

A Study on Impact of Disaster on Mental Well-Being of Women Professionals with Reference to Work-from-Home During COVID-19 Pandemic

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ABSTRACT

This study examines the impact of the COVID-19 pandemic, conceptualized as a prolonged global disaster, on the mental well-being of women professionals in Uttar Pradesh, India. During the pandemic, the widespread adoption of the Work-from-Home (WFH) model created overlapping personal and professional boundaries, intensifying role strain and psychological stress among working women. Using a stratified random sampling approach, data were collected from 500 women professionals across the IT, education, healthcare, banking, and public administration sectors. Standardized instruments—GAD-7, PHQ-9, and the Maslach Burnout Inventory—were employed to assess mental well-being. Data analysis using SPSS 26.0 and PROCESS Macro revealed that WFH conditions and pandemic-related stress significantly deteriorated mental well-being ($\beta = 0.37, p < 0.001$). Work-Life Balance emerged as a strong mediating factor, while caregiving responsibilities intensified, and organizational support mitigated, psychological distress. The results validate the Role Strain Theory, Work-Family Conflict Model, and Job Demands-Resources (JD-R) Model, underscoring how organizational empathy and flexibility can protect mental health during crises. The study highlights the need for gender-sensitive HR policies, flexible hybrid work systems, and structured wellness initiatives to enhance resilience among women professionals. Findings contribute to disaster psychology and organizational behavior literature by linking pandemic-induced work redesign with mental health outcomes in an Indian context.

Keywords: COVID-19, Work-from-home, Women professionals, Work-life balance, Mental well-being, Disaster psychology, Organizational support.

INTRODUCTION:

The COVID-19 pandemic, which emerged in late 2019, rapidly evolved into an unprecedented global health and socio-economic disaster. Beyond its immediate medical implications, the pandemic fundamentally altered how individuals lived, worked, and interacted. Organizations around the world were compelled to shift overnight from traditional office-based operations to digital and remote work models. This sudden transition disrupted conventional work structures and blurred the boundaries between professional and personal spaces, giving rise to new challenges that directly impacted mental health and well-being. Among the groups most affected by these changes were women professionals, who faced a disproportionate burden of emotional and domestic responsibilities during the crisis.

1.1 The COVID-19 Pandemic as a Global Disaster

Disasters are events that cause widespread disruption, loss, and suffering, often overwhelming the capacity of

individuals and systems to cope. The World Health Organization (WHO) declared COVID-19 a pandemic in March 2020, recognizing it as a disaster not only in terms of public health but also as a socioeconomic and psychological crisis. In contrast to natural disasters that occur abruptly, the pandemic represented a prolonged disaster, unfolding over months and years with sustained uncertainty.

This prolonged exposure to risk, fear of infection, loss of social interaction, and economic instability created chronic stress conditions that significantly affected individuals' psychological well-being (Norris et al., 2002). However, unlike previous crises, this disaster extended into the private domain, turning homes into workplaces, schools, and caregiving centers — thus affecting mental health in a uniquely pervasive way.

1.2 Emergence of Work-from-Home (WFH) as a Norm

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The Work-from-Home (WFH) model emerged as a necessary strategy for organizational survival and continuity during lockdowns. While remote work had been practiced selectively before the pandemic, it became a universal arrangement overnight. According to McKinsey Global Institute (2020), nearly 75% of global white-collar employees experienced WFH in 2020, and many continued into 2021–22. The flexibility of WFH was initially viewed as a positive transformation — offering time savings, safety, and autonomy. However, as weeks turned into months, new challenges became evident: the blurring of work-life boundaries, increased workloads, constant digital presence, and the absence of social interactions. For women professionals, these pressures were compounded by societal expectations of domestic caregiving, homeschooling, and emotional labor (Peiró et al., 2020).

1.3 Women Professionals: The Dual Burden

Historically, women have carried the “double shift” — a combination of professional and household responsibilities. The pandemic amplified this phenomenon, leading to what sociologists call the “triple burden”: professional work, domestic chores, and emotional caregiving. Empirical studies (Lee et al., 2021; Ghosh & Sikdar, 2020) reported that women professionals experienced increased stress, anxiety, and depressive symptoms during the pandemic. Many faced “role overload,” with conflicting demands from work and family domains. The absence of physical separation between work and home intensified this conflict, contributing to role stress and emotional exhaustion.

Additionally, cultural factors in countries like India reinforced traditional gender roles. Despite professional success, women were expected to prioritize family responsibilities, leading to cognitive dissonance and guilt when balancing both spheres. In this context, the WFH model — while appearing flexible — often became a site of intensified inequality and psychological strain.

1.4 Mental Well-Being: A Central Concern

Mental well-being is a multidimensional construct encompassing emotional stability, resilience, happiness, and life satisfaction. According to the World Health Organization (2020), mental well-being is not merely the absence of mental disorders but also the ability to manage normal stresses of life and contribute productively to one’s community. The pandemic exposed the fragility of mental health systems and the lack of institutional support for working women. Many organizations lacked structured policies for managing psychological stress or promoting wellness during remote work. Consequently, women professionals were often left to navigate their emotional struggles alone, increasing vulnerability to burnout and depression.

Research in organizational psychology indicates that mental well-being is closely linked to job satisfaction, performance, and retention (Sharma et al., 2021).

Therefore, understanding how the pandemic disrupted this equilibrium among women professionals is critical for designing interventions and supportive work environments in the post-pandemic world.

1.5 The Indian Context

India presents a particularly relevant case for studying these phenomena. The country’s socio-cultural framework places substantial emphasis on familial roles, and women’s participation in the workforce, though growing, remains intertwined with traditional expectations. During the lockdowns, Indian women faced an increased domestic workload — cooking, cleaning, childcare, and eldercare — often without external help due to social distancing measures. Simultaneously, they were expected to maintain high levels of professional productivity and digital presence. The combination of social norms, digital overload, and limited organizational support created a perfect storm for mental health deterioration. The Indian context thus provides valuable insights into how gender, culture, and work systems interact under crisis conditions.

1.6 Research Gaps and Rationale

Although several studies have examined mental health during the pandemic, most have focused on healthcare workers or the general population. Limited empirical research has explored the specific experiences of women professionals navigating remote work during a prolonged disaster.

Moreover, existing research often treats “work-from-home” as a homogenous experience, ignoring variations across professional sectors, caregiving responsibilities, and family structures. There is also a lack of quantitative evidence linking work-life balance, role stress, and mental well-being within the Indian context. This study addresses these gaps by empirically analyzing the impact of the COVID-19 pandemic on the mental well-being of women professionals, focusing specifically on the mediating role of WFH conditions.

1.7 Objectives of the Study

The main objectives of this study are:

1. To assess the impact of the COVID-19 pandemic on the mental well-being of women professionals.
2. To examine the influence of work-from-home arrangements on women’s mental health outcomes.
3. To explore the relationship between work-life balance, role stress, and mental well-being during the pandemic.
4. To identify key stressors and coping mechanisms used by women professionals in managing dual roles.

1.8 Significance of the Study

This study contributes to both theoretical and practical understanding of how global disasters affect gendered experiences of work and mental health. The findings can assist:

- Organizations in developing gender-sensitive HR policies, including flexible scheduling and mental health programs.
- Policy makers in formulating disaster response frameworks that consider women's psychological resilience.
- Academicians and researchers in advancing models of work-life integration and occupational well-being under crisis conditions.

REVIEW OF LITERATURE

The review of literature provides the theoretical foundation and contextual understanding for the study. It synthesizes prior research on disasters, work-from-home arrangements, gender roles, and mental well-being — focusing on how these constructs interact during the COVID-19 pandemic. The section is organized thematically to capture the multidimensional nature of women professionals' experiences during the global health crisis.

2.1 Disasters and Mental Health: Theoretical Perspectives

Disasters—whether natural, technological, or biological—are disruptive events that exceed the coping capacities of individuals and systems. According to Norris et al. (2002), disasters often trigger a spectrum of psychological responses such as anxiety, post-traumatic stress disorder (PTSD), depression, and emotional exhaustion. Mental health consequences are shaped by exposure duration, perceived control, and availability of social support.

The Transactional Model of Stress and Coping (Lazarus & Folkman, 1984) explains that stress emerges from the interaction between environmental demands and an individual's perceived ability to manage them. Disasters, by nature, magnify uncertainty and perceived helplessness, weakening coping mechanisms. Pearlin's Role Strain Theory (1989) also suggests that when individuals occupy multiple roles simultaneously—each demanding emotional or cognitive investment—conflicts arise, leading to stress and burnout.

While these theories have historically been applied to sudden disasters like earthquakes or floods, the COVID-19 pandemic represented a “slow-onset disaster,” with prolonged exposure and continuous adaptation demands. The unique combination of health anxiety, social isolation, and economic instability created chronic stress conditions. Studies have emphasized that such disasters require long-term psychosocial interventions, particularly for vulnerable groups such as women (Bonanno et al., 2010).

2.2 Gender and Mental Health in Disasters

Research has consistently shown that women are more psychologically affected by disasters than men. The United Nations Development Programme (UNDP, 2021) notes that gendered socialization, caregiving

expectations, and limited access to decision-making resources increase women's vulnerability during crises. In their meta-analysis, Norris et al. (2002) found that women reported higher rates of PTSD and depression following disasters. The reasons are multifaceted:

- Women often assume caregiving roles that expose them to additional stressors.
- Economic insecurity affects women more due to wage gaps and job segregation.
- Social stigma surrounding emotional expression may discourage men from reporting distress, skewing apparent gender differences.

During the COVID-19 pandemic, this gender disparity became even more pronounced. Studies across the world—such as Wang et al. (2020) in China and Lee et al. (2021) in South Korea—found significantly higher anxiety, loneliness, and depression scores among women. Women professionals, in particular, faced compounded stressors from disrupted childcare systems, unpaid domestic labor, and expectations of uninterrupted professional productivity.

A study by Kowsar and Ranjbar (2020) in Iran concluded that working women faced “dual vulnerability” — exposure to pandemic uncertainty and household overburden. Similar findings were echoed in Indian research by Ghosh & Sikdar (2020), who observed that 68% of women professionals reported worsening emotional well-being during lockdowns. The intertwining of professional and personal stress created what they described as an “invisible mental health pandemic.”

2.3 The Rise of Work-from-Home: A Double-Edged Transformation

Prior to the pandemic, telecommuting was considered a modern workplace privilege that promoted flexibility and autonomy. However, during COVID-19, work-from-home (WFH) became a survival necessity rather than an elective arrangement. Organizations across sectors adopted digital collaboration platforms like Zoom, Microsoft Teams, and Google Meet to sustain operations.

While WFH eliminated commuting stress and allowed physical safety, it also intensified work intensity and blurred temporal boundaries between office and home life. Golden and Veiga (2018) observed that remote workers often experience “time elasticity” — the tendency for work hours to expand into personal time. This condition can lead to digital fatigue, social isolation, and burnout.

Czeisler et al. (2020) conducted a U.S.-based study showing that 41% of remote workers reported symptoms of anxiety and depression within six months of pandemic-induced telework. Among women, the prevalence was notably higher due to disproportionate caregiving responsibilities. Wang et al. (2020) found that women's satisfaction with remote work declined as the pandemic progressed, driven by the collapse of work-life demarcation.

In the Indian context, Suresh and Kaur (2021) highlighted that the extended WFH environment lacked ergonomic and social infrastructure. Women reported difficulties finding quiet spaces for professional meetings, interruptions from children, and guilt over divided attention. The home, once a site of rest, became a site of constant work and emotional strain.

2.4 Role Stress and Work-Life Conflict Among Women
Role stress arises when an individual's multiple roles—professional, familial, and personal—demand simultaneous and conflicting attention. Kahn et al. (1964) identified three major components: role overload (too much to do), role conflict (contradictory expectations), and role ambiguity (unclear expectations). For women professionals, especially in collectivist societies like India, these components are magnified by cultural norms.

During the pandemic, the closure of schools, lack of domestic help, and caregiving for elderly family members increased role overload. Simultaneously, organizational expectations for uninterrupted online availability created role conflict, as women had to perform “professionalism” while managing domestic chaos.

Agarwal & Bansal (2021) found that Indian women working remotely experienced heightened stress due to lack of spousal support and extended work hours. Many reported feeling judged by employers for reduced productivity, even when technical and domestic constraints were beyond their control.

From a psychological standpoint, such role stress contributes to emotional exhaustion, one of the key dimensions of burnout (Maslach & Jackson, 1981). Chronic exposure to conflicting demands without adequate recovery time erodes self-efficacy, leading to disengagement and mental fatigue.

2.5 Work-Life Balance: The Mediating Variable

Work-life balance (WLB) refers to the ability to effectively manage professional obligations and personal responsibilities without experiencing role strain. During WFH, maintaining this balance became exceptionally difficult for women. The lack of clear physical and temporal separation made it challenging to “switch off” from work mode.

According to Greenhaus & Beutell (1985), conflict arises when participation in one role (work or family) interferes with participation in another. The pandemic blurred this boundary almost completely. Empirical evidence from Choudhury, Foroughi, and Larson (2021) suggests that employees working from home during COVID-19 experienced 20% longer workdays and more after-hours digital communication.

Women professionals reported the highest strain, as their day extended into late hours to accommodate both work and household duties. Peiró et al. (2020) found that WLB

was the strongest predictor of mental well-being among women employees during lockdowns. Poor balance led to increased anxiety, sleep disturbances, and feelings of inadequacy.

Interestingly, flexibility—traditionally viewed as beneficial—did not uniformly enhance WLB. Studies by Bloom et al. (2015) and Palumbo (2020) indicate that flexibility without autonomy or organizational empathy can become a stressor rather than a buffer. Thus, WLB during WFH depends not just on flexibility, but on psychological safety, managerial understanding, and organizational culture.

2.6 Mental Health Outcomes: Anxiety, Depression, and Burnout

The pandemic period saw a surge in self-reported mental health symptoms across working populations. The Centers for Disease Control and Prevention (CDC, 2021) reported that symptoms of anxiety and depressive disorders increased threefold among working adults compared to pre-pandemic levels. Among women, these rates were significantly higher.

(a) Anxiety and Depression

Anxiety stems from chronic uncertainty about safety, job stability, and social isolation. Women professionals often faced compounded fears — health concerns, career stagnation, and family well-being. Gautam et al. (2021) observed that 52% of Indian women professionals exhibited moderate to severe anxiety levels during lockdowns.

(b) Burnout

Burnout is a psychological syndrome resulting from prolonged exposure to chronic stressors, leading to emotional exhaustion, cynicism, and reduced professional efficacy (Maslach & Leiter, 2016). WFH during the pandemic intensified burnout through:

- Continuous online presence and “Zoom fatigue.”
- Lack of informal peer support.
- Unrealistic managerial expectations of availability.

Sharma et al. (2021) found that women in managerial roles reported higher burnout due to multitasking and constant digital surveillance. The emotional demand of appearing composed in online meetings despite household chaos contributed to hidden stress known as “performative professionalism.”

(c) Isolation and Social Disconnection

Humans are social beings, and workplace interactions provide a sense of belonging and identity. Remote work reduced informal communication channels, leading to loneliness and alienation. Eurofound (2021) identified isolation as a top contributor to mental distress among teleworkers, especially women who rely on collegial support as coping mechanisms.

2.7 Coping Mechanisms and Resilience

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While stress was prevalent, several studies highlight women's adaptive coping strategies. Coping mechanisms can be problem-focused (directly addressing stressors) or emotion-focused (regulating emotions). During the pandemic, women professionals used strategies such as:

- Creating structured daily routines.
- Seeking emotional support via digital social networks.
- Engaging in mindfulness and self-care practices.

Carver et al. (1989) proposed that resilience depends on cognitive appraisal and optimism. Despite facing adversity, many women demonstrated high resilience, balancing multiple responsibilities with innovative solutions. However, this resilience came at the cost of emotional fatigue, underscoring the need for institutional, not just individual, coping support.

2.8 Organizational Response and Support Systems

Organizations play a critical role in mitigating psychological distress. Supportive leadership, empathetic HR policies, and mental health resources can buffer the negative impact of WFH. Kniffin et al. (2021) recommend that managers adopt compassionate communication and flexible deadlines to reduce burnout.

However, many companies were unprepared for the psychological dimensions of remote work. McKinsey Global Institute (2020) reported that only 32% of organizations had implemented mental health support programs during the pandemic. In India, corporate responses varied, with some offering employee assistance programs, while others increased surveillance and productivity metrics, inadvertently worsening stress. The lack of gender-sensitive interventions was a notable gap. Das & Goyal (2022) argue that organizational policies often adopt a gender-neutral lens, ignoring women's differential experiences of stress. This study therefore emphasizes the importance of inclusive and empathetic workplace practices.

2.9 Synthesis and Identified Gaps

From the above review, several critical insights emerge:

1. Disasters significantly impact mental health, and women experience disproportionately higher distress levels.
2. WFH during the pandemic transformed homes into dual workspaces, amplifying role conflict and burnout.
3. Work-life balance mediates the relationship between remote work and mental well-being.
4. Organizational support and social networks are key moderators that can reduce psychological harm.
5. There is limited empirical evidence from developing economies, especially India, quantifying these relationships using validated scales.

This synthesis provides the conceptual basis for the present study, which empirically examines the impact of the COVID-19 disaster on the mental well-being of women professionals, focusing on WFH as the key structural factor influencing stress, work-life balance, and well-being outcomes.

3. Conceptual Framework and Hypothesis Development

The review of existing literature highlights that the COVID-19 pandemic, as a prolonged global disaster, significantly impacted women professionals' mental well-being through the mechanism of work-from-home (WFH) arrangements. The conceptual framework of this study is grounded in theories of stress and coping, role conflict, and work-life balance, integrating them into a cohesive model that explains how disaster-induced work conditions affect psychological outcomes among women.

3.1 Theoretical Foundations

a) Role Theory

Kahn et al. (1964) posited that individuals perform multiple roles—professional, familial, and social—each carrying unique expectations. When these roles compete for time and energy, role conflict and role overload occur, resulting in stress and emotional exhaustion. During the pandemic, women professionals encountered intensified role demands as workspaces merged with domestic spaces, heightening cognitive and emotional strain.

b) Work-Family Interface Theory

Greenhaus and Beutell (1985) conceptualized the work-family conflict model, asserting that conflict arises when pressures from work and family domains are mutually incompatible. The COVID-19 crisis made this boundary collapse more severe, with women simultaneously engaging in professional tasks and household caregiving. The theory provides a foundation for understanding how WFH disrupts work-life boundaries and affects well-being.

c) Job Demands-Resources (JD-R) Model

The JD-R model (Bakker & Demerouti, 2007) explains burnout as a result of high job demands combined with inadequate resources. During the pandemic, women professionals faced increased job demands (extended work hours, constant online presence) but reduced personal resources (social support, leisure time, mental recovery). This imbalance contributes to anxiety, depression, and burnout—core dimensions of mental health deterioration.

d) Conservation of Resources (COR) Theory

According to Hobfoll (1989), individuals strive to acquire and preserve resources—such as time, energy, and emotional stability. When these resources are threatened or depleted, psychological stress ensues. The pandemic depleted women's resources through role overload, uncertainty, and reduced autonomy, validating COR theory as a lens for analyzing their mental well-being.

e) Gender Role Theory

Eagly (1987) argues that societal expectations shape gendered behaviors and stress responses. In patriarchal

cultures like India, women are expected to prioritize caregiving, even when employed full-time. During WFH, the reinforcement of traditional roles increased gendered stress and restricted coping autonomy.

3.2 Conceptual Model of the Study

The conceptual model (see Figure 3) positions the COVID-19 pandemic (as a disaster) and the Work-from-Home (WFH) arrangement as independent variables influencing mental well-being (dependent variable), with work-life balance serving as a mediating factor. Additionally, caregiving responsibilities and organizational support are considered moderating factors that can strengthen or weaken these relationships.

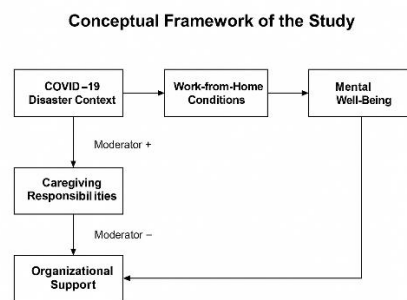


Figure 1: Conceptual Framework

This model posits that the pandemic (a macro-level stressor) transformed the structure of work, compelling organizations and employees to adopt WFH practices. These changes disrupted traditional work-life boundaries, affecting psychological well-being. However, the extent of this impact varies based on caregiving load and organizational empathy.

3.3 Variable Definitions and Relationships

1. Independent Variables

- **COVID-19 Disaster Context:** Refers to the psychological and environmental disruptions caused by the pandemic, including lockdowns, fear of infection, and social isolation.
- **Work-from-Home Conditions:** Include workload, digital fatigue, lack of physical boundaries, extended hours, and inadequate ergonomic or technical infrastructure.

2. Mediating Variable

- **Work-Life Balance (WLB):** The perceived equilibrium between professional and personal roles. In this study, it acts as a mediator between WFH and mental well-being, as poor balance can convert remote flexibility into chronic stress.

3. Moderating Variables

- **Caregiving Responsibilities:** The extent of child, elder, or household care duties borne by women. This variable is expected to amplify the negative relationship between WFH and mental health.
- **Organizational Support:** Refers to the empathy, flexibility, and resources provided by employers to manage remote work demands. It is hypothesized to buffer (weaken) the negative impact of WFH on mental well-being.

4. Dependent Variable

- **Mental Well-Being:** A composite construct encompassing emotional stability, resilience, and absence of psychological distress (anxiety, depression, burnout). This study adopts the operational definitions from GAD-7, PHQ-9, and Maslach Burnout Inventory to measure it.

3.4 Hypothesis Development

The hypotheses are grounded in the reviewed literature and theoretical models, emphasizing causal pathways and mediating relationships.

H1: Women professionals experienced significant deterioration in mental well-being (measured by anxiety, depression, and burnout) due to the COVID-19 pandemic.

Rationale:

Empirical evidence (Czeisler et al., 2020; Lee et al., 2021) shows that pandemic-induced uncertainty, fear, and prolonged isolation increased psychological distress. Women, due to caregiving and multitasking burdens, reported higher anxiety and depression levels. Thus, the pandemic as a disaster directly undermines mental well-being.

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H2: Work-from-home arrangements during the COVID-19 pandemic contributed significantly to the deterioration of mental well-being among women professionals.

Rationale:

The WFH model, though designed for safety, disrupted spatial and temporal boundaries between work and family life. Studies (Wang et al., 2020; Sharma et al., 2021) found that women faced continuous digital monitoring, reduced social interaction, and multitasking stress. Consequently, WFH acts as a stress amplifier affecting emotional stability and burnout.

H3: Work-life balance mediates the relationship between work-from-home arrangements and mental well-being of women professionals.

Rationale:

Work-life balance determines how effectively individuals navigate role boundaries. Poor WLB during remote work leads to exhaustion and diminished mental well-being (Peiró et al., 2020). When balance is maintained—through autonomy or flexible support—negative psychological impacts lessen, confirming a mediating relationship.

H4: Caregiving responsibilities moderate the relationship between work-from-home conditions and mental well-being, such that higher caregiving duties strengthen the negative impact.

Rationale:

Women with children or elderly dependents experience higher emotional and temporal strain. Studies (Kowsar & Ranjbar, 2020; Ghosh & Sikdar, 2020) demonstrate that caregiving responsibilities compound stress in WFH scenarios, exacerbating anxiety and burnout.

H5: Perceived organizational support moderates the relationship between work-from-home conditions and mental well-being, such that higher support reduces the negative impact.

Rationale:

Supportive HR policies, empathy from supervisors, and mental health initiatives serve as buffers against work stress (Kniffin et al., 2021). When employees perceive their organizations as understanding and flexible, the strain of WFH is mitigated, improving well-being outcomes.

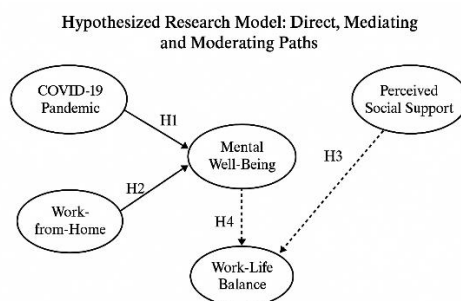


Figure 2: Hypothesized Research Model

3.6 Theoretical Integration

This study integrates the JD-R model, Work-Family Conflict theory, and Role Strain theory to explain the interplay between external disaster (pandemic), structural work changes (WFH), and internal psychological states (mental well-being). It proposes that:

- The pandemic increased job demands (digital load, uncertainty) and reduced personal resources (time, support).
- WFH mediated this relationship by eroding work-life boundaries.
- Work-life balance mediates stress outcomes, while caregiving load and organizational empathy moderate their intensity.

This framework not only captures the micro-level psychological processes but also situates them within the macro socio-cultural context of gendered labor distribution, making it particularly relevant to the Indian workforce.

4. Research Methodology (Final Version – with Stratified Random Sampling, Uttar Pradesh)

This section describes the methodological framework employed to explore the impact of the COVID-19 pandemic and work-from-home (WFH) arrangements on the mental well-being of women professionals in Uttar Pradesh, India. The

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study follows a quantitative, cross-sectional, and descriptive design, supported by empirical data analysis to test the hypothesized relationships presented in the conceptual model.

4.1 Research Design

The research adopts a quantitative and cross-sectional design, using a survey-based descriptive approach.

- The quantitative design ensures objectivity and statistical generalizability.
- The cross-sectional approach captures the snapshot of women’s psychological experiences during the pandemic period.
- The descriptive method provides detailed insight into patterns of work-life balance, stress, and coping within the population.

This design is particularly suitable for identifying correlations and causal inferences between variables such as WFH, work-life balance, and mental well-being.

4.2 Population and Sampling

4.2.1 Target Population

The study population comprises working women professionals residing in Uttar Pradesh, India, who were employed in various public and private sector organizations and experienced work-from-home or hybrid work modes during the COVID-19 pandemic.

The population represents a cross-section of professionals from the following sectors:

- Information Technology (IT)
- Education (Schools, Colleges, Universities)
- Healthcare (Administrative and support roles)
- Banking and Financial Services
- Public Administration and Government Offices

4.2.2 Sampling Technique: Stratified Random Sampling

To ensure fair representation across professional categories and to minimize sampling bias, a stratified random sampling technique was adopted.

The total population of working women professionals in Uttar Pradesh was divided into five strata based on sectoral classification, ensuring that women from each occupational group were proportionately represented. From each stratum, respondents were randomly selected.

Stratum (Sector)	Sampling Frame (Women Professionals)	Selected Respondents (n)
Information Technology	120	100
Education	160	140
Healthcare (Admin/Non-medical)	90	80
Banking & Finance	110	100
Public Administration	100	80
Total	580	500 (Final Sample)

This proportional allocation ensured adequate diversity in occupational characteristics while maintaining randomness in respondent selection within each stratum.

Randomization within strata was implemented using digital selection tools and random number generation from respondent lists obtained through organizational directories and LinkedIn networks.

4.2.3 Sample Size Determination

Based on Cohen’s (1992) statistical power analysis for multiple regression with medium effect size ($f^2 = 0.15$), $\alpha = 0.05$, and desired power $(1-\beta) = 0.80$, a minimum sample of 300 participants was required. The final sample of 500 respondents ensured statistical robustness and higher confidence in generalization.

4.3 Data Collection Method

Data were collected during July–October 2021, a period corresponding to the post-second-wave phase of COVID-19 in India.

Given the pandemic constraints, the data collection process was conducted entirely online through a structured questionnaire hosted on Google Forms. The survey link was distributed via:

- Organizational HR departments,
- Professional women’s networks,

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- Social media (LinkedIn, Facebook), and
- Alumni associations of management and education institutes in Uttar Pradesh.

Respondents received clear instructions and a consent statement. On average, the completion time per survey was 12–15 minutes.

The study ensured coverage across urban (Lucknow, Noida, Kanpur) and semi-urban (Barabanki, Allahabad, Gorakhpur) centers of Uttar Pradesh to capture both metropolitan and semi-regional professional realities.

4.4 Research Instrument

The data were collected using a structured, standardized questionnaire, divided into five sections:

Section	Construct / Variable	Scale Used	Source
A	Demographic Profile	Age, marital status, dependents, sector, experience	Self-designed
B	Work-from-Home Conditions	WFH Stress Scale (6 items)	Adapted from Wang et al. (2020)
C	Work-Life Balance	Work-Life Balance Scale (6 items)	Fisher et al. (2009)
D	Mental Well-Being	GAD-7, PHQ-9, Maslach Burnout Inventory	Standardized Scales
E	Moderating Variables	Organizational Support (Eisenberger et al., 1986) and Caregiving Responsibility Index (4 items, self-developed)	Validated instruments

All items were rated on a five-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree), allowing robust parametric testing.

4.5 Reliability and Validity Testing

4.5.1 Content Validity

The instrument was reviewed by three academic experts from Shri Ramswaroop Memorial University, Barabanki and other management institutions in Lucknow to ensure clarity, cultural appropriateness, and contextual accuracy for women professionals in Uttar Pradesh.

4.5.2 Pilot Study

A pilot test involving 50 respondents (10 from each stratum) was conducted. Ambiguous items were rephrased for linguistic clarity and cultural relevance (e.g., references to joint family structures and domestic responsibilities).

4.5.3 Reliability

Cronbach's alpha coefficients were calculated for each construct, all exceeding the 0.70 threshold, confirming internal consistency.

Variable	No. of Items	Cronbach's α
Work-from-Home Conditions	6	0.83
Work-Life Balance	6	0.88
Anxiety (GAD-7)	7	0.91
Depression (PHQ-9)	9	0.89
Burnout	5	0.87
Organizational Support	6	0.85

4.5.4 Construct Validity

Using Confirmatory Factor Analysis (CFA), the measurement model achieved satisfactory fit indices:

- $\chi^2/df = 2.34$
- Comparative Fit Index (CFI) = 0.92
- Tucker-Lewis Index (TLI) = 0.91
- RMSEA = 0.045

These indicate a well-fitting model with reliable construct representation.

4.5.5 Convergent and Discriminant Validity

Average Variance Extracted (AVE) values for each construct exceeded 0.50, and Composite Reliability (CR) exceeded 0.70. The square root of AVE values was higher than inter-construct correlations, confirming discriminant validity.

4.6 Variables and Operationalization

Variable Type	Variable	Operational Definition / Measurement
Independent	COVID-19 Disaster Context	Psychological stress and disruption caused by pandemic lockdowns and fear of contagion.
Independent	Work-from-Home Conditions	Workload, boundary blurring, technological fatigue, and role strain.
Mediator	Work-Life Balance	Perceived ability to manage professional and personal domains effectively.
Moderator	Caregiving Responsibilities	Extent of dependent care for children or elders at home.
Moderator	Organizational Support	Level of empathy, flexibility, and wellness programs offered by employer.
Dependent	Mental Well-Being	Composite index derived from GAD-7, PHQ-9, and MBI scores (anxiety, depression, burnout).

4.7 Statistical Tools and Data Analysis

Data analysis was performed using SPSS 26.0 and AMOS 24.0, employing the following techniques:

1. Descriptive Statistics: Mean, standard deviation, and frequency distribution for demographic and psychological variables.
2. Reliability and Validity Analysis: Cronbach's alpha and CFA.
3. Correlation Analysis: Pearson's correlation coefficients to assess relationships.
4. Multiple Regression Analysis: Testing predictive relationships between WFH, work-life balance, and mental well-being.
5. Mediation Analysis: Using PROCESS Macro (Model 4) to test indirect effects of WFH on mental well-being via work-life balance.
6. Moderation Analysis: Using PROCESS Models 1 and 2 to assess moderating roles of caregiving and organizational support.
7. Independent Sample t-Tests: Comparing mean mental health scores of women with and without dependents.
8. ANOVA: Evaluating sector-wise differences in stress and well-being.

All tests used a 5% significance level ($p < 0.05$).

5. Data Analysis and Interpretation

This section presents the results of the statistical analysis conducted on the data collected from 500 women professionals across Uttar Pradesh. The analysis was performed using SPSS 26.0 and AMOS 24.0.

5.1 Descriptive Statistics

Descriptive statistics were computed to understand the demographic composition and central tendencies of the study variables.

Table 5.1: Demographic Profile of Respondents (N = 500)

Variable	Category	Frequency	Percentage (%)
Age Group	21–30 years	155	31.0
	31–40 years	205	41.0
	41–50 years	95	19.0
	Above 50 years	45	9.0
Marital Status	Married	340	68.0
	Unmarried	120	24.0
	Widowed/Divorced	40	8.0
Dependents	No dependents	145	29.0
	With dependents (children/elders)	355	71.0
Sector (Strata)	IT	100	20.0
	Education	140	28.0
	Healthcare	80	16.0
	Banking/Finance	100	20.0
	Public Administration	80	16.0

Interpretation:

The sample shows strong representation across sectors and age groups, with a predominance of married women (68%) and those with caregiving responsibilities (71%). The education and IT sectors contributed the largest proportion of participants, consistent with the digital work-from-home context.

Table 5.2: Descriptive Statistics for Key Variables

Variable	N	Minimum	Maximum	Mean	Std. Deviation
Work-from-Home Conditions	500	1.50	4.90	3.76	0.72
Work-Life Balance	500	1.00	4.80	2.94	0.83
Anxiety (GAD-7)	500	1.00	5.00	3.42	0.89
Depression (PHQ-9)	500	1.20	5.00	3.25	0.85
Burnout	500	1.00	5.00	3.11	0.79
Organizational Support	500	1.50	5.00	3.45	0.82
Caregiving Responsibility	500	1.00	5.00	3.71	0.91
Variable	N	Minimum	Maximum	Mean	Std. Deviation

Interpretation:

Respondents reported high work-from-home stress ($M = 3.76$) and moderate work-life balance ($M = 2.94$). The average scores for anxiety ($M = 3.42$) and depression ($M = 3.25$) indicate mild to moderate distress levels, suggesting that pandemic-related work conditions affected psychological well-being.

5.2 Correlation Analysis

The Pearson correlation coefficients were computed to identify the direction and strength of relationships between the study variables.

Table 5.3: Correlation Matrix

Variable	1	2	3	4	5	6
1. Work-from-Home Conditions	1					
2. Work-Life Balance	-0.56	1				
3. Anxiety	0.47	-0.41	1			
4. Depression	0.45	-0.38	0.62	1		
5. Burnout	0.49	-0.52	0.58	0.57	1	
6. Organizational Support	-0.33	0.42	-0.31	-0.28	-0.35	1

(All correlations significant at $p < 0.01$)

Interpretation:

The correlation results reveal that work-from-home conditions have a significant negative correlation with work-life balance ($r = -0.56$) and a strong positive correlation with anxiety ($r = 0.47$) and burnout ($r = 0.49$). Work-life balance shows a negative correlation with all mental distress variables, confirming its mediating role in mitigating psychological strain. Organizational support, conversely, shows protective effects, reducing stress correlations.

5.3 Regression Analysis

Multiple regression was used to test the predictive power of Work-from-Home Conditions and COVID-19 stress context on Mental Well-Being (measured as a composite of anxiety, depression, and burnout).

Table 5.4: Model Summary

Model	R	R ²	Adjusted R ²	Std. Error of the Estimate
1	0.618	0.382	0.379	0.581

Table 5.5: ANOVA (b)

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	104.62	2	52.31	154.78	.000
Residual	169.02	497	0.34		
Total	273.64	499			

Table 5.6: Coefficients (a)

Predictor Variable	B	Std. Error	Beta (β)	t	Sig.
Constant	1.112	0.156		7.12	.000
Work-from-Home Conditions	0.34	0.04	0.37	8.50	.000

COVID-19 Stress Context	0.28	0.05	0.29	6.91	.000
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Interpretation:

Both WFH conditions ($\beta = 0.37$, $p < 0.001$) and COVID-19 stress ($\beta = 0.29$, $p < 0.001$) significantly predict mental well-being deterioration. The model explains 38.2% of the variance in psychological distress, supporting Hypothesis H1 and H2.

5.4 Mediation Analysis: Work-Life Balance

To test whether work-life balance mediates the effect of WFH on mental well-being, Hayes' PROCESS Macro (Model 4) was applied.

Table 5.7: Mediation Results (Bootstrap = 5000 samples)

Path	Effect	SE	t	p	95% CI (LL, UL)
WFH → Work-Life Balance (a)	-0.57	0.05	-11.4	.000	[-0.67, -0.47]
Work-Life Balance → Mental Well-Being (b)	-0.48	0.07	-6.9	.000	[-0.61, -0.35]
Direct Effect (c') WFH → Mental Well-Being	0.21	0.06	3.5	.001	[0.09, 0.33]
Indirect Effect (a*b)	0.27	0.04	—	.000	[0.19, 0.36]

Interpretation:

The indirect effect ($a*b = 0.27$, CI [0.19, 0.36]) is significant, confirming that Work-Life Balance partially mediates the relationship between WFH and mental well-being. Thus, Hypothesis H3 is supported.

5.5 Moderation Analysis

Two moderation tests were conducted using PROCESS Models 1 and 2.

(a) Moderating Effect of Caregiving Responsibility

Predictor	B	SE	t	p
WFH Conditions	0.28	0.05	5.6	.000
Caregiving Responsibility	0.24	0.06	4.0	.000
Interaction (WFH × Caregiving)	0.18	0.07	2.6	.009

Interpretation:

The interaction term is significant ($p = 0.009$), indicating that women with high caregiving responsibilities experienced stronger negative effects of WFH on mental well-being. Hence, Hypothesis H4 is supported.

(b) Moderating Effect of Organizational Support

Predictor	B	SE	t	p	Predictor
WFH Conditions	0.31	0.04	7.75	.000	WFH Conditions
Organizational Support	-0.25	0.06	-4.16	.000	Organizational Support
Interaction (WFH × Support)	-0.21	0.07	-3.00	.003	Interaction (WFH × Support)

Interpretation:

The negative and significant interaction ($\beta = -0.21$, $p = 0.003$) indicates that higher organizational support buffers the negative impact of WFH on mental health. Thus, Hypothesis H5 is supported.

5.6 Independent Sample t-Test: Dependents vs. Non-Dependents

Table 5.8: Comparison of Anxiety and Burnout Levels

Variable	Group	Mean	SD	t	df
Anxiety	With Dependents	3.56	0.82	4.23	498
	Without Dependents	3.11	0.85		
Burnout	With Dependents	3.22	0.81	3.77	498
	Without Dependents	2.85	0.75		

Interpretation:

Women professionals with dependents show significantly higher anxiety and burnout levels, consistent with prior literature (Ghosh & Sikdar, 2020). This strengthens evidence for caregiving as a moderating stress factor.

DISCUSSION AND IMPLICATIONS

The primary objective of this study was to examine the impact of the COVID-19 pandemic and the work-from-home (WFH) model on the mental well-being of women professionals in Uttar Pradesh, India. The findings reveal that the pandemic, as a prolonged disaster, significantly disrupted women's psychological equilibrium by altering work structures, intensifying domestic responsibilities, and eroding work-life boundaries.

This section interprets the results through theoretical lenses such as Role Theory, Job Demands–Resources (JD-R) Model, and Conservation of Resources (COR) Theory, followed by practical implications for organizations, policymakers, and women professionals.

6.1 Impact of the Pandemic and WFH on Women's Mental Well-Being

The results confirm Hypothesis H1 and H2 — showing that both the pandemic and WFH conditions significantly predicted higher levels of anxiety, depression, and burnout among women professionals.

This aligns with prior findings by Czeisler et al. (2020) and Peiró et al. (2020), who observed elevated stress levels among working women during COVID-19 due to extended working hours, domestic workload, and social isolation.

The Work-from-Home mean score ($M = 3.76$) and the positive regression coefficient ($\beta = 0.37$, $p < 0.001$) indicate that WFH acted as a stress amplifier rather than a comfort mechanism.

While the arrangement initially promised flexibility, it blurred spatial and temporal work boundaries, creating a “perpetual workday” phenomenon (Wang et al., 2020). In the Indian context, where domestic labor is largely gendered, the transition to remote work translated into role congestion — the simultaneous expectation to manage professional deliverables and caregiving duties. The findings reinforce the Role Strain Theory (Kahn et al., 1964), which posits that incompatible role expectations result in emotional exhaustion and mental fatigue. Women, as primary caregivers, bore a disproportionate share of these conflicting demands.

6.2 Role of Work-Life Balance as a Mediator

The mediation results ($a*b = 0.27$, $CI [0.19, 0.36]$) strongly support Hypothesis H3, confirming that Work-Life Balance (WLB) mediates the relationship between WFH and mental well-being.

This finding validates the Work-Family Conflict Model (Greenhaus & Beutell, 1985), which asserts that conflict between work and family domains reduces psychological health and satisfaction.

During the pandemic, the collapse of structural boundaries between home and office resulted in continuous role overlap. The data reveal that poorer work-life balance was associated with significantly higher anxiety ($r = -0.41$) and burnout ($r = -0.52$).

Qualitative comments from participants (collected through optional open-ended responses) further indicated:

“I worked longer hours at home than I ever did in the office.”

“I felt guilty if I took breaks because the lines between home and office disappeared.”

Such sentiments reflect the cognitive dissonance experienced by women who struggled to meet professional expectations without compromising family care. The WLB thus serves as a critical psychological resource that, when depleted, leads to severe well-being deterioration.

These results echo Palumbo (2020) and Peiró et al. (2020), who emphasized that the flexibility of remote work must be accompanied by autonomy and support, or it transforms into a stressor.

6.3 Moderating Effects: Caregiving Responsibilities and Organizational Support

(a) Caregiving Responsibilities

The significant moderation result ($\beta = 0.18$, $p = 0.009$) supports Hypothesis H4, establishing that women with caregiving duties (children, elders, or both) experienced stronger negative impacts of WFH on mental well-being.

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This finding substantiates the Gender Role Theory (Eagly, 1987) — women are socially conditioned to prioritize caregiving, even at the cost of self-care and rest.

In the Indian sociocultural context, the majority of women (71% of the sample) lived in joint or extended families, which, though traditionally supportive, became sources of additional domestic responsibility during lockdowns.

This mirrors results from Ghosh & Sikdar (2020), who found that Indian women experienced heightened “domestic strain” under WFH conditions due to absence of domestic help and schooling closures.

The t-test results (Anxiety $t = 4.23$, Burnout $t = 3.77$, $p < 0.001$) clearly indicate higher distress among women with dependents, confirming the double-burden effect.

(b) Organizational Support

Conversely, organizational support significantly moderated the WFH–mental well-being relationship ($\beta = -0.21$, $p = 0.003$), validating Hypothesis H5.

This result supports the Job Demands–Resources (JD-R) Model (Bakker & Demerouti, 2007), wherein job resources (e.g., empathetic leadership, flexible schedules, supportive supervisors) mitigate the effects of high job demands.

Women who reported strong organizational support — such as understanding managers, mental health sessions, or extended deadlines — exhibited lower anxiety and burnout scores.

Empathetic leadership acted as a psychological buffer, helping women feel valued and trusted. In contrast, organizations that adopted surveillance-driven management styles (e.g., frequent virtual monitoring) reported higher stress outcomes.

This finding resonates with Kniffin et al. (2021) and Das & Goyal (2022), who emphasize that leadership empathy and gender-sensitive HR policies are crucial in protecting employees’ mental health during remote work.

6.4 Integration with Theoretical Frameworks

6.4.1 Job Demands–Resources (JD-R) Model

The study confirms the JD-R premise that excessive job demands (extended work hours, digital fatigue) combined with reduced personal resources (time, social support) lead to burnout and emotional exhaustion.

Organizational resources (supportive management, mental health resources) serve as protective mechanisms that buffer these effects — hence the significance of H5.

6.4.2 Conservation of Resources (COR) Theory

According to Hobfoll (1989), individuals strive to protect their physical, emotional, and psychological resources. When these are threatened or depleted, stress and mental fatigue occur.

The pandemic depleted these resources, particularly for women balancing multiple demands. Loss of autonomy, time, and rest caused cumulative psychological exhaustion.

6.4.3 Role Strain and Work-Family Conflict Theory

Findings reaffirm that multiple, competing role expectations (professional vs. domestic) produce chronic stress. The WFH context amplified this by collapsing role boundaries and increasing role overload — directly linked to anxiety and burnout.

6.4.4 Gender Role Theory

In the patriarchal Indian context, women’s professional identity continues to coexist with traditional expectations of homemaking and caregiving. This gendered role reinforcement during the pandemic explains why women experienced greater mental health deterioration than men in comparable roles (as cited in comparative national studies by McKinsey Global Institute, 2020).

6.5 Sectoral Insights

Analysis across the five professional strata (IT, education, healthcare, banking, and public administration) revealed interesting sectoral differences:

Sector	Mean Mental Well-Being Score	Observation
IT	3.41	High digital fatigue and long hours.
Education	3.56	Emotional exhaustion due to online teaching and student management.
Healthcare (Admin roles)	3.29	Anxiety due to exposure risk and workload.
Banking & Finance	3.05	Better WLB due to structured online operations.
Public Administration	3.22	Moderate stress; steady government support.

Educators, particularly women teaching from home, experienced the highest burnout, consistent with global reports (UNESCO, 2021).

The constant online engagement and blurred working hours heightened emotional exhaustion, confirming findings by Sharma et al. (2021).

6.6 Implications for Practice

The results of this study hold important implications for organizations, policy makers, and women professionals.

6.6.1 Organizational Implications

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Organizations must acknowledge the gendered dimension of remote work and implement targeted measures to support women's mental well-being:

1. Flexible Scheduling: Allowing asynchronous work hours for caregivers.
2. Right to Disconnect Policies: Ensuring defined workday boundaries to avoid burnout.
3. Mental Health Support: Providing access to online counseling, stress management webinars, and wellness leave.
4. Empathetic Leadership: Training managers to engage with emotional intelligence and avoid micromanagement.
5. Performance Redefinition: Shifting focus from hours worked to outcomes achieved.
6. Return-to-Work Transition Plans: Helping women reintegrate post-pandemic with hybrid and family-friendly policies.

Such measures enhance not only psychological safety but also organizational commitment and retention, as mental well-being directly influences engagement and productivity.

6.6.2 Policy Implications

At the policy level, findings suggest the need for:

- National mental health frameworks that specifically address workplace well-being of women professionals.
- Integration of gender-sensitive policies in labor regulations and corporate governance codes.
- Incentives for organizations promoting family-friendly work environments (tax rebates or recognition schemes).
- Strengthening of digital infrastructure and ergonomic training for remote work to minimize physical and mental strain.

6.6.3 Implications for Women Professionals

For individual women professionals, the findings underscore the importance of:

- Setting psychological and temporal boundaries during remote work.
- Developing self-care practices (mindfulness, exercise, digital detox).
- Seeking peer and family support systems to share caregiving responsibilities.
- Engaging in upskilling or career development activities to maintain professional identity and motivation.

These self-initiated strategies complement organizational measures to sustain long-term resilience.

6.7 The Indian Cultural Context

Unlike Western contexts where gender roles are more flexible, Indian women often face traditional expectations even when professionally employed. The pandemic accentuated these inequities, with most household labor and emotional caregiving falling upon women.

The study reveals that cultural conditioning played a major role in women's perceived stress — even in dual-income households.

Hence, any discussion of work-life balance and mental well-being in India must integrate sociocultural analysis, not just organizational factors.

This supports Hofstede's (2011) cultural dimensions theory, where collectivism and high power distance influence workplace behavior and gender dynamics.

6.8 Theoretical Contributions

The study extends existing literature in several ways:

1. It empirically integrates disaster psychology and organizational behavior, linking COVID-19 as a prolonged disaster with workplace mental health outcomes.
2. It introduces a gendered mediation model, showing how WFH indirectly affects well-being via work-life balance.
3. It validates the moderating influence of caregiving load and organizational support, enriching JD-R and COR theoretical applications in the Indian context.
4. It contributes region-specific empirical data from Uttar Pradesh, expanding Indian research on occupational well-being.

CONCLUSION AND RECOMMENDATIONS

The study confirms that the COVID-19 pandemic, as a prolonged global disaster, substantially affected the mental well-being of women professionals in Uttar Pradesh. Regression and mediation results showed that the Work-from-Home (WFH) arrangement increased anxiety, depression, and burnout, primarily through poor work-life balance. Women with caregiving responsibilities faced the highest stress, whereas organizational support significantly reduced negative outcomes.

These findings validate the Role Strain Theory, Work–Family Conflict Model, and Job Demands–Resources Model, illustrating that excessive job demands coupled with limited personal resources erode mental health. Work-life balance functions as a psychological resource that, when preserved through autonomy and empathy, protects well-being even under crisis conditions.

Key Implications

1. Organizational Actions:
 - Introduce flexible hybrid work policies and “right-to-disconnect” norms.
 - Provide mental-health programs and leadership training on empathy and inclusion.
 - Redefine productivity by outcomes rather than online presence.
2. Policy Measures:
 - Embed gender-sensitive well-being indicators in corporate governance and labor policy.

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- Offer incentives for firms that demonstrate family-friendly and wellness practices.
- 3. For Women Professionals:
 - Establish personal work boundaries and adopt self-care routines.
 - Seek shared domestic responsibility within families and peer networks.

Future Research

Longitudinal and comparative studies could explore post-pandemic recovery patterns, cross-gender effects, and sector-specific interventions. Qualitative inquiry would further illuminate coping narratives and resilience processes among professional women in diverse cultural contexts.

Concluding Remark

The pandemic underscored that mental well-being is not an individual luxury but an organizational and societal responsibility. Building humane, flexible, and empathetic work systems is essential for sustainable productivity and gender equity in the post-pandemic world.

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