



Issue 59 (Nov 2017)

SPOTLIGHT

National WSH Statistics in Brief – 3rd Quarter 2017



Do you practise [proper lifting techniques](#) in the course of your work?

The latest WSH statistics revealed that work-related musculoskeletal disorders (WRMSD) is now the top occupational disease, surpassing noise induced deafness for 2 consecutive quarters.

To find out more, check out the [full poster](#).

Global Estimates of Occupational Accidents and Work-related Illnesses 2017

Do you know that that an estimated 2.78 million workers died from fatal occupational accidents and work-related illnesses annually? Work-related diseases accounted for 2.4 million (86%) of the total estimated deaths, with the top 3 contributors coming from circulatory diseases (31%), work-related cancers (26%) and respiratory diseases (17%).

WHAT'S TRENDING

Monitoring technology in the workplace



In recent years, monitoring technology has become much more accessible to the general public. For example, smartphones can help us find out where we are and sports watches can tell us how active we have been.

Should such technologies be used to a greater extent in the workplace so that an employer can monitor an employee to alert him of potential safety or health issues?

(Source: EU-OSHA)

[More...](#)



Relevance: Embracing technological tools to improve safety and health in the workplace is the way forward. However, addressing privacy concerns and maintaining data integrity are areas that need to be considered too.

Workforce of the future

This report gave insights into the future of working lives and aimed to stimulate thinking about possible scenarios that could develop.

To find out more, check out the [full report](#) released by the WSH Institute and the Ministry of Social Affairs and Health (Finland).



(Source: PricewaterhouseCoopers)

As more individual tasks become automatable through Artificial Intelligence (AI) and sophisticated algorithms, jobs are being redefined and re-categorised. The report suggested that automation will result in a massive reclassification and rebalancing of work. It will affect every level of the business, its people and the way they work.

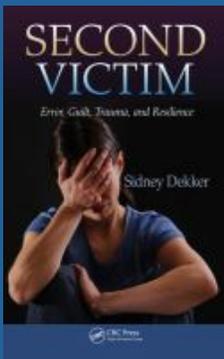


[More...](#)

For other WSH Institute research reports, click [here](#).

Relevance: How might we embrace AI, at the same time, address the new WSH risks associated with it?

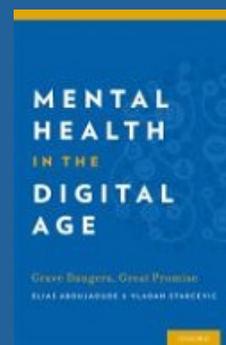
RECOMMENDED READING FROM THE WSH INSTITUTE COLLECTION*



TITLE: Second victim : error, guilt, trauma, and resilience

AUTHOR: Dekker, Sidney

AREA OF INTEREST: Post-traumatic stress disorder, Adjustment (Psychology), Accidents (Psychology)



TITLE: Mental health in the digital age : grave dangers, great promise

AUTHOR: Aboujaoude, Elias and Starcevic, Vladan

AREA OF INTEREST: Compulsive behavior, Internet addiction, Psychotherapy

Click [here](#) to access WSH Institute's e-books collection.

* The WSH Institute Collection is a compilation of WSH-related resources accessible to the public through our collaboration with the National Library Board (NLB).

OWL HIGHLIGHTS

1 Preventing and treating musculoskeletal disorders: New strategies for employers

Date of publication: Sep 2017

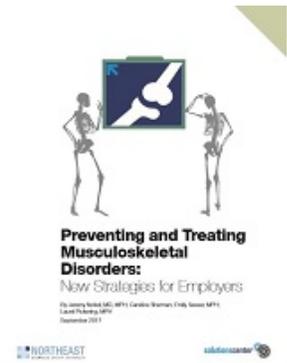
Source: Northeast Business Group on Health

Increasing usage of equipment with display screens, e.g. laptops, mobile devices and poor sitting postures have been identified as some of the key causes for musculoskeletal

disorders (MSD). According to this report, employers spending on MSDs exceed any other conditions or chronic diseases, including diabetes, cardiovascular disease and respiratory illnesses.

Hence, to better manage the health and cost burdens of MSDs, employers need to implement prevention strategies such as ergonomics training and movement-friendly workplace design, and provide onsite physical therapy for those with acute or chronic pain. These prevention strategies can enhance workplace health and productivity, and the organisation's bottom line.

This report describes new approaches to musculoskeletal disorder prevention, the treatment of acute and chronic musculoskeletal pain, and high-value surgery for joint replacements, with specific case studies that illustrate employer outcomes.



To read more, click [here](#)

2 Effective workplace return-to-work interventions are multi-faceted: IWH review



Date of publication: 2017

Source: At Work

A systematic review by the Institute for Work & Health (IWH) and the Institute for Safety, Compensation and Recovery Research (ISCRR) found strong evidence that implementing a multi-domain intervention for musculoskeletal disorders (MSDs) and pain disorders can help reduce lost time and help injured workers return to work quickly. The interventions should comprise components in at least two of the following domains:

- Health services, which include physical, occupational or physiological therapy;
- Case coordination, which refers to case management or other RTW plans;
- Work modification, such as ergonomics or other worksite adjustments and supervisor training on work modification.

For mental health conditions, there is also strong evidence that a work-focused cognitive behavioural therapy (CBT) intervention can help reduce lost time and costs associated with work disability.



To read more, click [here](#)

3 Occupational safety and health considerations of returning to work after cancer

Date of publication: 2017

Source: Institute of Occupational Safety and Health

Cancer survivors returning to the workplace will encounter safety and health implications during their recovery. A systematic review had identified different aspects of work that had an impact, which included the physical demands of the work, fatigue and psychological factors such as memory deficits and poor concentration.

However, the research also found factors that helped the Return-To-Work (RTW) process. Managing physical load, limiting overtime, making workplace adjustments and getting support from the organisations and co-workers would increase the success of the RTW process. In addition, the use of a critical illness policy or a workplace cancer policy to create a conducive culture for recovery and reintegration back to work was a key component in the RTW process.

Finally, the use of personalised risk assessments showed benefits of integrating individuals back to the workplace. Effective communication between employers, employees and the individual returning to work was also important to aid a successful return.



To read more, click [here](#)

4 Return to work in employees on sick leave due to neck or shoulder pain: A randomized clinical trial comparing multidisciplinary and brief intervention with one-year register-based follow-up

Date of publication: Aug 2017

Source: Journal of Occupational Rehabilitation

Neck and shoulder pain are common musculoskeletal disorders that cause disability and sick leave amongst employees. This study analysed the effect of multi-disciplinary intervention (MDI) and brief intervention (BI) on return to work (RTW), pain and disability amongst workers on sick leave due to neck or shoulder pain in Denmark.

A total of 168 participants were included in the study and completed a one-year follow-up. Participants were randomly allocated to either the MDI or BI groups. The results revealed that 59% from the MDI group returned to work during the one-year follow-up, compared to 58% from the BI group. The median duration of the MDI intervention was 4.6 months and 3 months for the BI group.

The findings suggested that there were no difference between MDI and BI with regard to RTW. The research also cited other studies that have advocated the effectiveness of a brief clinical intervention (based on a non-injury approach) that focused on diminishing fear and restoring normal daily activities. It further went on to suggest the necessity of workplace involvement for RTW.



To read more, click [here](#)

Other Useful Resources

- Struck-by injuries and prevention in the construction industry ([The Center for Construction Research and Training](#))
- [The determinants of presenteeism: A comprehensive investigation of stress-related factors at work, health, and individual factors among the aging workforce](#) ([Journal of Occupational Health](#))
- Experimental evaluation of respirable dust and crystalline silica controls during stimulated performance of stone countertop fabrication tasks with powered hand tools ([Annals of Work Exposures and Health](#))
- Heart disease and occupational risk factors in Canadian population: An exploratory study using the Canadian Community Health Survey ([Safety and Health at Work](#))
- Occupational Exposure to Knee Loading and the Risk of Osteoarthritis of the Knee: A Systematic Review and a Dose-Response Meta-Analysis ([Safety and Health at Work](#))
- Interventions to alleviate burnout symptoms and to support return to work among employees with burnout: Systematic review and meta-analysis ([Burnout Research](#))

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Mission: Enhancing WSH through knowledge, innovations and solutions.

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