



## OSHTips: Workplace Evidence-Based Tools for Injury Prevention and Safety

### Why the Study?

#### To Design and Evaluate How a Web Site with Comprehensive Information Addresses the Management and Prevention of Musculoskeletal Injury

Musculoskeletal injuries (MSI) are a major source of cost in healthcare.

According to the Workers' Compensation Board of British Columbia, over the five-year period of 1994-98, claims costs to the health care sector increased by 37%, from \$28.7 million to \$39.3 million.

In Canada, studies document that healthcare workers suffer more workplace injuries and more time loss from work than any other occupational group. Considerable evidence is available on how to best manage and prevent MSI. The information is available in peer-reviewed journal articles, book chapters, newsletter reports, and case studies, but it is not readily available to those in a non-academic setting: front-line workers, managers, joint occupational health and safety committees, ergonomists, occupational health and safety professionals.

### How Did We Do It?

A website was developed with comprehensive, synthesized information to address management and prevention of MSI and the ensuing disability of healthcare workers.

The information is organized into six fundamental components of injury prevention (Policy and Procedure, Training and Awareness, Equipment and Environment, Injury Tracking, Return to-Work/ Accommodation, and Work Organization and Culture) and is also accessible by healthcare department. It includes literature reviews, case studies, question and answer, practical tools (such as checklists and sample forms).

### Our Evaluation

The evaluation investigated the effectiveness of the Internet in bridging the gap between best-practices and MSI prevention practise in healthcare.

Evaluation occurred in 2 stages: a pilot website and a redesigned website. Changes in structure and content occurred after the pilot website

evaluation.

Evaluation consisted of three different components:

- 1. Usability**  
The usability component examined how easy it was to navigate through the website. Users from each user group provided feedback through individual usability sessions.
- 2. Use**  
Software tracked information about how often the website was visited, which pages are visited, and which documents were downloaded.
- 3. Usefulness**  
The usefulness of the website was evaluated with a telephone interview and questionnaire in the pilot and redesigned website, respectively.

Information from four user groups was collected for each evaluation component. The user groups were:

1. Health and safety representatives
2. Union members from healthcare
3. Management from healthcare
4. Other (non-healthcare)

### What Did We Find?

#### 1. The Internet is an effective means of information transfer in healthcare.

The Internet provides healthcare personnel to quickly and easily access a large volume of information for those who can access it. Participants reported distributing the information they found on OSHTips to others or using information they found on the website to make suggestions to their joint occupational health and safety committee.

#### 2. The Internet has limitations in healthcare.

Accessibility and computer literacy are limitations of the Internet for information transfer in healthcare. In particular, front-line healthcare workers have limited access to the Internet in the workplace. It is recommended that the Internet not be used to transfer time-sensitive information to healthcare workers.

#### 3. Primary users of OSHTips

Based on the findings of this study, the primary users of OSHTips would be health and safety professionals and joint occupational health and safety committee members.



## **ABOUT THIS DOCUMENT**

The Occupational Health and Safety Agency for Healthcare (OHSAH), which operated from 1998-2010, was a precursor to SWITCH BC. Conceived through the Public Sector Accord on Occupational Health and Safety as a response to high rates of workplace injury, illness, and time loss in the health sector, OHSAH was built on the values of bipartite collaboration, evidence-based decision making, and integrated approaches.

This archival research material was created by OHSAH, shared here as archival reference materials, to support ongoing research and development of best practices, and as a thanks to the organization's members who completed the work.

**If you have any questions about the materials, please email [hello@switchbc.ca](mailto:hello@switchbc.ca) or visit [www.switchbc.ca](http://www.switchbc.ca)**