



Well-being at work in the Portuguese financial sector: the good, the bad and the others

A cross-sectional case-control study

Mariana Neto



Vânia Carvalho



Pedro Aguiar



M.José Chambel





Introduction

Financial sector health problems

- High levels of stress and low levels of Well-being (5th and 6th EWCS) in the European working population;
- Several studies showed that musculoskeletal disorders, mental and behavioral disorders are frequent pathologies and are presented as absenteeism major causes;
- Presenteism in the sector is accentuated and along with absenteeism, it is a possible consequence of disturbances of the physical health and workplace conditions (Medibank Private, Australia).;

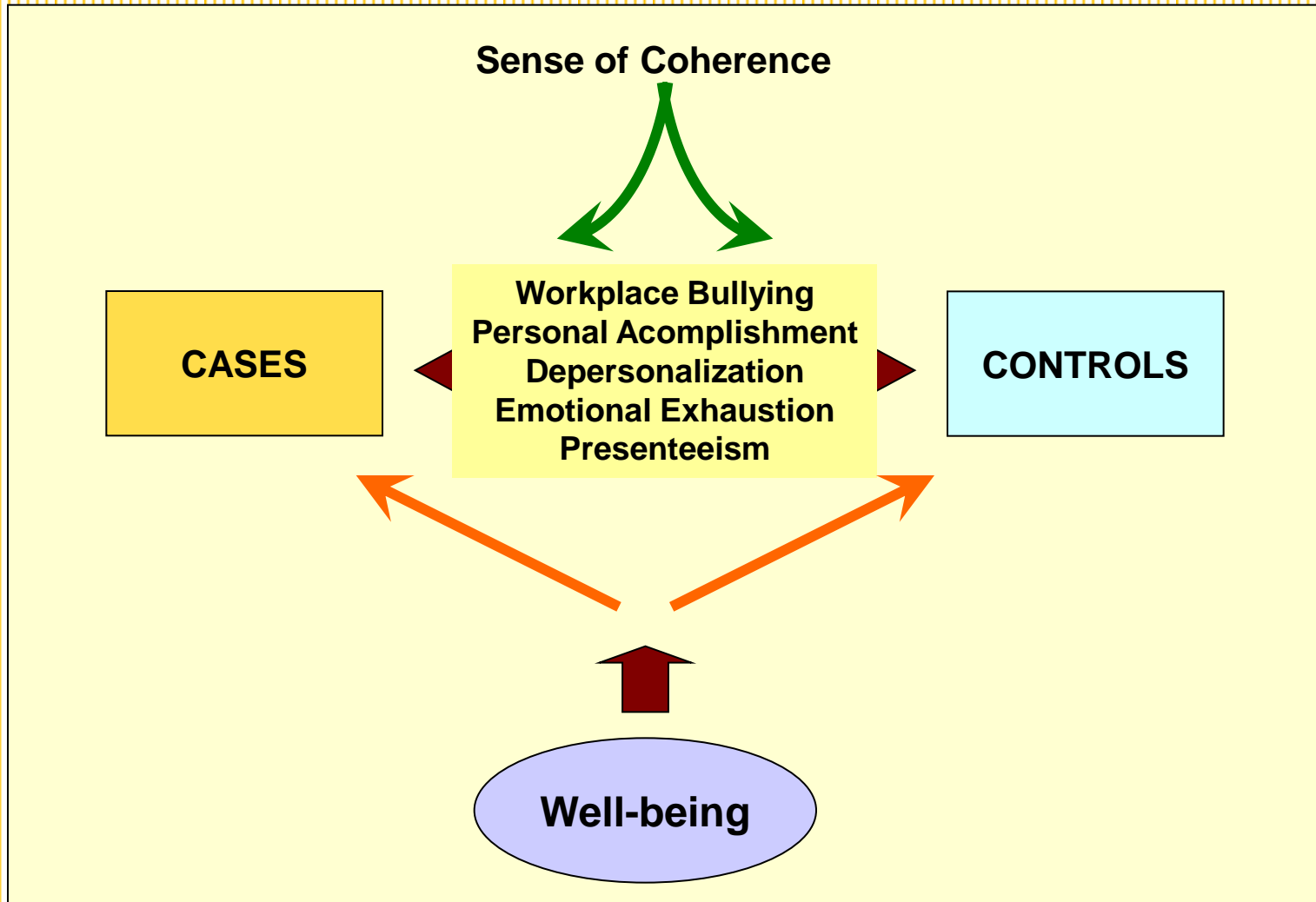
Others

- **Burnout** - a sustained response of the body to the emotional and interpersonal stressors in the workplace (Maslach, C.; Schaufeli, W.; Leiter, M., 2001);
- **Sense of coherence** - a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges, worthy of investment and engagement (Antonovsky);
- **Workplace bullying** - all malicious behavior to alienate someone from the workplace through unjustified accusations, humiliation, harassment in general, emotional abuse and / or psychological terror (Leyman).

AIM

- To investigate the differences observed among employees with high scores (cases) and low scores (non-cases) on mental health related with burnout, sense of coherence, presenteeism and workplace bullying in a specific economic sector (financial sector);

Study design



Methods

Procedures

- Random stratified and proportional sample by sex and district of 1114 individuals drawn from the population of workers in the banking sector (N = 11 144);
- Minimum sample size of 350 workers;
- Data collection: web questionnaire survey (Computer Assisted Web Survey - CAWI);
- Response confidentiality and anonymization were guaranteed.
- Questionnaire:
 - **Demographics** (gender, age, marital status, educational and professional category);
 - **Psychological scales.**

Measures: Well-Being

- General Health Questionnaire 28 (GHQ 28)
- The GHQ measures the psychological state and not the mental trait, comparing the recent psychological state with the usual state;
- Four subscales of 7 items:
 - Somatic symptoms;
 - Anxiety and insomnia;
 - Social dysfunction;
 - Severe depression;
- GHQ binary score (0-0-1-1) where the first two responses are scored 0 and the last two 1.
- **Cutoff: 4/5**

Measures: Burnout

- Maslach Burnout Inventory (MBI):
 - Assesses work related feelings;
 - Has three dimensions:
 - **Emotional Exhaustion (EE)** - feelings of emotional overload and inability to meet the work interpersonal demands (≥ 27 high level, medium level 19-26, low level < 19);
 - **Depersonalization (Dp)** - impersonal or negative responses directed to those who received the services (≥ 10 high level, medium level 6-9; low level < 6);
 - **Personal Accomplishment (PA)** - feelings of competence and well-being related to the work (high level ≤ 33 , 34-39 average level, low level ≥ 40);

Measures: Presenteeism

- Presenteeism is defined as lost productivity that occurs when employees come to work but perform below due to any kind of disease.
- Stanford Presenteeism Scale (Koopman, C. et al., K., 2002)
 - **Completed Work (CW)**: the amount of work that is performed when the employees are under the influence of presenteeism causes;
 - **Avoided Distraction (AD)**: corresponds to the employee ability to concentrate when there are symptoms of presenteeism.

Measures: Workplace Bullying

- Five bullying behavior categories proposed by Rayner and Hoel (Quine 1999):
 - **Threat to professional status (TPS)** (eg public professional humiliation, accusation of lack of effort);
 - **Threat to personal standing (PS)** (eg insults, teasing);
 - **Isolation (Is)** (eg preventing access to opportunities, withholding information);
 - **Overwork (Ov)** (eg undue pressure to produce work, impossible deadlines);
 - **Destabilization (Des)** (eg failure to give credit when due, meaningless tasks, shifting of goal posts).

Measures: Sense of Coherence

- 13 items version of the Quality of Life Scale (SOC) from Antonovsky;
- The questionnaire seeks to assess the overall orientation of an individual through the determination of 3 components:
 - **Comprehensibility** - refers to the way the social world is interpreted as rational, understandable, structured, orderly, consistent and predictable;
 - **Manageability** - how an individual is able to mobilize its mold coping resources to become available adequately to meet the challenges of life;
 - **Meaningfulness**- designates the motivational component that determines whether a situation can be considered as a challenge and justifies making compromises.
- The total score is obtained by summing the three dimensions.

Statistical analysis

- Case-control methodology applied to a cross-sectional (cross-sectional case-control study):
 - Cases: participants who scored above the cut-off point (4/5) according to the GHQ score (0-0-1-1);
 - Non-cases (Controls): participants who scored below the cutoff point;
- Bivariate analyzes with Odds Ratio (OR) and 95% IC, estimated by chi-square tests.
- Two series of multivariate analyzes were performed with the totals of the scales and their dimensions, respectively;
- Models were adjusted by logistic linear regression;

Results

Survey results

- Response period: two weeks;
- No recall methods applied;
- Response rate 32% (n=353);
- No statistically significant differences were found between respondents and non-respondents regarding gender, district (sample stratification criteria), age and professional category;
- The mean age was 40 years (43 for men and 38 for women).

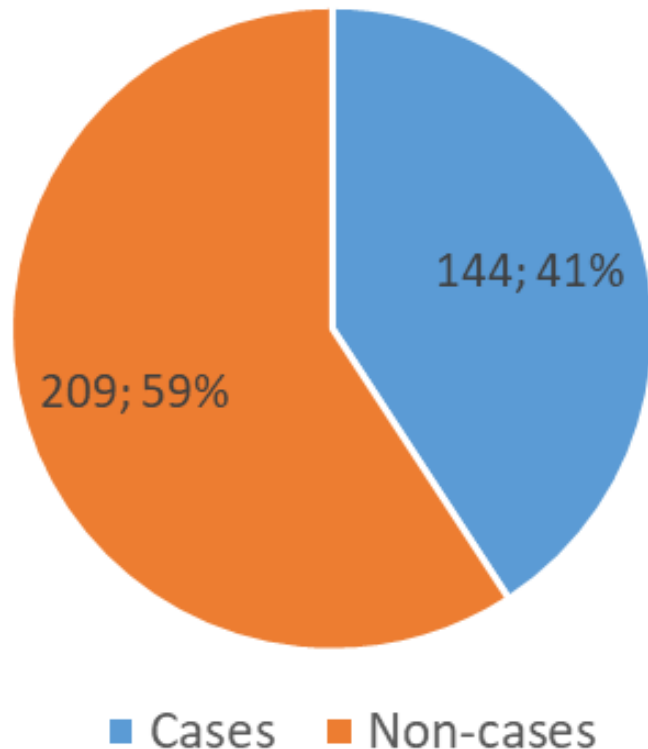
Participants' characteristics

Characteristics		Male	Female	Total (%)
		n (%)	n (%)	
		160 (46)	190 (54)	350*
Marital status	Single	15 (28)	39(72)	54 (15)
	Married or cohabiting	133 (51)	130 (49)	263 (75)
	Divorced	12 (41)	17 (59)	29 (8)
	Widower	0	4	4 (1)
Academic degree	Basic	5 (42)	7 (58)	12 (3)
	Secondary	76 (55)	61 (45)	137 (39)
	University	54 (34)	107 (66)	161 (46)
	Other	24 (62)	15 (38)	39 (11)
Professional category	Top managers	4 (80)	1 (20)	5 (1)
	Seniors	36 (64)	20 (36)	56 (16)
	Intermediate	7 (58)	5 (42)	12 (3)
	Unskilled workers	82 (42)	113 (58)	195 (56)
	Others	31 (38)	50 (62)	81 (23)
Customer contact	Front-office	89 (44)	113(56)	202 (58)
	Back-office	42 (47)	47 (53)	89 (25)
	Other	28 (49)	29 (51)	57 (16)

*Lack of information in 3 cases

Descriptives: Well-being

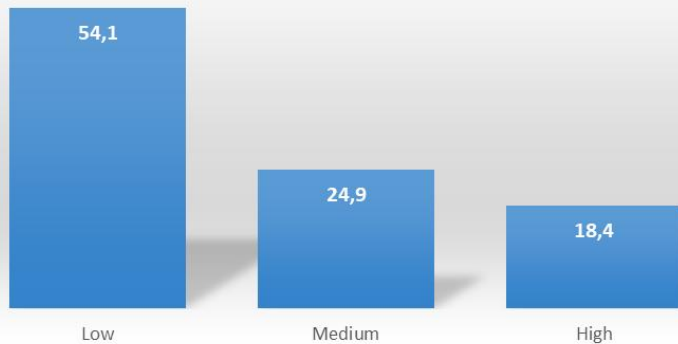
Well-being



- 41% psychological cases;
- Higher in males (n = 74; 51%);
- Higher in workers with older age (n = 91; 63%).

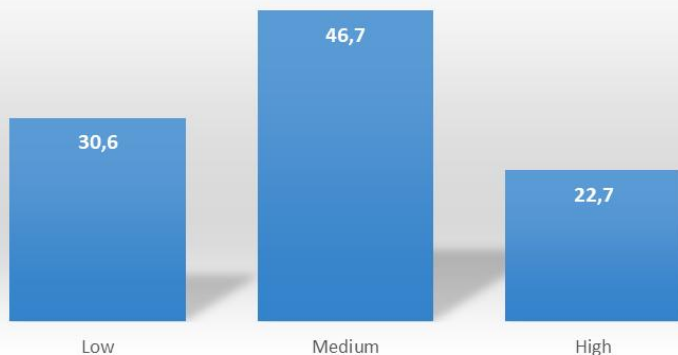
Descriptives: Burnout

Emotional Exahustion (%)

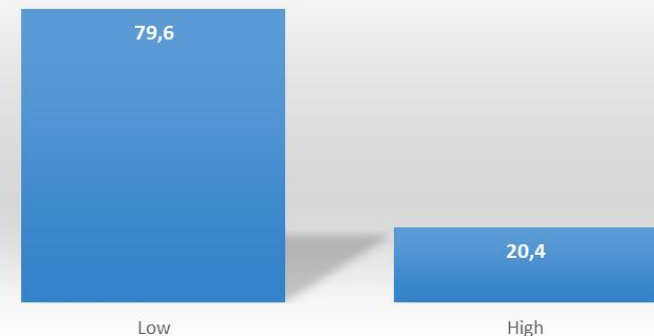


- 43% of médium to high level of Emotional Exhaustion

Depersonalization (%)

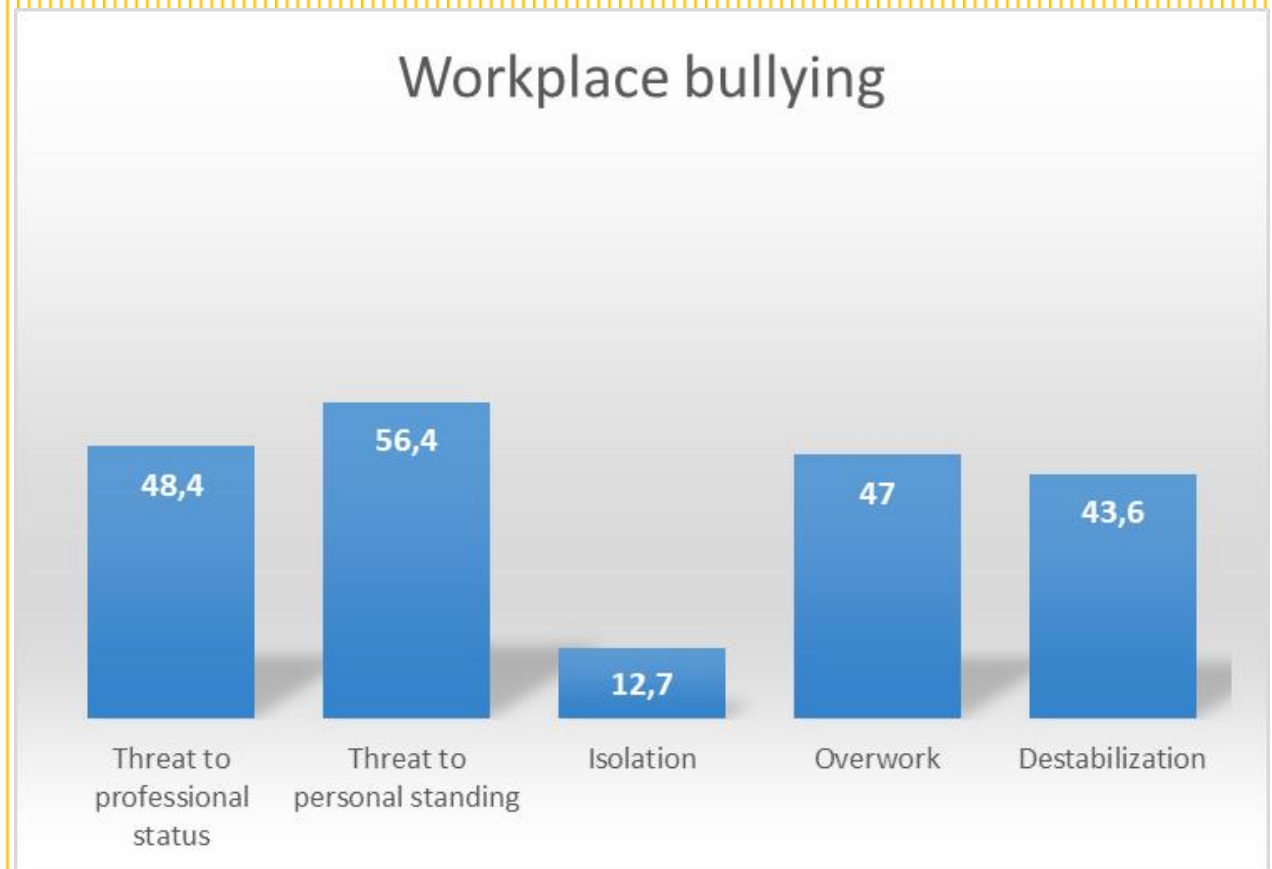


Personal accomplishment (%)



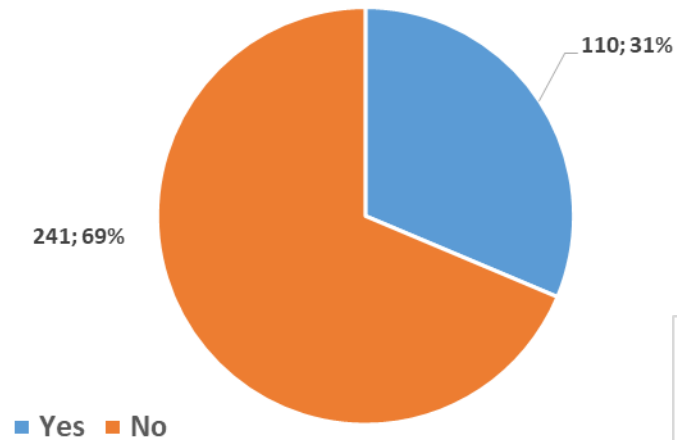
Descriptives: Workplace bullying

A high proportion of the participants reported workplace bullying: 48% (n=170).



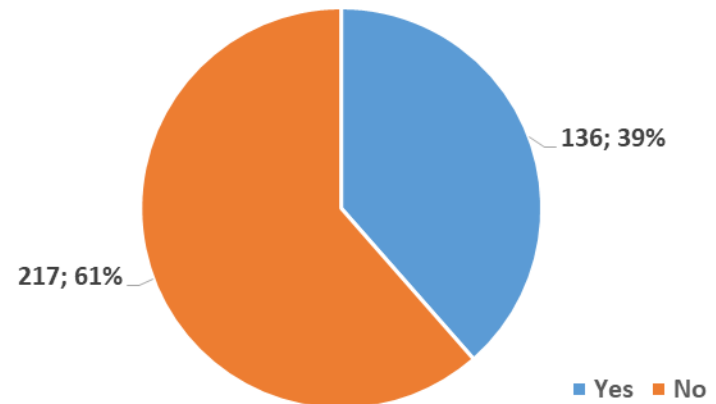
Descriptives: Presenteeism

Completed work



About 17% of the respondents reported presenteeism

Avoiding distraction



Descriptives: Sense of Coherence



Respondents globally reported medium to high level of Sense of Coherence (65,5%)

	Category	Cases n(%)	Non-cases n(%)	Bivariate		Multivariate
				OR (IC)	p	OR (IC)
Sense of Coherence	1	83(57)	39(19)	1		
	2	47(33)	75(36)	0,29 (0,17-0,5)	<0,01	
	3	14(10)	95(45)	0,07 (0,04 -0,136)	<0,01	
Meaningfulness	1	101(70)	77(37)	1		
	2	43(30)	132(63)	0,25 (0,16 - 0,39)	<0,01	
Manageability	1	89(62)	47(22)	1		1
	2	55(38)	162(78)	0,18 (0,11- 0,29)	<0,01	0,92 (0,85-0,99)
Comprehensibility	1	96(67)	60(29)	1		
	2	48(33)	149(71)	0,2(0,13- 0,32)	<0,01	
Presenteeismo	1	46(32)	14(7)	1		1
	2	98(68)	194(93)	0,15(0,08-0,29)	<0,01	0,84 (0,76-0,93)
Completed work	1	74(51)	36(17)	1		1
	2	68(47)	173(83)	0,19(0,12-0,31)	<0,01	0,83 (0,75-0,92)
Avoiding distraction	1	54(38)	82(39)	1		
	2	90(63)	127(61)	1,08 (0,7-1,67)	0,742	
Emotional Exhaustion	1	31(22)	160(77)	1		1
	2	48(33)	40(19)	6,19 (3,51-10,94)	<0,01	1,24 (1,18-1,32)
	3	65(45)	8(4)	41,94 (18,31-96,07)	<0,01	
Depersonalization	1	30(21)	78(37)	1		
	2	55(38)	110(53)	1,3 (0,76 - 2,21)	0,33	
	3	59(41)	21(10)	7,31 (3,81-14,02)	<0,01	
Personal Accomplishment	1	127(88)	154(74)	1		
	2	17(12)	55(26)	0,38 (0,21-0,68)	<0,01	
Workplace bullying	1	42(29)	128(61)	1		
	2	101	81(39)	3,8 (2,41-5,99)	<0,01	
Threat to professional status	1	48(33)	123(59)	1		
	2	96(67)	86(41)	2,86 (1,84-4,45)	<0,01	
Threat to personal standing	1	60(42)	139(67)	1		
	2	84(58)	70(33)	2,78 (1,79-4,31)	<0,01	
Isolation	1	45(31)	127(61)	1		
	2	99(69)	82(39)	3,41(2,18-5,34)	<0,01	
Overwork	1	36(25)	130(62)	1		
	2	108(75)	79(38)	4,94 (3,09-7,0)	<0,01	
Destabilization	1	34(24)	120(57)	1		
	2	110(76)	89(43)	4,36 (2,72-7,0)	<0,01	

Models

Conclusions

Conclusions

- **Emotional exhaustion** seems to be the most important factor associated with Well-being loss
- **Sense of coherence manageability** appears to have a protective effect;
- **Presenteeism (Completed work)** is related to better Well-being;
- **Workplace bullying** needs further investigation to clarify its role on well-being loss because other relations can be present but not be captured by the methodological approach used.

Recomendation

Employers and occupational physicians should be aware of the possible effects of burnout on well-being loss, of the effect of well-being loss on productivity loss due to presenteeism and also of the sense of coherence protective effects in order to develop appropriate preventive measures.

[Ann Work Expo Health](#). 2017 Jun 1;61(5):528-538. doi: 10.1093/annweh/wxx022.

Workplace Bullying and Presenteeism: The Path Through Emotional Exhaustion and Psychological Wellbeing.

[Neto M](#)^{1,2}, [Ferreira AI](#)³, [Martinez LF](#)⁴, [Ferreira PC](#)^{5,6}.

⊕ Author information

Abstract

OBJECTIVE: **Workplace bullying** is an increasing phenomenon that concerns managers and employees. However, few studies have investigated how **workplace bullying** relates with work-related exhaustion and indicators of productivity loss due to **presenteeism**. Thus, the aim of the present study was to examine the intervening variables of emotional exhaustion and psychological wellbeing in the direct and indirect relationships between **workplace bullying** and indicators of productivity loss due to **presenteeism**.

METHOD: In a cross-sectional study, we tested a structural equation model using web survey data of 353 workers from a service company, with the variables: **workplace bullying** (Quine, 1999), emotional exhaustion (Maslach Burnout Inventory; MBI), psychological wellbeing (GHQ-28), and indicators of productivity loss due to **presenteeism** (SPS-6). All variables presented acceptable psychometric evidence.

RESULTS: The final model revealed a reasonable fit. **Workplace bullying** was significantly and positively related to emotional exhaustion, which in turn, was significantly related to the loss of psychological wellbeing. **Workplace bullying**, emotional exhaustion, and the loss of psychological wellbeing were negatively related to concentration (avoiding distraction). Emotional exhaustion and psychological wellbeing mediated the studied structural relationships.

CONCLUSIONS: Our study contributes to theory and practice, since occupational health professionals should be aware that burnout and the loss of wellbeing may be related to **workplace bullying** and that productivity loss due to **presenteeism** may be a warning sign. Leaders can understand the underlying mechanism that explains employees' productivity loss due to **presenteeism** by addressing **workplace bullying** and its negative relation with emotional exhaustion and wellbeing.

KEYWORDS: emotional exhaustion; **presenteeism**; productivity; sickness presence; wellbeing; **workplace bullying**

Barcelona 7th September 2017

Thank you!!!

mariana.neto@insa.min-saude.pt

Instituto **Nacional de Saúde**
Doctor Ricardo Jorge



Department of Epidemiology