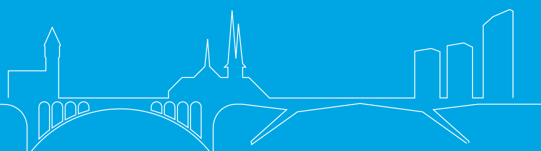
ASSOCIATION POUR
LA SANTE AU TRAVAIL
DU SECTEUR FINANCIER



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EDITORIAL

Dr Patrizia Thiry-Curzietti
Director-General

Editorial

ADVISING THE ENTERPRISE ON HEALTH AND SAFETY

The other day a director of Human Resources asked me *"Doctor, do you think we should recruit a health manager?"* I answered, no, you already have one, that's me!

The ASTF has been in existence for 21 years and I am still as perplexed as ever to see just how little our enterprises know about the role played by the ASTF. Some tend to see us as an inspectorate which prevents people from working in their accustomed way, forcing the enterprise to take counterproductive measures and acting as a "police force". But that is not the case!

The missions of the occupational health services include that of:

"…giving the employer and employee advice in the fields of hygiene, ergonomics, health education and functional rehabilitation."

Law of 17 June 1994 on Occupational Health Services, Art. 4. § 6

And further on:

"The mission of the services is essentially preventive"

and still in this same law, Art. 4 § 1

"The healthcare services are tasked with identifying risks of damage to health at the workplace, of helping to avoid risks and in particular of counteracting them at source, while evaluating the risks which cannot be avoided."

Unless I am mistaken, the words *"advice"*, *"identify"*, *"help"* and *"evaluate"* are being used here.

On the other hand, I find no mention of the words *"denounce"*, *"punish"*, *"force"* and still less *"criticise"*.

When I see enterprises spending thousands of euros on coaches, advisers and health managers, sometimes brought in from a great distance from countries which have a totally different healthcare system from ours and a different working philosophy, I wonder whether they realise that they have already paid their contributions to us (as the law requires them to do!) without benefiting from our services.

Over the years, we have honed our skills in the area of prevention and we are now able to offer programmes adapted to your specific needs. As good self-respecting physicians, we are particularly keen on safeguarding health and loyal to the definition of health given by the WHO:

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

While for many the absence of a risk of disease and infirmity at work does make good sense, the aspect of physical, mental and social well-being is still largely neglected.

In the area of prevention, we have focused this year on the third industrial revolution and our chosen theme for the year is the new organisation of work. So if you like, don't hesitate to contact us to discuss the matter. Open spaces, desk-sharing, teleworking, the right to disconnect, flexible hours … there is no lack of subjects to discuss.

For many of you we are already the partner of choice in the field of health and all the parties concerned benefit from that situation:

- the employer is not alone in face of his statutory obligations in the area of health and safety at work;
- the employee is not alone faced with a sometimes complicated situation;
- the occupational health service helps to find a win-win solution.

Still on the subject of prevention, this year we are sharing the *"zero vision"* of Accident Insurance. The notion of *"zero risk, zero accident, zero death"* has now been widened to include *"zero burnout"*. In this context, the Accident Insurance Scheme partially subsidises the occupational health services to prevent exhaustion at work. Contact us to benefit from this measure until the budget has been fully spent.

Suffering at work does exist, but very often it is due not so much to work itself as to the socioeconomic environment. Competition is becoming more intense, margins are narrowing, pressure is growing and the most sensitive links in the chain tend to break.

I said *"sensitive"* and not *"weak"* because often these are *"detectors"*, people who feel before the others that the wind is turning and we must say that the weather at present is not looking particularly sunny.

So let us open our umbrellas and work together for preventive healthcare and well-being at the workplace because that is after all where we spend one-third of our lives!

And let me end with a brilliant saying by the German philosopher Friedrich Nietzsche:

" Every man who does not have one-third of his time for himself is a slave. "

Are you one of them?

Dr Patrizia Thiry-Curzietti
Director-General

Presenting the ASTF

1995…2016: the ASTF has been at the service of its member enterprises for 21 years to safeguard the health, safety and wellbeing at work of employees in the Luxembourg financial sector.

21 years, an eternity ... The ASTF has surely been in existence long enough now to need no presentation… unfortunately, as we pointed out in the introduction to this activity report, we realize in the course of our daily activities that many people still know little about our role. And most of the people who are familiar with us equate the ASTF with examinations upon recruitment or flu vaccinations. However, the Law of 17 June 1994 also lays down other missions for occupational physicians. The main role of these physicians is in fact to advise companies on matters of health and safety as stipulated in Article 4 of that same law.

Those missions include in particular:

Art.4§2
"Monitoring factors in the employment environment which are liable to affect the worker's health".

Art 4§4
"Promoting the adaptation of work to man, in particular when it comes to the design of workplaces and the choice of working and production methods with a view in particular to alleviating monotonous and paced work and reducing the impact on health".

Art4§6
"Giving the employer and employee advice in the fields of hygiene, ergonomics, health education and promotional rehabilitation".

As you will have gathered, our role is by no means confined to examinations upon recruitment. To handle all its missions, in the past two decades the ASTF has set up a multidisciplinary team consisting of six doctors, a psychologist, a psychosocial assistant and an ergonomist.

With the help of this dynamic and motivated team, over the years the ASTF has designed trainings in life hygiene, personal development, health management and also in ergonomics. In that context, and in order to broaden our offering, **we chose burnout prevention as our main theme for 2016**.

Throughout the past year our team was therefore trained and given

Burn out prevention

Exhaustion, loss of self-esteem, lack of motivation, concentration difficulties…
these signs could indicate a burn out

Get help soon

Free and confidential advice
Tel. 22 80 90 1

astf.lu

You may **order** our poster by email

accueil@ast.lu

information on this subject and developed a wide-ranging concept, extending from a poster which you may display on your premises (please ask us for copies) through to treatment of patients suffering from burnout and including a whole programme of trainings (time management, return to work, absenteeism, the burnout syndrome…).

In parallel, and still on the subject of prevention, the ASTF continued its health check-ups in 2016 and will begin health coachings in 2017 as announced in our previous annual report. Still in the field of prevention, we continue to provide eye tests in the enterprise and flu vaccinations every winter.

Last but not least, our ergonomist intervenes regularly in enterprises to perform workplace and air quality analyses and also to give advice on plans for new layouts or the choice of furniture.

There can be no doubt that we have all the expertise and resources needed to perform our various missions effectively.

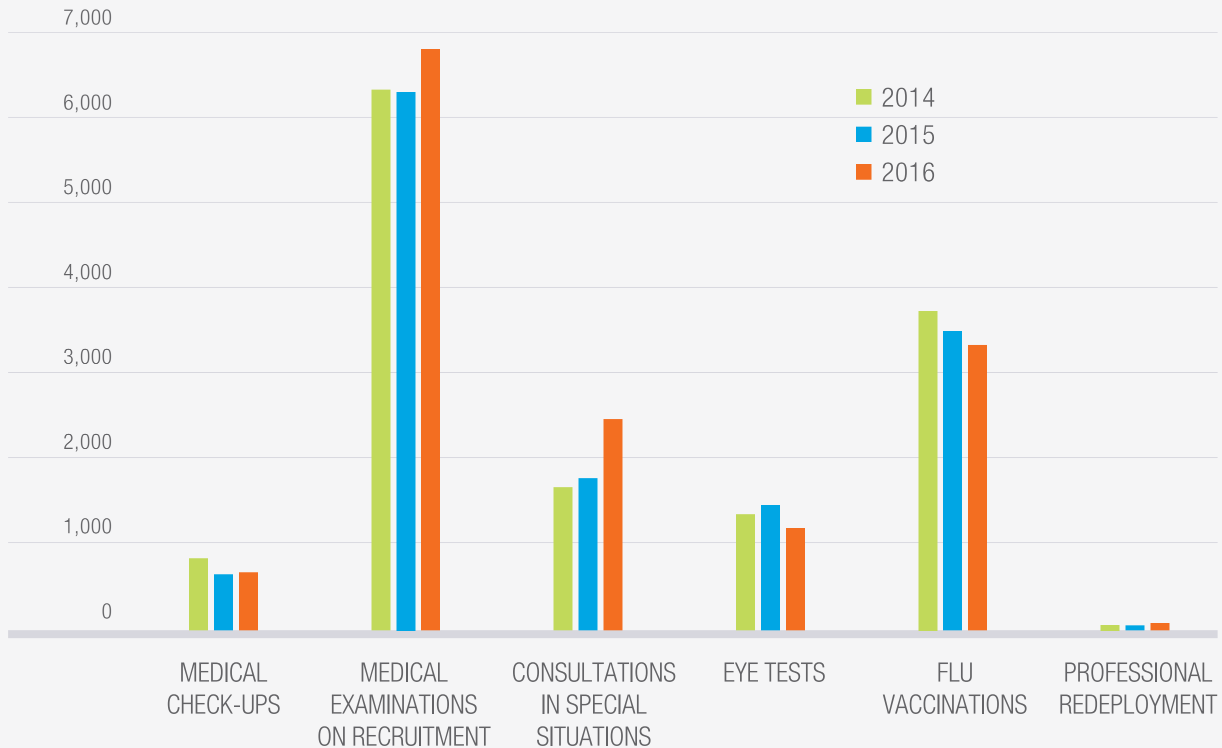
So remember: on health and safety issues, provision of training courses about risk factors, in particular psychosocial risk factors and also for advice on ergonomics… just contact the ASTF: your health and safety advisor.

Key figures

	2015	**2016**	Tr. %
MEDICAL CHECK-UPS	653	680	**+4.0%**
MEDICAL EXAMINATIONS ON RECRUITMENT	6,317	6,825	**+7.4%**
CONSULTATIONS IN SPECIAL SITUATIONS	1,784	2,476	**+28.0%**
EYE TESTS	1,471	1,202	**-22.0%**
FLU VACCINATIONS	3,507	3,351	**-4.6%**
PROFESSIONAL REDEPLOYMENT	55	87	**+36.0%**
AFFILIATED ENTERPRISES	521	511	**-1.9%**
AFFILIATED EMPLOYEES	44,433	45,698	**+2.76 %**

STATISTICS

Medical statistics



In 2016, the number of examinations on recruitment (6,825) and the number of check-ups were higher than in 2015.

During examinations on recruitment and health check-ups, the opportunity is taken to make employees aware of the primary prevention of work- and lifestyle-related health risks. Awareness of the existence of psychosocial risks is one of the main elements of an initial contact with the affiliated member.

In 2016, we introduced a compulsory appointment with the occupational physician upon a return to work after an absence lasting for more than 6 weeks. That explains the increase in the number of return to work examinations.

The number of examinations performed at the employer's request is also rising.

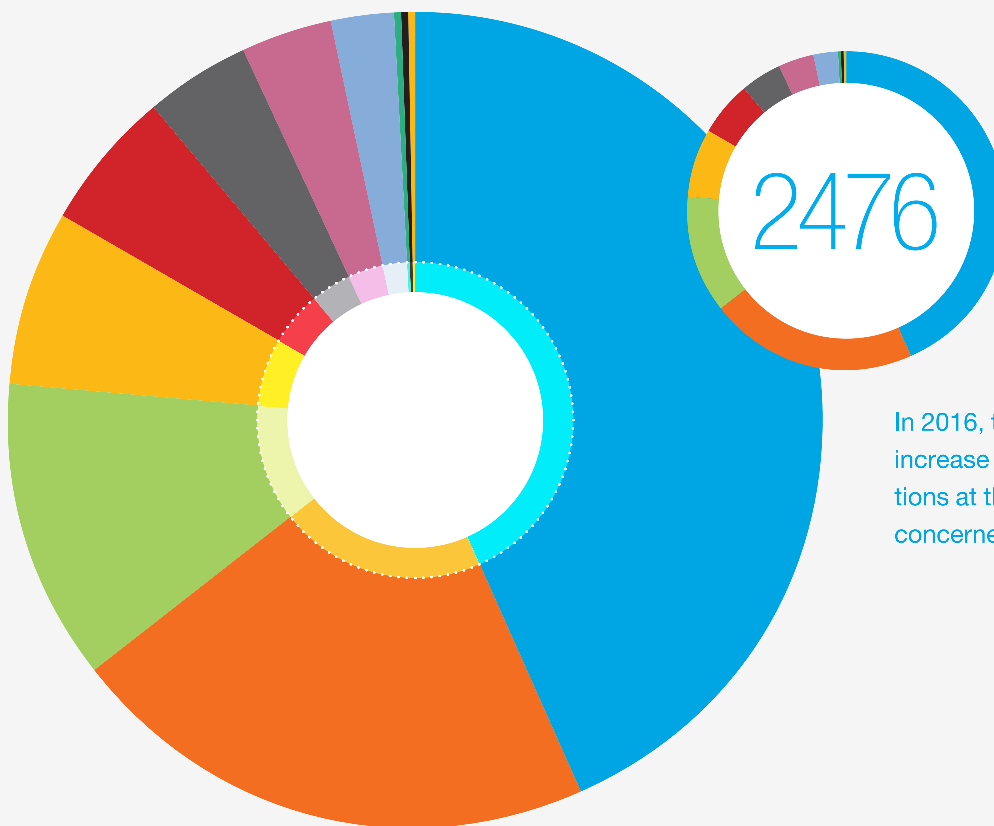
This is a sign that the ASTF enjoys greater visibility with its affiliated members and that their familiarity with its services is improving all the time.

In terms of preventive measures, it also signifies an improvement at the level of secondary prevention.

In 2016, the number of psychosocial examinations more than doubled with 1,076 examinations in 2016 against just 470 in 2015. These figures speak for themselves. The fact is that mental disorders such as professional burnout, depression, anxio-depressive syndromes, linked in part to working conditions, are no longer kept hidden in the world of work but are now recognized as a typical phenomenon of that world.

The services offered by us in the field of mental health are therefore in great demand. They will become indispensable in future.

CONSULTATIONS TO MONITOR SPECIFIC SITUATIONS



In 2016, there was also a substantial increase in the number of consultations at the request of the persons concerned (workers).

PSYCHOSOCIAL **1074**

AT PATIENT'S REQUEST **527**

AT EMPLOYER'S REQUEST **294**

AT OCCUPATIONAL PHYSICIAN'S REQUEST **173**

RETURN TO WORK **133**

REFERRAL TO JOINT COMMISSION **107**

OCCUPATIONAL REDEPLOYMENT **87**

REDEPLOYMENT FOLLOW-UP **61**

AT SOCIAL SECURITY PHYSICIAN'S REQUEST **13**

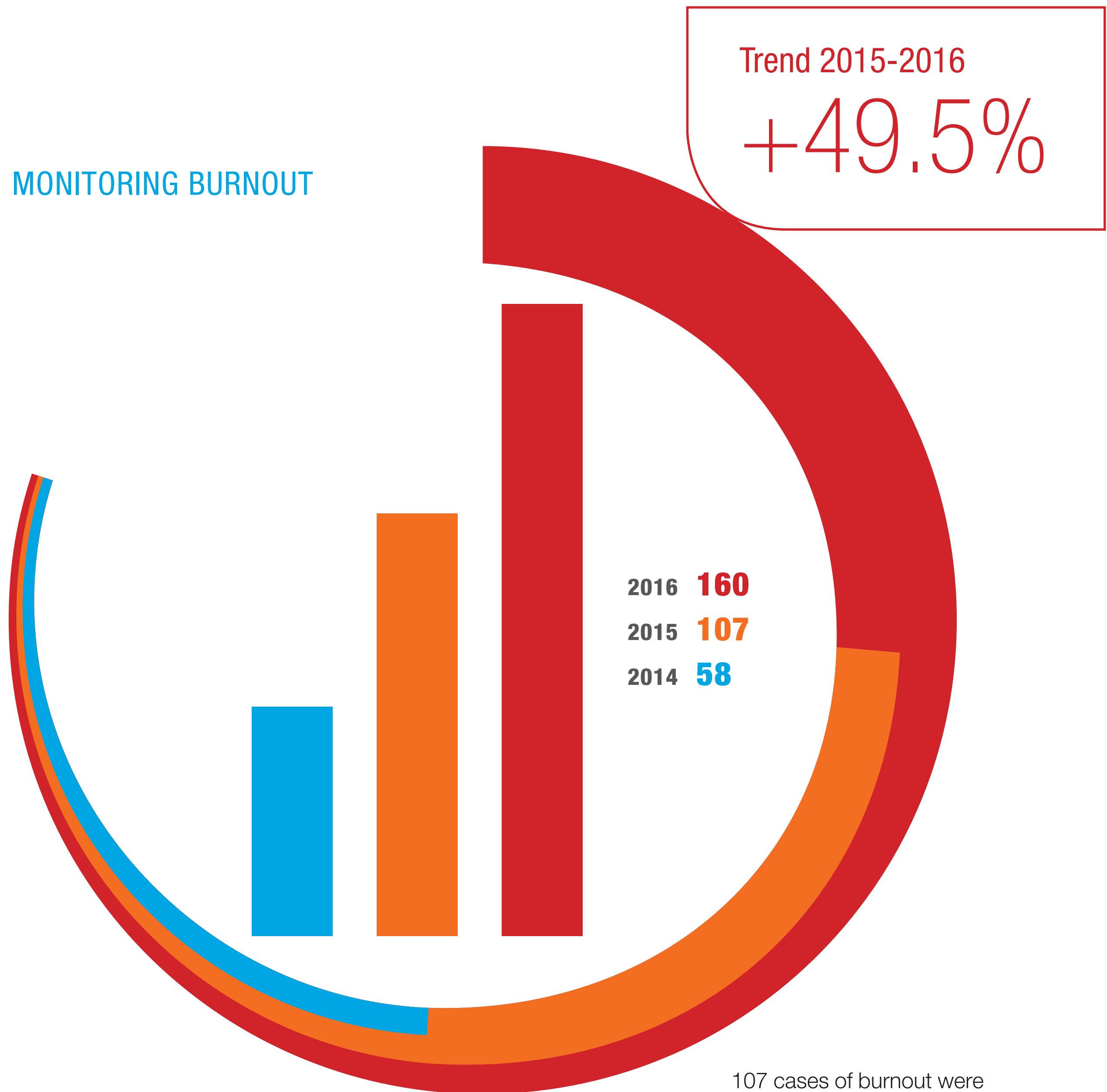
APPLICATION FOR DISPENSATION FOR PREGNANT WOMEN **6**

HANDICAPPED WORKER **1**

MONITORING BURNOUT

Trend 2015-2016

+49.5%



107 cases of burnout were monitored in 2015. In 2016 we followed 160 workers suffering from burnout, a further increase of 49.5% after the 84.5% increase in 2015.

PROFESSIONAL REDEPLOYMENT EXAMINATIONS

CANCER **25**

DEPRESSION / BURNOUT **18**

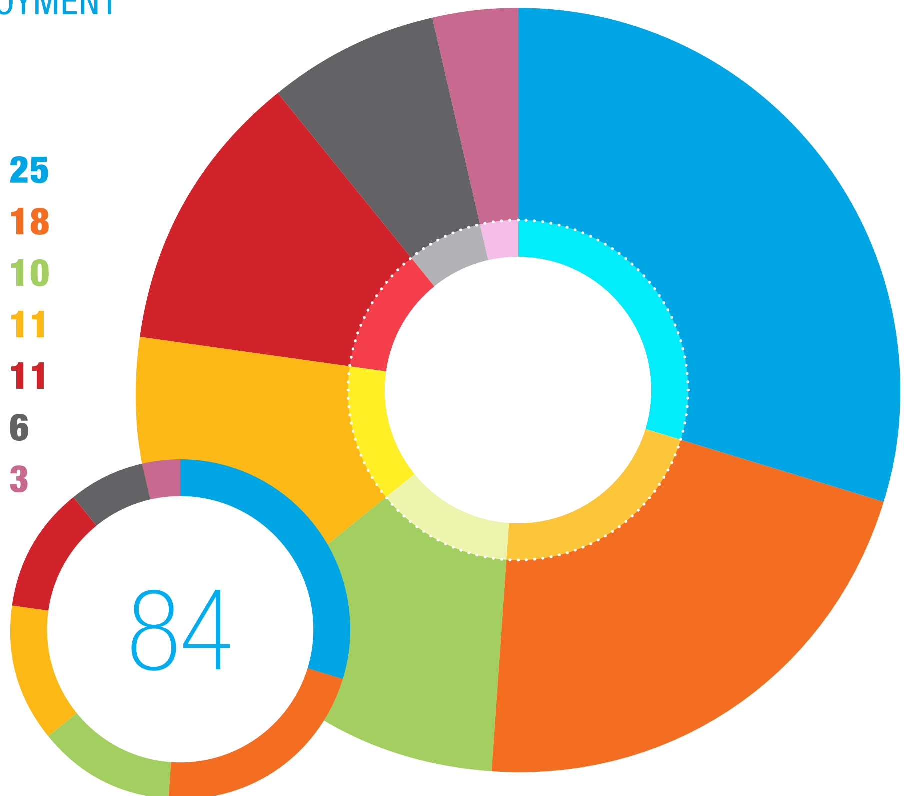
MUSCULOSKELETAL DISORDERS **10**

EVOLVING NEUROLOGICAL ILLNESS **11**

RHUMATOLOGICAL/AUTOIMMUNE ILLNESS **11**

CARDIOVASCULAR INCIDENTS **6**

EYESIGHT PROBLEMS **3**



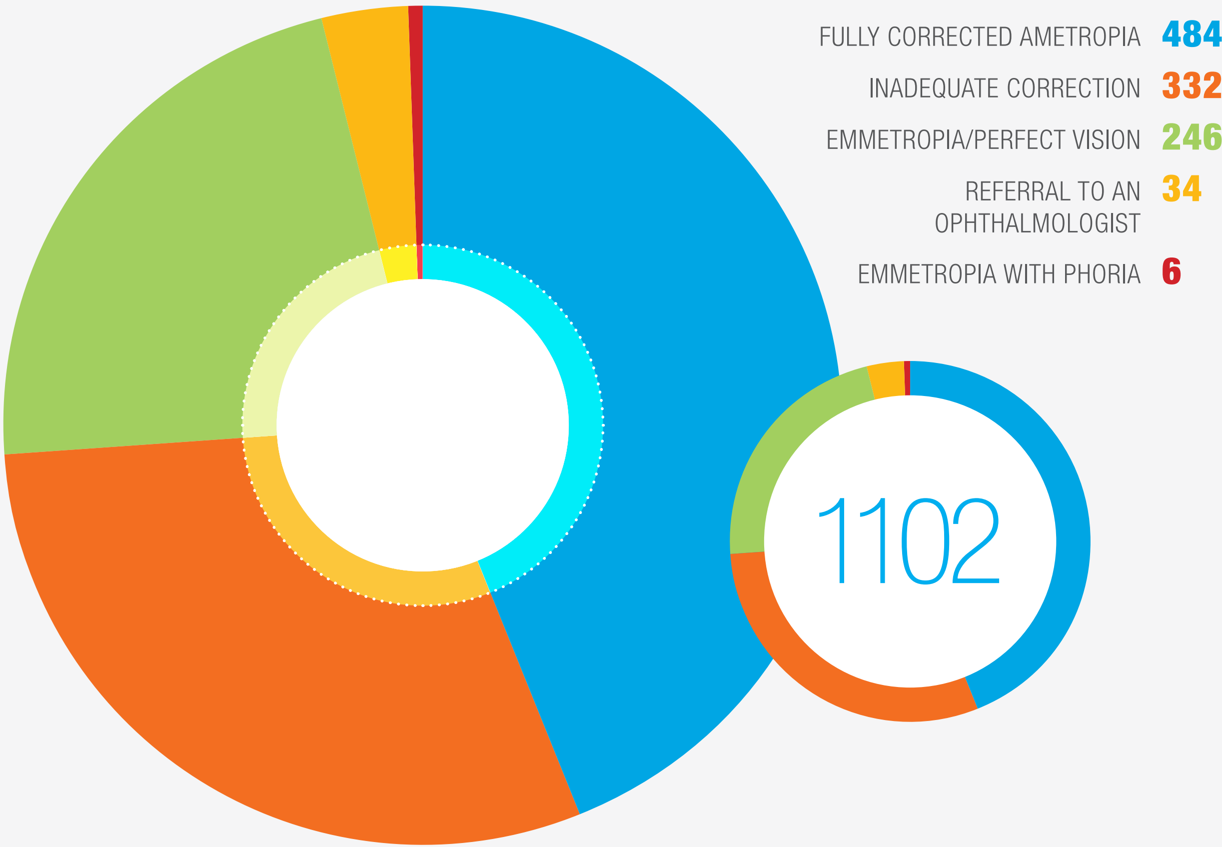
We decided on professional redeployment in 84 cases in 2016. Unlike 2015, the primary cause of professional redeployment was oncological: cancer; followed directly by psychosocial causes: depression (16 cases) and burnout (just 2 cases).

Evolving neurological and autoimmune diseases followed in third place. Multiple sclerosis was the most frequent cause in this group.

Musculoskeletal disorders came in 5th place, mainly disc diseases and slipped discs.

Finally, 6 persons were redeployed for cardiovascular reasons including myocardial infarct and strokes while 3 persons were moved because of eyesight problems.

EYE TESTS

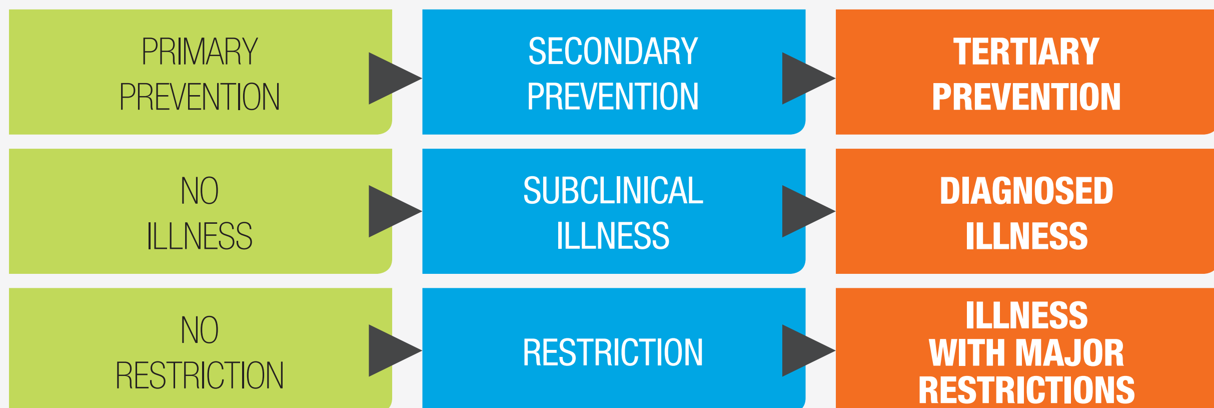


Based on the Grand-Ducal Regulation of 4 November 1994 setting out the minimum stipulations for work at a screen, employees must be given an eye and vision test at regular intervals. The ASTF proposes an interval of three to five years for the eye test. Sight examinations are performed in the enterprise by the ASTF in cooperation with an optician at the employer's request. In 2016 we carried out 1,102 eyesight examinations.

PREVENTION

OUR AIM
Primary prevention FIRST!

WHAT IS MEANT BY PREVENTION ?



PRIMARY PREVENTION

In the occupational health sector, primary prevention seeks to eliminate the risk factors present in the enterprise. When these risk factors cannot be eliminated altogether, an attempt must be made to reduce them. That will involve the search for, and identification of, causes in relation to work and its organisation.

Primary prevention will generate actions influencing the work environment (for instance: identification followed by elimination or reduction or risk, change in the organisation of work if necessary, collective and/or individual protection, ergonomics…) and actions influencing the human factor.

The ASTF sees itself as one of the key players in the field of primary prevention. That is why our services mainly take the form of awareness-creation campaigns, trainings, vaccinations and treatment of occupational health issues.

At the ASTF level this involves:

- An inventory of workplaces at risk
- Training and information for employees
- Flu vaccination campaign
- Definition of a pandemic plan, for example
- Supply of brochures
- Check-ups
- Health coaching
- Examinations on recruitment

Our Credo as the occupational medicine service

Prevention is better than cure!

▶ primary prevention FIRST

SECONDARY PREVENTION

Secondary prevention comprises "all the actions designed to reduce the prevalence of an illness among a population, in other words to reduce the time during which the illness evolves". This takes account of early detection and treatment of the first cases.

Secondary prevention therefore aims to supervise the work environment and the health of workers.

At the ASTF, secondary prevention takes the form of medical follow-up of employees:

- Examinations at the request of the employee or of the employer
- Regular examinations
- Examination before the return to work and upon the return after an absence
- Psychosocial examinations.

The ASTF provides psychosocial consultations to help the persons concerned to find their bearings in certain special situations or point them in the direction of external treatment opportunities.

Examinations on the return to work are important to guarantee a smooth resumption after a prolonged absence because of illness. The anticipation of an adaptation of the workplace, information about therapeutic half-time working and the introduction of a specific return to work procedure in the enterprise are important factors for everyone who is responsible for safety and health at work.

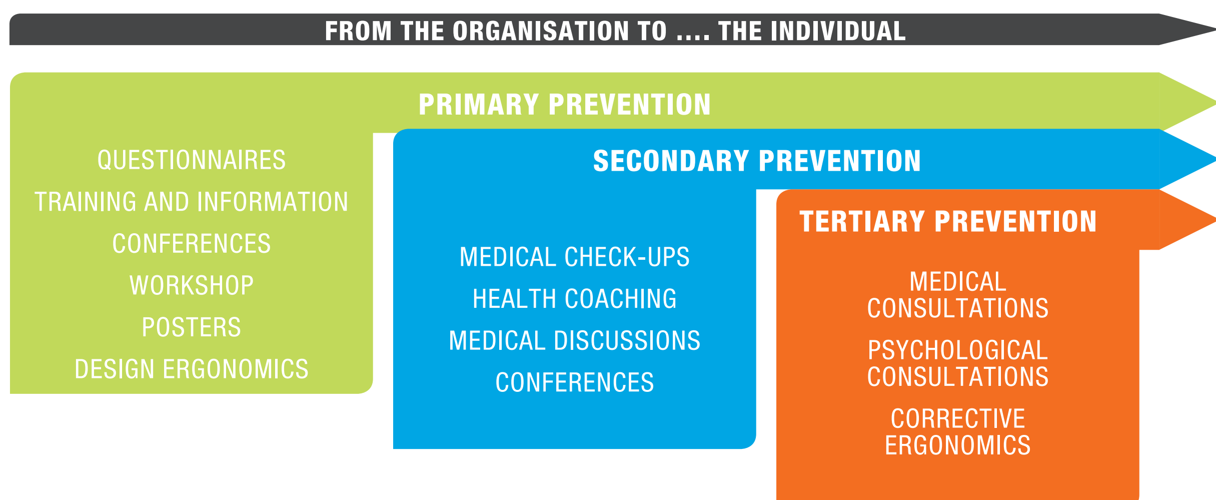
TERTIARY PREVENTION

Tertiary prevention comprises all the actions intended to reduce the prevalence of chronic incapacities or relapses in a population, in other words to reduce as far as possible functional disabilities caused by illness.

Tertiary prevention therefore involves repair work. It helps employees who are already suffering and endeavours to minimize the consequences of the adverse impact of work on health.

For the ASTF this involves for example examinations following redeployment.

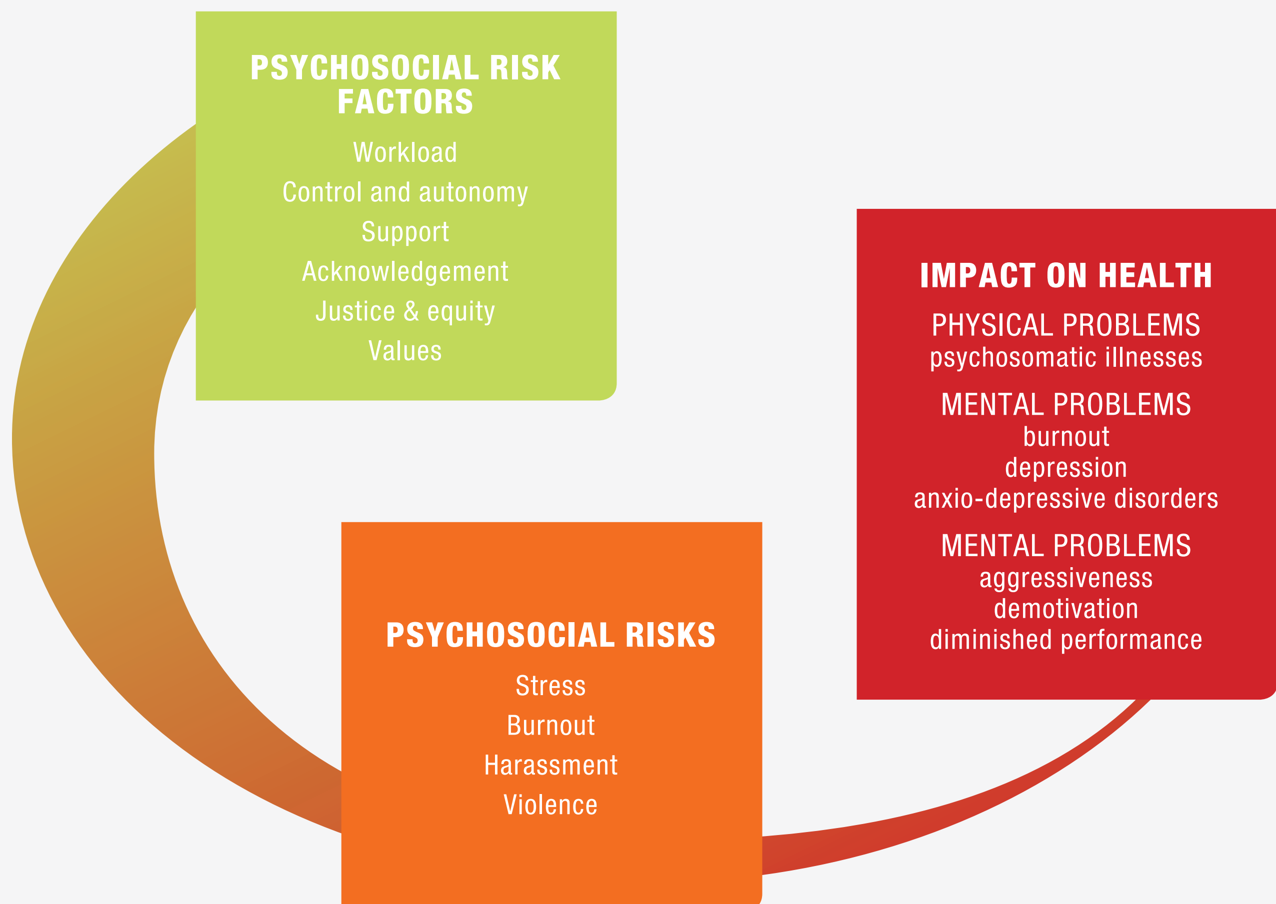
THE DIFFERENT LEVELS OF PREVENTION



From primary prevention to tertiary prevention
The occupational physician: a key player

On the eve of Revolution 3.0 and under the impact of changes in the world of work, making due allowance for psychosocial risks has become imperative. These risks may be brought about by the activity itself or generated by the organisation of work. In the medium to long-term, such risks will affect the employee's health.

In brief, to properly avert psycho-social risks, relevant risk factors must be detected in the organisa-tion. Secondly, we must also determine their impact on health in order to treat the suffering employee as soon as possible.



THE PSYCHOSOCIAL RISK FACTORS

To avert psychosocial risks, the risk factors present in the organisation must be fully understood and identified. The following table gives an overview:

WORKLOAD	VERIFICATION INDEPENDENCE	RECOGNITION	SUPPORT MUTUAL ASSISTANCE	JUSTICE RESPECT	VALUES
QUANTITY	DECIDE WHEN	FINANCIAL	GENERAL ATTITUDE	TRANSPARENCY	CONSTRAINTS
QUALITY, DIVERSITY	DECIDE HOW	INSTITUTIONAL	TEAM	DYSFUNCTION	MOTIVATIONS
INTENSITY	DECIDE WHY	SOCIAL	CONFIDENCE	RESPECT FOR VALUES	SUCCESS INDICATOR
TIME			CONFLICT MANAGEMENT	RESPECT FOR OTHER PERSONS' NEEDS	VALUE CONFLICTS
ENERGY				RESPECT FOR OWN NEEDS	
ENVIRONMENT					

FROM PRIMARY PREVENTION TO TERTIARY PREVENTION

We make a distinction between three levels of intervention for the prevention of psychosocial risks, as indeed in any approach to prevention: primary, secondary and tertiary. To structure an approach to intervention properly, the three levels must be combined. **At each level your health service and more specifically the occupational physician is a key player to inform, advise and help you put in place an approach of this kind within your enterprise.**

PRIMARY PREVENTION

As its name implies, the ultimate objective of primary prevention is to prevent. Primary prevention takes place at organisational but also at the personal level. It seeks to eliminate risk factors that are present in the enterprise. Of course it is not always possible to eliminate them fully but a sustained effort must be made to reduce them **(Article 5 of the Law of 17 June 1994: General obligations of employers,** paragraph 2 **"The employer shall take the measures stipulated in paragraph 1, 1st sub-paragraph on the basis of the following general principles of prevention: a) Avoid risks, b) evaluate risks which cannot be avoided; c) Combat risks at source …").** That requires a search for, and identification of, risk factors in relation to work and its organisation.

Primary prevention at organisational level

At this level it is imperative to determine which particular psycho-social risk factors are present in the enterprise. The simplest way of doing so is undoubtedly to perform an anonymous survey based on questionnaires. Among the scales designed to measure psychosocial risk factors, the most widely used are the **Karasek and Siegrist questionnaires.**

If you wish to find out more about these questionnaires or would like to use them in your own enterprise, the medical team at the ASTF will be pleased to help you.

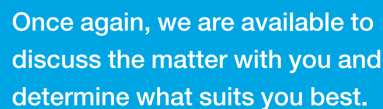
In parallel with these tools, the inventory of posts at risk also has its place in primary prevention. Since the adoption of the ***Law of 14 December 2001****, the employer is required to draw up an inventory of posts at risk in his enterprise and must do so once every three years through his designated worker, acting in cooperation with his health service.*

Alongside these questionnaires, for the purpose of primary prevention, in the course of 2016 the ASTF produced posters designed to raise awareness of burnout. The working environment is one of the psychosocial risk factors under the workload heading. In this context, the ergonomic team at the ASTF can perform an ergonomic analysis and also an air quality analysis in order to evaluate this particular parameter.

Still in the context of primary prevention, the ASTF organizes training sessions and workshops for the attention of managers in order to create an awareness on their part and explain the different risk factors to them, while a work-shop enables an analysis to be made with a view to identifying the particular risks present in the enterprise, together with means of remedial action. As part of our training programme, we also

propose trainings on time management, motivation of the different personality types, communication, conflict management … and this is not an exhaustive list.

Finally, the working environment is one of the psychosocial risk subfactors. In this context, the ergonomist at the ASTF performs ergonomic analyses as well as analyses of air quality and noise measurements. Moreover, she can also help you on the occasion of removals by working with you to plan the installation of offices and choose furniture (especially the chair and desk).



Once again, we are available to discuss the matter with you and determine what suits you best.

Primary prevention at staff level

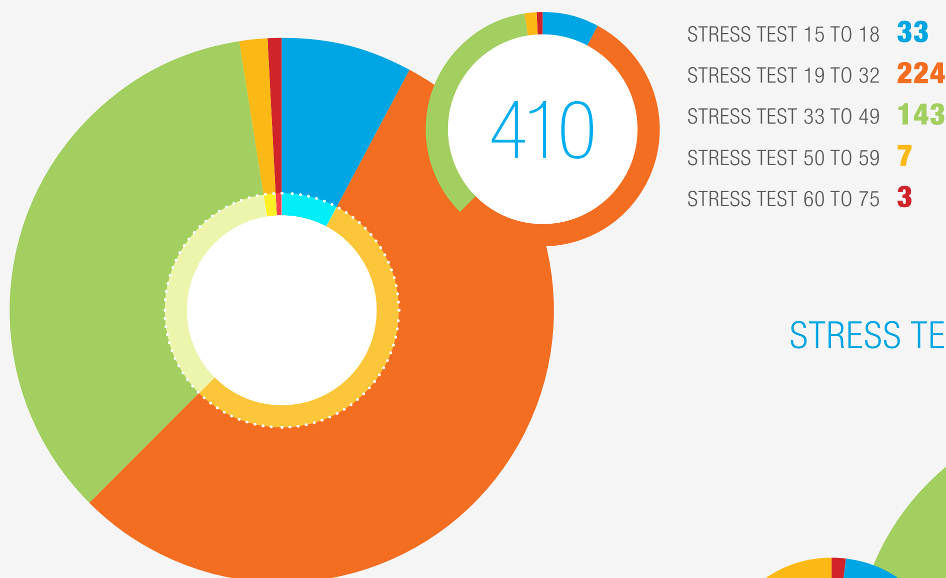
In parallel with these tools, the ASTF has produced its own stress evaluation questionnaire. This questionnaire is distributed to persons who attend for a check-up or health coaching and also for any examination other than that on recruitment. This tool is useful for primary prevention in order to gain an overview of the sector.

This questionnaire comprises 15 items, each item being rated on a scale of 1 to 5. The result obtained is interpreted as follows:

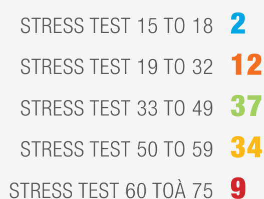
15-18	NO RISK
19-32	MINOR SYMPTOMS OF BURNOUT UNLESS CERTAIN SCORES ARE VERY HIGH
33-49	YOU ARE PROBABLY AT RISK, ESPECIALLY IF SOME SCORES ARE VERY HIGH
50-59	YOU ARE DEFINITELY AT RISK OF BURNOUT
60-75	YOUR RISK OF BURNOUT IS SEVERE

Here are the results obtained (check-up versus special examination)

RESULT OF CHECK-UP STRESS TEST



STRESS TEST SPECIAL EXAMINATION



These charts show a difference in distribution. For 62% of patients attending for a check-up the result obtained in the stress test is between 15 and 32, i.e. no risk or little risk of burnout. This percentage falls to 15% when special examinations are made. Conversely, 46% of patients attending for a special examination score between 50 and 75, corresponding to a major risk of burnout against 35% of the patients attending for a check-up.

For the 33-49 range, we note that the percentage is almost identical for both groups: 35% check-up versus 39% special examination. This number clearly shows that prevention is essential if we are not to see a continuing increase in the number of burnout cases in future.

The number of patients followed for burnout in our service is rising all the time: 58 in 2014, 107 in 2015 and 160 in 2016.

Still at the level of preventive action for staff, the ASTF offers a whole range of stress management trainings to enable people to acquire good habits before the onset of ill health. In this context trainings on nutrition, sleep disorders, physical activity as well as communication and time management, to name just a few, are given by the ASTF medical team.

SECONDARY PREVENTION
a logic of reduction and correction

The purpose of secondary prevention is to detect at an early stage illnesses which could not be avoided by primary prevention.

It includes all the actions intended to reduce the prevalence of an illness among a population, in other words to detect an illness before symptoms appear so as to be able to intervene to slow or halt its progression. It enables the length and severity of the evolution of the illness to be reduced.

This level of prevention places the emphasis primarily on the individual, unlike primary prevention which concerns the organisation first and foremost.

In the world of work, secondary prevention seeks to equip employees to combat stress and the various risks more effectively. The aim is to inform participants about different topics linked to the issue of psychological health at work and help them develop individual strategies of adaptation to manage risk situations more effectively.

Our occupational medicine team plays an important role at this second level of prevention and offers a wide range of actions which enterprises can put in place:

1) Medical check-ups:

Health checks include blood and urine analyses.

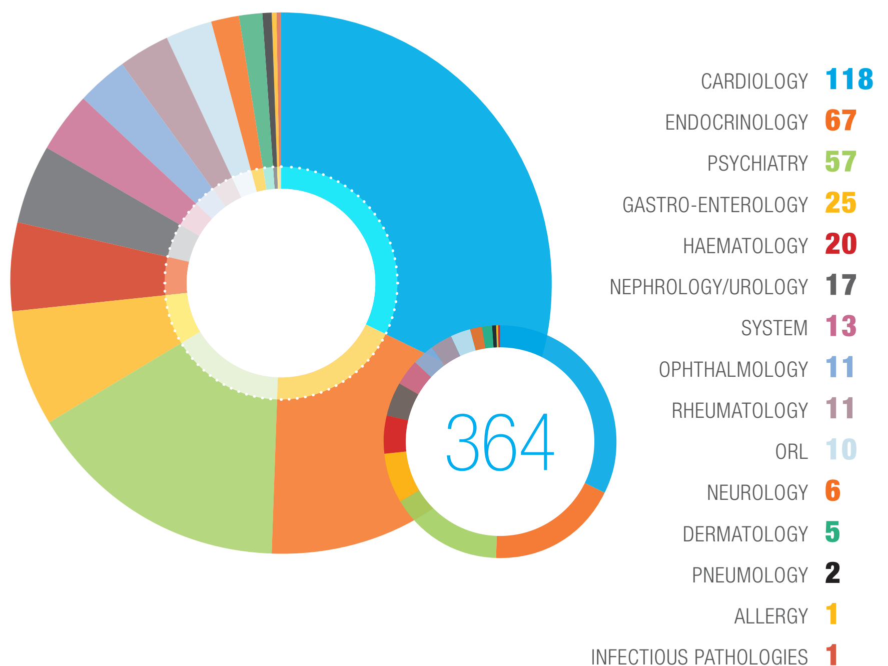
Further examinations such as an eyesight test, audiogram, spirometry and electrocardiogram are performed. The medical check continues with a clinical examination. The check-up is completed by a medical questionnaire and a "stress test".

A colorectal cancer screening programme is offered as a function of age criteria.

A comprehensive health check-up lasting on average for two and a half hours is performed by a healthcare professional who is well aware of the problems of the world of work today.

680 check-ups were performed in 2016. As is the case every year, they enabled certain pathologies to be detected especially cardiological problems (32%) such as dyslipidaemia, arterial hypertension …, endocrine pathologies (18%), more specifically thyroid dysfunctions and a vitamin D deficiency and finally stress-related disorders (sleep disorders, stress of private or professional origin…).

MEDICAL FACTORS DETECTED DURING CHECK-UPS



2) "Health coaching"

The ASTF has recently begun to offer "health coaching" appointments. This more concise health screening comprises a blood test targeted on fats and sugar in the blood, an eye test as well as a measurement of weight, height and body mass. Moreover, each employee fills in a rapid medical questionnaire and a second stress evaluation questionnaire.

Finally, the person attends a consultation with the physician for a clinical examination; the results are then analysed and personalised advice is given.

The 2nd health coaching phase consists in identifying the most frequently observed problems followed by a proposal of targeted collective prevention actions.

3) Medical interviews

As part of the secondary prevention measures, a medical interview may already be requested by the employer or employee who observes difficulties in his professional career path or healthcare problems which may have repercussions on professional life.

4) Awareness creation talks

Many subjects are offered and can be discussed by one of the occupational physicians. These trainings are usually given in a group and enable employees to achieve awareness as a means of improving their behaviour and work organisation in order to combine performance and wellbeing.

The themes most frequently requested are:

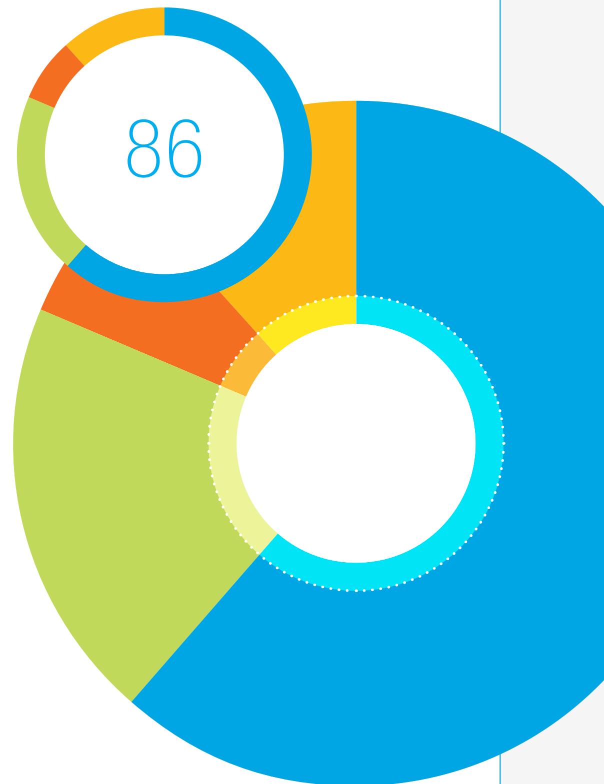
- stress management
- burnout prevention
- prevention of psychosocial risks
- assertive communication
- workplace ergonomics
- protection by vaccination
- cardiovascular diseases: risk factors and prevention
- "45+" health prevention
- …

These in-company awareness creation programmes are increasingly frequent: 86 talks were given in 2016.

Results for 2016:

BURNOUT TRAINING	22
STRESS MANAGEMENT TRAINING	26
SLEEP TRAINING	3
COMMUNICATION TRAINING	6
NUTRITION TRAINING	7
ERGONOMIC TRAINING	10
....	

PSYCHOSOCIAL RISKS **53**
LIFE HYGIENE **17**
MANAGEMENT **6**
ERGONOMICS **10**



In all, 53 trainings therefore dealt with psychosocial risks (burnout, harassment, stress …), 17 presentations concerned life hygiene in general (nutrition, cardiovascular risk factors, sleep …) and 10 courses on ergonomics were given in companies. Finally, 6 information sessions concerning management were arranged.

Although the number of trainings is stable compared to the year 2015, a growing interest in psychosocial risk factors can be observed (44 in 2015, 53 in 2016).

Sophrology courses are also offered.

TERTIARY PREVENTION
repair logic

Tertiary prevention focusses on treatment, rehabilitation, the return to work process and monitoring of employees who are suffering from psychological health problems at work.

This level of prevention therefore comprises all the actions designed to reduce the prevalence of chronic incapacities and the occurrence of relapses.

After the illness has been diagnosed, tertiary prevention is essential to prevent deterioration of the patient's state of health and potential complications.

The aim of this third level of prevention is to facilitate professional and social reinsertion.

The occupational physician plays a vital role at this level. Medical consultations enable the patients' state of health to be determined and their capacity for work assessed.

During these medical discussions, employees can if necessary be referred to specialists to obtain information, help and guidance…

The physician will direct the patient towards the most appropriate solution for the resumption of work.

In certain situations a therapeutic half-time job, a redeployment procedure or a decision on disability are necessary.

Regular follow-up is provided after the return to work.

In order to improve this "tertiary prevention" aspect, the medical team at the ASTF advises employees to make contact with the occupational medicine service at the earliest opportunity during the absence because of illness. These examinations are free of charge and confidential.

In every case an examination on "return to work" after six weeks absence because of illness is highly recommended.

Our team can provide psychological support.

In 2016, 1,079 psychosocial consultations took place, that figure being added to the 1,402 medical consultations.

PRIMARY PREVENTION	SECONDARY PREVENTION	TERTIARY PREVENTION
QUESTIONNAIRE	CHECK-UP	MEDICAL CONSULTATION
POSTER	HEALTH COACHING	PSYCHOLOGICAL CONSULTATION
TALKS	EYESIGHT TESTS	ERGONOMIC STUDY
ERGONOMIC ADVICE	MEDICAL INTERVIEWS	
ERGONOMIC ADAPTATIONS	TALKS	

Important reminder: all three levels of preventive action must be combined.

For prevention to be most effective, emphasis must be placed as a matter of priority on primary prevention. If risks cannot be eliminated altogether action must be taken to reduce them.

Secondary prevention plays a full role in this programme by offering the help needed by employees to "manage" difficult situations.

Historically speaking, the physician performs his tertiary prevention role fully as a carer but he intervenes increasingly often for secondary prevention based on the familiar adage

"prevention is better than cure"

Even if primary prevention is largely an organizational matter, the occupational physician can provide advice in this connection.

ERGONOMIE

THE NOMADIC OFFICE

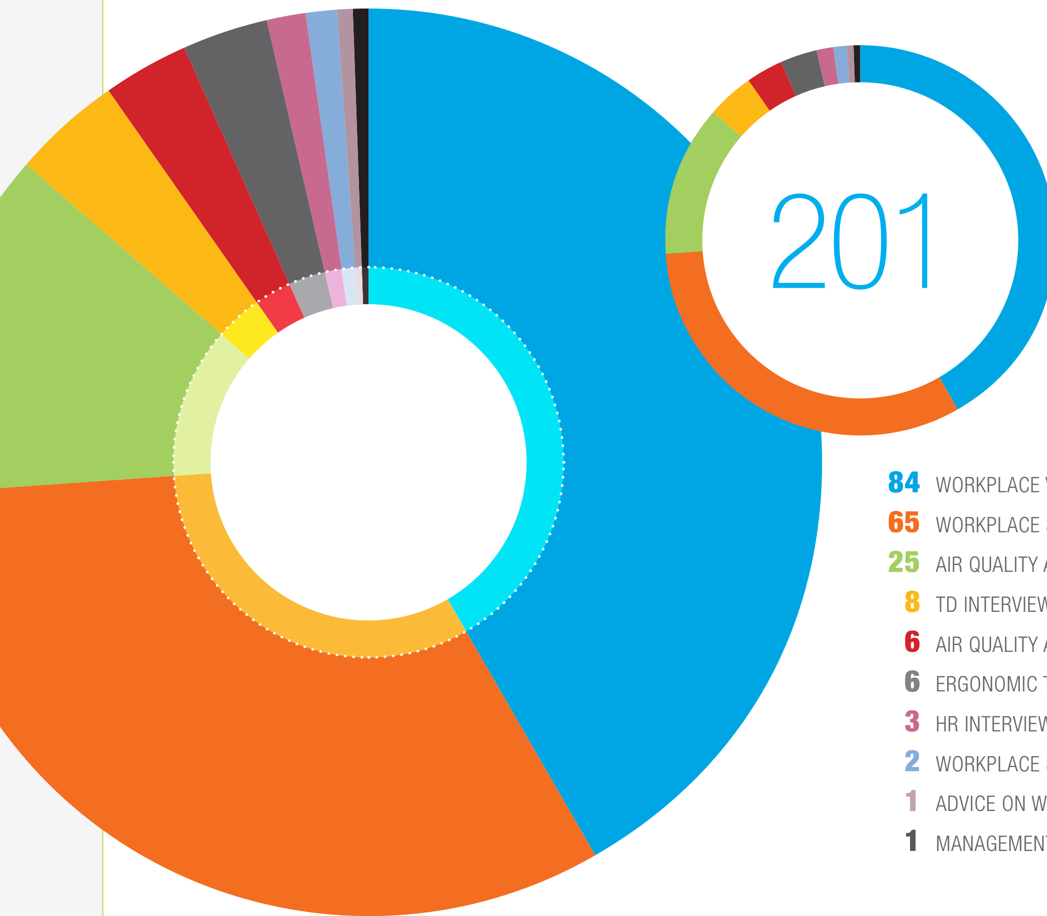
Is the nomadic office the workplace of the future?

In this age of “cloud computing” the sedentary workplace seems to be following the same trend. Work is being decentralized geographically, the office is becoming intangible and it too tends to be “virtual”.

Today the “flex-desk”, “shared-desk”, “activity based-desk” or simply “nomadic office” has become the byword for workspace designers. As its name implies, the principle of the nomadic office is that a particular office is no longer assigned to a particular person. At the start of his working day, each employee occupies a workplace at random depending on availability and on his needs; he leaves that space at the end of his working day in the evening exactly as he took it over, i.e. as a “clean desk”. In future the employee is operating in a working environment which has to be reinvented by him day after day.

The introduction of this “hot-desking” policy is particularly attractive to enterprises whose employees are partly mobile; in terms of building use, it provides an irreversible argument in favour of rationalisation and economic viability of space whose cost is rising rapidly. Making an office permanently available to each employee can in fact soon come to be regarded as an expensive cost factor since this workspace remains vacant while its user is travelling, training, at a meeting or absent because of illness whereas it could be placed at the disposal of a productive entity at that point in time.

Particularly dear to property consultants and facility managers, this concept of the “nomadic office” seems to be the most rational solution from an economic point of view because it avoids the needs to finance at a loss offices that are left empty. The money saved in this way could certainly be spent on a new technological infrastructure more favourable to nomadic working (intranet booking platform, fleet of laptop computers and smart phones for instance …) and will at the same time enable the management of available floor space to be optimised on a sustainable basis.



These new forms of office landscaping also enable persons to be moved easily from post to post or to different meeting spaces or isolation areas with no obligation to reconfigure the spaces to satisfy instant and variable needs.

Nomadic working has become possible and is strongly supported by the NICT (New Information and Communication Technologies). They have a considerable impact on management and work organisation by facilitating collaborative working, favouring the team spirit and socialising in the enterprise. In fact, office space designers find themselves confronted with new challenges: the users of these new working tools want spaces that are defined differently. They are looking for more diversity in their workspace configuration. They attach greater importance to places of conviviality and collaboration but also want privileged access to private spaces and areas into which they can withdraw.

In the past two years, 15% of employees in the Luxembourg financial sector have moved into new working areas set out as open spaces, a trend which is gaining ground and acquiring more and more adepts. Many of these new open spaces are partially equipped with “flex-desks” and are currently in the test phase.

The effects of nomadic work soon make themselves felt. Some users of mobile communication equipment who believe they are dependent on these technologies complain of problems of burnout and/or lesions attributable to repetitive work. These impacts on health may be the consequence of insufficient rest, equipment with poor ergonomic design or simply a poor working posture.

Not only must shared workstations laid out in open spaces be adaptable to the needs of each user, the work stations of persons who spend some of their working hours at home must also comply with legal health and safety requirements. The legal stipulation to the

effect that a workplace must meet the requirements in terms of safety and health applies to all workplaces involving use of a computer screen, regardless of whether they are permanently allocated or nomadic. This provision must therefore be respected in the event of working from "flex-offices" in the enterprise and also for work at home and indeed for atypical and "out of enterprise" workspaces.

While the employer is required to report on the risks of nomadic working, employees too must be aware of the evolution and risks of this method of work organisation. As prescribed by Article 3, paragraph 1 of the Grand-Ducal Regulation of 04.11.1994 concerning the minimum stipulations for safety and health at work on display screen equipment.

Employers are required to perform an analysis of the work stations to evaluate the conditions of safety and health which they offer to their workers, notably in respect of potential risks to eyesight and physical problems and those of mental stress.

Nomadic working therefore does not release the employer or the employee from the need to respect fundamental rules of safety and health set down in the statutory regulations.

The introduction of "hot-desking" obliges employees to leave their comfort zone and can be a source of discontent or even of suffering at work. The impossibility of personalising a workspace or of isolating oneself in an open space can be a factor of demotivation for a great many employees. It is to be feared that the growth of nomadic working may further reinforce the risks linked to poor ergonomics, excessive pressure of work or mental overload, to say nothing of the risks of social isolation and a lack of social support. This evolution of working methods must always be envisaged in consultation with the persons who are primarily concerned; if necessary, potential adjustments must also be reviewed with them.

Innovative and deliberately disruptive, the nomadic office is obviously an attractive proposition to rationalise the occupancy of working premises. The future of the workplace will undoubtedly entail nomadic working. However, it involves a revolution in the methods of organisation, structuring and management.

More than just a way of working as such, "nomadic working" has become a state of mind.

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