



Statens
arbeidsmiljøinstitutt

Vet vi hva som virker?

Forskning om tiltak for å redusere sykefraværet

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Statens arbeidsmiljøinstitutt

Konvensjonell visdom: Arbeid er bra for helsen

Men:
Pensjonering kan
bedre subjektiv
helse hvis
arbeidsforholdene
oppfattes som
dårlige

Westerlund et al, The Lancet, 2009

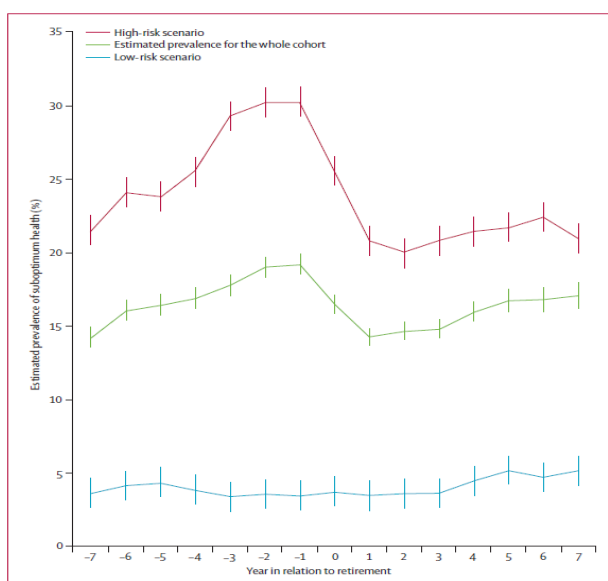
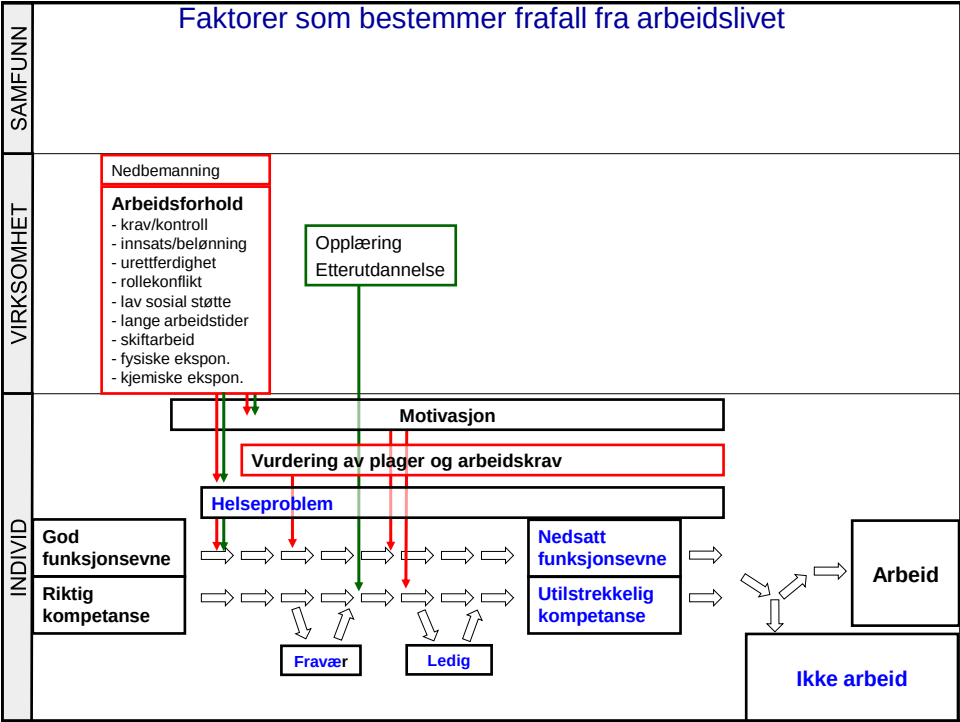
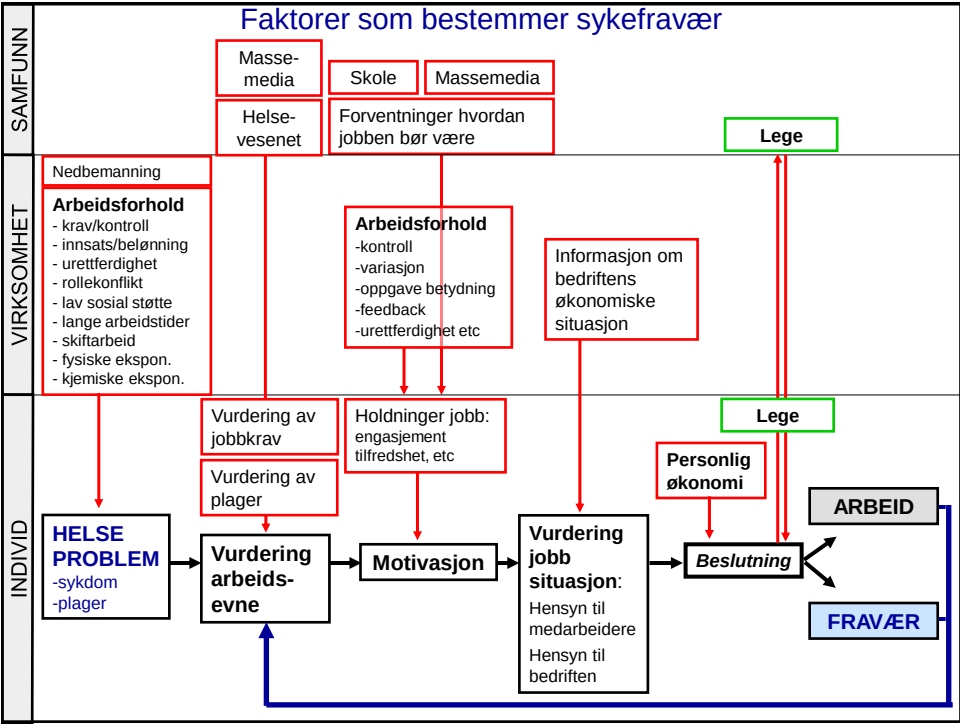


Figure 3: Prevalence of suboptimum self-rated health in relation to year of retirement for a high-risk and low-risk scenario involving men who retired at the statutory age of 55 years and before the year 2000. Low-risk profile=high occupational grade, low physical and psychological demands, and high job satisfaction. High-risk profile=low grade, high demands, and low satisfaction. Error bars indicate 95% CIs.



Posten-prosjektet

Improving subjective health at the worksite: a randomized controlled trial of stress management training, physical exercise and an integrated health programme.

H. R. Eriksen, C. Ihlebæk, A. Mikkelsen, H. Grønningsæter, G. M. Sandal, and H. Ursin. *Occup. Med. Vol. 52 No. 7, pp. 383–391, 2002*

Department of Biological and Medical Psychology, University of Bergen, Bergen; Rogaland Research, Stavanger; The Norwegian University of Sports and Physical Education, Oslo; and Department of Psychosocial Science, University of Bergen, Bergen, Norway

Effects of 12 weeks of:

- Stress management training (n= 162)
- Physical exercise (n= 189)
- Integrated health programme (n= 165)
- Control (n= 344)

No significant effects on subjective health complaints, sick leave or “job stress”

The PE group showed improved general health, physical fitness and muscle pain.

The SMT group showed improved stress management.

The IHP group showed the strongest effects, affecting most goals set for treatment.



Active workplace interventions

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Systematic review of active workplace interventions to reduce sickness absence

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“... limited evidence that active workplace interventions were not generally effective in reducing sickness absence, ...”

Moderate evidence: **effect of graded activity**

Moderate evidence: **no effect of workplace education to prevent musculoskeletal disorders**

Moderate evidence: **no effect of workplace exercise programs**

Limited evidence: effect of Sherbrooke model

Limited evidence: effect of cognitive behavioral therapy combined with problem solving therapy in employees with depression

No evidence: cognitive behavioral therapy

workplace physical activity.

Introduction

diagnostic categories with health outcome. Musculoskeletal and mental



Ryggskoler Hjelpemidler

Finnish Institute of Occupational Health, Cochrane Occupational Safety and Health Review Group, Kuopio, Finland

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Statens arbeidsmiljøinstitutt

Cochrane corner

Manual material handling advice and assistive devices for preventing and treating back pain in workers: a Cochrane Systematic Review

J Verbeek, K P Martimo, J Karppinen, P P Kuijer, E P Takala, E Viikari-Juntura

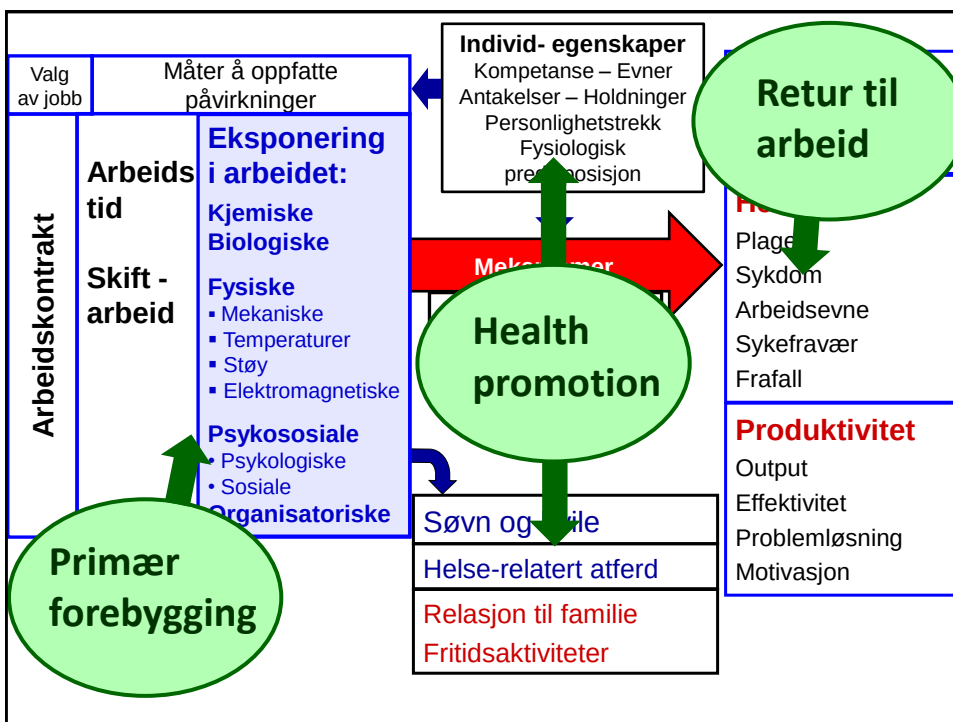
In many occupations, it is difficult to avoid imposing heavy loads on the back (eg, lifting and moving patients in healthcare). Therefore, it is not surprising that such jobs have been chosen for meta-analyses of the evidence for RCTs and MINORS for the cohort studies. We combined the results of similar studies with a fixed-effect meta-analysis. We used the GRADE approach to assess the quality of the evidence.

We concluded that there is moderate quality evidence that MMH advice and training with or without assistive devices does not prevent back pain or back pain-related disability when compared to no intervention or alternative interventions.

We searched CENTRAL (The Cochrane Library 2011, issue 1), MEDLINE, EMBASE, CINAHL, Nioshtic, CISdoc, Science Citation Index and PsychLIT to February 2011.

We included randomised controlled trials (RCT) and, because we thought it would be difficult to find RCTs, cohort studies with a concurrent control group that were aimed at changing human behaviour regarding MMH and measured back pain, back pain-related disability or sickness absence.

The interventions varied from one session of



Primær forebygging

AMERICAN JOURNAL OF INDUSTRIAL MEDICINE 57:56-68 (2014)

Prevention Program at Construction Worksites Aimed at Improving Health and Work Ability Is Cost-Saving to the Employer: Results From an RCT

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P.M. Bongers, PhD,^{1,2,4} A.J. Van der Beek, PhD,^{2,4} and B.M. Blatter, PhD^{1,2}

Trening med fysioterapeut for å redusere fysisk arbeidsbelastning 30 min x 2.
Hvilepauseverktøy: (1) forventninger om tretthet (fatigue), (2) råd om minipauser, (3) valg av mulig årsaker til tretthet, (4) råd om å redusere tretthet på lang sikt.
Empowerment trainer: (1) ta ansvar for egen helse, (2) diskusjon om ansvar for egen atferd på jobben, (3) **bedre kommunikasjon med sin overordnede.**

- Redusert sykefravær
- Økonomisk lønnsomt: **spart €6.4 for hver €1 investert**
- Ingen målbar effekt på arbeidsevne, mental helse, muskelskjelettlidelser

KEY WORDS: absenteeism; cost-effectiveness; health; return on investment; work ability

INTRODUCTION



As in many industries in Western countries, the working population in the Dutch construction industry is rapidly

decreasing and ageing [Beereboom et al., 2005; Eurostat, 2011]. These demographic changes have serious economic consequences as a shrinking labor force will have to pay for the national pensions of an increasing number of

IA - UTFORDRINGER

Antakelser om årsaker til helseproblemer

Årsaksdiagnoser: "Utbrent"
"Stress-symptomer"

Antakelser om farer

Merkelapper/"diagnoser" som kommuniserer alvorlighet
Sykdom, Skade

IA - UTFORDRINGER

Mangler spesifikke begreper om arbeidsmiljø – vanskelig å finne ut om hva som skal forbedres

Eksempler: "Å bli sett"
"Jobbstress"

"Å bli sett": Typer av støtte (House 1982)

- | | | |
|-------------------------|---|-------------------|
| 1. Informasjon | - | råd |
| 2. Instrumentell støtte | - | assistanse, hjelp |
| 3. Evaluering | - | feedback |
| 4. Emosjonell støtte | - | empati omsorg |

Antakelser om årsaker til helseproblemer



PAIN® 151 (2010) 162–173



www.elsevier.com/locate/pain

Work and neck pain: A prospective study of psychological, social, and mechanical risk factors

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ABSTRACT

To determine the role of psychological, social, and mechanical factors in the etiology of neck pain, a prospective cohort study was conducted. The study included 1000 employees, with a follow-up period of 10 years. The results showed that psychological and social factors were important precursors of neck pain, along with mechanical factors. Although traditional factors such as quantitative demands and decision control play a part in the etiology of neck pain at work, in this study several new factors emerged as more important. © 2010 International Association for the Study of Pain. Published by Elsevier B.V. All rights reserved.

Øker risiko for nakkesmerter

- Rollekonflikter
- Arbeid hvor man må løfte armene til skuldernivå

Reduserer risiko for nakkesmerter:

- Kontroll over beslutninger
- Bemyndigende ledelse

1. Introduction

Neck pain is a widespread health problem in the working population. The annual prevalence has been reported to be above 40% known, and several studies have reported very low levels of trapezius muscle activity during office work (e.g. [45]). During psychological challenge, active coping behavior includes a cardiovascular response pattern in which blood flow to muscles increases

Menneskene er produksjonsfaktor: Human kapital – sosial kapital

- Helse og motivasjon er viktige deler av human kapital.
- Utvikling av arbeidsinnhold og –miljø er utvikling av produksjonen.
- Arbeidsinnhold og -miljø er linjeleders ansvar.
- Forutsetning for gode endringer:
spesifikke mål
spesifikk problembeskrivelse

Forutsetning for å utviklingsarbeid og primær forebygging:
kunnskap om arbeidsfaktorer som bidrar til motivasjon, helse og arbeidsevne.

