

V. Woods et al. *International Journal of Industrial Ergonomics* (2006) Vol.36 p 61 – 72

**Musculoskeletal ill health amongst cleaners and recommendations for work organisational change**

The research could form the justification for specific guidance on cleaning work and musculoskeletal discomfort.

In 2002, approximately 800,000 people work as cleaners in the UK (total working population ~ 29 million). Cleaners report high levels of musculoskeletal problems in the back, neck, shoulders, elbows and hands and have high rates of absenteeism ascribed to these complaints.

This research was based on responses from 1,216 cleaners (response rate 30%).

74% reported experiencing muscular aches, pain and discomfort in the last year; 23% had been absent from work as a result.

Reports were more likely among those who said they used lifting equipment, carried loads or moved furniture. Cleaners who said they worked frequently with the back (OR = 7.6, 95% CI = 4.9–11.8), neck (OR = 5.5, 95% CI = 3.5–8.7) and arms (OR = 4.9, 95% CI = 3.1–7.6) in awkward or fixed postures were more likely to report pain and discomfort. 52% said they had sought medical advice for their discomfort.

The authors advise that cleaners should be allowed to work at their own pace, be given varied tasks, to intersperse heavy with light tasks, be employed in teams rather than micromanaged from the centre, be given mechanisms for early reporting of discomfort, be given sufficient training to be competent with all systems of work and work pacing. Machines should be properly maintained.

The work was funded by the HSE.

**Comment**

In principle, cleaning tasks could provide an opportunity for obtaining and maintaining healthy levels of physical fitness and overall well being. Many people report these benefits; additional reasons for doing the work. But this is clearly not a universal experience.

The low response rate in the research work makes it difficult to generalise the rates of complaints, but they may be indicative. If claims were made at 23% there would be 184,000 (low value) claims per year. Sick pay may be the main reason liability claims are not considered. Other reasons probably include: lack of recognised pathology (no diagnosis), unclear evidence of a causal breach of duty and, low claim value. Several changes in these standards would be required for this to become a serious threat to insurers...a view once held of whiplash neck injury (breach of duty is the only low uncertainty factor in most whiplash claims). HSE interest in this working population suggests the possibility of more-closely defined standards of the duty of care. The Provision and use of Work Equipment Regulations already deal with many aspects of cleaning work, but causation is still unclear.

Like all physical fitness regimes there must be a balance between demands, rest and practicing appropriate techniques. Breaks in the regime and discomfort will affect performance. In the end, each person will reach a different level of performance and performance will vary. The authors' recommendations may actually help optimise the economic performance of this work group, provided improvements in cost effectiveness offset the additional management and equipment costs.

Cleaning work is not generally organised to accommodate these simple principles.

Compensation, in the general sense of the word, is available (in as far as competition allows) through taking sick leave, cutting corners in the work done, job mobility etc. Part time work is now as well protected as full time work. It is not clear that discomfort at work should lead to serious health problems.

