Will sick leave after a counseling intervention prevent later burnout.

A three-year follow-up study of Norwegian doctors

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Sick leave among doctors.

- Doctors hesitate to seek help and take less sick-leave

- Especially high threshold for mental distress and burnout
  (King 1992, Davidson 2003, Tyssen 2004)

- Consequences for doctors and for patient treatment
Aim

To study whether sick leave after a counseling intervention could predict reduction of burnout in doctors at work three years later.
Doctors come for counseling:
Resource centre for health personell, Villa Sana, Modum Bad

Goal: Strengthen identity
Promote health and well-being
Prevent burnout

- individual counseling (6-7 hrs)
- course over a week (8 participants)

Financed by the Norwegian Medical Association
Methods

- Inclusion autumn 2003 – summer 2005

- Self-report:
  at baseline (T0), one (T1) and three (T2) years:
  - demographics
  - personality traits (neuroticism)
  - help-seeking – therapy, medication
  - work hours
  - sick leave
  - burnout (Maslach Burnout Inventory)

- Regression analysis
Participants

242 eligible doctors 2003-2005

15 physicians declined

227 took part at T0

94%

41 did not complete T1

185 took part at T1

81%

16 did not complete T2

169

184 took part at T2

15 did not complete T2
Results:
149/181 (82%) working at T2

Married 85%
Counseling 85%
Employees 65%
Therapy 62%
Anti-depressants 24%

↓ in work hrs 48%
↓ in Emotional exhaustion. 3.0 → 2.4 (p<0.001)

56% women
Age 46 (8)

81 (54%) took sick leave
Results:

Measured sick leave during the study

T0 - Baseline

T1 - One-year follow-up

T2 - Three-year follow-up

T1 Weeks absence
Full time 6.2 (0-52)
Part time 1.7 (0-52)

T3 Weeks absence
Full time 0.9 (0-52)
Part time 1.3 (0-52)

Total weeks of sick leave
Full time 7.1 (0-92), Part time 3.0 (0-52)
Linear regression analysis of reduction in emotional exhaustion

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Strengths and limitations

- First longitudinal cohort study after a counseling intervention for burnout in doctors.
- Not controlled for change in life-style and work load (other than work hours).
- Representative for help-seeking doctors in Norway.
- Lack of sickness absence registration year 2 of follow-up
Discussion

- Optimum sick leave among doctors?

Presenteeism

Promote work return, Hinder aggravation of symptoms. Minimize economic consequences

Increase future long-term sickness absence. Aggravate symptoms. Increase costs

Conclusion

Full time sick leave «prevents» later burnout in Norwegian help-seeking doctors.

Important to study sick leave for this occupational group.