Healthy Workplaces Good Practice Awards 2020-2022

CASE STUDY

Large-scale prevention training for social and healthcare workers through an adaptable ergonomics model

COMMENDED

ORGANISATION/COMPANY	COUNTRY	SECTOR	TASKS
Siun sote – Joint municipal authority for North Karelia social and health services	Finland	Health and social work activities	Providing support services for healthcare, including moving and handling patients/clients, awkward postures at work and when using tools and heavy equipment

Source: Antti Pitkäjärvi / Siun Sote

Background

Siun sote employs around 7,300 social and healthcare workers and professionals providing support services. The employees are divided into five different service areas and those employed by the Rescue Department. The factors causing musculoskeletal strain are similar in all service areas, but how significant those factors are can vary based on the type of work involved and the surroundings.

Those employed in healthcare and medical services work on wards, in reception facilities or centres, operating theatres, oral healthcare, rehabilitation, and in the areas of healthcare in schools and for students.

The work associated with services for the elderly mainly takes the form of care and support work in hospital wards, housing units (residential care) and home care.

Those employed in family and social services generally work in healthcare centres. This also includes staff at child welfare units and those working in services for people with disabilities. The work at child welfare units mainly involves providing children and young people with guidance and instruction. The disability service usually involves care and support work at various housing units, healthcare centres and other service centres.

The Rescue Department mainly employs personnel providing first aid and emergency care, or are involved in rescue operations. In rescue work, musculoskeletal strain is made worse by the heavy equipment used and the challenging conditions in which operations are carried out.

Most of the employees work in healthcare (72%) and social work (11%), and 84% are women with 28% between the ages of 50 and 59.

Risk assessments are conducted by Siun sote for each unit every year in the electronic reporting system (HaiPro). Keeping the risk assessments up to date is the responsibility of the heads of units, but the assessments for each unit are done using a customised operating model in which occupational safety and health representatives play a key role.

The risk assessments indicated that the following physical factors contribute towards musculoskeletal strain: moving and handling patients/clients, awkward postures at work and when using tools and equipment, and restrictive interventions in violent situations.

Risk assessments related to psychosocial factors highlight the effect of an excessively demanding workload on the musculoskeletal system and physical recovery from it, especially in older workers.

Siun sote became aware of the large number of absences due to sickness in a collaborative venture with a pension provider. In 2019, the number of days taken off for being unfit to work was around 152,000, and in 2020 it was around 135,500. Musculoskeletal disorders accounted for 32% of the diagnosed absences in 2020, mostly due to back-, joint- and soft tissue-related illnesses.

Aims

The organisation aims to provide employees with an adaptable ergonomics model that emphasises prevention through training and raising awareness.

What was done and how?

Siun sote has created a comprehensive ergonomics expertise action plan for care and support work by establishing an ergonomics work group responsible for strategic planning and ways to improve ergonomics management.

The organisation now has its own 18 professional Ergonomic Card trainers who train staff to qualify for an Ergonomics Card (Licentiate of Health Science) and Siun sote's own Ergopass. It runs refresher training courses and supervises networking. Those with the Ergonomics Card qualification are network members, providing heads of units and colleagues with support and promoting ergonomics in their own unit.

- Those with the Ergopass qualification employ dynamic, ergonomic approaches to working with patients or clients on a day-to-day basis. The target is for 2,000 care and support work personnel to obtain the pass (the course includes theory, an approved examination, practical training in one's own unit and conducting weekly bedside training sessions in the units).
- Those responsible for the units promote ergonomics in routine, everyday work and participate in the activities of the network (one to two such people per unit for specialist and primary care departments, housing service units and home care by area).
- The model includes the responsibility of the head of the unit as enabler, safety manager and driver of the approach. In addition to increasing the number of employees' working days, the model aims to support the elderly to remain in their homes, and to promote and maintain functional ability in the context of different types of housing.
- Based on the risk assessments, there are training sessions in ergonomics for specific units and practical guidance work in critical situations or functions. The training facilitator is an occupational healthcare physiotherapist or the unit's ergonomics trainer. Other measures include ergonomic workplace studies by the occupational physiotherapist, acquisition of appropriate tools in adequate quantities and familiarisation with their use.
- Measures related to excessive workloads include efficient shift work planning, maintenance of adequate resources, strengthening expertise and an even distribution of tasks in work shifts.

What was achieved?

Siun sote's model has a clear structure and the targets for improved ergonomics cut across all the operational areas. The role of those responsible for ergonomics in the work units has grown in importance and the entire network promotes continuous dissemination of knowledge in ergonomics and ensures that it is regularly updated.

- The comprehensive ergonomics model has led to a clear reduction in sick leave, by 11% in 2020 and 4.5% in 2021. Absenteeism due to inability to work fell to 20 days per person/year from 22 days in 2019.
- The robust, hands-on training model has provided support within the units. Training takes place in a real work environment during breaks as it is not possible to provide training on this scale by taking employees out of their unit.

Source: Antti Pitkäjärvi / Siun Sote

- Expertise has increased and operating practices have been harmonised in care and support work in such tasks as handling and moving and using aids. There have been improvements in the ability to assess and control stress at work and to predict threatening situations.

Success factors

- Strategic control of the entire system and management support: setting up an ergonomics work group for care and support work, drawing up an action plan and its approval by the cooperating bodies, and a multi-level ergonomics expertise management model.
- Close cooperation with the operational side and service divisions: the creation of networks covering areas on every level, ensuring multi-professional involvement, and prioritising and ensuring progress with the divisions.
- Dynamic, motivated actors on all levels, according to their roles and responsibilities: financing and resources, justification for the new operating model, creating in-house training material and platform for the Ergopass, monitoring expertise and skills, maintenance of the system and support for the network.

Source: Antti Pitkäjärvi / Siun Sote

Transferability

This ergonomics model is transferable to other organisations in the health and social care sector. It could also be adapted in scale and context for use in other industry sectors.

Costs and benefits

The direct costs of absence owing to inability to work fell by almost €6 million in 2020. The indirect costs are greater (filling in for absent personnel, substitutions, occupational healthcare, prolonged inability to work, increased pension liability).

It is hard to assess the benefit that less absence has for personnel in managing the work and a unit, or for the patient or client receiving a service, but it seems to have been significant. Furthermore, there are challenges regarding staff availability in the local areas that Siun sote covers. Each day that someone is fit for work is significant for being able to cope and continue working, and it is a positive factor for recruitment.

In the annual wellbeing-at-work survey, the ergonomics model is listed as a factor of positive improvement (through better recovery from workday stress, a reduction in threatening situations).

Key features of good practice example

- Siun sote's ergonomics model has a strong emphasis on prevention through training and awareness raising.
- It is a systematic approach that includes an organisational-level ergonomics work group, Ergopass qualification, in-house ergonomics trainers and ergonomics delegates.
- It provides options for the different work units within the organisation to customise measures to their own specific needs.
- It has regular status checks.
- It involves all parties in the workplace and shows lasting benefits.
- The measures taken are strategic and well implemented in practice and have successfully decreased the number of sick days.

Further information

Further information can be found at https://www.siunsote.fi

https://www.siunsote.fi/en/web/english

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