WORK, FAMILY, LIFE DURING A PANDEMIC
Wellbeing Report

This summary report provides key findings on how pandemic has impacted employee wellbeing by examining changes over time in three recognized indicators of wellbeing: perceived stress, anxiety, and depressed mood.

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Carleton University, Ottawa, April 2021

Work, Family, Life During a Pandemic
Employee Wellbeing

The COVID-19 pandemic has imposed far-reaching changes on all Canadians, impacting the ways we work and the ways we balance our work and family demands. The protocols put in place to manage the pandemic have radically changed people's lifestyles at work, at home, and (perhaps most importantly) at the intersection of these two domains and have contributed to a decline in people's mental health and wellbeing (Kuntz 2021). Research (including our own) is also showing that the pandemic has taken a toll on our mental wellbeing as we struggle to cope with the stresses and uncertainties of everyday life while social distancing, home schooling our children, and managing during lockdowns. Our research on 'Work, Family, Life During a Pandemic' explores how employed adults who have dependent children in the home are managing the complex challenges posed by living in a pandemic.

Our research, which focuses on a particular group of people – employed parents with dependent children – explores how the COVID-19 pandemic has impacted wellbeing over time. This summary report provides key findings on how pandemic has impacted employee wellbeing by examining changes over time in three recognized indicators of wellbeing: perceived stress, anxiety, and depressed mood (Hill & Buss, 2008; Maslach et al., 2001). The data used in this report was collected from interviews we conducted with research participants between March and December 2020. This report is the second in a series of reports summarizing notable results from this research stream and follows one which summarized findings from three online surveys.

This report presents our findings relating to how our participants' perceived levels of stress, anxiety, and depressed mood have changed over the course of the pandemic. The report is divided into three sections. Section one provides a summary of the research project and outlines how we analyzed the data. The second section presents key findings relating to two of the three measures of participant wellbeing examined in this study: perceived stress and anxiety levels. The third section presents key findings relating to depressed mood. Sections two and three have an identical structure. In both cases we begin by presenting our findings for analysis using the total sample. We then examine how gender and age of children impact participant wellbeing over time. We end with a conclusion that summarizes key findings from this report and outlines the next steps in our analysis of the data.

Data from this report can be used by policy makers at all levels better understand how the pandemic has impacted a number of key indicators of employee wellbeing over time. These data will also help those who are interested in knowing how best to support workers during and after the pandemic.

Research project and data analysis

In March 2020, the Ontario government enacted a 'Declaration of Emergency to Protect the Public'. Soon after the declaration our research team, working in partnership with the Canadian Mental Health Association (CMHA) of Ontario, began recruiting participants and collecting data for this research initiative. Over the course of 2020, through the first wave of the pandemic, the lifting of lockdown measures in the summer, and the return to school in the fall, we continued to engage with and collect data from our research participants (see Table 1 below). The surveys and interview scripts used in our research were designed to give us the information we needed to better understand how employed parents were faring through the various stages of the pandemic. In Phase 1 of this research, we conducted 9 weekly interviews and in Phase 2 we conducted 6 bi-monthly interviews (for a total of 15 interviews). Of note, just over 50 people have participated in all stages of the research. More details about our research methods can be found in Appendix A.

Table 1: Phases of the Work, Family, Life Research Project

Phase of study	Research instruments	Data gathered	Participants
Phase 1	Survey 1	March 28 – April 7, 2020	74
	Weekly interviews	March 29 – May 31, 2020	69
	Exit interviews	May 31 – July 11, 2020	68
	Survey 2	May 29 – July 27, 2020	65
Phase 2	Survey 3	September 25 – October 7, 2020	53
	Bimonthly interviews	September 28 – December 21, 2020	52

Stress, anxiety, and depressed mood are often used by researchers as indicators of wellbeing (Cohen et al. 1983). When reviewing the data in this report the reader should be aware that wellbeing is negatively associated with higher levels of stress, anxiety, and depressed mood, such that high levels of stress, anxiety, and depressed mood indicate low levels of wellbeing. In each of the Phase 1 and Phase 2 weekly interviews we asked participants to rate their levels of stress, anxiety, and depressed mood. The question that we asked is included for reference purposes in Table 2.

Table 2: Definitions and questions for stress, anxiety and depressed mood

Stress is defined as a state of mental or emotional strain or tension resulting from adverse or very demanding circumstances. People can experience stress when the demands placed on them strain their ability to cope. How would you categorize your stress levels at this time? Would you say that your stress levels are very low (1), low (2), moderate (3), high (4) or very high (5)?

Anxiety is defined as an emotion characterized by feelings of tension and worried thoughts. How would you categorize your anxiety levels at this time? Would you say that your anxiety levels are very low (1), low (2), moderate (3), high (4) or very high (5)?

Depression has been described as feelings of sadness, loss, or anger that interfere with a person's everyday activities. Would you say that you are experiencing feelings of depression rarely (1), sometimes (2), often (3), very often (4), or almost always (5).
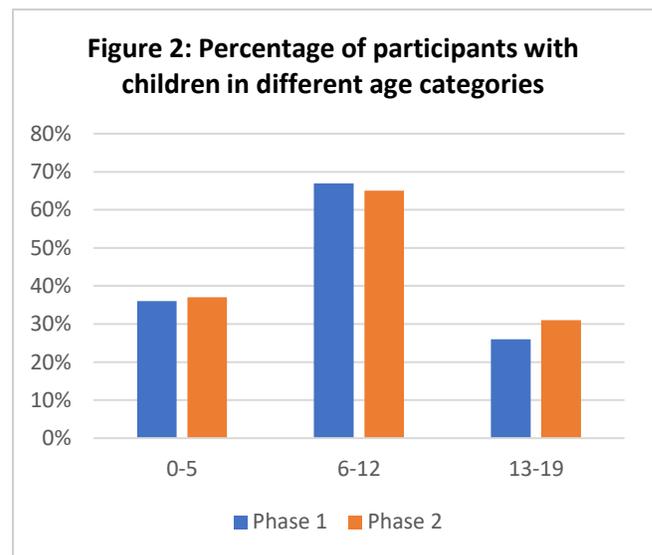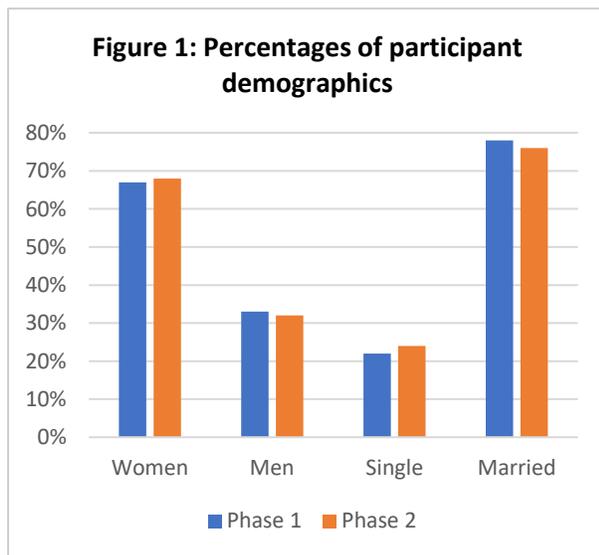
Study participants

The composition of our participants is shaped in part by our sample criteria: we recruited people in Ontario between the ages of 35 and 55 who had at least one child under the age of 19 living in their home.[1] Our participant composition also changed over time since people withdrew from the study at various points. The 51 participants of Phase Two represent 74% of the 69 participants in Phase One. Although the two samples are essentially the same demographically (see Figures 1 and 2), the changes in participant composition should be kept in mind when comparing data between the two phases.

Phase One Participants (n=69)
- 67% women; 33% men
- 22% single, 78% married
- 36% have children ages 0 to 5
- 67% have children ages 6 to 12
- 26% have children ages 13 to 19
- 29% have 1 child, 57% have 2 children, 10% have 3 children, and 4% have 4 children

Phase Two Participants (n=51)
- 68% women, 32% men
- 24% single, 76% married
- 37% have children ages 0 to 5
- 65% have children ages 6 to 12
- 31% have children ages 13 to 19
- 25% have 1 child, 53% have 2 children, 12% have 3 children, and 4% have 4 children

Figure 1: Percentages of participant demographics

Figure 2: Percentage of participants with children in different age categories

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[1] Note: we are classifying people as single or married depending on whether they were living with their partner during this research period. We recognize that people may have long-term significant relationships with partners to whom they are not married, and/or to people with whom they do not live. We also recognize that for some participants, marital status changed over the course of this research project.

Data analysis
We conducted our analysis of the data in multiple steps to help us appreciate how an individual's gender and family situation impacts their wellbeing.

1) Create a time line: We began by creating a timeline describing what was happening in Ontario from March to December 2020, the period of time when we were collecting data from our participants. This timeline helps us interpret changes in responses to questions about stress, anxiety, and depression over time. The dates shown in our timeline graphs correspond to the first day of a week (Phase 1) or two-week (Phase 2) period in which interviews were conducted.

2) Calculate average levels of stress, anxiety, and depressed mood: The next step in our analysis was to calculate the average (mean) levels of stress, anxiety, and depressed mood scores for the total sample for *each* of the 15 data collection periods. These data are shown on the timeline graphs in the results section below and illustrate how average levels of stress, anxiety, and depressed mood fluctuated over time.

3) Calculate frequency with which participants report low, moderate, and high levels of stress, anxiety, and depressed mood: After calculating the average stress, anxiety, and depressed mood score for the total sample for each of the 15 data collection periods, we divided the sample into three groups based on their reported levels of stress, anxiety, and depressed mood: low (mean score of 1-2.4), moderate (mean score of 2.5 to 3.4) and high (mean score of 3.5 to 5). We then calculated the frequency (number of participants in the group divided by the number in the total sample) of reported scores that fell in the low, moderate, and high range for each of these three indicators of wellbeing. These data are shown in the bar graphs in the results sections below.

4) Examine the relationship between gender and participant wellbeing over time: Emerging research showing that women are more likely than men to be experiencing heightened levels of stress and burnout during the pandemic (Zamarro et al., 2020; Qian & Fuller 2020) motivated us to undertake analysis to see if there were gender differences in any of the three wellbeing indicators included in our study. This was done by dividing our sample into two groups based on the gender of the informants: women (approximately two-thirds of both Phase 1 and Phase 2 samples) and men. For each of these two samples we then calculated average stress, anxiety and depressed mood using the same methodology as described in step three above (i.e., number of male/female participants in each of these three groups divided by the number of men/women in the sample).

5) Examine the relationship between age of children and participant wellbeing over time: Demands placed on parents, and factors influencing work-family conflict change over the course of a dependent child's life (Darcy & McCarthy 2007). Some research indicates that having children under six is likely to increase work-family conflict (Staines & O'Connor 1980), although other research suggests age of children is not actually a strong predictor of such conflict (Byron 2005). This research motivated us to examine the relationship between participant wellbeing at different stages of the COVID-19 pandemic and the age of the informant's children. We began this stage of our analysis by dividing our sample into groups based on the age of children in the

home (see Table 3). Examination of the data in Table 3 provided us with important information that we considered when designing this stage of our analysis.

Table 3: Unique age categories of children in the home

	All children 0 to 5	All children 6 to 12	All children 13 to 19	Children in 2 or more age categories
Phase 1	19% (n=13)	33% (n=23)	7% (n=5)	39% (n=27)
Phase 2	19% (n=10)	43% (n=22)	6% (n=3)	39% (n=22)

First, as can be seen in Table 3, more than a third of our participants in each research phase have children in two or more categories (i.e., a four-year-old and a twelve-year-old). Having children in multiple age categories introduces a confound[2] in our analysis and makes it hard to interpret our findings. Second, we sought to minimize the impact of drawing incorrect conclusions from the data that comes with working with very small sample sizes.[3] Given these challenges, we decided to compare the wellbeing of two samples of parents: (1) those who only had children five years of age or less, and (2) those who only have children between the age of six and 12 years of age[4]. For each of these two samples we calculated average stress, anxiety, and depressed mood scores for each of the 15 data collection periods using the same methodology as described above.

In the sections below, we present our research findings. The result section is structured as follows: first, we begin by presenting data relating to participant levels of stress and anxiety.[5] Working with the total sample we show how these two indicators of wellbeing fluctuated for all participants over time. We then present our findings regarding the relationship between gender and age of children and reported levels of stress and anxiety over time. We then turn our attention to our findings relating to depressed mood. Again, we begin by showing results obtained with the total sample of participants and then explore the relationship between gender and age of children and reported levels of depressed mood over time.

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[2] A confound - also called a confounding factor - is another variable whose presence may affect the relationship being studied.
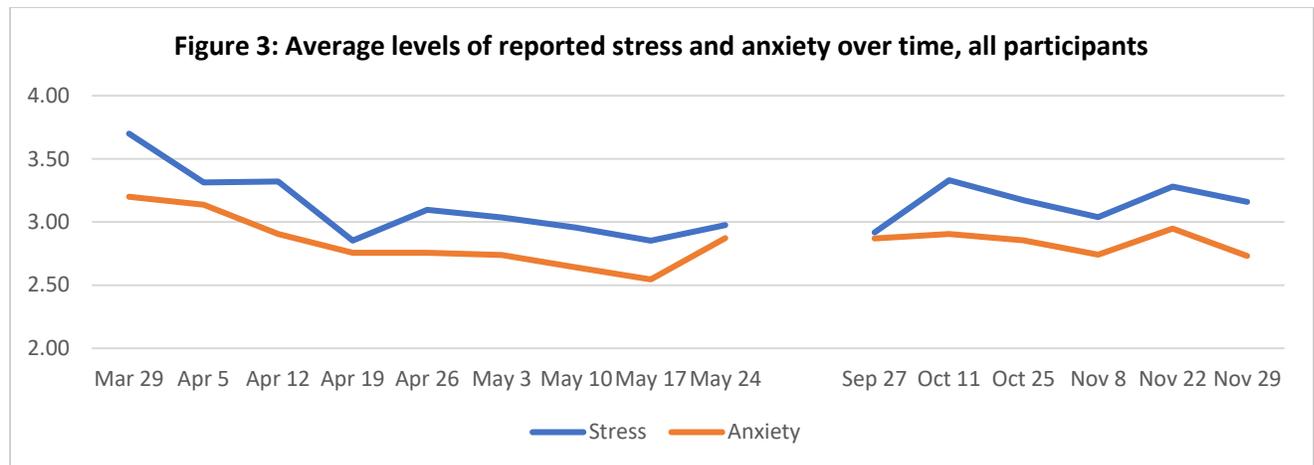
[3] Statisticians refer to the 'law of small numbers,' such that when a sample size is small, minor random changes have a large apparent effect on the analysis of the data. http://psychology.iresearchnet.com/social-psychology/decision-making/law-of-small-numbers/.

[4] As shown in Table 3, the number of participants in the sample with teenage children (less than 10% of the sample) was too small to support meaningful analysis of the wellbeing data for those in this group.

[5] When analyzing our data, we found that our findings relating to participants' levels of perceived stress were very similar to our findings relating to participants' levels of anxiety. Accordingly, we elected to discuss these two indicators of wellbeing together.

Changes in perceived stress and anxiety over time

As noted above, the first step in our analysis was the creation of a timeline for what was happening in Ontario from March to December 2020, which corresponds with the time periods of our data collection. This timeline is helpful in interpreting data as it indicates when Ontario first declared a state of emergency (March 17), when it began re-opening (May 19), entered 'Stage Two' (June 12) and then later re-introduced lockdown measures (October 9).

Figure 3: Average levels of reported stress and anxiety over time, all participants

March	April	May	June/July	October	December
Mar 11: WHO declares a COVID-19 pandemic Mar 17: Ontario declares a State of Emergency Mar 23: Ontario closes all non-essential businesses, including schools and daycares	Apr 26: Ontario extends school closures until May 31	May 11: Ontario stores start offering curbside pickup May 19: Ontario announces Stage 1 reopening, but schools remain closed for rest	Jun 12: Much of Ontario enters Stage 2 of its reopening; daycares are allowed to reopen Jul 31: Ontario announces plans for in-person and virtual school in Sept.	Oct 9: Toronto, Ottawa, and Peel return to modified Stage 2.	Dec 9: Canada approves first COVID-19 vaccine

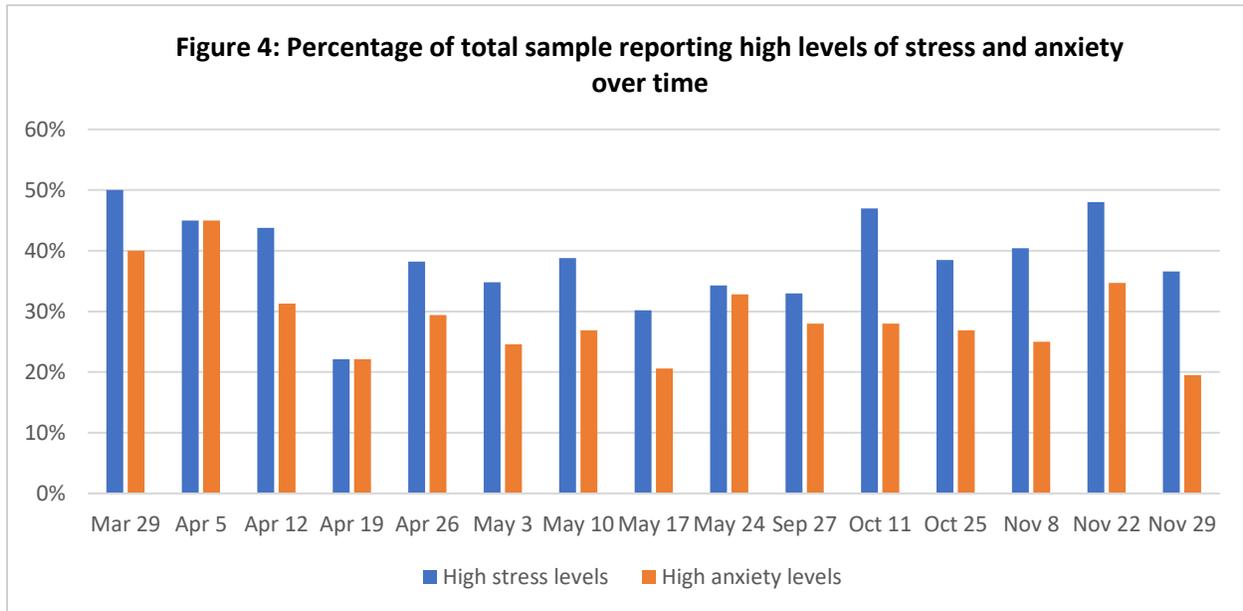### Stress and anxiety show very similar trajectories over time

The following observations can be drawn from this figure. First, in looking at average levels of reported stress and anxiety along the pandemic timeline (Figure 3), we note that these two indicators of wellbeing have very similar trajectories. Second, we see that, on average, participants reported moderate levels of stress and anxiety in the spring and early summer (Phase 1 of our study), and moderate-to-high levels of stress and anxiety in the fall of 2020 (Phase 2 of our study). Third, we see increases in reported levels of both stress and anxiety at the end of Phase 1 of the research (end of May, 2020) which is when the province of Ontario began re: opening. Similar increases were also occurred in mid-October, which was around Thanksgiving and when the province was warning people not to gather with their families. Levels of stress and anxiety peaked again toward the end of November as Toronto and Peel moved back into lockdown and a second wave of the pandemic seemed imminent.

> *"The relaxing of the lockdown and the opening up is causing an awful lot of stress because we know that it [COVID] hasn't gone."*
> - Male participant
>   May 2020

More participants reported high levels of stress than reported high levels of anxiety

The frequency with which our participants reported high levels of stress and anxiety are shown in Figure 4 below. We note that in all but three data collection periods, the percentage of people reporting high levels of stress is somewhat higher than that of those reporting high levels of anxiety. Second, with one exception (the week of April 19-25) at least a third of our respondents reported high levels of perceived stress while at least one in five report high levels of anxiety for the entire time period of our study.
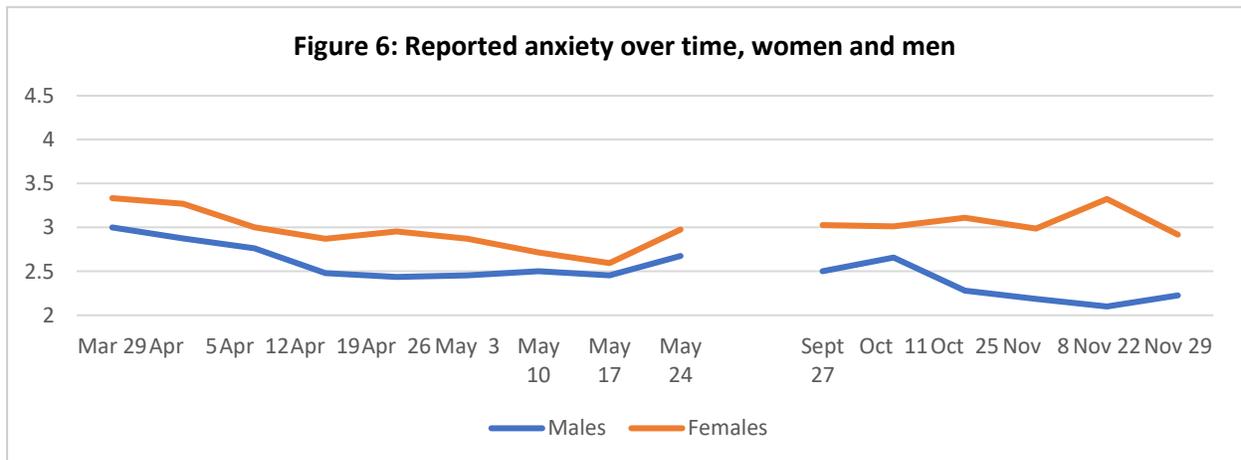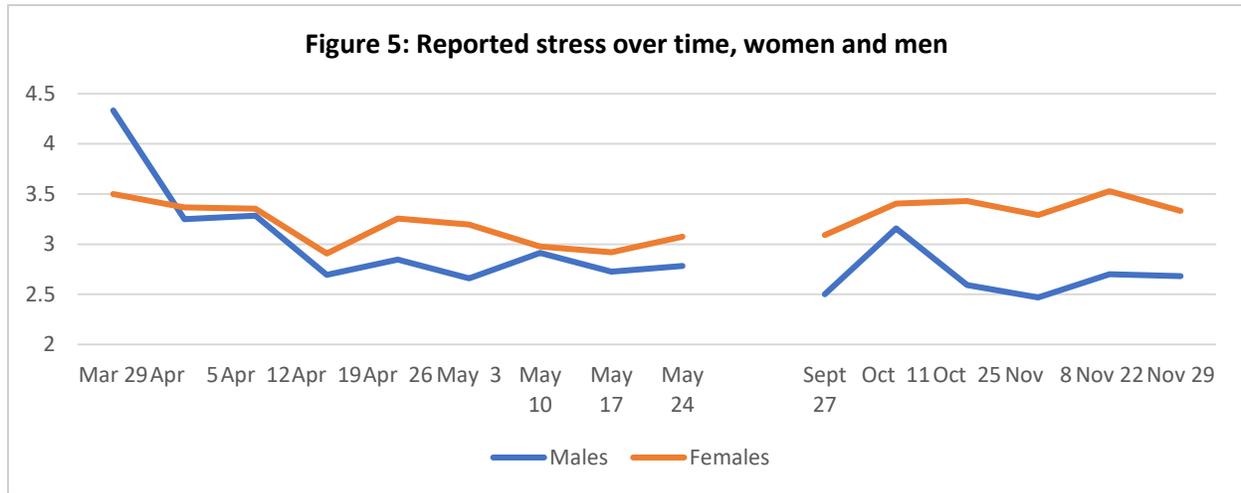

Figure 4: Percentage of total sample reporting high levels of stress and anxiety over time

In Phase 2, fewer people reported high levels of anxiety than high levels of stress

The percentage of participants reporting high levels of stress and anxiety were more similar to each other in Phase 1 of the study than in Phase 2. More specifically, we note that as the pandemic wore on, the portion of the sample reporting high levels of stress was appreciably greater than the percent reporting high levels of anxiety. In other words, in the spring nearly as many people reported high anxiety levels as they did high stress levels. In the fall, fewer people were reporting high anxiety levels compared to those reporting high stress levels.

> *"The caseload [of COVID patients] is still increasing in Ontario … So yes, making daily risk decisions, I find that really exhausting and stressful."*
> - Female participant Dec 2020

Women and men reported similar levels of stress and anxiety in Phase 1

With one exception, there were few notable gender differences in the average levels of stress and anxiety reported between March and May (i.e., Phase 1 of the research) (see Figures 5 & 6).

Figure 5: Reported stress over time, women and men

Figure 6: Reported anxiety over time, women and men

That being said, we note that women's stress scores were somewhat higher than men's around the time of the announcement in April of school closures. This gender difference could not, however, be observed in the data collected in May.

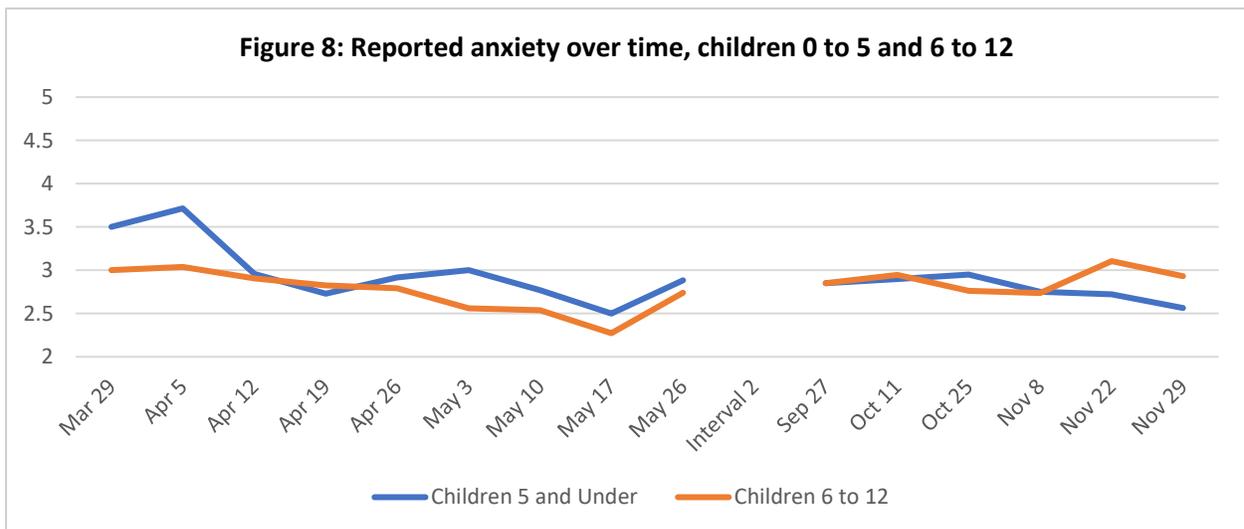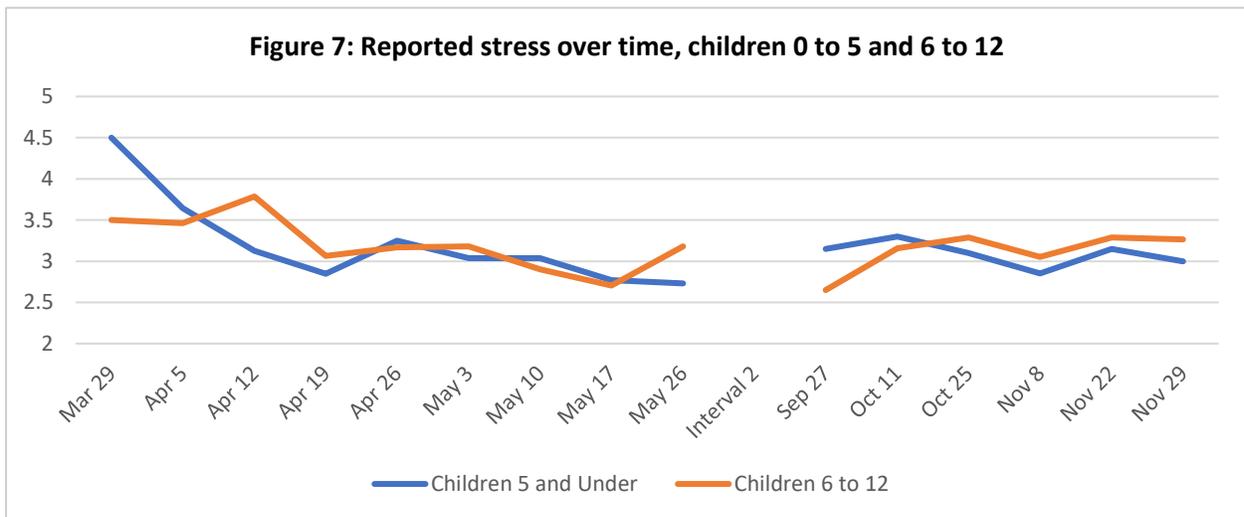**Women reported higher levels of stress and anxiety in Phase 2**

Looking at Figures 5 and 6, we note some gender difference in how men and women were responding to the ongoing pandemic by Phase 2 of our study. In September 2020, men reported moderate levels of stress and moderate to low levels of anxiety. The stress and anxiety levels of the men in the sample can also be seen to decline over the course of the fall. During the same time period women women reported higher levels of both stress and anxiety compared to men. More specifically, the women in the Phase 2 sample reported moderate to high levels of stress and moderate levels of anxiety in September 2020. Women's

> *"I think, in the last week or so, I finally hit a wall where I was getting so stressed."*
> - Female participant Nov 2020

levels of reported stress remained relatively constant (and high) until December when we completed our final Phase 2 interview. During this same time period, their levels of anxiety remained moderate with a slight peak toward the end of November as Toronto and Peel moved back into lockdown and a second wave of the pandemic seemed imminent.

Changes in stress and anxiety over time very similar for parents of children 0 to 5 and 6 to 12
The data in Figures 7 and 8 are supportive of the idea that parents of children under the age of five and parents of children age 6 to 12 at home report very similar relationships between reported levels of stress and anxiety pandemic over time.

Figure 7: Reported stress over time, children 0 to 5 and 6 to 12

Figure 8: Reported anxiety over time, children 0 to 5 and 6 to 12

The announcement that schools and daycares would not reopen was stressful for many

At the start of Phase 1 of the research, parents of children five years of age or less (i.e., preschoolers) reported higher levels of stress and anxiety levels than parents of children ages six to 12 (see Figure 7). This finding may be due to the fact that these participants were likely to have found out that daycares were closing at the same time that they found out that they were going to have to work from home. Of note, the stress levels of the parents of younger children were very high (mean of 4.5) at the beginning of the study but leveled off over time with parents of preschoolers reporting stress levels in the moderate range for the rest of the study – a finding that suggested that over time they had identified ways within their family unit to cope with their circumstances.

> *"My stress levels were really high… keeping patience with my kids, and just getting all my work done, staying focused, and being able to concentrate."*
> - Female participant
>   May 2020

We also note that parents of school age children reported high levels of stress (3.8) the week that it was announced that schools would not re-open, while parents of preschoolers reported moderate levels of stress (3.1) that week. The stress levels of parents of children six to 12 also increased at the end of May, when there was a great deal of uncertainty about the availability of summer activities for school age children and whether schools would reopen in the fall while the stress levels of parents of preschoolers remained relatively stable.

Parents of preschoolers reported the most anxiety near the start of the pandemic while parents of school age children reported increased anxiety at year end

In the early stages of the pandemic (end of March, early April 2020) parents of preschool children reported higher levels of anxiety than did the parents of school age. This situation was reversed in November 2020 as the second wave the pandemic was growing. In this case, the anxiety of the parents of older children could be seen to increase, while the anxiety of parents of younger children remained unchanged. Examination of the data in Figure 8 shows, however, that aside from these differences reported levels of anxiety for parents of preschoolers was essentially the same as that reported by parents of school age children.

Summary

Our participants reported moderate levels of stress and anxiety in the spring and summer of 2020, and moderate-to high levels of stress and anxiety September to December 2020. While participants generally reported slightly higher levels of stress than anxiety, the levels of these two indicators of wellbeing showed a very similar trajectory over time. Our data, which show that the women in our sample were reporting somewhat higher levels of both stress and anxiety than the men, provide support for other

> *"It was really painful to try to balance everything. I think it's more of a struggle now… So it was less energy, less sleep, really feeling like crap and still having to do all this stuff."*
> - Female participant
>   Dec 2020

research in the area reporting that women are experiencing more challenges than men balancing work and family during the pandemic.
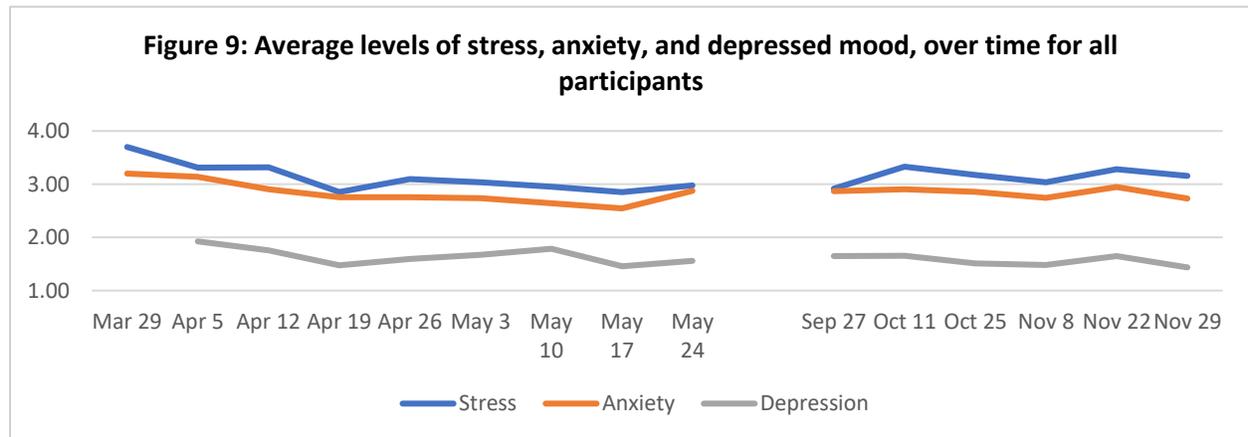
> *"And then the school work stuff was really stressful because both [my kids] are not really participating … I feel stressed that I should be making them engage in some way."*
> - Female participant May 2020

Finally, we found that any differences in stress and anxiety associated with the age of children in the home can be linked to changes in the external market that impact the demands of parenting (i.e., day care closers, school closures, lack of summer activities). From our analysis of other interview data, we know that homeschooling was one of the most significant challenges for participants, so it is not surprising that participants juggling work and homeschooling had higher levels of stress and anxiety.

Depressed mood over time

As with stress and anxiety, the first step in our analysis of depressed mood was to map the average of reported levels of depressed mood from each interview on Ontario's pandemic timeline (see Figure 9).

Figure 9: Average levels of stress, anxiety, and depressed mood, over time for all participants

March
Mar 11: WHO declares a COVID-19 pandemic
Mar 17: Ontario declares a State of Emergency
Mar 23: Ontario closes all non-essential businesses, including schools and daycares

April
Apr 26: Ontario extends school closures until May 31

May
May 11: Ontario stores start offering curbside pickup
May 19: Ontario announces Stage 1 reopening, but schools remain closed for rest

June/July
Jun 12: Much of Ontario enters Stage 2 of its reopening; daycares are allowed to reopen
Jul 31: Ontario announces plans for in-person and virtual school in Sept.

October
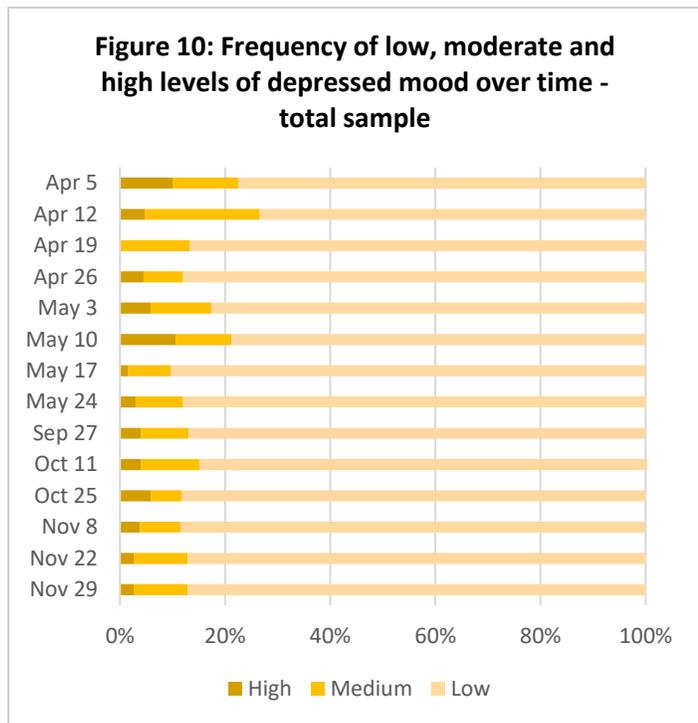Oct 9: Toronto, Ottawa, and Peel return to modified Stage 2.

December
Dec 9: Canada approves first COVID-19 vaccine

Examination of the data in Figure 9 supports a number of observations. First, regardless of the week in which the interview was done, the majority of participants reported low levels of depressed mood. Second, the average levels of depressed mood scores declined in April and increased slightly in May mirroring the pattern observed with stress and anxiety. That being said, the levels of depressed mood reported by those in our sample were never high enough to be classified as moderate and remained generally consistent and low over time. Finally, we note that the mean (average) level of participants' reported experiences of depressed mood was lower than their reported levels of stress and anxiety through all weeks of the study. [6]

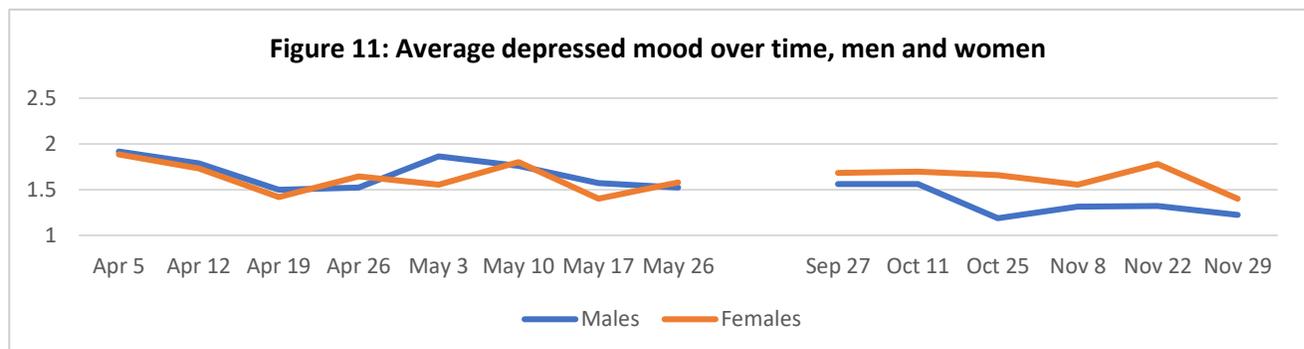**On average, participants reported low levels of depressed mood throughout the study**

Figure 10 shows the percentage of participants who reported low, medium, and high levels of depressed mood each week. Regardless of the time period being considered, the vast majority of our participants reported low levels of depressed mood (i.e., reported that they experienced symptoms associated with depressed mood rarely or sometimes).

On two occasions we noted that approximately one in ten of our participants reported high levels of depressed mood – the first week of April and the week that Ontario began re-opening in early May.

Figure 10: Frequency of low, moderate and high levels of depressed mood over time - total sample

Men and women reported similar levels of depressed mood over time
Data showing the levels of depressed mood reported by the men and women in the sample are provided in Figure 11.
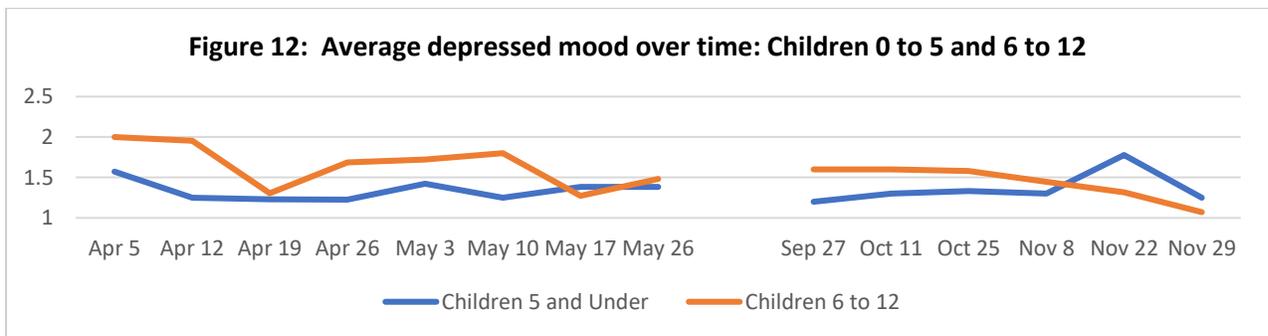

Figure 11: Average depressed mood over time, men and women

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[6] The first week of data collection we had only nine participants and not all were asked about depressed mood, so the week of March 29 is not included in our analysis.

Several observations can be from this data. First, there were no detectable gender differences in the average reported levels of depressed mood over time. Second, changes over time in levels of depressed mood are very similar to those observed with stress and anxiety. More specifically, average levels of depressed mood declined for both men and women in the spring and then increased for both genders around the time it was announced that schools would stay closed (but still remained in the low range). Finally, while average levels of depressed mood remained low for men and women in Phase 2 of the study, men's reported average was slightly lower than that of women.

Age of children had little impact on reported levels of depressed mood
As can be seen by looking at Figure 12, parents of children under six, and parents of children six to 12, all reported low levels of depressed mood (scores of two or less) throughout both phases of this research, and it is difficult to identify any clear patters in the data.

Figure 12: Average depressed mood over time: Children 0 to 5 and 6 to 12

Summary
Regardless of the week we asked them, the vast majority of our participants reported that they rarely/sometimes experienced feelings of depression. Any fluctuations over time, or between different groups, are small. We noticed in the interview transcripts that participants sometimes responded to the question about depressed mood by indicating they were not depressed but "just blah" or "bummed out." Further analysis on dominant emotions reported by participants (such as frustration) will give us further insights into our participants emotional responses to living and parenting during a pandemic.

"*I feel bummed out or sad*."
- Male participant
  May 2020

"*I'm just blah. This is just how it is.*"
- Female participant
  May 2020

Conclusions

The COVID-19 pandemic has been described in psychological literature as "a grim but illustrative anxiety-inducing stressor; an uncertain and ongoing threat that cannot be resolved via avoidance or escape" (Fu et al. 2021, 48). Research from the Canadian Mental Health Association and the University of British Columbia notes that 43% of Ontarians are reporting experiences of stress, 53% experiencing anxiety and worry, and 28% experiencing depression (CMHA and UBC 2021, 1).

Our data on reported levels of stress, anxiety, and depressed mood also suggest that participants have been experiencing stress and anxiety and, to a lesser extent, feelings of depressed mood during the pandemic months of 2020. The data we have presented here cannot tell us why these indicators of wellbeing fluctuated over time, or why the average reported levels of depressed remained consistently low. However, we have noticed that increases in infection rates, changes to schooling for children (such as school closures and transitions to online learning) daycare closures and the relaxation of social distancing protocols seem to be associated with increased levels of stress and anxiety. At the same time, we noted that many participants indicated in the summer 'exit' interviews that the pandemic has helped them recognize their own capacities for resilience and coping. Future reports will explore their coping strategies and support systems.

> *"I'm more resilient than I thought I was."*
> - Female Participant June 2020

While our sample size makes statistical comparisons infeasible, our data does provide support for the idea that the women in this study may have been experiencing, on average, higher levels of stress and anxiety than men, particularly in the fall and early winter of 2020. Additionally, there is some indication that stress and anxiety of the parents in our sample relate to the closure of institutions in the environment such as schools and day cares that provide supports for their parenting role

Further qualitative analysis of how men and women describe their challenges and emotions will help us to explore other confounding factors on participants' emotions (such as marital status, responsibility for childcare, and socio-economic status). We will also explore how personal resources and coping strategies impact participant wellbeing.

If anyone has questions about this report, the methods, the literature we draw from, or any other aspect of this research, we encourage you to reach out to Drs. Linda Duxbury (linda.duxbury@carleton.ca) or Anita Grace (anita.grace@carleton.ca).

Appendix A – Research Methods

The data presented here is part of a larger mixed-methods, longitudinal research project designed to increase our understanding of the challenges Canadian employees and their families face during the COVID-19 pandemic, and how these challenges evolve over time. Our use of a longitudinal data collection approach allows for an on-going examination of the lived realities of people during a pandemic, particularly as they relate to how individuals navigate their responsibilities associated with work and caring for themselves and others.

Data collection

Beginning in March 2020, this project recruited participants across Ontario. The selection criteria were that they were adults between the ages of 35 and 55 and had children under the age of 19 living at least part-time with them. Roughly one third of the participants were recruited (mostly in Canada's National Capital Region) using snowball sampling techniques, and the two thirds were recruited by our partner in this research, the Canadian Mental Health Association (CMHA) Ontario from across Ontario.

Upon giving their informed consent, all participants were asked to complete an intake survey distributed online via Qualtrics software. Participants who completed the online surveys and consented to participate in the research were contacted by a member of the research team for weekly interviews. These interviews began on March 29 and continued until May 31. Following the end of weekly interviews, participants responded to a second survey and participated in a 'Phase 1 Exit interview' between May 31 and July 11.

In September, as working parents prepared for a pandemic fall and winter, we reached out to participants again to ask if they would be willing to participate in Phase 2 of the Work, Family, Life study; 53 participants (83% of the 68 participants who completed the previous phase) returned. These participants completed a third survey and starting on September 28, 51 of them began bi-monthly interviews – which continued until December 21, for a total of six interviews with participant.

Data collection

In each interview, we asked participants to "help us determine the impact of the physical-distancing protocols and the COVID pandemic on people's mental health as well as their feelings and emotions about what is going on." We asked participants how they would categorize their stress and anxiety levels on a scale of very low, low, moderate, high or very high. These categories were assigned numerical codes, with 1 being very low and 5 being high. Similarly, we asked whether they were experiencing feelings of depression rarely, sometimes, often, very often, almost always. These categories were assigned numerical codes with 1 being rarely and 5 being high.

Data coding and analysis

Participants would sometimes respond to questions about stress, anxiety and depression by using the numeric rating system, such as "It's a five now" (CV06, week 1) which was simply coded

with the corresponding number. However, participants would often indicate they were in between two categories, such as saying, "Right now I would say between moderate and low" (CV75, week 4). A response like this would be coded as 2.5. Additionally, some respondents would insist they did not experience any, such as responding to the question about depression with, "No, never" (CV21, week 6). A 'never' response was coded as 0.

- Low (responded 0 or 2.4)
- Moderate (responded 2.5 to 3.4)
- High (responded 3.5 to 5)

In reporting our findings, we have taken care to preserve participant anonymity – as such, when data category sample are small (i.e. less than 10 people), we have excluded that category from analysis.

Appendix B – Data tables

Means of wellbeing measures, total sample, Phases 1 & 2

	Stress	Anxiety	Depression
Phase 1			
Mar 29	3.70	3.20	
Apr 5	3.31	3.14	1.93
Apr 12	3.32	2.91	1.76
Apr 19	2.85	2.76	1.48
Apr 26	3.10	2.76	1.60
May 3	3.04	2.74	1.67
May 10	2.96	2.64	1.79
May 17	2.85	2.55	1.46
May 24	2.97	2.87	1.56
Phase 2			
Sep 27	2.92	2.87	1.65
Oct 11	3.33	2.91	1.66
Oct 25	3.17	2.86	1.51
Nov 8	3.04	2.74	1.48
Nov 22	3.28	2.95	1.65
Nov 29	3.16	2.73	1.44

Frequency data, stress levels of total sample

Phase 1			
	Low	Medium	High
Mar 29	10%	40%	50%
Apr 5	23%	33%	45%
Apr 12	23%	33%	44%
Apr 19	32%	46%	22%
Apr 26	28%	34%	38%
May 3	32%	33%	35%
May 10	31%	30%	39%
May 17	37%	33%	30%
May 24	31%	34%	34%
Phase 2			
Sep 27	39%	28%	33%
Oct 11	23%	30%	47%
Oct 25	27%	35%	39%
Nov 8	35%	25%	40%
Nov 22	18%	34%	48%
Nov 29	27%	37%	37%

Frequency data, anxiety levels of total sample

Phase 1			
	Low	Medium	High
Mar 29	20%	40%	40%
Apr 5	28%	28%	45%
Apr 12	34%	34%	31%
Apr 19	38%	40%	22%
Apr 26	43%	28%	29%
May 3	35%	41%	25%
May 10	40%	33%	27%
May 17	49%	30%	21%
May 24	36%	31%	33%
Phase 2			
Sep 27	33%	39%	28%
Oct 11	36%	36%	28%
Oct 25	33%	40%	27%
Nov 8	42%	33%	25%
Nov 22	33%	33%	35%
Nov 29	42%	39%	20%

Frequency data, depressed mood levels of total sample

Phase 1	Low	Medium	High
Apr 5	78%	13%	10%
Apr 12	73%	22%	5%
Apr 19	87%	13%	0%
Apr 26	88%	8%	5%
May 3	83%	12%	6%
May 10	79%	11%	11%
May 17	90%	8%	2%
May 24	88%	9%	3%
Phase 2			
Sep 27	87%	9%	4%
Oct 11	85%	11%	4%
Oct 25	88%	6%	6%
Nov 8	89%	8%	4%
Nov 22	87%	10%	3%
Nov 29	87%	10%	3%

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