

New Graduates & MSDs - *Why are they at risk?*

Information for Safety Reps on why new Grads are at risk



Section 1 -Safety Rep's Resource Pack

New Graduates & MSDs

Why are they at risk?

Introduction

Musculoskeletal disorders (MSDs) are one of the most common causes of severe long-term pain and physical disability and one of the biggest health problems facing workers today. For physiotherapists and physiotherapy assistants work-related MSDs are a serious ongoing threat to their career, health and wellbeing.

The CSP in 2005 released a comprehensive report on a major research study of 3,661 physiotherapists, physiotherapy assistants and students on clinical placement. Key findings include:

- That 68% of CSP members have suffered a work-related musculoskeletal injury during their career.
- The onset of the most significant injury was a gradual occurrence, although a third reported their most serious injury occurred suddenly typically through manual handling or lifting a patient.
- Younger physios and newly qualified are most at risk. When reviewing the age distribution of the injured respondents it was new graduates and students on clinical placement who are most at risk of an injury. Around 32% got injured within their first five years of graduating and 12% were students on clinical placement.
- Only a minority report their symptoms to their employer.

New graduates are at greater risk

The purpose of this section is to provide you with information as to why new grads are at higher risk of MSDs. Included in the resource pack are tools to investigate whether this is potentially an issue, and how to facilitate constructive discussions about it with members and management.

Improved preventative measures introduced for new graduates are likely also to benefit other members in your workplace, particularly when they are addressing issues that relate to the organisation/employer.

We encourage you to engage not just with new grads on this issue, but also to actively seek feedback from your more experienced members. Their involvement should assist you on working out how best to resolve these issues in your organisation.

New Graduates – Why are they more vulnerable?

Are they inadequately trained?

When asked, graduates and students don't think it is about the standard of manual handling training they have received. Indeed research undertaken by Lynsey Graham, Physiotherapist and Heather Gray, Senior Lecturer in Physiotherapy on graduates' perceptions concluded that:

“Group consensus was the participants felt that they were less at risk of MSDs than more experienced staff because they had better manual handling training than the previous generation of physiotherapists and had not developed bad habits”.

This finding also reflect CSP's study results, which showed most respondents don't consider inadequate training in injury prevention to be a contributory factor to their workplace injury.

“I think physiotherapists, generally, often continue working with injury/pain when perhaps they shouldn't be. Better supervision when newly qualified is needed” – quote from an injured member to the CSP 2005 research study

The gap between knowledge and practice

The fact that physiotherapists who are well trained health care workers with specialist knowledge of injury prevention continue to be injured, particularly in the first few years of practice, suggest that there is a gap between knowledge of 'safe' practice and how it is applied when actually undertaking the work.

What influences this 'gap' may include physical tasks required of the graduate and/or the culture of their work organisation.

Graham and Gray's research on graduates' perceptions, as well as our own findings may be summarised within a framework of common factors, which include factors related to the individual; the job; the patient and the employer:

1. **Factors related to the individual** –how aware the graduate is of the risks, their feelings of responsibility for the patient, their ability to time manage. A new graduate may not be able to manage their time as well as other more experienced staff, or may feel unable to properly prioritise their case load.
2. **Factors relating to the job**, such as
 - (a) **Lack of time** provided to fully implement safe manual handling from the perspective of the graduate.
 - (b) **Heavy Caseload** - Consistently treating a large number of patients (as is often the case with new graduates) may result in a less precautionary approach to manual handling.
 - (c) **The culture of the workplace** by setting the boundaries of behaviour/expectations. For example, if treating a high number of patients on a daily basis is considered ideal behaviour then that may strongly influence or define a physiotherapist's level of prestige among his or her peers/employer.
 - (d) **Therapeutic handling** -The bulk of physiotherapy patient handling is about physical rehabilitation, and this may limit how physiotherapists can practically apply some preventative measures, which are primarily about lifting and moving objects.

3. **Factors related to patients**, such as

- a) **Unexpected events** when dealing with the patient, and thus can't be easily planned for in advance, which reduces the likelihood of adopting or the effectiveness of any precautionary/preventative strategies they may have used.
- b) **Patients' expectations or needs** influencing the kind of preventative strategies that the new graduate may have otherwise pursued.

4. **Factors related to the Organisation/Employer**, for example –

- a) **Peer Support** – graduates view the support they receive from their colleagues as a factor that could make it much easier for them to adopt safer practises
- b) **Equipment provision** – when equipment is not provided or time is wasted trying to locate it - can all negatively impact on whether preventative strategies are applied
- c) **Ineffective Manual Handling Training** – having to wait too long to get on a course after commencing employment. Or the level of training is too abstract from the realities of the clinical situation facing the new graduate.
- d) **Staff shortages** – the new graduate ends up lifting or working on their own as opposed to looking for help.
- e) **Environment** – the actual space to work is inadequate
- f) **Culture & working practices** – new graduates ignoring what they have learnt because they are working alongside colleagues who don't apply preventative strategies. The most common reason this happens is the new graduate lacks the confidence to say 'no'.
- g) **Rotation** - the CSP research study identified rotation as a potential factor. Are managers including the physical 'wear and tear' as a rotation planning consideration in terms of ensuring balance between

the different intensity of manual handling work? For example, working in Musculoskeletal Outpatients where patient rehabilitation therapy requires the physiotherapist to undertake repetitive actions, which can lead to thumb and hand injuries if insufficient breaks in this type of work is not provided.

- h) **Lack of or poor employer risk assessments** – CSP study findings showed 44% of respondents had not had a risk assessment in their current post. To identify and address hazards in the workplace & needs of the individual post holder risk assessment is crucial.

“I try not to work overtime and have stopped giving 100%. Mentorship, especially in your first year as a junior physio, is important. I felt under pressure to perform and take on too much responsibility, partly to compensate for lack of staff. I became tired and stressed and deeply regret giving so much, which resulted in my injuring myself. New physios beware!”

(Advice from a physiotherapist who sustained a low back injury)

CSP members’ own perceptions of hazards faced at work (Ref: 2005 research study)

1. Performing the same tasks over and over again (common problem for those with thumb and hand injuries)
2. Working in the same position for long periods
3. Treating too many patients in one day.

The most prevalent work/specialities for members to develop MSDs are:

1. General Musculoskeletal Outpatients
2. Neurological rehabilitation
3. Elderly Care