



# Healthy Workplaces Campaign 2020-22

## LIGHTEN THE LOAD

*The association between psychosocial risks at work and the occurrence and prevention of musculoskeletal disorders (MSDs) – Evidence from the literature.*

# Psychosocial risks and MSDs – the evidence

- This presentation is based on the preliminary findings from a systematic review, based both on papers drawn from the scientific literature (53 papers drawn from 3402 originally screened) as well as information, guidance and reports from authoritative sources (grey literature).
- **Question 1:** What factors are involved in the **association between psychosocial risk factors at work and MSDs** and MSDs prevention? How do these differ by sector, company size and occupation; and individual factors such as gender and ethnic background?

# Psychosocial risks and MSDs – **Associations**

- **It is clear that there can be a causal relationship between psychosocial risk factors such as demands, control, and poor support and MSDs.**
- **The evidence is not always strong and, in some studies, inconclusive (although there are very few negative findings).**
- **There is no consistent evidence to suggest that the problem is greater in any particular sector, size of company, or type of work.**

# Psychosocial risks and MSDs – **Associations**

- **There is no consistent evidence for different effects depending on gender or ethnic group.**
- **Apparent effects of gender can often be explained by differences in jobs within the same organisation.**
- **An exception is probably that female workers are more likely to experience bullying than their male counterparts.**
- **A few studies seem to suggest that cultural differences (rather than ethnicity) might lead to different impacts of psychosocial risk factors on MSDs.**

# Psychosocial risks and MSDs – **Associations**

- **Psychosocial factors are not always negative.**
- **For example, good support (from co-workers or managers) can offset the negative effects of factors such as high job demands.**
- **The association between psychosocial factors and MSDs can work both ways.**
- **Psychosocial factors can contribute to the causation of MSDs but having an MSD can lead to negative consequences, including poor psychological health.**

# Psychosocial risks and MSDs – the evidence

- **Question 2:** Are there any **models** available to explain the two-way relationship between psychosocial risks and MSDs, which of these are the main models and how do they explain this relationship? What factors should any new model address?

# Psychosocial risks and MSDs – Models

- A lot of models have been put forward to try and illustrate or explain the relationship between psychosocial factors and MSDs. Most (but not all) attempt to recognise that the relationship is two-way.
- They vary in scope and detail considerably.
- The simplest just show the link from psychosocial factors to MSDs without reference to other (e.g. physical) factors.

# Psychosocial risks and MSDs – Models



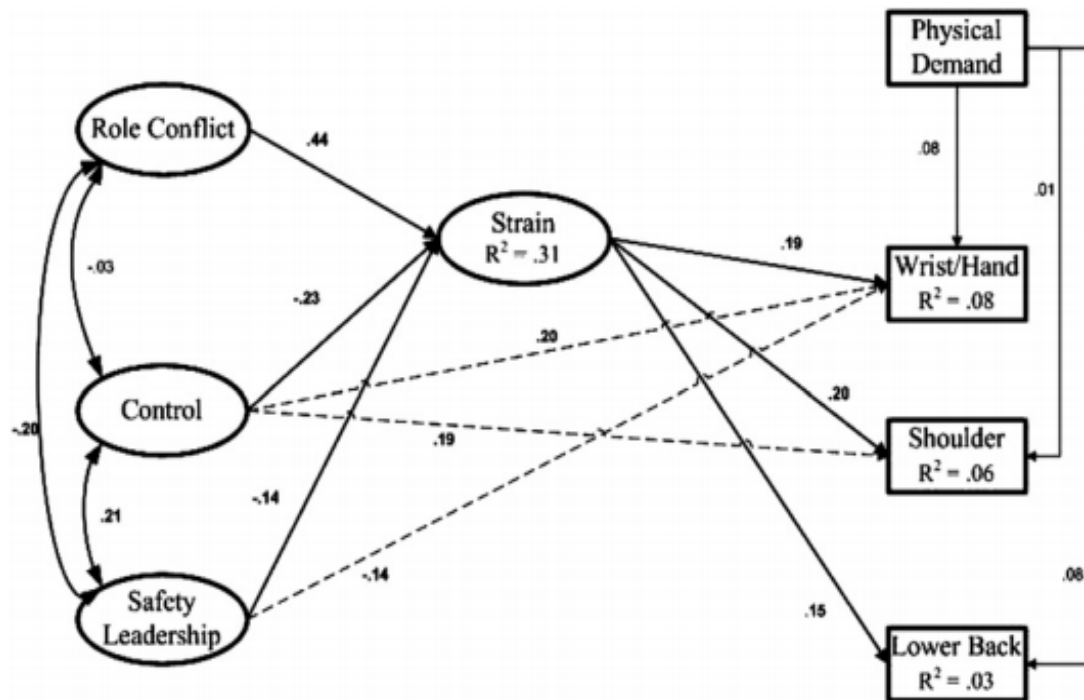
From: Larsman et al. 2006



# Psychosocial risks and MSDs – **Models**

- **Some attempt to include other influences such as personal risk factors like obesity or smoking.**
- **Most attempt to integrate both physical and psychosocial factors.**
- **Many suggest that psychosocial factors act through an ‘integrating’ factor such as job strain – and there seems to be some evidence for this.**

# Psychosocial risks and MSDs – Models

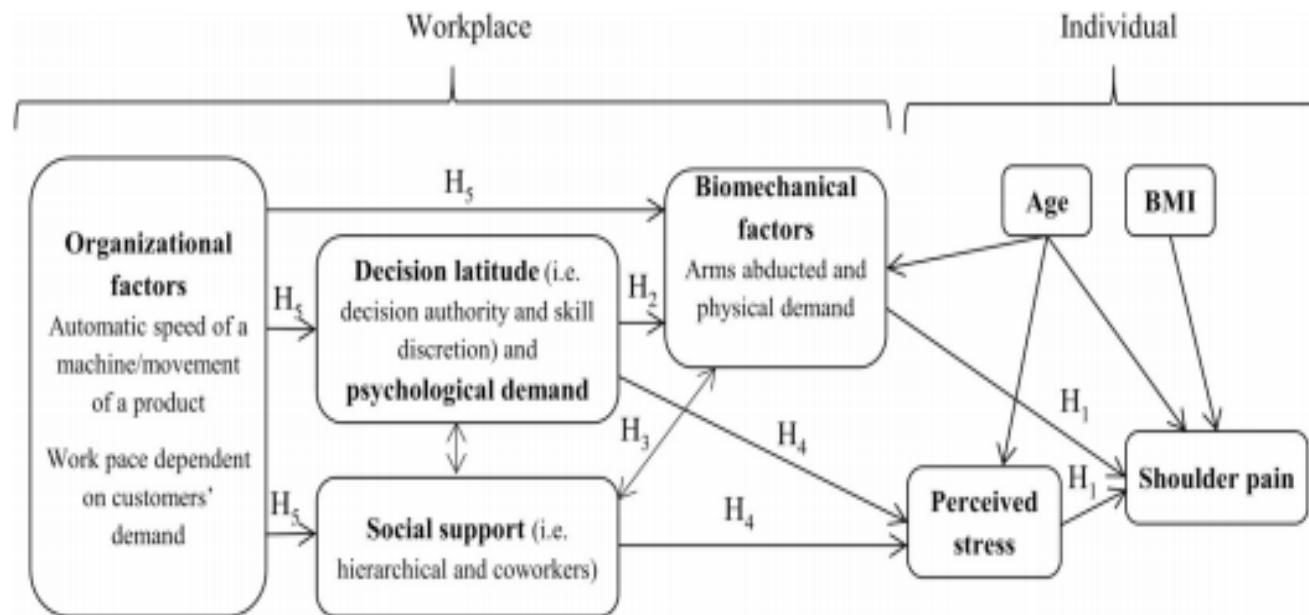


From: Eatough et al. 2012

# Psychosocial risks and MSDs – **Models**

- Many also show psychosocial factors having both a direct influence on the risk of MSDs and indirectly via influencing the extent of physical risk (perhaps by increasing muscle tension).

# Psychosocial risks and MSDs – Models



From: Bodin et al. 2020

# Psychosocial risks and MSDs – **Models**

- **Although the two-way relationship is widely recognised, it would require the inclusion in any model of other health outcomes such as poor psychosocial health to reflect it accurately.**
- **While more complete, this would probably lead to overly complex models that were difficult to understand and interpret.**

# Psychosocial risks and MSDs – the evidence

- **Question 3:** What are the main **intervention strategies** to address the combined effects of psychosocial and MSD risk factors? Is there any evidence for their effectiveness? Is there any evidence of the awareness of these strategies and their application at a workplace level?

# Psychosocial risks and MSDs – **Intervention Strategies**

- **Although many suggestions have been put forward to reflect strategic approaches to reduce the effect of psychosocial risks on MSDs none have as yet been found to be adequately evaluated.**
- **There is as yet little evidence that the adoption of risk reduction strategies in the workplace that address both physical and psychosocial risks is widespread.**
- **There does however seem to be a growing awareness of the need for such strategies.**

# Psychosocial risks and MSDs – **Intervention Strategies**

- **A number of key elements of a potentially effective strategy can be identified.**
- **Firstly, there needs to be recognition and commitment at all levels in the workplace for a requirement to address both physical and psychosocial risks of MSDs.**
- **This should be followed by a systematic, holistic approach to risk assessment, covering both physical and psychosocial risks. There are many aids to assessment available.**



# Psychosocial risks and MSDs – **Intervention Strategies**

- **Risk assessment should actively involve the workforce, and should ensure that actual work activities are assessed, not what is believed to happen.**
- **Adequately assessing psychosocial risk factors requires openness and honesty on the part of the workforce – and appropriate measures should be in place to safeguard and protect individual confidentiality.**
- **Assessing physical and psychosocial health and well-being will also be of value in identifying where action is most needed.**

# Psychosocial risks and MSDs – **Intervention Strategies**

- **Don't forget that psychosocial risk factors can have a direct negative impact on psychological health and well-being as well as MSDs.**
- **As well as contributing to the development of MSDs psychosocial factors can create barriers to returning to work for those with chronic MSDs.**
- **Risk assessment is a means to an end – not an end in its self – and requires the implementing of preventive and corrective measures.**

# Psychosocial risks and MSDs – **Intervention Strategies**

- **As with risk assessment, identifying and developing any follow-up actions should involve the workforce.**
- **Evidence suggests that solutions developed collaboratively are more likely to be successful.**
- **There is some evidence that a multifactorial approach is more effective.**
- **Remember that some psychosocial factors can work positively – especially positive support from co-workers and managers.**

# Psychosocial risks and MSDs – **Intervention Strategies**

- **Some factors can work on both physical and psychosocial risks. For example, enabling greater individual freedom over scheduling work breaks (when possible) can act directly to reduce physical strain but also provide for a greater sense of personal control.**
- **Addressing bullying and harassment (where identified) should be a priority as this can seriously impact both physical and psychosocial health.**

**Any questions?**

