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What makes a Moving and Handling People Guideline work?

A thesis presented in partial fulfilment of the requirements for the degree of

Doctor of Philosophy

in

Public Health

at Massey University, Manawatū, New Zealand

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2018
‘Only the person not reading the forecast is surprised by the storm’

— Unknown
Abstract
Moving and handling of people (MHP) is a major reason for developing musculoskeletal disorders (MSD) in the healthcare sector worldwide. To reduce MSD from MHP, many national and state level guidelines targeting MHP have been developed. However, little is known about their impact on injury claims rates, how they are intended to work, if intended users are aware of and use them, which parts of the guideline are being used, and how they are implemented. Therefore, the overarching goal of this thesis was to contribute to understanding what makes a MHP guideline work. It was addressed by examining the effects of introducing the New Zealand Accident Compensation Corporation ‘Moving and Handling People: The New Zealand Guidelines’ (MHPG), using a mixed-methods approach in five sequential studies. An analysis of claims data (Study 1) showed that MHP related claims rates declined before, but increased after the introduction of the MHPG. A study of the MHPG programme theory (Study 2) showed that key actors for implementation were MHP coordinators, H&S managers, and therapists. The developers argued for implementing a multifaceted MHP programme where implementation of organisational systems should create the foundation for implementing the core components. A questionnaire analysis (Study 3) showed that a high proportion of MHP coordinators, H&S managers, and therapists were aware of the MHPG, while a high proportion of therapists used it. In contrast, fewer carers were aware of and used it. A second questionnaire analysis (Study 4) showed that more key actors were familiar with and used the core components compared to the organisational systems. A low proportion of actors experienced change after use. Case studies (Study 5) showed that organisational motivation to implement a MHP programme was initiated by MHP related staff injuries. The implementation process was gradual, changing MHP practices during multiple steps, and dependent on a dedicated person to drive implementation.

This thesis shows that making a MHP guideline work requires a dedicated actor, with support from management, to facilitate implementation and organisational changes needed. However, many contextual factors affect implementation, ranging from national, e.g. legislation and policies, to individual level, e.g. individuals conducting MHP.
Preface

In your hands, or on your screen, you have the thesis ‘What makes a Moving and Handling People Guideline work?’. This thesis attempts to contribute to improving our understanding of what makes a moving and handling people guideline work. This was done by examining the New Zealand Accident Compensation Corporation’s ‘Moving and Handling People: The New Zealand Guidelines’. The thesis investigated what parts of the guidelines worked, for whom, under what circumstances and, most interestingly, why they worked for some but not for others. The research described in the thesis was approved by the Massey University Human Ethics Committee Southern B (SOB 15/78) and conducted between October 2015 and December 2018.

I am very grateful to the many people who have supported and helped me bring this thesis to completion.

Foremost, my humblest gratitude is directed towards the organisations allowing me to be their guest and all the people who were willing to spend their valuable time, either being interviewed, filling out the questionnaire, or participating in a workshop, hereby providing me the opportunity to acquire heaps of rich and interfluent information. None of you are mentioned by name, but without your involvement and contributions, there would have been no thesis.

I would like to thank my supervisors for their guidance in this process. Kirsten B Olsen for always having an open door, being willing to spend an enormous amount of time on conceptual discussions, and for the ability to explain New Zealand context from a Danish perspective. Stephen J Legg, for triangulation talks, providing the wider perspective, and for a shared interest in the incredible abilities of human beings. Fiona Trevelyan, for being willing to come on board in the middle of the process and for sharing your huge insight and knowledge on case studies in the healthcare sector.

Also, I owe special thanks to Jeroen Douwes for razor-sharp suggestions, statistical guidance, and for making me realise the potential in the data.
I would also like to thank Klaus T Nielsen and everybody at Department of People and Technology, Working Life, at Roskilde University for hosting me during my study visit and providing more freedom than I could ever have expected.

My warmest thanks to Rachel Webster, for being the other person in the ‘closet’, always being willing to listen to my distress, telling fascinating kiwi stories, and without knowing it making it an absolute joy being at the office.

Lastly, to ESL, for being part of a journey were doing a PhD was merely a footnote…

Mark Lidegaard

Roskilde, December 20th 2018
### Abbreviations

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<td>ACC</td>
<td>New Zealand Accident Compensation Corporation</td>
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<tr>
<td>DHB</td>
<td>District Health Board</td>
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<td>FCC</td>
<td>The Five Core Components</td>
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<td>FTE</td>
<td>Full-Time Equivalent employment</td>
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<td>H&amp;S</td>
<td>Health and Safety</td>
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<td>MHP</td>
<td>Moving and Handling of People</td>
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<td>MHPG</td>
<td>The New Zealand Accident Compensation Corporation ‘Moving and Handling People: The New Zealand Guidelines’</td>
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<td>Moh</td>
<td>Ministry of Health</td>
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<td>MSD</td>
<td>Musculoskeletal Disorders</td>
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<td>OSC</td>
<td>The Organisational System Components</td>
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List of publications and presentations

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3. **Lidegaard, M**, Olsen, KB, Legg, SJ, and Douwes, J. Awareness and use of a national moving and handling people guideline. *(Manuscript in preparation)*

4. **Lidegaard, M**, Olsen, KB, and Legg, SJ. Familiarity, use, and change after use of the components of a national moving and handling people guideline. *(Manuscript in preparation)*

5. **Lidegaard, M**, Olsen, KB, Legg, SJ, and Trevelyan, F. How are moving and handling people programmes implemented – learnings from three case studies. *(Manuscript in preparation)*

Peer-reviewed conference contributions


3. **Lidegaard, M**, Olsen, KB, and Legg, SJ. Uptake and use of national health guidelines on moving and handling of people- A questionnaire survey of a national health
4. **Lidegaard, M**, Olsen, KB, and Legg, SJ. What facilitates or hinders the implementation and impact of a national health guideline - learnings from case studies in the healthcare sector. International Ergonomics Association Congress (IEA), August 2018. Abstract accepted for oral presentation


**Non-peer reviewed presentations**


**Reports**


