Dansk Selskab for Folkesundhed

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Det nye landskab

Abstractssamling

Session C
Arbejdsliv

Moderator
Kirsten Nabe Nielsen og Mia Nyvang Stilling

C Arbejdsliv

Moderator:

C.1 Implementering af komplekse Sundhedsmiljø interventioner: Erfaringer fra fem Sundhedsmiljøprojekter i Danmark

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Primært budskab
Implementering er afgørende for, om strukturelle arbejdsmiljøindsatser som Sundhedsmiljø omsættes til bæredygtige ændringer i praksis.

Implikationer for praksis
Studiet bidrager med viden om, hvilke organisatoriske forhold der er centrale for at implementere Sundhedsmiljøindsatser og styrke folkesundheden gennem arbejdspladsen som arena.

Baggrund
Sundhedsmiljø er en strukturel og helhedsorienteret tilgang til arbejdsmiljø, der styrker sundhed gennem organiseringen af arbejdet frem for ved at tilføre ekstra aktiviteter til arbejdsdagen. Tilgangen fokuserer på at skabe en lige tilpas balance i arbejdets fysiske, mentale og sociale forhold, så kerneopgaverne i sig selv understøtter medarbejdernes sundhed.
Tidligere Sundhedsmiljøprojekter har vist lovende resultater, men også variation i implementering og effekter mellem arbejdspladser. Der mangler fortsat viden om, hvilke organisatoriske og kontekstuelle forhold der fremmer eller hæmmer implementeringen af Sundhedsmiljøindsatser.

Metode
Studiet er et kvalitativt casestudie af fem Sundhedsmiljøprojekter gennemført i transport, industri, hjemmepleje, detailhandel og daginstitutioner. Datagrundlaget består af 20 semistrukturerede interviews med projektledere, konceptudviklere samt ledere og medarbejdere fra de fem arbejdspladser. Interviewene blev analyseret med afsæt i Consolidated Framework for Implementation Research (CFIR).

Resultater
Implementeringen blev fremmet af høj organisatorisk parathed, tydelig ledelsesopbakning og integration af interventionen i eksisterende arbejdsgange. Omvendt hæmmede uklare roller, parallelle organisatoriske forandringer og utilstrækkelig tilpasning til arbejdets organisering implementeringen. Fysiske målinger, såsom accelerometermålinger, fungerede både som drivkraft for implementeringen og som kilde til modstand - særligt når interventionens primære fokus ikke var fysisk sundhed, eller når målingerne blev oplevet som kontrol eller overvågning.

Konklusion
Sundhedsmiljø fremstår mest bæredygtigt, når interventionen opleves som meningsfuld, integreres i eksisterende strukturer og understøttes af tydelig implementeringsledelse. Resultaterne bidrager med overførbar viden om implementering af komplekse arbejdsmiljøindsatser og peger på behovet for tidlig kontekstafklaring, lokal involvering og klare implementeringsstrategier.

C.2 Lige tilpas: Et nyt perspektiv på måling af arbejdsmiljø og sundhed

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Primært budskab
Individuelle forskelle i arbejdsforhold overses i traditionelle arbejdsmiljømålinger, men det kan identificeres med et nyt lige tilpas-spørgeskema.

Implikationer for praksis
Lige tilpas-målinger kan understøtte mere individuelt tilpassede arbejdsmiljøindsatser og dermed styrke sundhed på arbejdspladser og den generelle folkesundhed.

Baggrund
Traditionelle arbejdsmiljøspørgeskemaer måler typisk graden af eksponering, fx tidspres, tunge løft, indflydelse eller social støtte. Disse metoder tager imidlertid ikke højde for, at samme eksponeringsniveau kan opleves forskelligt fra person til person.
Ved Det Nationale Forskningscenter for Arbejdsmiljø har vi udviklet LTS (Lige Tilpas Spørgeskema), som undersøger medarbejdernes oplevelse af, om arbejdsforhold er for lidt, lige tilpas eller for meget for den enkelte medarbejder. Vi præsenterer de første resultater fra testning af LTS og de perspektiver, det giver ud over traditionelle målemetoder.

Metode
LTS dækker centrale dimensioner af fysisk, mental og social sundhed i arbejdslivet. Spørgeskemaet anvender en skala fra -4 ("alt for lidt") over 0 ("lige tilpas") til +4 ("alt for meget") til at undersøge medarbejderes oplevelse af forskellige arbejdsforhold. De samme forhold måles samtidig med en traditionel Likert-skala fra 1-5.
Data blev indsamlet blandt ca. 500 medarbejdere fra offentlig og privat sektor, herunder medarbejdere med manuelt fysisk og mere stillesiddende arbejde. Data blev analyseret deskriptivt. Derudover undersøgte vi sammenhængen mellem LTS-besvarelser, arbejdstilfredshed og selvvurderet helbred ved hjælp af segmenterede regressionsanalyser. Resultaterne er foreløbige.

Resultater
Analyserne viser betydelig variation i medarbejdernes vurdering af, hvad der opleves som lige tilpas. Kombinationen af LTS- og Likert-skalaerne viser samtidig, at medarbejdere, som vurderer et arbejdsforhold som lige tilpas, ikke nødvendigvis rapporterer samme niveau af eksponering. Nogle oplever relativt lave niveauer som lige tilpas, mens andre oplever relativt høje niveauer som lige tilpas.
For flere spørgsmål ses desuden en signifikant sammenhæng mellem afstand til lige tilpas og både arbejdstilfredshed og selvvurderet helbred. Højere arbejdstilfredshed og bedre helbred ses blandt respondenter med besvarelser tættere på værdien 0.

Konklusion
LTS kan bidrage til en mere nuanceret forståelse af arbejdsmiljø ved at synliggøre individuelle forskelle i, hvad der opleves som passende arbejdsforhold. Resultaterne peger på et potentiale for at udvikle mere målrettede arbejdsmiljøindsatser, som understøtter fysisk, mental og social sundhed.

C.3 A multi-method study of the effectiveness and implementation of an occupational organizational workplace intervention to strengthen the musculoskeletal health among employees in the eldercare sector.

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Primært budskab
At vi får skabt viden om, hvad der virker for hvem og hvorfor/hvorfor ikke i vores intervention for at nedsætte smerterelateret sygefravær gennem øget arbejdsplads organisatorisk sundhedskompetence.

Implikationer for praksis
Målet for interventionen er at skabe viden om, hvad der virker for hvem i forhold til at få udført en arbejdsmiljø indsats blandt medarbejdere, ledere og organisation i ældreplejen.

Baggrund
Musculoskeletal pain constitutes a major public health challenge. In Denmark, it represents one of the leading causes of healthcare utilization and is associated with considerable economic burdens. Specifically, musculoskeletal pain disorders account for an estimated 12 billion DKK in annual healthcare expenditures and an approximately 40 billion DKK in productivity losses due to sickness absence and premature labour market exit.
Eldercare work is particularly relevant in this context, as it is an occupational group reporting heightened levels of pain and sickness absence compared to other occupational groups. For instance, data from 2018 show that eldercare workers report a weekly pain prevalence of 46% and experience around 16 days of sickness absence per year.
Importantly, this population encompasses around 90.000 employees working within the eldercare sector in Denmark.

Aim
Specifically, the PhD projects aims to answer the following three research questions in three sub-studies of the evaluation of the intervention in the nursing homes:
1) What is the effect of the workplace intervention, compared with usual care, on eldercare workers' pain-related sickness absence days and organizational workplace health literacy? (sub-study 1)
2) Does changes in organizational workplace health literacy health literacy mediate the effect of the intervention on pain-related sickness absence? (sub-study 2)
3) How and why do contextual conditions surrounding the intervention in the eldercare trigger mechanisms that shape implementation and outcomes? (sub-study 3)

Metode
Study design
We will apply a step-wedge design to evaluate the effect of the intervention as it overcomes some of the frequent barriers of using the randomized controlled trial (RCT) in workplace settings
The intervention is 1. A formative evaluation to identify workplace-specific needs and resource potentials. 2. Educational initiatives for employees and managers focusing on pain and pain prevention. 3. Systematic strengthening of communication channels between employees and managers concerning pain, health, and work environment issues, and 4. continuous motivational strategies aimed at sustaining engagement.

Resultater/Konklusion
No data has been collected so far.

C.4 Body mass index links night work intensity with higher low-grade systemic inflammation: Results from a field study in humans

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Primært budskab
Working frequent night shifts may contribute to adverse health outcomes, e.g., cancer and cardiometabolic diseases, through low-grade systemic inflammation and behavioral and metabolic pathways.

Implikationer for praksis
Prevention may involve reducing night work intensity and implementing workplace interventions that support healthy weight maintenance and obesity prevention among night shift workers.

Objective
To examine effects of night work on low-grade systemic inflammation, measured as high-sensitivity C-reactive protein (hsCRP concentration), in hospital-employed women.

Methods
We analyzed baseline data from 929 women in the 1001 nights-cohort. Seven self-reported metrics captured night work history (never, past, current), night work duration (years) and recency (time since last night shift), current schedule (e.g., permanent night or 2- or 3-shift work), and intensity (number of weekly and consecutive night shifts, and night shifts in the past six days). We measured hsCRP concentration in blood. Associations between night work and log-transformed hsCRP concentration were estimated using generalized linear models: Model 1 adjusted for age and education; Model 2 additionally for body mass index (BMI), blood pressure, and health behaviors; Model 3 further for sleep duration and quality.

Results
Permanent night workers had a 49% higher hsCRP concentration than permanent day workers (estimate=1.49; 95% CI: 1.07–2.10). In night shift workers, working ≥3 night shifts per week or ≥3 consecutive night shifts were associated with 36–53% higher hsCRP concentration compared with one weekly night shift or only single-night shifts. These associations were attenuated and became non-significant after adjustment for cardiometabolic risk factors. Additional analyses revealed that BMI largely attenuated the associations between night work intensity and hsCRP concentration. No associations were observed for other night work metrics.

Conclusion
Permanent night work and higher night work intensity were associated with higher hsCRP concentration, with differences largely explained by BMI. Reducing night work intensity and targeting modifiable factors related to BMI may help reduce low-grade systemic inflammation among night workers.

C.5 Prevention of Pain-Related Sickness Absence through an Occupational Workplace Health Literacy Intervention – A hybrid II study

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Primært budskab
This study strengthens workplace health literacy by preventing pain and reducing sickness absence while enabling employees and managers to create sustainable work environments for everyone's benefit.

Implikationer for praksis
A system orientated approach is warranted to address social inequality in health, and the arena of the everyday working life needs to be explored as a fundamental intervention area.

Musculoskeletal disorders (MSD) are still highly current with approximately 58 billion DKR in production loss due to absence in the labor market. Manufacturing workers expresses the feeling of being "worn down" physically. The job group is characterized by a short educational attendance, which is a known exposure for a low level of health literacy. Employees with lower level of health literacy are at higher risk of occupational injury, underscoring the importance of workplace awareness when communicating about occupational health.

A pilot study from the NFA moved the concept "health literacy", into the workplace hence defined as "occupational workplace health literacy", comprising employee's ability to navigate the occupational safety and health system, the ability of the management to access, understand, appraise and apply information regarding the individual employee's occupational health, and the ability of the workplace to create accessibility to, and support the use of preventive or health-promoting actions.
The intervention comprised three components: 1) an evaluation to assess workplace needs and resources, 2) educational sessions targeting pain management and 3) brief, frequent dialogues between employees and managers regarding the work environment and pain. The results demonstrated feasibility and effectiveness with a reduction in pain and sickness absence. The pilot is now utilized as springboard for substantiating the methodological and practical approach in the context of manufacturing workplaces.

About 73% of manufacturing workplaces state that they prioritize the working environment, however, only 17,5% of workers express access to occupational health promoting activities. Manufacturing workplaces are further at the bottom of job groups when it comes to addressing problems with the nearest manager. This hybrid II study is a stepped wedge cluster RCT that will include manufacturing workplaces in a 22-week digital occupational workplace health literacy intervention targeted a reduction in pain-related sickness absence. With a shared primary focus on effectiveness and implementation, the study will also emphasize on barriers, strategies and mechanisms and to identify contextual and processual factors that promote or hinder successful implementation