Journal of Health and Social Sciences 2016; 1,2: 99-104

Psychological fitness for work: do we still have a long way to go?

Giuseppe Ferrari[1]

Affiliations:

[1] Italian Society of Integrative Psychotherapy for Social Development (SIPISS)

Corresponding author:

[2] Dr. Giuseppe Ferrari, Sipiss, Via Ciro Menotti,9 20129 Milan, Italy,
e-mail: ferrari@sipiss.it

Abstract

In Italy, the absence of adequate regulatory instruments and guidelines for the proper classification of psychiatric disorders in occupational medicine denies occupational physicians the opportunity to adequately evaluate employees' psycho-physical fitness for work through health surveillance. This applies particularly to the categories of workers who could potentially 'endanger' the health and safety of third parties in the workplace. Although each business organization tries to internally manage these cases, there is an increasingly need to have a common reference framework. It is becoming increasingly urgent that both legal experts and scientific researchers address this issue together to define the psychological requirements necessary for the performance of given activities according to the nosological classification of psychiatric disorders from the DSM-5; this will protect the health and safety of both the workers and third parties.

KEY WORDS: occupational medicine; psychology, medical; psychiatry; occupational diseases; safety.

Riassunto

In Italia, l'assenza di strumenti normativi adeguati e di linee guida che consentano di inquadrare correttamente i limiti psicologici ed i disturbi psichiatrici nell'ambito della medicina del lavoro non consentono al medico competente di rispondere adeguatamente alle attuali esigenze valutative in tema di idoneità psichica dei lavoratori. Questo vale soprattutto per alcune categorie di lavoratori, potenzialmente pericolosi per la salute e la sicurezza di "terzi". Anche se ogni organizzazione lavorativa cerca di gestire internamente questi problemi, cresce l'esigenza di avere un quadro di riferimento comune per la gestione di questi casi. Si avverte dunque la necessità di un approfondimento che consenta di stabilire i requisiti psichici per lo svolgimento di una determinata mansione, anche in considerazione della recente classificazione dei disturbi psichiatrici prevista dal DSM-5; ciò potrebbe accrescere i livelli di salute e di sicurezza sia dei lavoratori sia dei "terzi" presenti nei luoghi di lavoro.

TAKE-HOME MESSAGE

Law and research professionals should work together to address the issue of workers' psychological assessments to give occupational physicians specific tools to protect the health and safety of both the workers with psychological disorders and other people in the workplace.

Competing interests - none declared.

Cite this article as - Ferrari G. Psychological fitness for work: do we still have a long way to go. J Health Soc Sci.2016;1(2):99-104

DOI 10.19204/2016/psch12

Recived: 30/06/16 Accepted: 10/07/2016 Published: 15/07/2016

In Italy, there is increasing debate among occupational doctors about the need to establish guidelines to help occupational physicians assess the psychological aspects of workers in order to ensure their fitness for work. The assessment of fitness for work is defined by most as the evaluation of a worker's capacity to work without risk to their own or others' health and safety [1]. To conduct a fitness for work assessment correctly, occupational physicians should consider not only the physical component, but also the psychological state of the worker during health surveillance. Health surveillance is mandatory in Europe and is conducted by an 'occupational physician' when a worker is exposed to certain levels of risk as determined by law. Today, technology and improved working conditions globally have reduced workers' exposure to traditional occupational hazards while simultaneously creating new, emerging risks in the workplace, such as psychosocial ones. At the same time, however, the number of workers with psychiatric disorders has also increased, creating a new category of workers: workers who are 'dangerous to others' [1]. Events such as the voluntary crash of the Germanwings suicide pilot in 2015 [2] and the numerous cases of nurse serial killers [3] confirm the need to carefully evaluate the psychological characteristics of workers who perform work involving high liability to third parties or their community. For this reason, in 2008, an Italian law was signed into effect to protect the health and safety of workers (D. Lgs 81/08). It makes provision for a new medicolegal principle that requires occupational physicians to evaluate a worker's capacity to work without risk to others' health and safety. However, it only applies to some categories of workers, which are fixed by law. For these types of workers, the law established an obligation for occupational physicians to carry out checks relating to the probable use of alcohol, narcotics or psychotropic substances. Nevertheless, until now, Italian law has neglected the evaluation of the psychological component of employees as a specific source of risk to themselves and others because there is scarce scientific literature on either the psychiatric or psychological disorders that can affect workers performing specific tasks [4]. Therefore, to address this issue, regulatory measures and/or guidelines should be prepared by the relevant scientific societies according to the classification of the psychiatric disorders from the recent Diagnostic and Statistical Manual, Fifth Edition (DSM-5) to deal with the psychological fitness of employees [5]. The main objective of such interventions should, however, be to provide useful indications for assessing the psychological component of workers' fitness, not only in the categories of workers dangerous to third parties, but also when the psychological make-up of the workers may cause risk to themselves because of the specific job characteristics [6]. Research on this topic is, in fact, rare; thus, occupational physicians lack suitable tools to use in the course of health surveillance [1].

In the context of health surveillance, the occupational physician should be able to evaluate both the psychological and physical aspects of employees and, through his/her medical examination, provide an accurate assessment of their fitness for work [7]. In addition, the guidelines should define the protocols necessary to carry out the appropriate assessment in-depth by giving occupational physicians the opportunity to rely on the support of specialized professionals, such as psychiatrists and experts in occupational health psychology. Unfortunately, mental health specialists have limited familiarity with the principles of occupational medicine and little incentive to pinpoint the psychological limits of workers that could affect the skills and tasks related to their specific work. While it is true that the majority of subjects affected by psychiatric disorders are highly capable of maintaining a job (only rarely is a psychiatric illness aggravated by exposure to a specific occupational risk), it is also true that these workers have precise limits that make it unsuitable for them to perform certain tasks [8].

Accordingly, the psychological fitness assessment should be carried out, in particular, for workers involved in tasks dangerous to third

parties, namely those employed in the service sector, working in close contact with other people, or with an obligation to protect the safety of specific groups of people or entire communities [9]. For example, these could include truck drivers, drivers, airplane pilots, security guards, police officers, and all professions where the health and safety of other individuals is dependent upon a worker [10].
To conduct a fitness of work assessment correctly, the occupational physician should consider very carefully the close correlation between the specific employee and their particular job. Fitness for work should not be expressed in abstract terms in relation to a generic job, but should be related to the specific job that a specific worker must carry out in a specific work environment. In fact, the performance of certain tasks could be detrimental to a worker suffering from certain psychological disorders because the tasks may aggravate their psychological condition or be detrimental to the safety of others. However, in another context, the same worker may be fit for the same type of work. In other words, the psychological functioning of the subject could be compromised but, at the same time, they could perform the particular job well. This principle must not be forgotten when employing workers with mental disabilities so as to facilitate their reintegration into social and working contexts [11-13].
In conclusion, nowadays, occupational physicians are very familiar with the theory of the fitness for work assessment, but practical tools to analyze and study the psychological sphere of workers are still inadequate and only partly known. This limitation should stimulate researchers to conduct further research on suitable methods and criteria for the evaluation of the psychological well-being of workers. Nevertheless, there has been very little research to date aimed at developing effective tools for assessing the psychological fitness required to perform a given task at work. Further research into this critical topic is thus required as a matter of urgency.

References

1. Magnavita N. Tutela del lavoratore rischioso per gli altri. Rome: EDUCatt Università Cattolica; 2014. Italian.
2. Knight B. Germanwings co-pilot 'researched suicide methods in days before crash'. The Guardian [Internet]. 2016 May 6. [cited 2016 June 30]. Available from: https://www.theguardian.com/world/2015/apr/02/germanwings-crash-second-black-box-found.
3. Townsend M. Study identifies key traits and methods of serial killer nurses. The Guardian [Internet]. 2014 Nov 22. [cited 2016 June 30]. Available from: https://www.theguardian.com/uk-news/2014/nov/22/study-identified-key-traits-serial-killer-nurses.
4. Magnavita N, De Lorenzo G, Gallo M, Garbarino S, Goggiamani A, Janiri L, et al. [Alcohol and work. Consensus Document of the La.R.A. (Workers representing a risk for others) group]. Med Lav. 2014 Nov 13;105 Suppl 1:3-68. Italian.
5. Pira E, Garbarino S, Ciprani F, De Lorenzo G, Mennoia NV, Proto E, et al. Linee-Guida SIMLII sulla sorveglianza sanitaria delle Forze dell'Ordine italiane: un vuoto da colmare. Med Lav. 2016; 107(2):153-158. Italian.
6. Ferrari G, De Cesare DP, Ferrante S. Medicina del lavoro ed idoneità psichica. Milan: FerrariSinibaldi;2016. Italian.
7. Magnavita N. Anxiety and depression at work. The A/D Goldberg Questionnaire. G Ital Med Lav. 2007;29(3 Suppl):670-671.
8. Ferrari G. Manuale di valutazione dello stress e dei rischi psicosociali. Milan: FerrariSinibaldi; 2012. Italian.

9. Magnavita N. Health surveillance of health care workers suffering from neurological, psychiatric or behavioural disorders. Med Lav. 2005;96(6):496-506. Italian.

10. Ferrari G. Pena conDivisa. Rischi psicosociali e valorizzazione della professionalità degli operatori dell'Amministrazione Penitenziaria. Milan: FerrariSinibaldi;2016. Italian.

11. Magnavita N, De Lorenzo G, Fileni A, Magnavita G, Mammi F, Marchi E, et al. Identification and control of workers that pose a risk to others in the health field. G Ital Med Lav. 2006;28 (2):174-175. Italian.

12. Magnavita N, Bosco MG, Ranalletta D, Salerno S. Fitness, disability and mobbing. G Ital Med Lav. 2006;28(4):440- 443. Italian.

13. Magnavita N, Magnavita G. The physician with a reduced work ability. G Ital Med Lav. 2007;29(3):481-3. Italian.