



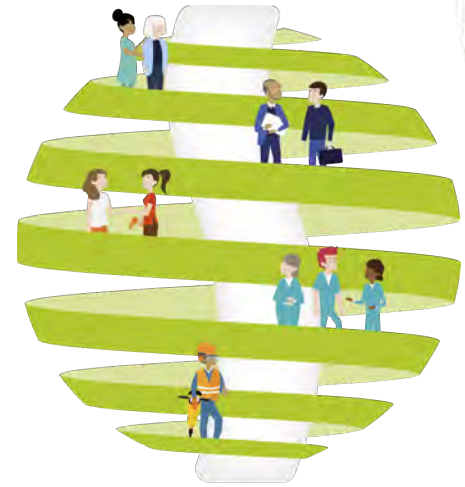
Healthy Workplaces Campaign 2020-22

LIGHTEN THE LOAD

Psychosocial factors in the prevention of work-related musculoskeletal disorders (MSDs)

Overview

- Psychosocial risk factors & MSDs
- How do psychosocial factors cause MSDs?
- Not all psychosocial factors are bad
- Psychosocial factors and returning to work
- Risk assessment
- Preventive measures



Psychosocial risk factors & MSDs

- Although physical risk factors are usually the main work-related influence on MSD risk, workplace psychosocial factors can contribute significantly to the risk of developing an MSD and to exacerbating a pre-existing problem
- The association between psychosocial factors and MSDs can work both ways.
 - Psychosocial factors can contribute to the causation of MSDs but having an MSD can lead to negative consequences, including job dissatisfaction and poor psychological health.

Psychosocial factors associated with MSDs



Risk assessment should consider “combinations” of these factors



- Excessive workloads
- Conflicting demands and lack of clarity over role
- Lack of involvement in making decisions that affect the worker and lack of influence over the way the job is done
- Poorly managed organisational change
- Job insecurity
- Ineffective communication
- Lack of support from management or colleagues
- Psychological and sexual harassment, third-party violence
- Low job satisfaction

How do psychosocial factors cause MSDs? (1)

- Various theories based on the 'stress response' explain how psychosocial factors can lead to an increased risk of MSDs.
- Exposure to adverse psychosocial factors leads to physiological changes in the body (the 'stress response').
- Persisting 'stress ' may lead to:
 - hormonal changes, such as a release of catecholamines or corticosteroid hormones which have role in development of MSDs,
 - an increase in muscle tone ('tension'),
 - changes in tissue repair mechanisms,
 - enhanced pain perception

How do psychosocial factors cause MSDs? (2)

- In addition, high physical demands and a lack of support (from co-workers and others) can lead to workers trying to work faster (including not taking breaks) and in their haste they might:
 - use unsafe postures or carry extra loads (increasing the risk of musculoskeletal injury)
 - cut corners and take risks (increasing the risk of accidents)
- Leading to a lack of physical recovery time, further adding to the MSD risk

How do psychosocial factors cause MSDs? (3)

- Increased muscle tension will have an impact on the biomechanical loading on muscles and tendons, increasing the risk of overload
- Many MSDs disturb the balance between tissue damage and repair, leading to inflammation. Stress-related changes to repair mechanisms further disturb that balance and can overwhelm tissue recovery processes
- Other mechanisms can act indirectly: e.g. perceived stress can lead to increased awareness of pain (pain perception) or reduced tolerance of pain

Not all psychosocial factors are bad

- There is also evidence that positive aspects of the psychosocial work environment can help to reduce the negative effects
- Factors such as good social support (from co-workers or managers) can offset the negative effects of factors such as high job demands
 - For example, in some situations, high levels of mental job demands (that would lead to an expectation of a risk of MSDs) do not have the expected adverse effect, as their impact is counteracted by the benefits of strong personal control or social support

Psychosocial factors and returning to work

- Psychosocial factors can also influence the return to work of those who have an MSD
- Workplace psychosocial risk factors can increase the risk of the MSD reoccurring. It is therefore important that any workplace physical or psychosocial risks that might have contributed to the initial development or worsening of the MSD are addressed.

Risk assessments, psychosocial factors and MSDs



- The approach to risk assessment (RA) should be kept broad: both physical and psychosocial factors can influence the physical and mental well-being of workers and should be assessed together
- To identify the sources of problems and develop preventive measures it is important to understand both:
 - the contribution of individual physical risk factors (e.g. weight and frequency of loads or extent of awkward or repetitive movements)
 - the extent to which individual psychosocial factors contribute to the overall burden on workers.

Risk assessments, psychosocial factors and MSDs



- RA should also consider ‘combinations’ of psychosocial risk factors (see slide 4), as high work demands are particularly detrimental when there is also a lack of autonomy, low social support and a lack of recognition
- Psychosocial risk factors can also have a direct, negative impact on psychological health and well-being
- Assessments should consider specific needs of different groups of workers
- More info about RA: PPT “**Risk Assessment for MSDs**”

Preventive measures (1)



- Unless the RA is followed by action, there will be no reduction in the burden of MSDs on workers and the resulting cost to employers and society
- When planning preventive actions, consider the following:
 - Address identified risks of harassment or violence as priorities. Work-related violence can be a serious safety and health issue with both physical and psychological consequences
 - Clarifying priorities, roles and responsibilities, and chains of command to help to resolve excessive or conflicting demands

Preventive measures (2)



- Enhance positive psychosocial factors
 - Enhancing the availability and quality of support from co-workers or managers can be beneficial.
 - It can also help to offset the potentially adverse impact of other negative factors.
- Such approaches can not only prevent the development of MSDs but also enable those with chronic MSDs to continue to work

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