UNIVERSITY OF ST. AUGUSTINE
FOR HEALTH SCIENCES

Assessing Workplace Wellness for the Occupation of Hairdressing

Alex W. Kim, OTD/S

BACKGROUND:

The hairdressing population is a physically involved occupational field. A study conducted by Mahdavi et al. (2014) determined that a multitude of physical factors, including prolonged standing and repetitive movements, were associated to high prevalence of symptoms found in various regions of the upper extremities. Roll (2016) identifies musculoskeletal conditions as “the second greatest cause of disability worldwide” (p. 1). However, Takata and Roll (2018), identified multiple gaps found in the current evidence of treatments provided by occupational therapy professionals for upper extremity musculoskeletal disorders.

There is limited information that analyzes the hairdressing occupation as a whole. Many of the studies provided focus on one or few aspects of the occupation rather than addressing the whole occupation. While there are studies which have developed and implemented their own intervention programs to address WRMSDs in the hairdressing settings, they fail to address the needs of this occupation in its entirety and limit their programs to address only one area of need.

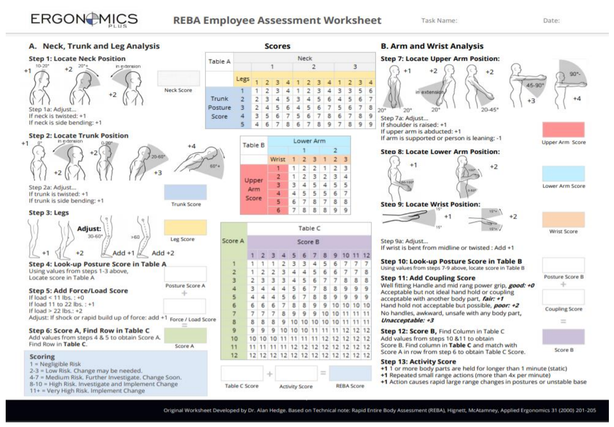
PURPOSE:

The purpose of this evaluation is to examine the occupation of hairdressing; assess the health-related needs of hairdressers; and design a program with a holistic approach to address the current needs as well as preventative approaches for this occupation.

METHODS:

Data collection through ethnographic method using direct observational design
- Two locations – Nova Arts Salon and Inter Hair
- Semi-structured interview (open and closed-ended)
- Cornell Musculoskeletal Discomfort Questionnaires (CMDQs)
- Rapid Entire Body Assessment (REBA)
- Rapid Upper Body Assessment (RULA)

Convenience sampling
- Two participants from Nova Arts Salon observed every Thursdays and Fridays for the first three weeks
  - Interview was conducted on the second week
  - Observations were made once every week (Fridays) for weeks four to six
- Third participant from Inter Hair observed on two separate days based on her availability
  - Interview was conducted at the first opportunity



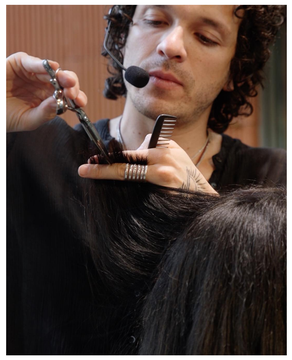
Rapid Entire Body Assessment

RESULTS:

Table 1. Themes	
Person-Intrinsic	
Experience and Anthropometric Measures	
Average Years of Experience	21.3 years
Average Height	5 feet, 3.3 inches
Average Age	38.7 years old
Safety Education	- No safety education received throughout educational and professional careers (Trained only to keep their clients safe)
Physiological	- Varying levels of pain and discomfort reported in multiple areas of the body
Psychological	- Inconsistent diet - Psychological impact from work
Environmental-Extrinsic	
Organizational Culture	- Varied impressions of workplace culture
Social Support	- Stress from client tardiness - Time management handled differently

Table 2. Average Assessment Scores		
General Tasks	**REBA**	**RULA**
Blow-dry	5.71	5.43
Cleanse	7.57	6.00
Color	7.58	6.75
Curl	6.10	6.20
Cut	7.00	6.76
Extension Removal	6.00	7.00
REBA Scoring Implications		
4-7	Medium risk. Further investigate. Change soon.	
8-10	High risk. Investigate and implement change.	
RULA Scoring Implications		
5-6	Further investigation, change soon.	
7	Investigate and implement change.	





Examples of general tasks (from left): Blow-dry, Color, and Cut

DISCUSSION:

Hairdressers are likely to be performing in their occupations without general knowledge of safe working postures, measures, or precautions. This may be stemmed from lack of safety education and efficient work practices provided at the education level. Consequently, hairdressers may engage in their occupation exposed to physiological risks (e.g., back, shoulder, and wrist discomforts), fatigue and behavioral changes from lack of breaks (e.g., mood); and stress derived from extrinsic factors (e.g., workplace, clientele). According to Lindegård, Larsman, Hadzibajramovic, and Ahlborg (2014), stress in conjunction with musculoskeletal discomfort can be related to decreased productivity.

Data collected through the REBA and the RULA also identified multiple risk factors in the hairdressing setting. These tools generated a general score which ranked the severity of risk for each task based on their “worst postures.” Results from the REBA showed that participants were generally at a medium to high risk for WRMSDs and the RULA implied immediate investigation and implementation of change on how they participate in these tasks. A generalized wellness program was developed based on these needs.

Future research can use ergonomics and occupational therapy as tools to better assess the wellness of other occupations and roles. In addition, these practices can be used to help design better strategies and treatments that are more aligned with the occupations observed. Regarding the hair industry, other considerations may involve exploring roles of hairdressing assistants since they are also responsible for hairdressing tasks but are subjected to more organizational factors (e.g. management styles).

CONCLUSION:

Multiple risk factors were found to negatively impact hairdressers’ wellness in their workplace setting, including inconsistent meal breaks, work-related stress, and awkward postures. After assessing six general tasks hairdressers were found engaging in, several ergonomic and occupation-based strategies and treatments were incorporated into a generalized wellness program designed to improve their occupational well-being. It was also found that there was a lack of safety training provided for hairdressers throughout their careers. Therefore, to help promote wellness for current and prospective hairdressers, education on neutral posture, safe work practices, and administrative and engineering controls should be included in both school and work settings. Assessing other occupations and positions as a whole (e.g., hairdressing assistants) may uncover other factors not observed in this research and may advance occupational therapy treatment options for upper extremity WRMSDs.

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