

ASSOCIATION POUR
LA SANTÉ AU TRAVAIL
DU SECTEUR FINANCIER



**ANNUAL
REPORT**

17



EDITORIAL

THE RIGHT TO (DIS-)CONNECT

Can those of you who entered the world of work in the nineteen-eighties still remember your early days? Did a colleague ever call you at 10 in the evening to ask for a client file? Probably not and if so that must surely have been an exception.

Today it has become the rule. At the end of the day we take our laptop home with us, bringing not just our work but our whole team. Everyone is connected all the time. That has become a fact of life. Everyone expects this, but paradoxically everyone suffers and would like an opportunity to log off...

In our eight hour (or 480 minute) working day we receive on average 65 e-mails. Assuming that we need three minutes to deal with each of them, that would use up 195 minutes of our working time. To answer each of these e-mails we have to interrupt our real work. After each interruption the brain takes three minutes to revert to the thread of its ideas and return to the level of performance that had been reached before the interruption. That makes another 195 minutes lost, taking the total to 390 minutes. Of the 480 minutes we started with there are really only 90 left for real work!

So what could be more natural than to acquire the habit of working a little more at home, starting to deal with the first e-mails at breakfast and answering the last in the evening before going to bed? Then again, why not respond to e-mails while you are on holiday so as not to be submerged by hundreds of mails that require an immediate answer when you get back to work?

The law which stipulates a maximum of 10 hours work each day and a 48 hour working week has become perfectly obsolete. So we have a clear choice: either we

amend the legislation and instead of adopting a 35 hour week we move up to 55! Or we adapt our way of working and legislate on the right to disconnection.

This is a main issue, but technology moves on and does not wait for us to catch up.

OUR WAY OF WORKING HAS BEEN COMPLETELY REVOLUTIONIZED, BUT THE FRAMEWORK HAS REMAINED THE SAME.

If we do not want more and more people to lapse into demotivation, seeing no sense in their work and suffering from depression, the time has come to create a new framework. Companies are responsible (also in their own interest) for establishing working conditions that facilitate creativity, innovation and commitment on the part of their personnel. Let us not wait for the right to disconnection to be incorporated into labour law. Instead we should take the lead and create working methods that are adapted to the new requirements.

Our brain is not made to work with so many interruptions. A loss of concentration, memory problems, inability to set priorities, insomnia and anxiety are the direct consequences. Let us remain true to the adage of ergonomics which says that work must be adapted to human beings and not human beings to work.

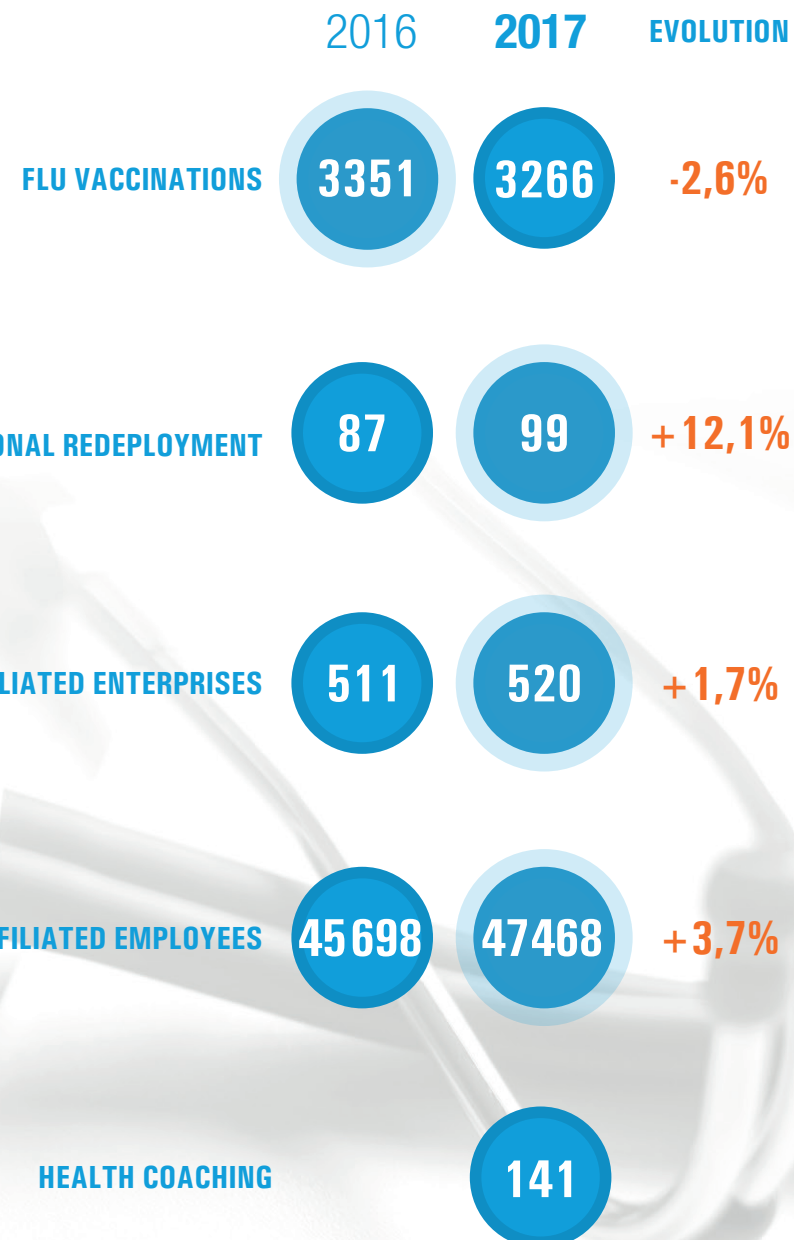
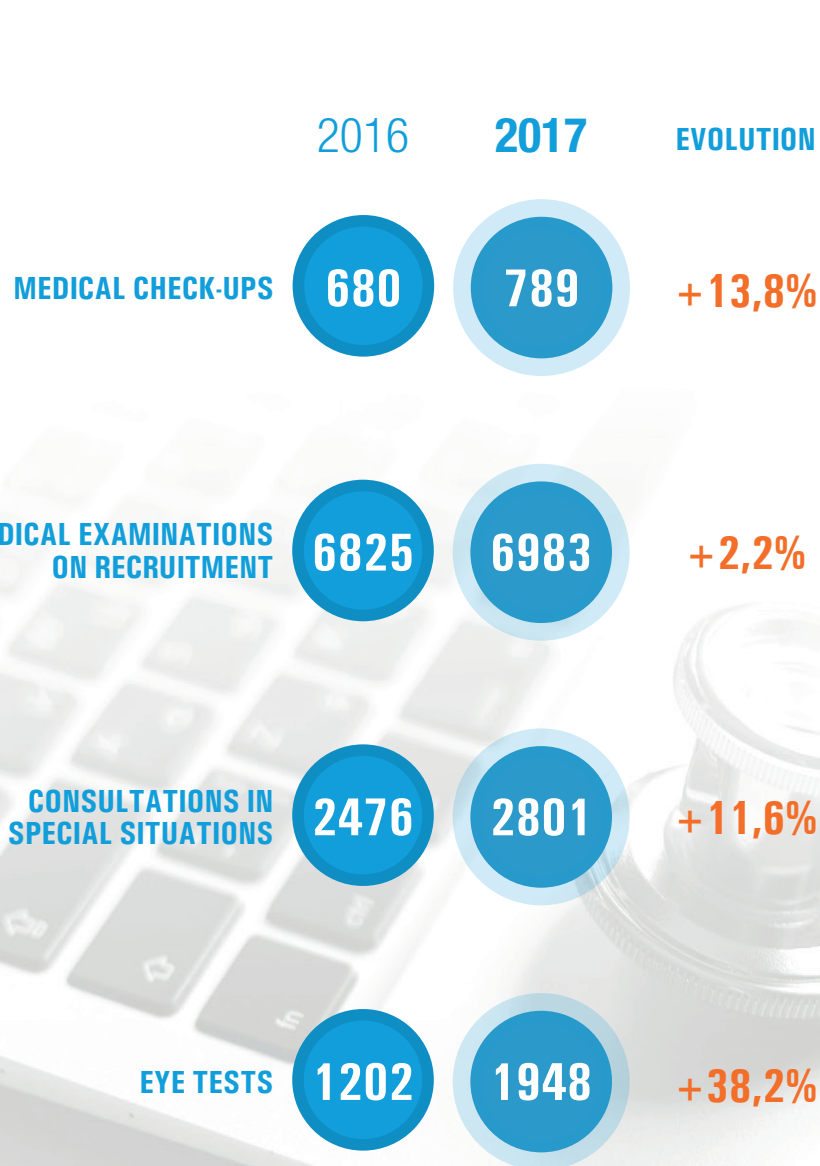
Instead of giving the right to disconnect, maybe we should introduce the right to connect: receive e-mails at 8 o'clock in the morning and a second time at 14.00 in the afternoon, then let the rest wait until the next day.

Back in the 1980s that was called the postman!

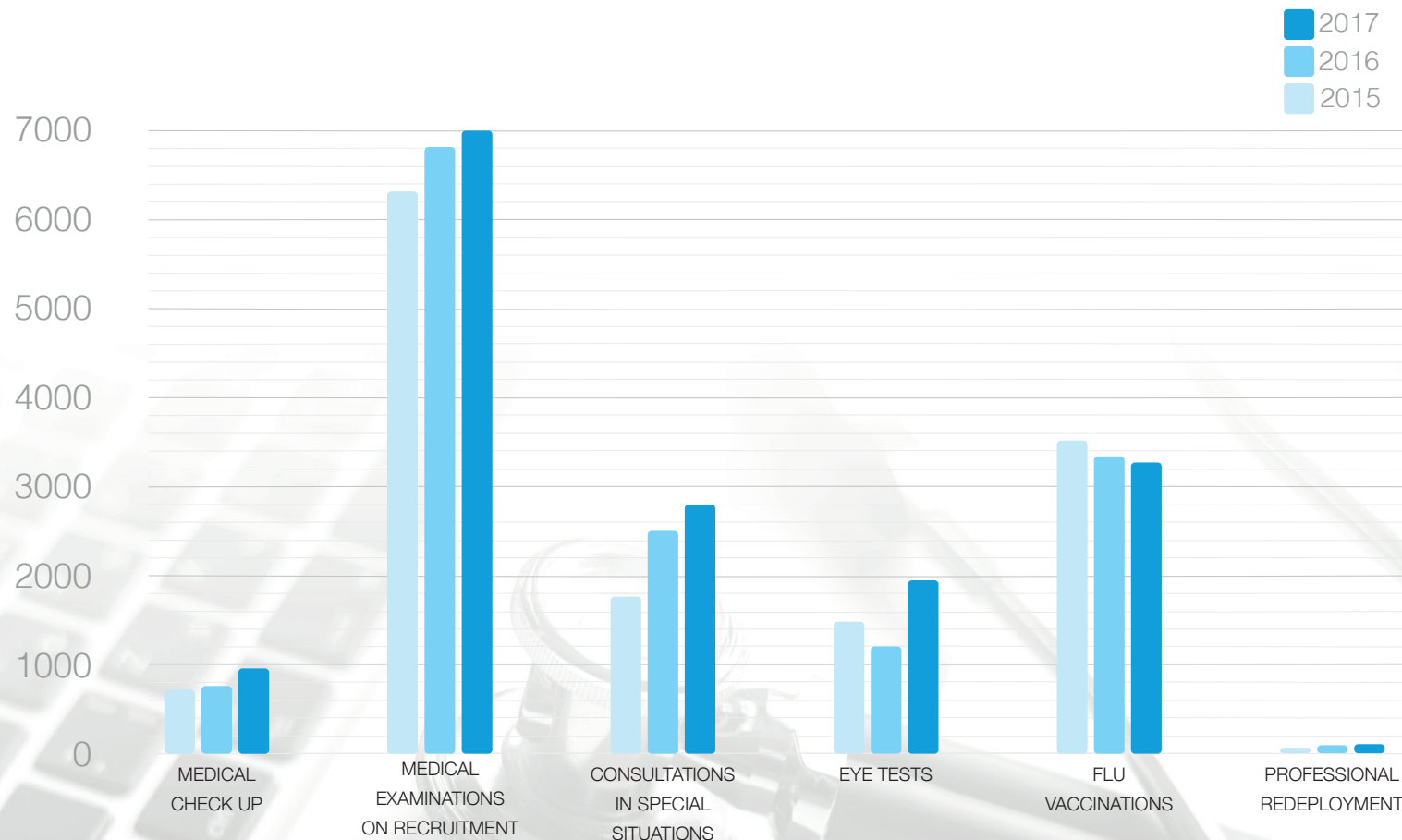


Dr Patrizia Thiry-Curziotti
General director

KEY FIGURES



STATISTICS



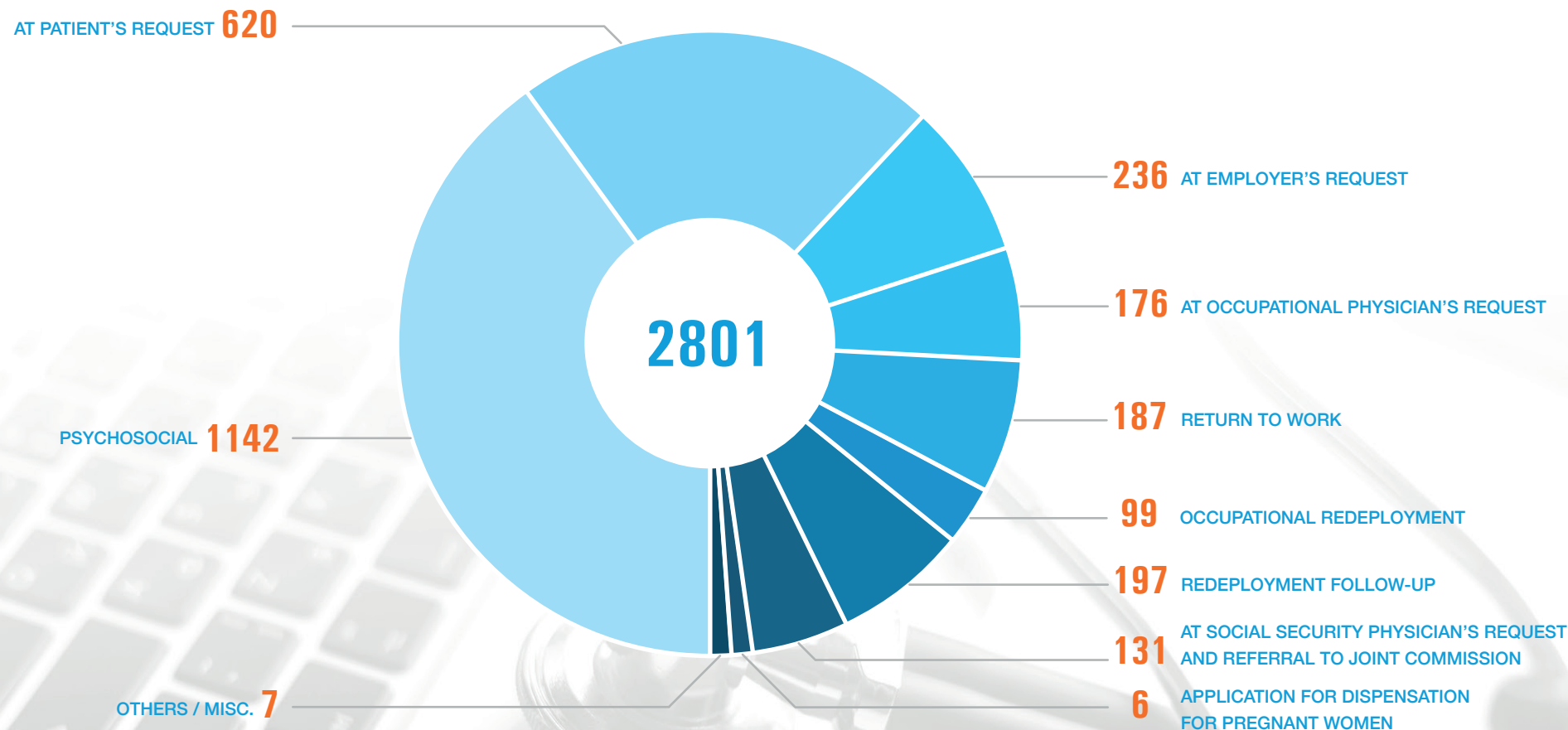
In 2017, we were able to directly reach more than **11,000 employees** through our activities, which amounts to nearly 25% of a total of 47,468 affiliated employees.

These activities included **6,983 (+2%) pre-employment medical exams** and **789 (+16%) check-up exams**, both of which continue to increase each year.

During pre-employment exams and the separately bookable check-ups, we take the opportunity to teach employees about the health risks associated with professional and personal lifestyles and offer them advice on **how to actively improve their health**.

We also conducted a total of **141 health coaching** sessions. This new initiative not only helps keep a record of health conditions, it also focusses on psychosocial risks and promotes strategies for dealing with them

CONSULTATIONS TO MONITOR SPECIFIC SITUATIONS



The increase in medical advice in special situations to a total of **2,801 (+13%)** is mainly due to the increase in care during work reintegration (+41%), the increase in employee demand (+28%), an increased need for psychosocial counselling (+20%) and increased medical exams upon work reinstatement (+16%).

These numbers primarily highlight the psychosocial risks in the workplace, which come from a sense of responsibility at work, the organisation and conditions of the workplace, the need for attention, interpersonal relationships and their resulting tensions. All these factors underscore the need for mental health care.

The overall increase in medical advice in special situations is also due to a better visibility of the ASTF and its presence within companies and among employees, who are increasingly making use of our services.

MONITORING BURN OUT

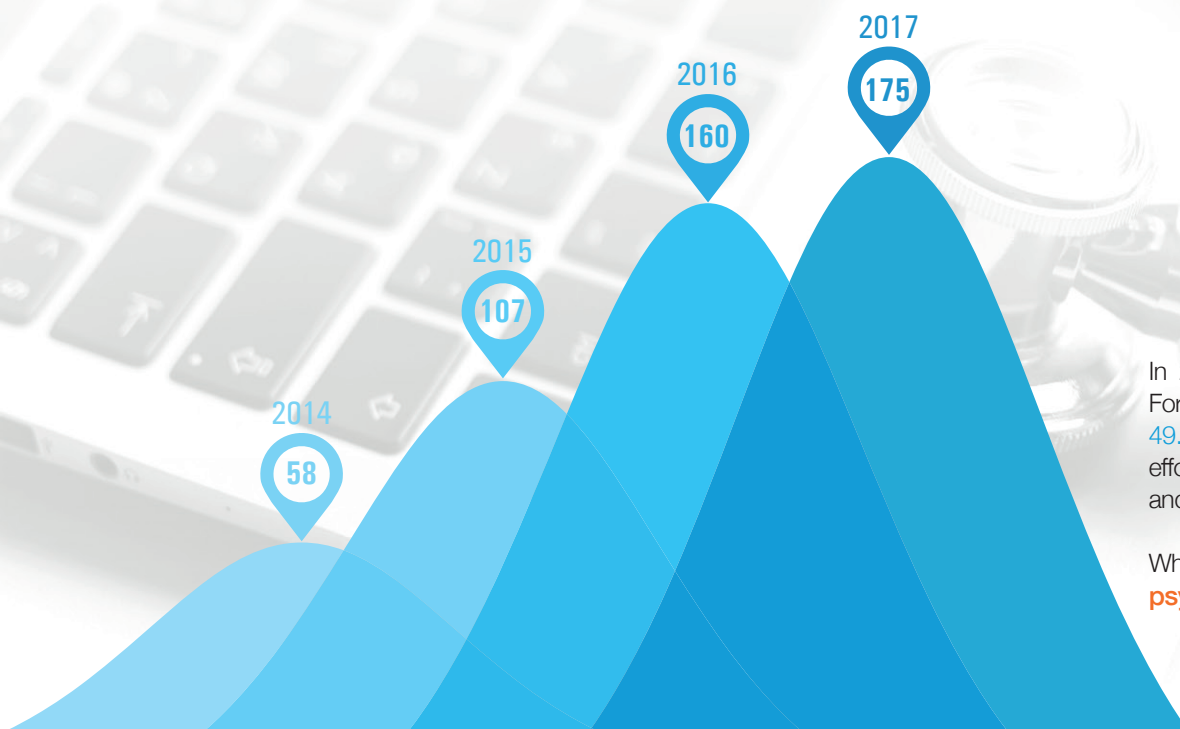
Analysis of the responses to the «[burn out self test](#)» questionnaires reveals significant risks of burnout among the employees interviewed.

We distinguished 2 categories of patients in order to compare the results.

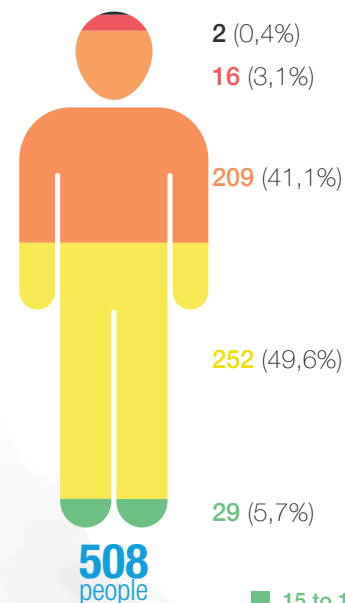
- The burn out self test scores are lower in patients examined during a [medical check-up](#).
- We observe quite normally that the scores of this test are higher (thus less favourable) for patients seen during [special visits](#).

The results are superposable between 2016 and 2017 for special visits, however we observe an overall increase in scores for check up patients.

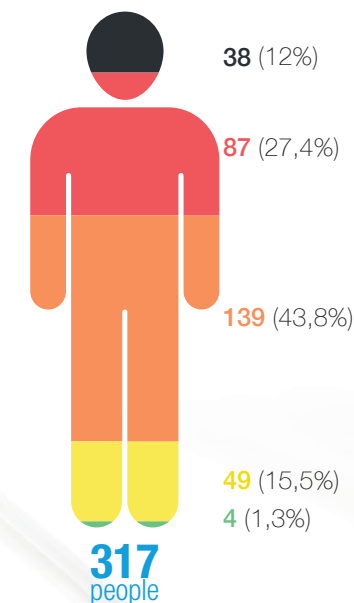
Is this patient sample representative of the general population?



SELF TEST RESULTS MEDICAL CHECK UP



SELF TEST RESULTS SPECIAL EXAMINATION

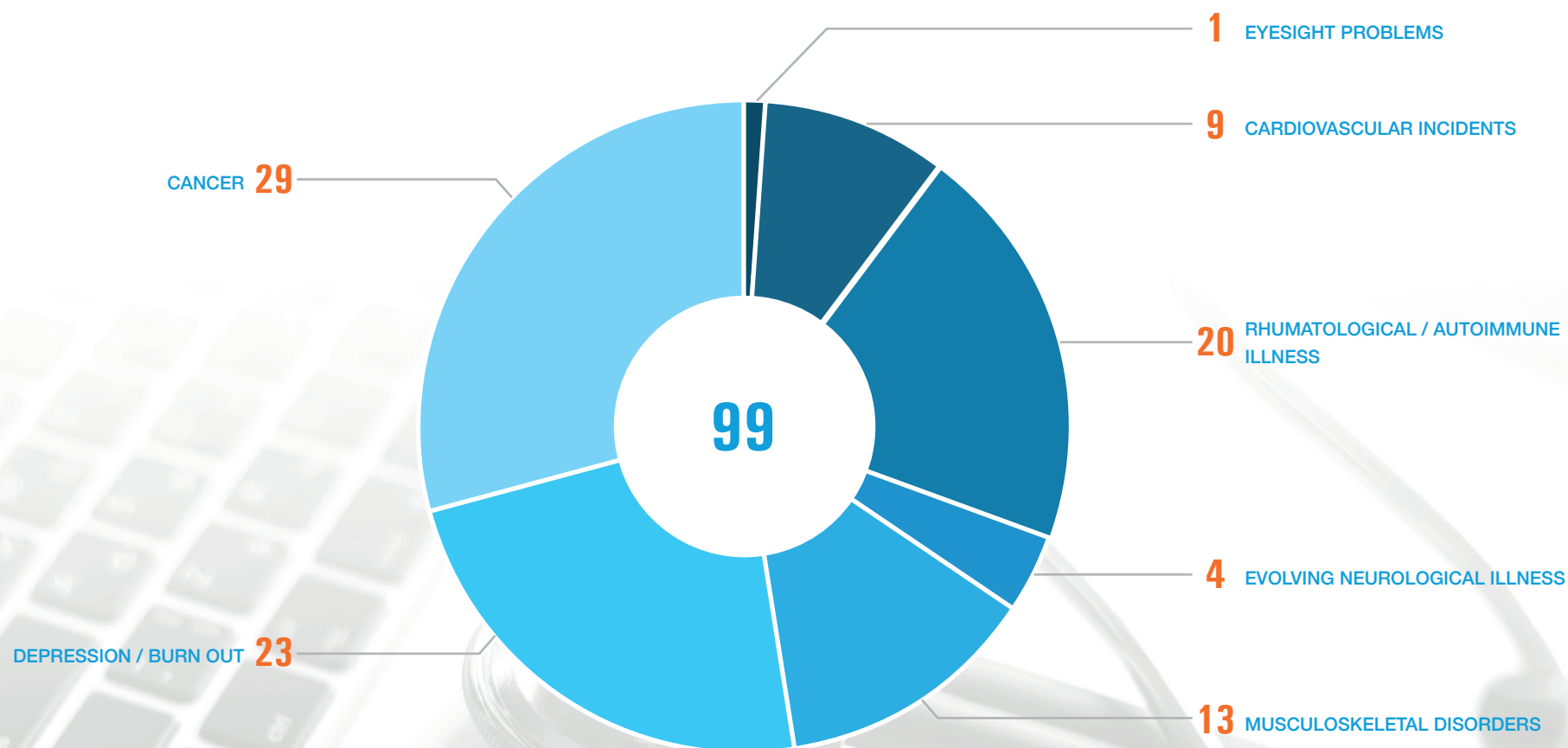


- 15 to 18 : No risk
- 19 to 32 : Minor symptoms of burn out
- 33 to 49 : Probably at risk of burn out
- 50 to 59 : Definitely at risk of burn out
- 60 to 75 : Risk of burn out severe

In 2017, the number of newly recorded burnout cases was **175**, an increase of **9%**. Fortunately, however, the trend seems to be slowing down compared to the increase of **49.5%** in 2016 and **84.5%** in 2015. We believe that this decline is partially thanks to our efforts to address this issue within companies, helping them recognize warning signs earlier and take appropriate measures.

While it's true that sensitivity to the issue has increased, **psychosocial disorders continue to be part of everyday life in the financial sector.**

PROFESSIONAL REDEPLOYMENT EXAMINATIONS

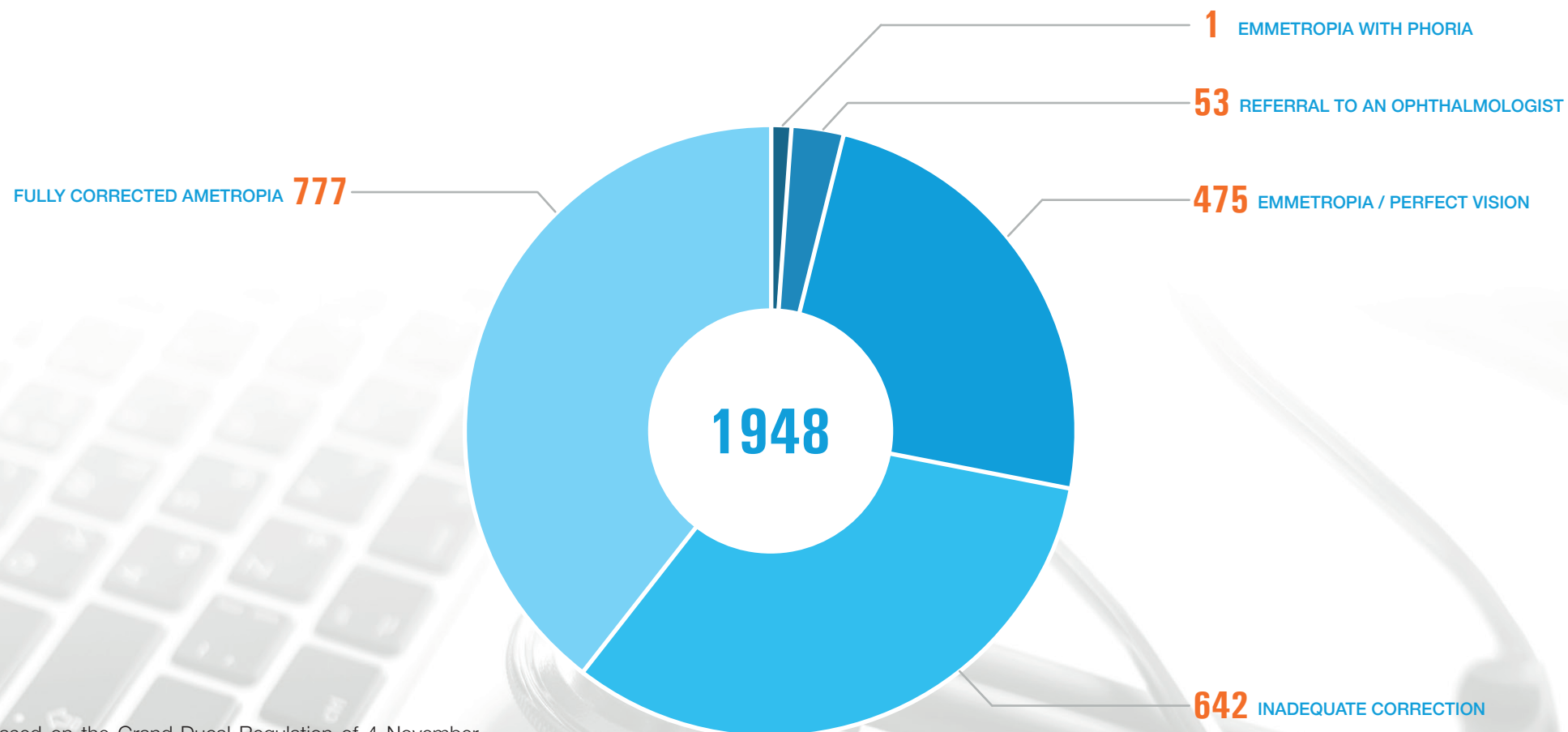


In 2017, the number of work reintegration cases increased to **99** (+17%). As in the previous year, most cases were oncological (i.e. cancer) (+16%), followed by psycho-social disorders such as depression and burnout (+28%), rheumatic and autoimmune diseases (81%), particularly rheumatism, musculoskeletal disorders (+30%), predominantly

cases of spinal discopathy, cardiovascular diseases (+50%), such as myocardial infarction or stroke, and neurodegenerative diseases (-36%), such as multiple sclerosis. There was one case of reintegration due to eye disease.

This impressive three-fold increase in reintegration care can be attributed to the 2016 legislation on work reintegration, which permits the reassessment of cases after a specified amount of time.

EYE TESTS RESULTS



Based on the Grand-Ducal Regulation of 4 November 1994 setting out the minimum stipulations for work at a screen, employees must be given an eye and vision test at regular intervals.

Sight examinations are performed in the enterprise by the ASTF in cooperation with an optician at the employer's request.

In 2017 we carried out **1948 eyesight examinations**.

The ASTF proposes an interval of three to five years for the eye test.

TARGET: PREVENTION

Can employees in the tertiary sector who “spend all day sitting in front of a computer screen in their office” be as tired at the end of a working day as a worker who has to remain standing for 8 hours to handle goods in a warehouse?

Are tertiary sector employees exposed to risks?

OUR ANSWERS ARE YES!

Office employees in fact perform tasks which involve physical, organisational and relational constraints that are liable to generate risks unless adequate preventive measures are taken.

The main risks to which tertiary sector employees are exposed are:

- risks associated with a static posture;
- psychosocial risks;
- handling (especially when filing documents).

At a time when the economy and even industry are increasingly adopting the new information and communication technologies, we see that [occupational risks are being transferred to offices](#).

Psychological health at work is becoming an increasingly challenging problem.



PRIMARY PREVENTION

This consists in avoiding the occurrence of risk situations by working upstream to reduce risk factors. We intervene even before the situation has worsened.

At the ASTF, this is reflected in:

- An inventory of workplaces which present risks;
- Training and information for personnel;
- Flu vaccination campaign;
- Definition of a pandemic plan, as just one example;
- Posters;
- Design ergonomics;
- Supply of brochures;
- Check-ups;
- Health coaching;
- Medical examinations upon recruitment.

We at the ASTF aim to make primary prevention a priority.



SECONDARY PREVENTION

This involves medical supervision of workers. It consists in mitigating the damage to personal health. We set out from the principle that the risk factor cannot be sidelined and that employees must be taught to manage the constraints to which they are exposed in order to minimise the negative effects.

At the ASTF, secondary prevention takes the form of medical supervision of employees:

- examinations at the request of the employee or employer;
- regular examinations;
- examinations before a return to work and upon return after an absence;
- psychosocial examinations;
- corrective ergonomics.

Employees benefit from closer medical supervision if they are exposed to particular risks (night working).



TERTIARY PREVENTION

Action is taken when the damage has already occurred. In other words, a repair logic is adopted.

At the ASTF, this will involve:

- Individual ergonomics;
- Follow-up examinations after redeployment;
- Psychological follow-up examinations;
- Quality cooperation with businesses through human resources and designated workers.

We at the ASTF are here for the benefit of all our affiliated members who wish to improve prevention in their business.

Closer cooperation with our affiliated members through the human resources department and designated workers is one of our priorities.

Through our check-ups and training courses we focus on the most effective prevention in terms of positive effects on health : Primary prevention.

MEDICAL CHECK-UP

WHAT IS A MEDICAL CHECK-UP?

AT WHAT AGE SHOULD IT TAKE PLACE?

A preventive medical check-up can be made at any age. However, it is usually offered to employees over the age of 40. A check-up of this kind is particularly useful for patients with no known chronic pathology who therefore have little or no medical follow-up.

WHICH PATIENT?

Men and women, based on voluntary participation in agreement with the employer.

AT WHICH INTERVALS?

A check-up is recommended once every 3 years, in parallel with other medical monitoring.

WHICH TESTS?

- Blood analysis;
- Urine analysis;
- Eyesight test;
- Audiogram;
- Spirometry;
- Electrocardiogram;

This health check-up is personalised; depending on the patient's age, an osteodensitometry or an examination to detect blood in the stools may also be offered.

All these tests are performed by a nurse.

WHAT IS THE MEDICAL CONVERSATION?

The doctor looks at the questionnaires completed in advance:

- A medical questionnaire recording the personal and family case history and any current treatments;
- A test assessing the stress level.

A clinical examination exploring the various systems (cardio-pulmonary, neurological, digestive, ear-nose-throat etc.) is then performed.

Finally, the test results are discussed by the doctor in the presence of the patient.

IN PRACTICE?

A personalised appointment is offered by the ASTF. The employee must attend on an empty stomach.

After the blood test, breakfast is served before the other tests are performed.

A copy of the results is handed over during the discussion with the doctor.

WHY HAVE A HEALTH CHECK-UP?

- to detect any underlying pathology;
- to highlight factors that present a risk to health, become aware of them and find out how to take corrective action;
- to monitor the evolution of these parameters over a period of time;
- to be reassured about the personal state of health and life hygiene.

WHAT ARE THE BENEFITS OF A CHECK-UP?

- Attention to the patient by a specialist medical team which is familiar with the problems encountered in the financial sector.
- All the examinations are performed at the same place and in the shortest possible time.

HOW LONG DOES A CHECK-UP TAKE?

Allow between two and two and a half hours.

WHERE?

L'Association pour la Santé au Travail du secteur Financier
15-17, avenue Gaston Diderich, L-1420 Luxembourg

**In the world of work as in medicine,
the imperative need to focus on the aspect of prevention still tends to be disregarded all too often.
ASTF has been offering its affiliated enterprises the possibility of arranging medical check-ups for their employees.**

CHECK-UPS OF 2017

STATISTICS FOR CHECK-UPS

HOW MANY PATIENTS?

789 patients.

HOW MANY COMPANIES TAKE PART IN THE PROGRAMME?

40 businesses in the financial sector.

WHAT IS THE GENDER RATIO?

58 % of the participants are men, and 42 % women.

WHAT IS THE AVERAGE AGE OF THE PARTICIPANTS?

46.
Over half the persons who attend for check-ups are aged over 40 and less than 50.



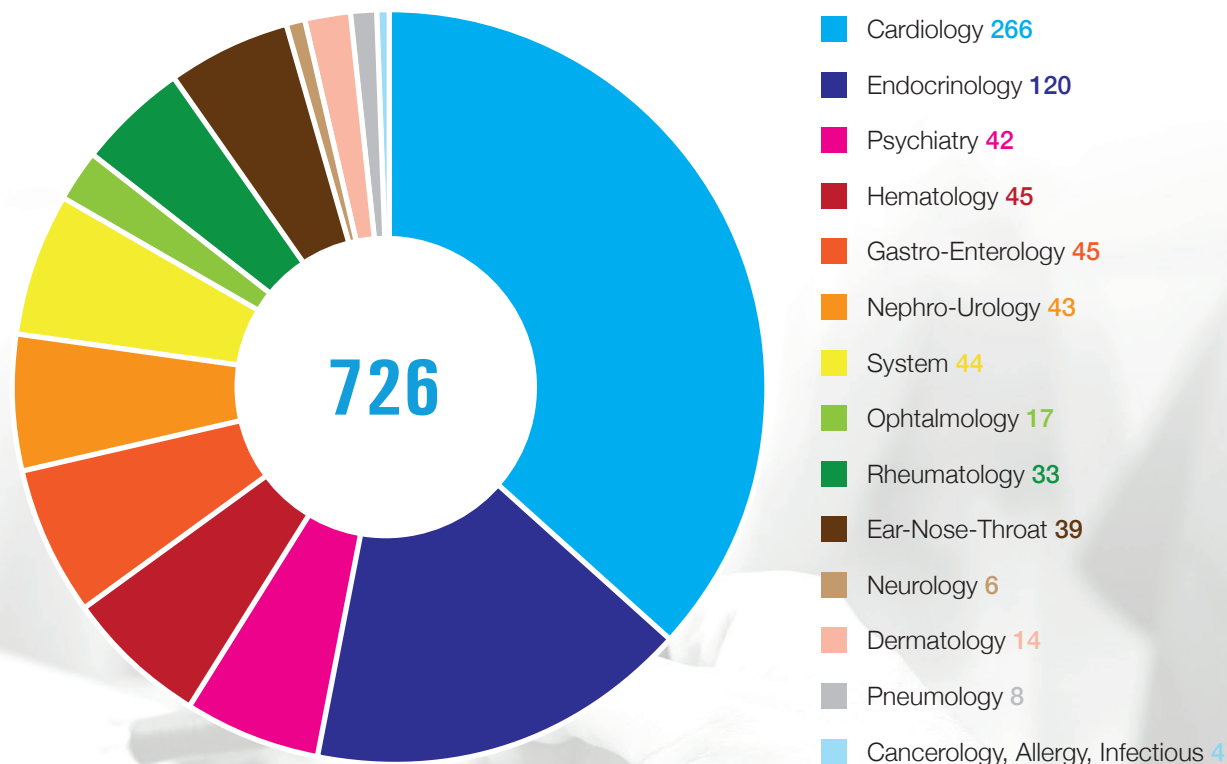
WHAT ARE THE RESULTS?

The number of check-ups performed is rising: **789** examinations were made in 2017, one hundred more than in 2016.

WHAT KINDS OF SYMPTOMS ARE DETECTED?

After performing these check-ups, **726** medical conditions were diagnosed.

DISTRIBUTION OF ABNORMALITIES DETECTED AS A FUNCTION OF THE DIFFERENT MEDICAL CATEGORIES



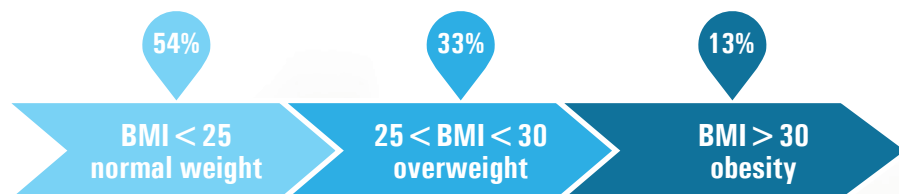
As in previous years, cardiovascular risk factors were the main symptoms detected, together with high cholesterol or high blood pressure... In other words, 37% of the diagnosed symptoms are cardiological in nature.

A vitamin D deficiency is shown in 10% of all the cases.

The detected conditions vary widely, ranging from hearing or eyesight problems to biological anomalies as well as infections and dermatological problems.

WHAT ARE THE RESULTS CONCERNING WEIGHT?

More than half the patients who attended for check-ups in 2017 had a normal body mass index (54%), while 33% were overweight and 13% obese.



WHAT WERE THE BLOOD PRESSURE MEASUREMENT RESULTS?

A systolic pressure in excess of 135 mmHg was measured in 95 patients while the diastolic pressure was higher than 85 mmHg in 107 patients.

These blood pressure values are already indicators at which regular monitoring is advisable.

WHAT ARE THE DATA CONCERNING STRESS?

Each check-up participant completes a questionnaire including 15 items for a subjective stress assessment.

These results are useful for burnout prevention and they are interpreted as follows:

- **15-18** : No risk
- **19-32** : Minor signs of burn out, unless certain scores are very high.
- **33-49** : You are probably at risk, especially if some scores are very high.
- **50-59** : You are definitely at risk of burn out.
- **60-75** : Your burn out risk is severe.

Over **500 questionnaires** were analysed for the persons who attended for check-ups in 2017. 5% of the participants had a very low score, signifying the absence of any risk at the time of the medical examination. 3% of the patients who came for this screening examination were definitely in a highly critical zone (score >50) and required treatment.

A majority of the participants were in an average range; more than 50% of the patients showed minor signs of risks, while some 40% were probably at risk.



Results from 60 to 75 : **2 cases**
Results from 50 to 59 : **16 cases**

Results from 33 to 49 : **209 cases**

Results from 19 to 32 : **252 cases**

Results from 15 to 18 : **29 cases**

HEALTHCOACHING@ASTF

In 2017, the ASTF conducted **141 health coaching** sessions — a fantastic start for a new initiative! This programme's success further confirms the role of the ASTF as **a health manager** in individual companies.

Our health coaching services cover a wide range of preventative measures:

- blood analysis to determine cardiovascular risks;
- eye testing to prevent strain from heavy screen use;
- calculation of body mass, including BMI;
- psychosocial risk assessment of mental health;
- and last but not least, a clinical examination by our medical team.

Once the coaching sessions have been concluded, employers are informed of their staff's results via an anonymized form, raising their awareness of the overall health of their staff and their company.

With this information, companies can develop a goal-oriented approach to combat workplace stress, if necessary, and expand health promotion measures such as burnout training, healthy leadership seminars, relaxation techniques like sophrology, psychological assistance, etc.

The **141 health coaching** sessions conducted in 2017 yielded **75 diagnoses**. Of these, **43 diagnoses indicated increased cardiovascular risks** such as obesity, high blood pressure and high LDL cholesterol levels.

Two of the 41 employees (4%) exhibited a relevant stress level by means of the psychosocial risk assessment.

In sum, **health coaching plays an important role in primary prevention** for both the individual and the enterprise as a whole. Our health coaching programme allows employees to identify health risks at an early stage and employers to make a significant contribution to the company's salutogenesis.

PSYCHOLOGICAL FOLLOW UP

THE ROLE OF COACHING IN THE PREVENTION OF PSYCHOSOCIAL RISKS

Based on our professional experience of coaching and various publications on the subject, we suggest that this action should be defined as

THE ACCOMPANIMENT OF AN INDIVIDUAL

in order to improve his or her **professional** and **personal situation**,
from the point of view both of **performance** and of **wellbeing at work**.

Two findings may flow from that definition:

1. It seems impossible for a coaching professional to favour performance to the detriment of the coached individual's wellbeing and vice versa. Coaching must always make use of appropriate means; that necessarily implies striking this balance in practice.
2. the systemic complexity of organisations is such that coaching acts both on the coached person and on his or her institutional environment.

THIS ACTION IS THEREFORE CONSONANT WITH THE PREVENTION OF PSYCHOSOCIAL RISKS AND SEEKS TO FAVOUR THE EMPLOYEES' WELL-BEING

In this context, we have been able to observe that coaching can produce results at all three levels of prevention:

1. **At the primary level, limitation of risk factors:**
coaching is a powerful tool to prevent the development of "toxic" relationships and behaviour patterns in the business environment.
2. **At the secondary level, adaptation to risk factors:**
coaching is a powerful tool to help individuals, more specifically employees and managers, to put things in perspective and regain a margin for manoeuvre in their work situations.
3. **At the tertiary level, treatment of suffering at work:**
coaching is a powerful tool to motivate individuals to seek the help of a healthcare professional so as to discuss their malaise at work and also to reflect on the desirability of remaining in the same work situation when this is felt to cause difficulties.

Moreover, coaching must enable all the stakeholders in an organisation to be involved in this endeavour. Because it is essential to understand and frequent the different members of the enterprise with their challenges, difficulties, margins for manoeuvre and paradoxes...from director to employee.

In other words, to resolve problems of stress, violence and suffering at work due account must be taken at one and the same time both of the work organisation and of the experience of the persons concerned.

This means that, although coaching is useful it is not enough in itself.

The fact is that the causes of these situations must necessarily be dealt with instead of merely alleviating their symptoms.

LET US TAKE AN EXAMPLE :

coaching can help a manager to adopt a posture in relation to his work which will lessen the degree of stress to which he is exposed, but that will not be enough if his work situation remains otherwise unchanged and he continues to be confronted with the same urgent deadlines, the same workload and a widening gap between these objectives and the resources provided to achieve them, as well as the same contradictory instructions.

Hence the need to work on **a preventive policy that will take due account of the three levels of prevention.**

IN CONCLUSION

While **coaching** can form part of a **practical effort** to reduce psychosocial risks in organisations it must also be integrated into a **pluri-disciplinary approach** involving different kinds of healthcare professionals: **occupational physicians, psychologists and social assistants.**

To improve your employees' health and performance, [lessen absenteeism](#) and also [presenteeism](#), one viable approach is to introduce [dynamic healthcare management within your business](#).

THE KEY TO THIS SUCCESS RESIDES IN PROFESSIONALIZATION OF IN-COMPANY HEALTHCARE MANAGEMENT

To this end, the ASTF can give you the benefit of its expertise and experience of healthcare management. For the record, our leitmotif for a number of years has been clear:

« THE HEALTH OF YOUR BUSINESS DEPENDS ON THE HEALTH OF YOUR EMPLOYEES »

The business remains an ideal venue to make the population aware of its physical and mental health. The fact is that a majority of persons spend a great deal of their time in the office, so making this an appropriate setting to create awareness and promote good health. Sometimes it takes very little, no more than a spark, to encourage employees to improve their own wellbeing. Targeted and readily understandable information, a few hints and the presence of a competent person to answer their questions are generally the triggers that create a wish [to change ingrained habits](#), take care of oneself and improve personal health.

SIMPLE, PRACTICAL ACTIONS THAT ARE QUICK TO PUT IN PLACE AND BENEFICIAL TO HEALTH

For this purpose, the medical team offers a panel of trainings on occupational wellbeing and safety.

Our training courses focus on [three major themes](#):



HUMAN CAPITAL MANAGEMENT

LIFE HYGIENE

MEDICAL ASPECTS

HUMAN CAPITAL MANAGEMENT

Human capital management has been the flagship theme of our in-company training courses for a number of years.

As the old adage has it:

« **PREVENTION IS BETTER THAN CURE** »

The aim of these trainings is to enlarge the toolbox available to employees and/or your managers to enable them to communicate more effectively, to understand what burnout means and also to have the resources needed to avoid being submerged by stress – fashionable words, but unfortunately more than that as we have an occasion to observe in our daily consultations.

To demonstrate its determination to take appropriate action, the Accident Insurance Association (AAA.lu) has been partially subsidising our training courses on this and allied themes since 1 January 2017.

The AAA has broadened its zero programme:
after 0 occupational accidents,
0 accidents on the journey to work,
0 burn-outs

For further information on subsidised trainings, please consult our Internet site: www.astf.lu under the trainings heading.

Our service offers a wide range of courses on this topic:

STRESS MANAGEMENT :

[Burnout prevention](#)

[Burnout prevention for managers](#)

[Psychosocial risk prevention](#)

[Healthy leadership](#)

[Communication](#)

MOTIVATION LEVERS

[Time manage](#)

[Absenteeism management](#)

[Return to work](#)

LIFE HYGIENE:

Life hygiene is the second main theme of our training courses. In a sector where sedentary working is the rule, employees must of necessity be made more aware of this topic.

Basic stress management is founded on the following three pillars:

EAT WELL

MOVE WELL

SLEEP WELL

Targeted information and above all many hints and simple advice that are easy to put into practice enable employees to be motivated to review their own life hygiene because, in the words of the author and personal development coach Jim Rohn

**« Take care of your body because
that is the only place in which you are obliged to live »**

In this area we offer to deal with a number of different topics, such as:

- Nutrition
- Sleep
- Sport
- Sophrology
- Ergonomy

MEDICAL :

During our trainings, we also deal with purely medical subjects, including:

- Influenza
- Vaccination
- Cardiovascular prevention
- Addiction
- Sun
- Health for the over 45s

This is not an exhaustive list. If you would like specific training or wish to arrange workshops on a precise topic we are at your disposal to develop a tailored programme with you.

**The ASTF is your advisor on health,
safety and wellbeing at the workplace.**

OVER THE YEARS WE HAVE ACQUIRED EXTENSIVE EXPERIENCE

Training is coming to occupy an increasingly important place in our daily work because the number of courses is rising all the time.

From **40 trainings in 2014**, we have advanced to **140 trainings in the year 2017**.



LIFE HYGIENE

Ergonomy : **23**
 Nutrition : **8**
 Sleep : **5**
 Sophrology : **14**



HUMAN CAPITAL

70% of trainings

Burnout prevention: **39**
 Stress management: **37**
 Psychosocial risk prevention: **10**
 Healthy leadership: **5**
 Communication : **3**
 Motivation of different personalities: **3**
 Time management: **1**



MEDICAL

Cardiovascular prevention: **1**
 Vaccination : **1**
 Health for the over 45s: **2**
 Sun: **2**

Who better than an expert to bring these messages home ?
Contact the ASTF, your « Medical Advisor »



HEALTHY LEADERSHIP

a new seminar started in 2017

Since mid-2017, the ASTF has been successfully conducting in-company seminars on healthy leadership practices.

« Healthy leadership means taking a goal-oriented approach to helping employees stay physically and mentally fit. »

In this age of hyper-connectivity, demographic change and ever-increasing competition, we believe that healthy leadership is now more important than ever.

WHAT IS THE RELATIONSHIP BETWEEN LEADERSHIP AND HEALTH?

« Can managers keep their sick leave after being transferred or promoted? »

MYTH OR CURRENT ISSUE?

In recent years, numerous studies have clearly demonstrated that healthy leadership behaviour not only has an impact on sick leave and departmental turnover, it also plays a fundamental role in employees' recovery and their commitment to the company. Ideal healthy leadership practices have a significant impact on an employer's attractiveness, something that we here in Luxembourg's financial sector — and perhaps in the tertiary sector, as well — should definitely not overlook!

The goal of our Healthy Leadership seminar is to **reduce physical and mental health issues** and **improve overall job satisfaction**, ultimately **leading to fewer absences**, a lower employee turnover rate and **increased performance**.

Overall, our Healthy Leadership seminar helps **maintain employee health** and contributes to **the company's overall competitiveness**.

When it comes to approaches for putting healthy working conditions into practice and bringing them to life, managers serve as « promoters from above ». They are the ones who have the most contact with employees and know them best. Often the first point of contact, managers are the ones who can shape demographic change within the company, find solutions and take action against overworking early on. At the same time, they also serve as role models. This means that they, too, should pay attention to their own health and well-being and take the aging process into account. Only after managers recognize the fact that their own health behaviour has a significant influence on that of their employees can a reconsideration of workplace health take place.



SOUNDS INTERESTING?

We are already looking forward to being able to offer you other **interesting training courses**

and we invite you to discover more

enriching information as part of

our new seminar

« **HEALTHY LEADERSHIP** »

ERGONOMICS

GOOD THINGS COME IN THREES: FROM CURATIVE ERGONOMICS VIA APPLIED ERGONOMICS TO DESIGN ERGONOMICS?

Statistical data for recent years show a constant increase in the number of requests for intervention in businesses. Some twenty workplace ergonomic studies were made in 2014, but this number had risen six fold by 2017. An impressive result one might be tempted to think. Far from it. In our opinion, a more nuanced analysis of these figures is called for.

In-company workplace studies and visits offered by the ASTF are an essential part of secondary preventive action. By definition, secondary prevention in ergonomics aims to detect at an early stage risks that may influence the health of an individual, i.e. risks that could not be prevented through design ergonomics which is an integral part of primary prevention.

Through ergonomic analyses of the individual workplace, the ASTF has developed an intervention strategy that consists in a systematic endeavour to minimize the effects of risk factors specific to workplaces at which computer equipment is used. A badly adjusted office chair, an inappropriate work surface height, badly positioned screens and environmental constraints such as lighting systems which dazzle occupants and oppressive ambient temperatures can be a source of discomfort and situations that generate risks of illness.

Once the shortcomings have been detected by an on-site analysis, they are recorded in a report which will then permit targeted intervention in order to minimize or even eliminate the risk that has been shown to exist.

A second tool which has proved successful consists of the many kinds of ergonomic training offered to employees or groups of key persons in a business, such as the designated workers, facilities managers and safety officers.

Reference to secondary prevention in the ergonomic field therefore calls to mind first and foremost applied ergonomics whose aim is to « correct » and « repair ».

Whereas in secondary prevention everything possible is done to minimize the potential health hazards to which employees may be exposed, requests are also being made to the ASTF concerning situations with an irreversible pathology. In such cases the proposed actions are focussed on tertiary prevention which comes into play after an illness has occurred and tends to reduce the damage caused by that illness and to protect the victim's health capital. In this particular case, ergonomic actions taken at workplace level are first and foremost « restorative » and « curative » in nature.

Adjustments to the workplace equipment are often needed at this stage in order to assist the employee concerned. Backed by its experience, the ASTF feels a duty to provide pertinent and necessary information.

In the final analysis, we are particularly happy to note that our services are both useful and appreciated. But, to put it bluntly, are we not trying to put the cart before the horse?

Would it not be more logical to start from the beginning by making a greater investment in primary prevention?

Let us act further upstream by according greater importance to design ergonomics which consists in anticipating and [structuring the workspace layout](#), in [adapting equipment](#) and the overall organisation of work so as [to optimize the conditions](#) linked to future working activity when an establishment is either built or converted. We are ready and able to offer the following services:

- Customized advice and feasibility opinions;
- Help with the drafting of detailed specifications for workplace equipment;
- Assessment of the ergonomic criteria for a workplace chair;
- Assessment of the ergonomic criteria for specific workplace equipment.

So why not seek the ASTF's advice?

Let us now focus on
design ergonomics
and share our experience

INFORMATION & COMMUNICATION

Communication is an essential part of the programme to **provide information** and **promote health** and wellbeing in the business environment. To that end, the ASTF has a duty to develop a methodology, objectives and the means of achieving them. However, this is not a linear process. It must be constantly redefined and adjusted to enable the ASTF's messages to reach their intended targets.

In a first stage, an inventory of the existing situation was made:



- How is communication defined at present?
- What are its strengths and weaknesses?
- Who are the partners and service providers around the ASTF?
- How much do its services cost?

Based on the previous diagnosis, the general objective is **to strengthen and increase the visibility of the ASTF** by using a range of supporting media.

The ultimate objective is to give business employees the benefit of medical and social information and information about wellbeing at their workplace by putting across a clear and precise message: « **THE ASTF IS YOUR HEALTHCARE PARTNER** »

To that end, the decision was taken to recruit a person whose dedicated task is to implement this strategy.

TARGETS :

- Affiliated businesses in the banking and financial sector and their employees.

OBJECTIVES :

- Emphasis on advice and availability to affiliated members.
- Clear definition of messages in relation to the targets, either affiliated businesses or in direct contact with employees in the banking and financial sector.
- Improvement of circulation and sharing of the information that is available on the website.
- Creation of enriched multimedia contents.
- Circulation of information via the social networks.
- Encouraging greater use of the website.
- Measuring impact and optimising effectiveness of the actions taken.

COMMUNICATION CHANNELS AND TOOLS :

- Brochures, data sheets, reports and all print media.
- The web, such as the Internet site and social networks.
- Digital and multimedia supports, such as newsletters, presentations, info-graphics, photos, videos etc.
- Meetings, events, trainings and presentations.

Communication channels influence the way in which a message is put across
Form is therefore just as important as content

MEANS EMPLOYED

CONTENT CREATION

A clear editorial line is defined through a discourse which is consistent with the Association's philosophy and its members' needs, easily identifiable colour codes and graphics, a recognisable tone, readability and content quality. The visual aspect is stressed because articles and publications containing photos or illustrations have a stronger impact.

CREATIVE PROCESS AND CIRCULATION OF DIGITAL MEDIA

1. Gathering information;
2. Drafting the message (translation if necessary);
3. Choice of illustrations;
4. Validation;
5. Page layout & publication of illustrations to match the circulation medium (print, web, newsletter, social);
6. Circulation;
7. Measurement of the results.

AVAILABLE TOOLS

Website : www.astf.lu

This is the ASTF's multilingual communication base; it contains all the articles and all the existing documentation.

Documentation : Brochures are the main sources of medical information and advice. They are available in printed form or can be downloaded from the website. They are written and published at bimonthly intervals by the ASTF doctors.

La newsletter : This is a source of information published at a given frequency. It has a stronger impact because it appeals directly to the audience.

Les réseaux sociaux : These are a deferred source of information (consultation by the audience), but have the advantage of reaching the targets directly. The social networks also permit horizontal circulation towards targets that may not yet be reached by the ASTF's communication.

The recommendation principle reinforces the impact of the message.

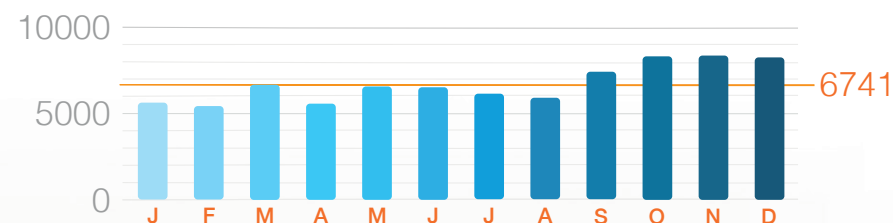
MEASURING THE RESULTS

Digital communication allows precise and almost instantaneous measurement of the results and impact of the actions taken. New tools have been deployed on the Internet site and for the dispatch of newsletters. 2018 statistics are now more precise and more detailed.

2017 STATISTICS

Website

Use by language : Français 56%; English 22%, Deutsch 17%.
An average of 6741 pageviews per month.



Newsletter : No precise measurement of the outreach, opening or click rate.

Social networks :

Linkedin – 58 subscribers on December 31st 2017.

Facebook - 36 subscribers on December 31st 2017.

CONCLUSION

Priority must be given to exploitation of the Internet site and optimisation of its referencing because, over and above the work done by the ASTF to circulate information, users must be able to locate its content through search engines in the French, English or German languages.

The information letter and social networks must serve as a relay for circulation of the Internet site content.

The intervals between publications and news items will be based on a precise calendar. Detailed analysis of use statistics will permit better targeting of users and the subjects that are discussed.

Development of information actions and events in partnership with enterprises must enable the reach of the ASTF's message via the affiliated members' networks and circulation channels to be broadened.

**The ASTF is a reliable and independent source of medical information
It must be capable of becoming a reference**

MEMBERS

MEMBERS 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.

Fondation LHoFT

HMS LUX S.A.

House of Training

IF Payroll & HR

IKANO S.A.

IKANO Capital S.A.

IKANO Insurance Advisory S.A.

Luxembourg Fund Labelling Agency (LuxFLAG)

PECOMA Acturial and Risk S.A.

SD Worx S.A.

Société Nationale de Crédit et d'Investissement

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Until July 31st 2017

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Dr Isabelle Klopp

Dr Carole Molitor

Dr Stefan Weicherding-Roth

From 1st of July 2017

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SOCIAL WORKER

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ANNUAL REPORT 2017



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