A healthy workforce is associated with increased national life expectancy, organizational performance and economic productivity. Stress affects worker health through erosion of energy. Work requires energy, hence performance can dip when health is not optimal. Public sector economic pressures in the UK have resulted in sweeping reforms, with significant redundancies, downsizing, and radical changes to terms and conditions including pay and progression freezes.

In this issue, Hesketh and Cooper [1] expand on absenteeism and presenteeism to include a new term, ‘leaveism’, for describing workers’ responses to feeling unwell or being overloaded. They define ‘leaveism’ as the practice of workers taking time off using annual leave entitlement, banked flexi hours and re-rostered rest days to actually cope with being unwell. Workers may take uncompleted work home or they may use leave or holiday to catch up. Leaveism has unique behaviours apart from those of absenteeism and presenteeism, and presents an additional traditional employee measure for employee wellbeing.

With pharmacists extending their role into mental health, promoting the role of the ‘psychiatric pharmacist’, it is interesting to read about the mental wellbeing of pharmacists in comparison to similar professional groups such as lawyers. Self-employed workers experience occupational stress and may suffer from various mental health disorders, and Leignel et al. [2] assess the mental health and risk factors for psychological distress in French self-employed lawyers and pharmacists. Psychological distress was high in both groups but appeared higher in lawyers. Maladaptive coping behaviours can exacerbate health risks and reported average consumption of alcohol relative to the French general population was higher for both lawyers and pharmacists. The proportion of lawyers smoking mirrored rates in the general population whilst fewer pharmacists smoked. So when it comes to self-employment, not everyone may handle it.

The adverse impact on doctors’ health of constant organizational change in health care is increasingly problematic. Future doctors need to understand the complexity and challenges of medicine. They need to know how to best manage feelings of vulnerability and stress, acknowledging difficulties and seeking appropriate supports. Meerten et al. [3] describe changes over ten years in self-referral rates to a doctors’ mental health service, and associated morbidity.

Researchers generally assume that patient satisfaction is determined by the appraisal of health care services based on the fulfilment of client expectations. Factors such as attitude towards occupational health (OH), trust in the occupational physician, expectations of and ease of access to OH services can influence workers’ beliefs and expectations about their health and rehabilitation. Stilz and Madan [4] find that worker expectations of OH physicians’ professional standards were generally lower than UK national OH standards as validated by OH physicians. Factors such as workers’ perceptions of greater managerial support or those who were more concerned about the impact of their health on their work tended to have higher expectations of OH physicians. Workers’ expectations of OH appeared independent of internal OH performance factors. Organizational culture and climate factors may be more determining.

Primary brain tumours are a diverse group and although uncommon, evidence suggests that the incidence of these tumours has been rising for over 50 years. Environmental exposures remain prime suspects for the increase, including the potential health effects of exposure to high-voltage powerlines. In this issue Sorahan [5] investigates brain tumour risks experienced by employees of the former Central Electricity Generating Board of England and Wales. The findings provide some reassurance that exposure to magnetic fields was predictive of risk for gliomas. Weak positive findings for meningioma may be chance findings. Finally, the possible link between proximity and exposure to the powerful electromagnetic fields produced and leukaemia has been studied internationally over the past 30 years. Sorahan [6] in this large UK study found no evidence that exposure to magnetic fields predicts chronic myeloid leukaemia, acute myeloid leukaemia, chronic lymphatic leukaemia or all leukaemias combined.

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References