



HOSPEEM-EPSU Project

“Assessing health and safety risks in the hospital sector and the role of the social partners in addressing them: the case of musculoskeletal disorders and psycho-social risks and stress at work”

Summary Document

HOSPEEM and EPSU benefited from the financial support of the European Commission for a **joint project** (n° VS/2014/0324) running from **1st October 2014 to 30th September 2016** aimed at implementing a core priority of the joint work programme 2014-2016 of the European Sectoral Social Dialogue Committee for the Hospital Sector, i.e. **the promotion of occupational safety and health**.

Musculoskeletal disorders (MSD) and **psychosocial risks and stress at work** (PSRS@W) were selected as the two focal topics, being the **two most frequently reported occupational hazards** in the hospital sector across the EU and significantly **impacting workers’ health and well-being, organisations and society** as a whole.

The purpose of this project was to identify **how actions aimed at preventing and managing MSD and PSRS@W can contribute to improved health** as well as to **more attractive retention conditions** in the hospital sector and can lead to **improved efficiency in the management of healthcare institutions** by reducing costs linked to loss of productivity, sick leave and occupational diseases.

Two conferences were organised in **Paris and Helsinki in March and November 2015**, respectively on approaches to the issue of MSD and PSRS@W, bringing together around 90 participants each from 20 Member States, mainly from national trade unions’ and employers’ organisations. Representatives of the European Commission (DG EMPL, Health and Safety Unit), of EU-OSHA and of Eurofound as well as national experts in these fields also took part in these events. Both conferences contributed to **raise awareness amongst employers and workers** on the importance of an effective risk assessment and management of these two occupational hazards and to **identify relevant measures and tools** to address them. The conferences promoted the **exchange of knowledge and best practices** and fostered **cross-country learning**. The **reports of both conferences**, drafted by the contracted expert Nico Knibbe (LOCOmotion, Netherlands), are available on the HOSPEEM and EPSU websites¹.

A series of key take home messages was formulated from each conference. They are presented below.

¹ HOSPEEM: <http://hospeem.org/activities/projects/msd-psr/> - EPSU: <http://www.epsu.org/article/conference-1-addressing-musculoskeletal-disorders-hospital-sector> for the conference on MSD on 25 March 2015 in Paris and <http://www.epsu.org/article/conference-2-addressing-psycho-social-risks-and-stress-work-hospital-sector> for the conference on PSRS@W on 10 November 2015 in Helsinki



Take home messages from the Paris conference on the issue of musculoskeletal disorders:



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- Demographic and epidemiologic trends indicate that status quo (no action taken) is very likely to contribute to aggravating MSD problems in the future.
- Increasing obesity among the general European population, the increasing age of the (predominantly female) workforce, the increasing average age of patients, the foreseen lack of health workers in the next years underline the



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- need for MSD prevention programmes among healthcare workers.
- The financial crisis must not be used as an excuse not to implement MSD prevention programmes at national or hospital level as they should be considered as a necessary investment leading to cost reduction for employers and society.
- MSD amongst healthcare workers should be seen as related to numerous health issues amongst patients (pressure sores, mobility issues, incontinence, diabetes, obesity, etc.). This gives the opportunity to tackle the MSD issue from different angles.
- As reliable knowledge about how to assess and solve MSD is available it is time to go from word to action.
- For an effective MSD prevention programme all four cornerstones (i.e. regulations and guidelines; social partners' role; ergonomic hospital design; training of health workers) should be addressed in order to gain synergy.
- New guidelines on ergonomics in healthcare are not necessary as they are available in the CEN ISO TR 12296.
- For training, guidelines and building design, understanding the five Mobility Levels (as mentioned in the CEN TR ISO TR 12296) is essential.



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- With the available assessment instruments, available guidelines and available best practices each hospital can develop its own tailor-made MSD prevention programme.



The Four Cornerstones:

- # 1: guidelines and regulations.
- # 2: social partners.
- # 3 (re)building ergonomic hospitals
- # 4 (training)

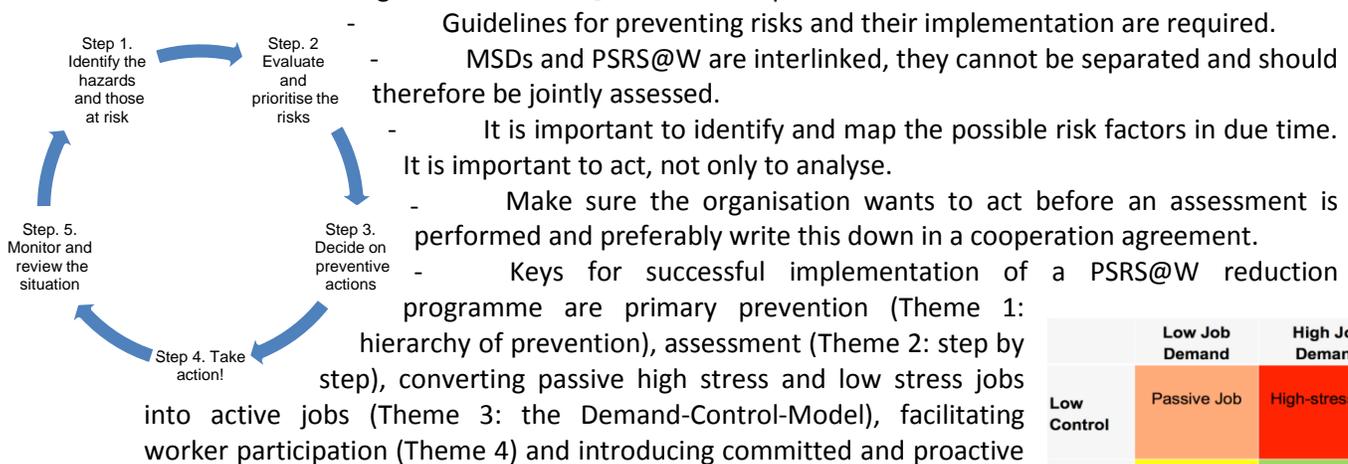
Social partners are important drivers for all four cornerstones. Preventing MSDs is a shared concern and must not be a top down process. Employers have to accompany and support employees but the latter must also be active and actors of their own health. The cooperation of employers and trade unions is fundamental in successfully managing and preventing MSDs.

- Social partners are one of the four cornerstones but they are also important drivers for the other three.
- Social partners should make the best possible use of the results of the conference and the project in the social dialogue/collective bargaining.
- Ergonomic focus is an indispensable feature of future hospital design. It contributes to coping with future staff shortages in health facilities and enables reductions of operational costs. Joining economical and building requirements from the beginning enables quality-oriented facilities.

- Training to prevent risks related to MSD is an on-going process: it should start in the context of initial professional training/education. Later on tailor-made additional updates and refreshers should be provided.
- Training should not be restricted to lifting, other sources of MSD should also be incorporated (postural load, pushing, pulling, etc.).
- As training is expensive and generally not (cost) effective it should be tailored to the issues of the hospital, ward or individual healthcare worker. Effective new ways of learning, through ErgoCoaches ('préventeur interne') and e-learning, should be discussed and incorporated.
- E-learning must be seen as additional to hands on training. With respect to MSD prevention, e-learning can never replace skill teaching in nursing practice. Both ways of learning should be offered in a 'blended' way.
- As most European countries promote home care (as opposed to institutional care) and as home care has its own typical ergonomic issues, a tailored 'home care approach' should be developed and implemented.

Take home messages from the Helsinki conference on psychosocial risks and stress at work:

- As PSRS@W have an impact at the same time on the worker (poor well-being and job satisfaction), managers (less motivated and productive workforce), the organisation (increased absenteeism, presenteeism², increased accident and injury rates) and society (costs and burden on individuals and society as a whole), trade unions, employers and governments should work together in preventing and managing this issue. Working in partnership and coordination to combat PSRS@W provides clear benefits and added value and leads to a win-win situation.
- As health professionals suffer from work-related stress more than any other professional group, doing nothing is not an option.
- Act quickly to reduce impact. Do not wait until the problems happen, do something before. When people are off work it is harder to get them back, it is more costly and it has implications on the rest of the team.
- Health workers need to be looked after now if they are to be effective later.
- Prevention is better than cure. Do not cope with PSRS@W, take away the source(s) of PSRS@W.
- Safe and adequate staffing levels can play a helpful role in preventing PSRS@W. Inadequate staffing levels can lead to higher risks of PSRS@W and subsequent work overload.



	Low Job Demand	High Job Demand
Low Control	Passive Job	High-stress Job
High Control	Low-stress Job	Active Job

² Workers turning up for work when sick and unable to function effectively.

leadership (Theme 5).

- Employees need to be engaged and involved into the decision making process in order to make change possible. Communication is decisive in that respect.
- Do not forget the managers, they are workers and get stressed too. Managers can get sandwiched between frontline workers and demands to meet organisational targets.
- It is crucial to have conversations with workers who suffer from work-related stress and with those particularly at risk.
- A number of tools and good practices are available in Europe to fight PSRS@W. They often need to be better known, implemented and used. A number of user-friendly, effective practical tools for assessing and reducing PSRS@W in the workplace are available on the website of the EU-OSHA “Healthy Workplaces Manage Stress” campaign: <http://hw2014.healthy-workplaces.eu/en>
- Social partners should make the best possible use of the results of the conference and the project in the social dialogue/collective bargaining.



Moving forward – Follow-up activities

HOSPEEM and EPSU intend to use the project findings, the project results and the deliverables in order to develop follow-up activities. Several potential activities are currently being considered.

The **relevance** of the **current regulatory framework** about **musculoskeletal disorders** ([Directive 90/269/EC](#) on the manual handling of loads) will be **assessed** and **potential loopholes** will be **identified** in the light of the changes in the work environment that occurred over the last decades.

In the framework of a planned **future joint project** HOSPEEM and EPSU foresee a **specific project activity on OSH related issues**, using the information gathered during the OSH project as a basis.

In the upcoming period HOSPEEM and EPSU will assess the relevance of drafting a **joint declaration on occupational hazards** in the hospital and healthcare sector (in particular **musculoskeletal disorders and psychosocial risks and stress at work**), focusing on **social partners-based initiatives**.

The possibility of adopting a **Framework of Actions on occupational safety and health** in the context of the next joint HOSPEEM-EPSU work programme 2017-2019 will be discussed.

The relevance and feasibility of organising a **follow-up activity on patient safety and safe and healthy work environments, linked to initiatives of DG SANTE on patient safety**, will be assessed.

HOSPEEM and EPSU wish to **further promote the exchange of knowledge and good practices** in the field of MSD and PSRS@W within and between EU Member States. To this end, HOSPEEM and EPSU have set up in the course of their project a webpage entitled “*Material and guidance*” on their respective website presenting European and country specific documents related to MSD and PSRS@W prevention³. HOSPEEM and EPSU also consider setting up a network of expertise.

³ HOSPEEM: <http://hospeem.org/activities/projects/osh-project-material-and-guidance>
EPSU: <http://www.epsu.org/article/material-guidance>