MUSCULOSKELETAL DISORDERS IN CLEANING — 17 CLEANERS’ VIEWS ON OWN MUSCULOSKELETAL INJURY CLAIMS

Hägg, G M, Centre for Musculoskeletal Research, University of Gävle, Gävle; Antonsson, A-B, IVL-Swedish Environmental Research Institute; Schmidt, L, IVL-Swedish Environmental Research Institute, Stockholm; Holmefalk, C, Swedish Cleaning Technology Association, Sweden

Aim
The aim of this project was to describe cleaners’ opinions about what occupational factors that had caused their musculoskeletal disorders.

Method
Totally 31 cases of musculoskeletal injury claims from cleaners filed by the Swedish Work Environment Agency during 2004 were identified. All cases were asked to be interviewed by telephone regarding the development of their disorders in relation to their work. Seventeen cleaners agreed to participate. Two of these were males. The interviews were carried out according to an interview form with questions regarding type of cleaning work performed, type of tools used, type of disorders, disorder development and duration and suspected causing work task(s).

Results
The subjects represented several common types of cleaning work (number of subjects in brackets): staircase (5), hotel (2), office (3), school (2), hospital (5). The disorder frequencies in different anatomical regions are shown in table 1.

Table 1. Disorders in anatomical areas among the 17 cleaners

<table>
<thead>
<tr>
<th>Head</th>
<th>Neck</th>
<th>Shoulder(s)</th>
<th>Arm(s)</th>
<th>Hand(s)</th>
<th>Back</th>
<th>Hip</th>
<th>Knee</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>8</td>
<td>11</td>
<td>4</td>
<td>2</td>
<td>7</td>
<td>2</td>
<td>2</td>
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</tbody>
</table>

Ten cleaners attributed their disorders specifically to the heaviness in their work, seven to the repetitiveness and four to the combination of these factors. Six of the cleaners adduced time pressure and increased duties within unchanged time frames. Four of the cleaners identified specific tasks as more straining (carrying heavy buckets, driving a machine with twisted neck, repetitive mopping, changing duvet covers and vacuum cleaning). The other 13 could not specify a special task but referred to general heaviness/repetitiveness/time pressure. Only one subject could identify a single event provoking the pain (shovelling snow as additional task) while in all others cases, the disorders had deteriorated gradually. In only a few cases any measures had been taken to alleviate the load. In most cases, shorter periods of sick leave had become longer and longer. Even if the cleaners in some cases were aware of risks for future chronic severe disorders, the real possibilities for changes at work were small.

Discussion
No exposure assessment beyond the subjective reports has been made. Therefore it is impossible to give any statements regarding possible relations between disorders and exposure in single cases (except the twisted neck case). Seven cleaners attributed the repetitiveness as a cause for their disorders but from an expert’s point of view, almost all tasks should be considered as highly repetitive with little bad variation. This statement is based on general knowledge gained from video studies of a large number of cleaning tasks in Sweden (to be reported later). The heaviness of the tasks was mentioned by seven of the cleaners. Especially staircase and hotel cleaning seem to involve specific heavy and/or strenuous tasks. However, most other types of cleaning work may involve unacceptably heavy or strenuous tasks. A review of the interviews by a cleaning specialist revealed that in many of the cases, obsolete tools and/or inappropriate work techniques were used which unnecessarily increased the load.

Conclusions
Disorders among cleaners developed gradually in most cases. Headache often coincided with trunk and extremity disorders. Few measures were taken to alleviate the load at an early stage. The use of modern tools and techniques could improve the situation considerably but even if of such measures are taken, several unacceptable tasks remain. Time pressure and downsizing of cleaning staff was a major problem.