

## **A strategy for engaging the Australian optometry profession to reduce the risk of work-related discomfort in clinical optometrists**

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### **1. Introduction**

Work-related discomfort (WRD) exists in the optometry profession. A multi-stage exploratory study to investigate this issue was conducted between 2008-2012 and an overview of the methods was presented at IEA2012 (Long, Burgess-Limerick, & Stapleton, 2012). The goal of the exploratory study was to identify the principle causes of WRD and suggest strategies for reducing discomfort in clinical optometrists.

There has been an expectation by many within the optometry profession that a set of prescribed exercises would be developed for optometrists which they can perform during their working day. There is no evidence that exercises alone will reduce WRD.

#### **1.1 Practice innovation**

This paper describes a broad range of strategies which have been used to engage with the Australian optometry profession to address WRD.

### **2. Sources of information, findings and discussion**

A strategy was initially modelled on a framework adopted by the National Institute for Occupational Safety and Health (NIOSH) in the USA to reduce injuries in nurses (Collins & Bell, 2010). Nursing is a much larger profession than optometry and the majority of nurses work for large organisations (e.g. hospitals, aged care facilities). There are less than 5000 registered optometrists in Australia and the majority work in a small business setting. Therefore, the NIOSH model was adapted for use for the optometry profession in Australia. Four interventions have been implemented since 2012 and are described below.

#### **2.1 Dissemination of information**

Interviews conducted during the exploration stage indicated that WRD information should be disseminated to optometrists via multiple channels to cater for different learning styles (Long, Burgess-Limerick, & Stapleton, 2011). This led to a conscious decision to use a variety of publication channels, including peer-reviewed publications, research summaries and case studies published in the ophthalmic print and social media, optometry conference presentations and workshops, written guidelines and an audio podcast. A key partner in this strategy has been Optometry Australia (OA).

#### **2.2 Consultation with stakeholders**

Although the profile of WRD was raised by disseminating information through multiple channels, improvements in WRD is contingent on individual optometrists accessing and acting on the information. Formal engagement with the profession was required to develop more sustainable solutions.

A half-day seminar for 30 key stakeholders in the ophthalmic industry was held at the University of New South Wales (UNSW) in Sydney, June 2013. Participants were given an overview of the research results and a brief description of strategies which have been successful and unsuccessful in other healthcare and small business environments. This was followed by a 90 minute facilitated discussion to explore their opinions and ideas on the issue. Three action items were agreed to by the group:

1. Development of written guidelines for optometrists to assist them to reduce their risk of WRD.

2. Education of practitioners and students to increase their self-awareness of work postures and provide them with skills to conduct risk analyses of their work environment.
3. Economic modelling to provide evidence for improved efficiency and decreased risk.

### **2.3 Development of guidelines for optometrists**

A direct outcome of the Stakeholders Seminar was a commission from OA for two sets of written guidelines: one for employee optometrists and another for employers of optometrists. Both guidelines are a synthesis of material gathered during the initial exploration stage. They describe a risk management approach for reducing WRD, and include practical tips for consultation room design, selection of equipment, job organisation and what to do if WRD is experienced. Written guidelines were published by OA in December 2013 and an audio podcast recorded in February 2014.

### **2.4 Embedding ergonomics education in the undergraduate optometry curriculum**

A second outcome of the Stakeholders Seminar was a request by the School of Optometry and Vision Science, UNSW, to develop ergonomics education material for the undergraduate optometry program. An integrated approach will be rolled out in 2015, with education embedded in 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> year teaching curriculum. The aim is to disseminate WRD information through student education and provide students with ergonomics and risk management skills for life. This is in accordance with the findings and recommendations gained during the exploratory stage (Long, Ko, Lau, Burgess-Limerick, & Stapleton, 2011). A secondary benefit is that resources developed for educators may also assist them in their own practice. Assessment of the impact of this ergonomics education program is planned.

## **3. Conclusion**

This paper provides an example of strategies which have been used to engage with the Australian optometry profession to address WRD. Future work includes the third action item agreed to at the Stakeholders Seminar, economic modelling. It is envisaged that this will include working with employer groups to measure the social and economic impact of WRD, as well as working with equipment manufacturers and suppliers to assess clinical equipment and furnishings. There may also be a role for engaging the profession and industry in student education to reinforce the message that everyone is a stakeholder in reducing WRD in the optometry profession.

## **References**

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