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3^e CONFÉRENCE INTERNATIONALE CIST SUR LES FACTEURS PSYCHOSOCIAUX AU TRAVAIL

Québec (Québec) Canada ■ 1^{er} au 4 septembre 2008

Hôtel Loews Le Concorde

3rd ICOH INTERNATIONAL CONFERENCE ON PSYCHOSOCIAL FACTORS AT WORK

Québec (Québec) Canada ■ September 2008, 1st to 4th



Institut national
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Québec 



RÉSUMÉS / ABSTRACTS

Troisième conférence internationale CIST sur les facteurs psychosociaux au travail

Third ICOH International Conference on Psychosocial Factors at Work

DE LA CONNAISSANCE À L'ACTION / FROM KNOWLEDGE TO ACTION
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Poster Session Healthcare workers

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Scientific Activity and Work Ability among Croatian Physicians

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Description of the problem: Healthcare workers' work ability might be sustained by intellectual demands. In Croatia, which is a transitional country, scientific activity among health care workers is not encouraged. Hence, it might be associated with their work ability.

Objectives: To determine the relationship between clinical settings, scientific activity and work ability among healthcare workers.

Methodology: Data were gathered from 395 physicians registered at 4 Croatian University hospitals, in a cross-sectional design. Work ability was assessed using the Work Ability Index (WAI) Questionnaire. A WAI score over 37 correlates with satisfactory work ability. Scientific activity was defined as holding an academic degree (M.Sc, PhD, Assistant Professor, Associate Professor and Full Professor) and publishing scientific articles. Differences were analyzed by t-test, ANCOVA (age was used as covariate) and 2-test.

Results: Clinical setting and scientific activity were analyzed for the possible association with work ability. In general, physicians in Croatia have excellent WAI scores (39.6 ± 6.1). Significantly more males than females were dealing with science (45.2% vs. 29.8%, 2 -test; $p=0.002$). Physicians who were not involved in scientific activity (250, 63.3%) had significantly greater WAI scores than those who were (40.29 ± 5.92 vs. 39.39 ± 6.19 ; t-test; $p=0.003$). Among those who were scientifically active, there was a gradual increase in WAI score with higher academic title. There were more scientifically active physicians at non-surgical departments than at surgical ones (43.6% vs. 32.2%, 2 -test; $p=0.02$).

Conclusion: Although the physicians' work ability is excellent, scientifically inactive physicians have better work ability than their colleagues who are involved in scientific activity. Since science requires investing time and effort over regular working hours, especially in the beginning of a scientific career, it might hamper physicians' work ability. Support for young scientists is thus needed.

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Socio-Demographic Variables and Work Ability among Croatian Healthcare Workers

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Description of the problem: Increasingly, healthcare workers present psychological work-related complaints, endangering their work ability and causing considerable economic losses. Work ability shows a general decreasing trend over years, but it changes differently according to working conditions and personal health status. The relation between socio-demographic factors and work ability of healthcare workers has not yet been studied in countries in transition.

Objectives: To determine the relation between socio-demographic variables and work ability among healthcare workers.

Methodology: Data were gathered from 1487 healthcare workers (395 physicians; 1092 nurses) registered at 4 Croatian University hospitals in a cross-sectional design. Work ability was assessed using the Work Ability Index (WAI) Questionnaire. The differences were analyzed by t-test, ANCOVA and 2-test. A WAI score over 37 correlated with satisfactory work ability.

Results: Marital status, gender, number of children and occupation were analyzed for possible association with work ability. Analysis of marital status revealed that 67.3% of physicians and 62.7% of nurses were married. Significantly more physicians lived in a partnership than alone: 69.5% and 30.5% respectively (2 -test; $p=0.003$). The same trend was present among nurses, yet the difference was insignificant. Furthermore, WAI scores were significantly higher among nurses who lived alone (39.63 ± 5.79) than among those who lived in a partnership (37.46 ± 6.38); t-test; $p<0.001$. Physicians living alone had higher WAI scores than their colleagues living in a partnership, but the difference was insignificant. Males had significantly higher WAI scores than females, both among physicians (40.23 ± 5.50 vs. 39.08 ± 6.49 ; $p=0.026$) and among nurses (40.65 ± 5.74 ; 37.98 ± 6.27 ; $p<0.001$). Additionally, all healthcare workers without children had greater WAI scores than those having children (39.68 ± 5.86 vs. 37.84 ± 6.38 ; t-test; $p<0.001$). Physicians had significantly greater WAI scores than nurses (39.59 ± 6.08 vs. 38.17 ± 6.26 ; ANCOVA; $p<0.001$).

Conclusion: Since partnership and children impede the work ability of healthcare workers, they need support either from the society or from their hospital.