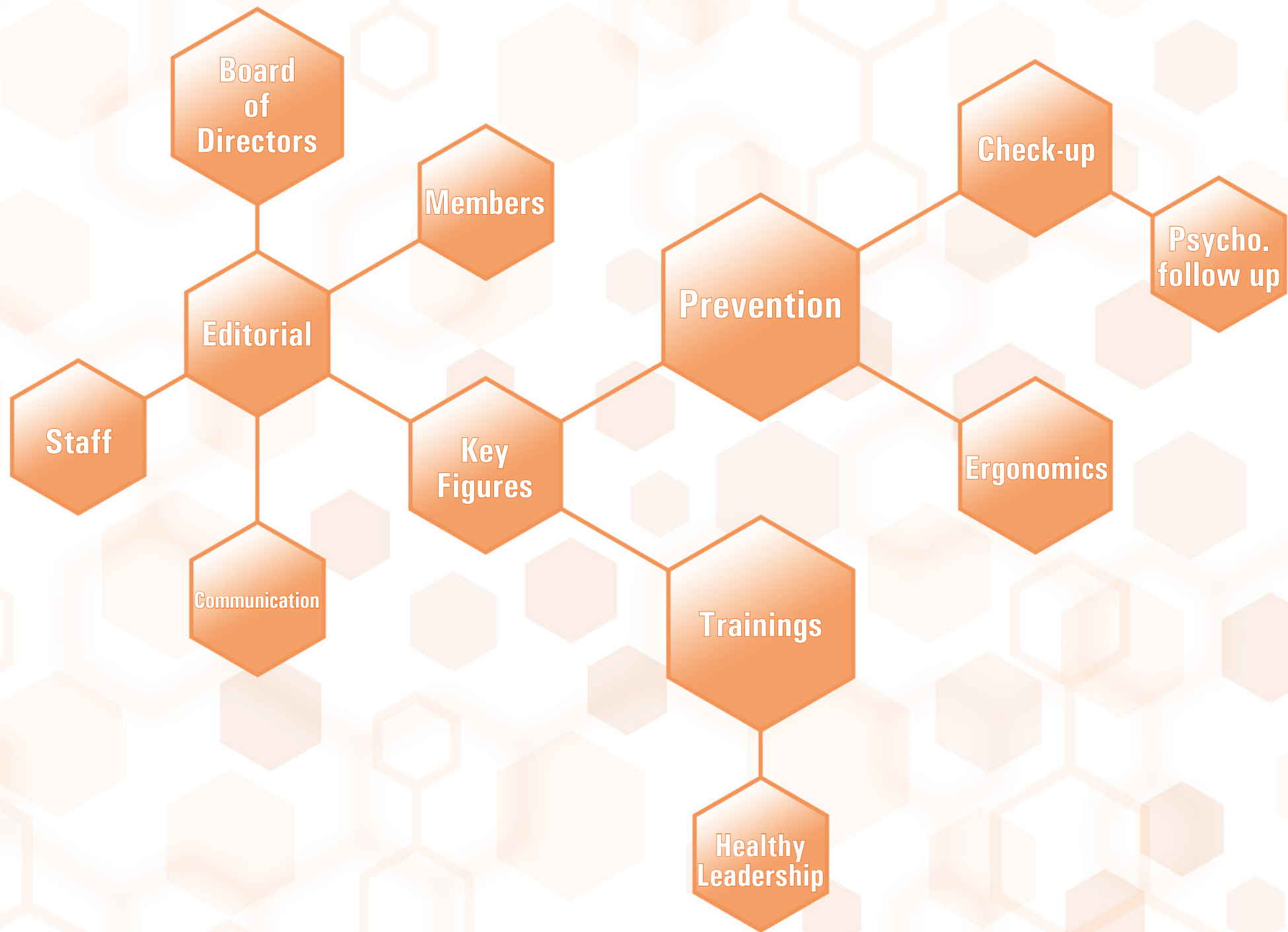


ASSOCIATION POUR
LA SANTÉ AU TRAVAIL
DES SECTEURS
TERTIAIRE ET FINANCIER



**ANNUAL
REPORT**

18



EDITORIAL

THE QUALITIES OF A LEADER

Our world of work is undergoing far-reaching changes: trade war, digitization, relocation, uberization, teleworking... All those hitherto unknown factors are causing serious anxiety for many employees!

Cracks are starting to appear in the pillars of our system of work organisation such as contracts, social contributions, place of work and job description. The values of security, loyalty, belonging and support are being eroded.

But the human being is a herd animal which wants to feel protected within a group and needs a leader. In this environment of great insecurity, the leader's role is assuming vital importance.

Our treatment of burnout cases clearly shows management to be one of the most commonly cited triggering factors. People are prepared to accept workloads, diversification, desk sharing and long journeys, but when disagreement occurs with the management, they collapse.

The prevention of psychosocial risks is an aspect over which we can exercise control, because while we have little influence on our professional environment, the tone that we set in our working relationships is nevertheless 100% our own personal responsibility.

That is why we have developed healthy leadership training to help companies achieve wellbeing at the workplace. Rather than a management tool, this is a toolbox placed at the disposal of every person who has to manage a team. In it, we deal with such fundamental issues as working

conditions or job assessments and also with subjects that are more taboo in the world of work such as emotions, esteem, beliefs and values. The leader will learn to listen and decide what action to take, while respecting every individual, even and especially if he is himself under heavy pressure. He will also learn, and this will be the most difficult point, to respect himself and his needs and set an example to his team... some people may even learn to use two new words: THANK YOU!

OF COURSE IT IS TOO EASY TO PUT ALL THIS ON THE SHOULDERS OF MANAGEMENT - THAT IS BY NO MEANS ENOUGH!

Our world is turning ever faster, we are becoming increasingly individualistic and always wanting more, something better all the time. But that is not how evolution works. In the long run, it is not the best who survives but the person who has been able to adapt most effectively. Nature goes its own way and does not adapt to man. Man must adapt to nature. It is this faculty of adaptation that has made us the strongest species on earth. We derive our strength from this human factor of adaptation and herd behaviour. And even if our world of work is remote from nature, the rules remain the same.

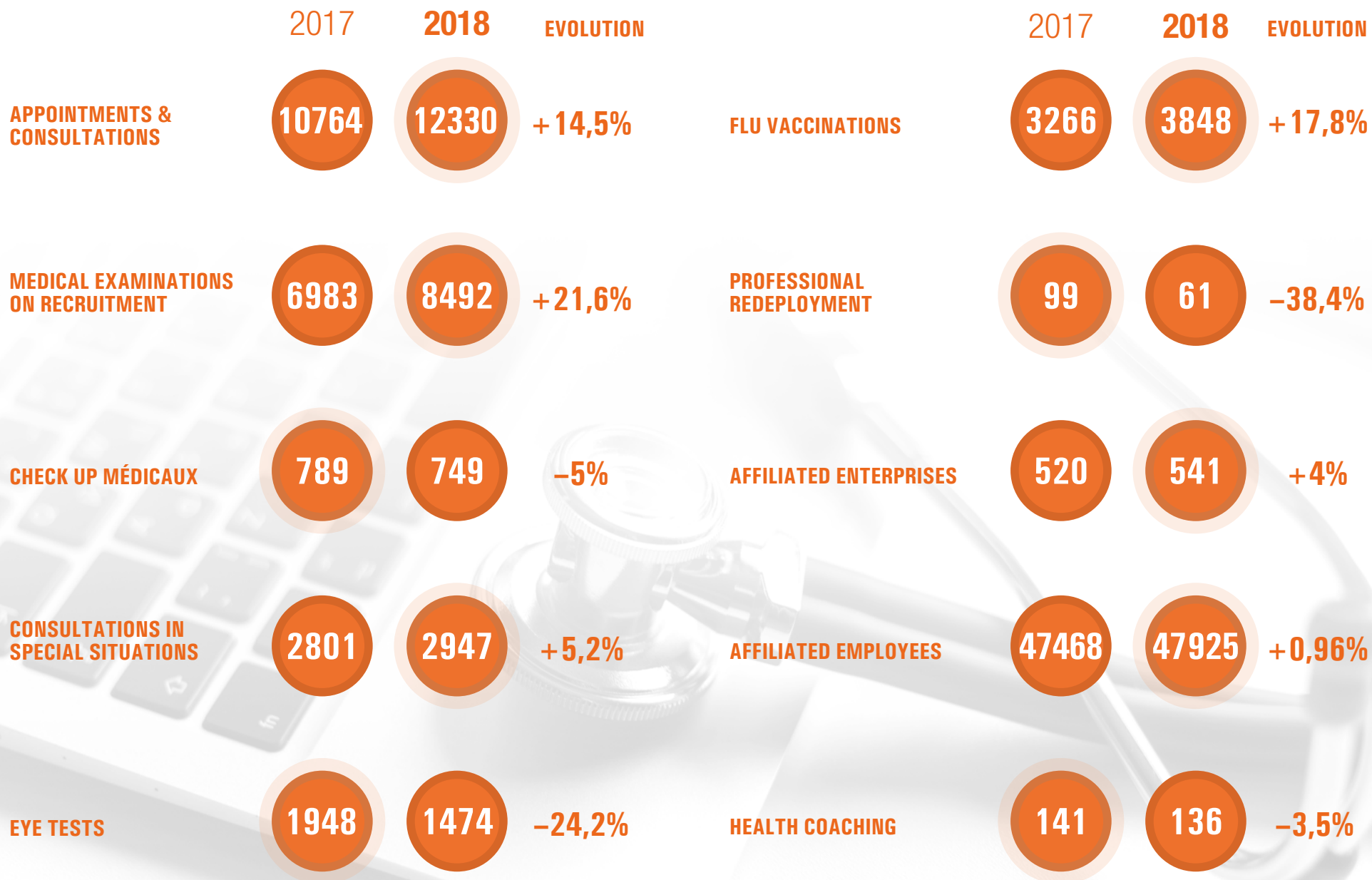
In short, the human factor remains the only thing in which we are superior to our new colleagues at work: the computers.

So let us preserve that factor and make all the difference. Together. With respect.

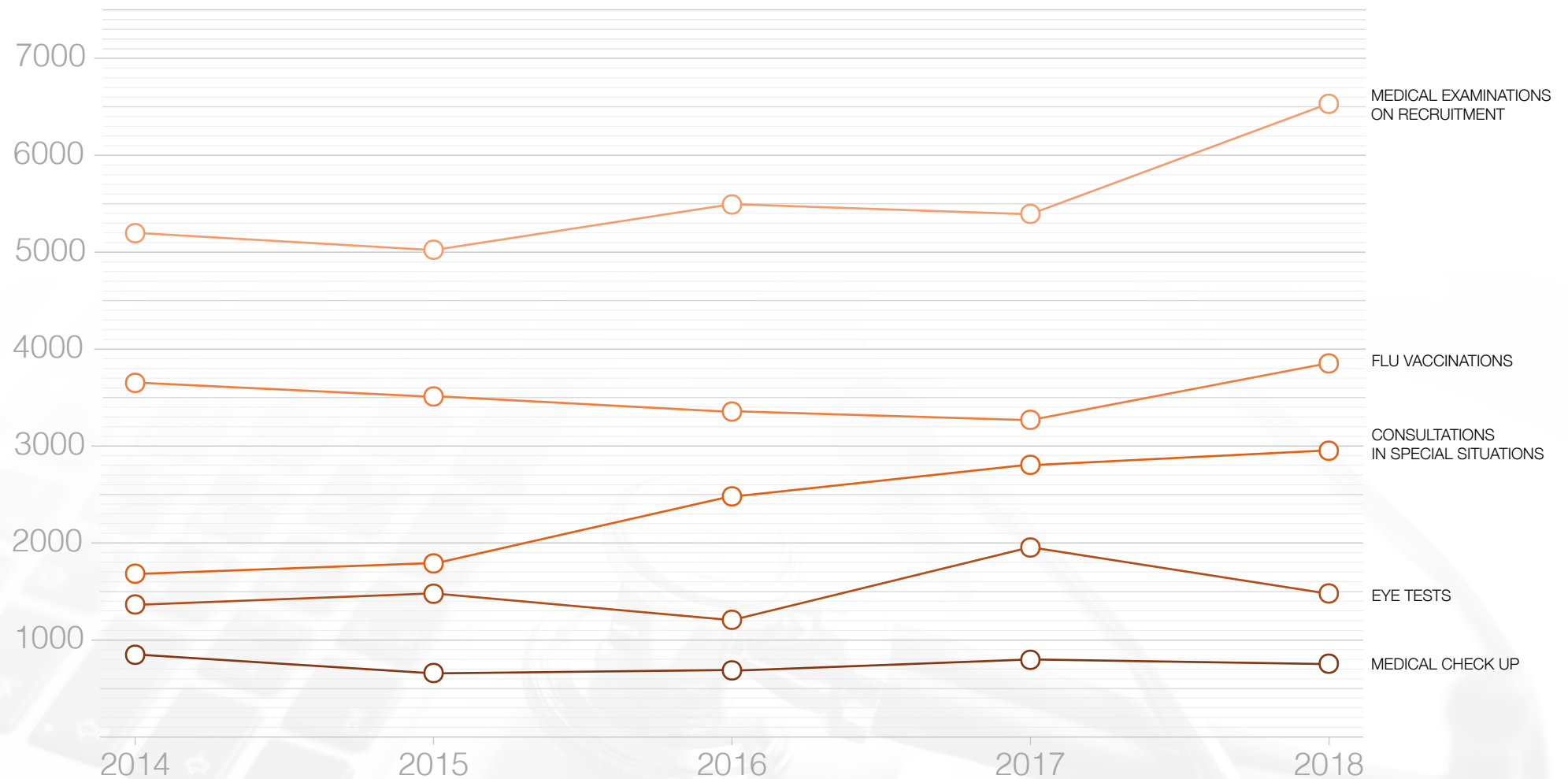


Dr Patrizia Thiry-Curzietti
General Director

KEY FIGURES



EVOLUTIONS

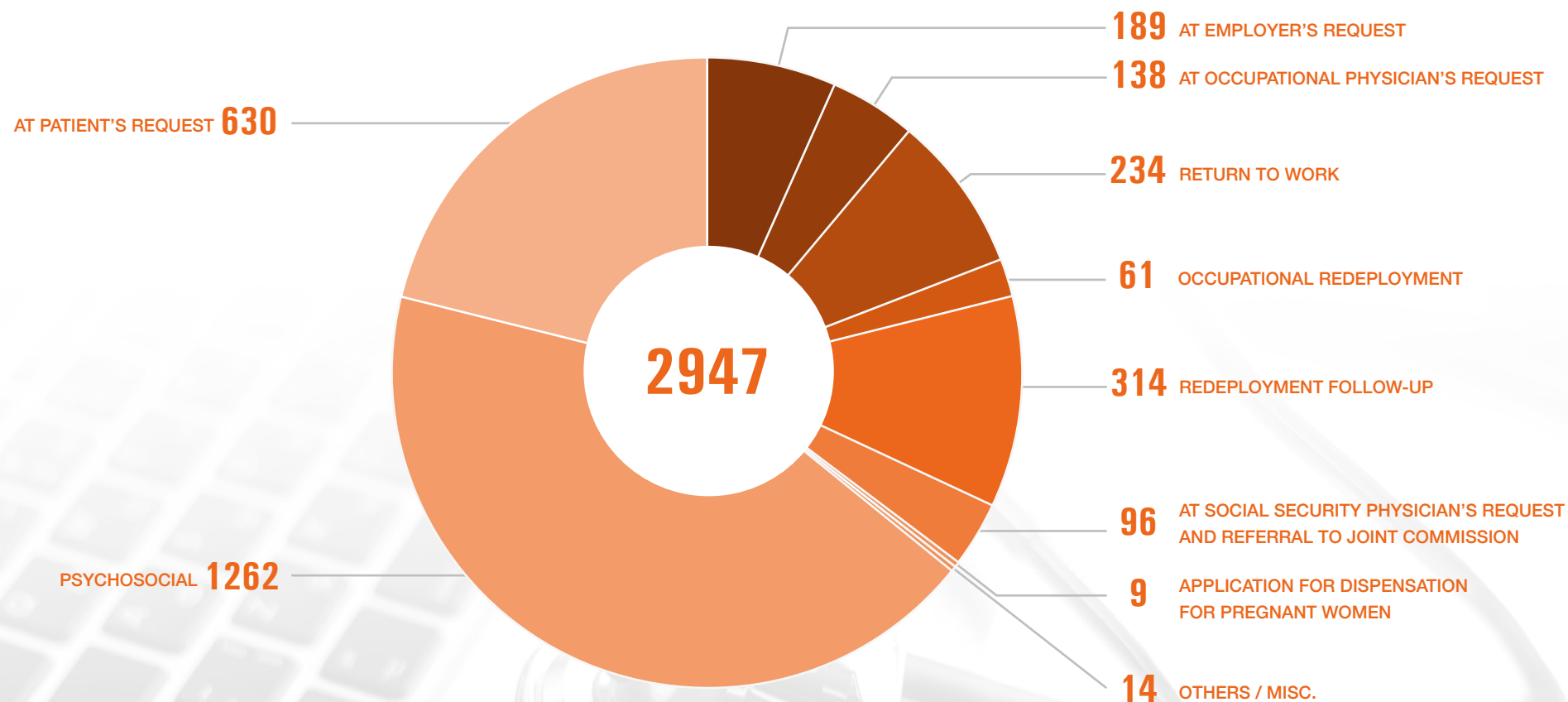


In 2018, the ASTF succeeded in reaching out directly to more than **15 000 employees** through various activities and campaigns. This was a **+30%** increase on the previous year and corresponds roughly to one employee in three with a total of **47925 (+10%)** women and men in **541 (+4%)** affiliated companies.

Our activities and campaigns include **compulsory medical examinations upon recruitment**, which reached a total of **8492**, a substantial increase of **+22%** against 2017. On the other hand, the number of **health check-ups** and **health coaching** sessions fell to **749 (-5%)** and **136 (-4%)**.

In our consultations we make patients aware of a healthy way of life and call their attention to habits that are detrimental to their health but which they have sometimes adopted. For this purpose, we refer to the international directives provided by the WHO or the American Heart Association.

DETAILS OF CONSULTATIONS TO MONITOR SPECIFIC SITUATIONS



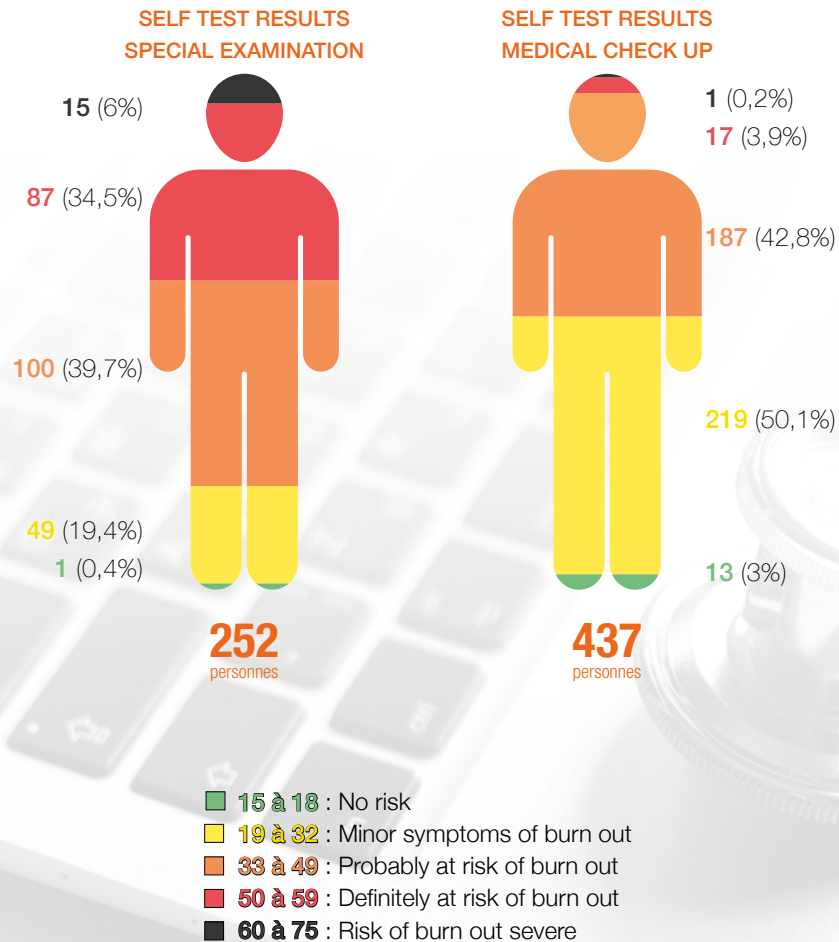
Consultations to deal with specific situations revolve mainly around mental health. We provide advice and psychosocial assistance.

The 5% increase in the overall number of consultations of this type is primarily linked to growth in the demand for psychosocial help (+11%) and to the increase in follow-up of patients who have been reassigned to a different job (+59%). This last figure is explained by implementation of the new job reassignment legislation which took effect on 1 January 2016.

These numbers underscore the need to treat psychosocial risks

BURNOUT FOLLOW-UP

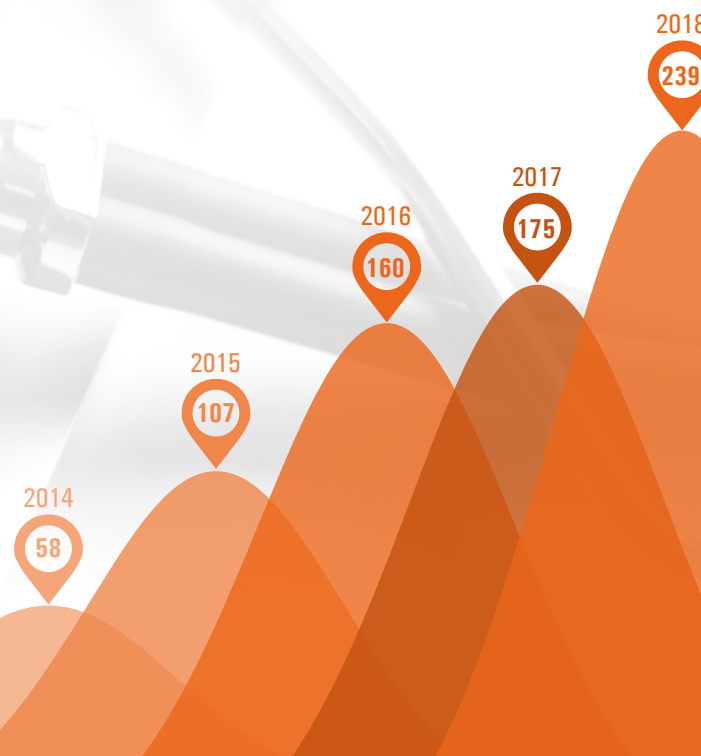
We assess the significant risks of professional exhaustion, among other things by using a subjective questionnaire when consultations take place at the patient's request (Figure 1) and on the occasion of medical check-ups (Figure 2).



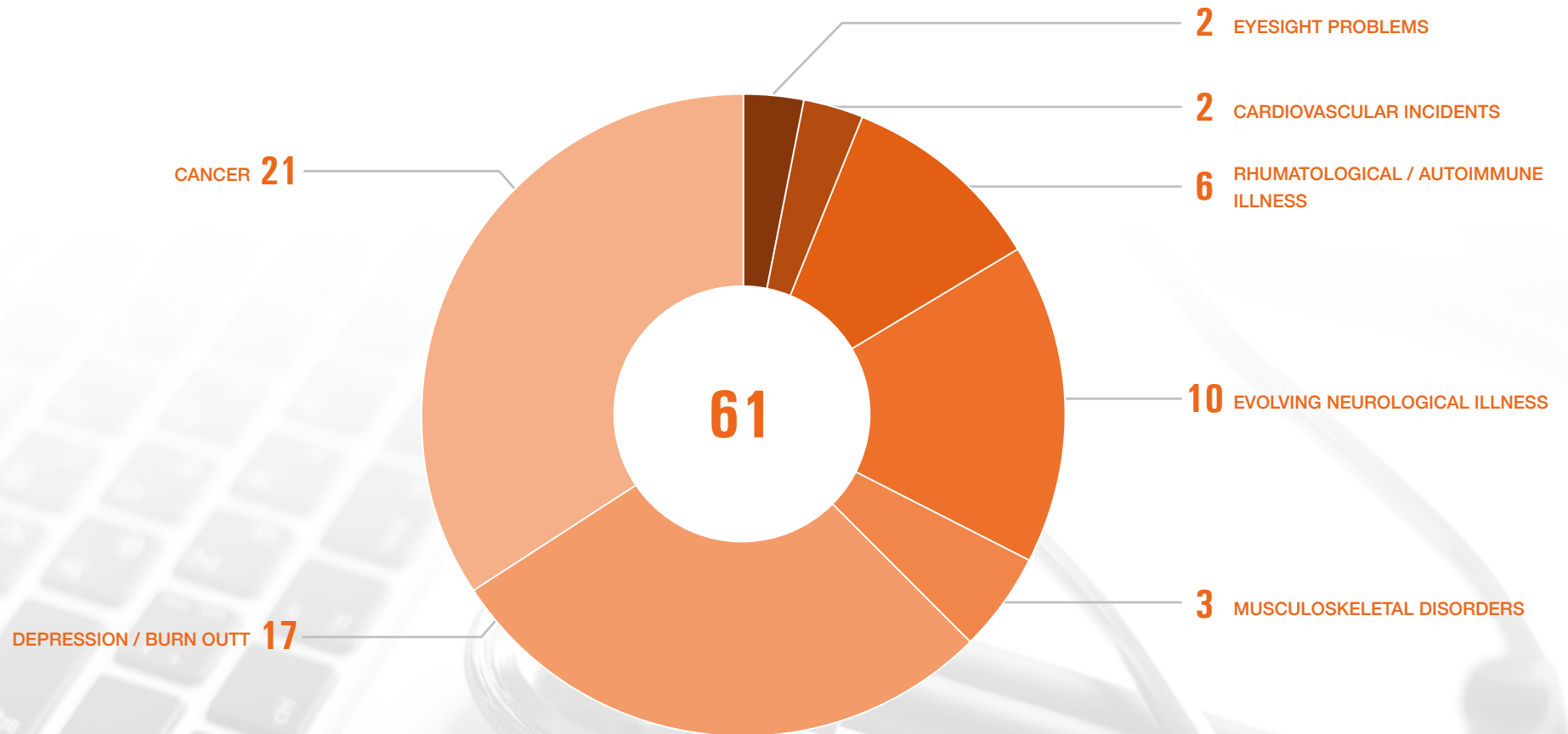
Compared to the reference group made up of patients who present for check-ups, we find that the patients who attend for special consultations, more often than not because of professional exhaustion, are the most serious and most striking cases.

By comparison with 2017, the results of the questionnaires completed on the occasion of medical check-ups remained stable from year to year.

In 2018, **239** new cases of professional exhaustion or burnout were seen by the ASTF, which is an increase of 37% compare to 2017.



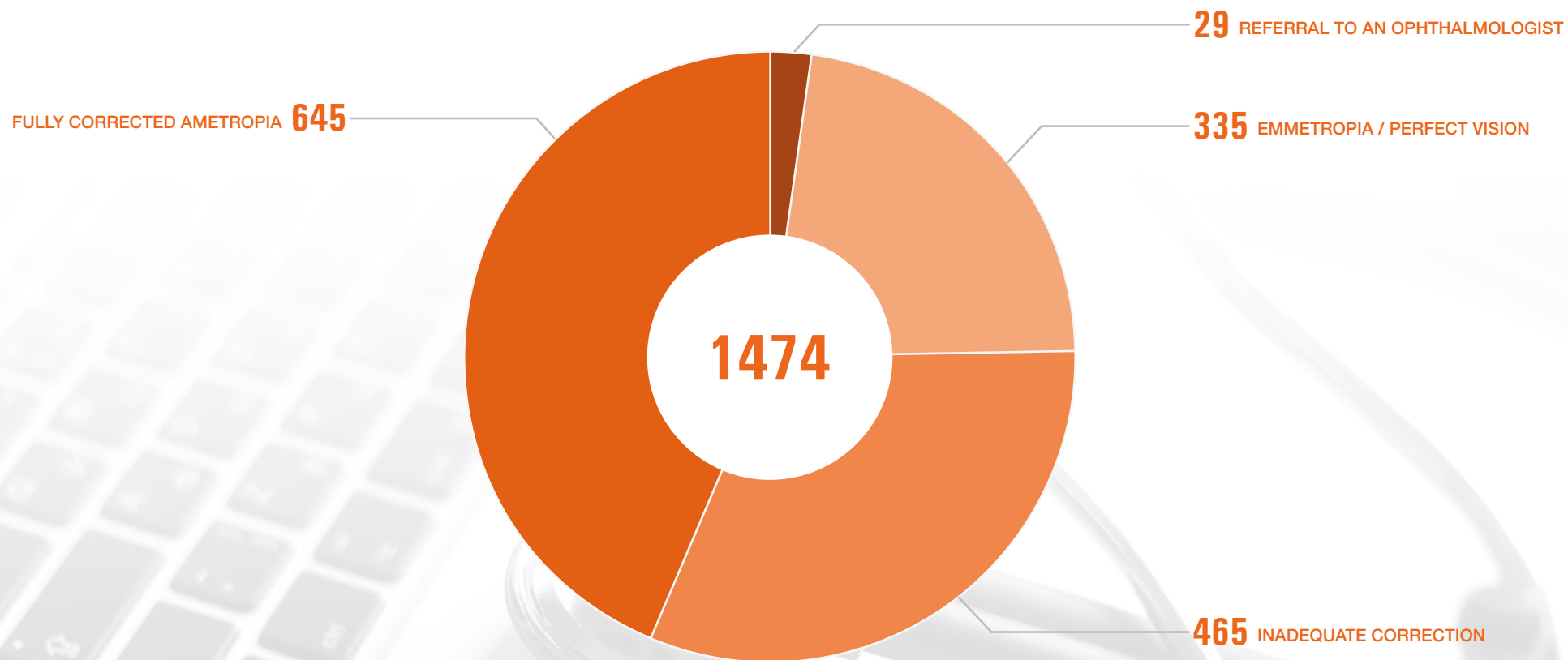
EXAMINATIONS UPON PROFESSIONAL REASSIGNMENT



The number of professional reassignments fell to 61 cases (-38,4%). Classification of the different health problems shows that the most important cause was once again cancer (35%), followed by depression or professional exhaustion and other psychosocial problems (28%). The number of instances of evolving neurological conditions, in particular multiple sclerosis, almost tripled

and now comes in third place, accounting for 16% of all cases in 2018. Next, we find auto-immune diseases, in particular rheumatism (10%), musculoskeletal disorders, such as lumbar discopathy (5%), cardiovascular issues, foremost among them strokes (3%) and, last but not least, eyesight problems (3%).

RESULTS OF EYESIGHT CHECKS

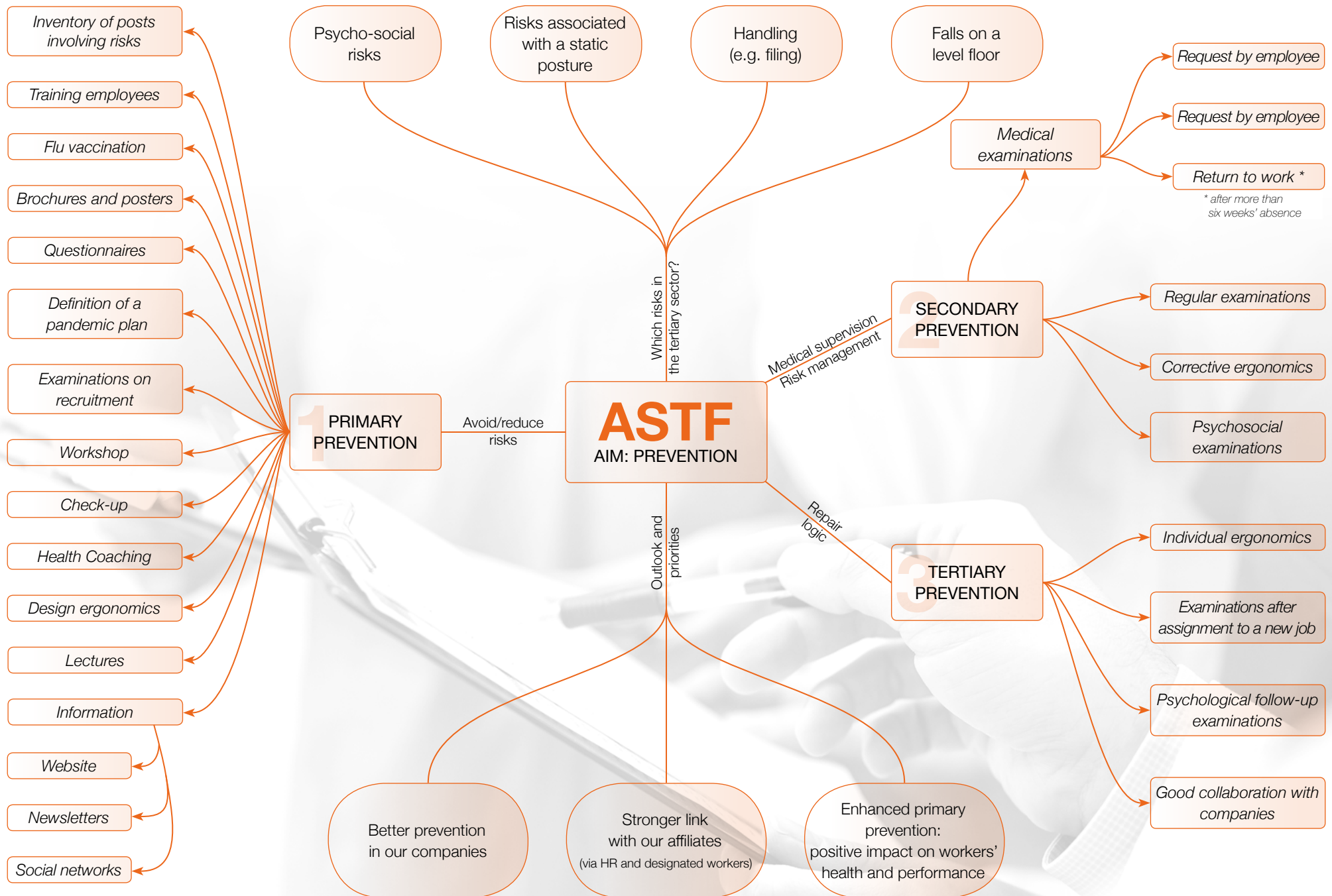


In 2018, **1474 eyesight examinations** were made in cooperation with an optician and at the employer's request.

The ASTF suggests that eyesight tests should be performed at 3 to 5 year intervals.

MEDICAL PREVENTION MAP

AIM: PREVENTION



MEDICAL CHECK-UPS

The medical check-up, which has been performed on the ASTF premises for the past 15 years, is offered by some companies to their employees on **a voluntary basis**.

THIS ACTION IS AN INTEGRAL PART OF PRIMARY PREVENTION.

This medical examination done at a single place in the shortest possible time, is appreciated by participants especially in the present context of a « race against time ».

In 2018, **749 check-ups** were performed within the ASTF.

During these examinations, **655 medical conditions** were diagnosed in **364 patients**. These may involve factors that are fairly simple to correct such as a vitamin D deficiency or a lack of iron.

Very often, a cardiovascular risk factor comes to light : **high blood pressure, high cholesterol or blood lipid rates** (45 % of the detected anomalies).

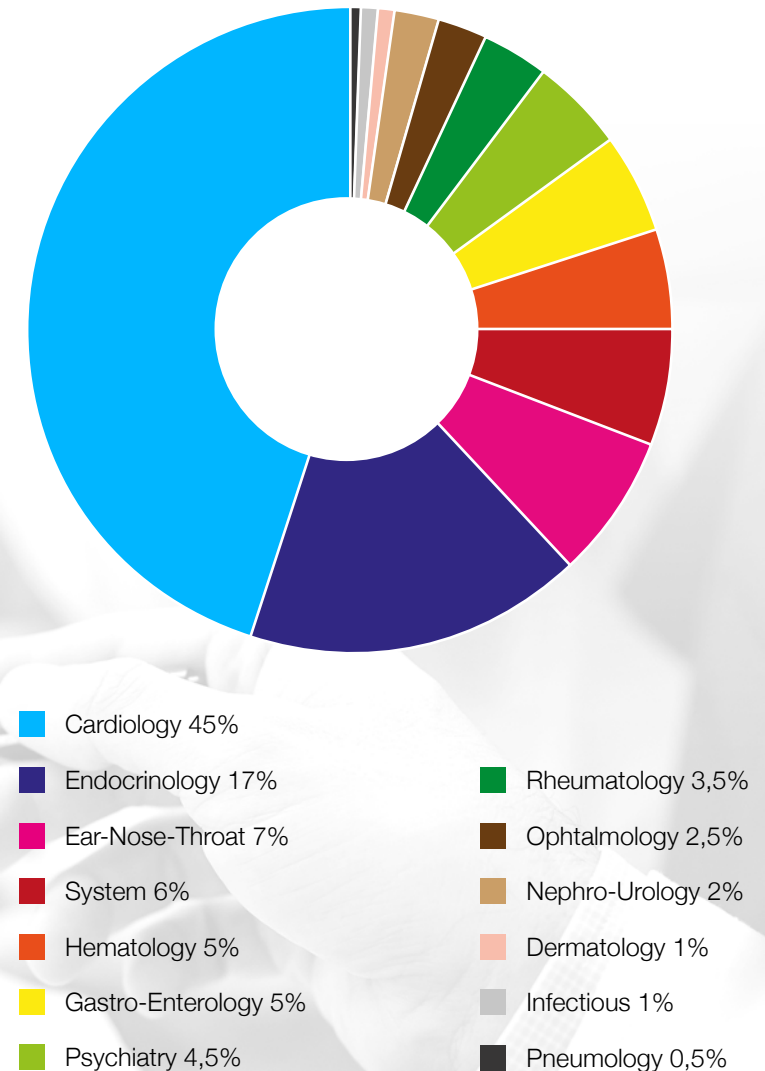
Eyesight problems are sometimes detected (2.5%). This condition is particularly important to treat in the case of the employees seen by us who work on computer screens.

Hepatic (liver) test anomalies are not uncommon and often require further examinations.

Medical factors classified under the psychiatric heading are very often related to a high stress level (4.5%).

Dermatological pathologies are observed less frequently (1%).

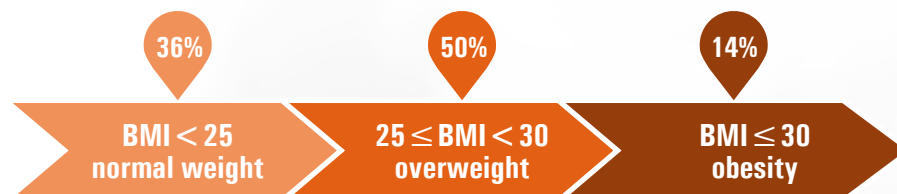
DISTRIBUTION OF ABNORMALITIES DETECTED AS A FUNCTION OF THE DIFFERENT MEDICAL CATEGORIES



As we have just seen, these check-ups reveal pathologies, but the emphasis is also placed on the detection of risk factors that might make the occurrence of illnesses more likely in a more or less long-term perspective:

A WORD ABOUT WEIGHT

Sedentary lifestyle is a serious problem for employees in the tertiary sector. It is a cardiovascular risk factor and makes osteo-articular pains and excessive weight gains more likely.



Indice de Masse Corporelle = poids (kg) / Taille (m)²

50 % of the employees who attended for check-ups in 2018 were overweight. In fact, one-half of the patients had a body mass index (BMI) in excess of 25 kg/m².

14 % of the persons examined must even be classified as clinically obese, with a BMI equal to or greater than 30.

A WORD ABOUT BLOOD PRESSURE

Systolic blood pressure (meaning the first of the 2 figures quoted to you by your doctor) was normal in 75% of all patients (less than 130 mm Hg or 13 cm Hg).

In 12 % of employees the pressure was found to be too high: above 140 mm Hg. In 13 %, this figure fell within boundary values: between 130 and 140 mm Hg.

Blood pressure should definitely be checked at regular intervals because this is a « silent » disease: the fact is that for a long time the patient shows no symptoms of high blood pressure, but it does in the end present a threat to the blood vessels and heart.

A WORD ABOUT CHOLESTEROL

The target values for cholesterol depend on each individual, on the presence of other cardiovascular risk factors (tobacco, diabetes, excess weight, family history...) and also on the personal case history.

In one-half of the patients total cholesterol was normal (below 200 mg/dL). In other words, for the other half of employees the cholesterol level exceeded the recommended standards!

Total cholesterol as well as LDL and HDL cholesterol are all quoted:

- LDL (often referred to as “bad” cholesterol) was clearly pathological in 10% of all employees (equal to or greater than 160 mg/dL).
- Statistics are identical for HDL cholesterol (often referred to as “good cholesterol”): 10% of all patients have a value that is too low (< 45 mg/dL).

A WORD ABOUT SUGAR

Diabetes is a chronic illness which occurs when the pancreas fails to produce enough insulin or when the organism is incapable of making efficient use of the insulin that it does produce. The result is a higher concentration of glucose in the blood (hyperglycaemia). The WHO estimates that 442 million adults are victims of this illness worldwide, i.e. 1 person in 11! This number has quadrupled since 1990.

The ASTF check-ups showed that 82% of all patients had normal fasting glycaemia values (< 110 mg/dL). Diabetes was diagnosed in 3% of all patients.

Some 15% of the patients were in an intermediate zone (between 110 and 126 mg/dL). In this particular patient group, the emphasis must be placed on prevention because there are risk factors against which action must be taken at the earliest opportunity to prevent the occurrence of diabetes: poor diet, a sedentary life style and excess weight are cases in point!

Preventive medicine is a branch of medicine which consists in detecting illnesses and giving personalised advice to the patients. Enabling patients to understand and influence their own health is the key to success. This discipline takes time and is all too often overlooked!

Medical check-up statistics show that there are many aspects on which to act to improve health!

PSYCHOSOCIAL ACCOMPANIMENT

RETURN TO WORK AFTER A PROLONGED ABSENCE

Psychological follow-up offered by the ASTF may concern patients who are off work for a long time because of burnout. The question of accompaniment throughout this period then arises, i.e. how can this special and often sudden space/time be managed and how can a return to work, which in the long run remains inevitable, be envisaged.

In the first phase, the subject must direct his or her energies towards physical and mental recovery before moving on more specifically to the point in time when work has to be resumed. This must be envisaged in terms of “when” but also and above all in terms of “how”, i.e. under which particular mental and practical conditions.

This point in time at which work is resumed involves mental and subjective timing which may sometimes be hard to reconcile with social, administrative, professional and financial time factors. The return to work takes place at the intersection of two time factors that are not always concordant. This change may also reactivate the initial transition from professional life to an absence from work.

The often anxiogenic return to the world of work, which becomes known and unknown at one and the same time, to a familiar situation that has become alien, raises many doubts, questions and anxieties. These are superimposed on a mental state that is already characterised by a lack of self-confidence, by the difficulty of taking decisions and the fear that symptoms may recur etc.

These “normal” apprehensions of a new situation must be placed in the perspective of a natural resistance to change and a feeling of worrying strangeness caused by the prospect of a return to work.

As a rule, the patient does not feel entirely ready to resume work, but the time will come when he or she is ready to attempt a return with a better adjusted professional posture in terms of distancing and taking a longer view. Then there is the factor of a focus on the individual himself with a clear gap between before and after in the mental and professional life of the subject. This before and after is typified in particular by a redefinition of the limits which enables a state of alertness and vigilance to be maintained, so avoiding a potential relapse. This calls for a degree of mental preparation and an awareness of the old reflexes that may reappear.

The return to work requires a phase of re-adaptation that may benefit from professional support given during the absence with a view to a gradual alleviation of the symptoms. The fresh confrontation with the world of work does in fact maintain a period of mental fragility, sometimes accentuated by feelings of disappointment or renewed questioning of personal values and projects. For the subject, the aim is to strike a new life balance between the professional and private spheres, often with special attention paid to all aspects of stress management.

Over and above personal preoccupation with the resumption of work, questioning also concerns the way other people view the individual and how best to confront them. The return to work may in fact take place in the same department or with the intention of an internal or external transfer, or even a professional reconversion sometimes after a skills appraisal.

The resumption of work is bilateral in the sense that it also questions the willingness of the employer to welcome an employee back after a period of absence. This resumption may possibly be progressive to permit a better quality of adaptation for both sides: gradual resumption, interval between periods of leave, possibility of teleworking etc. This preparation generally takes place with the managers, human resources etc. prior to resumption. Situations of a prolonged absence from work for reasons other than burnout may also occur: illness, redeployment...

In the event of a prolonged absence from work, the resumption is a source of anxiety but at the same time inevitable. That said, it also enables the subject, after a period of reflection and mental reconstruction, to revert to a rhythm and balance in life, in personal relations and social recognition or intellectual stimulation. It is precisely this vista of a definite end and resumption that gives meaning to the absence from work.

Recognising the fact that the return to work after a long illness or burnout remains a unique and subjective case, it is important for professionals to take account of **three aspects** of this return. Let us now look at them together.

1. FIRST ASPECT:

The employee's old references may no longer apply.

On returning to the company, the individual may feel alienated because the business has continued to function in his absence. Changes may have occurred: change of management, change of corporate spirit or corporate culture. Hence the need as far as possible to inform the employee of important changes in the employment environment before he returns to the world of work.

2. SECOND ASPECT:

Other people may view the individual differently and in a way that may be hard to tolerate.

On their return, some people may find it difficult to resume their old position in the work group. The absence because of illness may make colleagues view them differently. That can create alienation and penalise the individual's efforts to find his or her place in the team. This change is not always a conscious factor because colleagues do not always know how to welcome an individual who is coming back after an absence from work

3. THIRD ASPECT:

The sequels of treatment may complicate the return.

In a hurry to turn the page of this burnout or illness episode, there is a serious risk that the individual may no longer listen to his or her own body and in particular to fatigue, which becomes far more apparent after the return to work. Performing a task often takes longer than it did before. The cognitive functions remain fragile; that in turn has an impact on memory and concentration.

But the imperatives of productivity are hard to reconcile with these physical and mental difficulties. The business is liable to expect the employee to immediately achieve the same high level of performance as he did before he left.

In other words, when work is resumed it is important not to underestimate fatigue and overestimate capacities. Hence the need to prepare for this return upstream with human resources, the occupational physician, the psychologist and every other person who accompanies the employee in this process of reconstruction.

CONCLUSION

The longer the employee's absence, the more serious will be the difficulties encountered upon his or her return. That is particularly true if the absence has exceeded six months. Upstream work with a healthcare professional then becomes vitally important and we advise consulting the ASTF as soon as the absence from work begins.

TRAININGS

In a changing, complex and hyper-connected work of work, it is not always easy for employees to safeguard and enhance their own health resources. However, all the studies of the subject demonstrate a link between wellbeing at work and productivity:

PERFORMANCE AT WORK = HUMAN CAPITAL X HEALTH CAPITAL

When the health capital has been impaired (absenteeism, illness, dissatisfaction, presenteeism), productivity will suffer whatever the human capital may be. That is why investment in health and safety is imperative.

« THE HEALTH OF YOUR COMPANY DEPENDS ON THE HEALTH OF YOUR EMPLOYEES »

Stress management, diet, sleep, physical activity, better communication, personal development and good interpersonal relationships are the necessary foundations of a solid health capital.

HOW CAN THESE FUNDAMENTAL PILLARS BE ACQUIRED?

By putting in place active and professional health management within your company. Thanks to its 23 years of experience at your side, the ASTF has developed a varied training programme to assist you in this action.

Over the years, we have built up our training offer to help you to enhance your employee's health capital. After « healthy leadership » in 2017, the ASTF organised a one-day workshop on communication in 2018, with both practical and theoretical aspects. The aim of this workshop is to learn how **to communicate better, better manage your own stress**, understand the behaviour of your discussion partners, adapt to them and discover pertinent communication tools in order to develop your own communication skills.

We intend to continue our work in this regard and are always on the lookout for new kinds of training to better respond to your particular needs.

As the health expert for your company, the ASTF is and will always be at your side to safeguard the health and safety of your staff. You will find details of the training programmes on our website: www.astf.lu

HUMAN CAPITAL MANAGEMENT

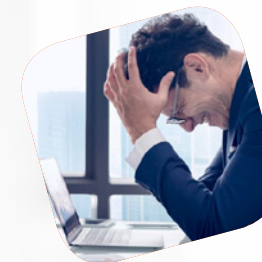
STRESS MANAGEMENT



BURN-OUT



PSYCHOSOCIAL RISK PREVENTION



HEALTHY LEADERSHIP



COMMUNICATION



MOTIVATION LEVERS



TIME MANAGEMENT



ABSENTEEISM MANAGEMENT



RETURN TO WORK



MEDICAL

FLU



VACCINATIONS



ADDICTIONS



HEALTH FOR THE OVER 45s



CARDIOVASCULAR PREVENTION



SUN: FRIEND OR ENEMY



LIFE HYGIENE

NUTRITION



SLEEP



SPORT



SOPHROLOGY



ERGONOMICS



As is the case every year, training activity proved highly successful.

In 2018, the ASTF gave **127 trainings** and took part in **3 company health days**.



LIFE HYGIENE

Ergonomics : **15**
 Nutrition : **3**
 Sleep : **4**



HUMAN CAPITAL

77% of trainings

Burnout prevention: **23**
 Stress management: **35**
 Psychosocial risk prevention: **7**
 Harassment: **4**
 PSR vigilance network training : **6**
 Healthy Leadership: **10**
 Communication : **7** (including **3** one-day-workshops)
 Motivate the different personalities: **2**
 Time management: **1**



MEDICAL

Cardiovascular prevention: **1**
 Understanding a blood test: **5**
 Health for the over 45s: **2**

This may seem self-evident but it is important to bear in mind the fact that employees are the foremost resource in the tertiary sector. If you wish to safeguard your employees' health capital, prevention is of the essence. You should think of offering health coaching, trainings and workshops in your respective businesses.

**Contact the ASTF,
 our experts are here to help you**



HEALTHY LEADERSHIP

Healthy leadership is designed to **promote** at one and the same time **the health** of the **leader** and that of his or her **team**.

Participants learn to look after their health and wellbeing and recognise the important influence that their own behaviour has on that of the team. The aim is not to reduce sickness absences but to **motivate** people through the **esteem**, **trust** and **attention** paid to them.

This **training** focuses on **a two-day workshop** during which **the tools needed for healthy leadership** are presented:

Setting a good example of taking personal charge by reducing pressure and increasing resources.

Working conditions which have an impact on wellbeing and can be influenced.

Esteem for other people and how to convey that esteem.

Detecting the signs of suffering: social, mental or physical.

The aim is not to become a doctor but to learn how to pay attention to change.

Discover how different personality types function (malfunction) and how to manage communication when the need for help becomes apparent.



**Would you like to offer this workshop
in your own company? Please contact us.**



ERGONOMICS

THE IMPORTANCE OF ERGONOMICS AT WORK.

Activities surrounding **ergonomics at the computerised workplace** were diversified in 2018 while still pursuing the same aim: that of **safeguarding employees' health and wellbeing** by providing a healthy working environment, appropriate to the needs and free from risks.

The way in which workspaces are laid out is changing rapidly, a new dynamic is under way. More detached from the workplace and assisted by new information and communication technologies, the employee needs less physical space in the office, either to perform the activity itself or to assure its coordination. The organisation of the workspace has changed greatly in the sense that the conventional partitioned office is giving way to flexible structures, diversified meeting and working places, in an endeavour to find responses to this new organisation of work by ensuring that employees enjoy a good quality of life at work and by giving them the benefit of attractive work spaces that are capable of guaranteeing high performance and productivity.

In this innovative approach to work space design, the ASTF has focused its intervention and advice primarily on awareness creation and information for employees, their employers and their representatives so as to prepare them as effectively as possible for these new interpretations of mobile working.

WORKPLACE VISITS

Procedure led by the occupational physician or ergonomist to obtain information about the employee's working conditions. This is in fact the best way of getting to know and analyse the professional situation directly at the workplace while assessing the risks to which the individual is exposed. During this action, the employee is informed of potential risks incurred by him; suggestions for correction and improvement are immediately submitted to him.

DESK CHAIR STUDIES

Analysis method developed by the ASTF based on the legal requirements and standards applicable to an ergonomic desk chair.

ADVICE ON WORKSPACE LAYOUT

Personalized opinion which, having regard to the legal safety and health requirements, consists in giving advice on structuring work spaces, their environment, layout of the premises, choice of working equipment and above all, in the case of new buildings, transformation or reorganisation of existing work spaces.

STATISTICS :

TYPE OF ACTIVITY	2017	2018
Workplace study following a medical advice	126	65
Workplace visit	26	44
Desk chair assessment	4	13
Air quality analysis	6	6
Air quality analysis: in-company activity	41	33
Ergonomics training	9	10
Advice on workspace layout	3	12
Interview with human resources	3	1
Company visit	1	1
Interview with designated worker	8	9
Health day	1	-

Distinct increase in workplace ergonomic analyses by comparison with 2017

COMMUNICATION

The aim of raising the visibility of the ASTF has been enhanced and the role of digital communication tools and supports developed so that the target audience, human resources managers, can benefit and pass on to employees of the affiliated companies more extensive information about medical, social, sports, nutritional and ergonomic aspects and also on wellbeing at the workplace.

While the integration of digital tools and contents calls for a change in methods of communication, it permits first and foremost **a qualitative improvement of contents**.

The impact of this circulation and analysis of the results was measured. Qualifying its users therefore prolongs the vital and essential role of the occupational health service: that of **focussing attention on the employees of our affiliated companies**.

ANALYSE

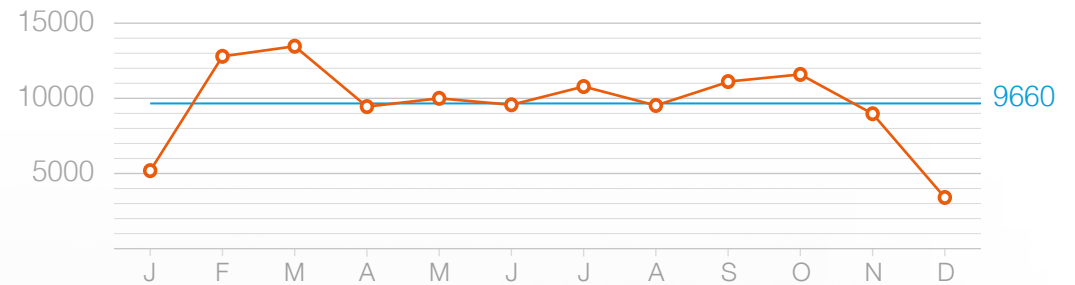
We have noticed that consideration of the statistics enabled certain aspects to be highlighted and our users better understood.

- The site is consulted on weekdays during office hours using computers.
- The French version is the most widely used.
- The forms page is the most frequently consulted because it contains all the documents prior to medical examinations and examinations upon recruitment; these are needed by the human resources departments.
- A large majority of visitors are acquired by using search engines, the main targets being « astf » and « astf Luxembourg », so confirming the association's strong identity.

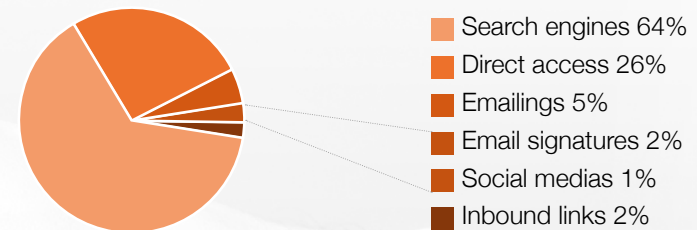
The monthly newsletter is a means of acquiring visitors by direct consultation and should be privileged because of its efficiency and speed. When it is circulated in the morning, a 90% opening rate is observed on the same day, including 30% during the first hour.

WEBSITE STATISTICS

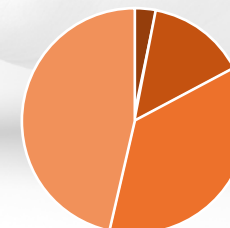
PAGES VIEWS AND ANNUAL AVERAGE



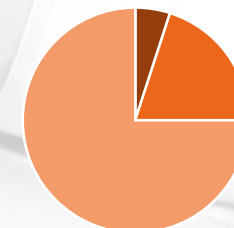
TRAFFIC SOURCES



LANGUAGE



DEVICES



Subscribe to the monthly newsletter 

MEMBERS

*The redefinition of the association's constitution in the year 2018 now enables every company in the **tertiary** or **financial** sectors to become a full member and so benefit from a voting right at the general meetings.*

 **CONSTITUTION OF THE ASSOCIATION**

 **APPLICATION FOR AFFILIATION**

BOARD OF DIRECTORS

CHAIRMAN	Émile LUTGEN (Employeurs membres individuels)
VICE CHAIRMAN	Catherine BOURIN (ABBL)
TREASURER	Philippe SERGIEL (IRE)
SECRETARY	Paul-Charles ORIGER (ACA)
MEMBER	Jacques CUSUMANO (ALPP)
MEMBER	Nicole DOCHEN (ABBL)
MEMBER	Patrick GREGORIUS (ABBL)
MEMBER	Myriam SIBENALER (ABBL)

ASTF STAFF



OCCUPATIONAL HEALTH PHYSICIANS

Dr Charlotte Eyike
Dr Isabelle Klopp
Dr Carole Molitor
Dr Stefan Weicherding-Roth
Dr Dominik Schmal
From 1st of october 2018

PSYCHOLOGIST

Dr Amélie Zeimet
Until 1 mai 31st 2018
Dr Wafa Bounaira
From 1st of june 2018

SOCIAL WORKER

Patrice Marchal

DIRECTION

Dr Patrizia Thiry-Curziotti
General director, occupational health physician
Dr Sandrine Sculfort-Tomasini
Medical director, occupational health physician

INTERIOR ARCHITECT

Christiane Reckinger

OPTICIAN

Manuela Weis

NURSES

Eveline Neis
Until april 30th 2018
Sandra Vazquez-Parras
From 1st of june 2018
Alice Wasmer

DIGITAL MARKETING

Paul Gruner
From january 8th 2018

EXECUTIVE ASSISTANTS

Bernadette Marcher
Daniel Lehmeier
Until January 31st 2018

MEDICAL ASSISTANTS

Claudia Barth
Laure Knob-Schmitt

ADMINISTRATIVE ASSISTANTS

Sonia Ribeiro
Roland Sculfort



**Association pour la Santé au Travail
des Secteurs Tertiaire et Financier**

**15-17, avenue Gaston Diderich
L-1420 Luxembourg**

Tél. : +352 / 22 80 90-1

Fax. : +352 / 22 80 81



Facebook.com/astf.lu



Linkedin.com/company/astf-lu

Accueil@astf.lu

www.ASTF.lu