European Agency for Safety and Health at Work

Analysis of case studies on working with chronic musculoskeletal disorders

Executive Summary

European Agency for Safety and Health at Work

Authors: Alice Davis, Joanne O. Crawford and Evanthia Giagloglou (Institute of Occupational Medicine — IOM), Michael Whitmore (RAND Europe)

Reviewed by Hilary Cowie and Richard Graveling (IOM)

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Project management — Sarah Copsey (EU-OSHA)

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Executive summary

Introduction

This case analysis is part of a larger project on working with chronic musculoskeletal disorders (MSDs) that includes a review with guidance and examples and articles. It presents a case analysis of people who either returned to work or stayed at work with a chronic MSD.

MSDs are the most widespread global health issue affecting the workforce and, in the context of this report, are defined as 'those MSDs that last for 12 weeks or more, including chronic back pain or chronic upper limb disorders, as well as rheumatic diseases, degenerative conditions such as osteoarthritis or osteoporosis and non-specific pain syndromes categorised as chronic'.

The aim of this study was to examine the journey of either returning to work or staying at work with a chronic MSD.

Methods

Participants were recruited who had returned to work or stayed at work with a chronic MSD.

Following completion of a pre-interview questionnaire, eight participants took part in a semi-structured interview.

Data were collated and a comparative analysis was carried out to identify good practice in managing return to work or worker retention with chronic MSDs. The analysis was carried out using the biopsychosocial model as a framework in which to consider good practice and examine the physical, psychological and social factors influencing retention at work. Standard data protection and consent procedures were followed.

Results

The eight participants included:

1. a shop worker with chondromalacia, assisted by simple accommodations and supportive colleagues;
2. an ICT worker with knee osteoarthritis, assisted by accommodations and task changes;
3. a university lecturer with osteoporosis, assisted by accommodations and self-management;
4. a researcher with upper limb problems, assisted by early intervention and accommodations;
5. a receptionist with bone fractures due to osteopenia returning to work;
6. a podiatrist with neck disc herniation, assisted by task changes;
7. a project manager with piriformis syndrome, assisted by workplace stretching and other accommodations to enable return to work;
8. a police officer with multiple chronic MSDs (rib costochondritis, sciatica, finger pain), assisted by job role changes and equipment accommodations.

The majority of the participants were female (six out of eight) and worked in sedentary or static roles. All the participants had access to return-to-work programmes, but the majority did not take sick leave.

Good practices from the cases

The following themes and sub-themes were identified in the cases.

- **Biophysical**

Physical tasks are those that include body force or body movement. Workplace changes included the removal of physical tasks or help from colleagues when it was required. Having access to space in which to exercise and stretch was also found to be valuable, and a job role change also helped retain two workers at work.

A number of different tools and items of equipment were implemented, mostly through the use of display screen equipment (DSE) assessments, which enabled an adapted keyboard or an adapted mouse to

be used, more adjustability in seating and the use of sit–stand workstations. Other simple additions included cushions or stick-stools to enable comfort to be maintained.

Commuting to work could also be problematic, so changing working hours so that a worker did not have to travel during rush hour was helpful as was providing more support for those involved in international travel, such as selecting an aisle seat (for ease of movement) and encouraging the use of blow-up cushions while travelling.

Physical activity and stretching exercises were also seen as helpful in the cases.

- **Social/organisational**

A number of different routes to enabling flexibility in employment were found to support workers with chronic MSDs. Examples given included starting work later, rearranging shifts around medical appointments and working at home if symptoms were a problem.

The majority of the workers in the analysis stayed at work, but all had access to return-to-work programmes. What was seen as important was the support workers received from health professionals and colleagues during their time away and their return to work.

Examples of changes made to the work process included two cases in which job roles were changed to remove exposure to physical hazards; the removal of or support being provided for manual handling tasks; and self-management of screen time.

Taking a multidisciplinary approach for those with chronic MSDs was helpful in several cases. This included healthcare professionals working with human resources (HR), line managers, ergonomists and the workers themselves to find the best solutions.

- **Psychological/individual**

The cases identified that line managers and their support have a key role in enabling worker retention. Furthermore, support from colleagues was also important in both informal and formal contexts (e.g. meeting for coffee and return-to-work meetings). Being able to have clear and open communication is also important to enable a successful return to work.

Some of the workers sought advice from authoritative sources about their health symptoms, and they found this helpful. Having control over the timing and planning of the return-to-work process was also seen as important by the workers.

Examples of factors that supported retention at work

Physical workplace changes — tasks that require bodily force or new equipment/tools

- removal or help with lifting and handling;
- passing tasks on to others, such as data entry work;
- the provision of sit–stand desks to allow posture changes;
- having access to a restroom to carry out stretches;
- technological interventions, adapted technology and voice recognition software (VRS);
- testing interventions and taking a trial and error approach;
- assessing interventions to ensure no new risks are introduced;
- use of teleworking or not travelling during rush hour periods;
- careful planning and booking of international travel.

Social/organisational changes

- changing working hours to fit around appointments;
- ensuring the employer understands the restrictions on the worker and has the required conversations;
- a phased return to work worked out with the line manager and other stakeholders;
- a multidisciplinary approach, including health professionals, occupational health professionals, ergonomists, HR, line managers and the worker.

Psychological/individual changes

- line manager support;
- support from colleagues;
- open communication, while the worker is on leave and during the return phase;
- the worker having control over the return-to-work process.

Work organisational policy and practices

- a good health and safety culture and the promotion of musculoskeletal health;
- facilitating early disclosure and early intervention;
- a return-to-work policy;
- a flexible working policy;
- a teleworking policy;
- being able to stretch and exercise;
- worker control over how they carry out tasks and when they can take breaks.

Discussion

Limitations and strengths

The study was limited by the number of participants, but using a qualitative methodology did help to increase the depth of the information that was collated from the survey and interviews. A range of different workers with a variety of different chronic MSDs were included.

Facilitators of success

Facilitators of success in retaining workers include the fact that the worker wants to come back to work, which is extremely important. Ensuring that workers feel valued and continuing to maintain contact when they are on sick leave can help with the process. Being able to change working hours, work tasks, equipment or job roles also helped people to stay at work. These do not need to be expensive changes; they can be simple adjustments that help someone to work effectively. Having policies in place, such as a return-to-work policy integrated with other company-wide policies, can help to ensure that information about workplace accommodations is shared more widely.

The cases also highlighted that taking a multidisciplinary approach to retaining people at work is helpful; in particular this means including the healthcare team, HR, the line manager and the worker. This does mean that line managers need knowledge about chronic MSDs and the policies in place to help workers.

While an individual worker does not have to declare that they have a health problem, good communication is important, as declaring a health problem can help the worker to gain access to support measures. Starting these conversations can be difficult, and guidance is available from the European Agency for Safety and Health at Work to help people to do that.

Early intervention is also important, and in one of the cases this happened before the full diagnosis as a means of retaining the person at work. This underlines the fact that you do not need to be 100 % fit to start a phased return to work.

Helping the worker to understand that there may be trial and error involved in implementing new equipment is also essential. It is important that the worker understands this and does not become despondent because the first piece of equipment or change in work does not reduce pain.

The cases also took place in the context of organisations that had a good health and safety system, took the promotion of musculoskeletal health seriously and showed a commitment to supporting retention at work.

Factors that contribute to success

A number of success factors were identified, including having a supportive line manager who wants to help find solutions, and being able to have flexibility in relation to working time and the worker's job role. It is also important that the worker themselves understands the need to try out different items of equipment or changes to the workplace and that there will be a period of trial and error first.

- **Innovation**

Have an agreed understanding of what a restroom should be and provide, for example an area to stretch in some privacy.

Use technology such as VRS or Bluetooth headsets to enable workers to interact with technology in a different way.

- **Challenges and transferability**

At one level, most of the items of equipment implemented are transferable to all workplaces. However, changing job roles may be more difficult in small and medium-sized enterprises (SMEs) because of the limited number of roles and tasks. The same can also be said for flexibility in relation to working time and teleworking, which might depend on the tasks being carried out.

All of the changes identified require that good occupational safety and health and support systems are in place. It is important that those required to supervise workers have some awareness of chronic MSDs and the impacts that they have.

The implementation time in two of the cases was extremely long (over 2 years), so the need for early intervention does need to be underlined. Equally, an understanding that enough time needs to be allowed, and that it can be an on-going process, is important.

While there are authoritative sources of information available to support those with chronic MSDs, it is important to guide employers and workers to better quality sources.

Conclusions

A number of factors were identified as being important in retaining people with chronic MSDs at work. These include:

- having a good health and safety culture and promoting musculoskeletal health;
- having a good organisational culture;
- having open and trusting communication in the workplace;
- ensuring that valued workers are seen as assets not problems;
- having policies available to support return to work and workplace accommodations;
- ensuring that there is knowledge and awareness of chronic MSDs across the workforce;
- the use of a range of measures, including technological measures, often simple ones;
- facilitating early disclosure and early intervention.

It is important that those managing workers are given enough information and training on the impact of chronic MSDs and how to support workers. While expertise is available in larger organisations to support workers who are returning to work, there are likely to be concerns about the availability of this expertise in SMEs. As the cases show, many of the interventions involved simple changes to keep people at work that could be implemented by an organisation of any size. However, small businesses need access to support and health care, and disability and return-to-work systems need to be kept simple for both employers and employees.

Looking to the future, universal or inclusive design for workplaces may be helpful to ensure accessibility for everyone at the design stage of a workplace, rather than needing to implement remediation measures later on.

The main facilitators of success identified in this case analysis are:

- the worker having a supportive line manager and supportive colleagues;
- utilising multidisciplinary support;
- having an open communication culture, to be able to raise problems;
- providing flexibility in working time and the opportunity to telework, when possible;
- being aware of the fact that not all interventions will work first time (trialability);
- being aware of the fact that not all interventions need not be expensive or complex;
- the worker having personal agency to search for information on their health condition.

Advice for micro and small businesses, based on the case studies

Although small organisations have fewer resources and less flexibility to adapt work or provide flexible working and a gradual return to work, simple steps can often be taken through discussions with the worker with the health problem to support them to continue to work. In some European Union Member States, employers and workers may have access to support from external return-to-work programmes or work insurance organisations. Some of the measures applied in the cases are easily transferable to small businesses, and others, particularly policy and procedural elements, could be applied in a simpler form in small businesses. The advice for small employers from the case studies is as follows.

- **General approaches suggested by the case studies**
  - Ensure workers know that the employer has a positive attitude to valuing workers and supporting them, even if a formal policy is not in place.
  - Be open to exploring ways to support someone to continue to work. Take a positive attitude by starting with the idea of 'let's see what might be possible', rather than assuming from the outset that it will be impossible. If in the end it proves too difficult to accommodate a worker, they will leave with a positive attitude, knowing that you at least tried, and other workers will see this as well.
  - Discuss with the worker their problems with work, wishes and ideas for measures that could be taken. Often in smaller organisations communication is better, as everyone knows each other.
  - Get simple advice from relevant non-governmental organisations, work insurance organisations, and national health and safety websites. Involve the worker in this, for example by asking the worker to find and share relevant information. Ask them if they have had any advice given to them by their medical physician, physiotherapist, etc. Check if there are any external programmes that provide support to employers and/or workers.
  - Make a simple plan in writing, for example a bullet point list of steps and measures agreed on. This will help to make the approach more systematic and avoid misunderstandings. In some countries, external return-to-work programmes have the role of developing return-to-work plans.
- **Simple measures and suggestions from the case studies that could be adopted**

Tools and equipment

- Provide seats to rest in a standing workplace.
- Provide sit-stand desks in a largely seated workplace.
- Trial computer input devices — these can be inexpensive devices, such as a keyboard or computer mouse.
- Provide cushions for greater comfort while sitting — this could also be applicable to sitting while travelling.
- Consider changing the keyboard position, for example lowering the keyboard.
- Consider introducing a cordless headset.
- Consider introducing an adapted chair.

Social/organisational

- Allow changes to start and finish times so that the worker can avoid rush hour traffic or to allow time in the mornings for physiotherapy exercises before work.
- Allow rearrangement of working hours around medical appointments.
- Facilitate the self-management of work, including allowing the worker to control their own screen time and limit prolonged sitting and allowing breaks when required.
- Consider who is best placed to conduct a task, for example support staff trained in data entry might be able to assist with data entry tasks and colleagues could assist with lifting tasks.
- Consider minimising work travel or, if necessary, allowing the use of taxis to avoid the worker carrying luggage, booking an aisle seat to facilitate movement, providing a cushion for extra support and booking hotels with gym facilities for daily exercise/stretching routines.
- Where applicable, consider providing the worker with the opportunity to swap shifts with colleagues (as appropriate and agreed) to ensure attendance at medical appointments.
- Consider role change in discussion with the worker where appropriate and possible.

Workplace policies and practices

- Conduct risk assessments to identify risks and support changes.
- Provide the option of teleworking or working at home and ensure that the relevant infrastructure is in place to do this (e.g. a laptop and internet connection).
- Involve a multidisciplinary team in return-to-work or retention-at-work processes.
- Ensure line manager support, both formally (e.g. in a meeting) and informally (e.g. catching up over a coffee), whether the worker is away from work, in the process of returning to work or remains in work.
- Encourage open communication between line managers and workers so that all parties feel comfortable discussing the process.
- Provide access to a space in the workplace for stretching and exercises. This space may be multifunctional, with different people using it for different activities, for example stretching and meditating.
- Encourage all staff to minimise prolonged sitting by taking mini-breaks and stretching.
- Trial different options and tools, as there may be a need for some trial and error before finding a solution that works for the person.
- Ensure line managers have an awareness of the potential impact of chronic MSDs on their workers and understand how best to manage issues when they arise. This does not need to be an expert level of knowledge, as there are occupational health and ergonomics services that can be called on if necessary; it is more that managers need to gain a general understanding of the potential impact and how to manage issues as they arise.

- **Conclusions for small businesses**

There are many simple steps that even a small business can take to support an employee to continue to work. Factors such as having a supportive manager or being able to stretch and exercise are independent of the size of the organisation. Nevertheless, the likelihood of small businesses providing support, and also finding the optimum solution, is greatly increased in circumstances where companies and employees have access to coordinated external multidisciplinary programmes and financial support, for example for making adaptations; medical treatment includes return to work and retention at work as a clinical outcome; and companies and employees have access to occupational health services, for both early detection of problems and support for making workplace adaptations. A system is needed that encourages clinicians and employers to focus on workers' capabilities and not their disabilities. The burden on small businesses can be reduced not only by providing financial and technical support but also by simplifying return-to-work systems and procedures. A focus on prevention and early intervention is paramount.

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Santiago de Compostela, 12 – 5th Floor
48003 Bilbao, Spain
Tel. +34 944-358-400
Fax +34 944-358-401
E-mail: information@osha.europa.eu