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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 ≥ 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

years) had higher burnout scores than their more experienced colleagues (>10 years).

Discussion This is the first Irish study investigating midwives' experiences of burnout and possible contributory workplace factors. Midwifery profession demand a high degree of empathy. Our principal results highlight the significant effects of personal responses to distressing work events. Further research looking at workplace supports is recommended.

1028 ASSOCIATION BETWEEN EMOTIONAL SYMPTOMS AND JOB DEMANDS IN THE ELECTRONICS FACTORY

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Introduction Emotional symptoms are related to work-related factors. The understanding of the association between emotional symptoms and job demands in the electronics industry is limited. The objective was to examine the relationships between emotional symptoms and job demands.

Methods We conducted a cross-sectional study, which enrolled 458 workers in the electronics factory. Personal factors, work-related factors, and emotional symptoms were assessed by the self-administered questionnaire. Emotional symptoms were comprised of depressive and hostility. The job demands included the following items: working under high pressure, working hours, workload, imbalance between job demands and workers' abilities, monotonous job, physical risks, unclear understanding about job duties, conflicting demands, and socially isolation at work. Multiple logistic regression analysis was applied to explore the association between work-related factors and emotional symptoms.

Results Among the study population, 154 (33.6%) had emotional symptoms. In the simple logistic regression analysis, regular exercise (OR=0.46), working under high pressure (OR=3.05), working long hours (OR=2.42), high workload (OR=2.31), imbalance between physical and mental job (OR=1.73), conflicting demands (OR=3.94), and social isolation at work (OR=4.89) were significantly related to the presence of any symptom of depression or hostility. Further, in the multiple logistic regression model adjusted for other variables, regular exercise (OR=0.51, 95% CI: 0.30 to 0.88), working under high pressure (OR=1.84, 95% CI: 1.05 to 3.21), conflicting demands (OR=2.15, 95% CI: 1.30 to 3.57), and social isolation at work (OR=2.9, 95% CI: 1.23 to 7.30) were significantly related to the presence of any symptom of depression or hostility.

Conclusions Working under high pressure, conflicting demands, and social isolation at work may be the risk factors for emotional symptoms. Therefore, workplace mental health promotion should focus on not only education of lifestyle modifications (i.e. exercise), but also job demands.

656 MENTAL HEALTH AND QUALITY OF LIFE ARE STRONGLY ASSOCIATED TO OCCUPATIONAL STRESS: A STUDY WITH WORKERS FROM A YOUTH CUSTODY CENTRE IN BRAZIL

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Introduction Workers from Youth Custody Centres are submitted to several occupational stressors in Brazil. Therefore, we aimed to investigate the impact of occupational stress in mental health and quality of life of workers from a youth custody centre.

Methods Cross-sectional study with a sample of 208 civil servants from a youth custody centre in southern Brazil. We used the Job Stress Scale (JSS) to analyse the exposure to psychological demands, job control and social support at work, based on the job strain model. Outcomes were measured using the Beck Anxiety Inventory (BAI), the Beck Depression Inventory II (BDI-II) and the World Health Organisation Quality of Life instrument – brief version (WHOQOL-bref) to evaluate anxiety, depression and quality of life of workers.

Results Physical, social relationships and environmental domains of quality of life had low mean scores in our sample. Job strain was associated with lower scores in all quality of life domains. Psychological demands and low social support were strongly associated to worse scores in quality of life. Anxiety and depression were also strongly associated to worse quality of life.

Discussion Occupational stress and bad mental health are associated to worse scores in quality of life in these workers.

621 KAROSHI SYNDROME AND VIOLENCE: EXTREME LABOUR STRESS ASSOCIATED TO DEATH BY ACUTE CARDIOVASCULAR EVENT. A CASE REPORT

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Introduction Karoshi, is the result of extreme work related stress by an excess of work, presenting acute cardiovascular episodes such as the cerebrovascular disease.

Methods A case report.

Results Male 46 years old, no important family history. Smoking and alcoholism denied, diagnosed with hypertension 5 years ago, keep it stable. He is a company manager. On 07/30/2009, when he was in his work area, he received an extortion call because he was the company's manager, he later reported to the corresponding authorities, without having any preventive action or response against it. Afterwards, because of the social and economic situation of the state, the company felt obligated to reduce the amount of workers in a very impactful manner, by which the employee starts to supply the needs of other areas in addition to his own, registering more than 20 extra activities, added to the increase of his workday hours. In 2011, he presented affective flattening, irritability, insomnia, headaches, chest pain, lower back pain, and anxiety,