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Health and well-being of women workers

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Abstract

In today's fast paced lifestyle, when everybody is gearing for work and females have to play the dual role of house job as well as professional work, the concern has grown in for female health as frequency of work-related musculoskeletal disorders are rising. Thus, there is strong need to understand the risk factors, causes and management of this grave problem. This has provided the impetus to delineate the concerns affecting the women suffering from work-related musculoskeletal disorders.

Keywords: Ergonomics, work-related musculoskeletal disorders

Introduction

In today's world, musculoskeletal disorders are a major cause of disability and unfortunately the causal and specific risk factors accountable for these conditions are only incompletely understood. Research shows that both physical and psychosocial stressors are predictable contributors to overall injury risk occupations, thus giving a rich area for exploring risk factors more thoroughly and correctly. In patient-based studies, it is observed that usually the factors are focused on patient-related tasks such as lifting and transferring by nurses and nursing assistants (Burdorf and Beek, 1999) [2]. Also, hospitals are complex systems which rely heavily on varied group of occupations, including those tasks which are physically demanding. Therefore, hospital employees are at predominantly greater risk for work-related musculoskeletal disorders (WRMDs).

Research data for illness and injuries shows that in 2001 in the US, the hospital industry reported the second highest absolute number of injuries and illnesses in the private sector (286,000), with an incidence rate of 8.8 per 100 full-time equivalent workers compared to 5.7 for all industries combined (Brown and Thomas, 2003) [1].

While performing tasks, ergonomics are very important for general well-being and it stands truer for those who perform patient-related functions. There is research based evidence that jobs or tasks with poor ergonomics character not only result in higher levels of malingering and work-related musculoskeletal disorders, but also may direct to lower levels of patient wellbeing as well. These factors show the importance of hospital ergonomics and make hospital workers an important group to study such ergonomics problems (Busse and Bridger, 1997 and Janowitz *et al.*, 2005) [3,4].

Statistics

Research statistics show that every year almost 230,000 women neglect work because they suffer from work-related musculoskeletal disorders (MSDs). The major concern is that these painful injuries may require long recuperation periods as nature of work cannot be changed, and severely affected women may never be able to return to their jobs. Statistics further reveal that in US itself, more than one-third of women's job related injuries are caused by overexertion or repetitive motion. Proposed ergonomics standard by OSHA would protect up to 12 million women at risk of experiencing MSDs. Once effective, an OSHA ergonomics standard could prevent as many as 1 million MSDs among women over 10 years. Ergonomics chiefly concern women as they experience a high number of the MSD that are in nature most severe and the most costly. Women, in particular, suffer 62 percent of the work-related cases of tendinitis and 70 percent of carpal tunnel syndrome cases. In addition, data shows that in 1996, about 100,000 women suffered back injuries, costing them 500,000 days off work.

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Causes

The reason attributed to this is not the physical structure of the women which makes it more vulnerable to MSDs; rather it's the work they perform which makes them vulnerable for injury. Numerous causes and risk factors are responsible for MSDs in females which include jobs associated with heavy lifting, highly repetitive motion, awkward postures and other physical stresses. Lifting and nursing home patients, sewing clothing or using a keyboard again and again could lead to injury. MSDs may start as minor aches and pains. But when MSDs are left untreated, they can result in serious injuries that can be permanently disabling. Usually, MSDs often takes a long time to recover.

Research findings show that the median days away from work for serious injuries are 4, but the median for MSDs is 7. Carpal tunnel syndrome cases result in a median of 25 days away from work for convalescence which is more than time off for amputations or fractures. And women workers are heavily represented among the occupations where these injuries most frequently occur and to cite few examples, such as cashiers, packagers, maids and house staff, assemblers and office workers (OSHA).

Management

Today, the healthcare industry is focusing on the physical environment as a health and therapeutic tool and as an asset to be managed. There are organizations for example, Center for Healthcare Design (CHD) and Planetree, which are dedicated to fostering evidence-based design of healthcare environments (Springe, 2007) ^[7]. Among this, Occupational healthcare industry is specifically concerned with safety and wellbeing of the workers, and its purpose is to perk up efficiency, using most favorable level of human cost comparing the efficiency outcome. In general, occupational stress seems to be an inescapable part of working life.

Conclusion

The budding need is to focus on a pro-active retort to occupational stress, with highlight on preventive measures and eradication of the causes, rather than on the treatment and its effects, thus, there by bringing occupational wellness among the workers. The objective is to optimize worker's well-being and productivity by dealing with the stressors of work. More so, when it concerns with female force, those who have to tolerate dual pressure of household daily chores and being engaged in specific work for earning.

The approach need to be context specific. The factors that play function in the course of occupational wellness and stress are body postures, movements, exertion required, environmental factors, and poor design of work method/work tools, technical systems, inappropriate relationship between workers performance and their tasks demands, etc. As per the findings of the research, the most commonly occurred work related musculoskeletal disorder are found in upper extremities, and neck-back, and have been described by a number of generic terms including cumulative trauma disorders, work related upper limb disorders, occupational overuse syndrome, etc. This implies that while designing programs for ergonomics this prevalence and area involvement should be considered for better results. While designing hospital set-up or other occupational set-ups, one must understand its impact on workers' productivity and health problem (Bhattacharyya and Chakrabarti. 2016) ^[6].

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