

Towards Better Work and Well-being

International Conference
10–12 February 2010, Crowne Plaza Helsinki, Finland

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The associations between work stressors and distress among registered nurses: the moderating effect of organizational justice and job control

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The present study examined the associations between work stressors and distress among 2152 registered nurses in Finland. In addition, we examined whether organizational justice and job control could moderate these associations. Distress was measured with the General Health Questionnaire and work stressors studied were problems in team work, patient-related stress, and low colleague consultation. Analyses of covariance were used and the analyses were adjusted for gender, age, and employment sector.

The results show that problems in team work, patient-related stress, low colleague consultation, low job control, and low organizational justice were all associated with distress. Of the work stressors, problems in team work had the strongest association with distress. Organizational justice moderated the association between problems in team work and distress in a way that the association was weaker among those with high levels of justice than among those with low levels of justice. Job control moderated the association between low colleague consultation and distress. The association was weaker among those with high job control opportunities than among those with low levels of control opportunities.

According to our results it seems that increasing organizational justice in health care sector and giving nurses more opportunities to control their work could buffer against the negative effects of work stressors on the mental health of nurses.

Satisfactory work ability as a key determinant of physicians' quality of life

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Aim. The aim of this study was to examine quality of life determinants among hospital physicians in Croatia with an emphasis on their work ability.

Methods. A cross-sectional study was performed during 2007-2008 in six randomly selected hospitals in Croatia. The self-administered questionnaires included the Work Ability Index (WAI) developed by the Finnish Institute of Occupational Health, the Quality of Life questionnaire (WHOQL-BREF) developed by the World Health Organization and additional socio-demographic questions. A total number of 269 physicians completed the questionnaires, giving a response rate of 60%. Binary logistic regression was performed to assess how socio-demographic characteristics and work ability groups predict each of the WHOQL-BREF domains.

Results. Having a satisfactory WAI score (WAI \geq 37) was significantly the most important predictor for all quality of life domains, with the odds ratios (OR) being as follows: OR=20.4 (95%CI: 7.9-52.5) for the physical domain, OR=4.9 (95%CI: 2.4-10.2) for the psychological domain, OR=2.2 (95%CI: 1.1-4.3) for the social relationship domain and OR=3.7 (95%CI: 1.9-7.2) for the environmental domain.

Conclusions. Satisfactory work ability was a major quality of life determinant in all WHOQL-BREF domains with the highest odds ratio for the physical domain. Maintaining physicians' work ability is an important issue, because it is foundation for the quality of life of the workforce.

Work-related stress and work ability among hospital physicians in Croatia

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Aim: This paper is a report of a study conducted to determine which occupational stressors are present in physicians' working environment and to estimate which stressors and to what extent predict physicians' work ability.

Methods: A cross-sectional study was conducted. Questionnaires were distributed to a convenience sample of 269 physicians employed at six randomly selected hospitals in Croatia. The response rate was 60%. Data were collected using the Occupational Stress Assessment Questionnaire and Work Ability Index Questionnaire. Binary logistic regression was performed to assess how stressors and other socio-demographic characteristics predict work ability groups.

Results: We identified six major groups of occupational stressors: Organization of work and financial issues, Public criticism, Hazards at workplace, Interpersonal conflicts at workplace, Shift work and Professional and intellectual demands. Predictors statistically significantly related with low work ability were: Organization of work and financial issues (OR=2,88, 95% CI 1.41-5.87) and Shift work (OR=1.63, 95% CI 1.08-2.45).

Conclusion: Hospital managers should develop strategies to address and improve the quality of working conditions for physicians in hospitals. Providing organizational and career prospects can contribute to decreasing physicians' occupational stress levels, thus maintaining their work ability.

Spirit and blood – high engagement as a phenomenon and a process

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Imagine being dyed-in-the-wool in your profession, passionate and determined about it. This paper draws from a qualitative grounded theory research project, wherein sixteen highly-engaged employees from varying backgrounds and professions were interviewed. The objective was to understand high engagement as a phenomenon as well as unearthing factors enabling it. The findings show that work engagement is a mix of different kinds of engagements; it is based on biological instincts, cultural norms and habits. High engagement is also highly related with motivation, interest and emotions. Excitement about one's work evolves owing to one's personality, context and life experiences. Whilst fluctuations in one's level of engagement do occur, the findings point to high engagement being a relatively constant cognitive-emotional state of mind. Promisingly, high engagement would seem to be a potential state of mind for everyone. The findings further enabled to identify factors enabling high engagement. These related to a daily life context that enables a sense of meaningfulness, interest and provides a possibility to have hands-on experiences. Moreover, one's community and relationships to other people support high engagement. Recovery periods are required in order to maintain engagement at work. Engagement brings numerous business benefits but most of all – it is about individuals who are content and well-being, and who have a purpose in their lives.

Healing begins with a smile: the Croatian experience

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Background: During 2005 in order to improve communication between health professionals and patients, Croatian Ministry of Health and Social Welfare started program named „Healing begins with a smile“. Healthcare professionals were instructed to smile in every type of communication.

Aim: To assess program implementation among healthcare professionals and effect on medical team communication within team and with patients.

Methods: Personal structural interview with 24 project leaders who covered 14 clinical hospitals, 22 general hospitals, 36 special hospitals and 66 health centers in all Croatian regions with around 35000 employed healthcare professionals.

Results: 23 (95.8%) program leaders reported huge difficulties in program implementation among healthcare professionals. Constant smiling added more stress to their everyday duties. All program leaders reported that the lack of communication was due to bad working conditions, insufficient number of qualified personnel and work overload. Also, there was no education on coping with stress provided before the project started.

Conclusion: Due to collected reports and results, Ministry of Health and Social Welfare recognized healthcare profession as a vulnerable group. Training in communication within medical team and coping with stress on workplace needed to be organized to improve and sustain good communication among health care professionals and in communication with patients.

Physical activity and inactivity in municipal workers: Nuadu health behaviour intervention

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Background

Decreased time spent in moderate-to-vigorous intensity physical activity (MVPA) and increased sedentary time are both known to be independent risk factors for health problems.

Material and methods

Study population consisted of 4 134 employees of the city of Espoo who answered to a questionnaire-based health survey (response rate 38%). Of them 352 subjects (30-55 years) were selected to Nuadu health behaviour intervention and they answered to a questionnaire and participated in field measurements including objective measurement of physical activity by accelerometers.

Results

The proportion of physically inactive individuals was 38% among all the employees (n=4134), and 55% among those who participated in intervention study (n=352). Based on accelerometer measurements 73% of the individuals in intervention study did not meet the recommended level of physical activity (MVPA 150 min/week). The sedentary time was 7.9 hours/day among those who met the recommendations and 8.3 hours/day among those who did not meet the recommendations.

Conclusions

Many of the employees did not meet the recommended level of physical activity. The proportion of inactive individuals was higher when physical activity was measured objectively by accelerometers compared with questionnaire physical activity measurements.