Overt ime Work as a Predictor of a Major Depressive Episode

by Stephanie Chalupka, EdD, RN, PHCNS-BC, FAAOHN

Data from middle-aged civil servants in the Whitehall II Study suggest that working long hours of overtime may predispose workers to major depressive episodes.

The World Health Organization has reported that, by 2030, depressive disorders will be the leading cause of disease burden in high-income countries (Mathers & Loncar, 2006). Beyond the psychic pain and human misery, mental disorders often result in substantial work impairment and lost workdays (Eaton et al., 2008).

Recent prospective studies have suggested that working long hours may increase the risk of new-onset sleep disturbances, psychological distress, and symptoms of depression, anxiety, and decline in cognitive function (Virtanen, Ferrie, et al., 2009; Virtanen, Singh-Manoux, et al., 2009; Virtanen et al., 2011). However, much less is known about the relationship between clinical depression and working long hours.

Virtanen, Stansfeld, Fuhrer, Ferrie, and Kivimaki (2012) analyzed data from the Whitehall II Study to examine the association between overtime work and the onset of a major depressive episode. The Whitehall II Study is a longitudinal, prospective cohort study of British civil servants. A total of 10,308 women and men, 35 to 55 years old and employed in the London offices of the British Civil Service, were recruited to the study in 1985. Virtanen et al. (2012) used the Composite International Diagnostic Interview (CIDI) to assess the onset of 12-month major depressive episode, as defined by the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (American Psychiatric Association, 2000), in a sample of 2,123 British civil servants who were free from psychological morbidity at baseline.

Predictors of the onset of depression were younger age, female sex, lower occupational grade, chronic physical disease, and moderate alcohol use. The odds ratio for depression for participants with alcohol use beyond the recommended limits was 2.19, which was in the expected direction but not statistically significant. Researchers did not identify any robust associations between job strain, work social support, marital status, or smoking and the onset of depression.

However, in an analysis adjusted for sociodemographic characteristics, working 11 or more hours per day was related to a 2.43-fold increased odds of having a major depressive episode compared to working 7 to 8 hours per day. Researchers found no robust associations between marital status, smoking, job strain, or work social support and the onset of depression.

Virtanen et al. (2012) acknowledge that plausible explanations for why working long hours is associated with the development of depression cannot be drawn directly from this study, particularly because the etiology is unknown and assumed to be multifactorial (e.g., biological, genetic, and psychosocial factors). However, they suggest that working long hours may impact mental health through factors such as workplace conflicts, difficulties in unwinding after work, or prolonged increased cortisol levels. They also caution that the effect of working long hours on mental health differs between women and men.

REFERENCES

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