

Preventative and Management Interventions: Psychosocial Issues and Musculoskeletal Disorders

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INTRODUCTION

The Accident Compensation Corporation (ACC) administers New Zealand's "no fault, 24 hour" Injury Prevention, Rehabilitation and Compensation scheme. Under this scheme ACC delivers a range of injury prevention programmes focused on the reduction of injuries which occur within the workplace and the community.

ACC's Preventing and Managing Discomfort, Pain and Injury programme was launched in June 2006 as a synthesis of three previous musculoskeletal injury prevention programmes, after it was realised that the factors contributing to different kinds of injuries were all essentially the same.

Critically, this programme recognises that injury prevention initiatives must tackle more than the physical aspects of a job. Providing training, equipment and adjustable workstations alone is not sufficient to prevent injury, or to facilitate early return to work after injury.

Therefore, the base upon which this programme stands is that all factors contributing to the onset of musculoskeletal injuries must be considered and managed appropriately to achieve positive injury prevention outcomes.

The contributory factors cover elements about the person, the task, the organisation of the workplace and the workplace environment, and have been grouped as below:

- **INDIVIDUAL FACTORS**
- **PSYCHOSOCIAL FACTORS**
- **WORK ORGANISATION**
- **WORKPLACE LAYOUT AND AWKWARD POSTURES**
- **TASK INVARIABILITY**
- **LOAD AND FORCEFUL MOVEMENTS**
- **ENVIRONMENTAL ISSUES**

Traditionally, workplace musculoskeletal programmes have tended to focus on improving workplace layout, providing training for manual handling and/or providing specialised equipment, while not recognising the importance of other factors that can contribute to injury.

The challenge in NZ workplaces – with our ‘she’ll be right mate’ culture – is to have the other groups of contributory factors taken into account. Of these, none is more difficult to approach than the potentially ‘touchy-feely’ Psychosocial factors. Managers and supervisors are usually aware that they exist, but are uncertain about how to deal with them, and don’t know whether they should even get involved.

DISCUSSION

We now have a good understanding of what psychosocial factors are and what can be done to address them. When a workplace successfully does this, there are significant benefits for primary, secondary and tertiary injury prevention outcomes.

At a primary level psychosocial factors often distract workers from the task they are doing, for example through boredom, stress, fatigue or frustration. Addressing psychosocial factors therefore directly reduces their likelihood of injury.

At secondary level after injury has occurred, psychosocial factors have a greater impact. An injured worker has to deal with their own response to the injury, along with any effects on income, family, co-workers and even the wider community.

At this stage there are certain behaviours that clearly identify a person likely to experience a delayed recovery. If these are picked up early in the injury management process and appropriate measures taken, a better outcome can be expected. This reduces ongoing long term claims, the number and cost of which continues to rise in many industries.

If a person does fail to recover, it becomes vital to help them adapt successfully to their changed capacity and to make the most of what they are still able to do. Creative job design and appropriate support can be the difference that keeps a person continuing to enjoy the benefits of contributing to society, as opposed to becoming marginalised by their injury.

CONCLUSION

ACCs Preventing and Managing Discomfort, Pain and Injury programme champions addressing psychosocial factors alongside traditionally understood issues in the workplace, such as force, work layout and repetition.

Early evaluations of results are promising, indicating that a change in thinking is happening in workplaces aligned with the programme. In targeted industries ACC has achieved a reduction in claims for soft tissue and gradual process conditions.

DPI New Entitlement Claims from July 2006 to June 2008

