Objective:
To describe home care service workers’ perceptions of their working conditions, safety climate and safety promoting activities at work.

Introduction
Research on workplace health and safety promotion shows the importance of focusing on healthy aspects and on all potential resources in work, e.g., control and support. In municipal home care services for the elderly, the varying workplaces (home settings) and restraining conditions set high demands on front-line staff’s ability to make healthy and safe choices in critical situations. A trend towards increased physical and psychosocial strain at work can be noted, resulting in a high frequency of work-related musculoskeletal disorders and injuries, and a low prevalence of sustainable work ability.

Material and Methods
Participants: 133 nursing aides and assistant nurses, divided in 18 work units participated in this study. They had worked in the same home care services unit in the last 6 months. Their mean age was 45 years, the majority were women, and the distribution of nursing aides and assistant nurses was about 40/60%. All work units had a model for participatory risk management.

Setting: This study is based on cross-sectional data gathered in early 2009 in home care services in a municipality in the North of Sweden.

Measures: Data were obtained through a questionnaire, covering working conditions, safety climate, safety activities, self-efficacy, health and work ability. Descriptive statistics, as well as data on between-group differences were analysed.

• In general, fairly good levels of safety climate (mean values ≥ 3.0). Yet, on the work-unit level, significant between work-unit differences were shown in five (dim. 1-5) of the seven safety climate dimensions.
• Moderate levels of perceived safety grades at work, and of safety promoting activities. Participation (‘always’, 23%) in risk management were related to higher decision authority, safety climate (dim. 1, 3 and 7), safety grade, and less barriers (time, equipment, information) against complying with safety rules.
• Positive job resources relating to control; high skill discretion, decision authority and self-efficacy was reported, as well as good general health and work ability.
• A high physical exposure at work and a low frequency of musculoskeletal well-being (only 26 % had no complaints).

Discussion & Conclusions
In general, a high control on job task level was perceived. The high levels of safety climate and proactive activities in single work units, proposing good solutions. Focus need to be placed on the managerial and organisational prerequisites, e.g., a supportive safety climate, structured routines, teamwork and coordination with all professionals forming the home care services setting. Also, on staffs’ awareness of safe behaviour and on alternatives of actions in critical risk situations. This may promote musculoskeletal well-being and a good working environment.

Key point
As the safety climate (i.e., the shared perceptions of members in a social unit on safety) reflects both social and instrumental support for front-line staffs’ safe choices at work, it is an interesting job resource to further explore in this context.

References
1 Törner M, et al. A Nordic Questionnaire for assessing safety climate (NOSACQ). Working on Safety Conference; 2008, Crete, Greece. The study was approved by the Committee of Research Ethics at Umeå University, Sweden(Dnr 08-217 Ö).
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