

Work organization and physicians' health"

Boarding methodology in a public hospital in Argentina

Hospital P. Piñero. Buenos Aires
Health and Safety at Work Departament (HSWD)

Prof. Dr. Héctor Alberto Nieto (Head HSWD)
Dra. Jesica Molinari (HSWD)
Dra. Silvana Amadore (HSWD)
Lic. Fabiana Balladore (HSWD)
Dra. Verónica Lahourcade (HSWD)
Prof. Dr. Simone Di Sio (Roma University - Italy)



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República Argentina



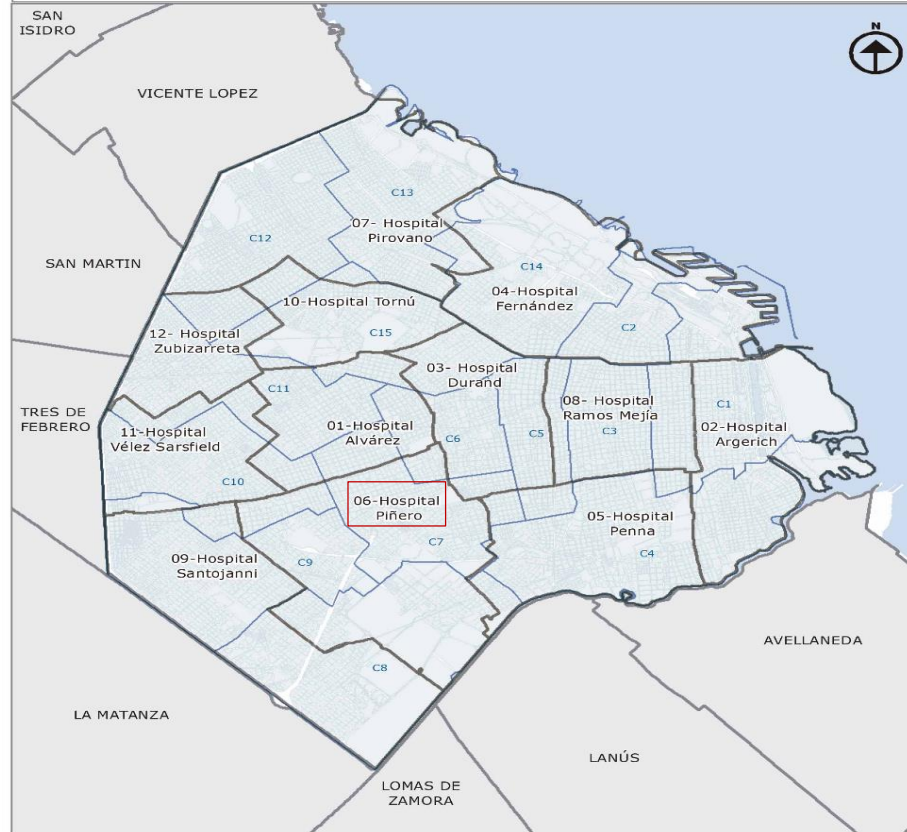
- Extension: **2.780.400 Km²**
- Total population : **44 843 180**
- GDP per cápita: **U\$S 10398**
- Physicians in Argentina: **172.502**
- Physicians in Buenos Aires City: **12.358**

Rate of doctors per thousand inhabitants. International comparison Year 2013





Buenos Aires City



0 0,5 1 2 3 4 Km
1:110.000
Proyección Gauss Krüger Buenos Aires
Proyección: Transversa Mercator
Datum: Campo Inchauspe
Esférico: Internacional 1924
Meridiano central: -58 4627
Latitud de origen: -34.6297166

Fuente: Dirección General de Estadísticas y Censos (Ministerio de Hacienda, GCBA)
Identificación: SA071602
Fecha de realización: 03/2016
Tamaño: 210 x 297 mm (A4)
Resolución: 150 dpi

REFERENCIAS

- Hospitales
- Áreas Programáticas
- Limite de comuna
- Partidos GBA



Piñero Hospital

Buenos Aires City



- Opened in 1917 with a capacity of 400 beds.
- Staff: 2700 health workers. 930 Physicians
- Assists a population of 300,000 people living in its area of influence of 35 km² (one fifth of the surface of the City).
- 47.1% of the population only has the public system as health coverage.

Ministry of Public Health - Buenos Aires City

Piñero Hospital Director

Health and Safety at Work Department
(DSvST)

Workers Health Unit

Work Conditions Unit

STAFF

- Specialists in occupational medicine (5)
- Specialists in hygiene and safety (2)
- Psychologists (2)
- Sociologists (1)
- Nurses (1) and Administrator (1)

- Medical Training
- University teaching
- Epidemiological Research
- Advisory

- Attention spontaneous demand (related with physical or mental disorders)
- Care for work accidents (AT), occupational diseases (EP) and work-related diseases (ERT)
- Pre Occupational Exam
- Training and information in health and safety at work

- Evaluation and management of work risks including work organization
- Advice on primary and secondary prevention
- Investigation of work accidents, occupational diseases and work-related diseases (tree causes method)
- Preparation in emergencies and catastrophes

Objective:

The present work describes the experience of approaching the physicians' health care in the face of suffering arising from the organization of work through an intervention device developed and implemented by the Department of Health and Safety at Work (DSyST), Hospital Piñero , Buenos Aires, Argentina.

Intervention of the Health and Safety Department in Physician's health suffering

Starts establishing if the reason for consultation concerns with:

- a) Individual or groupal mental patterns*
- b) Violence at work (legal issue)*
- c) Work Organization*

How to establish the relation with work organization

We check:

- *Work content: What exactly do you do?*
- *Workload and rhythm: Requirement that the task imposes*
- *Schedule / time table: shift, rotating, duration*
- *Control*
- *Environment / technology: Work conditions*
- *Leadership, management styles, communications types*
- *Personal development*
- *Organizational objectives*
- *Roles conflicts*

Method

It begins with the identification of problems arising from the organization of work which may have caused damage to their health.

It is agreed with the doctors to develop a participatory group intervention concerning to a diagnosis, therapeutic and prevention.

The device consists of 6 group meetings with specific objectives for each one.

The device coordination is in charge of trained specialists in Work Psychology and Occupational Medicine .

Method

In each meeting conclusions are finally consolidated by the specialized team and returned to the group for analysis and implementation.

Risks associated with the organization of work, its impact on the quality of working life, the doctors' health and the quality of services are identified and managed.

Objectives of the device

Address the suffering derived from the problems of the organization of work collectively in doctors.

Make visible conflicts related to the organization of work in doctors.

Reflect on working conditions that cause damage to the health of doctors.

Agree new models of management and development of tasks that facilitate the collective appropriation of the work process.

Workshop's objectives in each meeting

First meeting ➡ Co- build the working group and define the work plan.

Second meeting ➡ Co-build with the group the central axes to work in the meetings, identify and recognize the **tasks, missions** and **functions** of the unit we are working with.

Third meeting ➡ Identify the exposure to **psychosocial risks** and the **organization of work**. Think over the relationship between working conditions and the impact on doctors' health.

Fourth meeting → Identify **safety conditions** and **exposure to biological, chemical, and physical risks**. - Work with validated resources for the detection of psychosocial risks (Istas-21- CoPSOC).

Fifth meeting → Recognize **group's experiences before and after meetings, expectations and frustrations**. . - **Agree proposals** for improvement based on the detected risks. (included psychosocials).

Sixth meeting → A final conclusion and a diagnosis of the group situation are elaborated.- It does not always match with the presumptive diagnosis which was the reason for the workshop. **Here is when the group propose several necessary changes to keep on the work**. This proposes will be checked in six months time.

The Occupational Health Specialists provide tools/resources for doctors to solve situations detected by themselves during the course of the workshop

Results:

- *Establish relationship of the reason for consultation with work*
- *Identify the organization of work as an etiological agent.*
- *Propose adjustments in the organization of work*
- *Improve the quality of services*
- *Decrease the risks associated with medical practice*

Final conclusions

- ❑ The device presented is an effective instrument for collective approach of the working conditions. It is specific to intervene in problems arising from work organization, with the characteristic of being implemented in the workplace of doctors and by occupational health specialists who belong to the same institution.

- ❑ It allows to identify the work process as a determinant of health and disease by the doctors themselves.

Final conclusions

- ❑ It allows to think strategies of organization of work with the characteristic of thinking about the medical work as an artisan process and not a mechanical one.
- ❑ It is a workshop that takes place from the singularities that constitute everyday spaces -situation where work and the worker have a central role.

**Thank you very much for
your attention!**

Questions??