Original Article

Factors Influencing Perception Of Health During Mandatory Work From Home (Wfh) - A Questionnaire Based Survey

Aparnavi P[1], Padmavathy L[2], Nithyapriya C[3], Jeevithan S[4*], Seetharaman N[5], Anirudh Mutalik[6]

[1]Assistant Professor, Department of Community Medicine, KMCH Institute of Health Sciences and Research, Coimbatore, Tamil Nadu, India
[2]Assistant professor, Department of Community Medicine, SRM Medical College Hospital and Research Centre, Tamil Nadu, India.
[3]Assistant Professor, Department of Ophthalmology, KMCH Institute of Health Sciences and Research, Coimbatore, Tamil Nadu, India
[4*,5,6]Professor, Department of Community Medicine, KMCH Institute of Health Sciences and Research, Coimbatore, Tamil Nadu, India

***Corresponding Author:** Dr S Jeevithan

*Professor, Department of Community Medicine KMCH Institute of Health Sciences and Research, Coimbatore, Tamil Nadu, India, Email: dr.jeevithan@gmail.com,
DOI: 10.47750/pnr.2023.14.S02.272

Abstract

Background: The unprepared expeditious shift of a large number of people to WFH, requires analysis of the health problems associated with it which might enable framing guidelines on occupational health in a home office space. Thus, the study aims to find the employee's perception of health in WFH and the factors associated with it in India.

Methodology: This is a cross-sectional study of 108 participants on the perception of health among people in WFH during the COVID-19 pandemic in 2020. Convenient sampling was used and the self-designed questionnaire was administered through google forms. The study was approved by the Institutional ethical committee. Data were exported and analyzed using SPSS version 27.

Results: The majority were males (73.1%) and were living in nuclear families(80.6%). About 83.4% of the participants had experienced at least one health-related problem which they would attribute to work from home(WFH). The preference for WFH was significantly lower among those who experienced health problems. The inability to maintain a work-life balance during WFH was significantly associated with health problems.

Conclusion: To address the health problems, the work hours during WFH can be ensured to be within the recommended hours and maximally in the office hours. There can be legal guidelines regarding occupational health for the WFH model and soft skill training on time management skills (for work-life balance) and stress management.

Keywords: COVID-19, work from home, family-work balance, stress

INTRODUCTION

During the COVID-19 pandemic, many companies had to assign their workforce to work in a home office as a public health measure. Work from home(WFH) is a working arrangement wherein the employee carries out the essential responsibilities of his/her job while remaining at home, using Information and Communications Technology(ICT). This flexible choice of WFH was practiced even before the COVID-19 pandemic in many companies across the globe with Europe reporting a 12 % workforce in WFH during the pre-COVID-19 pandemic time.(1) But this was a pre-planned model available only for jobs of certain nature like those in software, and ICT. Due to the COVID-19 pandemic a huge unprepared and untrained workforce across all kinds of job have been forced to work remotely. The International Labour Organisation(ILO) had suggested that the workers' obligations and responsibilities apply even in the informal surroundings of WFH arrangements. Though WFH is thought to be linked with benefits like reduced commute time and expense and flexible work hours, the problems associated with it also need to be explored as certain professions like software, ICT, and education all have a foreseeable portion of their future with the WFH model. Work-life balance, in WFH, has inconclusive results as the initial launch of the model allowed many women to balance work and family(2)(3) but later by many studies was reported to have a negative effect.(4) Physical inactivity and sleep that are prone to be altered in WFH are important determinants of health(5) and a matter of concern in public health.(6) In WFH problems in physical and mental health,(7) inability to handle work and family simultaneously,(4) cost of setting up a home workspace and recurring costs for the same including internet bills, gadget maintenance,(8), etc have been reported or anticipated. To date, there is no law in place regarding reimbursement of WFH expenses and they are not being reimbursed by many companies on regular basis. But in the current pandemic situation wherein the majority of the workforce is required to set

up a home workspace, government directives regarding the expenses incurred, healthy work environment, occupational health, and disease and insurance are all to be worked upon. The ILO suggests that employers may reimburse expenses associated with mobile phone or landline utility bills, internet bills, personal computer or tablet, teleconferencing software or hardware expenses and exclude expenses that are mainly for the convenience of the worker, such as faster internet connection, additional computer monitors, ergonomic chairs, or printers.(9) Authoritative bodies in nations like Australia, the Phillipines, etc have labor laws and tax deductions for recurring costs in work from home.(8)(10) The unprepared expeditious shift of a large number of people to WFH, requires analysis of the health problems associated with it which might enable framing guidelines on occupational health in a home office space. Hence the study aims to find the employee's perception of health in Work From Home(WFH) and the factors associated with it in India.

METHODOLOGY

A cross-sectional study on the perception of health among the workforce in a full-time WFH model during the COVID-19 pandemic in 2020, was conducted using a pre-tested, face and content validated, self-administered questionnaire administered online through google forms. Convenient sampling technique was used where participants who opted in to participate were surveyed. Digitally signed consent was obtained from the participants before the study after explaining that the data would remain anonymous and would be used only for academic purposes. The study was approved by the Institutional ethical committee of KMCHIHSR(IEC No: 35/IHEC/2020). The study was done on a sample of 108 participants across varied occupations. Data collected included Socio-demographic details, experiences of WFH (duration of WFH, the average hours of work, setting up a home office environment and efficiency), perception of work-life quality, and health problems(physical and psychological) perceived due to work-from-home. Data were exported and analyzed using SPSS version 27. The relationship between preference for WFH and health problems perceived during work-from-home was analyzed for various socio-demographic and work-related factors using appropriate tests of significance(chi-square test). *Operational definitions:* Work From Home(WFH): Working full-time away from office and using company approved assets, policies and tools. The current study included those in the WFH model including those with prior WFH experience and those without. Working at odd hours: As perceived by the employee to be working outside the normal work shift time. Health problems: The problems are self-reported and perceived to be due to work from home.

RESULTS

Sociodemographic: The study was done on a sample of 108 participants whose median age was 30 (24-35.7) years. The majority were males (73.1%). The majority about 80.6% were living in nuclear families and 52.8% were either married or living with a partner. Less than half (43.5%) were living with kids.

Work-related: The median years of work experience was 7.5 (2.1 – 10) years. People were engaged in work from home for a median of 9 (8-10) months with 10 (8-10.4) hours per day being spent on work-related activities. The median time spent on work per week was 50 (40-50) hours and 53 (49.1%) worked more than 48 hours per week. The median time spent online was 9.9 (8-12). This was about the same duration of work done per day. Nearly 60 % had a suitable workspace for WFH. Nearly 2/3rd did not take any new internet connection for WFH. For work from home, people were using more than one internet facility of which the majority were using mobile data(73.1%). The primary gadget used for work from home was a laptop (90.7%) followed by desktop (6.5%) and mobile phones (2%). The majority of about 78.7% had made additional financial investments for work from home and the most common was internet related expenses (52.7%), followed by headphones (50.9%), laptops (25.9%), furniture (25%), mobile phone (23.1%), additional screen (11.1%), Tablet or iPad (7.4%), desktop (5.6%), , webcam (2.8%), and other expenses were about 11.1%. About 1/3rd did not receive any reimbursement for internet expenses from the employer. Time consumption for work was reported to be more in the online mode by 38% - 54.6%, for various activities like explaining a task or a report or performing the work. About half of the participants (49.1%) said that they were able to participate in household chores during work from home. Though about 1/3rd said that they were able to take breaks to work from home as in the office, more than 2/3rd had said that they had to work at odd hours because of WFH. More than half (58.8%) of those who reported that they were working at odd hours were working beyond the prescribed nine hours of work per day. During work from home, 47.2% were able to use their leaves completely. About 1/3rd reported that they were able to maintain a good work-life balance with work from home.(Table 1) About half the people(52.8%) preferred to work from home. The preference for work from home did not differ across age groups, gender, years of experience, or hours of work. The preference for WFH was positively related to reimbursement provided by the employer for WFH and the ability to maintain work-life balance and negatively to health problems associated with WFH. The single biggest struggle in WFH was perceived to be internet connectivity(29%) followed by distracting work environment(12%), and reduced work efficiency(7%).

Health-related: About 83.4% and 82.5% of the participants had experienced at least one health-related problem which they would attribute to work from home and increased screen time respectively.(Table 2) However, three (2.7%) of them said that they preferred it for health-related reasons. The preference for WFH was significantly lower among those who experienced health problems.(Table 3)

Mental health-related problems like loneliness, stress, unable to socialize with peers were pointed out to be the biggest struggle of WFH by 36.6% of the participants followed by work-life imbalance(23%), and lack of physical activity or change in posture(10%). The perceived health problems due to WFH were statistically similar across different age groups and gender.(Table 4) Health problems were present in 91% of those who did not make additional investments for WFH.

However, this was not statistically significant. Working at odd hours was positively associated with health problems and this was constant even on stratification as physical and psychological problems. The inability to maintain a work-life balance during WFH was significantly associated with health problems.(Table 4)

DISCUSSION

The current study was done in a setting in which the participants who never had prior continuous WFH experience were forced into WFH without preparation or the option to alternate between WFH and office. Both the lockdown enforced in the pandemic and mandatory WFH were novel entities which due to the increased workload, lack of ergonomic workspace, restriction of mobility or the condition by itself were potential causes of physical and mental health problems. In the current study though nearly half the population worked beyond the time of eight hours per day and 48 hours per week suggested by the Tamil Nadu Shops And Establishments Act, 1947(11) the median duration of work per day and per week exceeded the guidelines only by two hours. In the current report, cumulative work hours for a week were positively related to physical health problems. A review conducted on long hours of work and health problems concluded that though there is a limitation on the availability of data, there are health effects associated with long hours of work and the severity of these effects varies based on the characteristics and attitudes the individual, nature of the job and work environment.(12) But in contrast a survey by the U.S. Census Bureau had reported that households with members who teleworked had reported better health.(13) Decreased physical activity known to be a precursor of non-communicable diseases was pointed out to be one of the biggest challenges of WFH and this was strongly supported by other studies also.(14–16) Working at odd hours has been positively associated with health problems and this relation between odd hours of work and cognitive impairment has been hypothesized by several studies in the past.(17) But it was also seen in the current report that more than 40% of those working at odd hours were working within the prescribed work hours per day. Thus the findings suggest that, adequate planning to maximize the working hours to be within the normal office time can have a positive influence on health. The current reforms in global and Indian labour law are considering 3 day off per week with longer working hours. This might increase the work during odd houtrs which ahs shown to have detrimental effects on health.

During COVID-19, private agencies worked on home work office and suggested that a worker does not maintain the same body position for longer than two hours.(18) But in the current study $1/10^{th}$ of the participants have reported that the biggest problem with WFH was inability to change posture at regular intervals which might be due to due to long hours of online meetings, or decreased space in home office. About half the participants had experienced musculoskeletal problems in WFH. This might be because of prolonged static posture. Hence, the employees and the employers should be made aware of the guidelines on WFH set up like the right furniture, posture, etc. The deterioration in work and building up mental stress due to prolonged sitting has been supported by other studies done in the pre-pandemic time also.(19) There have been reports on earphone use and hearing difficulties, tinnitus and anxiety.(20)(21) In the current study it was seen that, more than half the participants had made an additional investment in headphones for WFH but none had perceived hearing difficulties or other associated problems. This might require a follow-up period to see for its effects on hearing. Ergonomic challenges in setting up a home office are said to be a major issue.(18) The high proportion (80%) of people perceiving health problems due to WFH might be due to lack of ergonomic workspace as it was seen that more than 90% of those who did not make any additional investments for a home office perceived health problems. Nearly $2/3^{rd}$ of the population in WFH had reported stress and other psychological problems. Remote work or social isolation has shown to be related to stress in many other studies also.(7)(22)(23)

In the current study, though one-third reported that they were able to have a healthy work-life balance, disturbances in work-life balance were significantly related to preference for WFH and self-reported health. In accordance, there has been literature that poor work-life balance is positively related to self-reported poor health.(4)(24) A similar finding of family-work conflict during WFH significantly affecting work was reported by Galanti T et al.(25) and a few other studies.(26)(27)(7)(28) Social isolation from peers was ranked to be the biggest problem of WFH in the current study and by Toscano F, et al.(29). Galanti T et al.(25) and Tejero LMS, et al.(28) had also reported that social isolation in WFH impacted the quality of work.

CONCLUSION AND RECOMENDATION

This study brings out the health implications of WFH. The slightly higher additional hours of work in the current scenario might be the time consumed for configuration and adjustment to the new work environment. Hence, it is expected that employers will adhere to government norms concerning hours of work. To address the health problems associated with work at odd timings, the study suggests that, the employers can plan the work hours of WFH to maximally be in the office hours. In this regard, the new ‘three day off per week’ policy under consideration for the revised labour codes in India, as proposed by Labour and Employment Secretary Apurva Chandra in early 2021,(30)s has to be researched adequately for health effects before implemetation. The employer can frame job specific company policies in regard to home workspace expenses and reimbursement procedures. In addition, the study also suggests that skills in time management, stress management and enabling employees to divide the work and life spheres should be imparted to employees. There can be legal guidelines regarding occupational health to ensure periodical monitoring of employees' health, occupational diseases, ergonomic workspace and gadget maintenance.

Limitations

Occupational safety in terms of the ergonomic environment which would have helped to hypothesize the etiology of the perceived health problems was not assessed. Being a cross-sectional study the health problems could not be attributed to work from home. All the health outcomes studied were self-reported perceptions and were not based on any scientific diagnostic methods. The psychological problems perceived due to WFH could not be differentiated from those due to the new experience of lockdown. The current study was on a novel method of WFH for many participants and hence the problems perceived might be due to the method or adjustment to the new technique.

REFERENCE

1. Ahrendt D, European Foundation for the Improvement of Living and Working Conditions. Living, working and COVID-19. Vol. 1. Publications Office of the European Union; 2020. Available from: https://books.google.com/books/about/Living_Working_and_COVID_19.html?id=f75fzgEACAAJ
2. International Labour Organisation. Job quality of concern to all workers. [cited 2022 Dec 27]; Available from: http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_696146/lang--en/index.htm
3. Peeters MCW, Montgomery AJ, Bakker AB, Schaufeli WB. Balancing work and home: How job and home demands are related to burnout. Int J Stress Manag 2005;12(1):43–61. doi: 10.1080/1061580021000030535
4. Mensah A, Adjei NK. Work-life balance and self-reported health among working adults in Europe: a gender and welfare state regime comparative analysis. BMC Public Health 2020;20(1). doi: 10.1186/s12889-020-09139-w.
5. Ekelund U, Tarp J, Steene-Johannessen J, Hansen BH, Jefferis B, Fagerland MW, et al. Dose-response associations between accelerometry measured physical activity and sedentary time and all cause mortality: systematic review and harmonised meta-analysis. BMJ 2019;366. doi: 10.1136/bmj.l4570.
6. Ross R, Chaput JP, Giangregorio LM, Janssen I, Saunders TJ, Kho ME, et al. Canadian 24-Hour Movement Guidelines for Adults aged 18-64 years and Adults aged 65 years or older: an integration of physical activity, sedentary behaviour, and sleep. Appl Physiol Nutr Metab 2020;45(10 (Suppl. 2)):S57–102. doi: doi: 10.1139/apnm-2020-0467.
7. Toscano F, Zappalà S. Social Isolation and Stress as Predictors of Productivity Perception and Remote Work Satisfaction during the COVID-19 Pandemic: The Role of Concern about the Virus in a Moderated Double Mediation. Sustain 2020;12(23):9804. doi: 10.3390/su12239804.
8. Working from home expenses. Australian Taxation Office 2023. Available from: https://www.ato.gov.au/Individuals/Income-and-deductions/Deductions-you-can-claim/Working-from-home-expenses /
9. Kessler D, Henderson J, Medeiros S. COVID-19: Working from home and employer reimbursement of remote-work expenses in California and beyond 2022. Available from: https://www.nortonrosefulbright.com/en-us/knowledge/publications/bae46929/working-from-home-and-employer-reimbursement-of-remote-work-expenses-in-california-and-beyond
10. Duterte signs "work from home" law. Philippine News Agency. Government of The Republic of Philinppines. Published on 11th Jan 2019. Last accessed on 2nd Jan 2023. Available from: https://www.pna.gov.ph/articles/1058583
11. The Tamilnadu Shops And Establishments Act. Government of Tamil Nadu, India. 2nd February, 1948. Available from: https://labour.tn.gov.in/pdf/archives/THE-TAMILNADU-SHOPS-AND-ESTABLISHMENTS-ACT-1947.pdf
12. Spurgeon A, Harrington JM, Cooper CL. Health and safety problems associated with long working hours: a review of the current position. Occup Environ Med 1997;54(6):367–75. doi: 10.1136/oem.54.6.367.
13. Bureau UC. Those Who Switched to Telework Have Higher Income, Education and Better Health. U.S. Census Bureau report 2021. Available from: https://www.census.gov/library/stories/2021/03/working-from-home-during-the-pandemic.html
14. Sañudo B, Fennell C, Sánchez-Oliver AJ. Objectively-Assessed Physical Activity, Sedentary Behavior, Smartphone Use, and Sleep Patterns Pre- and during-COVID-19 Quarantine in Young Adults from Spain. Sustain 2020;12(15):5890. doi:10.3390/su12155890.
15. Tison GH, Avram R, Kuhar P, Abreau S, Marcus GM, Pletcher MJ, et al. Worldwide Effect of COVID-19 on Physical Activity: A Descriptive Study 2020;173(9):767–70. doi: 10.7326/M20-2665.
16. Cellini N, Canale N, Mioni G, Costa S. Changes in sleep pattern, sense of time and digital media use during COVID-19 lockdown in Italy. J Sleep Res 2020;29(4):e13074. doi: 10.1111/jsr.13074.
17. Leso V, Fontana L, Caturano A, Vetrani I, Fedele M, Iavicoli I. Impact of Shift Work and Long Working Hours on Worker Cognitive Functions: Current Evidence and Future Research Needs. Int J Environ Res Public Health 2021;18(12). doi: 10.3390/ijerph18126540.
18. PMA COMPANIES Ergonomic Considerations in Setting up a Home Office Workspace. 2020. Available from: https://sites.sju.edu/humanresources/files/2020/09/Ergonomic-Considerations-in-Setting-up-a-Home-Office-Workspace.pdf
19. Baker R, Coenen P, Howie E, Williamson A, Straker L. The Short Term Musculoskeletal and Cognitive Effects of Prolonged Sitting During Office Computer Work. Int J Environ Res Public Health 2018;15(8). doi: 10.3390/ijerph15081678.
20. Choi JH, Park SS, Kim SY. Associations of Earphone Use with Tinnitus and Anxiety/Depression. Noise Health 2021;23(111):108–16. doi: 10.4103/nah.NAH_48_20.
21. Jiang W, Zhao F, Guderley N, Manchaiah V. Daily music exposure dose and hearing problems using personal listening devices in adolescents and young adults: A systematic review. Int J Audiol 2016;55(4):197–205. doi: 10.3109/14992027.2015.1122237.
22. Stephenson LE, Bauer SC. The Role of Isolation in Predicting New Principals' Burnout. Int J Educ Policy Leadersh 2010;5(9). DOI: 10.22230/ijepl.2010v5n9a275
23. Killgore WDS, Cloonan SA, Taylor EC, Dailey NS. Loneliness: A signature mental health concern in the era of COVID-19. Psychiatry Res 2020;290:113117. doi:10.1016/j.psychres.2020.113117.
24. Lunau T, Bambra C, Eikemo TA, Van Der Wel KA, Dragano N. A balancing act? Work-life balance, health and well-being in European welfare states. Eur J Public Health 2014;24(3):422–7. doi: 10.1093/eurpub/cku010.
25. Galanti T, Guidetti G, Mazzei E, Zappalà S, Toscano F. Work From Home During the COVID-19 Outbreak: The Impact on Employees' Remote Work Productivity, Engagement, and Stress. J Occup Environ Med 2021;63(7):E426–32. doi:10.1097/JOM.0000000000002236.
26. Allen TD, Golden TD, Shockley KM. How Effective Is Telecommuting? Assessing the Status of Our Scientific Findings. Psychol Sci Public Interest 2015;16(2):40–68. doi:10.1177/1529100615593273.
27. Wang B, Liu Y, Qian J, Parker SK. Achieving Effective Remote Working During the COVID-19 Pandemic: A Work Design Perspective. Appl Psychol 2021;70(1):16–59. doi: 10.1111/apps.12290.
28. Tejero LMS, Seva RR, Fadrilan-Camacho VFF. Factors Associated With Work-Life Balance and Productivity Before and During Work From Home. J Occup Environ Med 2021;63(12):1065–72. doi: 10.1097/JOM.0000000000002377.
29. Toscano F, Zappalà S. Social Isolation and Stress as Predictors of Productivity Perception and Remote Work Satisfaction during the COVID-19 Pandemic: The Role of Concern about the Virus in a Moderated Double Mediation. Sustainability 2020;12:9804. doi:10.3390/su12239804.
30. Labour codes: Free medical check-up, 4-day work week among draft rules. Business News, The Indian Express 2021 Feb 9. [Last accessed: 2023 Jan 9]; Available from: https://indianexpress.com/article/business/labour-codes-free-medical-check-up-4-day-work-week-among-draft-rules-7180236/

Table 1: Perceptions about work life balance in work from home.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Spend more quality time with my family	31 (28.7)	25 (23.1)	30 (27.8)	17 (15.7)	5 (4.6)
Healthy work-life balance	16 (14.8)	20 (18.5)	33 (30.6)	32 (29.6)	7 (6.5)
Productive in work from home	26 (24.1)	36 (33.3)	33 (30.6)	8 (7.4)	5 (4.6)
Employer is providing necessary support for work life balance	29 (26.9)	33 (30.6)	27 (25)	14 (13)	5 (4.6)
Work from home has increased my working hours	55 (50.9)	30 (27.8)	15 (13.9)	4 (3.7)	4 (3.7)
Working from home has increased work-stress	34 (31.5)	30 (27.8)	30 (27.8)	10 (9.3)	4 (3.7)

Table 2: Health related problems attributed to work from home and increased screen time.(N=108)

Health related problems	Proportion of people in %
Perceived due to work from home	
Eat at odd hours	61.1%
Weight gain	50.9%
Back / neck / wrist pain	50.9%
Sleep at odd hours	47.2%
Irritable after starting work from home	44.4%
Losing my temper frequently	43.5%
Developed vision problems during work from home	20.4%
Perceived due to increased screen time	
Back pain	54.6%
Eye strain	54.6%
Head ache	52.8%
Neck pain	45.4%
Dry eye	35.2%
Anxiety	32.4%

Table 3: Preference for work from home across various socio demographic and work related factors. (N=108)

	Prefer WFH	Does not prefer WFH	p value*
Total	57 (52.8)	51 (47.2)	
Age group			
21–30 years	31 (54.4)	31 (60.8)	0.5
31–40 years	26 (45.6)	20 (39.2)	
Gender			
Female	15 (26.3)	14 (27.5)	0.8
Male	42 (73.7)	37 (72.5)	
Years of experience			
≤ 7 years	28 (49.1)	26 (51)	0.8
> 7 years	29 (50.9)	25 (49)	
Hours per week			
≤ 48 hours	30 (52.6)	23 (45.1)	0.4
> 48 hours	27 (47.4)	28 (54.9)	
Additional investments for work from home			
Yes	45 (78.9)	40 (78.4)	0.9
No	12 (21.2)	11 (21.6)	
Reimbursement for internet			
Yes	25 (43.9)	12 (23.5)	**0.02**
No	32 (56.1)	39 (76.5)	
Health problems			
Yes	45 (78.9)	50 (98)	**0.002**[#]
No	12 (21)	1 (1.9)	
Work life balance			
Yes	28 (49.1)	8 (15.7)	**<0.01**
No	29 (50.9)	43 (84.3)	

*chi-square test [#] Fischer exact test

Table 4: Perceived health problems due to work from home across various socio demographic and health related problems. (N=108)

	Physical problem		**Psychological problem**		**Health problems overall**	
	Yes (%)	**No** (%)	**Yes** (%)	**No** (%)	**Yes** (%)	**No** (%)
Total	86 (79.6)	22 (20.4)	71 (65.7)	37 (34.3)	95 (88)	13 (12)
Age group						
21–30 years	51 (59.3)	11 (50)	41 (57.7)	21 (56.8)	53 (55.8)	9 (69.2)
31–40 years	35 (40.7)	11 (50)	30 (42.3)	16 (43.2)	42 (44.2)	4 (30.8)
p value*	0.4		0.92		0.35	
Gender						
Female	25 (29.1)	4 (18.2)	18 (25.4)	11 (29.7)	27 (28.4)	2 (15.4)
Male	61 (70.9)	18 (81.8)	53 (74.6)	26 (70.3)	68 (71.6)	11 (84.6)
p value*	0.3		0.6		0.32	
Years of experience						
≤ 7 years	44 (51.2)	10 (45.5)	34 (47.9)	20 (54.1)	46 (48.4)	8 (61.5)
> 7 years	42 (48.8)	12 (54.5)	37 (52.1)	17 (45.9)	49 (51.6)	5 (38.5)
p value*	0.6		0.5		0.37	
Hours per week						
≤ 48 hours	38 (44.2)	15 (68.2)	32 (45.1)	21 (56.8)	45 (47.4)	8 (61.5)
> 48 hours	48 (55.8)	7 (31.8)	39 (54.9)	16 (43.2)	50 (52.6)	5 (38.5)
p value*	**0.04**		0.24		0.33	
Hours per day						
≤ 8 hours	37 (43)	14 (63.6)	31 (43.7)	20 (54.1)	44 (46.3)	7 (53.8)
> 8 hours	49 (57)	8 (36.4)	40 (56.3)	17 (45.9)	51 (53.7)	6 (46.2)
p value*	0.08		0.3		0.61	
Working at odd hours						
Yes	66 (76.7)	8 (36.4)	57 (80.3)	17 (45.9)	69 (72.6)	5 (38.5)
No	20 (23.3)	14 (63.6)	14 (19.7)	20 (54.1)	26 (27.4)	8 (61.5)
p value*	**<0.01**		**<0.01**		**0.01**	
Work life balance						
Yes	24 (27.9)	12 (54.5)	12 (16.9)	24 (64.9)	26 (27.4)	10 (76.9)
No	62 (72.1)	10 (45.5)	59 (83.1)	13 (35.1)	69 (72.6)	3 (23.1)
p value*	**0.01**		**<0.01**		**<0.01**	

*chi-square test