# Possible Broad Impacts of Long Work Hours ${ }^{\text {a }}$ 

Claire C. CARUSO<br>Division of Applied Research and Technology, National Institute for Occupational Safety and Health, 4676 Columbia Parkway MS C-24, Cincinnati, OH 45226-1998, USA

Received July 20, 2006 and accepted August 11, 2006


#### Abstract

The paper summarizes research linking long work hours to a wide range of risks to workers, families, employers, and the community. The risks are theorized to stem from less time to recover from work, longer exposure to workplace hazards, and less time to attend to non-work responsibilities. Risks to workers include sleep deprivation, poor recovery from work, decrements in neuro-cognitive and physiological functioning, illnesses, adverse reproductive outcomes, and injuries. Risks to families include delayed marriages and child bearing, and obesity in children. Risks to employers include reduced productivity and increases in workers errors. Mistakes by fatigued workers have broad reaching impacts to the community: medical errors, automobile crashes with other drivers on the road, and industrial disasters that damage the environment.


Key words: Work hours, Work schedule, Work schedule tolerance, Sleep, Occupational diseases, Occupational exposure, Occupational injuries, Job stress

## Introduction

Long work hours are common in the United States. Jacobs and Gerson ${ }^{1)}$ report $26 \%$ of men and $11 \%$ of women in the U.S. worked 50 h or more per week in 2000. According to Kuhn and Lozano ${ }^{2)}$, American men, especially high-wage, salaried and well-educated, were more likely to work long hours now than 24 yr ago. The combined work hours for U.S. couples have also increased by the equivalent of 12 wk of full-time work per year between 1970 and 2000, due to more women taking on paid employment over these decades ${ }^{1)}$. Phipps et al. ${ }^{3)}$ report the combined work hours for $25 \%$ of U.S. married couples were more than 80 h per week.

The United States has few national regulations limiting work hours. Due to concerns for public safety, work hour limits have been established for transportation workers (www.ntsb.gov/Publictn/1999/SR9901.pdf page 3-4; for revised motor carrier hours of service see www.fmcsa.dot.gov/ rules-regulations/topics/hos/hos-2005.htm). The U.S. Fair Labor Standards Act of 1938 dictates an increase in pay to

[^0]time and a half for hours worked over 40 per week for certain types of workers (www.dol.gov/esa/whd/flsa/). There are few other national regulations.

Incentives for long work hours influence both workers and employers. Incentives for U.S. workers include rewards of higher pay and prospects for advancement, as well as increasing the chances of keeping the current job by conforming to employer requests to work overtime ${ }^{2}$. Employers' incentives include the need to meet demand for skilled workers where the supply of these workers is limited, to accelerate production schedule, to reduce the costs of hiring new employees during temporary surges in workloads, and to minimize the cost of employee benefits by working current employees long hours instead of hiring additional personnel ${ }^{4,5)}$. A growing number of studies, however, raise concern because of possible links between long work hours and worker health and safety risks, as well as possible negative impacts for families, the employer, and the community.

Research indicates the effects of long work hours may be more complex than a simple direct relationship between a certain high number of work hours and risks. Effects of long work hours appear to be influenced by a variety of factors including characteristics of the worker and the job, worker control, pay, non-work responsibilities, and other
characteristics of the work schedule such as time of work ${ }^{6,7)}$. Additional research is needed to determine more clearly the point at which the number of work hours becomes too long for various types of job demands and worker characteristics.

Caruso et al. ${ }^{8)}$ theorize the risks of long work hours are triggered by several factors: less time to sleep and recover from work, longer exposure to workplace hazards and demands, and less time to attend to the family and other non-work responsibilities. These factors could lead to sleep disturbances, fatigue, stress, negative mood, discomfort, pain, and decrements in functioning. In addition, workers may have less time to exercise, and prepare and consume a nutritious diet. High stress may increase negative behaviors such as tobacco and alcohol use. Further, the aforementioned effects could increase the worker's risk for illnesses and injuries. Decrements in functioning and less time for family could negatively impact marriages and child rearing. Decrements in functioning could also negatively impact the employer through increased production costs and reduced quality of goods and services. Lastly, the community could be negatively impacted when fatigued workers make mistakes that damage other people and the environment such as medical errors, automobile crashes on the commute home, and industrial disasters. The purpose of this paper is to give a concise summary of the wide range of possible negative impacts of long work hours that have been reported in the literature.

## Worker Health and Safety

## Less sleep

An association between long work hours and shorter length of sleep or sleep disturbances has been a fairly consistent finding by many studies ${ }^{9-14)}$ although not all studies ${ }^{15)}$. Researchers theorize that restricting the length of sleep and disturbing sleep have detrimental effects to the endocrine system, immune system, and metabolism ${ }^{16}$. As a result, sleep deprivation resulting from long work hours could have broadreaching negative effects on human functioning and health.

## Fatigue, poor nood, poor recovery from work

Increased general fatigue has often been associated with long work hours ${ }^{9}$, 11, 13, 14, 17). A laboratory study by Rosa et $a l .{ }^{18)}$ of a simulated manual assembly task reported increases in upper extremity fatigue with increasing time on shift. Van der Hulst et al. ${ }^{19)}$ indicate workers with high demands and low control may be particularly vulnerable to feeling worn out and to feeling they are not getting sufficient time to recover from work. Long work hours have also been
associated with depression and confusion ${ }^{201}$.

## Decrements in neuro-cognitive and physiological functioning

Proctor et al. ${ }^{20)}$ reported auto workers working overtime had poorer performance on tests of cognitive function and executive function (the ability to prioritize and plan tasks). Karita et al. ${ }^{21)}$ report decrements on tests of postural sway. Studies of medical residents working 24-h shifts or longer report declines in alertness, concentration, and attention ${ }^{22,23)}$. Medical residents working 80 h per week showed impairments on tests of sustained attention, vigilance, and simulated driving that were comparable to functioning with blood alcohol levels of $0.04 \%$ to $0.05 \%$, and, importantly, the residents did not recognize the extent of their impaired functioning ${ }^{24}$.

Studies of 12-h shifts also report decrements in functioning, although not all studies report significant findings ${ }^{25-28)}$. Macdonald and Bendak's ${ }^{299}$ laboratory study found that a 12-h shift was associated with deterioration in grammatical reasoning and alertness compared to an $8-\mathrm{h}$ shift. In a field study, Fischer et al. ${ }^{30)}$ report Brazilian petrochemical plant workers showed significant decline in subjective alertness at the 10th hour of work for both day and night shifts. Mitchell and Williamson ${ }^{31)}$ also reported more vigilance task errors occurred at the end of 12-h day and night shifts when compared to the beginning of the shifts in Australian power plant workers, while no effect was reported for an 8-h schedule.

## Health behaviors

Nakamura et al. ${ }^{32)}$ and Shields ${ }^{33)}$ reported long work hours were associated with increased odds for unhealthy weight gain. Shields ${ }^{33)}$ and Trinkoff and Storr ${ }^{34)}$ reported long working hours raised the odds for smoking and higher alcohol use, but not all studies found a significant relationship ${ }^{32,35-36)}$. Mizoue et al. ${ }^{36}$ found a significant decrease in the percentage of workers who participated in regular sports activity as overtime hours increased, but Shields ${ }^{33)}$ and Kageyama et $a l .{ }^{10)}$ reported no significant relationship.

## Illnesses

Long work hours were associated with poorer perceived general health in three ${ }^{37-39)}$ of four studies ${ }^{40)}$, and increased mortality in one study ${ }^{41)}$. Two case-control studies of Japanese workers reported overtime during the previous month was associated with an increased risk for acute myocardial infarction ${ }^{42,43)}$. Hayashi et al. ${ }^{9)}$ and Iwasaki et al. ${ }^{17)}$ reported significant increases in blood pressure, but some studies did
not report a significant adverse relationship ${ }^{35,44)}$. One ${ }^{45)}$ of two ${ }^{46)}$ studies reported increased risk for development of diabetes mellitus. Overtime increased neck or musculoskeletal discomfort in two studies ${ }^{47,48)}$, and 12-h shifts were associated with increased risk for back disorders ${ }^{49}$.

## Reproduction

A possible negative impact of long work hours on reproduction is subfecundity (defined by the study: time of 7.8 months or longer to pregnancy for couples who plan a pregnancy ${ }^{50)}$. Meta-analysis of six high-quality studies by Mozurkewich et al. ${ }^{511}$ suggested a weak relationship between long working hours in pregnant women and preterm birth (Odd Ratio $=1.24$ with a $95 \%$ Confidence Interval of 1.04 to 1.48).

## Injuries

Folkard and Lombardi ${ }^{52}$ pooled findings from four studies examining risk for incidents across 1 to 12 h on duty. They estimate that $10-\mathrm{h}$ shifts increased risk of injury by $13 \%$, and $12-\mathrm{h}$ shifts increased risk by $28 \%$. Dembe et al. ${ }^{53)}$ report similar findings in a large, nationally-representative U.S. sample. Studies examining long work hours over many months or a year reported higher on-the-job injury rates in construction workers ${ }^{54,55)}$ and health care workers ${ }^{56}$.

## Impacts on Families

Jacobs' study ${ }^{577}$ of U.S. college faculty reports their long work hours and intense competition to achieve tenure push many to delay marriage and childbearing. He found the majority of faculty remained assistant professors until their early 40 's, an age associated with reduced fertility and probability of successfully becoming pregnant. Several studies report work/family conflict increases as work hours increase ${ }^{58-60}$. Phipps et al. ${ }^{3)}$ report longer work hours for mothers increased the probability their children would be obese. The authors theorize several possible causes which could also be relevant to other aspects of child rearing. Parents may be less able to help children participate in physical activities and may rely on commercially prepared foods with higher fat and sugar content. Also, parents arriving home tired and fatigued may give in more quickly to the child's demands for desserts and junk food. Another impact of long work hours on family life that could be examined, according to Caruso et al. ${ }^{8}$, is the worker's relationship with his/her parents and grandparents: do workers have time to help aging family members?

## Impacts on Employers

Research raises concerns about reduced productivity and worker errors when workers work long hours. For construction projects, Thomas and Raynar ${ }^{61)}$ reported decreases in efficiencies of $10-15 \%$ for 50 - and $60-\mathrm{h}$ work weeks were due to inability to speed the supply of materials, lack of tools or equipment, congestion, mistakes and unintended events, changes, and rework. Hanna et al. ${ }^{62)}$ discuss other negative aspects of long work hours for employers including higher pay rates at time and a half, increased absenteeism, and low morale. Also, workers on longer shifts may work slower to pace themselves ${ }^{62,63)}$. Landrigan et al. ${ }^{64)}$ report increases in serious medical errors by interns working frequent 24 -hour shifts, and Rogers et $a l .{ }^{65)}$ report increases in patient errors by nurses working long hours.

## Impacts on the Community

Links between long work hours and patient errors by medical residents, graduate physicians, and nurses ${ }^{64-66)}$ raise concerns about patient safety. Due to these concerns, the Accreditation Council for Graduate Medical Education in 2003 limited work hours for U.S. medical residency training programs to 80 h per week. Debate continues whether these limits are adequate ${ }^{677}$. Also, the Institute of Medicine in the United States ${ }^{68)}$ recommended work hours for nurses be limited to 60 h per 7 -d period and 12 h per day. As of December 2005, public concern about long work hours of nurses prompted 12 U.S. states to enact legislation/regulations to prohibit employers from mandating nurses to work overtime and an additional 19 states have introduce similar bills (www.nursingworld.org/gova/state/2005/mandatory.htm).

Another public safety concern is fatigued workers making other types of errors that damage other people and the environment. Doctors, nurses, and other healthcare providers working long hours were found to be at higher risk for automobile crashes and as a result could be a danger to other drivers on the road ${ }^{69-71)}$. Sleepiness in commercial car and truck drivers is a significant public safety concern. Philip ${ }^{72)}$ found that a high percentage of professional drivers were working very long periods without adequate sleep which means they are spending many hours driving while sleepy, putting them at risk for crashing their vehicles. Researchers also point out disasters such as oil spills and incidents at nuclear reactors have been attributed at least partially to fatigue from demanding work schedules ${ }^{52,73)}$.
U.S. police officers work large amounts of overtime to
make off-duty court appearances, late arrests, write reports, and to work at special events. Tired police officers may be less able to deal with difficult and emotionally charged situations and people. Poor judgment in the execution of their jobs could pose a risk to society ${ }^{74,75}$.

Another negative impact on society is the loss of workers with critical public safety skills who quit their jobs and professions because of demanding work schedules. One example is the U.S. nursing workforce which is experiencing a critical shortage that is expected to accelerate by 2010 and after $^{76)}$. According to Peter D. Hart Research Associates ${ }^{777}$, long work hours are a top reason given by nurses for leaving their jobs.

Caruso et al. ${ }^{8)}$ also suggests research examine other possible impacts on the community, such as reduced participation in civic organizations, voting, and church attendance. If long work hours lead to early disability as reported by Krause et al. ${ }^{78)}$, higher costs to the community could result from increased use of public assistance and higher health insurance rates.

## Summary

Research evidence is mounting that link long work hours to a wide range of risks to workers, families, employers, and the community. The relationship between long work hours and risks appear to be complex and influenced by characteristics of the worker and demands of the job. Caruso et al. ${ }^{8)}$ theorizes the risks stem from longer exposure to work hazards, less time to recover from work, and less time to tend to non-work responsibilities. Continued study of a broad range of possible impacts of long work hours will help clarify the point at which working long hours become a serious risk to workers, families, employers, and the community.

Disclaimer: The conclusions of this report are those of the author and do not necessarily represent the views of the National Institute for Occupational Safety and Health.

## References

1) Jacobs JA, Gerson K (2004) The time divide: work, family, and gender inequality. Harvard University Press, Cambridge, MA.
2) Kuhn P, Lozano F (2005) The expanding workweek? Understanding trends in long work hours among U.S. men, 1976-2002. http://www.irs.princeton.edu/seminars/Kuhn.pdf. Accessed June 1, 2006.
3) Phipps SA, Lethbridge L, Burton P (2006) Long-run consequences of parental paid work hours for child overweight
status in Canada. Soc Sci Med 62, 977-86.
4) Hart RA (2004) The economics of overtime working. Cambridge University Press, Cambridge, UK.
5) Thomas HR (1992) Effects of scheduled overtime on labor productivity. J Constr Eng Manage 118, 60-76.
6) Caruso CC, Hitchcock EM, Dick RB, Russo JM, Schmit JM (2004) Overtime and extended work shifts: recent findings on illnesses, injuries, and health behaviors. (DHHS (NIOSH) Publication No. 2004-143). Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, Cincinnati, OH.
7) Tucker P, Rutherford C (2005) Moderators of the relationship between long work hours and health. J Occup Health Psychol 10, 465-76.
8) Caruso CC, Bushnell T, Eggerth D, Heitmann A, Kojola B, Newman K, Rosa RR, Sauter SL, Vila B (2006) Long work hours health and safety: toward a national research agenda. Am J Ind Med 49, 930-42.
9) Hayashi T, Kobayashi Y, Yamaoka K, Yano E (1996) Effect of overtime work on 24-h ambulatory blood pressure. J Occup Environ Med 38, 1007-11.
10) Kageyama T, Nishikido N, Kobayashi T, Kurokawa Y, Kaneko T, Kabuto M (1998) Long commuting time, extensive overtime, and sympathodominant state assessed in terms of short-term heart rate variability among male white-collar workers in the Tokyo megalopolis. Ind Health 36, 209-17.
11) Park J, Kim Y, Chung HK, Hisanaga N (2001) Long working hours and subjective fatigue symptoms. Ind Health 39, 2504.
12) Nakanishi N, Nakamura K, Ichikawa S, Suzuki K, Tatara K (1999) Lifestyle and the development of hypertension: a 3year follow-up study of middle-aged Japanese male office workers. Occup Med 49, 109-14.
13) Sasaki T, Iwasaki K, Oka T, Hisanaga N, Ueda T, Takada Y (1999) Effect of working hours on cardiovascular-autonomic nervous functions in engineers in an electronics manufacturing company. Ind Health 37, 55-61.
14) Sasaki T, Iwasaki K, Oka T, Hisanaga N (1999) Association of working hours with biological indices related to the cardiovascular system among engineers in a manufacturing company. Ind Health 37, 457-63.
15) Kageyama T, Nishikido N, Kobayashi T, Kawagoe H (2001) Estimated sleep debt and work stress in Japanese white-collar workers. Psychiatr Clin Neurosci 55, 217-9.
16) Åkerstedt T, Nilsson PM (2003) Sleep as restitution: an introduction. J Intern Med 254, 6-12.
17) Iwasaki K, Sasaki T, Oka T, Hisanaga N (1998) Effect of working hours on biological functions related to cardiovascular system among salesmen in a machinery manufacturing company. Ind Health 36, 361-7.
18) Rosa RR, Bonnet MH, Cole LL (1998) Work schedule and task factors in upper-extremity fatigue. Hum Factors 40, 150-8.
19) van der Hulst M, van Veldhoven M, Beckers D (2006) Overtime and need for recovery in relation to job demands
and job control. J Occup Health 48, 11-9.
20) Proctor SP, White RF, Robins TG, Echeverria D, Rocskay AZ (1996) Effect of overtime work on cognitive function in automotive workers. Scand J Work Environ Health 22, 12432.
21) Karita K, Nakao M, Nishikitani M, Iwata T, Murata K, Yano E (2006) Effect of overtime work and insufficient sleep on postural sway in information-technology workers. J Occup Health 48, 65-8.
22) Leonard C, Fanning N, Attwood J, Buckley M (1998) The effect of fatigue, sleep deprivation and onerous working hours on the physical and mental wellbeing of pre-registration house officers. Ir J Med Sci 167, 22-5.
23) Lockley SW, Cronin JW, Evans EE, Cade BE, Lee CJ, Landrigan CP, Rothschild JM, Katz JT, Lilly CM, Stone PH, Aeschbach D, Czeisler CA (2004) Effect of reducing interns' weekly work hours on sleep and attentional failures. N Engl J Med 351, 1829-37.
24) Arnedt JT, Owens J, Crouch M, Stahl J, Carsdadon MA (2005) Neurobehavioral performance of residents after heavy night call vs after alcohol ingestion. JAMA 294, 1025-33.
25) Schroeder DJ, Rosa RR, Witt LA (1998) Some effects of 8vs. 10-hour work schedules on the test performance/alertness of air traffic control specialists. Int J Ind Ergon 21, 307-21.
26) Smith L, Totterdell P, Folkard S (1995) Shiftwork effects in nuclear power workers: a field study using portable computers. Work Stress 9, 235-44.
27) Axelsson J, Kecklund G, Åkerstedt T, Lowden A (1998) Effects of alternating 8- and 12-hour shifts on sleep, sleepiness, physical effort and performance. Scand J Work Environ Health 24 (Suppl 3), 62-8.
28) Lowden A, Kecklund G, Axelsson J, Åkerstedt T (1998) Change from an 8 -hour shift to a 12 -hour shift, attitudes, sleep, sleepiness and performance. Scand J Work Environ Health 24 (Suppl 3), 69-75.
29) Macdonald W, Bendak S (2000) Effects of workload level and 8- versus 12 -h workday duration on test battery performance. Int J Ind Ergon 26, 399-416.
30) Fischer FM, Moreno CRD, Borges FND, Louzada FM (2000) Implementation of 12 -hour shifts in a Brazilian petrochemical plant: impact on sleep and alertness. Chronobiol Int 17, 52137.
31) Mitchell RJ, Williamson AM (2000) Evaluation of an 8-hour versus a 12 -hour shift roster on employees at a power station. Appl Ergon 31, 83-93.
32) Nakamura K, Shimai S, Kikuchi S, Takahashi H, Tanaka M, Nakano S, Motohashi Y, Nakadaira H, Yamamoto M (1998) Increases in body mass index and waist circumference as outcomes of working overtime. Occup Med (Lond) 48, 16973.
33) Shields M (1999) Long working hours and health. Health Rep 11, 33-48.
34) Trinkoff AM, Storr CL (1998) Work schedule characteristics and substance use in nurses. Am J Ind Med 34, 266-71.
35) Nakanishi N, Yoshida H, Nagano K, Kawashimo H,

Nakamura K, Tatara K (2001) Long working hours and risk for hypertension in Japanese male white collar workers. J Epidemiol Community Health 55, 316-22.
36) Mizoue T, Reijula K, Andersson K (2001) Environmental tobacco smoke exposure and overtime work as risk factors for sick building syndrome in Japan. Am J Epidemiol 154, 803-8.
37) Ettner SL, Grzywacz JG (2001) Workers' perceptions of how jobs affect health: a social ecological perspective. J Occup Health Psychol 6, 101-13.
38) Siu O-L, Donald I (1995) Psychosocial factors at work and workers' health in Hong Kong: an exploratory study. Bulletin of the Hong Kong Psychological Society 34/35, 30-56.
39) Worrall L, Cooper CL (1999) Working patterns and working hours: their impact on UK managers. Leadersh Organ Dev J 20, 6-10.
40) Kirkcaldy BD, Levine R, Shephard RJ (2000) The impact of working hours on physical and psychological health of German managers. Eur Rev Appl Psychol 50, 443-9.
41) Nylén L, Voss M, Floderus B (2001) Mortality among women and men relative to unemployment, part-time work, overtime work, and extra work: a study based on data from the Swedish Twin Registry. Occup Environ Med 58, 52-7.
42) Liu Y, Tanaka H, The Fukuoka Heart Study Group (2002) Overtime work, insufficient sleep, and risk of non-fatal acute myocardial infarction in Japanese men. Occup Environ Med 59, 447-51.
43) Sokejima S, Kagamimori S (1998) Working hours as a risk factor for acute myocardial infarction in Japan: case-control study. Br Med J 317, 775-80.
44) Park J, Kim Y, Cho Y, Woo KH, Chung HK, Iwasaki K, Oka T, Sasaki T, Hisanaga N (2001) Regular overtime and cardiovascular functions. Ind Health 39, 244-9.
45) Kawakami N, Araki S, Takatsuka N, Shimizu H, Ishibashi H (1999) Overtime, psychosocial working conditions, and occurrence of non-insulin dependent diabetes mellitus in Japanese men. J Epidemiol Community Health 53, 359-63.
46) Nakanishi N, Nishina K, Yoshida H, Matsuo Y, Nagano K, Nakamura K, Suzuki K, Tatara K (2001) Hours of work and the risk of developing impaired fasting glucose or type 2 diabetes mellitus in Japanese male office workers. Occup Environ Med 58, 569-74.
47) Bergqvist U, Wolgast E, Nilsson B, Voss M (1995) Musculoskeletal disorders among visual display terminal workers: individual, ergonomic, and work organizational factors. Ergonomics 38, 763-76.
48) Fredriksson K, Alfredsson L, Köster M, Thorbjörnsson CB, Toomingas A, Torgén M, Kilbom A (1999) Risk factors for neck and upper limb disorders: results from 24 years of follow up. Occup Environ Med 56, 59-66.
49) Lipscomb JA, Trinkoff AM, Geiger-Brown J, Brady B (2002) Work-schedule characteristics and reported musculoskeletal disorders of registered nurses. Scand J Work Environ Health 28, 394-401.
50) Tuntiseranee P, Olsen J, Geater A, Kor-anantakul O (1998)

Are long working hours and shiftwork risk factors for subfecundity? A study among couples from southern Thailand. Occup Environ Med 55, 99-105.
51) Mozurkewich EL, Luke B, Avni M, Wolf FM (2000) Working conditions and adverse pregnancy outcome: a meta-analysis. Obstet Gynecol 95, 623-35.
52) Folkard S, Lombardi DA (2006) Modeling the impact of the components of long work hours on injuries and 'accidents'. Am J Ind Med 49, 953-63.
53) Dembe AE, Erickson JB, Delbos RG, Banks SM (2005) The impact of overtime and long work hours on occupational injuries and illnesses: new evidence from the United States. Occup Environ Med 62, 588-97.
54) Lowery JT, Borgerding JA, Zhen B, Glazner JE, Bondy J, Kreiss K (1998) Risk factors for injury among construction workers at Denver International Airport. Am J Ind Med 34, 113-20.
55) Dong $X$ (2005) Long workhours, work scheduling and workrelated injuries among construction workers in the United States. Scand J Work Environ Health 31, 329-35.
56) Simpson CL, Severson RK (2000) Risk of injury in African American hospital workers. J Occup Environ Med 42, 103540.
57) Jacobs JA (2004) The faculty time divide. Sociol Forum 19, 3-27.
58) Carlson DS, Perrewe PL (1999) The role of social support in the stressor-strain relationship: an examination of workfamily conflict. J Manag 25, 513-40.
59) Greenhaus JH, Bedeian AG, Mossholder KW (1987) Work experiences, job performance, and feelings of personal and family well-being. J Vocat Behav 31, 200-15.
60) Nielson TR, Carson DS, Lankau MJ (2001) The supportive mentor as a means of reducing work-family conflict. J Vocat Behav 59, 364-81.
61) Thomas HR, Raynar KA (1997) Scheduled overtime and labor productivity: quantitative analysis. J Constr Eng Manage 123, 181-8.
62) Hanna AS, Taylor CS, Sullivan KT (2005) Impact of extended overtime on construction labor productivity. J Constr Eng Manage 131, 734-9.
63) Duchon JC, Smith TJ, Keran CM, Koehler EJ (1997) Psychophysiological manifestations of performance during work on extended workshifts. Int J Ind Ergon 20, 39-49.
64) Landrigan CP, Rothschild JM, Cronin JW, Kauschal R, Burdick E, Katz JT, Lilly CM, Stone PH, Lockley SW, Bates DW, Czeisler CA (2004) Effect of reducing interns' work hours on serious medical errors in intensive care units. N

Engl J Med 351, 1838-48.
65) Rogers AE, Hwang W, Scott LD, Aiken LH, Dinges DF (2004) The working hours of hospital staff nurses and patient safety. Health Aff 23, 202-12.
66) Gander PH, Merry A, Millar MM, Weller J (2000) Hours of work and fatigue-related error: a survey of New Zealand anaesthetists. Anaesth Intensive Care 28, 178-83.
67) Lockley SW, Landrigan CP, Barger LK, Czeisler CA (2006) When policy meets physiology: the challenge of reducing resident work hours. Clin Orthop (epub ahead of print).
68) Institute of Medicine (2004) Keeping patients safe transforming the work environment of nurses. National Academies, Washington DC.
69) Barger LK, Cade BE, Ayas NT, Cronin JW, Rosner B, Speizer FE, Czeisler CA (2005) Extended work shifts and the risk of motor vehicle crashes among interns. N Engl J Med 352, 125-97.
70) Kirkcaldy BD, Trimpop R, Cooper CL (1997) Working hours, job stress, work satisfaction, and accident rates among medical practitioners and allied personnel. Int J Stress Manag 4, 7987.
71) Novak RD, Auvil-Novak SE (1996) Focus group evaluation of night nurse shiftwork difficulties and coping strategies. Chronobiol Int 13, 457-63.
72) Philip P (2005) Sleepiness of occupational drivers. Ind Health 43, 30-3.
73) Mitler MM, Carskadon MA, Czeisler CA, Dement WC, Dinges DF, Graeber RC (1988) Catastrophes, sleep, and public policy: consensus report. Sleep 11, 100-9.
74) Vila B (2006) Impact of long work hours on police officers and the communities they serve. Am J Ind Med 49, 972-80.
75) Vila B, Kenney DJ (2002) Tired cops: the prevalence and potential consequences of police fatigue. NIJ Journal 248, 16-21.
76) National Center for Health Workforce Analysis (2002) Projected supply, demand, and shortages of registered nurses: 2000-2020. U.S. Department of Health and Human Services. http://www.ahca.org/research/rnsupply_demand.pdf. Accessed November 1, 2002.
77) Peter D, Hart Research Associates (2001) The nurse shortage: perspectives from current direct care nurses and former direct care nurses. http://www.aft.org/pubs-reports/healthcare/ Hart_Report.pdf. Accessed June 7, 2006.
78) Krause N, Lynch J, Kaplan GA, Cohen RD, Goldberg DE, Salonen JT (1997) Predictors of disability retirement. Scand J Work Environ Health 23, 403-13.


[^0]:    ${ }^{\text {a }}$ Presented at the First NIIH-NIOSH Symposium on LongWorking Hours, March 22, 2006, Cincinnati, USA.

