

PROVIDING ONLINE SELF-TESTS TO IDENTIFY OR ASSESS BEHAVIOR OR HEALTH DISORDERS RELATED TO CHRONIC STRESS AT WORK BY HEALTH PROFESSIONALS IN ANESTHESIOLOGY AND INTENSIVE CARE IN FRANCE

EAPH conference 2015
20th and 21st April 2015 - Barcelona, Spain
Doctors' Resilience. Building European
Networks through Research and Practice



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> INTRODUCTION

In medical professions, identification and evaluation of health disorders are more difficult than in the general population. Making available self-tests on mental health, behavioral disruptions, abusive consumptions and sleep disorders could help doctors and nurses to be aware of their own health. The French college of anesthetists (CFAR) provides free access to these tests on its website since October 2013 (www.cfar.org). Analysis of connections and completions are presented.

Available self-assessments on www.cfar.org website	Connected	Completed	%Completed /Connected	Ranking by completing frequency
Burn-out (Maslach Burnout Inventory)	868	811	93%	26%
Anxiety-depression (Hospital Anxiety Depression sc.)	618	476	77%	16%
Drowsiness (EPWORTH)	535	470	88%	15%
Fatigue (PICHOT)	595	441	74%	14%
Alcohol (FACE)	452	370	82%	12%
Cyber addiction	354	207	58%	7%
Tobacco (FAGERSTRÖM)	261	93	36%	3%
Harassment	250	103	41%	3%
Workaholism (Bergen Work Addiction Scale)	146	98	67%	3%
TOTAL	4079	3069	75%	100%

CFAR website www.cfar.org / SMART tab. (APRIL-06-2015)

> METHOD AND RESULTS

Nine internationally validated self-assessment tests (8 internationally validated, and an additional test on harassment [validation in progress]) were made available on line for anesthetist nurses and physicians (7 since October 2013 and 2, harassment and workaholism, in summer 2014). Connections and full completion were analysed. Anonymity was fully preserved and no information on result details was possible.

Downloading an anonymous report form is possible for personal data.

1. This also allows individual, or better, global analysis in the aim to obtain a team evaluation.

2. Eventually, when abnormal results occur, the team can clearly make organizational changes.

> DISCUSSION

> Up to 6th April 2015, there have been 4079 connections on self-tests, 3069 of which were fully completed, corresponding to 1/3 of the target population of French Anesthetists.

> MBI test, Anxiety-Depression, Fatigue, Epworth and Alcohol, were the tests the most frequently selected (21%, 15%, 15%, 13%, 11% respectively) and fully completed (93%, 77%, 74%, 88%, 82% respectively).

> Taking into account the time needed to complete on line the harassment and workaholism tests, results suggest that the tests are consulted but less fully completed (harassment test), due to the length of time required to complete them for exhaustive and informative data.

> Results suggest that information on their own health state can be self-assessed by anaesthesiologists and intensivists in France. Particularly concerning mental or exhaustion disorders and addiction however less for tobacco dependency.

> CONCLUSIONS

Confronted with denial, the use of such tests could aid doctors to initiate a therapeutic action with a variety of specialists : own chosen doctor, addiction specialist, psychologist or psychiatrist. However systemic approach is possible when team members seem to be affected by organizational dysfunction : exhaustion, over-workload, lack of resources, inequity, isolation, harassment...

www.cfar.org

