

Use of COPSOQ scales in some epidemiological studies in Sweden

Paris 7 October 2015

Hugo Westerlund, Ph.D., Professor of Epidemiology

- •Director and Head of the Stress Research Institute, Stockholm University
- •Stockholm Stress Center, a Forte centre of excellence
- •Department of Psychology, Stockholm University (Division of Work and Organizational Psychology)
- •Department of Clinical Neuroscience, Karolinska Institutet (Division of Insurance Medicine)

Destructive managerial leadership and psychological well-being among employees in Swedish, Polish, and Italian hotels.



- Anna Nyberg, 2nd paper i doctoral dissertation
- 554 questionnaires to hotel employees in 3 countries
- Leadership measured with modified GLOBE items:

Autocratic (0.804) Autocratic, Dictatorial, Bossy, Elitist
Malevolent (0.837) Hostile, Dishonest, Vindictive, Irritable
Self-Centered (0.709) Self interested, Non-participative, Loner, Asocial

- COPSOQ used to measure
 - working conditions
 - psychological well-being
- Explored differences between countries
- and association with well-being

Leadership and well-being



Table 4

Odds ratios and 95% CI of suffering from poor mental health, low vitality and high behavioural stress (variables dichotomised by the median) per one step increase inself centred/autocratic/malevolent leadership scale (1–7)

Adjustments in addition to age and gender:	None	Occupational group, type of hotel	Country	Hotel means of iso-strain
Self-Centred leadership				
Poor mental health	2.25*** (1.48;3.43)	2.02** (1.30;3.13)	2.04** (1.29;3.22)	1.87* (1.15;3.05)
Low vitality	1.91** (1.26;2.89)	2.04** (1.32;3.14)	2.12** (1.34;3.35)	1.78* (1.09;2.90)
High behavioural stress	1.81** (1.18;2.78)	1.58* (1.01;2.47)	1.87** (1.17;3.00)	1.75** (1.05;2.90)
Autocratic leadership				
Poor mental health	1.45** (1.10;1.93)	1.37 (0.98;1.90)	1.63* (1.09;2.45)	1.46 (0.90;2.36)
Low vitality	1.21 (0.91;1.59)	1.46* (1.06;2.02)	1.98** (1.33;2.96)	1.67* (1.04;2.69)
High behavioural stress	1.82*** (1.34;2.47)	1.54* (1.10;2.17)	1.40 (0.92;2.11)	1.22 (0.73;2.03)
Malevolent leadership				
Poor mental health	1.38* (1.03;1.86)	1.39 (0.99;1.97)	1.54* (1.05;2.26)	1.39 (0.92;2.11)
Low vitality	1.28 (0.95;1.72)	1.67** (1.18;2.36)	2.05*** (1.39;3.01)	1.80** (1.19;2.72)
High behavioural stress	2.03*** (1.46;2.82)	1.77** (1.23;2.54)	1.58* (1.06;2.36)	1.47 (0.94;2.29)

p < 0.05, p < 0.01; p < 0.01; p < 0.001.

Source: Nyberg A, Holmberg I, Bernin P, Alderling M, Akerblom S, Widerszal-Bazyl M, Magrin ME, Hasselhorn HM, Milczarek M, D'Angelo G, Denk M, Westerlund H, Theorell T. Destructive managerial leadership and psychological well-being among employees in Swedish, Polish, and Italian hotels. *Work-a Journal of Prevention Assessment & Rehabilitation* 2011;**39(3):267-81.**

Psychosocial Working Conditions and Cognitive Complaints among Swedish Employees



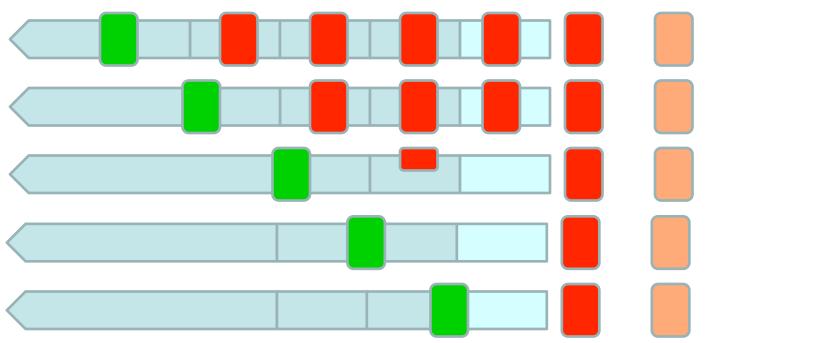
- Cecilia Stenfors, 2nd study of doctoral thesis
- SLOSH 2006 and 2008
 - Swedish Longitudinal Occupational Survey of Health
- Theorell's Demand-Control Questionnaire
- Proprietary and other exposure measures
- Cognitive complaints from COPSOQ
 - Cognitive stress symptoms
- Cross-sectional and prospective analyses



SLOSH wave VI in 2016 (planned)



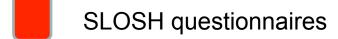
... 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 ...



Administrative register data



Swedish Work Environment Surveys





Future waves of SLOSH



Work and Cognitive Complaiints

SA STANDER STA	
Stockholms universitet	

Measure	1	2	3	4
Quantitative demands	.14***	.15***	.08***	.08***
Skill discretion	04***	04**	.00	01
Decision authority	03**	01	.00	.00
IT demands	.17***	.17***	.12***	.12***
Emotional demands	.02*	01	02*	01
Social support	15***	16***	06***	05***
Resources	11***	10***	05***	05***
Qualified (reference)	•	•	•	•
Underqualified	.09***	.08***	.05***	.05***
Overqualified	03**	03***	04***	04***
No conflicts (reference)				
Conflicts. finished	.07***	.06***	.05***	.05***
Conflicts. ongoing	.09***	.07***	.04***	.03***
Depression	•	•	.48***	.44***
Disturbed sleep				.06***
Awakening problems				.09***
Accumulated adjusted R ²	.199	.238	.420	.433

Table S4. <u>Cross sectional study</u> results (2008). n=8362.

Standardized β coefficients and adjusted R² for multiple regression models 1-4, with cognitive complaints as the outcome.

- 1. Psychosocial work factors, unadjusted model.
- 2. Adjusted for Age, Sex, Educational level, Income, Alcohol consumption, Cardiovascular disease, Psychiatric illness.
- 3. Adjusted for Depressive symptoms, in addition to model 2 covariates.
- 4. Adjusted for Disturbed sleep and Awakening problems, in addition to model 3 covariates.
- * p<.05. ** p<.01. *** p<.001.



Source: Stenfors CU, Magnusson Hanson L, Oxenstierna G, Theorell T, Nilsson LG. Psychosocial Working Conditions and Cognitive Complaints among Swedish Employees. PLoS ONE 2013;8(4):e60637.

Work and Cognitive Complaiints



1				=				
Measure	1	2	3	4	1 a	2 ^a	3 a	4 a
Quantitative demands	.14***	.15***	.09***	.08***	.05**	.05**	.04**	.04**
Skill discretion	06**	04*	02	02	02	02	02	02
Decision authority	.00	.02	.04*	.04*	.01	.02	.02	.02
ICT demands	.13***	.12***	.09***	.08***	.03*	.03*	.03*	.03*
Emotional demands	.06***	.02	.02	.02	.03	.01	.01	.01
Social support	15***	16***	05**	05**	03*	03*	01	01
Resources	06***	06***	01	01	02	02	01	01
Underqualified [‡]	.08***	.08***	.05**	.05**	.04**	.04**	.03*	.03*
Overqualified [‡]	.00	.00	02	02	.00	.00	01	01
Depression			.45***	.43***			.15***	.14***
Disturbed sleep				.04*		•		.02
Awakening problems				.04*				.00
Cognitive complaints at T1					.62***	.61***	.53***	.53***
Adjusted R ²	.121	.144	.306	.310	.442	.448	.459	.459

Table S5. <u>Prospective study</u> results (T1-T2/2006-2008). n=3264. Standardized β coefficients and adjusted R² for multiple regression models 1-4 with predictors at T1 (2006) and cognitive complaints score (1-5) at T2 (2008) as the outcome.

- 1. Psychosocial work factors at T1, unadjusted model.
- 2. Adjusted for Age, Sex, Educational level, Income, Alcohol consumption, Cardiovascular disease and Psychiatric illness at T1.
- 3. Adjusted for Depressive symptoms at T1, in addition to model 2 covariates.
- 4. Adjusted for Disturbed sleep and Awakening problems at T1, in addition to model 3 covariates.
- ^a Cognitive complaints at T1 has been adjusted for in addition to the other specified measures in the respective models.
- [‡]Reference: qualified.
- * p<.05. ** p<.01. *** p<.001.

Source: Stenfors CU, Magnusson Hanson L, Oxenstierna G, Theorell T, Nilsson LG. Psychosocial Working Conditions and Cognitive Complaints among Swedish Employees. PLoS ONE 2013;8(4):e60637.

Concentration requirements modify the effect of office type on indicators of health and performance Stockholms universitet



- Aram Seddigh, 1st study of doctoral thesis
- 1241 employees from 175 units in 5 organisations
- Main effects of office type
 - cell offices (own room)
 - shared room offices (2-4 people)
 - small open plan offices (4-9 people)
 - medium-sized open plan offices (10-24 people)
 - large open plan offices (25+ people)
 - flex offices (no fixed workstation)
- Modification by self-rated concentration requirements of the job
- COPSOQ used to measure Cognitive stress

Open plan offices & cognitive stress



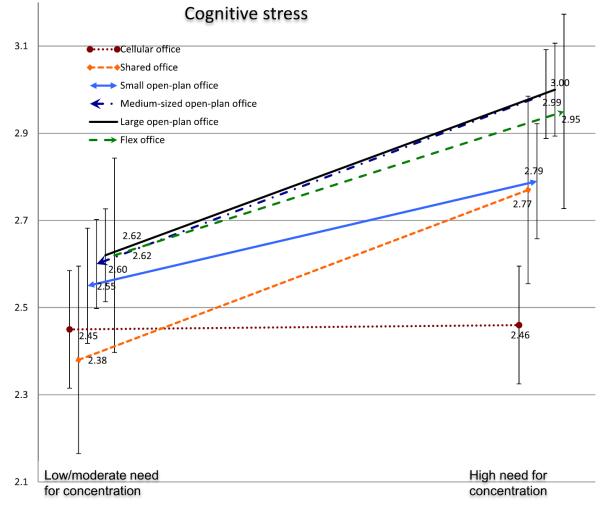


Fig. 2. Unweighted marginal means for cognitive stress with 95% CIs, adjusted for are age, sex, education and labor market sector.

Source: Seddigh A, Berntson E, Danielson CB, Westerlund H. Concentration requirements modify the effect of office type on indicators of health and performance. Journal of Environmental Psychology 2014;38:167-74.

Interactions between lean management and the psychosocial work environment in a hospital setting



- Waqar Ulhassan, 3rd study of doctoral thesis
- Implementation of lean with different success in 3 departments
- Modified COPSOQ questionnaire
- T1: n=129; T1: n=131

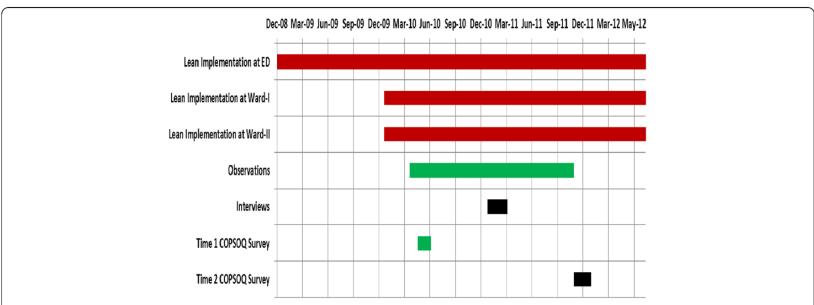


Figure 1 Timeline for Lean intervention and data collection at three settings. Red bars denote Lean intervention, black bars denote interviews, green bars denote observations and blue bars denote surveys.

Source: Ulhassan W, von Thiele Schwarz U, Thor J, & Westerlund H. Interactions between lean management and the psychosocial work environment in a hospital setting - a multi-method study. *BMC health services research* 2014;**14:480.**

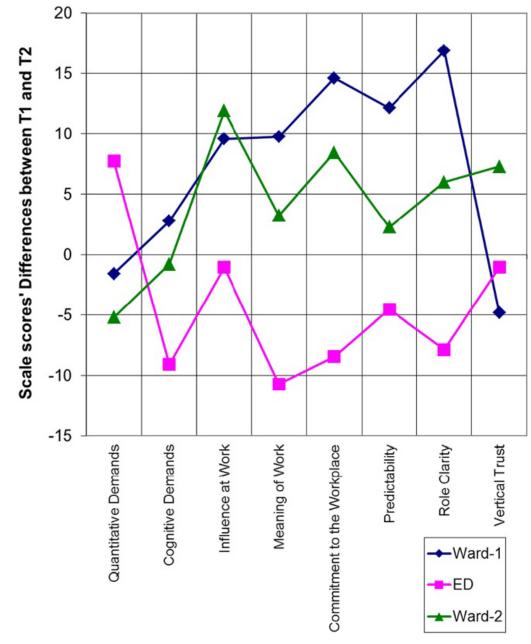


Figure 2 Changes in scales relevant to Lean. Graphical representation of changes found in only selected COPSOQ scales which were expected to be most responsive to Lean at three units.



Ward-1: Active employee participation

Ward-2: Partial lean intervention

ED: Failing earlier implementation

Source: Ulhassan W, von Thiele Schwarz U, Thor J, & Westerlund H. Interactions between lean management and the psychosocial work environment in a hospital setting - a multimethod study. *BMC health services research* 2014;**14:480.**

