REMOTE WORKING AND WELLBEING OF THE FEMALE ACADEMICIANS DURING THE COVID-19 MOVEMENT CONTROL ORDER ENFORCEMENT (MCO) IN MALAYSIA

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ABSTRACT

The enforcement of movement control order to curb the highly transmissible COVID-19 infection causes numerous transitions in daily life activities, which include the practice of remote working. Identifying the predictors of Malaysian female academician general wellbeing was the main goal of this study. Eligible female academicians were recruited from a public university in Malaysia, using the stratified proportionate to size probability sampling from April to June 2021, who were working from home for the first time during the COVID-19 pandemic. Variables included in the study were organised according to the constructs of the socioecological model. Data was collected using a pre-tested online questionnaire, with Cronbach alpha values between 0.712 and 0.899. A total of 172 female academicians participated in this study. The proportion of respondents with positive general wellbeing were approximately 50%, with those age range between 41 and 45 years old and working remotely several times per week predicted to have 6.491 (95% CI: 1.132; 37.235) and 8.999 (95% CI: 1.161; 69.769) odds of having positive wellbeing. Meanwhile, female academicians who had poor work-life balance and experienced professional isolation had 78% and 70% less likelihood of having positive wellbeing. Early identification of female academicians at risk of work-life imbalance and professional isolation is necessary, particularly those younger to prevent deterioration of wellbeing while working from home.

Keywords: Remote working, General wellbeing, Women, Movement control order, COVID-19

INTRODUCTION

The recent novel Corona Virus Disease-2019 (COVID-19) pandemic has led to many unprecedented positive and negative changes in daily life, which may have impact on the mental health. It is caused by SARS-CoV2, a novel coronavirus which was first reported in December 2019 in Wuhan, China and has since spread extensively globally.[1] On January 25, officials in Malaysia announced the epicentre of the outbreak in Malaysia was related to a positively tested 37-year-old Chinese female tourist from Wuhan, who have travelled from Singapore to Malaysia. The first wave lasted from January 25 to February 26, 2020, with 22 confirmed cases, followed by the second wave from February 27 to September 19, 2020, and a third wave beginning on September 20, 2020.[2]

Containment measures such as the Movement Control Order (MCO), as well as full lockdown were implemented in many countries, to stop the chain of disease transmission. The sanction abruptly and dramatically altered people's daily routines, including working experience to a degree unexperienced by most people.[3] The MCO implementation does come with many implications not only to the economic sector but also to the physical and mental aspects of health. Millions of people had no other options but to stay at home and learn to adopt to the new norms of remote working, with a heavy toll on at risk population is observed, including working women. Many women were facing great difficulty to balance between office work or commitment and household responsibilities as a mother, wife as well as a daughter. Working from home was not only inevitable during the pandemic, but the pandemic has turned it into a compulsion. Furthermore, the reduction in activity levels and the number of stimuli experienced, as well as the many life transitions that occurred during the pandemic such as death of spouse or family members had negative impact on psychological wellbeing.[4]

The concept of remote working is based on the idea that work can be done anywhere beyond the traditional office setting, as long as work productivity and work-life balance are maintained,[5] which is gaining attention worldwide. The terms 'teleworking' or 'telecommuting' has been also used to describe remote working, which refers to utilization of technology such as virtual meetings to ensure continuity of work-related communication.[6] It was considered as a global innovative approach recommended by the World Health Organization (WHO) to effectively prevent the spread of the COVID-19 infection as well as a solution to ensure the continuity and productivity of work as usual.[7] However, the practice of remote working has been employed in some countries since the

early 1990s, as the means of increasing an individual's work-life balance through the flexible opportunity to take care of family members.[8]

Based on available evidence, there are two ways in which remote working can have an impact on workers. Firstly, it contributes to the many proven positive impacts on work-life balance and work flexibility particularly among female workers, as well as job satisfaction, engagement of workers,[9] through the provision of opportunities for the employees to pursue professional and personal advancements activities.[5] Others have also reported on higher productivity, and cost-effective particularly on cutting cost related to infrastructure, maintenance, supplies and office rental, as well as commuting.[10] Previous studies have also emphasized on the better acceptance of workers towards remote working employment opportunities.[5,6,11] Secondly, poor wellbeing, communication problems, and work overload, have also been linked with poor management of remote working.[9,11,12] These maybe contributed by out of norms work practice such as replying to emails out of working hours[13] and unclear work-home boundaries,[14] which potentially affecting job performance and productivity.[15] The social isolation and lack of connectedness with co-workers associated with remote working, add more to the negative experience of remote working.

The COVID-19 pandemic has not only threatened the physical health from the limited movement and outdoor activities, but also the mental health due to physical distance, self-isolation, fear, and financial concerns.[16] The sudden shift and mandatory work from home (WFH) practice were reported to associate with employee's unpreparedness to adjust to the new norms as well as experiencing difficulties working overtime to deal with household chores and childcare,[17] particularly among women with first time experience WFH. Furthermore, deteriorated of daily routines have also been reported due to the increased workloads, overtime, and irregular working hours from WFH,[17] which eventually induce the development of mental problems due to the negative changes in the biological rhythm.[18]

While both women and men had to work from home during the MCO, women employee who are working from home have been reported to facing significantly higher stress balancing between work and daily life commitments. The silver lining created by the COVID-19 pandemic for women and caregivers through flexible work arrangements, enabled them to juggle household responsibilities while working from home, but at the same time, the flexible work arrangements have also created a more stressful working environment for women. According to a recent study on COVID-19 pandemic related remote working, gender was found to be a significant factor predicting the development of mental illness such as depression, anxiety, and stress, due to work-life imbalance which was closely related to increase in both housework and working hours during the practice of WFH during the pandemic, particularly among female workers.[17]

One of the fields that is unavoidably affected by the lockdown is University teaching, with remote working academicians are said to have greater flexibility in handling personal and family matters.[19] The online learning, examinations, research, and administrative work are parts of the challenges that the academicians must deal during the remote working, as well as the work-family conflict, the new home office environment and the adaptation with the Information Communication Technology (ICT), which potentially affecting the wellbeing of academicians, particularly the female academicians. Wellbeing refers to a state of being emotionally, mentally, psychologically, and intellectually balance and healthy,[20] that enable the individual to function optimally. Academicians with positive wellbeing will have a better job performance, a greater life satisfaction and work-life balanced.[21]

A range of positive impacts have been linked with remote working, with better ability to integrate between family and work affairs, improved alertness or less fatigue as well as work productivity.[22] However, the blurring boundaries between work and home can lead to extended hours, which may be affecting the physical and mental health of workers negatively.[23] A review on the effects of WFH on physical and mental health revealed 10 health outcomes which were chronic pain, poor self-reported health and well-being, higher level of stress and depression, fatigue syndrome, poor quality of life and less happy, with poor outcomes among women workers.[24] Numerous studies were also conducted to determine the association between working remotely and general wellbeing.[5,9,25] Additionally, the prolonged screen time exposed during remote working is harmful, causing symptoms similar to motion sickness with very real feelings of nausea, dizziness, and migraines, called "cybersickness", which may further negatively affect the wellbeing and quality of life.

With the convenience of technology in the current modern of technological era, lecturers or academicians are expected to enjoy teaching. However, escalating stress levels are observed with technological advancement, particularly among female lecturers which became prominent during the practice of remote working. Female lecturers were not only need to adapt with the new norms of remote working and

use of technology in teaching and learning, but also regularly must juggle many competing demands of managing children who are also practicing online learning and household chores. Furthermore, being a mother or daughter and an employee at the same time while working from home make them frequently prioritizing other household members' physical and mental health as well as their wellbeing needs ahead of their own.

Despite the growing popularity of remote working, and the associated use of technological advancement, as well as the many benefits obtained from the flexibility provided by remote working, there are still very limited evidence-based literature exploring on the potential effect of working remotely, particularly among the vulnerable population. Exploration needed to debunk the understanding gaps related to online teaching and learning activities and general wellbeing. By using the Socioecological Model, this study aimed to determine the predictors of positive wellbeing among female lecturers in Malaysia.

METHODS

This study is an analytical cross-sectional study, involving female lecturers from a public university located in the Peninsular of Malaysia, from October 2020 until July 2021, during which remote working was still strictly implemented in Malaysia. The implementation of remote working or working from home (WFH) in Malaysia was started in March 2020, following the enforcement of the Movement Control Order (MCO). The culture of remote working was considerably new to many Malaysian workers at that time, contributing towards the many challenges and issues including the wellbeing and general health of the workers. For many Malaysian lecturers, it was their first experience working from home.

Respondents were recruited from all 14 faculties. Based on the list of academicians obtained for each faculty which were obtained from the university official website, the proportion of female academicians for each faculty were identified. The proportion of sample needed for each faculty was calculated. Remote working female lecturers or academicians were sampled using proportionate stratified random sampling with the faculty serves as the stratum. All identified female lecturers were approached via email to determine their eligibility to participate in the study. Simple random sampling was performed among those identified eligible according to the pre-determined inclusion and exclusion criteria. An online-based survey was distributed to 250 eligible female academicians based on the calculated sample size, via email containing the link to the online google form questionnaires,

with only consented respondents could proceed to the main set of the questionnaires. Each respondent was given an ID and was also requested to include their email address in the google form to avoid resubmission, repetition, duplication, or multiple participation from the same respondents. All responses were anonymous and no personal identifiable information was requested. All respondents were given two weeks to response to the survey. Those who failed to response were given reminder email twice and approached using whatsapps application based on their handphone number provided on the website. Academicians who did not consented or academicians who did not fulfilled the inclusion criteria of no remote working experience prior to the COVID-19 pandemic and have been practicing remote working or WFH since the first implemented MCO, from 18th March 2020 onwards, were automatically excluded from the study. Female academicians who were undergoing sabbatical, maternity, study, and sick leave during the data collection were also excluded from the survey. Informed consents from individual respondents, as well as ethical approval were obtained prior to data collection.

As previously mentioned, the measurements were conducted using online survey. The factors affecting the wellbeing were categorized according to the socioecological framework, the intrapersonal (sociodemographic factors and technostress), interpersonal (work-life balance), environmental/ organizational (workload, remote working intensity), community (professional isolation) and policy (flexible access policy) factors. The online survey was divided into three sections, the sociodemographic characteristics, measuring the age, gender, marital status, and number of children; the general wellbeing and factors associate with the general wellbeing. All sections in the questionnaire were re-validated and a pilot study was conducted to check for the reliability to be used locally.

The general wellbeing was measured using the General Health Questionnaire version 12 (GHQ-12), consisted of a mixture of 12 positive and negative phrased items, which were measured using a scoring method of 0-0-1-1 or 1-1-0-0 was used, with the total score ranging from 0 to 12. Due to various threshold for GHQ score in different settings, the mean GHQ score for the study population was suggested as the rough guide for the best cut-off point [20] to categorize wellbeing as positive and negative. Hence, based on the mean for the GHQ score in this study, score of ≤ 3 categorized as positive wellbeing and score > 3 as negative wellbeing.

Meanwhile, the survey related to technostress level was adapted from Wang and Li,[26] the work-life balance was measured using four items of

work interface domain of the Copenhagen Psychosocial Questionnaires (COPSOQ=II) by Heiden et al.,[25] intensity of remote working adapted from Heiden et al.,[25] workload adapted from a study by Mukosolu and colleagues,[27] professional isolation adapted from Golden, Veiga and Dino,[28] and the flexible access policy. All items except for intensity of remote working were measured using a 5-point Likert Scale in which the total scores were dichotomised into high and low according to the median values. Intensity of remote working measured the frequency of the respondents to remotely working for the past 6 months, ranged from always, several times per week, several times per month and less than one time per month.

The survey was in English language as all the respondents were English proficient. Two content experts in the field of public health were involved in the content validity of the questionnaires. The face validity testing of the questionnaire was conducted among a small group of female academicians from another public university around Klang Valley with similar background characteristics. The internal consistency of the questionnaire was measured by the cronbach alpha values from data of a pilot study involving 30 female academicians from other public universities. The cronbach alpha values ranging from 0.712 to 0.899 were obtained for all tested items.

The descriptive as well as the multivariable analysis were conducted, presented as percentage, mean, standard deviation, frequency distribution, odds ratio and confidence intervals, using the Internal Business Machine Statistical Package for Social Sciences (IBM SPSS) version 26. Interpretation of results were done based on the odds ratio and the level of significance (P value) of less than 0.05.

Ethical approval was obtained from the Ethic Committee for Research Involving Human Subjects, Universiti Putra Malaysia (JKEUPM), reference number JKEUPM-2021-205 prior to data collection. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

RESULTS

A total of 172 female academicians participated in the study, with response rate of 69%. The background characteristics of the respondents is illustrated in Table 1. The mean age of the female academicians participated in this study was 43.20±7.27 years old, with 55.8% reported to have positive general wellbeing. Majority of the respondents were still married (83.1%), and had 1 to 3 children (60.5%), with more than 50% had high technostress level (54.1%), poor work-life balance (54.7%), high workload (54.7%), engaged into remote working all the time/ always (52.9%) during the MCO, experienced professional isolation (52.9%), and agreed on the needs for flexible access policy (52.9%) to the campus during MCO.

Meanwhile, factors predicting positive wellbeing of the female academicians participated in this study is shown in Table 2. Age ranged between 41 and 45 years old and working remotely several times per week had 6.491 and 8.999 odds of having positive wellbeing during MCO respectively. Meanwhile, having poor work-life balance and professional isolation had 78% and 70% less likelihood respectively towards positive wellbeing while practicing remote working or WFH during the enforcement of MCO.

Table 1a: Descriptive findings

Factors	n (%)
Age (mean = 43.20±7.27)	
< 36 years old	19 (11.0)
36-40 years old	59 (34.3)
41-45 years old	29 (16.9)
≥ 46 years old	65 (37.8)
Marital status	
Married	143 (83.1)
Single	22 (12.8)
Widowed/ Divorced	7 (4.1)

Table 1b: Descriptive findings

Number of children (mean = 2.23±1.57)	
None	32 (18.6)
1-3 children	104 (60.5)
≥ 4	36 (20.9)
Technostress	
Low (4-12)	79 (45.9)
High (13-25)	93 (54.1)
Work-life balance	
Good	78 (45.3)
Poor	94 (54.7)
Workload	
Low (6-19)	78 (45.3)
High (20-36)	94 (54.7)
Intensity of remote working	
< once/ month	8 (4.7)
Several times/ month	28 (16.3)
Several times/ week	45 (26.2)
All the time/ Always	91 (52.9)
Professional isolation	
No	81 (47.1)
Yes	91 (52.9)
Flexible access policy	
No	81 (47.1)
Yes	91 (52.9)
General wellbeing	
Negative	76 (44.2)
Positive	96 (55.8)

Table 2a: Predictors of general wellbeing

Factor	B	SE	Wald	*P-value*	Adjusted OR	95% CI
Age						
< 36 years old[a]						
36-40 years old	.331	.699	.224	.636	1.393	.354; 5.485
41-45 years old	1.870	.891	4.404	.036	6.491*	1.132; 37.235
≥ 46 years old	1.536	.788	3.803	.051	4.647	.992; 21.761

Table 2b: Predictors of general wellbeing

Marital status						
Married[a]						
Single	1.656	.934	3.157	.076	5.255	.843; 32.766
Widowed/ Divorced	-1.469	.997	2.172	.141	.230	.033; 1.623
Number of children						
None[a]						
1-3 children	.711	.800	.790	.374	2.036	.424; 9.770
≥ 4	.515	.939	.300	.584	1.673	.265; 10.542
Technostress						
Low (4-12)[a]						
High (13-25)	-.772	.471	2.692	.101	.462	.184; 1.162
Work-life balance						
Good[a]						
Poor	-1.513	.476	10.116	.001	.220[*]	.087; .560
Workload						
Low (6-19)[a]						
High (20-36)	-.766	.474	2.615	.106	.465	.184; 1.176
Intensity of remote working						
< once/ month[a]						
Several times/ month	2.197	1.045	4.421	.035	8.999[*]	1.161; 69.769
Several times/ week	1.308	.978	1.788	.181	3.700	.544; 25.181
All the time/ Always	.332	.916	.131	.717	1.394	.231; 8.393
Professional isolation						
No[a]						
Yes	-1.225	.444	7.610	.006	.294[*]	.123; .701
Flexible access related policy						
No[a]						
Yes	-.096	.452	.045	.832	.908	.374; 2.204
Constant	.253	1.279	.039	.843	1.288	

DISCUSSION

Many studies have reported the negative effects of COVID-19 pandemic on the well-being, job satisfaction, and family life of the workers, making the issues related to the wellbeing of employees is one of the main priorities for employers.[29] For many workers, remote working or working from home has been one silver lining of the pandemic due to less transportation and commuting hassles, which directly affecting their wellbeing. Although the findings of this study were dominated by respondents with positive wellbeing, the difference between those with positive and negative wellbeing was small, indicating the significant proportion of those with negative wellbeing, as well as the potential unwanted consequences of working remotely on female academicians during MCO.

Globally, a few studies had been conducted to explore the wellbeing related lockdown of the general population as well as academicians during the COVID-19 pandemic, with different levels have been observed according to the regions. In a study conducted among remote working academicians in higher institutional universities in the Middle Eastern and North Africa regions showed slightly lower proportion of those reported to have lower wellbeing, with 32.6% of the Universities staff had low wellbeing

during the lockdown.[30] In contrast, only 39.0% of the general population sampled reported to have positive wellbeing after a month of lockdown in New Zealand, despite the pandemic considerably being well-controlled in that country.[31] On the other hand, 64.9% of academicians in India reported to have moderate level of wellbeing, with 7.8 % had lower compared to 27.3% had higher wellbeing.[21] However, the diverse prevalence of wellbeing reported in these different studies may have contributed by the different time frame when the data was collected, as the wellbeing of the population is very much related to the progress of the pandemic as well as the introduction of COVID-19 vaccination programme.

The low or poor wellbeing may increase the risks of various mental health problems among the at-risk population. A longitudinal study conducted in the United Kingdom among 17452 participants demonstrated remarkable increment in the UK population on the prevalence of mental distress between 2018 and 2020, a month after the implementation of lockdown in the UK.[32] Meanwhile, a study involving remote working academicians in an Iranian University showed 29% had moderate to severe anxiety as well as insomnia, 27% had moderate to severe somatic symptoms, 56% had moderate to severe social dysfunction and 10% had moderate to severe

stress,[33] reflecting the alarming negative effects of remote working during enforcement of lockdown.

The findings of this study also revealed female academician with poor work-life balance and professional isolation are at risk of negative wellbeing. Work-life balance is a subjective construction by individuals,[34] with "work" commonly referring to formal paid employment, and "life" would encompass personal and family commitments.[35] According to Lee,[35] the meaning of having a work-life balance is very subjective and commonly attached with work, family and/or private life. The additional demands associated with remote working such as the increased workloads, overtime, and irregular working hours, making it difficult for the employees to maintain appropriate boundaries between work and family, particularly among women.

While working from home, a woman does not only play a role as an employee but also as a mother, wife and daughter. Apart from have to cope with the increased workload related to remote working, female workers also need to deal with family and childcare responsibilities due to the long and widespread schools' suspension of schools. Gender studies have consistently reported on the inequalities experienced by many women to bear the domestic responsibilities, particularly among working married couples.[36] A qualitative study conducted among female lecturers in Malaysia reported that, they were not only had to commit with work responsibility, but also juggling with the different roles as mother, wife, and daughter, suggesting the delicate balance of life around work.[35]

Apart from being a woman, exclusive remote working has been consistently linked with poor work–life balance,[37] due to difficulty to draw lines between work and non-work tasks, regardless of gender. In recent published study conducted among 1000 Polish workers demonstrated that exclusive remote working during the pandemic was shown to negatively affect the wellbeing of the workers, due to poor workplace relationships and work–life balance.[29] To some individuals, workplace serve as a place for them to socialize and deviate their stress, which maybe be reversed with the enforcement of MCO. Hence, the availability of certain policy to limit remote working should be considered to prevent declining of wellbeing related to poor work-life balance as well as workplace relationship.

Meanwhile, professional isolation is part of social isolation, and is defined as out of touch from others in the workplace.[38] The potential danger of professional isolation has been highlighted in few studies as employees are left with no choice but to embrace the suddenly increasing trend towards WFH during the unprecedented pandemic. Working independently from home or remote offices cut off the interactions between employees that contribute to basic needs of social esteem and belonging, as well as being distanced from information and opportunities. Furthermore, the happy, engaging, and productive work culture that were created by the social interactions at workplace strengthen the inter team relationships, which is missing during the practice of remote working. The rising anxiety among the employees require understanding and support by the organisations or employers to ensure their ability to gain the many advantages of remote and flexible working, without socially and professionally deprived, as we plunge into the radically new norms.

In a recent related study published during the pandemic, social support was found to be one of the significant determinants for both academicians with low (AOR 8.80, 95% CI: 2.10, 3.75) and medium (AOR 2.00, 95% CI 1.14, 3.75) wellbeing in India due to lockdown.[21] Similarly, the vulnerability among the staff of York University, United Kingdom (AOR=1.97, CI 95% 1.39-2.79) during lockdown was determined significantly by social isolation, with professional isolation had negatively affecting the job performance and subsequently lead to negative wellbeing.[39] Co-worker's support was found to significantly determining job stress among academicians at UPM, which was reported in a study conducted prior to the pandemic.[27]

On the other hand, this study also found the significant role of age on wellbeing, with female academicians aged 41 to 45 years old and those with less intensity of remote working manifested a higher likelihood towards positive wellbeing, compared to those younger. Being in the age group between 41 to 45 years old, majority female academicians will have a stable family structure and financial support which may have contributed towards the better wellbeing.

The increase work flexibility working practices during the pandemic is believed to have an impact on retirement decision among older adults. According to a national survey in the United Kingdom, one-third of workers aged between 50 and 69 who worked from home between April and May, 2021 reported positive well-being, through better work-life balance, less distractions and ability to complete work faster, with 11% of remote workers aged 50 years old and above, planned to delay their retirement as previously intended, compared to otherwise.[40] In contrast, younger workers were found to adapting less to remote working or WFH, with many struggled with the isolation associated with remote working. However, in general and in the absent of remote working, inverse relationship between age and subjective wellbeing, with

young workers observed to be happier than the old [41] has been reported. A study conducted among Taiwanese aged 18 years or older reported that older age workers were related to worse self-rated health, with age showed a reverse-U-shaped relation with psychological health.[42]

Intensity of the work, which refers to the frequency spend to do remote working [25] was also found to affect wellbeing of workers. However, a cross sectional study among Swedish academicians during the pandemic showed no significant association between frequency and amount of remote working with the wellbeing.[25] Nevertheless, an association between frequency of remote working with stress related to organisation was reported.[25] According to Golden and Veiga,[43] the workers' job satisfaction while practicing remote working will not increase at 15.1 hours per week or more of remote working, reflecting the needs to limit the practice of remote working especially among the vulnerable population. Furthermore, in a phenomenological study on health and wellbeing of the online lecturer, Whittet[44] concluded that, despite the many health advantages experienced by online lecturers through better autonomy and freedom, as well as work flexibility, their health is frequently compromised by a mismatch of time allocation and workload, intense sitting using computer, and a lack of recognition by colleagues, management, and faculty. The reported lived experience of online lecturing indicates the management role to provide the best practice of remote working for lecturers.

The results of this study suggested a considerably high proportion of female academician experienced negative wellbeing during remote working. The general wellbeing will be preserved during remote working among female academician who were in the early 40s, did not practice full time WFH, had good work-life balance and did not experience professional isolation accommodating well with remote working as evident by the positive wellbeing among them. The possibility of another future pandemics remains a concern among public health experts and researchers. While it's impossible to predict with certainty when or where the next pandemic will originate, there are several factors that contribute to the risk which include globalisation and travels, antibiotic resistance, climate change, as well as the advances in biotechnology and synthetic biology. Furthermore, the world has witnessed three major zoonotic events: the SARS-CoV epidemic in 2003, the MERS-CoV outbreak in 2012 and SARS-CoV-2 that has escalated into a pandemic in March 2020,[45] which make future zoonotic infections is inevitable.

Limitations and recommendation

This research, however, is subject to several limitations. The use of cross-sectional study design, which only examine the presence or absence of an outcome and the presence or absence of an exposure at a specific point of time. Hence, the temporal link between the outcome and the exposure cannot be determined. Furthermore, one of the categories under marital status had less than 10 responses, which can pose challenges for statistical analysis and interpretation such as validity of inferences and assumptions violation. Alternative analytical approaches should be considered such as collapsing categories, combining similar categories, or conducting qualitative analyses to supplement quantitative findings. In view of the many uncertainties with COVID-19 pandemic and the potential new norms practice of remote working, future research should also consider academicians from other university as well as comparison with male academicians to get a better understanding on this issue.

CONCLUSION

The findings of this study highlight the impact of the inevitable practice of remote working or working from home on the wellbeing of female academician, and measures that can be considered to improve the remote working policy. Preventive measures should be targeted among those with poor work-life balance, as well as those experiencing professional isolation. Periodic survey is necessary to effectively identify those at risk and to ensure appropriate actions are in place such as evaluating the suitable intensity of remote working age that may be suitable for a longer period pf remote working. The findings also give an insight on the importance of ongoing and holistic mental health and wellbeing activities for lecturers.

ACKNOWLEDGMENT

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