

ACCOMMODATIONS AND SELF-MANAGING OSTEOPOROSIS FOR A UNIVERSITY LECTURER

Sector: Education

Job: University lecturer

Size: Large organisation

Country: United Kingdom

Health problem: Osteoporosis

Context/background

The worker in question is a female senior lecturer in a university. The organisation is able to support its staff with flexible working, including part-time working, and it has a teleworking agreement that covers the majority of staff. The organisation also has an established return-to-work policy that involves agreeing a return-to-work plan should any individual be absent for a prolonged period.

Demographic and health information

The worker is a woman in her early 50s who has worked for the organisation for 11 years. She currently works full-time (37.5 contracted hours per week) and has a number of roles within the organisation, including lecturing, applying for research funding and carrying out research activities. Her previous roles, before she moved into teaching, included nursing.

The worker was diagnosed with osteoporosis 6 years ago. While women become more at risk of osteoporosis after the menopause, the worker also has an overactive thyroid, and this is known to be linked to an increased risk of developing osteoporosis. In the worker's case, a bone scan 6 years ago identified vertebral fractures due to osteoporosis. Osteoporosis happens because of a lack of calcium in the bones, which makes the bones more fragile. The condition is progressive, with a tendency to worsen over time. The main symptoms are bone pain, and the main risk is fracturing bones as a result of a fall or heavy lifting. New treatment and advice such as taking higher impact exercise and eating a healthy diet can prevent progression of the disorder and enable continued healthy living.

The worker is under constant consultant care as a result of the osteoporosis diagnosis but does appreciate that she was diagnosed very early in the progression of the disorder.

Work, job and tasks

The worker's main tasks involve lecturing and mentoring postgraduate and undergraduate students, guiding students and contributing to their education. She is also a programme leader responsible for a variety of research projects and for continually applying for research funding. She also contributes to the development of students' research. The majority of her tasks are office-based, with prolonged sitting and use of display screen equipment (DSE). However, some of her teaching activities are conducted in lecture rooms, in special laboratories or out in the clinical environment.

Process for retention at work

Because the worker was suffering from back pain due to the osteoporosis, she had thought about taking sick leave when she was originally diagnosed. She decided to continue working because of the demands of various ongoing projects. However, she was able to search for information about her musculoskeletal disorder (MSD) to find out how to support herself at work, and as a result she did not consider changing employment. Finding this information enabled her to consider the health impacts of prolonged sitting for people with osteoporosis, and she therefore made changes during her working day, including taking control of her computer time and ensuring regular movement during the working day.

Support given and by whom

The worker sees her specialist osteoporosis consultant every 3 years and a specialist osteoporosis nurse annually. Continued support is provided by her general practitioner medical team.

In addition to adopting healthy lifestyle behaviours, the worker also found an excellent Pilates teacher, who has enabled her to increase her core strength to try and prevent future fractures. Her medical team have been impressed with Pilates as a means of increasing strength and protecting the bones from further damage.

The worker did tell her line manager about her diagnosis but has not required further input from him. Other colleagues have also been told, and because of this she is not allowed to carry heavy items. However, she reports that most of the support she receives is from family (her daughter motivates her to continue exercising and working).

Workplace changes

Tools and equipment

No particular tools were required by the worker and she continues to work with the same DSE.

Workplace

While no workplace changes were made, the worker did highlight that she is not comfortable stretching in the open-plan office where she works. However, she does have access to a restroom and an on-site gym facility should she wish to use them.

Tasks

There has been no need to change her work tasks, but she is more aware of activities that may put her at increased risk, such as lifting heavy items and sitting for prolonged periods. Colleagues are happy to help her with any such lifting.

Work travel

Her work travel has been modified; she now prefers to complete her commute, which is by car, with a 10-minute walk. She achieves this by parking her car a couple of miles away from her workplace. This helps to introduce movement into her daily routine.

Working time

The worker's working hours were not modified, and she continues to work full-time. However, she does have some flexibility in where she works and, when she can take advantage of it, teleworking (at home) enables her to work and take breaks to stretch every 30 minutes.

Her main difficulty at work is the amount of DSE work required to carry out her role. She has been self-managing screen time and has introduced regular screen breaks to ensure that she is able to move.

Health and safety risks identified

Prolonged working with DSE has been identified as a risk factor, and recommendations have included taking control of computer time and building in rest breaks. This is supported in the organisation by the use of online risk assessments.

Heavy lifting and carrying are considered a major risk factor, so the worker seeks help if any loads need to be manoeuvred.

Ease or difficulty of implementing the advice

While complying with the DSE regulations is important in relation to good posture and creating opportunities for movement in the workplace, the individual worker has to be able to control their work tasks and thus their screen time. For individuals using DSE, it is set down in legislation that they should take screen breaks before the onset of discomfort or fatigue. If someone feels uncomfortable, they should be able to stand up and move around.

The worker found that doing Pilates helped her, and she feels that this has been an important adjustment in her life to delay the progression of the osteoporosis. She has also increased the amount of walking she does between her parked car and her office. This has been an easy change for her to make, as the worker understands the importance of physical activity in maintaining general health.

Transferability

While the case does not involve particular workplace adjustments, it does highlight the importance of access to health care and advice in supporting workers with osteoporosis. Self-management of the worker's MSD has been helped by her having access to the correct information and seeking help from others.

Lessons learned

The lessons learned from this case include the following:

- Early access to diagnostic procedures helps people with a high risk of MSDs.
- Exercise programmes and physical activity can help in delaying the progress of osteoporosis.
- Access to a restroom may be beneficial for stretching exercises.
- Having control over work time and taking regular screen breaks are important.
- Having access to the latest scientific information and treatment is important for managing the disorder.

In summary, early diagnosis and intervention, the availability of a restroom and having control of her work tasks enabled the worker to remain in work.

Costs and benefits

The worker maintained the same work role, with no changes being made to her working hours; this was at no cost to the organisation. The organisation retained a valuable and expert worker who is involved in many professional roles in the organisation and could not therefore be easily replaced.

Summary of changes

In this case, the changes included adopting a healthier lifestyle, undertaking physical exercise, avoiding heavy lifting, and stretching and moving even in office settings.

• References and resources

Lydia Osteoporosis Project, 'About osteoporosis', <https://www.lydiaosteoporosis.com/about-osteoporosis>