

Lifestyle factors relate to symptoms of pain and fatigue among health care workers.

H. Ingemar Andersson, Åsa Bringsén, Göran Ejlertsson
Department of Health Sciences, Kristianstad University, Kristianstad, Sweden

Conclusion

- Pain and fatigue are common symptoms among care workers.
- Individual factors of lifestyle and social context seem to be important in relation to the report of pain and fatigue.
- Health promotion activities directed to lifestyle factors need to be integrated with measures of the work place.

Background

Increasing prevalence of pain and fatigue in the working population has been related to physical and psychosocial strains. Changes of work situations and work content could partly explain the rise. The influence of lifestyle factors needs further studies.

Aim

To explore the importance of lifestyle factors in relation to report of pain and fatigue in a working population.

Study population

A sample (n = 364) of health care workers (persons on sick-leave excluded) at a Swedish hospital. Distribution by age, gender and profession in tab 1.

Methods

Cross sectional study with a comprehensive questionnaire covering perceptions of workplace, social context and individual factors including lifestyle. The response rate after two reminders was 72%. The daily reports of pain and fatigue were used as dependent variables in logistic regression models to calculate odds ratios for associated factors.

Results

Daily pain (during the last four weeks) was reported by 23% (95% CI, 18-28%), and during the same period 34% (95% CI, 28-40%) reported fatigue. Pain was most frequently located in neck and back (fig). The regression models showed that pain report was related to daily smoking, low level of physical exercise and low social participation. Reports of fatigue were related to pain, depressive feelings, relaxation difficulties and low decision latitude at work (tab 2).

Tab 2. Factors associated with reports of pain (all locations) and fatigue during the last four weeks. Results presented as odds ratios from logistic regression models.

Factor	Pain report OR (95% CI)	Factor	Fatigue report OR (95% CI)
Age group 20-39	1,0	Age group 20-39	1,0
40-49	2,7 (1,2-6,2)	40-49	1,3 (0,6-2,6)
50-64	4,1 (1,8-9,5)	50-64	0,9 (0,4-2,0)
Low physical exercise	2,4 (1,4-4,3)	Depressive (last four weeks)	3,3 (1,9-5,5)
Daily smoking (ever)	1,6 (1,0-2,6)	Relaxation difficulties	3,2 (1,9-5,3)
Low social participation	2,3 (1,3-5,2)	Low decision latitude at work	2,5 (1,5-4,2)
Low support at work	2,0 (1,1-3,3)	Daily pain report	3,4 (1,9-5,9)



Tab 1. Age, gender and professions (%) in relation to the survey response

	Ages					Gender		Professions			
	20-29	30-39	40-49	50-59	60-64	Female	Male	Nurse	Assistant nurse	Physician	Other*
Responders (n = 262)	13	25	32	23	7	92	8	43	46	3	8
Non-responders (n = 102)	12	30	30	20	8	98	2	47	49	1	3

*Other professions include: assistant, secretary, physical therapist, dietician

Questionnaire: included perceptions of the workplace (demands, control, support, physical load, overtime, organisational changes), the social context (family, housing, leisure time, social support) and individual factors (age, gender, smoking, snuffing, physical exercise, weight, self-esteem, report of symptoms, quality of life and well-being).

Pain prevalence was measured with a question on frequency (daily, a few times a week, occasionally, never) of pain perception during the last four weeks. Pain report could be given for the following locations: head, neck and back, abdomen and in muscles and joints.

Fatigue prevalence was captured with a six-graded question marked from alert to exhausted. Fatigue was defined by the report of either two steps close to exhausted during the last four weeks.

Prevalence (%) of daily pain last four weeks by location (n = 262)

