



## Research report

# Gender differences and disabilities of perceived depression in the workplace

Yuan-Pang Wang<sup>a,\*</sup>, Clarice Gorenstein<sup>a,b</sup><sup>a</sup> Institute & Department of Psychiatry (LIM-23), University of Sao Paulo Medical School, Rua Dr. Ovídio Pires de Campos 785, 05403-010 São Paulo, SP, Brazil<sup>b</sup> Department of Pharmacology, Institute of Biomedical Sciences, University of Sao Paulo, Avenida Professor Lineu Prestes 1524, 05508-900 São Paulo, SP, Brazil

## ARTICLE INFO

## Article history:

Received 18 January 2015

Received in revised form

23 January 2015

Accepted 29 January 2015

Available online 7 February 2015

## Keywords:

Depression

Gender difference

Cognitive symptoms

Disability

Workplace

## ABSTRACT

**Background:** Few studies have investigated gender difference and associated disability among workers. Comprehensive investigations concerning the occurrence and consequences of depression in workplace are scarce. The study aims to evaluate how workers perceive depression in workplace, as well as to examine depression-related disabilities by gender.

**Methods:** This is a cross-sectional web-based survey of 1000 Brazilian workers recruited from Internet sources. Participants answered an online questionnaire about depressive symptoms and related consequences in the workplace.

**Results:** Common symptoms attributable to depression were crying, loss of interest, and sadness. Almost one in five (18.9%) participants reported had ever been “labeled” by a health professional as suffering from depression. However, the majority of ever-depressed workers (73.5%) remained working. Performance-related impairments were reported by around 60% of depressed workers who continued working. Over half of them also complained about cognitive symptoms (concentration difficulties, indecisiveness, forgetfulness), with men reporting more cognitive dysfunctions than women. One in three workers had taken off work due to depression (mean 65.7 out-of-role days), with these periods being lengthier for men than women.

**Limitations:** Some depressive events might have occurred before working age, since the participants have self-reported the diagnosis of health professionals in past timeframe. The representativeness of recruited workers was reliant upon the availability of Internet service.

**Conclusions:** The findings suggest that identification and management of symptoms of depression should be set as a priority in worker’s health care. General and gender-related strategies to handle depression in the workplace are recommended.

© 2015 Elsevier B.V. All rights reserved.

## 1. Introduction

Depression is one of the leading causes of burden of disease worldwide (Murray and Lopez, 1996), but there are insufficient studies examining the effects of depression in the workplace. Individuals with depression report more decline in productivity than those without depression (Herrman et al., 2002; Kessler, 2012). As such, comprehensive data of depression-related work performance and loss productivity are major gap of health knowledge, where information on expenditure, impairment, morbidity, and accident injury is jointly combined (Oortwijn et al., 2011).

Occupational health professionals are most concerned with clinical depression, a term used to describe any type of depression that produces significant personal distress and/or problems in functioning (Myette, 2008). This common disorder can manifest across

a continuum of severity, ranging from normal mood, as a symptom, as a disorder, or as a disabling disease (Kessing, 2007; Bromet et al., 2011). Clinical depression can harmfully affects the employee’s work satisfaction and performance, resulting in much functioning troubles at home, at school, among interpersonal relationships, and in the workplace (McIntyre et al., 2013, 2015), requiring prompt and correct diagnosis and focused treatment. Some consequences of depression in the workplace are productivity fall, take off work, and sick leave (Kessler, 2012). Annually, depression-related lost productivity costs over USD 44 billion to US employers (Stewart et al., 2003a). Lost productive time of depression vs. without depression among workers was reported as almost four folds higher: 5.6 h/week vs. 1.5 h/week, respectively (Stewart et al., 2003b). In a recent survey of European workers (Evans-Lacko and Knapp, 2014), the cost of depression due to lost productivity is projected at £ 77 billion per year.

Chronic pain and mental disorders are major causes of years living with disability (YLD) in general population of the Tropical Latin America (Vos et al., 2013). Both conditions are related to workplace,

\* Corresponding author. Tel./fax: +55 11 2661 6976.

E-mail address: [gnap\\_inbox@hotmail.com](mailto:gnap_inbox@hotmail.com) (Y.-P. Wang).

being causes of disability, workday lost, and absenteeism (Nelson and Silverstein, 1998; Vieira et al., 2011; Barbosa-Branco et al., 2012). In Brazil, neuropsychiatric disorders ranked first among the major causes of disability (34%), followed by chronic respiratory diseases (11.2%) (Schramm et al., 2004). Examining Brazilian industrial workers, Yano and Santana (2012) have pointed out that one-year prevalence of workdays lost due to health problems affected 12.5% of individuals, with 5.5% being directly attributed to work and 4.1% being aggravated by work. According to Brazilian workers' administrative compensation database of the National Institute for Social Security (INSS) (Barbosa-Branco et al., 2011; Sousa Santana et al., 2012), five out of the 10 leading causes of compensation benefits were mental disorders and accounted for 19% of the total cost with disability benefits (Barbosa-Branco et al., 2012). For the general population in Brazil, chronic pain and mood disorders were the two conditions of highest impact, even after controlling for confounders (Andrade et al., 2013). In the month prior to the interview, 13.1% reported at least one day totally out-of-role, with an annual median of 41.4 days out-of-role. Despite this huge burden in developed countries (Alonso et al., 2011), comprehensive data of work-related depression and its associated workday loss in Latin America and Caribbean region are still limited.

Traditional job-related epidemiology has placed less emphasis on women's difficulties in the workplace than men's. However, investigations on gender equality in the economic market have suggested female workers as a key susceptible group, in terms of prevalence (Conti and Burton, 1994; Kessler, 2003; WHO, 2014b), vulnerability (WHO, 2014a) and unfavorable outcome (Pudrovskaya and Karraker, 2014). Also, researches on occupational health have included sex as a major variable of investigation (Cohidon et al., 2010), directing the interest toward sex-related physiological response at work and reproductive function affecting work performance (Nelson and Silverstein, 1998; Artazcoz et al., 2007). From the sociological perspective, activists have claimed the discrimination against women in the workplace, with reports of sexual embarrassment, inequality on earning and labor rights (Kessler et al., 2008a; Okechukwu et al., 2014). Higher rate of depression among female workers has important implications for occupational benefit plan policy, disability management, and health professionals' training (Conti and Burton, 1994). For instance, results from 2010 census in Brazil (Instituto Brasileiro de Geografia e Estatística [IBGE], 2011) have showed the rising number of women as chief family provider, indicating growing participation of female workers in the country's economy. The reasons may be credited to a change in values regarding the role of women in modern society and to factors such as the massive entry into the labor market and the increasing level of education at the college level, combined with reduced fertility.

Previous investigations on gender difference in clinical picture of depression reported this condition of different severity and manifestations, in terms of somatic vs. affective symptoms (Silverstein, 1999, 2002; Silverstein et al., 2013). Nevertheless, most studies have not controlled or matched for non-somatic symptoms, leaving a gap in the issue of gender difference in terms of somatic symptoms vs. cognitive/affective symptoms. Contradicting the view that somatic symptoms would explain gender differences in depression rates and symptom severity, Delisle et al. (2012) argued that gender differences in somatic scores of the Beck Depression Inventory-II were very small for depressed patients attending an outpatient clinic. Multivariate techniques (Carragher et al., 2011; Alexandrino-Silva et al., 2013) have showed that several depression-related behaviors and cognitive symptoms were salient features that can discriminate between gender groups. These contentious observations have suggested that gender-related characteristics may operate in shaping how depression would express in men and women, with diverse outcomes in the workplace.

Bearing in mind the higher prevalence of depression among women, their growing participation in country's economy and widespread rate of depression in work-based societies, it is timely to argue that depression-associated disabilities also might be greater among women. Therefore, a focused investigation of gender difference in occupational settings can elucidate how depressive conditions are expressed and affect the workers, as well as to improve future strategies for dealing with these harsh outcomes.

Investigation of perception of symptoms of depression can help to grasp the beliefs underlying attitudes about the causes and treatments of depression among the general public (Jorm and Griffiths, 2008). A greater understanding about how depression occurs between genders and is managed in the workplace can aid to de-stigmatize its perception and may lead to more effective outreach and education efforts in companies (Blummer and Marcus, 2009). In current investigation, we inquired workers through online survey on common symptoms of depression and their effects on labor performance. The objectives were to investigate how the workers perceive the occurrence of depression and to estimate the depression-related outcomes in occupational settings. Gender differences and disabilities of perceived depression in workplace were described to underline its implication for the employees.

## 2. Methods

### 2.1. Design and setting

The investigation was a cross-sectional survey on perceived depression in the workplace. This study was conducted in accordance with guidelines of the International Chamber of Commerce (ICC) and European Society for Opinion and Marketing Research (ESOMAR, 2013), where all workers self-reported their attitudes and perceived symptoms of depression through Internet (Evans-Lacko and Knapp, 2014). This survey is the Brazilian branch of a multicentric survey launched by European Depression Association (EDA) (2014).

### 2.2. Sampling and recruitment

Recruited from Internet sites, eligible participants were panelists of Internet portals, service providers, online stores, airlines, communities, etc., with audited customer databases. The sample size of 1000 participants was determined in accordance with the standard of national representativeness for marketing and opinion research (ESOMAR, 2013). Data were weighted to adjust the representativeness of the target profile: Brazilian residents, aged 16–64 year-old, current workers, or have worked and managed within the last 12 months. We have targeted a general population sample taking into consideration the age stratum criterion, as “currently or have been previously employed” individuals could not be selected. This approach had engaged a broad range of socio-demographic profiles by natural fallout. For targeting the sample, there was a random extraction on needed demographics and quotas structure on age, gender and region.

The participants were allowed to fill out only one form after receiving an invitation email for the panel. Personal data were checked and duplicates were removed. No quotas on company size were applied. This procedure was multisourced, closed, and “by invitation only” and has followed ESOMAR's quality controls to guarantee unique participants and to avoid fraud.

### 2.3. Instrument

This investigation used a 13-item questionnaire elaborated by European Depression Association (2014), which was translated and adapted for use in Brazilian–Portuguese speaking respondents

Download English Version:

<https://daneshyari.com/en/article/4185949>

Download Persian Version:

<https://daneshyari.com/article/4185949>

[Daneshyari.com](https://daneshyari.com)