

RETURN TO RECEPTION WORK AFTER BONE FRACTURES DUE TO OSTEOPENIA

Sector: Research and consultancy

Job: Receptionist

Size: Medium-sized enterprise

Country: International

Health problem: Osteoarthritis and osteopenia

Context/background

The organisation is a research organisation that carries out research and consultancy work for a variety of clients. The organisation carries out regular risk assessments of all activities, including display screen equipment (DSE) risk assessments. The organisation provides a restroom and sit-stand workstations throughout the office building. Additional equipment, such as different designs of mouse, touchpads and equipment enabling individual adjustments, is regularly used for all workers. The organisation has a return-to-work policy for any prolonged absence, and this involves a graduated return to work over a period of weeks, building up working hours until the worker is back to full-time employment.

Demographic and health information

The worker is a woman in her 60s who has worked for the same organisation for the past 5 years as a receptionist. Her work is mainly computer-based, so she spends much of her working time sitting at a workstation. The worker has had osteoarthritis and osteopenia for the past 6 years. Osteoarthritis can cause joint pain, stiffness and impaired mobility in the affected joint. Osteopenia is the stage before osteoporosis is diagnosed, when the person has lower bone density than would be expected at their age. These conditions were diagnosed before the worker was employed by the organisation. While no particular workplace problems were identified when she joined the company, a standard DSE risk assessment was carried out upon employment and repeated every second year. As a result of these standard risk assessments, the worker was provided with a new chair with a back support and armrests to help her stand up when moving away from her seat.

The worker subsequently had an accident at home in which she fractured two of the vertebrae in her back (thoracic 7 and thoracic 8), tore her ankle ligaments and stretched the cruciate ligament in her right knee. This resulted in 6 months off work. While the accident was related to the osteopenia, the recovery time and the severity of the consequences were related to other existing health conditions.

Work, job and tasks

The worker's main tasks are managing the telephone switchboard and dealing with telephone enquiries. She also manages the reception email account and arranges postal and courier deliveries into and out of the business. She works at a reception desk that has had a number of changes to it over the years, to keep it up to date with the technology being used. Currently, it includes a dual-screen computer, a standard keyboard and a mouse. The phone system can be answered using a handset but more frequently the headset is plugged in and used. The worker reports that she can get up and move around between prescribed breaks (a morning tea break, a 1-hour lunch break and an afternoon tea break).

Process for return to work

After the accident, the worker was away from work for a 6-month period. During this time, she recovered from the accident and, when well enough, started physiotherapy treatment. Her return to work was graduated, and she worked part-time for 1 month and 7-hour days for the following month before returning to her full-time role at 7.5 hours per day. The worker is still receiving treatment from a physiotherapist.

Support given and by whom

The worker received medical support from her general practitioner and physiotherapist in relation to pain management and joint mobility.

Both her line manager and the organisation's human resources (HR) function made contact with her during her absence. This was with the aim of checking how she was, sharing news from the workplace and supporting her in her decision to return to work. The worker was also invited to all social events that the company organised during this period of absence.

Colleagues in the organisation also offered support, making regular informal contact during the period of absence.

The organisation has an ergonomics team, which evaluated and re-evaluated her workstation during the return-to-work period. It is important to understand what works and what can be done to prevent worsening of symptoms and minimise any pain and discomfort. It is understood in the organisation that a workstation assessment can be done at any time, not just during the biennial DSE assessments.

Workplace changes

Tools and equipment

Since her return to work, the worker has been using crutches, which means that she cannot carry any heavy postal deliveries. Colleagues have been drafted in to help her with these duties. When she returned to work, a risk assessment focusing on her DSE work was carried out. This identified a number of required changes, including:

- a better designed telephone headset that requires minimal hand movement when using it;
- a new footrest with a larger surface area on the horizontal plane to support her feet and legs;
- the continued use of an adapted chair;
- easier to move multi-drawers for storing personal items.

The space around the reception desk was being used to store deliveries and post. This space has been freed up to allow easier access for the worker. Deliveries are picked up as soon as possible by the responsible people to prevent any access problems for someone on crutches.

Workplace

The reception desk in use at the present time is due to be changed, as part of a process of modernisation in the organisation. This will enable more space for the worker and allow her to change from a seated to a standing position, thus enabling some postural change during her working day.

Tasks

Changes to work tasks have included the removal of manual handling tasks, which are difficult to carry out when using crutches. This intervention was requested by HR and implemented by the worker's line manager. It has also been recommended that the worker gets up and moves around every 30 minutes to ensure that she does not become stiff from sitting for long periods.

Work travel

The worker drives to work on a daily basis, and, although she was not feeling particularly uncomfortable when driving, during the graduated return to work she started work later to avoid rush hour. When working her normal hours, she could spend 40 minutes driving each way. She is not required to undertake business travel.

It has also been recommended that the worker park in one of the disabled spaces in the car park, as they are the closest spaces to the building.

Working time

The worker had a phased return to work and arranged different working times as she increased her hours. Initially, she started gradually, working up to doing a shift from 10.00 to 16.00. Now that she has returned full-time, she works from 10.00 to 18.00. This was agreed between the worker and her line manager.

Health and safety risks identified

Health and safety risks identified were carrying items delivered by postal and courier services and preparing items to go out to the courier. There were issues around working in a restricted space, using crutches and having storage space that was difficult to access. These risks were addressed through colleagues helping with deliveries and the

storage space being changed. In the longer term, a new reception desk will be provided that will be assessed to ensure it is appropriate for the worker.

Regular DSE assessments as well as more specialist assessments have ensured that the worker is able to work without pain and has access to support at all times as her health problems continue.

Ease or difficulty of implementing the advice

The implementation of the return-to-work process has enabled the worker to return to her original job with minimal changes to her work tasks. While the implementation of changes has involved specialist advice from in-house ergonomists, this has all been in the context of the DSE regulations. The measures should therefore be transferable to all organisations, but ergonomics expertise would be beneficial.

From an organisational point of view, changes were made thanks to good communication between the worker, her line manager and HR. This resulted in an agreed return-to-work plan and ensured that the worker's duties were covered by others in her absence.

The measures that were implemented to ensure a return to work included the involvement of the worker's line manager, colleagues and in-house ergonomists. The worker suggested that one of the major factors in her return was how understanding her line manager and colleagues were. Although at the moment she continues to use crutches, she hopes that she will soon be able to stop using them as she recovers.

The workplace is to be modernised, with a new reception desk, and the worker will be part of the decision-making team for this.

Transferability

A number of transferable factors were identified in this case. These include the graduated return-to-work process that was enabled by HR. Ensuring that the workplace is accessible to people using aids such as crutches could be beneficial to all workers with limitations on their movement.

Lessons learned

The lessons learned from this case include the following:

- An employee who is involved in decision-making when planning a return to work is likely to feel more confident on their return.
- Healthcare providers, HR, line managers and workers worked together to find a solution that was effective.
- Maintaining contact with the worker while she was on sick leave had a positive impact in this case and showed how valued the employee was. One of the major decisions that people make after injury is whether or not they can continue working. Feeling valued increases the likelihood of a successful return to work.
- Line managers, colleagues and HR are important actors in facilitating a successful return to work.

Costs and benefits

The worker returned to work after 6 months of absence; during this time, the organisation had to cover a second salary for a temporary receptionist. However, as a result it has managed to retain an experienced worker. While the temporary worker was brought in through a temporary work agency, this worker will remain with the organisation for the time being, so a second job has been created.

Summary of changes

A graduated return-to-work plan was agreed by HR, the worker's line manager and the worker. A full ergonomic assessment of the workplace was carried out by in-house ergonomists and a plan for the modernisation of the work area that will involve the worker, HR and ergonomists was created.

References and resources

Harvard Health Publishing, 'Osteopenia: when you have weak bones, but not osteoporosis', <https://www.health.harvard.edu/womens-health/osteopenia-when-you-have-weak-bones-but-not-osteoporosis>

UK National Health Service, 'Overview: osteoarthritis', <https://www.nhs.uk/conditions/osteoarthritis/>