

Applying workers' health surveillance to manage PSRS@W



Dr. Sarah M. Ketelaar

Department of Occupational Health and Environment

Academic Medical Center

Amsterdam, The Netherlands



Overview

- Who am I?
- Workers' health surveillance (WHS)
- Research findings on WHS
- WHS in practice
- Organisational interventions following WHS
- Concluding remarks



Who am I?

- Work & organisation advisor
@ Occupational Health Services
- PhD in preventive occupational
healthcare



Workers' health surveillance? (1)

- International Labour Office:
“Workers' health surveillance should be an essential component of programmes aimed at the protection of workers.”
- Dutch Working Conditions Act:
“Employers shall give employees the opportunity to undergo examinations at regular intervals with an aim to prevent or limit the risks posed to their health by their work to the greatest possible extent.”



Workers' health surveillance? (2)

- Three aims:
 - Prevention of work-related health problems
 - Monitoring and improvement of work-related health and work functioning
 - Monitoring and improvement of sustained employability



Workers' health surveillance? (3)

- Voluntary, job-specific and work-related health examination
- Discussion of results
- Advice and interventions to improve work-related health
- If applicable: advice for organisation
- Repetition at regular intervals

Guidelines:

International Labour Office: Technical and ethical guidelines for workers' health surveillance

Netherlands Society of Occupational Medicine: Practice guideline on workers' health surveillance (Sluiter et al. 2013)



Research findings in healthcare setting (1)

- Hospital physicians: ¹
 - Good feasibility and acceptability
 - Positive effects perceived by 2/3 of participants on:
 - Health
 - Work functioning
 - Long-term work ability

1. Ruitenburg et al 2015, Int J Occup Med Environ Health



Research findings in healthcare setting (2)

- Hospital nurses and allied health professionals
- Focused on mental health

1.



2.



3a.



3b.



Research findings in healthcare setting (3)



- Improved work functioning (cost-)effectively¹
 - Return on investment €5-11



- Did not improve work functioning (cost-)effectively²

- Well-received by participants³

1. Gärtner et al 2013, J Occup Environ Med; Noben et al 2014, Int J Nurs Stud; Noben et al 2015, Int J Occup Med Environ Health
2. Ketelaar et al 2013, PLoS ONE; Noben et al 2014, Int J Nurs Stud
3. Ketelaar et al 2013, J Occup Environ Med



WHS in practice @ AMC (1)

1. Online questionnaire on (work-related) health, personal ability to deal with job demands, work ability, work perception

Regarding PSRS@W:

- Exposure to and impact of aggressive and/or traumatic incidents
- Mental health problems
- Need for recovery after work
- Perceived workload
- Perceived team atmosphere, contact with colleagues and supervisor



WHS in practice @ AMC (2)

2. Physical examination by doctor's assistant: vision, hearing, blood pressure, weight, height, waist circumference
3. Appointment with occupational physician: discussing results and personal advice to improve work-related health



- WHS primarily targeted at supporting individual employees
- But causes of work-related ill health often within work environment

→ Organisational interventions?



Possible organisational interventions (1)

Example 1: regarding stress and high perceived workload

1. Extensive survey on problems potentially leading to high perceived workload
2. Subsequent group discussions with resident physicians and educators
3. Determine action plan
4. Aspects transcending department → determine hospital-wide measures

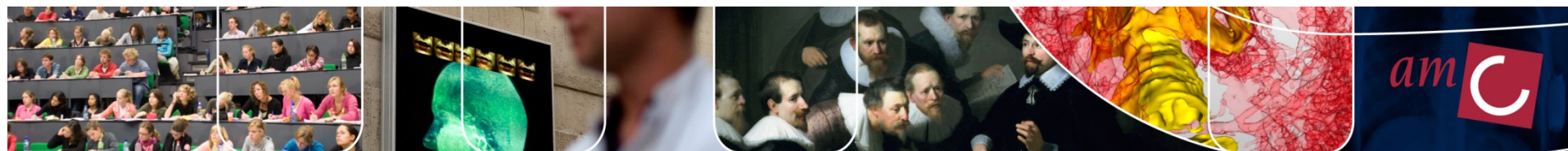


Possible organisational interventions (2)

Example 2: regarding need for recovery after work

- Implementing self-rostering or offering more control over working times
 - Positive effect on fatigue during night shifts^{1;2}
 - Positive effect on work/life balance¹

1. Nijp et al 2012, Scand J Work Environ Health
2. Joyce et al 2010, Cochrane Database Syst Rev



Possible organisational interventions (3)

Example 3: regarding exposure to aggressive and/or traumatic incidents

- Policy and code of conduct?
- Training in handling and de-escalating incidents?
- Support and aftercare?
- Systematic recording and evaluation (for preventive purposes)?



Possible organisational interventions (4)

Example 4: regarding perceived team atmosphere, contact with colleagues and supervisor

- Training employees in positive communication skills
- Does the supervisor set a good example?
- Counsellor available?



Concluding: why implement WHS?

Early intervention at individual level:

- Insight in personal work-related health, ability to deal with job demands, and work ability
- Support to remain healthy at work by personal advice and interventions

Early intervention and/or prevention at organisational level:

- Insight regarding less optimal work environment
- Direction towards appropriate organisational interventions

Repetition at regular intervals: opportunity to monitor effectiveness of interventions



ANY
QUESTIONS
?

