



Introduction to the 4th International COPSOQ Workshop - Gent

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- **1.600** staff members / specialists in Belgium, France and Luxemburg
- **29** contact points for customers
 - 26 in Belgium
 - 2 in France
 - 1 in Luxemburg
- **Our customers:**
 - more than 150.000 individuals and companies
 - more than 110.000 self-employed
 - more than 6.500 accountants and brokers.
- Turnover of **225** million euro in 2010



**People are the heart of a winning strategy.
Great businesses take care of them.**

We provide **innovative** and **reliable solutions** to optimize **people management**.

We constantly develop and bundle the **expertise** within our **Group**
to offer the **best services** to our customers.

We commit ourselves to contribute to the business performance
of our customers as a **privileged partner**.

Securex is your **best partner for all your 'human capital' management issues**.

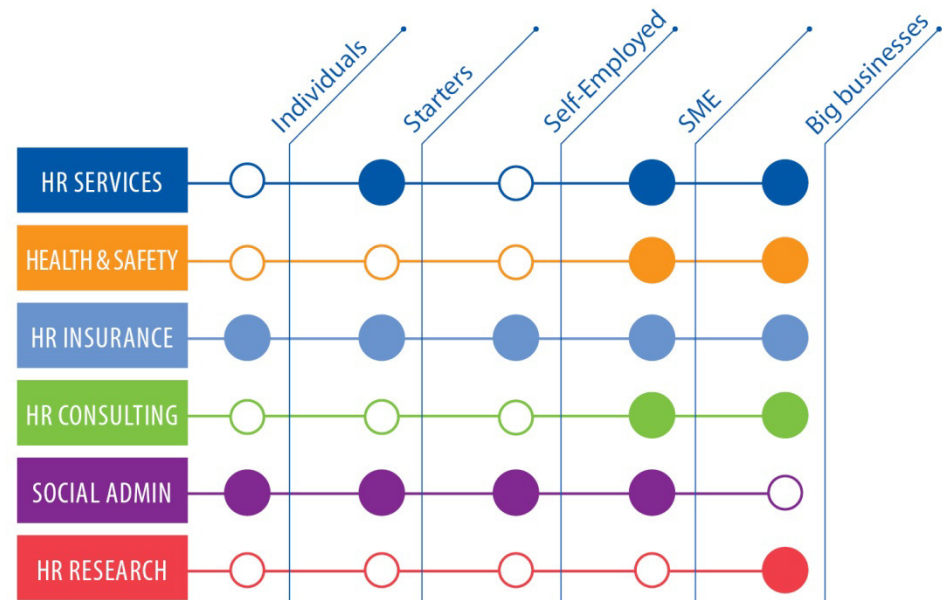
We are **experts in specific domains** - all with the same values.

Client-centric approach – products & services for individuals, starters,
self-employed, small, midsize and large companies

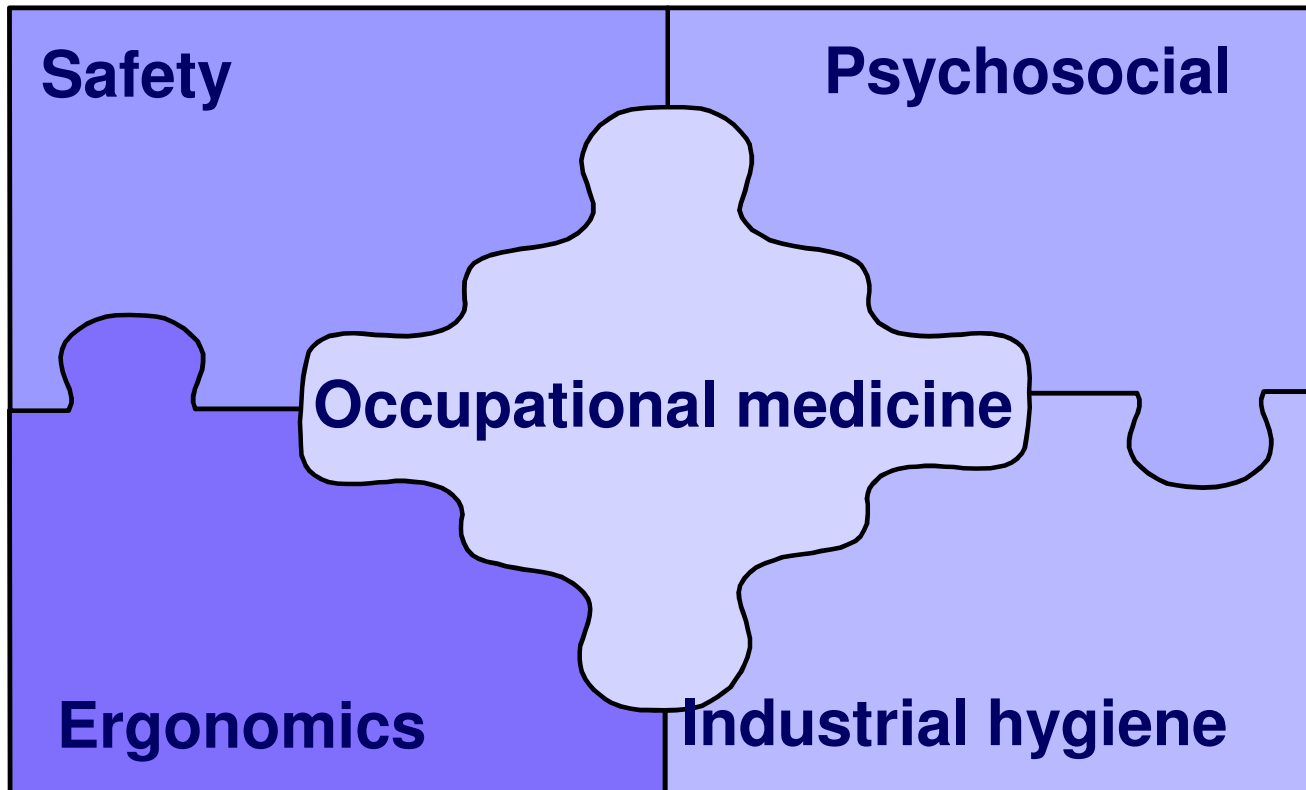


Our Offer of Services & Type of Customers

A trusted partner for an integrated offer tailor-made to the customer's needs



- Internal Services For Prevention and Protection
- External Services For Prevention and Protection:
 - Private companies
 - Multidisciplinarity
 - Supply missing disciplines



The Medical Teams

- Occupational health physician
 - MD (Basic training 3+4 = MASTER + 4 y specialisation MANAMA)
- Occupational health assistant
 - Nurses (3 years professional training)
 - Other “health” professionals
 - ...



- The organisation and legislation of safety and health at the workplace is a federal Belgian competence
- Preventive health care (also in occupational health) is a competence of the Flemish & French speaking communities

Tasks of Occupational Health Physician

- Health risk assessment
- If professional health risk: annual preventive medical examination
 - Early detection of occupational diseases
 - Determination of fitness to work
 - (General health counseling)

- Major improvement of prevention
 - = Better safety and health working condition
 - = Less and less professional health risks
- Less professional diseases:
 - 1990: 11907
 - 2006: 7014
- More employees are examined
 - Almost all “blue collar” annually and a majority of “white collar” (3/5 years)
- Decreasing number of occupational doctors
 - Demographic evolution: from 900 to 600

Our Vision and Strategy

- **Our New business model**
 - Increasing meaning and relevance of work
 - Increasing professional satisfaction and
 - Increasing added value for clients
- **New Organisation**
 - Emphasis on role of occupational nurse
 - Doctors: “less but more”
- **New themes**
 - Behaviour-motivational interviewing
 - General health
 - Reintegration on the workplace after illness
 - Psychosocial risks: assessment and individual help

Use of the short COPSOQ version in the routine occupational health examination: a new project

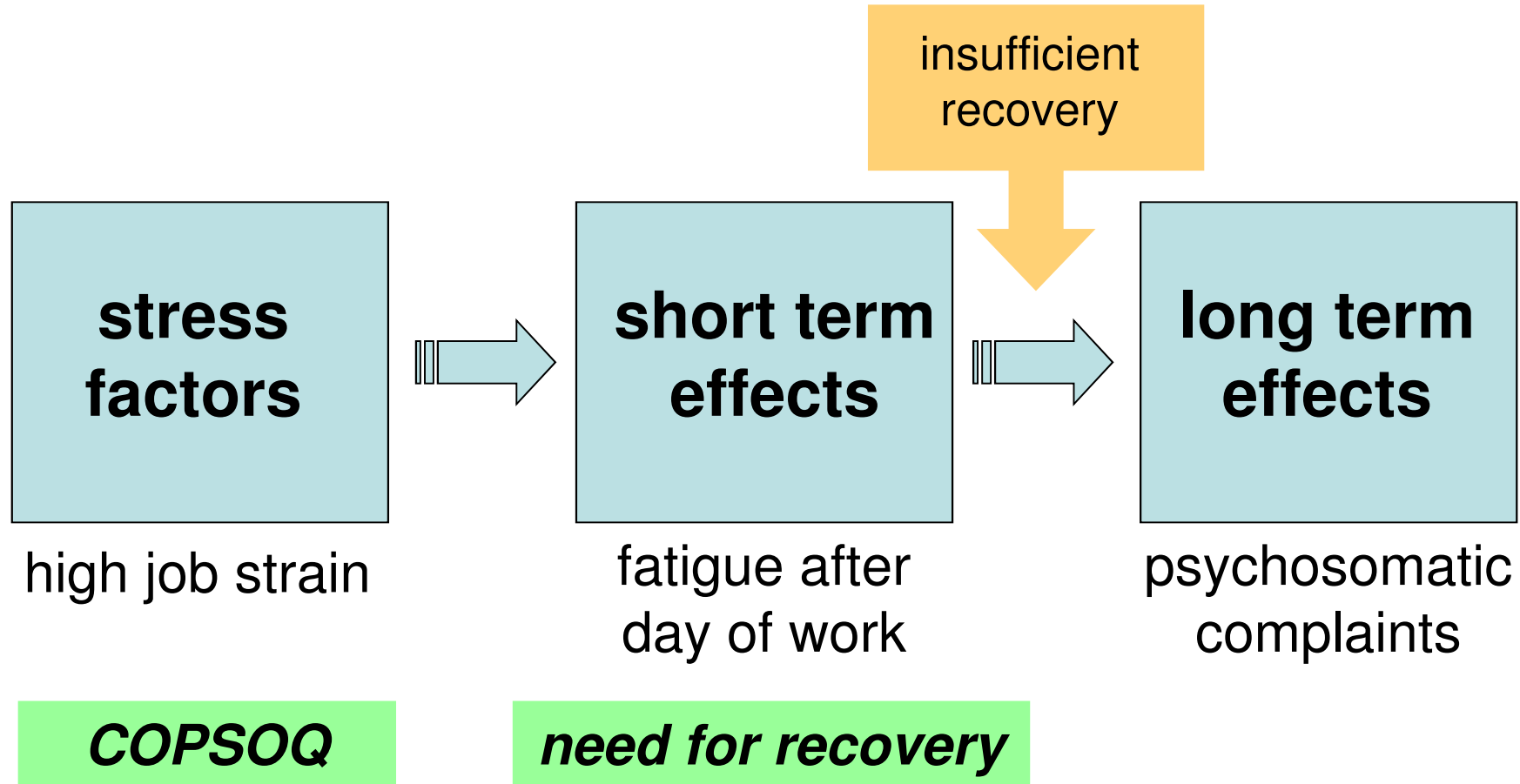
Standardized Questionnaires

- During medical examination
 - For individual (counseling) and collective purpose (reporting)
 - Short “Nordic” questionnaire: musculoskeletal complaints (low back, neck/shoulder, elbow, wrist)
 - Need for recovery

Need For Recovery

- Fatigue experienced during or after a day's work can lead to long-term adverse health effects, when there is insufficient time to recover from this fatigue in between two work periods
- This fatigue at work can be measured by 'The need for recovery' scale
- Questionnaire: 11 dichotomous (Y/N) items; scale 0-11; high NFR > 5
- Early predictor and sensitive indicator of reduced well-being (psychosomatic complaints, burnout, depression)

Need For Recovery

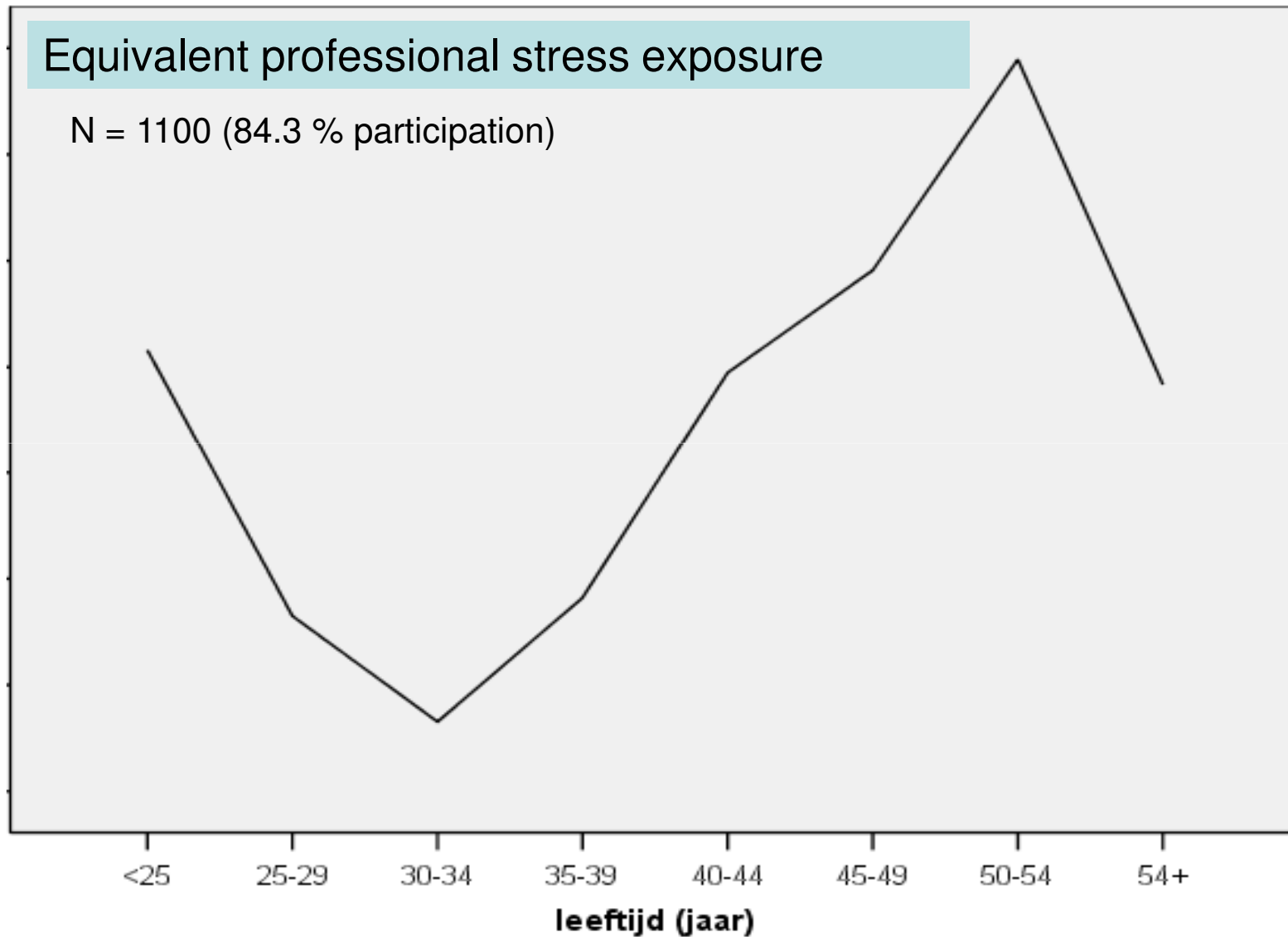


Sluiter JK et al. Ergonomics 1999; 42(4):573-583

Ursin & Eriksen. Psychoneuroendocrinology 2004; 29:567-592

- | | |
|---|--------|
| 1. I find it hard to relax at the end of a working day. | yes/no |
| 2. At the end of a working day, I am really feeling worn-out. | yes/no |
| 3. My job causes me to feel rather exhausted at the end of a working day. | yes/no |
| 4. Generally speaking, I'm still feeling fresh after supper. | yes/no |
| 5. Generally speaking, I am able to relax only on a second day off. | yes/no |
| 6. I have trouble concentrating in the hours off after my working day. | yes/no |
| 7. I find it hard to show interest in other people when I just came home from work. | yes/no |
| 8. In general, it takes me over an hour to feel fully recovered after work. | yes/no |
| 9. When I get home, people should leave me alone for some time. | yes/no |
| 10. After a working day I am often too tired to start other activities. | yes/no |
| 11. During the last part of the working day sometimes I cannot optimally perform my job because of fatigue. | yes/no |

Need For Recovery and Age



‘The Need For Recovery Scale’

- Mass screening 2011- now
 - Individual counseling (burnout prevention)
 - Collective results for companies: jobs, professions, departments "at risk"
 - Scientific research: n = 13.591; mean 2,62; 16,9% above 5
- NFR can be influenced by professional, medical and private situation
- Need to combine health effects with professional exposure assessment

New Project

- Combine health effects with exposure assessment
- Combination NFR with short COPSOQ during medical examination
- Pilot study Q4 2013

Short COPSOQ - Included scales

- quantitative demands
- tempo
- emotional demands
- influence at work
- possibilities for development
- meaning of work
- commitment to the workplace
- predictability
- rewards
- role clarity
- quality of leadership
- social support from supervisors
- vertical trust
- justice and respect
- job satisfaction
- work family conflict
- self-rated health
- degrees of freedom
- job insecurity
- social community at work