

Poster P13 Society for Social Medicine & Population Health and International Epidemiology Association European Congress Joint Annual Scientific Meeting 2022 FUNDED BY National Institute for NIHR Health and Care Research

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

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Introduction and Aims

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



Methods (2)

Study selection: Titles and abstracts screened

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

Results (2)

moderating relationship

Little evidence of a

between individual

characteristics (age,

ethnicity, education,

Important factors

include control, choice,

(lack of) private space

in which to work, and

degree of monitoring

by employers.

income).



Data extraction:

wellbeing.

Form developed and piloted Extracted key details in tabular format

Prevalence of home working

and 12-18% occasionally4,5 to

~50% (some / all of the time) with the onset of COVID-19.^{4,6}

working look set to continue.4

Home working and hybrid

Specific workplace health

from home is needed.

guidance relating to working

We aimed to identify, appraise

that explores the impact of

home working on health and

and synthesise existing evidence

increased from 2-5% mainly

 Quality appraisal undertaken Extraction performed by one reviewer, 10% checked

Synthesis:

Some evidence of a

more negative impact

on women during the

COVID-19 pandemic,

in particular those

Most studies were

cross-sectional.

with self-selected

samples, and self-

reported measures.

with children.

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

intheuk/anril2020

Methods (1)

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

Seaching: • MEDLINE, EMBASE, Web of

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

Results (1)

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

During-COVID-19 studies:

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

alcohol use, tobacco use Detriments: strain, exhaustion, risk of burnout

Benefits: Ool life satisfaction

Pre-COVID-19 studies:

Exclusion criteria:

Students, temporary remote

Studies on flexible office hours or

• Work-related outcomes (e.g. job satisfaction, work-life balance)

teaching during lockdown

another remote location

Books and dissertations Non-OECD countries.

 Neutral: overall physical health · Mixed: physical (in)activity, mental health

Complex associations



Conclusions and implications

The evidence base for home working and health/wellbeing has hugely expanded due to the need for increased homeworking during the COVID-19 pandemic.
Employers can: • Offer choice over work location

working from home

individual

Treat each worker as an

circumstances Researchers can:

- Recruit more representatively Provide support to staff
 - Conduct longitudinal cohort and in-depth

individual

- qualitative studies
- Focus on inequalities

Associations with health

/ wellbeing can be both

positive and negative

depends on context.

role of employers, and

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This study is funded by the National Institute for Health Research (NIHR) Public Health programme (project reference 18/93 PHR Public Health Review Team). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.