

HIGHLIGHTS

of the Québec Survey on Working and Employment Conditions and Occupational Health and Safety



How Widespread are Work-related Musculoskeletal Disorders?

A painful back, shoulder or wrist can make life difficult. Work-related musculoskeletal disorders (WMSDs) occur frequently in the workplace and affect many Québec workers.

The Québec Survey on Working and Employment Conditions and Occupational Health and Safety (QSWECOHS) sheds new light on WMSDs. (See the sidebar entitled *Data Source* on the reverse side of this document.) In 2007, for example, nearly 732,000 Québec workers, or one in five, experienced at least one WMSD in the 12 months prior to the survey.

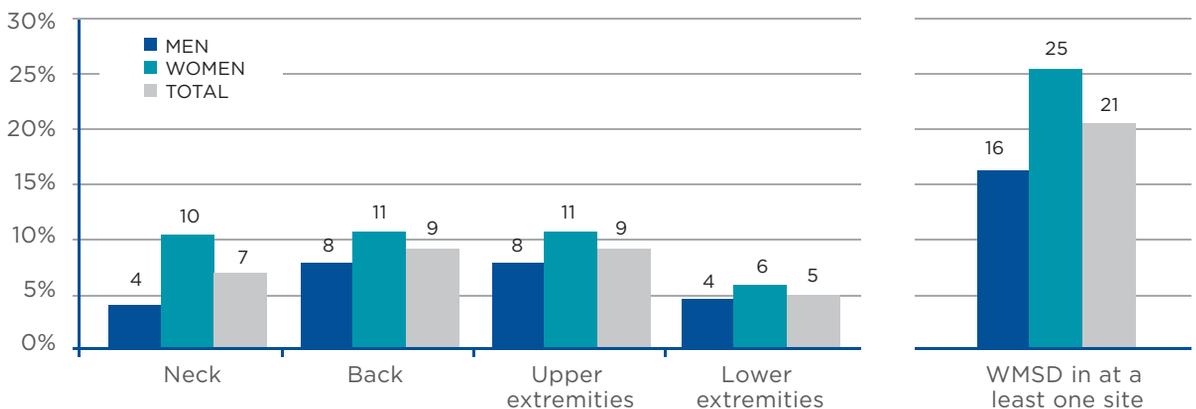
The survey also found that female workers were more likely to be affected by WMSDs than their male counterparts. One of every four women experienced a WMSD compared with one of every six men.

This gender difference was seen for each body region studied in this survey. (See the graph below.)

Definition of WMSDs

For the purposes of the QSWECOHS survey, WMSDs were defined as significant musculoskeletal pain interfering with the individual's usual activities, perceived as entirely or partially related to the individual's main job, and experienced often or all the time during the 12 months preceding the survey. This definition excludes musculoskeletal problems due to traumatic work accidents, e.g. due to falls, being struck by an object or motor vehicle accidents. WMSDs often present as back or neck pain, tendinitis, bursitis, carpal tunnel syndrome or other disorders of the upper or lower extremities.

PROPORTION OF WORKERS WITH WMSDs BY BODY REGION



Manual workers are disproportionately affected by WMSDs.

These disorders are often found in sectors that are not traditionally regarded as dangerous, such as health services and the hotel and food services industries. They also occur frequently in sectors that are traditionally associated with workplace accidents, such as construction, mining, forestry and manufacturing.

A large number of the sectors in which WMSD frequently occur do not have access to some of the mechanisms for prevention prescribed by law. These mechanisms currently apply only to so-called “priority” sectors that include only a quarter of the workforce and in which workers are mostly male.

Disabilities and Social Costs

WMSDs cause pain and disability to workers and result in major losses in productivity to companies. WMSDs generate significant direct and indirect costs for employers as well as for insurers, injured workers themselves and society in general.

The QSWECOHS estimated that 260,000 workers, or 7% of workers, had a work absence for a WMSD in the year preceding the survey. WMSD-related work absences totalled approximately 4.5 million lost work days.

Women who experienced WMSDs were off work longer than men. In the 12 months preceding the survey, women with a WMSD were absent from work an average of 20 working days compared with 15 days for men. Approximately 10% of these women were off work for more than three months, compared with 4% of the men.

One in four workers who were off work for a WMSD did not receive any income replacement during their absence. Among self-employed workers, four in five had no income replacement.

Among those who perceived their musculo-skeletal problem as entirely work-related, only one in five workers of those off work for a WMSD filed for workers’ compensation

with Québec’s Occupational Health and Safety Board (*Commission de la santé et de la sécurité du travail (CSST)*). Approximately half of those who did not file for compensation for their WMSD-related work absence explained that they did not believe that either they or their health condition were covered by workers’ compensation.

Investing in Prevention

Prevention programs focused on improving working conditions, as well as campaigns to raise awareness among workers and employers, can reduce the frequency and severity of WMSDs. In sectors that have a high rate of WMSDs, it is important to invest sufficient resources in prevention and to reduce exposure to the physical and organisational work demands associated with WMSDs. (Refer to the document entitled *EQCOTESST Highlights: Working Conditions that Contribute to WMSDs*.)

For more information on preventing WMSDs, go to: www.inspq.qc.ca/gstms, under “*Solutions en ergonomie/Ergonomic Solutions*”.

> Data Source

The data presented in this document are from the findings of the Québec Survey on Working and Employment Conditions and Occupational Health and Safety (QSWECOHS). This survey was conducted in 2007-2008 through telephone interviews with a representative sample of more than 5,000 Québec workers, aged 15 and over in a paying job, either as an employee or self-employed worker, for a least 8 weeks working 15 hours or more per week.

> For additional information

Report: Vézina, M., E. Cloutier, S. Stock, K. Lippel, E. Fortin et al (2011). (See Chapter 7) www.inspq.qc.ca/pdf/publications/1336_EnqQuebCondTravailEmpSantSecTravail.pdf.

English Summary: Vézina, M., Cloutier E., Stock S., Lippel K., Fortin E. et al (2011). www.inspq.qc.ca/pdf/publications/1356_EnqQuebCondTravailEmpSanteSecTravail_VA.pdf.

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