Role of Occupational Therapy in the Workplace

The Society of Occupational Therapists (SAOT) acknowledges that adults spend a large percentage of their day at work, and workplaces are a prime location in which to influence health including personal health (Wilson & Landry, 2014). In Canada, the nature of work and the workforce are constantly evolving. Statistics Canada projects that by 2031, the workforce will rise to between 20.5 and 22.5 million people, an increase from 18.5 million reported in 2010 (Martel et al, 2011).

Health problems – physical, mental and emotional – affect the national economy in many ways such as reducing productivity and labour force participation and increasing sickness, employment insurance and costs associated with assistive devices and structural modifications (Uppal, 2009). Health promotion programs have been demonstrated to reduce employee-related health care expenditures and absenteeism (Aldana et al, 2005). Disability management consulting in the workplace can facilitate return to work.

Occupational therapy (OT) delivers a culture of promoting healthy workplaces with focus on early interventions and self-management strategies that build resilience and healthy work environments that sustain productivity. It is incumbent on policy decision-makers to ensure that OT services are included in health management programs after illness, injury and disability.

Role of OTs in the Workplace

1. Disability management consulting is a vital role of OT in promoting return to work where there has been illness or injury across the spectrum of physical, cognitive, mental and social limitations. Occupational Therapists’ (OTs) understanding of job demands and skills required for competent performance of job tasks is vital asset to the individual and the workplace.

   Job assessment and determining a fit of a worker's residual capacities to job components require task analysis that is a gold standard of OT methodology. The approach "fine tunes" the accommodations that an employer can make in support of a returning employee.

   Understanding of the environmental and social constraints in work practices that hinder return to work efforts, and conversely facilitating factors, is the knowledge and skill that OTs bring to the return to work plan and process (CAOT, 2015).
2. OT can provide unique enablement skills to expertly integrate and combine silo interventions for practical application specific to work needs, greater comprehension to meet goals, cohesiveness for advocacy and focus on multi-disciplinary involvement (i.e., psychotherapeutics, orthopedic surgery, oncology follow-up). The overarching OT aim is to maximize client strengths that enables function within physical, mental, psychological or social challenges. This strength-based approach builds resilience and capabilities (CAOT, 2015).

3. OTs offer case management, vocational analysis and counselling, environmental and psychosocial assessments for vocational readiness, equipment and work modifications, and on-site therapeutic interventions (e.g., job analysis, work modification strategies and ergonomics). Building capacity of the worker and introducing strategies and resources within the workplace enable health and well-being within the workforce (CAOT, 2015).

4. Capacity assessment conducted by OTs can promote primary prevention of physical injuries in the workplace by identifying potential risks, recommending preventative measures to control workplace hazards, and providing education about body mechanics and work strategies (CAOT, 2015).

Comprehensive knowledge about cognitive and psychosocial factors promotes a holistic approach to understanding how physical, cognitive and psychosocial factors can impact function. OTs utilize integrative therapies to prevent workplace challenges that can sustain and improve work productivity.

5. Complex disease management in the workplace requires OTs' integrative knowledge of physical, psychosocial, medical and biological factors of the human condition. The OT analyzes the most meaningful and impactful way to deal with related workplace issues (i.e., absenteeism, chronic pain, depression, chronic fatigue, etc.).

6. OTs perform ergonomic task analysis to help adjust the job or environment to accommodate a disability need through environmental adjustment. Physical assessment, postural evaluation and seated work positions are key approaches to problem solving (Gainer, 2008). The aim is to prevent repetitive injuries such as neck and low back pain and upper extremity strain injuries common in the workplace. This can decrease orthopedic interventions such as surgery and physical therapy.

A study by Gardner-Harbeck & Fisher (2011) found that the implementation of computer workstation recommendations through customized ergonomic OT recommendations resulted in decreased upper extremity musculoskeletal pain and increased employee productivity.

7. OTs use Functional Capacity Evaluations (FCEs) to define functional abilities and limitations of the worker in the context of safe, productive work tasks (James & MacKenzie, 2009). OTs use FCEs to ensure that the worker's capacity and abilities match both the job and the work environment to ensure a successful and safe return to work (James & MacKenzie, 2009).
References:


