

The relationship between homeworking and health and wellbeing before and during the COVID-19 pandemic: a systematic review

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Introduction and Aims

Working from home involves conducting paid occupational work in the home. Terms used to describe home working include 'teleworking', 'telecommuting', 'e-working' and 'new ways of working'.¹⁻³

Prevalence of home working increased from 2-5% mainly and 12-18% occasionally^{4,5} to ~50% (some / all of the time) with the onset of COVID-19.^{4,6} Home working and hybrid working look set to continue.⁴



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Specific workplace health guidance relating to working from home is needed.

We aimed to identify, appraise and synthesise existing evidence that explores the impact of home working on health and wellbeing.

Methods (1)

Inclusion criteria:

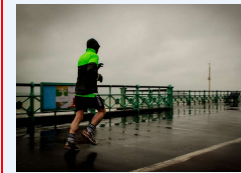
- Those doing paid work at home (full time or hybrid)
- Before and during pandemic
- Any health or wellbeing outcome with
- Quantitative, qualitative, mixed methods, observational studies
- English language.

Exclusion criteria:

- Students, temporary remote teaching during lockdown
- Studies on flexible office hours or another remote location
- Work-related outcomes (e.g. job satisfaction, work-life balance)
- Books and dissertations
- Non-OECD countries.

Seaching:

- MEDLINE, EMBASE, Web of Science, ASSIA, IBSS, PsycINFO, LabourDiscovery
- Reference lists of included papers and relevant reviews
- Citation searching
- Relevant key websites (grey lit)



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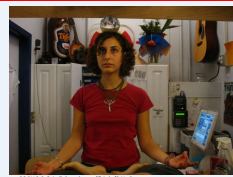
Methods (2)

Study selection:

- Titles and abstracts screened by one reviewer and checked
- Full texts screened by one reviewer and exclusions checked by a second
- Uncertainties resolved by discussion

Data extraction:

- Form developed and piloted
- Extracted key details in tabular format
- Quality appraisal undertaken
- Extraction performed by one reviewer, 10% checked



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Synthesis:

- Relationships between home working and health / wellbeing synthesised using mind maps and summary tables of factors reported in papers
- Grouping of factors discussed within team for consensus and validated by PPI group.

Results (1)

Study selection:

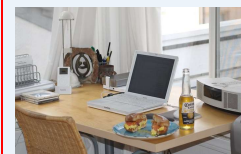
- 2514 records from databases, 135 full texts examined
- 635 from citation search & 50 from grey literature examined
- **96 included studies / sources**
- Most (66) conducted since start of pandemic

Pre-COVID-19 studies:

- Benefits: QoL, life satisfaction, alcohol use, tobacco use
- Detriments: strain, exhaustion, risk of burnout
- Neutral: overall physical health
- Mixed: physical (in)activity, mental health
- Complex associations

During-COVID-19 studies:

- Benefits: sleep
- Detriments: musculoskeletal problems, mental health, isolation
- Neutral: drug use, pain
- Mixed: QoL, diet, alcohol use, physical (in)activity, stress
- No clear patterns, complex associations



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Results (2)

Little evidence of a moderating relationship between individual characteristics (age, ethnicity, education, income).

Some evidence of a more negative impact on women during the COVID-19 pandemic, in particular those with children.

Important factors include control, choice, (lack of) private space in which to work, and degree of monitoring by employers.

Most studies were cross-sectional, with self-selected samples, and self-reported measures.



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Conclusions and implications

The evidence base for home working and health/wellbeing has hugely expanded due to the need for increased homeworking during the COVID-19 pandemic.

Associations with health / wellbeing can be both positive and negative – depends on context, role of employers, and individual circumstances.

Employers can:

- Offer choice over work location
- Provide support to staff working from home
- Treat each worker as an individual

Researchers can:

- Recruit more representatively
- Conduct longitudinal cohort and in-depth qualitative studies
- Focus on inequalities