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Return to work after MSD-related sick leave in the context of psychosocial risks at work

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Work-related MSDs and psychosocial risk factors

- The **term work-related MSDs** refers to **health problems** affecting the muscles, tendons, ligaments, cartilage, the vascular system, nerves or other soft tissues and joints of the musculoskeletal system, which are **caused or aggravated primarily by work** itself.
- Work-related MSDs are mostly **cumulative disorders** as a result of long-term and repeated exposure to work hazards (few MSDs are result of an acute trauma).
- MSDs can be **caused or aggravated by psychosocial risk factors** at work.

Work-related MSDs have negative consequences

- micro-level > individual worker (health, quality of life, economic status...)
- meso-level > companies, enterprises (quality of work, absence from work, presenteeism, early retirement)
- macro-level > public health, economy, society

Preventing MSDs at work and supporting good return-to-work-processes are essential from human, ethical and economic reasons

Interventions to improve & reduce psychosocial stress factors have a major impact on recovery from MSDs and a sustainable return to work!

Holistic approach of risk assessments

For **preventing** work-related MSDs and for **early intervention** assessments covering the whole range of risk factors are necessary to develop appropriate adjustments at work.

For **return-to-work** with MSDs in the ad-hoc-assessment also the whole range of risk factors must be assessed.

- Follow OSH good standard for risk assessments: assessments should consider (persisting) physical risks at work, organisational, psychosocial and newly emerging risks.
- Assessments of physical and psychosocial risks should be linked.
- Assessments should consider specific needs of different groups of workers

Return-to-work

Early interventions: help to avoid long period of sick leave

rtw concepts aim to:

- facilitate the reintegration into work after long-term sick leaves,
- help to resume work tasks again and to achieve a sustainable retention,
- to support workers with reduced work capacities and capabilities,
- help workers to recover their health and reduce the risks of long-term disabilities which are often associated with MSDs,
- to maintain workers at work by providing support either permanently or for a limited period.

Some workers with MSDs may never be a 100 % fit again, but with adequate adjustments at work and by focusing on the workers' available capabilities, they might still be able to work lifelong.

Company's responsibilities for a good rtw with MSDs

Prerequisites	MSDs & psychosocial aspects
Health policy integrated OSH management approach at top level of the company, a health policy spanning health promotion, prevention and a defined return-to-work policy	Psychosocial aspects need to be evaluated and addressed in the risk assessments. Psychosocial measures taken to prevent MSDs or enable a smooth return to work should be monitored.
Healthy culture and good communication Create a positive atmosphere and supportive culture	Psychosocial factors should constitute an asset such as social support by line managers or colleagues.
Incentives return-to-work programme as an attractive option	Allow quick access to workplace-orientated interventions and to (external) support ranging from occupational health professionals to coaches, psychologists / psychotherapists.
Build awareness for the nature and impact of chronic illnesses, their relation to psychosocial aspects and how to manage them	Line managers should understand work-related MSDs and their impact of psychosocial risk factors on MSDs and know how to support workers.

Company's responsibilities for a good rtw with MSDs

Prerequisites	MSDs & psychosocial aspects
Professional multidisciplinary support internal and external services	Medical and non-medical professionals are needed for the intervention at the workplace. Also psychological coaching or psychotherapy can be part of the vocational rehabilitation.
Social support	Psychosocial support from managers and colleagues is vital for the success of returning to work with MSDs
Competence building Regular trainings of integration team, external experts as support, organisational learning through regular process evaluation.	State-of-the-art competence is important for return to work with MSDs, especially with the newly emerging psychosocial risks
Workplace adjustments	Adapt the work equipment, give worker time to get used to it; change, swap or reduce work tasks Allow the worker to rotate, take over another job role; Allow flexible working hours; Let the worker take a break when needed.

Company's responsibilities for a good rtw with MSDs

Prerequisites	MSDs & psychosocial aspects
Gradual return to work	A gradual or partial return is helpful to check if the adjustments work, if workers can cope with the stressors, if the social support helps. It makes the worker feel in control, thus reducing fear & stress.
The right timing not too early, not too late	After 6 to 8 weeks the medical treatment and medical rehabilitation of workers with MSDs should have progressed such that their health should not be endangered when they resume their work (at least partially) again.
Customize the return-to-work process within a standard procedure	It is crucial to tailor the interventions (be they psychosocial or ergonomic or both) to the needs of the worker.
Reviewing and performance tracking evaluating the outcome (lag indicators) and the interventions that led to a successful return to work (lead indicators)	Measure if the worker with MSD is safely and sustainably reintegrated in the work process (outcome) and evaluate the interventions, to ascertain how the worker perceived the support.

Workers' responsibilities for a good rtw with MSDs

Prerequisites	MSDs & psychosocial aspects
OSH standards – rights and duties complying with OSH standards, following ergonomic instructions or actively participating in risk assessments.	The worker should use the special equipment provided by the company or address psychosocial aspects in risk assessments.
Self-management of health problems	Self-management can be a combination of avoiding unnecessary strains, making regular exercises, applying pain-relieving techniques, but also training relaxation skills (EU-OSHA, 2021).
The trust and will to talk	Workers should talk to the line manager as soon as the problem occurs, stay in contact with the manager, seek professional support and talk about their condition.
Positive attitude to returning to work and the changes involved	The 'more positive' the thinking, the 'wider' the acceptance of changes. Psychological coaching can help to develop positive thinking.
Active participation	The worker must contribute own ideas of what is needed to ensure a smooth return to work.
Staying in contact with the company during the sick leave.	It is important to stay in contact with the line manager and colleagues to promote understanding and support.

Case example

- 52-year old woman cleaner (migrant worker)
 - full-time (no night shifts, but weekend)
 - reliable, well respected worker
 - lower back pain for longer, short periods of sick leave for treatments and physiotherapy > already some organisational changes are made, still
 - incomplete lumbar disc prolapse with medication and rehabilitation
 - sick leave for two months
 - the worker stays all the time in contact with her line manager
- after 21 days of sick leave she is invited for a first rtw interview to discuss what support will be needed in work (**OSH Policy**)
 - together with OSH team, her line manager and her a reintegration plan is worked out (**participation, professional and management support**)
 - An ad hoc risk assessment was carried out > equipment is changed, no climbing on ladders, heavy lifting, her working schedule is changed (**organisational changes**)
 - After 2 months she gradually returns to work over 3 months (**gradual rtw**)
 - She can make breaks for her exercises anytime (**active contribution**)
 - she is integrated into a small working team, who was informed and willing to support (**social support and appreciative interaction**)
 - A social worker is organised to help her with her financial liabilities (**holistic professional support**)
 - Her line manager has short talks at the end of every shift (**appreciative work culture**)

Summarizing prerequisites for a good return-to-work

- **high OSH standard** based on regular assessments and covering health promotion, prevention and return to work
- **general principles of OSH prevention** also apply to the prevention of psychosocial risk factors for MSDs
- **holistic risk assessments** covering psychosocial risk factors at work
- **early intervention** through adjusting the work and offering individual support
- **workplace interventions/ accommodation** completed by individual measures (both also covering psychosocial aspects)
- **positive and supportive attitude:** create positive return-to-work experiences
- **multidisciplinary approach** including also psychological expertise
- **shared responsibilities** by employers and workers for a successful return to work

RETURN TO WORK AFTER MSD-RELATED SICK LEAVE IN THE CONTEXT OF PSYCHOSOCIAL RISKS AT WORK

Musculoskeletal disorders and psychosocial risk factors — an introduction to the topic



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Returning and continuing to work with musculoskeletal disorders (MSDs) is a crucial topic in all European countries (with a degree of variability among countries), because MSDs are one of the most frequently reported health problems worldwide (WHO, 2019).

The European Working Conditions Survey (EWCS; see Eurofound, 2015) stated that, in 2015, 50 % of all European workers reported one or more musculoskeletal problems, backache being the most common problem, followed by upper limb problems (neck and shoulders) and lower limb problems (hips, knees, ankles).

Among work-related health problems work-related MSDs are most prominent: in the 2013 Labour Force Survey 60 % of all respondents identified musculoskeletal problems as the most serious health problems (Eurostat, 2013). A large proportion of working days are lost every year because of MSDs; in 2015, for example, 53 % of workers with MSDs reported that they had been on sick leave the year before (EU-OSHA, 2019a).

The prevalence of MSDs has remained constantly high in recent years, although there have been major efforts to reduce the risks for MSDs. As people are living and working longer, the prevalence and impact of musculoskeletal conditions are predicted to increase further globally.

Various factors may contribute to MSDs, such as physical, organisational, psychosocial, sociodemographic and individual factors (EU-OSHA, 2019a). Psychosocial risks, especially in combination with physical risks, may cause or aggravate MSDs.

In the fight against MSDs ergonomic conditions have greatly improved but not work organisation or the psychosocial working environment.

In this article, we discuss MSDs with an emphasis on the context of psychosocial risk factors at work and focus in particular on returning to work with MSDs.

What are MSDs and what are work-related MSDs?

MSD is a generic term used to describe pain and discomfort in the muscles of the body (EU-OSHA, 2020a: 14). Musculoskeletal conditions are a diverse group of conditions that affect the musculoskeletal system and the locomotor system, that is, muscles, bones, joints and associated tissues such as tendons and ligaments, as listed in the International Classification of Diseases (M00-M99). They comprise more than 150 diagnoses. Musculoskeletal conditions are typically characterised by pain (often persistent) and limitations in mobility, dexterity and functional ability, reducing people's ability to work and participate in social roles with associated impacts on mental wellbeing. At a broader level they affect the prosperity of communities (WHO, 2019).

Some MSDs appear suddenly (e.g. after an acute trauma resulting from an accident); most of them, however, develop gradually as a result of a long or repeated exposure (they are cumulative). MSDs can be of short duration or lifelong (chronic).

Discussion Paper

<https://osha.europa.eu/en/publications/return-work-after-msd-related-sick-leave-context-psychosocial-risks-work>

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