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Wellness in the Workplace: Focusing on Optimising Musculo-Skeletal Health

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Introduction

Widespread concern exists regarding the health cost implications associated with musculo-skeletal disorders (MSD) as reflected in the international medical and occupational health literature (Waddell & Burton 2001). There has also long been a need for an integrated multi-moded approach (Kvarnstrom 1983) to MSD injury prevention and management and for the establishment of programmes that are transferable across industries. It is now recognised that wellness maintenance in the workplace is essential if optimal results (reduced absenteeism, reduced injury claims, improved morale and productivity) are to be achieved (Carter & Birrell 2000).

Objective: Following on from the successful outcome of research into use of a multi-modal programme to reduce MSD (Farquhar 1989, 2002) in the computer based industry a similar initiative has been successfully undertaken in the manufacturing and hospitality industries.

The method involves three phases - assessment, training and follow-up. A problem oriented ergonomic approach to hazard identification, risk assessment involves examining the physical work environment, observing and speaking with workers and completion of a questionnaire. A photographic report for management is subsequently prepared to guide risk control.

Interactive workshops are then scheduled involving the various work teams (workplace logistics determines the number and mix) participating in programmes focussing on good work habit strategies for managing MSD, fatigue and stress. Printed advice is provided to support ongoing practices. On-the-job follow up approximately four weeks later focuses on compliance with the training, completion of post programme questionnaires and certificates of participation.

The intervention is repeated as required with appropriate intervals considered to be every 1-2 years.

Results have been positive. There have been significant long term reductions in injury claims and absenteeism, improved worker morale and productivity.

Conclusion

With the OT's holistic approach to health care, change in workplace culture can be achieved through use of relatively low cost comprehensive interventions implemented and monitored in a work setting without the substantial disruptions and delays characteristic of non-workplace based management/rehabilitation. A strong case exists for multi-factorial workplace based approaches which influence patterns of work behaviour and provide workers with MSD with a sense of control over their health and wellbeing.