

Pain and pleasure at work

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For two decades I have been working as an occupational doctor amongst agricultural workers. This strange choice all started near the end of my studies, still not having the slightest idea of what my future would hold, when I saw a green paper pinned on a notice board in the hospital canteen. Different lectures on zoonoses, toxicology, legislation, agricultural technology, sociology..., work experience, a dissertation followed by an exam opened the gateway to this profession.

The role of an occupational doctor is basically to find the best way for a job and a person to work together. Its history and evolution have been affected by changes in society and industry as well as relations between social partners:

- Beginning with prevention and detection of the most common pathologies; such as: silicosis, lead poisoning, tuberculosis, alcoholism, accidents in the work place.
- Then the development of new sciences, such as : work physiology, metrology, ergonomics, epidemiology.
- Nowadays psychophysiology at work is taking a greater importance, with the study of the effect of organisations on the individual. Pleasure and pain in the workplace are of great interest today.

The medical that we conduct with each worker concentrates on health problems at work :

- Health and safety conditions within the company.
- Professional risks : physical and toxic
- Working relationships, satisfaction and difficulties.

Another aspect of our job takes place in the actual work place of the company or farm ; this enables us to meet social partners : employers, union representatives, health and safety representatives, social workers.

The usual medical carried out simply between the doctor and a patient therefore takes on a collective dimension.

Here are some examples:

- I regularly meet forestry workers: theirs is regular, seasonal work, within small autonomous groups, with varied activities. They are people who generally enjoy working outside. And yet :

- Some will be unable to reach retirement age, because of health problems linked to physical wear and tear; finding a new placement for them, because of their age, a lack of training and the low demand for rural workers will represent a real problem.
 - Others will suffer from the competition of the private sector and will risk being excluded from a job enabling them to be a member of society.
 - The salary does not take into account the difficulty of the work, a problem which is found in all sectors of production: market farming, wood cutting, building; It is thanks to them however that we are fed and housed. This also is in contradiction with all political debate that says we should reassert the value of manual workers. This has a direct effect on the pride felt within such professions, which, as a result, are unattractive to young people.
 - Finally, life expectancy in these categories, whose jobs are physically exhausting, exposed to all weathers, is statistically inferior by many years to those of doctors, teachers and priests.
- We are sometimes contacted by workers in great difficulty, after relational problems with a colleague or a boss. These situations are always delicate :
- Is it simply a clash of personalities between colleagues ?
 - Or a personal problem linked to factors outside work ?
 - Or an endogen psychic disorder ?
 - Or the result of pathogenic work ?

The increase of work harassment, a recent concept, comes from an evolution of economic systems and constraints.

- I have just witnessed the harm that can be created by the restructurisation of an company on its workers :
- To increase the economical value after buying and selling a company, the staff is usually reduced.
 - This financial logic clashes with the social logic and production logic: ‘ My workplace is being closed down, when just the day before I was working overtime to complete all the orders; they reduce the staff, without knowing how this change will affect the production.’
 - Older workers, who have given their all, believing they would be rewarded by their company, suffer sentimental traumatism.
 - Modern managers replace the former person in charge, who has carried out the same job as his workers; new criteria, that are purely economical, of these” white collar workers”, seem to go against good common sense to those from the work shops; they can even totally oppose the notions and values of a ‘good job’. Workers sometimes have the impression that they are now being asked to carry out a ‘bad job’.

It is quite normal to give sense and importance to our own job : of course we work for money and to earn our independence ; but, work is also a place where our qualities can be recognized, where you can meet various people, and create or invent in other ways than in your family or personal life. However, there is now such an instability and lack of job

security, especially for young people who begin to work, that it may be difficult for them to invest their job.

- The same ill feeling, that can go as far as suicide, among farmers exists:

A loss of identity, self-esteem, social recognition of those who in the past were autonomous and proud of their profession, now find themselves:

- Working for a large agro-farming firm
 - Breeding pigs, that they believe to be of a poor quality
 - Learning at the end of the year, because of a drop in prices, that he has earned nothing.
- We now find ourselves in a world of hard economic competition, imposing ways of cutting costs.

A financial advisor in a bank, working with agricultural customers said :

“When I started my career, our role in the team, was to advise the client and to find, with him, products that were suited to his needs. Nowadays, competition between banks is so high, that we have ever increasing commercial targets to reach. If we follow our instructions: One contact equals one sale, then we must sell old customers, many of whom have become friends, products that we know are not in their best interests: we have the impression that we are betraying them. The long term and customer care are no longer recognised in our work. We must always do better than the competition. It is obviously mathematically very difficult

Taylorism, a rigid working organisation, is no longer adapted to the versatility of the market. Companies must react to the needs of the client. Workers are asked to adapt and to compete. Is this progress ?

Evidently, this excessive mechanism has the opposite effect : the worker finds himself alone: ‘There’s no more solidarity!’ say the older workers. He is only given general instructions; it is his job to do the best with what he has; he alone who is responsible for his excellence, but also his failure. His work becomes his mission, a reflection of his personal value. If he has given up his private and family life to be able to answer such high demands and then he meets with failure, this will cause a complete breakdown.

- Just one more word about the great management fashions. Harmful effects must have been important enough to be recognize, until the balance wheel can go back in the other way :
 - excessive importance given to professional relocation (no matter what it costs in terms of continuity of service and in spite of serious difficulties for the employers and their families).
 - You have to be so polyvalent that you reach the limits of your competence.
 - Empty plans with high flown slogans for which money is miraculously released.
 - New priority objectives but you cannot know what is no longer priority.
 - Myth of changing for changing.

- God computer

Shame on the unfaithful !

How can we deal with such individual suffering within collective mechanisms, that nobody really controls, despite the best will in the world ?

- reassure the person about herself, by trying to analyse the external reasons for his unhappiness.
- Our roles as occupational doctors should be to share our experiences and to make hear another voice than that of the economy.
Vain hope ?

And now, comes the Elisabeth's account about her personal experience of suffering at work :

Elizab eth's account

When I told my sister, Elisabeth, about the report I was writing and how tricky it was, she told me about her own experience. This is what she said :

I used to have a wonderful job as a G. P. in a medical centre on the campus. When I say 'wonderful', obviously I'm not talking about the status or salary but, all the same, I considered it so because of the job satisfaction :

- a dynamic, creative team with a strong feeling of solidarity,
- an intelligent and open-minded boss,
- varied activities such as medical care, monitoring and prevention together with developing non-medical aids when possible, such as coping with stress, self esteem, group therapy, etc.
- and above all, fascinating patients: students from all over the world.

It was actually the centre's policy to actively encourage access for the more underprivileged (from a medical, social, economic point of view that is)

It was great !

Until 6 October 2003 : a date with a time bomb. That is when suffering came into my work, embodied by the deceiving magnificence of computers and their consequence - the computerization of the medical files.

There was a "worm" (not to say a "snake") in the fruit, in the form of an absolutely hideous, vicious software package, named "Calcium" which became our torturer.

That tool, which was supposed to make our work easier, to improve file readability and to revolutionize statistics, turned our daily work into a nightmare.

- Calcium, turned everything into a conundrum. It was such an incredible process to enter the least concept that from being a doctor, we changed into Sherlock Holmes in order to find out the one key word that His Majesty Calcium might eventually accept.

Once that step was overcome, you would find a free page, or so it was called, for your comments. – Free ? - Not so sure ! the text would be “eaten up” after you had typed it. It accepted only 200 characters, and you can try – 200 characters is very short.

- And that’s not the end: in that so-called free comment section, Calcium was the one to select the words to make the title.

A few examples will make it easier for you to visualize :

Mr M., 20 years old, has a 3 month-old right sciatica with a pain in his calf.

You write down: *no sign of phlebitis, normal reflexes, is downhearted because he is a sports student.*

You want to enter *sciatica*: not accepted, *Lomb sciatica*: not accepted, *radiculagies*: not accepted. The only word accepted is *Root*. So then you are presented with the choice of jawbone implants, dental roots or *ailment of the roots and of the nervous plexus*. Bingo!

You type your free text and right away, Calcium decides for you, as a head of chapter:

- phlebitis

- gastro-oesophagian backflow or rotavirus ailing (instead of normal reflexes) because in French, “reflexes” is interpreted by Calcium as “reflux” and the abbreviations “R.O.T. “ as “rotavirus”!!

- raging toothache (Calcium’s translation for disheartened) in French, they are similar words: *rage de dents, découragé*.

And after that you can see the risk of medical legal procedures !

Talk about frustrating !!!

You start an arm-wrestling match with your computer in order to foil the traps.

You keep typing with anxiety - what kind of key-words will your computer choose to translate the symptoms you enter ?

You have to read again in order to find the mistakes - and that means 32 clicks for a single prescription for anti-inflammatory and physiotherapy : do you confirm ? Yes ? No ? Are you sure ? Yes ? No ? New prescription, with 200 letters. Do you confirm ? Yes ? No ? Are you sure ? Yes ? No ? Please confirm ?

If your patient has several pathologies, you’re going to collapse after clicking 150 times for a simplified, approximate normalised file, (since it turns down the extraterrestrials who are less than 1,50 m or more than 1,95 m tall with a curt message : “choice not acceptable”)

Not to mention the fact that it was not possible to scan examinations, letters, etc... during the first four months Calcium was in use.

To sum up the situation :

- On my left, the student (remember, this is a medical consultation) who is not finding it easy to describe his symptoms – he is searching eye contact, support...
- On my right, my torturer, the cold, narrow-minded, screen.
- In the middle, a massive splendid granite rounded pebble picked up in Brittany - touching it brings a strange comfort to my body, maybe it will end up in the screen one day.
- Above, God the father - my head of department - that I presented earlier as a sensitive humanist, whom I respect (respected ?).

Consequently, I meet him and tell him about my difficulties.

It's a dialogue of the deaf.

+ Boss : “We've made up our minds, the tool is modern, we won't step back. You will adjust, it's the same as learning to drive, it's difficult to begin with, and then it gets better. What do you mean, more time in between two patients ? ... Out of the question - computers save time. They're the future, you're just digging your heels in (some truth there) they're a fantastic tool !”

+ Me : “OK, I am useless. Go on, you try it ... I'll be your patient.”....

And after that test :

+ Me : “After 20 minutes, you only entered my previous medical history in a very approximate way. You, my doctor, you haven't looked me in the eyes once, you haven't examined me and I didn't feel I was being listened to concerning my symptoms and my suffering at work. I'd leave frustrated, disappointed and I certainly wouldn't come back.”

I became schizophrenic, caught between the flesh and soul demand, and a perverse, intricate machine lacking any meaning.

The files are oversimplified. The relationship is slashed. Form prevails over content, and even then, just look at what form ! Gone the time to exchange, the subtleties. The most important things have been sacrificed !

First of all, my pain at work had several faces :

- I had the feeling that I was divorcing my conscience. Science without conscience is soul in ruins.
- Cheating my patients, betraying my professional ethics, exposing myself to professional misconduct, turning my intelligence and my availability towards something futile.
- Then I started losing confidence in myself and in my medical superiors. I felt despised and constantly judged. I went through rebellion, hate, depression. I started thinking of giving up my job and becoming a gardener or a help for old people I felt an urgent need to hang on to simple things, living things, the earth, and to keep in touch with my former convictions.

It's my family and curiously my dog Nanook, who helped me most. (Nanook, my blond dog, who gave birth to 9 black puppies !)

Oh, there were many positive aspects in this story ! Letting one's vulnerability show through changes relationships within a team. And we've been through it.

- Brigitte blew her top (she had a splendid nervous breakdown).
- Nicole had a colic crisis (remember the package's name is Calcium).
- Annie got the file recordings wrong, and lost 6 months of memory.
- Anne Laure has left.
- Anne went on holidays.
- As far as I am concerned, I experienced for the first time a fascinating psychosomatic ordeal : I had a gastric ulcer, asthma, a breast abscess, insomnia, the lot... I learnt from that experience and it will certainly enrich my future practice. Thank you Calcium!

Six months later, we went through the whole software package key after key (without attempting to include any useful debate about the basic meaning of our profession). Thanks to which, Calcium has become... tolerable.

I feel technically efficient, I can type quickly, I can print, scan, it's clean, cold. I lost some pleasure in doing my work, and I have since redirected my energy towards another project, namely an association involved in community therapy which has close links with a similar association in Brazil, and where people sing, talk and exchange.

At work, my desk is now covered with pebbles, roots, floated wood, strangely shaped branches and I hope to exorcize Calcium.

Thank you Zabeth for that personal report, thank you to the translator, the reader, and to you, the audience for your patience.

Translation : Anne Scherding