

PROGRAMME TO PREVENT ERGONOMIC AND PSYCHOSOCIAL RISKS IN THE HEALTH AND SOCIAL CARE SECTOR (NAVARRA REGION, SPAIN)

Type of initiative: Programme

Timeframe: 2009-2012

1 Introduction

The programme was developed within the framework of the Second Plan for Occupational Health in Navarra 2007-2012. It aimed to promote and encourage psychosocial risk assessments, especially in combination with assessments of exposure to ergonomic risk factors, taking into account the most appropriate method in each case and ensuring the participation of workers and their representatives.

The programme comprised the following activities:

- Visits to private operators in the health and social care sectors to collect information on working conditions and the prevention and management of ergonomic and psychosocial risks.
- Development of good practice documents for dissemination in relation to:
 1. management of risks relating to work in a particular area;
 2. efficient design of space and equipment;
 3. organisation of work to incorporate preventive measures;
 4. plans to implement specific protocols, such as work planning, maternity-related preventive measures, and measures specifically targeting violence in the workplace;
 5. development of a long-term learning plan.
- Setting up a web portal, with information on the prevention of ergonomic and psychosocial risks, for workers within the health and social care sectors.
- Development of training and information sessions to improve knowledge and build capacity among those involved in implementing legal requirements on the prevention of musculoskeletal disorders (MSDs).

1.1 Aim of the initiative

The initiative aimed to improve the working conditions of social care workers caring for dependent elderly people. Specific interventions can be justified by the significant number of ergonomic and psychosocial risk factors associated with the daily routines of these workers. The two objectives of the programme were:

- to obtain more information about the characteristics of the sector, the needs of its workers, the main risk factors for MSDs and the ways in which companies comply with the legal requirements;
- to improve the working conditions in the sector by building capacity among all those involved in enforcing the existing legal requirements on MSDs, from the role of the *Instituto de Salud Pública y Laboral de Navarra* (Institute of Public Health of Navarra, ISPLN) to the persons responsible for safety and health in the workplace and the technical personnel responsible for preventing risk factors for MSDs.

1.2 Organisations involved

The programme was developed by the Institute of Public Health of Navarra (Instituto de Salud Pública y Laboral de Navarra), ISPLN, which is an autonomous institute, affiliated with the General Health Authority of the Government of Navarra.

1.3 What was done and how

The programme was structured in several phases, which included site visits, information, awareness and training sessions, and the development of tools to disseminate the results.

Throughout 2009, site visits were organised to study the working conditions in 22 care centres in the region, including public, private and social-private enterprises. These centres represented a variety of care models, including residential and day-care centres for the elderly, centres for people living with disabilities and centres offering care of the elderly at home. The visits included prior interviews with technical experts from external prevention services (*técnicos de los servicios de prevención*), the health and safety representative in the sector (*delegados de prevención del sector*), and the person responsible for occupational safety and health (OSH) in each care centre. Each of these categories (i.e. health and safety representative, technical experts, as well as health and safety committees) are mandatory and defined by law.

The aim of the visits was to map the working conditions and specific safety and health risks for the workers. A high prevalence of MSDs (back and arms) and high levels of chronic stress, anxiety and depression were found among workers. The visits also resulted in a better understanding of how these risks are managed and prevented. At least 39.5 % of centres were found to lack a health and safety representative in the sector, at least 13.6 % did not have a health and safety committee (which is a legal requirement) and more than one third of the centres assessed risks inadequately.

Following this, 19 visits to selected centres were organised in 2012 to obtain more information about the preventive measures adopted in the centres. These visits found that more than half of the centres had not assessed exposure to risks in patient handling, that the participation of workers in the assessments was very low and that more than half of the centres had assessed physical risks only, omitting psychosocial risks entirely.

Six information sessions were organised for different groups to raise awareness of good practices for preventing ergonomic and psychosocial risks. During these sessions, common elements of concern among the participants (health and safety representative in the sector) were identified, including the lack of time and personnel, the inadequacy of the ratio between care workers and patients, a lack of equipment and space, and a lack of training in various centres. Participants stated that the symptoms of MSDs were not easy to recognise. Finally, they discussed some of the measures they could adopt to mitigate risks in the workplace.

Based on the information gathered during the organised and random visits and during the information sessions, a series of informative tools were developed to disseminate the findings. These included a programme brochure, a poster on ergonomic and psychosocial risks in this sector, a technical document on preventive measures, a technical paper to be published in specialised journals, a poster featuring highlights of the programme and complementary information such as a manual of good practices, protocols and recommendations. All of these measures were made available on the ISPLN website on a dedicated web portal launched in 2010.

1.4 What was achieved

Launched in 2010, the web portal developed for this programme was among the most visited sites within the ISPLN website, with 1,862 visits and 10,238 visits in 2011 and 2012, respectively. The portal remains online and provides an overview of the results of the programme, including good practices for preventing MSDs in workers caring for dependent people, in particular good practice in the manual handling of patients.

This programme fulfilled one of the objectives of the Second Plan for Occupational Health in Navarra 2007-2012, which was to promote and encourage psychosocial risk assessments, especially in combination with assessments of exposure to ergonomic risk factors, taking into account the most appropriate method in each case and ensuring the participation of workers and their representatives.

This general theme continues in the latest plan (*III Plan de Salud Laboral de Navarra: 2015-2020*) and the support materials remain available on the ISPLN website.

1.5 Success factors and challenges

This prevention programme was carried out by an interdisciplinary group composed of experts in the prevention of ergonomic and psychosocial risks from the OSH service of the ISPLN.

Particular emphasis was placed on the need to involve different specialists (e.g. technical experts in prevention, health and safety representative in the sector and the person responsible for OSH in each care centre) in the prevention of risks. Stakeholder involvement was thus an important factor in the success of this initiative.

1.6 Transferability

The programme combined various elements of prevention of MSDs in the health and social care sectors. This is an increasingly important sector, in view of the ageing population of the EU. In addition, the sector has been identified as posing significant physical and psychosocial risks for workers. All of the elements of this programme could, in principle, be transferred to any other region or country, because of the widespread importance and challenges of this sector. However, depending on the legislation in place in a country, the responsibilities of the different stakeholders involved in the project (technical experts in prevention, health and safety representative in the sector, and person responsible for OSH in each care centre) might vary considerably, requiring the intervention to be adapted to the particular local context.

Despite this, the practical solutions are likely to be transferable and the fact that they are solutions specific to the sector should help ensure their relevance and applicability in the same sector in other Member States.

2 Background

Data from the Eurostat Labour Force Survey ad hoc modules show that, in the 5 years from 2007 to 2013, the percentage of workers in Spain reporting some form of MSD remained essentially unchanged, from 62.1 % to 62.3%, compared with an overall EU increase from 54.2 % to 60.1 % in the same period. Data specifically relating to the Navarra region are not available from this source.

National legislation implementing the provisions of the Manual Handling Directive includes no additional measures. The legislation reflecting the requirements of the Display Screen Equipment Directive extends the requirements for a risk assessment, requiring employers to consider the characteristics of the job and the demands of the task as well as:

- (a) the average daily time spent at a computer;
- (b) the maximum continuous attention required for the task;
- (c) the degree of concentration required by that task.

Psychosocial risks are increasingly being recognised as a causal or contributory factor in respect of work-related MSDs. In Spain, Law 31/1995 on the prevention of occupational risks establishes employers' obligation to assess the health risks arising from work activities. In addition, Royal Decree 39/1997 approves the Regulation of Prevention Services in the field of safety and health at work, requiring employers to take preventive measures to assess and control psychosocial and organisational factors that may pose a risk to workers' health.

References and resources

- (1) ISPLN, 2012, *Information session on the programme*. Available in Spanish at: <https://www.navarra.es/NR/rdonlyres/BB996183-F107-4EB8-A7FB-DCAA29F31845/248590/InformeFinalSociosanitario2013.pdf>
- (2) ISPLN, Website of the programme (in Spanish): https://www.navarra.es/home_es/Temas/Portal+de+la+Salud/Profesionales/Documentacion+y+publicaciones/Publicaciones+tematicas/Salud+laboral/SectorSociosanitario.htm
- (3) ISPLN, *Programa de Prevención de Riesgos Ergonómicos y Psicosociales en el Sector Sociosanitario, Informe final 2009-2012*. Available in Spanish at: <https://www.navarra.es/NR/rdonlyres/BB996183-F107-4EB8-A7FB-DCAA29F31845/224398/DocInformativoPRLSectorSociosanitario.pdf>
- (4) Gobierno de Navarra, *II Plan de Salud Laboral de Navarra 2007-2012*. Available in Spanish at: <https://www.navarra.es/NR/rdonlyres/CA7C7E3F-BC58-444A-B69A-8CF482E1D311/145932/IIPlanSaludLaboral.pdf>

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