Employee engagement, the key to reducing the risk of muscular skeletal disorder in a high risk employee group.

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Abstract

What do we do when manual handling injuries continue to occur, we provided training but our injury rate is still far too high? This was a dilemma that presented itself at Melton Shire Council and it was clearly evident that something needed to change. This paper looks at the approach adopted by Melton Shire Council in order to provide a proactive and targeted response to the management of muscular skeletal disorders. Following a review of practices it was evident that a new model was required, one that addressed the real reasons behind why it is important to prevent injuries. The approach has focused strongly on engaging staff and assisting them to develop solutions. The adoption of a strong behavioral approach is the key, as many of the practices (behaviours) need to be undertaken in the absence of pain, that is, people don't tend to do anything if there is no pain. The program is categorised into three key areas. These are 1. Prevention, which is focused on training and education developed to suit specific job tasks, 2. Management of current injuries through increased support and access to an ergonomist/physiotherapist and 3. management of future injuries by early interventions and close links with health care providers and the establishment of return to work programs.

Introduction

As musculoskeletal disorders (MSD) continue to be an area that impacts across many workforces, the need to adopt innovative approaches in how the management of this type of injury occurs is of vital importance. The cost of musculoskeletal disorders (MSDs) to Melton Shire Council, was not only financially problematic, but as a whole the impact on the workforce was considered high. The observed costs were only the tip of the iceberg and by drilling down into the actual costs there are numerous other factors that need to be assessed. It was identified that targeting the intangible costs was a significant key in driving down the financial impact of injuries. The intangible costs are focused on the impact on our people, this can be the flow on effect to staff impacted by a colleagues absence and a change in workload. Of high significance is understanding the impact on the injured worker and establishing a process to manage all the issues associated with an injury. Robertson and Stewart (2004) raise the issue that people often overlook the warning signs until it is to late. Our old approach failed to look at the cumulative trauma on a persons body, we need to both accept and manage this key factor as a means of moving forward.

Melton Shire council has adopted a philosophy that if we can stop one person from having a serious back injury, we have potentially saved someone from a very negative and potentially life long experience. How do you measure this, you cannot, but you can measure the reduction in injuries and the establishment of better and quicker return to work plans, and whilst these figures are nice and look great on paper it was not the complete picture for us. It is the response of staff to the actions that tell the story, staff are always willing to be plainly blunt about how things are going and this provides a gauge to your progress, that non scientific term 'gut feel' or to others 'professional judgment' will give you a feel for how things are going.

The effectiveness of any program is not just about developing a fancy training program, workforce "buy in" is essential. In our experience such engagement evolved with timely personal service that often exceeded employees expectations. Such "currency" with the workforce is a powerful way to argue the case for more effective preventative safety behaviour when managing potentially debilitating MSD's. Essentially this engagement is about employee trust, but also the 'in-house' capacity to deal with not only the presenting injury but also to effectively deal with difficult workplace aggravating factors. Of course trust needs to be earned.

In a majority of cases in this organisation the symptoms of injury were short lived and subsequently the employee returns to work quickly. However in other cases a longer term impact occurred which included extended or frequent time lost and in extreme cases surgery.

Leigh (in Peterson & Mayhew, 2005) exploration of occupational diseases highlights that they *"...often have a long latency period (years or decades) between the start of exposure and the detection of clinical disease."* (pg.76). Recognition of this offers important insights into preventing MSD's. Traditionally we have been 'stuck' by retrospectively assessing culminating injury events. The more difficult but pertinent issue of examining cumulative stress is central to taking injury prevention to the next level. The workforce has considerable responsibility here because for the most part employers are very dependent on employee's to adopt safe behaviours. For humans generally, preventative safety behaviour is often counter-intuitive given that most of the time we are pain free. Getting line management and their team to recognise cumulative trauma in the absence of pain can be a 'tricky' argument to make but very necessary to move the whole initiative to a meaningful level.

The Program

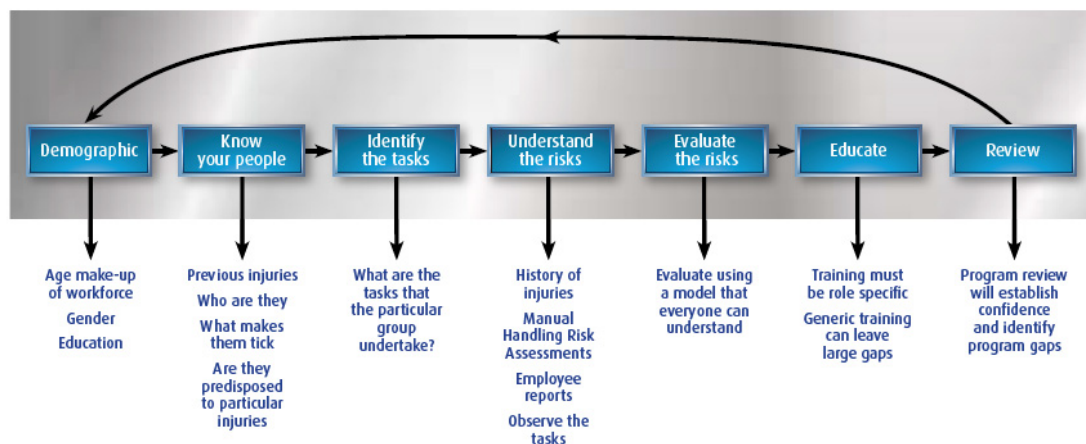
The overall program focuses on three key areas. These are 1. Prevention, which is focused on training and education developed to suit specific job tasks, 2. The management of current injuries through increased support and access to an ergonomist/physiotherapist and 3. The management of future injuries by early interventions and close links with health care providers and the establishment of return to work programs.

Engaging the Workforce

Engaging the workforce is the most important aspect of any manual-handling program. Clancy & Francis-Pester (2007) describe this as getting into the *"...hearts*

and minds…" (pg.2) of staff. Without this it is doubtful that meaningful progress can be made. The cornerstone of the program is to operate 'in-house' with a culture of openness and care in the organisation. This element is essential as managing injuries may sometimes require communication of 'inconvenient truths' and without trust and confidence these messages can sometimes be misconstrued. Melton Shire Councils program focuses on workgroups with specific or similar tasks rather than adopting a blanket approach of one style fits all. Burton et al (2005) reported that "several studies have demonstrated that rates for reported MSD's are more prevalent in certain types of industries and within certain occupations." (pg.3)

In order to apply Melton Shire Councils manual handling program we propose the following model as a means of staff engagement through the identification of all relevant factors and the education staff.



Demographics

In order to understand what the issues are you must first know your workforce. A demographic study provides you with a vital picture and is a potentially a rich source of data to target programs. Knowing the age profile will assist in understanding potential for injury (risk exposure) for example home support workers may have an average age profile of 50 and this is different to a group of youth workers that may fit into an average age category of 25 years of age. The type of MSD injury that each group are susceptible varies.

The make-up of the workforce based on gender can provide some direction; at Melton the gender profile is 66% female to 34% male staff, which can have an impact on reporting. Gender is a key factor that will assist in understanding the potential risk of MSD, firstly if the profile is a group of females that are in a post menopausal age group the risk of injury is different to that of a group of 20 year old females. This is an important factor in tailoring your training program. Gender is also an important factor when it comes to reporting of injuries and pre injury symptoms, Bertakis et al (2000) and Mackenzie et al (2006) reported that females are more likely to report minor injuries and symptoms earlier as compared to males. Where a workforce has a high proportion of females you will see a higher incidence of reports. This should be seen as a positive rather than a negative as it assists in identifying early problems and assisting in the development of early intervention programs. Men have also been found to hold 'riskier beliefs' (Courtenay et al, 2002) and this can be seen to

potentially impact on the reporting process, as many will know unless a males arm is hanging off they will generally battle on, an unsatisfactory situation as it inhibits the early detection of issues.

Know your people

You need to understand where the risks are as this will be the first area you target, a review of injury data is a good starting point. This will identify where the reported injuries occur, who is making them, the type and severity and this data can be used to establish whether particular groups are pre disposed to certain problems. For instance in some cases it may be easy to see that some personnel may have several claims over a number of years, which is out of proportion to the rest of the workforce, this is an area that can target specific interventions. By engaging these people you can assist in developing strategies in a range of areas to assist in the management of existing injuries and prevention of future occurrences.

Identify the tasks

You must first understand the tasks that are undertaken, it is easy to fall into the trap of sitting back in the chair and determining the risks. For example most people have used a vacuum cleaner and could confidently say I can assess that task without observing it, for some this may be right but it is better to observe and identify all the subtle issues that you cannot pick up undertaking the task from a chair. This consultative task specific onsite analysis activity is also important as it allows the people that are impacted to be a part of the process and aids in gaining ownership of not just the presenting problems but also solutions.

Understand the risks

Before we can do this however there is a need to gain an understanding of what are the risks faced. This can be a systematic evaluation of the role and allows the identification of all factors that are relevant to the issue. You may use checklists or other tools that have been developed to assist in this process, the important aspect of this process however is to involve those that undertake the activity, they know what works and what does not.

Evaluate the risks

How we evaluate risk is as an important aspect of the process and needs to be outcome focused with a removal of any potential biases, that is we don't want to establish the answer before we go into the process. The very subjectivity of risk will also impact on how you sell the message (Clancy, 2005. Clancy & Holgate, 2005. Holgate & Clancy, 2007). In order to apply accurate risk measures there is a need for a simplified approach, information needs to be communicated in a manner that is acceptable and can be understood by the people you are engaging. If you play down the risk you run the risk of moving the emphasis away from the importance of managing this issues. If the message is 'played up' or over the top people may initially react, however overtime this will drop off and when you try and sell the message further the impact will be lost.

Whilst identifying hazardous manual handling tasks is an important start, we found that the effectiveness is reliant on employee buy in. If staff are involved in the process then the chances that findings will be taken on board are increased. As part of this approach there is a need to apply an appropriate tool, there are many of these around and as already mentioned, often provide subjective findings. In order to reduce subjectivity and gain consensus, don't bring the experts in and do assessments in isolation, involve a group of the target staff.

Educate

In the experience of these authors a significant proportion of MSD injuries have a behavioural component, in other words, largely preventable. Given this premise we chose to present the educational program in a manner that not only offered pertinent information regarding the nature of the human bodies predisposition and response to musculoskeletal injury but also the motivation to participate in safe behaviours in the absence of pain. Put simply, 'personalise' the risk. Such an approach leads naturally to the development of a potent health and wellness 'argument' that unfolds during the session. For example in this work group educational context evidenced based / self managed strengthening programs begin to make sense as a powerful 'personal' preventative strategy.

The second component of this training is practical in nature and is a brutally honest task specific manual handling review of the particular work groups job. This part of the training is led by the group themselves with the facilitator keeping the participants on a 'solution' oriented path. In effect the risk assessment process is explored and practical solutions are sought from the people actually undertaking the task.

Review

As with any program in order to ensure the continuous development and identification of new issues or program gaps it is important to review the progress. When we started on this path of tackling MSD's, it was as much trial and error on the part of understanding the role and the people. We chose to move away from a generic approach, however some components are still generic in nature. You need to go back and talk with the staff, to understand what is working, what does not work and why not. This has the potential to be confronting, however the very basis of our program has been to talk with our people, to be seen by our people and to help our people or in simple terms engage our people. Undertaking a review if done in the right way can provide a wealth of information that will allow you to move forward.

Conclusion

Whilst it may be a cliché "staff are our most valuable asset", without them we cannot provide our services to the community. Often certain roles are undervalued when it comes to the physical degree of the activity and this has been acknowledged as a key component of our program. By gaining buy in at each level and developing the program to meet specific needs you, can tailor relevant information in a way that is acceptable to staff and increase your chances of success. Where staff have a personal injury or illness, we have found that by providing the same level of support we have

created an environment of trust. The most important part of our program has been the engagement of our employees, where they can genuinely see that you are trying to help and provide assistance within the realms of reason, you can see many more gains than just providing lip service. We have found that our response to the management of injuries is directly proportional to the way we treat people and how they feel about Melton Shire Council as an employer.

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