



# 15

Annual Report



ASSOCIATION POUR  
LA SANTE AU TRAVAIL  
DU SECTEUR FINANCIER



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# EDITORIAL



Dr med Patrizia Thiry-Curziotti  
Managing Director

## HAVE YOU ALREADY MIGRATED YOUR DETECTOR?

Everybody is talking about it: the third industrial revolution has begun! Soon, we will all be “connected” and engaged in a “circular economy”.

Economic life will become more “democratic”; we will witness the development of the “Internet of things”. In future, all our production activities will be managed by detectors that will let us know where and how many consumer goods are needed. The production and dispatch of these articles will then be organized with total accuracy by the World Wide Web.

All appliances will be connected together AND with human beings. All of us, machines and humans alike, will establish a “collective brain” which will, apparently, be the foundation of a new economy, the “sharing economy”. So, we will all be producers and consumers at one and the same time, in other words “prosumers”.

Everything will be delivered to our doorstep via GPS, in driverless vehicles, on intelligent highways, from

stores without salespersons, from production facilities with no workforce and all this at a marginal cost tending towards zero. An extreme example of automation. Man will only come into the equation in the final phase, as a consumer or, if you prefer, a prosumer.

On reading these extraordinary tales of the future told by eminent economists living in their academic ivory towers, one question springs to mind: will every human being be fitted with a detector too?

You must admit the idea is tempting! This detector could give us information about the weight of the individual concerned (more starch or vegetables in the diet), about his or her degree of hydration (more water), temperature (administer aspirin), state of mind (send a comedy film by Apple TV) or even about his or her fertility (provide a sperm sample or alternatively a man

of the right age to procreate with an impeccable genome verified by the detector!). And, when the detector receives no more signs of life, will we be delivered by GPS to the nearest crematorium by an intelligent hearse to be re-injected, that goes without saying, into the circular economy as biological fertiliser, 100% biodegradable, 100% renewable and so 100% sustainable?

Technological progress is advancing with giant strides. How great it is to be able to download a film, a piece of music, a book or a newspaper at a single click. How marvellous to be able to speak to a loved one 2000 km away while viewing him or her in real time on our screens or even to be able to mobilise help anywhere in the world via Facebook or Twitter.



But trying to put everything on the web, is that not a step too far? Instead of fitting detectors to find out that there is no more butter in the fridge, would it not be easier (and more ecological) to have a look yourself and then take a short walk to the neighbourhood grocery store, to exchange a few words with the neighbours who are standing in the queue and then go home to do the cooking in a happy and good-humoured frame of mind? Of course, the detector could report that there is no butter and have it delivered without even telling us, while we are quietly posting photos of our latest holiday on Facebook to receive 393 “likes” and then go to sleep reassured, knowing that we have all those “friends” following our every breath.

We are mutating into an accessory of our computer. Soon, we will be like a keyboard or a mouse if you prefer; we

are “users” of our smart phone. The “smart” part of it is of course the phone. However, you do have the option of an “upgrade” to become a “smart user”, by which is meant a well-trained consumer.

The world of technology is gathering pace, the bits and the bytes are becoming giga and tera. But, in this equation, we have forgotten the fact that man still only has his 46 chromosomes. There is nothing giga or tera about that! We are going to have to assimilate, absorb and manage all of this with our little brain weighing just 1.5 kg which, what is more - oh what a disaster! - feels emotions! And we do not have the option of adding an external hard drive! By the same token, we will also have to keep a critical eye open, manage data protection, digest infobesity and be reachable round the clock (oh yes, those who are absent are always in the wrong, as an old adage has it).

The ever-faster pace of work is creating “indigestion” in a growing number of prosumers (who do not even realise this). If the world of work does not soon catch up by adapting the rules of the game to make them more user-friendly, sooner or later we will witness a workforce shutdown.

Because although this connectivity has undeniable advantages, not all its aspects are positive. Admittedly, everything is faster, more accessible, shared and efficient. But seen from another angle, there is a price to pay for those qualities. When you say fast you imply intensification of work; accessible means longer working hours; sharing is synonymous with more stringent verifications, while efficiency comes with an obligation to remain at the cutting edge of progress. In brief, we are working on a just-in-time system even after leaving our office, under the watchful eye of the web and all this while spending the



little free time we have left keeping abreast of the latest technological advances. Hardly surprising that the number of cases of burnout is rising!

In parallel, certain new pathologies linked to the use of the mobile phone are spreading: nomophobia, cyber malaise, textonitis, the dry eye syndrome, the phantom telephone syndrome... not to mention the doubt which still hangs over the question as to whether electromagnetic waves are harmful!

We are effectively witnessing the same paradigm change as occurred during the second industrial revolution. Then too machines made our lives much easier; but later on we came to understand that they are also potentially dangerous to the health of their users. Here too, rules and means of protection against occupational accidents and professional illnesses had to be introduced gradually. The third indus-

trial revolution is much the same with a need for protection against the risks inherent in the new communication and information technologies. We will have to learn to cope with them in face of the challenge that they are evolving faster than the lawmakers are able to respond... by way of example, the Grand-Ducal regulation on work at a computer screen was adopted in 1994!

We cannot halt progress (fortunately!). Let us find ways of assimilating this formidable technological progress to the best of our ability. Let us secure the means of profiting to the full from the advances which make our lives easier while minimising the disadvantages that go hand in hand with every innovation.

And above all, let us try not to forget that behind each screen there is a living being in flesh and blood who has to control his emotions.

So, time to use your smartphones, let us be connected and become part of the solution!

eom\*

\**end of message*, for the few prosumers who have not yet updated their communication system to the latest available version.

Dr med Patrizia Thiry-Curziotti  
Managing Director

# PRESENTATION

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**1995...2015**, for twenty years now the Association for Occupational Health in the Financial Sector (ASTF) has been accompanying its member companies in the field of health, safety and wellbeing at the workplace. This anniversary is an ideal opportunity to travel back into the past and recall the origins of our service, and also to see how it has evolved over the past two decades.

Following the adoption of the law of 17 June 1994, financial sector professionals decided to join together in a non-profit association (A.S.B.L), the ASTF, an association whose purpose is to create and run an occupational health service.

## THE FOUNDING MEMBERS:

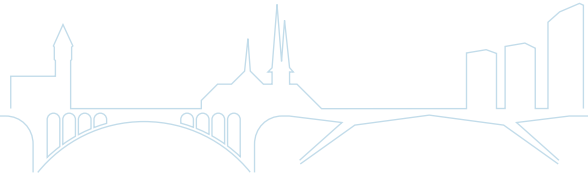
- **ABBL** (*Luxembourg Bankers' Association*),
- **ACA** (*Insurance Companies Association*),
- **AREST** (*Company Auditors and Accountants Association for Occupational Health*),
- **AACL** (*Luxembourg Stockbrokers Association*),
- **AGLF** (*Luxembourg Wealth Managers Association*)
- Individual members:  
**Cetrel, Luxembourg Stock Exchange Company, National Bank of Belgium.**

These members met at an extraordinary general assembly and adopted a number of resolutions, in particular concerning the appointment of a Board of Directors. The number of Board members was set at nine representatives, including four from the ABBL, one representative of ACA, one of AREST, one of the AAAC, one of the AGLF and, finally, one representative of the individual member employers.

The members of the first Board of Directors were Mr Christian Billon (Secretary), Mr Paul Hammelmann (Vice-Chairman), Mr Jean-Louis Margue, Mr Paul Marmann (Treasurer), Mr Franz Ruf, Mr Charles Ruppert (Chairman), Mr Lucien Thiel (Managing Director) and Mr Léon Weyer.

On 1 January 1995, the Association for Occupational Health in the Financial Sector began work in its new offices at 45 Boulevard Prince Henri in Luxembourg.





In its first year, the ASTF employed 2 doctors and 2 medical assistants. Over the years, the team has been strengthened to include several doctors as well as medical assistants and administrative staff, nurses, ergonomists, psychosocial assistants and psychologists. Thanks to this multidisciplinary team, the ASTF has been and still is able to offer its members appropriate responses in the fields of health and safety.

In its early years, the activity of the ASTF was based essentially on examinations of newly recruited personnel and flu vaccinations during the winter season, but it soon diversified.

In its mission as a health and safety advisor to enterprises, the ASTF began to provide in-company eye tests, ergonomic analyses and air quality analyses.

Training courses for companies on subjects touching upon health and safety in the tertiary sector were added

in the early 2000s. Above all, 2003 saw the creation of a check-up program. In the absence of regular examinations, the aim of this program was to enable the health of employees in the tertiary sector to be monitored on a voluntary basis both for the enterprises concerned and for the participating employees.

Today, backed by its team of six doctors, two psychologists, two nurses and four assistants, the ASTF is fully committed to its role as an adviser on occupational health and safety. Our trainings in life hygiene and personal development are highly successful, so confirming the fact that the occupational physician plays a vital role in the management of corporate health. The stress management and burnout prevention programmes which we have developed and are constantly optimising have enabled us to win the trust of our member enterprises. Follow-up for employees suffering from burnout, ergonomics and sophrology are all services that we offer our

member companies and are constantly expanding. This is evidenced by the development, in the course of 2015, of our new prevention concept known as "[Health Coaching@astf](#)", which enables personal attention to be paid to each participant; a full panel of trainings is now available.

The ASTF has grown constantly over the past 20 years. The time has come to blow out our twenty candles and we look to the future with confidence: the continuing training of our staff as well as our expertise teamed with experience gained over 20 years in the field, will enable us to respond to the new challenges in the field of occupational health. We are therefore looking forward eagerly to the next decade and the tasks that lie ahead for us.

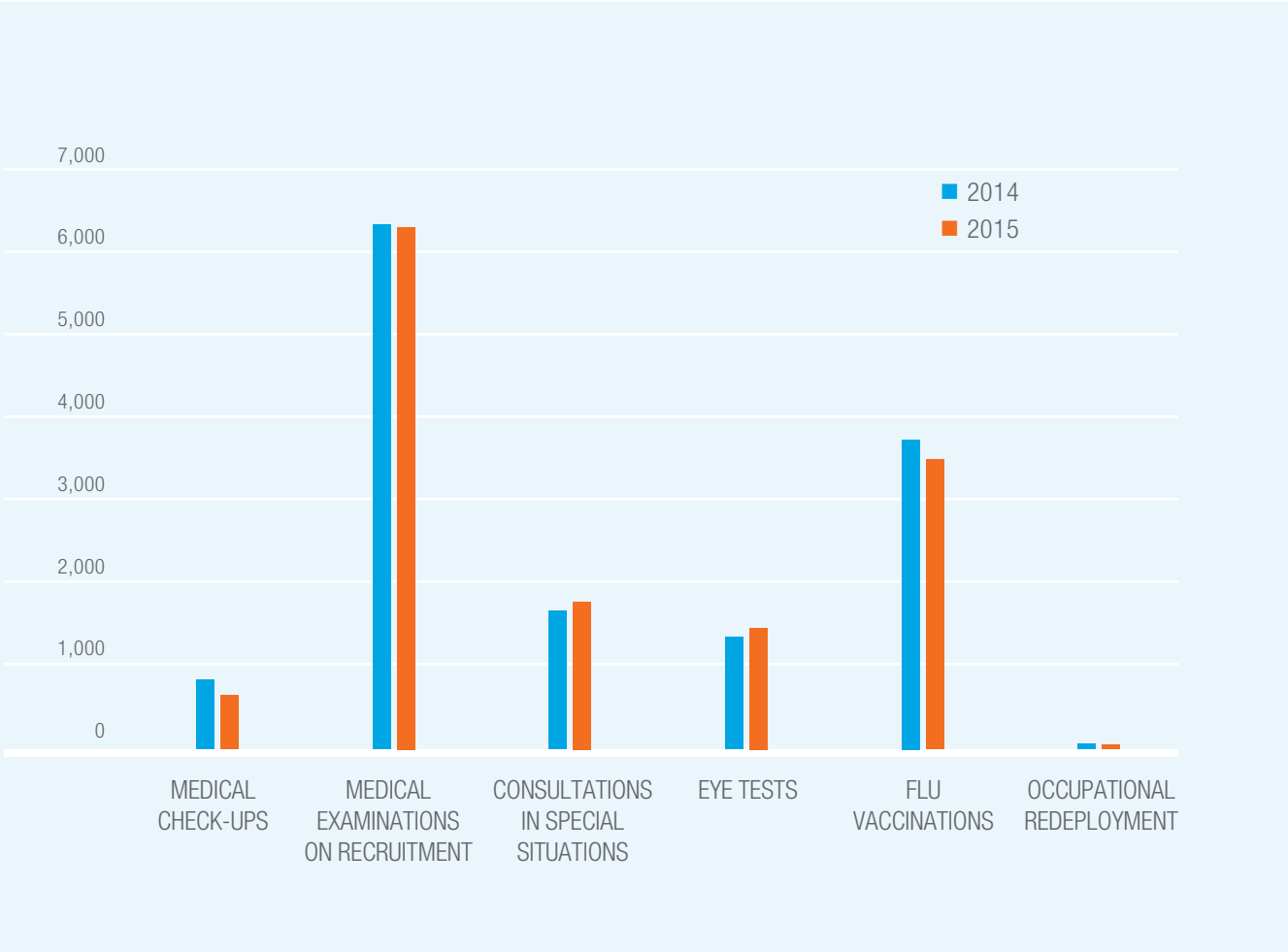
# KEY NUMBERS

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	2014	2015	Tr. %
MEDICAL CHECK-UPS	841	653	-22.3%
MEDICAL EXAMINATIONS ON RECRUITMENT	6,345	6,317	-0.44%
CONSULTATIONS IN SPECIAL SITUATIONS	1,678	1,784	+6.3%
EYE TESTS	1,360	1,471	+8.2%
<b>FLU VACCINATIONS</b>	3,746	3,507	-6.4%
<b>OCCUPATIONAL REDEPLOYMENT</b>	66	55	-16.7%
<b>AFFILIATED COMPANIES</b>	514	521	+1.36%
<b>AFFILIATED EMPLOYEES</b>	43,478	44,433	+2.19%



# MEDICAL STATISTICS



In 2015, the number of medical examinations on recruitment was marginally lower than in 2014.

The figures show an increase in the number of consultations associated with special situations (see below for further details).

Fewer check-ups were performed than last year. This confirms the downward trend which began in 2014. Fewer and fewer employers seem to be investing in primary prevention.

8.2% more eye tests were performed, while the number of cases of occupational redeployment fell slightly.

Flu vaccinations were also down on the year 2014.



## 10 OCCUPATIONAL MEDICINE CONSULTATIONS

### The law makes provision for 6 types of consultation:

- 1 Medical examinations on recruitment:** compulsory, to be performed before the first working day on workers who are assigned to posts which carry risks and within two months of recruitment for other posts.
- 2 Regular examinations:** to be performed on workers aged less than 21, persons assigned to posts involving risks, night workers and last but not least, workers for whom the occupational doctor prescribes a regular medical examination.
- 3 Medical examinations after an absence because of illness lasting for 6 weeks or more:** these examinations are not compulsory but must be offered to the employee by the employer who will then notify his occupational medicine service.

**4 Examinations at the employer's request:** if the employer considers it necessary for the occupational doctor to examine an employee, he must make a request to that effect to his occupational medicine service. An appointment will be made for the employee; an answer will then be sent to the employer in the form of a statement of aptitude.

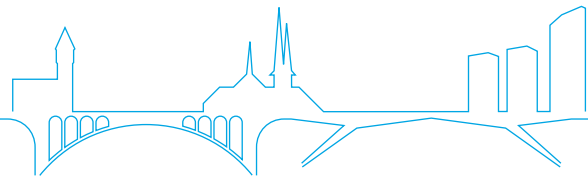
**5 Examinations at the employee's request:** any employee may request an occupational medicine consultation if he believes that his physical or mental health is being jeopardised by his work.

**6 Examinations at the request of the occupational doctor:** if he considers it necessary, the occupational doctor may decide to invite any employee for a consultation.

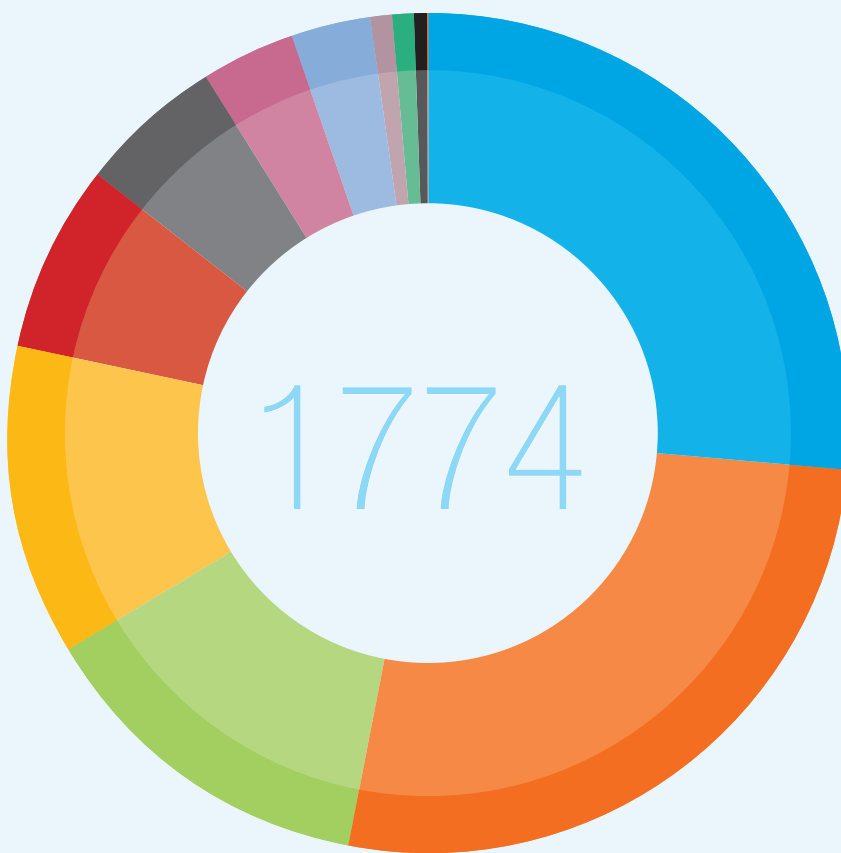
Apart from these examinations, consultations are also required for a number of procedures:

- recognition of the status of handicapped worker;
- occupational redeployment procedure;
- application for a dispensation for a pregnant woman.

In addition, the ASTF offers psychosocial consultations to advise individuals on appropriate action in certain special situations.



## DETAILS OF CONSULTATIONS TO MONITOR SPECIAL SITUATIONS

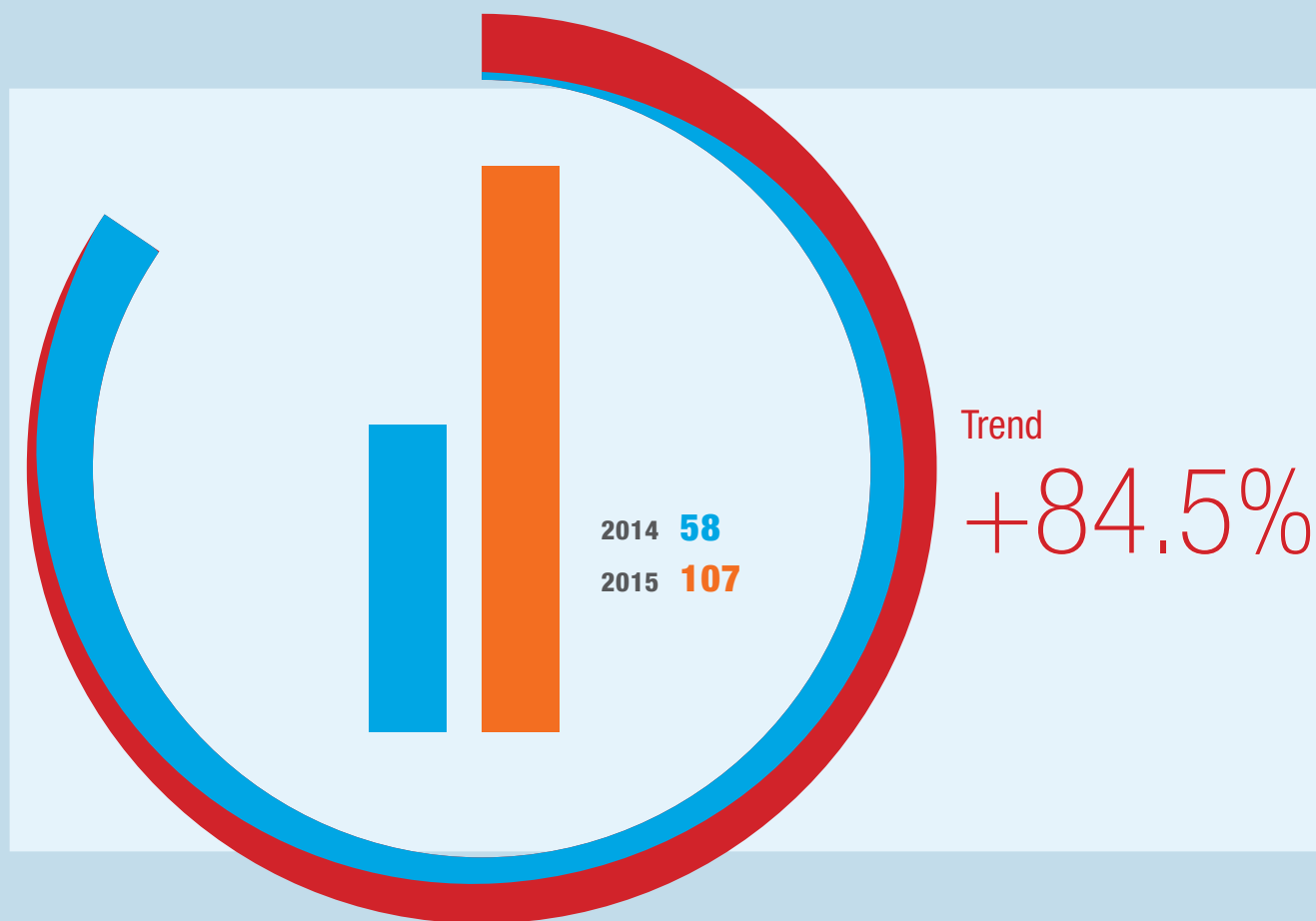


In 2015, the number of consultations at the request of interested parties has risen, showing a greater awareness on the part of the affiliates of the services provided by the ASTF, as well as closer cooperation between the human resources departments and the ASTF.

REQUEST BY INTERESTED PARTY	<b>473</b>	REFERRAL TO JOINT COMMITTEE	<b>65</b>
PSYCHOSOCIAL	<b>470</b>	RETURN TO WORK	<b>55</b>
REQUEST BY EMPLOYER	<b>237</b>	REQUEST BY SOCIAL SECURITY DOCTOR	<b>13</b>
REQUEST BY OCCUPATIONAL DOCTOR	<b>216</b>	APPLICATION FOR DISPENSATION FOR PREGNANT WOMEN	<b>13</b>
REGULAR EXAMINATION	<b>125</b>	HANDICAPPED WORKER	<b>7</b>
RETURN TO WORK	<b>99</b>	OTHER	<b>1</b>

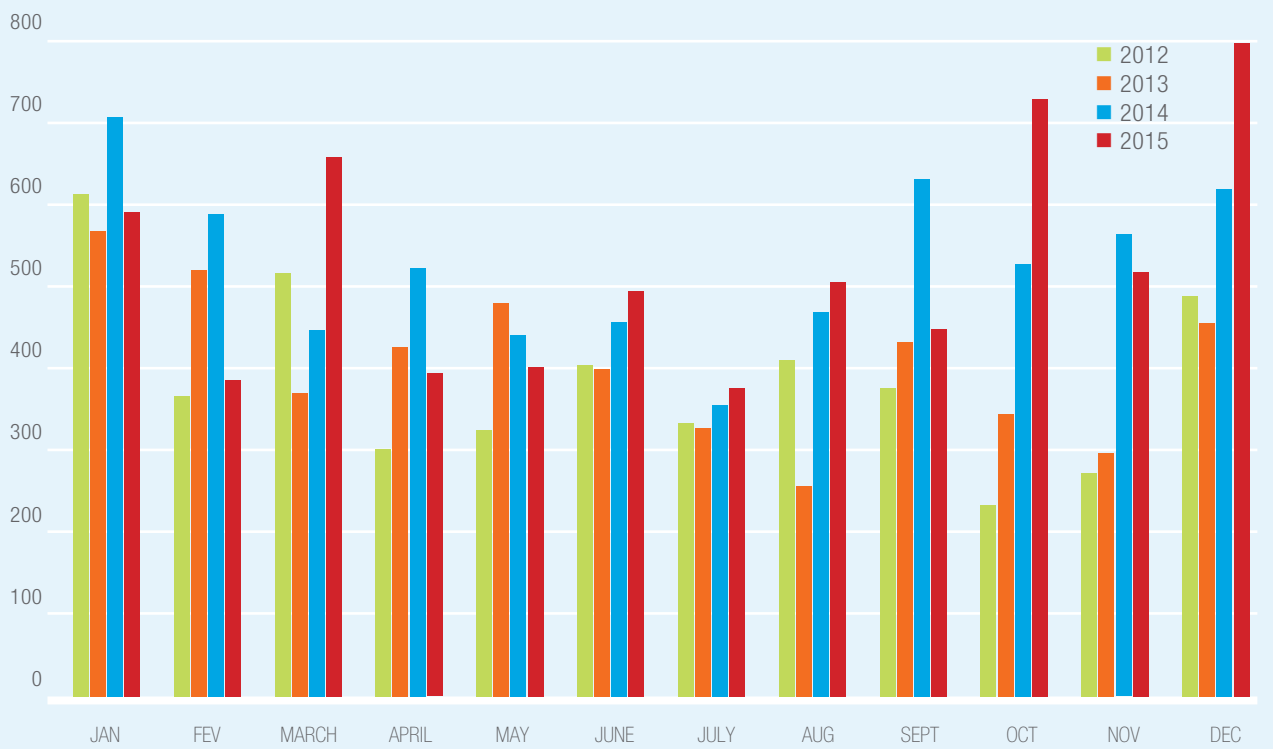


## 12 MONITORING BURNOUT



58 cases of burnout were monitored in the year 2014. This figure practically doubled in 2015 when we followed up 107 workers suffering from burnout, i.e. an 84.5% increase.

## MONTHLY TREND OF MEDICAL EXAMINATIONS ON RECRUITMENT

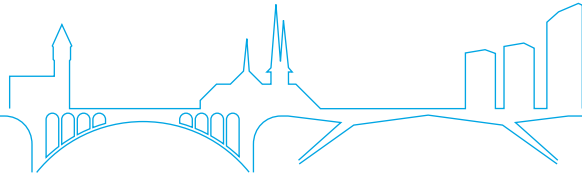


	JAN	FEV	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
2012	615	367	518	303	326	405	334	412	377	234	273	490
2013	569	522	371	427	481	401	328	257	433	346	298	457
2014	709	590	448	524	442	458	356	470	633	529	565	621
2015	592	387	660	395	403	496	377	507	449	731	519	799

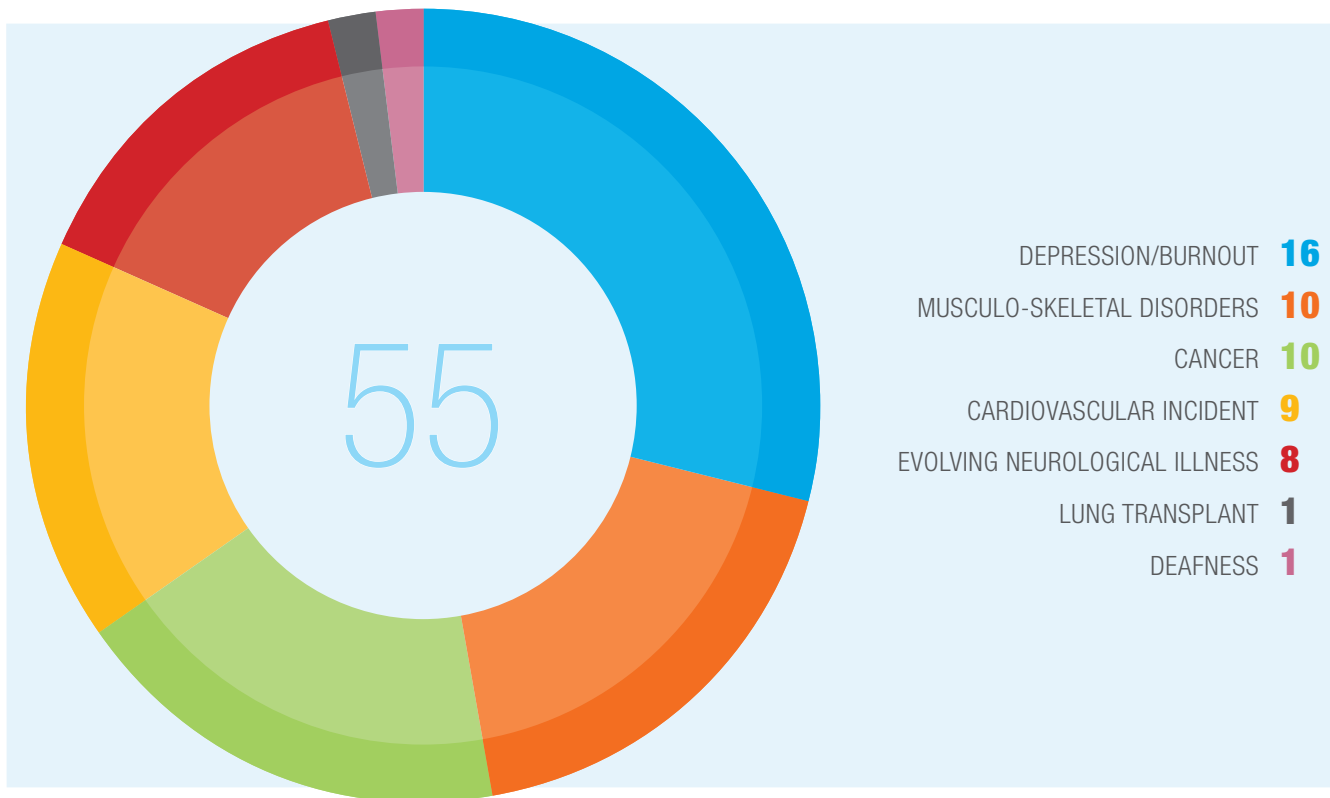
The first and last quarters of the year are the periods in which the largest number of medical examinations on recruitment are performed. The organisation of the ASTF is flexible enough to handle these peaks.

Requests for examinations on recruitment are systematically answered within a two months time limit.

Enterprises which have suitable premises can ask for examinations on recruitment to take place on their own site.



## 14 EXAMINATIONS ON RETURN TO WORK



We organized 55 cases of professional redeployment in the year 2015.

As was the case in 2014, the primary medical cause of professional redeployment is still psychosocial: **depression and burnout**.

Musculo-skeletal disorders and cases of cancer are the second most important cause.

Musculo-skeletal disorders are represented here by disc diseases and slipped discs.

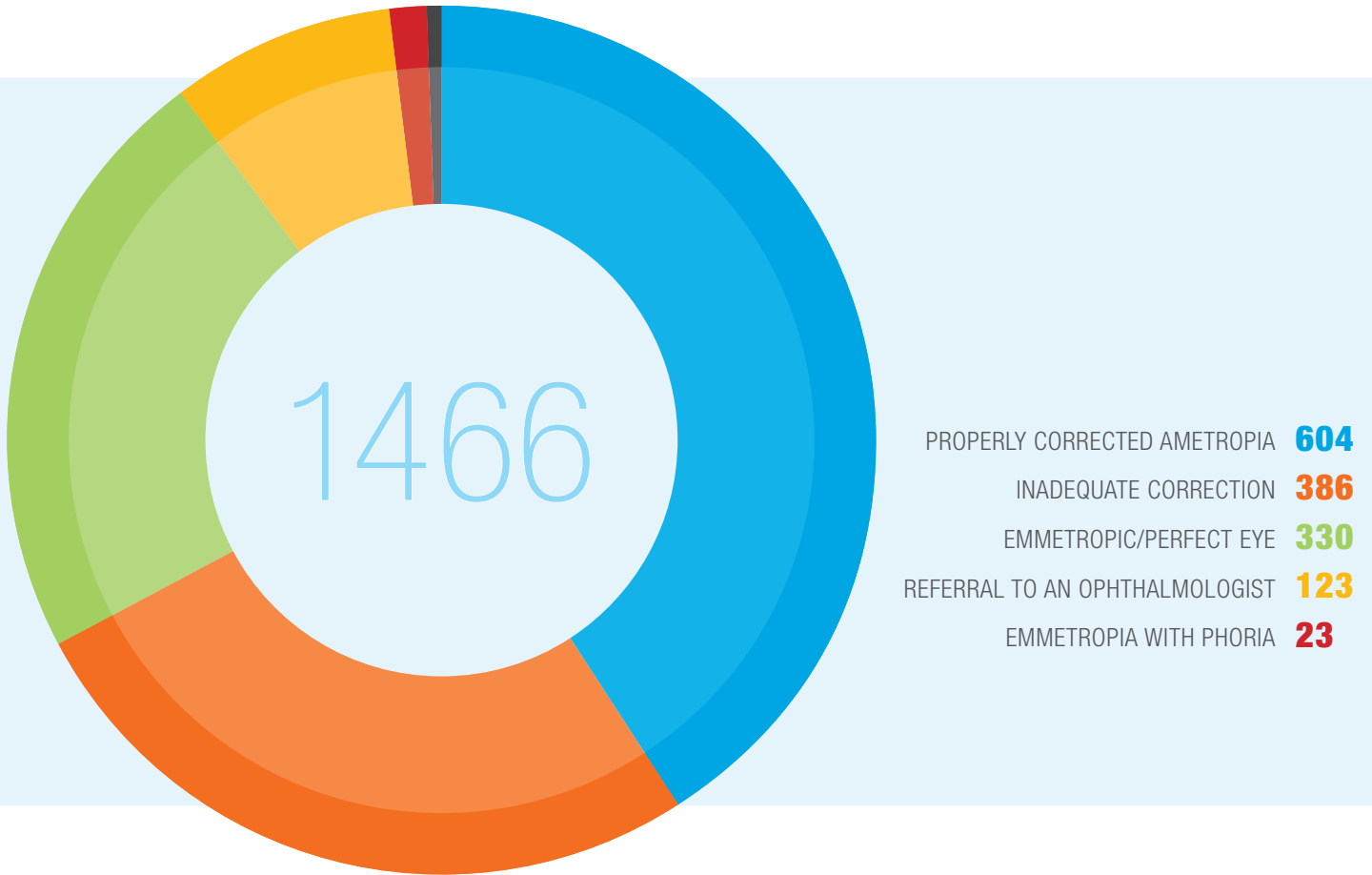
In 2015, one person was transferred to a different post following a lung transplant and another because of deafness.

Psychosocial risks are therefore a dominant factor in the tertiary sector.

As far as possible, we try to avoid any redeployment because of burnout and attempt to find solutions that are fair to all concerned.

Professional redeployment is in fact often detrimental to the employee's professional career and a bad long-term solution for the person concerned.

## RESULTS OF THE EYE TESTS



- **602** workers were wearing an adequate means of correction.
- **386** workers used contact lenses or spectacles with inappropriate correction.
- **330** persons were reassured about the good condition of their eyes.

- **123** cases were referred to an ophthalmologist because of a serious problem which could not be resolved by an optician.
- **23** workers were detected as suffering from phoria, a muscular disorder of the eyes which sometimes needs re-education by orthoptics.

# PRIMARY PREVENTION

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In 2015, the ASTF moved from the Kirchberg Hospital to new premises.

Health check-ups are now performed entirely in our own offices.

On the patient's arrival, a blood sample is taken by one of the nurses.

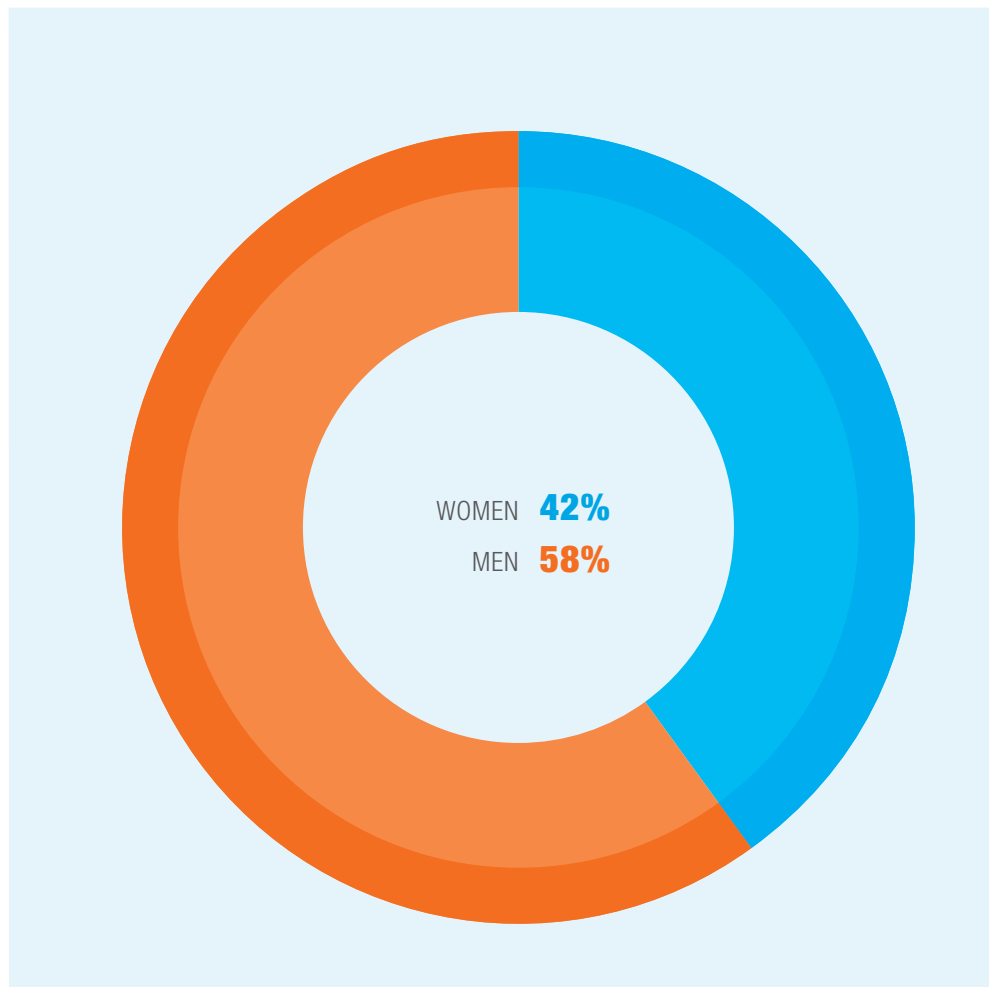
Then, while the patient is having his breakfast, part of the blood sample is analysed.

For greater efficiency and speed, the biological results concerning sugar and fatty substances in the blood (cholesterol and triglycerides) are available immediately.

Knowing that life hygiene has a distinct influence on glycaemia and lipid values in the blood, the possibility of discussing these results during the consultation with the doctor is important. Personalised advice on nutrition and physical activity will then be given.

The rest of the biological analyses will be performed in an external medical analysis laboratory.

Additional examinations such as the eyesight test, the audiograms, spirometry, electrocardiogram ... continue as in the past to be performed by one of the nurses.



The next step in the check-up is a consultation with the doctor who will perform a clinical examination and analyse and explain the results.

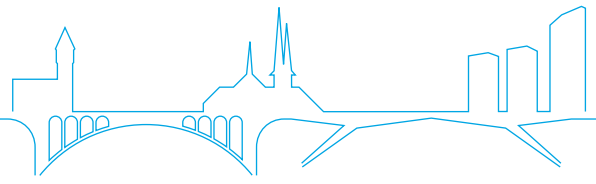
The entire medical file is then sent to the patient.

In 2015, over 800 medical check-ups were performed.

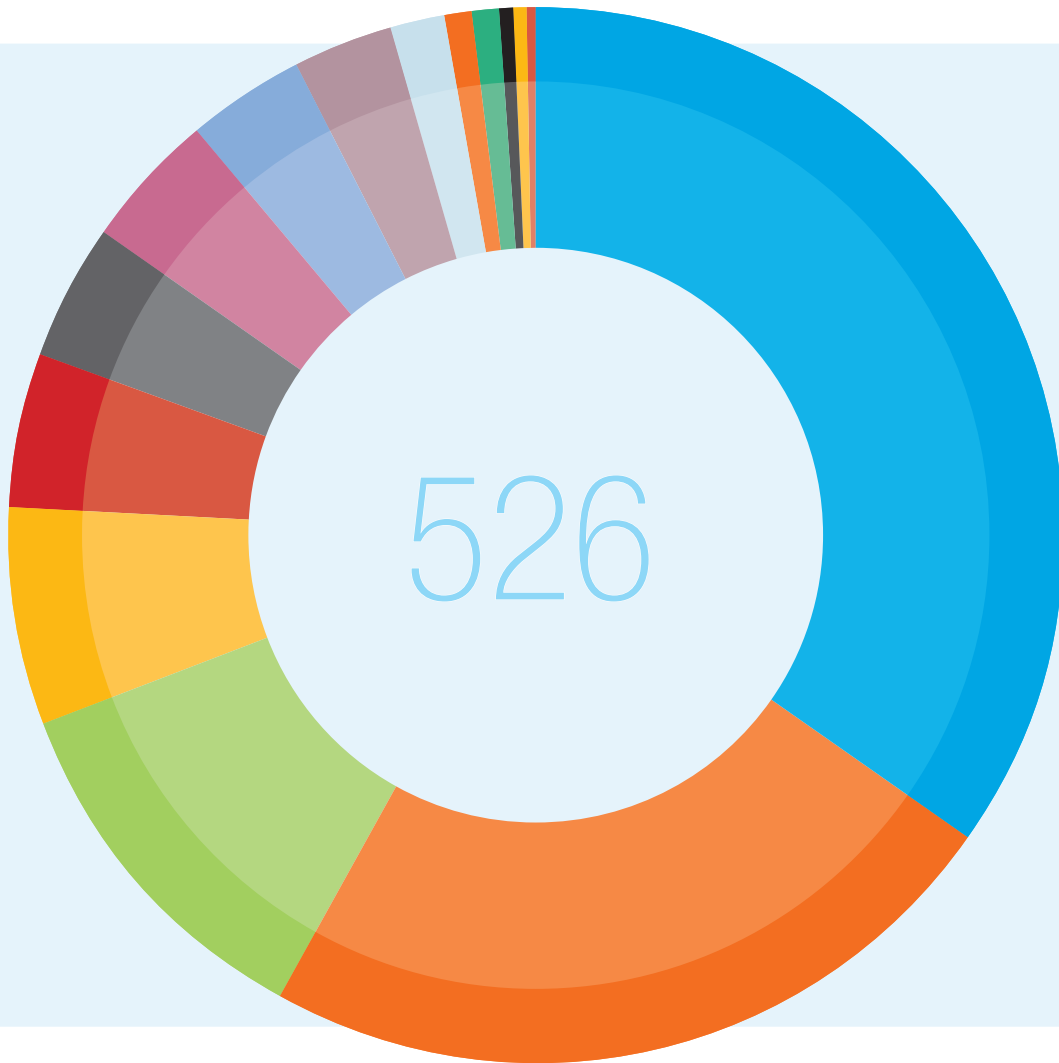
The sex ratio was the same as in the previous year:

**58% men and  
42% women.**

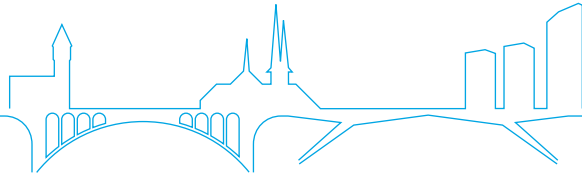




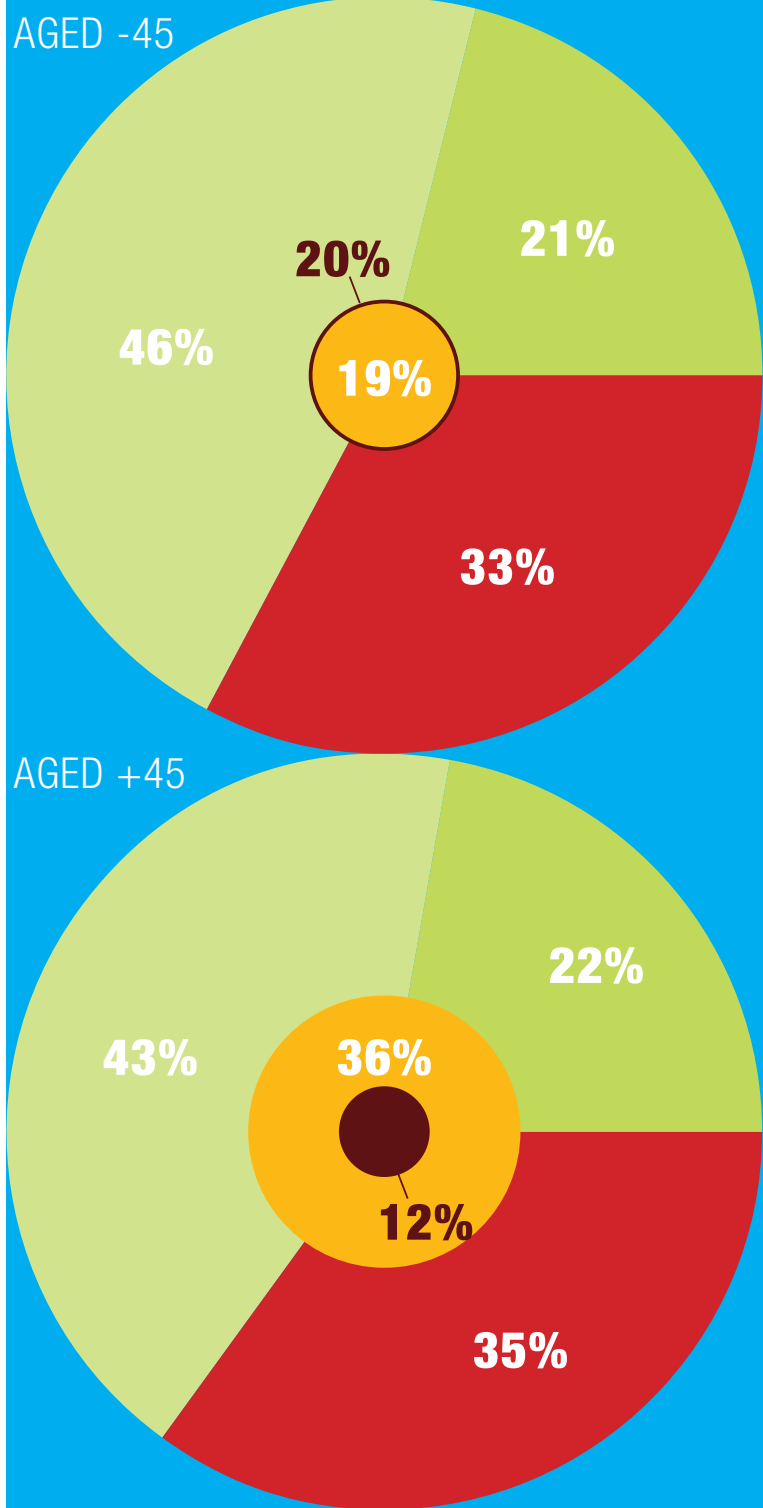
## MEDICAL FACTORS DETECTED DURING CHECK-UPS IN 2015



CARDIOLOGY	<b>183</b>	OPHTHALMOLOGY	<b>18</b>
ENDOCRINOLOGY	<b>123</b>	RHEUMATOLOGY	<b>16</b>
PSYCHIATRY	<b>59</b>	SYSTEMIC DISORDERS	<b>9</b>
HAEMATOLOGY	<b>34</b>	PNEUMOLOGY	<b>5</b>
GASTRO-ENTEROLOGY	<b>26</b>	NEUROLOGY	<b>4</b>
NEPHROLOGY/UROLOGY	<b>22</b>	DERMATOLOGY	<b>2</b>
ORL	<b>22</b>	GYNAECOLOGY	<b>2</b>
		INFECTIOUS PATHOLOGIES	<b>1</b>



## WOMEN



- SMOKER
- BMI >25
- PHYSICAL ACTIVITY**
- > 3x WEEK
- 1 TO 2x WEEK
- NONE

Over 500 abnormal factors were found in the course of these health check-ups. For the most part, cardiovascular risk factors of which the patients themselves were unaware were detected. These included hypertension, high cholesterol level, heart murmur...

But a vitamin deficiency also tends to be observed, especially for vitamin D which is often low in our geographical zone.

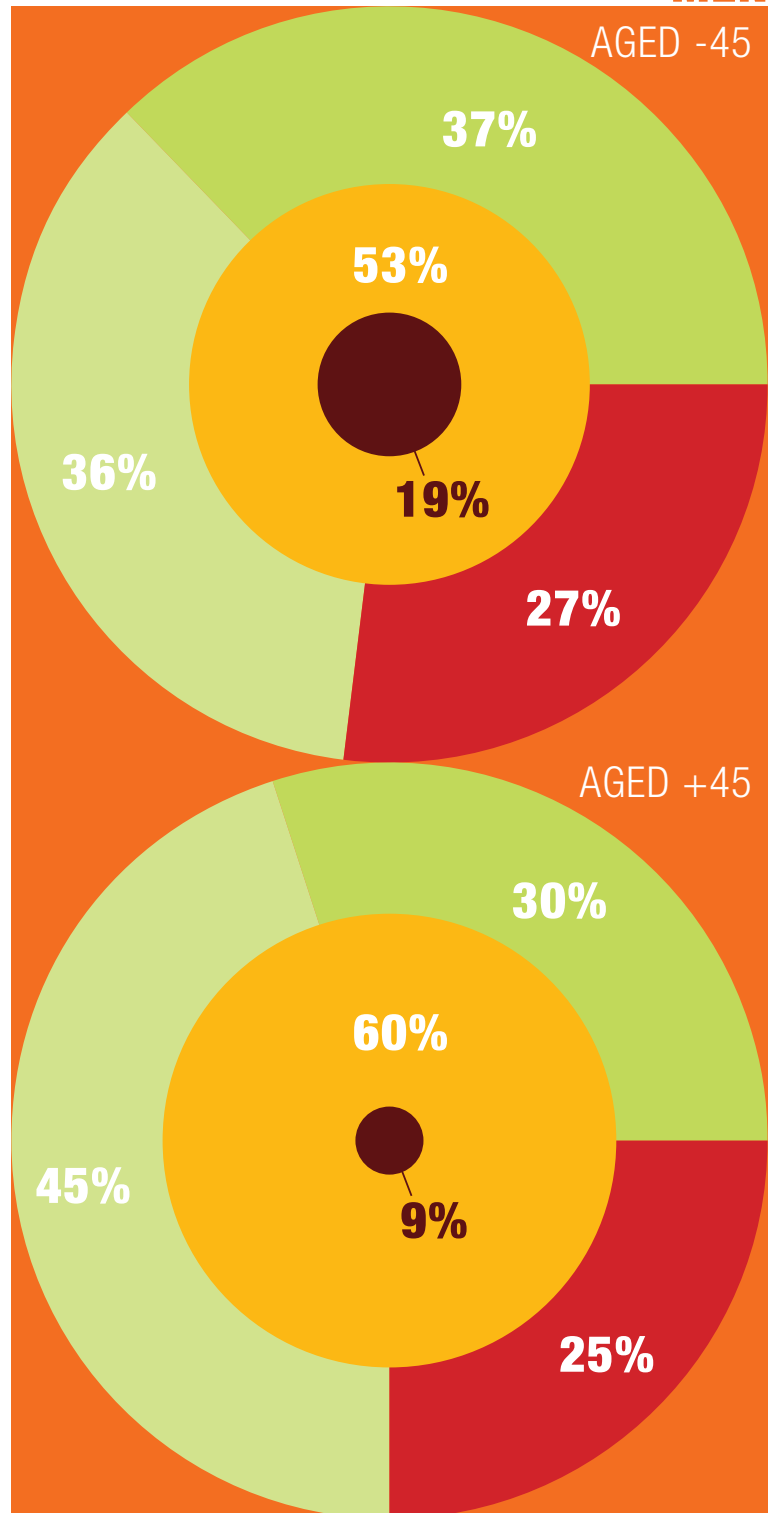
A low red corpuscle count which is responsible for fatigue is sometimes detected at an early stage.

These different factors are frequently accompanied by symptoms related to high stress: stomach aches, sleep disorders, anxiety...

The purpose of these preventive check-ups is to detect these alarm signals as soon as possible in order to optimise awareness and so facilitate remedial action.

**MEN**

- SMOKER
- BMI >25
- PHYSICAL ACTIVITY**
- > 3x WEEK
- 1 Å 2x WEEK
- NONE



Using the information gathered throughout the year 2015, we turned our attention to the influence of age and gender on factors such as tobacco abuse, weight and physical activity.

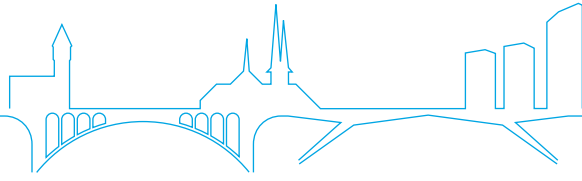
We analysed the results in men and women, making a distinction between 2 groups:

- Patients under the age of 45
- Patients over the age of 45.

**TOBACCO**

Among the female patients in the tertiary sector on whom health check-ups were performed, 20% of the women under the age of 45 are smokers. The percentage of smokers falls to 12% for the group of patients over the age of 45.

These statistics for tobacco use are relatively similar to the results for the male group: 19% of patients below the age of 45 are smokers; this figure falls to 9% above the age of 45.



## WEIGHT

We turned our attention to women below the age of 45 and then to those over 45.

As the table of results shows, 81% of women under the age of 45 were found to be of normal weight with a body mass index below 25. Over the age of 45, this percentage falls to 64%.

47% of men under the age of 45 are of normal weight, but this percentage falls with rising age: just 40% of men over 45 have a body mass index of less than 25.

Overweight is a non-negligible factor among men working in the tertiary sector.

However, a majority of women patients do sport once or twice a week. That is the case for 46% of women below the age of 45 and 43% over 45.

Preventing tobacco use, excess weight and a sedentary lifestyle is not easy but remains a priority for the ASTF team.

This involves preventive work over a long period.

Gradually, thanks to objective medical factors detected and to enlightened information, the intended aim of awareness creation is being achieved.

The patient can then draw within himself on the energy and willpower needed to influence these risk factors.

### Calculate your BMI:

**BMI**  
=  
**Weight (kg) / height<sup>2</sup> (cm<sup>2</sup>)**

BMI <18.5: thin  
BMI 18.5 - 25: normal  
BMI 25 - 30: overweight  
BMI >30: obese

## PHYSICAL ACTIVITY

Around 1 man in 4, regardless of age, has no regular physical activity.

Below the age of 45, 36% of men are physically active once or twice a week while 37% have a sustained activity: 3 or more times a week.

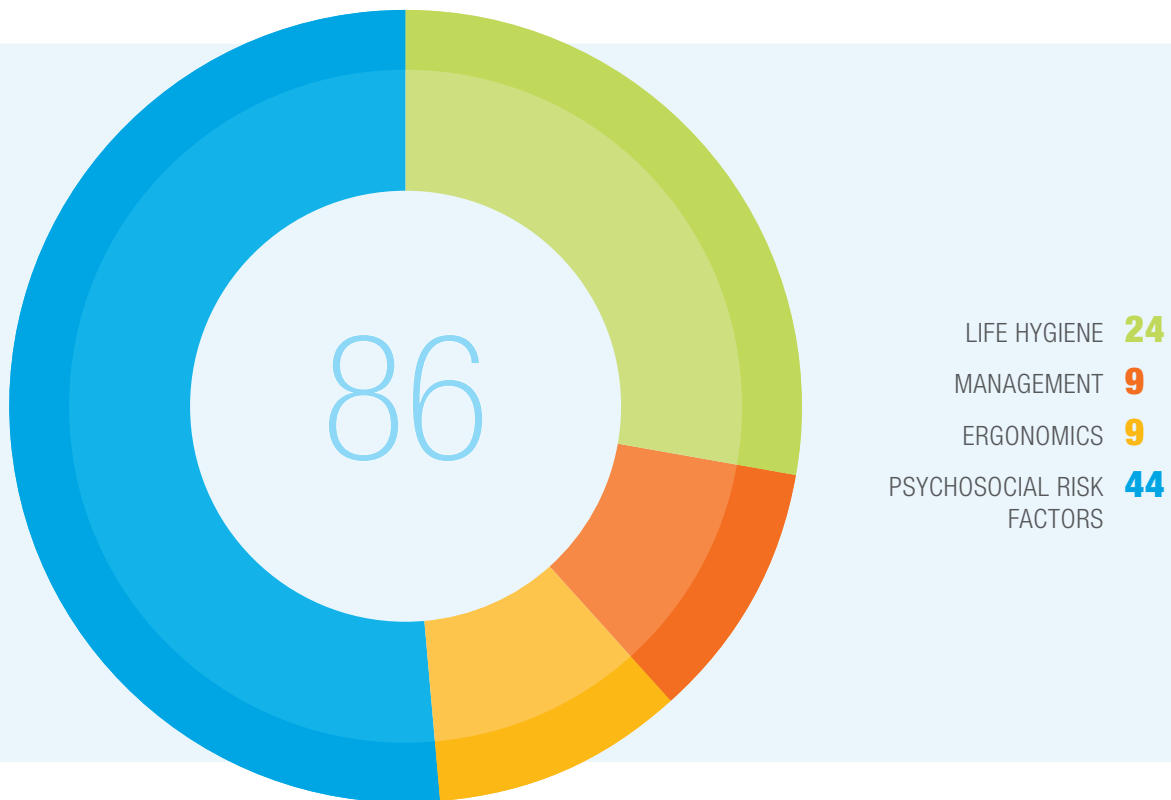
After the age of 45, the majority of men (45%) do some form of sport once or twice a week.

Among the female population, we note that 1 woman in 3 has no regular physical activity, regardless of age.



# OUR TRAININGS

DISTRIBUTION OF COURSES IN 2015



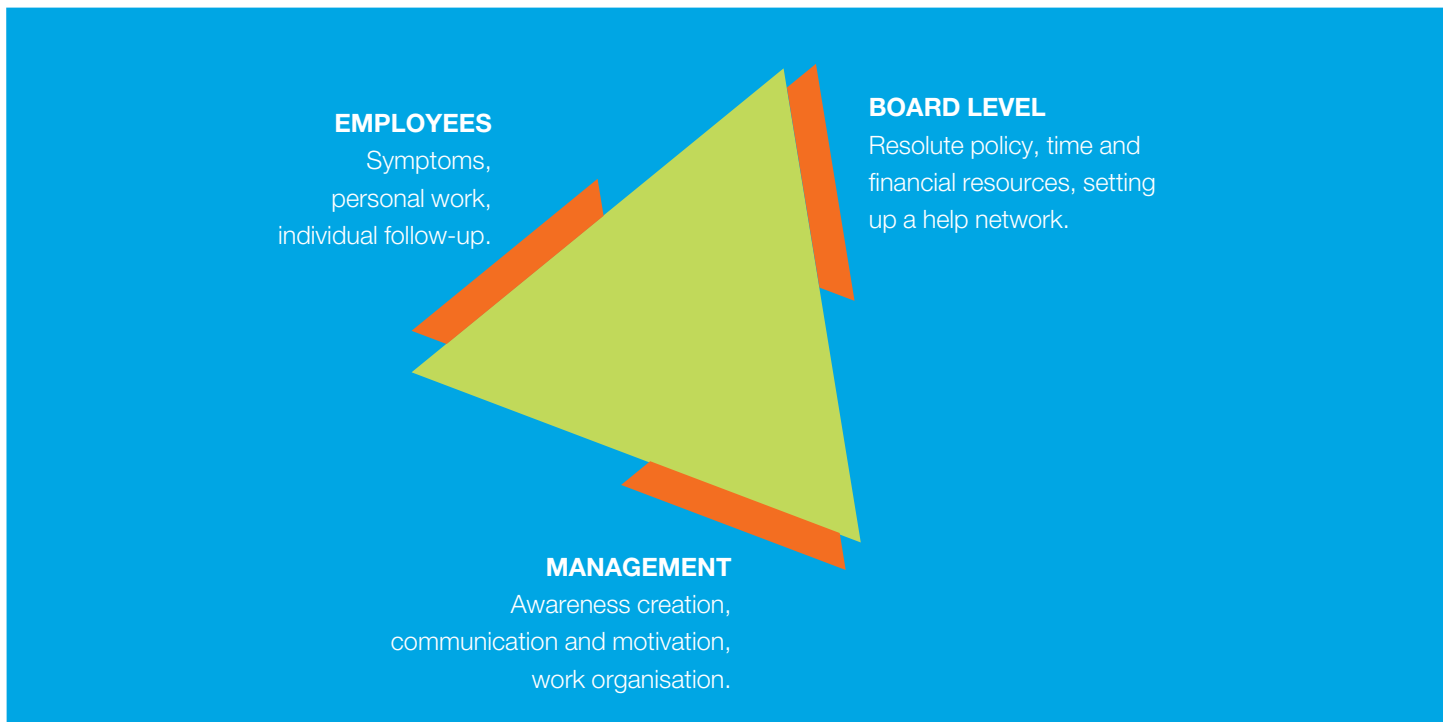
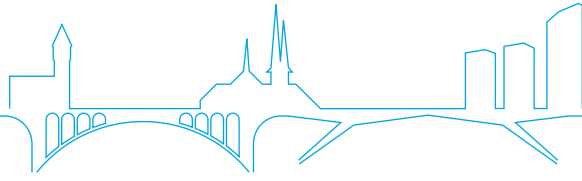
Since its creation in 1995, the ASTF has developed an effective training service. This year, we organised 86 in-company trainings. We are the partner of choice for training/health and safety information at work. We deal with such varied subjects as life hygiene (nutrition, sleep, sport, 45+ ...), ergonomics (workplace, air quality, open space, Wi-Fi...), medical problems (cardiovascular risk factors,

hypertension, diabetes, obesity, vaccination to protect travellers, addictions ...) and psychosocial risk factors.

The latter naturally remain our core activity around which we have developed interventions for stress management, the burnout cycle, harassment, organisation of work as well as communication, management and motivation of the different personality types

and preparation of the return to work after a long absence caused by illness.

The presentations are of course intended to help employees to protect themselves against the different risks, while also providing training for the management and human resources in upstream action designed to prevent such risks.



For companies wishing to go further in the area of prevention, we offer “Phénix”, our burnout prevention programme.

This programme makes provision for intervention at three different levels:

- **At board level:** a real determination to provide the resources necessary for such a programme. We help to set up a mutual assistance network within the company.
- **At managerial level:** lifting the taboo on burnout and understanding this phenomenon fully. Getting to know the different personality types and motivating communication adapted to the needs of each of them; also “self-knowledge” with the ability to recognise your own particular type of dysfunction under stress.
- **At employee level:** recognising the early signs of burnout, learning to protect yourself and put in place stress management strategies.
- Free and confidential individual follow-up for everyone who so wishes.

# PSYCHOSOCIAL APPROACH

The psycho-medico-social team at the ASTF acts on a wide range of problems experienced by its members in the professional sphere. It intervenes in four main areas: specific accompaniment, guidance for the administration, crisis situations and the issues of alcohol, tobacco and drugs.

To gain an idea of the specific approaches, we propose to analyse two of them, i.e. burnout and the alcohol problem.

## SPECIFIC ACCOMPANIMENT IN BURNOUT SITUATIONS

Cases of burnout involve three different dimensions:

- professional exhaustion, i.e. a loss of energy, mental exhaustion, demotivation and frustration.
- Depersonalisation, which is the inter-personal dimension of burnout, reflected in a loss of empathy, negative attitudes to other persons, some detachment from reality and even coldness.
- A reduction of personal fulfilment through devaluation of work, doubts over a scheme of values and a feeling of incompetence.

These three dimensions expose the individual to risk factors, such as low self-esteem, difficulty of imposing limits on work, excessively high personal expectations and a tendency to perfectionism...

This set of phenomena fragilises the individual and plunges him into a cycle which leads in the end to total exhaustion. Exhaustion will be apparent at both the physical and psychological level.

### How can a person suffering from burnout be accompanied?

The occupational physician and the psychosocial worker will define two important phases in the accompaniment: the phase of accompaniment as such, followed by reconstruction and the return to work phase.

### Accompaniment and reconstruction

In this phase, it is important for the individual to stay away from work on the strength of a medical certificate which will have two aims: to remove the employee from the working environment and acknowledge his state of great fragility.

Moving on to reconstruction, we will then influence the different pillars of the personality and professional identity. Work will have to be done to determine individual needs and life spaces.

The reconstruction phase will help the individual to put existential questions enabling him to stand back and examine his own life project.

The helper must identify the key issues so as to be able to accompany the employee in this process of change.

To consolidate the accompaniment, one-to-one work with outside professionals is also put in place. These will often be psychiatrists or other health-care professionals.

Reconstruction is a slow and continuous process spread over periods of varying length.

The victim now suffers from an indelible scar which he must learn to manage as best he can in his daily routine and during the return to work.

### The return to work phase

A return to the corporate environment must be prepared as effectively as possible with the employee to make sure that he cannot again spontaneously place himself under unnecessary pressure because the scars left behind by burnout are liable to open again at any time.

Preparations are made in cooperation with the responsible persons in the company and also with the accompanying professionals.

This cooperation is essential because it enables a set of indicators to be assembled and taken into account when the return to work is organized.

## ACCOMPANYING PERSONS WITH AN ALCOHOL PROBLEM

Work to accompany persons whose alcohol use is excessive is another side of the ASTF consultations.

Situations are often referred to us by the human resources department which has observed symptoms of alcohol abuse such as a lack of punctuality, short absences, fluctuating performance at work and diminished cognitive functions.

In this specific case, our accompaniment will seek to:

- point the employee to suitable institutions so as to enable the reconstruction work to begin.
- Show the persons concerned that this is not a conspiracy of silence; on the contrary, the problem is being approached openly.
- Confront the person who is ill with the situation in which he finds himself,
- Offer solutions or show him where to find the necessary help.

We do not have the facilities which are required to provide therapeutic treatment. The patient will therefore have

to be referred to an outside service provider. This will either be an outpatient department or some other structure which provides short or medium-term personal treatment.

Throughout the therapy, regular contact with the external structures is needed so as to program the return to work as effectively as possible when the time comes.

Accompanying the employee in the process of reconstruction after burnout or an alcohol problem can be backed by two restorative factors, time and space, leading on to a third factor: that of professional identity.

It is important for every worker involved to take due account of these three factors in order to guarantee the best possible reconstruction of the patient.

This accompaniment is of course based upon cooperation with the human resources department and all the social stakeholders within the company, having due regard to their respective spheres of responsibility and professional secrecy.



# ERGONOMICS

## OPEN SPACE – THE LANDSCAPED OFFICE

“ An open working space  
opens the mind ”

Eberhard Schnelle brothers (1921-1997)

Nowadays the “landscaped office” formula is being used increasingly to organize workspace layout. Partitioned offices are out of fashion and open space is in.

By definition, this involves big open floors without partitions which lend themselves to all kinds of layouts covering areas between 400 and 5000 m<sup>2</sup>. Originally, they were intended as convivial spaces favouring spontaneous communication, direct exchanges, the creation of ad hoc working groups and above all exceptional flexibility in layout. Closed offices with two or three rows of windows reserved for hierarchical superiors are a thing of the past. Nowadays, the bosses are placed somewhere in the middle among everyone else.

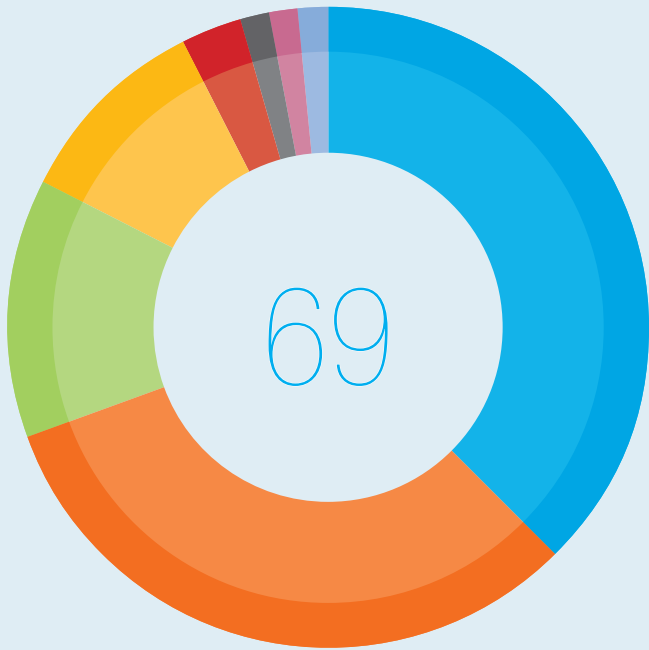
Obviously, these open spaces also present an economic interest. The number of workplaces established in them can easily be adjusted to the evolution of the company’s workforce. Occupancy is generally more compact so that use of the space is more rational with layout and operating costs more straightforward, lower and easier to predict. Guaranteeing growth of the company is therefore no longer necessarily bound up with the choices concerning its installation and the available workspace.

The term “**landscaped** office” is a particularly attractive description of these new working environments. After all, who would not like to work in a big bright space, ornamented with green plants and “zen” rest zones created on the basis of feng shui criteria and calling to mind holiday memories?

Company managers increasingly favour this workspace concept with these new environments designed to facilitate cooperation, collective learning, work on projects and harmonious and creative cooperation between employees. The other side of the coin is that these spaces offer little or no intimacy, even though that strategy of isolation is necessary to enable the employee to perform tasks which demand high concentration or to benefit from moments of respite.

**Experience leads to a clear conclusion:** we are far removed from the ideas of the Schnelle Brothers, those German consultants who, back in the nineteen-fifties, were the first to envisage large workspaces fitted out with light and discreet furniture integrated into areas structured by green plants designed to optimise work process organization.





- 26** WORKPLACE STUDY
- 22** AIR QUALITY ANALYSIS
- 9** TRAINING IN ERGONOMICS
- 7** ADVICE ON WORKSPACE LAYOUT
- 2** ERGONOMIC STUDY BASED ON PLANS
- 1** INTERVIEW WITH THE DESIGNATED WORKER
- 1** HEALTH DAY
- 1** OFFICE CHAIR STUDY

The open space as we know it today is often a source of dissatisfaction. Nuisances seem to take precedence over the advantages to which proponents attach such great importance. The noise level and attention deficit linked to the lack of privacy are the most uncomfortable factors. The open space seems to be designed to facilitate supervision and encourage competition between individual employees instead of contributing to their wellbeing. More often than not, these stress factors lead to strange reactions which are the very opposite of the initial aims sought by this form of layout. Seeking intimacy, the employee isolates himself by wearing headphones, hiding behind his computer screen or mountains of files and erecting screens of plants which enable him to create his own private space.

In addition, working in an open space requires a conciliatory mindset on the part of the employee who must be adaptable in relation to the quality of his own physical environment. Unpleasant ambient air and/or an unsuitable lighting level are often factors which create discordant opinions among open space occupants. We are beginning to realise that the way in which these spaces have been designed and fitted out so far contributes increasingly to the creation of an "open space malaise".

Nowadays, employees are expected to show a productive and creative commitment; they must cooperate, be attentive and concentrated, attend training courses and keep fit. The time has therefore come to open our minds and facilitate their task by providing a working environment which does not simply take account of the square metres of floor space needed by an employee to perform his work.

Designing effective, agreeable and practical working environments involves a need to rethink the balance between open spaces intended for communication and private spaces which facilitate concentration and recuperation. The methods and organization of work must be the subject of an overall reflection. This in turn must obviously take priority over calculations of net usable floor space.

In future, work environments optimised in this way will certainly provide an opportunity to reflect on corporate values, encourage employee involvement and help to build a shared work culture.

# CONCLUSION

Dr Sandrine Sculfort-Tomasini  
ASTF Medical Director



## Before finally turning the page of 2015, let us pause briefly to take stock of that year.

2015 was a year of change for the ASTF... Since June, the entire team has been brought together in our new premises at 15-17 Avenue Gaston Diderich in Luxembourg. This move provided an opportunity to create a new spirit and inject still greater dynamism into the team synergy.

2015 was also a particularly busy year. As was the case in previous years, check-ups, eye tests and also flu vaccinations proved highly successful with our members. In parallel, recruitment examinations continued to account for a major part of our activity in the course of this year. Finally, in-company trainings on themes of prevention and in particular stress management, burnout, communication, nutrition and sleep disorders were in great demand.

2015 has also been a year in which cooperation with our member companies was our central concern. Our team of doctors strengthened its cooperation with the human resources departments, in particular by careful treatment of long-term absences from work and of employees suffering from both mental and physical problems.

2015 also saw the development of new projects and in particular a new prevention concept called "Health Coaching@astf". The aim of this programme is to propose a turnkey solution designed to improve and safeguard the health and wellbeing of employees. The main advantage of this new concept resides in the personalisation of the program both for the patient and for the company. The concept remains true to the fundamental values of the ASTF and in particular to the fact that the health of any company depends upon the health of its employees. This new programme is based on two main pillars: individual and collective prevention. The first phase is strictly individual and concerns the employee through a health check-up comprising a rapid medical questionnaire, a stress evaluation questionnaire, a blood test, an eye test as well as weight, height and body mass measurements. In a second phase, once the results of the examinations and the answers to the questionnaires are known, the examination will be rounded off by more specific tests and more targeted questionnaires. Finally, the individual will attend a consultation with the doctor for a clinical examination; the various results will be analysed and

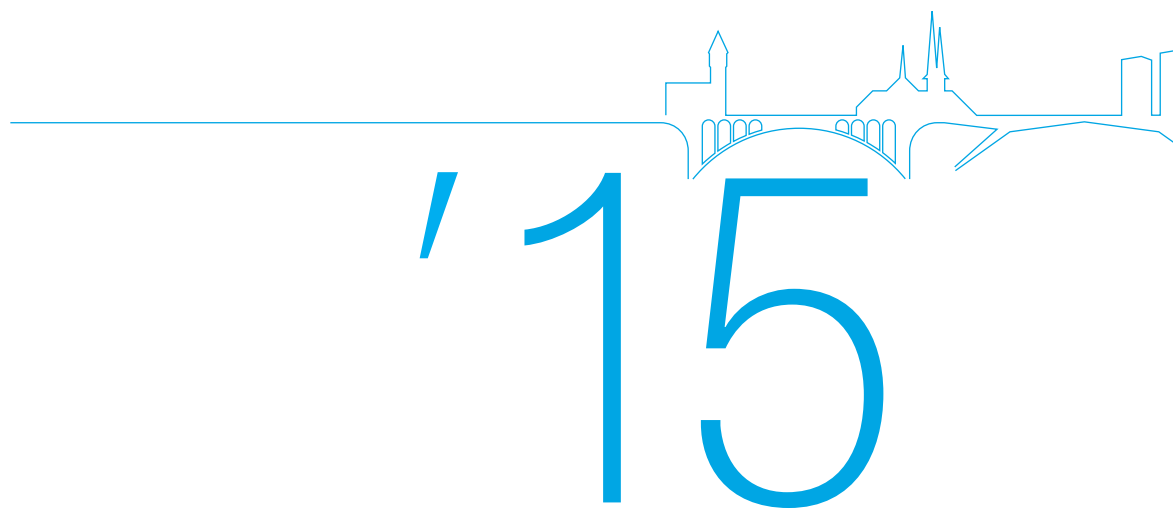
personalised advice given. The second phase concerns both the company and its employees. On the basis of the data obtained, the ASTF may transmit recommendations and concrete proposals for solutions within the enterprise, such as trainings on stress management, nutrition and sleep disorders; relaxation sessions may be held, physical activity encouraged or poster campaigns organized on specific health issues.

In conclusion, 2015 has been another busy year. The challenge for 2016 will be to do even more for our members and strengthen our cooperation, in particular through a visible presence in the member companies. The entire ASTF team is ready to take up these new challenges and looks forward to meeting you in 2016...

Dr Sandrine Sculfort-Tomasini  
ASTF Medical Director



# Appendices



# MEMBERS

## MEMBER ASSOCIATIONS

- Association des Banques et Banquiers, Luxembourg (ABBL)
- Association des Compagnies d'Assurances (ACA)
- Association des Gestionnaires de Réassurance (AGERE)
- Association Luxembourgeoise des Fonds d'Investissement (ALFI)
- Association Luxembourgeoise des Professionnels du Patrimoine (ALPP)
- Institut des Réviseurs d'Entreprises (IRE)
- Luxembourg International Management Services Association (LIMSA)
- Ordre des Experts-Comptables (OEC)

## INDIVIDUAL MEMBERS

- Banque Centrale du Luxembourg
  - CARL KLIEM S.A.
  - Dimension Data Financial Services
  - FIAD S.A.
  - HMS LUX S.A.
  - IF-ONLINE
  - IF-PAYROLL & HR
  - IKANO S.A.
  - IKANO Capital S.A.
  - Luxembourg Fund Labelling Agency (LuxFLAG)
  - PECOMA International S.A.
  - SD WORX SA
  - Société nationale de Crédit et d'Investissement
-

# ASTF BOARD OF DIRECTORS

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PLANCHARD**

Chairman (ABBL)

**EMILE  
LUTGEN**

Treasurer  
(Individual Members)

**CHRISTIAN  
EILERT**

Secretary (ACA)

**CHRISTIANE  
DECKENBRUNNEN**

Member (ABBL)  
until March 18, 2015

**PATRICK  
GREGORIUS**

Member (ABBL)  
from April 29, 2015

**DANIÈLE  
HAUSTGEN**

Member (ABBL)

**DANIEL  
LEHMEIER**

Member (ABBL)

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CUSUMANO**

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from April 29, 2015

**FABIENNE  
MONTOSY**

Member (ALPP)  
until April 29, 2015

**PHILIPPE  
SERGIEL**

Membre (IRE)

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## ASTF STAFF

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Dr Sandrine Sculfort-Tomasini  
Medical director, occupational health physician

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Dr Carole Molitor from October 1, 2015

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### INTERVENANT PSYCHOSOCIAL

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### PSYCHOLOGIST

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ASSOCIATION POUR  
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DU SECTEUR FINANCIER

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