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**RISK OF WORKAHOLISM AMONG HOSPITAL MEDICAL STAFF: AN EPIDEMIOLOGICAL STUDY**

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**Introduction** ‘Workaholism’, an addiction to work, is a pathology which has been recognised since the 1970s. It is generally found in around 10% of workers, yet one study on doctors working in a hospital environment demonstrated that 30% suffered from the condition. This study’s objective is to evaluate the prevalence of workaholism among doctors in a university teaching hospital, and to analyse the links to working conditions and the imbalance between effort and reward.

**Methodology** Cross-sectional survey of doctors in a university teaching hospital, using an anonymous online questionnaire via Sphinx Online© software. The questionnaire consisted of general questions, specific questions on psychoactive substances (tobacco, alcohol, cannabis and others), Siegrist’s effort-reward imbalance questionnaire and the Work Addiction Risk Tests (WART) questionnaire. Results were analysed using Excel© and Biostatgv©.

**Results** There were 162 participants, a rate of 30% of relevant personnel. The principal psychoactive substance used by participants was alcohol: 81.3% of subject reported consuming it. An effort-reward imbalance was present in 18% of subjects who participated in the study. The risk of workaholic was identified in 48% of the cohort: 17% were high risk and 31% medium risk. There was a link between workaholism and effort-reward imbalance ( $p < 0.001$ ).

**Conclusion** The frequency of workaholism among doctors is much higher than the general population. From this study the link with work-related stress may help direct primary prevention efforts for this condition.

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**DO JOB RESOURCES MODERATE THE RELATIONSHIP BETWEEN JOB DEMANDS AND ALCOHOL CONSUMPTION OR DRUG USE?**

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**Introduction** The Job Demands-Resources model predicts the direct and interaction effects of a wide range of job characteristics on employee well-being, but has hardly been used to predict work-related alcohol consumption and drug use. Based on this model, we expect that job demands increase the use of alcohol and drugs, whereas job resources are negatively related to the consumption. Furthermore, we hypothesise that job resources buffer the negative relationship between job demands and alcohol and drug use.

**Methods** Data were collected among employees in elementary and secondary schools in Belgium, using an online questionnaire ( $n=9,790$ ; response of 51.0%). Scientifically validated

scales were used to measure qualitative job insecurity, work pressure, cognitive demands, social support, learning opportunities, task autonomy, alcohol consumption and drug use. The hypotheses were examined using hierarchical regression analysis in SPSS.

**Result** 92.5% of the participants were categorised as ‘low risk’ of problems related to alcohol consumption, 6.9% as ‘medium risk’ and 0.6% as ‘high risk’. Furthermore, 93.3% were categorised as ‘no problems’ related to drug use, 6.1% as ‘low level’, 0.5% as ‘moderate level’, and 0.1% as ‘substantial level’. Qualitative job insecurity was positively related to alcohol ( $\beta=0.07$ ;  $p < 0.001$ ) and drug abuse ( $\beta=0.05$ ;  $p < 0.01$ ). Learning opportunities were negatively related to alcohol consumption ( $\beta=-0.06$ ;  $p < 0.01$ ). Unexpectedly, task autonomy was positively related to alcohol consumption ( $\beta=0.04$ ;  $p < 0.05$ ). The other direct relationships as well as the interaction effects were not significant.

**Discussion** This study shows that qualitative job insecurity is an important determinant of employee alcohol and drug use. Furthermore, learning opportunities (negatively related) and task autonomy (positively related) may relate to alcohol consumption. Our findings will be discussed in light of their theoretical and practical contributions.

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**THE COST OF BEING ‘WITH WOMEN’: THE IMPACT OF TRAUMATIC PERINATAL EVENTS ON BURNOUT RATES AMONG MIDWIVES**

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**Introduction** Burnout is common among healthcare workers with significant implications for caregivers and their patients. This study aims to establish the incidence of burnout among midwives and to investigate the extent to which exposure to traumatic perinatal events in work contribute to this.

**Methods** A cross-sectional study was carried out in a tertiary maternity hospital between March and May 2014. Anonymous voluntary questionnaires were circulated to all 248 clinical midwives. Demographic details, frequency and types of traumatic perinatal events encountered were recorded. The extent of distress experienced was documented on two visual analogue read in combinations to reflect the impact of the event and the resulting distress. Burnout was assessed using the Copenhagen Burnout Inventory which assesses the extent of burnout under three domains; personal, work-related and patient-related burnout. Each domain is scored on a scale of 0–100, with a score of  $\geq 50$  considered to be indicative of significant burnout.

**Result** The response rate achieved was 55% ( $n=137$ ). The mean scores for personal, work-related and patient-related burnout were 56.0, 55.9 and 34.3 respectively. Over 90% of respondents experienced a traumatic event in work in the previous year, with 58% reporting a frequency of monthly or greater for such events. The extent of distress reported by midwives was positively related to burnout ( $R^2=0.16$ ,  $R^2=0.15$ ,  $R^2=0.08$  respectively,  $p < 0.01$ ). A modest negative linear relationship exists between personal and work-related burnout scores and increasing age ( $\rho=-0.25$  and  $-0.27$ ,  $p < 0.01$ ). Midwives with less midwifery experience ( $< 10$