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

Sophie Bontemps[a], Catherine Barlet-Ghaleb[a], Zakia Mediouni[a,*], Christine Besse[b], Charles Bonsack[b], Pascal Wild[a,c], Brigitta Danuser[a]

[a] Occupational Medicine Unit, Institute for Work and Health, 2 Route de La Corniche, CH-1066, Epalinges, Lausanne, Switzerland
[b] Community Psychiatric Service, Lausanne University Hospital (CHUV), 18 Place Chauderon, CH-1011, Lausanne, Switzerland
[c] INRS, 60027 54519 Cedex, Rue du Morvan, F-54500, Vandœuvre-lès-Nancy, France

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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 give 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

* Corresponding author. Institut universitaire romand de Santé au Travail, Route de la Corniche 2, CH-1066, Epalinges, Lausanne, Switzerland.
E-mail address: Zakia.Mediouni@chuv.ch (Z. Mediouni).

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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].

1.2.2. Theoretical underpinnings of the consultation

The Consultation for Suffering at Work involves an analysis of both the professional and private aspects of the patient's suffering. The consultation adopts an approach to occupational psychopathology developed out Dejours's occupational psychodynamics and Clot's "clinical activity intervention" within the framework of the traditional practice of clinical occupational medicine. The specificity of clinical occupational medicine is that it approaches the worker's psychological problems from the point of view of his relationship with his work activity. Clinical occupational medicine enables a subjective analysis of aspects of occupational situations which are harmful to the worker's psychological function and the mechanisms that he might use to maintain both his professional commitment and his psychological balance [17].

The Consultation for Suffering at Work is a complex intervention [18]. Its effects can be multiple, progressive, variable and time-deferred, depending on the individual [18,19]. There are multiple, non-linear causal relationships with feedback loops between health and employment [18,20].

1.2.3. Goals of the consultation

The main goal of the Consultation for Suffering at Work is to preserve—or restore—the patient's capacity to make decisions and take action (empowerment) and his feelings of professional effectiveness. The notion of empowerment—a rather difficult one to translate into French—describes the process through which an individual or a group acquires the means to reinforce his capacity for action and his ability to take the initiative in order to become an actor in his own life [21].

Another of the consultation's goals is to encourage the restoration or maintenance of the patient's psychological relationship with employment, and this can assist primary care physicians to manage such situations.

1.2.4. How the consultation works

Any employee may spontaneously ask for a Consultation for Suffering at Work, or it can be requested via a patient's care network. Both routes lead to the same consultation unless there is an urgent need to deal with a psychiatric emergency or there is an occupational physician in the employee's company.

A report on the consultation is sent to both the patient and his attending physicians, with a summary of the analyses carried out and the chosen approaches for dealing with the problem, in the form of advice or recommendations formulated with the patient. In general, the patient only participates in a single consultation. However, if deemed necessary, this could be supplemented by an intervention in the workplace by an occupational physician from the IST. Around one third of cases require the combined analyses of an occupational physician and a psychiatrist, and these take place at the IST's premises every two weeks.

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.