



## **A COMPREHENSIVE LIFTING POLICY FOR THE PREVENTION OF BACK COMPLAINTS AMONG HOME HELPERS**

### **Organisation**

Familiezorg West-Vlaanderen vzw

### **Introduction**

Home helpers perform care jobs for persons who request care in their own house. They are responsible for:

- personal care;
- domestic care;
- general psychosocial and pedagogical support and guidance;
- cleaning and promoting hygiene.

A study was performed on the prevalence of musculoskeletal complaints or disorders and related sickness absence. The study consisted of (1) a worker questionnaire and, (2) observations at work. The results of this study showed that to prevent the risk of musculoskeletal problems action was needed to reduce the physical workload of the home-care workers.

### **Aims**

The aims of the study were:

- to investigate the prevalence of musculoskeletal complaints and disorders among home-care providers in general and lower back pains in particular and to compare the results with similar occupational categories;
- to develop a new lifting policy for the prevention of back complaints.

### **What was done, and how**

#### **Study on the prevalence of musculoskeletal complaints and disorders**

In 2000, *Familiezorg West-Vlaanderen vzw*, in collaboration with its external service for prevention and protection at the place of work, *Provikmo*, analysed the prevalence of musculoskeletal complaints among home-care helpers. For this study, they used the Standardised Nordic Questionnaire, which was given to all home-care helpers. 902 questionnaires proved to be useful for analyses. Absent and ill workers participated in order to limit distortions by the healthy-worker-effect. The results of this study showed that:

- care providers in home-care indicate that they often lift and carry heavy loads and that they often have to stand for a long period of time;
- there is a high prevalence of lower back complaints in the 12 month prior to the study (62.7%); the “lifetime prevalence” (ever had lower back pains) is 73.2 %;
- neck complaints, shoulder problems, wrist complaints, middle back complaints and hip or thigh pains also occurred regularly (37.8 %, 31.3 %, 26.7 %, 21.6 % and 19.8 %, respectively);
- 150 persons reported having been absent in the twelve months prior to the study because of lower back problems, with a loss of 4,725 working days.

### **Observational visits**

In addition to the questionnaire, in 2001, an observational study was performed by visiting clients who needed help to move themselves. The visits were performed by the ergotherapist / lifting coach of *Familiezorg Vlaanderen vzw*, together with an ergonomist from *Provikmo*. Conclusions drawn from the observations were:

- there is too much heavy lifting in home-care;
- (lifting) aids are rarely used for the lifting of persons;
- home-care helpers and others who offer help (family, friends,...) are very creative in limiting pressure on their back;
- clients often resent the use of lifting aids;
- (lifting) aids are insufficiently explained, demonstrated and guided.

When the results of this study were compared with those of other Belgian studies of home-care, they proved to be similar. The high prevalence of back complaints among home-care helpers was confirmed.

### **Lifting policy**

After the study, the lifting policy of *Familiezorg West-Vlaanderen vzw* was adjusted substantially to set up a comprehensive, multidisciplinary and methodical lifting policy. This new policy was tested in a pilot project in the region of Tielt. Afterwards, the project was extended over the whole working area of our organisation (West Flanders and the boarder communities in East Flanders). During the period of 2006-2007, the process and progress of the project were regularly discussed and evaluated with the committee, the executive board and the home-care workers.

### **Education and training**

Every year, the training program for home-care helpers and their guiding social workers pays attention to the lifting policy in both basic education and

specialised training, as well as in both general and personalised training sessions:

- awareness training and knowledge transfer, as well as practical training in working and lifting techniques are incorporated;
- there is a focus on back pain prevention when lifting persons and while carrying out domestic work.

Teaching material for the training includes video, lifting aids, books about lifting techniques, board games and PowerPoint presentations.

### **Appointment of a lifting coach**

*Familiezorg West-Vlaanderen vzw* employed a lifting coach, i.e., an ergotherapist with a specialised background and working experience in the subject of back prevention.

The lifting coach is responsible for:

- helping with the development of methods and working instruments within the framework of the lifting policy;
- guiding training sessions and educational programs;
- giving advice to caregivers in home-care concerning the concrete application of the lifting policy in real care situations: house visits, meetings with clients / informal and other caregivers, develop an action plan;
- announcing and guiding the use of aids, e.g., by demonstrating and familiarising aids, giving information about financial allowances and compensation when buying aids;
- evaluating and adjusting the lifting policy.

### **Development of methods and working instruments**

At the start of the project, the existing literature was studied. This showed that there was limited expertise available to develop a lifting policy in the home-care sector. Based on the available material in the residential care sector and the existing knowledge in The Netherlands, proper working instruments and methods were developed.

The following instruments are being used:

- a form for listing the lifting risks;
- a checklist for advice and/or house visits of the lifting coach;
- a lifting form for base workers;
- an evaluation form to be filled in after an intervention has taken place.

## Purchase and use of aids

*Familiezorg West-Vlaanderen vzw* studied the available aids for helping prevent low back pain in the care sector. It does not only concern large devices (e.g., lifting hoists, bath hoists), but also small, handy aids (e.g., slide sheets, turntables). Most of these aids were also purchased by *Familiezorg West-Vlaanderen vzw*.

Three brochures were developed to promote the use of aids:

- “Back-up for your back”;
- “A lifting device in home-care: unknown makes unloved”;
- “How to use a lifting device in home-care”.



Figure 1 Illustration of use of a hoist

## Stimulating multidisciplinary cooperation

Experience has taught us that a lifting policy only succeeds if the suggested measures are also supported by other caregivers in home-care: informal caregivers, paramedics, physical therapists, doctors, etc. Therefore, when generating the back prevention measures for a client, it is part of the standard procedure to inform and incorporate all caregivers involved in the project. Contacting volunteers, paramedics, physicians and physical therapists usually occurs over the telephone. Also, standardised letters and meetings at the client's home are used.

## Developing a lifting policy protocol (flowchart)

When implementing a lifting policy in home-care a balance needs to be found between the care and well-being of the workers on the one hand and showing respect for the uniqueness and the right of self-determination of the client on the other hand. The workplace of our workers is the private home of our clients. Therefore, caring, assertive, non-violent communication from all workers is appropriate and should be emphasised during the training sessions.

In practice, some advice was not being followed and clients and informal caregivers were often reluctant to accept changes and innovations. To improve the implementation of all policy aspects, a flowchart was developed to illustrate the lifting protocol. This helps social workers to implement, step by step and in agreement with all the other parties involved, a back-saving working system suited to the level of care the client receives.

### **A rehabilitation program for workers with back complaints**

After consideration with the general physician and occupational physician, all workers who cannot work due to back pain are examined, to assess if they qualify to follow a rehabilitation program in cooperation with the Fund for Occupational Diseases. This program consists of a multidisciplinary rehabilitation programme provided by the Fund for Occupational Diseases, and an intervention in the workplace.

### **What was achieved**

The effect of implementing the lifting policy in the home-care service has not yet been evaluated. However, it can be expected that the lifting policy that was developed benefited different groups.

- The workers benefit because of a reduced back load and reduced back complaints and loss of time from work, causing loss of income;
- The clients benefit because of the improved quality of care for the client if workers can work without spinal complaints and if they are able to perform lifting actions with the right techniques and appropriate aids. Moreover, a reduced inability to work also means more continuity in their care. It is very important for clients / patients if they can count on their familiar and trusted home-help instead of having several different helpers.
- Informal caregivers, i.e., family members and other volunteers who help clients, benefit because they can also profit from the information and instructions that were being developed with respect to applying lifting techniques and using aids.
- Social workers, who are responsible for the service benefit because home-helps with back problems cannot be employed in particular client situations, which decreases the availability of base workers. The lifting policy also supports the mission of the social workers to organise flexible and continuous home-care.
- The home-care employers benefit, because the lifting policy causes a decrease in sickness absence, as a result of which we can organise more qualitative and continuous services.

Table 1 Estimated annual costs of the intervention

|   |            |
|---|------------|
| Lifting coach                             | EUR 22,803 |
| 3 hours of training for 1300 base workers | EUR 5,187  |
| Consultations and meetings                | EUR 3,100  |
| Training guiding staff (social workers)   | EUR 6,800  |
| Purchase aids                             | EUR 5,000  |
| Logistics and didactical material         | EUR 1,300  |
| Total cost                                | EUR 44,190 |

## Further information

Familiezorg West-Vlaanderen vzw

Biskajersplein 3, 8000 Brugge, Belgium

Email: [Christian.Devlies@Familiezorg-wvl.be](mailto:Christian.Devlies@Familiezorg-wvl.be)

[www.familiezorg-wvl.be](http://www.familiezorg-wvl.be)

## Transferability

The lifting policy that was developed can be an example for other organisations especially within the health care sector, because:

- the example shows very clearly that a model developed for a more industrial environment and especially hospitals and the health care sector, can be adapted in an efficient way to the home-care environment;
- extensive attention was given to the different actions that were taken and products that were developed to aid implementation of the lifting policy that was developed;
- the benefits for all parties involved were described extensively.