Introduction

Health care sector:
• Increasing demands
• Rapid changes
• Limited resources
• Female dominated workforce
• Many work environment exposures
• Stress-related mental health problems common

Aim

To investigate work and family factors as predictors of self-reported Exhaustion Disorder among employees at a large public health care organisation in western Sweden and to explore if there are differences in this respect between male and female workers

Methods

Study design: Prospective cohort study
Data collection: Postal questionnaire 2008 and 2010
Study population, two samples:
1. Participants of "old cohort": n=1972 in 2008 and n=1422 in 2010 (72%).
2. New stratified sample of men, younger employees and managers; n=1237 in 2008 and n=801 in 2010 (65%)
All participants 2010 who did not comply with s-ED in 2008 were included in the predictor analysis:
N=1886 (1504 women, 382 men)

Largest occupational groups:
Nurses 29%, assistant nurses 12%, managers 10% and doctors 9%

Measures

Work factors:
Work demands and control (JCQ11) (low/medium/high)
Social support at work (single item)
Important change at work (single item)

Family factors:
Marital status – living single
Children in the home (age, nicotine use and physical activity)

Outcome:
Self-reported Exhaustion Disorder (s-ED)

s-ED

• New instrument for assessment of stress-related exhaustion.
• Based on diagnostic criteria for Exhaustion Disorder
• Four items: Exhausted >2 w; stress exposed >6 m; stress symptoms (>3 of 6); significant reduction of wellbeing and/or functional impairment.
• Good reliability and validity (Glise et al 2010)

9.2% reported s-ED at follow-up (men 6.6%; women 9.8%)
Statistical analysis

Relative risks (RR), with 95% confidence interval (CI), of s-ED at follow-up for work and family factors at baseline were calculated by Cox regression with constant time at risk.

Bivariate analyses for men and women separately and multivariate analysis for women only.

Results – Relative risks for s-ED at follow-up

<table>
<thead>
<tr>
<th>Variable</th>
<th>Women RR</th>
<th>CI</th>
<th>Women Multivariate*</th>
<th>Men RR</th>
<th>CI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>High demands</td>
<td>2.4</td>
<td>1.5-3.6</td>
<td>2.3</td>
<td>1.4-3.5</td>
<td>3.4</td>
</tr>
<tr>
<td>Low control</td>
<td>1.8</td>
<td>1.1-2.8</td>
<td>1.7</td>
<td>1.0-2.6</td>
<td>2.6</td>
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<tr>
<td>No support</td>
<td>1.8</td>
<td>1.1-3.0</td>
<td>1.6</td>
<td>1.0-2.7</td>
<td>1.0</td>
</tr>
<tr>
<td>Negative change</td>
<td>1.4</td>
<td>0.9-2.0</td>
<td>Not included</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being single</td>
<td>1.3</td>
<td>0.9-1.9</td>
<td>1.4</td>
<td>0.9-2.2</td>
<td>2.3</td>
</tr>
<tr>
<td>Parental resp.</td>
<td>1.4</td>
<td>0.8-1.6</td>
<td>1.3</td>
<td>0.9-1.9</td>
<td>0.9</td>
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| * All variables included + physical activity

Conclusions

• The work factors predicted s-ED at follow-up, most clearly among the female health care workers.
• Low social support at work was a predictor among women but not among men.
• Marital status and parental responsibility was not associated with s-ED at follow-up.
• Limited number of male participants – study of larger sample is needed.
• Few family factors were included – more should be added in future studies.

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