

LOCKDOWN E SMARTWORKING: LE CONSEGUENZE SULLA SALUTE PSICO-FISICA DEL SINGOLO E DELLA COLLETTIVITÀ

sabato 23 ottobre 2021 ore 08.00 – 13.30

DISAGIO INDIVIDUALE E PATOLOGIE CONCLAMATE COME EFFETTO DELLO SMART WORKING IN LOCKDOWN

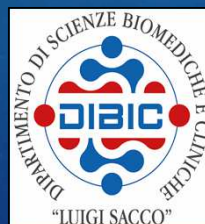
DOTT. CATERINA VIGANO'

 **Ospedale Luigi Sacco**
POLO UNIVERSITARIO

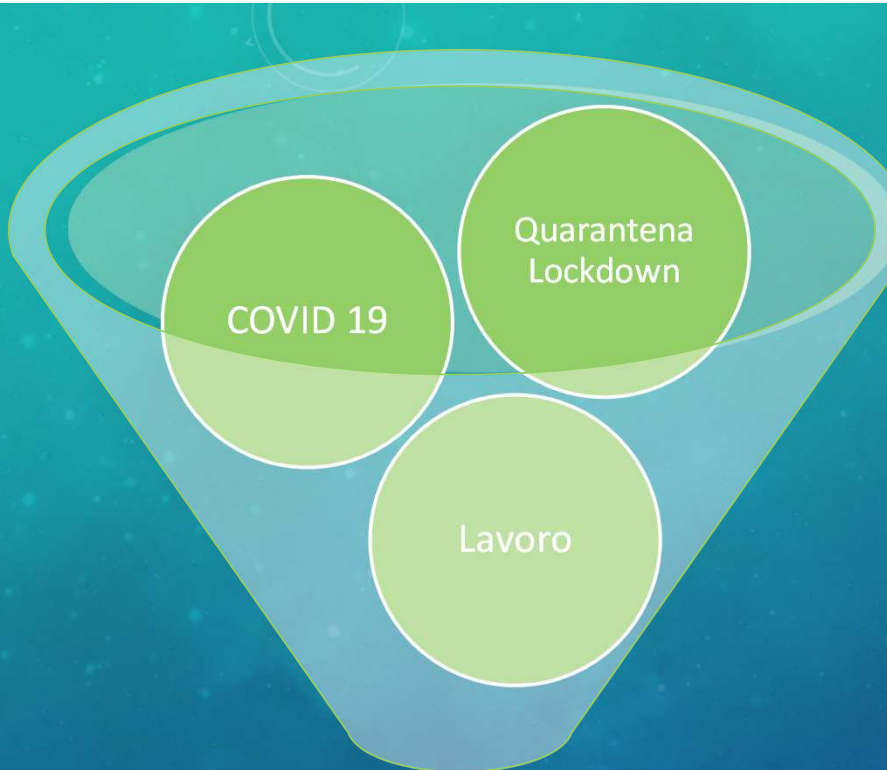
Sistema Socio Sanitario

 **Regione
Lombardia**

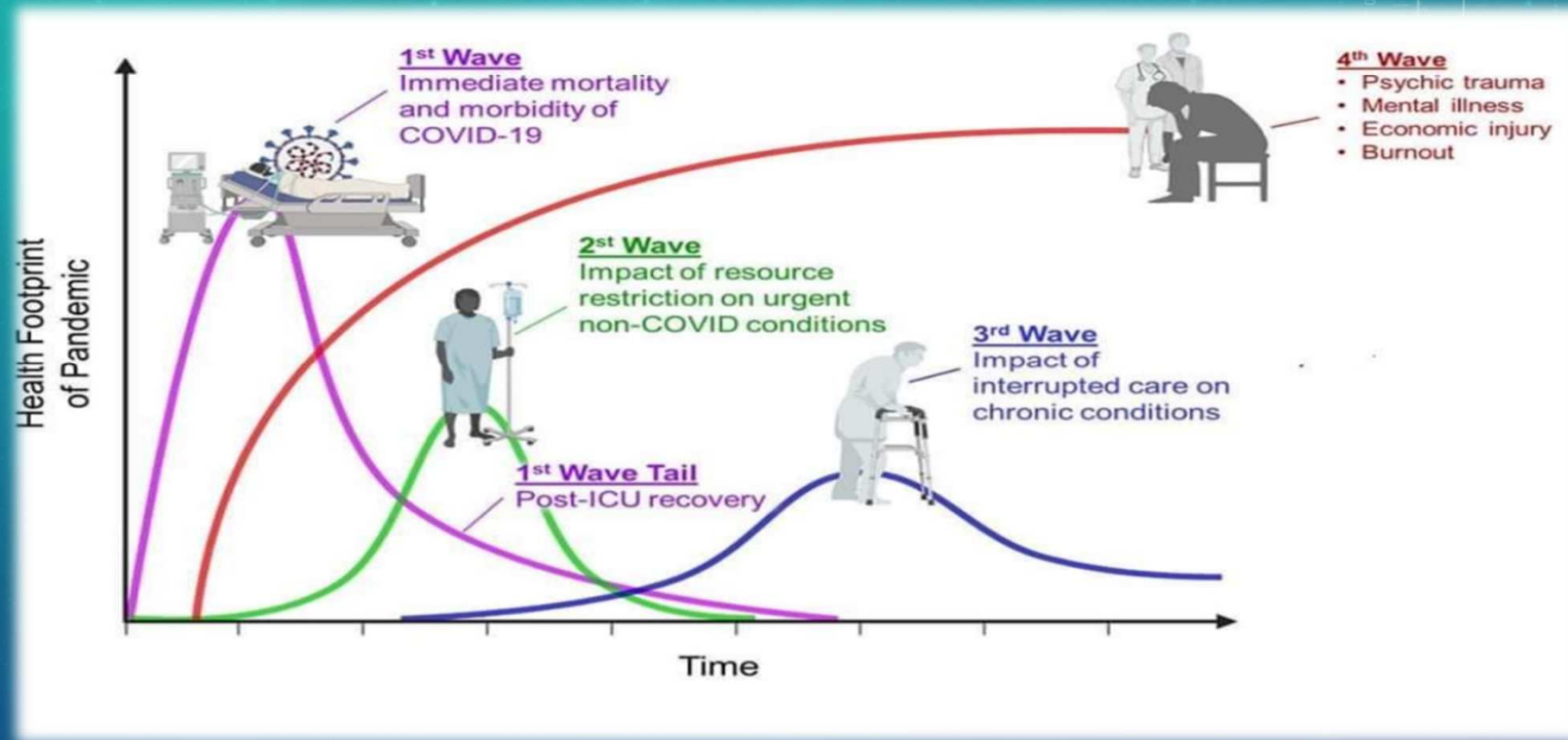
ASST Fatebenefratelli Sacco



**UNIVERSITÀ
DEGLI STUDI
DI MILANO**



Conseguenze sanitarie della pandemia nel tempo



PANDEMIA E SALUTE MENTALE

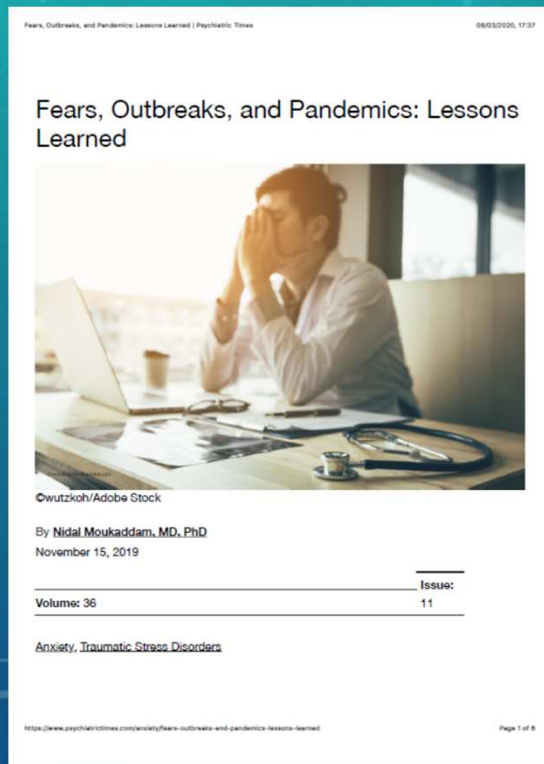


FIGURE. Outbreaks can affect mental illness at various levels

NEW ONSET SYMPTOMS

Adjustment/depression/anxiety versus well defined post-infectious manifestations (SSPE, PANDAS)

WORSENING OF EXISTING CONDITIONS

Exacerbation of existing mood, psychotic or addictive disorders

EFFECT ON CARETAKERS AND FRIENDS/FAMILY

Depression/anxiety versus stigma, shaming

FIGURE. Outbreaks can affect mental illness at various levels

ESORDI : AUMENTO «NUOVI» PAZIENTI

PEGGIORAMENTO PAZIENTI CON DISTURBI ATTIVI O IN REMISSIONE

DISAGIO NEI FAMIGLIARI DEI PAZIENTI / AMICI COVID

EFFETTO DIRETTO E INDIRETTO DELLA PANDEMIA

QUARANTENA
LOCKDOWN

SMART WORKING / NO WORKING?

Public responses to the novel 2019 coronavirus (2019-nCoV) in Japan: Mental health consequences and target populations

doi:10.1111/pcn.12988

Moreover, negative societal behaviors will be often driven by fear and distorted perceptions of risk. These experiences might evolve to include a broad range of public mental health concerns, including distress reactions (insomnia, anger, extreme fear of illness even in those not exposed), health risk behaviors (increased use of alcohol and tobacco, social isolation), mental health disorders (post-traumatic stress disorder, anxiety disorders, depression, somatization), and lowered perceived health. It is essential for mental health professionals to provide necessary support to those exposed and to those who deliver care. Second, particular effort must be directed to vulnerable populations, which include: (i) the infected and ill patients, their families, and colleagues; (ii) Chinese individuals and communities; (iii) individuals with pre-existing mental/physical conditions; and, last but not least, (iv) health-care and aid workers, especially nurses and physicians working directly with ill or quarantined persons. If nothing else, the death of the government quarantine worker must remind us to recognize the extent of psychological stress associated with imperceptible agent emergencies and to give paramount weight to the integrity and rights of vulnerable populations.

PRIMO PERIODO PANDEMIA AUMENTO SINTOMI DEPRESSIVI NELLE FASCE DI POPOLAZIONE PIU A RISCHIO (PATOLOGIE PRE-ESISTENTI, BASSO LIVELLO S.E., SCARSO SUPPORTO)

Levels of Severity of Depressive Symptoms Among in the UK During the COVID-19 Pandemic

[Eleonora Iob](#), MSc,¹ [Philipp Frank](#), MSc,¹ [Andrew Steptoe](#), DSc,¹ and [Daisy Fancourt](#)

¹Research Department of Behavioural Science and Health, University College London

The analytical sample comprised 51 417 adults aged 16-75 years; 26 276 [51.1%] women; 6145 members [12.0%] of the UK population.

In this cohort study of UK adults participating in the UK Household Longitudinal Study, we examined the prevalence and health-related risk factors, as well as those with moderate or severe depressive symptoms during the COVID-19 pandemic.



JAMA Network

[View Article](#)

Community Mental Health Journal
<https://doi.org/10.1007/s10597-020-00728-y>

ORIGINAL PAPER



Prevalence, Psychological Responses and Associated Correlates of Depression, Anxiety and Stress in a Global Population, During the Coronavirus Disease (COVID-19) Pandemic

Syed Mustafa Ali Shah¹, Danish Mohammad¹, Muhammad Ezzal Hussain Qureshi¹, Mohammad Zain Abbas¹

PREVALENZA	LMR 12 MESI	LIFETIME	PANDEMIA	COVID+
SINTOMI ANSIOSI			48%	24%
DISTURBI ANSIA	6,9-50%	3,60%	28%	15,50%
GAD	2-9%	6%	44%	
PTSD	8%	3.7- 10%	7%	21.9%
SINTOMI DEPRESSIVI	4.5%	3.6-7.2%	14.6 - 48.3%	15.9%
EDM	8.6- 30%	5.3	34%	

DISTURBI DEL SONNO

Nature and Science of Sleep 2021:13

Nature and Science of Sleep

Dovepress

open access to scientific and medical research

 Open Access Full Text Article

REVIEW

Burden of Sleep Disturbance During COVID-19 Pandemic: A Systematic Review

Sleep Disturbance in the General Public

The prevalence of sleep disturbance in the general population during COVID-19 pandemic was reported in 36 studies,⁷⁹⁻¹¹⁴ ranging from 17.65% to 81%,⁷⁹⁻⁸⁶ 24.66% to 86%,⁸⁷⁻⁸⁹⁻⁹³⁻⁹⁵⁻⁹⁶ and 30% to 56%,¹⁰⁰⁻¹⁰³ based on scores of PSQI, ISI and AIS, respectively (Table 5).

33% -87% circa
pazienti COVID
ricoverati

29.5% - 40% dimessi

Soggetti giovani

Genere femminile

Stress covid relato



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres



Review article

Prevalence of symptoms of depression, anxiety, insomnia, posttraumatic stress disorder, and psychological distress among populations affected by the COVID-19 pandemic: A systematic review and meta-analysis

Jude Mary Cénat^{a,*}, Camille Blais-Rochette^a, Cyrille Kossigan Kokou-Kpolou^b,
Pari-Gole Noorishad^a, Joana N. Mukunzi^a, Sara-Emilie McIntee^a, Rose Doudou Delawie^c,
Marc-André Goulet^a, Patrick R. Labelle^d

^a School of psychology, University of Ottawa, Ontario, Canada

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^d Library, University of Ottawa, Ontario, Canada



LA PREVALENZA DI DEPRESSIONE NELLA POPOLAZIONE COVID-19
E' PARI A 15.9% = 3 VOLTE MAGGIORE CHE NELLA POPOLAZIONE
GENERALE (4.4%)

DISTURBI DI ANSIA SONO 15.5% VS 3.6%
PTSD 21.9 % VS 4%

RESEARCH ARTICLE

Impact of COVID-19 pandemic on mental health: An international study

Andrew T. Gloster^{1†*}, Demetris Lamnisos², Jelena Lubenko³, Giovambattista Presti⁴, Valeria Squatrito⁴, Marios Constantinou⁵, Christiana Nicolaou⁶, Savvas Papacostas⁷, Gökçen Aydın⁸, Yuen Yu Chong⁹, Wai Tong Chien⁹, Ho Yu Cheng⁹, Francisco J. Ruiz¹⁰, Maria B. Garcia-Martin¹¹, Diana P. Obando-Posada¹¹, Miguel A. Segura-Vargas¹⁰, Vasilis S. Vasiliou¹², Louise McHugh¹³, Stefan Höfer¹⁴, Adriana Baban¹⁵, David Dias Neto¹⁶, Ana Nunes da Silva¹⁷, Jean-Louis Monestès¹⁸, Javier Alvarez-Galvez¹⁹, Marisa Paez-Blarrina²⁰, Francisco Montesinos²¹, Sonsoles Valdivia-Salas²², Dorottya Ori²³, Bartosz Kleszcz²⁴, Raimo Lappalainen²⁵, Iva Ivanović²⁶, David Gosar²⁷, Frederick Dionne²⁸, Rhonda M. Merwin²⁹, Angelos P. Kassianos^{30†}, Maria Karekla^{30†}

The aim of this study was to determine mental health outcomes during pandemic induced lockdowns and to examine known predictors of mental health outcomes. We therefore surveyed $n = 9,565$ people from 78 countries and 18 languages. Outcomes assessed were stress, depression, affect, and wellbeing. Predictors included country, sociodemographic factors, lockdown characteristics, social factors, and psychological factors.

Results indicated that on average about 10% of the sample was languishing from low levels of mental health and about 50% had only moderate mental health. Importantly, three consistent predictors of mental health emerged: social support, education level, and psychologically flexible (vs. rigid) responding. Poorer outcomes were most strongly predicted by a worsening of finances and not having access to basic supplies.

10% LANGUISHING





SOLO 50% SI DEFINISCONO CON DISCRETA SALUTE MENTALE

PREDITTORI: SUPPORTO SOCIALE, LIVELLO EDUCATIVO, FLESSIBILITA PSICOLOGICA

PANDEMIA E REAZIONE EMOTIVA – DATI ITALIANI ESTATE 2020

Article

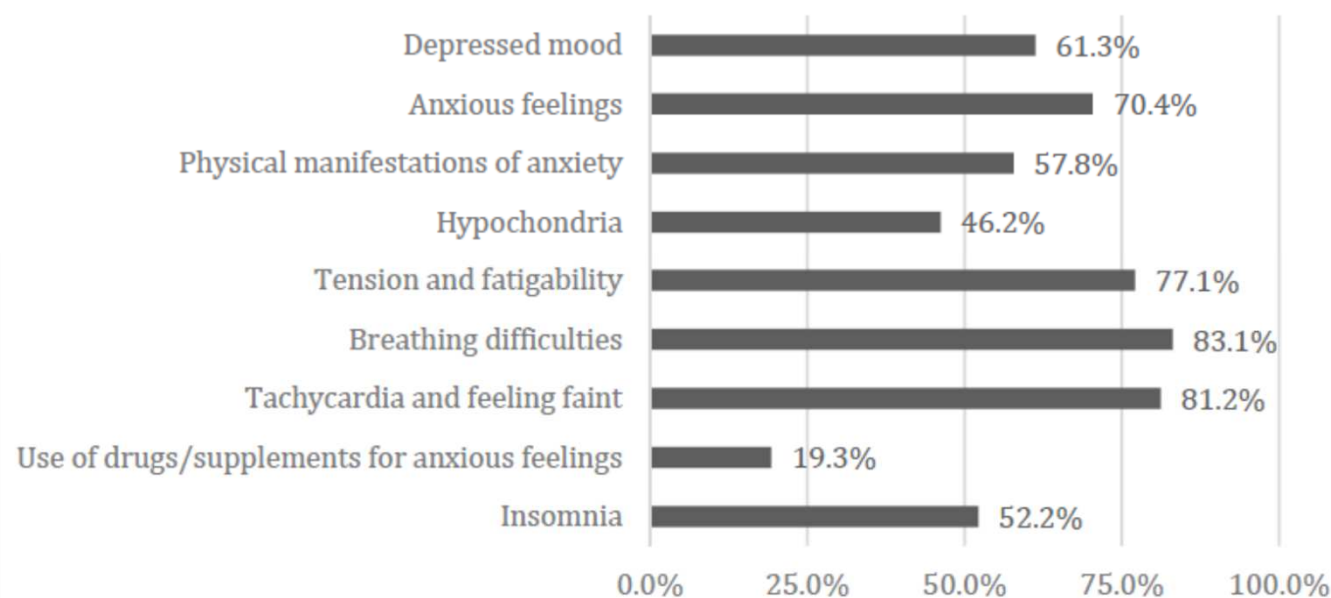
Psychological Aspects and Eating Habits during COVID-19 Home Confinement: Results of EHLIC-COVID-19 Italian Online Survey

Laura Di Renzo ¹, Paola Gualtieri ¹, Giulia Cinelli ^{2,3,*}, Giulia Bigioni ⁴, Laura Soldati ⁵, Alda Attinà ², Francesca Fabiola Bianco ², Giovanna Caparello ², Vanessa Camodeca ², Elena Carrano ², Simona Ferraro ², Silvia Giannattasio ², Claudia Leggeri ², Tiziana Rampello ², Laura Lo Presti ⁶, Maria Grazia Tarsitano ⁷ and Antonino De Lorenzo ¹

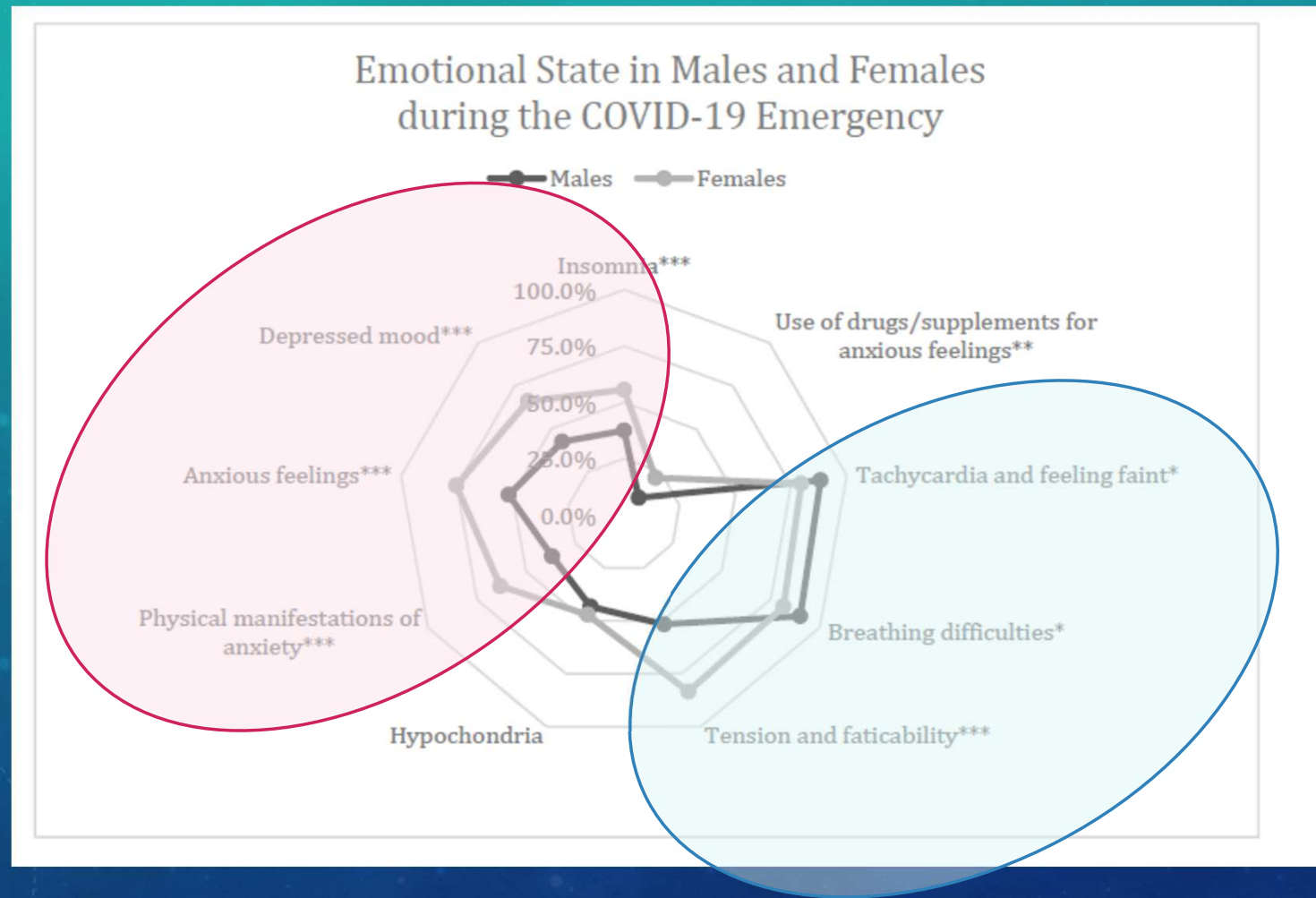
¹ Section of Clinical Nutrition and Nutrigenomic, Department of Biomedicine and Prevention, University of Tor Vergata, Via Montpellier 1, 00133 Rome, Italy; laura.di.renzo@uniroma2.it (L.D.R.);

Nutrients 2020, 12, 2152; doi:10.3390/nu12072152

Emotional State during the COVID-19 Emergency

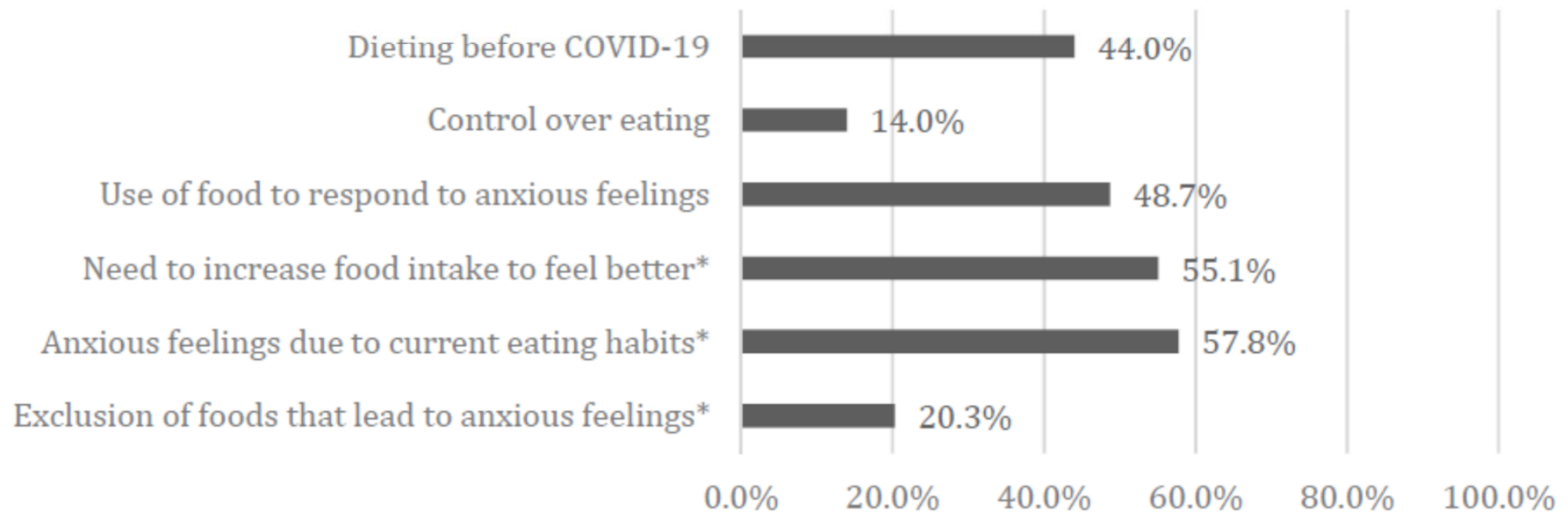


DIFFERENZE DI GENERE E SINTOMI PREVALENTI

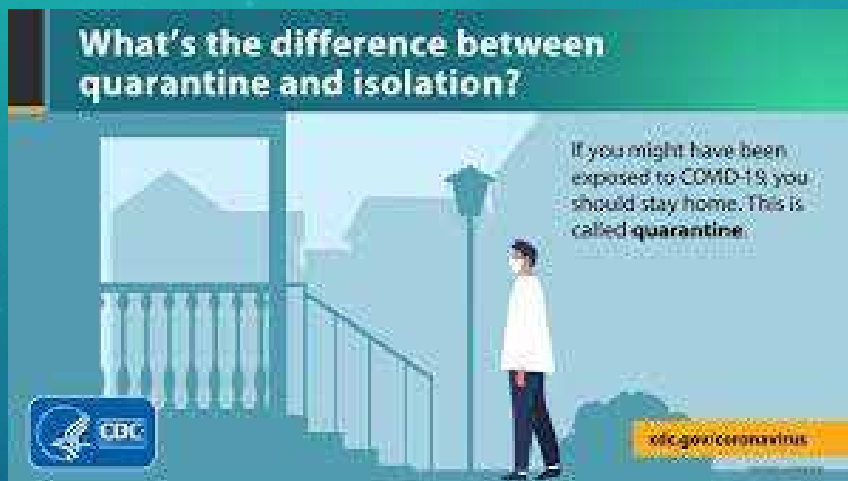





COMPORTAMENTO ALIMENTARE

Emotional Eating Behaviour during the COVID-19 Emergency



EFFETTO QUARANTENA



QUARANTINE	
	<ul style="list-style-type: none">• healthy person• exposed• staying at home + away from others
VERSUS	
ISOLATION	
	<ul style="list-style-type: none">• known case• sick (even mild symptoms)• staying at home + away from others
	

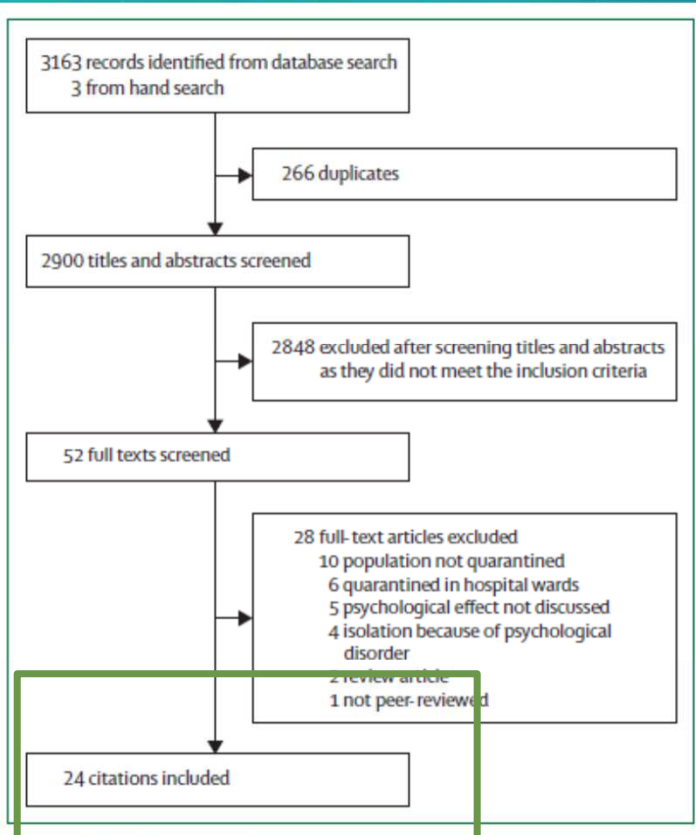
The infographic compares quarantine and isolation. Quarantine is for a healthy person who has been exposed to COVID-19 and is staying at home away from others. Isolation is for a known case who is sick (even with mild symptoms) and is staying at home away from others. The infographic is presented in a table format with a blue header for Quarantine, a white row for Versus, and a dark blue header for Isolation. The Pennsylvania Department of Health logo is at the bottom.

The psychological impact of quarantine and how to reduce it: rapid review of the evidence



Samantha K Brooks, Rebecca K Webster, Louise E Smith, Lisa Woodland, Simon Wessely, Neil Greenberg, Gideon James Rubin

Sars 2004, Ebola, H1N1



Stressor pre-quarantena (1 studio su febbre equina) : giovane età, bassa scolarità, genere femminile, figli, storia di malattie mentali: sintomi da PTSD e stigmatizzazione (rabbia, tristezza, paura, senso di colpa)

Stressors durante la quarantena:

- 1) **La durata** si correla con la comparsa di sintomi da stress, comportamenti da evitamento (sindrome della capanna) e rabbia. Ma uno solo studio ha indagato correlazione (> 10 gg).
- 2) **Paura di infettarsi/ infettare**
- 3) **Frustrazione e la noia** (perdita della routine, senso di isolamento, sensazione di non potersi connettere con gli altri)
- 4) Avere **inadeguate scorte o possibilità** di procurarsi generi di prima necessità (cibo, vestiario, abitazione).
- 5) **Avere una inadeguata informazione**

The psychological impact of quarantine and how to reduce it: rapid review of the evidence



Samantha K Brooks, Rebecca K Webster, Louise E Smith, Lisa Woodland, Simon Wessely, Neil Greenberg, Gideon James Rubin

Stressor post quarantena

Problemi finanziari

Stigma

Problemi lavorativi: paura di rientrare

Cosa fare per mitigare questi effetti?

Quarantena piu corta possibile

Dare informazioni corrette su cosa sta succedendo e perché, e rispondere alle domande

Rinforzare il senso di altruismo

Linee di comunicazione con agenzie di salute pubblica accessibili *** (accesso alle cure !!)

Dare adeguati supporti (alimentari, cure, etc)

Fornire adeguati supporti al personale sanitario

RESEARCH

Open Access

Does Sars-Cov-2 threaten our dreams? Effect of quarantine on sleep quality and body mass index

Luigi Barrea^{1,2*}, Gabriella Pugliese^{1,2}, Lydia Framondi¹, Rossana Di Matteo¹, Daniela Laudisio^{1,2}, Silvia Savastano^{1,2}, Annamaria Colao^{1,2,3} and Giovanna Muscogiuri^{1,2}



Results: Overall, 49.6% of the subjects were good sleepers (PSQI < 5) at the baseline after quarantine ($p < 0.001$). In detail, sleep onset latency ($p < 0.001$), sleep efficiency ($p < 0.001$), and daytime dysfunction ($p < 0.001$) significantly worsened. There was a decrease in normal weight ($p = 0.023$), in subjects grade I ($p = 0.027$) and II obesity ($p = 0.004$). However, analyzing the data according to gender, decreased physical activity as well as females in which there was only a trend without reaching statistical significance (53.5% vs 25.6%; $p = 0.015$ and 50.0% vs 35.9%, $p = 0.106$; in males and females, respectively). In addition, smart working activity resulted in a significant worsening of SQ, particularly in males ($p < 0.001$).

Conclusions: Quarantine was associated to a worsening of SQ, particularly in males doing smart working, and to an increase in BMI values.

Table 1 Anthropometric characteristics and physical activity of the study population pre and post-quarantine

Parameters	Participants pre-quarantine mean \pm SD or number (%) n = 121	Participants post-quarantine mean \pm SD or number (%) n = 121	*p value
Weight (kg)	88.1 \pm 18.9	89.9 \pm 19.2	< 0.001
Height (m)	1.64 \pm 0.1	1.64 \pm 0.1	0.516
BMI (kg/m ²)	32.6 \pm 6.0	33.3 \pm 6.2	< 0.001
Males	33.5 \pm 6.1	33.9 \pm 5.9	0.045
Females	32.1 \pm 5.9	32.9 \pm 6.3	0.001
Normal-weight (n, %)	11, 9.1%	7, 5.8%	$\chi^2 = 0.54$, $p = 0.462$
Overweight (n, %)	31, 25.6%	30, 24.8%	$\chi^2 = 0.01$, $p = 1.000$
Grade I obesity (n, %)	41, 33.9%	40, 33.1%	$\chi^2 = 0.01$, $p = 1.000$
Grade II obesity (n, %)	25, 20.7%	25, 20.7%	$\chi^2 = 0.02$, $p = 0.874$
Grade III obesity (n, %)	13, 10.7%	19, 15.7%	$\chi^2 = 0.90$, $p = 0.342$
Physical activity (yes)	62, 51.2%	39, 32.2%	$\chi^2 = 8.23$, $p = 0.004$

*A p value in italic type denotes a significant difference ($p < 0.05$), SD, standard deviation; BMI, Body mass index

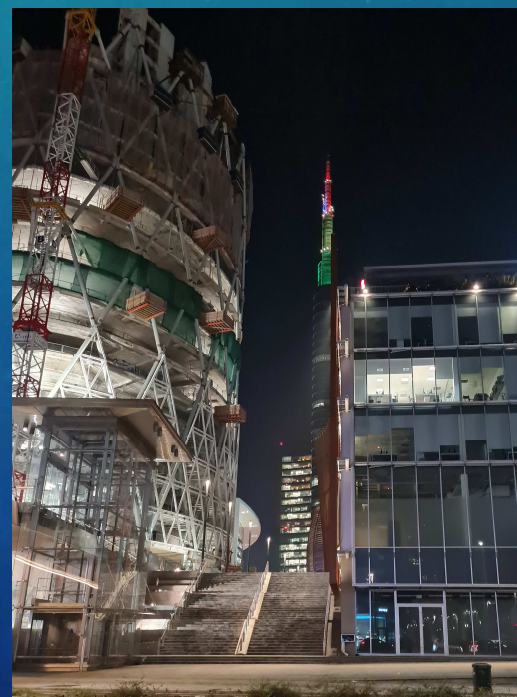
raccomandazioni

Title	Coronavirus and Mental Health: Taking Care of Ourselves During Infectious Disease Outbreaks
Source	American Psychiatric Association
Link	https://www.psychiatry.org/news-room/apa-blogs/apa-blog/2020/02/coronavirus-and-mental-health-taking-care-of-ourselves-during-infectious-disease-outbreaks


Key points

- **Stress-related reactions** to an outbreak may include: sleep changes; decreased sense of safety; substance use; physical symptoms; fear and blame
- **Coping recommendations** include: (1) staying informed via reputable sources; (2) practicing preventive hygiene behaviors; (3) limiting media exposure and correcting misinformation; (4) anticipating and addressing stress reactions via self-care strategies such as daily routines, enjoyable activities, social support, physical activity

EFFETTO LOCKDOWN



BMJ Open Potential impact of physical distancing on physical and mental health: a rapid narrative umbrella review of meta-analyses on the link between social connection and health

Nexhmedin Morina ¹, Ahlke Kip,¹ Thole Hilko Hoppen ¹, Stefan Priebe,² Thomas Meyer¹

DISTANZIAMENTO SOCIALE O MANCANZA DI CONTATTO SOCIALE

SI ASSOCIANO A PIU FREQUENTI





- SINTOMI DOLOROSI CRONICI
- DISTURBI CARDIACI
- MALNUTRIZIONE (ERRATE ABITUDINI)
- AUMENTO RICOVERI OSPEDALIERI
- DEPRESSIONE
- ANSIA SOCIALE
- PSICOSI
- DEFICIT COGNITIVO PRECOCE
- IDEAZIONE SUICIDARIA

Morina N, et al. *BMJ Open* 2021;**11**:e042335. doi:10.1136/bmjopen-2020-042335



Review

COVID-19-Related Mental Health Effects in the Workplace: A Narrative Review

Gabriele Giorgi ¹, Luigi Isaia Lecca ², Federico Alessio ³, Georgia Libera Finstad ³,
Giorgia Bondanini ³, Lucrezia Ginevra Lulli ⁴, Giulio Arcangeli ^{2,*} and Nicola Mucci ²

Cambiamenti nello scenario lavorativo,
nell'organizzazione del lavoro
nello sviluppo di nuove strategie

- 1) Adozione strategie per il contenimento della diffusione del virus
- 2) Riorganizzazione lavoro al domicilio quando possibile
- 3) Effetto quarantena dei casi sospetti o positivi – turni – carico di lavoro
- 4) Stigma vs pazienti e operatori sanitari

Lavoratori a maggior rischio di sviluppare disagio psichico (ansia, depressione, disturbi sonno, ptsd, abuso alcol) quando:

- 1) Tempi prolungati di lavoro
- 2) Scarso supporto sociale
- 3) Perdita lavoro e/o crisi finanziaria > aumento rischio suicidario
- 4) Solitudine > aumento rischio suicidario
- 5) Mancanza di misure di prevenzione del contagio o scarsa percezione di sicurezza
- 6) Rispetto principi ergonomici e umani



Uno studio effettuato su 673 lavoratori cinesi al rientro al lavoro dopo lockdown :

- 10.8% PTSD
- 3.7% depressione
- 3.8% ansia
- 1.5% stress
- 2.3% insonnia

Correlano la relativamente bassa incidenza di disturbi psichici con alti livelli di percezione di sicurezza nell'ambiente di lavoro (sanificazione, dispositivi, etc)

“ L'emergenza sanitaria ha avuto un enorme impatto sulla diffusione dello smart working, contribuendo ad accelerare cambiamenti nell'organizzazione del lavoro già in atto per effetto dell'evoluzione tecnologica. ”



Lo smart working in numeri

ANNO 2021

Rapporto n° 04/2021

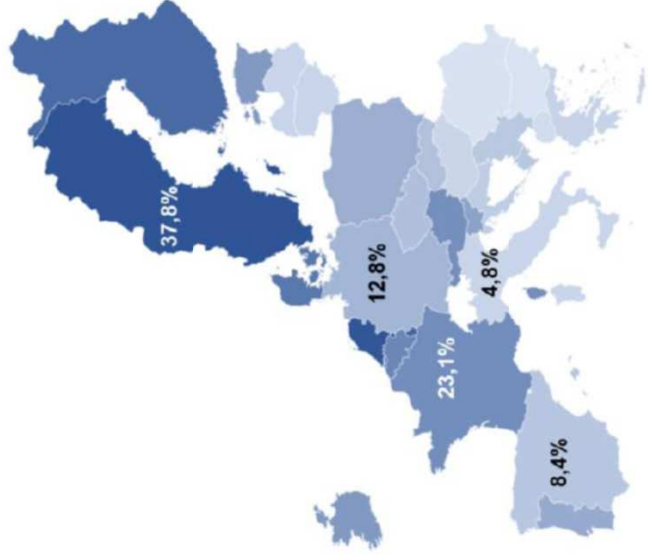
A cura
Area Centro Studi



- I punti di contatto tra **smart working** e **telelavoro** sono diversi, così come le differenze tra le due **modalità lavorative**.
- Il termine inglese “*smart*” si riferisce all’obiettivo: **migliorare produttività** del lavoratore grazie alla **conciliazione dei tempi di vita e lavoro**.
- Per **smart working**, o **lavoro agile**, si intende una modalità lavorativa di rapporto di lavoro subordinato in cui c’è un’**assenza di vincoli a livello di orario e di spazio**. L’organizzazione avviene per fasi, cicli e obiettivi ed è stabilita con un accordo tra dipendente e datore di lavoro.
- Nel caso del **telelavoro**, il lavoratore ha una **postazione fissa che però si trova in un luogo diverso da quello dell’azienda**. Questa modalità è caratterizzata, quindi, da una **maggiore rigidità** che si traduce non solo sul piano spaziale, ma anche su quello **temporale**.

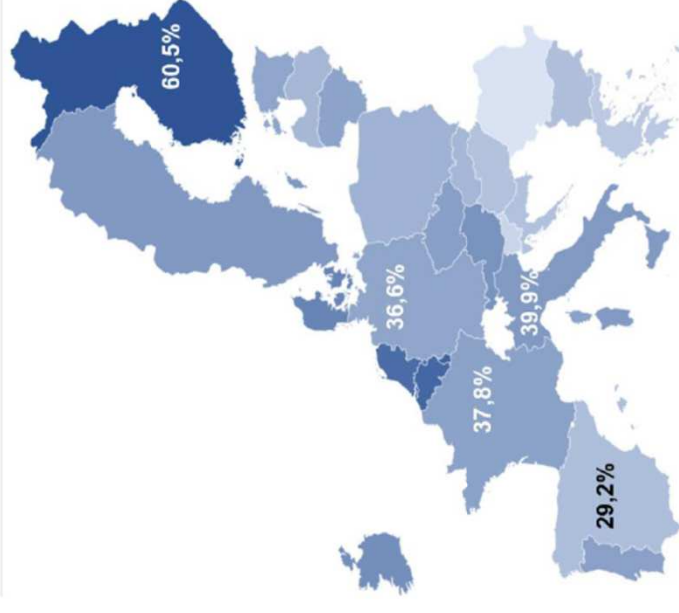


→ Figura 1 – Incidenza lavoratori da casa sul totale degli occupati (2019)



fonte: Elaborazione Centro Studi Assolombarda su dati Eurostat

→ Figura 4 – Hai iniziato a lavorare da casa a causa della situazione COVID-19?



fonte: Elaborazione Centro Studi Assolombarda su dati Eurofond

SMART WORKING E RITMI DI VITA

Piu tempo!!

Annullamento tempo per spostamento vs
luogo di lavoro - no traffico o affollamento
sul trasporto pubblico

Maggior tempo in famiglia

Disponibilità spazio ?

Scansione del tempo e delle pause ?

Strumenti adeguati e ergonomici ?

**Over lap tempo libero (assente) e tempo dedicato al lavoro
che si estende ai week end ----**

tanto sei a casa e non devi andare da nessuna parte



Smart working in lockdown



Assenza vita sociale

Impossibilità di fare sport

Riduzione spazi e tempi personali

RESEARCH

Open Access



Sex differences in self-report anxiety and sleep quality during COVID-19 stay-at-home orders

Jeremy A. Bigalke^{2,3}, Ian M. Greenlund^{2,3} and Jason R. Carter^{1,2*}

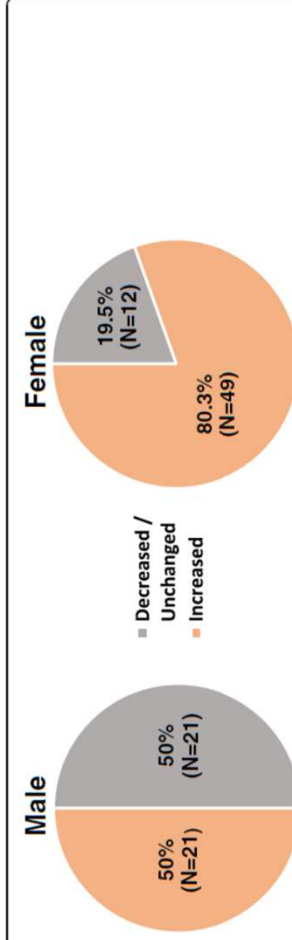


Fig. 1 Chi-square analysis of sex and perceived changes in anxiety due to COVID-19. The proportion of men and women who reported increased versus unchanged/decreased anxiety due to COVID-19 and state-ordered home quarantine

Table 1 Response rates to lifestyle impact of COVID-19

Parameter	
Decrease (%)	
Sleep quality	56.3
Physical activity	46.6
Quality of life	58.3
Increase (%)	
Anxiety	68.0
Screen time	77.7
Alcohol consumption	34
Desire to consume alcohol	39.8
Worsened (%)	
Mood	49.5
Diet	35
Daily schedule	68.9

Percentage of participants (*n* = 103) who reported detriment in the listed lifestyle parameters

Table 2 Baseline characteristics

Variable	Male	Female	P value	All
N (%)	42 (41)	61 (59)	—	103 (100)
Age (Range)	37 ± 2 (18-68)	39 ± 2 (19-68)	0.393	38 ± 1 (18-68)
BMI	28 ± 1	26 ± 1	0.058	27 ± 1
STOP-BANG	3 ± 0	1 ± 0	<0.001	2 ± 0
Sleep disorder	1	1	—	2
Employment status, N (%)				
Unemployed	14 (37.8)	23 (62.2)	—	37 (35.9)
Unchanged	8 (50)	8 (50)	—	16 (15.5)
Working from home	17 (40.5)	25 (59.5)	—	42 (40.8)
Laid-off	3 (37.5)	5 (62.5)	—	8 (7.8)
STAI				
State	38 ± 1	43 ± 1	0.007	41 ± 1
Trait	37 ± 1	39 ± 1	0.284	38 ± 1
ESS	5 ± 1	5 ± 0	0.331	5 ± 0
CES-D	11 ± 1	15 ± 1	0.061	13 ± 1
ISI	8 ± 1	7 ± 1	0.702	7 ± 0
PSQI	7 ± 0	7 ± 0	0.854	7 ± 0

Subject baseline characteristics in men and women. Values are mean ± SEM unless otherwise specified. Percentage values in male and female employment status are representative of the proportion of each sex that make up each employment category
 BMI body mass index, STAI State-Trait Anxiety Inventory, ESS Epworth Sleepiness Scale, CES-D Center for Epidemiological Studies Depression Scale, ISI Insomnia Severity Index, PSQI Pittsburgh Sleep Quality Index

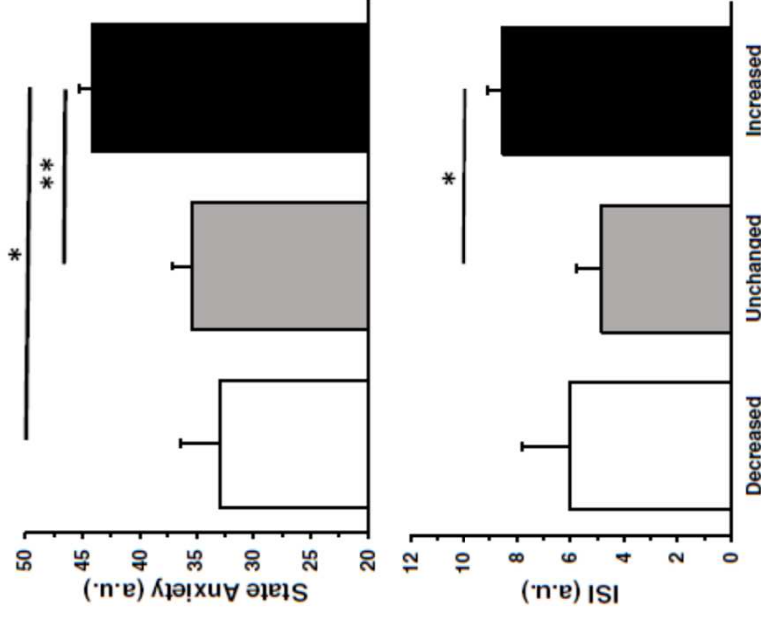


Fig. 2 Anxiety and sleep parameters stratified by perceived changes in anxiety due to COVID-19. State anxiety and Insomnia Severity Index (ISI) mean covariate adjusted scores in those who reported decreased, unchanged, or increased anxiety due to COVID-19. Decreased anxiety, $N = 7$; unchanged anxiety, $N = 26$; increased anxiety, $N = 70$. * $P < 0.01$; ** $P < 0.001$. a.u., arbitrary units

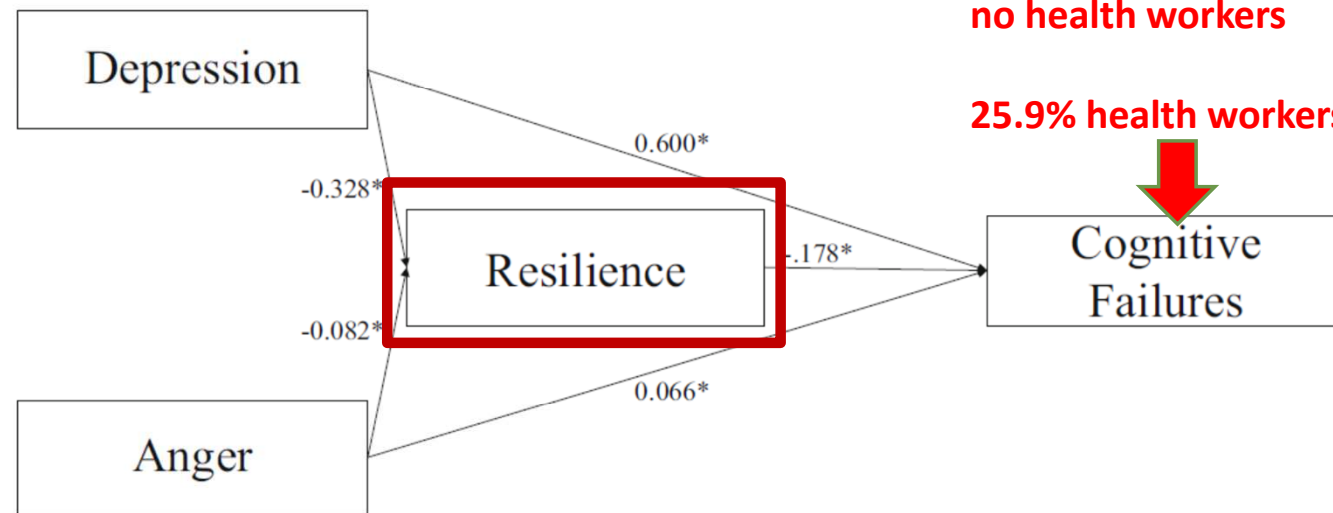


Subjective cognitive failures and their psychological correlates in a large Italian sample during quarantine/self-isolation for COVID-19

Gabriella Santangelo¹ • Ivana Baldassarre¹ • Andrea Barbaro¹ • Nicola Davide Cavallo¹ • Maria Cropano¹ • Gianpaolo Maggi¹ • Raffaele Nappo¹ • Luigi Trojano¹ • Simona Raimo¹

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Fig. 1 Scheme of the mediation effects of resilience in the relationship between mental health status and cognitive failures. $*p < .05$



1285 smart workers
513 non smart workers
2377 unemployed



Subjective cognitive failures and their psychological correlates in a large Italian sample during quarantine/self-isolation for COVID-19

Gabriella Santangelo¹ • Ivana Baldassarre¹ • Andrea Barbaro¹ • Nicola Davide Cavallo¹ • Maria Cropano¹ • Gianpaolo Maggi¹ • Raffaele Nappo¹ • Luigi Trojano¹ • Simona Raimo¹

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Non differenze tra i gruppi, ma la ridotta percezione delle proprie capacità cognitive è più frequente nei non occupati 28.2% rispetto a chi lavora

Table 4 Comparisons on Perceived Memory and Attentional Failures Questionnaire (PerMAFaQ) between healthcare workers and non-healthcare workers and among people who work at the office, people who work by smart-working, and people who do not work during quarantine/self-isolation

	PMAFQ (mean ± SD)	<i>F</i>	<i>p</i>	η^2p
Healthcare workers	16.93 ± 6.11	3.74	.05	.001
Non-healthcare workers	17.47 ± 6.22			
People who work at office	17.27 ± 6.28	1.57	.21	.001
People who work by smart-working	17.18 ± 6.41			
People who do not work	17.54 ± 6.08			



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Cosa fare?

Supporto psicologico per i gruppi più vulnerabili per ridurre ansia, depressione e rabbia

Interventi psicoeducativi per sostenere la resilienza

Results The online questionnaire was completed by 4175 participants revealing that about 30% of participants complained of cognitive failures at least sometimes during quarantine/self-isolation, whereas some respondents reported very frequent cognitive failures. Moreover, resilience was found to mediate the relationships between depressive and anger symptoms and cognitive failures. Although no difference was found on PerMAFaQ among smart-workers, non-smart-workers, and those currently not at work, people not working at the moment complained of more frequent cognitive failures.

Conclusions These findings indicate the need to implement psychological support intervention, particularly for vulnerable groups, to reduce anxiety, depression, and anger, and of psychoeducational interventions to enhance resilience reducing possible long-term cognitive consequences of the quarantine.

RESILIENZA

E' la capacità di affrontare degli eventi stressanti e di superarli e di continuare a svilupparsi positivamente e a progettare il proprio futuro

- The emphasis on building resilience in the workplace has been at least partially due to renewed interest in promoting positive psychological functioning and well-being, as opposed to simply treating problems

Journal of Occupational and Organizational Psychology (2016), 89, 278–307]

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress – such as family and relationship problems, serious health problems, or workplace and financial stressors. It means "bouncing back" from difficult experiences.



ALTA RESILIENZA

Le persone con un alto livello di resilienza riescono:

a fronteggiare efficacemente le contrarietà,

a dare nuovo slancio alla propria esistenza e perfino a raggiungere mete importanti.

L'esposizione alle avversità sembra rafforzarle piuttosto che indebolirle.

Esse tendenzialmente sono ottimiste, flessibili e creative

sanno lavorare in gruppo e fanno facilmente tesoro delle proprie e delle altrui esperienze

hanno relazioni con persone premurose e unite, che possano creare un clima di fiducia e di sicurezza,

hanno una visione positiva di sé ed una buona consapevolezza sia delle abilità possedute che dei punti di forza del proprio carattere;

hanno la capacità di porsi traguardi realistici e di pianificare passi gradualmente per il loro raggiungimento;

hanno adeguate capacità comunicative e di "problem solving";

hanno una buona capacità di controllo degli impulsi e delle emozioni.



Telecommuting, Off-Time Work, and Intrusive Leadership in Workers' Well-Being

Nicola Magnavita ^{1,2,*}, Giovanni Tripepi ³ and Carlo Chiorri ⁴

Published: 24 March 2021

Variabili di RISCHIO

PERSONALITA' OC – WORKHOLIC

LEADERSHIP INTRUSIVA

Abstract: Telecommuting is a flexible form of work that has progressively spread over the last 40 years and which has been strongly encouraged by the measures to limit the COVID-19 pandemic. There is still limited evidence on the effects it has on workers' health. In this survey we invited 905 workers of companies that made a limited use of telecommuting to fill out a questionnaire to evaluate intrusive leadership of managers (IL), the request for work outside traditional hours (OFF-TAJD), workaholism (Bergen Work Addiction Scale (BWAS)), effort/reward imbalance (ERI), happiness, and common mental issues (CMIs), anxiety and depression, assessed by the Goldberg scale (GADS). The interaction between these variables has been studied by structural equation modeling (SEM). Intrusive leadership and working after hours were significantly associated with occupational stress. Workaholism is a relevant moderator of this interaction: intrusive leadership significantly increased the stress of workaholic workers. Intrusive leadership and overtime work were associated with reduced happiness, anxiety, and depression. These results indicate the need to guarantee the right to disconnect to limit the effect of the OFF-TAJD. In addition to this, companies should implement policies to prevent intrusive leadership and workaholism.

Predictor	Outcome			
	ERI	Happiness	Anxiety	Depression
Off-time work (OW)	0.14 **	0.10 *	-0.01	-0.13 *
Intrusive Leadership (IL)	0.26 ***	-0.06	0.13 *	0.10
Workaholism (WA)	0.44 ***	-0.39 ***	0.67 ***	0.83 ***
WA × IL	0.15 **	-0.03	-0.04	0.03
WA × OW	-0.02	-0.01	0.05	0.02
Gender (Male)	0.00	0.09 *	-0.20 ***	-0.17 ***
Age	0.14 ***	-0.22 ***	0.17 ***	0.13 **

Note: ***, $p < 0.001$; **, $p < 0.01$; *, $p < 0.05$; the last two lines show the effects of the latent variable interaction.

Table 3. Correlation matrix of the outcomes in the structural equation model in Figure 1.

	ERI	Happiness	Depression
Happiness	-0.16 **		
Depression	0.28 ***	-0.42 ***	
Anxiety	0.25 ***	-0.28 ***	0.88 ***

Note: ***, $p < 0.001$; **, $p < 0.01$; ERI, effort/reward imbalance.

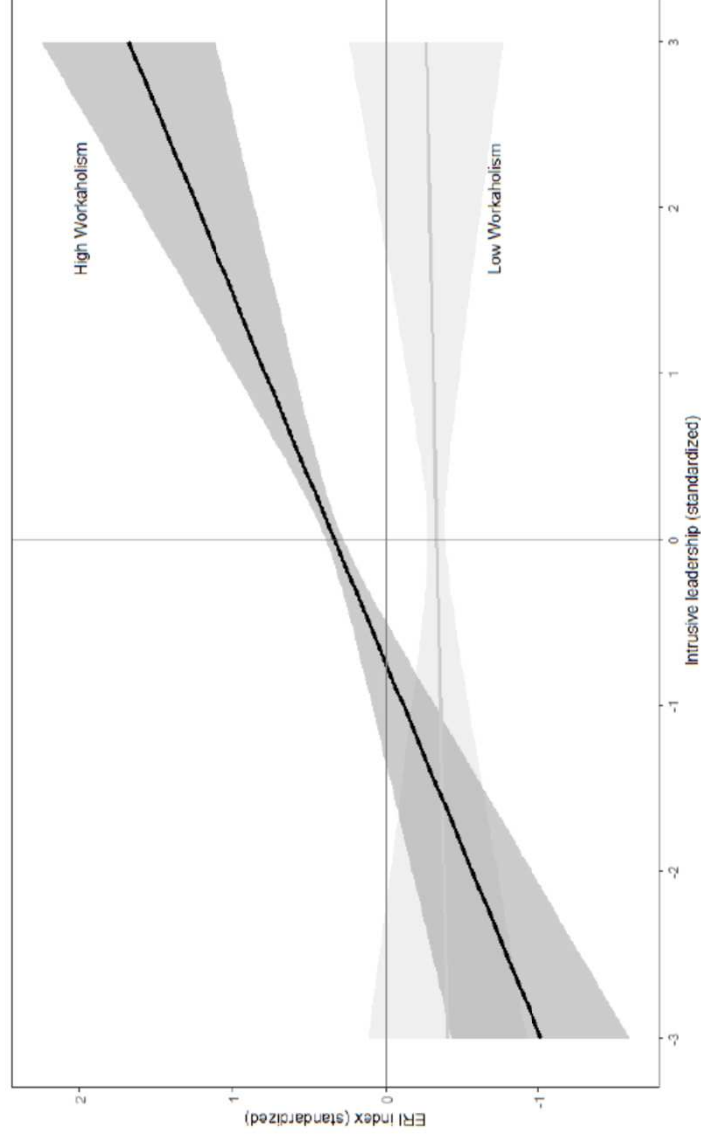






Figure 2. Mediating effect of workaholism on the association between intrusive leadership and effort/reward imbalance.

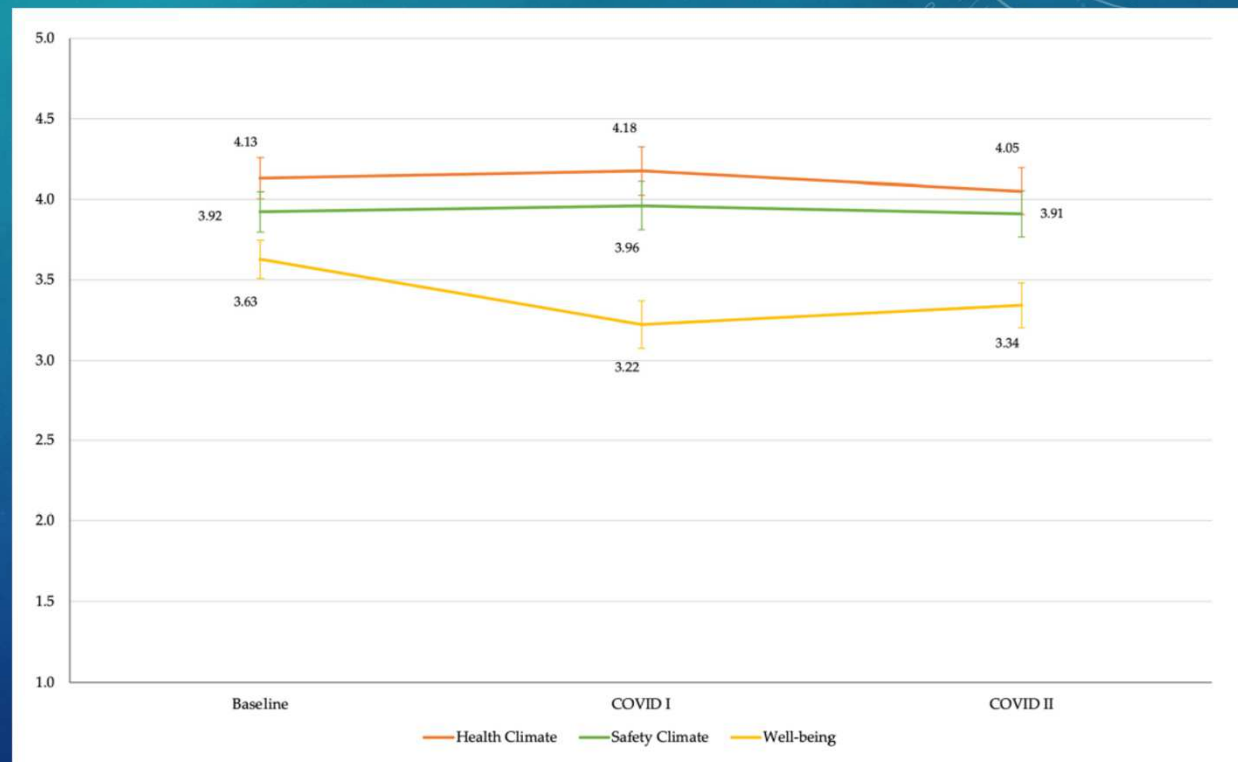
Article

Total Worker Health[®] and Small Business Employee Perceptions of Health Climate, Safety Climate, and Well-Being during COVID-19

Carol E. Brown ^{1,*}, Lynn Dexter ¹ , Natalie V. Schwatka ^{1,2} , Miranda Dally ^{1,2} , Liliana Tenney ^{1,2}, Erin Shore ³ and Lee S. Newman ^{1,2,4,5} 

Int. J. Environ. Res. Public Health **2021**, *18*, 9702. <https://doi.org/10.3390/ijerph18189702>

Importanza di un adeguato approccio di leadership (Total Worker Health) per mitigare gli effetti negativi della pandemia sulla percezione della salute, sicurezza e benessere in ambiente di lavoro soprattutto nelle aziende piu piccole che hanno mantenuto attività o comunque stretti rapporti con dipendenti e una leadership attenta





International Journal of
Environmental Research
and Public Health



Article

Telecommuting, Off-Time Work, and Intrusive Leadership in Workers' Well-Being

Nicola Magnavita ^{1,2,*} , Giovanni Tripepi ³ and Carlo Chiorri ⁴ 

In conclusion, the transition from traditional office work to telecommuting is a profitable and unstoppable phenomenon. Telecommuting is certainly a practical way of improving production, integrating workers with disabilities, diminishing commuting and environmental pollution, and reducing the spread of infection. However, great attention must be given to ensuring that this type of remote working is accompanied by a correct style of leadership and respect for the privacy and needs of workers.

ANSIA DA RIENTRO AL LAVORO

In pratica, quello che aumenta maggiormente l'ansia dei lavoratori è:

- la paura del contagio
- affrontare dopo tempo ritmi frenetici;
- non sentirsi in sicurezza;
- gestire la famiglia.



- Per affrontare il passaggio dalla “comfort zone” delle mura di casa all’ambiente di lavoro, è raccomandato un approccio morbido e graduale:
- Abituarsi nuovamente all’ambiente di lavoro va fatto senza fretta, riprogrammando una nuova routine quotidiana;
- Non correre da una parte all’altra cercando di fare troppe cose contemporaneamente, ma meglio organizzarsi con calma il lavoro portandone a termine uno alla volta;
- Se la mascherina crea dei problemi di respirazione, allontanarsi dalla postazione di lavoro e prendere una boccata d’aria fresca all’esterno, riacquistare una respirazione tranquilla e rientrare.
- **Non chiudersi in se stessi è fondamentale, confrontarsi con la famiglia, un amico oppure uno specialista, per trovare il supporto necessario per affrontare le problematiche che si presentano. E’ molto importante capire che chiedere aiuto non vuol dire essere deboli, ma al contrario essere forti nel riconoscere una situazione difficile da gestire da soli;**
- Non pensare a cosa si potrà fare tra un mese, meglio restare **sull’oggi e il domani, un passo alla volta;**
- Mantenere le abitudini igieniche apprese durante la pandemia e continuare a rispettare le indicazioni di sicurezza.
- **GUIDA AL LAVORO DOPO IL CORONAVIRUS**
- L’Agenzia Europea per la Sicurezza e la Salute sul Lavoro (Eu – Osha) ha pubblicato una guida dedicata all’importanza di garantire la sicurezza e la salute sul luogo di lavoro per il dopo coronavirus.

COSA FARE?

- CERCARE E RICONOSCERE!!!
- ASCOLTARE SUPPORTARE
- TRATTARE - INVIARE



COSA FARE?

- INDICARE STRATEGIE
- DI COPING ADATTE
- TRATTARE SE DISTURBO
- INVIARE ..

**Smart
working e
benessere**

Title	Managing Stress: Tips for Coping with the Stress of COVID-19 ★
Source	Harvard T.H. Chan School of Public Health
Link	https://drive.google.com/file/d/1FopkiPYKRcyi24FPcgPdRZKAM5y850pp/view
Key points	<ul style="list-style-type: none">• Drs. Korte, Denckla, Ametaj, and Koenen of the Harvard T.H. Chan School of Public Health summarize tips for coping with COVID-19 stress• Stress-related reactions may include: changes in concentration/thinking/memory; feeling tense/irritable/anxious; changes in energy/appetite/sleep; social withdrawal, reduced productivity, interpersonal conflict. Some individuals may be more susceptible to stress during an outbreak, including those with prior mental health conditions.• Coping strategies include: (1) staying connected with family/friends/community in creative ways; (2) managing challenging emotions with acceptance, mindfulness, relaxation, soothing and/or pleasurable activities; (3) avoiding unhelpful coping strategies like substance use, rumination/constant worrying, high-risk behavior; (4) engaging in positive lifestyle behaviors such as physical activity and eating healthy, using acceptance, re-framing, and problem-solving as needed; and (5) practicing sleep hygiene.• Additional resources from the Koenen group: https://drive.google.com/drive/folders/1Gp47v-KtK5JuexPnUrzNu33pgRbpVLF2

CONCLUDENDO

- Recupero stili di vita equilibrati
- Alimentazione sana
- Attività fisica
- Igiene del sonno
- Adeguato supporto sociale
- Attività ricreative e creative che diano piacere
- Attenzione sostanze d'abuso
- Comportamenti adattativi nell'uso dei media e nella gestione delle informazioni
- Attenzione alla cyberchondria

<https://www.fnopi.it/2020/03/15/sisst-tensione-paura-stress-opuscolo-guida-sei-esercizi/>

<https://www.epicentro.iss.it/coronavirus/sars-cov-2-gestione-stress-ambito-domestico>

