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Impact of Zero-Hours Contracts on Care Worker Well-Being

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Care workers often receive negative UK press coverage which highlights abusive and neglectful behaviours from employees. Currently, the care industry is also the most likely to employ workers under zero-hours contracts. The use of zero-hours contracts is also receiving much negative media attention in the UK. It is estimated that over 1 million employees work under zero-hours contracts, with over 60% of all social care workers employed under such contracts. However, while related working conditions such as shift work and temporary contractual conditions have been shown to impact the employee's health and family outcomes, the impact that zero-hours contracts have on employee wellbeing, performance and work life balance has never been investigated.

Preliminary findings from our study (current n = 90, expected n = 200), due for completion in August 2016, has thus far demonstrated that there are mean differences in levels of engagement, general mental health and psychosocial stress. Qualitative interviews however have demonstrated thatthis population of care workers appreciate the worries inherent with zero-hours contracts and the impact that this can have on wellbeing. However, many have also demonstrated that the flexibility that these contracts offer fit their lifestyle. We will also demonstrate employee-led suggestions for improvement of the care industry and interventions for improvement on work-related stress.

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Gender differences in depression: A descriptive clinical study

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Gender differences in depression might be helpful in identifying risk factors and specific clinical characteristics, which might clarify etiopathogenesis and streamline management. The present study was conducted to assess gender differences in depression among a treatment seeking population.

The present study was conducted in the department of psychiatry of a tertiary care centre in South India. Adult male and female patients with a current depressive episode as per ICD 10 DCR criteria were recruited by non-random sampling. Patients were assessed using the Hamilton Depression Rating Scale (HDRS), Hamilton Anxiety Rating Scale (HAM-A), Mini International Neuropsychiatric Interview (MINI) and Presumptive Stressful Life Events Scale (PSLES).

The study group comprised 50 males and 50 females. About two-thirds of patients in both groups had an additional psychiatric diagnosis according to MINI, with panic disorder and substance use disorder being more common in men. The mean number of stressors recollected according to PSLES was similar in both genders, though differences were encountered in the types of stressors reported.

Clinically relevant differences are encountered between males and females with depression, particularly in terms of co morbidity and reported stressors. Such differences can guide clinicians in planning appropriate treatment

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