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Members identify workload, ergonomics as key issues

by YUKIE KURAHASHI

Every day, each cytotechnologist at the BC Cancer Agency's Cervical Cancer Screening Program scrutinizes 85 slides, with the knowledge that each slide may carry information that could profoundly affect the life of a woman somewhere in the province.

The BC Cancer Agency's Cervical Cancer Screening Program is the only lab in the province that processes Pap smears. Cytotechnologists working in the lab examine approximately 750,000 slides every year. As with many professions in health care, the responsibility that rests with each cytotechnologist is immense.

The tension that can result, however, only adds to the various ergonomic concerns faced by these technologists.

In a recent survey of cytotechnologists undertaken by HSA stewards, an astonishing 94 per cent of respondents reported they experienced pain at work. Chief Steward Ernie Hilland, a long-time HSA activist, was instrumental in coordinating the survey. "The majority of respondents - 75 per cent - said they had neck pain," he says. "The same percentage said they had shoulder pain. Sixty-three percent said they had back pain, 54 per cent complained of wrist pain, and 29 per cent complained of arm pain."

Other complaints included sore and tired eyes, sore or numb fingers, headaches, and sore tail bones.

This survey, along with a video of working conditions prepared by the cytotechnologists themselves, are a cornerstone of three Workers' Compensation Board appeals the union is mounting on behalf of the technologists. The survey results also played a big part in convincing the Cancer Agency to secure the funding to purchase ergonomic microscopes for virtually all BCCA cytotechnologists, and pay for renovations to their workstations.

Cytotechnologists use microscopes to identify abnormal cells. Although the time spent at a microscope varies according to the field, in the Cervical Cancer Screening Program, the majority of each work day is spent at the microscope. This means sitting for long hours in a rigid posture.

For many, this also means hunching over their scope and peering at slides, while adjusting various knobs and reaching for their spotting pen to add dye - not a comfortable prospect. In addition, cytotechnologists must look up periodically to check their computer screens for patient information, and reach for the mouse to scroll the data up and down.

Hilland suspects that these seemingly minor motions add up to big problems for cytotechnologists. "Even a mouse that seems convenient can cause problems if the cytotechnologist has to reach for it," he says. "And minor inconvenience over time causes repetitive strain injury."

Hilland offers further analysis of the survey results, and concludes that workload is a significant compounding factor. "Workload that is unreasonably high can contribute to injury by reducing the time the technologists have to take a break from their work," he says. "I looked at workload as it affected all respondents, and found 65 per cent regularly had to reduce their lunch and / or coffee breaks and / or stay late to get the work expected of them completed." Among the injured cytotechnologists (those receiving medical treatment for their conditions), Hilland found that 75 per cent regularly had to reduce their breaks or stay late. "I have to conclude that workload is too high," Hilland adds.

He notes that while the Cancer Agency recognizes that workload is a long-standing problem, relief is a distant hope: a shortage of cytotechnologists is contributing to a recruitment problem. "The nature of the work has changed over the years, too," he says. "In the beginning, technologists had to determine if the slide was 'suspicious for malignancy' or 'pre-malignant' or 'benign'. Now the stages of the disease have been refined, and different ways of assessing the adequacy of the smear have been introduced. It's definitely more work for what might be the same number of slides."

Because cytotechnologists are each assigned a workstation, they are free to make modifications to their work environments in an effort to reduce physical strain. Some taller technologists have raised their microscopes on a stack of books; other technologists have wedges of foam placed under their forearms for support.

One innovative solution was first proposed by Bob Barteaux, the chief paramedical for the program. A dedicated and sympathetic supervisor who is also adept at woodworking, he began making desktops containing a cut-out based on workstation designs he saw during his post-doctorate training at Sloan Kettering Hospital in New York. "This allows the technologist to place his or her torso closer to the microscope, at the same time as providing arm rests to support their arms to reduce shoulder strain," he explains.

Barteaux himself experienced a work-related shoulder and neck injury. "I was reaching one way and looking the other way at the monitor, and just suddenly my shoulder felt like it was dislocated and hurt. And my neck was sore," he says. A month later, it was still not getting any better. At the time, Barteaux and Hilland counted approximately 15 technologists with similar complaints. "That's when we thought, 'Something is wrong,'" Barteaux says.

He adds that although consultations with the Vancouver Hospital Back Team were a tremendous help, some staff continued to have problems. Barteaux is happy that the Cancer Agency is taking these concerns seriously. In concert with Ian McDonald, Senior Planner with the Cancer Agency, he has developed an improved workstation design - complete with an optional cut-out, which can be slotted back into place for technologists who want a more traditional work surface. "We've had a lot of positive feedback from staff on the prototype," he says.

Barteaux hopes with ergonomic microscopes and the newly improved workstations, his colleagues will experience fewer problems at work. "I'm ecstatic with these changes," he says. "We've been pushing for this for a long time. Change is always a challenge, but hopefully once were settled back in, people will see an improvement." Barteaux speaks highly of both Chief Steward Ernie Hilland and Senior Planner Ian McDonald. "Ian did a lot of work in coordinating all the different pieces, from tying all our concerns together, to knowing who to contact." McDonald even took the time to gather input about what colour the workstations and walls should be to be as restful as possible for cytotechnologists who spend all day looking at slides dyed a certain colour. "He's just been tremendous," Barteaux says.

"Ernie's help has been instrumental in bringing about these changes," he said. "He has a patient way of discussing staff's concerns, then often he's able to resolve them before they get to the grievance stage. And I know that the human resources people here now get Ernie's input, and rely on his advice."

Carol Riviere, HSA's WCB Appeals Officer, applauded the members for their concerted efforts.

"I think this is a good example of how effective HSA members can be in organizing around occupational health and safety issues in their worksites," she said. "I think members often feel uncomfortable taking these steps because they believe they're going to be censured by the employer. This is a case where a supportive employer welcomed these efforts, because the data that members gathered gave them a way to get funding for

improvements."

Riviere says she is especially impressed with Ernie Hilland, and with the members on WCB who chose to fight on with their appeals for the benefit of their uninjured colleagues. "The video really helped make the case at the appeal hearing," she says. "And it really helped to be armed with the data gathered in the survey."

Riviere adds that unfortunately, for at least two members, these improvements may not be enough.

"At least two members from this worksite are so severely injured that they will never be able to work again as cytotechnologists," she says. "These are injuries that take a long time to develop. Many members attribute symptoms to other factors like aging, when in fact it's the workplace."

In addition, Riviere says that while improving ergonomics is certainly a step in the right direction, issues around workload still need to be examined. "These members should be taking a stretch break at least once every two hours, but their workload is such that they usually can't," Riviere says. "And these technologists are under intense pressure. Patients' lives are depending on them making the right decision. This translates into muscular tension, and corresponding musculoskeletal injuries - which only underlines the importance of stretching."

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