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# The Influence of Workplace Stretching Exercise on Nurse's Musculoskeletal Complaints at Health Services in Bengkulu, Indonesia

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**ABSTRACT** The most common complaints experienced by nurses in health care are musculoskeletal complaints. This condition is caused by several factors including nurses' work attitude, length of work, work shifts, and type of work. The objective of this study was to analyze the effect of giving muscle stretching exercises to reduce musculoskeletal complaints in nurses at Bengkulu City Health Services. Based on the normality, homogeneity, and t-test of the pretest-posttest data, this study was a quasi-experimental with a control group design. The nurses in Bengkulu City's health services were the study's population, and the sampling method was consecutive sampling. A total of 60 respondents were divided into two groups: the intervention group (30 respondents) and the control group (30 respondents). The sampling technique was simply random based on the inclusion criteria. Data were analyzed using the pair t test with a p value of 0.05. According to the study's findings, the majority of nurses aged 31-40 years old were females with a diploma 3 education. The statistical test results showed that the p value was 0.0005, indicating that there was a significant difference between the control and intervention groups. As a result, the Workplace Stretching Exercises intervention in the treatment group was found to be more effective than the exercise in the control group. When compared to the control group, the group that received muscle stretching exercises had fewer musculoskeletal complaints.

**INDEX TERMS** Workplace Stretching Exercise, Musculoskeletal complaints, Health services.

# I. INTRODUCTION

Musculoskeletal disorders (MSDs) are currently a widespread and growing occupational health problem in the workplace worldwide [1]. Work-related musculoskeletal disorders (WMSDs) are a leading cause of morbidity among workers, including healthcare providers [2]. Musculoskeletal complaints, which include nurses, are symptoms experienced by workers in parts of the skeletal muscles ranging from very mild to severe. Nearly one third of cases of musculoskeletal disorders can be attributed to occupational risk factors, mainly back pain [3]. The work activities of nurses in health services include turning over, lifting, changing clothes and other actions that pose a musculoskeletal risk to nurses [4]. Nurses experience musculoskeletal particularly in hospitals and other health-care settings [5]. It is caused by several factors, including the workload of nurses.

This increased workload of nurses can cause work-related risks.

The causes of musculoskeletal complaints in nurses are generally due to frequent forced movements, non-ergonomic body postures, and repetitive movements, including lifting heavy patient loads, bending postures, twisting, and standing too long [6]. Characteristics of the patient's asymmetrical body, weight, and moves without coordination make patient handling difficult for the nurse's body [7]. The complaints of low back pain were also experienced by nurses at Purbalingga Hospital, as many as 18.75% [8]. The most frequent complaints of MSDs experienced by nurses at Serang Hospital are complaints in the neck, upper back and shoulders [9]. According to a study at Bhakti Dharma Husada Hospital Surabaya, the majority of MSDs complaints are caused by wrong work attitudes [10]. Musculoskeletal complaints are experienced by nurses in several health

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services, including hospitals. It is caused by several factors, including nurses' work attitude, length of work, work shifts, and type of work. One of the efforts to anticipate musculoskeletal complaints is by doing stretching exercises program in the workplace. Previous research has shown that combining physical stretching exercises and hot packs for nurses can reduce musculoskeletal complaints [11]. In addition, interventions for stretching exercises were effective to decrease pain due to MSDs (Musculoskeletal Disorders) [12]-[14]. As a result, managing work-related musculoskeletal injuries in occupational health settings is critical in the workplace, including in health services [15]. Therefore, preventive action is needed to improve working conditions and increase nurse awareness about MSDs prevention [2].

Physical stretching exercises are activities that have been promoted by the Ministry of Health as an effort to overcome musculoskeletal complaints. One of the efforts they have made is to do a muscle stretching exercise program at work, including in health services to reduce musculoskeletal Employee morale can be improved by complaints. implementing workplace physical exercise programs at least once or twice a week [16]. Based on previous studies, it showed that more than 70 percent of perioperative nurses felt workplace stretching program musculoskeletal complaints and provide positive physical, psychological and cultural benefits [17]. The workplace exercise program that are carried out regularly for 5 days/week, 30-40 min/day can improve the physical and mental in hospital workers [18]. In addition, the aerobic exercise program carried out by nurses for eight weeks regularly by the experimental group can reduce work stress compared to the control group [19]. The stretching exercise program at workplace carried out for a long time by office workers can also reduce musculoskeletal discomfort [20]. Therefore, the study aimed to analyze the impact of providing workplace stretching exercises on musculoskeletal complaints in nurses at Health Services Bengkulu City.

### II. METHODDHOLOGY

This study is a quasi-experimental design with a control group. This research was conducted from October to December 2021 at Health Centers in Bengkulu City. This study included all nurses who worked at the Health Service Center in Bengkulu City. The sampling method was a consecutive sampling was taken randomly. The 60 respondents were divided into two groups: the intervention group (30 respondents) and the control group (30 respondents). The sampling technique was carried out simply randomly according to the inclusion criteria. The inclusion criteria were willing to be research subjects, aged 20-60 years, worked for at least one year, physically and mentally healthy, not accompanied by physical disabilities and injuries. Based on the normality, homogeneity, and t-test

of the pretest-posttest data, the pair t test with a p value of 0.05 was used to analyze the data. The exercise actions carried out in the intervention group were Workplace Stretching Exercise (WSE) and booklets for four weeks with the help of supervision from the research team every week. The intervention group participated in a four-week supervised concurrent stretching exercise program (stretching exercises performed 5 days per week for 15-20 minutes per day) in a health care setting. Meanwhile in the control group, leaflets and stretching exercises were carried out by the respective public health center and carried out for four weeks. Before stretching exercise, to determine musculoskeletal complaints, the intervention and control groups were interviewed using the Nordic Body Map questionnaire. Furthermore, four weeks later, all participants in both the intervention and control groups were measured again using the Nordic Body Map (NBM) questionnaire. This study received ethical approval from the Health Research Ethics Committee of the Bengkulu Ministry of Bengkulu Health Polytechnic and was awarded a certificate No. KEPK/187/10/2021.

### **III. RESULTS**

Based on TABLE 1, The results revealed that the age group was mostly 31-40 years old, with 13 people (43.3%), while the control group was also 31-40 years old, with 10 people (33.3%). The treatment group had 29 respondents (96.7%) who were female, while the control group had 28 respondents (93.3%) who were female. Body Mass Index of some respondents in the treatment group with the overweight category as many as 15 (50%), and most of the respondents in the control group as many as 19 (63.3%). The level of education in the treatment group, most of the respondents had Diploma education, as many as 15 people (50%), the control group, most of the respondents had undergraduate education, as many as 11 people (36.7%). All respondents in the treatment group worked for 7 hours/day, and in the control group the majority worked for 8 hours/day, namely 16 people (53.3%). In the treatment group, most of the respondents had a tenure of 5 years as many as 28 people(93.3%), and the control group mostly had a tenure of 5 years as many as 27 people (90%). (93.3%), and the control group mostly had a tenure of 5 years as many as 27 people (90%). Based on TABLE 2, The analysis revealed that in the intervention group, the mean of musculoskeletal complaints prior to receiving WSE was 0.67, the standard deviation was 0.479, and (95% CI = 0.49 - 0.85).

The mean musculoskeletal complaints after WSE were 0.20, standard deviation 0.407 and (95% CI = 0.05-0.35). The results of the analysis showed that in the control group the mean of musculoskeletal complaints before WSE was given was 0.60, standard deviation was 0.498 and (95% CI = 0.41-0.79). The mean of musculoskeletal complaints after

WSE was given was 0.40, standard deviation 0.498 and (95% CI = 0.21-0.59). Based on TABLE 3, the treatment group's mean was lower than the control group's. The analysis revealed that the p value was 0.0005, indicating that there was a significant difference between the control and intervention groups.

TABLE 1
Frequency distribution based on characteristics of respondents at public health center in Bengkulu (n=60)

Intervention		Control	
Gr		Group	
n	%	n	%
6	20.0	9	30
13	43.3	10	33.3
8	26.7	9	30.0
3	10	2	6.7
1	3.33	2	6.7
29	96.7	28	93.3
2	6.7	0	0
13	43.3	11	36.7
15	50	19	63.3
15	50	9	30
3	10	8	26.7
8	26.7	11	11
2		0	0
2	6.7	2	6.7
0	0	8	26.7
3	10	6	20
0	0	16	53.3
2	6.7	3	10
28	93.3	27	90
	Green n  6 13 8 3  1 29  2 13 15  15 3 8 2 2 0 3 0	Group  n %  6 20.0 13 43.3 8 26.7 3 10  1 3.33 29 96.7  2 6.7 13 43.3 15 50  15 50 3 10 8 26.7 2 6.7 2 6.7 2 6.7 2 6.7 2 6.7 2 6.7 2 6.7 2 6.7 2 6.7	Group         Group           n         %         n           6         20.0         9           13         43.3         10           8         26.7         9           3         10         2           1         3.33         2           29         96.7         28           2         6.7         0           13         43.3         11           15         50         19           15         50         9           3         10         8           8         26.7         11           2         6.7         2           0         0         8           3         10         6           0         0         16           0         0         16

TABLE 2
Distribution of mean musculoskeletal complaints before and after wse interventions at public health center in Bengkulu (n=60)

Variables	Intervention Group	Control Group	
Musculoskeletal			
complaints			
Pre			
Mean	0.67	0.60	
Median	1.00	1.60	
SD	0.479	0.498	
Min-Max	0-1	0-1	

CI for Mean	0.49-0.85	0.41-0.79	
95%			
Musculoskeletal			
complaints			
Post			
Mean	0.20	0.40	
Median	0.00	0.00	
SD	0.407	0.498	
Min-Max	0-1	0-1	
CI for Mean	0.05-0.35	0.21-0.59	
95%			

TABLE 3
The differences in average decrease in musculoskeletal complaints between treatment and control groups at public health center in Bengkulu (N=60)

Groups	<b>Complaint Difference</b>				
	Mean	SD	Std.Eror	pvalue	
Intervention	0.20	0.407	0.74	0,0005	
Control	0.40	0.498	0.91		

### IV. DISCUSSION

The study showed that most of the nurses who experienced musculoskeletal complaints at the Bengkulu City Health Center based on age were above 32 years.

According to previous studies, most of the nurses who experienced musculoskeletal complaints were nurses who were over 35 years old [21]. This is because productive age affects the work process. The greater a person's age, the greater the risk of muscle complaints; the number of nurses over 30 years old is at a very high risk of experiencing muscle complaints, as muscle strength declines with age. The longer a person works and the older he or she becomes, the more degeneration occurs, resulting in less stability in bones and muscles.

The majority of nurses at Bengkulu's health service center are female. Gender is closely related to musculoskeletal complaints because male muscle ability is physiologically stronger than female muscle ability. This study contradicts previous findings that gender has a significant effect on the risk of muscle complaints [21]. Musculoskeletal complaints are related to length of work, this is in accordance with the results of studies on weavers with long sitting position [22]. According to the findings of numerous previous studies, nurses have a relatively high prevalence of complaints: the three most common body parts are the lower back, knees, and neck [5], [23].

In both the treatment and control groups, the majority of respondents had worked for 5 years. Musculoskeletal complaints are common among nurses with more than 5 years of experience. According to the results of research on nurses working in Jeddah hospitals reported experiencing low back pain with a high prevalence [24]. Another study reported that tenure was associated with musculoceletal complaints in nurses in the emergency room and operating room at Prambanan Hospital. [25]. The causes of musculoskeletal complaints include physical workload,

excessive physical workload with a long working period are factors that cause MSDs complaints in nurses [26].

The study's findings revealed that Workplace Stretching Exercises (WSE) had an effect on the reduction of musculoskeletal complaints in the treatment group. The control group was given educational leaflets and did stretching exercises to nurses and it was found that there was an effect of being given Workplace Stretching Exercises (WSE) educational leaflets on musculoskeletal decline in the control group. It was discovered in this study that there were differences in musculoskeletal complaints among nurses between the intervention and control groups.

According to the results of this study at Sanglah Hospital, stretching can reduce musculoskeletal complaints in nurses [27]. Workplace Stretching Exercise is an activity that is considered as one of the steps used to overcome musculoskeletal complaints [28], [29]. The stretching exercise also provides several benefits for workers in the workplace such as it can help increase morale, can improve blood circulation, improve physical function, increase body flexibility, thereby reducing the possibility of injury and musculoskeletal complaints [30]. This study supported a previous study that found physical stretching exercises to be significantly related to reducing musculoskeletal complaints in nurses at Medan hospitals [31].

Similar studies reported that improving work posture also affects the decrease in MSDs complaints in nurses [32]. Physical activity carried out by nurses on a regular basis can also reduce complaints of MSDs in nurses [33]. Workplace exercise programs can be used safely to improve the physical and mental health of hospital employees [18].

The workplace physical exercise program implemented in a hospital is a viable intervention that produces clinically relevant outcomes for nursing assistants' musculoskeletal health, as measured by increased trunk flexor muscle strength and control of low back symptoms [34]. Employee morale can be improved by implementing workplace physical exercise programs at least once or twice a week [35]. According to previous research that workplace stretching program carried out by perioperative staff can reduce musculoskeletal disorders [17].

In addition, a stretching program carried out for eight minutes can prevent musculoskeletal disorders in workers [36]. Upper extremity resistance exercises at work carried out by workers in tertiary hospitals for approximately 15 minutes can reduce fatigue, pain and discomfort in the upper extremities and neck felt by workers [37]. According to the results of previous studies that the exercise program carried out by office workers for six weeks had an effect on reducing musculoskeletal complaints [38]. The workplace exercise program conducted by female hospital staff can reduce neck, shoulder and lower back pain [39]. As a result, the workplace stretching exercise program implemented by nurses in the workplace to reduce work-related stress and musculoskeletal pain is beneficial [40]. The small number of respondents in the intervention and control groups is one of the study's limitations. The intervention method used is solely focused

on a stretching exercise program. Furthermore, we only carried out the intervention four weeks after the study began, especially after one year. Our research design is primarily concerned with worker participation in a single location.

## V. CONCLUSION

Musculoskeletal complaints are still often felt by workers in health services, especially women workers. Workplace stretching exercise programs that are carried out routinely by health care workers can reduce musculoskeletal complaints. Therefore, stretching exercise programs in health services are important to be carried out independently by nurses and other health workers, especially in health services. Further research needs to be carried out using ergonomic interventions to reduce musculoskeletal disorders, especially in workers in several health service locations.

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