

What is PSA?

PSA stands for Psychosocial workload, also known aswork stress. PSA has been the number one occupational disease for a number of years and is responsible formore than 55% of all absenteeism costs¹. Psychological problems arealso the most common reason for incapacity for work;in49% of all incapacitated persons, the main diagnosisis a mental disorder².

The term 'psychosocial workload' has been introduced *into*the Working Conditions Act³. This includes work pressure, bullying, discrimination, sexual harassment and aggression and violence. "The employer pursues, within the general working conditions policy, a policy aimed at prevention and, if that is not possible, limitation of psychosocial workload". Pursuant to the Working Conditions Act, the employer is therefore obliged to pursue a policy aimed at protecting employees against psychosocial workload.

The causes of PSA are excessive work pressure, poor work content or poor labour relations. But often the cause of psychological problems is deeper and we see a combination of work and private related problems. The consequences of these psychological complaints can vary from physical complaints, social effects to psychological disorders. Because absenteeism as a result of psychological complaints is often long-term, the costs are also high. The recovery time for a complete burn out is over a year.

The problem with PSA is that it is difficult to detect workers who suffer from PSA problems at a timely stage. People themselves often do not realise that they have been able to perform at their peaks for some time and, if they already know, many people tend to downplay the problems and "hope" that it will blow over by itself. As a result, people start looking for help at a very late stage, actually when it is already too late. An employer or company doctor may be alert to this, but will only recognise problems when they manifest themselves. And then it is usually too late to prevent dropouts.

The PSA problem is growing every year and since 2014 the Ministry of Social Affairs and Employment has pursued an active policy on PSA. The Inspectorate SZW checks intensively whether companies comply with the prescribed occupational health and safety policy and since 2014 we have known the "week of work stress". In terms of risk groups for PSA, we see very specific sectors such as financial

¹ Source: TNO Labour 2014

² source: UWV 2017

³ section 2 paragraph 3 Working Conditions Act



services, transport and logistics, care and education. Two at-risk groups stand out: young people between 25 and 35 years of age and older workers.

Who is PSAttent?

In our name is enclosed who we are and what we do, namely attentive to PSA. We have been helping employers to reduce the risks of absenteeism since 2006, and since 2014 the focus has increasingly been on PSA. Together with the Amsterdam Academic Medical Centre, we have developed a methodology for tracing employees in the preliminary stages of burnout. This validated methodology, which we call our PSA module, has been actively and successfully offered to the market since 2016.

In addition to the PSA module, we also offer health checks, tailor-made for the customer. In addition, we also carry out medical examinations.

PSAttent is in the provider's arch of the major Dutch insurers, so financial contributions are among the possibilities.

What is the PSA module?

In 2014, together with the Academic Medical Centre Amsterdam, we launched a study on how best to detect people in the preliminary stages of burnout. This study quickly showed that there was no single methodology that could examine all the causes of PSA in a single questionnaire. On the basis of empirical research into various validated questionnaires, combined with an extensive testing programme at a number of large employers, a new questionnaire was then compiled: the PSA module.

The PSA module enables us to detectpeople in the preliminary stages of burnout, regardless of whether the cause businessor private. We use the following model for this:





The PSA module measures how an employee is doing in each of the above 4 phases in which we can make cross-links; after all, one employee is more sensitive to high work pressure than the other. The module works with a so-called point score; if an employee is above a certain cut-off point, there is a high risk. If this is the case, a telephone consultation with one of our M&E psychologists will follow. This will explain in more detail why the employee is in one of the preliminary stages and what needs to be done to get out of it.

We may refer you to a specialised external care provider. Which healthcare provider that is, depends on the complaints found. The aim is for the employee to function optimally again within a limited number of sessions.

After three months, we are once again measuring how the employee is doing, and in an overwhelming majority of 78.7%, the score is below the critical threshold.

If an employee remains below the critical limit, he/she will receive areport: what have we measured and what are the scores. The employee then knows that he or she may experience stress from time to time, but that this is not a cause for concern. A reassuring thought.



Reporting and advice

However, we are going one step further. Both from the PSA module itself and from the consultations we get a lot of information about why people arein the preliminary stages of burnout. We group these causes and make a correlation with the PSA problems found. In this way, we can indicate to the organisation where the bottlenecks are and what the organisation can improve internally in order to tackle the PSA problem structurally. We write this down in a total report which we present to the MT and the Works Council or staff representative body.

In terms of depth, we can report to the level at which employees can be identified; reporting is about the organisation and never about individual employees.

Privacy

PSAttent falls under the scope of medical confidentiality and under no circumstances does information about an individual end up with the employer or third parties, unless the employee gives explicit permission for this.

PSAttent only uses validated methodologies and follows the guidelines of the DutchAssociation for Occupational and Occupational Medicine(NVAB) and the Dutch Society of General Practitioners (NHG). All PSAttent doctors and nursesare BIG-registered.

PSAttent complies with the rules in accordance with the General Data Protection Ordinance (AVG).

Would you like to know more?

Pleasecontact us via info@psattent.nl or call 0613 20 1106.

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