

Health Effects of stress and insecurity among employees in the banking sector. Comparison with employees in other sectors

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SUMMARY

For the first time this study measures, on a representative sample of employees in the banking sector (N=428), the prevalence of 18 work condition factors which may have an influence on the levels of stress and insecurity.

The analysis then points out the relationship between these two latter factors and 16 health indicators of subjective morbidity and medical consumption.

The main results show a significant increase in the prevalence of subjective morbidity and medical consumption with the increase in exposure to a "medium to high" level of fear of dismissal and to a continuous level of stress in the previous 12 months. This last factor tends to double the prevalence of the indicators of morbidity and consumption, especially those linked to the psychic sphere.

The comparative analysis carried out on a representative sample of employees in other economic sectors (N=859) shows that employees in the banking sector declare higher levels of stress and insecurity and show evidence of significantly worse health indicators with respect to those of employees working in other sectors.

These results confirm that the new risks linked to work conditions represent a central theme of public health, even if little consideration has been to this aspect given up till now.

KEYWORDS

Economic Development; Labour Market; Unemployment; Job Insecurity; Deprivation; Health; Public Health; Health Impact Assessment.

JEL classification: A13, E24, E60, H10, I12, I30, J20, J6, K2, L20, O11

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INTRODUCTION

It is a shared opinion that work should be given a central role in promoting and maintaining health. By means of work it is possible to construct and express creativity, autonomy, identity, life together, social realisation. For this to happen work must, however, respect some conditions: it must be reasonably stable, paid fairly, quite interesting and carried out in conditions respectful of people's dignity and psychophysical security and safety. At the same time work conditions which encourage and maintain workers' health also constitute a central element for the companies' economic health.

The increase in unemployment has made people understand the importance of the relationships which link people to work. The exclusion from the world of work have a direct, serious and negative influence on physical and psychic health (1). If the technological evolution in the world of work and the transformations accompanying it have had positive effects on work conditions (automation, flexibility, access to IT, new forms of organisation), these have also had repercussions, which are not always positive, both on the content of the tasks carried out as well as on the social relations within the company (2,3). The latter factors can also have an influence on the physical and mental health of the employees. For some time several researchers have been interested in this problem, which is defined by the generic term "new risks". The damage to health, which is a result of these, eludes statistics to a large extent, as it does not appear as professional sickness in the classic sense, while the costs caused by the new risks in general and by stress in particular are externalised towards health and disability insurances or social security. The present model of economic development, based on globalisation, the optimisation of income from invested capital, on taking work flexibility to the limit and on bringing social security measures intended to cushion these effects into question, has profoundly changed the conditions in which work used to be carried out.

The definitions, usually of a legal kind, which designate the so-called professional illnesses, are not relevant today to raise awareness of the health problems caused by the new work conditions in a realistic way. Four large groups of pathologies are related to the new risks of work: psychic problems, those connected to the muscular-skeletal sphere, cardiovascular illnesses and tumours (4).

Various specialists estimate that the official professional illnesses registered each year represent only the tip of the iceberg. The submerged part is constituted by "illnesses linked to work conditions", that is damage to health caused mainly by difficult work conditions (stress, rhythms, working hours and work climate, hierarchy pressure, harassment, anxiety, posture etc.). People exposed to work conditions where heavy work demands are combined with scarce autonomy and insufficient support from superiors and colleagues as well as from the social group of reference lead to situations of social-emotive distress which damage health. In the language of the specialists it is a question of the so-called psychosocial and organisational risks, caused by high levels of stress (5).

The cost of stress acquired at the place of work was evaluated for the first time in Switzerland by a study (6) of the Secretary of State's Office of Economy

(SECO). The costs, estimated at 4.2 billion Swiss Francs (equal to 1.2% of the GDP), are to a large extent externalised towards health and disability insurances.

Regarding the effect of making the work market so flexible that stress is generated (as a result of the fear of dismissal) many studies have shown the direct influence on the health of the employees involved (7, 8, 9).

A previous study also documented this relation regarding the situation in Switzerland (10).

A very recent study, which for over seven years followed employees who had lost their jobs as a result of downsizing, showed an increase in mortality of 100% from cardiovascular diseases among those dismissed (11).

In the light of all this evidence there is no doubt that the conditions in which work is organised and carried out represent a central theme of public health which, however, is hardly recognised either at a social or political level.

METHODOLOGY

This study measures the prevalence of some factors which determine the **stress** and **insecurity** perceived by **employees in the banking sector** and **by employees in other economic sectors** in Canton Ticino (Switzerland), showing the relationship between these factors and some health indicators.

a) Bank Employees

The survey on **bank employees** was carried out in the month of April 2003 (by means of an anonymous written questionnaire, with a letter introducing the study and a pre-paid envelope) on a representative sample of members of the Swiss Association of Bank Employees. The latter is an a-political, a-confessional association which aims to defend the interests of bank employees. A casual sample of bank employees was chosen among the addresses supplied by the association (N=800) to whom the questionnaire was sent by post. No reminder was sent.

After eliminating the invalid questionnaires (deceased, pensioners and pre-pensioners, unemployed, dismissed, fired persons, questionnaires filled in only in part or not at all) those considered useful for the analysis were 428.

Among those who replied 18 defined themselves as "directors", 13 as "co-directors", 46 as "vice-directors", 129 as "having proxy", 52 as "agents", 138 as "clerks"; 22 defined themselves under the rubric "other" and 10 didn't define themselves at all.

b) Employees

The survey on **employees working in other economic sectors** was carried out in the months of October and November 2002 by means of telephone interviews with a representative sample of employees in Canton Ticino (Switzerland) by a specialised company (random-quotas with the CATI and Televit methods).

For the purposes of this study 859 of the 1014 interviews realised were taken into consideration (the remaining 115 concerned independent employees).

The questionnaire given was identical to the one used for the bank employees.

The topics included in the questionnaire concerned especially:

- The temporal aspects of work (times, shifts etc.); the kind of contract; autonomy of the employees; the social relations within the company; security, pay etc.
- The pressures perceived at the workplace; the precariousness of the job; satisfaction and support of colleagues and superiors perceived, downsizing in operation; etc.
- The stress perceived; harassment; the subjective state of health; physical and psychic symptoms perceived; consumption of medicine; recourse to medical treatment; etc.

c) Statistical analysis

The statistical analysis of the data was carried out with the SPSS package (Statistical Package for Social Science, version 10.0). In the tables which present the results, the crude rates of prevalence of each indicator are given together with the statistical significance of the difference, the odds ratios (ORs) and the corresponding confidence intervals (95%).

The ORs were calculated on the base of a model of logistical regression which considered age, sex and education level as covariates.

RESULTS

a) Indicators relative to work activity

Firstly it can be seen (cf. **Figure 1**) that, for the two groups of employees analysed, it is particularly in the field of their working lives that the "important pressures" are perceived.

Table 1 and **Figure 2** illustrate comparatively the prevalence of some indicators which may influence individual health welfare and the level of stress in particular.

The SECO study (6) had identified the principal factors determining high levels of stress in dissatisfaction with the work carried out, in lack of support from superiors and colleagues, in continuous pressures (of a physical and psychological kind) on the execution of work and in the threat of unemployment.

First of all it can be seen how the pressures on the execution of tasks generally increased for both groups analysed, even if to a different extent, in the course of the year preceding the surveys.

The comparison between the bank employees and the other workers shows how the degree of satisfaction and the chances of realisation by means of the work done are notably higher outside the banking sector, in spite of the fact that in this latter field of activity the proportion of employees with higher salaries is significantly greater. A simple glance at the indicators shows how the “pressures” on work and the uncertainty, if not pessimism, towards the future are prevalent in the banking sector, which is also characterised by a high prevalence of subjects (40% versus 26%) who are afraid of losing their jobs. It is interesting to note that while the great majority of bank employees (between 40 and 70%) seem to experience, as far as they themselves are concerned, a greater uncertainty towards the future than the other employees, the insecurity towards the future of the firm is, on the contrary, practically inexistent, a perception which is shared by the two groups of employees. Among bank employees 54% of those interviewed declared they could regularly take advantage of the support of their direct superior in the case of problems at work (versus 72% for the other group of employees) and only 47% (versus 76%) believe they can benefit from the support of colleagues. These last two data seem to indicate that the internal work climate could be susceptible to considerable improvements in particular in the banking sector. Finally we draw attention to the fact that among bank employees the prevalence of those who maintain they have been the subject of repeated psychological harassment at the workplace during the last 12 months is three times greater compared to that of the whole of employees (15% versus 5%).

b) Health indicators

About **one employee in five in Ticino (21.7 %)** and **one in three** among bank employees (**32.5 %**) declare themselves to be under stress “**often or very often**” at the workplace. Stress, and especially the ability to manage it, was recognised as a major health factor.

Tables 2 to 4 and **Figures 3 to 7** present the prevalence of some health indicators separately for the **whole** of the **two groups** of employees analysed (**Table 2**) and for **the subjects** who consider themselves exposed both to a **continuous level of stress** in the last 12 months (**Table 3**) and to a “medium to high” level of **fear of losing their jobs** (**Table 4**). The most significant results (expressed in crude rates of prevalence) are illustrated in the **Figures**. In general it can be seen how the bank employees almost constantly report a higher and statistically significant prevalence, both concerning the negative health conditions as well as consumptions (**Table 2**).

The second observation worthy of note is a large and significant increase in the prevalence of the negative health outcomes for both groups of employees when they are subjected to a continuous level of stress (**Table 3**) and to the fear, from medium to high, of losing their jobs (**Table 4**). The constantly higher prevalence for the bank employees with respect to the total number of other employees not only remains, but also increases. (see also **Figures 4 to 7**).

Among these two factors the exposure to continuous stress is the one which has the greatest negative influence on morbidity and consumptions.

The health problems and consumptions **linked to the psychic sphere** seem to be prevalent and find indirect confirmation in the constant increase in disability incomes linked to this group of pathologies.

The result, which shows how a large and significant proportion of employees declare they have given up treatment so as not to be absent from their workplace, is particularly noteworthy (**Figure 7**). The prevalence also grows in this case especially with repeated exposure to stress.

DISCUSSION AND CONCLUSIONS

The sample of bank employees cannot be considered representative of the cantonal banking sector, since it was chosen on the base of the members of the Swiss Association of Bank Employees, Ticino Section, which groups together about 1/8 of the people employed in the banking sector. However, it is representative of the bank employees of that association. The size of the sample relating to employees working in other sectors, questioned on the base of the telephone survey, corresponds to that of the Swiss pilot study (6) conducted by Ramacciotti and Periard from the University of Neuchâtel with the same methodology (random quotas). That sample was made up of 906 persons interviewed, ours of 1014, of whom 115 subjects who were independent employees were deducted (final sample N=859). Moreover, the fact of using two different modalities to gather information (telephone and written surveys) could, at least potentially, have had an influence on the expression of responses and preferences.

Nonetheless, the importance of this analysis is to show for the first time a "photograph" of the employees' working world at banking institutes concerning some determinants of stress and insecurity perceived at the workplace and their consequences on health.

The survey on bank employees was conducted in spring 2003 after two years of constant contraction of the financial markets, the survey on employees took place in autumn 2002, a period of growth of the unemployment rate in Ticino. Thus, the economic situations for the two periods when the analyses were carried out showed comparable trends.

This analysis has shown how the conditions and rhythms of work which characterise employees' activity, the importance of psychological pressures while carrying out tasks, satisfaction towards the work done, support and solidarity among colleagues and superiors, the levels of uncertainty and insecurity regarding the maintaining the job and harassment at the workplace seem to be the principal determinants which have an influence on the level of stress and therefore on health.

The question as to "what to do?" seems obvious. The first intervention is certainly to give maximum publicity to the results of the studies, which put the conditions of work in relationship with health indicators (as well, of course, as promoting this kind of survey), with the aim of making civil society aware of support for models of sustainable economic development, inasmuch as these respect human dignity and condition (14). The second intervention regards public policies concerning "sensitive" sectors, such as that of the economy, of work and of measures to cushion negative effects. These policies should always be evaluated "ex-ante" on the base of the scientific literature available and "ex-post" (by monitoring the effects) for their direct and indirect impact on health (13). Afterwards, the only intervention for efficient primary prevention lies with the firms themselves, who should identify, reduce or eliminate the main factors of stress which depend on the conditions, rhythms and organisation of work (14). Unfortunately the intensity of the "economic war" promoted by globalisation does not seem to leave much room for considerations of an ethical kind, when the latter are in contrast with the objectives of remuneration for capital invested. A recent study of the University of St. Gall forms the hypothesis of a loss of 40,000 workplaces (corresponding to about 30% of the full-time jobs) in the Swiss banking sector in the next seven years (15).

Finally (and not as the first and only action) interventions of secondary prevention should be promoted, which consist essentially of putting into place techniques and practices able to allow the employee to manage better his/her own level of stress (14).

Moreover, the so-called "new risks" linked to the conditions in which the employee works should be recognised within the scope of professional illnesses.

As a last point we would recall that analyses like the one presented in this paper intend to make people aware of the health "outcomes" linked to the organisation of employees' work so that those who have organisational, managerial or political responsibilities at various levels will act so that work, from being a principal factor of well-being and integration, will not become a factor of malaise and social disintegration for wider and wider circles of individuals.

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Table 1 WORK INDICATORS

Prevalence (in %) of some **work indicators** among **bank employees** (N = 428) and **employees** working in other sectors (N = 859)

Indicator	Prevalence % (crude rates)		Significance P< / NS (crude rates)	Odds ratios (*) and confidence intervals (95 %)
	Employees	Bank employees		
Work report on the base of an open-ended contract	84.7	96.9	0.000	4.211 (2.053-8.637)
Individual monthly net income (after contributions)				
- less than fr. 3000.-	27.6	6.5	0.000	0.264 (0.158-0.441)
- from fr. 3000.- to 5999.-	58.0	46.7	0.000	0.641 (0.486-0.845)
- from fr. 6000.- and above	14.4	46.7	0.000	2.262 (1.633-3.134)
Regular working hours	74.6	82.0	0.003	1.785 (1.268-2.513)
Completely satisfied with the job	42.2	16.2	0.000	0.237 (0.168-0.335)
Work pressure increased in the previous year	53.1	74.1	0.000	1.811 (1.343-2.442)
Febrile, hectic work (often, very often)	32.2	48.6	0.000	1.752 (1.319-2.328)
Psychologically heavy work (often, very often)	28.1	46.5	0.000	1.898 (1.426-2.528)
Physically heavy work (often, very often)	18.1	10.6	0.001	0.488 (0.316-0.753)
Can have an influence on the planning of work (often, very often)	38.3	41.5	NS	0.825 (0.618-1.102)
Can have an influence on the planning of breaks (often, very often)	37.6	33.0	NS	0.698 (0.518-0.939)
The activity carried out permits personal realisation (often, very often)	54.8	36.4	0.000	0.466 (0.350-0.620)
Can count on the support of the direct superior (often, very often)	71.9	54.1	0.000	0.533 (0.396-0.717)
Can count on the support of colleagues (often, very often)	76.2	47.0	0.000	0.308 (0.228-0.417)
Insecurity towards the future (YES)	39.7	70.8	0.000	3.756 (2.797-5.045)
Fear of dismissal (from medium to high)	26.2	40.0	0.000	1.520 (1.127-2.049)
Insecurity for the future as a pensioner (YES)	39.3	52.1	0.000	1.492 (1.129-1.973)
Insecurity for the future of the firm (YES)	14.7	15	NS	1.019 (0.695-1.495)
Repeated psychological harassment at the workplace during the last 12 months (YES)	5.3	14.8	0.000	2.670 (1.652-4.316)

NS = the difference is statistically non-significant

(*) = category of reference "Employees" (value = 1). Model adjusted for sex, age and level of education

Table 2 HEALTH INDICATORS

Prevalence (in %) of some health **indicators** among **bank employees** (N = 428) and **employees** working in other sectors (N = 859)

Indicator	Prevalence % (crude rates)		Significance P< / NS (crude rates)	Odds ratios (*) and confidence intervals (95 %)
	Employees	Bank employees		
Perceived present state of health (discreet, not good, bad)	16.6	27.2	0.000	2.053 (1.466-2.876)
Depressed (often, very often)	10.8	22.6	0.000	2.477 (1.710-3.588)
Sleeping problems (sometimes, often, very often)	39.1	72.4	0.000	3.850 (2.848-5.205)
Stressed (often, very often)	21.7	32.5	0.000	1.854 (1.363-2.522)
Low back pain (often, very often)	15.7	22.2	0.004	1.461 (1.033-2.067)
Other muscular and articular pains (sometimes, often, very often)	21.7	61.1	0.000	5.216 (3.861-7.047)
Stiffness of the neck, shoulders (often, very often)	14.7	29.1	0.000	3.105 (2.197-4.389)
Eyes smarting (often, very often)	9.7	19.0	0.000	2.431 (1.616-3.659)
Headache, migraine (often, very often)	17.1	14.4	NS	1.016 (0.691-1.493)
Takes tranquillizers and/or antidepressants and/or sleeping pills (sometimes, often, very often)	9.5	24.6	0.000	3.485 (2.391-5.078)
Takes painkillers (sometimes, often, very often)	19.2	30.8	0.000	1.878 (1.363-2.586)
Takes stimulants, tonics, vitamins etc. (sometimes, often, very often)	21.8	45.2	0.000	4.065 (2.988-5.531)
Takes homeopathic and herbalist products (sometimes, often, very often)	29.8	41.1	0.000	2.394 (1.767-3.244)
At least 1 medical examination in the last 12 months (YES)	40.9	40.2	NS	1.698 (1.242-2.321)
Medical examinations in the last 12 months: (2 or more exams)	69.0	76.9	0.003	1.193 (0.899-1.584)
Gave up treatment so as not to be absent from the workplace (YES)	9.5	30.1	0.000	5.184 (3.525-7.622)

NS = the difference is statistically non-significant

(*) = category of reference "Employees" (value = 1). Model adjusted for sex, age and level of education

P.S. The indicators relating to morbidity refer to the "last 12 months", those to consumption to the present situation.

Table 3 STRESS AND HEALTH INDICATORS

Prevalence (in %) of some **health indicators** among **bank employees** (N = 139) and **employees** working in other sectors (N = 186) who "**often or very often**" feel stressed **at their workplace**

Indicator	Prevalence % (crude rates)		Significance P< / NS (crude rates)	Odds ratios (*) and confidence intervals (95 %)
	Employees	Bank employees		
Perceived present state of health (discreet, not good, bad)	30.1	50.4	0.000	2.145 (1.257-3.662)
Depressed (often, very often)	31.7	58.3	0.000	2.654 (1.546-4.555)
Sleeping problems (sometimes, often, very often)	54.8	92.8	0.000	8.824 (3.993-19.497)
Low back pain (often, very often)	30.1	36.0	NS	1.189 (0.688-2.053)
Other muscular and articular pains (sometimes, often, very often)	27.4	73.4	0.000	6.622 (3.702-11.843)
Stiffness of the neck, shoulders (often, very often)	29.6	49.6	0.000	2.890 (1.563-5.053)
Eyes smarting (often, very often)	17.3	34.3	0.000	2.377 (1.279-4.418)
Headache, migraine (often, very often)	29.0	28.1	NS	1.089 (0.611-1.942)
Takes tranquillizers and/or antidepressants and/or sleeping pills (sometimes, often, very often)	22.0	47.8	0.000	3.025 (1.729-5.293)
Takes painkillers (sometimes, often, very often)	25.8	42.4	0.002	1.746 (1.010-3.017)
Takes stimulants, tonics, vitamins etc. (sometimes, often, very often)	32.3	58.4	0.000	3.171 (1.844-5.454)
Takes homeopathic and herbalist products (sometimes, often, very often)	36.0	53.6	0.002	2.573 (1.491-4.442)
At least 1 medical examination in the last 12 months (YES)	48.1	59.0	NS	2.785 (1.433-5.411)
Medical examinations in the last 12 months: (2 or more exams)	72.1	85.6	0.004	1.946 (1.146-3.307)
Gave up treatment so as not to be absent from the workplace (YES)	21.0	52.9	0.000	5.278 (2.896-9.618)

NS = the difference is statistically non-significant

(*) = category of reference "Employees" (value = 1). Model adjusted for sex, age and level of education

P.S. The indicators relating to morbidity refer to the "last 12 months", those to consumption to the present situation.

Table 4 INSECURITY AND HEALTH INDICATORS
 Prevalence (in %) of some **health indicators** among **bank employees** (N = 171) and **employees** working in other sectors (N = 225) who experience from "**medium to high**" **fear of losing their jobs**

Indicator	Prevalence % (crude rates)		Significance P< / NS (crude rates)	Odds ratios (*) and confidence intervals (95 %)
	Employees	Bank employees		
Perceived present state of health (discreet, not good, bad)	19.8	39.3	0.000	2.653 (1.529-4.603)
Depressed (often, very often)	16.7	36.4	0.000	3.589 (1.985-6.490)
Sleeping problems (sometimes, often, very often)	45.6	81.0	0.000	6.036 (3.316-10.989)
Stressed (often, very often)	31.3	47.2	0.002	2.373 (1.422-3.960)
Low back pain (often, very often)	15.7	28.8	0.002	2.241 (1.236-4.065)
Other muscular and articular pains (sometimes, often, very often)	26.3	68.7	0.000	5.897 (3.423-10.160)
Stiffness of the neck, shoulders (often, very often)	22.1	35.8	0.003	2.504 (1.417-4.427)
Eyes smarting (often, very often)	14.3	28.0	0.001	2.246 (1.210-4.169)
Headache, migraine (often, very often)	19.4	22.1	NS	1.393 (0.761-2.553)
Takes tranquilizers and/or antidepressants and/or sleeping pills (sometimes, often, very often)	12.9	33.3	0.000	3.793 (2.068-6.957)
Takes painkillers (sometimes, often, very often)	25.3	38.7	0.006	2.203 (1.278-3.798)
Takes stimulants, tonics, vitamins etc. (sometimes, often, very often)	26.7	53.1	0.000	5.174 (2.971-9.008)
Takes homeopathic and herbalist products (sometimes, often, very often)	30.9	46.9	0.001	2.883 (1.678-4.951)
At least 1 medical examination in the last 12 months (YES)	42.3	47.5	NS	2.557 (1.424-4.591)
Medical examinations in the last 12 months: (2 or more exams)	67.0	82.1	0.001	1.511 (0.917-2.489)
Gave up treatment so as not to be absent from the workplace (YES)	11.1	45.1	0.000	9.755 (4.911-19.374)

NS = the difference is statistically non-significant

(*) = category of reference "Employees" (value = 1). Model adjusted for sex, age and level of education

P.S. The indicators relating to morbidity refer to the "last 12 months", those to consumption to the present situation.

Figure 1 PREVALENCE [%] OF THE PRESSURES PERCEIVED AS "IMPORTANT" IN WORKING AND PRIVATE LIFE

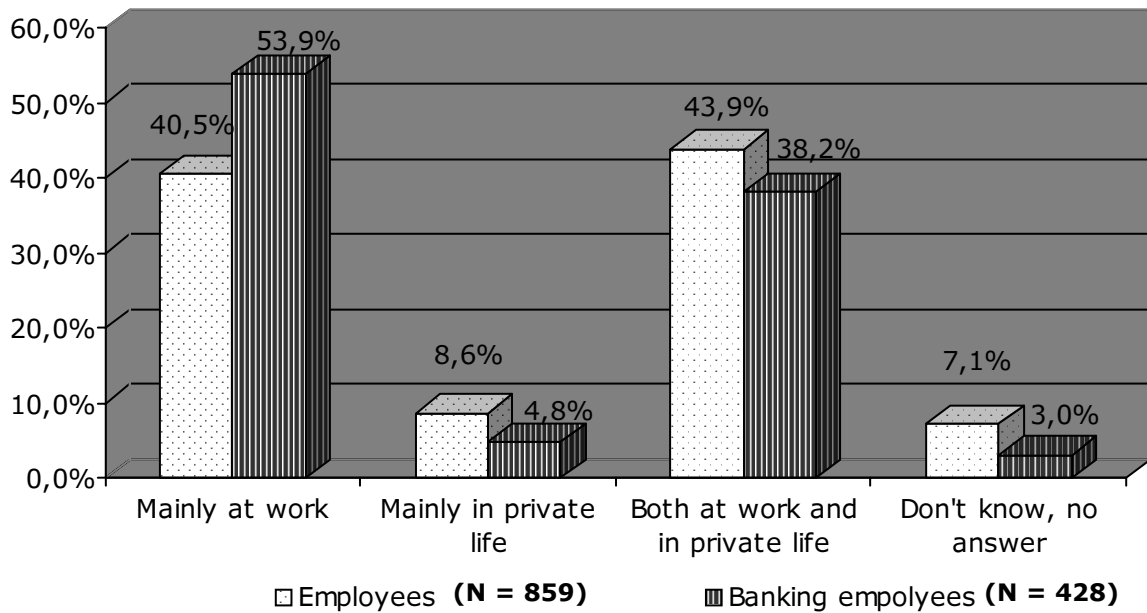


Figure 2 PREVALENCE [%] OF SUBJECTS EXPOSED AT WORK TO SOME DETERMINANTS OF STRESS

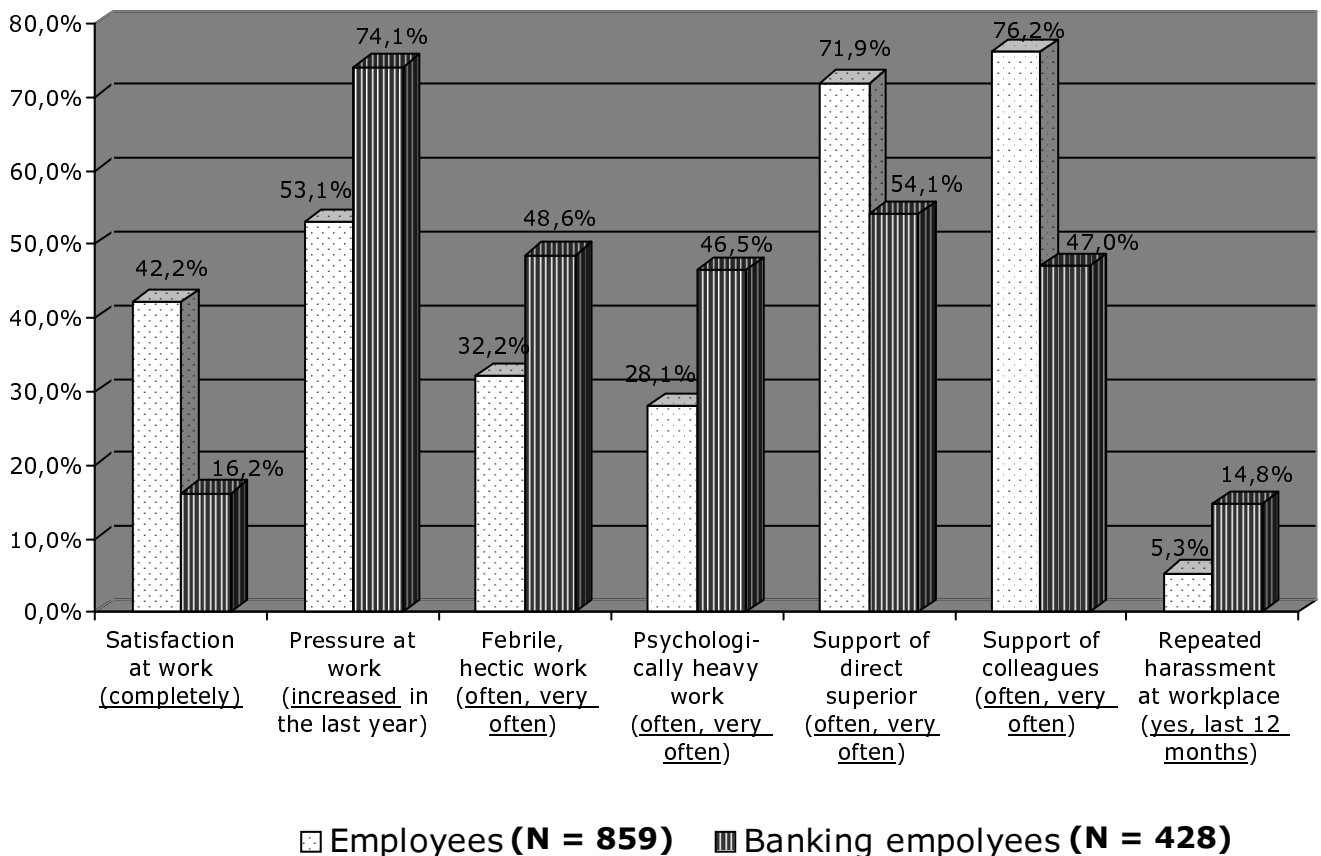


Figure 3 PREVALENCE [%] OF SUBJECTS WHO FEEL STRESSED (OFTEN AND VERY OFTEN) AND EXPERIENCE A "MEDIUM TO HIGH" LEVEL OF FEAR OF LOSING THEIR JOBS

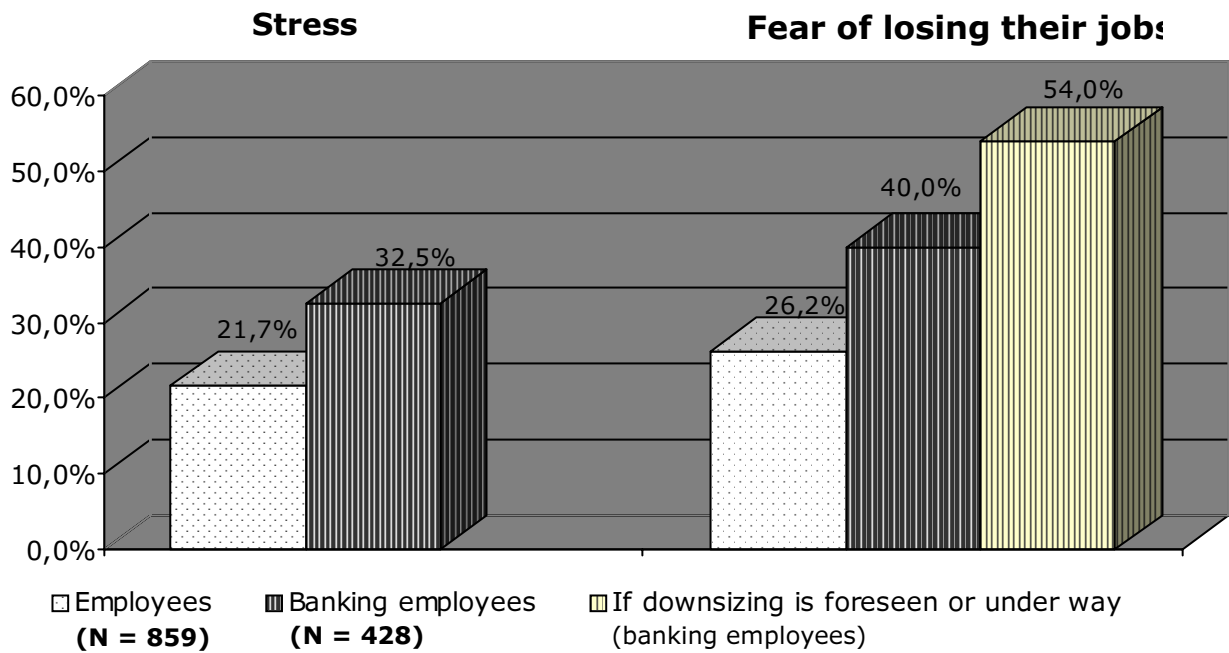


Figure 4 PREVALENCE [%] OF SUBJECTS WHO FEEL DEPRESSED (OFTEN OR VERY OFTEN)

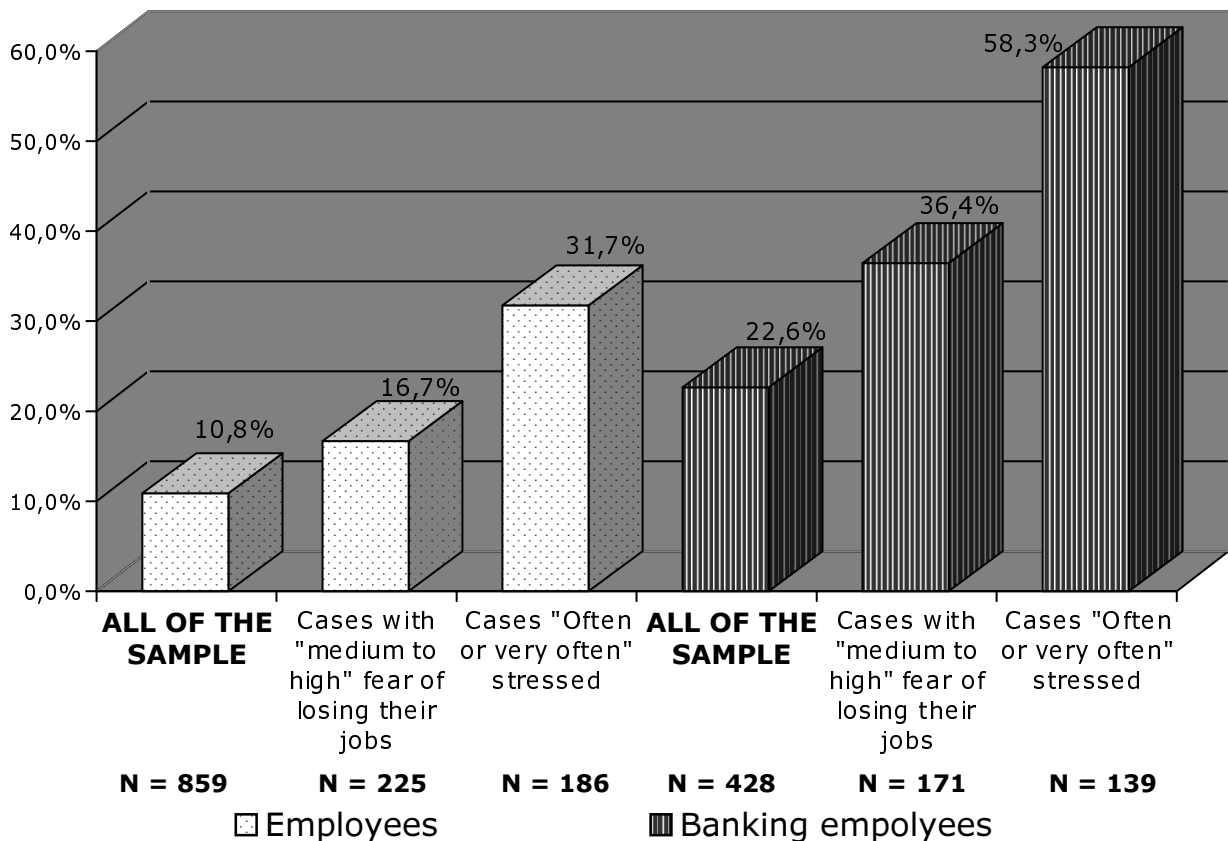


Figure 5 PREVALENCE [%] OF CONSUMPTION OF TRANQUILLIZERS AND/OR ANTIDEPRESSANTS AND/OR SLEEPING PILLS (SOMETIMES, OFTEN, VERY OFTEN)

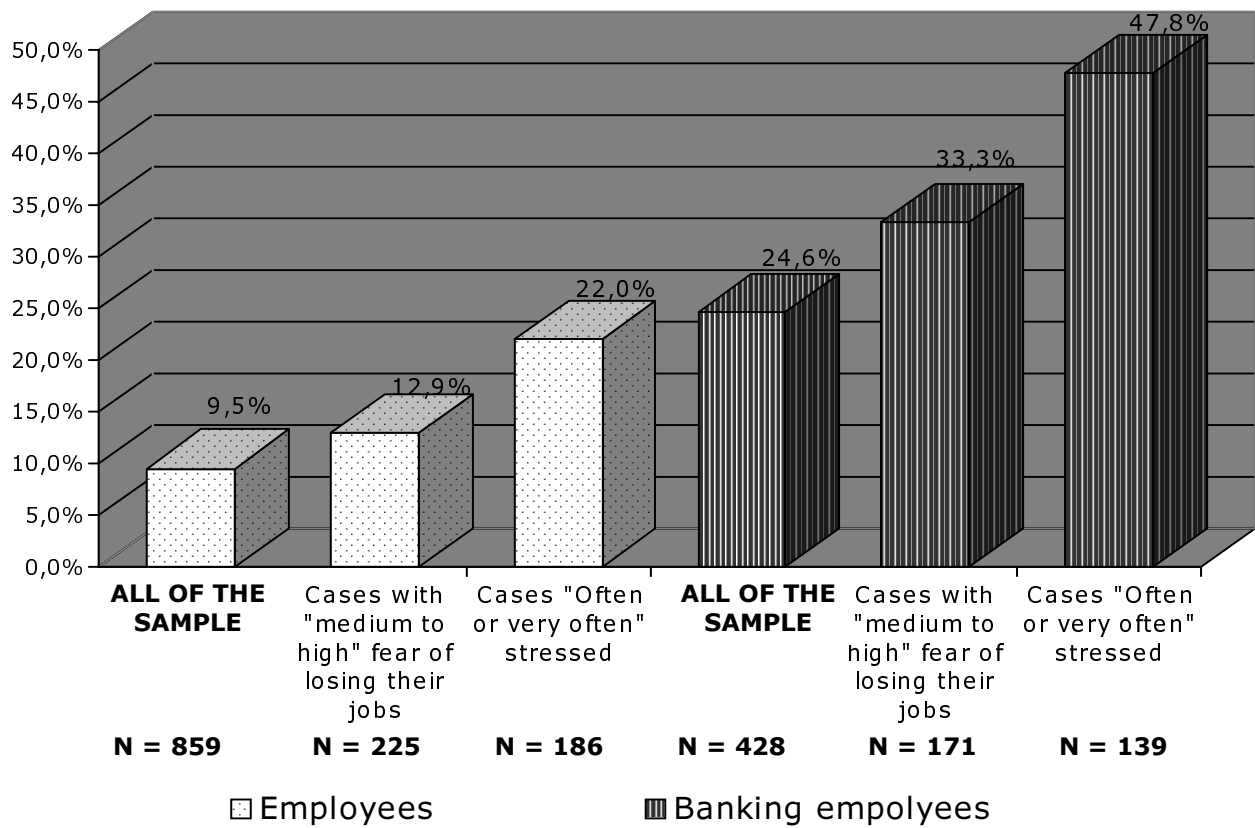


Figure 6 PREVALENCE [%] OF SUBJECTS WHO DECLARE THEY HAVE LOW BACKPAIN "OFTEN VERY OFTEN"

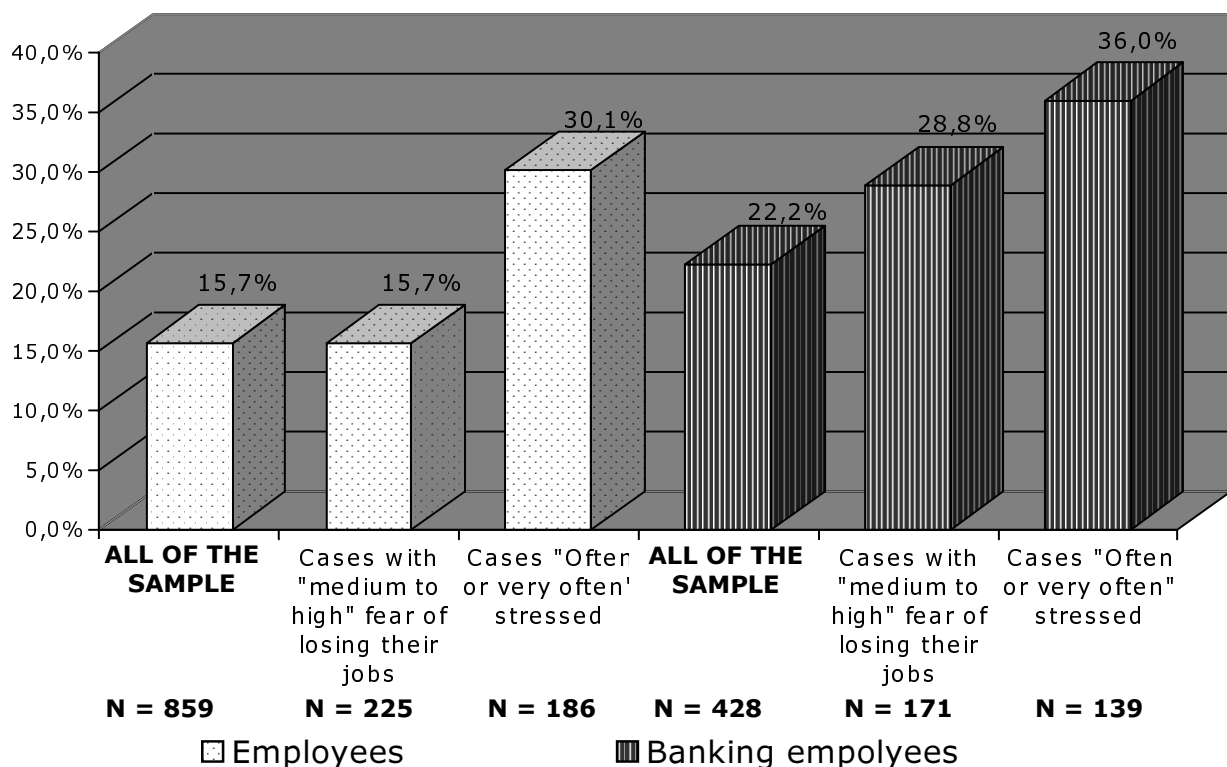


Figure 7 PREVALENCE [%] OF SUBJECTS WHO SAY THEY HAVE GIVEN UP TREATMENT SO AS NOT TO BE ABSENT FROM THE WORKPLACE

