



Original Article

Evaluating Interactive Fatigue Management Workshops for Occupational Health Professionals in the United Kingdom

Sheila Ali^{1,*}, Trudie Chalder², Ira Madan³¹ South London and Maudsley NHS Foundation Trust, London, UK² Department of Psychological Medicine, King's College London, London, UK³ Guys and St Thomas' NHS Foundation Trust and Division of Health and Social Care, King's College London, London, UK

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ABSTRACT

Background: Disabling fatigue is common in the working age population. It is essential that occupational health (OH) professionals are up-to-date with the management of fatigue in order to reduce the impact of fatigue on workplace productivity. Our aim was to evaluate the impact of one-day workshops on OH professionals' knowledge of fatigue and chronic fatigue syndrome (CFS), and their confidence in diagnosing and managing these in a working population.

Methods: Five interactive problem-based workshops were held in the United Kingdom. These workshops were developed and delivered by experts in the field. Questionnaires were self-administered immediately prior to, immediately after, and 4 months following each workshop. Questionnaires included measures of satisfaction, knowledge of fatigue and CFS, and confidence in diagnosing and managing fatigue. Open-ended questions were used to elicit feedback about the workshops.

Results: General knowledge of fatigue increased significantly after training (with a 25% increase in the median score). Participants showed significantly higher levels of confidence in diagnosing and managing CFS (with a 62.5% increase in the median score), and high scores were maintained 4 months after the workshops. OH physicians scored higher on knowledge and confidence than nurses. Similarly, thematic analysis revealed that participants had increased knowledge and confidence after attending the workshops.

Conclusion: Fatigue can lead to severe functional impairment with adverse workplace outcomes. One-day workshops can be effective in training OH professionals in how to diagnose and manage fatigue and CFS. Training may increase general knowledge of fatigue and confidence in fatigue management in an OH setting.

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1. Introduction

Fatigue and chronic fatigue syndrome (CFS) are commonly reported in primary care and in the working population. The estimated prevalence of CFS in the general population varies between 0.42% and 2.6% [1,2], and the estimated prevalence of CFS-like cases in the working population is 3.6% [3]. By contrast, the estimated prevalence of excessive fatigue in the general population is 18.3% [4], and the prevalence of fatigue in the working population is estimated to be around 22% [5].

CFS is characterized by disabling fatigue, which is persistent or relapsing and occurs more than 50% of the time, for at least 6 months [6,7]. Symptoms of fatigue can be associated with poor memory and lack of concentration [6], both of which can adversely affect productivity in the workplace. The impact of fatigue is even greater in a job that necessitates long working hours or shift work and is likely to increase the risk of workplace accidents [8]. Employees with severe disabling fatigue may find it difficult to attend work and therefore may be more likely to take long and frequent absences. This loss of productivity has wider

* Corresponding author. Chronic Fatigue Research and Treatment Unit, Mapother House, De Crespigny Park, Denmark Hill, London SE5 8AZ, UK.
E-mail address: sheila.ali@kcl.ac.uk (S. Ali).

implications in terms of the potential economic impact and cost to society.

Previous studies suggest that short training courses can be successful in training health professionals about conditions such as depression and somatization [9,10]. Madan et al [11] recently showed that a short, intensive workshop was effective in training occupational health (OH) professionals on how to help employees manage mental health difficulties in a workplace setting. The study reported that the OH professionals showed significantly higher levels of confidence in the diagnosis of mental health problems. General knowledge of mental health also improved significantly after the training.

Because of the potential negative impact of fatigue on workplace productivity, it is important that OH professionals are adequately trained to properly diagnose and manage employees who present with fatigue and CFS in the workplace. OH professionals have a pivotal role in assisting employees with disabling fatigue to remain at or return to work. However, it is not known whether a one-day workshop can improve the skills of OH professionals sufficiently for them to feel confident in managing fatigue and CFS in an occupational setting.

Our study investigated whether a short, interactive workshop could be used to improve the skills of OH professionals in managing and diagnosing fatigue in a workplace setting. We also wanted to investigate whether OH professionals who had received previous specialist training in fatigue would be more confident in diagnosing and managing fatigue in the workplace. Furthermore, we wished to establish the current level of knowledge of fatigue and CFS in different groups of OH professionals, in order to utilize teaching resources appropriately in the future.

2. Materials and methods

2.1. Procedure

An expert in fatigue and a consultant OH physician developed an interactive, bespoke workshop. Five one-day workshops were held in different regions of the United Kingdom between 2011 and 2012. Each workshop was delivered by a psychotherapist or clinical psychologist from a specialist CFS clinic in England, and a consultant OH physician.

This study used convenience sampling; the workshops were advertised and trainees paid a fee to attend. All attendees were invited to take part in the evaluation and to complete questionnaires. Workshops consisted of a combination of didactic teaching, group work, and case discussions. The program of workshops included teaching on the diagnosis, assessment, and measurement of fatigue and CFS in the workplace. A detailed list of workshop topics can be found in Table 1. Participants were presented with case studies that were typical of those that would be referred to an OH professional. Participants discussed these cases in small groups and then with the group as a whole. Participants were also encouraged to share cases that they had encountered in their own daily practice.

Workshops were evaluated using self-administered questionnaires, which were distributed at three time points: immediately prior to the workshop (T1); immediately after the workshop (T2); and 4 months following the workshop via an online questionnaire (T3).

2.2. Ethical approval

The research and development department of the authors' institution confirmed that this study was considered to be an evaluation of an educational program, and that no ethical approval was required.

Table 1
Content of fatigue workshops

Fatigue
Fatigue as a continuum
Prevalence, epidemiology, and etiology of fatigue
Risk factors for fatigue
Perpetuating factors of fatigue
Psychological, social, and biological factors that contribute to fatigue
Occupational aspects of fatigue
Glandular fever and fatigue
How to diagnose and assess fatigue and chronic fatigue syndrome (CFS)
How fatigue is measured
Treatment of fatigue and CFS
Overview of evidence-based treatments for fatigue and CFS
Overview of cognitive behavior therapy for CFS
Activity in CFS and graded exercise therapy
Rest/convalence in CFS
Prognosis of fatigue and CFS
Evidence for cognitive behavior therapy; graded exercise therapy and other treatments
A randomized controlled trial of treatment in CFS – the PACE trial
Evidence from routine clinical practice
Optimal management of workers with disabling fatigue and how to support them to remain at work
Early interventions for fatigue
Case Discussion

2.3. Measures

Questionnaire measures assessed whether participants retained information about the workshops and whether there was an impact on their confidence with regards to diagnosing and managing fatigue. These measures were based on Kirkpatrick's [12] model of evaluating training, and tailored to assess specific aspects of the course content. The first three levels of Kirkpatrick's [12] model (reaction, learning, and behavior) were assessed using questionnaire measures of learner satisfaction, confidence, general knowledge, and implementation. Specifically, measures of learner satisfaction were used to assess the reaction level of the model; knowledge and confidence measures were used to assess the learning level of the model; and measures of implementation were used to assess the behavior level of the model.

The questionnaires at T2 and T3 also included open-ended questions that elicited feedback from participants about the workshops. Participants were asked about what they had gained from the workshops, what they found helpful and unhelpful, and whether they had any suggestions for improving the workshop. Participants who had not implemented any knowledge were asked to elaborate on why they had not been able to do so.

Kirkpatrick's [12] model was chosen for this study because it has been used in previous evaluations of training for health professionals [11] and because it allows for training to be evaluated in a quantifiable and systematic way. Also Kirkpatrick's [12] model is beneficial in that it provides a simplified way of evaluating training [13], which can be easily replicated.

General knowledge of fatigue was assessed using a series of statements about fatigue, which participants were asked to identify as "True" or "False". These statements were based on topics that had been taught during the workshops. Each correct answer was assigned a score of 1, and summing scores for all of the items created a total score. The maximum possible total score was 11. This measure was given at T1 and T2.

Participants were also asked about how confident they were at: diagnosing CFS, managing CFS, giving fatigued patients information about activity scheduling, giving patients advice about sleep, and advising managers about reasonable adjustments to the workplace for fatigued workers. Five questions were scored on a seven-point

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