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Visibility and invisibility of some forms of weakening at work in five large French companies

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1. Introduction

In France, more than a million employees are concerned every year by occupational physicians' notices (Assailly et al., 2009). The social and demographic context reinforces the importance of maintaining people in employment at any age of the course of their professional life, whereas companies face a difficult economic environment through permanent adjustments of their means of production. These frequent changes jeopardise long-term management of health deficiencies, and often lead to processes of work intensification.

The starting point of the research is the widespread use of terms like "deficiency", "disability", "employability", "restriction", which seem to suggest a visibility or an identification of employees' difficulties. This project aims to propose a more comprehensive approach (Delgoulet et al, 2014). We intend to study the processes of visibility/invisibility of these difficulties, and to spot the whole set namely middle management, who has to take care on a daily basis of these employees while maintaining production and quality goals at the same time. Furthermore, our research integrates the idea that employees themselves do not remain passive in these weakening processes: they implement, through their activity, individually and collectively, strategies which tend to regulate difficulties. In this view, analysing work/health relationships cannot consider work solely as an impairment factor: it is also a resource for health. This perspective opens new avenues for prevention, while dedicated systems concentrate on managing problems, which have already occurred.

2. Method

Our project integrates scientific and practical goals. It is anchored in practical concerns since it is grounded in a collaboration with five large companies in the industry, services and transport sectors, and is concerned with the issue of taking better into account intend to play an active part in carrying out and orienting this research and examining its results.

In this perspective, a multidisciplinary team (ergonomics, sociology and demography) was recommended (Feuerstein, 1991) and it was established. It has built a plan of research and intervention in partnership with those enterprises. It mainly consisted in analysing weakening at work, along three perspectives: weakening "with", "by", and "within" work (Teiger, 1998). These analyses (both qualitative and quantitative) were carried out at several levels of regulation (see table 1).

Table 1: Cross-representation of methods

Weakening	"with" work	"by" work	"within" work
<i>Level</i>			
<i>Individual</i>	Retrospective interviews	paths of reassignment and workstations	Difficulties linked with health analyses and forms of regulation of those difficulties
<i>Collective</i>	Evidence of work impacts on older people's health in a workshop or office	Mobility management schemes in a work team	Division of tasks and mutual supports processes
<i>Organization</i>	Quantitative assessment of disorders linked to professional past; judgment of workplace health office	Demographics analyses	Place of Human Factors in project plans and specific measures for "fragile" workers

3. Results

We conducted exploratory studies in the five companies and more extensive ones in two of them (in aeronautic and airline companies). First results were elaborated at the three levels of the method framework.

At an organizational level, changes in performance's objectives (e.g. work schedules, rates of work, cycle times, production rates, etc.) could increase occupational diseases, but also mask them. Human Resources and health databases are often not designed to follow the individual workstations history associated with the emergence of health problems. This lack would lead to doing work on case-by-case basis, without the memory of successes or failures. Therefore, two types of analysis were conducted:

- Quantitative by, even so, exploring possibilities to cross HR and health data in a diachronic perspective, that is to say in evolution;
- Qualitative by producing (with team managers) cartographies of mobility in order to identify criteria of movements and position changes. These analyses showed difficulties of arbitration between taking into account health problems and taking into account experience.

In this context and at the collective level, keeping and integrating employees with difficulties appeared ambivalent within teams. Choices of workstations could jeopardize rules (explicit or implicit in teams) concerning career progression, allocation of tasks, etc. They could affect relationships inside team and with the hierarchy. At the opposite, when health problem occurred with a member of an already established team, collective regulations could be done. But they could mask problems, making difficult to anticipate potential developments.

At an individual level, competences and health seems to be closely associated. In any case, their forms of arrangement shaped the professional experiences: when a worker is seen as an effective worker with potential, he may be asked to leave a painful job to go to a more highly qualified position; or, at the opposite, he could be restricted to his position because he has become essential in that position.

4. Discussion

This research contributes to: giving marks to reflect on weakening processes, how they occurred and how to avoid them; improving the devices that take care of workers health but also the economic performance of the socio-technical systems; to (re)design databases in order to cross health and RH data in a diachronic perspective. It helps to give few clues to contribute to "sustainable work systems" (Shani et al., 2002) in jointly considering: a) the long-term effects of work on health; b) the tolerability of work to diversity between individuals; c) the ability of work to support human activity and its development (Falzon, 2015).

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