



Healthy Workplaces Campaign 2020-22

LIGHTEN THE LOAD

Return to work after MSD-related sick leave in the context of psychosocial risks at work

Psychosocial risk factors and MSDs

- According to Cox and Griffiths (1995), psychosocial risks are those aspects of the design and management of work and its social and organisational context that have the potential of causing psychological or physical harm.
- The individual stress response is a key factor in the link between risk factors and disorders.

Psychosocial risk factors for MSDs - published findings

- low social support
- low level of job control
- poor job satisfaction
- work-life conflicts
- adverse social behaviour, discrimination, harassment and bullying

Prerequisites for a good return-to-work

- **high OSH standard** based on regular assessments and covers health promotion, prevention and return to work
 - **general principles of OSH prevention** also apply to the prevention of psychosocial risk factors for MSDs
 - **holistic risk assessments** covering psychosocial risk factors at work
 - **early intervention** through adjusting the work and offering individual support
- **workplace interventions/ accommodation** completed by individual measures (both also covering psychosocial aspects)
 - **positive and supportive attitude:** create positive return-to-work experiences
 - **multidisciplinary approach** including also psychological expertise
 - **shared responsibilities** by employers and workers for a successful return to work

With the following two (own) examples I want to highlight the importance of psychosocial factors in risk assessments, for early intervention and a good return-to-work.

Case example - requirement of holistic assessment (1)

- **Company:** surgical department in hospital
- **Problem:** chronic back pain of mostly female nurses (often migrant background)
- **Ad hoc analysis:** ergonomic assessment carried out
- **Early intervention:** Patient lifters were bought, and nurses trained how to use them

BUT PROBLEMS INCREASED!

Case example requirement of holistic assessment (2)

- **Risk re-assessment** including physical and psychosocial risks
- **Result:** Lifters were not used
- **But why, what did we learn?**
 - Patient lifters were in a separate room at the 'end of the department', fetching them took time.
 - Due to understaffing and time pressure head nurse put pressure on nurses to hurry up.
 - Arguing nurses were 'punished' with unfavourable shifts.
 - Nurses stopped fetching the lifters.

psychosocial factors were not at all assessed in 1st assessment
SOCIAL SUPPORT of EARLY INTERVENTION WAS MISSING

Case example – cleaning worker rtw with MSD (1)

- **Company:** cleaning department in a general hospital, inclusive health policy, rtw-programme, health contact person...
- **Case:** 52-year-old female worker (from former Yugoslavia), 38,5-hours job, working extra shifts (for financial reason), reliable and respected, divorced, 2 grown up children; chronic lower-back-pain, has been several times only on short sick leave for recovery, then develops an incomplete lumbago disc prolapse, sick leave...

Case example – cleaning worker rtw with MSD (2)

- **Keeping contact:** worker stays in contact with her liner manager from 1stay, she follows return-to-work interview invitation
- **Planning reintegration:** re-integration plan is worked out with her, the OSH expert, the line manger. Instruments: interview and risk assessment
- **Return-to-work:** gradual return, flexibility for breaks, changes in some tasks and equipment, integration in a small team to get support during work, appreciative inquiry of her line manager at the end of every day, social worker to sort her out the economic situation, physiotherapy >>>
combination of work accommodation (ergonomic, organizational and psychosocial interventions) **and individual steps.**

Case example – cleaning worker rtw with MSD (3)

What helped for a good return-to-work?

- an inclusive health policy strategy of the organisation
- involving the worker when developing the reintegration plan
- support of the line manager and colleagues
- a graduated return model
- support by professionals (company physician, social worker, ...)
- a risk assessment focusing on her tasks and reorganising her work
- changing her tasks, equipment and providing social interaction
- the possibility to take breaks whenever needed
- an appreciative work culture at the department.



Thank you for your attention

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