

Challenges of working from home during the COVID-19 pandemic: A survey to inform working practices



We employed a multifactorial survey to gain an insight into the medical communication community's experiences with and opinions on remote working.

Timothy C. Hardman¹, Peter Llewellyn², Steven Walker³

¹ Niche Science & Technology Ltd, Richmond, UK

² NetworkPharma Ltd, Oxford, UK

³ Stgilesmedical Ltd, London UK and Stgilesmedical GmbH, Berlin, Germany

Correspondence to:

Dr Tim Hardman
Niche Science & Technology Ltd
Unit 26 Falstaff House
Bardolph Road
Richmond, London TW9 2LH, UK
tim.hardman@niche.org.uk

Abstract

In response to the COVID-19 pandemic working practices changed for members of the medical communication community. We devised a multifactorial online survey to better understand the impact of these changes. Of the 759 respondents, 85% had a positive experience: they enjoyed time at home, liked the freedom, felt secure in their posts, and remained cheerful. Most established a daily routine, coped with an interesting workload and felt valued. However, this was not true for all, 28% of

respondents reported feelings of loneliness and/or isolation. Others noted problems with vigour, rest, and concentration. Some consumed more alcohol and exercised less, while a similar proportion reported the opposite. Most respondents were neutral in respect their personal relationships (45%), with around a quarter noticing a positive effect and a similar proportion the reverse. With regards to finances, 18% were worse off, especially freelancers (37%). Most respondents believed the pandemic would change future working practices.

Introduction

The sudden imposition of remote working in response to the 2020 COVID-19 pandemic affected countless aspects of society.¹ Typically, these changes were introduced quickly, with little time for contemplation or preparation. The situation represented a unique opportunity to investigate whether members of the medical communication industry had been able to adapt to their new working environment.

We employed a multifactorial survey to gain an insight into the medical communication community's experiences with and opinions on remote working.

Methods

Study design and procedure

A confidential online survey was developed in English using Google Forms.² This tool enables secure and anonymous data collection. Voluntary completion was considered to signify consent. The survey was run between May 20 and June 11, 2020. Potential participants were approached by email with a link to the survey through the authors' professional networks, and the survey was promoted on social media platforms. The aim of the survey, to understand the challenges of home working during pandemic lockdown, was clearly described for potential responders.

Questionnaire

The survey included 50 multiple-choice, fixed-response questions and four free-text entry fields. It was designed to be completed in under 10 minutes. The questionnaire was based on an evidence-based model developed by the UK Department for Works and Pensions to examine wellbeing in the workplace. The model's components included health, relationships, security, environment, and purpose.³ We also sought a senior physician's views on assessing anxiety and adapted elements of the Generalised Anxiety Disorder Scale (GAD-7).⁴

Our survey comprised seven sections:

1. an explanation of the aim of the survey;
2. demographics;
3. workplace;
4. emotional health;
5. the working-from-home experience;
6. the psychosocial impact of working from home; and

Table 1. Survey participant sociodemographic characteristics

		n	%
Gender	Male	217	28.6%
	Female	542	71.4%
Age	< 25 years	43	5.7%
	26 – 30 years	104	13.7%
	31 – 40 years	161	21.2%
	41 – 50 years	216	28.5%
	50+ years	235	31.0%
Domestic status	Married / living with partner	584	76.9%
	Single	137	18.1%
	Lone parent	25	3.3%
	Other	13	1.7%
Accommodation	Own home	579	76.3%
	Renting with others	74	9.7%
	Renting alone	63	8.3%
	Living with parents	29	3.8%
	Other	14	1.8%
Living with children	Yes	466	61.4%
	No	290	38.2%
Location	United Kingdom	583	76.8%
	Canada and USA	67	8.8%
	Europe (not UK)	71	9.4%
	Other	38	5.0%

7. views on positive/negative aspects of the lockdown, recommendations, and learnings.

The demographics section sought to collect basic personal and professional data. Subsequent sections followed a standard five-point Likert-scale approach using a randomly selected mixture of positive and negative bias

Data analysis

Participant responses were collected automatically and exported into a Microsoft Excel spreadsheet. After harmonisation, quantitative data analysis was performed using IBM Statistics SPSS 25.⁵ The responses for each of the five Likert grades were counted and calculated as a percentage. After reviewing responses to Q8 ("What is your job title"), data were transformed into a new metric variable where responses were identified as being either "medical writers/editors", "VP-level managers or executives", or "other". Negative questions were reversed for better interpretability. Where entries were not provided, the data fields were left blank. Free-text responses were scored according to the number of respondents mentioning specific points.

For the purpose of analysis and interpretation, we assigned topics into five groups: work-from-home environment, emotional wellbeing, self-worth, work, and lifestyle.

Characteristics of respondents identifying as based at home prior to lockdown were compared with those of office staff new to remote working. Established homeworkers were identified as those who had a zero-hour commute and were working from home prior to the survey. The five response categories for each question were allocated a value of -2, -1, 0, 1, or 2, and the difference in the distribution of responses for each group was tested using the Mann-Whitney u test.

Results

"Lockdown" in the UK was announced on March 23, 2020. Our survey started on May 28 and closed on June 11, 2020, meaning participants had experienced homeworking for 10–12 weeks at the time of completion.

Respondents

Overview (Table 1)

There were 759 respondents, of which most were UK-based (76.8%) and female (71.4%).

Table 2. Responder work profile

		n	%
Where do you work	Medical communications/ education/ publishing industry	509	67.1%
	Biomedical, pharmaceutical or device industries	127	16.7%
	CRO	84	11.1%
	Other	39	5.1%
Time in current role	< 1Y	145	19.1%
	1-5Y	325	42.8%
	6-10Y	101	13.3%
	10+Y	187	24.6%
Hours worked	<15	18	2.4%
	16-29	101	14.5%
	30-40	465	61.3%
	40+	165	21.7%
Employment status	F/T	493	65.0%
	P/T	71	9.4%
	Freelancers	194	25.6%
Role	Medical writer or editor	303	39.9%
	VP or director	284	37.4%
	Other	172	22.7%
Managing others		425	56.0%
Financial status	No change in status	412	54.3%
	Financially worse off	136	17.9%
	Freelancers (n = 194)	70	36.1%
	Non-freelancers (n = 565)	66	11.7%
Commuting	FT + commute < 30 mins	167	22.0%
	FT + commute 30-60 mins	238	31.4%
	FT + commute > 60 mins	144	19.0%
Primarily homebased working before lockdown	Contractors/ freelancers (n= 194)	153	78.9%
	Full Time employees (n = 565)	51	9.0%
Option to work from home before lockdown*		445	58.6%
Working from home after lockdown		738	97.2%

*Option to work from home at least 2 days per week

Employment and roles (Table 2)

A high proportion were engaged in the medical communications/education/publishing industry (67.1%) and had been in their role for 1–5 years (42.8%). The majority worked full-time (30–40 hours/week), although more than one-fifth (mostly small business owners, directors, and VP-level managers) were active >40 hours/week (21.7%).

Most respondents were employed (65.0%), with freelancers making up one-quarter of participants (25.6%). The largest group comprised medical writers or editors (39.9%), with the remainder occupying senior positions; 56% had managerial duties.

Commuting (Table 2)

Getting to work was an issue for some before

lockdown, with a quarter travelling for >1 hour (19.0%).

Homeworking (Table 2)

Freelancers were generally working from home before lockdown, as were a small number of full-time employees (n=51, 9.0%)

Before the pandemic, 58.6% had the option to work away from the office but were not doing so consistently. By the time of the survey, 97.2% of respondents were working from home.

Finances

Approximately half of respondents reported no change in their financial status (54.3%), while 17.9% considered themselves to be worse off. The proportion of those experiencing financial concerns was greater among freelancers

(36.1%) than the research cohort (11.7%).

Equipment and safety

Most respondents believed that they were appropriately equipped for homeworking (87.7%). Only a minority (n=115, 15.2%) had completed a formal health and safety assessment of their home workspace.

Interacting with colleagues and clients (Table 3 and Table 4)

Data in Table 3 and Table 4 suggest that most respondents were able to work well from home, interact with colleagues, and serve their clients. These observations mirror the respondents' free-text statements, which demonstrated a generally positive view of this new arrangement.

Table 3. Responses to questions on working from home environment, feelings of self-worth, the homeworking experience and work life balance

		Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Survey population's considerations of the working from home environment						
Briefing	Q29	57.2%	35.9%	5.5%	1.1%	0.3%
Freedom	Q32	38.8%	37.2%	15.7%	6.7%	1.6%
Training	Q36#	13.6%	34.4%	25.7%	22.8%	3.4%
Growth	Q37	17.0%	50.7%	22.3%	7.8%	2.3%
Survey population's considerations on their feelings of self-worth						
Valued	Q38#	27.9%	45.3%	14.1%	9.4%	3.3%
Engagement	Q34	25.4%	47.0%	19.2%	7.5%	0.9%
Recognition	Q35#	17.9%	37.9%	27.0%	13.2%	4.0%
Motivational	Q30	22.3%	36.0%	25.6%	13.5%	2.6%
Trust	Q39	45.4%	45.9%	7.2%	1.2%	0.4%
Survey population's considerations of their experience of working from home						
Daily routine	Q47	21.3%	48.3%	14.7%	12.7%	3.0%
Workload	Q31	35.5%	28.4%	20.7%	11.2%	4.2%
Issue resolution	Q33#	17.2%	40.5%	25.8%	14.0%	2.4%
Concentration	Q42	15.0%	39.0%	22.4%	19.4%	4.2%
Survey population's considerations of work-life balance and lifestyle behaviours						
Desk eating	Q43#	31.0%	33.2%	12.7%	13.6%	9.5%
Lunchtime	Q44	9.5%	25.7%	20.6%	31.3%	12.8%
Alcohol intake	Q45	26.1%	26.6%	15.5%	25.1%	6.7%
Exercise	Q46#	19.9%	24.9%	11.5%	25.7%	17.9%
Social media	Q48#	11.8%	31.1%	23.2%	27.2%	6.6%
Relationships	Q49	6.9%	19.7%	44.8%	24.0%	4.6%

= Negative response reversal

Questions:

- Q29: I have ready access to the information I need to do my job.
- Q30: I find working from home motivational.
- Q31: I have been busier than ever during the pandemic.
- Q32: I have more freedom to tailor the perfect working environment for me.
- Q33: I am finding it harder to resolve issues with clients and/or colleagues.
- Q34: I feel engaged and able to contribute to team decisions.
- Q35: I am getting less recognition for my hard work and effort.
- Q36: I feel that there fewer opportunities for me to learn and grow my skills at home.
- Q37: I am getting the feedback and support I need to perform my work.

- Q38: I don't feel valued.
- Q39: I feel trusted to deliver high quality work on time.
- Q42: I find it easy to concentrate.
- Q43: I eat lunch at my desk more frequently.
- Q44: I take more time for lunch.
- Q45: My alcohol consumption has increased since working from home.
- Q46: I worry that I am taking less exercise now I am working from home.
- Q47: I have been able to establish a good daily routine.
- Q48: I am spending more time on social media.

Opportunities for training (Table 3)

Over one-quarter felt that they experienced reduced opportunities for training.

Work (Table 3 and Table 4)

Most respondents indicated that during lockdown they felt that they had established a good daily routine, remained productive with manageable workloads, and felt supported. However, some experienced difficulties with concentration. Although 59.1% found work interesting, nearly one-quarter was less positive.

Work-life balance and lifestyle behaviours (Table 3)

Our results did not indicate widespread adoption of negative behaviours in terms of consuming more alcohol or exercising less, although there was increased social media usage. Levels of stress in personal relationships were generally unchanged, and more than half of the responders (69.6%) reported that they had not experienced any issues in keeping their work and domestic lives separate (Figure 1a). Responses about eating at their desk and time taken for lunch did not suggest increased pressure to meet deadlines.

The majority (85%) felt that work practices will be different after the pandemic.

Feelings

Emotional wellbeing (Table 3 and Table 4)

Overall, most respondents reported that homeworking was associated with positive wellbeing. However, in a small number of cases the responses to questions about vigour and rest suggested that the experience of some participants could, in the long term, impact on mental health (Table 3). Concerns over job security were relatively low and did not seem to

Table 4. Responses to questions on emotional wellbeing and working environment

		All the time	More than half the time	Less than half the time	Some of the time	At no time
Survey population’s responses regarding their emotional well-being						
Enjoyment	Q19	30.9%	43.5%	9.8%	14.5%	1.3%
Cheerfulness	Q20	18.5%	60.4%	10.4%	9.6%	1.1%
Anxiety	Q21#	37.2%	42.4%	9.3%	10.2%	0.9%
Vigour	Q22	11.4%	43.2%	19.1%	19.6%	6.3%
Job Security	Q25#	39.1%	37.4%	9.8%	8.2%	4.2%
Rest	Q23#	13.7%	42.3%	18.2%	19.4%	6.5%
Survey population’s working environment						
Interest	Q24	15.7%	43.4%	16.1%	21.0%	3.7%
Productivity	Q26#	32.5%	37.6%	12.6%	13.4%	4.0%
Contact time	Q27#	39.8%	34.1%	11.9%	10.7%	3.4%
Support	Q28#	34.0%	44.1%	8.6%	10.3%	3.0%

= Negative response reversal

Questions:

Q19: I enjoy working from home.
 Q20: I have felt cheerful and in good spirits while working from home.
 Q21: I have felt nervous, anxious and/or on edge since working from home.
 Q22: I have felt active and vigorous while working from home.
 Q23: I currently wake in the morning feeling refreshed and rested.
 Q24: My daily life has been filled with things that interest me while working from home.

Q25: I have been worried about job security since the COVID situation.
 Q26: I have found myself working less productively during the pandemic.
 Q27: I do not get enough contact time with the people I am working on projects with.
 Q28: I feel well-supported by my professional network.

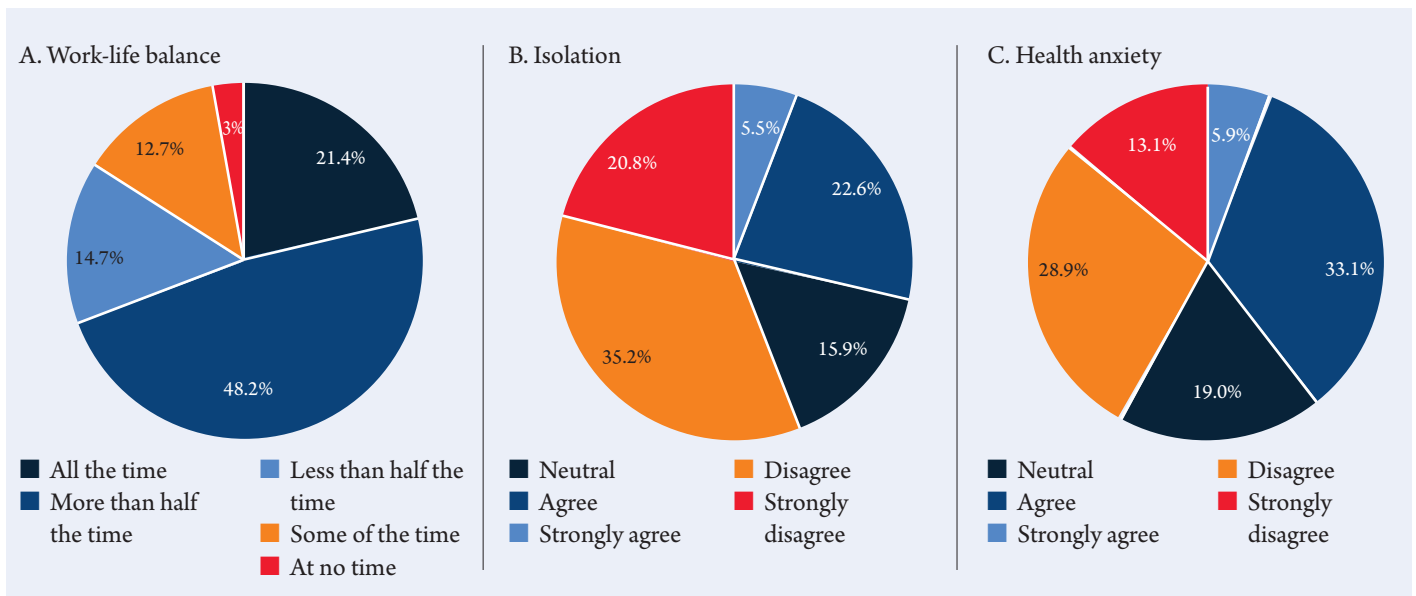


Figure 1. Percentage responses of all participants to the following statements:
 (A) “I have been managing to keep my work and domestic life separate.”
 (B) “I have felt lonely and isolated.”
 (C) “I have been anxious about my health.”



be associated with the poor emotional wellbeing scores.

Nearly one-third (28.1%) of respondents reported that they had felt lonely or isolated (Figure 1b).

Despite the ongoing pandemic, less than half

were concerned about their health during lockdown (Figure 1c).

Self-worth (Table 3)

Again, a high proportion of respondents (>80%) considered themselves valued by their co-

workers and clients and trusted by their employers. Whereas they felt engaged and able to contribute to team decisions (Table 4), 16.1% reported a lack of motivation and less recognition of their work (17.2%).

Box 1. Summary of advice for employers

1. **Be flexible.** Many responses mentioned flexibility in terms of hours worked and when employees should be working, relaxing strict 9-to-5 rules and 5-day weeks. Those employees who want to continue homeworking should be allowed to, or a hybrid model should be adopted to allow for days in the office for training, briefing, client meetings, and administration.
2. **Trust your employees.** Despite little evidence of concern in the survey (Table 4), many respondents commented on how employers should trust employees to work effectively, honestly, and productively.
3. **Optimise communication across the company.** It was generally agreed that employees benefited from regular updates on company performance, transparency and positive updates without the need for ‘propaganda’. Emphasis was placed on the importance of one-to-one sessions with line managers. Some respondents suggested that non-work, social meetings or company huddles could be fun and were good for morale.
4. **Don’t be intrusive.** While video meetings were popular, almost an equal number of respondents felt negatively about regular meetings, telephone conversations and instant messaging. Several commented on how they were an inconvenience and interruption to their day. Others viewed these as attempts as micromanagement.
5. **Adopt health and safety policies.** Optimise the homeworking environment.
6. **Offer employees the necessary tools.** Employers should provide employees with the equipment they need, or subsidise them for using their own equipment. Utility costs and fees for high-speed internet connections should also be considered.



The challenges of balancing childcare and home-schooling with busy work commitments was mentioned by 120 respondents, equating to more than one-quarter of those living with children.

Free-text statements

The four free-text entries generated over 41,000 words of insight on what they found difficult and rewarding, in addition to recommended techniques/approaches to optimise homeworking, and words of advice to employers (Box 1).

Lack of social interaction

Isolation from colleagues was the most frequently mentioned issue (140 respondents). These comments included comments on feelings of paranoia, withdrawal, and loneliness.

Childcare, homeschooling, and family distractions

The challenges of balancing childcare and homeschooling with busy work commitments was mentioned by 120 respondents, equating to more than one-quarter of those living with children. Many reported having to cope with regular family distractions and found it difficult to establish a satisfactory work-life balance. Respondents liked that homeworking offered them the opportunity to spend more time with their children/family/pet, exercise, and take breaks from work. Some appreciated being able to create a better working environment at home than in their formal workplace, and others commented on being able avoid stressful and/or toxic situations that often arose at the office.

Eighty respondents mentioned that there was no natural end to their day. Typically, they found themselves working longer hours late into the evening; they were replying to emails, performing admin tasks, and not able to “switch off”. For many, life was made harder by IT issues and frequent (often unnecessary) conference calls. Factors contributing to difficulties in establishing a routine included problems concentrating, a lack of motivation, and various distractions/temptations.

One reward of lockdown for many was the absence of the daily commute. Some 210 respondents noted that the time gained allowed them to be more productive. They saved money and felt more energised. Freedom and flexibility were mentioned 200 times. Respondents discussed setting their own work routine, taking breaks as they saw fit, and interspersing work with domestic chores.

Homeworkers also reported improved work satisfaction, with a halved attrition rate. On the negative side, promotion rates conditional, on performance fell.

Equipment

Many respondents offered advice on computer monitors, having initiated remote working with just their work laptops. Of the respondents, 170 recommended either purchasing a much larger screen or setting up dual screens. In many cases, employees had borrowed equipment from their work office, while others purchased themselves new hardware. Emphasis was put on the importance of having an appropriate office chair ($n=60$) and not “working from the sofa”; several respondents reported experiencing back issues because of their initial homeworking setups. Internet connection was another significant cause of irritation, with many respondents advocating not to rely on WiFi and to instead use a cable connection between the computer and router.

Dedicated workspace

Respondents advised against working at the dining table, and recommended recreating the office setup. Several (19 respondents) took the concept of adopting a formal working environment further by recommending that people should dress for work. Many liked having a (metaphorical) door ($n=37$) that could be closed when working and at the end of the day ($n=56$), at which point they could “walk away”.

Breaks

The importance of regular breaks ($n=112$), establishing a good routine ($n=72$), and planning your day ($n=55$) were common themes. Many recommended taking a proper lunch break and not eating at your desk, getting some “outside time” and exercise, and not working late.

Maintaining communication

The importance of maintaining lines of communication was often raised (e.g., scheduling employer-manager catch-up calls and morning briefings). Little things mattered, such as acknowledging that a message had been received and would be addressed. Whereas slow responses fostered a lack of trust, instant-messaging applications were noted both as an irritation and a lifesaver.

Comparison with established homeworkers

(Figure 2 and Figure 3)

Of the respondents, 207 (27.3%) identified themselves as pre-existing homeworkers, and of them, 69.6% (144 of 207) identified themselves as freelancers/consultants. Nearly twice as many established homeworkers felt they were worse off since the start of the pandemic (27% vs. 14%, respectively). Homeworkers were generally >40 years of age (82% vs. 51% of office workers) and more likely to be living with children <18 years old (47% vs. 35%).

While there were many similarities between the groups, office workers were not enjoying the lockdown as much as those already working from home ($P<0.05$, Figure 2), did not find their activities as interesting, or feel as cheerful ($P<0.05$; Figure 2). Fewer office workers felt active, vigorous, or motivated. ($P<0.05$; Figure 2). They were less likely to consider themselves valued or trusted by their employer ($P<0.05$; Figure 3), and experienced less contact time with colleagues ($P<0.05$).

By comparison, homeworkers felt their workload had increased during the pandemic, and found it harder to concentrate (both $P<0.05$; Figure 3). Although a slightly greater proportion of office workers (28.1%) felt lonely and isolated, almost one-quarter of homeworkers (23.5% Figure 3; $P<0.05$) reported similar feelings. Respondents reported that they took the opportunity (>60%) to eat away from their desk, especially office workers ($P<0.05$). Over half of respondents in both groups were concerned about exercising less and consuming more alcohol, particularly homeworkers ($P<0.05$).

Discussion

This survey found that the majority of respondents had a positive experience during the early remote working period, with many keen to continue homeworking. Our sample reflects a well-qualified, highly professional, “employment-fluid” population with predictable levels of staff turnover. The high proportion of female respondents (71.4%) may reflect the sex distribution across our industry.

All was not well for some, with nearly one-third (28%) reporting loneliness or isolation. While businesses continued functioning, our results suggest that working practices are likely to change, resulting in less reliance on a physical office. Free-text responses indicated that equip-

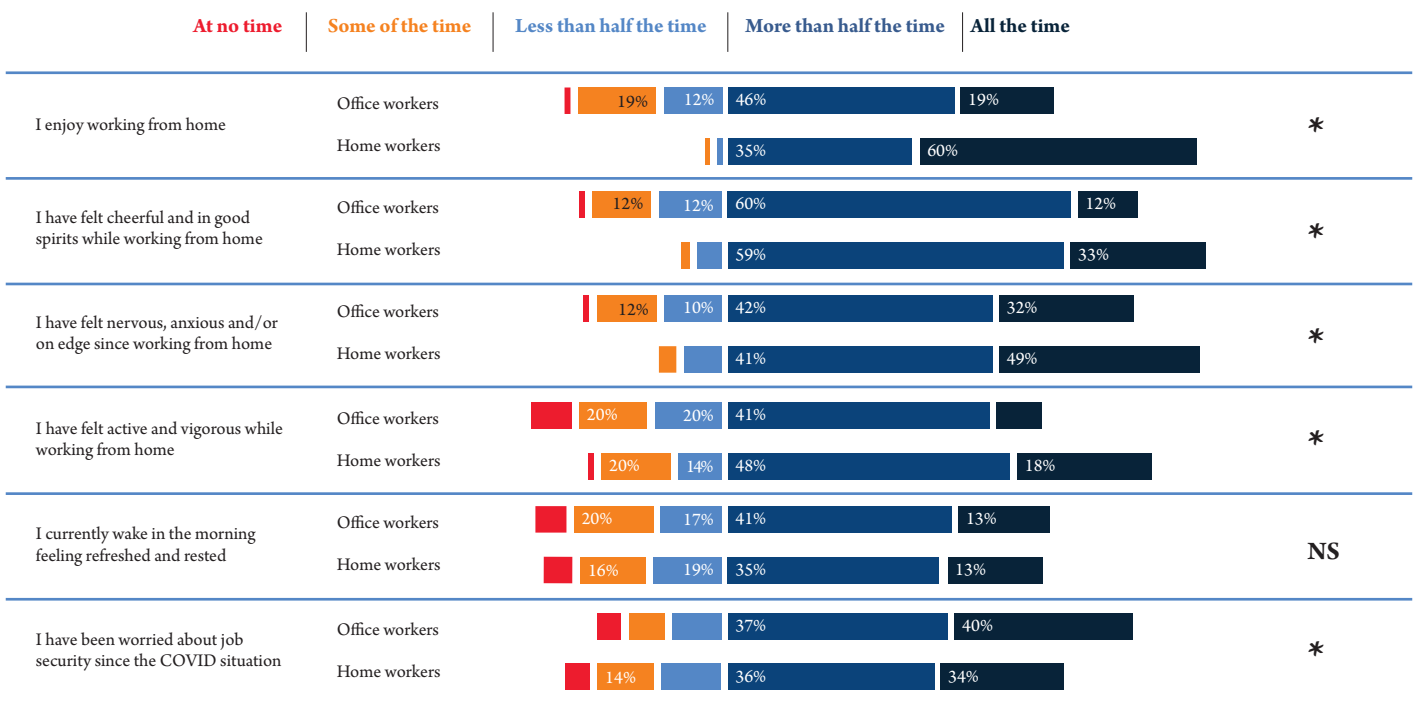


Figure 2. Comparison of emotional well-being responses in office workers versus home workers prior to lockdown (*Mann-Whitney u-test $p < 0.05$; NS = not significant)

ment and agreed processes need to be established for this transition to succeed.

Pre-pandemic homeworking

Prior to the pandemic, our industry was becoming more accepting of a non-office model. We found that nearly 60% of respondents were permitted to work from home but it is unclear how many took up this option. In 2019, data from the Office for National Statistics reported that only 5% of employed adults in the UK worked primarily from home (up from 4.1% in 2018), with about 12% spending some of their week away from the office.⁶ The present study suggests that pre-pandemic twice as many members of the medical communication community work permanently from home (10%). This proportion is far from the major shift in working practice predicted by some.

The effects of change

Changes to the working environment can be challenging for employees. For example, a study by the American Psychological Association in 2017 found that restructuring, budgetary modifications, new IT, human resource systems, or new leadership cause stress, loss of trust, and desire to seek new employment.⁷ In the current crisis, the survey population faced a similar and simultaneous change in circumstance – even for those working from home before the pandemic.

The circumstances meant that many employees were left struggling with childcare and establishing functional workspaces.

How did we cope?

From the above data, one might expect negative findings, but this was not the case. Most respondents coped well, felt positive about the experience, and would welcome more homeworking in the future. Some argued that because companies had continued to function, homeworking should be adopted widely. Among the significant benefits of homeworking for employees were the time and money saved by not having to commute to the office, a finding previously recognised by the lead author.⁸ In 2016, a Royal Society for Public Health report highlighted a reversal of the negative effects commuting has on diet, stress, and high blood pressure.⁹ Another reason for the current positive findings could be the supportive nature of colleagues within our industry.¹⁰

Benefits for employers

Prior to lockdown, homeworking was not considered across the industry as a means of improving productivity. Some employers made the offer to attract or retain skilled staff. This study shows that more than four-fifths (82.7%: Table 4) felt they are just as or more productive working from home; cross-referencing with free-

text comments it seems that responders largely credited this to spending less time commuting, having fewer distractions, and being able to establish a tailored working environment, access professional network support and obtain the feedback they needed to perform their work (Figure 3). Our findings suggest there may be benefits for employers adopting greater homeworking.

Negative emotional findings

Almost a quarter of respondents did not fare well in terms of energy levels, rest, and concentration. Their low scores could be early signs of depression. Our findings on sleeping mirror those of a recent poll by Ipsos MORI and King’s College London suggesting that people slept longer during lockdown, and yet felt less rested.¹¹⁻¹³

Feeling lonely and isolation were issues for nearly one-third of respondents. It has been argued that these are candidate mediators of a depressogenic social milieu often observed in modern populations that are increasingly overfed, malnourished, sedentary, sunlight deficient, sleep deprived, and socially isolated.¹⁴ These changes in lifestyle can each contribute to poor physical health and affect the incidence of depression. Others have noted that increased stress and social isolation are associated with homeworking.¹⁵⁻¹⁷ A contributory factor for

COVID homeworking survey – Hardman et al.

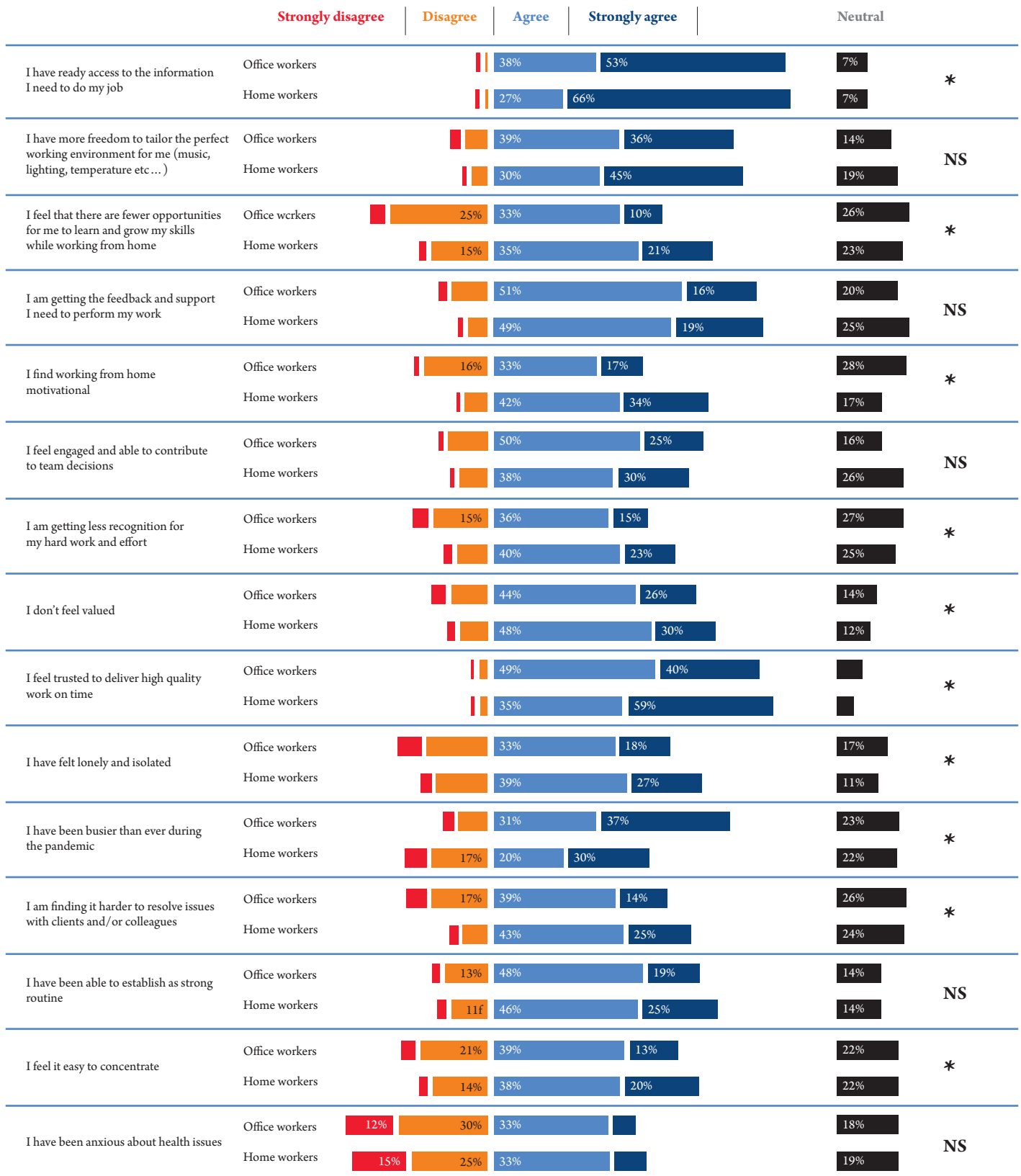


Figure 3. Comparison of self-worth, work profile and life-style responses in office workers versus home workers prior to lockdown (*Mann-Whitney u-test P<0.05; NS = not significant). Diverging Likert data plot with neutral responses (black data bars) off-set



some may have been lack of social support, while for those with families, balancing childcare and work responsibilities was likely a struggle.

The importance of good communication

It is fortunate that the current pandemic happened at a point in history when internet and other advanced technology are available to most of us. Data sharing, instant messaging, and conference calls enable teams to stay connected. In the survey's free-text responses, it was clear that most respondents welcomed regular contact and updates on company performance, video meetings, and one-on-one sessions with line managers. Social meetings or company huddles were also seen as being good for company morale. However, this degree of interaction was not universally welcomed – a few respondents felt negatively about regular interactions, seeing them as an interruption, a display of lack of trust, or an attempt at micromanagement.

The present study showed that it is not only those who have remote working sprung on them that suffer from loneliness and isolation – it also occurs in established homeworkers.

The hybrid office

An office-homeworking hybrid seems to be a likely way ahead for many. This model allows employees to determine their ideal pattern of working, support those who need it, help managers to manage, and reduce accommodation costs.

Conversation depends on watching body language, specifically indicators of depression or anxiety. These signs often go unnoticed by managers on video conference calls and possibly even more so on voice only calls. We found that some respondents were missing out on training and struggling with isolation. Social interaction and building company culture are important. Discarding the office altogether could impact the development of younger employees, who, when working at home, miss out on serendipitous and anecdotal learning even with well-established online training programmes. Our data also suggest that some people working from home struggle for recognition of their work and possible advancement.

Continuous homeworking can be detrimental to good mental health.¹⁵⁻¹⁷ The present study showed that it is not only those who have remote working sprung on them that suffer from loneliness and isolation – it also occurs in established homeworkers. For some, this experience may have been a consequence of the wider societal lockdown.

Findings from others

The experiences of others mirror our own. In a survey of 501 members of the UK financial service industry conducted during lockdown by YouGov on behalf of Deloitte, 70% of respondents reported a positive lockdown experience.¹⁸ Contributory factors were absence of commuting (76%), flexibility (43%), more time with family (39%), and greater opportunities to exercise (28%). By comparison, one in ten reported having a negative experience. Of these respondents, 51% indicated the problem was due a lack of interactions and/or the challenges of maintaining a work-life balance (41%). While more than one-third (36%) stated their wellbeing had improved, a quarter (24%) said it had worsened.

With regards to their work, more than three-

quarters (76%) felt more productive working from home, due to less commuting (72%), fewer distractions (54%), and a quieter working environment (52%).¹⁸ Going forward, many in this sector now expect homeworking to increase. Almost half (44%) suggested that wellbeing tools (e.g., apps giving reminders to take breaks) could be of benefit.

Also interesting are the results of the CTrip experiment, where sales staff working in a large Chinese travel company call centre volunteered to participate and were randomly assigned to either home- or office-working for 9 months.¹⁹ Performance increased in the homeworking group (13%). Reasons included working longer hours, taking fewer breaks and sick days, and having a quieter work environment. Homeworkers also reported improved work satisfaction, with a halved attrition rate. On the negative side, promotion rates conditional on performance fell. At the end of the experiment, employees were given the option to continue working from home. Around half decided to return, citing isolation and loneliness, suggesting staff placed a high value on social interactions at work.¹⁹

The freelancer experience

Prior to the pandemic, many freelancers appeared to function successfully from remote locations. Supporters of remote working claimed greater job satisfaction and reduced psychological strain.¹⁵ Our findings suggest that recent events have proven difficult for some. While a total of 136 (17.9%) respondents found themselves financially worse off, the proportion experiencing financial hardships was greater among freelancers (36.6%) than in the other respondents combined (11.7%).

Successful adoption of homeworking

Respondents were firm in their suggestions about employer responsibility. Regarding hardware, many felt that they should be provided with all necessary equipment for homeworking. Numerous studies have demonstrated marked improvements in performance with bigger and/or multiple screens.^{20,21}

It is disappointing that so few respondents had undergone a homeworking assessment. This process should be a joint responsibility for employers and employees, to ensure a workspace conducive to productive activity that mirrors what is available in the office. Elements should include a back-friendly chair, good lighting, stable

internet, temperature control, toilet and hand-washing facilities, and secure data storage. Employers and employees should agree on utility costs and insurance, and factor in reduced travel costs and potential gains in productivity.

The new age of employment throws up issues for staff and employers. Considered conversations will be needed regarding what might be termed a homeworking “charter”. Issues to consider include eligibility, flexibility, processes, supervision, and working hours. Respondents generally agreed that juniors needed greater direct supervision, an opinion supported by the findings of the current survey, which showed that those without managerial responsibility were often struggling at home alone. With regards to processes, do managers need to work longer hours to mirror employees who choose to work late? How do we support each other yet avoid accusations of micromanagement? All stakeholders need to appreciate that trust, a major point of contention in the survey, works both ways.

It is worth remembering that we are all individuals, and despite having a safe and comfortable environment with agreed processes in place and empathetic supervision, homeworking is not for everyone.

Study limitations

Surveys are a traditional method for seeking the views of individuals.²² Though challenging to develop, administer widely to a target group, and to interpret fairly, they remain a valuable research tool. Ideally, a good survey requires a protracted evaluation and refinement process. Our survey was developed quickly. Though based on a recognised template, it has not been validated. Dissemination was through our own channels and the organisations we are associated with. It covers a relatively short period of enforced homeworking mainly among UK staff, and some effects may only have become obvious with time.²²

Also, there is no baseline measurement – these responses may be nothing more than what we would have seen if the survey had been conducted before the pandemic. A further

limitation is that those who have responded may have self-selected because they are either having a great time at home or, alternatively, are miserable and want others to know. Finally, the study was conducted in people from different countries that were following different approaches to the pandemic and this may have skewed our data. However, we would note that 97% of our responders were working from home at the start of the survey and most of these had changed their working practice. Still, the

opinions of a large cohort, albeit generally of middle management (56%) and female (71.4%) workers, is of value in the absence of other published data on our industry.

Conclusion

Members of the medical communication community are ahead of the general population in homeworking, but only 10% were doing so full-time before the COVID-19 pandemic. Most respondents had a positive early lockdown experience: they enjoyed time at home, liked the freedom, felt secure in their posts, and were cheerful. Most established a daily routine, coped with an interesting workload, and felt valued. However, all was not

well for some, with 28% reporting loneliness or isolation. Others noted problems with vigour, rest, and concentration. Some consumed more alcohol and exercised less, while a similar proportion reported the opposite. Most respondents were neutral on their personal relationships (45%), with around one-quarter noticing a positive effect and a similar proportion the reverse. With regards to finances, 18% were worse off, notably freelancers (36.6%).

This study did not specifically look at benefits from an employer’s perspective, but our data may encourage them to adopt homeworking as a means of reducing office costs and increasing productivity. Homeworking will only be a win-win situation if we avoid isolation and take everyone with us on this journey.

A recent article poses the question: “Will Covid kill off the office?”²¹ Our survey shows that many people believe that the lockdown will change working practices, the office is not dead – just different.

This study did not specifically look at benefits from an employer’s perspective, but our data may encourage them to adopt homeworking as a means of reducing office costs and increasing productivity.

Acknowledgements

The authors thank Sarah Stinissen (St Gilesmedical GmbH, Berlin) for her editorial assistance, Dirk Schumacher for his input on the discussion of wage shares in the industry, Dr Christine Oesterling for input on measuring anxiety, and Daniel Roberts at St Gilesmedical Ltd, London for help in preparing the tables and figures. The original data are available to all for purposes of further research, upon reasonable request to the lead author.

Conflicts of interest

The authors receive no compensation for writing this article and declare no conflicts of interest.

References

- Sutherland R, Lesh M. Will Covid kill off the office? *Spectator*. 2020 [cited 2020 July 10]. Accessed from: <https://www.spectator.co.uk/article/will-covid-kill-off-the-office>.
- Google Forms. [cited 2019 Jan 16]. Available from: <https://www.google.com/forms/about/>.
- UK Department for Works and Pensions. Workplace wellbeing questionnaire: methodology. 2018 [cited 2020 April 3]. Available from: <https://whatworkswellbeing.org/resources/workplace-wellbeing-questionnaire-methodology/>.
- Spitzer RL, Kroenke K, Williams JBW, Löwe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. *Arch Intern Med*. 2006;166(10):1092–7.
- IBM Corp. IBM SPSS Statistics for Windows, Version 25.0. 2017. Armonk, NY.
- Office of National Statistics. 2019 [cited 2020 July 10]. Available from: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/homeworkingintheuklabourmarket>.
- American Psychological Association. Work and well-being survey. 2017 [cited 2020 June]. Available from: <https://www.apa.org/news/press/releases/2017/05/employee-stress>
- Gotham S, Hardman TC. Is it possible to work virtually in medical communications/study management? Poster 0-5. ICR 30th Anniversary Conference & Exhibition; 2009 March 17–18; Birmingham, UK: Institute of Clinical Research.
- Royal Society for Public Health. Health in a hurry: the impact of rush hour commuting on our health and wellbeing. London; RSPH: 2016.
- Walker SJ, Opie J, Whitman S et al. Writing for pharmaceutical or medical device companies: a survey of entry requirements, career paths, quality of life, and personal observations. *Med Writ*. 2016;25:21–9.
- The Policy Institute. How the UK is sleeping under lockdown. 2020 [cited 2020 June]. Available from: <https://www.kcl.ac.uk/policy-institute/assets/How-the-UK-is-sleeping-under-lockdown.pdf>.
- Wright KP, Linton SK, Withrow D et al. Sleep in university students prior to and during COVID-19 stay-at-home orders. *Curr Biol*. Published online 2020 June 10. doi: 10.1016/j.cub.2020.06.022.
- Blume C, Schmidt MH, Cajochen C. Effects of the COVID-19 lockdown on human sleep and rest-activity rhythms. *Curr Biol*. Published online 2020 June 10. doi: 10.1016/j.cub.2020.06.021.
- Hidaka BH. Depression as a disease of modernity: explanations for increasing prevalence. *J Affect Disord*. 2012;140(3): 205–14.
- Bentley TA, Teo STI, McLeod L, Tan F, Bosua R, Gloet M. The role of organisational support in teleworker wellbeing: a socio-technical systems approach. *Appl Ergon*. 2016;52:207–15.
- Mann S, Holdsworth L. The psychological impact of teleworking: stress, emotions and health. *New Technol Work Employ*. 2003;18(3):196–211.
- Litchfield P, Cooper C, Hancock C, Watt P. Work and wellbeing in the 21st century. *Int J of Environ Res Public Health*. 2016;13(11):1065.
- Deloitte. Home sweet home: Almost three quarters of workers in financial services rate their working from home experience as positive. 2020 [cited 2020 July 10]. Accessed from: <https://www2.deloitte.com/uk/en/pages/press-releases/articles/home-sweet-home-almost-three-quarters-of-workers-in-financial-services-rate-their-working-from-home-experience-as-positive.html>.
- Bloom NA, Liang J, Roberts J, Ying ZJ. Does working from home work? Evidence from a Chinese experiment. *QJ Econ*. 2015;130(1):165–218.
- Anderson JA, Hill J, Parkin P, Garrison A. Productivity, screens, and aspect ratios: a comparison of single, traditional aspect, dual, traditional aspect, and single, widescreen aspect computer displays over simulated office tasks across performance and usability. Illinois: NEC Display Solutions. 2007 [cited 2020 June]. Accessed from: <https://collections.lib.utah.edu/details?id=214166>
- Hutchings RR, Smith G, Meyers B, Czerwinski M, Robertson G. Display space usage and window management operation comparisons between single monitor and multiple monitor users. *Proceedings of the Working Conference on Advanced Visual Interfaces, AVI;2004 May 25–28, Gallipoli, Italy:32–9*. doi: 10.1145/989863.989867.
- Jones TL, Baxter MAJ, Khanduja V. A quick guide to survey research. *Ann R Coll Surg Engl*. 2013;95(1):5–7.

Author information

Timothy C. Hardman, PhD, is Managing Director of Niche Science Technology Ltd., a contract research organisation that he formed in 1998. A keen scientist, he has over 100 publications across a wide range of subjects.

Peter Llewellyn, Founding Director of NetworkPharma Ltd, has developed a number of valued services for individuals working in and around the pharmaceutical industry and the global MedComms Networking community (MedCommsNetworking.com).

Steven Walker, MD, MMedEd, MMedSc, is Director at St Gilesmedical in London and Berlin. He has an interest in scientific writing, health films, research, and education. During the pandemic, Steven and colleagues have been providing pro bono support to the end-of-life care community.