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Original Research Article

Prevalence of stress and burnout among information technology professionals during COVID-19 pandemic due to work from home situation

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ABSTRACT

Background: To prevent the transmission of COVID-19 infection, lockdown and social distancing was imposed across various countries. The people working in the information technology (IT) sector started working remotely. The aim of this study was to determine the prevalence of stress and burnout among the IT professionals due to sudden transition to work from home situation.
Methods: In the present cross-sectional study an online questionnaire was used for data collection from the software professionals who worked from home for a minimum duration of 1 year during the pandemic. The study sample was collected using convenience sampling and sample size attained was 40. The data analysis was done with statistical package for the social sciences (SPSS) version 20.0. Percentages, means and standard deviations (SD) were calculated. For analytical purpose Chi-square test was used to measure the significance.
Results: The study population consisted of 24 (60%) males and 16 (40%) females. The mean of the years of experience was 10.5 years (SD=5.5). 47.5% of the study population agreed that they worked up to 8 hours and 12 hours per day. 57.5% reported of finding work from home more stressful due to increase in responsibilities of household as well as child care. 87.5% developed moderate stress and 47.5% experienced moderate burnout due to personal issues.
Conclusions: To conclude, the prevalence of stress due to work from home situation was much higher than burnout among the IT professionals. Although they had the perks of reduction in travel time, the other responsibilities of increased domestic workload caused considerable stress.

Keywords: Burnout, Pandemic, Stress, Work from home

INTRODUCTION

COVID-19 pandemic began on 11th March 2020. It is already three years the entire world is affected by this virus. Depending on the severity of the infection like needing hospitalization, Intensive care unit admissions, encephalopathy etc. the survivors were at increased risk of neurological and psychiatric disorders.[1] The various neuropsychiatric manifestations of COVID-19 reported are delirium, dysfunction of olfaction and taste sensation, acute psychosis and manic disorders, encephalitis and encephalopathies, acute cerebrovascular events. Reports have also shown an increase in the incidence of depression, anxiety, acute stress reaction, adjustment disorders and worsening of preexisting psychiatric conditions in vulnerable population.[2] In order to prevent the spread of virus various countries followed lock down, social distancing and shielding of vulnerable people. As a result, most of the non-essential shops and business had to be closed and this resulted in unemployment. People who could work from home started working remotely. But as nurseries and schools were closed parents had to combine home schooling, caring for children along with working from home.[3] Once upon a time working remotely used to be a perk. It was about survival during the pandemic.

Review of literature

The outbreak of the novel corona virus (COVID-19) was first discovered in the capital city of China's Hubei province, Wuhan on December 31, 2019. Due to Chinese New Year holidays many people travelled back to their hometowns and this coincided with the emergence of COVID-19.[4,5] Within a matter of 30 days it spread to the rest of the mainland China and then spread quickly all over the globe. In order to stop and contain the spread of the virus different countries followed lockdown measures travel restrictions, quarantine, contact tracing, isolation of the cases, social distancing etc.[6]

The pandemic affected the lives of people across the globe as well as resulted in slowing down of Global economy. Millions of people suffered from loss of employment, as well as death of near and dear ones. The impact of COVID-19 is extensive and it can be divided into various categories such as: a) health care- there were challenges in diagnosing, quarantine and treatment of this new disease, the burden on the existing healthcare system increased, the patients with other medical problems did not get sufficient health care facilities, overload on the health care workers, inadequate supply of medications; b) economic- the manufacturing of essential goods slowed down, disruption in the supply chain of the products, revenue growth slowed down, national and international business also faced losses; c) social- celebration of various cultural and religious festivals got disrupted, social distancing from own family members and peers, hotels, restaurants and religious places were closed down, schools were closed down and examinations were postponed, there was an undue stress on general population due to uncertainty about the period of lockdown.[7]

Effects of COVID-19 on mental health

Whenever there is an outbreak of communicable infectious diseases, it has an adverse effect on the psychological wellbeing of the general population. There are evidences that MERS, H1N1, Ebola and SARS had psychological impacts on the general population such as depression, anxiety and substance abuse.[8-10]

Al-Shannaq et al carried-out a cross sectional study on depression, coping skills, and quality of life among the adults living in Jordan during the initial outbreak of COVID-19. The study found that 65% of the study population had depressive symptoms and 32% had moderate to severe depressive symptoms. The study also found that female participants had higher levels of depression and lower levels of quality of life. There was a significant positive correlation between the depression scores and coping skills and negative correlation with total quality of life scores. No significant correlation was found between coping skills scores and total quality of life scores in this study. Being employed, holding an undergraduate degree, having chronic physical problems, and having mental health problems were found to be significantly associated with higher levels of depression.

Holding a graduate degree, being a student, having military health insurance, not having mental health problems, and being a nonsmoker were found to be significantly associated with lower coping skills scores. Being female, being educated to high school level or below, having mental health problems, and having family history of chronic physical problems were found to be significantly associated with lower total quality of life scores. This study provided valuable information on the psychological impacts of the national lockdown during the initial outbreak of the COVID-19 pandemic on Jordanian adults.[11]

The fact that pandemics pose a threat to mental health is well known. Two review studies have found negative impact of COVID-19 on mental health. The study found that 16-18% of the patients had symptoms of anxiety and depression.[12,13] There are evidences stating that being women, young people and those people with poor quality of sleep are at increased risk of mental health problems.[14-16] Schafer et al conducted a study on impact of COVID-19 on public mental health. The study found that 10% experienced a clinically significant increase in psychopathological symptoms and 15% met cut-off criteria for COVID-19-related traumatic distress. The study concluded that mental health was stable in most respondents, a small group of respondents characterized by low levels of sense of coherence experienced increased psychopathological symptoms from pre- to post-outbreak.[17]

Dunatchik et al examined examine how the shift to remote work altered responsibilities for domestic labor among partnered couples and single parents. According to this study although there was an increase in the contribution towards household work by the fathers, the domestic distribution of labor did not change to a significant extent.[18] Correll et al stated that the pandemic sparked multiple simultaneous changes affecting social groups in different ways. The rapid adoption of remote work, for example, could be a boon to people who long for greater workplace flexibility. Many work-family scholars have placed the option to partially or fully work remotely high on their list of reforms, arguing this would not only reduce commuting time but allow for more flexibility in integrating home activities with paid work.[19]

Additionally, remote work is a classed option for mostly white-collar workers whose jobs do not require providing in-person services or manipulating machines or tools. Whereas remotely working parents have been expected to suddenly care for children and supervise their education, parents who cannot work remotely have had to find caretakers for their children while they continue to commute to a hospital, grocery store, or other on-site work setting. Still others have had to cope with the demands of full-time parenting after losing their job or seeing their work hours reduced.[19]

Molino et al stated that the use of remote working increased during the pandemic and is expected to maintain high levels of application even after the emergency. Despite its benefits for both organizations and workers, remote working entails negative consequences, such as technostress. Results confirmed the three-factor structure of the Italian technostress creators scale and highlighted positive relationships between workload, techno-stressors, work–family conflict and behavioral stress. Moreover, this study provided indications for practice in the field of remote working and workers' wellbeing.[20]

The entire world population faced intense stress due to the pandemic situation. The COVID-19 pandemic has resulted in many stressors which have drained employees' mental health. The stressors faced during the pandemic are: 1) fear about the safety and risk of contagion 2) information overload due to intense media coverage 3) quarantine and confinement 4) social exclusion and stigma towards the people affected during the pandemic 5) unemployment and financial loss. [21]

To minimize the risk of spread and contain the viral infection work from home (WFH) is an alternative option. In 1973, the concept of work from home (WFH) was introduced by Nilles. It is also known as telecommuting or telework. The other synonyms used are remote work, flexible work place, telework, telecommuting, e-working. The different advantages of WFH are reduced commuting time, using less office space, avoiding office politics, increased motivation, improved gender diversity, healthier work forces with less absenteeism, high talent retention and job satisfaction. But WFH also comes with the drawbacks such as distractions, social isolation, lack of clear boundary between private and professional life, employees bearing the cost of work from home such as electricity and internet bills.[22]

The sudden onset of restrictions due to COVID-19 resulted in significant shifts in the lives of the people across the world both in terms of working and family life. Researches done in the past in relation to remote work- and work-related stress showed that potential issues were due to role stress, role overload from balancing between work and family issues, lack of organizational support, impact of physical environment on job performance.[23] A study by Hayes et al showed that perceived stress during COVID-19 restrictions were more for the people with limited work experiences and also more amongst females. The study also found higher levels of burnout among people who worked from home before the onset of the pandemic. However, no difference was noted based on the basis of gender or part time work status.[24] Another study by Russo et al on 200 globally selected software professionals found time spent doing specific activities from home was similar to working in office. But the time spent on each activity was unrelated to wellbeing, perceived productivity and other variables.[25]

Aims and objectives

To screen the IT employees for the pattern of work, medical illness, diet and life style using questionnaire. To assess the prevalence of stress and burnout in IT employees due to work from home during COVID-19 pandemic.

METHODS

This was a cross sectional study conducted from 10th May 2021 to 20th May 2021. The study sample was recruited using online survey. An introductory message was included at the beginning of the online survey, informing the participants about the study purpose, the use of data, and the study procedures. The message also informed the participants that their participation was totally voluntary and that their identities would be kept confidential. Informed consent was obtained from the participants electronically before participation. After agreeing to participate in the study, the participants were asked to complete and submit only one online self-report survey each. All of the survey questions were mandatory, and thus, there were no cases of missing data.

Convenience sampling was used for the purpose of this study. The sample size for the present study was 40. The data was collected regarding socio-demographic details, details of medical illness, pattern of work, stress were evaluated using perceived stress scale and burnout was evaluated using Copenhagen burnout inventory.

Inclusion criteria

Participants in the age range 25-50 years. Qualified Engineers working in the IT industry for a minimum duration of 2 years. Currently working from home due to corona pandemic for 1 year.

Exclusion criteria

Participants who did not consent for the study. A self-designed information sheet was prepared to collect the socio-demographic and clinical details from the patients recruited in the study.

Statistical analysis

Statistical Package for Social Sciences (SPSS) version 20.0 was used for data analysis. Continuous variables describing the socio-demographic variables were summarized using means and standard deviations (SD). Categorical variables describing the socio-demographic and clinical variables were described using frequencies and percentages. Independent samples t-tests and chi-square tests were used to compare the variables between the two groups for significant differences. Statistical significance was considered when the p value was lesser than 0.05 ($p<0.05$).

RESULTS

A total of 40 people were included in this study after obtaining the informed consent. The study population consisted of 24 (60%) males and 16 (40%) females. The age was grouped as 25-34 years, 35-44 years, 45-54 years and each group had 15 (37.5%), 23 (57.5%) and 2 (5%) participants respectively. The education status of the patient population was as follows 27 (67.5%) were BE graduates, 11 (27.5%) had completed BE and post-graduation and 2 (5%) were non BE graduates working in the information technology industry.

Table 1: Description of the demographic details of the study sample.

Variables (n=40)	N (%)
Gender	
Male	24 (60)
Female	16 (40)
Age group (years)	
25-34	15 (37.5)
35-44	23 (57.5)
45-54	2 (5)
Education	
Bachelor's degree- non-engineering	2 (5)
BE	27 (67.5)
BE + MS/ BE + M. Tech	11 (27.5)
Socioeconomic status	
Upper I	5 (12.5)
Upper middle II	35 (87.5)
Family type	
Nuclear	28 (70)
Joint	12 (30)
Marital status	
Single	6 (15)
Married	34 (85)
Have Children	
Yes	29 (72.5)
No	11 (27.5)
Years of experience (mean±SD)	10.5 (5.5)
Number of working hours	
Upto 8 hours	19 (47.5)
Upto 12 hours	19 (47.5)
>12 hours	2 (5)
Both husband and wife work from home	
Yes	19 (47.5)
No	21 (52.5)
More time spent on household and child care	
Yes	24 (60)
No	16 (40)
Primary caregiver of child	
Husband	2 (5)
Wife	30 (75)
Others	8 (20)
Takes care of online class	
Husband	6 (15)
Wife	19 (47.5)
Others	3 (7.5)
Not applicable	12 (30)
More stressful	
Working at office	17 (42.5)
Work from home	23 (57.5)

The socioeconomic status was classified according to modified Kuppuswamy socioeconomic scale updated for the year 2020. According to this scale 5 (12.5%) of the study population belonged to upper class and 35 (87.5%) belonged to upper middle class. About 28 (70%) of the people were staying in the nuclear families and 12 (30%) stayed in joint family set up. This shows a recent upcoming trend of decline in joint family setup. Marital status of the study population showed that 6 (15%) were single and 34 (85%) were married. Among married people 29 (72.5%) had children.

The number of years of experience in the field of IT industry ranged from 3 to 22 years. The mean of the years of experience was 10.5 years (SD=5.5). The duration of working hours per day was divided into up to 8 hours, up to 12 hours and more than 12 hours. 19 (47.5%) of the study population agreed that they worked up to 8 hours and 12 hours each. Only 2 (5%) of the population stated that they worked for more than 12 hours. About 19 (47.5%) of the study samples stated both husband and wife were working from home during pandemic. It was observed that 24 (60%) of the people agreed on spending more time on household matters during work from home.

When it came to being the primary care giver for the child, 30 (75%) wives were responsible and 2 (5%) husbands were responsible. About 8 (20%) people answered others such as grandparents or maids being responsible for child care. Taking care of the child's online classes 6 (15%) of the husbands, 19 (47.5%) of the wives, 3 (7.5%) others were responsible. Among the study population 17 (42.5%) stated that working at office was more stressful and 23 (57.5%) reported of finding work from home more stressful due to increase in responsibilities of household as well as child care (Table 1).

About 11 (27.5%) of the study population reported of having co-morbid medical illness. Amongst which 3 (7.5%) had diabetes mellitus, 2 (5%) had hypertension, 4 (10%) had thyroid dysfunction and 2 (5%) had other medical problems like endometriosis and Wolf Parkinson White syndrome. In the study sample 6 (15%) reported of having co-morbid psychiatric illness; out of which 3 (7.5%) suffered from depression, 2 (5%) had anxiety and 1 (2.5%) reported of having cerebral palsy. 2 (5%) of the people reported of using substance which was alcohol (Table 2).

When we observed the severity of stress on perceived stress scale, majority of the study population was found to have moderate stress 35 (87.5%). About 3 (7.5%) reported of experiencing low stress and 2 (5%) reported of high stress (Table 3).

Personal burnout using Copenhagen burnout inventory showed that 16 (40%) had no/low burnout, 19 (47.5%) had moderate burnout and 5 (12.5%) reported of severe burnout (Table 4).

Similarly on work related burnout 25 (62.5%) had no/low burnout, 14 (35%) had moderate burnout and 1 (2.5%) had high burnout.

In terms of client related burnout 25 (62.5%) reported of no/low burnout, 13 (32.5%) had moderate burnout and 1 (2.5%) reported of severe burnout.

Table 2: Clinical details of the study sample.

Variables (N=40)	N (%)
Co-morbid medical illness	
Present	11 (27.5)
Absent	29 (72.5)
Type of medical illness	
Diabetes	3 (7.5)
Hypertension	2 (5)
Thyroid dysfunction	4 (10)
Others	2 (5)
Psychiatric illness	
Present	6 (15)
Absent	34 (85)
Type of psychiatric illness	
Depression	3 (7.5)
Anxiety	2 (5)
Others	1 (2.5)
Substance use	
Present	2 (5)
Absent	38 (95)
Type of substance use	
Alcohol	2 (5)

Table 3: Severity of stress on perceived stress scale.

Range of scores	Severity	N (%)
0-13	Low stress	3 (7.5)
14-26	Moderate stress	35 (87.5)
27-40	High stress	2 (5)

Table 4: Severity of burnout on Copenhagen burnout inventory- personal burnout.

Range of scores	Severity of burnout	N (%)
<50	No/low burnout	16 (40)
50-74	Moderate burnout	19 (47.5)
75-99	High burnout	5 (12.5)
100 and >100	Severe burnout	0

Table 5: Severity of burnout on Copenhagen burnout inventory- work related burnout.

Range of scores	Severity of burnout	N (%)
<50	No/low burnout	25 (62.5)
50-74	Moderate burnout	14 (35)
75-99	High burnout	1 (2.5)
100 and >100	Severe burnout	0

Table 6: Severity of burnout on Copenhagen burnout inventory- client related burnout.

Range of scores	Severity of burnout	N (%)
<50	No/low burnout	25 (62.5)
50-74	Moderate burnout	13 (32.5)
75-99	High burnout	1 (2.5)
100 and >100	Severe burnout	1 (2.5)

Out of 24 males, 13 opined working at office was more stressful and 11 considered work from home is more stressful. Among 16 females, 4 considered working at office to be more stressful whereas 12 said work from home was more stressful. But 23 (57.5%) reported that work from home to be more stressful.

Chi-square test was used to check the correlation between the gender and more stressful situation. But there was no significant difference between male and female gender.

Similarly, t-test was applied to find significance between gender and total scores of perceived stress scale and scores of Copenhagen burnout inventory. There was no significance observed.

DISCUSSION

A total of 40 people were recruited for the purpose of this study after taking consent from the study population.

The number of males in the study population was 60% higher when compared to 40% females working in the IT industry. Majority of the people were BE graduates and had started working in the IT industry immediately after completion of BE degree. The study population reported to be earning well and most of them belonged to upper middle class socioeconomic status according to modified Kuppuswamy classification.

In most of the house's wives reported of having extra burden due to lockdown and work from home as they were involved in taking care of household activities, child care as well as managing office work. This burden would have increased due to most of the families staying in nuclear family setup.

Our study findings were similar to studies done by Zamarro et al which stated that, in early April 2020, one in three employed mothers reported that they were the main caregiver compared with only one in 10 employed fathers. Lyttelton et al found that mothers were spending significantly more time doing housework and caring for children during their working hours in April and May than they did pre pandemic. And children spent more than twice as much time with telecommuting moms than dads.[26] Less sanguine observers have pointed out that greater work flexibility cannot overcome the combined costs of increased housework, child care, and home schooling. If this unpaid care work falls disproportionately on women, the loss of child care will exacerbate gender inequalities at home, especially given mothers' greater risk relative to their partners of job loss, reduction in hours, and working from home.

When domestic workloads increased and neither parent worked from home, employed mothers were the ones who mostly picked up the slack particularly for housework and home learning. Among couples where neither partner worked remotely, 72 percent of mothers reported doing more housework during the pandemic, and 79 percent reported being primarily responsible for housework, compared with 36 percent of fathers who increased their housework and 25 percent of fathers who said they are mainly responsible for housework. In households where no parent worked remotely, most mothers (76 percent) reported taking on the majority of home learning activities for their children, compared with 11 percent of fathers. Consequently, mothers not working remotely were twice as likely as fathers to say they felt "some" or "a lot" of pressure regarding children's home learning (74 percent compared with 38 percent, respectively).[18]

There were some limitations of the study. It was a cross sectional study with purposive sampling. The sample size was low and hence it was difficult to generalize the results.

Scope for further study

To do future study using larger sample size. To create awareness among the IT professionals about stress and burn out and teach them techniques to handle stress efficiently and there by improve their quality of life.

CONCLUSION

To conclude, the prevalence of stress due to work from home situation was much higher than burnout among the IT professionals. Although they had the perks of reduction in travel time, the other responsibilities of increased domestic workload caused considerable stress.

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REFERENCES

1. Taquet M, Geddes JR, Husain M, Luciano S, Harrison PJ. 6-month neurological and psychiatric outcomes in 236 379 survivors of COVID-19: a

retrospective cohort study using electronic health records. Lancet Psychiatr. 2021;8(5):416-27.
2. Banerjee D, Viswanath B. Neuropsychiatric manifestations of COVID-19 and possible pathogenic mechanisms: Insights from other coronaviruses. Asian J Psychiatr. 2020;54:102350.
3. Van Der Feltz-Cornelis CM, Varley D, Allgar VL and de Beurs E. Workplace stress, presenteeism, absenteeism, and resilience amongst university staff and students in the COVID-19 lockdown. Front Psychiatr. 2020;11:588803.
4. Heymann DL. 2020. Data sharing and outbreaks: Best practice exemplified. Lancet. 2020;395(10223):469-70.
5. Chen S, Yang J, Yang W, Wang C, Bärnighausen T. COVID-19 control in China during mass population movements at New Year. Lancet. 2020;395(10226):764-6.
6. Huynh TLD. Does culture matter social distancing under the COVID-19 pandemic? Safe Sci. 2020;130:104872.
7. Haleem A, Javaid M, Vaishya R. Effects of COVID-19 pandemic in daily life. Curr Med Res Pract. 2020;10(2):78-9.
8. Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. Lancet. 2020;395(10227):912-20.
9. Maunder R, Hunter J, Vincent L, Bennett J, Peladeau N, Leszcz M, et al. The immediate psychological and occupational impact of the 2003 SARS outbreak in a teaching hospital. Can Med Assoc J. 2003;168(10):1245-51.
10. Tam CW, Pang EP, Lam LC, Chiu HF. Severe acute respiratory syndrome (SARS) in Hong Kong in 2003: stress and psychological impact among frontline healthcare workers. Psychol Med. 2004;34(7):1197-204.
11. Al-Shannaq Y, Mohammad AA, Aldalaykeh M. Depression, coping skills, and quality of life among Jordanian adults during the initial outbreak of COVID-19 pandemic: cross sectional study. Heliyon. 2021;7(4):e06873.
12. Rajkumar RP. COVID-19 and mental health: a review of the existing literature. Asian J Psychiatr. 2020;52:102066.
13. Vindegaard N, Benros ME. COVID-19 pandemic and mental health consequences: Systematic review of the current evidence. Brain Behav Immun. 2020;89:531-42.
14. Liu N, Zhang F, Wei C, Jia Y, Shang Z, Sun L, et al. Prevalence and predictors of PTSS duringCOVID-19 outbreak in China hardest-hitareas: gender differences matter. Psychiatry Res. 2020 May; 287: 112921.
15. Wang C, Pan R, Wan X, Tan Y, Xu L, Ho CS, et al. Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID- 19) epidemic among the general population in China. Int J Environ Res Public Health. 2020;17(5):1729.
16. Huang Y, Zhao N. Mental health burden for the public affected by the COVID-19 outbreak in China: Who will be the high-risk group? Psychol Health Med. 2021;26(1):23-34.
17. Schäfer SK, Sopp MR, Schanz CG, Staginnus M, Göritz AS, Michael T. Impact of COVID-19 on Public Mental Health and the Buffering Effect of a Sense of Coherence. Psychother Psychosom. 2020;89(6):386-92.
18. Dunatchik A, Gerson K, Glass J, Jacobs JA, Stritzel H. Gender, parenting, and the rise of remote work during the pandemic: Implications for domestic inequality in the United States. Gender Soc. 2021;35(2):194-205.
19. Correll SJ, Kelly EL, O'Connor LT, Williams JC. Redesigning, redefining work. Work Occupat. 2014;41(1):3-17.
20. Molino M, Ingusci E, Signore F, Manuti A, Giancaspro M, Russo V, et al. Wellbeing costs of technology use during COVID-19 remote working: an investigation using the Italian translation of the technostress creators scale. Sustainability. 2020;12(15):5911.
21. Hamouche S. COVID-19 and employees' mental health: stressors, moderators and agenda for organizational actions. Emerald Open Res. 2020;2:15.
22. Vyas L, Butakhieo N. The impact of working from home during COVID-19 on work and life domains: an exploratory study on Hong Kong. Polic Design Pract. 2021;4(1):59-76.
23. Duxbury L, Stevenson M, Higgins C. Too much to do, too little time: Role overload and stress in a multi-role environment. Int J Stress Manage. 2018;25(3):250.
24. Hayes SW, Priestley JL, Ishmakhametov N, Ray HE. "I'm not working from home, I'm living at work": perceived stress and work-related burnout before and during COVID-19. Analytics and Data Science Institute. Kennesaw State University. 2020.
25. Russo D, Hanel PH, Altnickel S, Van Berkel N. The daily life of software engineers during the covid-19 pandemic. In2021 IEEE/ACM 43rd International Conference on Software Engineering: Software Engineering in Practice (ICSE-SEIP). 2021;364-73.
26. Zamarro G, Perez-Arce F, Prados MJ. Gender Differences in the Impact of COVID-19. KTLA. 2020;16:2021.

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