



12th EAOHP Conference

Occupational Health Psychology in Times
of Change: Society and the Workplace

BOOK OF PROCEEDINGS

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The fit of the final model was acceptable (chi-square=498, df=304, $p<.01$, CFI=.929, SRMR=.054, RMSEA=.048). Burnout was directly predicted by negative rumination ($\beta=.49$, $p<.001$), positive rumination ($-.31$, $p<.001$) and job control ($-.16$, $p<.05$). Sleep quality was predicted by negative rumination only ($-.28$, $p<.001$). Relaxing-substance abuse was predicted by negative rumination (.26, $p<.01$) and demands (.16, $p<.05$). Positive rumination was neither predicted by control nor demands. Negative rumination was predicted by both demands (.15, $p<.05$) and control ($-.21$, $p<.01$). Control was not related to demands. Negative rumination was correlated with positive rumination (.24, $p<.05$). Sleep quality was negatively correlated with relaxing-substance abuse ($-.19$, $p<.05$) and burnout ($-.22$, $p<.01$). Relaxing-substance abuse and burnout were not related, however.

Unfortunately, due to the cross-sectional nature of the sample no causal interpretations can be done. There is some support for the assumption that positive rumination could be as positive as negative rumination is negative: both are related to burnout in the assumed direction. Overall explained variance in burnout was 37%, which is considerable. Sleep quality and relaxing-substance abuse are only predicted by negative rumination, however. Although the substance abuse is done in order to relax, it seems to be detrimental for a good recovery as shown in the negative association with sleep quality. Somewhat surprisingly, the effects of working conditions on negative rumination were quite small and not even significant for positive rumination.

P55: Study of Burnout among Physicians of University Hospital Centre of Sidi Bel-Abbès City (Algeria)

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Introduction: Burn-out reflects emotional exhaustion, depersonalization and reduced personal accomplishment that appear in individuals professionally involved with others.

Objectives: The objectives of this research were to estimate the prevalence of burnout among practicing physicians in the various services of the University Hospital of Sidi Bel Abbes, and to identify the sociodemographic factors, the professional and the personal correlates of the three components of burn-out.

Method: A cross-sectional descriptive study was conducted from December 2014 to May 2015 with 542 physicians in University Hospital Centre of Sidi Bel-Abbès city. The investigation support is an anonymous questionnaire self in two parts: The first part evaluated the characteristics of physicians; the second part evaluated burnout using Maslach Burnout Inventory (MBI) in its French version (Canoui, 2008).

Results: The response rate was 50.36%, with a female predominance (58.8%). More than half of the population were single (53.8%) with a mean age of 31.19 ± 5.18 years. The main somatic complaints included headaches (53.8%) and sleep disorders (52.3%). Over two thirds of our population (72.9%) were affected by burnout, of which 67% had high levels of emotional exhaustion, 43.5% had a high level of depersonalization, and 55% felt less accomplished in their work.

Conclusion: The phenomenon of burnout is a reality in Sidi Bel-Abbès.