Long title: Protocol for evaluating a Consultation for Suffering at work in French-speaking Switzerland

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ABSTRACT

Introduction: Psychosocial suffering entails human, social and economic costs. In Switzerland, 34.4% of workers report chronic work-related stress. Our medical Consultation for Suffering at Work aims to preserve—or restore—the patient's capacity to act and make decisions after a diagnosis of work-related psychological suffering; it also aims to help employees get back to or remain at work. Our hypothesis is that the dynamic of the consultation itself and adherence to its medical advice are active factors of these results.

Objectives: Understand changes in patients' work and health status 12 months after a Consultation for Suffering at Work. Determine the effects of the consultation on health and working status via identified active factors: the consultation dynamic and the ability to adhere to the consultation's advice. Evaluate the consultation's effects qualitatively.

Materials and Methods: This longitudinal, monocentric study with a quasi-experimental design will include patients consulting between 1 January and 31 December 2018. Changes in patients' work and health status will be analysed using data collected via questionnaires at 0, 3 and 12 months. Qualitative data will be collected via a semi-structured telephone interview 3 months after the consultation. The quantitative part will include 150–170 patients; the qualitative part will include 30.

Conclusion: This exploratory research project will provide a better understanding of issues of work-related psychological suffering and effective strategies to support patients. The absence of a control group and the impossibility of applying a randomised controlled design are constraints on this study.

1. Introduction

1.1. Background

1.1.1. Psychological suffering and psychosocial risks

Gollac defines psychosocial risks as “the risks to mental, physical and social health entailed by working conditions and the organisational and relational factors which may interact with mental function” [1].

Suffering at work is the unpleasant and destabilising psychological experience “which arises when the subject runs into insurmountable and persistent obstacles, after having used up all his resources in an attempt to improve the organization of his work with regards to quality and safety” [2].

Psychological suffering at work can entail human [3–6], social and economic costs [7]. Nevertheless, work remains a major factor in the construction of an individual's identity [8].

1.1.2. Psychological health at work in Switzerland

Comparing Swiss data with European Union (EU) data shows that the perceived professional pressures of working in Switzerland are greater [9,10] but that the country's working environment gives workers greater latitude in decision making about their jobs and more support from company hierarchies. It is of note that in 2014 Switzerland's unemployment rate was 3.2% [11] versus 10.2% in the EU [12].

Despite these protective factors, the results of recent studies on the mental health of employees in Switzerland are worrying [7,13]. In 2010, 34.4% of employees reported chronic stress linked to their occupations; in 2000, the rate was 26.6% [14].

1.2. The Consultation for Suffering at work

1.2.1. History

In 2008, the Institute for Work and Health (IST) carried out a survey...
of 806 primary care physicians in French-speaking Switzerland. This revealed that 14.9% of their new diagnoses involving working-age adults had an occupational link and that they subsequently required specialist advice [15]. In 2009, the IST began to work with Lausanne University Hospital's (CHUV) Community Psychiatric Service to develop an occupational health consultation dedicated specifically to psychological suffering at work. A pilot phase helped the partners to make the necessary adjustments to these consultations [16].

1.2.5. Active factors of the consultation

The consultation process follows a two-stage process leading to the formulation of recommendations that will be formulated in a report and which the collaborator will be invited to implement.

These steps were identified following critical thinking by a group of expert clinicians and researchers in this field, including some of the authors (CBG, CB, BD and PW) together with Dominique Chouanière* and Christine Cohidon**. They used a systematic approach to study each stage of the consultation in order to identify the most probable active factors. The potential factors were then proposed to the physicians carrying out the consultations for Suffering at Work. They validated the most probable active factors of the consultation as the dynamic of the consultation itself and the patient’s adherence to the recommendations formulated during the consultation.

The dynamic of the consultation itself is the analysis of the situation carried out by the physician, with the patient, using the patient's narrative:

- During the first step, the clinician will allow the patient to re-contextualize the problem by integrating different perspectives to broaden his initial vision. Its aim is to grasp the process of settling suffering in order to identify its contributing aspects and their interlinkages.

- The second step is to help the person to overturn from the factors of shift to support factors related to his/her work. These support factors may relate to the individual's functioning, relationship to work or place of work. By allowing concrete tracks, this second stage will try to unblock the feeling of impasse or the anxious anticipation of return to work in the same configuration. Advice relative to the patient’s job is aimed at supporting a reconfiguration of the relationship to work by trying to push back against the factors which contributed to the patient stopping work or experiencing an occupational crisis there. This shift enables risk factors to become a part of the solution—factors of reconstruction and support—and help to begin a new, positive connection with the working environment. It allows the person to project himself, to be legitimated in a proactive attitude towards himself and his professional situation in order to try to reconfigure it. This second step supports the return of an individual's ability to act and an "empowered" position [22].

The consultation’s recommendations and advice are formulated in partnership with the patient using the potential paths to a solution retained during the consultation. Advice can be about the work situation, medical care or the patient’s administrative and health insurance situations.

Our analysis is that the consultation Work and suffering acts through its active factors which are its two-stage dynamic and the elaboration of recommendations. The two-stage-dynamics are the passage through the two steps described above: the re-contextualization and the identification of positive levers. The recommendations are co-developed with the patient (Fig. 1).

It is probable that adherence to recommendations and the dynamic of the consultation itself have a mutual influence on each other.

The Consultation for Suffering at Work in its current form was put in place in 2014. It is now time to evaluate its effects.

1.3. Study objectives

The study’s objectives are to understand the changes in the patient’s employment situation and health at 12 months after the consultation and to evaluate the consultation’s effects on the patient’s health and his employment situation via two variables: the dynamic of the consultation itself and the patient's adherence to the medical advice given to him. Our hypothesis is that indicators of a patient’s health and employment status after a consultation will be more favourable if he perceived a positive dynamic during his consultation and/or he was successfully able to adhere to the medical advice and recommendations that resulted from it.

A secondary objective is to qualitatively evaluate the effects of the Consultation for Suffering at Work by exploring patients' perceptions of it.
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