

**A HEALTH SURVEY OF HEALTH PERSONNEL IN THE
EASTERN REGION**

**Department of Public Health
Eastern Regional Health Authority
September 2001**

Table of Contents	Page
Acknowledgements	3
1. Executive Summary	4
2. Introduction	9
3. Methodology	10
3.1 Response	11
3.2 Demography of respondents	11
4. Results	14
4.1 General health	14
4.2 Exercise	23
4.3 Tobacco	26
4.4 Alcohol	29
4.5 Other substances (drugs)	33
4.6 Diet	34
4.7 Injuries	40
4.8 Stress and stress management	44
5. Conclusions	49

References

Acknowledgements

This report is the result of a major collaborative effort on the part of many people:

- The staff who took the time to complete the questionnaire; without their co-operation there would have been no survey. We hope all staff find the survey results useful. We look forward to seeing this survey being used as a basis to further develop health promotion initiatives in the workplace which can benefit everyone
- The Management Team of the former Eastern Health Board who agreed to the survey being undertaken
- The Finance Department of the former Eastern Health Board who provided the information for the sampling to take place
- Many staff from the Department of Public Health worked together to ensure the smooth running of different parts of the study including Ms. Deirdre Carey, Dr. Emer Shelley, Dr. Patrick O Sullivan, Dr. Annette Rhattigan, Dr. Mary Ward, Dr. Miriam Owens and Dr. Marie Laffoy.
- We gratefully acknowledge the advice and support of Dr. Fiona Donnelly, Department of Occupational Health and Safety especially during the planning and fieldwork stages
- We are especially grateful to Mary O' Regan, Samantha Dunne and Natasha Bromley for providing secretarial support.

1. Executive Summary

This survey of staff health was conducted between 1999 and 2000, around the time of the establishment of the Eastern Regional Health Authority (ERHA). At the start of the survey the Eastern Health Board (EHB) was in existence and was one of the biggest national employers, with over 11,000 employees. In March 2000 the EHB was replaced by the ERHA, the Eastern Health Shared Services (EHSS), the Northern Area Health Board (NAHB), the South West Area Board (SWAHB) and the East Coast Area Health Board (ECAHB). The staff who took part in this survey were employed by the EHB up to March 2000 and from that were employed by one of the five new organisations.

The purpose of the survey was to obtain baseline information on the health and lifestyles of the staff that could be used to identify opportunities for health promotion. The survey was questionnaire-based and was modelled on previous national surveys so that comparisons could be made with the general population.

Of the 11,661 staff members on the payroll at the time, a random sample of 2,000 (17.2%) was surveyed, stratified by age and sex to include 500 males and 500 females under and over the age of 40 years. Just over half responded (1,017, 59%) of which 56.5% were female and 55.6% were over 40 years of age.

The main results are summarised under the following headings:

Demography

- Two-thirds were married or co-habiting
- Over 70% owned their own home, the majority with a mortgage
- Almost 70% lived in Dublin
- Three-quarters worked on a full-time basis and almost 40% were on temporary contracts
- 42% were nurses, reflecting the workforce
- More than three-quarters attended tertiary level education and 15% had post-graduate training.

General Health

- 69% considered their health to be good
- 54% felt that the main factor needed to improve health was stress reduction
- One-third had been told by their doctor that they had a serious health problem, of which one-third had high blood pressure
- Over one-third believed that they were overweight. Most respondents said they would avail of weight reduction programmes if offered in the workplace
- Body mass index (BMI) was calculated for each respondent; 51% were within normal weight for height, 37% were overweight and 12% were obese. Those in the overweight and obese category tended to underestimate their weight category
- 57% wore glasses or contact lenses and one-third had an eyesight check in the previous year but, of those who used a computer, 75% never had a VDU eye test
- 60% receive a dental check-up every one or two years
- Of those who are sexually active, 43% always use contraception
- 48% of females had a cervical smear test within the previous three years
- Only 40% of females of childbearing age take folic acid supplements
- In relation to health information, most staff receive it from the media.

Exercise

The national health promotion target states that: *a person needs to exercise at least moderately for more than 20 minutes, 3 times a week for it to be of benefit to them.*

- One-half of the respondents stated that they did this level of exercise
- Only 15% felt that their work was very physically active and one-third said that their work was not physically active at all
- In relation to travelling to work, 75% used a car
- Only 10% said that they have exercise facilities at work and 40% have access to shower facilities at work

Tobacco

- 21% were regular smokers
- The average number of cigarettes smoked per day was 15
- Almost 50% of smokers tried to quit 2-3 times within the past two years
- Most smokers wanted to quit and over half said they wanted to do so within the next year

- Of those who wished to quit:
 - 84% said more willpower was needed
 - 40% said less stress would help and
 - 32% felt that specific smoking cessation assistance was needed.
- Of all respondents, two-thirds found environmental tobacco smoke (passive smoking) bothersome and they were mostly exposed in pubs / clubs, and at work
- One-third said that they were exposed to other peoples' smoke on most days at work and that specific restrictions were needed in the workplace.

Alcohol

- 88% drank alcohol regularly and 5% never drink
- Younger females were more likely to drink than older females
- 70% said that they have a drink in a typical week; this was more common in males
- Of those who drink every week, 60% do so on 1-2 days, 33% on 3-4 days and 9% drink 5 or more days a week, with males drinking more frequently than females
- 20% said that they drink more than 6 units per day on the days that they drink
- 16% of females and 24% of males were exceeding the recommended healthy limits of 14 units and 21 units of alcohol per week
- 25% said they had experienced problems as a result of someone else's drinking e.g. verbal abuse (13%); this was more common in females than males
- 12% said that they had experienced family or marital problems as a result of someone else's drinking and 5% said they had experienced problems in the workplace as a result of someone else's drinking.

Other substances (drugs)

- Participants were asked about their use of specific drugs i.e. cannabis, non-prescribed drugs (tranquillisers, sedatives, strong painkillers/ anti-depressants), LSD, heroin, ecstasy, other drugs by injection, solvents and magic mushrooms
- Only 78 respondents (7.7%) reported recent use of these substances
- 29 respondents (2.9%) had used cannabis
- 22 (2%) used non-prescribed tranquillisers and 19 (2%) used non-prescribed pain killers in the previous 30 days

- Over 92% of respondents never used any of these drugs. Of the 78 individuals who did use any of these drugs, it was primarily painkillers and sedatives that were being used.

Diet

Most staff (69%) had their mid-day meal in the staff canteen, 21% had their breakfast and 16% their evening meal at work.

In relation to specific foods:

- 44% ate boiled or baked potatoes 4-6 times per week
- 36% ate chips or roast potatoes 2 or more times per week
- 30% ate rice and pasta 2 or more times per week
- 23% ate fish 2 or more times per week
- 42% ate fried food 2 or more times a week
- 68% ate take-away food one or more times per week.

Injuries

- One-fifth sustained an injury within the previous 2 years that was serious enough to interfere with their daily activities, males more than females (26% vs 16%)
- One-third of these injuries occurred in the workplace, 27% at home and 19% during sport activities
- The main causes were being 'hit, struck, or bumped' (26%), strains (25%) and falls (21%)
- Nurses incurred 44% of the injuries that occurred in the workplace
- 45% of injuries were treated by a GP
- 85% always wore their seat belts when driving or using a car, females more than males (88% vs 80%)
- 44% said they always or sometimes drove above the speed limit, males more than females (57% vs 32%)
- 20% reported driving a car soon after consuming 3 or more alcoholic drinks, males more than females (29% vs 10%)
- Of the 305 respondents who rode a bicycle, only 15% always wore a helmet.

Stress and stress management

- More than 90% said that they suffered from stress

- The main reasons for stress were family issues (66%) and pressures at work (62%).
- Less than 10% said they would discuss their stress problems with a counsellor or social worker, but two-thirds frequently discussed stress-related problems with friends and family
- Only 2.4% said they would use medication to cope with their stress
- Stress associated with travel to work was described as a problem for two-thirds of staff

2. Introduction

The aim of this questionnaire-based survey was to obtain information on the health and lifestyles of staff and to highlight health issues that staff consider important. The survey provides new information about the health status of staff, as perceived by themselves. The results should be of value in identifying opportunities for health promotion and in appropriately targeting such initiatives. The results also serve as a baseline against which issues relevant to staff health can be measured over time.

The survey was conducted between 1999 and 2000, around the time of the establishment of the Eastern Regional Health Authority (ERHA). The participants were a random sample of staff that were employed by the Eastern Health Board up to March 2000 and which was replaced by the ERHA, the Eastern Health Shared Services (EHSS), the Northern Area Health Board (NAHB), the South Western Area Board (SWAHB) and the East Coast Area Health Board (ECAHB).

The Irish health strategy, 'Shaping a Healthier Future', (1994) and the Health Promotion Strategy (1995) set health promotion targets in key areas related to personal health. Though many of those targets were to have been achieved before 2001, they are the most up to date targets currently available and the relevant target is quoted at the beginning of each section of the results so that comparisons can be made with these survey findings.

3. Methodology

This survey of staff health was conducted during 1999 and 2000 among employees of the former EHB who subsequently came to be employed by the ERHA, EHSS, NAHB, SWAHB or the ECAHB (from March 2000). The main objective was to obtain baseline information on the health and lifestyles of staff which could be used for health promotion programmes. A Staff Health Survey Committee was established to oversee the study, with representation from the Departments of Public Health and of Occupational Health and Safety.

The survey was conducted by a questionnaire based on previous relevant surveys, i.e. the Survey of Lifestyle, Attitudes and Nutrition (SLÁN), the Kilkenny Health Project and the Health Survey of Young Men. The questionnaire contained a section about the respondent's personal details and eight separate sections, which covered the areas of general health, exercise, tobacco, alcohol, other substances (drugs), diet, injuries, and stress and stress management.

Permission to carry out this survey was obtained from the management team of the former Eastern Health Board. Approval was sought and obtained from the Ethics Committee of the James Connolly Memorial Hospital. All heads of discipline were informed about the survey which was also advertised by means of posters, a newsletter and flyers. In addition, a prize of £500 was offered to one randomly chosen staff member who returned a completed questionnaire.

A representative cross-section of the staff working in the former EHB at the time of the study was surveyed. There were 11,661 staff members on the payroll at that time. From this, a random sample of 2,000, stratified by age and sex, was chosen to include 500 males and 500 females under and over the age of 40 years.

The questionnaire was self-administered and was distributed by post to the selected staff members. Freepost addressed envelopes were provided for the anonymous return of completed questionnaires. Respondents were also asked to return a signed postcard

to a different address. This enabled non-responders to be followed up while retaining the anonymity of the returned questionnaires. These non-responders received two reminders. A telephone help-line operated throughout the study. The confidentiality and anonymity of the respondents was ensured throughout all stages of the study.

A pilot study of 40 employees was initially undertaken. This was to assess the appropriateness of the questionnaire in terms of content and length. Following this pilot study, the questionnaire was shortened and minor amendments were made to the wording of some questions. The cut-off date for the receipt of completed questionnaires was 31st July, 2000. Questionnaires received after this date and two inadequately completed questionnaires were not analysed

3.1 Response

The total eligible sample was the 11,661 staff members on the payroll in January 2000. From this, a random sample of 2,000 staff members (17.2%), stratified by age and sex, was chosen to include 500 males and 500 females under and over the age of 40 years. 1,017 questionnaires were returned, representing a 50.9% response. The response rate was higher for females than males, 56.5% vs 45.2%. It was also higher in the older age group, being 55.6% for those over 40 compared with 46.1% for those under forty.

Manual checks were carried out on all eligible questionnaires (n=1,017) to ensure completeness prior to the computerisation of the data by a private company. SAS software was used for validation and analysis of the data.

3.2 Demography of Respondents

While the stratified random sample of staff members was chosen to include 500 males and 500 females above and below 40 years of age, there were more female than male respondents, 55.6% vs 44.4%. The age/gender breakdown of the respondents is given in figure 1 and table 1.

Figure 1

Table 1 Respondents by gender and age group

Age group	Male (%)	Female (%)	Total (%)
18-34 years	97 (21.5%) (29.1%)	236 (41.8%) (70.9%)	333 (32.7%) (100%)
35-49 years	238 (52.7%) (56.1%)	186 (32.9%) (43.9%)	424 (41.7%) (100%)
50 years and over	108 (23.9%) (43.7%)	139 (24.6%) (56.3%)	247 (24.3%) (100%)
Not known	9 (2.0%) (69.2%)	4 (0.7%) (30.8%)	13 (1.3%) (100%)
All ages	452 (100%) (44.4%)	565 (100%) (55.6%)	1017 (100%) (100%)

Two-thirds of respondents were married or cohabiting, just over one-quarter were single and the remaining 5% were divorced, separated or widowed. More than 70% owned their own house, the majority with a mortgage. The remainder lived in rented accommodation.

Almost 70% lived in Dublin City or County. The remainder lived in Kildare (13.9%) and Wicklow (6.9%) with a significant proportion (10%) living in Meath or another adjacent county. Just over three-quarters of the staff worked full-time, 20% worked part-time and 3% were job-sharing. Almost 40% were on temporary contracts. The job descriptions of respondents mirrored the workforce of the organisation(s) with the majority, 42%, being nurses, 22% working in administration, 9% were paramedical, 6% were medical, dental or pharmacists, 6% worked in management and the remaining 3% working as technicians or in maintenance.

Figure 2

Two-thirds of the sample completed full-time education by 19 years of age. One-third went on to full-time further education. Overall more than three-quarters attended third level education, often in a part-time capacity. More than a quarter attended nursing school and 15% did postgraduate training.

4. RESULTS

4.1 GENERAL HEALTH

The Irish health strategy, 'Shaping a Healthier Future', (1994) and the Health Promotion Strategy, (1995), set health promotion targets in key areas related to personal health. The relevant target is:

Health Promotion Target

To develop health promotion programmes in school, community, workplace and health service settings so as to promote health at a local level.

'Shaping a healthier future'; Department of Health, 1994

Perceptions of Health

The majority of the respondents (69%) considered their health to be excellent or very good, the proportion being higher for women than men (74% vs 63%). The oldest age group was least likely to perceive their health as excellent or very good.

Figure A - 1

When asked about improving health, more than half believed that less stress would improve their health. A third thought that changing their weight would help and almost a third thought that having more willpower would. A quarter felt that reducing the time they spent in smoky places would help and a similar proportion felt that reducing pollution would improve their health. Ten percent felt that their health would improve if they changed their job.

Table A - 1: What would improve the respondent's health status?

Less Stress	Change Weight	More Will-Power	Less time in smoky places	Less Pollution	More Money	Regular Health Checks	Different Job
54%	34%	31%	26%	25%	16%	12%	10%

Significantly more men than women believed that spending less time in smoky places would improve their health (35% vs 19%). Men more than women also felt that less stress, changing their weight and less pollution would improve their health, while more women considered that extra willpower would help. Almost one-fifth felt that their health was fine as it was.

Figure A - 2

These results are similar to the findings in the SLAN survey (1999), where the top three ways to improve health were believed to be reducing stress, more willpower and changing weight. However, in the SLAN survey, reducing pollution was not identified as a priority for improving health nationally, but it was prioritised by those surveyed in the Eastern Region at that time.

Table A - 2: What would improve the respondent's health status? - Comparison with SLAN survey

Survey	1	2	3	4	5
ERHA Staff Health	Less Stress (54%)	Change in Weight (34%)	More Willpower (31%)	Less time in smoky places (26%)	Less pollution (25%)
Slán - EHB region	Less Stress (49%)	More Willpower (36%)	Change in Weight (31%)	Less Pollution (24%)	More Money (23%)
Slán - National	Less Stress (42%)	More Willpower (36%)	Change in Weight (31%)	More Money (21%)	Regular Checks

Comparing perceptions of requirements for better health between smokers and non-smokers, significantly more smokers felt that they needed more willpower, while more non-smokers felt that less time in smoky places and less pollution would improve their health.

Figure A - 3

Almost 92% of respondents reported a good or very good quality of life and only 0.6% considered it to be poor or very poor.

Health Information

Two-thirds said they obtained health information from the media and surprisingly, given the nature of the organisation(s), less than half said that they got health information in the workplace. One-third got health information from their GP and other health professionals and almost a quarter got it from their family / friends. The then EHB Health Promotion Department was the source of health information for just over one-fifth of the respondents while the Occupational Health and Safety Department was given as a source by less than 10%, with other workplace sources being reported by another 5%. The Health Promotion Unit of the Department of Health and Children was referred to by 13% and other health organisations by 19% as sources of health information.

A greater proportion of women stated that the GP, family / friends and other health organisations were sources of health information, whereas more men got health information in the workplace and from other health professionals.

Table A – 3 Health Information Sources by Gender

Source	Male %	Female %	Total %
Media	66.7	65.0	65.8
Workplace	50.8	45.1	47.6
GP	33.3	40.4	37.2
Other health professionals	34.6	28.3	31.1
Family/friend	21.8	25.6	23.9
Health Promotion Department	24.3	19.3	21.5
Other health organisations	18.2	19.3	18.8
Health Promotion Unit of the Department of Health and Children	16.9	10.6	13.4
Occupational Health and Safety Department	9.9	7.4	8.5
Other workplace sources	8.3	2.9	5.3
Other	8.5	9.0	8.8

Those under 35 years of age were more likely to get health information from their GP or from family / friends and were less likely to get it from the workplace than those in the older age groups. These findings are similar to those of the SLAN survey (1999), except that the workplace was ranked higher as a source of health information by EHB / ERHA staff.

Table A - 4: Where do respondents get health information? - Comparison with Slán survey.

Survey	1	2	3	4	5
ERHA Staff Health	Media	Workplace	GP	Other health professionals	Family & friends
Slán - EHB region	Media	GP.	Family & friends	Workplace	Other health professionals
Slán - National	GP.	Media	Family & friends	Workplace	Health Board Health Promotion Unit

Health checks

Almost half of the respondents (45%) said that they have regular health checks or treatment and 70% of these attend their own doctor for this purpose. Small numbers attend other places such as a hospital, the mental health services or a family planning clinic.

Long-term illness, health problem or disability

More than one in eight respondents (125, 13%) reported suffering from a long-term illness, health problem or disability. The majority of these (62%) had a physical disability.

In addition, 34% said that a doctor had told them they had a serious medical condition of which one-third had high blood pressure, 20% had arthritis, 18% anxiety, 17% high cholesterol and 17% depression.

Table A - 5: Percentage of respondents with a serious medical condition

Condition	%
High blood pressure	30.9
Arthritis	19.9
Anxiety	17.9
High cholesterol	17.3
Depression	16.6
Chronic respiratory disease	4.2
Diabetes	3.6
Epilepsy	3.6
Heart attack	2.6
Angina	1.3
Stroke	0.3
Other	29.6

Blood pressure

Almost 70% of respondents had their blood pressure (BP) checked within the previous year (61% male and 75% female) - 40% within the last three months.

Figure A - 4

Regarding blood pressure, 70% thought it was normal, 9% thought it was low and a further 9% did not know the level. However, 4% said their blood pressure was high and 9% that it was borderline. More than a quarter of those who thought they had high blood pressure were not on treatment and 60% of those whose blood pressure was borderline were not being monitored.

When asked the actual level of their blood pressure, almost half of the staff (48%) did not know what it was. Of the respondents who gave a value for their systolic blood pressure, more than 20% stated that it was equal to or greater than 140 mmHg., while 15% of those who reported a value for their diastolic blood pressure said it was equal to or greater than 90 mmHg.

Cholesterol

More than half of the respondents never had their blood cholesterol measured.

Figure A - 5

Almost two-thirds (60%) did not know their cholesterol level. Of the respondents who claimed to know their cholesterol level, only one-third were able to give its value and 58% of the reported values were greater than 4.9 mmol/l., the upper limit for the normal range for cholesterol levels.

Weight

Regarding weight, 35% believed that they were overweight and 2% thought they were obese. Almost 60% felt that they had an acceptable weight but 3% considered themselves underweight.

Figure A - 6

More than 40% stated that they would avail of weight loss support if it were offered through work and another 30% thought that they might avail of it. In particular, almost two-thirds of those who thought they were overweight or obese said that they would avail of weight loss support in the workplace.

Eye Sight

Over half (57%) admitted to wearing glasses or contact lenses some or all of the time. Over one-third (39%) had an eyesight test within the previous year and another 41% were tested within the previous four years. However, 17% had not been tested within the previous five years and 3% said they never had an eyesight test.

Figure A - 7

Of the approximately 50% of respondents who reported using a computer for work, 12% had a VDU eye test within the previous year, 7% had a VDU test within the previous four years and a further 5% had been tested 5 years or more previously. Three-quarters never had a VDU eye test.

Figure A - 8

Of the 515 respondents over 40 years of age, almost a third (30%) had a glaucoma check within the previous year and another 26% within the previous four years. However, 41% of those over 40 years reported that they never had a glaucoma check.

Hearing

Regarding hearing, the majority (83%) had no difficulty following a TV programme at a reasonable volume but 14% reported a little difficulty following a programme at a volume acceptable to others, while 3% had moderate difficulty and 1% reported great difficulty. In addition, 30% claimed to have difficulty following a conversation because of background noise. Analysis by age group revealed no significant differences or clear trends in those experiencing great or moderate difficulty, but generally the proportion of those reporting a little difficulty in hearing increased with age. The proportion reporting no difficulty in hearing a TV programme at a reasonable volume decreased with age group, 86% in those less than 35 years, 82% in those from 35-49 years and 80% in those 50 years and over.

Only 1.1% of the respondents use a hearing aid some or all of the time.

Figure A - 9

Dental health

Approximately one-quarter of the respondents reported to have no missing teeth. The proportion with no teeth missing decreased with age. Half of those aged 18-34 years of age had no teeth missing, 18% of those aged 35-49 years had no teeth missing and only 4% of those 50 years and older had no teeth missing. Just over half of

respondents had some teeth missing but did not use dentures. One-fifth of all respondents had partial dentures, but this proportion increased significantly with age from 2% in the youngest age group to 21% in the 35-49 years age group and 46% in the oldest age group. A further 2% needed full dentures, 0.5% of those aged 35-49 years and 6% of those 50 years and older.

Figure A - 10

In total, 61% of the respondents had dental checks every year or two, or more frequently. Just over a third (35%) had a check only when in pain or when the need arose and 4% claimed to have never had a dental check. The proportions of those having checks at the above intervals were similar for each of the age groups.

Figure A - 11

Contraception

About 43% of respondents said that they always used contraception when they were sexually active in the past twelve months and a further 18% said that they sometimes did. Just over one-quarter (28%) said they never used protection and 12% said they were not sexually active.

Contraceptive methods used

Answers to this question allowed for more than one method of contraception to be given. Almost two-thirds of respondents (65%) who answered this question said they used condoms, 32% used the contraceptive pill and 10% used natural methods.

Caring role

Almost half of respondents said they had responsibility for one or more children under the age of 18 years, a quarter were caring for a child under five years of age, i.e. pre-school and a further third were caring for a child aged 5-11 years.

Breastfeeding

More than half (55%) of respondents with children breastfed their last child or their partner had, 32% for six months or more, 20% for 4-5 months, 40% for 1-3 months and 8% for less than one month.

Figure A - 12

Cervical Smear

Sexually active female respondents were asked when they last had a smear test. One-fifth had a smear within the past year and another quarter 1-2 years previously. Therefore, 48% of female respondents said they had a smear within the past three years, the optimum screening frequency recommended. A further 33% had a smear at some time in the past. About 19% of sexually active respondents had never had a smear and 90% of these were in the youngest age group.

Figure A - 13

Folic Acid

Women were asked about their folic acid intake. Almost 60% of those of childbearing years said that they never took folic acid, while 13% took it regularly and another 28% took it some of the time.

Figure A - 14

4.2 EXERCISE

The Irish health strategy, 'Shaping a Healthier Future', (1994) and the Health Promotion Strategy (1995), set health promotion targets in key areas related to personal health. The relevant targets are:

Health Promotion Targets

To achieve a 30 per cent increase in the proportion of the population aged 15 years and over who engage in an accumulated thirty minutes of light physical exercise most days of the week by the year 2000.

To achieve a 20 per cent increase in the proportion of the population aged 15 and over who engage in moderate exercise for at least twenty minutes, three times a week, by the year 2000.

'Shaping a healthier future'; Department of Health, 1994

Adequate exercise

Using the Health Promotion Target that a person needs to exercise at least moderately for more than twenty minutes, three times a week for it to be of benefit to them, more than half of the respondents were exercising adequately each week. Almost 55% said they engaged in moderate exercise for more than twenty minutes, three or more times a week.

A slightly higher proportion of male than female respondents reported exercising adequately, 56% vs 53%. The gender difference was only significant in the 18-34 years age group where more males than females undertook adequate exercise, 77% vs 52%. In the other age groups more females than males engaged in adequate exercise. For males, the proportion undertaking adequate exercise decreased with age.

Figure B – 1

Physical Activity at Work

Almost 15% felt that they were very physically active at work, another 40% felt they were fairly physically active, while just over one-third reported that they were not very physically active. The remaining 11% said they were not physically active at all.

There were significant gender differences among those who considered themselves very physically active and not very physically active at work. More females than males thought that their work was very physically active, while more males than females thought that they were not very physically active at work. This may reflect gender differences in the perception of physical activity.

Figure B - 2

Mode of travel to work

Almost three-quarters of respondents travelled to work by car, 8% used a combination of modes including walking, 8% used public transport, 6% walked, 4% used a bicycle and 1% used a motorcycle or moped. Respondents commuting to work from outside Dublin were significantly more likely to use a car than people from Dublin, 88% vs 68%.

Figure: B - 3

One-third of respondents took over 30 minutes to travel to and/or from work.

Of those who walked part or all of the way to work, 52% said that they walked for up to 30 minutes on the way to and from work and 12% walked for more than 30 minutes going to and coming from work.

Almost 90% of respondents did not have access to exercise facilities at work and only 40% had access to a shower at work.

Household Activities

The majority of respondents (60%) engaged in light household work most days of the week, while only 18% engaged in heavy housework with a similar regularity. Heavy household duties were most commonly undertaken once a month. Light household work was defined as activities such as dusting or washing dishes, while heavy housework included tasks such as washing floors and windows, carrying rubbish bags or vacuuming.

Figure: B - 4

When shopping, 82% of respondents used a car, 11% walked and 6% used public transport.

4.3 TOBACCO

The Irish health strategy, 'Shaping a Healthier Future', (1994) and the Health Promotion Strategy (1995), set health promotion targets in key areas related to personal health. The relevant target is:

Health Promotion Target

To reduce the percentage of those who smoke by at least one percentage point per year so that more than 80 per cent of the population aged fifteen years and over are non-smokers by the year 2000.

'Shaping a healthier future'; Department of Health, 1994

Smoking

A total of 21% of respondents were regular cigarette smokers and another 3.5% were occasional smokers. An occasional smoker was defined as a person who smoked an average of less than one cigarette per day. An additional 2% smoked cigars and/or a pipe.

Regular cigarette smokers

Overall, rates for regular smoking were slightly higher for males than for females (22% vs 21%). However, women in the 18-34 years age group were more likely than men in that age group to smoke regularly, 29% vs 27%. In both of the older age groups the rates were slightly higher for males than females.

Rates of regular smoking decreased in both genders with increasing age. The drop in female rates from 29% in the 18-34 year age group to 18% in the 35-49 years age group was statistically significant and the level in the older age group is within the national target. Smoking rates for both genders in those over 50 years were also within this target.

Figure C - 1

The average number of cigarettes smoked each day by regular smokers was 17 for males and 13 for females. There was very little difference in the numbers of cigarettes smoked by either gender in the 18-34 years age group but in the older age groups, males on average smoked more than females.

Table C - 1: Average number of cigarettes smoked daily by regular smokers, by gender and age

	Male	Female	Total
18-34	12.6	12.7	12.7
35-49	19.0	14.7	17.4
50+	18.9	14.6	16.9
All ages	17.1	13.5	15.2

The average number of years of smoking was 16.6 for males and 13.0 for females.

Almost half of the regular smokers claimed to have tried to stop smoking within the last two years, an average of 2.6 times. Another third of smokers had tried to stop smoking more than two years before. However, 22% had never tried to stop.

With regard to their future smoking status, only 3% of regular smokers stated that they wished to carry on smoking, while 52% wanted to stop in the next year and 45% wanted to stop at some stage in the future. More males than females wanted to give up smoking sooner rather than later, with 59% of males wanting to stop in the next twelve months compared to 48% of females.

In total, 84% of regular smokers stated that they would need more willpower to help them stop smoking. Less stress and special schemes/groups were also regarded as necessary to help them stop smoking by 40% and 32% of respondents respectively. A quarter of respondents felt that they needed more confidence in their own ability to stop, one-quarter needed the support of their family / friends to be able to stop and 20% said that they needed to know that they are damaging their own health by

continuing to smoke. The need for smoking policies in the workplace was referred to by 15% of respondents, 11% believed that increasing the price of cigarettes would deter them from smoking, while 6% felt that advice from a doctor or a nurse that they should stop would help them to stop.

Figure C - 2

Almost 79% of regular cigarette smokers smoked in the workplace. Of these, 63% smoked outside of the building where they worked, 37% in the canteen and 30% in their offices.

Environmental Tobacco Smoke

A third of the staff (37%) were exposed to other people's tobacco smoke on most days at work, 41% were exposed at work less regularly and 23% were never exposed.

Two-thirds of respondents (63%) found environmental tobacco smoke bothersome. The majority of respondents were most commonly exposed to smoke in pubs or clubs and in the workplace. However, almost a quarter of respondents were exposed to other people's smoke in their homes. Only 16% were not often exposed to environmental smoke.

Figure C - 3

Almost 90% of respondents were of the opinion that their employer should provide workplace smoking cessation programmes and 99% of respondents felt that there should be restrictions on smoking in the workplace.

4.4 ALCOHOL

The Irish health strategy, 'Shaping a Healthier Future', (1994) and the Health Promotion Strategy (1995), set health promotion targets in key areas related to personal health. The relevant targets are:

Health Promotion Targets

To promote moderation in the consumption of alcohol and to reduce the risks to physical, mental and family health that can arise from alcohol misuse.

To ensure that, within the next four years (by 1998), 75 per cent of the population aged fifteen years and over knows and understands the recommended sensible limits for alcohol consumption. While these limits are subject to ongoing research, the present international consensus is 14 units per week for a woman and 21 units for a man.

To reduce substantially by 2004 the proportion of those who exceed the recommended sensible limits for alcohol consumption.

1 unit = 1 small glass of spirits (whisky, gin, rum, vodka)

Or 1 glass of wine or fortified wine (sherry, port)

Or 1/2 pint of beer, lager, stout or cider

'Shaping a healthier future'; Department of Health, 1994

Drinking Habits

A total of 88% of the respondents said they regularly drank alcohol, that is, they had an alcoholic drink within the last month. This can be compared with a national average of 75% of respondents in the SLAN survey who reported having had an alcoholic drink in the previous month. However, SLAN also noted that the rate of regular alcohol consumption was higher in the East than in the other regions, with

83% of those surveyed in the Eastern Region reporting having had a drink in the last month.

For all age groups, slightly more males than females consumed alcohol regularly. In the SLAN survey, 16% of females and 9% of males reported never drinking, while in this survey only 5% of females and 4% of males reported never drinking.

Figure D – 1 Consumption of alcohol by gender and age.

Number of days in a typical week that respondents drank alcohol

More than 70% of respondents reported that they would usually have had an alcoholic drink in a typical week in the previous year. However, females were less likely than males to have drunk in a typical week, 65% vs 79%, a statistically significant difference.

Younger females were more likely to drink every week than those in the older age groups. However, all male age groups were equally likely to drink within a typical week.

Figure D - 2

Of those who drank alcohol every week, 60% stated that they would drink on one or two days in a typical week. Almost a third said they would have a drink on three or four days in a week and 9% said that they would have an alcoholic drink on five or more days in a week.

Overall, male respondents were more likely to drink more often during a typical week than females. When analysed by gender, drinking on five or more days each week was twice as common among males as females (12% vs 6%) and 34% of males drank on 3-4 days per week compared to 28% of females. A greater percentage of females than males only drank on one or two days per week.

When analysed by age group, both genders were more likely to drink more often in the older age groups.

Figure D - 3

Number of drinks taken on the days that respondents drank alcohol

The mean number of units of alcohol consumed on days that respondents drank was 5.8 for males and 4.5 for females, but 20% of all respondents drank more than six units per day on days when they drank alcohol. Mean consumption was highest in the youngest age group, 6.9 units for males and 6.0 for females.

Table D - 1: Mean number of drinks (units) consumed per occasion by gender and age.

Age group	Male	Female
18-34 years	6.9	6.0
35-49 years	5.4	4.0
50 + years	5.8	4.0
All ages	5.8	4.5

Sixteen per cent (16%) of females and 24% of males were exceeding the recommended healthy limits of 14 and 21 units of alcohol per week respectively. The percentage of males exceeding the recommended limits was highest in the oldest age group, while for females, it was in the youngest age group.

Figure D - 4

Drinking and driving

One in five respondents, who were drivers and who usually drank alcohol in a typical week, stated that during the past year they had driven their car soon after drinking three or more drinks (see section 4.7).

Problems resulting from someone else's drinking

One in four respondents had experienced problems as a result of someone else's drinking. The three most common problems were verbal abuse (13%), family or marital difficulties (12%) and workplace difficulties (5%). Similar numbers of both genders reported having been verbally abused, while almost twice as many females as males reported family/marital problems. Females aged 18-34 years were most at risk in both situations. Twice as many males as females reported workplace problems and more than half of these males were 35-49 years of age.

Figure D - 5: Frequency of problems experienced as a result of other people's drinking by gender and age.

4.5 OTHER SUBSTANCES (DRUGS)

Staff were asked about their use of the following specific substances: cannabis/marijuana; non-prescribed tranquillisers or sedatives; non-prescribed strong painkillers or antidepressants; LSD; cocaine; heroin; ecstasy; drugs by injection; solvents; and magic mushrooms.

Recent Use

Of the respondents, 78 (8%) reported recent use of one or more of these substances i.e. within the past thirty days – 9% of males vs 7% of females. Usage rates were highest in the 18-34 age group for both genders. For males, there was an inverse relationship with age, with less use of these substances in the older age groups.

Figure E - 1

The three most common recently used drugs were cannabis, which was used by 29 (37%) of those reporting recent use of any of these substances, non-prescribed tranquillisers or sedatives, which were used by 22 (29%), and non-prescribed painkillers or antidepressants, which were used by 19 (24%). Cannabis was also the most regularly used drug with two-thirds of users having smoked it on three or more occasions. Of the 78 recent drug users, 24 had used cannabis on its own (31%) and another 5 (6%) had used it in combination with other drugs.

Figure E - 2

Lifetime Use

In addition to those reporting recent use of one or more of these substances, 150 respondents reported using one or more of them prior to the past 30 days, 80% of whom reported use of cannabis only.

4.6 DIET

The Irish health strategy, 'Shaping a Healthier Future', (1994) and the Health Promotion Strategy (1995) set health promotion targets in key areas related to personal health. The relevant target is:

Health Promotion Target

To encourage changes in the Irish diet by the year 2000 so as to include the recommended amount of essential nutrients and to provide the right levels of energy. The need for a reduction in fat consumption and an increased fibre intake in the population should also be addressed.

'Shaping a healthier future'; Department of Health, 1994

Body weight

Using respondents' reported weights and heights to calculate body mass index ($BMI = Wt (Kg) / Ht (M^2)$), just over half of the respondents (51%) were in the normal range ($BMI = 20-24.9$), 37% were overweight ($BMI = 25.0-29.9$) and 12% were obese ($BMI = 30$ or more). In the SLÁN survey, a greater proportion of the respondents were in the category of normal weight (58%), with 32% being overweight and 10% being obese.

Among respondents in this survey, significantly more males than females in each age group reported a body weight that made them overweight or obese for their height. The proportion of those who were overweight or obese increased with age for both men and women. However, the ratio of overweight or obese males to females was lowest in those over fifty years of age.

Figure F - 1

Of the respondents who were obese by BMI, 84% perceived that their body weight was in a more healthy category, i.e. that they were merely overweight or even in an

acceptable weight category. Similarly, 40% of the respondents who were overweight by BMI underestimated their weight, thinking that they were of an acceptable weight. Of the respondents who had an acceptable BMI, 7% thought they were overweight. Most of this latter group were female (91%).

Figure F - 2

Special Diets

Almost one third of the respondents (29%) reported following some sort of special diet. Around 17% of respondents said that they were on a weight reducing diet, 6% were on a cholesterol lowering diet and 3% were on a gluten free diet. Almost 4% of the respondents said they were vegetarians, a small number were vegans (0.3%) and 2% reported that they excluded some food types from their diet, for example, red meat or wheat products.

Respondents who were on a weight reducing diet were more likely to be female (83%) and under 35 years of age.

Figure: F - 3

Where meals are consumed

Two-thirds of respondents (69%) ate breakfast at home and the majority (79%) were usually at home for their evening meal (Table F - 1). However, there was also an important use of the workplace for meals, with one in five respondents (21%) purchasing breakfast at work, in the canteen or in a shop or café, two-thirds (69%) purchasing their midday meal and 16% their evening meal in the workplace. In addition to their main meals, a majority of respondents (80%) also ate snacks during the working day at tea/coffee breaks.

Table F - 1: Where staff consumed meals on working days

Where consumed	Breakfast	Midday meal	Evening meal
	%	%	%
At home	69.0	20.4	79.1
On the way to work	1.7	2.3	0.6
In canteen at work or purchased in shop or café at work	21.1	68.8	16.0
Do not eat this meal	6.7	2.7	1.4
Other/combination	1.5	5.9	3.0

Regarding take-away food, 68% said they ate take away meals at least once every week. The majority of these (50%) only ate take-away food once per week. Males were more likely to eat take-away meals than females and there were significant differences in take-away consumption between the different age groups, with rates declining as age increased.

Figure: F - 4

What foods are consumed

Boiled or baked potatoes were eaten frequently (Table F - 2). One-third of respondents (34%) ate potatoes two or three times weekly, a further 44% ate them four to six times a week, and one in ten respondents ate potatoes seven or more times weekly.

Nearly two thirds of respondents (64%) ate chips or roast potatoes either never or just once a week, 22% ate them twice a week and 14% three or more times a week.

The pattern of consumption of pasta was quite similar to that of rice. Approximately one in four rarely ate these foods, more than 40% of respondents ate these foods once a week, one in five ate them twice a week and one in ten consumed these foods three or more times a week.

Table F - 2: Frequency of consuming selected foods

Food	Times per week/% of respondents			
	0-1	2-3	4-6	7+
Potatoes, boiled or baked	12.4	33.5	43.7	10.3
	Times per week/% of respondents			
	0	1	2	3+
Chips or roast potatoes	20.4	43.7	22.0	13.9
Rice	25.1	47.2	18.3	9.4
Pasta	28.3	41.6	20.6	9.6
Fish	23.4	53.3	17.5	5.7
Chicken	6.0	22.6	33.2	38.2
Other meat	11.4	16.7	21.5	50.3
Fried foods	16.5	41.2	21.2	21.1
	Number per week/% of respondents			
	0	1 – 3	4 - 6	7 +
Eggs	13.8	67.4	16.1	2.7

Nearly one in four respondents (23%) rarely ate fish, 53% ate fish once a week and the remaining quarter ate fish twice or more a week.

Chicken or other meats were consumed two or more times per week by three-quarters of respondents.

Just over 80% of the respondents ate three or less eggs per week, the recommended maximum weekly egg consumption. Overall, males were twice as likely as females to eat more than the recommended quantity, 26% vs 13%, a significant difference. Males in the 35-49 years age group were most likely to eat more than the recommended maximum, with 30% of males in that age group doing so.

Figure F - 5

Just over 10% of respondents ate fried foods four or more times per week compared with 12% of respondents in the SLÁN survey. Males were twice as likely as females to do so (15% vs 7%). There was an inverse relationship with age, whereby the older

age groups for both genders were less likely to eat more than the recommended amounts of fried foods.

Figure: F - 6

On working days, 39% of staff had at least one portion of fruit juice, 78% had at least one portion of fresh fruit, 87% had one or more portions of cooked vegetables and 53% had one or more portions of salad or raw vegetables. Overall, 58% of respondents consumed the recommended daily amount of 4+ servings of fruit and vegetables, lower than in the SLÁN survey where 64% of respondents consumed the recommended amounts. Females were significantly more likely to consume the recommended amounts than males, 66% vs 47%. The proportions consuming at least the recommended number of portions per day declined with age for males, whereas it was highest for females in the oldest age group.

Figure: F - 7

Almost 30% of staff most often used salad cream or mayonnaise, which are high in fat and high in saturated fat. A further 21% most often used low fat salad cream or mayonnaise. Nearly one-third of staff used either French dressing, which would usually contain an unsaturated oil, or they ate a variety of salad dressings.

The percentage of respondents who usually used butter or a dairy spread (58%) was almost the same as that reported in the SLÁN survey of the general population. A low fat spread was usually used by 16% of staff, a polyunsaturated spread by 12% and a monounsaturated spread by nearly 5%. Use of butter was more common in males and generally decreased with age for both genders, the reverse being true for use of low fat or polyunsaturated spreads which was more common in females and increased with age. The majority of respondents (87%) stated that they used polyunsaturated oil in cooking.

Figure: F - 8

Beverages

Whole milk was the milk most often used by 46% of respondents and 48% used low fat milk, skim milk or fortified low fat or skim milk. 3% used a combination of types of milk, 1% used soya milk most frequently, 0.1% used dried milk and 2% did not drink milk at all.

One-third of respondents drank a quarter of a pint of milk or less per day (including those who did not drink milk) and a further one-third drank half a pint of milk daily. The remaining third drank three quarters of a pint of milk or more per day. Males were more likely to drink whole milk while females tended to use other types of milk or milk substitutes. The consumption of whole milk decreased with age for both genders.

Figure: F - 9

Tea was the most commonly consumed beverage, with 83% of respondents reporting drinking tea during the typical working day. Over a third (36%) of respondents consumed 4 or more cups daily. Four out of every five respondents drank water during the working day. Most drank between one and three cups but 28% drank four cups or more during a typical day. Just over half of the respondents (54%) drank coffee with caffeine in it. However, only 14% drank four or more cups during the day. Only 6% of staff consumed decaffeinated coffee.

Figure: F - 10

4.7 INJURIES

The Irish health strategy, 'Shaping a Healthier Future', (1994) and the Health Promotion Strategy (1995) set health promotion targets in key areas related to personal health. The relevant target is:

Health Promotion Target:

To achieve a reduction of 10% in mortality due to accidents by the year 2004.

'Shaping a healthier future'; Department of Health, 1994

Serious injuries

One-fifth of all respondents (21%) incurred an injury within the previous two years that was serious enough to interfere with their daily activities. Males were more likely than females to have received such an injury (26% vs 16%).

While male rates of injury decreased with age, they were higher than female rates for all age groups and significantly so for the 18-34 and 35-49 years age groups.

Figure G - 1

**A serious injury was defined as an injury within the previous two years that was serious enough to interfere with the respondent's daily activities.*

Of the 206 individual staff members who reported having sustained serious injuries in the previous two years, 56% were male. Over half of the males injured were in the 35-49 years age group. Injuries to females occurred most commonly in the 18-34 years age group.

Figure G - 2

Place of injury

Almost one-third (29%) of serious injuries occurred in the workplace, 27% in the home including the garden and 19% while engaging in sporting activities. The

workplace and the home were the most common places for serious injuries to occur to all age groups of both genders with the exception of males aged 18-34 years, who most commonly suffered injuries while engaging in sports (figure G - 3).

For females, injuries in the home and in the workplace increased with age. Workplace injuries were slightly more common in the younger age groups and injuries at home were most common in the 50 years and over age group.

For males, injuries in the workplace increased with age. Injuries in the home were commonest in the 35-49 years age group. The percentages of injuries occurring in the home and in the workplace were similar in both the younger age groups but for the 50+ age group injuries in the workplace were more common than injuries in the home.

Figure G - 3

Cause of injury

The three most common causes of injury were being hit, struck or bumped (26.2%), strains (25.6%) and falls (23.1%). Figure G - 4 shows variations for cause of injury by gender. Being hit, struck or bumped was the most common cause of injury for males, while falls were the most common cause of injury for females. Males aged 35-49 years and females aged 18-34 years were most affected by these causes.

Figure G - 4

Figure G - 5

Nurses incurred 45% of the injuries sustained in the workplace, which was proportionate to their representation in the sample population (42%). Strains were the cause of nearly half (48%) of the nurses' injuries.

Treatment of injury

About 45% of the injured respondents were treated by their GP, either solely or in combination with other sources of treatment. Hospitalisation was required for 9% of injuries (n = 17), two-thirds of which were due to being hit, struck or bumped (n = 4), to being involved in a car crash (n = 4), or to a fall (n = 3).

Figure G - 6

Prevention of road traffic accidents

Almost 10% of injuries sustained within the previous two years, serious enough to interfere with the respondent's daily activities, were caused by road traffic accidents.

Seat belt use

A total of 85% of respondents reported always wearing their seat belts when driving or riding as a passenger in the front seat of a car. Another 12% of respondents said they nearly always used a seat belt when travelling in the front seat of a car.

Females were more likely to always wear a seat belt than males, 88% vs 80%. Similar proportions of regular belt use were observed for all age groups.

Speeding

Almost 44% of all respondents who were drivers nearly always or sometimes drove above the speed limit. However, a significantly higher proportion of males nearly always or sometimes drove above the speed limit (57%) in comparison with 32% of females. Males in the 35-49 age group were also more likely to speed than males in the other age groups. Rates for speeding in females decreased with age.

Figure G - 7

Drinking and driving

Of the 565 respondents who usually drink in a typical week and who usually drive, 20% reported driving a car soon after consuming three or more alcoholic drinks (units).

The rate for self-reported drinking and driving was significantly higher in males (29%) than in females (10%). Significantly higher rates were also seen in males in the 35-49 years and in the 50+ years age groups compared to females in the same age groups.

Figure G - 8

Bicycle helmets

Of the 305 respondents who rode bicycles, only 46 (15%) always wore a helmet.

4.8 STRESS AND STRESS MANAGEMENT

Over 92% of respondents reported that they suffered from stress, the majority suffering from stress at least occasionally (69%). The regularity with which respondents reported suffering from stress is presented in figure H - 1.

Figure H - 1

Proportionately more women than men reported suffering from stress at some time, 94% vs 90%. However, when examined for each age group, this gender difference, though present in all age groups, was only significant in the 18-34 years age group where 95% of females suffered from stress compared to 85% of males.

Figure H - 2

Reasons for stress

Of those who suffered from stress, the reasons most frequently reported were family problems (66%) and pressures at work (62%). However, of those who suffer from stress 'very often', pressure at work was the most common reason given. Fear of redundancy and unemployment was least likely to be a source of stress, with only 10% of respondents giving these as a reason. The five factors which most commonly caused stress and the percentages of respondents reporting them are presented in figure H - 3.

Figure H -3

While overall family problems were the most commonly reported cause of stress, pressures at work were the common reason for self-reported stress in males. In addition to suffering from stress due to pressures at work, more males than females also reported stress related to their job not being sufficiently demanding or to their relationship with management/administration.

Money worries were important in the youngest age group where they ranked as the third most common problem after pressures at work and family problems. In the 35-49 years age group, money worries ranked fifth, as they did overall, while in the oldest age group money worries were replaced in the five most common problems experienced by illness in the family.

People with whom staff discuss their stress problems

Respondents who suffered from stress reported that they most frequently discussed the problems causing their stress with their family / friends, (60%). Less than 8% would discuss these problems with a counsellor and only 1% would consult a social worker. Almost 15% of respondents said they would not discuss their problems with anyone. The different groups of people with whom respondents discussed their stress problems are presented in table H - 1. As might be expected, more men than women reported that they would not discuss their problems with anyone.

Table H - 1: Categories of people with whom respondents discussed their stress problems by gender

People with whom stress was discussed	% Male	% Female	% Total
Friends	59.0	60.1	61.6
Parents/family	49.6	70.7	59.6
Supervisor	17.0	15.5	16.2
GP/nurse	9.7	9.1	9.4
Counsellor	7.1	7.6	7.4
Priest	2.5	1.0	1.7
Social worker	1.0	1.0	1.0
Other	6.6	9.9	8.5
No-one	19.3	9.7	13.9

Methods used by staff to reduce and cope with stress

Two-thirds of respondents (67%) who suffered from stress coped with it by talking to a close friend or a family member. Almost half of the respondents took exercise to reduce stress, while one quarter said they would have a few alcoholic drinks. Taking

medication was the least used method of coping with stress, only 2% of respondents reporting using this method. The various ways staff used to cope with stress are presented in table H - 2.

Table H - 2: Methods used by respondents to reduce and cope with stress by gender

Method used to cope with stress	% Male	% Female	% Total
Talk to close friend/family	54.9	75.7	66.8
Take some exercise	57.7	42.6	49.1
Have a few drinks of alcohol	35.1	18.9	25.9
Have a good cry	4.1	34.3	21.3
Eat more	10.5	21.0	16.5
Have a cigarette	16.2	14.8	15.4
Talk to a health professional	9.0	6.6	7.6
Visit a doctor	2.6	3.3	3.0
Yoga	1.0	4.2	2.9
Take tablets	3.3	1.7	2.4
Other	13.6	9.4	11.2
None of the above	5.4	2.1	3.5

Table H – 2 shows that there are striking differences in how males and females try to reduce or cope with stress. While a significantly greater proportion of females than males would talk to a close friend or to a family member (76% vs 55%), more men than women would resort to taking exercise (58% vs 43%) or to having a few drinks (35% vs 19%). For men, taking some exercise was the most popular way of coping with stress. More women than men admitted to having a good cry (34% vs 4%) and to eating more (21% vs 11%), while roughly similar proportions of both genders would have a cigarette (15%). Surprisingly few of either gender would talk to a health professional or visit a doctor.

Stress associated with travel to work

Two-thirds of respondents (66%) suffered from stress associated with their journey to work. Almost 55% of respondents occasionally suffered from such stress, 9% suffered from such stress quite often and 3% suffered from this type of stress very often.

Stress associated with travelling to work was most frequently due to traffic jams. This was reported by almost 60% of those suffering from stress on the way to work. Almost half of respondents blamed others driving badly for their stress, while more than 40% suffered stress due to time pressures. The causes of stress associated with travel are presented in table H - 3.

Table H - 3: Causes of stress associated with journey to and from work

Cause of stress	%
Traffic jams	59.4
Others driving badly	47.0
Time pressures	41.8
Others driving too close	29.0
Weather	22.4
Waiting	21.4
Queuing	18.0
Overcrowding	15.5
Parking	14.1
Children in car	4.9
Other	4.4
None of the above	0.8

Ways used to reduce stress on the journey to and from work

The most common ways to reduce stress during the journey to and from work were listening to the radio (70%) and listening to music (44%). The methods used by

respondents to reduce stress during the journey to and from work are presented in table H - 4.

Table H - 4: Ways used to reduce stress on the journey to and from work

Ways of reducing stress	%
Listening to the radio	69.8
Listening to music	44.3
Having a cigarette	8.0
Phoning people	4.4
Working	1.2
Other	12.8
None of the above	8.9

5. Conclusions

The most valuable asset of a health services organisation is its staff. This survey, the first of its kind, highlights health issues that staff in the Eastern Regional Health Authority, Area Health Boards and Eastern Health Shared Services feel are important to them. In showing where health improvements can be made, it is clear that staff should also be encouraged to take greater responsibility for their own health e.g. through physical exercise and reducing alcohol consumption. In addition it identifies the potential role of the organisation(s) in assisting staff to maintain and improve their health e.g. providing information about relevant health matters.

1. Though 69% of staff consider their health to be good, experience of stress was the main factor needed to change to improve health. It is of concern that 92% reported stress. The main reasons for stress were related to family and work issues. Managers should be aware of the importance of stress in the workforce and seek remedies, where possible.
2. Over one-third of staff reported a serious medical condition and high blood pressure was the most common condition. Over 25% of those with high blood pressure were not receiving treatment and more than half of all respondents never had their cholesterol level measured. Greater attention to maintaining one's own health by all staff is essential. The importance of regular health checks, especially for those over 40 years of age, should be emphasised by employers.
3. Smoking is a major issue for the 21% of staff who currently smoke. Most want to quit and have tried between 2 and 3 occasions in the past. This is an area where the employer might provide smoking cessation programmes. Smoking is also an issue for the majority of staff who are non-smokers. Smoking restrictions in the workplace are needed.
4. Greater awareness and information about recommended alcohol consumption limits are needed as 24% of male and 16% of female respondents were

exceeding the recommended limits. One-fifth of respondents had experienced problems related to someone else's drinking; 12% had experienced family or marital problems and 5% had experienced problems in the workplace. This is obviously an important area for workplace health promotion and for the provision of assistance to those experiencing difficulties related to alcohol.

5. Injuries are an important matter in any workforce; 21% of this workforce sustained an injury serious enough to interfere with daily activities. Many of the injuries could have been prevented.
6. The incidence of road traffic accidents (RTAs) in Ireland is unacceptably high. The health service and its staff regularly have to deal with the human suffering from RTAs. It is, therefore, worrying that 20% of respondents reported driving a car soon after taking three or more alcoholic drinks and 44% said that they always or sometimes drive above the speed limits, males more than females.
7. A healthy weight is important for staff; 35% thought they were overweight and would avail of a work-provided weight loss support scheme.
8. More than half of the respondents wore glasses or contact lenses; one third had had an eye test in the last year but 75% of those who used a computer had never had a VDU eye test. With greater use of VDUs, it will be increasingly important that employees are offered VDU eye testing at the recommended intervals.
9. Women's health issues are important, especially for an organisation that has a large proportion of female employees. It is disappointing, therefore, for a health organisation, that only half of the female respondents had had a cervical smear within the recommended period and only 40% of women of child-bearing years were taking folic acid supplements regularly.
10. Again it is disappointing for a health organisation that only half of the respondents were doing an adequate amount of exercise. There is clearly a role for the employer to facilitate staff to engage in regular exercise

