



EDITORIAL NOTE

Occupational Health: Bio-psychosocial Model

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The main functions of WHO (occupational health) mandated its Constitution include promoting the improvement of working conditions and other aspects of environmental hygiene. Recognizing that occupational health is closely linked to public health and health systems development, WHO is addressing all determinants of workers' health, including risks for disease and injury in the occupational environment, social and individual factors, and access to health services.

WHO is implementing a Global Plan of Action on Workers' health 2008-2017 endorsed by the World Health Assembly in 2007 with the following objectives:

- devising and implementing policy instruments on workers' health;
- protecting and promoting health at the workplace;
- improving the performance of and access to occupational health services;
- providing and communicating evidence for action and practice; and
- Incorporating workers' health into other policies.

Occupational Health (OH) refers to the relationship between work and health. OH specialists aim to enhance a worker's health status, increase the productivity of a workforce, improve business performance and the economy. Various terms are used to denote this area of rehabilitation. Occupational Health is typically used to refer to individuals in work whereas Vocational Rehabilitation tends to be used when referring to those outside paid employment, but these terms vary across the world.

OH specialists have specific training and experience to understand the link between health and work. This enables them to support both workers and employers. OH focuses on three main objectives:

- Maintenance and promotion of workers' health and working capacity
- Improvement of working environments to ensure that they are conducive to health and safety
- The development of work organisations/cultures in ways which support health and safety at work, promote positive social interactions and improve productivity

Work is said to increase physical and mental health, enhance a worker's sense of purpose, confidence, self-worth, independence and fulfilment. Return to work post illness or injury should, therefore, be considered as an important outcome measure when exploring treatment options and the support of working age people. Five percent of all sickness absence will become long term (ie it will last more than 4 weeks) and this accounts for almost half of the total working days lost each year. The longer a

person is absent from work, the greater the chance that s/he will not return to work. Eg. if an individual is absent from work for six months, there is an 80% chance that s/he will be out of work for five years, which comes at significant cost to the individual and society. Of particular importance to physiotherapists is that alongside "stress, depression and anxiety", "other musculoskeletal problems" are some of the most commonly reported reasons for long term absence from work [1].

The OH specialist is involved in performing impartial and objective assessments that consider not only what is best for the employee, but also what is best for the employer. Important as an organisation's success is strongly affected by the health and wellbeing of its workforce. Effectively managing the requirements of both parties is essential to ensure a productive outcome for all [2]. This focus on both the patient and their employer sets OH apart from other areas of physiotherapy, where the focus is usually on the individual.

Not all employees have equal access to OH services. Employees working for larger organisations will be more likely to be able to access these supports, as will those working in the public sector versus those in the private sector, thus it seems important that all physiotherapists consider this area when creating treatment or rehabilitation plans.

Bio-psychosocial Model: OH uses the bio-psychosocial (or bio-occupational-psycho-social) model rather than the biomedical model:

- Bio- a focus on the physiological pathology, levels of physical health or disability
- Psycho- a focus on thoughts, emotions, and behaviours such as psychological distress, fear avoidance/beliefs and current coping mechanisms
- Social- a focus on the social economic, social environmental and cultural factors such as work issues, family circumstances and economy based factors.

All these areas are related and must be considered together for effective OH assessment and support.

References:

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