Resilience, Well Being and Marital Adjustment: a comparative study between those who are working from home to the ones who are working from their workplace

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ABSTRACT

The purpose of the study was to compare the participants who are working from their homes with the ones who go to their workplace on variable Resilience, Well-being and marital adjustment. A population of 30 Working from home and 20 working from their place individuals participated in the study for this. The participants completed a measure of Nicholson Mcbride Resilience questionnaire and PGI General well-being questionnaire. The result reveal that there is no significant difference in any variable among working from home participants when compared to working from their place population based on the analysis of data done by using Mann-Whitney U test.

Keywords: Resilience, Adjustment, Workplace.

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INTRODUCTION

The world stands still, empty roads, schools, restaurants, malls, locked in our own homes, scared and confused. On 11th March 2020, The World Health Organization (WHO) declared COVID-19 a global pandemic [1]. The effect that the global pandemic has put on the world is abysmal. It is not the first pandemic of the 21st century. But it could be considered as 1st of the age of globalization. Countries that were economically linked to the origin country were the 1st to see rapid rise in the Covid - 19 cases [2]. Since 1st identified, the virus spread has increased significantly hindering the normal life of everyone all over the world. The virus was first flagged in Wuhan, China. It is the seventh member of the coronavirus family and a member of orthocoronavirinae subfamily [3]. The pandemic has already killed millions of people; it stirs phobias, myths, stereotypes, discrimation, and many more psycho-social problems. It is almost that the pandemic has highlighted the already existing problems in our societies. The already low investment in mental health services are often neglected during pandemic even though it's of great importance. A larger part of studies that measured the psychological impacts of pervious epidemic like SARS, MERS, and H1N1 flu focused on patients and front liners [4]. It is equally important to measure the problem faced by other population. The study of psychological impact relating to pandemic offers great help in fighting the current situation and developing of long-term strategies for handling the post corona situation. There is a need to investigate and understand the non-biological angle of the pandemic given the considerable hampering daily chores. In such circumstances the psychological response plays a vital role in spreading as well as containment of malady. People differ in their reactions when threatened. The interpretation of these difference or complexities helps us understand the psychology of pandemics [5].

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In a study conducted by Rajkumar [6], he reviewed the existing literature on the COVID-19. The literature was retrieved from PubMed database. The data suggested some common psychological response to the Covid 19 outbreak were symptoms of anxiety and depression (16–28%) and self-reported stress (8%) and disturbed sleep. The reported symptoms were from health care workers as well as general public. A need for more representative study is required.

In an online survey conducted in India, sample of 662 people were received, 12.5%, 37.8%, 36.5% participants reported sleep difficulties, paranoia about acquiring COVID-19 infection and distress related social media respectively. More than 80% of respondent perceived need for mental healthcare services for their problems [7].

Studies suggests that factors associated with mental health outcomes among healthcare workers exposed to COVID-19 in multiple regions of China and found out that a considerable proportion of health care workers reported experiencing symptoms of depression, anxiety, insomnia, and distress, especially women, nurses, those in Wuhan, and front-line health care workers directly engaged in diagnosing, treating, or providing nursing care to patients with suspected or confirmed COVID-19. Overall, 50.4%, 44.6%, 34.0%, and 71.5% of all participants reported symptoms of depression, anxiety, insomnia, and distress, respectively [8].

Vahia and others found out that even though quarantine measures protect against spreading the coronavirus, they entail isolation and loneliness which inflict major psychosocial stress and can possibly trigger or exacerbate mental illness. It was also discovered that the significant shortage of masks and disinfectants, the overwhelming and sensational news headlines, and erroneous news reports have also added to anxiety and fear [9]. The aim of this study was to compare the participants who are working from their homes with the ones who go to their workplace on the variable resilience, marital adjustment and well-being.

METHODOLOGY

Hypothesis: In the present paper it is hypothesized that –

There will be a significant difference between the participants who are working from their homes and the ones who go to their workplace on Resilience, Well Being and Marital Adjustment.

Research design: The investigation of the present research is based on non-experimental cross-sectional research design. The study is an empirical type study which is quantitative in nature.

Sample

Participants consists of a purposive sample of 50 (30 Work from home participants and 20 work from their workplace participants). Ranging in age from 25-65 years. Participants were recruited from Sonipat, Delhi and Chandigarh.

Selection Criteria for participants

Inclusion Criteria: Married couples, participants who work from home and work from their place, participants above 25 years of age.

Exclusion criteria: Unmarried couples, less than 25 years of age, Non-working people.

The following two tools were used in this study:

- 1. Nicholson McBride Resilience Questionnaire: Nicholson McBride Resilience Questionnaire (NMRQ) is a 12 item measure on resilience, created by McBride [10]. It is measured on a five point Likert scale, ranging 22 from 'strongly disagree' to 'strongly agree'. Scores 0-37 a developing level of resilience, scores 38-43 indicate an established level of resilience, scores 44-48 indicate a strong level of resilience and scores 49-60 indicate an exceptional level of resilience. The reliability estimated by Cronbach's Alpha = .76.
- 2. Marital Adjustment Test (MAT): Marital Adjustment Test is a 20 items measure on overall happiness in the marriage, the degree of agreement between the spouses in various matters, how they resolve conflicts, the choice of shared activities, and their expectations about the marriage, created by Locke and Wallace. The total scores can calculate by summing the each item which range from 2 to 158. Higher scores indicate greater satisfaction. The reliability estimated by Cronbach's alpha between 0.63 and 0.74 [11].

3. **P.G.I General well-being measure:** PGI General well-being measure was developed by means of Santosh Verma and Amita Verma (1989). It consist of 20 items to be enclosed in yes or no format. A score of 1 is given for yes and zero is given for no response. Number of ticks was counted and that constituted the wellness of that particular individual at that time. Subjects who acquired more than 10 points on this scale had been viewed healthy. The reliability estimated by Kuder and Richardson formula 20 was 0.98 (P 0.01) and for test retest reliability the coefficient was 0.91 (P 0.01) [12].

Procedure

The questionnaires were converted into a Google Forms. The respondents were approached personally, the purpose of the research was explained and after taking their consent for being assessed, then respondents were provided with the instructions regarding how to answer each tool and requested them to give honest answer assuring that it would be kept confidential and information exclusively used for the purpose of research work. The tools were answered by all the participants and all were duly thanked for being the part of this research.

Statistical Analysis

For the purpose of data analysis Mann- Whitney U test was used to compare the two groups by using SPSS Version 20.0.

Ethical considerations

- The researcher personally approached each participant to explain the study and requested his or her participation.
- All participants were informed that participation in the study was voluntary and they were free to withdraw.
- Participants had the opportunity to ask questions regarding their participation and had additional opportunities to ask questions during the time of filling form.

RESULTS

The purpose of this study was to compare the participants who are working from their homes with the ones who go to their workplace pertaining to their Resilience, Marital Adjustment and well-being and in doing so the following tools have been used: Nicholson McBride Resilience Questionnaire, Marital Adjustment Test and P.G.I General well-being measure.

Table 1: Showing comparison between participants who are working from their homes with the ones who go to their workplace on the below mentioned variable -

Variable	Group	Mean Rank	Mann Whitney U	Z value	P value
Resilience	Work from home	26.1	284	-0.321	0.748
	Work from their workplace	24.7			
Well being	Work from home	24.97	283	0.326	0.7414
	Work from their workplace	26.3			
Marital	Work from home	25.9	287.5	0.237	0.81034
Adjustment	Work from their workplace	24.9			

According to Table, there is no significant difference between participants who are working from their homes and those who are working from their workplace on resilience (U=284, p=0.784). Although the difference is not significant, by comparing mean ranks, it can be said that working from home participants (26.1) are more resilient than those who work from their workplace(24.7). Similarly, there is no significant difference

between the two groups on well-being and marital adjustment. Although by comparing the mean rank of well-being was found to be higher in participants who are working from their workplace (26.3) than those who work from home (24.97) whereas by comparing the mean rank of marital adjustment was found to be higher in participants who work from their home(25.9) than those who work from their workplace(24.9)

DISCUSSION

The outbreak of the COVID-19 pandemic first traced in China during December 2019 has afflicted countries and territories worldwide; resulting in more than 387,000 deaths and a recovering population of about 2.83 million. These numbers might be highlighting the pandemic as a cause for physiological health problems but alongside came an abundant outflow of psychological or mental health problems such as paranoia, anxiety, depression etc. Amidst this situation nations are able to combat the disease with the heroic efforts of people involved in hospital staff such as doctors, nurses, ambulance drivers, paramedical team, pharmacists etc and the police services, government officials who are enforcing law and order aimed at preventing the outspread of the disease and the community volunteers who are serving the poor with meals. However, we can't undermine the efforts of people who managed to follow the law and order and kept working from home in a quarantined state in order to keep the economy of the country running.

The main objective of the present study was to compare the participants who were working at their workplace with those who were working from their homes on the three variables being resilience, marital adjustment and general well-being. It was hypothesized that there will be a significant difference between the two groups on all the three given variables. To measure the variable of resilience Nicholson McBride Resilience Questionnaire (NMRQ) was used, marital adjustment was evaluated using Marital Adjustment Test (MAT) and PGI General Well-being measure was used to measure the general well-being of the participants.

The overall results of the study came out to be non-significant and did not confirm our hypothesis that there will be a significant difference between the two groups on the variables of resilience, marital adjustment and general well-being. However, if we compare the mean ranks of the two groups it was found that participants working from home (26.1) exhibited more resilience as compared to the participants working outside their homes (24.7). Similarly, the mean ranks on the well-being dimension of the participants working outside their homes (26.3) was higher as compared to the ones working from their homes (24.97) and on comparing the mean ranks of the two groups on marital adjustment variable, the working from home group (25.9) scored higher than the group working outside their homes (24.9).

However the two groups have been exposed to quite different work environments but our results conveyed no significant difference among them pertaining to their resilience, marital adjustment and general well-being. One possible explanation to this could be that the pandemic has created an even amount of panic, fear, anxiety, despair, stress, or other psychological symptoms in people all over the world, no matter whether working from home or outside home. The fear of dying of a deadly disease has left the communities with no alternative but to fight this disease through ensuring quarantine to prevent its outspread and ensuring recovery of those who have been found positive for it. Support from social agents such as spouse or other family members not just decreases the mental weight during the public health emergencies yet in addition changes the disposition in regards to social help and help-seeking techniques. This outcome recommends that powerful and vigorous social help is important during such crises [13].

During Covid-19, medical staff is presented to extraordinary requests enveloping high mortality,, proportioning of Personal Protective Equipment and significant moral difficulties of apportioning access to ventilators and other basic human services supplies. Individual concerns incorporate contamination hazard to self as well as other people, and concerns in regards to the prosperity of relatives who are 'self-taught', isolated or tainted are genuine [14].

Limitations

This study just like any other has several limitations. It's limited in its scope as the data was collected from a small sample situated in NCR region and Chandigarh therefore, limiting our scope for generalizing the findings to areas with higher or lower number of cases. Since it is a comparative study, the number of participants in the two groups was not the same. The study was conducted during the mid-phase of the

pandemic and a prolonged investigation would have given a better insight into the situation of COVID19. The study was not able to distinguish between the current mental state and the pre-existing state of the participants. A respondent bias is likely in a stressful state as it has been.

CONCLUSION

The widespread of COVID-19 has become the biggest public health emergency of this decade for the entire world. Developed countries with excellent healthcare services have failed to protect its citizens and an uncontrollable loss of life lies in front of them. Lack of enough resources, man power and anti-virus to combat this deadly disease has left the whole world into an acute state of stress and helplessness. The pandemic has contributed to an outbreak of psychological, social and emotional difficulties to the people for example the fear of contamination to this highly contagious virus, anxiety, losing loved ones or losing jobs, financial stress, postponing exams, cancelling recruitments etc. the present study did compare the people working from home and those working outside home on dimensions of resilience, marital adjustment and general well-being. The results exhibited no significant differences between the two groups on these dimensions. Protecting its citizens from both physiological and psychological ill-effects of this pandemic i.e. COVID-19 whether working inside or outside their homes should be at utmost priority of any nation. Various online services are available to people for psychological aid thereby providing them with best mental health care without the risk factor of getting contaminated by corona virus.

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