QUALITATIVE ANALYSIS OF MENTAL HEALTH ISSUES AMONG AT-HOME WORKERS IN THE COVID-19 ERA: IMPLICATIONS FOR CLINICAL INTERVENTION

Mojisola S. Ajayi & David. E. Okurame

Department of Psychology, University of Ibadan, Nigeria.

Postal address: Department of Psychology, Faculty of the Social Sciences, University of Ibadan, Nigeria

ABSTRACT: *Little research attention has been given to mental health issues arising from the lifestyle change of working from home in the Nigerian context. Likewise, research findings in the extant literature on mental wellbeing of employees working from home are mixed. Therefore, the qualitative study examines mental health issues among at-home workers in the Covid-19 era to serve clinical practice and intervention. Data were obtained from 106 employees in service organisations in South-western, Nigeria, using a questionnaire with closed-ended questions. Results showed that employees' experiences reflected a range of relatively mild mental health issues such as fears, anxiety and some elements of depressive disturbances/symptoms with sex differences on some of their concerns. Findings revealed that employees are delighted about working from home because they feel protected from contracting corona virus and are able to stretch their work routine far into the day with frequent breaks. Respondents commonly reported that working from home was stressful/less productive and generated work-family conflict issues. They reported difficulties arising from inadequate equipment and challenges associated with communicating with co-workers and supervisors. The practical implications of findings for mental health, clinical practice and intervention are discussed.*

KEYWORDS: mental health, Covid-19, Clinical intervention, at-home workers, Nigerian employees

INTRODUCTION

Health is defined by the World Health Organisation (WHO, n.d.) as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. Thus, overall health in human beings is made up of complete wellness and the absence of disease or infirmity (Keyes, 2005). Like the conceptualisation of overall health, mental health is not simply the absence of mental illnesses or psychopathologies but also the presence of a positive mental state of functioning (Lamer, 2012; WHO, 2005). It is made up of the negative and positive components. The negative component of mental health is characterised by emotional or psychological distress (APA, 2012). Psychological distress is defined as an

1

emotional state that is typified by a range of non-specific but overwhelming symptoms of depression, anxiety and stress arising from experiences in an individual's internal life (Barlow & Durand, 2005; Viertio et al., 2021). The depressive symptom of psychological distress is an affective disturbance involving low mood or aversion to usual activity which affects an individual's behaviour and sense of wellness. Anxiety, on the other hand, is the overpowering fear or worry about lifestyle changes that interferes with an individual's ability to lead a normal life while stress is the strain/anxiety that emanates from an individual's unfavourable perception of a life event. The absence of the foregoing negative features makes an individual mentally sounds for a productive work and family life. Consequently, psychological distress is regarded as an indicator of an individual's mental health and a major global burden of disease because of its serious health consequences if unattended (Drapeau et al., 2012; Horwitz, 2007; Tomlinson et al., 2011; Uddin et al., 2017).

The second component of mental health is positive mental functioning. Positive mental functioning is the driver of an individual's adaptability to normal stresses of lifestyle changes, realisation of potentials and work productivity (Chinenye & Ogbera, 2013; Ganasgeran et al., 2016; Vaghela, 2016; WHO, 2005). It consists of three main dimensions, namely; emotional, cognitive and social wellness. Emotional wellness is the ability of an individual to acknowledge and express feelings of happiness and joy in a useful manner when faced with challenges of lifestyle changes (Robertson et al, 2012). Cognitive wellness involves favourable beliefs, perceptions and thoughts that results in the adoption of healthy and functional ways of overall behaviour while social wellness is the ability of an individual to relate well, connect with other people and establish positive relationships with significant others, including family/friends.

The rationale for the present study is found in a number of gaps in the Covid-19 mental health literature. First, mental health and wellbeing are global indicators of favourable psychological functioning with implications for employee and organisational productivity. Yet, little empirical research has been carried out to help the theoretical development of mental health in the work setting. An important gap in the extant literature, therefore, is the dearth of studies on mental health issues among employees in Nigerian workplaces. Again, although, theoretical arguments have been made about radical life changes and mental health strains occasioned by the Covid-19 pandemic, little empirical investigations have been carried out to examine the unique mental health issues triggered by Covid-19 in the Nigerian context. This gap in literature is surprising given that the lifestyle change model theorises that a major predisposing factor to mental health issues is a radical change in an individual's lifestyle. The theory argues that individuals are social beings whose mental health is influenced by changes in their social, cultural and environmental context. According to the theory, changes in a person's life, whether favourable or unfavourable, can be stressors, especially if an individual is maladaptive or lacks support for lifestyle change (Greaves et al., 2015). Indeed, empirical findings show that radical changes in lifestyle have significant

2

effects on the mental and physical health of individuals (Barbisch et al., 2015; Stallman, 2010). Thus, radical lifestyle changes are unhealthy and injurious to an individual's psychological wellbeing and mental health, making human response and lifestyle choices crucial to each person's well-being (Velten et al., 2018). Individuals must initiate and maintain effort to adjust self and/or modify their situation to experience sound mental health in spite of a radical lifestyle change (Sevild et al., 2020). The experience of difficulties or lack of control in this regard results in anxiety, poor decision-making and less resilience, decreased well-being and poor optimal mental functioning (Xu et al., 2010). The need to stem the possibility of these mental health issues creates a strong justification for the current investigation in the Covid-19 era.

The onset of COVID-19 pandemic in 2020 brought with it global health concerns and disruptions in economic activities that have resulted in radical changes in lifestyle (Oakman et al., 2020). For instance, several cities went on lockdown and economic activities/operations were stopped as a precaution to safeguard public health. Notably, many organisations redefined their work processes and embraced virtual/remote work activities from home instead of having employees/workers in offices/factories where overcrowding potentially increases the health risk of contracting coronavirus. Therefore, an investigation of mental health issues is especially welcome among employees whose work duties and setting have radically changed from in-person office duties to working from home.

Working from home denotes a situation where an employee uses information and communication technology to fulfil his or her job responsibility while at home (International Labour Organization [ILO], 2020). It represents a major and a radical change in the work-lifestyle of employees as their homes have become the new workplace for transacting business with customers; communicating remotely with colleagues and receiving instructions from management via information technology. Although, the effects of radical changes in lifestyle have been investigated among individuals in quarantine, there is a dearth of studies on the psychological effect of lifestyle change arising from working from home in the Nigerian context. Certainly, the sudden shift from in-person work to working from home while struggling with a wide range of COVID-19 health precautions makes it imperative to investigate the potential mental health implications for at-home workers. More so, when on-going need to contain COVID-19 make certain that organisations will sustain the new norm of working from home longer than envisaged (Belzunegui-Eraso & Erro-Garcés, 2020; Oakman et al., 2020) with wide ranging health impacts (Douglas et al., 2020).

The literature suggests that the negative effects of working from home often results from extended working hours, blurring of the work and family boundaries, and less support from colleagues and the organisation (Allen et al., 2015). These environmental and organisational factors tend to influence mental health indices such as depression, stress, and low quality of life (Anderson et al., 2015; Eddleston & Mulki, 2017; Grant et al., 2013; Song & Gao, 2019;

3

Oakman et al, 2020). Thus, they can be enhancers of increased psychological distress with attendant negative consequences such as sickness absences and work debility among the working population (Hiilamo et al., 2019; Mauramo et al., 2019). Nevertheless, so far, empirical results in the literature on the mental health of employees working from home are mixed. While some studies have reported positive outcomes such as low work pressure, less exhaustion, low role conflict and absence of a stressful office environment (Anderson et al., 2015; Hayman, 2010; Kaduk et al., 2019), some have described negative effects of working from home (Allen et al., 2015; Oakman et al., 2020; Tietze & Nadin, 2011; Vander Elst et al., 2017) and yet others reported no relationship between working from home and psychological wellbeing (Henke et al., 2016; Kaduk et al., 2019; Nijp et al., 2016). It is clear from the foregoing that the nature of mental health among employees working from home is not clearly known. To this extent, mental health issues among employees working from home in the Covid-19 era needs further empirical investigation.

The setting in which the present study is conducted represents another important justification for the study. Although, the extent differ across industries (Dingel & Neiman, 2020; Saltiel, 2020; Stratton, 2020), the potential for employees to work from home is particularly high in white-collar service-oriented organisations where work tasks are easily adaptable. Thus, examining mental health issues among at-home employees in service organisations is considered an important contribution to knowledge.

Given that employees are the active members of the population and their well-being is of global concern (Blanco et al., 2008; Gore et al., 2011), research about their mental health as they work from home in the pandemic era should be of high priority. Accordingly, the current study investigated the experience of mental health issues among employees working from home in the Nigerian context. The study proposes that employees will report a range of mental health issues and there may be differences in the pattern of mental health issues experienced by male and female employees. Further, the study proposes differences in employees' preferred location of work (In-person office and at-home work) during and beyond the pandemic. Findings of investigations in this area will serve useful purposes and ultimately inform clinical intervention. Results of the study will provide valuable insights into the nature of mental health issues experienced by at-home workers in the Nigerian context; add an African perspective to the literature; narrow identified gaps in the literature; and inform clinical intervention/policy.

METHODS

Participants

Data were obtained from 106 employees whose duties are of a general nature in service-oriented organisations in south-western Nigeria. Participants comprised 49 males and 57 females whose age ranged from 21 to 56 years, with a mean age of 36.31 years (SD = 8.20). Participants' tenure with their organisations averaged 9.91 years (SD = 7.15). The educational level of participants varied thus; 15.1 percent (n = 16) had National Certificate of Education (certificate of colleges of education and institutes of education) or Ordinary National Diploma (Polytechnic Diploma); 54.7 percent (n = 58) had first degrees or Higher National Diplomas (Polytechnic Diploma); 26.4 percent (n = 28) had postgraduate degrees and professional qualifications; and 3.8 percent (n = 4) had doctoral degrees.

Procedure

Participants for the study were employees of service-oriented organisations in south-western Nigeria. Study participants were approached during regular working hours through the help of contact persons in the sampled service organisations. Respondents were informed that participation in the research was restricted to employees with current or previous experience of working from home in the Covid-19 era. Consequently, study questionnaires were handed only to employees who met the inclusion criteria and were willing to take part in the research. The inclusion criteria helped to ensure that respondents were information-rich cases for the investigation of mental health issues arising from working from home. The questionnaire had sections on informed consent, demographic data and closed-ended questions on experiences of working from home. Respondents were urged to supply honest responses to questionnaire items with a guarantee of confidentiality and an assurance that data was purely for research purposes. Respondents filled the questionnaire at their leisure and submitted the completed questionnaire to contact persons for collection by the researcher. All questionnaires were retrieved in three weeks. Questionnaires that had missing data on any of the questionnaire items were eliminated, resulting in 106 questionnaires with complete data for analysis.

Instrument

The main instrument of the study was a questionnaire which tapped demographic information and elicited responses on respondents' experiences of working from home in the Covid-19 era. Demographic information on respondents includes sex, age, work experience and highest educational qualification. The questionnaire items elicited responses from respondents on experiences of working from home during the pandemic. Questions focused on perception of whether or not working from home was pleasurable, productive, stress free, caused work-family balance issues and their preference for in-person office or at-home work during and beyond the pandemic.

RESULTS

The present research utilised close-ended questions to explore mental health issues among service-oriented employees working from home in Nigerian. Study data, which were analysed using frequencies and percentages, generated results that are descriptive in nature. The results are presented in Tables 1 (Percentage distribution of responses on mental health issues) and 2 (Sex distribution of respondents on mental health issues). Generally, findings provide support for study propositions that: employees' experiences would reflect a range of mental health issues and these would differ along sex lines; there would be differences in preferred location of work (In-person office and at-home work) during/beyond the pandemic, and these would differ along sex lines.

Table 1: Percentage distribution of responses on mental health issues

Close-ended question	Disagree	Undecided	Agree
Can't contracting Covid-19 from home	17.9%	7.5%	74.6%
Easy to keep Covid-19 protocols in office	48.1%	11.3%	40.6%
Working from home is pleasurable	31.2%	12.3%	56.5%
Management supports at-home workers	36.8%	15.1%	48.1%
My work routine is more organised at home	32.0%	23.6%	44.4%
Work at home allows for frequent breaks	24.5%	12.3%	63.2%
Working from home enhanced productivity	56.6%	11.3%	32.1%
Meeting work schedule is easier at home	39.6%	18.9%	41.5%
At-home work is stressful and fretful	27.4%	10.4%	62.2%
Experience more work-family conflict at home	36.8%	16.0%	47.2%
Inadequate equipment to work from home	32.0%	17.9%	50.1%
Comm. with co-workers/supervisors is easy	45.3%	18.9%	35.8%
Overall, the home environment is suitable	45.2%	12.3%	42.5%
Eager for office work after pandemic	34.9%	14.2%	50.9%
At-home work should continue during Covid-19	34.0%	11.3%	54.7%

Results in Table 1 showed that majority of the participants (74.6 per cent) reported feeling protected from contracting Covid-19 by carrying out their work schedules at home; 17.9 per cent felt it did not totally protect them from contracting Covid-19 while 7.5 per cent were indecisive on the issue. Results in Table 2 showed that more female respondents (n = 46) compared to males (n = 33) expressed the majority view. Although, a large number of respondents (48.1%) reported that adherence to Covid-19 protocols is difficult on in-person duties in the office, a substantial number of the participants (40.6 per cent) felt otherwise while 11.3 per cent were undecided. Sex differences on this issue were not significant.

Beyond protection from contracting Covid-19, when respondents were asked if they enjoyed working from home, 56.6 per cent of the respondents were affirmative while 31.2 per cent disagreed with the view that working from home was more enjoyable. The distribution of both sexes across these views was comparable. Respondents (48.1 per cent) reported that management of their organisations made plans to make working from home comfortable; 36.8 per cent disagreed while 15.1 per cent were undecided. Analysis of this result by sex showed that the majority view was expressed by more males (n = 31) compared to females (n = 20). Respondents (44.4 per cent) felt that working from home made it easier for them to organise their work routine; 32.0 per cent disagreed with this view while 23.6 per cent were undecided. Results showed that the majority view was expressed by more males (n = 29) compared to females (n = 18). An overwhelming majority of the respondents (63.2 per cent) reported that working from home allowed them to take frequent breaks from their daily work schedule; 24.5 per cent disagreed with this view while 12.3 per cent were undecided. Analysis of this result by sex showed that the majority view was expressed by more females (n = 39) compared to males (n = 28).

Table 2: Sex distribution of respondents on mental health issues (n=106)

Close-ended question	Disagree		Undecided		Agree	
	Male	Female	Male	Female	Male	Female
Can't contracting Covid-19 from home	12	07	04	04	33	46
Easy to keep Covid-19 protocols in office	23	28	04	08	22	21
Working from home is pleasurable	16	17	05	08	28	32
Management supports at-home workers	20	19	09	07	31	20
My work routine is more organised at home	19	15	12	13	29	18
Work at home allows for frequent breaks	15	11	06	07	28	39
Working from home enhanced productivity	19	15	05	07	25	35
Meeting work schedule is easier at home	22	20	10	10	17	27
At-home work is stressful and fretful	15	14	05	06	29	37
Experience work-family conflict at home	21	18	06	11	22	28
Inadequate equipment to work from home	14	20	11	08	24	29
Comm. with co-workers/supervisors is easy	24	24	08	12	17	21
Overall, the home environment is suitable	21	27	04	09	24	21
Eager for office work after pandemic	19	18	12	03	18	36
Continue at-home work during Covid-19	17	19	08	04	24	34

The responses of participant differed on whether or not working from home enhanced their productivity. Majority of the participants (56.6 per cent) felt that working from home was less productive; 32.1 per cent disagreed while 11.3 per cent neither affirmed nor disagreed. More female respondents (n = 35) compared to males (n = 25) expressed the majority view. Again, although, the number of participants who agreed that meeting up with work

7

schedules/deadlines is easier at home (n = 44, 41.5%) are comparable with those who did not (n = 42, 39.6%), results revealed that working from home is commonly perceived by participants (62.2 per cent) as stressful and fretful; 27.4 per cent felt it was less stressful while 10.4 per cent were undecided. The majority view on this issue revealed sex disparity as more females (n = 37) compared to males (n = 29) reported being stressed and fretful. Participants reported that working from home is stressful for them and work roles spill over into the family domain. This view was reported by 47.2 per cent of the respondents; 36.8 per cent did not agree that work conflicted with family issues while 16 per cent were unsure. Majority of the respondents (50.1 per cent) also reported that they do not have adequate equipment to effectively carry out work duties from home; 32.0 per cent felt otherwise while 17.9 per cent were undecided. The distribution of both sexes in the three categories of responses was comparable. Results showed that more respondents (45.3%) reported challenges associated with communicating with co-workers and supervisors; 35.8 per cent felt communication was easy while 18.9 per cent were undecided. There was no sharp sex difference on this view.

On overall suitability of the home environment for work, results revealed that responses in the affirmative (n = 45, 42.5%) and those against (n = 48, 45.2%) were comparable with no significant sex differences. Nonetheless, a large number of the respondents (50.9 per cent) reported the eagerness for an immediate resumption of complete in-person office work whenever the pandemic is put under control; 34.9 per cent rejected the idea of in-person duties while 14.2 per cent were undecided. Simple frequency distribution showed that the majority view was expressed by more females (n = 36) compared to males (n = 18). When respondents were asked if they prefer to continue working from home during the pandemic, 54.7 per cent expressed a willingness to continue; 34.0 per cent rejected the idea while 11.3 per cent were undecided. Results showed that the majority view was expressed by more females (n = 34) compared to males (n = 24).

DISCUSSION

The study utilised close-ended questions in a survey of mental health issues among employees of service-oriented organisations with current or previous experience of working from home in the Covid-19 era. The investigation is aimed at obtaining context-specific empirical data on mental health concerns of employees who work from home in the Nigerian context and to aid clinical intervention for this category of workers. The empirical investigation was guided by the research propositions that: employees would report a range of mental health issues and these would differ along sex lines; there would be differences in preferred location of work (In-person office and at-home work) during and beyond the pandemic, and these would also differ along sex lines. The results largely supported the first proposition that there would be differences in employees' report of mental health concerns and that these would differ along sex lines. Respondents provided an insight into their experiences about a number of mental health issues. Majority of the participants felt that

8

working from home confers more protection from contracting Covid-19 (a view expressed by more female respondents compared to males) and that it was more difficult to adhere to Covid-19 protocols in the office (a view common for both male and female respondents). This pattern of result indicates concern by employees for a work environment that protects them from diseases and guarantees their physical health. In line with this conclusion, a preponderance of the respondents also established that working from home was more enjoyable, and the distribution of both sexes across this view was comparable. This finding probably indicates that working from home reduces Covid-19 and disease-related anxieties such that the safety it confers made work more enjoyable from home. The implication of this for intervention is twofold. First, management of service organisations would need to pay equal attention to male and female employees in terms on their fears/concern for a work environment that can shield them from contracting Covid-19. Second, for clinical practice, practitioners would need to deploy and administer relevant psychotherapy to address the psychological precursors and consequences emanating from fears held about general health safety in the workplace even when Covid-19 safety protocols have been put in place by management.

Although, the view that working from home made it easier to organise work routine and allowed for frequent breaks is widely held by study participants, working from home was perceived by an overwhelming majority to be stressful and fretful. Participants commonly reported that working from home is stressful as work roles spill over into the family domain and there are challenges associated with communicating with co-workers and supervisors. Several studies (e.g. Crouter & Bumpus, 2001; Cinamon et al., 2007; Dixon & Sagas, 2007; Frone et al., 1997; Jansen et al., 2006; Okurame, 2012) have shown that when work role spills over into family responsibilities, it results in dysfunctional outcomes such as conflict, depression, high blood pressure, poor levels of life satisfaction and inhibited work productivity. Perhaps, the foregoing argument is the reason majority of the participants also reported that working from home was less productive. Indeed, the attainment of work role is usually at the detriment of the family domain responsibility, and vice versa, making balancing of work and family roles for high productivity very elusive (Okurame, 2012). The current findings indicate that working from home makes the boundary between work and family roles even more permeable; and engenders mental health issues which inhibit optimum work productivity among at-home workers. Therefore, there is a strong need for management and clinical psychologists to help at-home workers cope with the stress emanating from having family life interfere with working at home. In designing clinical intervention for this group of workers, clinical psychologists and management of organisations will have to take note of the sex leanings of respondents. In this study, a preponderance of females compared to males reported being stressed and less productive while both sexes were comparable regarding work-family conflict and challenges of communication.

Findings of the study lend credence to the second proposition that there would be differences in preferred location of work (In-person office and at-home work) whilst the pandemic last and beyond, and these would differ along sex lines. A large number of the respondents expressed the eagerness to resume complete in-person office work after the pandemic and a readiness to continue at-home work whilst the pandemic last; more females compared to males expressed these views. The finding indicates that given a safe work environment where employees are not exposed to diseases, they would prefer to be in their offices for in-person work. This pattern of finding corroborates the position of the literature that in-person work in offices compared to working from home are particularly beneficial and favoured because they ease communication and work challenges (Sandvik et al., 2020). Arguably, a safe work environment can foster positive mental functioning that can be expressed in a useful manner with implication for employee role performance and productivity. Conversely, the lack of readiness to continue at-home work due to the Covid-19 is a strong pointer to concerns and fears still held by employees about contracting the virus. Certainly, heightened experience of fears and anxieties may lead to avoidance behaviour of the feared stimulus/situation/circumstances, and may ultimately lead to psychological distress and other health challenges. As suggested by empirical evidence, negative affect such as persistent fears and apprehension about a situation has debilitating consequences for employees as it impairs functioning and adversely impacts an individual's mental health (Ajayi, 2021; Ajayi & Babasola, 2019; García-Martínez et al., 2021). Thus, the current finding highlights the need for organisations to deploy appropriate psychological intervention to address the apprehension of employees and to reinforce their eagerness to resume in-person work.

Contribution of study and practical implications of findings

The findings of this study are important because of their contributions and practical implications. First, the findings provide empirical data that significantly contributes to the theoretical development of a mental health model, especially in the context of mental health issues that could arise among employees working from home in the Covid-19 era. Study findings revealed that at-home workers experienced mental health issues such as fears and anxiety over contracting Covid-19, concerns about judiciously adhering to Covid-19 precautionary measures at work, and some elements of depressive disturbances/symptoms. This result supports previous findings that, though, work activities from home via electronic platforms have advantages such as flexibility and ease of communication, it also significantly affects the mental and physical health of at-home workers (Allen et al., 2015; Oakman et al., 2020).

Second, the findings and empirical information from the current study has contributed a unique perspective to the global and extant literature on mental health of at-home workers. This makes it possible to present an African viewpoint to the growing body of knowledge on mental health issues arising from the Covid-19 pandemic. Consequently, the present study

narrows the gap created by a dearth of studies in the Nigerian/African context and enhances the global scope of the literature on mental health in the Covid-19 era.

Third, the study makes significant contribution in the application of research findings. Although, the mental health issues identified in the study were relatively mild and respondents did not report clinically significant levels of mental distress, they underscored the need for health preventive strategies to avert a possible progression from mild levels to a state of severe mental ill-health or psychopathological. Indeed, early identification of mental health issues and rapid clinical intervention has been linked to a significant reduction in mental distress and improvement in psychological functioning (Ajayi, 2019). Therefore, the current empirical information is particularly important for service organisations that seek to support the mental health of employees working from home in the Covid-19 era. The practical application of findings requires the management of service organisations to formulate health policies and for practitioners to design clinical interventions such as occupational and supportive therapies. Indeed, they would need to prioritise the adoption/implementation of health policies and appropriate psychotherapies to promote psychological wellbeing and prevent mental ill-health among at-home workers in the Covid-19 era. Thus, management should take steps and engage in activities that create favourable perceptions of health safety among employees about their in-person work environment. For instance, safety precautions on Covid-19 for the organisation can be made readily available for employees to read through and practice. Management can also implement an organisational policy that compels employees to comply with health safety precautions to enhance the possibility of an organisational-wide culture of health safety precaution. This should help to address the pattern of results that indicate disease-anxiety. For clinical practice, practitioners would need to deploy and administer relevant psychotherapy to address the psychological precursors and consequences of fears held about general health safety in spite of existing Covid-19 safety protocols. Relevant interventions such as behavioural, occupational, aversive and supportive therapies would help to foster re-orientation and change how employees react to the situation. Another practical application of study outcome emanates from the finding that at-home workers experience mental health issues as a result of work-family conflict. This finding implies that human resource managers of service organisations will need to design an intervention programme to help employees achieve work-family balance. Such a programme should enlist the expertise of clinical psychologists and focus on both sexes for effectiveness. This is important in view of findings that both sexes were comparable regarding work-family conflict and challenges of communication. Therefore, the study makes significant contribution by highlighting mental health issues of at-home workers and the need for organisations to deploy appropriate psychological intervention.

Limitations of study and suggestions for future research

Generally, findings of the study have contributed empirical information to the growing body of knowledge on mental health issues in the Covid-19 era, especially among employees in the Nigerian context. Beyond enriching the literature with data from the Nigerian context, findings have far reaching practical implications for clinical practice and management intervention as well as the psychological wellbeing of at-home workers. However, in spite of the contribution of the present study, a number of limitations should be considered in the interpretation of results. The study findings and limitations have the potential to stimulate future research in the area of mental health of employees working from home. First, data for the study were obtained from respondents through self-report questionnaires that are prone to some under-reporting or over-reporting. This possibility confounds current findings with alternative explanations and suggests a need for future research to confirm the present findings. Importantly, too, future research is needed to assess the extent to which current findings can be generalised to service organisations in the global context and to other types of organisations. Second, the present study is exploratory and limited in scope, thereby constraining the potential for generalising its findings. This makes it imperative for future studies to design an extensive investigation of mental health issues among at-home workers. Further, the study cannot be said to have captured all mental health issues that can arise from working from home because of its exploratory nature. This suggests that future studies should investigate other issues of mental health which might be relevant to the psychological wellbeing of employees in service organisations. Finally, findings of the study suggest a need for future studies that consider crucial gender issues beyond being a male or a female employee. This is important because the distribution of participants on some of the views expressed in the study were comparable for male and female employees. Notwithstanding, the limitations of study, findings provide a good spring board for addressing mental health issues among at-home workers and suggest directions for future research.

References

Ajayi, M. S. (2019). *Psychosocial predictors of psychological distress, moderating effect of life-orientation and efficacy of positive psychotherapy among persons living with diabetes in Ibadan, Nigeria.* Ph.D. Thesis, University of Ibadan.

Ajayi, M. S. (2021). Individual factors as predictors of family quality of life among civil servants. *IfePsychologia: An International Journal*, *29*(1), 114-126.

Ajayi, M. S., & Babasola, O. (2019). Work shift, burnout and perceived vulnerability as predictors of psychological health among nurses in a teaching hospital in Oyo state, Nigeria. *African Journal for the Psychological Study of Social Issues*, *22*(1), 13-21.

Allen, T. D., Golden, T. D., Shockley, K. M. (2015). How effective is telecommuting? Assessing the status of our scientific findings. *Psychological Science in the Public Interest, 16*(2), 40–68.

American Psychiatric Association (2012). *Definition of a mental disorder.* Retrieved from http: // www.dsm5.org/proposedrevision/pages/proposed revision. 17th September, 2017.

Anderson, A. J., Kaplan, S. A., & Vega, R. P. (2015). The impact of telework on emotional experience: when, and for whom, does telework improve daily affective well-being? *European Journal of Work and Organizational Psychology, 24*(6), 882–897.

Barbisch, D., Koenig, K., & Shih, F. (2015). Is there a case for quarantine? Perspectives from SARS to Ebola. *Disaster Medicine and Public Health Preparedness, 9*, 547-553.

Barlow, D., & Durand V. (2005). *Abnormal psychology: An integrative approach*. Belmont, CA: Thomson Wadsworth.

Belzunegui-Eraso, A., & Erro-Garcés, A. (2020). Teleworking in the context of the Covid19 crisis. *Sustainability, 12*(9), 3662.

Blanco, C., Okuda, M., Wright, C., Hasin, D. S., Grant, B. F., et al. (2008). Mental health of college students and their non–college-attending peers: results from the national epidemiologic study on alcohol and related conditions. *Archives of General Psychiatry, 65,* 1429–1437.

Chinenye, S., & Ogbera, A. O. (2013). Socio-cultural aspects of diabetes mellitus in Nigeria. *Journal of Social Health and Diabetes, 1*(1), 15-21.

Cinamon, R. G., Weisel, A., & Tzuk, K. (2007). Work-family conflict within the family. *Journal of Career Development*, 34 (1), 79–100.

Crouter, A. C., & Bumpus, M. F. (2001). Linking parents' work stress to children's and adolescents' psychological adjustment. *Current Directions in Psychological Science*, 10, 156–159.

Dingel, J., & Neiman, B. (2020). How many jobs can be done at home? *Journal of Public Economics, 189*(2), 104235.

Dixon, M. A., & Sagas, M. (2007). The Relationship between organizational support, work-family conflict, and the job-life satisfaction of university coaches. *Research Quarterly for Exercise and Sport*, *78*, 236-247.

Douglas, M., Katikireddi, S. V., Taulbut, M., McKee, M., & McCartney, G. (2020). Mitigating the wider health effects of covid-19 pandemic response. *British Medical Journal (BMJ), 369*:m1557.

Drapeau, A., Marchand, A., & Beaulieu-Pre´vost, D. (2012). Epidemiology of psychological distress. In Mental Illnesses - understanding, prediction and control Labate L, editor. INTECH, 105–134 Available: http:// www.intechopen.com/books/mental-illnesses-understanding-prediction-and-control/epidemiology-ofpsychological-distress.

Eddleston, K. A., & Mulki, J. (2017). Toward understanding remote workers' management of work-family boundaries: the complexity of workplace embeddedness. *Group and Organizational Managament. 42*(3), 346–87.

Frone, M. R., Yardley, J. K., & Markel, K. S. (1997). Developing and testing an intergrative model of work-family interface. *Journal of Vocational Behaviour*, 50, 145–167.

Ganasegeran, K., Renganathan, P., Manaf, R. A., & Al-Dubai, S. R. (2016). Factors associated with anxiety and depression among type 2 diabetes outpatients in Malaysia: a descriptive cross-sectional single-centre study. *BioMedicalJournal Open Access*. doi:10.1136/bmjopen-2014-004794.

García-Martínez, P., Ballester-Arnal, R., Gandhi-Morar, K., Castro-Calvo, J., Gea-Caballero, V., Juárez-Vela, R., Saus-Ortega, C., Montejano-Lozoya, R., Sosa-Palanca, E.M., Gómez-Romero, M.R. & Collado-Boira, E.(2021). Perceived Stress in Relation to Quality of Life and Resilience in Patients with Advanced Chronic Kidney Disease Undergoing Hemodialysis. International Journal on Environmental Research and Public Health, 18,536-546. https://doi.org/10.3390/ijerph18020536.

Gore, F., Bloem, P. J. N., Patton, G. C., Ferguson, J., Joseph, V., et al. (2011). Global burden of disease in young people aged 10–24 years: a systematic analysis. *Lancet 377*, 2093–2102.

Grant, C. A., Wallace, L. M., & Spurgeon, P. C. (2013). An exploration of the psychological factors affecting remote e-worker's job effectiveness, well-being and work-life balance. *Employee Relations, 35*(5), 527–46.

Greaves, C. J., Gillison, F., Strathi, A. & Bennett, P. F. (2015). Waste the waist: A pilot randomised controlled trial of a primary care based intervention to support lifestyle change in people with high cardiovascular risk. *International Journal of Behavioural Nutrition and Physical Activity*, 12 (1), 1 – 15.

Hayman, J. (2010). Flexible work schedules and employee well-being. *New Zealand Journal of Employment Relations, 35*(2), 76–87.

Henke, R. M., Benevent, R., Schulte, P., Rinehart, C., Crighton, K., & Corcoran, M. (2016). The effects of telecommuting intensity on employee health. *American Journal of Health Promotion, 30*(8), 604– 612.

Hiilamo, A., Shiri, R., Kouvonen, A., Mänty, M., Butterworth, P., & Pietiläinen, O, et al. (2019). Common mental disorders and trajectories of work disability among midlife public sector employees - a 10-year follow-up study. *J Affect Disorder,* 247, 66–72 https://doi.org/10.1016/j.jad.2018.12.127.

Horwitz, A.V. (2007). Distinguishing distress from disorder as psychological outcomes of stressful social arrangments. *Health, 11*, 273–289.

International Labour Organization (2020). *An employer's guide on working from home in response to the outbreak of COVID-19.*

Jansen, N. W. H., Kant, I. J., Amelsvoort, L. G. P., Kristensen, T. S., Swaen, G. M. H., & Nijhuis, F. J. N. (2006). Work-family conflict as a risk factor for sickness absence. *Occupational and Environmental Medicine*, 63, 488–494.

Kaduk, A., Genadek, K., Kelly, E. L0., & Moen, P. (2019). Involuntary vs. voluntary flexible work: insights for scholars and stakeholders. *Community Work Family, 22*(4), 412–442.

Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology, 73*, 539-548.

Lamers, S. M. A. (2012). *Positive mental health: Measurement, relevance and implications*. Enschede, the Netherlands: University of Twente.

Mauramo, E., Lahti, J., Lallukka, T., Lahelma, E., Pietiläinen, O., & Rahkonen, O. (2019). Changes in common mental disorders and diagnosis-specific sickness absence: a register-linkage follow-up study among Finnish municipal employees. *Occupational and Environmental Medicine, 76*(4), 230–235. https://doi.org/10.1136/ oemed-2018-105423.

Nijp, H. H., Beckers, D. G., van de Voorde, K., Geurts, S. A., & Kompier, M. A. (2016). Effects of new ways of working on work hours and work location, health and job-related outcomes. *Chronobiology International, 33*(6), 604–618.

Oakman, J., Kinsman, N., Stuckey, R., Graham, M., & Weale, V. (2020). A rapid review of mental and physical health effects of working at home: how do we optimise health? *BioMed Central Public Health, 20*, 1825.

Okurame, D. E. (2012). Linking work-family conflict to career commitment: the moderating role of gender and mentoring, *Journal of Career Development, 39*(5), 423-442.

Robertson, S. M., Stanley, M. A., Cully, J. A., & Naik, A. D. (2012). Positive emotional health and diabetes care: concepts, measurement, and clinical implications. *Psychosomatics, 53*, 1–12.

Saltiel, F. (2020). *"Who Can Work From Home in Developing Countries?,"* working paper.

Sandvik, J., Richard, S., Nathan, S., & Christopher, S. (2020). *"Workplace Knowledge Flows,"* working paper.

Sevild, C. H., Niemiec, C. P., Bru, L. E., Dyrstad, S. M. & Husebo, A. M. L. (2020) Initiation and maintainance of lifestyle changes among participants in a Healthy Life Centre: a qualitative study. *BMC Public Health*, 20, 1006.

Song, Y., & Gao, J. (2019). Does telework stress employees out? A study on working at home and subjective well-being for wage/salary workers. *Journal of Happiness Studies 21*(7), 2649–2668.

Stallman, H. M. (2010). Psychological distress in university students: a comparison with general population data. *Australian Psychologist, 45*, 249–257.

Stratton, J. (2020). *"How Many Australians Can Work From Home? An Application of Dingel and Neiman (2020) to Australian Occupation Data,"* working paper.

Tietze, S., & Nadin, S. (2011). The psychological contract and the transition from officebased to home-based work. *Human Resource Management Journal, 21*(3), 318–334.

Tomlinson, M., Swartz, L., & Daniels, K. (2011). No health without mental health The global effort to improve population mental health. *Rout Studies Public Health*, 174–191.

Uddin, M. N., Bhar, S. A. l., Mahmud, A., Fakir, M., & Amirul, I. (2017). Psychological distress and quality of life: rationale and protocol of a prospective cohort study in a rural district in Bangaladesh. *British Medical Journal Open access 2017;7*:e016745. doi:10.1136/ bmjopen-2017-016745

Vaghela, K. J. (2016). Anxiety among diabetic and non-diabetic male & female. *The International Journal of Indian Psychology, 3* (2), 76-80.

Vander Elst, T., Verhoogen, R., Sercu, M., Van den Broeck, A., Baillien, E., & Godderis, L. (2017). Not extent of telecommuting, but job characteristics as proximal predictors of work-related well-being. *Journal of Occupational and Environmental Medicine. 59*(10), E180–E6.

Velten, J., Bleda, A., Scholten, S., Wannemuller, A., Margraf, J. et al. (2018). Lifestyle choices and mental health: a longitudinal survey with German and Chinese students. *BMC Public Health*, 18, 632.

Viertio, S., Kiviruusu, O., Piirtola, M., Kaprio, J., Korhonen, T., Marttunen, M., & Suvisaari, J. (2021). Factors contributing to psychological distress in the working population, with special reference to gender difference. *BioMed Central Public Health, 21*, 611-617, https://doi.org/10.1186/s12889-021-10560-y.

World Health Organization (2005). *Promoting mental health: Concepts, emerging evidence, practice.* Geneva: WHO.

World Health Organization (n.d.). Frequently asked questions. Retrieved from http://www.int/suggestions/faq/en.

Xu Q, Courtney M, Anderson D & Courtney M. (2010). A longitudinal study of the relationship between lifestyle and mental health among midlife and older women in Australia: findings from the healthy aging of women study. *Health Care Women International*, 31, 1082 – 1096.