

Laborer's Working Hours, Work Stress, Recovery and Health in West Java: A Qualitative Study

Silvy Sondary Gadzali¹, A. Moeslihat Komara², Kamal Ma'ruf³

^{1,2,3} Universitas Subang, Indonesia

silvysondari@unsub.ac.id, amoeskomara@unsub.ac.id, kamalmaruf2207@gmail.com

Abstract

The study aims to explain the relationship between working hours and psychosocial work characteristics and review the health effects of working hours and related causes. It was identified that lack of sleep might affect work and working hours to illness. Provide an outline of the research method(s), data and materials used in this research. Explain how the method(s) is performed in order to obtain the results of discussions. It was identified that the most likely to improve recovery and health was through changes in working hours. Night work and shift work are associated with various health effects, the risk of morbidity being the most substantial evidence. Lack of sleep or insufficient sleep, associated with inadequate recovery, can cause long working hours, shift work, and work stress to illness. The best work-related mechanisms for reducing psychosocial workloads and the adverse health effects of working hours are regulating overtime and overworked hours, improving individual work-time control, improving recovery from sleep pattern recognition and promoting these principles into shift rotation.

Keywords

illness; recovery; shifting; sleep pattern



I. Introduction

The demand in various aspects of development in many sectors has increased business access and its speed process and strengthened the emergence of "24 hours society". Consequently, weariness and work stress become the primary issues in the modern working system, particularly in improving the work time urgency and job activities (Patterson et al., 2014). For instance, an occupation in information technology allows the work to be done anywhere and anytime. Even more in several sectors, the requirement to compete with time makes the working hours become much longer; simultaneously, the time remaining for recovery becomes shorter. The job becomes heavier and faster, and thus, usually, the work time is not sufficient in just one working day. Hence, it makes apparent between the available time and the time required for the personal affair to control and balance the time (Gamarel et al., 2014).

The relationship between the characteristic of the working hour and psychosocial occupational characteristic and work stress model is a controversial issue (Patterson et al., 2014). The unfavorable working hour and work stress create the same psychophysiological stress reaction and influence long-term health, and the indication is a common outcome from the job to the health. In this writing, the researcher explores several research aspects as follows: (i) general trend in working hours, (ii) the relationship between the working hour and psychosocial occupational characteristic, (iii) the health effect of the long working hour and shift work, (iv) the influence of long working hours and shift work to health.

This research is a qualitative study that tries to explain and discuss the full-length description of the relationship between working hours, psychosocial work characteristics, recovery, and health. The quantity of sleeping time is closely connected with stress because sleeping problems are also closely related to the demand of unfavorable psychosocial work, shift work, long working hours, sleep, and inadequate recovery (Armstrong et al., 2015; Khalique et al., 2018) plays as the cause of work stress and discussed in more detailed.

II. Review of Literature

A working hour policy in an enterprise refers to the company's requirement to extend, modify, or lessen working hours conforming to the client and production need. For instance, paid overtime and shift work and part-time and weekend work are the common forms of enterprise-based flexibility (Grawitch et al., 2010; Zhu et al., 2015). Meanwhile, this enterprise- and customer-based flexibility are increasing, and many countries implement optional overtime due to skilled workers' increasing independence and commitment. Besides enterprise-based flexibility, individual flexibility in working hours and the employee's work time control also become common (Top et al., 2015; Wang et al., 2013).

Unlike company-based flexibility in work time, individual flexibility fulfils employee requirements provide some freedom such as starting and ending time, break, off days, leave, and total work time (Hadjri et al., 2019). The control of employee work time is close to individual flexibility and allows the employee to control work time duration, position, and distribution, that is, the freedom regarding work time (Hussain et al., 2013; Khalique et al., 2018). In a survey, a representative of men and women, in India and Sri Lanka in 2017, 82% of all employees had at least one type of company-based flexibility; meanwhile, the rest 19%, has several types of individual flexibility in their work time (Sharma & Pareek, 2019).

Trends in average working hours vary by economic area; however, some empirical evidence shows average working hour polarization in terms of working hour extension among office/white-collar workers and shortening working hours in labourer/blue-collar work. In the long term, the average paid total working hours has decreased in several countries that participated in Organization for Economic Cooperation and Development (OECD). A study by (Šišulák, 2017) shows that 36% of employees have night shift work, 21% work continuously under tight deadlines, and the rest of 29% perform 50 hours of working or more in a week.

Meanwhile, on (Allen & Finkelstein, 2014) research in several Europe countries, around 23% of workers work 53 hours or more in a week, this working hour is definitely exceeding the maximum limit set by the European working hour manual, 48 hours. In addition to the actual working hour, a survey in European Union (EU) has gathered information on the desired working hour for the worker. The average preference in Europe is between 30 and 40 hours per week, and this number shows a significant gap between the desired working hour and its actual data. In short, individual and company flexibility in working hours has increased, and working hours have become varied. The average working hour has decreased; nevertheless, unpaid overtime has become more common among many workers. The need to control the lower average work time and working hours are more prioritized.

III. Research Methods

This research is a qualitative explorative study, e.g., the research tries to excavate the interaction and tendency in the implementation of working hours, the correlation between work time with psychosocial work, and the impact that may arise due to overtime and shift policy implication to employee's health. Health is a very important element of the quality of life in national development (Najikhah, 2021). While indirect factors such as economic factors, culture, education and work, health service facilities (Lubis, 2021). The population is the blue-collar workers (laborers) who get work time shifts, and the sample is the blue-collar workers (laborers) of the garment industry in Purwakarta Regency, West Java. The research has conducted interviews with 20 head of employee groups in five garment companies. The interview lasted six months, from August 2020 until February 2021.

IV. Discussion

4.1 Correlation between Working Hour and Psychosocial Work Characteristic

The terms of psychosocial factor are defined as the measurement that potentially connects psychological phenomena with the social environment and pathophysiological changes (Yukongdi, 2020). The psychosocial factor in the workplace is studied with work stress theory, which tries to describe conceptual factors that can cause harmful stress reactions in the workplace. (Braun & Peus, 2018) makes a comparative review on the most central work stress model to identify the crucial working features from the most common seven work stress theories.

There is a significant overlap between these theories. These theories primarily used characteristics of working demand, autonomy, skill variation, and social support. Factors that are rarely included are feedback, assignment identity, job ambiguity in the future, and salary. In this research, work stress is the combination that potentially endangers conceptualized psychosocial factors in the workplace.

First, working tension's most famous work stress implies that working control modifies the health effect that harms working demand (Meyer & Allen, 1997). A job with high demand and low control of the job content is called high tension work, which in the long run, it can expose to the risk of stress-related disease. The high demand supported by high control also creates active work that encourages individual growth, resources, and health.

In the working tension model, the factor of working demand particularly measuring working speed and quality, including items focusing on the assessment that has enough time for the job. It is stated by (Allen et al., 2013) that time pressure in working place negatively impacts the total amount and working break time length (internal recovery), and it causes overtime due to imbalances between workload and work time. Overtime is a common thing that occurs in the job with high demand and pressure (Mas-Machuca et al., 2016; ter Hoeven et al., 2017), and the factor of working demand correlates with overtime, particularly with structural overtime (H. K. Kim, 2014).

Karasek's working control factor is not included in work time control or control over the working schedule. Perceived control over working hours is still highly correlated with job control factors (Kuo et al., 2018). The usage of control factor is actually criticized due to its overly tight control spectrum to be applied, and it only covers intrinsic control element in working and put aside the balance in house chores (Mas-Machuca et al., 2016).

Subsequently, (Hawker, 2016) details the possible dimensions that are important in control as follows: controlling on work assignments (optional, order, quality, or output

quantity), back and forth and break, schedule (working hour, vacation, and shift), physical environment, organizational policy, other people, mobility, and information (predictability). Among the office workers, overtime is correlated with higher-up decisions and greater possibility to affect working situation (Armstrong et al., 2015). Shift system workers have shorter weekly working hours and lower working control over their job than daily workers; meanwhile, working demand and social support are not much different (Armstrong et al., 2015; Braun & Peus, 2018; ter Hoeven et al., 2017).

The second standard model of work stress, model, reward and effort imbalance model from (Braun & Peus, 2018) focused on one's perception of their effort balance in working place with the reward received. The extrinsic component of the reward and effort imbalances model postulates that imbalances align with health problems; meanwhile, the running commitment must become a specific issue for the intrinsic component. The reward and effort imbalances model does not directly cover different working hours, but it can be hypothesized that overtime can become an excessive commitment indicator. Likewise, controlling working hours and good house chores balance can be perceived as practical working elements (Hawker, 2016; Kuo et al., 2018).

Both the work stress model and the effort and reward imbalance model directly enable recovery after work. Because working hours directly correlate with daily and weekly time budget and the remaining time for family, other social activity, and sleep, the recovery aspect can be particularly relevant in explaining the health effects of unfavorable working hours. According to this requirement, the third primary stress model, the recovery-effort model, shows that the possible negative consequence from the long working hour on health depends on the possibility of recovery during the day (internal recovery) and after working (external recovery) (Hawker, 2016).

In brief, the working hour is closely related to the three principal stress models. Overtime is usually associated with high working demand and a greater possibility to influence the working situation. Overtime can become an excessive commitment indicator in the reward-effort imbalance model, and higher working control is associated with better autonomy in the workplace. Shift work is related to lower working control but not with differences in work demands.

4.2 Working Hours, Shift, and Health

The latest study shows that there is growing evidence that extended overtime and working days are associated with illness, self-assessed health problems, and fatigue (Lingard et al., 2017).

Other epidemiology evidence shows that daily and weekly working hours are directly correlated with the increased rate of working accidents and injury and that this correlation does not depend on age, gender, work, or industrial sector (Lingard et al., 2017). The aggregate data analysis shows an exponential increment of accident risk from 8 to 16 hours in the working place. Working in a job with an overtime schedule was associated with a 61% higher risk of injury than a job without overtime, and working at least 12 hours a day was associated with a 23% risk rate. Long working hour is also related to higher vehicle accident risks. In the United States, the vehicle accident ratio increases by 2.7 times after shift work overtime than normal shift work (Teece, 2017).

Shift working is associated with risk for a sleeping disorder, fatigue, and higher working accidents. In the long run, shift work is proven to increase illness risk and gastrointestinal, but it can also increase breast cancer risk, diabetes type II, and disorders of pregnancy (Toffoletti & Starr, 2016).

According to clinical criteria, a disorder called sleeping shift occurred on night shift and rotating shift by 10% (Perdana & Mardiana, 2018; Toffoletti & Starr, 2016). Among the shift workers, night sleep before the morning shift and naps after the night shift is usually limited to 2 hours. Sleep deprivation mainly involves stage-2 sleep and sleep with rapid eye movements. Similarly, sleepiness is most common in the night and morning shifts (E. Kim et al., 2014). For example, Severe sleepiness was reported in night shift workers by 49% and 20% on the morning shift in most engineers and nurses (Lu et al., 2015). The odds ratio indicates that the risk of severe drowsiness is 6-14 times higher on the night shift and about twice as high on the morning shift as on the afternoon shift.

Apparently, shift work is associated with working injury risk due to occasional sleepiness (Gadzali, 2020). Recently, the effect of unstandardized shift schedule on working accident in more than 100,000 recorded working hours were analyzed in further study. After controlling age, gender, occupation, industry, and area, the danger ratio was calculated, it is obtained 1.43 for night shift, 1.36 for rotating shift, and 1.30 for night shift (Lu et al., 2015; Namayandeh et al., 2011).

According to the review of 13 related studies and 4 related cases, the subsequent meta-analysis is included in the additional negative study, and night shift increases illness risk by 30-40% even when the other traditional risk factors and social class were controlled (Chan et al., 2016). Cessation of shift work exposure at a later time diminishes the risk. Several proofs show that night jobs and shifts might impact metabolic syndrome (Haar & Russo, 2013).

As a result, nowadays, night jobs and shift work are serious work problems. Individual risk and the odds of exposure to certain diseases due to shifting work are more minor, about under 2. Due to these two exposures and many similar results (shift work incidence was approximately 20% and results included internal organ disease, type II diabetes, and breast cancer). Overall, these risks primarily indicate that night work and shifts are high-risk factors for work.

(Bunchm et al., 2017) review studies two-different-ways validity, inadequate recovery, and bad harming lifestyle, in terms of the correlation between long working hours with health. Evidence on physiological pathways is weak, with only a handful of studies showing that extended work hours can be associated with, for example, increased heart rate and blood pressure. Some occasional evidence is found for an association between long working hours and immunological depression. There is no evidence for the possibility of a correlation between long working hours and poor eating habits or lack of physical activity. The most consistent path of the long working hours on health-related to inversely proportional between the long working hour and sleeping (Bunchm et al., 2017; Mas-Machuca et al., 2016)

A study by (Armstrong et al., 2015) shows that incomplete recovery is the cause of chronic health disorders. As is known, long working hours and overtime were associated with less time for recovery and the difficulty of relaxing after working. Even though there is no direct correlation between the length of working in a week and sleeping every day, very short sleeping (6 hours or less) is correlated to a more extended weekly working hour compared to the middle range (more than 6 hours but less than 9 hours) or long sleeping (9 hours or more) on the general population. Excessive working hours (50 hours or more) correlate with less sleeping time but not with insomnia (Berrone et al., 2017; Zhu et al., 2015).

The correlation between the long working hour and health also depends on the work demand. In a recent study, overtime is associated with higher recovery requirements only for the employee who experiences higher working demand according to the working

tension model (18). In short, the most consistent path of the long working hour to health occurs through the decreasing of recovery and lack of sleep. Long working hours are still reflected in lack of sleep, and inadequate recovery is only for those with an exceeding working hour or higher working demand.

Whether shift work is an independent risk factor for health is often questioned. Since shift work is associated with social class, it can only represent other differences in working environment, lifestyle changes, or, for instance, differences in choosing long term into different jobs. Regardless of social class and differences in work and work environment (Fayyazi & Aslani, 2015), the possible path from shift work to poor health is lifestyle changes, the discrepancy between circadian rhythms (sleep-wake cycle), and stress of shift work workers because their social life is disrupted (Gallie et al., 2017).

Several studies indicate a correlation between shift work and controlled internal organ disease for social class (Namayandeh et al., 2011). The working situation with high demand-less control, such as reward and effort imbalances, maybe partly mediate the correlation between shift work and risk, for instance, the probability that the prevalence ratio for hypertension and atherogenic lipids caused by an imbalance between effort and reward tends to be highest among shift workers compared to day workers. There is evidence that shift work is an independent risk factor for internal organ disease and its relationship with several working environment factors such as noise and physical workload (Hofmann & Stokburger-Sauer, 2017).

As a result, literature shows several outcomes of shift work to bad health. Disturbed sleep and increased sleepiness are possible reasons for the higher accident risk. Shift work is related to lower social-economic class and other risks in the occupational environment. Shift workers also often suffer obesity, smoking habits, higher triglycerides and lower HDL cholesterol levels (Grawitch et al., 2010). Circadian rhythm disorder and lack of sleep can trigger physiological, metabolism, and independent endocrinological changes, which causes obesity, illness and gastrointestinal, and breast cancer.

4.3 The Impact of Long Working Hour, Night Shift, and Stress

It is interesting to suggest that brief or disrupted sleeping is linked to inadequate recovery, which can be the common cause of working the night shift, extended shift work, and work stress with harming health (Haar & Russo, 2013). Excessive working hours and overtime are related to the shorter sleeping time, the greater necessity for more significant recovery (Gamarel et al., 2014). Similarly, shift work is closely related to brief or disrupted sleeping, as mentioned before, and the need for recovery (Hayati et al., 2011; Top et al., 2015).

Work stress is also related to inadequate recovery, and lack of sleep is one of the distinctive symptoms of psychological stress. Based on the tension-working model, working demand and control have a solid cross-sectional relationship for insomnia, lack of sleep, weariness in daylight regardless of working hours and lifestyle factors such as physical activity, smoking, and consuming alcohol (Allen & Finkelstein, 2014).

The shift schedule is made varied significantly in conjunction with preparing times to recover an employee's physical condition in shift work. If the break time in each shift is inadequate or approaching the average sleep requirement of 7.5 hours, full recovery might not be achieved. The application of the speedy recovery method, brief break time between night and morning shifts, is common in many shift systems (Armstrong et al., 2015). On the other hand, the accumulation of shift workers sleeping time is inversely proportional to severe drowsiness during shift (Khalique et al., 2018). The late work starting time in the morning shift is essential to recover the length of sleep of the night before.

On the other side, around 50-80% of shift workers sleep at noon before a shift on the first night. Taking a nap before and during the night shift cuts time spent waking up, and shorter sleep significantly improves alertness and performance (Haque & Aston, 2016). A short break time interval or early start for the night shift makes the nap before the night shift becomes difficult. The later the night shift start time, the greater chances of nap time length (Lu et al., 2015).

Shift speed, rotation direction, and distribution of off days in the shift system are relevant in health and recovery. Some evidence shows that improvement in shift scheduling can decrease risk factors for heart disease (Yukongdi, 2020) since using the advanced rotational shift system appears advantageous concerning sleep, social life, and working family life (Gamarel et al., 2014).

Many recommendations suggest that the rotating shift system advances swiftly (only 1-3 continuous night shifts) instead of the weekly rotating schedule to optimize recovery and disorder in social life within the shift system (Gamarel et al., 2014; Haque & Aston, 2016; Yukongdi, 2020). The human circadian system is rigid, but it tries to self-adjust with shift rotation changes. More circadian adjustment (mostly with phase delays) can occur in a slow rotating shift system than a swift rotating shift system (Patterson et al., 2014).

The high necessity for recovery, short sleeping (4-6 hours a day), and insomnia have all proved to increase illness risk in a massive prospective study. In various advanced studies, perception of insufficient recovery in the weekend increase the chance of death risk; meanwhile, the risks did not cause death after adjustment by age, gender, and 16 conventional risk factors, including depression symptoms, fatigue, and work stress (Allen & Finkelstein, 2014; Grawitch et al., 2010).

Sleeping disorder is the indicator for health problems due to stress. When stress occurs (self-report on death or family disease) and sleeping duration and quality after the event are associated with monthly sick absence records found in many groups of city employees (Top et al., 2015). This finding indicates that long-term improvement in illness absence, showing delayed recovery, is possible if the stress event is linked to sleeping disorder after the event takes place. As a result, the proof implies that short or disrupted sleeping can be the common path that connects the night shift, shift work, extended working hour, and works stress with illness. Nonetheless, sleeping can, but it does not have to be the only path between work, psychosocial occupational environment, and health.

Since long shift work and working hours may result in deteriorating health, it is essential to find out the modification type or what kind of working hour improvement is needed to decrease psychosocial workload and the health effect of working hours. Unfortunately, there is a lack of controlled intervention studies testing the possibility of health improvement through working hour changes. As working hours are most closely related to work demands (overtime), freedom or control (work time control), and recovery concepts (sleep), work time research that focuses primarily on the effects of working hours on these three areas is briefly reviewed.

Research by (Braun & Peus, 2018) indicates that 43% of men and 37% of women can arrange their personal working hours (work time flexibility). At a cross-divisional level, higher control of individual work time is associated with mental stress and stress due to conflict in combining workplace and family roles (Yukongdi, 2020). Poor employee control over their work time is also related to subjective health decline and the absence increment due to illness among women even when potential confounders such as job control are adjusted (Haque & Aston, 2016; Lu et al., 2015).

The same group also checks whether the effect of working stress (according to work-tension and reward-effort imbalances models) on sick leave depends on work time control

(Gamage, 2013). This research result shows that better work time control decreases the negative effect of work stress on absence due to illness, particularly among women employees. Additionally, a good working control is associated with lessening the negative effect of the long working hour total (work + home) on subjective health and absence due to illness in the future (Haque & Aston, 2016).

The study of women working within 6 months before and after maternity investigated the effect of individual work time control improvement on the health perceived by the hospital nurse (Lu et al., 2015). As the result of the intervention, work tension and stress perceived are decreasing, the most apparent changes occurred among the nurses. Other studies examined the use of work time, which was selected by themselves through individual planning and the usage of bank time (the system supporting a more flexible overtime handling) (Plessis & Niekerk, 2017). Even though working hour changes decrease the total employee quantity, their selected working hours increase employee satisfaction with their working hours. In conclusion, there is much evidence that work time control is the powerful medium to improve social life and health and decrease the negative effect of the long working hour on their health.

4.4 Discussion

Discussion is to interpret and describe the significance of the findings in light of what was already known about the research problem being investigated and to explain any new understanding or fresh insights about the problem after considering the findings.

V. Conclusion

The literature on human resources management, mainly focusing on work stress, has not widely analyzed particular characteristics of working hours as the work stress trigger; hence, skipping this aspect can conclude practical recommendations and a detailed analysis of the causes of poor health concerning work stress. On the other hand, much research on working hours has not been grounded by theoretical context and conceptual and interpretation of specific empirical findings, so it becomes difficult to pull it.

However, an urgent need for instrument knowledge emerges, which can enlighten health disorders related to work stress. Consequently, findings on research focusing on working hours can become a practical instrument that might be used to increase health quality and occupational welfare and decrease the harmful effect of work stress.

Night work and shift work, long working hours, and work stress are highly potential to cause short-term and long-term changes in psychophysiological stress reaction and health in the long run. The intervention study and health research are perspectives using objective and subjective health measurement, which was still required. Further research must take part in different rotating shift systems on long-term health instead of only classifying working hours as daylight work or shift.

The upcoming research on working hours ideally arrives on conceptual and theoretical achievement from work stress research or until it is found "the black box" of psychosocial stress research. So that the journey of the practical instrument to decrease the effect of work stress on health can be found in an orderly fashion: the reduced overtime and excessive hours. Work breaktime usage and the improvement of individual work time control can decrease work stress and prevent long term degenerative illness.

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