

ORIGINAL ARTICLE

INTELLECTUAL WELLNESS: A COMPARISON OF PUBLIC AND PRIVATE MEDICAL UNIVERSITY TEACHERS

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Background: Educational leaders make their best efforts to enhance their scholastic skills while acquiring healthy learning, critical feedback and analytic mindfulness. There are a number of triggering factors influencing intellectual wellness (IW) of a teacher in a developing country like Pakistan. We aimed to observe IW awareness on the basis of type of university and income through salary and duration of employment in teachers of basic sciences at medical universities of Karachi, Pakistan.

Methods: The survey was carried out in 3 public and 5 private medical universities of Karachi, Pakistan from January 2012 till December 2014. Questionnaire was tailored from "Wellness Wheel" and responses were collected on eight items in the dimension of IW in 4-points Likert scale as 1: never, 2: sometimes, 3: usually and 4: always. Individual responses were accumulated for IW score which were described as mean with standard deviation. The composite score was compared by Mann-Whitney U test for factors like type of institute and Kruskal Wallis test for factors having more than two categories like income and duration of employment. **Results:** Response was acquired from 261/300 faculty members making a response rate of 87%. Teachers from private medical university were well versed in conventional and problem based learning ($p < 0.0001$). Involvement in research projects got intensified with enhancement of income through salary ($p = 0.0001$). Duration of employment increased the likelihood of adding variety in teaching ($p = 0.003$), adopt changes ($p = 0.05$) and accepting healthy criticism ($p = 0.05$). **Conclusion:** Pragmatic awareness of IW of medical teachers was significantly better in private medical universities with a higher pay package, reasonable work load, better occupational environment and with progression of experience.

Keywords: Wellness, Intellectual Wellness, Medical teachers, Wellness wheel, Prediction Score, Pakistan.

Pak J Physiol 2016;12(4):16–20

INTRODUCTION

Medical teachers have the key focus as they contribute to the education and training of medical graduates as well as provide the strong foundation on which knowledge is built. With implementation of multidisciplinary, integrated PBL based curriculum, medical schools have increased expectations from teachers; they are not only involved in large and small group teaching, but also participate in curriculum development, research activities and publications, formative and summative assessments, faculty development programs, mentoring the students, administrative and management activities etc.

In Pakistan, there has been a significant increase in the number of public and private medical universities with difference in number of students, pay packages and system of teaching.¹ Since teaching has become an extremely demanding profession, it is imperative that teachers from all set of universities should be aware of the concept of wellness and fulfil personal requirement such as healthy attitudes, coping styles and skills. As far as wellness is concerned, it aims at making choices towards a more successful and healthier existence.² Awareness of important wellness

dimensions like spiritual, intellectual, environmental, occupational, emotional and physical provide information about the wellbeing of a person and suggests ways to make improvements. Intellectual wellness (IW) is a state of mind by which an individual creates openings for seeking information, better understanding, and learning from available resources.³

Both organizational and personal stipulations affect teachers' health; difficult organizational conditions include students' behavior, large classes, high workload, and frequent changes in education system and lack of support from colleagues.^{4,5} A study reported that increased pressure of teaching and research productivity have adverse impacts on the physical health of academic faculty.⁶ Another study documented that lack of positive health behavior leads to increased frequency of diseases.⁷ Increased pressure of teaching and research productivity have been reported to have adverse impacts on academic faculty in limited studies.⁶ Awareness of IW can keep a balance between job demand and job control, with a positive healthy behaviour in their students to motivate them to achieve their educational goals.⁷ High levels of depression, anxiety and job dissatisfaction raised concerns about the

physical as well as intellectual wellbeing of academic faculty.

A large number of studies have been conducted on working conditions and the associated problems in European countries.⁴ The awareness of IW has been explored in medical students but very few studies are available on wellness status of medical teachers.⁸ In view of the importance of the role played by teachers in preparing the future medical graduates with all required competencies, this study was planned to assess the holistic view of IW of medical teachers and to find out if there is any association of their years of employment, working conditions/remuneration with IW.

SUBJECTS AND METHODS

This analytical cross-sectional study was conducted from January 2012 till December 2014 in 5 private and 3 public medical universities of Karachi after ethical approval from Bahria University Medical and Dental College and permission from all the institutes. The close-ended questionnaire on IW was tailored from 'Wellness wheel' (Vanderbilt University).⁹ The questionnaire was pre-tested and verified (validated) on a group of 50 teachers.

A total of 320 forms were distributed in public and private medical universities with a ratio of 1:5. Accordingly, 180 forms were distributed in private medical universities and 120 to public sector universities. After taking permission from the authority from each concerned institute, a representative from selected university was requested to assist in data collection. The representative assisted in approaching the available faculty to the data collector. The faculty was informed about the purpose of the study and verbal consent was taken to participate in the study. The data collector provided the questionnaire and asked the faculty to fill the form in 15–20 minutes. Once the faculty filled the form and returned the same to data collector, the form was rechecked whether all the pertinent information was filled by the participant.

Gender, age, type of institute, income through salary and duration of employment were the selected variables taken into the study. Type of institute was kept as public and private sector medical universities. Income through salary was kept as categorical variable and were asked in 4 categories such as: i) less than PKR 25,000, ii) PKR 25,000 to 50,000, iii) PKR 50,000 to 100,000 and iv) more than PKR 100,000. Duration of employment was initially asked in 6 points: i) less than 1 year, ii) 1–3 years, iii) 3–5 years, iv) 5–10 years, v) 10–20 years and vi) more than 20 years. Nevertheless, at the analysis stage, category v was merged with category vi.

Intellectual wellness: A total of eight items were included in the dimension of IW. The responses were obtained in 4-points Likert scale as 1: never, 2: sometimes, 3: usually and 4: always, responses of each

individual were aggregated for all eight questions in the dimension. Responses of teachers were acquired in terms of their participation in reading and intellectual discussions, creative and mental activities, use of resources to acquire knowledge about new things and current, selection of movies and enhancement of intellectual capabilities for continuing medical educational programs.

In the pilot survey, reliability of the study questionnaire was calculated using Cronbach's alpha and alpha value more than 0.7 was declared good consistency in terms of the received responses.

It was calculated by using the rule of thumb, as discussed by Osborne et al.¹⁰ Initially we calculated to take 5 samples for each variable in the study and hence calculated sample size was 275. We approached 300 participants but ended up with 261 filled questionnaires.

Statistical analyses were performed in Stata version-11 and classified into 2 stages.¹¹ At first stage, descriptive statistics were obtained for characteristics of participants and wellness scores. The categorical variables such as characteristics of participants and their responses to each wellness item were described as frequency with percentages.

At second stage of analysis, association of each item in the dimension of IW with personal characteristics was determined by Chi-square trend test.

RESULTS

A total of 300 faculty members were approached. Among them 261 teachers participated in the study making a response rate of 87%. The average age of participants was 35.1±10.2 years. There were 175 female (67.1%) and 86 male (32.9%). The participation from public institutes was made by 101 (38.7%) faculty members while remaining 61.3% were from private institutes. Fifty two (19.9%) participants had less than one year of employment duration, 96 (36.8%) had between 1–3 years and 29 (11.1%) had more than 20 years of working experience in their field. When asked about income through salary, 81 (31%) participants reported their salary as less than PKR 25,000, 91 (34.9%) had salary between PKR 25,000–50,000, 64 (24.5%) had more than PKR 50,000 and only 25 (9.6%) reported their salary as to be more than PKR 100,000.

Eight items were included to measure IW of participants. Around half of the sampled (n=134) teachers added variety and interest in their teaching skills. Though, only 34.1% (n=89) kept themselves well informed in research updates. One hundred and thirty six (52.1%) were capable to adapting changes and accepting challenges. Less than half (n=109) were well versed in conventional and problem based learning. Only 35.6% (n=93) faculty members were always involved in research work while 19.5% (n=51) were never being involved in research work. More than half

(n=138) never hesitated to clarify unclear concepts even from their juniors. Nearly half of the participants (n=128) always accepted healthy criticism on their presentations. Around 80% participants (n=209) thought they were frequently given more work than they could perform. The overall score of IW of medical university teachers was 24.99 ± 3.93 .

Teachers from private medical university had significantly higher frequency of being well-versed in conventional and problem based learning ($p < 0.0001$). They were also more prone to accept healthy criticism in their presentations ($p = 0.006$). Faculty from public sector universities perceived they had higher workload ($p < 0.0001$).

Teachers with higher income through salary were significantly more involved in research projects ($p = 0.0001$). The variable income did not produce any significant effect in altering IW of our teachers. Duration of employment on the other hand significantly increased the likelihood of adding variety in teaching ($p = 0.003$), adopting changes ($p = 0.05$) and accepting healthy criticism ($p = 0.05$). Teachers with less than 5 years of duration of employment had higher frequency to getting involvement in these domains. Involvement in research projects ($p = 0.097$), clarifying unclear concepts ($p = 0.078$) and over workload ($p = 0.08$) were reported more from the participants with teaching experience between 3 to 10 years (Table-1).

DISCUSSION

Mental health can be improved by awareness and implementation of all the steps required to acquire IW. It is documented that unfavourable working conditions are associated with poor quality of life and mental health among teachers.¹² The identification and provision of faculty needs and development of strategies can help not only in improvement of academic activities and medical career but also can maintain faculty vitality.¹³

We did not observe statistically significant difference in age-wise comparison of IW in medical teachers. A study indicated that junior faculty faced more challenges and experienced frustration with loss of direction as compared to senior faculty.¹⁴ In our study aptitude to face difficulties and participate in research activities was found more in age group above 50 years.

The IW keeps an individual engaged in meaningful, informed conversations on an ongoing basis¹⁵ for debates and discussions. The long-term retention of concepts with better interpretation, critical thinking, and improvement in understanding can be made possible with the help of interaction during group discussions.¹⁷ At the same time, it identifies the need for leisure, refreshment and scheduling of all intellectual activities. The interchange, which is required for connection, survival and expression of ideas, enhances IW as well as clearance of misunderstandings. The

ability to listen to criticism on research work and projects develops tolerance that bridges the gap of IW acquired by SW.

We discovered that private medical teachers achieved higher scores in intellectual dimensions by employing variety in teaching skills. They had up-to-date information about subject, were able to accept changes, were well versed with problem based learning and were involved in research projects. It has been observed that more emphasis is based on IW awareness is emphasized more in private medical universities by active participation in class discussions, good reading habits and careful selection of television programs.¹⁷ Teachers in private medical universities were able to cope with the academic challenges in a better way as compared to teachers from public institutes.

The influence of working conditions on health has been studied extensively over the last two decades.¹⁸ Psychosocial and occupational stress in the teaching profession is a long-standing problem. The consequences of workload among teachers coupled with the risk of poor occupational and environmental conditions have been the subject of debate in the past years.¹⁸ Stress, anxiety and depression have been recognized as important outcome measures in various work environments.¹⁹ The job satisfaction can be acquired by tension-free, satisfactory work conditions and cleanliness in office which in turn matures the attitude about work. Higher workload was remarked by teachers from public sector medical university who possessed less IW.

Stress can further be alleviated by emotional wellbeing, which is the capability to comprehend the worth of sentiments and use them onwards in positive directions. Wellness Center of Vanderbilt University defined Emotional Wellness (EW) as, "the awareness of feelings and their expression in a healthy manner with stability of mood, sense of self, positive attitude towards others and the ability to cope with stress."²⁰ These emotions have strong control on an individual's moods, thoughts, attitudes, determination, interests throughout the day and night and can help in taking decisions for their academic activities.²¹ A weak association of IW was observed with EW. Duration of employment however increased the likelihood of adding variety in teaching, adopting changes and accepting healthy criticism.

The observation that teachers with higher salaries were involved more in research projects explains the relationship of IW with Financial Wellness (FW); mechanism to have a control on personal finances with the ability to save some for rainy days.²² The economic stability sanctions "financial security" which is required for the composure and peace of mind of teachers that allows them to take part in number of activities.^{23,24}

Teachers are resource people for the students who not only guide and facilitate learning of students but also evaluate their performance. They are thus not only the tutors but also the role models, who can fulfill their responsibilities once and only they have sound mind and body and are cognizant of moral issues, interpersonal communication and crisis management.²⁵ Awareness and seeking more information is the first step towards acceptance of a change. The results of this study would be utilized in planning strategies for raising the awareness among faculty of medical universities. The sample observations were taken based on availability of teaching faculty while those who were on vacations were not approached during study period. The study does not describe the reasons for tailoring the questions for evaluation of intellectual wellness with reference to original IW questionnaire, nevertheless this is the first study on the assessment of one of the concepts of wellness, conducted on Medical Faculty serving various private and public Medical Universities in Karachi, Pakistan.

CONCLUSION

Teachers from private medical university had significantly higher frequency of being well versed in conventional and problem based learning more prone to accept healthy criticism in their presentations. Lack of IW awareness in public medical university teachers was attributed to their higher workload. Senior teachers exhibited better awareness of IW in both sets of universities.

RECOMMENDATIONS

Teachers should be revitalized to prioritize their intellectual activities and make use of critical and analytical thinking with use of problem-solving capabilities. This could be made possible by faculty development programs with interaction of faculty, as well as improvement in pay scales, provision of stress free better work place environment.

“It’s better to identify potential problems, develop intellectual and creative expeditions than to become complacent and fruitless”.

ACKNOWLEDGEMENTS

We are thankful to all medical universities, teachers and supporting staff which made it possible.

REFERENCES

1. Siddiqui AF, Aziz SA. A comparative study of the private and public sector medical universities in Karachi with reference to quality of education. *IJCRB* 2012;3(12):526.

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Received: 30 Sep 2016

Reviewed: 25 Oct 2016

Accepted: 26 Oct 2016

2. Rehman R, Sved S, Hussain M, Shaikh S. Health and spirituality ‘walk along’ in wellness journey of medical students. *J Pak Med Assoc* 2013;63(4):495–500.
3. Naz AS, Rehman R, Katpar SJ, Hussain M. Intellectual wellness awareness: a neglected area in medical universities of Pakistan. *J Pak Med Assoc* 2014;64:993–7.
4. Bauer J, Unterbrink T, Hack A, Pfeifer R, Buhl-Griesshaber V, Müller U, *et al.* Working conditions, adverse events and mental health problems in a sample of 949 German teachers. *Int Arch Occup Environ Health* 2007;80:442–9.
5. Unterbrink T, Zimmermann L, Pfeifer R, Wirsching M, Brahler E, Bauer J. Parameters influencing health variables in a sample of 949 German teachers. *Int Arch Occup Environ Health* 2008;82(1):117–23.
6. Schindler BA, Novack DH, Cohen DG, Yager J, Wang D, Shaheen NJ. The impact of the changing health care environment on the health and well-being of faculty at four medical schools. *Acad Med* 2006;81(1):27–34.
7. Wovnarowska-Soldan M, Tabak I. Health enhancing behaviors of teachers and other school staff. *Med Pr* 2012;64(5):659–70.
8. Rehman R. Five minutes to wellness (1st Ed). Germany: Lambert Academic Publishing;2015. p.1–140.
9. Vanderbilt University. Wellness resource center (online). (cited 2009 Nov 4). available from URL: www.Vanderbilt.edu/wellnesscenter/wellnesswheel.html
10. Osborne JW, Costello AB. Sample size and subject to item ratio in principal components analysis. *Prac Assess Res Eval* 2004;9(11). Available at <http://pareonline.net/htm/v9n11.htm>
11. Stata Software: StataCorp. 2009. Stata Statistical Software: Release 11. College Station, TX: StataCorp LP
12. Borrelli I, Benevene P, Fiorilli C, D’Amelio F, Pozzi G. Working conditions and mental health in teachers: a preliminary study. *Occup Med* 2014;64(7):530–2.
13. Lowenstein SR, Fernandez G, Crane LA. Medical school faculty discontent: prevalence and predictors of intent to leave academic careers. *BMC Med Educ* 2007;7:37.
14. Golper TA, Feldman HI. New challenges and paradigms for mid-career faculty in academic medical centers: key strategies for success for mid-career medical school faculty. *Clin J Am Soc Nephrol* 2008;3:1870–4.
15. Horton BW, Snyder CS. Wellness: Its impact on student grades and implications for business. *J Human Resou Hospitality Tourism* 2009;8(2):215–33.
16. Rehman R, Habib M, Fatima SS. A take on social wellbeing attributes by first year medical students. *J Pak Med Assoc* 2014;64(6):679–82.
17. Naz AS, Rehman R. Medical students’ endeavour to make use of their mental capabilities. *J Pak Med Assoc* 2013;63(5):568–72.
18. Renshaw TL, Long AC, Cook CR. Assessing teachers’ positive psychological functioning at work: Development and validation of the Teacher Subjective Wellbeing Questionnaire. *Sch Psychol Q* 2015;30(2):289–306.
19. Bennett P, Williams Y, Page N, Hood K, Woollard M. Levels of mental health problems among UK emergency ambulance workers. *Emerg Med J* 2004;21(2):235–6.
20. Zhang J, Zhao S, Lester D, Zhou C. Life satisfaction and its correlates among college students in China: A test of social reference theory. *Asian J Psychiatr* 2014;10:17–20.
21. Algoe SB, Fredrickson BL. Emotional fitness and the movement of affective science from lab to field. *Am Psychol* 2011;66(1):35–42.
22. Strawbridge WJ, Cohen RD, Shema SJ, Kaplan GA. Frequent attendance at religious services and mortality over 28 years. *Am J Public Health* 1997;87:957–61.
23. Houston SJ. Measuring Financial Literacy. *J Consum Affair* 2010;44(2):296–16.
24. Nishtar S, Bhutta ZA, Jafar TH, Ghaffar A, Akhtar T, Bengali K, *et al.* Health reform in Pakistan: a call to action. *Lancet* 2013;381:2291–7.
25. Benor DE. Faculty development, teacher training and teacher accreditation in medical education: twenty years from now. *Med Teach* 2000;22(5):503–12.

Table-1: Association of professional characteristics with different dimensions of intellectual wellness

	Type of institute		Income through salary					Duration of employment (Years)				
	Public	Private	<25,000	<50,000	<100,000	>100,000	<1 year	<3 years	<5 years	>10 years		
I add variety and interest in my teaching skills	No	7 (4.4%)	2 (2.5%)	2 (2.2%)	3 (4.7%)	0 (0.0%)	1 (1.9%)	0 (0.0%)	2 (5.0%)	0 (0.0%)	4 (13.8%)*	
	sometimes	11 (6.9%)	6 (7.4%)	7 (7.7%)	3 (4.7%)	0 (0.0%)	4 (7.7%)	5 (5.2%)	1 (2.5%)	1 (2.3%)	5 (17.2%)	
	Usually	56 (35.0%)	31 (38.3%)	39 (42.9%)	25 (39.1%)	9 (36.0%)	17 (32.7%)	38 (39.6%)	17 (42.3%)	21 (47.7%)	11 (37.9%)	
	Always	86 (53.8%)	42 (51.9%)	43 (47.3%)	33 (51.6%)	16 (64.0%)	30 (57.7%)	53 (55.2%)	20 (50.0%)	22 (50.0%)	9 (31.0%)*	
I keep myself well informed in updates of researches	No	7 (4.4%)	3 (3.7%)	2 (2.2%)	2 (3.1%)	0 (0.0%)	1 (1.9%)	1 (1.0%)	2 (5.0%)	0 (0.0%)	3 (10.3%)	
	sometimes	23 (14.4%)	16 (19.8%)	13 (14.3%)	8 (12.5%)	4 (16.0%)	10 (19.2%)	16 (16.7%)	2 (5.0%)	7 (15.9%)	6 (20.7%)	
	Usually	76 (47.3%)	36 (44.4%)	41 (45.1%)	36 (56.3%)	11 (44.0%)	21 (40.4%)	47 (49.0%)	20 (50.0%)	23 (52.3%)	13 (44.8%)	
	Always	54 (33.8%)	26 (32.1%)	35 (38.3%)	18 (28.1%)	10 (40.0%)	20 (38.3%)	32 (33.3%)	16 (40.0%)	14 (31.8%)	7 (24.1%)	
I have the ability to adapt to changes and accept challenges	No	5 (3.1%)	2 (2.5%)	2 (2.2%)	1 (1.6%)	0 (0.0%)	0 (0.0%)	1 (1.0%)	2 (5.0%)	0 (0.0%)	2 (6.9%)	
	sometimes	11 (6.9%)	8 (9.9%)	5 (5.5%)	5 (7.8%)	1 (4.0%)	4 (7.7%)	7 (7.3%)	0 (0.0%)	4 (9.1%)	4 (13.8%)	
	Usually	54 (33.8%)	26 (32.1%)	37 (40.7%)	25 (39.1%)	13 (52.0%)	20 (38.3%)	38 (39.6%)	12 (30.0%)	16 (36.4%)	15 (51.7%)	
	Always	90 (56.3%)*	45 (55.6%)	47 (51.6%)	33 (51.6%)	11 (44.0%)	28 (53.8%)	50 (52.1%)	26 (65.0%)	24 (54.3%)	8 (27.6%)	
I am well versed in conventional and problem based learning	No	4 (2.5%)*	4 (4.9%)	6 (6.6%)	6 (9.4%)	0 (0.0%)	0 (0.0%)	5 (5.2%)	6 (15.0%)	2 (4.5%)	3 (10.3%)	
	sometimes	22 (13.8%)	18 (22.2%)	7 (7.7%)	10 (15.6%)	4 (16.0%)	13 (25.0%)	11 (11.3%)	4 (10.0%)	5 (11.4%)	6 (20.7%)	
	Usually	55 (34.4%)	30 (37.0%)	36 (39.6%)	23 (35.9%)	8 (32.0%)	14 (26.9%)	42 (43.8%)	11 (27.3%)	19 (43.2%)	11 (37.9%)	
	Always	79 (49.4%)	29 (35.8%)	42 (46.2%)	25 (39.1%)	13 (52.0%)	25 (48.1%)	38 (39.6%)	19 (47.3%)	18 (40.9%)	9 (31.0%)	
I am involved in research projects	No	41 (25.6%)	26 (32.1%)	17 (18.7%)	7 (10.9%)	1 (4.0%)*	14 (26.9%)	21 (21.9%)	3 (7.5%)	6 (13.6%)	7 (24.1%)*	
	sometimes	23 (14.4%)	15 (18.3%)	16 (17.6%)	16 (25.0%)	3 (12.0%)	13 (25.0%)	15 (15.6%)	10 (25.0%)	6 (13.6%)	6 (20.7%)	
	Usually	36 (22.3%)	15 (18.3%)	22 (24.2%)	24 (37.5%)	6 (24.0%)	11 (21.2%)	28 (29.2%)	9 (22.5%)	14 (31.8%)	5 (17.2%)	
	Always	60 (37.3%)	25 (30.9%)	36 (39.6%)	17 (26.6%)	15 (60.0%)	14 (26.9%)	32 (33.3%)	18 (45.0%)	18 (40.9%)	11 (37.9%)	
I never hesitate to clarify unclear concepts even from my juniors	No	5 (3.1%)	1 (1.2%)	2 (2.2%)	2 (3.1%)	0 (0.0%)	1 (1.9%)	0 (0.0%)	1 (2.5%)	0 (0.0%)	3 (10.3%)*	
	sometimes	16 (10.0%)	6 (7.4%)	11 (12.1%)	6 (9.4%)	0 (0.0%)	5 (9.6%)	7 (7.3%)	4 (10.0%)	5 (11.4%)	2 (6.9%)	
	Usually	49 (30.6%)	21 (25.9%)	36 (39.6%)	23 (35.9%)	15 (60.0%)	20 (38.3%)	29 (30.2%)	17 (42.3%)	17 (38.6%)	12 (41.4%)	
	Always	90 (56.3%)	53 (65.4%)	42 (46.2%)	33 (51.6%)	10 (40.0%)	26 (50.0%)	60 (62.3%)	18 (45.0%)	22 (50.0%)	12 (41.4%)	
I accept healthy criticism on my presentations	No	7 (4.4%)*	3 (3.7%)	3 (3.3%)	1 (1.6%)	1 (4.0%)	0 (0.0%)	1 (1.0%)	3 (7.5%)	2 (4.5%)	2 (6.9%)*	
	sometimes	14 (8.8%)	6 (7.4%)	11 (12.1%)	9 (14.1%)	3 (12.0%)	7 (13.5%)	11 (11.3%)	2 (5.0%)	4 (9.1%)	5 (17.2%)	
	Usually	43 (26.9%)	24 (29.6%)	33 (36.3%)	30 (46.9%)	9 (36.0%)	18 (34.6%)	34 (35.4%)	14 (35.0%)	18 (40.9%)	12 (41.4%)	
	Always	96 (60.0%)*	48 (59.3%)	44 (48.4%)	24 (37.5%)	12 (48.0%)	27 (51.9%)	50 (52.1%)	21 (52.3%)	20 (45.3%)	10 (34.3%)	
I think an given work more than I can perform	No	45 (28.1%)*	17 (21.0%)	18 (19.8%)	15 (23.4%)	2 (8.0%)	13 (25.0%)	23 (24.0%)	6 (15.0%)	3 (6.8%)	7 (24.1%)*	
	sometimes	62 (38.8%)	32 (39.3%)	24 (26.4%)	20 (31.3%)	15 (60.0%)	21 (40.4%)	30 (31.3%)	15 (37.3%)	16 (36.4%)	9 (31.0%)	
	Usually	33 (20.6%)	18 (22.2%)	32 (35.2%)	19 (29.7%)	7 (28.0%)	11 (21.2%)	28 (29.2%)	14 (35.0%)	15 (34.1%)	8 (27.6%)	
	Always	20 (12.3%)	14 (17.3%)	17 (18.7%)	10 (15.6%)	1 (4.0%)	7 (13.5%)	15 (15.6%)	5 (12.5%)	10 (22.7%)	5 (17.2%)	

*p<0.05, *p<0.1