

Social partners' conference on approaches to the issue of musculoskeletal disorders

Paris – 25 March 2015

Today we have heard that the prevalence of musculoskeletal disorders in health care workers is still very high and that there is the association between musculoskeletal disorders, particularly back pain, and the carrying out of activities for patient care. The physical shifting of a patient by personnel involves movements requiring considerable exertion, often associated with adopting an awkward posture and lifting overly heavy weights.

Assistance activities can be carried out in very different contexts: wards, outpatients, emergency care, operating rooms or even in homecare situations. This wide diversity of demands on the welfare system, environmental contexts and the availability of aids and equipment make it an extremely complex issue, and the way forward for the development of epidemiological studies and monitoring programs and prevention is quite particular. As we have heard in all the presentations, different countries have proposed several approaches for assessing and managing the biomechanical risks in this area, also very different.

Most of them regard **training**. This should be firstly dealt with during the initial professional studies, but also with ongoing refresher courses during the work life. We've listened to the Spanish experience for nurses and the Swedish program for all employees, underlining the risk analysis, a 5 day compulsory training for all nursing staff and a half-day simulation at least once a year. This program foresees specific instructors that teach patient handling and movement and also give advice on how to use equipment and different types of aids for handling. Of course, all this courses should be tailored to each different working place to be more effective, and even in order to contain costs. And it seems that, in fact, the program was really effective as this experience resulted in the reduction in injuries and, consequently, the reduction in staff sick days. Regarding training, we must also mention the interesting British experience of the 'backpack', a manual for personnel, to prevent and reduce musculoskeletal disorders, drawn up with the useful collaboration between the management, staff and unions. And we have to mention the dutch – but not only – experience of ergo coaches that shows us the importance of the involvement of personnel in fighting this problem, in a very bottom up view.

Another approach we heard about focuses on **ergonomic design** to improve healthcare facilities and to overcome the possible future decline in healthcare workers. This experience is about the analysis of hospital conditions and shows that better conditions mean improved workflow and better service quality, that means less injuries and so, in conclusion, more cost-effectiveness.

Some of the experiences seem to have a **wholistic** approach, assessing the impact of work organization and patterns on the health and safety of health workers and evaluating the biomechanical load reduction resulting in the use of different types of handling aids.

One of the important suggestions that seems to emerge from the presentations of today is that it's necessary to continue the research to better understand the relationship between the carrying out of activities in handling patients and the occurrence of musculoskeletal disorders, and above all to identify effective prevention programs in reducing these disorders. This could even involve considering the need to maintain a good working capability right up to retirement age, that now often occurs after 60 years of age. And this task could be better carried out with an effective social dialogue activities.

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