



TRAVAIL & MALADIES
CHRONIQUES ÉVOLUTIVES



WORKING WITH A CHRONIC ILLNESS

ANACT NETWORK METHODOLOGY TO KEEP EMPLOYEES WITH CHRONIC ILLNESS AT WORK

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*“A chronic disease is a long-term illness, progressive, often linked to a disability and to the threat of serious complications.” ***

- **20 %** of French population affected

i.e : Cardio Vascular Diseases (2,8 Mi) - Cancer (1,7 Mi) Diabetes (1,6 Mi) – Mental Health (950 000) – Multiple Sclerosis (61000).

**15 % of French workers are affected
and this proportion should grow**

- If 80% of active age affected people are working at the time of diagnosis,

2 years after, 1/4 of these employees have lost their job (e.g. : cancer)



- Impact for the person :
 - Possible difficulties due to the disease and its **medical treatment** : **Tiredness**, irritability, specific needs, lack of concentration...
 - Job loss or difficulties to return to work
 - Stigmatization
 - Image given to others
 - Impact more important for women due to the kind of job they do (less autonomy, less qualified)
- Impact for the company :
 - Absenteeism issues
 - Increasing number of cases / saturation of classical solutions
 - Dealing with work adjustments
 - Sharing workload among other workers
 - Management of a variable state of health
 - Difficulties to identify the people concerned (invisible)



HOW WE PROCEEDED

CONTEXT	Dedicated French Plan 2007 – 2011 ESF EQUAL PROJECT ESF RACINES		PHWORK PROJECT + local Project	3 rd Cancer Plan + requests from big companies
	2005 – 2008 2009 - 2010		2011 - 2013 2014 – 2015	
ACTIONS	Interviews with 40 workers 15 experiments using ergonomic work analysis in French companies. Stakeholders identification. A study highlights the role of the parents and families (7350 answers).	Stabilization of the methodology. Conception of training modules. Dissemination to 3 other French regions.	Project management in big companies incl. public sector. Experience Feedback from 10 companies and partners. Gathering and dissemination of European practices.	Approach formalisation and dissemination. Transfer to other regions and consultants. New focus on mental health , addiction an inflammatory bowel disease effects.
MAJOR PARTNERS	Patient organizations, Aquitaine authorities, occ. physicians Fund for professional integration of people with disabilities (AGEFIPH) European partners	Leading a regional steering committee incl. social partners, healthcare professionals, university, patient organisations, social insurance, local institutions.	The same + ENWHP network + Foundation Roche	Idem + French National Cancer Institute (INCA) National and territorial authorities.
OUTCOMES	A guidebook First dedicated web-tool 2008 : regional event	New website , videos, DVD. Training of occupational physicians, RH managers. Questionnaires for occ. Physicians.	2 national events 1 European Award Website open to European practices Tailor-made websites for companies.	Communication in congresses (Lausanne, La Rochelle, Paris, Florence, Quebec) Scientific articles.



- Entry point should not be every single pathology but their similar impacts on work. (including treatment effects)
- The work organization determines in a larger part the possibility of remaining at work : if adaptable or not, flexible or not, so the organization is part of the solution.
- Only working through precise and concrete work situations can lead to sustainable solutions (avoiding measures based on a wrong assessment)
- A multidisciplinary approach is necessary to find solutions : make work together private sphere stakeholders (patient associations, doctors, social workers, relatives) and working sphere (HRM, OSH resp., managers, colleagues, occ.physicians, workers representatives...)
- People have to be seen as productive workers, just like any other workers with a “true” place. They have to be involved in the project.



OUR METHODOLOGY INSIDE COMPANIES

INTERNAL COMMUNICATION
Present the project to employees, website, Touch screen kiosks, smartphone application...





Triggering element :

- one or several cases to manage
- Absenteeism, redundancy for unfitness

Success factors :

- Type of methodology : cooperation and clear definition of the objectives
- Involvement of employer, affected worker, occ. physician, on line manager and colleagues.
- Provide and exchange of information between stakeholders.

Main difficulties :

- Link between private and work sphere
- Taboos about the diseases, reluctance to say,
- Invisible effects
- Coordination of health professionals, medical confidentiality
- Sustainable mobilization
- Implementing action plan



Examples of implemented actions :

- Building a project team
- Training of managers
- Regular meeting with the occ. physician on the topic (every 3 months)
- Anticipate incapacity cases : pre reinstatement visits
- Adjusted timetable and / or work environment
- Taking into account the employees needs for time off
- Avoiding “Hold Process” before finding a solution
- Taking better account of work situations for finding solutions
- Communication on the willingness of the Top executives to take the problem into consideration.
- Information toward employees on possible assistance
- Creation of information points for all employees





Benefits of the project :

- Solutions for job retention
- Better working atmosphere, social dialogue
- Reduction of conflicts
- Improvement of working conditions
- Better cooperation inside work teams
- Help to implement a better work health promotion strategy
- Better visibility of impacts of diseases on work and workers
- No effect on economic performance, even negative
- Absenteeism reduction
- This approach is a trigger to go further : anticipate impact of changes and implement an OSH strategy.



- **PRIORITY SHOULD BE PUT ON “ON LINE” MANAGERS
(in addition to classic actors)**
- **KEYPOINT IS TAKING INTO ACCOUNT THE VARIANCES IN
ORGANIZATIONS (intra individual, inter individual, work).**
- **THROUGH THIS APPROACH, IT IS POSSIBLE TO ADJUST, TO
BUILD ACTIONS WITHOUT NECESSARILY KNOWING THE
PATHOLOGY.**