



Psychosocial work environment, interpersonal violence at work and psychotropic drug use among correctional officers

Éric Lavigne*, Renée Bourbonnais

Laval University, Canada

ARTICLE INFO

ABSTRACT

The aims of this study were to establish the prevalence of psychotropic drug use, measure the association between job strain, extrinsic efforts–rewards ratio, interpersonal violence and psychotropic drug use among officers working in correctional facilities in the province of Quebec in Canada. This study also examined if interpersonal violence at work is an intermediate factor in the causal chain between psychosocial risk factors at work and psychotropic drug use. A cross-sectional study was performed which included 1288 Quebec correctional officers. The participants answered a self-administered questionnaire in 2007 assessing psychological demands, decision latitude, extrinsic efforts, rewards, overcommitment, intimidation, psychological harassment, social support in the actual job, psychotropic drug use during the month preceding the questionnaire and sociodemographic variables. Binomial regressions were performed for the principal associations and a bootstrap analysis was performed in order to evaluate interpersonal violence as an intermediate factor between psychosocial risk factors at work and psychotropic drug use.

The prevalence of psychotropic drug use among correctional officers was 14.7%. The prevalence ratios (PR) for the associations between job strain, extrinsic efforts–rewards ratio, social support from colleagues and supervisors, intimidation and psychological harassment adjusted for age and gender were respectively 1.4 (95% CI 0.9–2.2), 1.6 (95% CI 1.2–2.2), 1.7 (95% CI 1.3–2.3), 1.4 (95% CI 0.9–2.4) and 1.5 (95% CI 1.1–2.0). The value of the indirect effect evaluating psychological harassment as an intermediate factor was not statistically significant (value = 0.0087, 95% CI –0.0033 to 0.0207). An imbalanced extrinsic efforts–rewards ratio, low social support from colleagues and supervisors and psychological harassment at work were separately associated with psychotropic drug use among correctional officers. Psychological harassment was not found to be an intermediate factor.

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1. Introduction

The use of psychotropic drugs has known an increased during the past years in industrialized countries among the general population and among workers (Collin, 2006; Moisan, Chabot, & Grégoire, 2000; Ohayon, Caulet, Priest, & C., 1998). Benefits are associated with the use of psychotropic medications in terms of treatment of depression, schizophrenia, etc (Kalyna et al., 2007). However, their use is also known to be associated with health problems such as memory loss, dizziness, drowsiness, ataxia, confusion and vigilance disturbances (Kalyna et al., 2007). For workers, the use of psychotropic drugs can be harmful in terms of sickness absence, lack of productivity at work and occupational accidents (Ghodse, 2005; Ngoundo-Mbongue et al., 2005).

Psychotropic drug use has been the subject of numerous studies over the past three decades (Alonso et al., 2004; Bass, Bharucha-Reid,

& Delaplane-Harris, 1996; Beck, Legleye, & Pereti-Wattel, 2002; Beck et al., 2005; Bruffaerts, Bonnewine, Van Hoyen, Demarest, & Demyttenaere, 2005; Chartrand, 2003; Chien et al., 2007; Frone & Windle, 1997; Goldney and M, 2006; Grinshpoon, Marom, Weizman, & Ponizovsky, 2007; Lecadet et al., 2003; Moisan et al., 1999; Morissette & Dedobbeleer, 1997; Ngoundo-Mbongue et al., 2005; Papillon, Laurier, Bernard, & Baril, 2001; Paulose-Ram, Safran, Jonas, Gu, & Orwig, 2007; Pelfrene et al., 2004; Raymond, Morgan, & Caetano, 2007; Traweger, Kinzl, Traweger-Ravanelli, & Fiala, 2004; Virtanen et al., 2007; Watts & Short, 1990). Studies have shown that the prevalence of psychotropic drug use is higher among women (Beck et al., 2005; Beck et al., 2002; Goldney and M, 2006), people with a lower level of education (Bass et al., 1996; Bourbonnais, Brisson, Moisan, & Vézina, 1996; Leiderman et al., 2007), people with a lower family income (De Jesus Mari et al., 1993; French, Zarkin, Hartwell, & Bray, 1995; Isacson, 1998), people with a lower level of physical (Blazer, Hybels, Simonsick, & Hanlon, 2000; Lapeyre-Mestre, Chastan, Louis, & Montastruc, 1999; Voyer, Cohen, Lauzon, & Collin, 2004) and psychological well-being (Ohayon & Caulet, 1995; Voyer et al., 2004), people that have lived a recent stressful life event (Bourbonnais et al.,

* Corresponding author. Public Health Agency of Canada, 785, Carling Avenue, Ottawa, Ontario, Canada K1A 0K9. Tel.: +1 613 946 8926.

E-mail address: eric.lavigne@phac-aspc.gc.ca (É. Lavigne).

1996; Moisan et al., 1999), people with a higher level of alcohol consumption (Frone, 2000; Frone & Windle, 1997; Moisan et al., 1999) and among unemployed people compared to workers (Aschengrau & Seage, 2003; Moisan et al., 2000). For the latter factor, this is called the “healthy worker effect”, which is the phenomenon that workers usually exhibit overall rates regarding health issues better than those of the general population due to the fact that the severely ill and disabled are ordinarily excluded from employment (Aschengrau & Seage, 2003). However, the fact that workers are exposed to psychosocial risk factors in their daily work environment, which can lead to harmful effects on health, cannot be neglected (Moisan et al., 2000).

Psychosocial risk factors at work have been highly studied since 1980. Several studies have focused on the relationship between psychosocial risk factors in the workplace and adverse health problems such as the consumption of psychotropic drugs (Bass et al., 1996; Chartrand, 2003; Frone & Windle, 1997; Moisan et al., 1999; Morissette & Dedobbeleer, 1997; Virtanen et al., 2007; Watts & Short, 1990). Moreover, these studies have reported an association between psychosocial risk factors at work and psychotropic drug use. Nevertheless, we have to be careful while interpreting this result because of methodological considerations. First of all, the comparison between studies is hard to make given that the measure of consumption of psychotropic drugs differs from one study to another. For example, the time period during which the consumption is measured and the types of psychotropic drugs differ across studies. Furthermore, risk factors in the workplace are different across studies and some studies did not adjust adequately for potentially confounding variables. Also, the populations studied are different from one study to another.

To measure psychosocial risk factors at work associated with psychotropic drug use, most of the studies have used two theoretical models: the demand-control-support (DCS) model developed by Karasek and Theorell (1990) and Johnson and Hall (1988) and the effort/reward imbalance (ERI) model that was developed by Siegrist (1996). The first one assumes that a high level of job strain which is a combination of a high level of psychological demands and a low level of decision latitude produces a mental strain that can lead to harmful effects on health (Karasek, 1979). Psychological demand refers to quantity of work, intellectual requirements and time constraints. Decision latitude refers to skill discretion, opportunity to use and develop one's abilities and skills and control over work that implies latitude at work, and decision making power, an individual's capacity to make decisions (Karasek, 1979). Many studies have reported that a high level of exposure to job strain increases the risk of consuming psychotropic drugs (Bass et al., 1996; Frone & Windle, 1997; Moisan et al., 1999; Morissette & Dedobbeleer, 1997; Virtanen et al., 2007; Watts & Short, 1990). Johnson and Hall added a third component to the model suggesting that social support from colleagues and supervisors may modify the effect of job strain on health (Johnson & Hall, 1988). Specifically, social support at work refers to the feeling of belonging to the company, to the team spirit in the organization and to the collaboration and help received from colleagues and supervisors.

The second model suggests that an imbalance between efforts extended at work and rewards obtained can cause deleterious effects on health. Extrinsic efforts refer to physical workload, responsibilities, time constraints, interruptions, increasing demands and working overtime. Rewards obtained in the workplace include monetary gratification, esteem, rewards and work status (Siegrist, 1996). Although this model has been used a lot to study the association between ERI and harmful effects on health (Bourbonnais & Mondor, 2001; Siegrist, 1996; Tsutsumi & Kawakami, 2004; Van Vegchel, de Jonge, Bosma, & Schaufeli, 2005), only one study has focused on the association between ERI and the use of psychotropic drugs (Chartrand, 2003). This study found a positive association between ERI and psychotropic drug use (Chartrand, 2003). Siegrist's model also

suggests that the presence of overcommitment may modify the effect of ERI on health. Overcommitment is an individual's need for approval by colleagues and supervisors, the incapacity to distance him or herself from the workplace, the competitiveness, latent hostility and disproportionate impatience and irritability (Siegrist & Peter, 2000). In the past years, studies have shown that overcommitment increases the risk of developing adverse health effects in the presence of ERI (De Jonge, Bosma, Peter, & Siegrist, 2000; Siegrist et al., 2004; Virtanen et al., 2007; Wada et al., 2007; Weyers, Peter, Boggild, Jeppesen, & Siegrist, 2006). However, no study has reported a modifying effect of this component of Siegrist's model on the association between ERI and the use of psychotropic drugs.

Another concept of the workplace that has been studied a lot in recent years in addition to psychosocial risk factors at work is interpersonal violence. Usually, interpersonal violence is defined as intimidation, the use of threats at work, and psychological harassment, vexatious behaviour that manifests itself in the form of conduct, verbal comments, actions or gestures that are repetitive, hostile or unwanted, affect the person's dignity or psychological integrity and result in a harmful work environment, a layoff, firing or forced resignation. Recent studies have reported that interpersonal violence in the workplace among organization members is related with mental health problems (Einarsen, 2005; Hoel, Faragher, & Cooper, 2004; Matthiesen & Einarsen, 2004; Tehrani, 2004; Zapf, Einarsen, Hoel, & Vartia, 2003). However, to our knowledge, no study has explored the association between interpersonal violence in the workplace and psychotropic drug use. Moreover, Bourbonnais et al. suggested in their study published in 2007, evaluating work conditions of Quebec's CO's associated with psychological distress, that it would be interesting to assess interpersonal violence at work as an intermediate factor between psychosocial risk factors and the development of health problems such as psychological distress and psychotropic drug use (Bourbonnais, Jauvin, Dussault, & Vézina, 2007).

A correctional facility is a work environment where a high level of exposure to psychosocial risk factors is often present and where members are often victims of interpersonal violence (Barrett, Riggat, & Flowers, 1997; Björkqvist, Österman, & Hjelt-Bäck, 1994; Bourbonnais et al., 2007). Indeed, correctional officers (CO's) face difficult conditions in their daily work (Ghodse, 2005). A literature review on job stress among correctional officers has reported that CO's have a high incidence of work constraints and burnout (Schaufeli & Peeters, 2000). In Canada, specifically in the province of Quebec, CO's have faced major problems in the past years. A high rate of absenteeism at work has been reported, interpersonal conflicts have occurred and stress in the workplace has increased (Bourbonnais et al., 2007). Given these reasons, Bourbonnais et al. have started to study Quebec's CO's work conditions in 2000. The results of two measures, in 2000 and in 2004, by self-administered questionnaires to all eligible Quebec's CO's showed an association between high level of job strain, ERI, interpersonal violence and psychological distress (Bourbonnais et al., 2007).

However, until this day, no study has explored the association between high level of job strain, ERI, interpersonal violence and psychotropic drug use among CO's. Moreover, little is known about the prevalence of psychotropic drug use among CO's (Cross & Ashley, 2004). Furthermore, it could be interesting to evaluate whether interpersonal violence at work can act as an intermediate factor in the association between psychosocial risk factors at work and psychotropic drug use. A recent measure has been made during the year 2007 by the authors listed above to study once again the work conditions of Quebec's CO's. This study will use this measure to evaluate psychosocial risk factors at work, interpersonal violence and psychotropic drug use.

2. Objectives

The first aim of this study was to establish the prevalence of psychotropic drug use among Quebec CO's. The second objective was

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