

# Health Status, Safety Performance, and Family-Work Life of Workers Under Compressed Workweek Scheme

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## **HEALTH STATUS AND SAFETY PERFORMANCE OF WORKERS ON COMPRESSED WORKWEEK**

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Long working hours has been existing until various stakeholders pursued shorter working hours to protect the workers. However, hours of work have been evolving due to the recent developments in technology and other social and environmental factors (Messenger, 2018). Various literatures reported that these alternative work arrangements have an impact to the safety and health of the workers. Hence, it is the goal of this study to determine the health status, safety performance, and family-work life of the workers employed in private establishments with compressed workweek (CWW) as their flexible work arrangement.

An electronic survey was done to the workers who have worked for at least 12 months, as of December 31, 2019, on the said work arrangement from May to September 2020. About 121 companies were initially chosen from among the list provided by the Department of Labor and Employment (DOLE) and were invited to participate in this study. However, only seven (7) agreed to join in this study due to company closures, retrenchment of workers, and technological challenges. An online link to the survey was sent via e-mail to the company's Safety Officer (SO) or its Human Resource (HR) personnel. They were then instructed to forward the same to the respondents totaling to 1,000. Only 278 were considered as valid responses out of 379 workers who agreed to participate in the study. The respondent's demographic profile, health status, safety performance at work and during travel to and from work, and work-family and family-work life scales were elicited. Establishments were also asked of their company and occupational safety and health profile. Data gathered were analyzed using Microsoft Excel and IBM-SPSS® version 24.0. Descriptive statistics including frequency distributions and percentages were among the measurements done.

This study revealed that psycho-vegetative conditions were noted in about 36% of the respondents employed in CWW scheme. Likewise, injuries such as back

spasms, cuts and punctures, etc., were common in 30% of the respondents mostly from the accommodation and food service activities. Fatigue (3%) and over-exertion or strenuous movement (3%) were the common causes of the injuries. Balanced work-family and family-work lives were also noted in among 19.8% to 43.5% of the respondents.

Five participating companies reported competitiveness enhancement as the common reason why they applied for CWW for their workers. Respondents belonging to the regular rank-and-file comprised to 55% of the participants. No overtime work was reported but there were two companies that engaged their workers to shifting schedule on top of the said work arrangement. Company OSH programs were available for the benefit of their workers.

It is recommended that prevention and control of occupational and work-related injuries and illnesses relative to CWW be addressed by strengthening the existing OSH programs and activities. Strict compliance to government issuances and recognizing the effects of CWW and shiftwork must be taken into consideration.