

Turned On or Off by Telework? Perceptions of Quality of Life While Working from Home in the United Kingdom During the COVID-19 Pandemic

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ABSTRACT

Social distancing requirements resulted in many people working from home in the United Kingdom 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 Kingdom subset of participants (n = 234) is the focus of this article. This big qual, 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 peak-pandemic from July to September 2020. Most participants cited increased QOL due to having more time with family/kids/partners/pets, a more comfortable work environment while being at home, and less commuting to work. The most cited issue associated with negative QOL was social isolation. As restrictions have been lifted and public health emergency declarations have been terminated during the post-peak era of the COVID-19 pandemic, the potential for future public health emergencies requiring social distancing still exists. To promote QOL and work-life balance for employees working remotely in the United Kingdom, stakeholders could 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: qualitative research, quality of life, remote work, telework, United Kingdom, work from home.

The United Kingdom is no stranger to discussions about quality of life (QOL). Well before the COVID-19 pandemic, levels of QOL of different disease groups and sociodemographic categories were reported, considering not only physical health as a determinant but also people's views of their mental health, using the presence or absence of positive feelings as the best predictor of QOL (Keetharuth, 2018; Skevington, 1999). While the term QOL has been used to describe an

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individual's well-being (D'Abundo, Orsin, Milroy, & Sidman, 2011), there are many different views of QOL beyond the intrapersonal perspective that include the QOL of groups, communities, and even countries. The World Health Organization (n.d.) 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" (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 how a disability, disease, or symptoms of a disease affect a person's life. According to McAbee et al. (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 to 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 in the United Kingdom was explored during the unique situation of the COVID-19 pandemic.

Literature Review

Although not necessarily new, terms such as telework, virtual teamwork, e-working, and homeworking to describe remote working are being more frequently used within the current landscape to refer to work conducted while at home. According to Hotopp (2002), the Labour Force Survey defined teleworkers as individuals completing paid or unpaid work by using a telephone or computer in their own home. Sullivan (2003) stated there was a consensus that, in general terms, telework was considered remote work that involved the use of information and communication technologies. While telework was not considered the primary mode of working but rather an option or complement to the centralized, traditional location for many employees in years past, the COVID-19 pandemic propelled work from home as the temporary solution to continue business activities while navigating a global health crisis. According to the Organisation for Economic Co-operation and Development (2021), 47% of United Kingdom employees teleworked during lockdowns in 2020, which was 1.8 times the level before the pandemic.

The COVID-19 pandemic resulted in changes to the work environment that included teleworking at least part of the time for many individuals, which potentially created more overlap between 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 (Charalampous, 2019; Peplińska & Rostowska, 2013; Peruniak, 2010). According to research by Peplińska and Rostowska (2013), an individual's QOL, happiness, and well-being can be affected positively by the interaction of family and professional roles. Charalampous et al. (2019) 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 to professional advancement.

According to Deloitte (2020), The Future of the City Survey focused on United Kingdom-based employees in financial services working from home since the COVID-19 pandemic. Most employees had positive experiences, citing not having to commute, more flexibility, being able to spend more time with the family, and having more time to exercise. Only 10% had a negative experience, citing fewer in-person interactions and challenges maintaining a work-life balance. A third of participants said their wellbeing improved during lockdown, and a quarter (24%) said it was worse. In addition, 76% of respondents felt they were as or more productive working from home during the lockdown due to less time commuting, fewer distractions, and a quieter working environment.

Despite the aforementioned positive experiences, The Home Office Life (2023) reported that, in 2021, there was a mixed reaction to the future of working from home in the United Kingdom, but that a trend is emerging for hybrid working, where employees are apt to split work between home and office. A combination of both positive and negative experiences with QOL while working from home have emerged based on different factors relating to professional and personal lives, and home workplaces may require customization depending on employees' needs, based on lifestyle, geographic location, and/or access to technology (D'Abundo, Franco, & DeLuca, 2023).

As the title of our article suggests, United Kingdom-based employees, in general, have had time to reflect on whether or not they have been “turned on or off” – not only to the idea of telework in the home environment but to the actual experience of it. Notwithstanding the positive literature with regard to QOL and working from home, and while employees in the United Kingdom might have experienced similar effects or changes brought upon by the COVID-19 pandemic, it would be remiss to treat all United Kingdom-based employees as a monolith and reductive to say that the newfound telework for most United Kingdom-based employees removed all stressors while continuing to work during a global pandemic. Exploring the lived experiences of people at a more granular level by considering demographic characteristics provides a more fruitful understanding of the nuances present for QOL between groups.

Preliminary research from QOL-related topics during the COVID-19 pandemic indicated that characteristics of the United Kingdom employees working from home did indeed play a role in outcomes. For example, gender was shown to play a role in the experience of working from home during the pandemic. Adisa et al. (2021) conducted a qualitative study about the COVID-19 pandemic and British women's work and family lives. Remote working was found to contribute to women's role congestion and role conflict. Findings displayed the pressures that women faced from increased domestic workload compared to the pre-COVID-19 period. The authors also found that the lockdown facilitated the rediscovery of family values and closeness, which may have been connected to the decline in juvenile delinquency and low crime rate during the lockdown. Platts et al. (2022) conducted an online survey over a 12-week period from May to August 2020 to assess the impact of enforced homeworking under lockdown on employee wellbeing via markers of stress, burnout, depressive symptoms, and sleep. Most respondents (81%) were working at home either full or part-time (n = 623, 62% female). Detrimental health impacts of homeworking during lockdown were most acutely experienced by those with existing mental health conditions regardless of age, gender, or work status and were exacerbated by working regular overtime. Predictors of stress and depressive symptoms among participants without mental health conditions were being female, under 45 years old, homeworking part-time, and having two dependents. Men reported greater levels of work-life conflict. Findings also indicated that place and pattern of work had a greater impact on women.

Type of employment also played a role in the work-at-home experience in the United Kingdom. Hardman et al. (2021) conducted an online survey among the medical communication community working from home from May 20th to June 11th, 2020, in the United Kingdom. Most (85%) respondents had a positive experience based on enjoying time at home, liking the freedom, feeling secure in their posts, remaining cheerful, establishing a daily routine, coping with an interesting workload, and feeling valued. However, 28% of participants reported feelings of loneliness and/or isolation. Others noted problems with vigor, rest, and concentration, and some consumed more alcohol and exercised less, while others reported the opposite. Šmite et al. (2023) found similar findings among engineers located in Sweden, the United States, and the United Kingdom that 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 discussed blurred boundaries between personal life and work life but also reported benefiting from increased time with family and having more work time flexibility. Connor et al. (2022) conducted an online survey about the practicalities of learning and teaching from home in the United Kingdom during the months of June and July 2020. Findings indicated that working from home played a significant role in mental well-being as assessed using the Warwick-Edinburgh Mental Wellbeing Scale. While teachers coped well with the challenges of remote learning, a third of teachers reported below-average mental well-being, which was related to access to resources and confidence about teaching from home. About half of parents/carers reported below average well-being, and poor well-being was more common in those who were also working from home and who lacked support for their own mental health, which were associated with concerns about their child's mental health, lack of access to electronic devices, and workspace.

While gender and type of employment have been shown to provide for additional understanding of nuances in QOL as it relates to telework experiences, as mentioned earlier in this article, the variables of social distancing and stay-at-home orders created another layer of previous literature about working from home and QOL-related factors. Wels et al. (2023) conducted a longitudinal study assessing the association between homeworking and social and mental well-being among the employed population aged 16 to 66 in the United Kingdom. Findings indicated higher rates of homeworking during lockdown periods. Homeworking was not associated with psychological distress during April to June 2020 (first lockdown) or July to October 2020 (eased restrictions), but a detrimental association was found with psychological distress from November 2020 to March 2021 (second lockdown). Jackman et al. (2022) explored the perceived benefits and challenges of the national lockdown in the United Kingdom from the perspective of doctoral researchers and early career researchers using qualitative survey data collected from April 16th to May 14th, 2020 in the United Kingdom. Challenges during the lockdown included a poor work environment, limited access to resources, perceptions of pressure, and negative psychological outcomes. Participants also cited benefits in the early stages of the pandemic with working from home creating more time, resulting in greater productivity and a better work-life balance. Since the literature on these topics is preliminary, gaps exist providing researchers the opportunity to further explore how negative experiences with telework and decreased QOL could be addressed by uncovering home workplace shortcomings that, when remedied, might provide for increased QOL in future experiences with telework.

Purpose

Based on our literature review, QOL, as it relates to working from home in the unique COVID-19 pandemic environment, has been minimally explored, making it difficult to plan support for individuals and family members who might be currently or in the future living in homes doubling as both work and living space. Consequently, the purpose of this study was to describe QOL while teleworking 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 ensure an 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 authors of this manuscript both started working from home full-time in March 2020 and continue to work from home. The research team was composed of one female and one male, who are both White from New Jersey, USA, and hold terminal degrees. Throughout the research process, the team reflected on 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 a Human Subjects Research and Academic Affairs Compliance Officer and has worked in academia with extensive experience conducting survey research online in the field of health science. The second 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. We are new to conducting big qual research, and there was a lot to learn about how to manage large amounts of 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

This study was conceived and developed while participants (and the authors) were navigating many unknowns during a global pandemic. As such, the methods employed were unique in order to be successful in achieving many responses that were valuable while also remaining sensitive to the nature of the research because it pertained to the real-time lived experiences of participants. 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* (D’Abundo, Franco, & DeLuca, 2023; D’Abundo & Franco, 2022a; Brower et al., 2019).

Participants

The participants in this study (n = 709) included the general population from around the world, including the United Kingdom, the United States, the European Union, Australia, and the Far East (D’Abundo, Franco, & DeLuca, 2023). All participants identified as working from home with access to technological devices (e.g., laptop, smartphone, desktop, tablet). The detailed responses from participants required the data to be sorted and analyzed by geographical region. The current study (and the focus of this article) pertains to the responses from participants (234) living in the United Kingdom 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 remove potential participants if criteria were not met (D’Abundo, Franco, & DeLuca, 2023).

To promote the 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 stories (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 might be uncomfortable providing their gender and race, those questions were placed at the end of the survey to enable participants to opt-out (D’Abundo, Franco, & DeLuca, 2023).

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 locate, contact, recruit, and select participants, the authors replaced conventional methods (e.g., flyers, in-person interviews, pencil-and-paper surveys) with virtual strategies (e.g., survey invitation links on social media platforms, texting, smartphone apps, and emails). For example, the authors identified some Facebook groups by category to strategically attract participants: Groups by theme: Moms Home During the Pandemic, groups by size: >15,000 members, groups by purpose: Survey Exchange Groups. Survey invitation links were posted within the closed groups to recruit participants, and members of the group were contacted by direct message or made aware of the survey by posting the link within the group.

For selection purposes, 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, which facilitated selection of participants based on inclusion and exclusion criteria. 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 (e.g., gender, age, race), providing additional contextual understanding to the responses that were provided (D'Abundo, Franco, & DeLuca, 2023).

It is important to note that working from home comes in many different forms from individuals of all ages and because of this, the authors were purposeful in not minimizing potential participants' home working activities. The work-from-home status was not limited to only include paid work; therefore, participants were not excluded who worked from home as students, unpaid homemakers, and caretakers. Students had a transition from working in a classroom to working from home, and many participants were graduate students who were also employed part-time.

Data Analysis

For this article, analysis was focused on the 234 United Kingdom 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 the analysis.

Data analysis included a step-by-step validation process to ensure an 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 both 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 was imported into ATLAS.ti 9 by the first author to be tabulated based on the descriptive codes, and the categories of positive, negative, both positive and negative at the same time, and neutral (neither positive nor negative) emerged, which were used to further organize the codes (See Table 1). These categories were not pre-selected by the authors. The participants' statements naturally became grouped into one of these categories by the nature of their statements. The authors recognized that the honesty that the participants displayed in the totality of their responses allowed for clear categorization by the authors. For

example, a statement such as “I spend more time with my kids when I work from home” would not automatically be categorized as positive by the authors because the participant’s intention could be to convey a negative QOL; however, using the totality of the statement “I spend more time with my kids when I work from home instead of many hours commuting” would be categorized as positive as it reflects a clear preference of spending time with kids (positive) versus many hours commuting (negative).

After a review of the categories by both 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. Both 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/Increased QOL | 93 | 39.74 |
| Negative/Decreased QOL | 82 | 35.04 |
| Both Positive and Negative QOL | 20 | 8.55 |
| Neutral (Neither Positive nor Negative)/Unaffected QOL | 25 | 10.68 |
| Not Applicable (Not Fully WFH) | 14 | 5.98 |

Note. N = 234 (Participants were not prompted with the options above; these categories were coded based on an open-ended format).

Results

In total, 234 participants responded from the United Kingdom, having completed 80% or more of the questionnaire to be included in data analysis. 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, were noted with participant quotes to provide additional context. Additionally, the widespread geographic location of the participants of the research on a global scale (total n = 709) represents the success of the *Social Distancing Sampling* (D’Abundo & Franco, 2022c; D’Abundo, Franco, & DeLuca, 2023) method described earlier.

Most participants responded with detailed answers to questions, which provided insights into the experiences of participants during the COVID-19 pandemic. For example, a 24-year-old White female with a Master’s degree working as a User Experience Design Intern who started working from home on 7/20/2020 provided an overview of QOL while working from home during the COVID-19 pandemic:

Working from home is making my life much easier by avoiding transport to and from work for up to 3 hours a day and, also, not having to pay for it. Also, I can have proper meals at home (not that I didn’t before but more

time to prepare stuff) and also time to do some sport in the morning before work which I never did before, and it really does help. It is weird though not to meet your colleagues in person.

Table 2
Demographic Data for Gender, Age, Race

| Gender | N | Age | N | Race | N |
|-------------------------------|-----|-------|-----|-----------------------------|-----|
| Female | 174 | 18-24 | 139 | Asian/Pacific Islander | 52 |
| Male | 47 | 25-39 | 89 | Black or of African Descent | 7 |
| Non-Binary/Third Gender/Other | 1 | 40-50 | 5 | Hispanic or Latino | 3 |
| Prefer not to answer | 12 | 51-60 | 1 | White | 144 |
| | | 61+ | 0 | Other | 13 |
| | | | | Prefer not to answer | 15 |

Note. N = 234. Participants who selected ‘Other’ identified as Arab, Middle Eastern, Mixed race, Indian, White/Afro Latina/White Latina, Mixed White Asian, or Mixed Black Caribbean and White. Maximum age of participants = 51.

Table 3
Demographic Data for Profession and Education

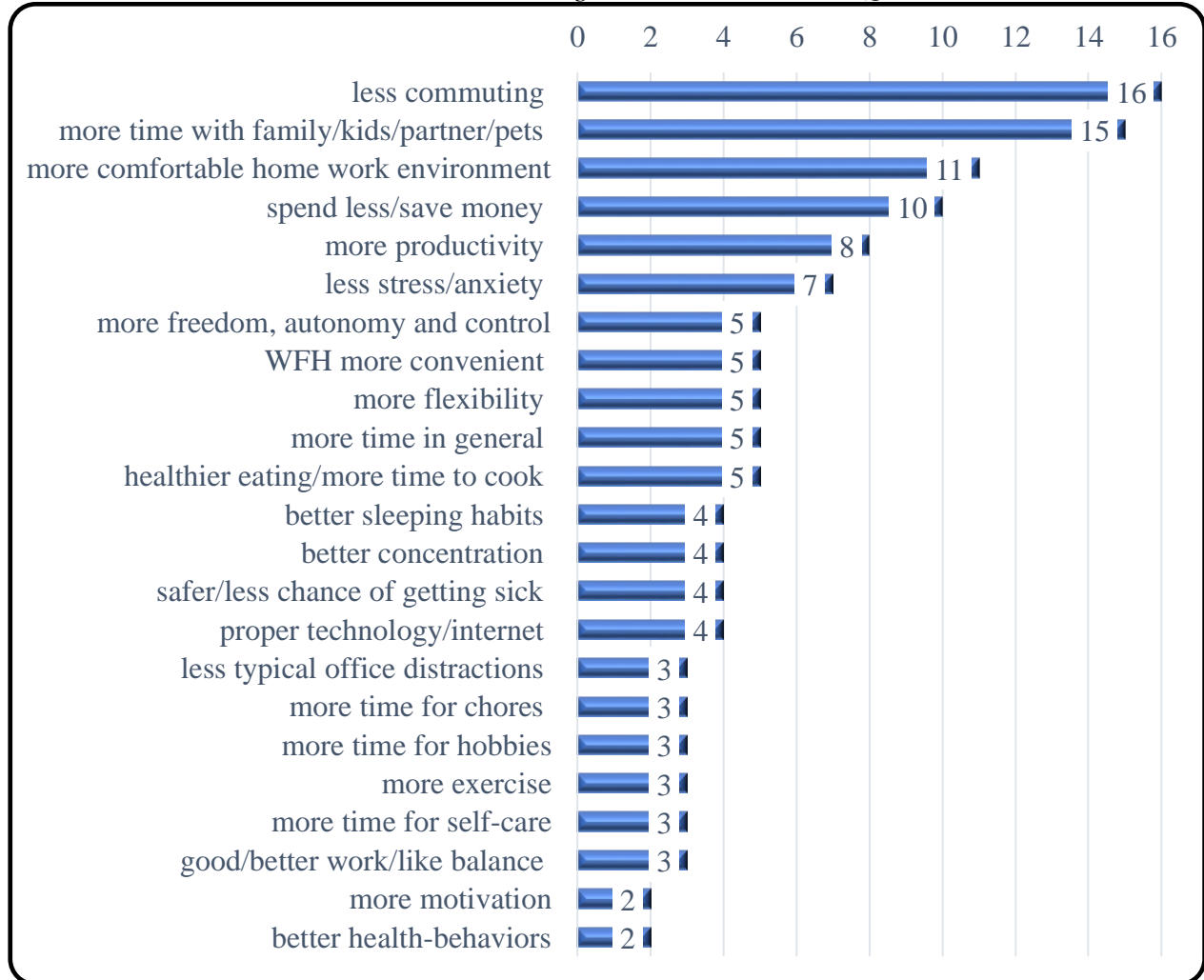
| Profession | N |
|--|-----|
| Full-time College, Master’s, Doctoral, Medical, Post-Grad Students | 106 |
| Part-time Students with other profession | 31 |
| Researchers, Data Scientists | 10 |
| Teachers/Lecturers, Teaching Assistants/Tutors | 9 |
| Marketing Professionals | 9 |
| Managers, Administrators, Executives | 6 |
| Sales/Retail Professionals | 5 |
| Designers (graphic/web) | 5 |
| Finance Professionals, Accountants | 4 |
| Restaurant Managers, Chefs | 3 |
| Healthcare Workers | 3 |
| Architect, Engineers | 3 |
| Education | N |
| High school degree or equivalent | 9 |
| Bachelor’s Degree | 67 |
| Master’s Degree | 141 |
| Doctorate Degree | 4 |
| Other | 1 |

Note. Data not inclusive of 234 participants as these questions were optional. For education, one participant selected ‘Other’ and specified ‘higher national diploma.’ For profession, only professions with the highest frequency are listed.

Positive/Increased QOL

In terms of QOL and working from home, the majority of participants (93) commented that working from home increased QOL and was a positive experience (See Figure 1).

Figure 1
Work From Home Characteristics Contributing to Positive/Increased QOL



Note. N = 93 (Some participants provided more than one category as contributing to positive/increased QOL. Participants were not prompted with the options above; these categories were coded based on an open-ended format). Additional categories included improved mental health (1), preference for fewer interactions with others (1), more energy (1), and more leisure time (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 39-year-old White female with a Master’s degree employed full-time as a University Lecturer and part-time student who started working from home on 3/17/2020 discussed more positive QOL while referencing more time with family and less commuting by writing:

I get to see my son and family a lot more. [I] used to waste an hour on my work commute in each direction! I now get a lot more done, am more productive and save on fuel costs as a result of WFH.

Unlike most of the participants, a 30-year-old White female with a Master's degree working as an early-stage researcher and employed part-time as a Service Contract Manager started working from home prior to the pandemic on 8/28/2019. She described her positive experiences as related to having fewer interactions with others by stating, "WFH really increases my own QOL due to being autistic and struggling with other humans." A 24-year-old White female with a Master's degree working in Sales while also enrolled as a student started working from home on 1/4/2020. She discussed an improvement in mental health by sharing, "I am an individual who suffers from anxiety so, if anything, WFH has helped my mental health significantly to be more relaxed and not having to overthink things at work."

A 27-year-old Hispanic or Latino male with a high school degree or equivalent working as a Product Advisor began working from home on 5/1/2020 and described his experience by stating, "[QOL] is good. [I have the] freedom to do what I need and complete personal tasks while completing work tasks." A 25-year-old White female with a Master's degree who began working from home as a Marketing Professional in the Legal industry on 3/17/2020 shared her following positive experience:

Due to sleeping for longer during the night and feeling refreshed in the morning, I tend to be more productive because of the lack of usual distractions at work. I'm able to prioritize tasks and focus on them much more efficiently than before.

Negative/Decreased QOL

Other participants (82) had negative experiences with working from home, which contributed to decreased QOL (See Figure 2).

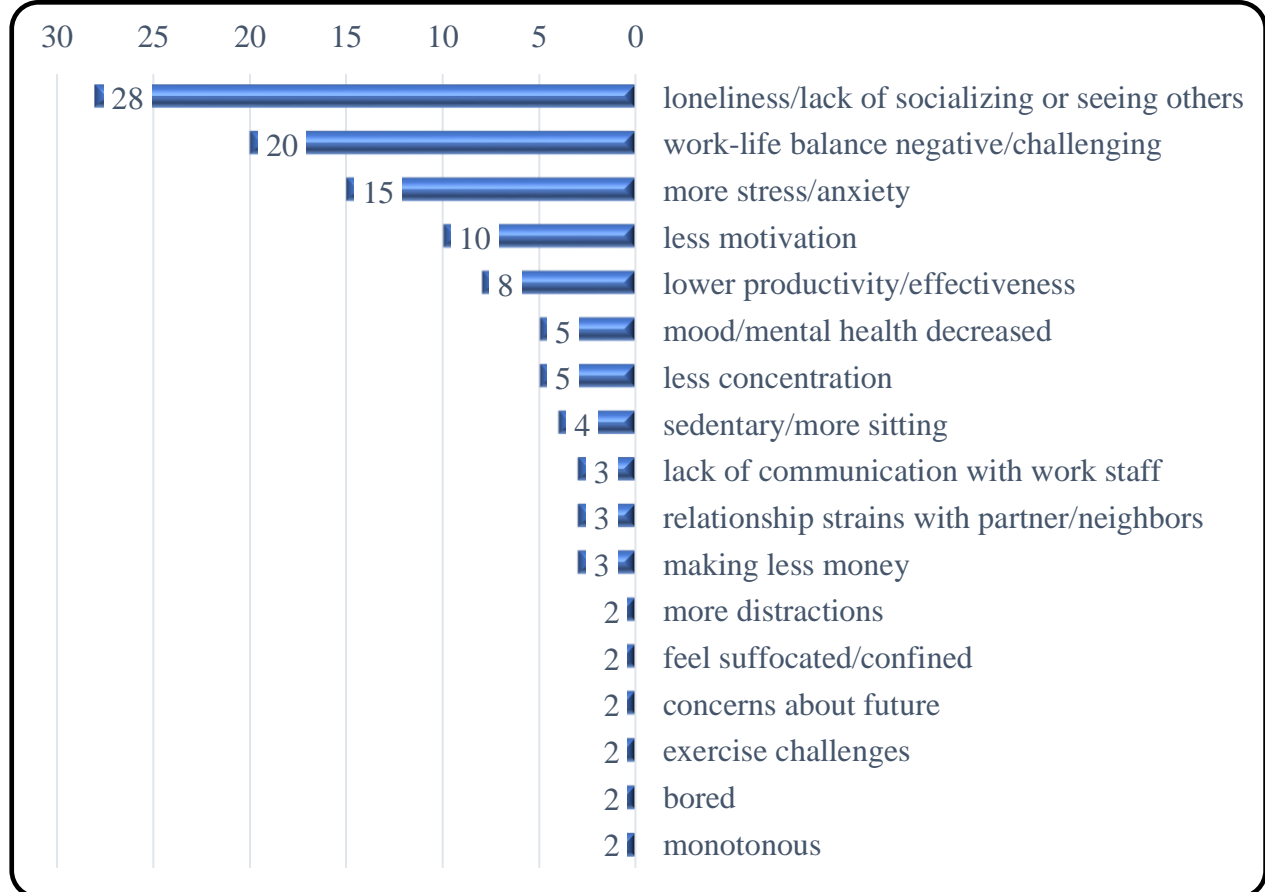
For participants with less QOL, the lack of socializing was emphasized, as displayed in the following: a 21-year-old White male with a high school degree or equivalent who began studying as a student from home on 03/23/2020 discussed loneliness due to isolation while being at home: "I would say my QOL has decreased. I'm quite extroverted and all my pals are far away. I cannot see them at the moment so I'm lonely and bored." A 24-year-old White/Afro Latina/White Latina female participant with a Bachelor's degree working as a Postgraduate Student since 3/16/2020 expressed the difficulties with work-life balance:

I feel my QOL is somewhat decreased by WFH. Prior to COVID, I would always work away from home in order to keep a separate space where I could relax. Now I feel like I'm having to create a mental space for myself in order to make progress on my work and try to compartmentalize in order to relax once I decide to be finished for the day.

A 24-year-old White male with a Bachelor's degree working full time as a graduate student and freelance teacher who started working from home on 3/20/2020 shared: "I am currently working on my university stuff at home. I am missing my motivation that I would usually have at uni. I feels (sic) like I can't split between real life and uni."

Figure 2

Work From Home Characteristics Contributing to Negative/Decreased QOL



Note. N = 82 (Some participants provided more than one category as contributing to negative/decreased QOL. Participants were not prompted with the options above; these categories were coded based on an open-ended format). Additional categories included repetitive routines (1), less energy (1), limited experience (1), stagnation (1), disrupted sleep patterns (1), challenges with taking care of kids/spouse (1), increased online spending (1), less leisure time (1), WFH sustainability concerns (1), and procrastination (1).

Both Positive and Negative QOL

Another experience described by participants (20) was a combination of both positive and negative experiences with QOL while working from home as displayed in the following excerpts: a 24-year-old Mixed White Asian female student participant with a Master’s degree who started working from home on 3/13/2020 discussed decreased QOL relating to less movement while being at home but reported having a comfortable work environment in the following comment: “It is okay so far. The dining table has been converted to a workstation for my partner and me. It is very comfortable; however, the sedentary lifestyle is not the best for our health.” A 23-year-old Asian/Pacific Islander female student participant with a Bachelor’s degree who began working from home on 3/26/2020 described her experience as both positive and negative as mentioned by the following: “[I am] restricted in travel but have more time to spend with my family and concentrate on my studies and work. I have plenty of time but [my] online spending has certainly increased.”

A 50-year-old White male with a Master's degree working as an Accountant who started working from home on 3/15/2020 discussed the positive of no commute juxtaposed with the challenges of work-life balance in the statement: "[WFH] is reasonable because I don't have to commute but I feel I can't get away from work or stop thinking about work life."

Neutral (Neither Positive nor Negative)/Unaffected QOL

In addition to the participants that stated having positive, negative, or a combination of both experiences, fourteen participants considered themselves not fully working from home and twenty-five other participants had a more neutral disposition toward QOL while working from home, whereby their experiences were neither positive nor negative.

A 38-year-old White female with a Bachelor's degree working as a student and stay-at-home mother who started working at home on 3/3/2020 stated, "I don't think WFH impacts my QOL." A 37-year-old White male with a high school degree or equivalent working as an Information Technology Support Specialist started working from home prior to the pandemic on 1/6/2019. He stated, "I worked from home prior to the pandemic, so my QOL in terms of work/life balance has not changed."

Discussion

COVID-19 was not mentioned in the questionnaire used for this project. 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.

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 was participants who experienced QOL as negative while working from home, followed by participants who mentioned both positive and negative experiences, followed by participants who observed neither positive nor negative differences, and the smallest group was participants who identified as not fully working from home.

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 (Peplińska & Rostowska, 2013; Peruniak, 2010) and 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. Like the results for U.S. respondents (D'Abundo, Franco, & DeLuca, 2023), the findings in the current study were organized into positive, negative, both positive and negative, and neutral (neither positive nor negative). Interestingly, the categorization of QOL while working from home as positive or negative (or both) emerged from participants' response patterns for both the United States and United Kingdom participants and was not built into the questionnaire. This study was focused on United Kingdom 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 Kingdom.

Overall, the top reasons more participants cited increased QOL while working from home were due to less commuting, more time with family/kids/partner/pets, more comfortable homework environment, spending less and saving money, increased productivity, less stress/anxiety, more freedom, autonomy and control, convenience due to WFH, more flexibility, more time in general, and healthier eating/more time to cook. The aforementioned factors were also mentioned in research by Deloitte (2020), Hardman et al. (2021), Jackman et al. (2022), and Šmite et al. (2023). Therefore, for many participants, working from home created an opportunity to improve many aspects of well-being that led to perceived increased QOL.

In the current study, the top reasons for negative QOL included a lack of socializing, challenges related to work-life balance, increased stress/anxiety, decreased motivation, lower productivity, decreased mood/mental health, less concentration, and a sedentary lifestyle. 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. Deloitte (2020) noted that 10% of participants had a negative experience, citing fewer in-person interactions and challenges in maintaining a work-life balance. Hardman et al. (2021) also found that 28% of participants reported feelings of loneliness and/or isolation. Connor et al. (2022) found that about half of parents/carers reported below-average well-being and poor well-being was more common in those who were also working from home and who lacked support for their own mental health, which was associated with concerns about their child's mental health, lack of access to electronic devices, and workspace.

The aggregation of experiences by demographic factors like age, gender, and income was not possible due to the big qualitative analysis approach used in this study. However, participant comments indicated that responsibilities and issues related to gender played a role in the QOL experiences while working from home. Platts et al. (2022) found that stress and depressive symptoms among participants without mental health conditions were related to being female, under 45 years old, homeworking part-time, and having two dependents. Adisa et al. (2021) found that remote working contributed to women's role congestion and conflict relating to increased domestic workload compared to the pre-COVID-19 period. Participants in this study shared similar experiences through comments displaying the complexities of navigating work-life balance while 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. Research conducted during the COVID-19 pandemic indicates that participant characteristics, work-related issues, living situations, and personal responsibilities influenced experiences. 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. Platts et al. (2022) cited challenges relating to gender roles but also found that the lockdown facilitated the rediscovery of family values and closeness. Jackman et al. (2022) found that challenges during the lockdown included a poor work environment, limited access to resources, perceptions of pressure, and negative psychological outcomes. However, participants also cited benefits in the early stages of the pandemic, with working from home creating more time, resulting in greater productivity and a better work-life balance. Wels et al. (2023) found that homeworking was not associated with psychological distress from April to June 2020 (first lockdown) or July to October 2020 (eased restrictions), but a detrimental association was found with psychological distress from November 2020 to March 2021 (second lockdown).

While findings from this study suggest that a subset 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. To represent a more complete picture of QOL while working from home in the United Kingdom, sampling methods would need to be adjusted to provide a better representation of the entire teleworking employee population. In addition, understanding the role of the number and length of lockdowns, and restrictions to socializing to QOL may help in planning for working from home especially in emergency situations.

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 less commuting, more time with family/kids/partner/pets, a more comfortable home-work environment, spending less and saving money, increased productivity, and less stress/anxiety. 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 workforce in the United Kingdom.

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. Gascoigne (2020) conducted a literature review of homeworking with the following takeaways: there is a difference between 'standard' and COVID-enforced homeworking, employee demand for homeworking has increased and, thus, working practices need to suit both home-based and conventionally-sited employees and concentrate on partial, voluntary homeworking to create high-quality jobs. Such recommendations could address some of the negative issues associated with working from home mentioned in this study, including the lack of socializing.

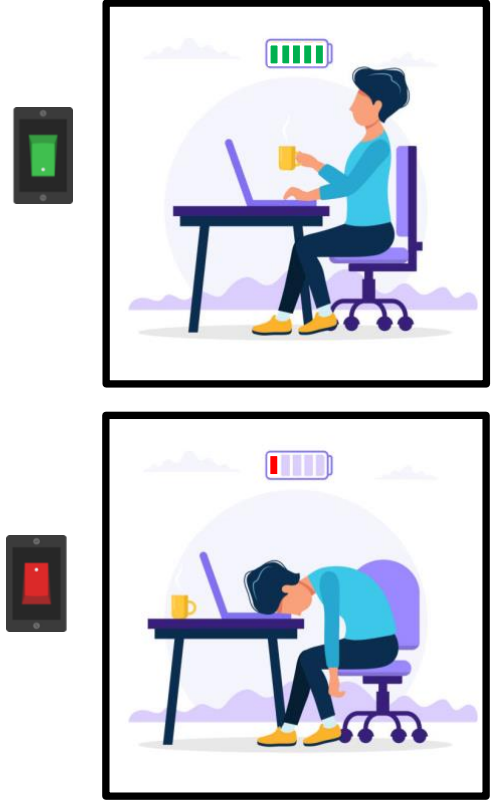
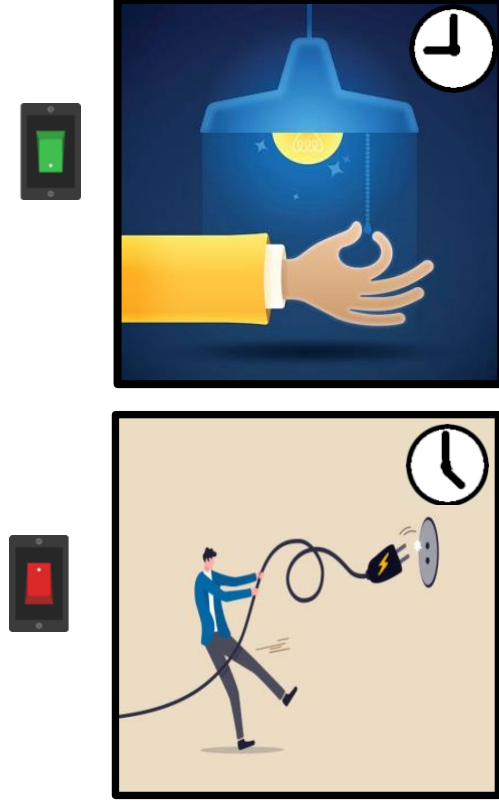


One solution seems to be the use of hybrid working, combining working from home with face-to-face work time. According to Jack (2020), fifty of the biggest United Kingdom employers have said that they had no plans to return all staff to the office full-time in the near future. According to the Office for National Statistics (2022), 84% of United Kingdom workers who had to work from home because of the pandemic said they planned to carry out a mix of working at home and in their place of work in the future. In February 2022, the most common hybrid working pattern was working mostly from home and sometimes from their usual place of work. Businesses reporting using or intending to include homeworking as a permanent business model increased from 16% (autumn 2020) to 23% (early April 2022), citing that decisions were related to improved staff well-being, reduced overheads, and increased productivity.

The title of this article questions whether participants were turned on or off by telework, and this could have several connotations with different implications (See Figure 3).

1. Both turned on and off at the same time. Some participants' responses reflected both positive and negative attributes of QOL as it related to teleworking, revealing the cognitive dissonance that some employees faced with QOL and teleworking. Under the right circumstances (e.g., customization of the home workplace environment, proper access to technology with Information Technology support), those who are not completely turned off by telework could be more turned on by and to telework. Therefore, if conditions were improved, then more positive experiences could lead to better QOL. Participants' references to a lack of separation between home life and work life lead to the next implication.
2. Finding a way to turn on and then off to create a work-life balance. Many participants stated that teleworking at home created issues with boundaries between professional and personal life. Of these participants, many stated that there was no difference between leisure and business, and their QOL suffered because of not being able to shut off work, which contributed to feelings of stress and anxiety. Individuals who were able to turn off their work-from-home technology after a certain time and leave those devices in their home workspace area untouched until the next day expressed increased QOL.
3. Turned on or off = in or out of control. QOL may be linked with the amount of control or lack thereof that employees feel while teleworking, often due to limitations such as small home workspaces or technology limitations. One participant stated that she made sure to switch off her computer during lunch and when she finished her shift, implying that this was a conscious decision to set boundaries. One question that arose after this theme was if we are in control of turning the technology on and off each day or if the technology itself is what turns us on and dictates our QOL. Another participant responded that she worked from home adequately because she had good Internet access and technological resources. Others have commented about sustainability concerns regarding online work contributing to decreased QOL, but it is not clear if this is due to technology limitations. Furthermore, unexpected changes could have resulted in feelings of loss of control, leading to decreased QOL. If there is a loss of control associated with telework, leaving the individual turned off, then who shares in the responsibility to help regain control, leading to increased QOL and more productive employees?
4. Turning on to telework: Who is responsible? Turning on a remote for a television or logging onto a computer is not automatic; it requires an action. Like the discussion of control in the previous paragraph, are employees or management responsible for turning employees on to telework by creating better experiences that could increase QOL? Understanding roles as they relate to telework could help in addressing issues that form negative experiences.

Figure 3

Connotations of Being Turned On/Off as it Relates to Telework

| | |
|---|--|
| <p>1. Turned on and off to telework at the same time.</p> | <p>2. Work-life balance: turn on and then turn off.</p> |
|  |  |
| <p>3. Turned on or off = in or out of control.</p> | <p>4. Turning on to telework: Who is responsible?</p> |
|  |  |

Note. This figure, created by Franco and D'Abundo, illustrates four connotations of being turned on/off as it relates to telework. The green and red-light switches refer to being turned on or off, respectively.

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. Most participants were White females between the ages of 18-24, which is only a small subset of United Kingdom-based employees who were working from home during the time of data collection.

Furthermore, 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. On the other hand, individuals unfamiliar with their new telework technology devices at home (who may have typically completed the survey online in their traditional work office location utilizing the office technology) may have not participated in the survey. Furthermore, employees with added responsibilities in the home due to the pandemic might not have had the time to participate in or complete the survey and, therefore, were not reflected in the results of 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 in the United Kingdom 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, 2022c), and combined methodology of a *General Online Big Qual Study* (D'Abundo & Franco, 2022a; Brower et al., 2019) resulted in significant participation throughout the world. The participants (n = 234) from the United Kingdom described positive, negative, both positive and negative, and neutral (neither positive nor negative) 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 Kingdom 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 Kingdom, 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 promote more sustainable QOL for those working from home. Understanding these experiences might help employers further refine working from home to best suit employees' needs going forward to support long term telework sustainability. A proactive workforce empowered to find ways to address and correct negative components of working from home could ultimately lead to increased QOL, which in turn could flip the switch to be mostly "turned on" to telework in the United Kingdom.

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