

PROTECTION OF PREGNANT WORKERS. CONSTRAINTS AND OPPORTUNITIES FOR HEALTHCARE SERVICES

«MATERNITY PROTECTION AT WORK», SNF, 2017-2020

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PREGNANCY AND OCCUPATION

- Employment itself does not pose a risk to pregnant women.
- Occupational exposures may endanger the health of pregnant workers and their future children (Cai et al., 2019a, 2019b; Fowler & Culpepper, 2018; Goldman & Wylie, 2017).

- Healthcare sector
 - 74% of employees are women (Registre des entreprises, OFS, 2017)
 - Numerous exposures: organisational (shift work, long hours), postural (lifting, standing), physical (thermal constraints, noise, radiation), biological (microorganisms) and chemical (toxic products and medications) (Park et al., 2017; Warembourg, Cordier, & Garlantezec, 2017).

LEGAL PROTECTION OF PREGNANT WORKERS' HEALTH

Shared principles:

- Assess occupational risks to pregnancy.
- In case of danger:
 1. eliminate the risk
 2. adapting working conditions
 3. transfer to another post
 4. paid leave

(Convention n°183 International Labour Organisation, 2000)

www.ilo.org_C:183

(Recommandation n°191 n°183 International Labour Organisation, 2010)

www.ilo.org_R:191

(Council Directive 92/85/CEE, 1992)

<https://eur-lex.europa.eu>

LEGAL PROTECTION OF PREGNANT WORKERS' HEALTH IN SWITZERLAND

The Swiss Labor Law (LTr, sections 35, 35a, 35b) and Ordinances 1 and 3 are the legal framework for the protection of the health of pregnant workers.

They also put limits on night work, daily hours, overtime and standing.

The Ordinance on Maternity Protection at Work (OProMa) (sets out which types of activities are considered dangerous or arduous for pregnant workers

e.g. Carrying heavy loads, exposure to micro-organisms, etc.

(Perrenoud, 2015; Seco, 2016)



RESPONSIBILITIES OF STAKEHOLDERS WITHIN THE MEANING OF THE OPROMA

Employer

- Call in a specialist in occupational health to carry out a risk analysis.
- Perform workplace accommodations.
- Inform their employees about occupational risks and protective measures.

Occupational physicians and appointed specialists in occupational health

- Carry out a risk analysis.

Gynaecologist-obstetricians

- Verify whether their patients are exposed to any occupational activities banned under the OProMa.
- In the presence of hazards, the gynaecologist must prescribe a certificate of preventive leave.

RESEARCH QUESTIONS

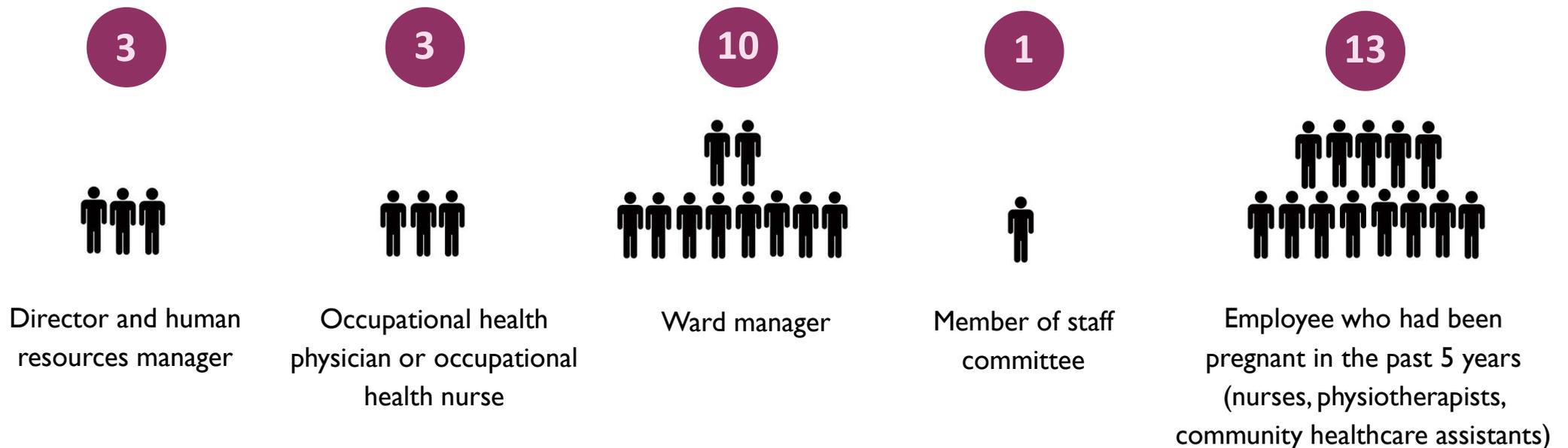
- What is the degree of implementation of maternity protection legislation in healthcare institutions in French-speaking Switzerland?
- Which elements contribute to producing a safety climate that makes pregnant workers feel protected and able to continue their work?

THEORETICAL FRAMEWORK: SAFETY CLIMATE

- **Safety climate:** *“workers’ shared perceptions of their organization’s policies, procedures and practices as they relate to the importance of safety within the organization”* (Huang, Lee, McFadden, Rineer, & Robertson, 2017, p. 38).
- Improved safety (Borgheipour, Eskandari, Barkhordari, Mavaji, & Tehrani, 2020; Kalteh, Mortazavi, Mohammadi, & Mahmood, 2019) and improved organisational productivity (Griffin & Curcuruto, 2016).
- Depends from several factors (Zohar, 2010), such as: physical characteristics of working environments, attitudes and support of the management, value of safety within the organization, consistency between procedures and practices.

METHODS AND STUDY POPULATION

- Telephone survey among managers of 107 healthcare institutions
- Case studies in 3 institutions, including 30 qualitative interviews



RESULTS: QUESTIONNAIRES

Implementation in compliance with the OProMa

Estimated % of women who work in companies complying with the OProMa

12% (n=6'625)

Implementation at least partially in compliance with the OProMa

Estimated % of women who work in companies complying at least partially with the OProMa

46% (n=25'441)

(Abderhalden-Zellweger et al., in press 2021)

- **Implementation in compliance with the OProMa** : a risk analysis carried out by an authorized specialist, workplace adjustments or reassignments that comply with the OProMa, a proactive information to pregnant worker about occupational risks and protective measures.
- **Implementation at least partially in compliance with the OProMa** : a risk analysis, workplace adjustments or reassignments, information to pregnant worker about occupational risks and protective measures.

RESULTS: CASE STUDIES – I) REHABILITATION HOSPITAL

No risk analysis, no procedure

Perceptions regarding maternity protection measures

- Managers perceived the case-by-case and on-demand approach as the best way to proceed to be closer to their employees' needs. They perceived team work to be central for maternity protection.

What happens is that the pregnant nurse is going to have a chat with her colleague, and they are going to swap some tasks between them. That means that if, for example, there's a [...] 150-kg patient to lift, she is going to say to her colleague, "I can't do that. Can you do it? In return, I'll bandage your patient." So that works very well (Ward manager)

- Most workers highlighted a lack of anticipation and proactivity. They felt poorly informed. They perceived that some dangers were not identified by their managers.

RESULTS: CASE STUDIES – I) REHABILITATION HOSPITAL

A poor safety climate

- Employees experienced on-demand protection measures as exhausting.

I had to justify myself constantly, and that, that bothered me a bit because I was there and I said to myself, “I’ve got to fight, I don’t feel too good, I want to work, and I get the impression that I have to justify everything.”(Nurse)

- Guilty feelings with regards to colleagues led some employees to potentially put their health at risk.
- They experienced tensions between protecting their health and safeguarding their jobs.

RESULTS: CASE STUDIES – 2) GENERAL CARE HOSPITAL

Risk analysis, procedure, OSH nurse

Perceptions regarding maternity protection measures

- Most managers perceived that their organisation had planned safety measures imposed by regulation.
- Some measures were difficult to implement because of a lack of personnel and resources.

At a certain point, it's easier to manage if she is not there at all! It's easier to manage than if she's there 4 hours a day, you see? [...] When she is no longer working at 100% effectiveness, all the work she can't do has to be spread out among her colleagues, that's for sure. (Ward manager)

- Employees perceived the OSH nurse as a support for information and work adjustments, but sometimes she stepped in too late.
- They felt that some planned measure (e.g. extra-breaks) were not effective because they failed to consider their actual working constraints. The colleagues' help was a great resource.

RESULTS: CASE STUDIES – 2) GENERAL CARE HOSPITAL

An ambivalent safety climate

- Procedure and access to OSH nurse perceived as supportive
- Understaffing as a barrier to real protection
- Guilty feelings with regards to colleagues because protection measure lead to extra workload for them
- Difficulties to accommodate work and pregnancy led some workers to ask for sick leave

RESULTS: CASE STUDIES – 3) HOMECARE SERVICE

Risk analysis, procedure, OSH nurse, employees' active participation

Perceptions regarding maternity protection

- Managers said that their organisation did what was necessary to protect pregnant workers.
- They highlight that homecare services obliges pregnant employees to be strongly committed to identifying potential dangers and requires the management to be flexible to ensure protection.
- Employees were satisfied with maternity protection measures. They felt listened to by the hierarchy.

When there were care procedures that I could not carry out [for the patient], they put us down as incompatible [...] and in the same way, if I asked to be relieved of somebody whose place I didn't feel at ease in anymore, they wouldn't put me down for them either. (Nurse)

RESULTS: CASE STUDIES – 3) HOMECARE SERVICE

A positive safety climate

- Employees perceived support from their supervisors
- They valued to be involved in the identification of dangerous situations.
- Employees felt legitimate to speak with their managers and to benefit from their rights.

Because, right from the start, I was made to feel confident about the fact that, yes, I was pregnant and that I had rights. So, I was less scared of saying, “Yeah, so, tomorrow you’ve put me down for this [job]. That seems a little too complicated to me. (Nurse)

CONCLUSIONS

Which elements seem to favour a safety climate for pregnancy at work?

- Perceived commitment and support from supervisors
- Shared perceptions of risks and suitable level of information
- Access to a dedicated occupational safety and health staff member or unit
- Working conditions that allow planned measures to be actually implemented
- Measures in line with the legislation AND a bottom-up approach based on the workers' experience

CONCLUSIONS

- A poor security climate may lead to alternative protection strategies such as sick-leave
 - Fear of negative consequences on employment prevents women from requesting the accommodations they are entitled to (e.g. Adams, Winterbotham, Oldfield, McLeish, Stuart, et al., 2016; Lembrechts & Valgaeren, 2010).
 - Protection measures reduce the rate of absenteeism during pregnancy (Henrotin et al., 2017; Kristensen, Nordhagen, Wergeland, & Bjerkedal, 2008; Pedersen et al., 2020).
 - Sick-leave as a protective strategy feeds the idea that pregnancy and employment are incompatible
- Mutual help among colleagues should be supported and not abused
 - “while including the team is an essential part of the recipe for a successful reassignment, employers should not offload the responsibility of pregnancy risk management onto the pregnant worker and her team” (Gravel et al., 2017, p. 434),
- Impact of safety climate on return to work after maternity leave deserves further investigation (Buzzanell & Liu, 2007)

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