



Editorial comment

Swedish nurses are prone to chronic shoulder and back pain because of miserable working conditions and poor leadership?

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Nilsson et al. report in this issue of The Scandinavian Journal of Pain that especially registered nurses working in hospitals have a high risk of musculoskeletal pain—mostly shoulder and low back pain [1]. They followed a group of nurses from 2003 to 2006, focusing on pain, disability, and sick leave. About half of the sample reported pain at baseline, and pain at baseline predicted pain and the odds of being disabled at follow up. They also reported significantly more sick days at follow up compared to baseline. It is also interesting that satisfaction with work leaders decreased during the study period [1].

The number of nurses with pain in Nilsson's study (50%) is much higher than what is described in a European survey from 2006 where 18% of the general Swedish population reported chronic pain [2]. One reason for the higher prevalence might be that the nurses were mostly women and that women report more chronic pain than men [3]. Nurses might also be an especially vulnerable group regarding work related pain. In fact nursing aides, orderlies and attendants in the USA had the greatest incidence rate (252 cases per 10 000 workers per year) of musculoskeletal disorders according to the U.S. Bureau of Labor Statistics from 2007 [4]. That is much higher than the rate of e.g. truck drivers or labourers and material movers [4].

Edlich et al. [5] describe a crisis in healthcare related to disabling back injuries in US healthcare workers. Back injuries appear to be increasing among healthcare providers, more than 52% complaining of chronic back pain after injuries [6]. The prevalence of back pain is alarming already for the student nurses as reported in a British study where 34% of student nurses had back pain during their clinical placement [7].

The high number nurses with back pain, is thought to be related to repetitive tasks related to patient handling and an increased prevalence of obesity in patients [6]. Furthermore, the aging of the nursing workforce as well as limited workspaces in patient rooms are also mentioned as possible reasons.

In a study evaluating the use of transfer equipment, the nurses had significantly fewer back injuries, less pain/symptoms and less absence from work due to musculoskeletal pain/symptoms

compared with nurses at the control hospitals without such equipment [8]. Possible actions that could be performed are regular ergonomic evaluations at work places and evaluations of workers' patient-lifting and bed-making habits. Peer leaders can be of help. A study conducted in critical care environment used "ergo-coaches" who received training and were given responsibility for safe work practices [9]. Also all new equipment should be evaluated from the ergonomics point of view. Wards should be equipped with enough rails for patients and lifting and moving assistance devices. Nurses also need training in proper ergonomics and body posturing.

On the other hand a Cochrane review by van Oostrom et al. [10] about workplace interventions for preventing work disability revealed that there is only moderate-quality evidence to support the use of workplace interventions to reduce sickness absence among workers with musculoskeletal disorders when compared to usual care. Thus, the health outcomes among workers with musculoskeletal disorders did not improve with workplace interventions. Hence we need more research in order to know what actions should be taken to reduce back pain among nurses.

Furthermore, Nilsson et al. [1] stated that personal factors predict pain better than work environment. Two interesting predictors were self-rated health and sleep quality during the past week. They also found that optimists reported less disability than pessimists. Perhaps self-rated health could be measured on regular bases by occupational health authorities and nurse managers could be informed about the results on ward level for further actions. Lack of sleep and low quality of sleep of nurses is as important as that of patients. Power naps during work shifts could be tried out and studied. We do not have enough knowledge about such low cost interventions.

The high level of pain in nurses is not only a problem for the nurses themselves, but for the society, the healthcare system, and the patients. If nurses are on sick leave the burden is greater for the ones left at the work place and it is a big cost for the society. Back injury is also estimated to be the single largest contributor to the nursing shortage [5]. In the US it is estimated that 12% of nurses leave the profession annually because of back injuries [6].

This is a big challenge for the persons administrating the hospitals and leaders at all levels. If patients shall receive good care the nurses must be there and be capable of taking care of them.

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Nurse leaders should take some responsibility of the working conditions of the nurses and oversee the ergonomics. The problem of musculoskeletal disorders among nurses must be taken seriously and there is a need to pave the way for nurses to do their job in satisfactory environments. Enough motivated and optimistic nursing staff is needed to take care of the patients, to help them with caring tasks, and to prevent complications of hospitalisation for the patients and to enhance their quality of life.

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