



Health and wellbeing of healthcare workers, the impact of employment and working conditions beyond the pandemic (SaLSA)

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Justification (I)



Healthcare institutions, especially hospitals, are very complex workplaces, characterised by exposure to safety, ergonomic, hygienic and psychosocial risk factors. They can impact both on the health workers' (HWs) health and wellbeing and on their clinical practice and the quality of care that patients receive.

Healthcare systems have reached a critical point, in Spain and other European countries:

- The ageing of the general population, together with an increase in the chronicity of numerous diseases
- Austerity in response to the Great Recession of 2008
- The COVID-19 pandemic, for more than two years, it has been a major challenge for HWs and healthcare institutions (several systematic reviews showed that the pandemic caused generalised anxiety disorders, major depression disorders, insomnia, or burnout).

Justification (II)



Although since 2015 there has been an **increase** in the total **health budget** as well as the **number of HW**, it has **not been enough** to recover the NHS from the tensions of the last years:

- **degradation** of the employment and working conditions of HWs, affecting their health and well-being;
- a dramatic increase of **sickness absences episodes** (and its duration) among **HW**.



As safety and quality of health care provided by the NHS depends largely on the health and well-being of these health workers (HWs), there is a need to carefully study the:

- HWs' working and employment conditions.
- health and wellbeing (with appropriate and reliable indicators)
- its impact on patient safety

Hypothesis



H1. The **working and employment conditions** of HW will **worsen** during the two follow-ups, with a gradient by gender and occupation, having women and low-skilled occupations the worst conditions.

H2. In consequence, **health and wellbeing indicators** will **worsen** during the two follow-ups and, in addition, women and low-skilled occupations will have worse indicators.

H3. Specifically, the **association** between the exposure to adverse working and employment conditions and health outcomes, shows a **cumulative effect**, increasing with duration of exposure.

H4. Furthermore, non-optimal working, employment, and health conditions among HWs have a **negative impact of patient safety**.

H5. Finally, the impact of employment and working conditions on health and wellbeing outcomes is modulated by **hospitals' health management profile**.

Objectives



General

To assess healthcare workers' employment and working conditions, their association with health and wellbeing indicators, and consequences on patients' safety, and their evolution across time, according to gender and occupation, in nine prospective cohorts of HWs (2025-2027) from nine Spanish hospitals.

Specific

- O1.** To **analyse** the **baseline prevalence** and **trends** of exposure to **working conditions** (psychosocial, ergonomic, safety and hygienic risks factors) and various **employment conditions** of HWs according to **gender** and **occupation**.
- O2.** To build a **specific job-exposure matrix** for HWs of exposure to occupational risk factors (including psychosocial, ergonomic, safety, and hygienic).
- O3.** To estimate the **baseline prevalence** and **incidence** of **health and wellbeing indicators** (emotional well-being, anxiety and depression cases, burnout, substance misuse, sickness absence) of HWs according to **gender** and **occupation**.



Objectives



- O4.** To characterise the degree **patients' safety** perceived by HWs in the baseline and follow-ups, according to **gender** and **occupation**.
- O5.** To assess prospectively the **association** of **working and employment conditions** with **health indicators** of HWs, according to **gender** and **occupation**.
- O6.** To assess prospectively the **inter-relationship** between health **HW's indicators**, **working and employment conditions**, with their perception of **patient safety**.
- O7.** To **compare** results among **participating hospitals**, according to **health management profile** measures through resources and functioning indicators.
- O8.** To design a proposal of an **Observatory on the Work and Health of HWs** of hospitals from the Spanish National Health Service, in collaboration with the CIBER of Epidemiology and Public Health.



Material and methods (I)



Design

The design of the project will be a **prospective cohort** in each of the participating hospitals following the same methodology. The cohorts will be initiated in the **first semester of 2025**. All those who consent to be part of the prospective cohort will be followed up every year.

Study population

All HWs from **9 healthcare institutions** in **6 Comunidades Autónomas**.

Eligible participants are HW:

- directly involved in patients care (physicians, nurses, and aides),
- without direct patients' care (such as technicians, administrative and management staff, and workers from services such as laundry, cleaning, maintenance, and security)
- who worked at one of the participant institutions for at least three months, during the last year, before the baseline sampling.



Material and methods (III)



Variables

Baseline questionnaire will be structured in the following modules:

- 1) sociodemographic characteristics,**
- 2) working and employment conditions:** Psychosocial risks (COPSOQ III survey (5) – short version); employment conditions (EPRES scale (6) – short version); ergonomic and hygienic risk factors (European Working Conditions Survey (7)) ,
- 3) health indicators:** WHO-5 Well-Being Index, Patient Health Questionnaire depression scale (PHQ-8); Burn Out (Maslach Burnout Inventory), Use of psychotropic drugs (EDADES survey), Sickness Absence (EWCS)
- 4) patient safety:** SOPS Hospital survey





Muchas gracias!

