Abstract

The Joint Committee on Health at Work make up by: ILO/WHO (International Labour Organization and the World Health Organization) in 1992, recognized that inappropriate management, affects people’s health through physiological and psychological mechanisms known as stress. The aim of this study was to evaluate the risks associated to toxic management, and to certain psychological demands; as contributors to mental distress, lack of stress and job dissatisfaction of psychiatrists, vitality psychologists and medical residents of a Child Psychiatric Hospital (CHPH). Material and methods The study design was a cross-sectional survey, descriptive and observational. Instrument: The Copenhagen Psychosocial Questionnaire (The Copenhagen Psychosocial Questionnaire COPSOQ). Originally developed in Denmark, was adapted and validated in Spain. The internal consistency of the scales was Cronbach’s (0.66 to 0.92) and Kappa indices (0.69 to 0.77). Statistical analysis. Descriptive analysis was expressed by means, percentages and standard deviations. Bivariate analysis was calculated between psychosocial factors and dimensions of health. The comparisons between categorical variables were analyzed through chi square tests, and Fisher’s exact test was used when the number of observations in the cells of the contingency table was less than 5. The results were expressed by prevalence ratios and their respective confidence intervals were calculated. Statistical analysis was performed using JMP statistical package version 7 and SPSS version 17. Results A total of 111 clinicians were surveyed: 30 psychiatrists, 46 psychologists and 35 medical residents. The response rate was 97%. The age range of the clinical staff was, from 26 to 65 years, with M=40, SD=6.5 years. Association between psychosocial demands and dimensions of health. Major problems presented by clinical staff, were explained from 3 axes. First axis, about psychological demands. We evaluated five types of psychological demands, but those that emerged as predictors of mental distress, loss of energy and cognitive behavioral stress symptoms, were emotional demands. Emotional demands had statistically significant associations with mental distress (OR 3.67, 95% CI 1.28-10.01), behavioral symptoms (OR 3.59, 95% CI 1.28-10.06) and cognitive stress (RP 2.15, 95% CI 1.00-5.12) as well as lack of vitality (OR 1.78, 95% CI 1.01-3.13) (table4). Second axis: about quality of leadership, this concept showed statistically significant association with: mental distress (OR 2.83, 95% CI 1.19-6.76), with cognitive symptoms (OR 2.33, 95% CI 1.00-5.60) and behavioral stress (RP 2.24, 95% CI 1.06-4.75) and lack of vitality (OR 1.65, 95% CI 1.06-4.75). Other high-risk concept was: Managers low social support, that showed statistically significant association with job dissatisfaction (OR 3.08, 95% CI 1.41-6.73), lack of vitality (OR 1.41, 95% CI 1.12-1.78) and mental distress (OR 1.39, 95% CI 1.07-1.81). Within the same second axis of
analysis, lack of predictability was significantly associated with: mental distress (OR 2.33, 95% CI 1.40-3.88), behavioral symptoms (OR 2.11, 95% CI 1.31-3.41) cognitive stress symptoms (OR 2.07, 95% CI 1.19-3.61), and lack of vitality (OR 1.63, 95% CI 1.17-2.29). Third axis: the effort-reward imbalance; had a statistically significant association between job insecurity and all dimensions of health such as behavioral symptoms of stress (RP 1.97, 95% CI 1.14-3.41), lack of vitality (RP 1.94, 95% CI 1.23 -3.07), mental distress (RP 1.73, 95% CI 1.04-2.88), and cognitive symptoms of stress (RP 1.39, 95% CI 1.12-1.72). But stronger association was found between insecurity and job dissatisfaction (OR 7.65, 95% CI 1.09-53.75). Hence, the lack of esteem was significantly related to mental distress (OR 2.11, 95% CI 1.12-3.95), with behavioral symptoms of stress (OR 1.82, 95% CI 1.03-3.23), and lack of vitality (OR 1.42, 95% CI 1.00-2.11)...

**Keywords**

Mental integrity, burn-out, toxic management.