



Social Partners' Conference on Occupational Safety and Health
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**Risk assessment of psycho-social stress for nursing staff according to the
provisions of the Occupational Health and Safety Act**

An example of a comprehensive and participatory approach
at the University Clinic Heidelberg

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Main Objective

Application of the German Occupational Safety and Health Act (§ 5 (3) No. 6 ArbSchG) within the hospital context

- Risk assessment of the working conditions and implementation of necessary structural changes to prevent future psycho-social stress



Goals

- Empirical assessment of nurses' working conditions
- Identification and evaluation of especially harmful working conditions
- Initiation of organizational development (“Pilots”)
- “Pilot”-evaluation, adaptation and dispersion of successful models
- Empowerment of the workforce through participation (bottom up instead of top down); including human resource development



Participatory Approach

Participation means that those affected by the working conditions are integral part of the process to change these conditions. This includes:

- Definition of the social reality
- Definition of harmful working conditions
- Development of suggestions for change
- Implementation of change



Milestones

Step 1: Empirical inventory on nursing staff's psycho-social stress

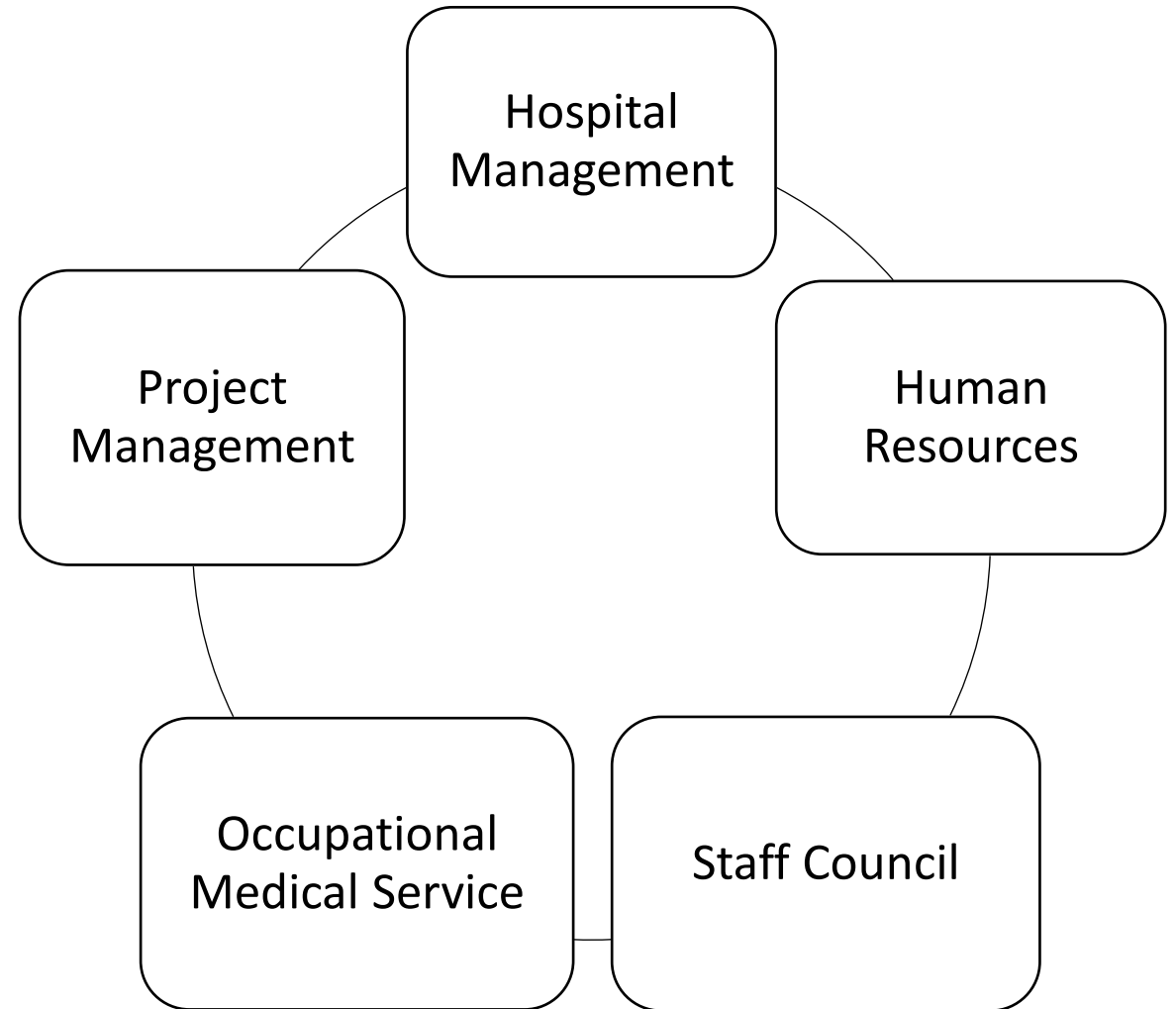
Step 2: Evaluation of especially harmful working conditions under participation of respective nurses

Step 3: Subsequent participatory development and implementation of preventive measures



Steering Committee

- Agenda setting and decision-taking
- Provision of necessary knowledge and resources
- Implementation management
- Employee participation & codetermination





Step 1 – Mixed Method Research

- Standardized survey among registered nurses (N=2.500; n=735)
 - Problem-centered Interviews with 6 experts and 42 nurses
 - Documentary analysis
 - 4 focus-group discussions
- Dispersion of a condensed version of the results within the workforce in combination with an announcement that the improvement of the working conditions will be pursued in the near future via “Health Circles”



Step 1 – Results of the Inventory

- Status
 - Effort-Reward-Imbalance, e. g. financially, recognition, etc.
- Clinical context
 - Psycho-social stress through organizational change after acquisition
- Medical context
 - Extensively harmful working conditions in intensive- and intermediate-care-units, e. g. work intensification, time pressure, etc.



Step 2 & 3 – Health Circle

- Decentralized-participatory instrument for organizational development
- Discussion-based evaluation of working conditions and development of corresponding development goals
- Focus on structural and cultural changes of the organization, not the deployment of solely compensatory measures
- voluntary participation, main participants: 1 moderator & 6-10 nurses per circle



Step 2 – Health Circle - Phase I

The Steering Committee...

- ... defines the scope of the Health Circles
- ... defines the structure of the Health Circles
- ... provides resources for the acquisition of voluntary participants



Step 2 – Health Circle - Phase II

In the first sessions of the Health Circle the participants...

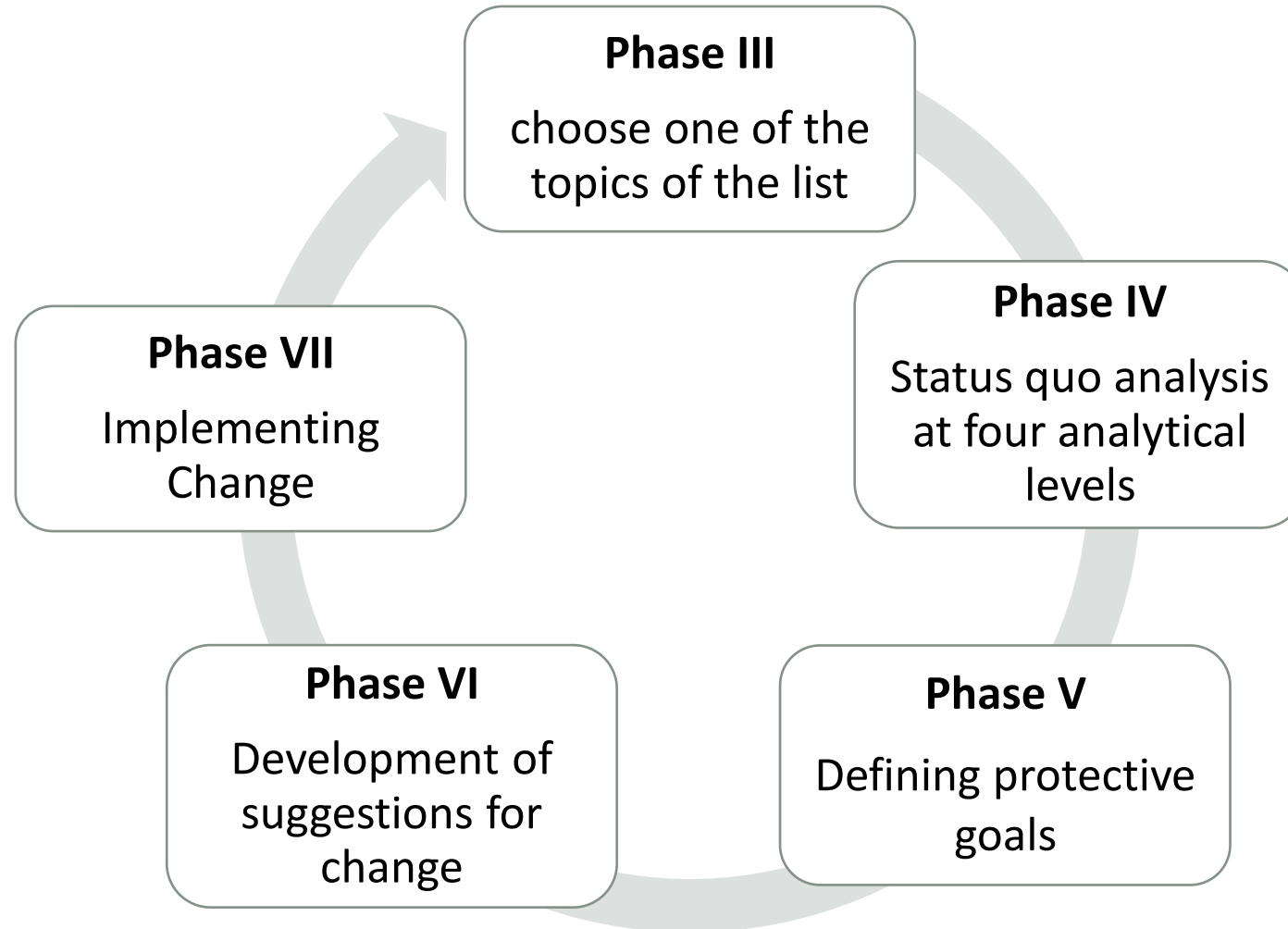
...are informed about results of the empirical inventory which are relevant concerning the scope of the Health Circle

...identify central working conditions which are detrimental for the health of the employees, e. g. constricted room, lack of recognition, etc.

...set up a list of topics which can be analysed through the Health Circle



Step 2 & 3 – Health Circle - Phase III to VII





Health Circle - Example

Phase III Collect a list of topics and choose a topic

- Work-life balance
- Inter-professional communication
- Work Environment
- Lack of Recognition
- **Work intensification**

Phase III Defining the dimensions of work intensification (Select one)

- Administrative Tasks
- Staff Allocation
- Reduced length of stay
- **Non-nursing tasks**

Phase III Specify non-nursing tasks (Select one)

- Office Duties
- Transport of Patients
- Medical Task
- **Housekeeping tasks**





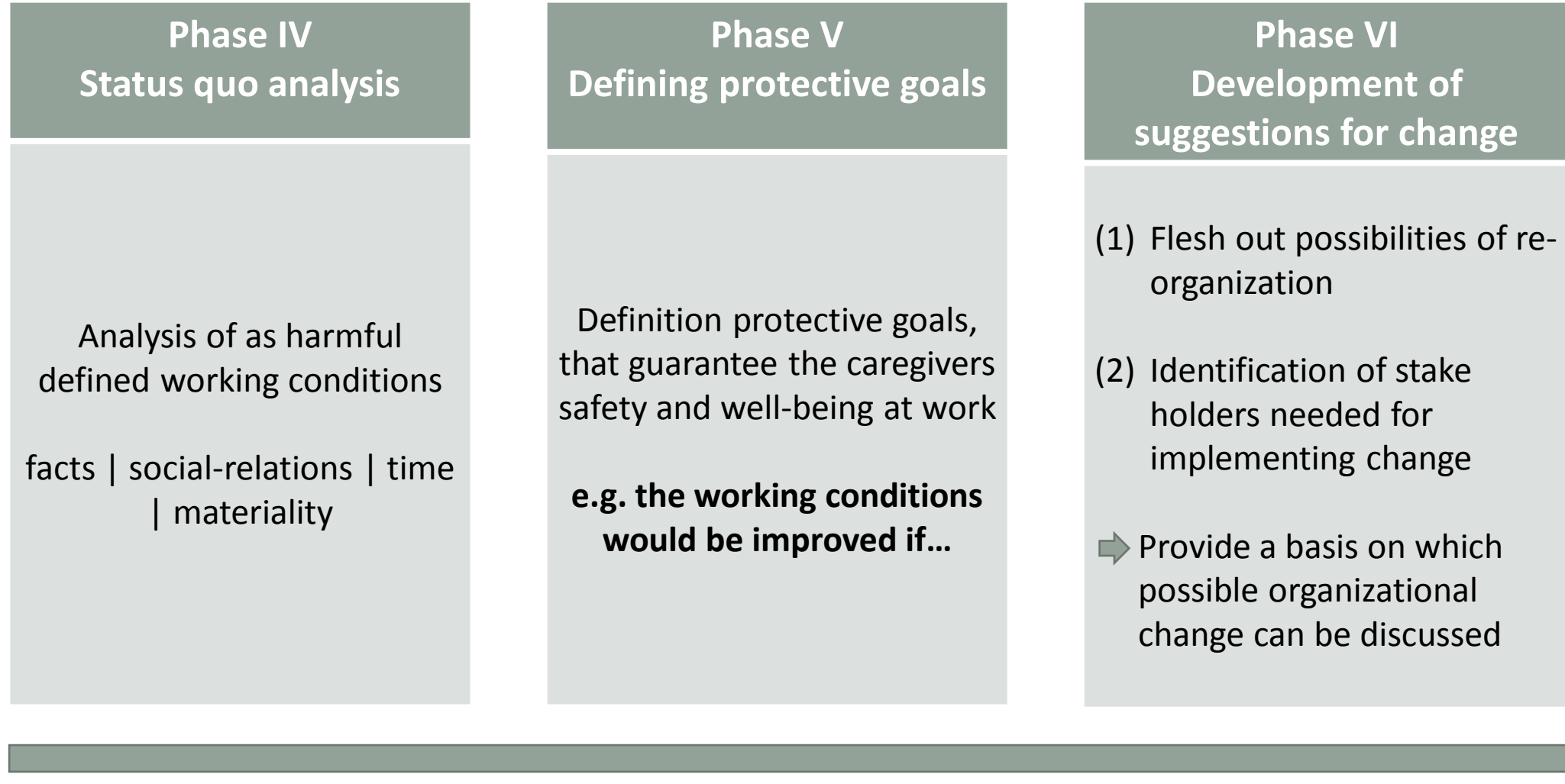
Health Circle - Example

Definition of housekeeping tasks:

- Distributing and serving food
- Making the beds
- Cleaning
- Restocking cupboards with nursing materials
- Distribution of drinking water
- Cleaning dishes
- Administration of medication



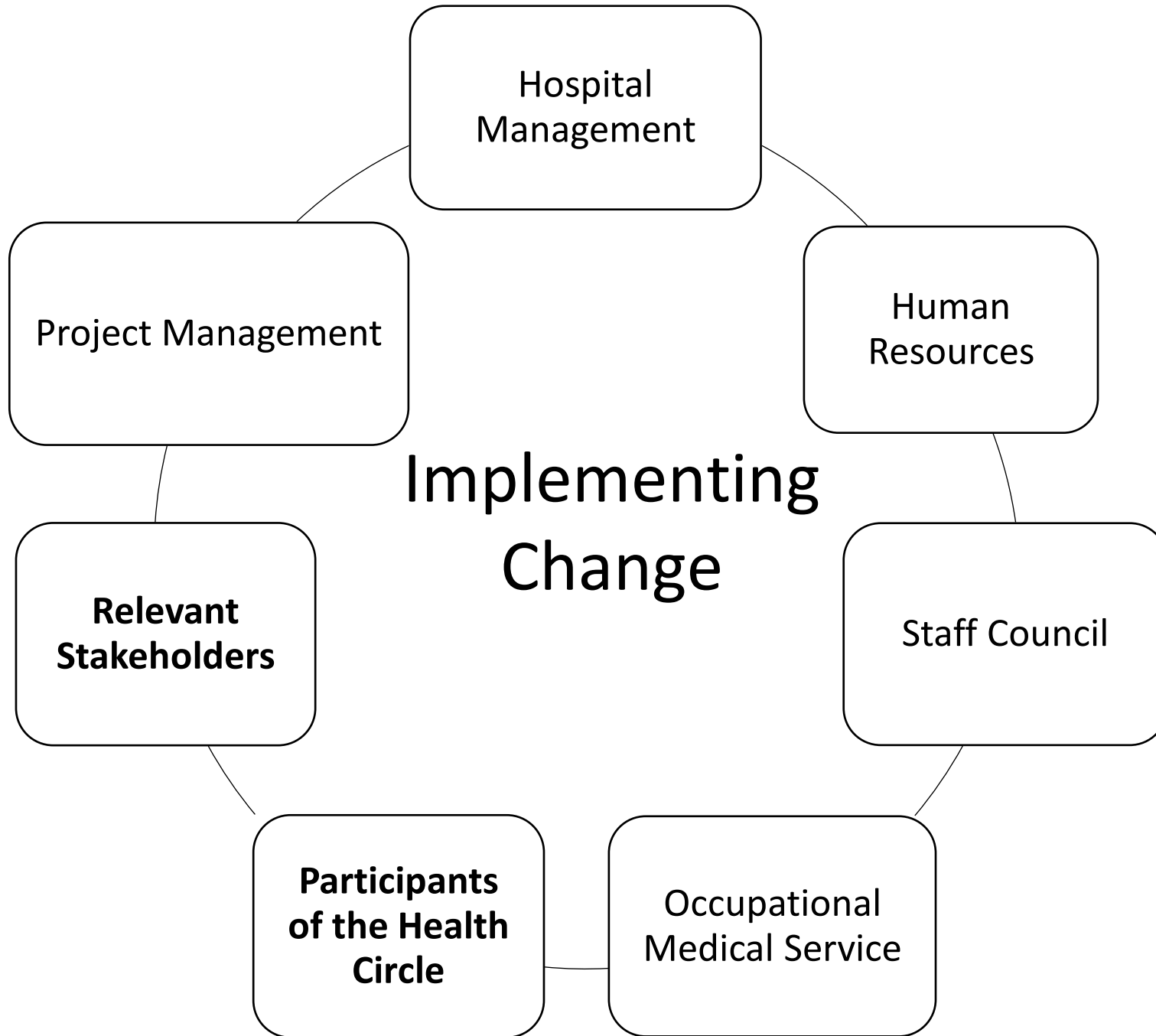
Health Circle - Example

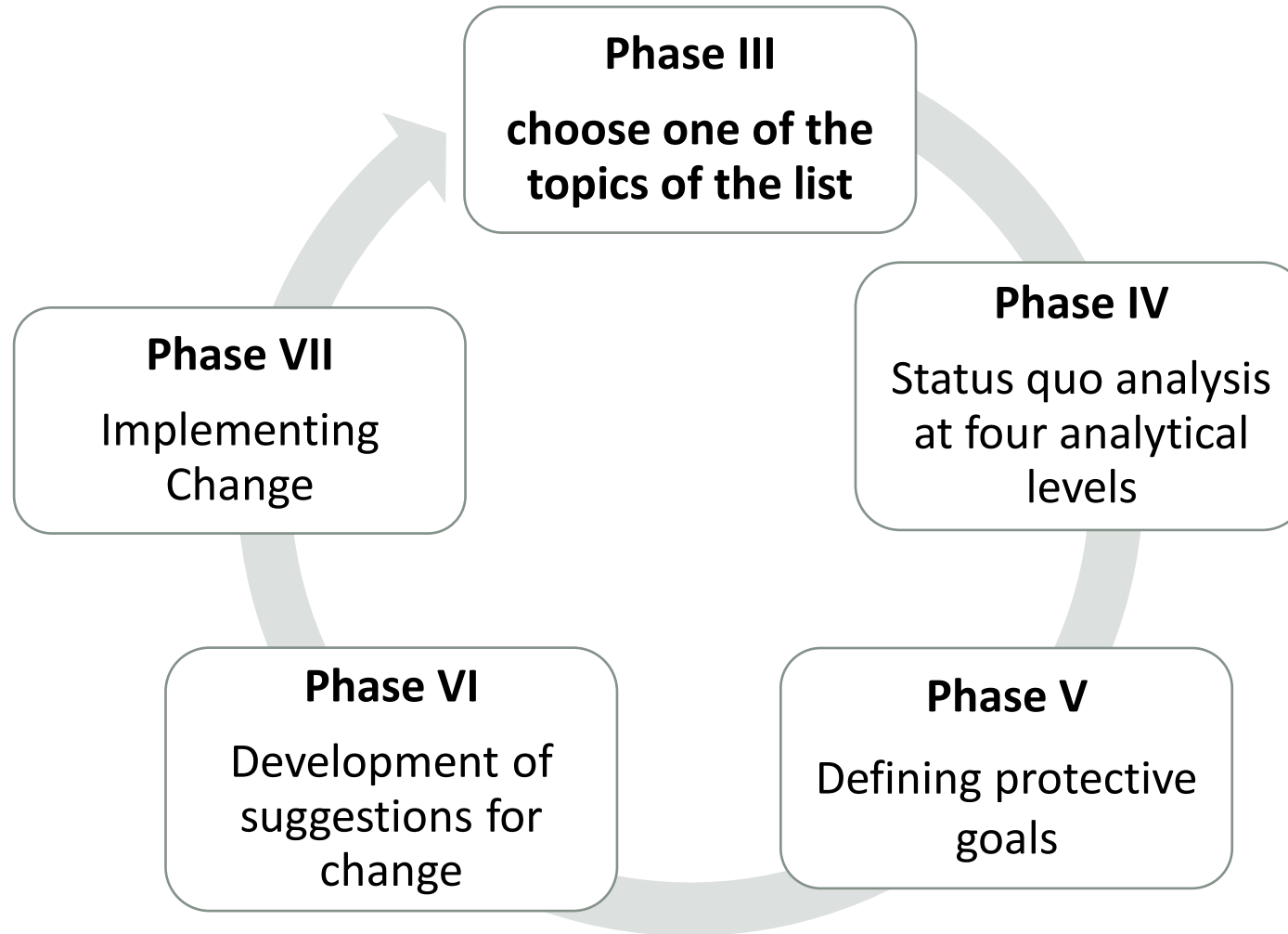




Health Circle - Example

Aspect of Housekeeping	Phase IV Current state	Phase V Protective Goals	Phase VI Suggestions for Change
Food Delivering and Serving	<ul style="list-style-type: none">– Registered nurses deliver and serve food together with the supply-chain assistants and have to clean up afterward (3x daily approx. 2,5h per ward)– Feeding (not medically indicated) (3x daily approx. 1h per ward)– Making coffee and tea (registered nurses) (daily approx. 30 minutes per ward)	<p>The working conditions would be improved if...</p> <p>... tasks concerning food preparation, delivery and serving to the patients were delegated.</p>	<p>Responsibility for delivering and serving food as well as making coffee and tea is centrally taken care of by a housekeeping service, the supply-chain assistants and the kitchen.</p>







Outcome

With the tool of the health circle the legally demanded, but in practice underdeveloped risk assessment of psycho-social stress in the hospital context can be carried out successfully with a broad participation of the workforce.



Conclusion

- Continuous feedback between working conditions and implemented organizational change
- The participatory approach increased the motivation of employees and empowers them
- Possible conflicts between relevant status groups are avoided through the Steering Committee
 - Enables a constructive discussion between employee representation and management
 - Improved codetermination



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Thank you!