



Research report

Psychosocial work factors, major depressive and generalised anxiety disorders: Results from the French national SIP study



Marie Murcia ^{a,b,c,d,*}, Jean-François Chastang ^{a,b,c}, Isabelle Niedhammer ^{a,b,c}

^a INSERM, U1018, CESP Centre for Research in Epidemiology and Population Health, Epidemiology of Occupational and Social Determinants of Health Team, Villejuif, France

^b Univ Paris-Sud, UMRS 1018, Villejuif, France

^c Université de Versailles St-Quentin, UMRS 1018, Villejuif, France

^d APST Centre, 15 avenue de Vendôme, 41000 Blois, France

ARTICLE INFO

Article history:

Received 14 May 2012

Received in revised form

13 September 2012

Accepted 15 September 2012

Available online 8 October 2012

Keywords:

Major depressive disorder

Generalised anxiety disorder

Psychosocial work factors

Occupational factors

Working population

ABSTRACT

Background: Anxiety and depression are prevalent mental disorders in working populations. The risk factors of these disorders are not completely well known. Developing knowledge on occupational risk factors for mental disorders appears crucial. This study investigates the association between various classical and emergent psychosocial work factors and major depressive and generalised anxiety disorders in the French working population.

Methods: The study was based on a national random sample of 3765 men and 3944 women of the French working population (SIP 2006 survey). Major Depressive Disorder (MDD) and Generalised Anxiety Disorder (GAD) were measured using a standardised diagnostic interview (MINI). Occupational factors included psychosocial work factors as well as biomechanical, physical, and chemical exposures. Adjustment variables included age, occupation, marital status, social support, and life events. Multi-variate analysis was performed using logistic regression analysis.

Results: Low decision latitude, overcommitment, and emotional demands were found to be risk factors for both MDD–GAD among both genders. Other risk factors were observed: high psychological demands, low reward, ethical conflict, and job insecurity, but differences were found according to gender and outcome. Significant interaction terms were observed suggesting that low decision latitude, high psychological demands, and job insecurity had stronger effects on mental disorders for men than for women.

Limitations: Given the cross-sectional study design, no causal conclusion could be drawn.

Conclusions: This study showed significant associations between classical and emergent psychosocial work factors and MDD–GAD. Preventive actions targeting various psychosocial work factors, including emergent factors, may help to reduce mental disorders at the workplace.

© 2012 Elsevier B.V. All rights reserved.

1. Introduction

Anxiety and depression are both common mental disorders in the general population. The highest 12-month prevalence of mood disorders, including major depressive disorders (MDD), was observed for Ukraine (9.1%) and France (8.5%) in Europe, and for United States (9.6%) (Demyttenaere, 2004). Regarding anxiety disorders, the highest 12-month prevalence of generalised anxiety disorder (GAD) has been estimated to be 12.0% for France and 8.8% for the Netherlands in Europe and 18.2% for United States (Demyttenaere, 2004). The prevalence of anxiety disorders or major depression may vary between and within

countries (Ayuso-Mateos et al., 2001; Demyttenaere, 2004) and studied populations, and differences may be observed between general population and working population. These differences are still unclear but may also be explained by the time period and measurement method used for evaluating mental disorders (Goodwin et al., 2012; Horwath et al., 2002). However, diagnostic interviews have been rarely used in epidemiological studies, especially among working populations.

The causes for the development of mental disorders are not completely well known but it is acknowledged that the aetiology is multifactorial (Harris, 2001). Within the last decade, the prevention of mental disorders has attracted much attention particularly at the workplace. Mental disorders at the workplace involved substantial consequences in terms of social and economic costs (Kessler et al., 1999; Stansfeld et al., 1995). Therefore, mental health at work has become a major public health issue. Several studies have suggested that psychosocial characteristics

* Corresponding author at: APST Centre, 15 avenue de Vendôme, 41000 Blois, France.

E-mail address: murcia.evrest@yahoo.fr (M. Murcia).

of the work environment may play a role in mental disorders (de Lange et al., 2003; Stansfeld and Candy, 2006; Tennant, 2001; Wilhelm et al., 2004). Thus, developing knowledge on occupational risk factors for mental disorders appears crucial, and especially as regards psychosocial work factors.

Psychosocial work factors have been widely explored through two theoretical models of job stress i.e. the job strain model by Karasek and effort-reward imbalance (ERI) model by Siegrist. The first one (Karasek et al., 1998) aims at measuring three main dimensions: psychological demands, decision latitude, and social support. The combination of high psychological demands and low decision latitude (job strain) may have adverse effects on health, particularly mental disorders (Stansfeld and Candy, 2006). The second model (Siegrist et al., 2004) defines the imbalance between high effort spent and low reward received at work. This imbalance may increase the risk of health outcomes, including mental disorders (Stansfeld and Candy, 2006). A third dimension called overcommitment may be considered as an additional risk factor. Other concepts of psychosocial work factors have appeared more recently in the literature such as job insecurity (Stansfeld and Candy, 2006; Sverke et al., 2002), workplace violence (Einarsen, 2000), long working hours (Van der Hulst, 2003) or organisational injustice (Elovainio et al., 2002). The associations between psychosocial work factors and mental disorders have not been widely explored especially for these recent concepts. Thus, exploring the association between classical and emergent psychosocial work factors and mental disorders will help to improve knowledge about the aetiology of mental disorders. In addition, the use of standardised diagnostic interviews to measure mental disorders, such as MDD and GAD, has been very seldom in this topic, and the existing literature has been restricted mainly to the job strain model factors (O'Campo et al., 2004; Shields, 2006; Virtanen et al., 2007).

The innovative aspects of this study were to examine the association between various classical and emergent psychosocial work factors and MDD and GAD in the French working population. These two mental disorders were measured using a standardised diagnostic interview. Although psychosocial work factors were the focus of the study, we were also able to take other occupational exposures of biomechanical, physical, and chemical nature into account.

2. Materials and methods

2.1. Population

The study was based on the data from the SIP survey (Santé et Itinéraire Professionnel), conducted by the French Ministry of Labour (DARES), the French Ministry of Health (DRESS), the French Centre for Employment Studies (CEE) and the French National Institute for Statistics and Economic Studies (INSEE). The main objective of the survey was to improve the knowledge in the occupational determinants of health in the French national population (Coutrot et al., 2010). The survey was based on a face-to-face questionnaire at respondent's home. The sample included 13669 participants (aged 20–74 years) in 2006. The response rate was 76%. The sample was restricted to those who were working at the time of the survey. The study sample included 7709 workers (3765 men and 3944 women).

2.2. Mental disorders

MDD and GAD were measured using a structured diagnostic interview: the Mini International Neuropsychiatric Interview (MINI) (Sheehan et al., 1998). It was based on the criteria of the

Diagnosis and Statistical Manual of Mental Disorders, 4th edition (DSM-IV).

2.3. Occupational factors

Psychosocial work factors included: decision latitude (2 items: freedom to decide how to do the work, and use of skills), psychological demands (3 items: work under pressure, too many things to do, and excessive amount of work), and social support at work (1 item: good relationships with colleagues). These three factors were used as proxies of job strain model factors. Other classical psychosocial work factors included reward (1 item: fair feedback on the work done) and overcommitment (1 item: work still on mind when going to sleep) used as proxies for ERI model factors, night work (1 item: work hours between midnight and 5am) and shift work (1 item). Emergent concepts for psychosocial work factors were studied: emotional demands (1 item: hiding feelings at work), role conflict (1 item: not being able to work following best practices), ethical conflict (1 item: exposure to unethical situations), work-life imbalance (1 item: work in line with family life), long working hours (1 item: 48 h/week or more), and job insecurity (1 item: fear of job loss). These items were coded using 4 response categories (never, rarely, often, always) and were dichotomised at the median of the distribution in the total sample.

Six variables were used to measure occupational exposures of biomechanical, physical, and chemical nature. Three biomechanical exposures were studied: manual materials handling (1 item), other biomechanical constraints (1 item: exposure to long standing, crouching, bending, arms above the shoulders, or force position), and vibrations (1 item). The two physical exposures were: loud noise (1 item: unable to hear someone who is 2 or 3 m away, even if the person shouts), and extreme temperatures (1 item: exposure to heat, cold, humidity or dirtiness). Chemical exposures were measured using 1 item: exposure to dust, fume, chemical products or germs. These variables were dichotomised at the median of the distribution in the total sample.

2.4. Covariates

Age was studied in 4 age groups: < 30 years, 30–39 years, 40–49 years, ≥ 50 years. Occupational groups were coded using the International Standard Classification of Occupations (ISCO-2008) and included 4 groups: managers/professionals, associate professionals/technicians, clerks/service workers, and manual workers.

The following classical risk factors of mental disorders were taken into account in this study: marital status (1 item: living with or without partner), social support outside work (4 items: having someone to rely on to discuss personal issues or take a difficult decision—besides partner, having someone to help on daily tasks, like DIY or child care, or to borrow some objects, need more help than help received), life events during childhood i.e. before 18 years old (12 items: disability, long illness, serious health problems of close family member, death of close family member, long separation of close family member, family conflicts, mistreatment, physical, psychological and sexual abuse, material deprivation, repeated conflicts or violence at school or in neighbourhood, interruption of apprenticeship or professional training for health reasons, war or other serious events) and life events within the last year (6 items: birth, separation, death of close family member, care of close family member with health problems or disability, strong deterioration in living conditions, or war).

Download English Version:

<https://daneshyari.com/en/article/4186062>

Download Persian Version:

<https://daneshyari.com/article/4186062>

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