OHNAI FEBRUARY 2019 NEWSLETTER

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THE WORKING BACKS PROGRAMME

MANAGING MENOPAUSE IN THE WORKPLACE

7TH FOHNEU INTERNATIONAL CONGRESS

Presidents Address

A Very Happy New Year to all our Members

It is a special honour and a privilege to be nominated as President and firstly I wish to thank our out-going president Mary Doran for guiding and leading the association so well and I am so delighted that Mary is staying on the committee this year.

I would also like to take this opportunity to express my gratitude to our 2018 committee - thank you to these dedicated volunteers who commit their time, creative energies, hard work and expertise in achieving such a highly successful year for the association.

And Welcome to our 2019 committee:
Liz Twomey - outgoing Secretary / Email moderator
Darragh Devane - Committee member
Monica Donnelly - outgoing Public Relations
Edel Casey - Website, IT & Social media moderator
Elaine Martyn – Newsletter Editor
Mary Doran – Education
Breege Beirne – Committee Member

I would also like to extend a warm welcome to Gabriela Rebreanu and Caroline Kevitt who have recently joined the 2019 committee. All committee roles will be confirmed and updated on website in early March'.

I myself have worked in Occupational Health over 20 years, 12 of which have been with An Post based in Dublin. I have observed ongoing change of the Occupational Health role over the past years and although our Speciality is still focused primarily on work related ill health and assessing fitness for work, OH roles are increasingly more and more focusing on active health and employee wellbeing programmes. This is why it is great to be part of a dynamic and forward thinking association, one that can help support us through the new challenges we face.

2018 was a very successful year in raising the profile of the association both nationally and internationally particularly with ICOH being hosted in Dublin. Occupational health nurses remain the single largest group of health care professionals practicing in industrial and community settings. And In Ireland we(OHNAI) are a strong group of 111 members. So I believe it is important for us to share our experience and expertise; Using our resources - newsletters, conference and educational study days and networking.

Our newsletter is a very valuable resource for sharing with colleagues. In this edition we have some wonderful articles on neck pain & phone use, menopause in the workplace, a case study on mental health and a summary on a 'working backs programme' in a workplace. Our newsletter is also a way for us to keep in touch with articles, upcoming events and items of interest. So don't forget to contact us if you would like to have something included in the newsletter.

Mark your diaries – Annual Conference is 1st March 2019. The theme of our conference this year is 'working well'. It proves to be a very interesting day with a variety of speakers to ensure there is something for everyone. Again we will be supported by a vast range of exhibitors who have been supporting us for many years. We hope this will offer an opportunity for OHAs to network with colleagues and meet new fellow OHAs while sharing best practice and expertise.

Facebook is a great forum for sharing information in a closed group for members. Activity was low last year but we will continue to post items and comments and monitor activity as it is useful for ongoing communication. We also plan to make a number of updates to our website this year, so watch this space!

This year FOHNEU will hold its annual congress in Budapest in April on Wellbeing –'Workforce Health = National Wealth'. This is expected to be a very informative congress which includes talks on cost-effective OH interventions, role of technologies and changing workforce demographics to name a few. The OHNAI will sponsor 2 members to attend. All members have been asked to register if they are interested in going.

A gentle reminder: please ensure your membership is up to date. Members will get 2 reminders to pay their annual subscription after which unpaid members names will be removed from the list.

The diversity and expertise that members bring to the OHNAI helps the association meet its aims and helps us all remain current with emerging legislation and developments. Your continued support is needed and as your committee we welcome any feedback or suggestions you may have so please feel free to contact us at ohnaireland@gmail.com.

Thanks you for your continued support. Until next time ….

Ann Colohan - OHNAI President 2019

ARE SMARTPHONES A PAIN IN THE NECK?

By Mary Doran, Managing Director of Health Matters

Recent research has shown that they quite literally could be. 'Text Neck' is quickly becoming an epidemic that could lead to permanent damage because of the posture we adopt as we stare at our phones. Whilst dropping your head forward to look at your phone, your neck will naturally curve, and over time can strain muscles and cause wear and tear on the structures of the neck. Aggravating muscle pain in the neck and shoulders, and sometimes lower back is occurring even in teens and adolescents.

Smartphone users now spend an average of two to four hours a day with their heads dropped down, resulting in "700 to 1,400 hours a year of excess stresses seen about the cervical spine" according to research.

This is not the only damage you could be doing while using your phone…'Blackberry thumb' has been dubbed to identify repetitive strain injury caused by texting, and 'iPad hand', which causes aches and pains by swiping and typing on a tablet. Who knew using your phone could lead to so many potential problems!

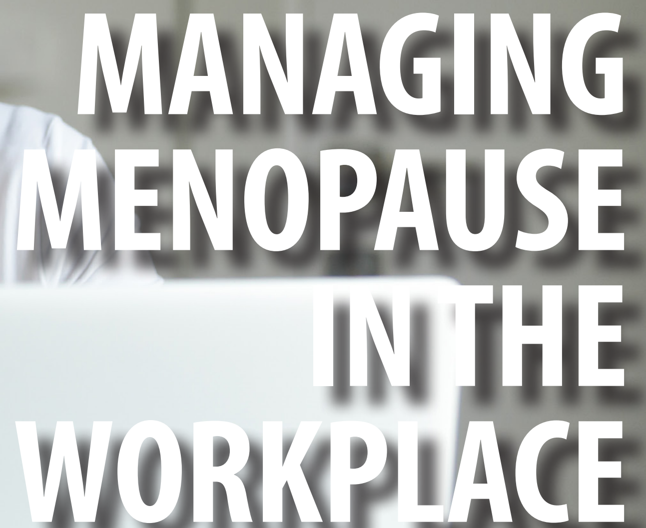
DID YOU KNOW...

When your neck is in normal position, it is able to easily support the weight of your head, but every inch you drop your head forward, doubles the load on your neck muscles. An additional 60 pounds can be put on your neck when looking down at your smartphone…which is the average weight of a 6-8 year old child!

SO HOW CAN YOU PREVENT NECK INJURY?

Well apart from the obvious - stop using your phone so much- which may not be an option for everyone, instead you could:

- Use voice recognition to make phone calls
- Hold your phone at eye level as much as possible
- Take regular breaks from using your phone. Aim to take a break every 10-15 minutes if possible
- Try to alter your texting position to avoid particular stress on the one area
- So why not try to correct your posture while using your phone and give your neck a rest!



MANAGING MENOPAUSE IN THE WORKPLACE

Mary Doran, Managing Director of Health Matters

The menopause is a natural part of ageing for a woman. It is a biological stage that occurs when menstruation stops and signifies the end of a womans' natural reproductive life.

Usually, it is defined as having occurred when a woman has not had a period for twelve consecutive months. The average age for menopause is 51 however, it can be earlier or later than this due to surgery, illness or other medical reasons.

Not all women will have symptoms and those that do can vary in the type, amount and severity. It is difficult to predict how long or how many years symptoms will last, however on average continue for four years from the last period. 1 in 10 women may even experience symptoms for up to 12 years.

Common symptoms can manifest both physically and psychologically including:

- Hot flushes, Poor concentration, Headaches, Panic attacks, Heavy/light periods.
- Mood disturbances, Anxiety/Feeling low, Loss of confidence.
- Some women also experience difficulty sleeping.

Why is the menopause a workplace issue?

There are currently no provisions in the Safety, Health, and Welfare at Work Act or any associated regulations dealing with responsibilities of employers in respect of women experiencing the menopause however the Faculty of Occupational Medicine (FOM) and several other bodies argue that there are good reasons to consider the needs of this group of workers.

In 2016, the employment rate for women in the UK and Ireland of nearly 70% was among the highest since records began in 1971. Over the last four years the number of women over the age of 50 has also increased: a trend predicted to continue.

Employers have responsibilities for the health and safety of all their employees, but there are also clear business reasons for proactively managing an age-diverse workforce. Some employers have been slow to recognise that women of menopausal age may need specific considerations and many employers do not yet have clear processes to support women coping with menopausal symptoms.

For some, going through the menopause may be relatively uneventful and may not impact on their working life but for others it may become increasingly difficult to function effectively at work and their working conditions may worsen their symptoms.

For many women, the menopausal transition also comes at a time of competing demands on their time and energy such as the need to care for elderly parents or relatives and often taking on the greater share of domestic responsibilities. This can have an impact on emotional wellbeing and lead to excessive levels of stress.

Given that so many women are staying on longer in the workforce, and that up to 20% of the workforce potentially consists of women in menopause suffering from insufficient sleep and other symptoms the American Congress of Obstetricians and Gynaecologists are asking 'isn't it time for employers to be actively aware of the condition — and responding positively?'

On a local level Dr Cliona Loughnane, women's health co-ordinator at the National Women's Council of Ireland believes that practical supports can often be quite small and cost-effective. She further explains how providing a supportive workplace, where there's an awareness of menopause, and where the subject is not taboo is something all employers should aim for.

The European Menopause and Andropause Society (EMAS) have also produced recommendations about working conditions for menopausal women which can assist Human Resource and Occupational Health Staff to manage as adapted below:

- Consider training senior management and line managers to recognise and raise awareness of the menopause and how it can affect women at work.
- Encourage and facilitate discussion about symptoms affecting women at work. A workplace wellbeing policy that recognises the menopause is a good starting point for raising awareness. This could also include information for female employees on how to alleviate symptoms themselves.
- Policies on flexible working should also recognise and support female employees experiencing the menopause for example considering later starts or shift changes for when sleep is disturbed
- Sickness absence procedures should be clear that the workplace is flexible to cater for menopause-related sickness absence.
- Review workplace temperature and ventilation as this can make hot flushes worse. Providing desk fans or locating a workstation near an open window or away from radiators is also useful to consider.
- Provide flexibility in terms of uniforms for example the use of thermally comfortable fabrics, optional layers, being allowed to remove neckties, scarves and jackets as well as providing changing and wash room facilities.
- It may be useful to have a quiet room for women to be able to take short breaks in, particularly when experiencing hot flushes for customer focused or public facing roles.
- Women should be advised to seek help in the form of self-help management or professional medical help to manage the symptoms.

Many women may be reluctant to discuss menopause related health problems with their line manager, particularly when their line manager is male. If this is the case, it is important to consider an occupational health professional or alternatively if there is a female member of HR available. Regular informal conversations between managers and employees may enable discussion of their health and allow the employee to talk openly about what can be done to help manage their symptoms during work.

Where to get more advice

https://www.som.org.uk/sites/som.org.uk/files/Guidance-on-menopause-and-the-workplace.pdf
https://www.nhs.uk/conditions/menopause/
https://www.unitetheunion.org
http://www.menopausematters.co.uk/
http://www.healthtalk.org/
https://www. womens-health-concern.org/
http://www. menopause-exchange.co.uk/
https://www.nice.org.uk/guidance/ng23
https://www.fom.ac.uk

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- Defibrillators
- Medical Consumables
- Medical equipment & furniture
- First aid kits & bags
- Health screening supplies
- Training manikins & supplies

JISC MAIL

Jisc mail is an online forum which discusses OH practice and research. It has over 1000 subscribers from different countries (including Irish nurses). It's entirely free and the link to subscribe is:

https://www.jiscmail.ac.uk/cgi-bin/webadmin?A0=OCC-HEALTH

health
and wellbeing
@work

We have just released the programme for this year's Health and Wellbeing @ Work Conference at the NEC in March. You can visit the event website to register and view the full programme at www.healthwellbeingwork.co.uk

This year's event will again profile national developments, service innovations and examples

and over 180 exhibitors, it provides an unrivalled learning platform that promises to energise and inspire you. Look out for conference themes requested by last year's delegates, including

veteran health. The big news this year is the introduction of a dedicated NHS Workforce programme, celebrating 70 years of the NHS.

and save £25.00. And don't forget to forward this to your colleagues so they can register early as well.

All you need to do is CLICK HERE to register.

If you require any further information regarding the event, please let us know. We look forward to seeing you in March.

Event contacts:
Delegate enquiries: Laura Brooks 0151 706 7620 laurab@sterlingevents.co.uk
Exhibitor enquiries: Joe Allen 0151 706 7613 joe@sterlingevents.co.uk

7TH FOHNEU NTERNATIONAL CONGRESS

2019 BUDAPEST, HUNGARY

24th-26th APRIL, 2019

WORKFORCE HEALTH = NATIONAL WEALTH

Please visit the website regularly in order to follow the Congress updates.

Important dates and deadlines:

30/05/2018
Call for Abstracts Opens for the Congress

30/05/2018
Early Bird Registration Opens

30/09/2018
Final deadline for Abstract Submissions

03/11/2018
Authors to be Notified of Acceptance

01/12/2018
Early Bird Registration Fee Closes

19/03/2019
Standard Registration Fee Closes

20/03/2019
Late Registration Fee Opens

The 7th FOHNEU International Congress is open to everbody who wants to present recent and original results on any of the following topics:

1. Total Worker Health
- *Healthy Working Environment*
- *Vocational Rehabilitation*
- *How to handle harassment and bullying?*
- *Wellbeing*

2. Economic value of Occupational Health Nursing
- *Cost-effective interventions*

3. The role of Technologies in Occupational Health

4. Changing Workforce Demographics
- *Migration an opportunity or threat?*
- *Ageing workforce*
- *Workforce with disabbilities*
- *Milleniles*
- *GIG economy*
- *Multinationality*
- *Diverstiy and inclusion*

5. Management & Leadership

6. Research & Evidence Based Practice

CASE MANAGEMENT

A Case Study using the Biopsychosocial Flag Framework

Elaine Martyn, CNS Occupational Health

Case management initially evolved in response to employers' desire for help in controlling escalating costs (Cherek & Taylor, 1994). Since this evolvement, Case Management has largely been at the forefront of every employer's mind. To have a good case management programme in place can mean less absence from work, none or fewer costs to the employer relating to sickness absence cases, and possibly a better general morale in the workplace. Employers who take a proactive approach to managing sickness absence are more likely to see the benefits than those who do not. On average, those who do not have any barriers to rehabilitation have 1.6 fewer days of sickness absence for every employee than those who do identify barriers (SHP, 2012).

Problem solving is an essential component in Case Management and as stated by Lu and Xu (2008) It is a skill that case managers who assist workers with injuries must learn and use if their clients are to be successful in returning to work. It is important to look at ways in which the biopsychosocial model contributes to promoting and optimising the health and wellbeing of employees, during the case management process. The author will look into a mental health sickness absence case that was dealt with in the workplace and how this model of practice benefited the progress of this case. The case in question relates to a 32-year-old male; for the purpose of this article, and to protect his anonymity, he will be named Mr. Doyle.

Mr. Doyle has no under lying health conditions. Socially-He has a partner who lives a two hour drive from him-he sees her at the weekends. He has recently moved back in with his mother and her new partner, whom he does not like. His parents are separated a few years and his father has a partner also, and a young child. He enjoys spending time with his father, his partner and their son. They live a thirty minute drive away from him. They are concerned about his recent behavioural changes. Mr. Doyle has been absent from work due to symptoms of depression. He works the night shift on a manufacturing line in a busy manufacturing plant. He has a good relationship with his team lead and other colleagues. He has been in this job for two years. He recently started becoming aggravated easily at work, gradually stopped interacting with colleagues, and walked off his shift one night. His sickness absence commenced after this event.

The author will now list the key issues that are identified in this case and link those issues to the biopsychosocial flag framework, by listing the relevant flags beside each issue. Red flags are signs of serious pathology, while yellow flags refer to psychosocial risk factors, including maladaptive beliefs, avoidant and emotional coping, fear, and catastrophizing (Kendall, Linton & Main, 1997, Cited in Buck, Barnes, Cohen & Aylward 2010). As suggested by Shaw, Van der Windt, Main, Loisel & Linton (2008) Blue flags have been conceptualized as worker perceptions of a stressful, unsupportive, unfulfilling, or highly demanding work environment. The following issues/flags will be further discussed in the main body.

The key issues identified in this case are:

- Sickness absence {Blue/Black and Yellow Flag}
- Unhappy with current living situation {Yellow Flag}
- Dislike for mothers partner {Yellow Flag}
- Aggravation with work colleagues {Blue and Yellow Flag}

- Living distance from own partner {Yellow Flag}
- Does not feel he has independence {Yellow Flag}
- Feels he has lost control of his life and is stuck in limbo (living back home with his mother) {Yellow Flag}
- No follow up by GP {Black Flag}
- Recent behavioural changes {Yellow Flag}
- Symptoms of depression {Red and Yellow Flag}
- Lack of hobbies {Yellow Flag}
- Problems with shift work/night shift work {Blue and Yellow Flag}

Assessment and Application of the Biopsychosocial Model

The initial assessment is a crucial component in case management. It is an essential process in order to gather information about the client's mental and physical health, their social situation, behaviour, and contextual factors (Coombs et al 2011). The bio psychosocial approach is now utilised in the majority of mental health assessments. As Meyer and Melchert (2010) suggest the bio psychosocial approach is one of the most comprehensive methods to conceptualizing mental health assessment and treatment. When developing an assessment using this approach, there are four elements that should be considered; physical, psychological, vocational, social and family (Wong 2006). This has been reiterated by McKay, McDonald, Lie, McGowan (2012) when they spoke about how the biopsychosocial model of mental health care emphasises the importance of holistic approaches to health care.

Bio-psychosocial treatment studies display findings important in demonstrating that a psychosocial risk factor may cause and/or affect the course/symptoms of depression. In relation to the aforementioned client, Mr. Doyle, upon initial assessment, disclosed that he had recently moved home with his mother and her partner, whom he did not get along with, and he felt that he had lost his direction in life. He also reported feeling low in mood and staying in bed a lot more than usual, but unable to sleep properly when in bed. He said he was feeling tired all of the time and had lost his motivation to go to work and to meet friends. He stated that he felt he should be living independently at this stage of his life and was feeling down that he wasn't. Psychosocially there are some yellow flags highlighted here.

These are all signs of someone isolating oneself from the outside world and common psychosocial signs of depression. As stated by Wasserman (2011) Male depression can be masked by alcohol consumption, increased aggression and violence. Depressed men frequently refer to their poor concentration and to deterioration in occupational situations. The serious impact of depression on men is highlighted by the fact that 17.5 men per 100000 of the population in the UK died by suicide in 2009 compared with 5.2 per 100000 women (Symonds & Anderson, 2011). The World Health Organization expects that depression will be the second leading cause of disability after heart disease by 2020 (Holden, 2000). Furthermore Symonds & Anderson state that a lack of feeling towards loved ones and an inability to engage in activities caused by anhedonia can magnify feelings of worthlessness and guilt generated by depression. There are typically negative patterns of thinking about the self, others and the world with feelings of hopelessness that can lead to suicidal thoughts or acts.

During the initial assessment, it is important for the Case Manager to approach the case in an appropriate manner. The ways in which questions are asked are an important part of this. The case manager asked Mr. Doyle questions like "when he thinks he will get back to work" not "if he think he will get back to work", "what level (out of 10) he thinks his work ability is at". Observation is a key factor during the assessment process. If it is a Telephone Consultation, this is not going to be possible. Other important factors to consider are open questions, keeping records and structured questions. In this instance Mr. Doyle spoke to the case manager about his feelings of "lack of interest" "feeling low" and "no energy". He initially did not want to speak about his feelings but on the second consultation he began

to open up. It was at this stage-the case manager referred him to the EAP (Employee Assistance Programme) service within the organisation. The case manager also referred Mr. Doyle to his GP, while also gaining consent from Mr. Doyle to contact his GP to discuss his case with them. As case managers, it is important for us to recognize the signs of depression and refer the individual to appropriate resources for the proper diagnosis and treatment of this mental health problem (Mattaliano, 2010). Early intervention in response to mental ill health seems intuitively appealing: a significant body of evidence also suggests it generally makes for better outcomes (McGorry, 2008).

The next steps in this case were to review Mr. Doyle following his visit to the GP and his contacting EAP. The case manager organised this review. Mr. Doyle expressed his hesitations about coming into the workplace for this review so a telephone consultation was organised. This resulted in a very effective way to communicate with Mr. Doyle while he was out of work. As stated by Pygall (2012) the best telephone consultations consist of open questions, matched with an unbiased attitude that provides patients with opportunities to express any concerns they may have. During a telephone consultation, Mr. Doyle expressed his concern that the medications he had been commenced on by the GP, for his symptoms of depression, were not helping him. The GP had not arranged for a follow up with Mr. Doyle. The case manager advised Mr. Doyle to contact his GP and organise a follow up review. It is important for the employee to keep close contact with their GP, as the GP can usually have a greater knowledge of the person and their background.

Following a review with the GP, it was agreed, by both the GP and Mr. Doyle that he would discontinue the anti-depressant medication and focus on the EAP sessions of Cognitive Behavioural Therapy (CBT). Beck et al (1979) (Cited in Embling, 2002) proposed that CBT can treat depression as it helps the client to evaluate and modify distorted thought processes and dysfunctional behaviours.

Return to Work Plan

Mr. Doyle continued with this recovery plan, had two sessions of CBT and felt a great improvement after each session. Via telephone consultation on week three of his absence, the case manager spoke through return to work options with Mr. Doyle and together they made a return to work plan, which was to commence the following week.

The case manager arranged a meeting with Mr. Doyle's direct manager and team lead to ensure that all relevant parties were aware of the return to work plan. The case manager recommended that Mr. Doyle should return to work on a phased basis initially, and his team lead agreed that this modification could be put in place. Mr. Doyle was a valued member of the team and the team lead wanted to support him as best as possible. It was agreed that the phased basis would continue for 4 weeks, and that Mr. Doyle would be assessed by the case manager at the end of week two and four to measure his progress, and his own feelings on returning to work. Mr. Doyle expressed that he would like to continue working on the night shift as he enjoyed the work, and had a good relationship with his team lead and other colleagues. This decision was supported by his team lead. As stated by Ferris (2007) Constant communication with all parties is imperative for the best outcome of the file for medical management and return to work.

Phased return to work plans can sometimes lead to some internal issues in the workplace, the employee may carry out more hours than they are supposed to or they may carry out certain tasks that are not yet advised. As stated by Nielsen, Bultmann, Madsen, Martin, Christensen, Diderichsen & Rugulies (2011), Return to work after sickness absence is not solely determined by improvements in health but is also affected by individual and work-related factors. The case manager must put a plan in place with the employee to review them post return, during their phased program, and also after they continue back to full duties, to ensure the employee is managing well.

Discussion

There's a growing awareness that mental health problems can affect anyone, anywhere, and rather than feeling fearful or alarmed by the facts, there's a case to be made for responding proactively (Godwin, 2016). When applying the Biopsychosocial model in the Occupational Health setting, there are a number of factors to consider. Unnecessary prolonged work absence can cause needless, but significant harm to a person's well-being, due to physical (e.g., deconditioning), psychological, social, and vocational effects (Crichton et al. 2005. Cited in Caruso, 2013). It is suggested that to keep the employee in work is the best outcome, where possible. In this case, this was not possible. Mr. Doyle walked off his shift and refused to go back in to the workplace. He was supported while he was out of work by the case manager, his team lead, his GP and the EAP service in his workplace.

This multidisciplinary approach ensured he was supported to the utmost during his sickness absence. It also ensured that he returned to work quicker than he may have if he was not supported. The general concept of the Biopsychosocial (BPS) model is to use the "patient-centered" approach. This means that the physician follows the patient's lead and interests during the medical interview to identify the psychological and social components of the BPS model (Smith, Fortin, Dwamena & Frankel, 2013). Motivational interviewing is an integral part of case management. This generally focuses on the present interests, concerns and perspectives of the individual. As stated by Rollnick, Miller & Carter (2008) the way in which you talk with people about their health can substantially influence their personal motivation for behaviour change. Often the client, who is active in the Consultation, is more likely to do something about it afterwards. A large amount of resilience seems to come from friends and family. In this case, there were a number of "flags" identified, identifying these flags, helped the case manager to assess and carefully manage the case the best possible way, with the best possible outcomes. The flags approach gives a framework for systematic assessment of cases. It enables an agreed platform for the identification of risk factors that may be pertinent to an individual and their condition.

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HOW THE *WORKING BACKS PROGRAMME* HELPED STAFF MANAGE BACK PAIN, REMAIN IN WORK AND REDUCE ABSENTEEISM

Siobhan Bulfin, Niamh Tuohy, A Purcell , A O'Reilly - St. Vincent's University Hospital

St. Vincent's University Hospital Wins *'People Award'* at Enterprise Risk Network Recognition Awards 2018

Hosted by the National Treasury Management Agency/States Claims Agency.

On the 8th November, the Occupational Health Department and the Physiotherapy Department at St. Vincent's University Hospital (SVUH) won the award under the category of '*People for the Working Back's Programme*', at a special awards ceremony in The Royal College of Physicians of Ireland, No. 6 Kildare Street.

The *Working Back's Programme* was one of over 100 projects entered for these prestigious awards, with 18 finalists selected across 6 categories. This award is hugely significant for the project team and for St. Vincent's University Hospital.

The *Working Back's Programme* is a multidisciplinary initiative developed and managed by the Occupational Health Department and the Physiotherapy Department, for staff reporting back pain as a result of work or whose work performance is affected. The aim of the programme is to provide a pathway for early intervention to help staff remain at work and thus reduce absenteeism. Continuous audit of the *Working Back's Programme* demonstrates the programme is working, absenteeism is reduced, people like it, and it brings significant personal and organisational benefits.

INTRODUCTION:

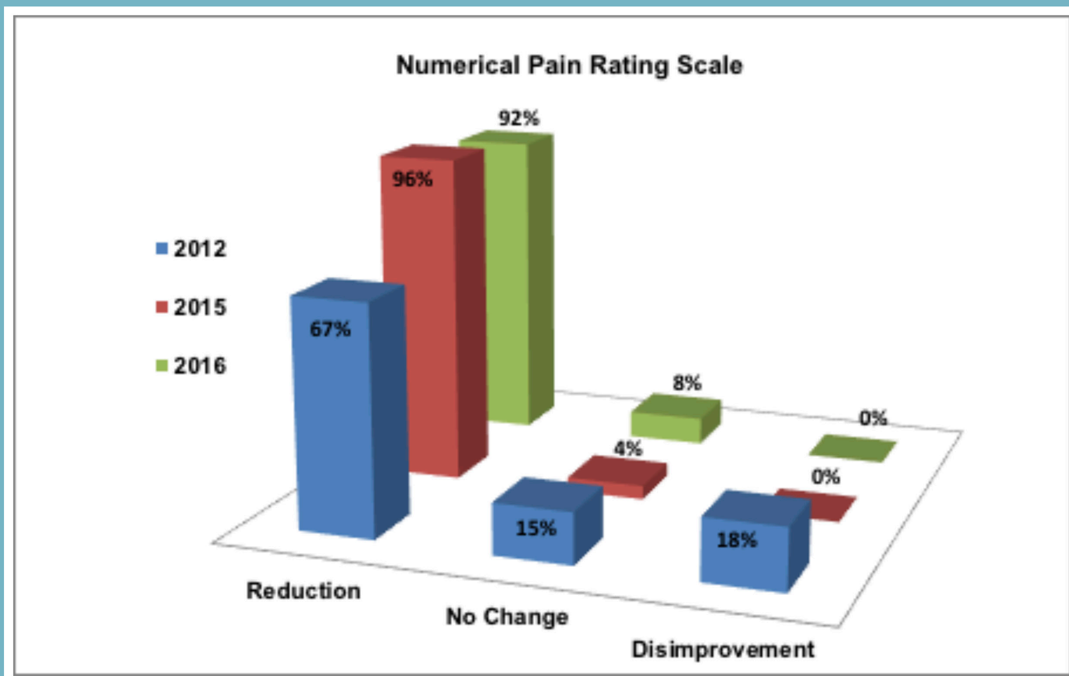
The *Working Back's Programme* (WBP) is designed for staff reporting back pain as a result of work or whose work performance is affected. It's a comprehensive approach including medical assessment, provision of information and education, a designated physiotherapy and ergonomic staff referral service and a referral pathway for further investigations and/or review. The effectiveness was evaluated by an initial audit in 2012 and subsequent audits in 2015 and 2016.

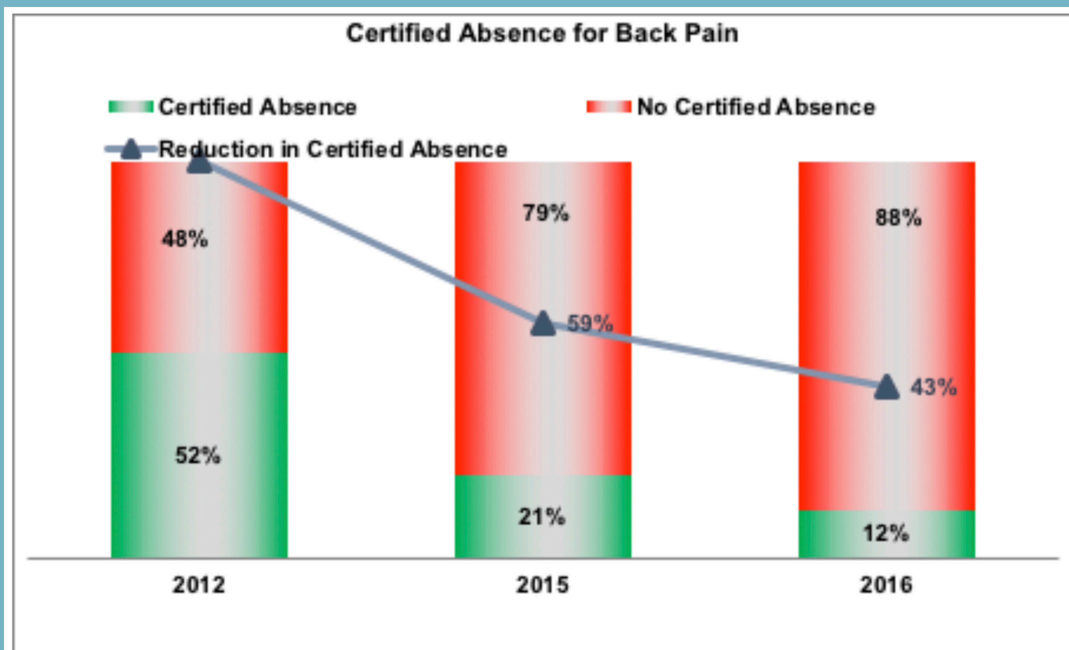
METHODS:

Data was collected through questionnaires at initial consultation and post discharge for comparison. This included the quantitative tools:

Patient Specific Functional Score (PSFS) self-reporting of functional ability to complete tasks and the Numerical Pain Rating Scale (NPRS) self-rating of pain score.

A cross–sectional analysis of absenteeism rates was also performed to determine the percentage of WBP participants with certified absence and work hours lost for back pain.





RESULT:

In 2012, 75% of participants, who completed the audit found the WBP beneficial. This figure rose to 96% and 94% in 2015 and 2016 respectively.

In 2012, 52% of participants achieved a 2 point increase or greater for their average score in the PSFS. In 2015 and 2016 it was 88% and 72% respectively. A 2 point change for the average score is valid to be 90% confident that a real improvement occurred.

In 2012 66% reported a reduction in pain levels on the NPRS. In 2015 and 2016 this increased to 96% and 92%, respectively.

In 2012, 52% of the WBP participants had some certified leave of absence for back pain. This decreased to 21% in 2015 and to 12% in 2016.

DISCUSSION:

The WBP demonstrated both personal and organisational benefits. It has proven to be a worthwhile health promotion initiative. It's ethos is based on an active approach in the management of back pain, enabling staff to remain at work while effectively managing back pain.

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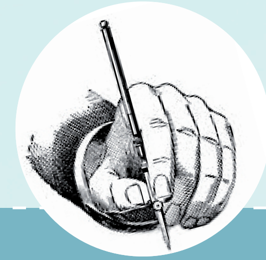

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Elaine

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