

Navigating the Unforeseen: Perceptions of Quality of Life While Working from Home in the United States During the COVID-19 Pandemic

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ABSTRACT

Social distancing requirements resulted in many people working from home in the United States during the COVID-19 pandemic. The topic of working from home was often discussed in the media and online during the pandemic, but little was known about how quality of life (QOL) and remote working interfaced. The purpose of this study was to describe QOL while working from home during the COVID-19 pandemic. The novel topic, unique methodological approach of the General Online Qualitative Study (D'Abundo & Franco, 2022a), and the strategic Social Distancing Sampling (D'Abundo & Franco, 2022c) resulted in significant participation throughout the world (n = 709). The United States subset of participants (n = 169) is the focus of this article. This big qual (Brower et al., 2019), large qualitative study (n >100) included the principal investigator-developed open-ended, online questionnaire entitled the "Quality of Life Home Workplace Questionnaire (QOLHWQ)," and demographic questions. Data were collected from July to September 2020 (during the height of the COVID-19 pandemic). Data analysis included open coding and categorical analysis resulting in the categories of positive, negative, both positive and negative, and neutral experiences with QOL while working from home. More participants cited increased QOL due to having more free time, less stress, and less commuting to work. The most cited issue associated with negative QOL was social isolation. As the post-peak era of the COVID-19 pandemic continues and the potential for future public health emergencies requiring social distancing exists, the findings from this study provide an important baseline understanding of remote working in the United States during the COVID-19 pandemic. As working from home either full-time or part-time becomes more common, implications of this research are likely applicable beyond the era of the COVID-19 pandemic. To promote QOL and work-life balance for employees working remotely in the United States, stakeholders may want to develop social support networks and create effective planning initiatives to prevent social isolation and maximize the benefits of remote working experiences for both employees and organizations.

KEYWORDS: Quality of life, general online qualitative study, working from home, quality of life home workplace questionnaire (QOLHWQ), social distancing sampling, qualitative research.

The concept of quality of life (QOL) in the United States has been a popular topic of discussion in the media and online throughout the COVID-19 pandemic. While the term QOL has been used to describe an individual's well-being (D'Abundo et al., 2011), there are many different

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views of QOL beyond the intrapersonal perspective that include the QOL of groups, communities, and even countries. The World Health Organization defines QOL from intrapersonal, interpersonal, and community perspectives “as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns” (n.d., para. 2). The term also includes factors such as freedom, health, and happiness and is sometimes used interchangeably with words like “well-being,” “wellness,” “life satisfaction,” or “health” (Rapley, 2003).

The focus of QOL literature is typically on describing how a disability, disease, or symptoms of a disease affect a person’s life. According to McAbee, Drasgow, and Lowery (2017), “The concept of QOL helps researchers and others think about individuals and groups who may have been marginalized by society, including African Americans, women, lesbians, gay men, the elderly, and persons with disabilities” (p. 334). While QOL is often used in disease and disability research, QOL is applicable for the general population as well particularly in health promotion and healthcare. Because of the widening applications of QOL in research, it makes sense to advocate for a consistent definition of QOL if the goal is to create standardized measures. However, since the intrapersonal perspective of QOL is subjective and based on current situations and events, the concept of QOL is always changing. Therefore, the concept of QOL is likely situational and based on the interface of the person/people and situation/s. In this study, the interface of QOL and working from home was explored during the unique situation of the COVID-19 pandemic.

Literature Review

Statistics about working from home in the United States throughout the COVID-19 pandemic are starting to emerge. Government agencies use the term telework instead of “working from home.” The United States Office of Personnel Management (n.d.) defined telework as:

The Telework Enhancement Act defines telework or teleworking as a work flexibility arrangement under which an employee performs the duties and responsibilities of such employee's position, and other authorized activities, from an approved worksite other than the location from which the employee would otherwise work. In practice, telework is a work arrangement that allows an employee to perform work, during any part of regular, paid hours, at an approved alternative worksite (e.g., home or telework center).

According to the U.S. Census Bureau (2022), in 2019, approximately 9 million (5.7%) U.S. employees primarily teleworked and in 2021 that number increased to 27.6 million people (17.9%).

Demographic factors including age, gender, race, education, profession, and geographic location gathered during the COVID-19 pandemic provide insight about the experience of teleworking for U.S. workers. For example, during July 2020, about 1 in 4 U.S. employees teleworked for pay with more women working from home than men (U.S. Bureau of Labor Statistics, 2022). According to USAFACTS (2022), in 2020, the racial composition of the United States population consisted of White (59.6%), Hispanic or Latino (18.7%), Black or African American alone, not Hispanic or Latino (12.6%), and Asian (5.6%). According to the U.S. Bureau of Labor Statistics (2022), in 2020, racial differences were observed in teleworking with Asians (44%) working at home more than Whites (26%), Blacks (23%), and Hispanics (19%). While making up 5.6% of the population in 2020, Asian participants teleworked significantly more than any other racial/ethnic groups in the United States.

According to The U.S. Bureau of Labor Statistics (2022), in 2020, younger employees were less likely to work from home. Additionally, higher education attainment was associated with working from home. Occupations related to industry also played a role with professional, management, business, and financial occupations teleworking more than service, construction, and transportation professions (U.S. Bureau of Labor Statistics, 2022). According to the U.S. Department of Transportation, from August 19 to 30, 2020, Washington, D.C. had the most people (61%) reporting teleworking, with Utah, Maryland, and Massachusetts close behind, recording approximately 45% of employees teleworking. As of the last teleworking data collection between March 17 to 29, 2021, Washington, D.C. remained the highest (64%) followed by Utah, Massachusetts, and New Jersey reporting above 50% of employees teleworking. Two years into the pandemic, Pew Research Center (2022) reported that as of January 2022, 59% of U.S. employees reported working from home all or most of the time.

For many, the COVID-19 pandemic resulted in changes to the work environment that included working from home at least part of the time, which potentially created more overlap between the personal and professional life. As reported in pre-pandemic literature (not specific to working from home), personal and professional life overlap has significant implications for QOL (Peruniak, 2010; Peplinska & Rostowska, 2013; Charalampous, 2018). According to research by Peplinska and Rostowska (2013), an individual's QOL, happiness, and well-being can be affected positively by the interaction of family and professional roles. According to Peruniak (2010), "Quality of life is an integrative concept that can contribute to overall perspective and balance in a landscape of professional identities, academic specialties, and technical areas of expertise" (p. 4). He also noted that QOL enables people to situate their career development into the whole pattern of relationships and roles in a person's life. The conceptualization of QOL described by Peruniak (2010) is applicable to the COVID-19 pandemic as many people were navigating how to integrate their work and personal life in the home environment with the additional stress of restrictions on normal life activities related to a global pandemic.

Charalampous et al. (2018) conducted a systematic literature review about the practice of remote e-working defined as work conducted at any place and any time using technology. Findings revealed both positive and negative results associated with remote working. Positive aspects of remote e-working included individuals' positive emotions, increased job satisfaction, and organizational commitment levels. Negative findings that were associated with remote working included social and professional isolation, and perceived threats in professional advancement.

Preliminary research from QOL-related topics during the COVID-19 pandemic indicated characteristics of the U.S. employees working from home play a role in outcomes. Additionally, the variables of social distancing and stay-at-home orders created another layer to previous literature about working from home and QOL-related factors. In a unique study conducted in 20 countries including the United States about QOL-related factors such as employment, stress, and life satisfaction for people with chronic illness and disabilities (CID) and without CID during the COVID-19 pandemic, findings indicated that people with CID were more likely to report that employment status had been impacted (Park et al., 2022). Also, people with CID reported more stress and lower life satisfaction.

Awada et al. (2021) found better physical and mental health statuses were associated with improved productivity among older, higher-income, and female workers who demonstrated higher productivity levels compared to younger, lower-income males. Findings indicated characteristics of workers may determine the need for increased support while working from home.

Xu, Kee and Mao (2021) found U.S. women and men working from home during the COVID-19 pandemic experienced different levels of work-life identity balance and had different approaches to creating balance. Women focused on taking care of family members while working

from home and men considered “me time” like using social media and listening to music as essential to work-life identity balance. The level of life satisfaction for women was significantly lower than men’s during the period of working from home. Šmite et al. (2023) found engineers located in Sweden, the United States, and the United Kingdom adjusted to working from home as benefits included better work-life balance, improved flow, and improved quality of distributed meetings and events. Challenges were also identified including that not all participants felt equally productive working from home as work hours increased and physical activity, socialization, and opportunities to connect to unfamiliar colleagues decreased. Some participants mentioned both positive and negative experiences. For example, participants with families complained about blurred boundaries between personal life and work life, but also reported benefiting from increased time with family and having more work time flexibility.

Purpose

Based on our literature review, QOL, as it relates to working from the home in the unique COVID-19 pandemic environment, has been minimally explored, which makes it difficult to plan support for individuals and family members living in homes doubling as both work and living space. Consequently, the purpose of this study was to describe QOL while working from home during the COVID-19 pandemic.

Reflexivity Statement and Validation Strategies

The idea for this research came from the experience of working from home during the early days of the COVID-19 pandemic. Therefore, we consciously employed a reflexivity process from the beginning to the end of the study (Dodgson, 2019). The process included awareness of our position in terms of the design, implementation, and analysis of the research. In addition, validation strategies were employed to limit our biases and assure accurate representation of participant responses that included careful question design, reflexivity checks, and a step-by-step audit trail of data analysis (Creswell, 2013).

Regarding positionality, the co-authors of this manuscript all started working from home full-time during March 2020 and continue to work from home. The research team was composed of two females and one male, who are all White from New Jersey and hold terminal degrees. Throughout the research process, the team reflected about how our experiences with qualitative research and working from home shaped this project, and we were conscious to keep our personal experiences in check by remaining neutral, especially during data analysis.

The first author works as an academic researcher and professor in the field of health science with over 25 years of experience designing, conducting, and teaching qualitative research. The second and third authors both work in academia and have extensive experience conducting survey research online in the field of health. However, this was the first time we conducted a big qual study, and there was a lot to learn about how to handle so much data. We were careful to record what we learned throughout the process and presented those lessons in conference presentations (D’Abundo & Franco, 2022a, 2022b, 2022c). Prior to the COVID-19 pandemic, we were not working from home full-time. However, much of our work was completed in a home office and we had training and experience teaching online courses. Previous experience with working from home and teaching online likely made the transition to working from home during the COVID-19 pandemic much easier than others with limited experience with working remotely.

Methods

When developing this research design, the online qualitative methods applied did not fit neatly into one of the five qualitative traditions that include narrative, phenomenology, grounded theory, ethnography, or case study (Creswell, 2013). While this study had some elements of grounded theory research because of the novel phenomena being studied with little existing literature to reference and no theories or models for QOL while working from home, the online data collection was not detailed enough to collect the information needed to generate theory. To describe this unique research design, the term *General Online Qualitative Study* (D'Abundo & Franco, 2022a) was developed and defined. The term “general” was defined in terms of our research as focusing on general topics (QOL while working from home), among general populations (not limited by strictly defined inclusion criteria or geographic boundaries), and any general combination of data collection methods that can be conducted online (*e.g.*, questionnaires, chats, images).

The methods in this study can be defined as big qual, which describes qualitative datasets that contain at least 100 participants (Brower et al., 2019). Previously, qualitative research was limited to small sample sizes within narrowly defined populations. Big qual can be used to conduct general population research without geographic boundaries while continuing to capture rich, descriptive data associated with traditional qualitative research and create the possibility of generating theory through larger sample sizes (Brower et al., 2019). Due to the large sample size, the methods used in this study can be described as a *General Online Big Qual Study* (Brower et al., 2019; D'Abundo & Franco, 2022a)

Participants

The participants in this study ($n = 709$) included the general population from around the world including the United States, United Kingdom, European Union, Australia, and Far East. All participants identified as working from home with access to technological devices (*e.g.*, laptop, smartphone, desktop, tablet). The detailed responses provided from participants required the data to be sorted and analyzed by geographical region. The current study is focused on the responses from participants (169) living in the United States during the first year of the COVID-19 pandemic.

Data Collection

Approval from Seton Hall University IRB was obtained prior to conducting the study. A general online big qualitative study using the Principal Investigator/Co-PI-created *Quality of Life Home Workplace Questionnaire (QOLHWQ)* was conducted online via SurveyMonkey® from July to September 2020. The *QOLHWQ* consisted of demographic items and 11 open-ended questions. Qualifying questions were used at the beginning of the questionnaire to avoid wasting the participant's time if inclusion criteria were not met.

To promote accuracy of participant responses, one validation strategy (Creswell, 2013) applied was the careful design of the *QOLHWQ* that started with broad, open-ended questions to record top-of-mind responses from participants. Questions were neutral, hypothesis-free, and trauma-informed to enable participants to tell their own story (D'Abundo & Franco, 2022b). The questions were purposefully ordered (from broad to narrower) to enable participants to get more comfortable with sharing more personal and specific information. Taking into consideration that some participants may be uncomfortable providing their gender and race, those questions were placed at the end of the survey to enable participants to opt out.

During this study, the process of *Social Distancing Sampling* (D'Abundo & Franco, 2022c) was developed to address the research challenges presented by the COVID-19 pandemic in terms of participant recruitment. This innovative sampling technique encouraged social networking while following physical social distancing guidelines. In addition, geographic and time constraints were mediated through completing surveys online. Purposeful sampling was used to meet defined criteria through criterion sampling and snowball sampling, which increased global participation. Criterion sampling was used to solicit participants from closed Facebook groups that were created based on a set of criteria for members (e.g., location, profession, hobbies), which created the “social” aspect of the sampling process. To account for individuals who might have been members of the groups without the required criteria or who obtained access to the questionnaire link by mistake, qualifier questions were used at the start of the questionnaire. Additionally, an IRB-approved Letter of Solicitation was presented on the SurveyMonkey® site prior to the start of the questionnaire to list inclusion criteria and acquire informed consent from participants. After completing the main qualitative questions of the *QOLHWQ*, participants were prompted with the optional demographic questions. Although optional, most participants completed the main demography (gender, age, race), providing additional contextual understanding to the responses that were provided.

Data Analysis

For this article, analysis was focused on the 169 United States participant responses to the following *QOLHWQ* item: “Please describe your current quality of life and how it relates to working from home.” Data were exported from SurveyMonkey® to Microsoft Excel for cleaning to identify cases that were missing responses to greater than 80% of the main questions, which were considered incomplete and were not included in analysis.

Data analysis included a step-by-step validation process to ensure accurate representation of participant responses (Creswell, 2013). A reflexivity process (Dodgson, 2019) where the research team consciously reflected through debriefing sessions about how personal experiences with working from home could influence the research process including coding were conducted. To limit researcher bias, all participant responses were read by the first and second authors and *in vivo* coding was completed first in Microsoft Word using the participant words to create initial descriptive codes. For example, a response such as “working from home allows me to exercise more” was coded as “exercise more.” Then text with codes were imported into ATLAS.ti 9 by the second author to be tabulated based on the descriptive codes, and the categories of positive, negative, and neutral emerged, which were used to further organize the codes (See Table 1). After a review of the categories by all authors, the sub-category of comments mentioning the COVID-19 pandemic emerged and another round of coding was completed. The *in vivo* codes and categories were exported into Microsoft Word where tables were created of positive, negative, and neutral codes. The tables were referenced to select quotes to be included in this article to represent each data category. All authors then reviewed each participant quote used to assess proper category and quote alignment in terms of accurately representing participant experiences with working from home and QOL during the COVID-19 pandemic.

Table 1*QOL as it Relates to Working from Home*

Role	Frequency	%
Positive	68	40.2
Negative	39	23.1
Both positive and negative	27	16.0
Fine, basic, okay	7	4.1
Same	6	3.6
Not related	1	.6
Other	20	11.8
Missing response	1	.6

Note: N = 169 (Participants were not prompted with the options above; these categories were coded based on open-ended format).

Results

In total, 181 participants responded from the United States and 169 participants completed 80% or more of the questionnaire to be included in data analysis. Most participants started working from home during 2020 except for 22 participants. Based on teleworking statistics, demographic factors including age, gender, race, education, and profession (See Tables 2 and 3) influenced working from home status throughout the COVID-19 pandemic and, therefore, was noted with participant quotes to provide additional context. Additionally, the widespread geographic location of the participants represents the success of the *Social Distancing Sampling* (D'Abundo & Franco, 2022c) method described earlier (See Figure 1).

Table 2*Demographic Data for Gender, Age, Race*

Gender	N	Age	N	Race	N
Female	115	18-24	38	Asian/Pacific Islander	25
Male	42	25-39	82	Black or African American	14
Non-Binary/Third Gender/Other	2	40-50	25	Hispanic or Latino	11
Prefer not to answer	10	51-60	14	Native American or American Indian	1
		61+	10	White	97
				Other	6
				Prefer not to answer	15

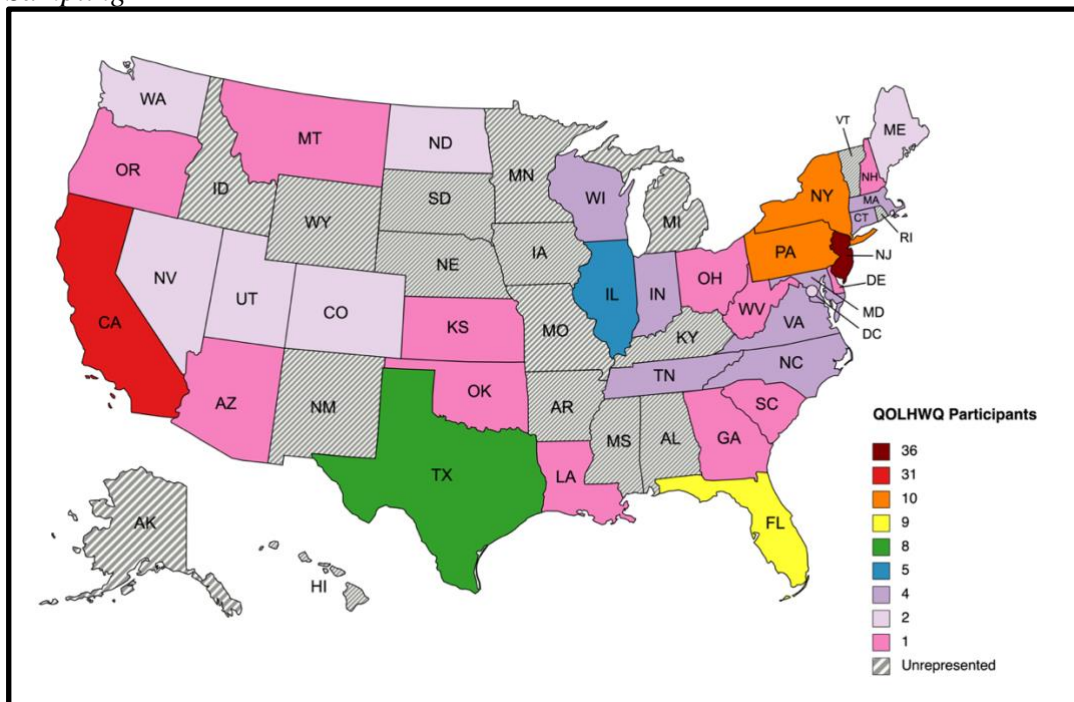
Note: N = 169. 'Other' includes Black/Hispanic, Asian/Hispanic, Asian/White, White/Hispanic. Maximum age of participants = 78.

Table 3
Demographic Data for Profession and Education

Profession	N
College, Master’s, Doctoral, Medical Students	29
College Professors	13
Teachers	11
Management/Administrative/Executives	11
Marketing	9
Finance/Investment/Mortgage/Accounting	8
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Education	N
Bachelor’s Degree	68
Master’s Degree	58

Note: Data not inclusive of 169 participants as these questions were optional. For profession, only professions with the highest frequency are listed.

Figure 1
Distribution Map Representing Geographic Spread of Participants from Social Distancing Sampling



Note: N = 167; The geographic location was unidentified for 2 participants.

Most participants responded with detailed answers to questions, which provided insights into the experiences of participants during the COVID-19 pandemic. For example, a 47-year-old Asian/Pacific Islander female from California with a master's degree working in the field of data analysis who started working from home on 3/16/2020 provided an overview of QOL while working from home during the COVID-19 pandemic:

Working from home has allowed me to spend more time with my kids. When I take breaks, it has allowed me to spend time in my garden which has served as a wonderful way for me to reset my mind to come back to my work with a fresh mind open to fresh ideas. Working from home has also given me some time back in that I don't waste time on the road commuting to the office. It was a big adjustment at first. As a single mom, the struggle was very real being thrust into supporting my kids on virtual learning and working full time from home at the same time. Now the dust has settled for us, and we have adjusted well. I am preparing for another adjustment when the new school year starts in three weeks.

In terms of QOL and working from home, significantly more participants (68) commented that working from home increased QOL. The following descriptions were mentioned by participants as contributing to increased/positive QOL: More time with family/kids/partner/pets (13), less stress (10), less commuting (10), more freedom, autonomy and control (8), more work-life balance (7), better health-behaviors (6), more exercise (3), spend less/save money (3), time for self-care (3), do more (3), healthier eating (2), more time to sleep (2) more time to cook (2), more time in general (1). For the participants experiencing increased QOL, more time with loved ones, less stress, and less commuting were emphasized in responses as illustrated in the following:

A 30-year-old White female from New Jersey with a bachelor's degree working in Human Resources who started working from home on 3/17/2020 discussed more positive QOL while referencing less stress of community by writing:

Working from home has created a more positive quality of life than being in the office. I am still working as much (if not more) from home, but I do not have added the stresses of commuting and not feeling well and having to physically be in the office.

A 27-year-old Asian/Pacific Islander female living in California with a master's degree working in accounting who started working from home on 3/16/2020 described her positive experiences with work-life balance:

Working from home has increased my work-life balance and removed a long, stressful commuting time. It has allowed me more autonomy and more time to connect with my partner.

Unlike most of the participants, this 24-year-old White Female from California with a high school degree or equivalent education working in Communications/Marketing started working from home prior to the pandemic on 03/05/2018. She discussed increased freedom leading to increased QOL by sharing:

Working from home increases my freedom therefore increasing my quality of life. Working from home also allows me to regulate my stimulation and environment which greatly impacts my productivity.

Other participants (39) had less positive experiences with QOL and working from home through sharing experiences with decreased/negative QOL including: Lack of socializing or seeing others (22), taking care of kids/spouse-challenging (5), mental health concerns (4), more stress (4), bored (3), work-life balance negative/challenging (3), more sitting (2), lonely (2), less freedom (2), not eating well (1), money concerns - can't afford luxuries (1). For participants with less QOL, the lack of socializing was emphasized as displayed in the following:

A 25-year-old White female student with a master's degree working in Marketing from Virginia who started working from home on 04/01/2020 discussed the difficulties of work-life balance while working from home:

For me, working from home has been a bit difficult. It is hard to truly separate "home life" with "work life". I am often distracted by things in the home (TV, couch, family members).

A Black 31-year-old female participant with a high school degree or equivalent education working in Banking from Pennsylvania who started working from home on 4/1/2020 shared the stress of working from home:

Stressed - not enough time in the day to be a mom and full-time worker.

A 38-year-old White female with a master's degree working in Academia from Pennsylvania who started working from home on 3/6/2020 shared:

It is difficult to separate work and home and explain to my daughter mommy's working. Makes some things more challenging.

Another experience described by participants (27) was a combination of both positive and negative experiences with QOL while working from home as displayed in the following excerpts:

A 22-year-old White non-binary/third-gender/other participant with a bachelor's degree working as an Engineer who started working from home on 3/16/2020 discussed decreased QOL relating to being more lonely but reported less stress about work and the ability to take a nap in the following comment:

There is less social interaction with coworkers, which decreases my quality of life as it makes me more lonely. But I also feel less stressed about work and can take an actual work nap.

A 28-year-old White male from California with a bachelor's degree working in Video Production who started working from home on 3/15/2020 discussed flexibility juxtaposed with the challenges of sharing a home workplace in the statement:

I'm quite alright working from home and enjoy the flexibility it has given me. If I could have a say, I'd prefer to work from home 50% and not 100%.

One thing that I've found difficult working from home is when you have a significant other / roommate also working from home, because your WFH lives have to fit together.

A 36-year-old White female teacher from New Jersey with a bachelor's degree who started working from home on 3/25/2020 shared:

Working from home has allowed me to focus on some areas that I did not have time to focus on like my health. But it has also limited the daily exercise from everyday activities. However, the limited socializing has had a negative effect on my well-being.

In addition to the positive, negative and a combination of both, seven other participants said QOL while working from home was fine, basic, decent, or okay, and one participant said QOL and working from home were not related. Six participants cited no difference in QOL as described in the following:

A 32-year-old White female from New Jersey with a doctorate degree working as an Academic Advisor who started working at home on 3/16/2020 shared:

I believe because I have not had too many stressors, my quality of life has been maintained, and my ability to work and be effective has stayed the same.

Unlike most participants, this 44-year-old White male from Maine with a high school degree or equivalent working as a Writer and Researcher started working from home prior to the pandemic on 04/01/2014. He stated:

I've worked from home for 5 years. It's interesting to see other people going crazy. It's just same old, same old for me.

In the questionnaire used for this project, COVID-19 was not mentioned in the questions. Participants were asked if they worked from home prior to COVID-19 and the date they started working from home. Most participants did not mention COVID-19 or the pandemic directly in the response to the question about QOL and working from home. Participants (17) that mentioned COVID-19 or the pandemic directly were also sorted using the same categories resulting in the following grouping of responses: positive (9), negative (2), both (3) and did not make a difference (1).

Among participants that mentioned either COVID-19 or the pandemic in the responses, nine participants mentioned only positive aspects of QOL and working from home. An example of this is shared by a 46-year-old White female from New Jersey with a Doctoral Degree working in the field of research who started working from home on 12/02/2019. She discussed increased QOL, citing more time for herself in the statement:

In relation to working from home, my quality of life is better than when expected to be in an office because I have more time to do things for myself that I didn't have before and with the pandemic. I don't feel guilty when taking time out of the day for these personal activities.

Two participants that directly mentioned the pandemic viewed QOL and working from home as negative. One of the participants was a 52-year-old White female teacher from New Jersey that started working from home on 3/16/2020 who explained:

Because of working from home and covid I have less time to dedicate to family and I constantly am expected to work outside of my traditional work hours.

Three participants that mentioned either COVID-19 or the pandemic in their responses said QOL and working from home included both positives and negatives. A multi-ethnic 22-year-old female from North Carolina with a bachelor's degree working in digital media who started working at home on 3/9/2020 shared the following:

I am fortunate enough to have the ability to work from home at my convenience because of Covid-19. I graduated from college and luckily got a full-time job right before Covid hard hit the US. Sometimes I wish I could actually go into the office to separate my home life from my work life but separating spaces in-home has helped. Plus, no commute so less expenses, and I don't have to shove breakfast down my throat or eat on the way to work.

A participant shared that the pandemic did not make a difference in QOL but did mention that the pandemic would influence working from home in the future. A Hispanic 25-year-old male graduate student from Montana working as an engineer wrote:

The pandemic has not affected my quality of life, but I have to say that many things have changed that we must continue carrying for years to come. Working from home is one of those things.

Participant experiences with QOL while working from home during the COVID-19 pandemic were diverse with many complex contributing factors, but most participants viewed the experience as having positive components that contributed to overall QOL. The second largest group were participants that experienced QOL as negative while working from home followed by participants that mentioned both positive/negative experiences and the smallest group were participants that observed no difference to QOL.

Discussion

The participants in this study discussed the complexity of personal and professional lives in detail, which supported pre-pandemic QOL and work literature (not focused on working from home) that personal and professional overlap affects QOL (Peruniak, 2010; Peplińska & Rostowska, 2013). In addition, Charalampous et al. (2019) provided an overview of remote work and QOL. However, the added variable of COVID-19 makes it difficult to compare results due to the unique situation of a global pandemic. This study was focused on U.S. participant responses and, therefore, the literature referenced in this discussion was limited to research conducted about working from home with QOL-related topics during COVID-19 that included participants from the United States.

The findings in the current study were organized into positive, negative, both, and neutral. Interestingly, the categorization of QOL while working from home as positive or negative (or both) emerged from participants' response patterns and was not built into the questionnaire. Overall, more participants cited increased QOL while working from home because of more time with family/kids/partner/pets, less stress, less commuting, more freedom, autonomy and control, more work-life balance, better health-behaviors, more exercise, spending less/saving money, more time for self-care, ability to do more, healthier eating, more time to sleep, more time to cook, and more time in general. Šmite et al. (2023) found engineers adjusted to working from home as benefits included better work-life balance, improved flow, and improved quality of distributed meetings and events. Even under the stressful circumstances of the COVID-19 pandemic, most participants reported a better QOL relating to having more time, less stress, and less commuting. Based on participant comments, an assumption can be made that pre-pandemic levels of QOL were being influenced by a lack of work-life balance and many issues relating to well-being. Therefore, based on participant comments, it seems working from home created an opportunity to improve many aspects of well-being that led to increased QOL.

In the current study, negative QOL was associated with a lack of socializing, challenges with taking care of kids/spouse, decreased mental health, more stress, increased boredom, challenges keeping a work-life balance, more sitting, increased loneliness, less freedom, poor eating habits, and money concerns about not affording luxuries. Research conducted during the COVID-19 pandemic indicated that participant characteristics, work-related issues, living situations, and personal responsibilities influenced experiences. While Šmite et al. (2023) reported that some participants noted positive experiences, other participants felt that work hours increased and physical activity, socialization, and opportunities to connect to unfamiliar colleagues decreased. Xu, Kee and Mao (2021) reported that women focused on taking care of family members and men focused on taking care of themselves with female participants reporting a lower level of life satisfaction during the COVID-19 pandemic while working from home. According to Park et al. (2022), people with chronic illness and disabilities (CID) had more stress and less life satisfaction than participants without CID during the COVID-19 pandemic. Consequently, there were a wide range of participant characteristics and situations during the pandemic that resulted in challenges to working from home.

Participants in this study also discussed a combination of both positive and negative experiences with QOL while working from home based on many different factors relating to personal and professional lives. Šmite et al. (2023) described that some participants mentioned both positive and negative experiences. For example, participants with families complained about the blurred boundary between private and work life, but at the same time reported benefiting from an increased presence in the family life and having flexibility for planning their work time. Participants in this study shared similar experiences through comments displaying the complexities of navigating work-life balance while working from home.

While the current big qualitative analysis did not enable the aggregation of experiences by demographic factors like age, gender, and income, participant comments indicated that responsibilities and issues related to age, gender, and income played a role in the QOL experiences while working from home. The role of age, gender, and income was detailed by Awada et al. (2021) who found better physical and mental health statuses were associated with improved productivity among older, higher-income, female workers who demonstrated higher productivity levels compared to younger, lower-income males. While it was evident that a sub-set of participants had a much easier time with working from home, it is not clear what demographic variables or participant characteristics were associated with more positive QOL experiences. Further analysis will be required to understand the role demographics played in determining QOL in this study.

In addition to the experience of QOL, demographic factors played a role in whether participants worked from home during the COVID-19 pandemic. In the current study, participant racial categories reported were White (57%), Asian (15%), Black or African American (8%), and Hispanic or Latino (7%) (See Table 2). According to the U.S. Bureau of Labor Statistics (2022), in 2020, racial differences were observed in teleworking with Asians (44%) working from home more than Whites (26%), Blacks (23%), and Hispanics (19%). In the current study, as mentioned, about 57% of participants were White, which is representative of the total U.S. White population (59.6%). However, regarding the teleworking statistics, there was an overrepresentation of White participants (57%) in this study, with 26% of White Americans working from home. In this study, Asian/Pacific Islander participants made up 15% of respondents while only making up 5.6% of the population (USAFACTS, 2022); however, there was an underrepresentation of the 44% of Asians that teleworked in the United States in 2020 (U.S. Bureau of Labor Statistics, 2022). In this study, both Black and Hispanic racial categories were underrepresented in terms of population statistics and teleworking percentages. To represent a more complete picture of QOL while working from home in the United States, sampling methods would need to be adjusted to provide a better representation of the entire teleworking employee population.

Implications

A baseline understanding of individuals dwelling in households used for both work and living was established based on participants' comments. Elements of QOL while working from home were identified in terms of positive and negative contributing factors associated with QOL while working from home. The top reasons for participants reporting increased QOL were time with significant others, less stress, less commuting, and more freedom/autonomy/control. Although most participants cited increased QOL, others faced decreased QOL while working from home based primarily on a lack of socializing. If the issue of socializing could be addressed for people working from home, QOL could be improved, which is important to both employees and employers in the U.S. workforce.

Many employers use technology to keep employees connected to each other while working from home. However, participants had both positive and negative views of how technology influenced QOL while working from home. For some, Zoom and video calls were a way to stay connected while, for others, technology created a barrier to being able to disconnect from work while working from home resulting in a blur between work and private time. Therefore, employers must be purposeful about how to utilize technology with the goal of creating connectedness while respecting work-life boundaries by recognizing that reasonable start and end times for the workday are necessary.

After conducting a systematic literature review about remote working and well-being, Charalampous et al. (2019) provided practical implications beginning with the need for individuals working at home to be aware of the potential of the situation to create feelings of isolation. Investing in interpersonal relationships through the development and maintenance of social support networks among stakeholders including remote workers, colleagues, and supervisors may help prevent feelings of isolation. Practical ways to improve remote working included flexible work hours, and pre-arranged meeting times (Charalampous et al., 2019). Such recommendations could address some of the negative issues associated with working from home mentioned in this study including the lack of socializing and technology-associated stress.

Participant comments about increased or decreased QOL shed light on the realization that home workplaces may require customization, depending on employees' needs, based on lifestyle, geographic location, and/or access to technology. Tailoring the work-life balance to increase QOL

while working from home is needed and requires more research to understand factors that contribute to and directly affect QOL (Charalampous et al., 2019). Such insight could help employers strategize ways to improve work satisfaction and productivity among employees who work at home full-time or part-time.

Recruitment during the COVID-19 pandemic was challenging, yet fruitful, resulting in high participant numbers ($n = 709$) and meaningful responses from participants longing to connect in a socially distanced world. The novel topic, unique methodological approach of the *General Online Qualitative Study* (D'Abundo & Franco, 2022a), and the strategic Social Distancing Sampling (D'Abundo & Franco, 2022c) all seemed to contribute to participant enthusiasm as self-identified survey champions/ambassadors shared the questionnaire link resulting in larger than expected participation. Positive comments were also received about the questionnaire and participants asked about the findings of the study.

In the future, an even more interactive approach could be used on social media to disseminate research findings to participants directly to extend the reach of research beyond academia to the public (D'Abundo & Franco, 2022c). Findings could be provided to participants on social media and reactions, comments, or impressions could be used to provide even more insight about findings. Sharing research could result in additional interaction among participants through social media platforms including personal and professional networking. Thus, organically becoming part of the solution by putting the “social” into online research, in general, could serve as an approach to promote connectedness in employees working from home (D'Abundo & Franco, 2022c).

Due to the large sample size, the methods used in this study can be described as a *General Online Big Qual Study* (Brower et al., 2019; D'Abundo & Franco, 2022a). Based on the success of this combined methodology, public health officials and organizations may consider conducting needs assessments in emergency situations where it is important to understand the point of view of large populations quickly to plan tailored interventions. Thus, online qualitative studies could be a useful tool for public health organizations and employers needing to assess specific population groups' experiences with specific situations.

Limitations

While this research has many implications, there are limitations related to the design and sampling. The method of data collection used in this research was self-report with no other data sources to support the findings. For example, there is no way to confirm that participants worked from home. Another limitation was convenience sampling conducted online, which may not be representative of all people working from home during the COVID-19 pandemic. This cross-sectional research only explored the experiences of participants at one point in time. Although this study was completed during the COVID-19 pandemic, the findings may not represent a participant's experiences with QOL and working from home throughout the entire pandemic.

The questions from the *QOLHWQ* were focused on QOL while working from home and did not include questions directly about the COVID-19 pandemic. Participants were asked to provide working from home status prior to the pandemic and the work from home start date was also collected. Data collection was conducted from July to September 2020 (during the height of the COVID-19 pandemic), which means COVID-19 could have been a confounding variable within this study. At the time of data collection, responses regarding participant decreased QOL due to feelings of isolation may be attributed to social distancing and stay-at-home orders. Even if participants were only addressing their QOL as it relates to working from home, experience with the pandemic could have been a contributing factor to QOL at that time. The fact that more people

were at home, teleworking, and utilizing technology for communication may have resulted in higher participation numbers in this study. In addition, social-distancing practices may have influenced what participants wrote and their willingness to express their thoughts and feelings.

Conclusion

The purpose of this study was to describe QOL while working from home during the COVID-19 pandemic. The novel topic, unique methodological approach of the General Online Qualitative Study (D'Abundo & Franco, 2022a), the strategic Social Distancing Sampling (D'Abundo & Franco, 2022 c), and combined methodology of a *General Online Big Qual Study* (Brower et al., 2019; D'Abundo & Franco, 2022a) resulted in significant participation throughout the world. The participants (n = 169) from the United States described positive, negative, both positive and negative, and neutral experiences associated with QOL while working at home, which provided insight about what worked and what needed to be improved upon for employees during the COVID-19 pandemic.

As the post-peak era of the COVID-19 pandemic continues and the potential for future public health emergencies that require social distancing exists, the findings from this study provide an important baseline understanding of working from home in the United States during the COVID-19 pandemic. As working from home either full-time or part-time becomes more common, implications of this research are likely applicable beyond the era of the COVID-19 pandemic. To promote QOL and work-life balance for employees working remotely in the United States, stakeholders may want to develop social support networks and create effective planning initiatives to prevent social isolation and maximize the benefits of remote working experiences for both employees and organizations. Preparedness for future situations that require remote work may ease the negative experiences associated with transition during times of stress and ultimately promote more sustainable QOL for those working from home.

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