AMSE JOURNALS-AMSE IFRATH Publication –2016- Modelling C; Vol. 77; N° 2; pp 193-200

Submitted Sept. 2016; Accepted Oct. 31, 2016

QualiTHravail®: a National Observatory on Health and Quality of Work Life for Employees with Disabilities

Fabien Valet[1,*], Valérie Tran[2], Stéphanie Galvan[2] , Bertrand Hardy[2], Antoine Dezalay[2]

[1] Statistics Department

Ariane Conseil, 47, rue Landousse, 38300 Bourgoin-Jallieu, France

[*] Corresponding author: f.valet@arianeconseil.fr

[2] Health and Disability Department

Ariane Conseil, 47, rue Landousse, 38300 Bourgoin-Jallieu, France

***Abstract* —** In October 2014 was launched QualiTHravail®: the first national observatory on health and quality of work life for employees with disabilities. For the first time in France, QualiTHravail® gives employees with disabilities a chance to speak about their working conditions, their expectations and needs at work. Through a secured online scientific questionnaire, this observatory proposes to measure and monitor key health and quality of work life indicators for employees that received formal recognition of disability, as well as those whose health conditions daily impact work. Beyond simple indicators, QualiTHravail® aims to contribute to the enrichment of knowledge in the field of disability and health at work. In the same time, it also fills the hope of bringing relevant issues to make employers, governments and stakeholders move toward a sustainable consideration of expectations and needs for people with disability at work. This article presents the main results of the first session of the observatory.

Keywords — disability; quality of work life; health; work; observatory

1. Introduction

For over a decade, surveys, observatories and barometers on working conditions and quality of work life have shown major interest in the field of social sciences, and in French companies as well[1-4]. Fad phenomenon or not, these studies shared all the same frames: collecting and analyzing data related to employees expression, with the ultimate goal of providing efficient ways to promote Health and

Quality of Work Life (HQWL). Indeed, taking into account employee's expression is one of the major recommendations of the French National Interprofessional Agreement 2013[5].

Giving voice to employees so that they can express their HQWL is exactly what QualiTHravail® does, but for a specific population: employees with disabilities who are administratively recognized, or employees who face difficulties at work due to their health. Why focus on these specific population? To date, there are no indicators on the subject. In addition, this is a great opportunity to take an inventory of disabled workers, ten years after the law of 11 February 2005, on the "Equality of Rights and Opportunities, Participation and Citizenship of People with Disabilities". Moreover, it is also an opportunity to build for the first time in France, a panel of national indicators on HQWL for employees with disabilities at work.

The first session of the observatory took place between October 2014 and June 2015, and received nearly 2,000 responses. In this paper, we will first define the fundamental principles of QualiTHravail®, and we will present the main results of this first session. First recommendations will be proposed, and we will then discuss the means that will be used to carry out these recommendations that will be submitted to employers and governments.

2 .Qualithravail

A. The observatory

The QualiTHravail® observatory aims to longitudinally evaluate HQWL of employees with disabilities. These disability situations include employees whose disability is officially recognized or employees whose status is not recognized but for which health status regularly impacts professional activity (e.g. chronic disease). The observatory covers all companies (private or public) as well as all sectors of activity and professions (professionals or self-employed). Based on a secured online collection, the questionnaire is completely anonymous and responds to e-accessibility standards. Furthermore, the site of the observatory and operating principles have been declared to the National Commission for Data Protection and Liberties.

B. The questionnaire

Items proposed rely on a balance between science, validity, and operability. Indeed, despite the completeness of questionnaires advocated by science suggesting a great number of items, we had to take into account that time necessary to answer the questionnaire needs to be reasonable (concept of

time in companies *versus* time of research). Therefore, only 80 items were proposed. QualiTHravail® included two types of questions:

- Individual questions: they allow to assign HQWL and motivation scores to respondents, and therefore identify groups with the highest or lowest scores. The Duke's [7] profile was used to measure health. It is a self-administered questionnaire of 17 items, which assigns respondents scores between 0 (worst) and 100 (excellent), taking into account the various dimensions of health (general, physical, self-esteem, mental, and social health). In addition to its scientific validity, this health questionnaire was selected for the simplicity of the questions with formulations such as "I am fine as I am" or "I am at ease with others", for which response procedures are quite easy (Yes, that is exactly my case / it is about my case / no, this is not my case). Assessment of quality of life (at work and outside work) and motivation were investigated using an 11-points numerical scale. This scale invited respondents to rate their levels of perceived quality of life and motivation by checking a value between 0 (worst / bad) to 100 (excellent / strong).

- Environmental questions: usually called HQWL factors, 26 items were related to employee's perceptions of their work environment. With response modalities based on a 6-point scale ranging from "totally inadequate" to "fully adapted", this questionnaire allowed employees to say for all of the proposed work situations, if they suited them or not. Fields investigated by work situations were similar to those we can find in any study on working conditions (autonomy, insecurity of work situation, intensity and work time, business relationships, social relations at work and conflicts of values). In addition, these questions also met the national recommendations on the specific issue of working conditions [6]. Each respondent could for example indicate if "Autonomy and freedom in how to organize work" or "Relationships with colleagues" seemed to be suitable working conditions or not.

These two types of questions were completed by segmentation criteria related to both respondents and companies or institutions to which they belong. Furthermore, in order to give voice to employees, open questions (verbatim) were also proposed at the end of the questionnaire.

3. Method

At the end of the collection period, complete data (only fully answered questionnaires) were selected and analyzed. Analyzes were performed using the R [8] software. Health scores (from Duke's profile) were calculated using the same method as described in the original paper [7]. Only the following

dimensions were analyzed: general health, physical, mental, social, perceived self-esteem. Average scores were calculated to identify groups or subgroups with the highest / lowest HQWL scores.

For environmental measures, the 6-points scale was coded uniformly in exposure levels ranging from -2.5 (totally inappropriate) to 2.5 (fully adapted). Average levels of exposure were also calculated to identify factors to which employees feel the most / least exposed.

Finally, percentage changes in HQWL scores according to factors exposure levels were also calculated to identify factors that have a positive impact on HQWL scores.

4. Results

A. Sample characteristics

Between October 2014 and June 2015, 1902 respondents fully completed their questionnaire. As indicated in Table I, most respondents were officially recognized in their situations of disability (88%), most of which were not visible (75%), and were physically disabled (54%).

B. Health, quality of life, and motivation scores

In the studied population, social health and self-esteem scores were higher than other scores (Table II). In addition, quality of life at work and motivation scores were lower than quality of life outside work scores.

Table 1: Sample characteristics in percentage of the studied population

Criteria	**%**
Women	60
From 35 to 49 years old	45
Permanent contract	88
Full-time status	64
Private sector	87
No management responsabilities	84
Company size: 1000 employees and more	42
Activity sector : business and	43

retail	
Officially recognized disability situation	89
Invisible disability situation	75
Disability situation shared among colleagues	83
Autonomy in activity	84
Motor or physical disability	54
Feeling of being accepted	65

Table 2: Health, quality of life and motivation mean scores in studied population (0 = worst/bad, 100 = excellent/strong)

General health	58
Physical health	44
Mental health	62
Perceived health	44
Social health	68
Self-esteem	72
Quality of work life	52
Quality of life outside work	65
Motivation at work	55

In subpopulations, people with chronic diseases, mental and psychological disabilities showed lower HQWL scores than those with other deficiencies (physical, sensorial). Moreover, HQWL scores were also lower for the following statuses: civil servants and laborers. Company size also played an important role since HQWL scores appeared to be lower in companies with fewer than 250 employees.

a.Work conditions

Elements of work life perceived as the most adapted were: relations with colleagues, clarity of role in the tasks to be performed and the new technologies usage frequency. Conversely, work life elements perceived as less adapted were: the prospects of growth, pay levels and skills development.

b. HQWL improvments factors

The feeling of being accepted by the manager and colleagues appeared to be a major protective factor, as it significantly improved the quality of work life score (+ 52%). The perception of all of the working conditions was also improved and seen as more adapted. Similarly, reorganizing work station (when need was expressed by employees) significantly improved quality of life scores (+ 49%) and all scores related to working conditions.

5. Discussion

Results of this first session highlighted lower physical and perceived health scores (on average 44/100 versus 75/100 in the original study [7]), which is not surprising considering panel's characteristics. In addition, results showed a relatively high self-esteem score (72/100), which could be related to the resilience that respondents may have developed due to their disability situations.

In subpopulations, we observed significant differences within HQWL indicators that can be due to:

- An explanatory relationship: for example, employees who work part-time may do so because they are particularly unhealthy, therefore they logically have more degraded health scores

- A causal relationship: for example, employees who feel accepted show higher scores regarding their quality of working life.

An interesting result showed that most disability situations perceived or experienced as "positive" (source of strength and motivation, employee feeling accepted...) are often associated with greater quality of life scores (score improved by 17% compared to the average score). Furthermore, feeling accepted at work also improved quality of life scores outside work.

Reorganizing work station is a key improvement factor of quality of work life (score improved by 53% compared to those for whom working station has not been appointed, despite a need). Globally, quality of work life and motivation scores remained generally low, which can be partly explained by the context of employees in France (recession, pessimism…).

Analysis of work situations highlighted some interesting results (for example, relationships with colleagues was perceived as the most adapted item, and remuneration was perceived as the less adapted item). However, it should be put into perspective that observed results could be specific to employees with disabilities, but could also in some cases be attributed to the general context in France. In general, perceived work life elements were significantly more adapted when disability was accepted by others, when the work station was reorganized, and also when the disability situation was shared.

6. Conclusion

Assessing Health and Quality of Work Life among disabled employees in a fully (exhaustive) and adapted (accessible) way was a major challenge that QualiTHravail® observatory tried to answer. For the first time in France, employees facing a disability situation (officially recognized or not) had the opportunity to speak about their HQWL. Of course, as in many epidemiological studies, some biases have been highlighted. But overall, this first quantitative material is instructive, and we are confident that these initial elements will go on providing efficient ways to improve the management of work disability situations, and to contribute to the promotion of quality of work life for employees with disabilities in France.

Despite rigorous online collection standards that have been proposed, we are nonetheless aware that some of our target population probably did not respond because of an administration method exclusively online. Moreover, under-representation of certain types of deficiencies could be explained by the type of proposed questionnaire: a self-assessment questionnaire.

Like any new national study, QualiTHravail® observatory has met some barriers on its launch in October 2014: Some companies were reluctant to invite all of their employees to answer the questionnaire, the issue of Quality of Work Life being sometimes touchy (and sometimes over assessed already). However, many supporters and relays have allowed a reassuring communication and a wide participation.

With 1902 complete responses, we gathered an interesting panel for this first edition. Some companies were overrepresented (trading and distribution) which did not allowed comparisons by sectors for this first session. There are a number of biases, some of which will be corrected when the panel will grow while others will probably not (under-representation of mental disabilities due to the self-evaluative questionnaire-type).

Despite these biases, QualiTHravail® provided several interesting findings. Firstly, the number of responses and comments added at the end of the questionnaire highlighted the high expectations of

this population and their needs to make their daily work known, and to speak about difficulties they face at work. The second lesson we can draw is that recognition, a factor known to have a major role in improving employees' working conditions, is essential for employees with disabilities. It calls for a more comprehensive reflection on “the performance of an employee with disabilities”, a subject often taboo and full of common beliefs. These initial findings will obviously be further developed and refined by more qualitative elements to guide tracks of more effective and usable recommendations.

Workgroups including experts will be set up in 2016, to develop ideas, roadmaps and recommendations based on these quantitative results. Major themes, including chronic diseases and professional development will be discussed. Recommendations will be oriented on the one hand towards employers, and on the other hand towards government. Moreover, the forthcoming sessions of the observatory will be useful to adjust recommendations and action lines produced by the workgroups. They will then contribute to evaluate the effectiveness of implemented actions by evaluating trends of key indicators.

References

[1] Baromètre stress, conditions de travail et “qualité de vie au travail”, OpinionWay, septembre 2012.

[2] Baromètre de la qualité de vie au travail dans l’ESS, Synthèse des résultats, 1ière édition, Chorum, 2013.

[3] Observatoire de la Qualité de Vie au Bureau, TNS-Sofres, Actinéo, Avril 2011.

[4] Qualité de vie des Franciliens. Résultats du Baromètre santé 2010 de l’INPES.

[5] Accord National Interprofessionnel du 19 juin 2013. Vers une politique d’amélioration de la qualité de vie au travail et de l’égalité professionnelle, 2013.

[6] Mesurer les facteurs psychosociaux de risque au travail pour les maîtriser. Rapport du collège d’expertise sur le suivi des risques psychosociaux au travail, 2011.

[7] F. Guillemin et al. Le profil de Santé de DUKE : un instrument générique de mesure de la qualité de vie liée à la santé. Santé Publique 1997, n°1, pp35-44.

[8] R Core Team (2014). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. URL http://www.R-project.org/.