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Dårlige chefer dræber i længden! Du skal ikke finde dig i en dårlig chef i årevis. Det kan i sidste ende betyde din død, viser en ny svensk undersøgelse.

Det er ikke lige meget, hvordan din chef behandler dig. Faktisk kan man blive alvorligt syg af en dårlig chef. Det viser en ny svensk undersøgelse, som er publiceret i det videnskabelige tidsskrift "Occupational and Environmental Medicine". Forskerne har fundet ud af, at en mavesur og ubehagelig chef øger vores risiko for blandt andet slagtilfælde, hjertestop og dødsfald med hele 25 procent. Forsøget er lavet på 3.122 svenskere. Alle med forskellige job, indkomst og livsstil. De var i gennemsnit 42 år, og de fleste af forsøgspersonerne var ikkerygere. I forsøget indgik der både arbejdere og tjenestemænd, men resultatet var det samme. Dårligst så det dog ud for mænd under 50, men fælles for alle, blev faren for at få en af de dødelige sygdomme meget større over tid. "Risikoen øges jo længere tid, man er på den samme arbejdsplads. Efter 40 år eller mere øges risikoen med hele 65 procent", siger stressforsker ved Karolinska Institutet, Anne Nyberg til expressen.se.

Managerial leadership and ischaemic heart disease among employees: the Swedish WOLF study

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Objective: The aim of this study was to investigate the association between managerial leadership and hard endpoint ischemic heart disease (IHD) among employees.

Methods: Data were drawn from a prospective cohort study (WOLF) and included 3122 Swedish male employees. Baseline screening was carried out in 1992-1995. Managerial leadership behaviours, including the managers' consideration for the individual employee, clarity in goals and role expectations, provision of information and feedback, ability to carry out changes at work successfully, and promotion of employee participation and control, were rated by subordinates. Records of employees' hospital admissions with a diagnosis of acute myocardial infarction or unstable angina and deaths from ischemic heart disease or cardiac arrest until the end of 2003 were obtained from national registers and were used to ascertain IHD. Cox proportional-hazards analyses were used to calculate hazard ratios for incident IHD per one standard deviation increase in standardized leadership score.

Results: A total of 74 incident IHD events occurred during the mean follow-up of 9.7 years. Higher leadership score was associated with lower IHD risk. The inverse association was stronger the longer the participant had worked at the same workplace [age-adjusted hazard ratio 0.76 (95% CI 0.61-0.96) for at least 1 year employment: 0.77 (0.61-0.97) for 2 years, 0.69 (0.54-0.88) for 3 years, and 0.61 (0.47-0.80) for 4 years], and this association was robust to adjustments for education, social class, income, supervisory status, physical workload, smoking, physical exercise, BMI, blood pressure, lipids fibrinogen and diabetes. The dose-response association between perceived leadership behaviours and IHD was also evident in subsidiary analyses with only acute MI and cardiac death as the outcome.

Conclusion: If the observed associations were causal then workplace interventions should focus on concrete managerial behaviours in order to prevent IHD in employees.