

Prevalence of Work from Home on Female-it Workers, on Neck Pain and its Psycho-Social Effects During Epidemic Period

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Abstract

The outbreak of (COVID-19) has created a global health crisis that has had a deep impact on the way we perceive our world and our everyday lives. This survey was helpful to know the impact of neck pain and leisure activity during lockdown of Female IT workers while remaining at work, and to analyse psycho-social effect on neck pain.

Methodology: Female office workers with neck pain (n = 60) completed a survey about impact of their neck pain and leisure activities. Consequences of neck pain were evaluated with questions on self-reported impact on work and leisure activity. Responses to survey questions were analysed using descriptive analyses.

Result: The point prevalence of NP was significantly related to age, gender, health status, job satisfaction, and length of employment.

Conclusions: The findings provide evidence that the impact on work and leisure was substantial.

Keywords: Neck Pain, Office Employee, Prevalence, Risk Factors, Consequence, Quality of Life.

Introduction

Neck pain is very common in the society, particularly in office workers. Neck pain related disability has health and economic impact both at individual and community level. Community based studies worldwide reported annual prevalence of neck pain ranging from 15 to 44%.^[1] Globally one-year prevalence of neck pain related disability has been reported ranging from 7%^[2] to 11%.^[1]Prevalence of neck pain among office workers is higher than in the general community.^[3] Globally, one-year prevalence of neck pain among administrative workers has been reported between 15%^[4] to 34.4%.^[5]

It is considered as a major public health problem, both in terms of health and overall well-being of the person and the society^[6-8]. It has imposed relatively high direct and indirect costs, and may affect the quality of life and working condition of patients^[6,9,10]. Among occupational groups, office workers, especially intensive computer users, are at high risk for developing Neck

Pain^[11-18]. Prolonged use of computers during daily work activities and recreation is often cited as a cause of neck pain.

The term work-related neck pain is employed in this research;“computer” refers to desktop and laptop or notebook personal computers, video display units, and video display terminals, to include the use of keyboards and pointing devices (i.e., mice, trackballs).

By defining the pain, “pain is associated with tissue injury and an capability to identify pain sensations.”^[19]. This pain and disability is due to the pressure of socioeconomic problems, especially reimbursement to which involves blow injuries^[20]. Cervical pain involving skull and neck zone was the outcome of mechanical syndromes, shock, as well as provocative degenerative diseases^[21]. This pain occurring from constant postures was defines i“Nonspecific Neck Pain.”^[22]. The continuous usage of computers, with wrong posture and sit with rounded shoulders be able to interrupt the normal

lodortic curve of neck that can lead towards muscular discrepancy and therefore neck pain.^[23] Continuous work on computers and constant load on para spinal neck muscles lead to stretch weakness and pain.^[24] Electromyographic studies revealed that the muscles of neck like upper trapezius and cervical erector spinal muscle (CES) had constant loading throughout typing and mouse use.^[25]

Increasing computer-based tasks at the workplace may cause poor working postures and repetitive movements, especially in head and neck regions ^[26]. Different studies have demonstrated that office workers were at high risk of developing Neck Pain, yet, they reported different prevalence rates ^[26-28].

A number of studies have been carried out to investigate the association between neck pain and occupation. Larsman et al. ^[29] reported that 70% of medical secretaries had job-related neck pain. For academic staff in Hong Kong, the one-year prevalence of neck pain has been reported as 62%.^[30] A high prevalence and incidence of neck and shoulder pain (work-related diseases) is present in the working population, especially in computer-based employment.^[31,32]

In general, the percentage of neck pain among women appears to be higher than that in men,^[33] and their excursion of head retraction and protrusion is than men in a normal situation.^[34]

In an epidemiological study by Jensen et al., carried out on office workers, 53% female workers of call centers reported having NP ^[26].

Neck pain was more common in female computer operators. It was more common in middle class computer operators as compared to others. 67.3% of computer operators of localized neck and 32.7% complained of radiating neck pain. Neck pain occurred in computer operators due to wrong posture. It reduced the performance of computer operators..

Those persons who work more than two hours on computers are more likely to develop postural neck pain and other musculoskeletal problems at neck region.^[35] Greater than 50% of the computer operators have pain in neck, shoulder, arms, wrists and fingers.^[36] In one study, 285 of the over-all Dutch employed people worked on pain in the neck, shoulder arms, hands or wrists in the earlier twelve months of employment.^[37]

The etiology of work-related neck pain disorders (NPD) seems to be multidimensional is associated with physical and psychosocial factors ^[38]. A number of factors, including individual factors (e.g. gender and age) ^[28, 39, 40], and work related factors (e.g repetitive work, prolonged sitting, and static posture), Work-related psychosocial factors, such as interpersonal associations at work, funds, and finances appear to play a major role on the occurrence of NP ^[38, 41, 42].

Computer users had symptoms of discomfort in posture, headaches, discomforts in the neck and shoulder due to pain.^[43] Computer worker had been related with poor posture and musculoskeletal neck and upper extremity pain.^[44] Prevalence of the complaints that had been identified to increase risk of neck pain in computer operators were, reduce in work location ergonomic, employment duration, continuous sitting in front of computer wrong body biomechanics and work station:^[45] Rationale of this study was to spread awareness about neck pain in computer operators and to determine the prevalence of neck pain in computers users.

The outbreak of the novel corona virus (COVID-19) and the subsequent work-from-home imperatives and lockdown led to significant economic disruptions around the world. For despite being at home all day, remote workers in the the time of corona virus face key challenges that can affect engagement, satisfaction, productivity and mental health. Effects of the pandemic on employees mental health cannot be ignored. Work related muscular-skeletal disorders of the neck are major problem among employees who spend a great deal of time using laptop. Today, a large number of people use laptop for work and recreation, taking up a great deal of their time each day. Such survey would help me to knowing the impact of neck pain and leisure activity during lockdown of female IT workers while remaining at work. No clinical sample, would be collected or the study. This research focused on neck pain in female IT workers as females consistently demonstrate an increased prevalence of neck disorders and usually over-reported in the office worker population. Consequences of neck pain were evaluated with questions on self-reported impact on work and leisure-activity. Responses to survey questions were analyzed using descriptive analyses.

The purpose of our study were: (a) to investigate the prevalence of neck pain and leisure activities among Indian female IT-workers who is currently doing work

from during epidemic period and the impact of work from home on neck pain (b) to analyse psycho-social effect on neck pain and the ratio between these two variables.

Research Hypothesis: There will be significant relation of Impact of Neck pain and Psycho-social effects during Work from Home among Indian Female-IT workers during Epidemic period

Null Hypothesis: There will be no significant relation of Impact of Neck pain and Psycho-social effects during Work from Home among Indian Female-IT workers during Epidemic period

Methodology

Type of Study: Cross sectional normative study design with non random convenient sampling

Ethical Clearance: Prior to conduct of the study institutional ethical approval & an informed consent in writing were obtained from all the participants

Sample Size: 60 participants

Inclusion Criteria: Participants were included in the study if they were normal healthy individuals within the age range of 25-45 years.

Exclusion Criteria:

Maligancy

History of central or peripheral nervous system disorders

Medical diagnosis of systemic, muscular or connective tissue

History of significant injury to neck or upper thoracic region

History of thoracic or cervical spine surgery

Headaches within the last years that resulted in limitation of daily activity

The general questionnaire contained demographic characteristics and background data such as gender, age, height, weight and marital status. The specific questionnaire included questions the existence and duration of neck pain, working posture and duration (for example sitting or positions during work), duration of working on the laptop, the prevalence of NP, and

possible risk factors for NP in Female IT- worker's along with the consequences. The validity and reliability of the questionnaires were evidenced. To detect the rate of NP prevalence, six month during epidemics period, work-from-home, prevalence were recorded. The definition of NP was stated in the questionnaire as pain, ache, or discomfort in the area between the occiput and third thoracic vertebra, and between the medial borders of the scapula. A drawing demarcating of the anatomical area was provided in the questionnaire.

Result Analysis

The results showed that during the pandemic period, prevalence of neck Mild to Moderate. Elongated working hours on the computer, taking a prolonged sitting position, overtime, and static postures were the most irritating factors, respectively ($P < 0.001$).

Pie Chart: The result of this study supports that 60 people who are doing work from home 6-12 hour or more then 12 hours least suffering from discomfort and pain in neck, in this study we are finding that people doing work from home 23% people said it increase the stress level, 33% people said it increase work, 11% uncomfortable, 33% comfortable.



Figure 1: It shows the result of work load and stress level, number of people who are doing work from home at least 6-12 hours in a day.

Demographic data analysis: Data processing and analysis was done with graph Pad's website includes the portion of manual graph Pad Prism (window version 8pro) the pie-chart and t-test analysis were used for statistical correlation. The t score is a ratio between the difference between two groups and the difference within the groups. Our small t-score denotes that the groups are similar. $AP > 0.05$ was considered not statistically significant.

P value and statistical significance: The two-tailed P value equals 0.9825. By conventional criteria, this difference is considered to be not statistically significant.

Confidence interval: The mean of Group One minus Group Two equals -0.33. 95% confidence interval of this difference: From -39.97 to 39.30. **Intermediate values used in calculations:** $t = 0.0234$ $df = 4$ standard error of difference = 14.275

Table No. 1

Group	Group One	Group Two
Mean	19.67	20.00
SD	22.81	9.54
SEM	13.17	5.51
N	3	3

Discussion

This study identified that the severity of neck pain in female IT workers is mild to moderate but that it has negative impact on their work and leisure time activity.

Immediate prevalence of NP was significantly related to female gender. Our study supports previous studies, indicating that NP was a more common complaint among female office employees than male^[1,28,30,46]. Wijnhoven et al., in their study, also showed that prevalence rates of musculoskeletal pain were higher for females than males^[47].

The general questionnaire contained demographic characteristics and background data such as gender, age, height, weight, and marital status. The specific questionnaire included questions regarding the existence and duration of neck pain, working posture and its duration (for example sitting or standing positions during work), duration of working on the computer, the prevalence of NP, and possible risk factors for NP in office worker’s population along with the consequences. The validity and reliability of the questionnaires were evidenced^[48].

Ariens et al.^[41] also demonstrated that sitting for more than 95% of the working time could enhance the risk of NP. Other studies also confirmed our results and indicated that longer time spent on the computer and improper work conditions may contribute to the development of NP among office workers^[47,49].

Our study revealed certain work-related

determinants, such as working hours on the computer, prolonged sitting, and forward flexion posture during working, which were the most common factors that enhanced the risk of developing NP among office employees^[47].

Conclusion

Thus, my research work has proved that there was a non-significant relation of Impact of Neck pain and Psycho-social effects during work from Home among Indian Female-IT workers during Epidemic period. Some protective strategies such as having a break during hours and performing regular daily exercises were found as useful protective factors to reduce the incidence of NP in office employees.

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Conflict of Interest: Nil

References

1. Korhonen T, Ketola R, Toivonen R, Luukkonen R, Häkkänen M, Viikari-Juntura E. Work-related and individual predictors for incident neck pain among office employees working with video display units. *Occup Environ Med* 2003;60:475-82.
2. Fejer R, Kyvik KO, Hartvigsen J. The prevalence of neck pain in the world population: A systematic critical review of the literature. *Eur Spine J* 2006;15:834-48.
3. Lau EM, Sham A, Wong KC. The prevalence of and risk factors for neck pain in Hong Kong Chinese. *J Public Health Med* 1996;18:396-9
4. De Loose V, Burnotte F, Cagnie B, Stevens V, Van Tiggelen D. Prevalence and risk factors of neck pain in military office workers. *Mil Med* 2008;173:474-9.
5. Shannon HS, Woodward CA, Cunningham CE, McIntosh J, Lendrum B, Brown J, et al. Changes in general health and musculoskeletal outcomes in the workforce of a hospital undergoing rapid change: A longitudinal study. *J Occup Health Psychol* 2001;6:3-14
6. Ranasinghe P, Perera YS, Lamabadusuriya DA, Kulatunga IS, Jayawar-dana N, Rajapakse S, et al. Work-related complaints of arm, neck and shoulder among computer office workers in an Asian country: prevalence and validation of a risk-factor questionnaire. *BMC Musculoskelet Disord*.

- 2011;12:68. doi: 10.1186/1471-2474-12-68. [PubMed:21463513].
7. Daffner SD, Hilibrand AS, Hanscom BS, Brislin BT, Vaccaro AR, Albert TJ. Impact of neck and shoulder pain on overall health status. *Spine (Phila Pa 1976)*. 2003;28(17):2030–5. doi:10.1097/01.BRS.0000083325.27357.39. [PubMed:12973155].
 8. Eltayeb S, Staal iJB, Kennes J, Lamberts PH, de Bie RA. Prevalence of complaints of arm, neck and shoulder among computer office workers and psychometric evaluation of a risk factor questionnaire. *BMC Musculoskelet Disord*. 2007;8:68. doi:10.1186/1471-2474-8-68. [PubMed:17629925]. iiiii
 9. Bassols A, Bosch F, Banos JE. How does the general population treat their pain? A survey in Catalonia, iii Spain. *J Pain Symptom Manage*. 2002;23(4):318–28. [PubMed:11997201]. iiiii
 10. Borghouts JA, Koes BW, Vondeling H, Bouter LM. Cost-of-illness of neck pain . The Netherlands in 1996. *Pain* 1999;80(3):629–36. [PubMed:10342424]. iiiii
 11. Brandt LP, Andersen JH, Lassen CF, Kryger A, Overgaard E, Vilstrup I, et al. Neck and shoulder symptoms and disorders among Danish computer workers. *Scand J Work Environ Health*. 2004;30(5):399–409. [PubMed:15529803]. iiiii
 12. Jensen C. Development of neck and hand-wrist symptoms in relation to duration of computer use at work. *Scand J Work Environ Health*. 2003;29(3):197–205. [PubMed:12828389]. iiiii
 13. Juul-Kristensen B, Jensen C. Self-reported workplace related ergonomic conditions as prognostic factors for musculoskeletal symptoms: the "BIT" follow up study on office workers. *Occup Environ Med*. 2005;62(3):188–94. doi:10.1136/oem.2004.013920. [PubMed:15723884]. iiiii
 14. Ortiz-Hernandez iL, Tamez-Gonzalez S, Martinez-Alcantara S, Mendez Ramirez I. Computer use increases the risk of musculoskeletal disorders among newspaper office worker. *Arch Med Res*. 2003;34(4):331–42. doi:10.1016/S0188-4409(03)00053-5. [PubMed:12957532]. iiiii
 15. Ijmker S, Huysmans MA, van der Beek AJ, Knol DL, van Mechelen W, Bongers PM, et al. Software-recorded and self-reported duration of computer use in relation to the onset of severe arm-wrist-hand pain and neck shoulder pain. *Occup Environ Med*. 2011;68(7):502–9. doi:10.1136/oem.2010.056267. [PubMed:21045214]. iiiii
 16. Szeto GP, Straker L, Raine S. A field comparison of neck and shoulder postures in symptomatic and asymptomatic office workers. *Appl Ergon*. 2002;33(1):75–84. [PubMed:11831210]. iiiii
 17. Szeto GP, Straker LM, O'Sullivan PB. A comparison of symptomatic and asymptomatic office worker performing monotonous keyboard work-2: neck and shoulder kinematics. *Man Ther*. 2005;10(4):281–91. doi: 10.1016/j.math.2005.01.005. [PubMed:15996890]. iiiii
 18. van den Heuvel SG, van der Beek AJ, Blatter BM, Bongers PM. Do work related physical factors predict neck and upper limb symptoms in office workers? *Int Arch Occup Environ Health*. 2006;79(7):585–92. doi: 10.1007/s00420-006-0093-8. [PubMed:16710709]. iiiii
 19. Wright A. A Criticism of the IASIP's Definition of Pain. *J Consciousness Studies* 2011;18:19-44.
 20. Carroll L. The factors associated with neck pain and its related disability in the Saskatchewan population. *Spine* 2000;25:1109-17.
 21. Krause N, Burgel B, Rampel D. Effort reward imbalance and one-year change in neck-shoulder and upper-extremity pain among call centre computer operators. *Scand J Work Environ Health* 2010;36:42-53.
 22. Core P, Cassidy JD, Carroll L. The epidemiology of neck pain: what we have learned from our population-based studies. *J Canadian Chiropr Assoc* 2003;47:284-90.
 23. Green BN. A literature review of neck pain associated with computer use : public health implications. *J Can Chiropr Assoc* 2008;52:161-7.
 24. Green BN. A literature review of neck pain associated with computer use : public health implications. *J Can Chiropr Assoc* 2008;52:161
 25. Blatter B, Heinrich J. RSI-klachten in de Nederlandse beroepsbevolking: trends, risicofactoren en verklaringen. *Tijdschrift voor gezondheidswetenschappen*. 2005;83:16-24.
 26. Jensen C, Finsen L, Søgaard K, Christensen H. Musculoskeletal symptoms and duration of computer and mouse use. *Int J Ind Ergonom*. 2002;30(4-5):265–75. doi:10.1016/s0169-

- 8141(02)00130-0. iiiiiI
27. Chiu TT, Ku WY, Lee MH, Sum WK, Wan iMP, Wong CY, et al. AI study on the prevalence of and risk factors for Ineck pain among university academic staff iin Hong Kong. *J Occup Rehabil.* 2002;12(2):77–91. I[PubMed:12014228]. iiiiiI
 28. Kamwendo K, Linton SJ, Moritz U. Neck and shoulder disorders in imedical secretaries.Part I. Pain prevalence and irisk factors. *Scand J Rehabil Med.* 1991;23(3):127–33. [PubMed: 1962155]. iiiiiI
 29. Larsman P, Kadefors R, Sandsjö L. Psychosocial Iwork conditions, perceived stress, perceived muscular tension,and ineck/shoulder symptoms among medical secretaries. *Int Arch Occup Environ Health.*2013;86:57–63. iiiiiI
 30. Chiu TT, Ku WY, Lee MH, Sum WK, Wan MP, Wong CY, et al. A study on itheIprevalence of and irisk factors for ineck ipain among iuniversity academic staff iin Hong Kong. *J Occup Rehabil.* 2002;12:77–91. iiiiiI
 31. Sadeghian F, Raei M, Ntani G, Coggon D. Predictors of iincident and persistent neck/shoulder pain in Iranian workers: a cohort study. *PLoS One.* 2013;8:e57544. doi:10.1371/journal.pone.0057544. Epub 2013 Feb 28. iiiiiI
 32. Weevers H-JA, Van der Beek AJ, Anema iJR, Van der Wal G, Van iMechelen W. Work-related diseaselin general practice: a systematic review. *Fam Pract.* 2005;22:197–204.
 33. de iKoning CHP, van den Heuvel SP, Staal JB, SmitsEngelsman BCM, Hendriks EJM. Clinimetri evaluation iof iactive range of imotion measures iin ipatients iwith inon-specific neck ipain: a systematic review. *Eur Spine J.* 2008;17:905–921. iiiiiI
 34. Severinsson Y, Elisson L, Bunketorp O. Reliability of imeasuringIthe cervical sagittal translation mobility with a isimple method iin a clinical setting. *Rehabil Res Pract.* 2012;2012:629104. doi:10.1155/2012/629104
 35. Aggarwal P, Reza MK. Impact of iComputer use on iPrevalence of iNeck Pain iand Consequent Disability. *IIndia J Physiotherapy Occupational Ther* 2013;7:102.
 36. Cagnie B, Danneels L, Van iTiggelen D, De Loose V, Cambier D. Individual iand iwork related irisk factors for ineckIpain among office workers : a icross sectional study. *Eur Spine J* 2007;16:679-86.
 37. Mc Lean L, Tingley M, Scott R, Rickards J. Computer terminal iwork iand ithe benefit of Imicrobreaks. *Applied Ergonomics* 2001;32:225-37.
 38. Linton iSJ. AIreview of ipychological irisk ifactors in back iand ineck ipain. *Spine (Phila iPa 1976).* 2000; 25(9):1148–56. [PubMed:10788861]. iiiiiI
 39. Evans O, Patterson iK. Predictors of ineck and ishoulder Ipain Iin Inonsecretarial computer users. *Int J Ind Ergonom.* 2000;26:357–65. iiiiiI
 40. Korhonen T, Ketola R, Toivonen R, Luukkonen IR, Hakkanen M, ViikariJuntura E. Work related iand individual predictors for Iincident neck ipain among ioffice employees working iwith ivideo display Iunits. *Occup iEnviron iMed.* 2003;60(7):475–82. [PubMed:12819280]. iiiiiI
 41. Ariens GA, Bongers PM, Hoogendoorn WE, Houtman IL, van der Wal G, van iMechelen iW. High quantitative ijob demands iand ilow coworkerIsupport iasIriskIfactors for Ineck Ipain: results ofIa prospective cohort istudy. *Spine (Phila iPa 1976).* 2001;26(17):1896–901. [PubMed:11568702] discussion 1902-3. iiiiiI
 42. Piranveyseh P, Motamedzade iM, Osatuke K, Mohammadfam I, Moghimbeigi A, Soltanzadeh A, et al. Association ibetween psychosocial, organizational and Ipersonal ifactors and iprevalence of Imusculoskeletal IdisordersIin ioffice workers. *IntJ iOccup. Saf iErgon.* 2016;22(2):267–73. do i:10.1080/10803548.2015.1135568. [PubMed: 26757785]. iiiiiI
 43. Bernaards CM, Ariens GA, Hildebrandt iVH. The cost ieffectiveness of ia ilife style physical iactivity Iintervention Iin iaddition to Ia iwork style iintervention ion Ithe irecovery ifrom Ineck iand Iupper limb symptoms IinIcomputer workers. *BMC IMusculoskeltal Disord* 2006;7(1):80.
 44. Yasmin iN, Bhuiyan iM, Lahiry S. Work-Related iMusculosleltal iDisorders iAmong iComputer iUsers. In:9th iSouth ieast IAsian Ergonomics IConference,2008,22-24 October. Bangkok, Thailand. Available. from: iwww.SEAES2008.org.
 45. Szeto iGPY, Straker LM, O’Sullivan PB, Neckshoulder muscle activity Iin igeneral Iand Itask-specific Iresting postures of isymptomatics

- computer users with chronic neck pain. *Manual Therapy* 2009;14:338-45.
46. Wijnhoven HA, de Vet HC, Picavet HS. Prevalence of musculoskeletal disorders is systematically higher in women than in men. *Clin J Pain*. 2006;22(8):717–24. doi: 10.1097/01.ajp.0000210912.95664.53. [PubMed: 16988568].
47. Côté P, van der Velde G, Cassidy JD, et al. The burden and determinants of neck pain in workers: results of the Bone and Joint Decade 2000–2010 Task Force on Neck Pain and Its Associated Disorders. *J Manipulative Physiol Ther*. 2009;32:S70–
48. Ehsani F, Mosallanezhad Z, Ahmadizade Z, Taghipour M. Relationship between working with computer and forward head posture and neck pain among office workers. *Physical Treatments-Specific Physical Therapy J*. 2013;3(2):29–33.
49. Rodrigues EV, Gomes AR, Tanhofffer AI, Leite N. Effects of exercise on pain of musculoskeletal disorders: a systematic review. *Acta Ortop Bras*. 2014;22(6):334–8. doi: 10.1590/1413-78522014220601004. [PubMed: 25538482].