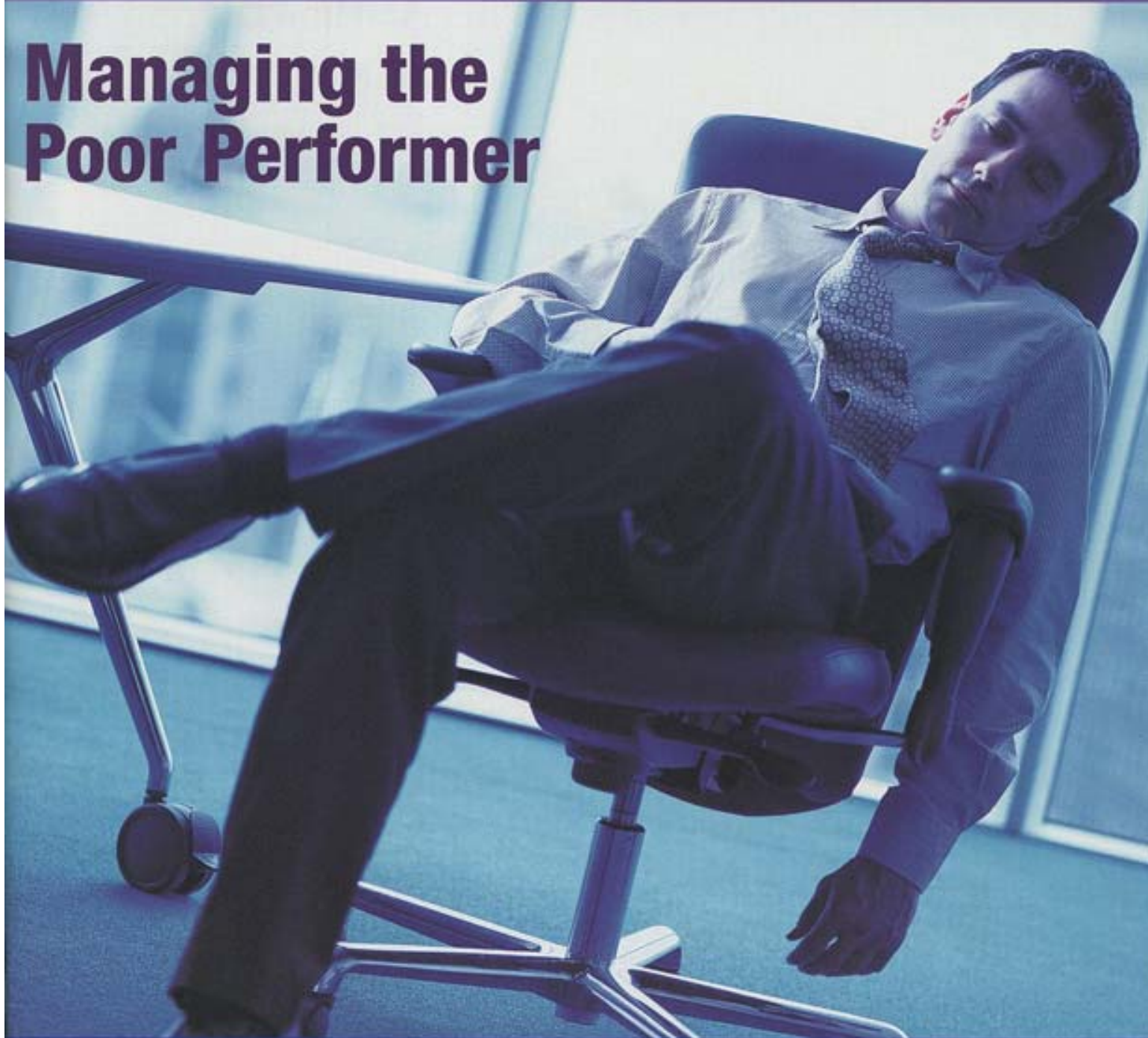


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Managing the Poor Performer



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Eight Challenges for the Workplace
Musculoskeletal Disorders and EAPs
Easing Post-Deployment Workplace and Family Reunions



Employee Assistance
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MSDs and the Workplace

EA professionals can work with ergonomists to identify jobs and workstations that place employees at risk for musculoskeletal disorders.

by Lori Eig, M.S., PT, CEES, CSCS, and Julie Landis, M.S., PT, CEES

Employers have long been interested in the "fit" between workers and work—whether the education, training, experience, temperament, skill sets, and abilities of a given individual are suited to a particular job. In the past few years they have also become interested in the fit between workers and workplaces, as a growing body of research has confirmed that the relationship between the two can have a significant impact on productivity and performance.

The science of fitting a workplace to a worker is called ergonomics and typically involves modifying or redesigning jobs, workstations, the tools workers use, or even workers' environments. It blends the medical and health sciences with the field of engineering, with the main goal being to provide a safer and more healthful work environment for the individual.

Ergonomics got its start in the field of aeronautics, where ergonomic principles were applied to design cockpits to

help pilots comprehend and use their instruments more effectively and efficiently. It has since spread to nearly every sector of the business world, although many employers, particularly those in office settings, think their workers are not at risk for ergonomic-related problems. In fact, most people experience some aches and pains no matter where they work, what type of job they perform, or how young they are.

In the United States, the Occupational Safety and Health Administration (OSHA) oversees ergonomics issues. In November 2000 OSHA issued an ergonomics standard that would have applied to most U.S. workplaces, but President Bush repealed it shortly after he entered office. Since then, OSHA has published ergonomics guidelines for some industries, and the agency recommends that any company with 10 or more employees have an ergonomics program in place.

OSHA has defined several "risk factors" that have been shown to lead to the development of musculoskeletal disorders, which are conditions (especially of the lower back or upper extremities) that are precipitated or aggravated by repeated movements or exertions of the body. Work-related MSDs are the leading cause of work absences and lost productivity, accounting for one-third of occupational injuries and illnesses reported to the Bureau of Labor Statistics each year. All of the risk factors (see Figure 1) are hazardous in and of themselves, but in combination they can be even more debilitating. For example, if someone is reaching overhead several times a minute for three hours, s/he is subject to awkward posture, repetition, and duration at the

same time.

FIGURE 1
Risk Factors for Musculoskeletal Disorders

Awkward posture
Repetition
Force
Duration
Contact pressure
Temperature
Noise
Vibration
Lighting
Personal attributes
Psychosocial factors

The main goal of ergonomics is to reduce or eliminate exposure to these risk factors. Employee assistance professionals can help jump-start this process by being alert to the early warning signs of MSDs, including lost workdays, absences caused by employees keeping physical therapy or medical appointments, a decrease in the quantity or quality of work, increased complaints of fatigue or general tiredness, or a general decrease in morale. Relocations can also cause an increase in MSDs—if a company moves its operations (especially to a smaller space), it often generates a lot of discontent, some of which typically relates to ergonomic problems.

SIMPLE MODIFICATIONS

An ergonomist can take two introductory steps to identify potential sources of MSD risks. One step is to review lost work data, injury logs, and performance evaluations to detect job functions or workspaces that might be at high risk for



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MSDs. If the ergonomist notices that, say, the number of lost workdays is rising in the data entry office, s/he can focus attention on that area. Another thing an ergonomist can do is conduct a general overview by walking through a workplace. This will provide a global sense of the overall fit between workers and their workspaces.

It's often helpful if an EA professional or someone else within an organization can identify weak spots—the areas where complaints are high and morale is low or where a lot of repetitive work is being performed—and steer an ergonomist toward those areas first. This will help ensure that the organization gets the biggest return on its investment. A lot of companies will want an ergonomist to focus on management first to keep senior-level employees happy, but it's more often the "worker bees" whose needs should be addressed first.

A more formal and detailed step is to analyze particular individuals or job tasks. This may lead to evaluations of several workers in a common area—for example, if a problem is indicated in the data entry function, it often makes sense to review every worker performing that function. The analyses utilize nationally recognized assessment tools such as the NIOSH Lifting Equation, which evaluates two-handed lifting tasks and helps identify solutions for reducing the physical stress associated with manual lifting, and the Rapid Upper Limb Assessment, which evaluates a worker's exposure to postures, forces, and muscle activities that have been shown to contribute to repetitive strain injuries. These tools are helpful in establishing risk baselines and collecting objective data.

An ergonomist may also conduct symptom surveys that gather perceptions from workers about job tasks and workspace design. Face-to-face interviews can elicit information about whether people are experiencing aches and pains in their back, arms, or other areas of their bodies. The OSHA Web site contains checklists that are helpful in this regard. If a worker has been injured or is filing for workers' compensation, more formal, in-depth evaluations are in order because

these cases require more documentation for a company.

Ideally, an employer will contact an ergonomist to consult on job design to help devise safe work environments. These consultations often result in simple yet significant modifications to workspaces. For example, an ergonomist might recommend adjusting the height of workstations to the height of the people working at them, or situating computers and other work equipment according to the "handedness" of the people using them and the type of work they're performing. Desk size is another issue worth scrutinizing. At many companies, the people making the most money have the biggest desks. The people with the smallest desks are making the least money, but they're the ones who have to do paperwork and computer work and mailing tasks, so they actually need big desks.

Our firm recently submitted a contract to the Department of Homeland Security to provide ergonomics services to airport passenger screeners. Many of

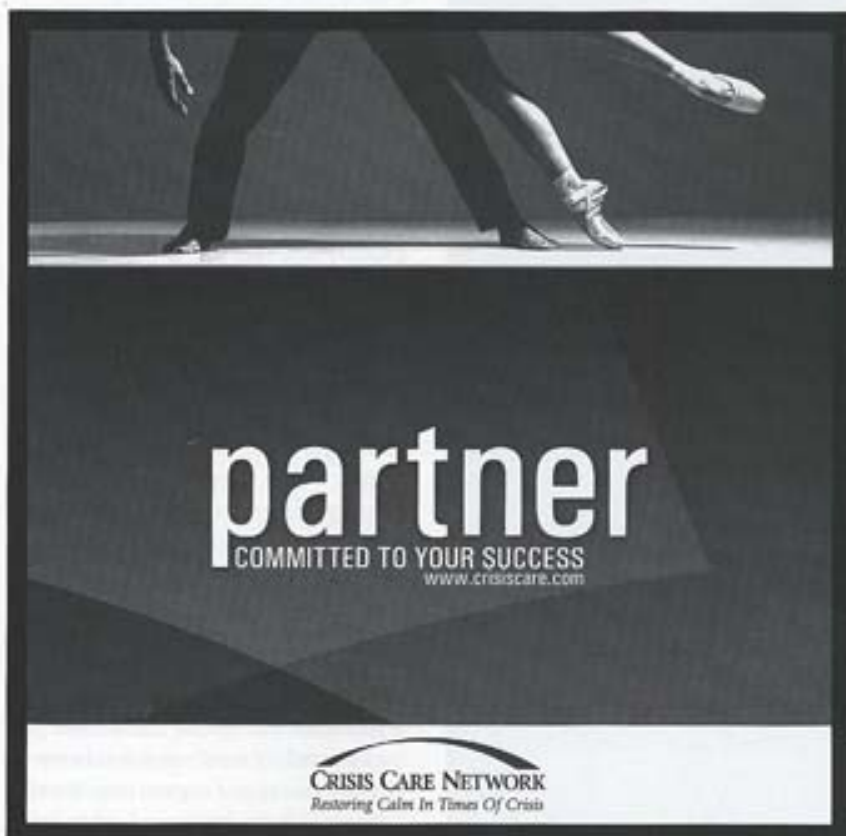
the screeners are filing workers' compensation claims for lower back problems resulting from lifting baggage bins. That's a good example of a work environment that could benefit from a redesign.

Usually, minor changes in a work environment will make many aches and pains disappear. Employers can help keep them away by offering continuing ergonomics education to current employees and introductory education to new hires. They also can devote a section of their intranet or public Web site to ergonomics so employees can refresh their memories about the importance of workplace "fit" and request an evaluation if problems arise.

USING WHAT'S ON HAND

In most cases, a human resources or health and safety representative will contact us to request our services. These are the people with whom we have an "in" with employers, though EA professionals certainly could fill this role as well.

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already experiencing problems with MSDs; the other half contact us because they want to prevent such problems from arising. Some employers think they don't have to worry about MSDs because they have a young workforce, but older employees often work more safely because they've learned and adopted work practices that put them at less risk.

Employers frequently are concerned that ergonomics services will turn into a buying frenzy—new desks here, new chairs there—but a lot of work environments are fairly adjustable, and good ergonomists will try to work within budgets and make the best use of what's on hand. Although workers who are very tall or very short will fall outside the bell curve of what most office furniture will accommodate, most people can find a reasonable fit with their existing furniture and equipment through adjustments in chair or desk height.

Almost all of the equipment purchases we suggest are along the lines of a keyboard tray, a footrest, a decent document holder, or a headset for people who use phones frequently. Even in the case of minor purchases, we do not recommend them simply because someone asks—there are certain criteria workers have to meet to qualify for new equipment. We find that most employers appreciate the fact that their employees must undergo an evaluation and have an outside, unbiased party determine whether they qualify for new equipment or furniture.

Although some employers have a person on staff who is responsible for ergonomics, that person usually will have several other duties related to health and safety or wellness. Ergonomics will be a very small part of his or her portfolio, and one for which s/he isn't properly trained. Qualified ergonomists typically will have earned a certification in ergonomics—either a CPE (certified professional ergonomist) or a CHF (certified human factors professional). Some universities offer degrees in ergonomics, though the educational backgrounds of most ergonomists are in physical therapy or engineering. We also see people in the health and safety field

who are providing ergonomics services and who have degrees in occupational health.

The first priority in hiring an ergonomist and implementing an ergonomics program is securing support from upper management. There has to be an understanding from management that investing a little now will save a lot in the long run. If not, the process will become a come-and-go kind of thing, and nobody will feel motivated to act on the recommendations.

Another priority is to correct the misconception that an ergonomist will come into a workplace, spend a couple of hours, and everything will run smoothly. Employers need to have an ongoing maintenance program with ergonomics, just as they would with any other safety or productivity initiative.

Once an ergonomics program has been launched, employers shouldn't hesitate to let their workers know it's in place. Some employers like to downplay ergonomics initiatives because they're concerned that more complaints about aches and pains might start to surface. From an ergonomist's standpoint, however, those complaints need to be heard so people can get the help and services they need.

Once a program is in place, employers should expect to see increases in productivity, morale, and the quality and quantity of work and decreases in lost workdays and unexpected absences. Ultimately they should see a decrease in workers' compensation claims and healthcare dollar costs. Turnover should also decrease and employee retention should increase, and job satisfaction indices should rise.

In the long run, ergonomics services generally prove to be a "win-win" proposition because they save money, increase productivity, and show workers that the employer cares about them. One of the main reasons we go into workplaces is that employers tell us they want to do the right thing by their workers. They understand that it's well worth it to spend some money now to make sure nothing happens in the future. ■