



Is working from home good for mental health and well-being? Associations between work location, self-rated mental health, life satisfaction, and life and work stress among Canadian adults

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ABSTRACT

Objective: It is unknown if teleworking is associated with better mental health and well-being among Canadian adult workers in the post-COVID-19 era. The objective of this study was to examine the associations between work location and self-rated mental health, life satisfaction, and life and work stress among Canadian adults.

Methods: This cross-sectional and nationally-representative study used self-reported data from the 2022 Canadian Community Health Survey ($n = 24,614$ individuals aged 18 years and older). Work location was categorized into three groups: working outside the home at a fixed location; working outside the home without a fixed location; and working from home. Logistic regression analyses were conducted to examine the associations between work location and the outcome measures, with adjustments for relevant covariates.

Results: Overall, 62.9 %, 12.2 % and 24.9 % of Canadian adults reported working at a fixed location outside the home, outside the home with no fixed location, and at home, respectively. Individuals working from home reported a higher level of education and many were in the business/finance/administration field (30.4 %) or in natural and applied sciences (22.4 %). After adjustment for covariates, work location was not significantly associated with self-rated mental health, life satisfaction, life stress or work stress.

Conclusions: Findings from this study suggest that the best work location for mental health and well-being is not necessarily linked to the specific physical place where it is conducted. Future research will need to better characterize the specific working conditions and identify possible causal mechanisms.

1. Introduction

The COVID-19 pandemic has drastically changed working modalities globally, and working from home (or teleworking) has become a new reality for many individuals. Telework may have both favourable and adverse outcomes for employees. On the positive side, teleworking may offer advantages such as enhanced work schedule flexibility, reduced commuting time, potential cost savings for companies in terms of office

space, and environmental benefits (e.g., decreased reliance on automobiles and related pollution). However, the practice of teleworking does come with certain downsides, including a reduction in face-to-face social interactions, the potential for musculoskeletal issues if the home office setup is ergonomically inadequate, and the possibility of experiencing technostress due to prolonged engagement with information technologies throughout the day (Beckel & Fisher, 2022; Kniffin et al., 2021; Oakman et al., 2020).

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Work location plays a crucial role in shaping mental health, life satisfaction, and stress levels, as it influences work-life balance, social interactions, and job demands. The Job Demands-Resources (JD-R) model (Demerouti et al., 2001) suggests that different work settings present varying levels of job demands (e.g., workload, role ambiguity) and resources (e.g., social support, autonomy), which in turn affect well-being. Working from home, for instance, may enhance autonomy and reduce commuting-related stress, leading to improved work-life balance and life satisfaction (Gajendran & Harrison, 2007). However, it can also blur boundaries between work and personal life, potentially increasing work-related stress and feelings of isolation (Kossek et al., 2006). Conversely, working at the office may provide greater social support and clearer work-life boundaries but can also expose employees to distractions, long commutes, and workplace stressors (Allen et al., 2015). Meanwhile, working on the road—such as in sales or consulting—often involves high job demands, travel fatigue, and reduced social stability, which can negatively impact mental health and increase stress levels (Wang, 2006). Thus, the psychological effects of different work locations depend on the interplay between job demands and available resources, highlighting the need for organizational policies that promote flexibility and well-being.

Mental health problems in adults have increased during the COVID-19 pandemic, a trend that occurred when work environments changed (Bouza et al., 2023; Findlay et al., 2020). A growing body of research since the advent of the COVID-19 pandemic has endeavoured to explore the intricate interplay between working from home, mental health, and overall well-being (Blank et al., 2023; Gualano et al., 2023; Hall et al., 2023; Parent-Lamarche & Boulet, 2021; Perelman et al., 2021; Somasundram et al., 2022). However, the existing literature does not yield a consensus on this matter. Teleworking appears to affect mental health and well-being both positively, by offering flexibility and improved work-life balance, and negatively, through increased isolation and blurred boundaries between work and personal life. Moreover, the available evidence primarily consists of studies encompassing a limited number of participants and fails to accurately represent the broader working adult population. The present study aims to bridge important knowledge gaps in this research area, with the long-term goal of informing the development of organizational work-from-home policies that harmonize with the perspectives and needs of the workforce.

Hence, the objective of this study was to investigate associations between work location and self-rated mental health, life satisfaction, and life and work stress among Canadian adults with the use of a large and nationally-representative sample. Given the limited and mixed findings in the literature on the relationship between work location and mental health and well-being, no hypothesis is proposed.

2. Methods

2.1. Study design

This cross-sectional and nationally-representative study draws upon data from the 2022 Canadian Community Health Survey – Annual Component (CCHS), conducted by Statistics Canada. Data collection spanned from February to December 2022. Detailed information about the survey methodology is available elsewhere (Statistics Canada, 2022). In brief, the CCHS employs a multistage cluster sampling design with a random sampling method. This design aims to select individuals aged 12 years and older residing in the 10 provinces and the 3 territories of Canada. Respondents answered survey questions directly through an online electronic questionnaire. The questionnaire is available in both official languages and can be completed in either English or French. The average time to complete the survey is 40 min. For non-responses, a follow-up was carried out through computer-assisted telephone interviewing or in person. Certain groups are excluded from the survey, such as individuals living on reserves, those institutionalized, full-time members of the Canadian Armed Forces, children aged 12–17 years

residing in foster care, and individuals residing in the Quebec health regions of Région du Nunavik and Région des Terres-Cries-de-la-Baie-James. Collectively, these exclusions account for <3 % of the Canadian population aged 12 years and over.

2.2. Participants

The 2022 CCHS dataset includes responses from $N = 53,548$ participants, with a response rate of 42.7 %, which is standard for large-scale national online surveys (Groves et al., 2009). For the present study, we excluded respondents who were <18 years old ($n = 3134$), who reported their gender as non-binary ($n = 120$), not currently working ($n = 15,606$), absent from work ($n = 800$), or lacking information on work location ($n = 9274$), resulting in a final sample size of 24,614 participants. Statistics Canada secured the necessary approvals from Health Canada's Research Ethics Board for conducting the CCHS. Informed consent was obtained from all individuals participating in the study.

2.3. Independent variable: work location

Participants were queried with the following question to ascertain their primary work location: "In the past 30 days, in which of these locations did you work the most hours?" Four response options were provided: (i) At a fixed location outside the home (e.g., office building, factory); (ii) Outside the home with no fixed location (e.g., driving, making sales calls); (iii) At home (e.g., main residence, cottage); or (iv) Absent from work. Participants selected the option that best corresponded to their work situation. Notably, "hybrid work schedule" was not a response option, as the question asked about the primary work location for the majority of hours. Those who selected absent from work were excluded from the analysis because the present study focuses on work location.

2.4. Dependent variables: self-rated mental health, life satisfaction, and life and work stress

Self-rated mental health was assessed using the following question: "In general, how is your mental health?", with response options of "excellent", "very good", "good", "fair", and "poor". Participants who responded "excellent" or "very good" were coded as having high self-rated mental health, in agreement with Varin et al. (2020) and with the Government of Canada's Positive Mental Health Surveillance Indicator Framework (Government of Canada, 2025). Life satisfaction was queried with the use of the question: "Using a scale of 0 to 10, where 0 means "Very dissatisfied" and 10 means "Very satisfied", how do you feel about your life as a whole right now?" This scale was grouped into 5 categories by Statistics Canada ranging from "very dissatisfied" to "very satisfied". Life satisfaction was dichotomized as "very satisfied" (score ≥ 9) and "less than very satisfied" (score < 9), based on the Government of Canada's Positive Mental Health Surveillance Indicator Framework. Life stress was assessed with the question: "Thinking about the amount of stress in your life, how would you describe most of your days?" Response options included "not at all stressful", "not very stressful", "a bit stressful", "quite a bit stressful", and "extremely stressful". Participants who responded "not at all stressful", "not very stressful" or "a bit stressful" were coded as having a low level of life stress, in line with a recent study (Skinner et al., 2017). Finally, work stress was assessed with this question: "How would you describe most days at work?", with response options of "not at all stressful", "not very stressful", "a bit stressful", "quite a bit stressful" and "extremely stressful". Participants who responded "not at all stressful", "not very stressful" or "a bit stressful" were coded as having low work stress, similarly to the life stress question.

Self-rated mental health is a valid and widely used indicator in population health surveys, and has consistently been associated with

Table 1

Descriptive characteristics of the sample according to work location group, Canadian Community Health Survey 2022 (n = 24,614).

	Sample size (n)	Work location			p-value
		Working from home (n = 6119)	Working outside the home at a fixed location (n = 15,480)	Working outside the home with no fixed location (n = 3015)	
Age (years)	24,614	43.5 (43.1, 44.0)	41.5 (41.2, 41.8)	43.1 (42.4, 43.9)	<0.001
Gender (%)					
Men	12,355	47.6 (45.7, 49.5)	50.4 (49.3, 51.4)	81.4 (79.2, 83.6)	<0.001
Women	12,242	52.4 (50.5, 54.3)	49.6 (48.6, 50.7)	18.6 (16.4, 20.8)	
Highest level of education (%)					
Less than secondary school graduation	782	0.5 (0.3, 0.7) ^E	1.9 (1.6, 2.2)	3.8 (2.8, 4.7)	<0.001
Secondary school graduation, no post- secondary education	3520	5.6 (4.8, 6.4)	12.9 (12.1, 13.7)	18.4 (16.2, 20.6)	
Post-secondary certificate diploma or university degree	19,972	93.9 (93.1, 94.7)	85.2 (84.3, 86.1)	77.8 (75.5, 80.2)	
Cultural/racial background (%)					
White	20,411	69.2 (67, 71.3)	72.3 (70.8, 73.9)	76.3 (73.3, 79.2)	<0.001
Southeast Asian	195	1.4 (0.9, 1.9) ^E	1.5 (1, 1.9)	F	
South Asian	858	10.1 (8.5, 11.7)	6.7 (5.9, 7.6)	5.9 (4.1, 7.8) ^E	
Chinese	818	6.3 (5.3, 7.3)	3.9 (3.4, 4.5)	2.7 (1.7, 3.7) ^E	
Black	623	3.3 (2.5, 4.1)	5.0 (4.2, 5.8)	5.4 (3.4, 7.3) ^E	
Filipino	546	1.5 (1.0, 2.0) ^E	4.5 (3.8, 5.2)	2.0 (1.0, 3.0) ^E	
Arabic	260	2.3 (1.5, 3.0) ^E	2.0 (1.6, 2.5)	2.0 (1.1, 2.9) ^E	
Other	701	6.0 (4.8, 7.2)	4.0 (3.5, 4.6) ^E	4.2 (2.6, 5.9) ^E	
Body mass index (kg/m ²)					
Underweight	247	0.9 (0.6, 1.3) ^E	1.6 (1.2, 2.0)	F	<0.001
Normal weight	7033	35.1 (33.0, 37.1)	33.6 (32.3, 34.9)	26.7 (24.0, 29.4)	
Overweight	8316	35.2 (33.3, 37.2)	33.8 (32.5, 35.1)	39.4 (36.4, 42.3)	
Obesity	8192	28.8 (27.0, 30.6)	31.1 (29.8, 32.3)	33.1 (30.3, 35.9)	
Occupation group (%)					
Management	2431	13.0 (11.6, 14.4)	8.5 (7.7, 9.2)	7.8 (6.2, 9.4)	<0.001
Business, finance and administration	4452	30.4 (28.6, 32.1)	15.2 (14.2, 16.1)	3.9 (2.8, 4.9)	
Natural and applied sciences and related	2121	22.4 (20.7, 24.2)	4.9 (4.3, 5.5)	5.1 (3.9, 6.3)	
Health occupations	2022	1.1 (0.8, 1.3)	11.2 (10.4, 12.0)	4.0 (3.1, 4.9)	
Education, law, social/community/government services	3380	13.0 (11.8, 14.3)	12.5 (11.8, 13.3)	7.3 (5.8, 8.8)	
Art, culture, recreation and sport	693	5.3 (4.4, 6.2)	2.3 (1.9, 2.8)	2.1 (1.4, 2.8) ^E	
Sales and service	4406	10.1 (8.9, 11.3)	24.6 (23.3, 25.8)	13.9 (11.9, 15.9)	
Trades, transport and equipment operators and related;	4983	4.7 (3.9, 5.5)	20.8 (19.7, 21.8)	55.9 (53.0, 58.8)	
Natural resources, agriculture and related production; and					
Manufacturing and utilities					
Total working hours (hours/week)	24,614	37.9 (37.5, 38.4)	37.9 (37.5, 38.2)	41.9 (41.0, 42.8)	<0.001
Family/living arrangement					
Unattached individual living alone	7684	18.3 (16.6, 19.9)	20.2 (18.7, 21.7)	22.5 (20.0, 25.0)	0.055
Unattached individual living with others OR Individual living with spouse/partner	6180	32.8 (30.9, 34.8)	32.4 (31.1, 33.8)	31.1 (28.2, 34.0)	
Parent living with spouse/partner and children OR Single parent living with children	7739	48.9 (46.7, 51.1)	47.4 (45.7, 49.1)	46.4 (43.3, 49.5)	

Data are shown as mean (standard deviation) or % (95 % confidence intervals). An ANOVA (continuous scores) and a chi-square test (proportions) were used to identify significant differences between work location groups. E: coefficient of variation between 1.5 and 35.0. F: not reported because of a coefficient of variation greater than 35.0.

multi-item measures of mental health, self-rated health and health-related problems (Mawani & Gilmour, 2010). Self-reported life satisfaction is routinely used as an indicator of societal well-being, with many studies supporting its validity (Diener et al., 2012; Organisation for Economic Co-operation & Development, 2013). Notably, subjective mental health significantly influences life satisfaction (Lombardo et al., 2018). Similarly, self-reported stress is another important factor affecting population health and single-item assessments have demonstrated comparability to more extensive questionnaires in gauging perceived stress (Littman et al., 2006).

2.5. Covariates

Age (years), gender (man/women), highest level of education (from less than high school to graduate university degree), cultural/racial background (multiple options), body mass index (kg/m²), occupation group using the 2016 National Occupation Classification (management; business, finance and administration; natural and applied sciences and related; health; education, law, social/community/government services; art, culture, recreation and sport; sales and service; trades, transport and equipment operators and related; natural resources, agriculture and related production; manufacturing and utilities), total working hours

(hours/week), and family/living arrangement (unattached individual living alone; unattached individual living with others; individual living with spouse/partner; parent living with spouse/partner and children; single parent living with children) were used as covariates in the analyses based on their availability in the dataset and their known associations in the literature with the outcome measures. Notably, income was excluded as a covariate in the models due to its high collinearity with education and a low response rate. Correction equations were applied to address the bias in self-reported estimates of body mass index, as per international standards (Shields et al., 2011).

2.6. Statistical analysis

A chi-square test was used to assess differences of gender, education, cultural/racial background, body mass index categories, occupation, and family living arrangement by work location. An ANOVA was used to assess differences in age and number of work hours by work location. Comparisons of self-rated mental health, life satisfaction, life stress, and work stress between work location groups were undertaken through chi-square tests. Logistic regression analyses were conducted to examine the associations between work location and the outcome measures, with adjustment for covariates. Odds ratios (OR) and 95 % confidence

Table 2

Self-rated mental health, life satisfaction, life stress, and work stress based on work location in working Canadian adults, Canadian Community Health Survey 2022 (n = 24,614).

	Sample size (n)	Work location			p-value
		Working from home (n = 6119) % (95 % CI)	Working outside the home at a fixed location (n = 15,480) % (95 % CI)	Working outside the home with no fixed location (n = 3015) % (95 % CI)	
High self-rated mental health					
Total sample	24,535	54.8 (52.8, 56.9)	54.7 (53.4, 56.1)	59.7 (56.8, 62.7)	0.008
Men	12,303	60.5 (57.5, 63.5)	60.2 (58.4, 62.1)	61.2 (57.9, 64.5)	0.884
Women	12,215	49.7 (46.7, 52.7)	49.2 (47.3, 51.1)	53.0 (46.7, 59.3)	0.576
High life satisfaction					
Total sample	24,540	25.2 (23.4, 27.0)	27.5 (26.2, 28.8)	29.2 (26.5, 31.9)	0.036
Men	12,307	25.0 (22.5, 27.5)	28.3 (26.5, 30.1)	29.2 (26.2, 32.2)	0.061
Women	12,216	25.4 (22.8, 28.0)	26.6 (24.9, 28.3)	29.6 (23.6, 35.6)	0.434
Low life stress					
Total sample	24,578	73.9 (72.2, 75.6)	74.6 (73.4, 75.7)	75.4 (72.8, 77.9)	0.626
Men	12,337	77.6 (75.2, 80.0)	77.6 (76.1, 79.1)	76.9 (74.1, 79.8)	0.916
Women	12,224	70.5 (68.0, 73.0)	71.5 (69.7, 73.3)	68.4 (62.2, 74.5)	0.555
Low work stress					
Total sample	22,852	73.0 (71.0, 74.9)	71.7 (70.5, 73.0)	76.6 (74.0, 79.2)	0.008
Men	11,640	75.6 (72.9, 78.3)	74.8 (73.1, 76.5)	77.7 (74.7, 80.7)	0.267
Women	11,198	70.5 (67.7, 73.3)	68.5 (66.7, 70.3)	72.2 (66.6, 77.9)	0.292

A chi-square test for proportions was used to compare proportions between work location groups. CI, confidence interval. High self-rated mental health includes responses of “excellent” and “very good”. High life satisfaction includes scores ≥9. Low life and work stress includes responses of “not at all stressful”, “not very stressful” and “a bit stressful”.

Table 3

Association between work location, self-rated mental health, life satisfaction, life stress, and work stress among working Canadians aged 18 years and older, 2022 Canadian Community Health Survey (n = 24,614).

Outcomes/Work location	Full sample		Men		Women	
	Unadjusted OR (95 % CI)	Adjusted OR (95 % CI)	Unadjusted OR (95 % CI)	Adjusted OR (95 % CI)	Unadjusted OR (95 % CI)	Adjusted OR (95 % CI)
High self-rated mental health						
Working from home	1.00 [Reference]	1.00 [Reference]	1.00 [Reference]	1.00 [Reference]	1.00 [Reference]	1.00 [Reference]
Working outside the home (fixed location)	1.00 (0.90, 1.09)	1.02 (0.91, 1.14)	0.99 (0.86, 1.14)	1.02 (0.86, 1.22)	0.98 (0.85, 1.13)	1.00 (0.85, 1.19)
Working outside the home (no fixed location)	1.22 (1.06, 1.41)	1.06 (0.89, 1.26)	1.03 (0.86, 1.23)	1.02 (0.82, 1.27)	1.14 (0.86, 1.51)	1.09 (0.78, 1.52)
High life satisfaction						
Working from home	1.00 [Reference]	1.00 [Reference]	1.00 [Reference]	1.00 [Reference]	1.00 [Reference]	1.00 [Reference]
Working outside the home (fixed location)	1.12 (1.00, 1.27)	1.04 (0.90, 1.20)	1.19 (1.01, 1.40)	1.11 (0.91, 1.35)	1.07 (0.90, 1.26)	0.97 (0.79, 1.18)
Working outside the home (no fixed location)	1.23 (1.04, 1.44)	0.98 (0.80, 1.19)	1.24 (1.03, 1.50)	1.03 (0.82, 1.29)	1.24 (0.89, 1.72)	0.91 (0.63, 1.33)
Low life stress						
Working from home	1.00 [Reference]	1.00 [Reference]	1.00 [Reference]	1.00 [Reference]	1.00 [Reference]	1.00 [Reference]
Working outside the home (fixed location)	1.04 (0.93, 1.15)	0.99 (0.87, 1.13)	1.00 (0.85, 1.17)	0.95 (0.78, 1.16)	1.05 (0.90, 1.22)	1.02 (0.86, 1.21)
Working outside the home (no fixed location)	1.08 (0.92, 1.28)	0.82 (0.66, 1.01)	0.96 (0.78, 1.18)	0.78 (0.60, 1.03)	0.90 (0.66, 1.23)	0.85 (0.59, 1.23)
Low work stress						
Working from home	1.00 [Reference]	1.00 [Reference]	1.00 [Reference]	1.00 [Reference]	1.00 [Reference]	1.00 [Reference]
Working outside the home (fixed location)	0.94 (0.84, 1.06)	0.90 (0.78, 1.03)	0.96 (0.81, 1.14)	0.92 (0.75, 1.13)	0.91 (0.77, 1.07)	0.86 (0.73, 1.03)
Working outside the home (no fixed location)	1.21 (1.01, 1.45)	0.95 (0.76, 1.18)	1.13 (0.89, 1.42)	0.94 (0.72, 1.24)	1.09 (0.79, 1.50)	1.02 (0.71, 1.47)

OR: odds ratio; CI: confidence interval.

Logistic regression models were used to examine the associations between work location and the outcome measures. Models were adjusted for age, gender, highest level of education, cultural/racial background, body mass index, occupation group, and family/living arrangement.

High perceived mental health includes responses of “excellent” and “very good” (compared to “good”, “fair” and “poor” for low perceived mental health). High life satisfaction includes scores ≥9 (compared to scores <9 for less than very satisfied). Low life/work stress includes responses of “not at all stressful”, “not very stressful” and “a bit stressful” (compared to “quite a bit stressful” and “extremely stressful” for high life/work stress).

intervals (CI) are reported. To effectively address the survey’s sampling design and potential non-response bias, Statistics Canada-derived sample weights were applied. This ensured that our findings remained representative of the broader Canadian population. In order to estimate 95 % CI, bootstrap weights were utilized. All statistical analyses were conducted using SAS Enterprise Guide 7.1 (SAS Institute, Cary, NC).

3. Results

Overall, 62.9 %, 12.2 % and 24.9 % Canadian adults reported working at a fixed location outside the home, outside the home with no fixed location, and at home, respectively. [Table 1](#) shows the descriptive

characteristics of the sample by work location group. A majority of individuals working from home had a post-secondary certificate diploma or university degree (93.9 %). Furthermore, individuals working from home were mainly from the business, finance and administration sector (30.4 %) or were working in natural and applied sciences (22.4 %).

[Table 2](#) shows the prevalence of high self-rated mental health, high life satisfaction, and low life stress and work stress according to work location group in Canadian adults and by gender. A higher proportion of individuals working outside the home with no fixed location reported high self-rated mental health (60 %) compared to those working from home (55 %) or outside the home at a fixed location (55 %) (p = 0.008). Similarly, a higher proportion of individuals working outside the home

with no fixed location reported high life satisfaction (29 %) compared to those working from home (25 %) or outside the home at a fixed location (27 %) ($p = 0.036$). The proportion of individuals with low life stress was not significantly different between work location groups. Finally, a higher proportion of individuals working outside the home with no fixed location reported low work stress (77 %) compared to those working from home (73 %) or working outside the home at a fixed location (72 %) ($p = 0.008$). Differences by gender as it relates to the associations between work location and the outcome measures were statistically significant (i.e., we did find gender interactions with the outcome measures and have therefore stratified our analyses accordingly).

Table 3 presents results of the logistic regression analyses that examine the associations between work location and the outcome measures. While unadjusted models showed that individuals working outside the home with no fixed location were more likely to have high self-rated mental health, high life satisfaction and low work stress in the full sample, the associations were no longer significant in adjusted models.

4. Discussion

Using a nationally representative sample of working adults in Canada, our results show that work location alone is not significantly associated with self-rated mental health, life satisfaction, or life and work stress. Our study suggests that above and beyond included covariates, work location may not play an important role in global ratings of mental health and well-being in Canadian adult workers. Future research will need to better characterize the physical workspace and ask questions about hybrid work schedules and the proportion of time spent working within and outside of the home.

Mental health is a complex and multifaceted aspect of well-being that is influenced by various factors. While individual experiences can vary, key determinants of mental health in adults generally include biological, psychological, environmental and lifestyle factors as well as life events, cultural/societal influences and personal choices. These factors often interact and can vary in their impact on an individual's mental health. The fact that the associations between work location and self-rated mental health and life satisfaction became not statistically significant after adjusting for covariates suggests that other factors were confounding these relationships. Life satisfaction is typically influenced by factors such as positive relationships, a sense of purpose, good physical and mental health, financial stability, work-life balance, and a supportive social environment. A high proportion of individuals reported good mental health and life satisfaction across all work locations, suggesting that these outcomes are achievable regardless of where work is conducted. This finding is supported by a recent cross-sectional study that examined differences in demographic and human capital characteristics between individuals who worked from home during the pandemic and those who worked from home previously (Chowhan et al., 2021). In one of their analyses, the authors reported no association between self-reported mental health and telework in Canadians. The later study used Statistics Canada's Canadian Perspectives Survey Series (CPSS) first survey data on the Impacts of COVID-19 and the 2016 General Social Survey cycle 30 to provide pre-pandemic estimates for descriptive comparisons (Chowhan et al., 2021).

By 2022, many individuals had acclimated to remote work, with two years to develop strategies for managing associated stress. Techniques such as creating dedicated workspaces, setting clear boundaries, and utilizing flexible schedules may have alleviated some of the initial challenges faced during the pandemic (Vacchiano et al., 2024). Furthermore, enhanced employer support and the adoption of hybrid work models likely improved work-life balance and mental well-being (Vacchiano et al., 2024). These adaptations may account for the study's finding of no significant association between work location and mental health outcomes.

We did not find a significant association between work location and

life stress in this study. Although not statistically significant, the observation that individuals working outside the home with no fixed location may report higher life stress is noteworthy. Although the literature on the topic is scarce, there is evidence that blue-collar workers have a higher risk of high perceived stress compared to white-collar workers (Dédélé et al., 2019). Workers with no fixed location also include precarious workers such as gig workers and delivery workers. These workers have been shown in previous studies to have poorer mental health due to their stressful work environments, low quality jobs, long work hours and precarious work (Berger et al., 2019; Mbare, 2023). The relationship between work location and life stress likely varies among individuals, and factors such as job flexibility, personal preferences, and the nature of the work to accomplish are likely to play an important role. People may find it stressful to work outside of the home without a fixed location due to factors such as the lack of routine, increased distractions, isolation, and difficulties in separating work and personal life. Furthermore, sales-based jobs are inherently more stressful because success typically depends on sales performance. Overall, the impact of work location on life stress is likely to depend on individual circumstances and preferences. More research in this area is needed to better understand the interplay between work location and life stress.

We did not find a significant association between work location and work stress in the present study. Research on the association between work location and work stress is limited and has produced mixed findings (Bezzina et al., 2023; Lukan et al., 2022; Theorell et al., 2015). In brief, the relationship can depend on various factors, including job flexibility, isolation vs. autonomy, nature of the work, communication and team dynamics, work-life balance, and technology and infrastructure. While some studies suggest that remote work can be associated with reduced stress and increased job satisfaction, others highlight potential challenges such as feelings of isolation and difficulties in maintaining work-life balance (Bezzina et al., 2023; Lukan et al., 2022; Theorell et al., 2015). It is important to note that individual experiences can vary widely, and the success of remote work arrangements often depends on various contextual factors, including organizational policies, personal preferences, and the nature of the job (Lyzwinski, 2024). In Canada, it has been estimated that about 40 % of jobs can be done from home (Mehdi & Morissette, 2020). As remote work continues to evolve, ongoing research is needed to understand its long-term impact on employee well-being and identify effective strategies for managing stress in different work settings. It is also important to highlight that there is a large segment of the population who does not have office jobs and have no control over their environment.

4.1. Strengths and limitations

Strengths of this study include the large and nationally representative sample and the significance of these findings for informing work-from-home policies during the post-COVID-19 era. Limitations worth noting include the self-reported nature of variables collected, the inability to further break down the main analysis by other subgroups (e.g., by age group), and the descriptive nature of this cross-sectional examination that limits inferences about causality and temporality. The measures used for the dependent variables included single-item questions, many of which lacked prior validation. Using single-item, non-validated measures for dependent variables can limit the reliability and validity of the findings, potentially introducing measurement error. This may reduce confidence in the results, as it becomes harder to determine whether observed effects truly reflect the constructs of interest or are artifacts of how they were measured. However, the measures used for the dependent variables are commonly used in the scientific literature and support comparability across studies. Furthermore, the question about primary work location does not allow us to examine whether the findings would be different for individuals having a hybrid work schedule or not or the proportion of time spent working within and outside of the home. Given that the study was conducted in 2022, two

years after the onset of the COVID-19 pandemic, it is likely that many individuals were working a hybrid schedule (working both within and outside of the home). Additionally, some may have reported working outside of the home as their main location (e.g., worked 60 % of the time at the office), but also teleworked from home (e.g., spent 40 % of their time working from home). Future surveys should include a question about hybrid work schedule and the proportion of time spent in each location, and qualitative research should be conducted to gather more contextual information about one's work arrangement. Different people thrive in different environments, and what works well for one individual may not be ideal for another.

5. Conclusion

This study is the first to examine whether work location is associated with mental health and well-being in a post-COVID-19 pandemic era among Canadian adult workers with the use of a nationally-representative sample. After adjusting for important covariates, we observed that work location was not related to self-rated mental health, life satisfaction, or life and work stress. Ultimately, the best work location for mental health and well-being is probably one that aligns with an individual's preferences, job requirements, and lifestyle. In those who have some control over their work environment, people might need to experiment with different work arrangements to discover the one that best suits them, and employers can contribute to enhancing mental well-being by offering flexibility, and cultivating positive work cultures.

Disclaimer

The views expressed herein do not necessarily represent the views of the Government of Canada. The funders had no input into the study design or implementation, or interpretation of the findings.

Ethics approval

Statistics Canada secured the necessary approvals from Health Canada's Research Ethics Board for conducting the Canadian Community Health Survey. Informed consent was obtained from all individuals participating in the study.

CRedit authorship contribution statement

Jean-Philippe Chaput: Writing – review & editing, Writing – original draft, Supervision, Methodology, Conceptualization. **Mark S. Tremblay:** Writing – review & editing, Methodology, Conceptualization. **Gary S. Goldfield:** Writing – review & editing, Methodology, Conceptualization. **Stephanie A. Prince:** Writing – review & editing, Methodology, Conceptualization. **Aviroop Biswas:** Writing – review & editing, Methodology, Conceptualization. **Rachel C. Colley:** Writing – review & editing, Methodology, Conceptualization. **Justin J. Lang:** Writing – review & editing, Methodology, Formal analysis, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Data availability

The authors do not have permission to share data.

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