

Will sick leave after a counseling intervention prevent later burnout.

A three-year follow-up study of Norwegian doctors

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THE NORWEGIAN MEDICAL ASSOCIATION



Sick leave among doctors.

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

(Rosvold 2001, Kivimäki 2001, McKeivitt 1997, Chambers R 1992, Aasland 1996 and 2005, Tyssen 2007)



- Especially high threshold for mental distress and burnout

(King 1992, Davidson 2003, Tyssen 2004)

- Consequences for doctors and for patient treatment

(Firth-Cozens 1997, Shanafelt 2002, West 2006, Fahrenkopf 2008)

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)**

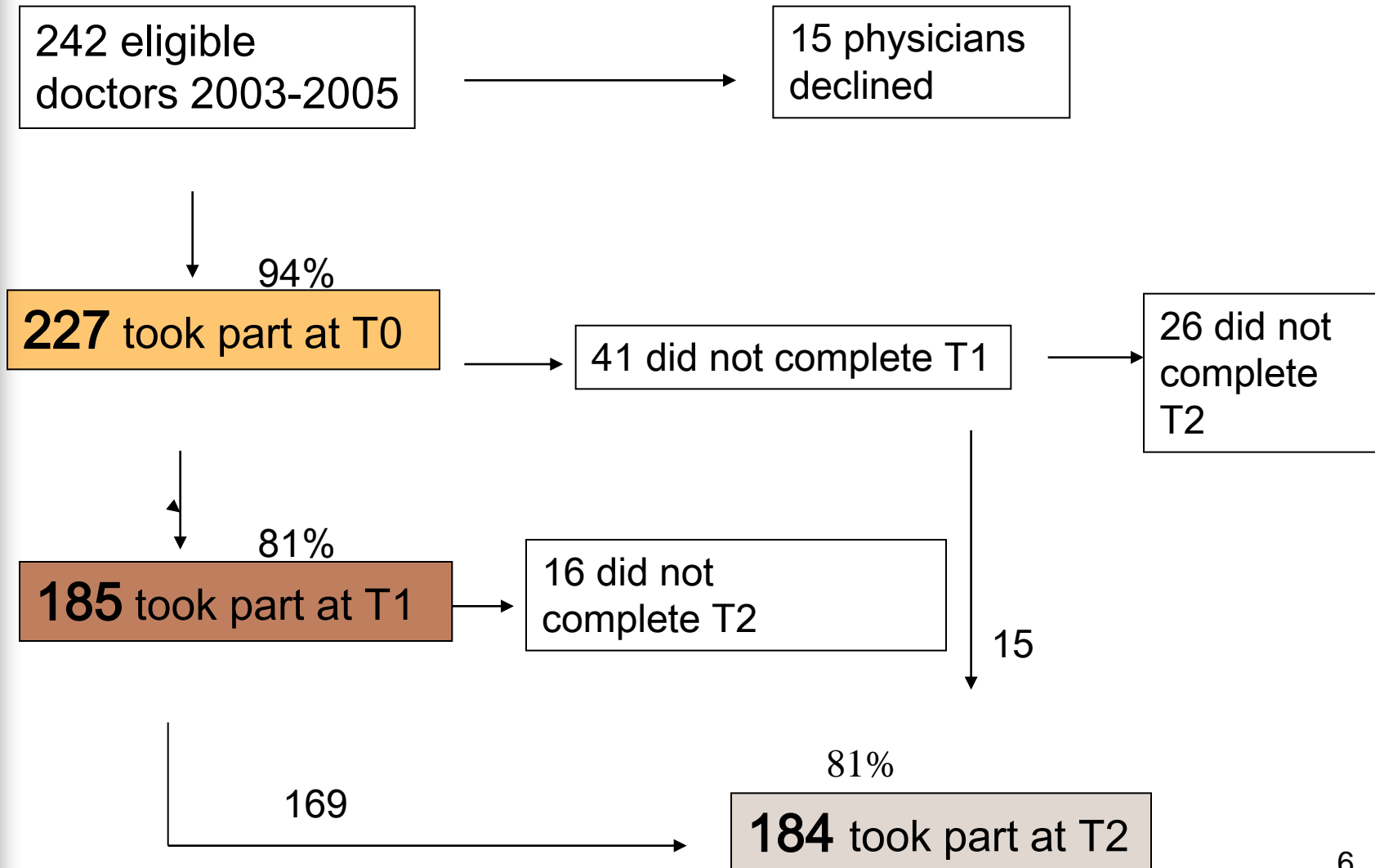
Financed by the Norwegian Medical Association



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



Results:

149/181 (82%) working at T2

Married 85%

Counseling 85%

Employees 65%

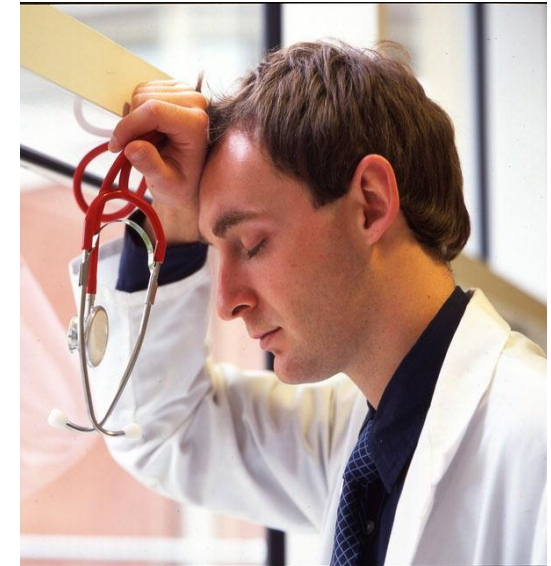
Therapy 62%

Anti-depressants 24%

↓ in work hrs 48%

↓ in Emotional exhaust.
3.0 → 2.4 ($p < 0.001$)

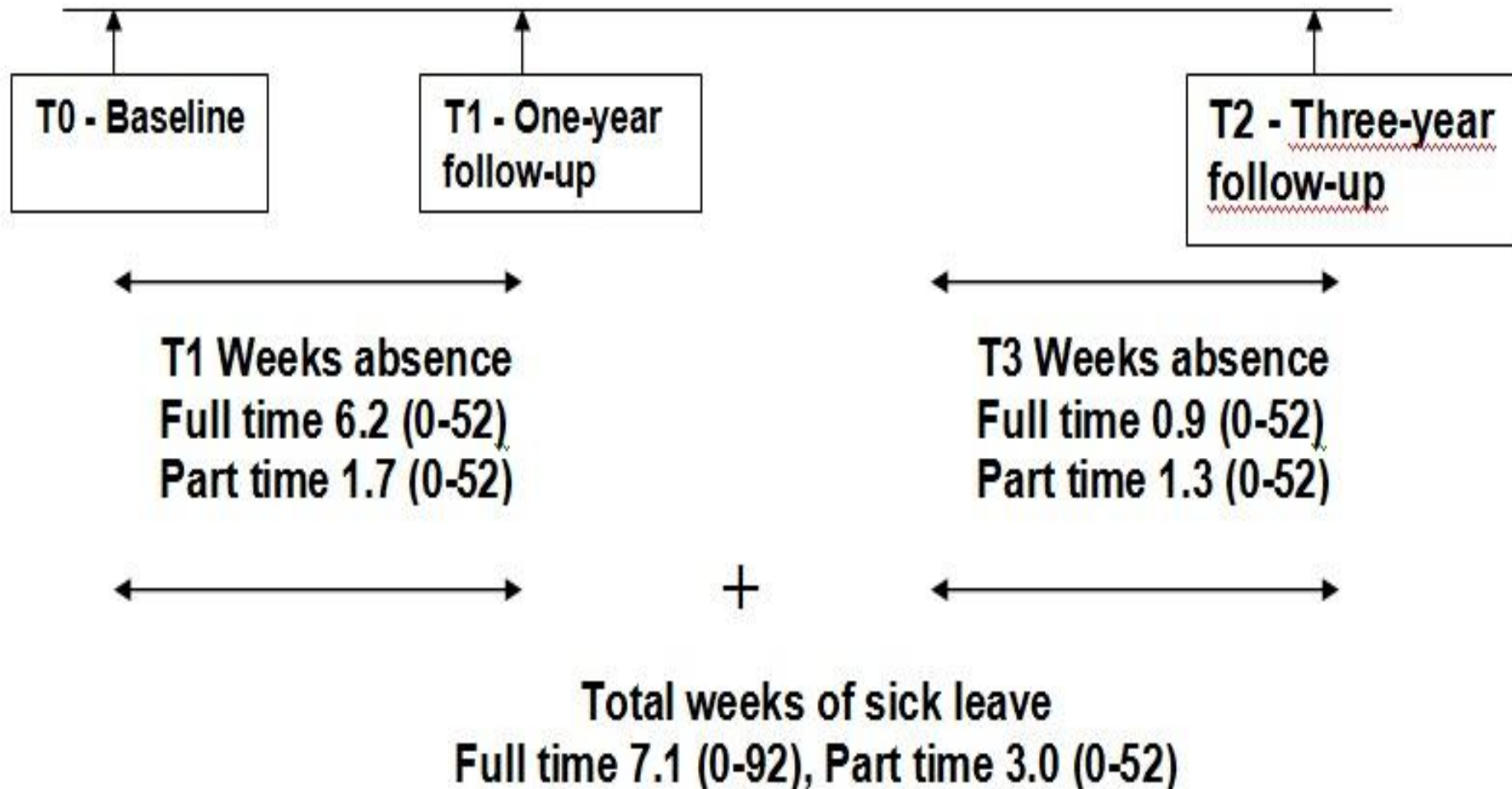
56% women
Age 46 (8)



81 (54%) took
sick leave

Results:

Measured sick leave during the study



Linear regression analysis of reduction in emotional exhaustion

	Univariate		Multivariate	
	Stand. β	Sig p	Stand. β	Sig p
Sex	-.05	ns	.03	ns
Age	.02	ns	.02	ns
Marital status	.07	ns		
Children<16	-.02	ns		
Type intervention	.13	ns		
Type employment	-.03	ns		
Vulnerability	.27	.001	.18	ns
Weekly work hrs	-.07	ns		
Red. in work hrs	.20	.02	.16	ns
Therapy	.07	ns		
Anti-depressants	.23	.01	.07	ns
Part-time sick leave	.01	ns		
Full-time sick leave	.31	<.001	.31	.001



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.

