14.981	63.72	17.271	323	0.853	0.394
BPS	62.02	15.294	60.41	17.055	323	0.897	0.371
CPS	45.57	22.629	42.77	22.373	323	1.214	0.262
DPS	50.3	19.816	41.53	20.448	323	2.926**	0.00
EPS	51.13	21.802	45.14	20.387	323	2.559*	0.011
FPS	40.34	21.223	36.75	21.113	323	1.529	0.127
FACES2	61.26	29.088	56.46	32.038	323	1.414	0.158
FACES3	60.8	31.022	55.83	32.522	323	1.414	0.159
WFCS1	20.06	7.558	19.07	7.634	323	0.179	0.239
WFCS2	14.8	8.09	14.98	7.861	323	-0.194	0.846

Table No. 5: “t-value and p-value for two groups of Marital Status in t-test”

D Variable	Marital Status				df	t-value	p-value
	Unmarried		Married				
	M	SD	M	SD			
GHQ	15.81	12.122	11.18	11.448	315	3.395**	0.001
Resilience	136.58	19.21	145.13	20.985	315	-3.728**	0.00
Loneliness	24.31	14.811	17.9	13.75	315	3.87**	0.00
Adversity	140.46	19.931	143.29	21.45	315	1.199	0.231
APS	62.31	17.349	68.15	13.122	315	-3.204**	0.001
BPS	58.7	17.112	65.64	13.085	315	3.848**	0.00
CPS	43.38	21.806	45.48	23.816	315	-0.809	0.419
DPS	43.77	19.698	49.64	21.81	315	-2.482*	0.014
EPS	45.67	21.009	52.44	21.322	315	-2.782**	0.006
FPS	37.16	19.865	41.2	23.184	315	-1.657	0.099
FACES2	53.44	31.571	67.1	27.103	315	-3.97**	0.00
FACES3	53.09	32.638	66.43	28.699	315	-3.72**	0.00
WFCS1	19.15	7.132	20.06	8.203	315	-1.046	0.296
WFCS2	14.6	7.427	15.15	8.63	315	-0.612	0.541



**Table No. 6: “Regression Analysis for Model entered”**

Model	Variables entered	Variables Removed	Method
1	APS, WFCSS1, MEMBERSF, MSF, ARPTOT, GHQTOT, DPS, LOLTOT, WFCSS2, BPS	.	Enter

1. Predictors (Constant) - APS (Balanced Cohesion Percentile Score), WFCSS1 (Work Family Conflict Subscale 1), MEMBERSF (Members of family), MSF (Marital Status), ARPTOT (Adversity Response Profile Total), GHQTOT (General Health Questionnaire-28 Total), DPS (Enmeshed Percentile Score), LOLTOT (Loneliness Total), WFCSS2 (Work Family Conflict Subscale 2), BPS (Balanced Flexibility Percentile Score).
2. Dependent Variable - RTOT (Resilience Total)

**Table No. 7: “R and R values for the model summary”**

Model									
	*Change Statistics								
	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	.616a	0.379	0.36	16.245	0.379	19.204	10	314	c

From a sample size of 325, Table 1 shows that there were 163 males (50.2%) and 162 females (49.8%) with a total of 193 (59.4%) unmarried individuals and 132 (40.6%) married individuals. Further the sample was divided into various age groups consisting of 143 individuals (44%) in the 18-25 age group, 61 (18.8%) in the 26-35 age group, 60 (18.5%) in the 36-45 age group and 61 (18.8%) in the 46-55 age group. Comparison of age means for all dependent variables using Analysis of Variance (ANOVA) in Table 2 showed that between group differences were found to be significant for GHQ, Loneliness, Resilience and FACES (Subscale 2 and 3) at 0.01 confidence level. GHQ  $F = 7.06^{**}$  ( $p = 0.01$ ), Resilience  $F = 6.23^{**}$  ( $p=0.01$ ), Loneliness  $F = 6.84^{**}$  ( $p=0.01$ ), FACES2  $F = 5.481^{**}$  ( $p=0.01$ ), FACES3  $F = 4.648^{**}$  ( $p=0.01$ ). Results for ANOVA for between group differences were found to be significant for APS (Balanced Cohesion Percentile Score) and DPS (Enmeshed Percentile Score) at 0.05 confidence level. APS  $F = 2.67^*$  ( $p=0.05$ ), DPS  $F = 3.052^*$  ( $p=0.05$ ). Results for ANOVA for between group difference were found to be insignificant for Adversity, BPS (Balanced Flexibility Percentile Score), CPS (Disengaged Percentile Score), EPS (Rigid Percentile Score), FPS (Chaotic Percentile Score), WFCS1 (Work Family Conflict Subscale 1) and EPS  $F = 1.794$ , FPS  $F = 1.482$ , WFCS1  $F = 0.767$ , WFCS2  $F = 0.528$ , WFCS2 (Work Family Conflict Subscale 2). Adversity  $F = 1.088$ , BPS  $F = 3.149$ , CPS  $F = 1.099$ . A post-hoc analysis using Bonferroni was done for age to understand the in-between group differences. An independent sample t-test for comparison of gender groups with dependent variables in Table 4 indicated that results were found to be significant for GHQ and DPS (Enmeshed Percentile Score) at 0.01 level of significance for df value of 323. GHQ  $t = -3.377^{**}$  ( $p=0.01$ ), DPS  $t = 2.926^{**}$  ( $p=0.01$ ). Results for independent sample T-test were found to be significant for EPS (Rigid Percentile Score) at 0.05 level of significance for df value of 323. EPS  $t = 2.559^*$  ( $p=0.05$ ). Results for independent sample T-test were found to be insignificant for Resilience, Loneliness, Adversity, APS (Balanced Cohesion Percentile Score), BPS (Balanced Flexibility Percentile Score), CPS (Disengaged Percentile Score), FPS (Chaotic Percentile Score), FACES2, FACES3, WFCS1, WFCS2 for df value of 323. Resilience  $t = 0.168$ , Loneliness  $t = -1.226$ , Adversity  $t = 1.904$ , APS  $t = 0.853$ , BPS  $t = 0.897$ , CPS  $t = 1.214$ , FPS  $t = 1.529$ , FACES 2  $t = 1.414$ , FACES 3  $t = 1.414$ , WFCS1  $t = 0.79$ , WFCS2  $t = -0.194$ . An independent sample t test for comparison of marital groups with dependent variables in Table 4 indicated that results were found to be significant for GHQ, Loneliness, Resilience, APS(Balanced Cohesion Percentile Score), BPS (Balanced Flexibility Percentile Score), EPS (Rigid Percentile Score), FACES2, FACES3 at 0.01 level of significance for df value of 315. GHQ  $t = 3.395^{**}$  ( $p=0.01$ ), Resilience  $t = -3.728^{**}$  ( $p=0.01$ ), Loneliness  $t = 3.87^{**}$  ( $p=0.01$ ), APS  $t =$

-3.204, BPS  $t = 3.848$ , EPS = -2.782, FACES2 = -3.97, FACES3 = -3.72. Results for independent sample T-test were found to be significant for DPS (Enmeshed Percentile Score) at 0.05 level of significance for df value of 315.  $DPS = -2.482^*$  ( $p = 0.05$ ). Results for independent sample T-test were found to be insignificant for Adversity, CPS (Disengaged Percentile Score), FPS (Chaotic Percentile Score), WFCS1 and WFCS2. Adversity  $t = 1.199$ , CPS  $t = 1.214$ , FPS  $t = -1.657$ , WFCS1  $t = -1.046$  and WFCS2  $t = -0.612$ . Further, in Table 6, the multiple linear regression analysis indicated that the predictors explained 61.6% of the variance, indicating a collectively significant effect.  $F = 19.204$ ,  $p < 0.001$ ,  $R^2 = 0.379$ . The predictors (Constant) included APS (Balanced Cohesion Percentile Score), WFCSS1 (Work Family Conflict Subscale 1), MEMBERSF (Members of family), MSF (Marital Status), ARPTOT (Adversity Response Profile Total), GHQTOT (General Health Questionnaire-28 Total), DPS (Enmeshed Percentile Score), LOLTOT (Loneliness Total), WFCSS2 (Work Family Conflict Subscale 2), BPS (Balanced Flexibility Percentile Score). The dependent variable taken was RTOT (resilience total).

#### **4. DISCUSSION**

The age of an individual is found to be an important indicator of the response to the work from home setup during the time period of Covid-19 pandemic (Table 2). Both the physical and psychological health of an individual showed significant differences and variability among the age groups in the study (Table 3). The individuals in the age groups of 46-55 and 18-25 years reported substantial high scores in general health, indicating that there might be a hindrance for them to adapt suddenly to a new model of work. Individuals in the age group of 26-35 reported better health conditions than individuals in the age group of 36-45. A study that used daily diary entries over a week of a certain period found that both young adults and middle-aged adults reported more stressful days in comparison to the older adults.<sup>5</sup> The analysis of an independent sample t-test as shown in Table 4, pointed out that there were significant differences in general health conditions by gender, with female respondents having poorer health conditions than their male counterparts. Studies depicted that women reported more interference at work for family purposes than did men.<sup>6</sup> The married individuals had a better sense of health and wellbeing than the unmarried ones (Table 5). A study revealed that married individuals live longer and healthier lives than those who are unmarried.<sup>7</sup> The individuals falling under the age group of 46-55 reported very high levels of resilience as compared to the age group of 18-25 which reported the lowest levels of resilience. Subsequently, it was also seen that individuals in the age group of 26-35 had higher resilience as compared to those in the age group of 36-45 (Table 3). The crisis between identity and role confusion

reaches its zenith during young adulthood, resulting in a divided self-image, an urgency of time, low awareness and concentration on required tasks, and a dismissal of family or community standards.<sup>8</sup> This might be an explanation for low resilience in this age group between 18-25 years. The major conflict between integrity and despair in the last psychosocial stage of development produces wisdom.<sup>8</sup> The high levels of resilience in the age group 46-55 might be because of the wisdom acquired through a lifetime of experiences in this group of individuals who have already encountered uncertainties in life before the pandemic, including wars and other global medical crises. The mean differences in resilience between males and females were significant, the males reported higher resilience than the females (Table 4). Empirical studies have shown that resilience has a negative correlation with indicators of mental illnesses and low subjective well-being, such as depression, anxiety, and negative emotions, and a positive correlation with indicators of a healthy mental condition, such as satisfaction in life, optimism, and positive emotions.<sup>9, 10</sup> The group of married individuals was observed to have higher resilience than the unmarried ones (Table 5). This can be explained by Erickson's psychological stage of intimacy versus isolation. Mature intimacy resulting from a higher sense of companionship and social support in uncertain times can be a major reason why married individuals have higher resilience as compared to unmarried people. The young adults in the age group of 18-25 have reported the highest level of loneliness, followed by the age group of 26-35, as indicated in the study. The individuals in the phase of middle adulthood have subsequently reported lower levels of loneliness than the above two groups, while the individuals in the age group of 36-45 have reported the lowest levels of loneliness (Table 4). The high levels of loneliness might be particularly pertinent for young adults who are going through a crucial time of social relationships, intimacy with partners, education, and the establishment of a career. Young adults, particularly, are at high risk for mental health problems, including depression and anxiety, during the pandemic.<sup>11</sup> The unmarried group reported the highest levels of loneliness, while the married population reported the lowest (Table 5). This might be attributed to the similar obstacles confronted by single adults, which might include developing close relationships and dealing with issues of loneliness. Cross-sectionally, lonely people are nearly 7 times more likely to meet clinical criteria for moderate to severe depression symptoms than non-lonely individuals.<sup>11</sup> The middle-aged adults between 46-55 reported the highest levels of cohesion (APS), communication (FACES2), and satisfaction (FACES3), while the 18-25 age group reported the lowest (Table 3). Family satisfaction is fulfilled for the age group of 46-55 years, as they might have reached stage three of Maslow's Need for Hierarchy. With stability in their professional lives, they have fulfilled both their physiological and safety needs and can now

adequately focus on their belongingness needs. The parent-adolescent connection, which holds that as adolescents mature, they remove themselves from parents and subsequently move into a world of autonomy, can be used to explain why the 18–25 age group received low scores in these areas. The age groups of 26-35 years and 36-45 years have reported very high enmeshment in the family environment (Table 3). Additional challenges are experienced by workers with smaller children while trying to retain productivity in unsuitable settings with their kids. A person who is personally involved in a marriage ending, such as a divorce or the death of a spouse, may have unfavourable health effects. Relationship stressors can have a detrimental effect on one's health. The mean differences indicated that males scored higher than females in the unbalanced scales of enmeshment and rigidity of FACES IV (Table 4). Dual-earner career choices were made, with women spending more time than men caring for the home and children. Therefore, the high score of the males in enmeshment and rigidity might be due to a changed scenario during the pandemic where males had also taken up household responsibility. The married individuals scored higher than the unmarried individuals on the scales of balanced cohesion and flexibility, communication (FACES 2), satisfaction (FACES 3), enmeshment, and rigidity (Table 5). The changing norm of male-woman equality in marriage and an increasing number of excessive expectations from a wedding have produced marital relationships that can be extra fragile and intense. Couples that communicate well together are now more conscious of their needs and have better problem-solving abilities. Contrarily, unhealthy behaviours like problematic drinking might increase as a result of poor communication between spouses. Resilience was a variable that the research intended to predict using a regression model since not many studies had been done on it. The regression model shown in Table 7, indicated that the predictors explained 61.6% of the variance, establishing a good model and indicating a collectively significant effect. Thus, at any point in time, these predictor variables can be sufficiently used to predict the levels of resilience in an individual. Studies at hand have demonstrated that during stressful incidents, a resilient and flexible individual - those who have an appropriate and satisfactory support system and coping skills rarely feels stressed or isolated.<sup>12</sup> There is an inevitable relationship between resilience and adversity. The results in Table 2,4,5 showed that the dependent variables like adversity, CPS (Disengaged Percentile Score), FPS (Chaotic Percentile Score) and Work-Family Conflict Subscale 1, Work-Family Conflict Subscale 2 had insignificant results for the Analysis of Variance (ANOVA) and independent sample t-test analysis of the independent variables like age, gender and marital status. The present study had a very large disparity in sample sizes since the survey was conducted online due to the restrictions imposed by the Covid-19 pandemic. Due to a lack of

technological knowledge, lesser awareness, and more stigmatisation about mental health, the data response from the older population was much lower in comparison to the younger population. The methods of sampling used were purposive and snowballing, which are non-probability methods of sampling. Another constraint of the present investigation was that data was collected exclusively from the population that were proficient in English. However, since the present study took into consideration both intrinsic and situational variables, it could successfully explore the relationship between mental health and interpersonal relationships.

## **5. CONCLUSION**

The abrupt transition to working from home entailed humongous changes in interpersonal relationships and the general well-being and mental health of an individual, especially in unprecedented times such as the Covid-19 pandemic. In general, the unmarried population, or the younger age group of 18-25 was found to be the most affected, with deteriorated mental health conditions, low resilience and adversity response, as well as a high degree of loneliness. Simultaneously, the other three categories of age groups and the married working individuals reported high family cohesion, flexibility, and enmeshment, with lower levels of loneliness, better health conditions, and high resilience and adversity responses. However, many differences on the basis of gender could not be found in the study. This study can also help future researchers in developing effective solutions for a work from home arrangement by understanding the patterns and the results obtained from here.

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## **6. REFERENCES**

1. Leu-Burke G, Madsen C, Bish A, Madsen J. Public risk from antibiotic resistant *Escherichia coli* colonised in urban wildlife. *Am J Clin Pathol.* 2021; 156 (Supplement\_1): S127-S128. doi:10.1093/ajcp/aqab191.272
2. Killgore WDS, Taylor EC, Cloonan SA, Dailey NS. Psychological resilience during the COVID-19 lockdown. *Psychiatry Res.* 2020; 291:113216. doi:10.1016/j.psychres.2020.113216

3. Neto M, Chambel MJ, Carvalho VS. Work-family life conflict and mental well-being. *Occup Med.* 2018; 68(6): 364-369. doi:10.1093/occmed/kqy079
  4. Bilge P, Alkan AC, Ađanođlu R. Managing work-life balance during the Covid-19 crisis. A survey with 1500+ participants worldwide.
  5. Almeida DM, Horn MC. Is daily life more stressful during middle adulthood? In: Ryff CD, Kessler RC, eds. *A portrait of midlife in the United States.* University of Chicago Press; 2004.
  6. Allen TD, Finkelstein LM. Work Family conflict among members of full time dual earner couples: An examination of family life stage, gender, and age. *J Occup Health Psychol.* 2014; 19: 376-384.
  7. Schwartz MA, Scott BM. *Marriages and families.* 8th ed. Upper Saddle River, NJ: Pearson; 2018.
  8. Feist J, Feist G.J. *Theories of Personality.* McGraw Hill Primis. 7th Edition. United States of America. 2008. Pg- 257-258. <http://www.primisonline.com>
  9. Wu Y, Sang Z, Zhang X-C, Margraf J. The Relationship Between Resilience and Mental Health in Chinese College Students: A Longitudinal Cross-Lagged Analysis. *Front Psychol.* 2020; 11. doi:10.3389/fpsyg.2020.00108
  10. Santrock J.W. *Life Span Development.* Indian Edition. McGraw Hill Education (India) Private Limited. 17th Edition. Greater Noida. 2019; - 427, 496
  11. Lee CM, Cadigan JM, Rhew IC. Increases in Loneliness Among Young Adults During the COVID-19 Pandemic and Association with Increases in Mental Health Problems. *J Adolesc Health.* 2020;67. doi:10.1016/j.jadohealth.2020.08.009
  12. Labrague LJ, De los Santos JAA, Falguera CC. Social and emotional loneliness among college students during the COVID-19 pandemic: The predictive role of coping behaviors, social support, and personal resilience. *PerspectPsychiatr Care.* 2021; 57(4): 1578-1584. doi:10.1111/ppc.12721.
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