Psychosocial risks: an issue to be studied in greater depth within the Ministry of Defence

Earth Thought Notebooks

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A media topic par excellence on the quality of life at work, psychosocial risks have invaded the field of prevention at work. In this environment, the Ministry of Defence can no longer afford not to think in depth about psychosocial risks in order to study the approach(es) best suited to its functioning and particularities.

The French give an important place to work, but they would like to see that place diminished. This French paradox is linked to the emotional investment in work because it represents a means of self-fulfilment and self-esteem. In this respect, it is a source of more stress and disappointment in France than in other European countries[1]. 1] Stress at work has undoubtedly become one of the major concerns of recent years. Beyond the suffering it causes, it is also a commercial investment linked to the exponential development of the "profession" of management consulting and even stress management. Stress at work is a professional risk, known as psychosocial.

Various epidemiological studies highlight an increase in this type of so-called psychosocial risk (PSR).

These psychosocial risks may be linked to the content of work, the organisation of work, the dynamics of interpersonal relations, the physical environment or the socio-economic context [2]. They constitute a real public health issue because of the financial impact of their physical and psychological consequences on individuals. This is why the prevention of PHI has been one of the priorities of the "Health at Work 2010-2014" plan. The concept of PSR is therefore set to take on an increasingly important role in the field of occupational health, whatever the field of activity. The public service is, of course, concerned. In this respect, it seems inevitable that the Ministry of Defence's occupational health and safety prevention system will be extended or even adapted to the issue of RPS.

Although RPS has become an essential part of the field of occupational health, there is no definition that all the stakeholders agree on. Nevertheless, these risks must not be

excluded from the field of prevention. In the unique context of the Ministry of Defence, different and complementary approaches in terms of PSR deserve to be examined.

A plurivocal and even ambiguous notion

The notion of psychosocial risks (PSR) belongs to the sphere of health and more precisely to that of mental health. Indeed, although a "polysemic" concept, health is defined by the World Health Organization (WHO) as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Health is therefore not only related to the state of the physical body but also to the mental state of the individual. WHO defines mental health as the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of persons with mental disorders. Other authors such as G. Canguilhem, a French philosopher and physician, make health a philosophical issue. For the latter, "to be well" is to be able to say "I feel able to take responsibility for my actions, to bring things into existence and to create relationships between things which would not come to them without me, but which would not be what they are without them" [4]. This definition of health, of well-being, carries an idea of creativity, or at least activity. The link between mental health and work then seems undeniable in the sense that the latter would be a health operator.

However, it is clear that work can also be potentially destructive to the mental health of individuals. At the junction of work and mental health are therefore PSRs. This is no doubt why it is difficult to define, locate and study these risks. It is also due to the psychological and subjective nature of their manifestation. Although there is a significant body of law in the field of occupational safety and health, the concept of PSR is not precisely defined. Nonetheless, certain legal texts have taken this phenomenon into account through its recent appearance in the media and certain political speeches. The European Framework Directive of 12 June 1989, transposed into French law by the Act of 11 December 1991, spells out the obligation for "the employer to take all necessary measures to ensure the safety and protect the physical and mental health of workers" (art. L. 4121-1 of the Labour Code). Subsequently, the decree of 5 November 2011 made it compulsory for all organisations to assess occupational risks by drawing up a single occupational risk assessment document (DUERP) which lists them, monitors them and recommends actions. In March 2010, following on from the 2002 "social modernization" law which introduced the term "moral harassment", a national agreement was signed on harassment and violence at work. The PSR are thus legally addressed on the basis of a few specific phenomena such as harassment. Even if recent case law is involved in the definition of PSR, the legal corpus does not allow for a precise delimitation of its scope.

Moreover, a consensus on a scientific definition is not perceptible due to the various works that have multiplied since 2008. In a way, it was the suicides at France Telecom and Renault in 2009 that put PSR back in the media spotlight. The government then took up the issue. In line with the report on the identification, measurement and monitoring of psychosocial risks at work by P. Nasse and P. Legeron, commissioned in 2008 by the Minister of Labour, Social Relations and Solidarity, a college of experts on the statistical monitoring of these risks was formed. This college in turn submitted its own final report in April 2011. However, these various studies illustrate the difficulty of delimiting the phenomenon of PSRs, since, in order to do so, some focus on the manifestations of PSRs while others insist rather on their possible sources. Thus, the Ministry of Labour defines PSR as "at the interface between the individual and his work situation, hence the term psychosocial risk. Under the RPS entity, we understand stress, but also internal violence

(moral harassment, sexual harassment) and external violence (exerted by persons outside the company against employees)". 5], while the panel of experts defines PSR as "risks to mental, physical and social health, caused by employment conditions and organizational and relational factors that may interact with mental functioning"[6].

6] This difficulty of characterization is reinforced by the ambivalence of the concept of "risk", which is not understood in the same way in the context of occupational health and safety on the one hand, and in the context of PHI on the other. In the former case, the term is understood in the sense of danger. Risk exists when an individual is exposed to an external hazard. This risk is therefore more or less predictable in a given situation. Categorization of the risk is then possible depending on the circumstances and possible harm. In the context of PSR, risk is rather understood as a probability of mental or even physical health impairment. It is the result of several non-quantifiable and "intangible" factors including subjectivity (individual), social relations (society) and work organization [7]. 7] It is generally considered that PSRs "result from the interaction between individuals and the interaction between the individual and his/her work" [8].

What adds to the difficulty of understanding PSR is that the manifestations of these risks are diverse and varied. They can be individual or collective and have consequences in the private sphere. The most common pathologies are depressive states, burn-out syndromes, chronicstress, psychosomatic illnesses, sleep disorders, musculoskeletal disorders, etc. The most common symptoms are depression, burn-out, chronicstress, psychosomatic illnesses, sleep disorders, musculoskeletal disorders, etc.[9]

Occupational Health and Safety in the Department of Defence

Although the concept of PSR seems ambiguous because of its complexity and the different levels of analysis it mobilizes, it is the subject of a major mobilization of socio-political decision-makers, researchers, workers, unions and public opinion. Malaise at work" is an increasingly widespread maxim which, at the same time, raises the question of prevention and the risks of altering the physical and mental health of workers. A new public health issue, PSRs are little taken into account in current prevention measures in the public service, which focus more particularly on occupational risks [10].

10] The Ministry of Defence, like other ministries, has joined this process of occupational risk prevention. Because of the particularity of the military profession, this ministry benefits from a special regime in which two different systems coexist. This regime, which is based on Article L4121-2 of the Labour Code, provides for the possibility of special provisions. It distinguishes what falls within the framework of operational preparation or combat training for military personnel from what falls within the occupational health and safety (OHS) rules applicable to civilian personnel and military personnel engaged in activities of the same nature as civilian personnel. As the first field is very specific, this article will only focus on the second.

Circular n°2114 of 13 December 2012 [11] specifies the organisation of occupational health and safety (OHS). This regulation defines, among other things, the rules applicable in this field and determines the actors and their responsibilities. Without establishing a detailed description of the entire system, it should be noted that the OHS policy is set at the central level and implemented at the local level.

At this level, the main players in the system are the prevention doctor, the occupational risk prevention officer (CRPR) - these two persons act under the supervision of the head

of the organization - and the consultation bodies. The role of the CRPR is to analyse, advise and lead in the field of OSH[12] within the limits of the missions entrusted to the head of the organisation. Thus, the head of agency must "take measures to ensure safety and protect the physical and mental health under his or her authority. These measures include actions to prevent occupational risks and arduous work, information and training actions and the establishment of an appropriate organisation and means" [13]. It must therefore ensure compliance with OSH rules and instructions in order to avoid risks, assess those which cannot be avoided, combat them and plan prevention. Within each organization, two bodies coexist: an advisory committee on hygiene and accident prevention (CCHPA) for military personnel and a committee on hygiene, safety and working conditions (CHSCT) for civilian personnel. Beyond the distinction between the names of the advisory commission and the committee, there is a strong distinction between these two structures with regard to their respective attributions since one assists the command while the CHSCT has a more extensive role. Indeed, the latter carries out the analysis of occupational risks, contributes to the prevention of these risks, can suggest measures and cooperate in their implementation. It may also carry out an investigation in the event of an accident or request that an approved expert be called in under certain conditions[14]. The CHSCT is a tool through which work collectives have the opportunity to grasp the implications of working conditions and the impacts of their modifications.

It may be noted that although occupational risks are widely referred to in this circular, the notion of PSR is somewhat removed from it, even though some terms may refer to it such as "moral or sexual harassment" or "psychosocial environment". Similarly, if one examines the annually updated employment-numbering record, which is compulsory for all staff, no reference is made to PSR or at least to their consequences, which are more easily quantifiable. However, as stated in the previous paragraph, the concept of occupational risks does not ipso facto cover that of RPS. Exposure to an electrical risk may result in a burn, regardless of the personnel concerned. On the other hand, poor working conditions will not be experienced in the same way by individuals and will therefore have distinct or identical effects but to different degrees. In this system, which aims to determine exposure to a hazard in order to be able to remedy it, psychosocial risk factors such as relational factors, work rhythm or organisational factors, for example, are not the subject of headings to be developed. It should also be pointed out that the actual risk is different from the risk factor, so knowing the latter does not necessarily enable effective action to be taken in relation to the risk to which it relates. It may even aggravate the real psychosocial risk [15]. This is why psychosocial risks require an in-depth and adapted study.

Comprehensive approach to PSR

Even though the Department of Defence has a special OHS regime, it cannot today dispense with thinking about PSR and its impact on civilian or military personnel. While a prior quantitative approach seems indispensable, it must be accompanied by a qualitative approach.

A close relationship between physical and psychological risks at work reinforces the idea of a necessary global analysis of work situations [16]. 16] In this respect, it seems appropriate not to dissociate the assessment of occupational risks from the PSR and therefore to use the system in place by integrating PSR more precisely in the OHS field.

The approach would consist, initially, in integrating factual indicators that are typically

psychosocial in nature into the list of those used for OHS. These indicators would then be part of a quantitative approach (i.e. a numerical approach) which would not aim to provide answers but to enable monitoring, raise questions, and shed light on the relationship between health and work within organizations. This quantitative approach would be of great interest because it would make it possible to question all the staff of an organization quickly, to make comparisons between organizations of the same nature, to make internal evolutionary comparisons and to define priorities.

This approach presupposes a preliminary survey in order to identify the most relevant indicators adapted to the population and working conditions specific to the Ministry of Defence. Several models are available for deciding on indicators. The most widely used epistemological models are Karasek's Demand-Autonomy Model and Siegrist's Effort-Reward Imbalance Model. Centred on the notion of stress, these two models are multidimensional. More specifically, in Karasek's model, the combination of high psychological demand (amount of work, mental demands, time constraint), decision-making autonomy (control over the task, creation of a new task, etc.) and the ability to make decisions (control over the task, creation of a new task, etc.) are all factors that contribute to stress.ativity and skill development) and low social support (interactions with colleagues and hierarchy) increases the risk of developing a physical or mental health problem. For Siegrist, high efforts combined with low rewards lead to pathological emotional and physiological reactions [17]. In order to collectively evaluate the work experience, it would be interesting to use questionnaires corresponding to these models. Once these indicators have been determined, a regular update by the OHS chain and more precisely by the local level (prevention doctor, health care worker in charge of prevention officer and consultation bodies) would make it possible to identify cases requiring special attention, to draw up a map of sectors where the risk of RPS is high and, above all, to monitor the development of each situation.

However, a psychosocial risk indicator should not be confused with a psychosocial risk factor. A risk factor is a potential hazard whereas an indicator is a useful measure for assessing the health consequences of a work organization. However, this measure is not sufficient to prevent them, because for that, the source must be known. Thus, a qualitative approach, i.e. one based on in-depth interviews and observation of work situations, is essential to complete the indicators provided, naturally, that there is a genuine desire to make progress in preventing this risk [18].

Such an analysis could be carried out by a member of the organisation such as the prevention officer, or by members of the CHSCT, since one of the functions of this committee is to investigate accidents. But the intervener must be able to think about human relations in the organization in complete independence and in compliance with a certain intervention ethics. A consultant from outside the organization would therefore be better able to meet these criteria. "What is important to remember is that a pathogenic organization can only resolve its psychosocial disorders by calling on qualified, independent external interveners who are governed by professional ethics. It is illusory for the company to believe that it can treat itself..." [19]. 19] In this case, behind the characteristics determined by Ariane Bilheran, PhD in psychopathology, the profile of the social psychologist, the psychosocial psychologist or the occupational psychologist emerges.

This type of analysis, motivated by the need to reach an alert threshold, is reminiscent of the interventions of the Army's psychological intervention and support unit (CISPAT). Following the example of this principle of urgent psychological care for personnel who have suffered a trauma, the principle of consulting with organizations in psychosocial difficulty could be developed. Depending on a predetermined alert threshold of

psychosocial indicators or at the request of an organization, a psychologist qualified in this field could intervene to shed light on the situation and make tailor-made recommendations, thus enabling the head of the organization to implement an action plan adapted to the situation. However, these interventions or consultations must be part of a primary or even secondary, rather than tertiary, prevention program. Primary prevention consists of limiting the occurrence of PHI. Secondary prevention aims to limit the duration of exposure to PSRs and tertiary prevention aims to limit the disabilities related to PSRs. In contrast to tertiary prevention, which is aimed at repair and therefore at caring for affected personnel, the first two focus on work organization.

A recent concept that has been particularly highlighted since 2009 as a social, political and even economic issue, psychosocial risks have been widely publicised in the media. This media coverage, which has led to a rapid increase in awareness, has resulted in a rapid increase in their use in the field of prevention in the workplace, without the time being taken to define them precisely and unequivocally. In this context, the failure to integrate PSR into the field of occupational health and safety in the public service, particularly in the Ministry of Defence, is not surprising, since implementing a process adapted to the prevention of these risks takes time. Nevertheless, reflection on these risks and their consideration in the current OHS architecture seems indispensable.

Concerning the management of PSR, the Ministry of Defence must, as it has always done, take into account the human factor. To this end, it must begin an in-depth reflection on the identification of RPS through indicators leading to targeted qualitative analyses and preventive measures. It should thus consider ways of remedying situations deemed critical from this point of view.

"If the law provides that the employer has an obligation to guarantee the physical and psychological safety of his employees, this means that he must first and foremost offer non-deleterious working conditions and not simply finance individual psychotherapy" [20]. 20] The implementation of a "toxicological" model based on screening, detection and support would be tantamount to neglecting the responsibility of the organisation or institution for "ill-being" at work by blaming the weakened individual.

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2] Edited by N. Combalbert (2010). «Suffering at work. How to act on psycho-social risks». Armand Colin. P9

3] World Health Organization. www.who.int/topics/mental_health/fr.

4] Canguilhem G. (2002). «Medical Writings». Threshold. P68

5] Ministry of Labour, Employment, Vocational Training and Social Dialogue. www.travailler-mieux.gouv.fr

[6] The college on the statistical monitoring of psychosocial risks at work was formed following a request from the minister in charge of labour at the end of 2008. www.college-risquespqychosociaux-travail.fr

7] Valléry G. & Leduc S. (2012). «Psychosocial risks». University Press of France. What do I know? P30

8] Edited by N. Combalbert (2010). «Suffering at work. How to act on psycho-social risks». Armand Colin. P9

9] Edited by N. Combalbert (2010). «Suffering at work. How to act on psycho-social risks"».. Armand Colin. P10

10] Valléry G. & Leduc S. (2012). «Psychosocial risks». University Press of France. What do I know? P9.

11] Circular n°2114/DEF/SGA/DRH-MD/SR-HC of 13 December 2012 implementing the provisions of Decree n°2012-422 of 29 March 2012 on health and safety at work at the Ministry of Health and Social Affairs.re de la Défense (Ministry of Defence) and the order of 9 August 2012 setting the specific terms and conditions for the organisation of occupational risk prevention at the Ministry of Defence.

12] Paragraph 2.2.2. of Circular No. 2114/DEF/SGA/DRH-MD/SR-HC of 13 December 2012.

13] Paragraph 2.2.1. of Circular No. 2114/DEF/SGA/DRH-MD/SR-HC of 13 December 2012.

14] Paragraph 4.3.1. of Circular No. 2114/DEF/SGA/DRH-MD/SR-HC of 13 December 2012.

[15] Clot Y. (2010). «Work to heart. To put an end to psychosocial risks». The Discovery

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19] Report Card A. "Understandingpsychosocial disorders through the organizational approach". (2010). «Suffering at work. How to act on psycho-social risks». Armand Colin. P76

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