The impact of mandated work from home on employee work-life balance in Ireland.

By

Niamh Griffin

Master of Arts in Human Resource Management

National College of Ireland

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Abstract

Objective: Many employees were forced to work from home (WFH) during COVID-19. For many this increased/decreased their work-life balance (WLB). However, there remains little understanding regarding mandated work from home (MWFH) and the variables that contribute to increased/decreased WLB when working from home.

Participants: Employees in Ireland (N = 139) completed an online questionnaire examining the impact of MWFH on WLB.

Methods: A cross-sectional design was utilised and following quantitative research methods an online questionnaire was distributed to participants using non-probability sampling. The questionnaire included demographic questions and questions from four pre-existing scales: General Health Questionnaire (GHQ), The Work-Family Conflict Scale (WFCS), a Financial Scale and the Interruption Prevalence Scale (IPS), all of which achieved a Cronbach's Alpha of over 0.7. A hierarchical multiple linear regression analysis was conducted to discover the predictors of WLB, a MANOVA was utilised to determine the impact of WFH on mental health and WLB and independent samples T-tests were conducted to compare the WLB of employees depending on workplace and gender.

Results: Female gender, interruption prevalence since COVID-19 and mental health were found to be predictors of WLB. No association was found between MWFH and (1) mental health and (2) WLB of employees during COVID-19. No difference in WLB was found between genders or workplaces.

Conclusions: WFH did not impact employee WLB in Ireland. Rather it was found that significant predictors identified effect WLB, therefore place of work has no bearing on WLB. Consequently, organisations must address significant predictors by implementing policies and benefits to increase WLB.

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List of Abbreviations

WLB – Work life balance

RW – Remote work

MWFH – Mandated work from home

IV(s) – Independent variable(s)

DV – Dependent variable

WFB – Work family balance

IPS – Interruption prevalence scale

WFCS – Work-family conflict scale

GHQ – General health questionnaire

WIF – Work interferes with family

FIW – Family interferes with work

COR – Conservation of resources

MANOVA – Multivariate analysis of variance

MHFA – Mental Health First Aid

Chapter 1: Introduction

1.1 Introduction

Technological advancements have led to boundaryless work and although this has enabled many to gain greater WLB (Rathnaweera and Jayathilaka, 2021), paradoxically it can decrease WLB as work infringes on the 'life' domain (Kumarasamy, Pangil and Isa, 2015). The introduction of 'The Right to Disconnect' in France (Eurofound, 2021), showcases how technology and remote work (RW) can lead to work intensification (Adisa, Gbadamosi and Osabutey, 2017), calling for legislative rights for employees to gain greater WLB. Yet theorists question whether this legislation goes far enough and if it has missed the mark in trying to tackle decreasing WLB, targeting only email communications and larger companies (McDowall and Kinman, 2017). More diluted in Ireland, during COVID-19, the WRC (2021) introduced a code of practice on the 'Right to Disconnect', giving workers protection against penalisation for refusal to work outside of normal working hours, it is however only best practice and not a legal requirement to implement the code.

More recently technological advancements were praised in the onset of COVID-19 (Rathnaweera and Jayathilaka, 2021), forcing many to comply with MWFH regulations. Yet MWFH created a gap in the WFH and WLB literature as previous studies explore employees that chose to WFH, consequently it may be assumed that previous samples had optimal home conditions and equipment to WFH. Such as in Salazar's (2001) study, finding that three quarters of employees who chose to WFH had a separated designated workspace. Opposite to this and similarly to COVID-19, Donnelly and Proctor's (2015) evaluation of employees forced to WFH in the aftermath of an earthquake found that many employees lacked appropriate infrastructure and designated workspace and consequently WFH had a negative impact on WLB. Further, Felstead *et al*. (2002) found that WFH does not increase WLB when forced to WFH, therefore WFH must be a choice for it to increase WLB.

During COVID-19 the environment was different to any previously conducted studies, as lock downs were enforced and many employees' mental health decreased (Geary and Belizon, 2021). Although recently there has been an emergence of literature regarding WFH during COVID-19, research has presented conflicting findings of its impact on WLB, as theorists disagree as to whether it increases or decreases. Additionally, much of this investigation is conducted in the United States (Fukumura *et al*., 2021) and Britain (Adisa, Aiyenitaju and Adekoya, 2021). Consequently, there remains little investigation of its impact in Ireland and particularly in relation to WFH employees' perceptions of WLB. Therefore, further research into MWFH and investigation into which variables impact WLB in Ireland is essential to contribute to this gap. Additionally, this research may help organisations develop policies and practices to support remote employees WLB going forward, as called for by many theorists, such as Palumbo, Manna and Cavallone (2020), to engage and retain the workforce.

In Ireland, the introduction of a code of practice on the 'Right to Disconnect' (WRC, 2021) might suggest that increased boundary blurring during MWFH decreased WLB. Yet more recently, a bill has been presented on the 'Right to Request Remote Work' (Department of Enterprise, Trade and Employment, 2022), suggesting that many employees wish to WFH. However, draft legislation appears to be unambitious, giving employers significant power to reject requests, as refusal grounds appear to be extensive. Yet an inherent question lies within this paradox and that is whether employers can reintroduce employees back to the workplace, as the war for talent increases, alongside many societal problems, such as cost of living surges, an intensifying housing crisis and increased migration levels, all of which could lead to high turnover if employers are unable to attract talent as WFH options are not made available.

Finally, as Ireland faces an aging population and as four generations enter the workforce, employee perceptions between generations are becoming increasingly polarised. The majority of the older population prefer working in the workplace and value high salaries (Raišienė, Rapuano and Varkulevičiūtė, 2021). Whereas younger generations, particularly females seek WFH opportunities and value WLB over salary, as many avoid multinationals in favour of medium enterprises that fit their values and provide flexible work practices (Laskowska and Laskowski, 2021). Considering this, employers may have to adapt their policies and introduce significant flexibility to their benefits offerings to cater to the mixed preferences and values of employees. Offering flexible work practices such as WFH may enable employees to gain greater WLB and fit younger generations expectations, which may help to attract and retain top talent. Yet to do this, research must be conducted into the variables that are conductive to WFH, which can increase WLB and therefore this research hopes to provide information to guide employers on implementing WFH policies and supports. As movement towards greater WLB is a positive for employees, as well as organisations that equally benefit from the positive impact WLB has on engagement, productivity and more (Sharma, 2021).

1.2 Research Justification

Enabling employees to achieve WLB is imperative for organisations, as work life imbalance and elongated working hours can lead to increased role conflict, lowered wellbeing both physically and mentally (Kinman and Jones, 2003), decreased engagement, productivity, increased absenteeism and so on (Hobsor, Delunas and Kesic, 2001). These findings are particularly pertinent in the context of WFH, as due to an "electronic leash" many employees work longer hours (Kelliher and Anderson, 2010, p. 94), which is associated with decreased WLB (Russell, O'Connell and McGinnity, 2009). As such, there has been a calling from within the literature for organisations to focus on establishing greater managerial

support to increase employee WLB (Alfanza, 2021), as employers are equally responsible for supporting WLB (Kumarasamy *et al*., 2015). The focus of this research is to investigate whether identified independent variables (IVs, see chapter 3) are predictors of WLB in the context of WFH. As previous research has failed to examine identified IVs simultaneously and there is a lack of investigation into many IVs in the Irish context, this study will attempt to expand the understanding of what impacts WLB when working from home. Findings from this research can be used by employers to implement supports for employees to attain greater WLB, which can simultaneously increase profits for the organisation. Identifying IVs that impact WLB can help organisations to prioritise support implementations. Additionally for smaller employers, which many are in Ireland this can help organisations with limited budgets to strategically select supports which will have the most impact on increasing WLB.

1.3 Research Aims and Objectives

The researcher aims to investigate how MWFH impacts WLB. The objective of this study is to establish if variables identified as important within the literature effect WLB. Results generated hope to guide organisations when considering policies and supports which may be implemented to promote WLB for future WFH employees.

1.4 Structure of the Research

Following the introduction which contextualised the research problem and exposed MWFH's impact on WLB in the Irish context as a gap within the literature, the literature review will be presented. Firstly, conceptualisations of WLB are discussed, followed by an exploration into IVs that were selected for this study to examine their potential impact on WLB when working from home. Following this the research question, aims and objectives are set, along with a presentation of the methodological approach adopted for this study. Subsequently research findings and analysis are presented, followed by a discussion reflecting on the implications from the findings, as well as limitations and strengths.

Conclusions, avenues for further research and recommendations are proposed and a reflective personal learning statement is included.

Chapter 2: Literature Review

2.1 Introduction

This literature review explores WLB and specifically WLB when working from home. This review first examines the concept of WLB. Secondly, boundary theory will be reviewed to explore boundary erosion and WFH. Thirdly, the impact of designated workspaces on WLB will be examined and fourthly the interruption landscape during WFH will be evaluated. Fifthly, dependent care is considered and expanded to include elder care to examine how this impacts WLB. Sixthly, technology, technostress and eroding boundaries will be explored. Seventhly, commuting's effect on WLB and the impact of its removal during COVID-19 will be examined. Eighthly, the impacts of gender when working from home will be considered and ninthly the effects of RW on WLB will be evaluated.Tenthly, generational experience of RW and how perceptions and skills impact perceptions of WLB will be contemplated. Finally, educational attainment level will be considered as a mediating factor which enables greater perceptions of WLB and how lower levels of education restricts access to WFH.

2.2 Defining Work-Life Balance

The first challenge the literature presents is a lack of clarity on the definition and terminology of WLB. Firstly, the term 'work-life', will be adopted for this study, assuming 'life' encapsulates all areas of the non-work domain (Adisa *et al*., 2017; Kalliath and Brough, 2008). Rather than traditional work-family discourse, which mainly focuses on mothers and more recently parents (Kelliher, Richardson and Boiarinstena, 2019). Greenhaus, Collins and Shaw (2003) position their definition of WLB within the realms of traditional work-family discourse, referring to WLB as work family balance (WFB). Perceiving WFB as the equal division of time and resources allocated to work and family (Greenhaus and Beutell, 1985). This perspective can be observed through the lens of balance theory inferring that an equal

distribution of resources is equated with positive WLB, whereas unequal distribution increases conflict between work and life (Kumarasamy *et al*., 2015), assuming that WLB is quantifiable. Disagreeing, Kalliath and Brough (2008) state WLB is not quantifiable and cannot be measured. Recently, evolutions within the literature offer a more inclusive definition of WLB. In this regard, Parkes and Langford (2008) define WLB as an employee's ability to successfully moderate work, family and non-work responsibilities. Endorsing this Kalliath and Brough (2008) extend WLB to all individuals and all work and non-work activities. Inclusivity is imperative to this study, that looks at all individuals and non-work activities which has been under explored particularly within Ireland.

Thus far, definitions of WLB presented have underestimated employee subjectivity, a factor which may impact this study relying on self-reported subjective perceptions of WLB. Considering this, Kelliher *et al*. (2019) define WLB as a balancing act between the relationship of work and life which fits the employee's perception of what constitutes balance. Enhancing this discussion, Kalliath and Brough (2008) take a situationist approach to WLB, looking to employees' perceptions of what constitutes balance in accordance with their overall commitments. This definition recognises that employees may have preferences for work or life and acknowledges that preferences change throughout the lifecycle.

2.3 Boundary Theory

Boundary theory assumes that work and life are segmented and incompatible and examines how employees control boundaries between life and work. There are juxtaposed dispositions to how employees perceive work and life, namely, segmentation where work and life are separated and in opposition integration where there is fluidity between work and life which are intertwined (Nippert-Eng, 1996). A trend emerges when examining boundary theory in the context of RW, as theorists identify that WFH blurs boundaries between work

and life (Salazar, 2001), continuing during COVID-19 MWFH (Cho, Beck, Voida, 2022; Palumbo, 2020).

Contemplating MWFH, Cho *et al*. (2022) explore how employees redefined the home's meaning to encapsulate work and life simultaneously, which may have led to the construction of the hybrid home. This might suggest that RW employees have adopted an integration approach during MWFH, as 83% of US employees want to remain remotely working at least one day per week (PWC, 2020) and in Ireland, specifically in Louth, Kildare and Meath, it was found that 93% desire permanent WFH (Murphy cited in Dáil Éireann Debate, 2022). Therefore, some individuals may have a strong expandable pie ideology, where work and life are perceived to be compatible (Leslie, King and Clair, 2019) and as argued by Greenhaus and Powell (2006) can enhance one another. Consequently, boundary theory is significant to this study as MWFH removed boundaries between life and work, which from a traditionalist standpoint might lead the author to hypothesise that WLB decreased due to MWFH. However, considering the evidence presented above, boundary erosion may not have a negative impact on WLB and may in fact increase WLB. Consequently, this study will consider whether boundary erosion increased or decreased WLB for WHF employees.

Critics ask whether this theory has relevance today, where the boundary landscape has become increasingly blurred both spatially and psychologically (Adisa *et al*., 2017). Yet in respect of WFH and increasing integration, it might be argued that boundary theory is essential for employees to gain greater WLB by maintaining boundary control (Kossek, 2016) and for organisations to provide boundary management supports (CIPD, 2020c). This may enhance WLB by reducing role conflict and increasing recovery time from working as Palumbo (2020) determines rest periods decrease when employees WFH. Boundary theory may prove to be critical to this study when providing recommendations for employers to

support WFH employees. Yet boundary management in terms of WFH is influenced by many factors such as gender, number of household members and dedicated workspace which will be explored going forward.

2.4 Designated Workspace

WFH can increase boundary blurring, role conflict and inability to disconnect. Accordingly, it is argued that designated workspace is essential to RW (Baruch, 2000) and can help to generate better WLB. Yet, having a dedicated workspace may not be possible for many employees in the rapid shift to RW during COVID-19 (Allen *et al*., 2021). This predicament is comparable to Donnelly and Proctor's (2015) findings on disaster impacts on WFH, examining employees rapid shift to WFH in the aftermath of a natural disaster, showcasing employees ill-equipped workstations and lack of designated space to conduct WFH. Contextually this issue may be exacerbated by the Irish housing crisis (O'Connell, 2021), with many forced to rent shared accommodation with no designated workspace. Additionally, designated workspaces are often occupied by males, whereas females often find their workspaces in shared spaces (Leroy, Schmidt and Madjar, 2021; Sullivan and Lewis, 2001), making it harder to maintain boundaries and enhancing conflicts experienced by females (Adisa *et al*., 2021) and lowering WLB. Consequently, it might be argued that this impact may be rooted in socio-economic and gender inequalities, where those without designated space suffer greater work-life-imbalance.

2.5 Interruption Landscape

In traditional WFH literature, employees emphasise avoiding colleague interruptions as a motivator to WFH (Salazar, 2001). This sentiment continued during COVID-19, as the CIPD (2020b) found that WFH employees have less distractions and Cho *et al*. (2022) conclude that employees enjoyed WFH as they escaped colleague interruptions. Yet, WFH presents opportunity for 'life' interruptions. In an Irish study, Russell *et al*. (2009) find that

WFH employees have more work/life conflicts than those in the workplace. This may be due to the proximity of work and life, as boundaries blur and role conflicts occur. These findings can be segregated by gender, as females experience greater interruptions than males during WFH (Leroy *et al*., 2021). Sullivan and Lewis (2001) further explore the gendered experience of RW, finding that males experience greater work-to-family conflict, whereas females experience greater family-to-work conflict, both which can blur boundaries and decrease WLB. Consequently, this study will examine interruptions within the context of MWFH using Leroy *et al*.'s (2021) IPS to measure the interruption landscape. It will question whether females experienced greater interruptions than males, which types of interruptions occurred most per gender and consequently determine which gender experienced greater work-life-imbalance during COVID-19.

However, Gajendran and Harrison (2007) propose that RW has a mediating effect on work-family conflict and can help increase WLB once an employee has worked remotely for more than one year. Supporting this Ashforth, Kreiner and Fugate (2000) recognise that although interruptions can interfere with role identity and increase role conflict, after some time employees grow accustomed to their roles. When this occurs interruptions may not have a significant impact as employees can easily shift between roles. This is aligned to an integration approach, as although a segregation approach is recommended for employees that shifted to RW, it might be argued that as time goes on, employees may be able to move towards an integrated approach occupying a dual role at home. These findings may have an impact on this study, being conducted two years since the start of the pandemic as employees may report increased WLB even if interruptions have increased during WFH.

2.6 Dependent care

Having considered how interruptions can be experienced during WFH, dependent care may be considered as an additional stressor that can impact WLB. Most WLB literature

focuses on parents and children, yet this interpretation of 'life' is limited. Investigating dependent care, all genders must be considered, as well as widening the definition of 'life' or dependent, this may include children and eldercare (Kelliher *et al*., 2019). Additionally, the majority of WLB literature only considers an employee having one caring responsibility. However, there is a double burden on those termed the 'sandwich generation' (Halinski, Duxbury and Higgins, 2018) having childcare and eldercare responsibilities which can lower WLB. Further, elder care may cause increased family-to work-conflict due to the unpredictability of care needs (O'Donnell, 2020) and increasing needs as dependents age.

Gorjifard and Crawford (2021) assert that WFH gives employees flexibility to care for dependants, which can enhance WLB. Yet they caveat this stating that life-to-work conflict may increase if dependents require significant care. Similarly, Fukumura *et al*. (2021) observe that childcare is a significant challenge to WFH employees. Supporting this Palumbo (2020) reports that WFH negatively impacted the WLB of employees with childcare responsibilities. Song and Goa (2020) observe the complexity of WFH and dependent care, commenting that it may increase flexibility, yet it can cause greater life-to-work conflicts. Contextually in Ireland a CIPD (2021) study found that female WFH employees were more adversely impacted by childcare responsibilities than their male counterparts. Accordingly, this study will examine whether number of dependents impacts WLB. This examination hopes to determine whether WFH or in office employees with dependents have differing perceptions of WLB.

2.7 Technology

Having considered some of the impacts of WFH on employee WLB, Kossek (2016) contemplates whether technology is a help or a hinderance and is indeterminant in their conclusion. Expanding on this contemplation, technology in the workplace has helped increase productivity and efficiency (Ma, Ollier-Malaterre and Lu, 2021), as well as

establishing boundaryless communications (Richardson and Thompson, 2012). During COVID-19, technology enabled WFH, which according to CIPD (2020a) enhanced 61% of employees WLB. Yet for some it further blurred the boundary between work and life (Hackston, 2020) and consequently this may have impacted WLB negatively as employees may have experienced increased role conflict and difficulty to disconnect. Additionally, technology creates technostress for employees (Ma *et al*., 2021) and technological overload can decrease WLB. Harris *et al*. (2015) argue that conservation of resources (COR) theory can be used to examine why this occurs, finding that as technological overload increases, it uses greater resources, which may result in employees not having sufficient resources to engage in non-work life. Additionally, Richardson and Thompson (2012) utilise COR theory to demonstrate that increased engagement in work during non-work hours depletes resources, increasing work-to-life conflict. Accordingly, during WFH employees brought work technology into the home which COR theory would suggest decreases WLB. Therefore, this study will examine if WFH employees had greater work-life-imbalance than in office employees to determine if the authors findings of COR theory are supported within an Irish MWFH context.

Further, technological advancements enable employees to utilise flexible working arrangements. Yet a paradox exists as technologies flexibility and accessibility can permeate employee's non-work lives making work inescapable (Schlachter *et al*., 2018; Jarvenpaa and Lang, 2005). Consequently, technology has cultivated an 'always on culture' (McDowall and Kinman, 2017). Recently CIPD (2020c) identify that 29% of employees perceive portable technology as a blurring mechanism, which Fenner and Renn (2010) argue can increase work-to-family conflict and lower WLB. This may be due to the culture and expectation of organisations (Schlachter *et al*., 2018) or the increased pressure to respond coupled with increased surveillance of employees (Jarvenpaa and Lang, 2005). Further, Jarvenpaa and

Lang (2005) observe that many employees are opposed to integration and increasing duality of roles due to technological advancements, reporting one participant stating that "it is like having an electronic ankle chain" (p. 12). Supporting this perspective Nash (cited in Dáil Éireann Debate, 2022) concludes that technology enslaves people to their work. As such, this study will compare the WLB of in office and WFH employees to see whether ease of access to the workplace within the home for WFH employees impacted WLB.

2.8 Commuting

Technology enabled employees to WFH during the pandemic and although it can decrease WLB, Hill *et al*. (2010) purpose that WFH may have an enhancing effect on employee's perception of WLB as they regain commute time. Yet, a benefit of commuting can be seen through the lens of boundary theory, as commuting helps create a boundary between work and life, helping employees transition between realms, creating better WLB. Yet, COR theory suggests that commuting decreases employees WLB diminishing time and depleting one's personal resources for engaging in nonwork activities (Emre and De Spiegeleare, 2021). Lades, Kelly and Kelleher's (2020) find that Irish employees are dissatisfied with long commutes. Additionally, males in Ireland regardless of age demographic commute longer distances than females (CSO, 2016).

Although males commute more than females, it has been argued that commuting has greater negative impacts on females, having more household responsibilities and therefore less nonwork time (Herman and Larouche, 2021). Further, females tend to engage in 'trip chaining', adding activities such as collecting children to their commute, again lowering nonwork time (Roberts, Hodgson and Dolan, 2011). Finally, the average daily European commute time is 39 minutes (Eurofound, 2017), however in Ireland this stands at 56.4 minutes (CSO, 2016), equating to an extra 84 minutes weekly for Irish commuters. Demonstrating that Irish employees have less time to engage in nonwork activities and

consequently may have lower perceptions of WLB compared to European averages. The implication for this study is to investigate how commute time impacts WLB. Assuming longer commutes leads to lessening WLB and hypothesising that RW employees and hybrid employees due to lessened commutes have greater perceptions of WLB.

2.9 Gender

Historically many females were forced to WFH due to childcare costs (Sullivan and Lewis, 2001), which is applicable to Ireland with the average cost standing at €180 weekly (Pobal, 2021). Yet, for the purpose of this study WFH was mandatory, breaking the 'usual' reason why women WFH. Exploring this Clark *et al*. (2021) determine that WFH negatively impacted Irish mothers due to increased childcare and domestic responsibilities, increasing role conflict and constraining time. Yet positively COVID-19 presented an opportunity for Irish females with 90,000 entering the labour market due to the ability to WFH (Nash cited in Dáil Éireann Debate, 2022). As such WFH can be used by organisations to increase female participation and evidence from Bloom (cited in Harvard Business Review, 2021) suggests that females want to WFH. Yet WFH is often associated with decreased promotional and developmental opportunities. Therefore, it might be argued that WFH promotes employment equality, yet females may face a double burden when combining WFH and domestic duties due to societal expectations of women as caregivers (Adisa *et al*., 2021), further widening the division of labour.

Traditionally work demands were more important to males than family demands and the opposite stands for females, yet priorities are shifting and converging as equality is pursued (Chan *et al*., 2017). For instance, males are seeking increased WLB to spend time with family (Powell *et al*., 2019) and males and females without children want WLB to pursue nonwork activities (Twenge and Campbell, 2008). As males and females utilise flexible work policies and particularly RW and as COVID-19 made RW mandatory for a

significant portion of the workforce, it must be asked whether WLB when working from home is gendered? Answering this, Azarbouyeh and Naini (2014) found that gender has no impact on RW and it increases quality of life for both genders. Yet Raišienė *et al*. (2021) find that females are more satisfied with RW than males. Although not fully resolved, Song and Gao (2020) may have presented an answer to this question regarding parents, explaining that RW is associated with higher levels of stress for fathers than mothers on weekdays. More generally, this may be due to males' segmentation disposition, whereas females are more integration orientated (Greenhaus and Beutell, 1985). Additionally, Sullivan and Lewis (2001) find when males WFH they report work interfering with family and increased working hours. Although females report increased family-to work-conflict, it was found that females use RW to gain greater WLB (Sullivan and Lewis, 2001). As such this thesis will use Carlson, Kacmar, and Williams (2000) WFCS, to consider whether conflict increased between work and life and to determine which gender had greater WLB.

2.10 Remote Working, Work-Life-Balance and COVID-19

RW for the purposes of this study signifies the ability to work remotely from one's home. RW was initially proposed to increase WLB, being able to balance work and life with increased flexibility (Grant, Wallace and Spurgeon, 2013). Increased flexibility for some comes with increased autonomy being linked to increased perceptions of WLB (Kalliath and Brough, 2008), allowing control over working hours (Allen, Golden and Shockley, 2015) and leading to increased productivity (Palumbo, 2020). Yet, autonomy and flexibility can lead to work overload (Grant *et al*., 2013), increased stress (Song and Gao, 2020) and longer working hours (Palumbo, 2020). This may be attributed to social exchange theory where employees feel indebted to employers and may be more productive, working longer hours (Felstead and Henseke, 2017), hampering WLB.

Having considered various factors of how RW impacts WLB, COVID-19 has led to a gap in the literature, as MWFH's impact on WLB must be explored. Pre-pandemic, 18% of Irish employees worked remotely (Department of Enterprise, Trade and Employment, 2019). The introduction of MWFH (Mangan, 2020) increased this to 57.1% (Eurofound, 2022). Initially it was believed that WFH would increase WLB (Lonska *et al*., 2021). Yet as posed by studies, involuntary WHF decreases WLB (Palumbo *et al*., 2020) due to lacking policy guidance, increased situational stress and boundary blurring (Donnelly and Proctor, 2015). Many feel unable to disconnect as employers expect 24/7 availability (Fukumura *et al*., 2021) and employees work longer hours with less rest periods (Palumbo, 2020). Parents appear to have been disproportionately affected (Srinivasan, and Sulur Nachimuthu, 2021) with increased demands of home-schooling (Bouziri *et al*., 2020) lowering WLB. Specifically, females assumed greater household responsibilities than males, consequentially having the lowest WLB of all remote employees (Adisa *et al*., 2021). Accordingly, literature demonstrates the negative impact MWHF can have on WLB. Yet further examinations of this must be conducted to investigate whether IVs such as gender and dependents had an impact on WLB during MWFH in Ireland.

2.11 Multigenerational Workforce

Furthering this exploration of RW on WLB, generational attitudes must be considered. The overarching sentiment within the literature suggests younger generations place higher value on RW (Raišienė *et al*., 2021). Supporting this, Pataki-Bittó and Kapusy (2021) comment that Generation 'Z' wants greater WLB and Laskowska and Laskowski (2021) argue that Generation 'Y' see work as a means of facilitating hobbies and evaluate job opportunities based on WLB offering. Additionally, millennials prefer WFH, having a lessening connection to the office (Laskowska and Laskowski, 2021) and similar to

Generation Z are digital natives (Pataki-Bittó and Kapusy, 2021), which may have helped the WFH transition.

Conversely, older generations when working from home during COVID-19 focused on WFH disadvantages, such as boundary blurring (Raišienė *et al*., 2020), which Raišienė *et al*. (2021) found to be a hinderance to Generation 'X's' WLB. Moreover, older generations believe that presenteeism is key to "good work" (Raišienė *et al*., 2021), which is not possible to assess during WFH. Millennial men share this belief that low visibility hampers promotion opportunities (Raišienė *et al*., 2021). It might be asked if the visibility belief drives greater work-life-imbalance for these cohorts, working harder and longer hours to attain recognition. Considering this, it must be asked how MWFH impacts remote workers WLB based on generational attitudes and perceptions of WLB.

2.12 Educational Impact on Remote Working

Younger generations propose that skills such as communication, time management, independence, and responsibility over one's own work enables WFH (Raišienė *et al*., 2020). Aligning to skills which are generated by greater educational attainment (Raišienė *et al*., 2020). Inherently this raises the question as to whether younger generations are better predisposed to WFH due to rising educational rates, compared to that of older generations. Consequently, this study will compare generations and their educational attainment to identify whether this impacted their WLB during WFH. Further, it is essential to examine educational impact on ability to WFH. Commonly it appears that higher educational attainment is associated with successful WFH, as well as increased likelihood to WFH (Elldér, 2019). Felstead and Henseke (2017) determine the rise of RW is a consequence of the rise of the knowledge economy, where work has become unbounded and educational levels have increased.

In an Irish study Crowley, Doran and Ryan (2021) highlight the pertinence of education being linked to ability to WFH. As theorised, highly educated employees may be better able to manage RW (Raišienė *et al*., 2021), being autonomous, holding greater personal responsibility for their work and therefore can be trusted to WFH. Raišienė *et al*. (2020) further indicate that employees with greater education have confidence and are satisfied to make independent decisions, which is imperative for RW. From a WLB and work satisfaction perspective, Azarbouyeh and Naini (2014) find that education has no impact on the life satisfaction of WFH employees and therefore employees' perceptions of WLB may not be impacted by education. Yet their study examined voluntary WFH and most participants are highly educated males, suiting the characteristics of employees that adapt well to RW. This study will use these assumptions asking whether higher educational attainment increases WLB when working remotely.

However, Raišienė *et al*. (2020) report that WFH employees with lower levels of education during COVID-19 decreased their commitment and involvement levels and their desire for specific defined tasks increased. Desiring specific job tasks is not aligned to RW and may be associated to Taylor's scientific management (Hitt, Black, Porter, 2014) and traditional working practices. Contemplating this Raišienė *et al*. (2020) explore the nature of work, outlining that employees with lower levels of education 'choose' positions which require different skills than those who have acquired a higher level of education. A criticism of the implication of choice must be made as often employees with lower levels of education, lack 'choice' when pursuing careers where higher education is a prerequisite. Focusing on inequalities that COVID-19 exposed in terms of education, Crowley *et al*. (2021) determine that in Ireland an inequality is exposed when gender and education are compared, as less educated females are more likely to WFH compared to less educated males, demonstrating that lower educated males bear the highest inequality regarding opportunity to WFH.

2.13 Conclusion

Literature remains divided as to whether WFH increases or decreases WLB and the optimal conditions under which WFH can increase WLB. As presented, there is much research on WLB and RW and although literature has expanded on WLB and RW due to COVID-19, there has been limited research on MWFH and little research in the Irish context as far as the author is aware, which presents a gap which this study hopes to contribute to. Additionally, educational impact on RW has focused on employee successfulness and on education being linked to greater likelihood to secure WFH opportunities. Exposing a gap, begging the question as to whether higher educational attainment of remote employees leads to increased WLB. Finally, considering the Irish context and MWFH many variables such as gender, marital status, dependent care, interruptions, boundary erosion, generational attitudes and designated workspaces have not to the authors knowledge been investigated and therefore this study aims to expand knowledge of the impact of these variables on Irish remote workers WLB.

Chapter 3: Research Question and Objectives

3.1 Research Aim

The aim of this study is to examine whether MWFH during COVID-19 impacted employee WLB in Ireland. Consequently, the null hypothesis of this research is that there is no association between MWFH and WLB. Whereas the alternative hypothesis would accept that there is an association between MWFH and WLB in Ireland.

3.2 Research Objectives

The two primary objectives of this research are to discover predictors of WLB and to examine if there is an association between MWFH and WLB and mental health.

Research question 1: What factors predict WLB as experienced during MWFH in Ireland during COVID-19?

As the study is deductive in nature, the researcher identified various IVs, which will be tested as predictors from the existing literature. Although these variables have been examined within the literature, many have not been examined within the context of MWFH and have not yet been examined in an Irish context, therefore this gap must be filled.

Predictors under investigation:

1. Gender
2. Age
3. Educational attainment level
4. Marital status
5. Number of dependents
6. Living circumstances (alone or with people)
7. Interruption prevalence pre and post COVID-19

8. Occupation
9. Commute time
10. Work status during COVID-19 (WFH, in the workplace or furloughed)
11. Availability of designated workspace
12. Financial circumstances during COVID-19
13. Mental Health

Research question 2: Is there an association between mandated WFH and 1) mental health and 2) WLB during COVID-19 in Ireland?

Previous literature explores WFH under conditions where employees choose to WFH, rather than what was experienced during COVID-19. As WFH was mandated the effects of this on employee's mental health and WLB are largely unknown and is highly debated in emerging COVID-19 WLB literature. Yet again little is known in terms of the Irish population, where MWFH sanctions were implemented for longer time periods than many other countries. To achieve this objective the research will explore whether an association exists between WFH and mental health and WFH and WLB under COVID-19 MWFH conditions.

Hypotheses

H_1: Gender, age, educational attainment level, marital status, number of dependents, living circumstances, interruption prevalence pre and post COVID-19, occupation, commute time, work status during COVID-19, availability of designated workspace, financial circumstances during COVID-19 and mental health are predictors of WLB.

H_2: WFH has an impact on WLB and mental health.

Chapter 4: Methodology

4.1 Introduction

The aim of this research is to assess the impact of MWFH on employees WLB in Ireland. Consequently, a positivist paradigm is subscribed to using quantitative methods of data collection and analysis. This design allows observational research to be conducted without manipulation, embedding the research in a positivist paradigm, being objective.

Research philosophies act as guiding principles to the research process and are bound to assumptions and beliefs regarding knowledge generation (Saunders, Lewis and Thornhill, 2019). Research philosophies are associated to ontological assumptions, ontology being the study of being or the perceived nature of reality (Crotty, 1998), epistemological beliefs about what is acceptable knowledge and how it is generated (Bryman, 2012) and axiological assumptions regarding the role of values when generating knowledge (Park, Konge, and Artino, 2020). Although many research philosophies are posited and there is little agreement regarding a 'best' research philosophy (Saunders *et al*., 2019), this discussion will focus on interpretivism and positivism.

4.2 Philosophical position

"Research is undertaken in order to make a contribution to knowledge" (Quinlan *et al*., 2019, p.59), yet the philosophical framework chosen determines the knowledge acquired. The philosophical position of this research ontologically takes an objectivist approach to study the COVID-19 WFH phenomenon and is epistemologically bound in positivism. Ontologically, positivism is objectivist believing there is one true objective reality (Shockley and Scherbaum, 2015). Opposite to, interpretivisms belief that reality is dependent on the beliefs of social actors or constructionism's belief that social actors together generate a shared reality (Bryman, 2012). Positivists believe there is one true reality, leading to a value free axiology. To do this positivists practice dualism creating separation between the

researcher, participants and data collection, preventing bias from obstructing findings (Park *et al*, 2020).

Positivist methodology is normally associated with quantitative methods (Saunders *et al*., 2019), as a means of collecting data from a large population. Enabling generalisability of findings, as the researcher can conduct inferential statical analysis (Shockley and Scherbaum, 2015). Yet critics of positivism argue that the methods associated with data collection can miss rich contextual perspectives that interpretivists using qualitative methods can generate (Saunders *et al*., 2019). Believing reality is subjective, interpretivists do not seek to eliminate bias from the research process (Bunniss and Kelly, 2010), interjecting themselves within the research, to uncover beliefs, insights and feelings of participants to explore phenomenon (Quinlan *et al*., 2019). Bunniss and Kelly (2010) advocate an interpretivist paradigm, arguing that positivism is an inadequate approach to answer complex questions. Yet although positivists use a hypothetico-deductive model of science (Park *et al*., 2020), Bryman (2012) asserts that deductive hypothesis testing is over emphasised. Finding quantitative research to be more exploratory than recognised, as findings often lead to the generation of theories and concepts as well as identifying gaps within the literate, encouraging further theoretical contributions.

Consequently, positivist research findings can strengthen theory and help to enhance the reliability and validity of theory and scales, such as the GHQ (Goldberg and Williams, 1988) which is utilised in this study and has been validated in many studies, such as Kinman and Jones (2003). A strength of qualitative research is that it can be replicated using a structured methodology, whereas qualitative research does not enable replication. Consequently, as this research wishes to uncover the impact of MWFH on Irish employees during COVID-19, qualitative research methods would be inappropriate to answer this question as findings would not be generalisable due to the belief in alternative realities. This

study follows a quantitative approach, therefore using a survey fits ontologically with objectivism trying to discover the reality of the Irish MWFH population. Epistemologically, this approach fits within the positivist paradigm as findings should reveal one shared reality, enabling the researcher to make inferences from the findings to the population. This research responds to calls from the literature that identify a research gap and the importance to investigate WFH boundaries and conflicts which impact WLB (Kromydas, 2020) and as such wishes to make a theoretical contribution to fill that gap.

4.3 Research Approach

A positivist philosophy has been selected, therefore the study following the scientific empiricist method takes a deductive approach. A deductive approach satisfies the normal requirements of the quantitative research (Saunders *et al*., 2019). As this study used a survey built on concepts and theories that emerged within the literature to develop hypotheses and select scales to answer the overriding research questions and aims. Therefore, an inductive approach normally used within qualitative research (Saunders *et al*., 2019), where data is first obtained and explored to generate theory was eliminated. Subsequently, data was collected, findings were gathered and hypothesis testing occurred. At this point however, Bryman (2012) argues that a deductive approach turns to induction as the researcher uses findings to make inferences which contribute to theoretical understanding and development on which future research can be built.

4.4 Sampling and participants

A sample of 139 participants was obtained initially through convenience sampling and as the research progressed snowball sampling was utilised to enhance the male population, yet as evidenced a gender disparity is evident with 78 (56.1%) females compared to 60 (43.2%) males and 1 (0.7%) other. An age range of 21 to 63 was captured, enabling the exploration of multigenerational experiences of WLB during MWFH. The sample provided a

varied account of educational attainment, 8.8% attained Junior Certificate, 25.7% attained Leaving Certificate, 36% attained a Bachelor's degree, 26.5% attained a Master's degree and 2.9% attained a doctoral degree. 36.5% of participants were single, 23.4% cohabitated and 40.1% were married. 41% reported having dependents whereas 59% had no dependents, most commonly participants had two dependents. The study asked participants where they worked during COVID-19 or if they were furloughed, 38.8% went into the workplace, 51.8% worked from home and 9.4% were furloughed. Although the study focuses on WFH employees WLB, data was captured from participants that were furloughed and remained in the workplace as control groups for comparative analysis.

Non-probability sampling was utilised, as although probability sampling was preferred as findings may be more reliable and generalisable (Bryman, 2012), it was not feasible due to the limited timeline and lack of access to the entire population. Convenience sampling was used to gain access to relevant populations accessible to the researcher and the researcher attempted to ensure representative sampling (Saunders *et al*., 2019) by recruiting a diverse sample. However, a representative sample cannot be guaranteed when using non-probability sampling (Quinlan, 2011). Moreover, Saunders *et al*. (2019) categorise convenience sampling under the umbrella of haphazard sampling, as the sample can be unreliable (Adams, Khan and Raeside, 2014) and snowball sampling is at risk of sampling bias (Adams *et al*., 2014).

4.5 Research design

A cross-sectional design using an online questionnaire was utilised to collect primary data of a single point in time (Collis and Hussey, 2014), due to time constraints on this research (Saunders *et al*., 2019), not allowing for example a longitudinal study where participants are surveyed several times over a specified period (Quinlan *et al*., 2019). This design allowed the researcher to explore the phenomenon of MWFH during COVID-19 and

conducted observational research without manipulation, embedding the research in a positivist approach, being objective.

4.6 Distribution methods

The survey was created on Google Forms and included an information guide, consent and debriefing forms giving participants the researchers contact details should they have queries or wish to withdraw consent and providing contact details for support helplines should adverse impacts be experienced by participants. The questionnaire was distributed online in May 2022 to friends, family and co-workers via hyperlink, who subsequently distributed the survey to other participants.

4.7 Research Instrument

A questionnaire was selected as the research instrument, comprising of several pre-existing scales, along with demographical questions. A survey was selected to fit the research objectives and to be generalisable to the population. Within the literature various research instruments were used, such as interviews (Clark *et al*., 2021), mixed methods (Pataki-Bittó and Kapusy, 2021), qualitative analysis of Reddit comment data (Cho *et al*., 2022) and a systematic search (Banerjee and Pati, 2020). These methods although considered were not used, as interviews although generating meaningful contributions are embedded within interpretivism, not allowing the research objectives and overriding research question to be answered. Mixed methods may have yielded interesting findings and allowed the research to make generalisations, whilst capturing human experiences, yet due to time constraints this option was eliminated. A systematic search and qualitative analysis of comment data were determined to be inadequate to answer the research objectives as the search would not yield specific information of individual circumstances such as education level and so on which are used as IVs within this study.

Moreover, most of the research presented within the literature review takes a quantitative approach (Leroy *et al*., 2021; Kumarasamy *et al*., 2015), using surveys which complement the positivist philosophy. Additionally, surveys are a fast and inexpensive method of data collection and the anonymity provided may have allowed participants to provide honest information. However, many risks are associated with surveys, such as dishonest answers, incomplete questionnaires and participants may experience survey fatigue, being a major concern for this study with a self-reporting survey of sixty-seven questions.

4.8 Research Measures

Several demographical questions were captured, which will be used as IVs, such as gender, age, highest level of educational attainment, marital status, number of dependents, normal commute time to work (both ways), occupation and place of work or if an employee was furloughed during COVID-19. Donnelly and Proctor's (2015) demographical questions on household arrangements were used to ascertain information regarding participants dwelling and workspace. Finally, employees were asked to identify benefits which their employers provide and benefits they desire, to assess which benefits are important to Irish employees and help the researcher to make recommendations for organisations to meet employee expectations. The remainder of this section will look at the various scales this study adopted.

Goldberg and Williams (1988) GHQ was used to assess participants psychological distress and determine their general wellbeing, to investigate if there is an association between mental health and WLB. The GHQ consists of twelve questions, presented on four-point Likert scale, scoring from 0 to 3 with options as follows, "less than usual", "no more than usual", "rather more than usual", or "much more than usual". Creating a 36-point Likert scale (Roberts, *et al*., 2011), with total scores ranging from 0 to 36. Questions 1-3 and 10-12 were reverse coded in SPSS. Scores of 11 or 12 are average, scores greater than 15 are

indicative of distress and scores greater than 20 are considered to have severe problems with psychological distress. In this study a Cronbach's Alpha of 0.881 was achieved, falling within the scale reported Cronbach's Alpha range of 0.77 to 0.93 (Goldberg and Williams, 1988) demonstrating its strong internal reliability.

The Work-Family Conflict Scale (WFCS) (Carlson *et al*., 2000) is used to measure work-to-family and family-to-work conflict. Critics of Carlson *et al*. (2000) argue that the scales length is a disadvantage as researchers aim to limit survey length (Annor and Amponsah-Tawiah, 2017). Yet this scale was selected due to its theoretical repressiveness which Matthews, Kath and Barnes-Farrell (2010) comment is unmatched by other scales. The WFCS is an eighteen-item scale, consisting of six subscales and a five-point Likert scale ranging from 1 "strongly disagree" to 5 "strongly agree. Scores of all responses were added per participant to generate a total score that reflects work-family conflict. The Cronbach's Alpha exceeds 0.7 for all six subscales, time-based work interfering with family (WIF) = 0.87, time-based family interfering with work (FIW) = 0.79, strain based WIF =0.85, strain based FIW = 0.87, behaviour-based WIF = 0.78 and behaviour-based FIW = 0.85 (Carlson *et al*., 2000). The Cronbach's Alpha in this study stood at 0.912, proving excellent internal reliability.

During COVID-19 many employees were furloughed or made redundant receiving a government PUP payment (CSO, 2021a) and many employed received temporary salary reductions. To assess whether a change in income had an impact on employee perceptions of WLB, Conway, Woodard and Zubrod (2020) financial scale was adopted. This is a three-item scale, assessed on a seven-point Likert scale where 1 = "not true of me at all" and 7 = "very true of me". The last item, "the Coronavirus (COVID-19) has NOT impacted my financial status at all" is a reverse-scored item, which is used when most of questions are phrased positively, but some are phrased negatively (Saunders *et al*., 2019). All three items were

scored to create a total score, reflecting COVID-19's impact on participants financial circumstances. This scale shows a high internal reliability with a Cronbach's Alpha of 0.81 and in this study a score of 0.782 was achieved.

Finally, due to the move to MWFH and boundary erosion, Leroy *et al*.'s (2021) IPS was used to examine how interruptions impact WLB. This is a ten-item scale, however questions were asked with two prefixes, the first "before COVID-19" and the second "since COVID-19", making this a 20-item scale, presented on a five-point Likert scale where 1= "never" and 5 = "extremely". Scores of ten "before COVID-19" and "since COVID-19" items were summed separately to generate two total scores, indicating interruption prevalence before and since COVID-19 for comparison. Finally, being new this scale has not yet undergone full psychometric property testing, but it was utilised in Leroy *et al*.'s (2021) published peer reviewed article and in this study achieved a Cronbach's Alpha of 0.924 proving to have strong internal reliability.

4.9 Ethical considerations

The term ethics is commonly understood as being underpinned by a set of moral guiding principles which researchers must follow (Wellington, 2015). Prior to this study, an ethics application was sent to the National College of Ireland Ethics application board for approval, ensuring the study fell within the ethical guidelines and conduct standards. As human participants were used it was imperative for the researcher to consider any harm which may occur, as personal questions about mental health and so on may elicit negative feelings. To minimise harm, the survey included an information form outlining the research purpose, potential risks and benefits, as well as participants rights. Ensuring participants could give informed consent. O'Leary (2017) outlines the requirements of informed consent, stating that participation must be voluntarily, anonymity should be provided, no deception should occur and information on the right to withdraw consent should be communicated.

These requirements were met within the information sheet, upon which participants were asked to tick a consent box, ensuring voluntary participation. Data collected was anonymously and therefore cannot be associated to any one participant and is stored in a password protected external hard drive which is only accessible to the researcher. Finally, the treatment of data follows the General Data Protection Regulations and Data Protection Acts 1988-2018 as data will be stored for the least time possible in line with NCI data storage guidelines, at which point it will be destroyed.

4.10 Data analysis

Data was collected through Google Forms and migrated into excel where the data was translated and a code book was developed providing information on coding classifications for responses. Upon completion data was uploaded into IBM's Statistical Package for the Social Sciences, where it was quality checked for errors and finally questions with reverse coding were recoded. Subsequently, scale totals were calculated. Descriptive statistical analysis was conducted capturing nominal data to present measures of central tendency and measures of dispersion within the sample (Adams *et al*., 2014). Afterwards an inferential statistical analysis was completed to test relationships between variables, to test hypotheses and conduct comparative analysis between differing groups. The results of the inferential statistical analysis were then used to infer conclusions to the population (Quinlan *et al*., 2019).

4.11 Limitations

Snowball sampling was used to increase male participants, yet this may pose as a limitation as sampling bias may have occurred. As using participants to obtain participants may generate a similar sample (Adams *et al*., 2014). Moreover, non-probability sampling is a limitation as findings generated may not be generalisable (Krishnaswamy and Satyaprasad, 2010). However due to the researchers limited resources, namely time and money it was not

possible to employ probability sampling. Further, there are various risks when deploying a self-reporting questionnaire, such as misinterpretation of questions and dishonest answers, which may distort research findings.

A concern for this research in particular is survey length, as surveys may be incomplete and participants may suffer fatigue leading to similar questions being answered identically (Saunders *et al*., 2019). Addressing this the researcher timed the length it took to complete the survey and employed two participants to note their response time as the researcher may have completed it faster due to familiarity. Approximately the survey took 8-10 minutes to complete, consequently the researcher reported this in the information sheet, giving participants prior knowledge of the time required to choose whether they could commitment to completing the survey. This may have hampered participation levels, however the survey yielded 139 participants allowing the researcher to perform statistical analysis.

Chapter 5: Research Findings and Analysis

5.1 Introduction

The primary objective of this study is to explore the impact MWFH had on Irish WFH employees WLB. The dependent variable (DV) within this study is WLB when engaging in MWFH. The researcher gathered data from in-office employees and those that were furloughed, both being control variables from which WFH employee data can be compared. Finally, various IVs were captured to explore their impact on WLB, these are, gender, age, number of dependents, level of educational attainment, marital status, commute times, occupation, work status during COVID-19, dwelling, living circumstances, place of work, workspace, mental health, whether COVID-19 had an impact on an employee's finances and interruption prevalence. A total of 139 participants participated in this study, from which an analysis will be conducted and findings explored. As there is an over representation of females within the sample compared to males, findings may be slightly skewed. The following section will further breakdown the demographics of the sample.

5.2 Breakdown of Demographics

Table 1 shows a majority of participants were female (56.1%) whereas males accounted for 43.2% and just one participant reported 'other' (0.7%). Participant ages ranged from 21-63 as such the sample captured Generation Z (9.4%), Millennials (53.3%), Generation X (32.3%) and Boomers (5%). The sample average lay within the millennial age range (M = 38.4964, SD = 10.63). There is a limited sample of Baby Boomers, this may be due to the authors limited access to this population, yet these results correspond to Raišienė *et al.*'s (2021) study capturing only 3% of this population. Similarly, a small sample was captured for Generation Z. This may be due to the limited number of Generation Z within the workforce, for instance just 14.7% of those aged 15-19 are in the workforce (CSO, 2021b). Consequently, limited understanding can be captured with a significantly small sample and as such only assumptions can be made in this study. In the breakdown of highest educational

attainment level 136 participants responded, 8.8% attained Junior Certificate, 25.7% attained Leaving Certificate, 36% attained a Bachelor's degree, 26.5% attained a Master's degree and 2.9% held a Doctoral degree. 137 respondents reported their marital status with 26.5% single, 23.4% cohabited and 40.1% married. The majority of participants (59%) reported zero dependents, 9.4% had one dependent, 24.5% had two dependents, 4.3% had three dependents and 2.9% had four dependents, a limitation of this study is that this IV was not broken down to account for children or elder care individually. Over half of all participants (52.5%) commute was under 30 minutes, going against the reported 56.4 minutes average daily commute for Irish employees (CSO, 2016). Many respondents moved to MWFH (51.8%), 38.8% remained in the workplace and 9.4% were furloughed. Most (70.5%) participants lived with people, with only 7.2% living alone and 1.4% reported other and 20.9% selected not to disclose. Only 23.7% of participants have a separate dedicated workspace, whereas 13.7% worked in a shared living space, 20.1% worked in a dedicated area within a shared living space, 20.9% selected other and 21.6% did not disclose, this may be as questions asked about workspaces within the home and therefore were not applicable to a portion of the sample.

Table 1: Demographic variables

Categorical variables						
Variable	**N**	**Categories (%)**				
Gender	139	Female = 78 (56.1)		Male = 60 (43.2)		Other = 1 (0.7)
Marital Status	137	Single = 50 (36.5)		Cohabiting = 32 (23.4)		Married = 55 (40.1)
Number of Dependents	139	0 = 82 (59)	1 = 13 (9.4)	2 = 34 (24.5)	3 = 6 (4.3)	4 = 4 (2.9)
Educational attainment level	136	Junior certificate = 12 (8.8)	Leaving certificate = 35 (25.7)	Bachelor's degree = 49 (36)	Master's degree = 36 (26.5)	Doctoral degree = 4 (2.9)

Normal commute time	139	Under 30 minutes = 73 (52.5)	Up to 1 hour = 31 (22.3)	Up to 1.5 hours = 8 (5.8)	Up to 2 hours = 9 (6.5)	Up to 2.5 hours = 7 (5)	Up to 3 hours = 2 (1.4)	Up to 3.5 hours = 1 (0.7)	Up to 4 hours = 8 (5.8)
Work status during COVID-19	139	Worked from home during COVID-19 = 72 (51.8)			Went to the workplace during COVID-19 = 54 (38.8)			Furloughed during COVID-19 = 13 (9.4)	
Living circumstances	139	Alone = 10 (7.2)		With people = 98 (70.5)		Other = 2 (1.4)		Not reported = 29 (20.9)	
Designated workspace	139	Shared living space= 19 (13.7)		Dedicated work area in shared living space = 28 (20.1)	Separated dedicated workspace = 33 (23.7)		Other = 29 (20.9)		Not reported = 30 (21.6)

Continuous variables			
Variable (range)	**N**	**Mean**	**Standard deviation**
Age (21 – 63)	139	38.4964	10.63040

5.3 Instrument reliability

Cronbach's Alpha tests were conducted to measure the reliability of scales used within this study. Scale items were tested simultaneously and results greater than 0.7 indicate acceptable levels of internal consistency (Adadan and Savasci, 2011). As seen in Table 2 GHQ (0.881), Financial Scale (0.782), WFCS (0.912), IPS (0.924) were greater than 0.7 and as such all scales were deemed reliable.

Table 2: Instrument reliability

Scale Name	**Cronbach's Alpha**	**0.7**
GHQ	0.881	Reliable
Financial Scale	0.782	Reliable
WFCS	0.912	Reliable
IPS	0.924	Reliable

5.4 GHQ

The average score for this sample (M = 14.49, SD = 7.02368) is higher than the reported average of 11-12 and is only 0.51 lower than 15, a score indicative of distress. Figure 1 depicts the distribution of mental health scores across the sample. Looking at the best fit line the distribution is relatively equally distributed, however there is under representation in areas such as score 21-24 and peakedness for example at 18 the modal tendency. Comparing gendered results, females had a higher average (M = 14.9231, SD = 7.44638), compared to males (M = 13.9492, SD = 6.50576) and with only one participant, 'other' averaged 13, indicating that on average females have lower levels of mental health than males.

Table 3: GHQ Descriptives

Variable	Composite	N	Mean	Standard deviation
General health questionnaire	Composite	138	14.4928	7.02368
	Female	78	14.9231	7.44638
	Male	59	13.9492	6.50576
	Other	1	13	-

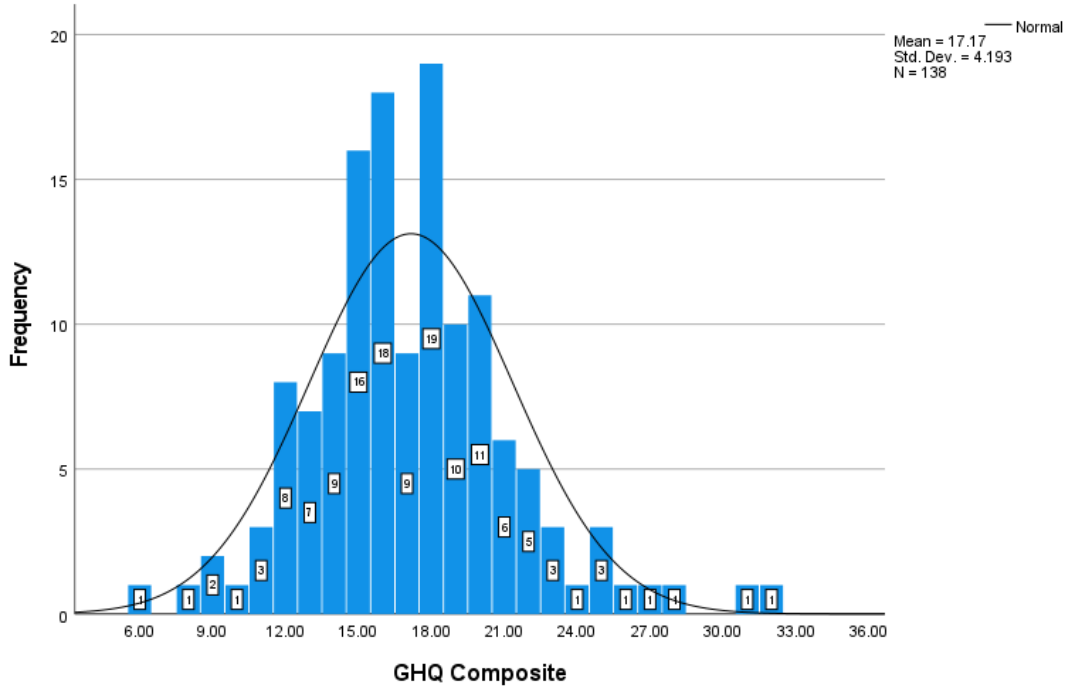

Figure 1: GHQ distribution

5.5 Financial Scale

The financial scale was used to measure whether COVID-19 had an impact on employees' financial circumstances. The average (M=3.387, SD=1.96736) indicating that COVID-19 did not have a significant impact on personal finances. Figure 2 graphically represents the distribution of financial impact during COVID-19. The normal curve best fit line suggests that the distribution is not normally distributed with under representation and peakedness at the modal tendency. From this depiction it can be seen that the majority of the sample were not overly financially impacted by COVID-19.

Table 4: Financial Scale Descriptives

Scale	N	Mean	Standard deviation
Financial scale - composite	138	3.387	1.96736

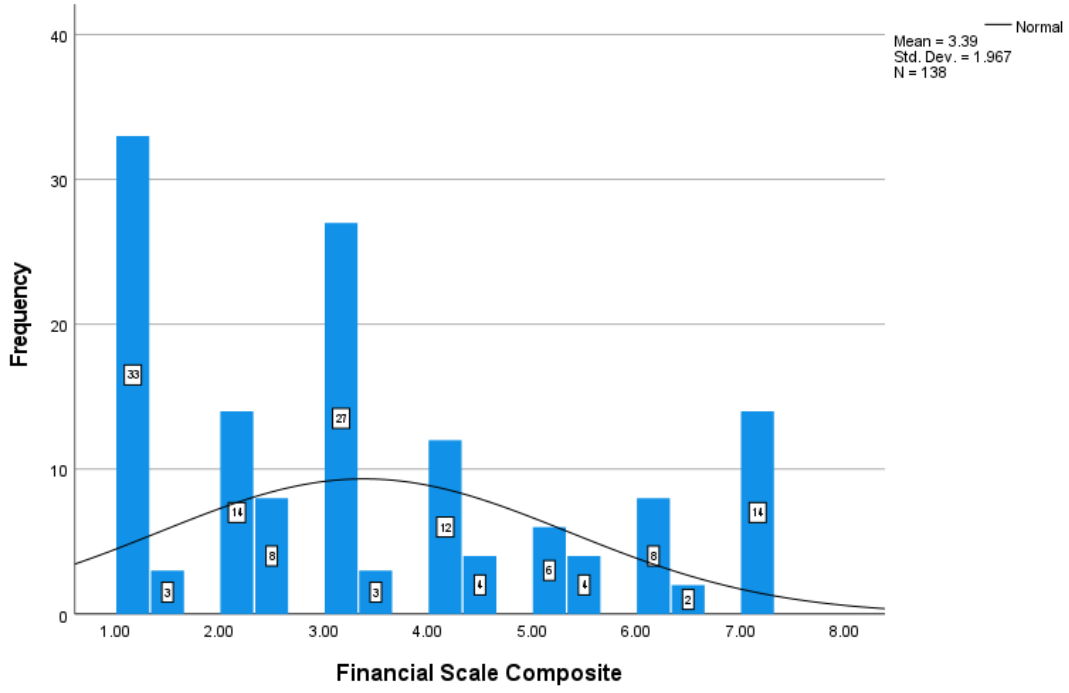

Figure 2: Financial Scale distribution

5.6 WFCS

Composite results indicate that the sample experienced moderate work-family conflict (M = 45.8496 and SD = 13.07003), Figure 3 depicts the distribution across the sample, a line

of best fit is placed on top of the distribution. From this it can be seen that the distribution is relatively normally distributed, although there is some under and over representation, particularly at the modal tendency. Boxes and whiskers plots of the distribution associated with males, females and others WLB is depicted in Figure 4, which also shows no outliers within the sample. Composite results of sub-scales one and three were calculated to discover average work WIF (M = 17.5113, SD = 6.16886) and sub-scales two and four were summed to observe the frequency of non-work interfering with work (M = 12.3158, SD = 4.70069). Observationally, it appears that work causes greater conflict for employees than their non-work lives. Table 5 presents composite scores and breaks them down by gender, although males (M = 45.8814, SD = 12.7848) and females (M = 45.4658, SD = 13.10967) score similarly when considering the scale in its entirety, differences are observed when sub-scales are considered. Firstly, composite scores of sub-scales one and three, demonstrate that there is greater interference of work on non-work for females (M = 17.6575, SD = 6.37752) than males (M = 17.1186, SD = 5.76579). Contrasting with this composite scores of sub-scales two and four reveal that family/ non-work interference is greater for males (M = 12.9831, SD = 4.52766) than females (M = 11.7808, SD = 4.83117).

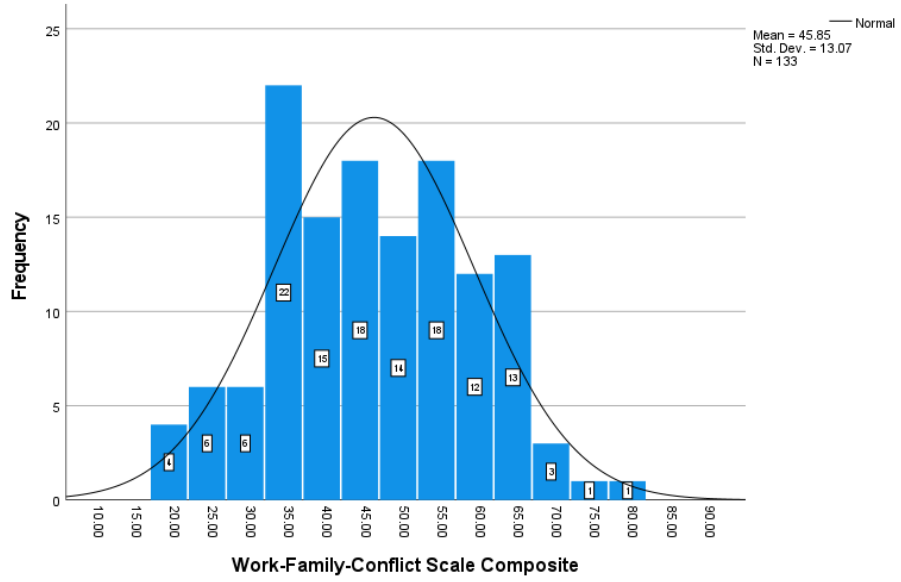

Figure 3: WFCS distribution

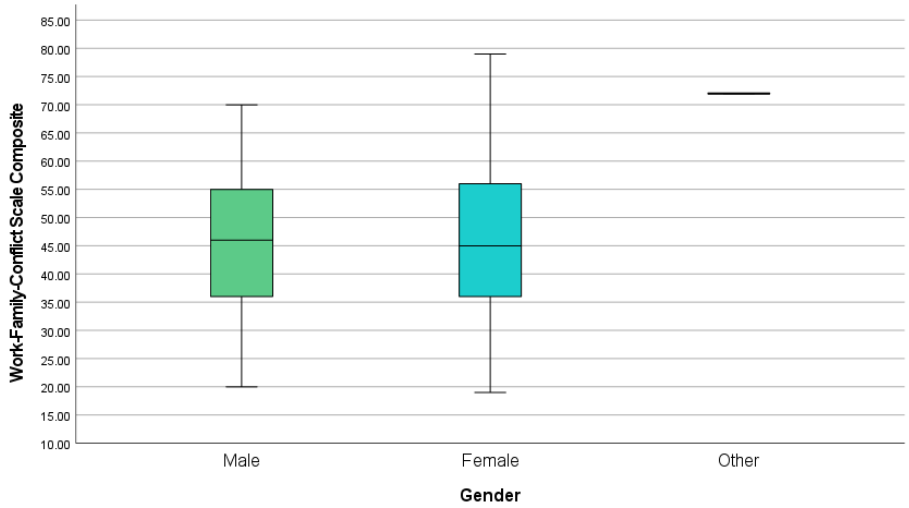

Figure 4: Boxes and Whisker plots of gender WFCS composite scores.

Table 5: WFCS Descriptives

Scale	Composite	N	Mean	Standard deviation
WFCS Composite	Composite	133	45.8496	13.07003
	Male	59	45.8814	12.7848
	Female	73	45.4658	13.10967
WFCS – work interferes with family composite (sub-scales 1 and 3)	Composite	133	17.5113	6.16886
	Male	59	17.1186	5.76579
	Female	73	17.6575	6.37752
WFCS – family interferes with work composite (sub-scales 2 and 4)	Composite	133	12.3158	4.70069
	Male	59	12.9831	4.52766
	Female	73	11.7808	4.83117

Table 6 further dissects WIF and FIW composites between gender and WFH and remained in the workplace employees. Considering WIF, WFH females (M = 17.6170, SD = 6.07043) report greater work interruptions than WFH males (M = 17.1818, SD = 6.16160). Yet it is observed that when females WFH work interference reduces, if compared to females that remained in work (M = 18.3500, SD = 7.01333), whereas WFH increased work interference for males, as those that remained in the workplace reported less work interference (M = 16.8710, SD = 5.4995). Examining the results of non-work interference

WFH males experience greater non-work interference (M = 12.4545, SD = 4.55367), whereas WFH females score (M = 11.5319, SD = 4.83129). Yet when working from home males report less non-work interference than those who remain in the workplace (M = 12.8710, SD = 4.63855), whereas females that remained in the workplace experienced greater non-work interference (M = 12.00, SD = 4.84496) than WFH females.

Table 6: Comparison of WFCS based on gender and workplace during COVID-19.

Scale	Gender	Workplace during COVID-19	N	Mean	SD
WFCS composite – work interferes with family (sub-scales 1 and 3 totals combined)	Male	WFH	22	17.1818	6.16160
		Went to the workplace	31	16.8710	5.49995
	Female	WFH	47	17.6170	6.07043
		Went to the workplace	20	18.3500	7.01333
WFCS composite – family interferes with work (sub-scales 2 and 4 totals combined)	Male	WFH	22	12.4545	4.55367
		Went to the workplace	31	12.8710	4.63855
	Female	WFH	47	11.5319	4.83129
		Went to the workplace	20	12.0000	4.84496

5.7 IPS

Table 7 comprises composite results of interruptions prevalence before COVID-19 (M = 27.5448, SD = 7.04189) and since COVID-19 (M = 28.1493, SD = 7.78036), graphically presented in Figure 5. This was further broken down to the number work related interruptions before COVID-19 (M = 11.7463, SD = 3.48937) and since COVID-19 (M = 11.4925, SD = 3.53446) and finally, the number of non-work-related interruptions before COVID-19 (M = 9.7537, SD = 2.85867) and since COVID-19 (M = 10.4701, SD = 3.19937). As such it can be observed in Figure 5 that work-related interruptions decreased during COVID-19, whereas non-work-related interruptions increased since COVID-19 and interruptions leading to multitasking increased since COVID-19 (M = 6.1866, SD = 2.00813), compared to pre-COVID-19 (M = 6.0448, SD = 1.94614). Figure 6 and Table 7 present the gendered experience of work interruptions, non-work interruptions and multitasking prevalence before

and since COVID-19, where it can be observed that largely on average females experienced increased interruption prevalence.

Table 7: IPS Descriptives

Scale	Composite	N	Mean	Standard deviation
Before COVID-19 IPS composite	Composite	134	27.5448	7.04189
	Male	57	26.9123	7.67947
	Female	76	27.9605	6.56951
Since COVID-19 IPS composite	Composite	134	28.1493	7.78036
	Male	57	26.5614	7.90799
	Female	76	29.2895	7.56451
Total work-related interruptions before COVID-19 - Composite	Composite	134	11.7463	3.48937
	Male	57	11.6316	3.95796
	Female	76	11.8289	3.14277
Total work-related interruptions since COVID-19 - Composite	Composite	134	11.4925	3.53446
	Male	57	10.9474	3.69082
	Female	76	11.8947	3.40423
Total non-work-related interruptions before COVID-19 - Composite	Composite	134	9.7537	2.85867
	Male	57	9.6491	3.04426
	Female	76	9.7763	2.70604
Total non-work-related interruptions since COVID-19 - Composite	Composite	134	10.4701	3.19937
	Male	57	10.0351	3.15076
	Female	76	10.75	3.21714
Total interruptions lead to multitasking before Covid-19 - Composite	Composite	134	6.0448	1.94614
	Male	57	5.6316	1.81887
	Female	76	6.3553	2.00469
Total interruptions lead to multitasking since Covid-19 - Composite	Composite	134	6.1866	2.00813
	Male	57	5.5789	1.94521
	Female	76	6.6447	1.95758

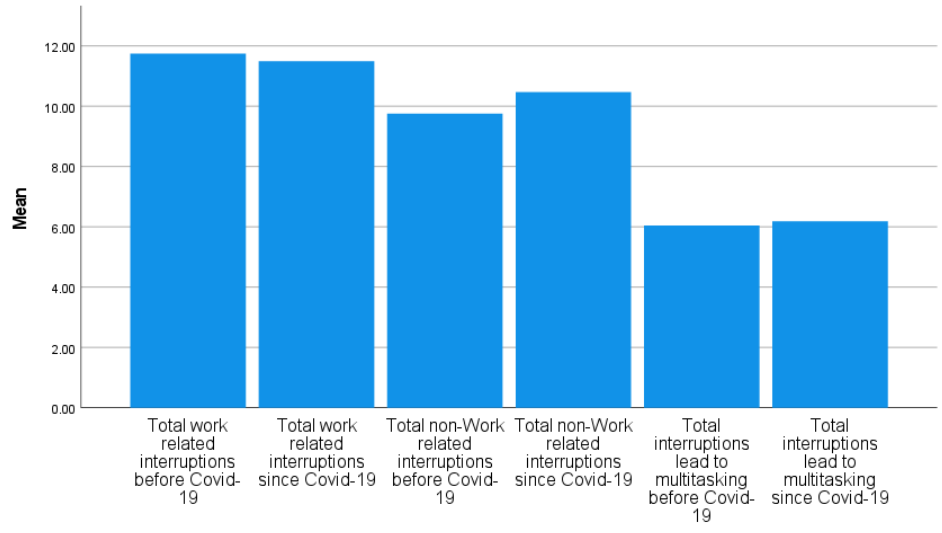

Figure 5: Interruption subscales mean

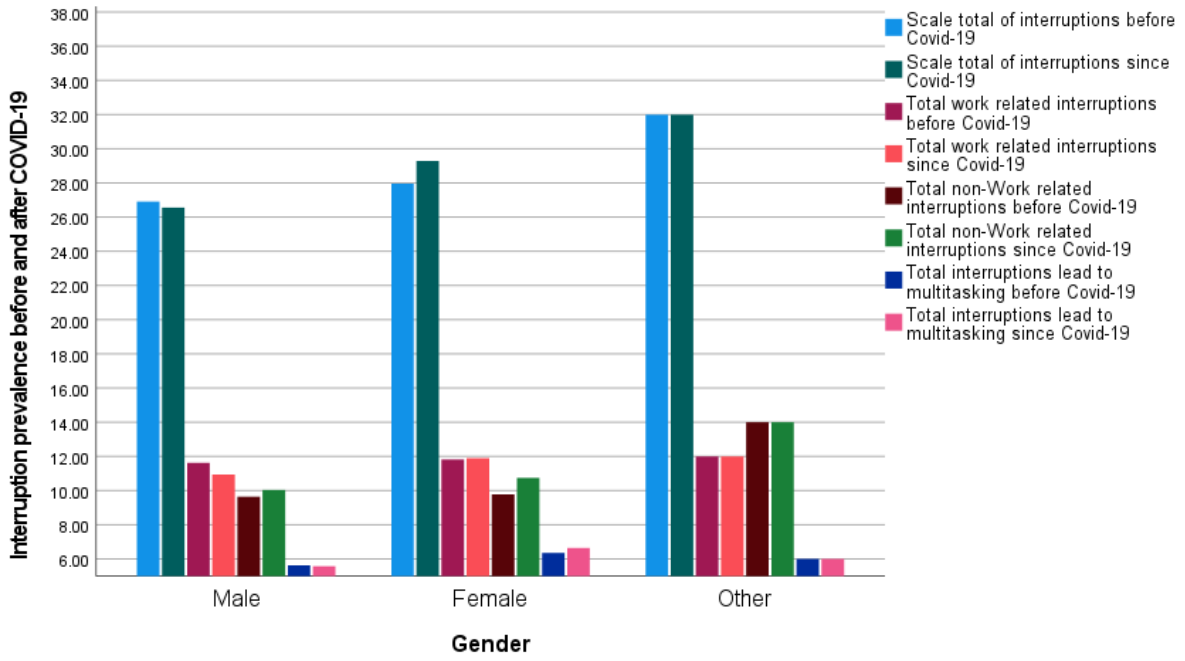

Figure 6: Effects of gender on interruption prevalence

WFH male IPS since COVID-19 (M = 28.454, SD = 6.3973) and multitasking (M = 5.500, SD = 1.8192) decreased (Table 8). Males that remained in the workplace experienced less interruptions since COVID-19 (M = 25.069, SD = 9.2347), yet it was also observed that IPS since COVID-19 increased for males that remained in the workplace, however this decreased for WFH males. WFH females IPS since COVID-19 (M = 30.458, SD =7.3830) and multitasking since COVID-19 increased (M = 6.8125, SD = 1.9423). Although IPS since COVID-19 increased for females that remained in the workplace (M = 27.381, SD = 7.2351), their overall interruptions are less than WFH females. Additionally, multitasking since COVID-19 increased minimally for females that remained in the workplace (M = 6.142, SD = 1.7402) and is lower on average than WFH females. Finally, IPS since COVID-19 decreased for males that were furloughed (M = 26.833, SD = 4.7081), yet multitasking increased (M = 6.8333, SD = 1.3291). For furloughed females IPS since COVID-19 (M = 27.000, SD =9.1651) and multitasking since COVID-19 (M = 7.000, SD = 2.6457) decreased.

Table 8: Comparison of IPS interruption prevalence composite between gender and place of work.

Gender	Workplace during COVID-19	Scale	N	Mean	SD
Male	WFH	IPS before COVID-19	22	29.181	6.0603
		IPS since COVID-19	22	28.454	6.3973
		IPS lead to multitasking before COVID-19	22	5.772	1.8498
		IPS lead to multitasking since COVID-19	22	5.500	1.8192
	In the workplace	IPS before COVID-19	29	24.758	8.7898
		IPS since COVID-19	29	25.069	9.2347
		IPS lead to multitasking before COVID-19	29	5.344	1.9137
		IPS lead to multitasking since COVID-19	29	5.379	2.0944
	Furloughed	IPS before COVID-19	6	29.000	4.3359
		IPS since COVID-19	6	26.833	4.7081
		IPS lead to multitasking before COVID-19	6	6.500	0.8366
		IPS lead to multitasking since COVID-19	6	6.833	1.3291
Female	WFH	IPS before COVID-19	48	28.583	5.8522
		IPS since COVID-19	48	30.458	7.3830
		IPS lead to multitasking before COVID-19	48	6.395	1.9322
		IPS lead to multitasking since COVID-19	48	6.812	1.9423
	In the workplace	IPS before COVID-19	21	25.952	6.6669
		IPS since COVID-19	21	27.381	7.2351
		IPS lead to multitasking before COVID-19	21	6.000	1.9235
		IPS lead to multitasking since COVID-19	21	6.142	1.7402
	Furloughed	IPS before COVID-19	7	29.714	10.1112
		IPS since COVID-19	7	27.000	9.1651
		IPS lead to multitasking before COVID-19	7	7.142	2.7342
		IPS lead to multitasking since COVID-19	7	7.000	2.6457

5.8 Employee Benefits

To assess employee benefits participants were asked to identify benefits their employer currently offers (Figure 7). 132 responses were recorded. Pension (62.9%) appears

to be the most prevalent benefit offered, whereas financial advisory services are offered the least (15.9%) among this sample.

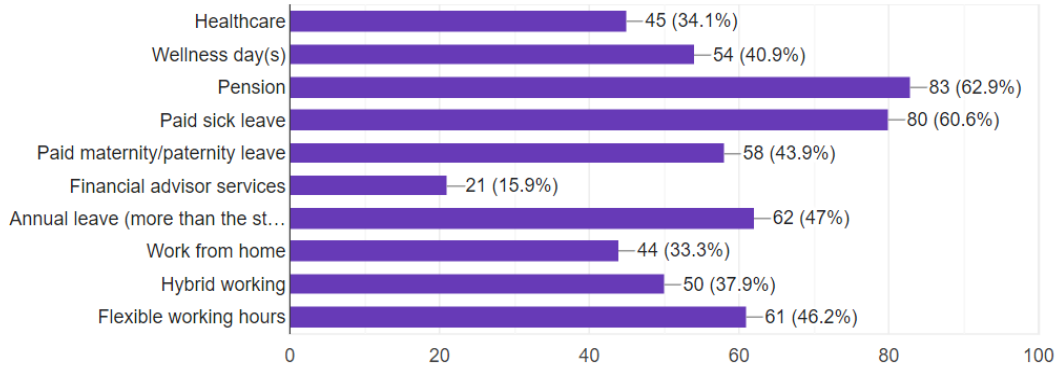

Figure 7: Benefits currently offered

Additionally, participants were asked to identify desired benefits, results of which can be seen in Figure 8. Capturing 138 responses, healthcare (68.8%) is the most desired benefit, closely followed by paid sick leave (65.9%). Consequently, it appears that although high numbers of employers are offering paid sick leave (60.6%), employers are falling short in providing healthcare (34.1%).

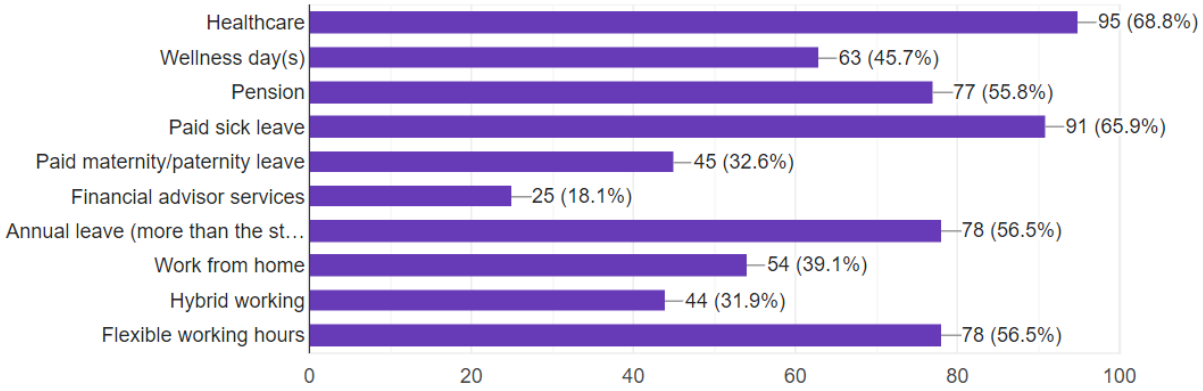

Figure 8: Desired benefits

5.9 Hierarchical multiple linear regression analysis

The first sub-objective of this research asked, 'what are the predictors of WLB?'. To answer this a five-stage hierarchical multiple linear regression analysis was conducted with WLB as the DV. Fourteen IVs were grouped into five levels: individual, the family/household, pre and post COVID-19 interruption prevalence, workplace factors and

individual general health. The first model examined the individual, including gender, age and education. The second considered the family including marital status, dependents and living circumstances. The third included the composite scores of interruption prevalence before and since COVID-19. The fourth considered workplace variables, such as occupation, work status during COVID-19, workspace, commute time and financial scale composite results. Finally, GHQ composite scores were examined to determine if mental health has an impact on WLB. Firstly, analyses were conducted to ensure there were no violations of assumptions regarding linearity, homoscedasticity, normality, and multicollinearity (Pallant, 2016). Findings from tables 9 and 10 show that model 1 was not statistically significant (F (7, 121) = 1.201, p = 0.307) explaining only 1.1% of variance in WLB. Model 2 did not prove to be statistically significant and decreased the total variance to -0.07%, R square change = .31, (F (13, 115) = 0.934, p = 0.521). Model 3 was statistically significant and observed the total variance increase to 21.8%, R square change = .214, (F (15, 113) = 3.377, p = 0.001). Model 4 proved significant and the total variance rose to 23.4%, R square change = .098, (F (29,99) = 2.374, p = 0.001). The overall regression model (model 5) was statistically significant equating to approximately 28.5% of variance in WLB R^2 = 0.452, F (30,98) = 2.698, p< 0.001; Adjusted R2 = 0.285.

Table 9: Hierarchical multiple linear regression analysis model summary

Model	R	R square	Adjusted R Square	Std. Error of the Estimate	R square change
1	0.255[a]	0.065	0.011	12.99879	0.065
2	0.309[b]	0.095	-0.007	13.11417	0.031
3	0.556[c]	0.310	0.218	11.55891	0.241
4	0.638[d]	0.407	0.234	11.44038	0.098
5	0.673[e]	0.452	0.285	11.05417	0.045

Table 10: ANOVA

Model		Sum of Squared	DF	Mean Square	F	Sig.
1	Regression	1420.509	7	202.930	1.201	0.307[b]
	Residual	20445.180	121	168.968		
	Total	21865.690	128			
2	Regression	2087.825	13	160.602	0.934	0.521[c]
	Residual	19777.865	115	171.981		
	Total	21865.690	128			
3	Regression	6767.931	15	451.195	3.377	<0.001[d]
	Residual	15097.758	113	133.608		
	Total	21865.690	128			
4	Regression	8908.364	29	307.184	2.374	<0.001[e]
	Residual	12957.343	99	130.882		
	Total	21865.690	128			
5	Regression	9890.603	30	329.687	2.698	<0.001[f]
	Residual	11975.086	98	122.195		
	Total	21865.690	128			

Three variables were found to be statistically significant predictors of WLB (Table 11), female gender (t = -2.004, p = <.048), IPS since COVID-19 (t = 3.495, p = <.001) and GHW (t = 2.835, p = <.006). Both IPS since COVID-19 (B = 0.674) and GHQ (B = 0.516) have a decreasing impact on WLB, as scoring increased WLB decreases, whereas female gender has an increasing effect on WLB (B = -24.734). Gender (male and other), age, education, workspace, work status during COVID-19, commute time, IPS before COVID-19 composite score, marital status, dependents, occupation, living circumstances and financial scale composite were not found to be significant predictors of WLB, all having a p value of >.05.

Hypothesis 1

In terms of H_1, female gender, total IPS since COVID-19 and mental health have been deemed as predictors of WLB, as such for these three IVs there was evidence to support of the alternative hypothesis that female gender, total IPS since COVID-19 and mental health are predictors of WLB. Yet there was no evidence to support the alternative hypothesis for all remaining IVs and as such they cannot be regarded as predictors of WLB.

Table 11: Hierarchical multiple linear regression analysis of predictors of WLB

Predictor Variables	**Composite**	**Regression 1**	**Regression 2**	**Regression 3**	**Regression 4**	**Regression 5**
Gender	Male (1, male; 0, not male)	-26.31	-22.937	-20.524	-19.267	-22.053
	Female (1, female; 0, not female)	-26.63	-23.059	-22.104	-21.258	-24.743*
Age	Age	-0.17	-0.211	-0.133	-0.134	-0.188
Education	Leaving Certificate (0, no leaving; 1, leaving)	4.677	5.78	0.067	1.723	1.317
	Bachelor's Degree (0, no bachelors; 1, bachelors)	3.427	4.198	-2.28	-2.722	-2.901
	Master's Degree (0, no masters; 1, masters)	1.703	3.598	-3.833	-2.983	-0.53
	Doctoral Degree (0, no PDH; 1, PHD)	-2.286	-1.874	-6.312	-8.245	-8.815
Marital Status	Single (o, not single; 1, single)		1.872	0.632	2.09	1.989
	Cohabiting (0, not cohabiting; 1, cohabiting)		0.249	2.46	5.053	5.941
Dependents	Dependents		2.019	0.935	1.468	2.447
Living Circumstances	Living with people (0, no people; 1, people)		-0.461	-1.475	-14.009	-16.172
	Living alone (0, not alone; 1, alone)		-0.049	0.799	-12.315	-10.901
	Other (0, no other; 1, other)		-10.658	-10.07	-21.899	-27.819
Interruption Prevalence	Interruption prevalence before COVID-19 composite			0.126	0.02	-0.025
	Interruption prevalence since COVID-19 composite			0.786***	0.834**	0.674***
Occupation	Business / Office (B/O) (0, no B/O; 1, B/O)				-2.64	-1.369
	Education / Arts (Edu/A) (0, no Edu/A; 1, Edu/A)				-0.916	-1.32
	Engineering / Architecture (E/A) (0, no E/A; 1, E/A)				8.572	8.167
	Healthcare / Social Services (H/SS) (0, no H/SS; 1, H/SS)				5.004	5.802

	Scientists / Mathematics (S/M) (0, no S/M; 1, S/M)				11.73	4.485
	Service / Physical Occupations (S/PO) (0, no S/PO; 1, S/PO)				-3.878	-3.027
Commute Time	Commute time				0.013	0.019
Work Status During COVID-19	Worked from home (0, no WFH; 1, WFH)				-1.319	-1.926
	Remained in the workplace (0, no in workplace; 1, in workplace)				-0.85	-1.842
Workspace	Shared living space (0, no shared; 1, shared)				14.601	16.608
	Dedicated work area in shared living space (0, no dedicated; 1, dedicated)				13.494	16.555
	Separate dedicated workspace (0, no separate dedicated workspace; 1, separate dedicated workspace)				15.233	18.019
	Other (0, no other; 1, other)				14.28	15.56
Financial Status During COVID-19	Financial scale composite				0.641	0.739
Mental Health	GHQ composite					0.516**
	Adjusted R^2	0.011	-0.007	0.218	0.234	0.285
	R^2	0.065	0.095	0.310	0.407	0.452
	R^2 Change	0.065	0.031	0.214	0.098	0.045

*p<0.05; **p<0.01; ***p<0.001.

5.10 Multivariate analysis of variance (MANOVA)

The second research objective asks what impact WFH has on mental health and WLB. A one-way MANOVA test was performed to investigate the IV work status during COVID-19's impact on the DVs. Results (Table 12) yielded no statistically significant difference between the IV and both DVs, mental health and WLB, Wilks' $\Lambda = .976$, $F(4, 258) = .794$, $P > .530$, Partial $\eta 2 = .012$. Consequently, the results of this analysis do not support the hypothesis that WFH impacts WLB and mental health (H_2).

Table 12: MANOVA

Effect		Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
Work Status During COVID-19	Wilks' Lambda	0.976	0.794	4.000	258.000	0.530	0.012

5.11 Independent Samples T-test

This study utilised three employee groups during COVID-19 namely, WFH, remained in the workplace and furloughed, using the latter two as control groups to determine if there was a difference in the WLB of WFH employees. To answer this two independent samples T-tests were conducted (group statistics shown in Table 13). For all T-tests the P value of Levene's tests for equality of variance were > 0.05, therefore equal variance is assumed.

Table 13: Independent Samples T-test group statistics

Scale	N	Variable	Mean	Std. Deviation
WFCS	69	WFH Employees	45.6232	13.1687
	52	In workplace Employees	46.0385	12.90077
	12	Furloughed Employees	46.3333	14.3358

The first test displayed in Table 14 examined WFH and in the workplace employee groups. This study found no statistically significant difference reported in the WLB of WFH (M =

45.6232, SD = 13.1687) or remained in the workplace employees (M = 46.0385, SD = 12.90077) during COVID-19, t(119) = -0.173, p=0.863.

Table 14: Independent Samples T-test – WFH employees and in the workplace employees

						95% Confidence Interval of the Difference	
Scale	**t**	**df**	**Sig.**	**Mean Difference**	**Std. Error Difference**	**Lower**	**Upper**
WFCS	-0.173	119	0.863	-0.41527	2.39733	-5.16223	4.33169

A second test was conducted taking the WFH (M = 45.6232, SD = 13.1687) and furloughed (M = 46.3333, SD = 14.3358) groups. Additionally no statistically significant difference was reported in the WLB of WFH and furloughed employees during COVID-19, t(79) = -0.170, p=0.865, which is displayed in Table 15.

Table 15: Independent Samples T-test – WFH employees and furloughed employees

						95% Confidence Interval of the Difference	
Scale	t	**df**	**Sig.**	**Mean Difference**	**Std. Error Difference**	**Lower**	**Upper**
WFCS	-0.170	79	0.865	-0.71014	4.17154	-9.01339	7.5931

Independent Samples T-test WFCS Gender

As results from model 5 in the hierarchical regression displayed that the female gender was a predictor of WLB, the researcher wanted to compare the WLB of males and females. To do this a further independent samples T-test was conducted. The results, which can be seen in Tables 16 and 17 respectively, indicate that there was no significant difference between males (M = 45.8814, SD = 12.7848) and females (M = 45.4658, SD = 13.10967) WLB during COVID-19, t(130) = 0.183, p= 0.855. Therefore, whilst female gender is a predictor of WLB when accounting for all other variables, it does not impact employee WLB

in this sample. Yet due to the predictive effect found in the regression model this study may have been underpowered and a larger sample may have found a statistically significant effect.

Table 16: Independent Samples T-test WFCS Gender Group Statistics

Scale	N	Variable	Mean	Std. Deviation
WFCS	59	Male	45.8814	12.7848
	73	Female	45.4658	13.10967

Table 17: Independent Samples T-test WFCS Gender

						95% Confidence Interval of the Difference	
Scale	**t**	**df**	**Sig.**	**Mean Difference**	**Std. Error Difference**	**Lower**	**Upper**
WFCS	0.183	130	0.855	0.4156	2.26985	-4.07502	4.90622

5.12 Conclusion

In conclusion, this chapter applied quantitative methods to analyse primary data collected through a survey research instrument. The study using a hierarchical multiple linear regression analysis found that female gender, interruptions prevalence since COVID-19 and mental health are predictors of WLB. Additionally, male and other genders, age, education, workspace, work status during COVID-19, commute time, IPS before COVID-19 composite score, marital status, dependents, occupation, living circumstances and financial circumstances were not found to be predictors of WLB. Analysis of a MANOVA found that MWFH does not have an impact on mental health or WLB. T-tests demonstrate that there is no significant difference in the WLB between WFH, remained in the workplace and furloughed employees. The final T-test investigated the WLB of males and females during COVID-19 finding no statistically significant difference.

Chapter 6: Discussion

This research sought to discover predictors of WLB and whether WFH impacts employee's mental health and WLB. Control variables were included to test if there was a difference between the WLB of WFH, remained in the workplace and furloughed employees. Finally, gender was examined to discover if a difference exists in the WLB of males and females.

The hierarchical multiple linear regression analysis proved that female gender, IPS since COVID-19 and mental health are predictors of WLB. The female variable increased WLB. Increased interruption prevalence decreased WLB, whereas decreased interruptions increased WLB. Finally, as mental distress increased WLB decreased, whereas lower distress increased WLB. Accordingly, the alternate hypothesis is accepted for female gender, IPS since COVID-19 and mental health. While no evidence was found to support the alternate hypothesis for the remaining IVs.

A MANOVA was utilised to investigate if WFH has an impact on mental health and WLB. Findings demonstrate that WFH does not impact WLB or mental health, consequently there is no evidence to support the alternative hypothesis that WFH impacts WLB and mental health.

An independent samples T-test proved that no difference existed in the WLB of those that WFH and (1) employees that remained in the workplace or (2) furloughed employees. Finally, a second independent samples t-test was conducted to investigate males and female WLB. As females were identified as a predictor of WLB, it was hypothesised that females would have greater WLB than males. Yet there was no evidence to support this hypothesis, as there was no significant difference in the WLB of males and females. This appears to be a contradictory finding, yet the female gender was identified as a predictor of WLB during the

last model of the hierarchical regression, therefore a larger sample may have provided a statistically significant result.

Descriptive statistics reveal that 100% of PHD holders, compared to only 5.7% of leaving certificate holders WFH. Gender parity is observed at junior certificate and PHD educational levels respectively, as equal amounts of males and females WFH. Yet disparity exists at leaving certificate, bachelors and master's level where females have greater ability to WFH. These findings support evidence that there is a positive correlation between advanced levels of education and likelihood of RW (Raišienė *et al*., 2021; Elldér, 2019). Further, Crowley *et al*.'s (2021) study in Ireland found gender inequality between less educated males and females in terms of opportunity to RW, which this current study did not discover. Rather, this study found a large disparity between females and males' opportunity to WFH at bachelors and master's level. This may be as more females in this sample had occupations that can be conducted from home, for example administration. As such education has led to an inequality in ability to WFH in Ireland and that impact is greater on males than females. Yet as the literature notes, many males are seeking greater WLB (Powell *et al*., 2019), to manage work and family responsibilities through WFH opportunities. Yet as discovered in the literature review many males subscribe to presenteeism, fearing WFH will negatively impact their careers (Raišienė *et al*., 2021). Hence, organisations must change cultures of presentism to gain male buy-in, offering the same reward and opportunity to WFH employees. This may help shift male attitudes towards WFH and decrease the inequality between males and females. Additionally, employees with higher levels of education are more likely to WFH, thus when organisations offer WFH they should not do so based on education, instead employers could offer training which increases employee's ability to WFH.

Female gender was identified as a predictor of WLB, as such being female in a COVID-19 MWFH environment is associated with greater WLB than being male. Although a further t-test demonstrated that there was no difference in the WLB of males and females in this sample, a larger sample may produce significant results. This finding is in opposition to much of the research which indicates WLB decreasing during COVID-19 for females as caring responsibilities increased, for instance Adisa *et al*. (2021), find that WFH females faced a double burden decreasing their WLB during COVID-19. Interestingly, this study offers a different perspective, that being female predicts greater WLB. As previously identified females have greater domestic responsibilities than males and these caring responsibilities increased during COVID-19 (Clarke *et al*., 2021). Yet WFH may help females to balance responsibilities. Additionally, commuting is associated with decreased WLB for females, many of whom engage in 'trip chaining' (Roberts *et al*., 2011). Considering this in light of COR theory which contends that commuting depletes one's resources to engage in domestic responsibilities (Emre and De Spiegeleare, 2021), WFH during COVID-19 eliminated commuting, saving resources for females and consequently may have had a positive effect on their WLB. Further, it was observed that during COVID-19 female multitasking increased, which may not be possible if in the workplace. Therefore, WFH lends itself to females attaining greater WLB due to their ability to multitask, managing work and life simultaneously.

Finally, COVID-19 MWFH increased female workforce participation (Nash cited in Dáil Éireann Debate, 2022) due to the ability to integrate work and life, which Raišienė *et al*. (2021) identify as a preference for females having an integration disposition. Ergo WFH provides an opportunity for female participation in the labour force, which in a tight labour market organisations may utilise to attract and retain female talent, which may otherwise be forced out of the workforce due to the high cost of childcare (Pobal, 2021). Yet WFH can

increase the division of labour for females and may impact their promotional and developmental opportunities, as cultures of presenteeism reward in office employees (Clarke *et al*., 2021). As presenteeism cultures persist organisations must look adapt their culture to ensure equality between WFH and in office employees. A danger of WFH is that it may widened gender inequality as females prefer to WFH and as organisations such as Google consider pay cuts for WFH employees (O'Halloran, 2021), this may undo the legislative actions to increase pay equality, such the introduction of the Gender Pay Gap Information Act 2021.

Interruptions since COVID-19 was identified as a predictor of WLB. Further, it was determined that females experienced greater interruptions than males during COVID-19, supporting Leroy *et al*.'s (2021) original findings on interruption prevalence. Yet, Sullivan and Lewis (2001) find that males indicate that work interferes with family, whereas family interferes with work more frequently during WFH for females, supporting a gender normative perception of values and interruptions. Oppositionally, this study may suggest that gender norms have shifted as no supporting evidence was obtained, rather results indicate that females before COVID-19 experienced greater work interruptions which increased during COVID-19. Whereas males report decreased work-related interruptions and increased non-work interruptions. Yet a gender inequality is evident as females experience more total interruptions, making females more at risk of decreased WLB than males. This finding subscribes to the literature on COVID-19 arguing that females domestic responsibilities increased (Adisa *et al*., 2021).

Yet WFH as suggested above may have a mediating effect on WLB and as such organisations could consider WFH options, which could particularly help females to manage responsibilities and lessen the impact of interruptions on WLB. Additionally, as increased interruptions decrease WLB, organisations may seek to limit interruptions from the work

realm, by implementing no contact hours outside of work hours, which corresponds with the WRC (2021) code of practice on the right to disconnect. Finally, employers may implement flexible working policies, giving WFH employees autonomy to select their working hours in accordance with domestic responsibilities to reduce interruption prevalence and increase WLB.

Additionally, mental health was found to be a significant predictor of WLB. Supporting the literature that mental health impacts perceptions of WLB during WFH (Palumbo *et al*., 2020). Ill-mental health is often cited as a result of decreased WLB (Lunau *et al*., 2014), whereas increased WLB has been found to increase mental health (Lonska *et al*., 2015). Hence, a strength of this research is that mental health was determined to be a predictor of WLB, rather than a consequence of WLB. Heightened distress was observed within the sample and although this may have been influenced by additional pressures of the Pandemic, it is imperative that employers target mental health. The literature finds that Generations Z (Pataki-Bittó and Kapusy, 2021) and Y (Laskowska and Laskowski, 2021) consider mental health supports essential when selecting a position. Similarly, this study found that healthcare is the most desired employee benefit. Yet during the pandemic approximately 40% of Generation Y and Z reported a lack of mental health support from their employers (Deloitte, 2021). Hence, employers must be cognisant of the effects of mental health on employees and how this may impact the organisation. As increased levels of distress can decrease one's confidence and self-efficacy in terms of their ability to do their job. This can increase feelings of stress and anxiety, leading to discontentment and disengagement, which can decrease perceptions of WLB. Additionally, disengagement and cynicism regarding the workplace can lead to decreased morale and productivity.

Consequently, organisations can support employee mental health by implementing a healthcare plan that incorporates mental health assistance. This may have a positive impact

on employee WLB and the organisation by decreasing sick leave, increasing productivity and so on. Additionally, as mental health was identified as a predictor of WLB, organisations may seek to enhance preventative measures, to increase employee mental health. For example, organisations may offer a financial advisory service which can help with financial stress being particularly pertinent presently due to rising inflation. Further, organisations may offer mental health training to employees and may offer specific training for managers to support employee's mental health and spot signs of distress. Taking a proactive approach to mental health to enhance WLB can increase productivity, engagement, job satisfaction and so on and is imperative finding of this research.

The present study found that MWFH had no impact on employee mental health. Which contradicts findings stating that WFH increases work intensification and stress (Felstead and Henseke, 2017), which decreases mental health. Similar discoveries were made during COVID-19, for example Palumbo *et al.* (2020) assert that WFH employees experienced greater levels of work/life conflict, deteriorating their wellbeing. Additionally, Clark *et al*. (2021) determine that there was greater deterioration in WFH mothers' mental health than fathers due to their increased domestic responsibilities. Yet as the majority of WFH employees in the current study had no dependents WFH may not have impacted their mental health as their domestic responsibilities may not have been impacted by WFH. Moreover, Yüceol *et al*.'s (2021) study on the impacts of MWFH on Generation Y academics found that WFH increased WLB and mental health. This may have been influenced by education, assuming the samples overall educational level was high due to their occupation and accordingly education may have had a positive impact on one's ability to transition to WFH. The majority of the WFH population in the present study had a third level education which may have had a mediating effect on WFH impacting mental health, as higher levels of

education is associated with increased satisfaction when working from home (Raišienė *et al*., 2021).

Finally, Generation Y and Z are said to prefer WFH, consequently as 72.22% of the participants that worked from home during COVID-19 are comprised of Generation Y and Z, WFH may have had no impact on their mental health. This may be as younger employees do not place as much emphasis on in-person communication, having a lessening connection to the workplace (Laskowska and Laskowski, 2021). Therefore, during COVID-19 these generations may not have experienced the same levels of social isolation which can decrease mental health, as they may feel greater connection through technological means than older generations. The implications of this from a business perspective may be to train employees on how to WFH, support employees transitioning to WFH and develop competencies that have been identified as beneficial for WFH (Raišienė *et al*.,2021) to enhance self-efficacy. Additionally, organisations could increase connections through virtual meetups to lessen the impact of isolation when working from home. Yet to move from a neutral effect to a positive one, organisations might consider coupling WFH with flexible working, as although many employees worked from home during COVID-19, many organisations required employees to keep the same working hours and expected constant availability (Fukumura *et al*., 2021). This approach does not account for the shifting dynamic of WFH, as employees require greater flexibility to manage work and life. Hence giving employees autonomy over working hours could have a positive impact on their mental health, as it reduces role conflict and increases perceptions of WLB.

MWFH has no impact on employee WLB and there is no significant difference in the WLB of WFH, in the workplace or furloughed employees during COVID-19. The finding that WFH has no impact on WLB deviates from the literature, debating between the positive and negative impacts on WLB. Pre-COVID-19 it was found that WFH does not increase

WLB, instead it decreases due to increased spill over, inability to disconnect (Felstead and Henseke, 2017), increased family interruptions (Allen *et al*., 2015) and specifically in Ireland increased work/life conflicts increasing stress and decreasing perceptions of WLB (Russell *et al*., 2009). Yet, Grant *et al*. (2013) found that for many WFH employees their WLB increased, whilst acknowledging the challenges presented above.

Commonly during COVID-19 the negative effects of MWFH on WLB were reported, as increased telecommuting is associated with lower WLB (Alfanza, 2021), for example Lonska *et al*. (2021) discovered that Latvian WFH employees WLB deteriorated. This may have been due to longer working hours and reduced rest periods during WFH (Palumbo, 2020). Further, it has been long held that MWFH decreases WLB (Donnelly and Proctor, 2015; Felstead *et al*., 2002). Yet Allen *et al*. (2015) determine that if employees WFH for over a year WLB increases. Considering this determination studies that reported WFH's negative effect on WLB during COVID-19 may be accurate being conducted within a year of the outbreak. Whereas this study was conducted more than two years since the beginning of COVID-19 and as such many employees may have adapted significantly to WFH and therefore WFH may now have no impact on WLB.

The discovery that WFH has no impact on WLB, is also supported by the findings of the regression analysis showing the place of work is not a predictor of WLB. Accordingly, it may be argued that the IVs interruption prevalence and mental health that were identified as predictors are what impacts WLB and not workplace. Consequently, employers must be cognisant that WFH cannot be used as a benefit to enhance WLB if it is not paired with other benefits and supports that help employees manage work and life, reduce work intensification and increase mental health. Therefore, organisations should offer supports such as boundary management training, mental health awareness and develop cultures that support employees WLB seeking to reduce work intensification and stress. Yet many employers are returning to

the workplace due to persisting cultures of presenteeism. Interestingly over a third of this sample reported to desire WFH or a hybrid model. Therefore, in a time when talent is scarce employers may be able to use this benefit to attract and retain employees over competitors. However, for it to be beneficial for WLB employers must implement policies and supports that decrease the negative aspects of WFH.

6.1 Limitations

During the hierarchical multiple linear regression analysis, it was observed that many IVs had a large effect size on WLB yet were not statistically significant. This may be because the study was underpowered and consequently a larger sample size may have yielded more significant results for some of the IVs.

Sampling bias may have occurred as convenience sampling was employed. Additionally, as the researcher had difficulty obtaining an equal distribution of male and female subjects snowball sampling was utilised. This method may have impacted the results as recruited participants may be similar to original participants and consequently a varied population may not have been sampled, creating bias in the results attained.

A further limitation which presented following data collection was that dependent data for elderly adults and children was captured simultaneously. Capturing this separately would have allowed investigation into Lonska's *et al*., (2021) claim that those between 25 and 44 with young dependents have the worst WLB and to explore the sandwich generation in Ireland during COVID-19, an area which has not been investigated.

Although the sample obtained contained four generations, there was a limited sample of Generation Z and Boomers, consequently findings are not generalisable. Future research may look at recruiting greater samples which are representative of the population.

Finally, educational level of participants partners was not obtained, on reflection had this data been collected this research could have investigated if couples with higher levels of education have better WLB, as argued by Kromydas (2020).

6.2 Strengths

This study found mental health to be a predictor of WLB rather than a consequence of WLB. Signalling to employers that supporting employee's mental health is vital to their WLB. Consequently, supporting good mental health can benefit the organisation, as increased WLB can increase engagement, retention, job satisfaction and so on.

Utilising a survey instrument allowed the researcher to collect a sufficient amount of data in a small-time frame. Surveys also allowed the research to be unobstructed by the researcher and therefore the data collected is objective. Although the length of the survey may have discouraged some participants from taking part, it benefitted the study by increasing the number of IVs that could be tested as predictors, to investigate what effects WLB. Further, Cronbach's Alphas were reliable for all four scales utilised and therefore the study can be deemed reliable and can be replicated in the future.

Finally, this study supported Leroy *et al*.'s (2021) finding that interruption prevalence increased during COVID-19 and used their scale to test if interruption prevalence is a predictor of WLB. Findings reveal that interruption prevalence since COVID-19 is a predictor of WLB and as such is a unique contribution to the study of WLB.

6.3 Conclusion

In consideration of the above, it was found that educational level influences an employee's likelihood to WFH in Ireland and males have less WFH opportunities than females. Additionally, interruption prevalence since COVID-19 predicts WLB and as females experience greater interruptions than males, it may have been assumed that female WLB

would decrease. However, the female gender was found to be a predictor of WLB and this may be as WFH has a mediating effect on WLB. Finally, mental health was found to be a predictor of WLB, a unique finding within the literature and WFH was found to have no impact on mental health or WLB. These findings suggest that organisations must take preventative measures to protect and support employee mental health and to implement flexible working policies to enable WLB which accordingly can increase profits and decrease costs for the organisation.

Chapter 7: Conclusion

The aim of this study was to examine whether MWFH during COVID-19 impacted employee WLB in Ireland. This research contained two sub-objectives, which were achieved by taking a cross-sectional quantitative approach using a survey instrument. The first was to determine the predictors of WLB. This objective was achieved through performing a hierarchical multiple linear regression analysis. Female gender, IPS since COVID-19 and mental health were found to predictors of WLB. Yet there were many IVs that although were non-significant had a strong effect size on WLB, as such further investigation with a larger sample may produce significant findings. IPS since COVID-19 was a unique variable within this study which Leroy *et al*. (2021) recently introduced in the context of how other IVs during COVID-19 impact interruption prevalence. Yet the present study used IPS as an IV to the DV WLB, therefore interestingly this study discovered that interruption prevalence since COVID-19 is a significant predictor of WLB. Policy makers may find this particularly relevant as legislation is drafted on the right to request to WFH, and consequently, consideration may be given regarding the introduction of laws to prohibit working outside of working hours. This could decrease interruption prevalence when working from home, increasing WLB and as WLB is often cited as a predictor of mental health (Lunau *et al*., 2014), this may help to increase employee mental health. Organisations may also be able to use these findings to introduce policies which enable flexible working, to reduce family/work interruptions by limiting role conflict, to increase employee WLB, which can help organisations with talent attraction, retention, productivity and so on.

Mental health was identified as a predictor of WLB, providing a unique contribution to the literature, advancing the view that WLB effects mental health, to include that mental health effects WLB. For organisations, this finding is imperative as supporting employee's mental health is identified as essential if considering offering benefits such as WFH or hybrid

working to increase WLB. Therefore, regardless of workplace, if employees are experiencing increased distress or ill mental health WLB initiatives may not work, therefore organisations must offer benefits and support to increase mental health.

Although no significant difference was identified in the WLB of the current studies sample, female gender was identified as a predictor of WLB. As such, although females experienced greater interruptions during COVID-19, WFH may have a mediating effect on the WLB of females. As females often have greater domestic and caring responsibilities WFH can enable them to manage conflicting responsibilities and integrate work and life which can have a positive effect on WLB. Although WFH is identified as a benefit to increase female WLB and many females are seeking WFH positions, this can have a damaging effect on their career development and can increase gender inequality in the workforce due to persisting cultures of presenteeism. As such policy makers, must consider the ramifications of WFH, as female employees may not have the same equality as those that attend the office. With companies considering wage decreases for WFH employees, policy makers may have to look at ensuring that equality is maintained for females' employees and that the gap between pay, leadership positions and so on does not widen for this section of the workforce.

The second objective examined if there is an association between WFH and (1) mental health and (2) WLB during COVID-19 in Ireland. Results from a MANOVA analysis revealed that WFH did not impact mental health or WLB during COVID-19 in Ireland, answering the aim of this research. In terms of mental health, this study demonstrates that WFH does not impact upon one's mental health and the workplace more broadly was not identified as a predictor of WLB. This finding may alert organisations to the reality that as WFH is commonly noted to be a benefit which increases WLB (Grant *et al*., 2013), it should be coupled with flexible working policies as well as an organisational culture that supports

employee's mental health. As introducing WFH without supporting policies and a culture that supports mental health and tries to decrease role conflict may not increase WLB.

7.1 Recommendations

It was identified that mental health is a significant predictor of WLB. Accordingly, it was found that employees want employers to support their mental health. In the results of this study 34.1% of employees receive healthcare, whereas 68.8% of employees indicate that healthcare is a desired benefit. Therefore, employers are falling short in offering health and mental health supports. To address this gap and to enhance WLB, it was argued that employers must support mental health, for example providing a healthcare plan, which includes an employee assistance programme. This would incur a large cost, however it could pay dividends in reducing the cost of talent attraction, whilst increasing productivity and retention and decreasing sick leave. Yet as healthcare is a taxable benefit at 20% of the overall cost it should be optional for employees to select. The researcher compared Irish Life, VHI and Laya Healthcare. Due to limited access a corporate rate could not be attained, however Laya Healthcare was selected as the preferred provider, offering unlimited 24/7 mental health support for employees (Laya Healthcare, n.d.). The average costs is estimated at €1329.48 yearly at an individual rate, however this rate may vary based on selected plan, but overall cost may be reduced when considering corporate rates.

Implementing a flexible working policy gives employees autonomy to manage work and life responsibilities which can decrease interruption prevalence and as interruptions increased during COVID-19 and IPS was identified as a predictor of WLB, reducing interruptions can increase WLB. Additionally, a WFH and hybrid working policy could be implemented, which may help females to attain greater WLB. As it was found that WFH may have a mediating effect on the pressures of work and family for females and integrating realms allows greater management of responsibilities. Finally, implementation of a family

friendly and right to disconnect policy could support the previously mentioned policies, as these policies can enact organisational culture change to support employees WLB by alleviating increased work intensification and technostress as well as burn out which can often occur when working from home. Introducing these policies may take the HR department up to a year to draft and implement depending on the organisation. As depending on the organisation key stakeholders may have to be more heavily influenced than others which already have a supportive culture.

Organisations may consider mental health awareness training for managers and could for example partner with Mental Health First Aid Ireland (MHFA) who have partnered with many organisations such as Deloitte. MHFA could facilitate private onsite programmes for managers which can be tailored to organisation's needs. This could help to transform organisational culture and help employees reach out when they need help as well as equipment managers with the skills to support employee mental health. Although corporate rates were not available to the researcher, mental health first aid training costs €300 and therefore a discount may be applied to corporate rates (MHFA, 2022). As a costly investment, the HR department may have to attain buy-in from senior management first who can then influence managers at lower levels respectively. As such, it may take some time to attain buy-in and it may be that the course is conducted for senior management firstly before rolled out to all levels of management.

Finally, organisations could provide lists of supports available for employees in Ireland depending on what they are experiencing, which may be affecting their mental health. The researcher has developed a list of resources (Appendix A) that companies could display in the office or in bathroom stalls to ensure privacy. The implementation of this recommendation could be completed immediately and would cost very little to implement.

7.2 Recommendations for future research

Self-efficacies effect on WLB when working from home was not investigated as it did not fit within the objectives of this study. Yet Raišienė *et al*. (2020) determine that employees with high levels of education develop skills which enable successful WFH, therefore level of education may impact one's self-efficacy. As Ma *et al*., (2021) determine that self-efficacy has a mediating effect on techno stressors which can alleviate feelings of burn out and exhaustion, a question must be asked as to whether higher levels of education are associated with higher levels of self-efficacy and when working from home does this influence employees' perceptions of WLB?

A limitation of this study is that dependent data was collected simultaneously and as such the researcher could not discern between those with child or eldercare or those with both, the 'sandwich generation'. Future research may make this distinction to see what effect WFH has on the WLB of the sandwich generation in Ireland, a topic which has received little attention.

Finally, as the number of people that WFH has increased in the wake of COVID-19 and as WFH can have a damaging effect on employees developmental and promotional opportunities, future studies may look at the how WFH effects employees career development.

7.3 Personal Learning Statement

Coming back to college to complete the Masters was a tough transition, however it has been an excellent experience both academically and personally and I have learned a tremendous amount from my lecturers and classmates. I have encountered many obstacles over the course of the year, the most recent being SPSS and data interpretation having never used SPSS before. The research topic chosen came from personal experience and is of particular interest to me. Being an employee that participated in MWFH during COVID-19, my WLB relatively remained the same. Yet I noticed that my colleagues' experiences ranged drastically, which piqued my interest into what factors enhance employee WLB when working from home.

On reflection, if I were to complete the dissertation again I would select scales which have less items or include less scales as the amount of data collected was overwhelming at times and may have increased the difficulty I had in my statistical analysis, additionally it may have increased participation rates and the study may not have been underpowered. Yet, I am grateful to have had the opportunity to produce my own piece of research, something which I have wanted to do since my undergraduate studies and I would like to thank my supervisor Dr. Hargreaves for her continued help and support.

Although I have gained many skills from the masters, the dissertation has helped me with my adaptability and time management skills in particular, having to juggle it with several competing demands. Contextually, as COVID-19 irreprovably changed the nature of work and pairing this with the current climate in Ireland as discussed within the introduction, I think it is imperative for employers enhance employee WLB and allow employees to choose place of work where applicable, to retain talent in a candidate driven market. Throughout the academic year and the dissertation process I have discovered what I value in organisations and what I want to bring to organisations to help employees gain greater wellbeing and WLB.

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Appendices

Appendix A: Support services

Name	Service	Website
Bodywhys	Eating Disorders	bodywhys.ie
National LGBT Helpline	LGBT	www.lgbt.ie
Connect Counselling	Abuse survivors	https://connectcounselling.ie/
Irish Hospice Foundation Bereavement Support	Bereavement	hospicefoundation.ie
Irish Cancer Society Support Line	Cancer	cancer.ie
ADHD Ireland	ADHD	https://adhdireland.ie/
Barnardos	Parenting	https://www.barnardos.ie/
HSE Drugs and Alcohol	Substance Abuse, HIV, Sexual Health	http://www.drugs.ie/
Amen	Domestic Abuse	https://www.mensaid.ie/
Women's Aid	Domestic Abuse	https://www.womensaid.ie/
Alcoholics Anonymous	Alcoholism	http://www.alcoholicsanonymous.ie/
Alzheimer Society	Alzheimers and Dementia	https://alzheimer.ie/
Bereavement Counselling Service	Bereavement	http://www.bereavementireland.com/
Parentline	Parenting	www.parentline.ie
Dublin Rape Crisis Centre	Rape and sexual assault	www.drcc.ie
Grow Ireland	Mental Health	https://grow.ie/
Irish Advocacy Network	Mental Health	https://irishadvocacynetwork.com/wp/services/
Aoibhneas	Women's Refuge	aoibhneas.ie
Peter McVerry Trust	Homelessness	https://pmvtrust.ie/
Simon Community	Homelessness	dubsimon.ie
MABS	Debt	www.mabs.ie
Threshold	Private Tenancies	threshold.ie
Citizens Information	Information	www.citizensinformation.ie
Family Addiction Support Service	Addiction	fasn.ie

Appendix B: Information sheet and consent form

Study on the impact of mandated work from home on employee work-life balance in Ireland

Research participant information and consent form

Researcher: Niamh Griffin **Email: x21139547@student.ncirl.ie**

Should you have any queries regarding the study, or your participation in the study, please contact the researcher above who will be happy to answer your questions.

Section A

You are being asked to participate in a research study. I am conducting a study on the impact of mandated work from home on employee work life balance in Ireland because of the Covid-19 Pandemic, to understand how employers can better support remote and hybrid employees in the future. To decide whether you want to be a part of this research study, you should understand enough about its risks and benefits to make an informed judgment. This process is known as informed consent. This consent form gives detailed information about the research study. Once you understand the study, you will be asked to tick the consent box at the end of this form if you wish to participate.

Section B

I. NATURE AND DURATION OF PARTICIPATION:

Shifting to remote work during Covid-19 presented many challenges for employers and employees. One of the major concerns regarding remote work is work life balance. As the shift to remote work and hybrid work in the future has rapidly occurred there has been little research conducted in Ireland regarding work life balance when remotely working. As such I am conducting a study in which I ask people their perceptions on work during Covid-19.

I would like to invite you to be involved in this study. This would mean answering a 10-minute questionnaire. At the end of the study, I would collate the information gathered from all participants and analyse it for patterns of response. The information you provide is completely anonymous. It is impossible to trace your answers back to you once you have submitted them to the study. As such I would ask that you be as honest as possible to obtain a true reflection of the Irish public's perceptions of remote work and work life balance.

II. POTENTIAL RISKS AND BENEFITS:

Due to the content of the questionnaire and the general topic of mental health, it is possible that you may become distressed in answering the questions, particularly if they resonate with you personally. Should this happen, you have the right to 1) terminate your participation in the study, and 2) skip any questions that you would prefer not to answer or think about. A debriefing form will also be provided at the end of the questionnaire detailing the contact details of the researcher and other organisations you may wish to contact for further information on mental health.

While there will be no direct benefit from participation, studies like this can make an important contribution to identify measure for supporting employee work life balance which employers may implement. As such, the findings from this study may be presented at national and international conferences and may be submitted for publication in peer-reviewed journals. However no individual participant will be identified in any publication or presentation. Individuals will not be offered any monetary or other rewards for their participation.

III. PARTICIPANT RIGHTS:

Participation in this study is entirely voluntary. All information gathered from you will be non-identifiable (we do not gather data on names, addresses, birthdates). All data gathered will be stored by the researcher in a password protected file and kept, as per NCI policy, for a period of five years before being destroyed. You have the right to withdraw from the study at any time up until the point of submission of answers, after which it is not possible to identify and retrieve your personal response. There will be no penalty or loss of benefits to which you are otherwise entitled if you choose not to participate. In addition, your participation in the study may be terminated by the investigator without your consent.

Section C AGREEMENT TO CONSENT

The research project has been explained to me. I have had the opportunity to ask questions concerning all aspects of the project and any procedures involved. I am aware that participation is voluntary. I am also aware that my responses cannot be traced back to me personally.

Participant Consent by ticking the box: ☐

Date:

Appendix C: Debriefing form

Research Participant Debriefing Form

A national survey of the effects of mandated work from home on employee work life balance in Ireland

Many thanks for your participation in this research study.

If you have any questions about this study, please contact Niamh Griffin at x21139547@student.ncirl.ie / 085 704 0680

If you feel that you are experiencing adverse consequences from this study, the following contacts may prove useful:

1. Mental Health Ireland (for any mental health query): 01 284 1166 / info@mentalhealthireland.ie / meantalhealthireland.ie
2. MABS (for any debt related query) meath@mabs.ie / 076 1072680

Thank you again for your participation.

Niamh Griffin

Appendix D: Survey

Section 1: Demographic questions

Gender

Male: □ Female: □ Other: □

Age

Please specify:

Highest level of educational attainment

Doctoral Degree: □ Master's Degree: □ Bachelor's Degree: □ Second Level - Leaving Certificate: □ Second Level - Junior Certificate □

Marital status

Married: □ Cohabiting: □ Single: □

Normal commute time to work (both ways)

Under 30 minutes: □ Up to 1 hour: □ Up to 1.5 hours: □ Up to 2 hours: □ Up to 2.5 hours: □ Up to 3 hours: □ Up to 3.5 hours: □ Up to 4 hours: □

Occupation

Business/office: □ Engineering/architecture: □ Education/arts: □ Healthcare/social services: □ Scientists/mathematics: □ Service/physical occupations: □ Not reported: □

During Covid-19

Did you work from home: □ Did you go to the workplace: □ Were you furloughed: □

Place of dwelling

Own home: □ Family home: □ Rented or leased accommodation: □ Not reported: □

Living circumstances

Alone: □ With others: □

Place of work

Own home (shared with other workers): □ Own home (not shared): □ Another worker's home: □ Move between sites / offices / location: □ Hybrid - part time at home / part time at work: □ Other:□ Not reported: □

Workspace (please indicate where you conducted your daily work within the home, if you did not work from home please select other)

Shared living space: □ Dedicated work area in shared living space: □ Separate dedicated workspace: □ Other: □ Not reported: □

Section 2: General Health Questionnaire

Each item is rated on a four-point scale:

1= Less than usual, 2 = No more than usual, 3 = Rather more than usual, 4 = Much more than usual

Question 1: Able to concentrate.

1. □ 2. □ 3. □ 4. □

Question 2: Capable of making decisions.

1. □ 2. □ 3. □ 4. □

Question 3: Face up to problems.

1. □ 2. □ 3. □ 4. □

Question 4: Lost sleep over worry.

1. □ 2. □ 3. □ 4. □

Question 5: Constantly under strain.

1. □ 2. □ 3. □ 4. □

Question 6: Could not overcome difficulties.

1. □ 2. □ 3. □ 4. □

Question 7: Unhappy and depressed.

1. □ 2. □ 3. □ 4. □

Question 8: Loss of confidence in self.

1. □ 2. □ 3. □ 4. □

Question 9: Thinking of self as worthless.

1. □ 2. □ 3. □ 4. □

Question 10: Play useful part in things.

1. □ 2. □ 3. □ 4. □

Question 11: Enjoy day-to-day activities.

1. □ 2. □ 3. □ 4. □

Question 12: Reasonably happy.

1. □ 2. □ 3. □ 4. □

Section 3: Work-life balance scale

This section will ask you about your work-life and family-life balance. Each item is measured on a scale of 1-5, with 1 being strongly disagree and 5 being strongly agree.

Question 1: My work keeps me from my family activities more than I would like.

1. □ 2. □ 3. □ 4. □ 5. □

Question 2: The time I must devote to my job keeps me from participating equally in household responsibilities and activities.

1. □ 2. □ 3. □ 4. □ 5. □

Question 3: I have to miss family activities due to the amount of time I must spend on work responsibilities.

1. □ 2. □ 3. □ 4. □ 5. □

Question 4: The time I spend on family responsibilities often interferes with my work responsibilities.

1. □ 2. □ 3. □ 4. □ 5. □

Question 5: The time I spend with my family often causes me not to spend time in activities a work that could be helpful to my career.

1. □ 2. □ 3. □ 4. □ 5. □

Question 6: I have to miss work activities due to the amount of time I must spend on family responsibilities.

1. □ 2. □ 3. □ 4. □ 5. □

Question 7: When I finish work I am often too frazzled to participate in family activities / responsibilities.

1. □ 2. □ 3. □ 4. □ 5. □

Question 8: I am often so emotionally drained when I finish work that it prevents me from contributing to my family.

1. □ 2. □ 3. □ 4. □ 5. □

Question 9: Due to all the pressures at work, sometimes when I finish work I am too stressed to do things I enjoy.

1. □ 2. □ 3. □ 4. □ 5. □

Question 10: Due to stress at home, I am often preoccupied with family matters at work.

1. □ 2. □ 3. □ 4. □ 5. □

Question 11: Because I am often stressed from family responsibilities, I have a hard time concentrating on my work.

1. □ 2. □ 3. □ 4. □ 5. □

Question 12: Tension and anxiety from my family life often weaken my ability to do my job.

1. □ 2. □ 3. □ 4. □ 5. □

Question 13: The problem-solving behaviors I use in my job are not effective in resolving problems at home.

1. □ 2. □ 3. □ 4. □ 5. □

Question 14: Behavior that is effective and necessary for me at work would be counterproductive at home.

1. □ 2. □ 3. □ 4. □ 5. □

Question 15: The behaviors I perform that make me effective at work do not help me to be a better parent and spouse.

1. □ 2. □ 3. □ 4. □ 5. □

Question 16: The behaviors that work for me at home do not seem to be effective at work.

1. □ 2. □ 3. □ 4. □ 5. □

Question 17: Behavior that is effective and necessary for me at home would be counterproductive at work.

1. □ 2. □ 3. □ 4. □ 5. □

Question 18: The problem-solving behavior that works for me at home does not seem to be as useful at work.

1. □ 2. □ 3. □ 4. □ 5. □

Section 4: Financial Scale

This section will ask you about how Covid-19 impacted your financial situation. Each item is measured on a scale of 1-7, with 1 being not true of me at all and 5 being very true of me.

Question 1: The Coronavirus (COVID-19) has impacted me negatively from a financial point of view.

1. □ 2. □ 3. □ 4. □ 5. □ 6. □ 7. □

Question 2: I have lost job-related income due to the Coronavirus (COVID-19).

1. □ 2. □ 3. □ 4. □ 5. □ 6. □ 7. □

Question 3: The Coronavirus (COVID-19) has NOT impacted my financial status at all.*

1. □ 2. □ 3. □ 4. □ 5. □ 6. □ 7. □

Section 5: Interruption Prevalence Scale

Each item is measured on a scale of 1-5, with 1 being never and 5 being extremely.

Sub-section 1:

I am interested in knowing about the interruptions you experience during your workday. Interruptions can be of different types and we will ask that you reflect on each type.

First, interruptions can be intrusions. Intrusions disrupt your workflow and demand that you switch your attention even though you would rather continue what you were doing prior the interruption. For example, receiving a phone call from a client in the middle of writing an urgent email to your boss.

I want to know about how often you experience intrusions during your workday. We will ask first about work related intrusions and then about nonwork related intrusions and to compare your experience before COVID-19 started and since-COVID-19 started.

Question 1: (Before Covid-19) How often do you experience interruptions that are work related intrusions during your workday?

1. □ 2. □ 3. □ 4. □ 5. □

Question 2: (Since Covid-19) How often do you experience interruptions that are work related intrusions during your workday?

1. □ 2. □ 3. □ 4. □ 5. □

Question 3: (Before Covid-19) How often do you experience interruptions that are nonwork related intrusions during your workday?

1. □ 2. □ 3. □ 4. □ 5. □

Question 4: (Since Covid-19) How often do you experience interruptions that are nonwork related intrusions during your workday?

1. □ 2. □ 3. □ 4. □ 5. □

Sub-section 2:

Interruptions can be also distractions.

Distractions are interruptions that do not really demand that you switch your attention. You may be tempted to switch your attention nonetheless (example: a nonurgent notification on your phone, which could wait, but that you decide to check out) or you may find the distraction hard to block (example: conversation noise that you don't need to listen to or participate in, but that you can't block and makes it hard to focus).

I ask that you reflect on work-related vs. nonwork-related distractions during your workday, and before COVID-19 started vs. since-COVID-19 started.

Question 5: (Before Covid-19) How often do you experience interruptions that are work related distractions during your workday?

1. □ 2. □ 3. □ 4. □ 5. □

Question 6: (Since Covid-19) How often do you experience interruptions that are work related distractions during your workday?

1. □ 2. □ 3. □ 4. □ 5. □

Question 7: (Before Covid-19) How often do you experience interruptions that are nonwork related distractions during your workday?

1. □ 2. □ 3. □ 4. □ 5. □

Question 8: (Since Covid-19) How often do you experience interruptions that are nonwork related distractions during your workday?

1. □ 2. □ 3. □ 4. □ 5. □

Sub-section 3:

Interruptions can be also breaks. Breaks create a pause in your workflow, allowing for restorative activities. For example, deciding to take a walk, getting some fresh air, having a scheduled lunch, or having a casual conversation in the middle of a task.

We ask that you reflect on work related vs. nonwork related breaks during your workday, and before COVID-19 started vs. since-COVID-19 started.

Question 9: (Before Covid-19) How often do you experience interruptions that are work related breaks during your workday?

1. □ 2. □ 3. □ 4. □ 5. □

Question 10: (Since Covid-19) How often do you experience interruptions that are work related breaks during your workday?

1. □ 2. □ 3. □ 4. □ 5. □

Question 11: (Before Covid-19) How often do you experience interruptions that are nonwork related breaks during your workday?

1. □ 2. □ 3. □ 4. □ 5. □

Question 12: (Since Covid-19) How often do you experience interruptions that are nonwork related breaks during your workday?

1. □ 2. □ 3. □ 4. □ 5. □

Sub-section 4:

Interruptions can lead to multitasking, by which you try to work on several tasks or attend to several demands simultaneously, maybe switching back and forth between them in short iterations. For example, listening to a child while reading emails.

I ask that you reflect on multitasking between work tasks and multitasking between work and nonwork tasks/activities during your workday, and before COVID-19 started vs. since COVID-19 started.

Question 13: (Before Covid-19) How often do you experience interruptions that lead you to multitask (that is, make you manage several things simultaneously) between work tasks during your workday?

1. □ 2. □ 3. □ 4. □ 5. □

Question 14: (Since Covid-19) How often do you experience interruptions that lead you to multitask (that is, make you manage several things simultaneously) between work tasks during your workday?

1. □ 2. □ 3. □ 4. □ 5. □

Question 15: (Before Covid-19) How often do you experience interruptions that lead you to multitask (that is, make you manage several things simultaneously) between work and nonwork tasks during your workday?

1. □ 2. □ 3. □ 4. □ 5. □

Question 16: (Since Covid-19) How often do you experience interruptions that lead you to multitask (that is, make you manage several things simultaneously) between work and nonwork tasks during your workday?

1. □ 2. □ 3. □ 4. □ 5. □

Sub-section 5:

Last, interruptions can be surprises.

Surprises occur when something directly related to the task/activity at hand affects its rate of progress in unexpected ways. For example, unexpected technical issues, unexpected delay in supply or input or bad news, unexpected useful information, or unexpected help. There is a sudden realization that the rate of progress needs to change, making you pause at least briefly.

Question 17: (Before Covid-19) How often do you experience interruptions that are work related surprises during your workday?

1. □ 2. □ 3. □ 4. □ 5. □

Question 18: (Since Covid-19) How often do you experience interruptions that are work related surprises during your workday?

1. □ 2. □ 3. □ 4. □ 5. □

Question 19: (Before Covid-19) How often do you experience interruptions that are nonwork related surprises during your workday?

1. □ 2. □ 3. □ 4. □ 5. □

Question 20: (Since Covid-19) How often do you experience interruptions that are nonwork related surprises during your workday?

1. □ 2. □ 3. □ 4. □ 5. □