

## Carrying the Load:

### The Burden of MSIs in Nova Scotia Health and Community Services Sector

Chances are, if you work in Nova Scotia's health and community services sector you think that muscle pain and discomfort are just part of the job. After all, the tasks required to treat and care for people are physically demanding, making job-related back, shoulder or other muscular pain unavoidable, right?

Wrong! It is true that many health and community services workers experience work-related soft-tissue injuries and disorders, or musculoskeletal injuries (MSIs). But even so, MSIs should not and need to be 'part of the job'. MSIs can be prevented and effective MSI prevention strategies not only improve the health, safety and well-being of workers, they also enhance patient safety, improve service delivery and reduce the costs of delivering care.

MSIs place a huge burden on the health and social services sector, in terms of pain and suffering for workers, retaining and hiring workers, increased physical and mental strain, reduced patient safety, decreased quality of care, and, of course, in terms of dollars and cents.

From 2006-2008, the Workers' Compensation Board of Nova Scotia received 3,272 MSI or 'sprains and strains', lost time claims from workers in the health and social services sector. This represents almost 64% of all lost time claims for the sector over the three years. These claims resulted in more than 19,350 lost work days and WCB benefit payments of just less than \$10.5 million.

The true financial cost of MSIs in the health and social services sector is, however, much greater than the dollars paid out by the WCB to injured workers. Research tells us that the real cost of work-related injuries is 4-10 times the direct compensation benefit amounts. This indicates that health and social services sector organizations spent more than \$42,000,000 from 2006-2008 due to lost time MSIs. The true costs include the cost of lost productivity, overtime, retraining of staff, hiring new staff, administrative time, claims management, the 2-day waiting period for WCB claims, etc. They do not, however, include any costs associated with other types of insurance that may be used when workers do not report an MSI as being work-related.

The health and community services sector reports more MSIs than workers in any other sector. This is, in large part, due to the physical demands required to deliver care to clients and patients. Patient movement and handling tasks, and tasks related to activities of daily living can be high risk due to awkward postures and high forces placed on the back, shoulders, neck, hands, etc.

Poor workplace design is another key MSI hazard. Some design factors that increase the risk of MSIs in health and community services workplaces include: inadequate space in patient rooms and bathrooms for equipment, wheelchairs, portable lifting devices, and staff members; a lack of ceiling-mounted patient lifts; narrow doorways and raised thresholds; and poorly designed nursing, laboratory, and computer workstations.

Historic attitudes regarding patient care can also increase the risk of MSIs. For instance, some workers are reluctant to use patient handling devices even though research tells us that most patients feel safer when they are used. Also, when emphasis is placed on teaching “safe” patient lifting and handling techniques, it reinforces the notion that people can be lifted safely which, unless we are talking about very young patients, is just not the case.

There is clear evidence that well-designed and properly implemented MSI prevention strategies help prevent MSIs. These strategies do not have to be complex or difficult. Organizations just need to make MSI prevention a priority, ensure that managers, supervisors and workers are able to recognize the key MSI hazards of force, posture, repetition and/or duration, and take action to reduce exposure to these hazards. MSI prevention strategies should continue to improve until they include key success factors such as: a written organizational commitment to MSI prevention, worker training and education, a participative process to recognize, assess and control MSI hazards, ensuring workers know how to report MSIs, and ensuring supervisors know how to respond to these reports. Most health and community services organizations will also need to have a separate but related safe patient movement and transfer strategy.

Nova Scotia’s health and community services organizations, their workers, and the patients and clients they serve all carry the load of work-related MSIs. We can reduce this burden by taking action and implementing effective MSI prevention strategies. Organizations should start simply and then continue to improve their MSI prevention efforts. For the long term, the sector at the system level, needs to consider how factors such as workplace culture, staffing levels, workload, job task design, communication and feedback, purchasing policies, facility design and equipment specifications can be changed due to reduce MSI risk.

1. Waters, T.R., *When is it safe to manually lift a patient?*, American Journal of Nursing. 107(8):53-58, August 2007