

# Protective and risk factors for psychiatric morbidity among GPs

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# Health and Organization among GPs



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## Background physicians' health

- **Burnout** (Dewa, 2014; Houkes, 2011, Romani & Ashkar, 2014)
- **Suicide ideation** (Eneroth, 2014; Fridner, 2009, 2011; Rosta 2013; Shanafelt , 2011; Wall, 2014)
- **Self-diagnosing and -treatment** (Montgomery, 2011; Stoesser, 2014)
- **Seeking professional help** (Adams, 2000; Fridner, 2012; Tyssen, 2007)
- **Declining professional performance**
  - impair quality of patient care (Baldisseri, 2007;Bright & Krahn, 2011)
  - affect doctor – patient communication (Firth-Cozens, 1998)
  - medical errors (Fahrenkopf, 2008; Garrouste-Orgeas, 2015; Williams et al, 2007)

## Previous research (see for example Embriaco, 2012; Renzi, 2012; Wang 2011)

- Factors that increase psychiatric morbidity
  - heavy work load
  - impaired relationship with colleagues
  - unsatisfactory communication
  - job stress
- Factors that reduce psychiatric morbidity
  - work control
  - workplace social support
  - being relieved from service after night shift

# Resilience

Fridner A, Pingel B, Løvseth LT, Gustafsson Sendén M, & Schenck-Gustafsson K. (2014). From awareness to action using the survey feed-back method. *Journal of Health Science, 2*: 325-329.

## Population and setting

- N = 283, response rate 41%
  - 181 female GPs
  - 102 male GPs
- 26% foreign-born physicians
- Health care region in central Sweden

## Outcome variable **GHQ-12** (Goldberg % Williams, 1991 )

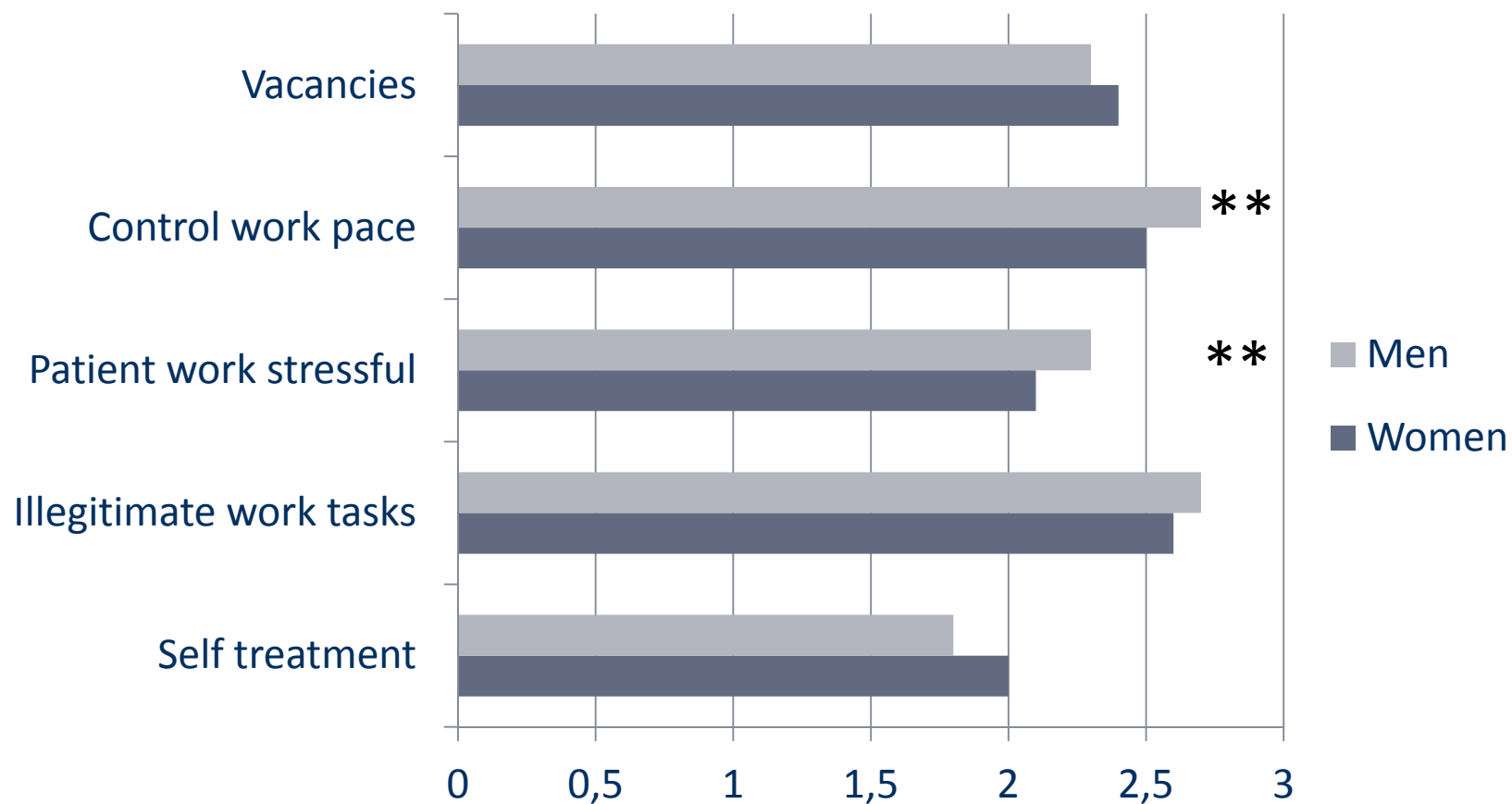
- Anxiety, depression, sleep disturbances and feeling less capable or confident
- Cutpoint  $\geq 3$  (Holt & Del Mar, 2005; Jackson, 2007; Kelly et al, 2008)
- 22.5% men and 26.5 % women
- ( $\alpha = .81$ )

## Illegitimate work tasks (Semmer, 2010)

- Unreasonable tasks
  - outside the range of one 's occupation
- Unnecessary tasks
  - Should not be carried out at all



## Independent variables



\*\* =  $p$ -value < 0.01

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## Multiple logistic regression model among female GPs with psychiatric morbidity as the outcome variable

Predictors	OR	<i>p</i>
Being married	0.87	NS
Vacancies	1.46	**
Control work pace	0.47	**
Patient work stressful	3.48	***
Illegitimate work	1.19	NS
Self treatment	1.14	NS

OR = Odds Ratio, NS = Statistically non-significant ( $p > 0,05$ )

\*\* =  $p$ -value < 0.01, \*\*\* =  $p$ -value < 0.001

## Multiple logistic regression model among male GPs with psychiatric morbidity as the outcome variable

Predictors	OR	<i>p</i>
Being married	0.07	**
Vacancies	2.46	**
Control work pace	0.43	NS
Patient work stressful	1.71	NS
Illegitimate work	2.64	**
Self treatment	2.37	**

OR = Odds Ratio, NS = Statistically non-significant ( $p > 0,05$ )

\*\* =  $p$ -value  $< 0.01$

## Summary psychiatric morbidity

- Female protective factor
  - Control work pace
- Male protective factor
  - Being married
- Female risk factors
  - Stressful patient work
  - Vacancies
- Male risk factors
  - Illegitimate work
  - Vacancies
  - Self-treatment

# Thank you for listening!



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