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MUSCULOSKELETAL DISORDERS IN OFFICERS SERVING HABIB BANK LIMITED FAISALABAD REGION, FAISALABAD

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ABSTRACT: Musculoskeletal disorders comprise of physical disabilities in the tissue of the body, this term explains different circumstances that can affect joints muscles and bones as well as their biomechanics. These can vary according to their severity. Any uneasiness and pain will interrupt activities of daily livings. The main objective of this study was to address the prevalence of musculoskeletal disorders in officers serving Habib Bank Limited, Faisalabad Region, Faisalabad. An observational cross-sectional survey study was conducted on a sample of 170 Officers serving HBL Faisalabad region, Faisalabad. In this study during the last 12 months, most of the bank officer faced neck problems 62.4%, shoulder problems 53.5%, upper back problems 29.4%, lower back problems 70.6%, hip thigh problems 27.6%, elbow problems 27.6%, wrist and hand problems 6.5%, knee problems 43.5% and ankle problems 11.8%. During the last 12 months, difficulty in performing in the activities due to some of the physical symptoms, majority of the bank officers had experienced neck problems 12.4%, shoulder problems 12.4% and lumber problems 7.6%, elbow problems 4.1%, wrist problems 2.4%, and knee 5.3%, and no ankle/foot problems. They have visited a physician for the problems they are facing in the last 12 months, according to their response neck 54.7%, shoulder 47.6%, lumber region 58.8%, upper back 25.9%, and knee 40.6% and ankle/foot problems 10%. There were 55.9% officers having neck pain and 48.2% having shoulder pain in last 7 days. Upper back 26.5% lower back 65.9%, wrist/hand problems 6.5%, and knee 40.6% and ankle/foot pain 10.6% in last 7 days. It was concluded many of the officers of HBL Faisalabad region, Faisalabad had experienced more shoulder, neck and lower back problem due to prolonged sitting and long duration of working hours and improper ergonomic body posture. However, ankle foot problem was less than rest of the body region problems, the majority of the officers used foot rest under their feet.

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KEYWORDS: Musculoskeletal Disorders, Officers, HBL, Body Regions, Physical disabilities

INTRODUCTION

Conditions in this study depict any objection, sign or illness of the outer muscle framework. Complaint is a conspicuous medical issue experienced by a person. Illness, then again, is a clinically confirmable article that is recognized in a clinical assessment. Customary clinical assessment conventions for a longtime outer muscle issues are accessible to accomplish a more reliable and virtual determination (1).

Musculoskeletal disorders involve physical illnesses. The term is utilized to depict an assortment of conditions that influence the muscles, ligaments, tendons, bones and joints. The sternness of the MSD can differ. Ache and uneasiness make difficulty in performing daily activities. MSDs are tremendously normal, and your hazard rises with age. Early finding is the way to limit torment while potentially diminishing further outer muscle harm. Fast innovative turns of events, particularly the utilization of electronic gadgets have impacted specialists as well as the work environment (2). Nowadays, musculoskeletal disorders are the most common occupational disorders and cause of many disabilities in developed and developing countries. The most important causes of the disorder

include the poor postures, repetitive and fast movements, apply excessive force, psychological and genetic factors, and in general body's inappropriate conditions and workstations. Prevention of these disorders needs evaluation and remodeling of the workplace based on the ergonomics principles; musculoskeletal diseases are the most shared work-related diseases in all industries (3).

Introduction to banking system

Banking is the salvation of any nation and its kin. Banking has worked with in fostering the crucial areas of the economy and escorts another sunrise of progress. It has consolidated the expectations of billions of individuals into the real world. However, to do as such, it needed to control miles and miles of troublesome climate, experience the disgraces of unfamiliar rule and the eruptions of segment.

Work-related MSDs:

MSDs are the most well-known business related messes, influences staffs in actually fiery work (for example mining) and in low-force static work (for example PC work). The overheads of overseeing MSDs, along with the overheads of delinquency, have been assessed at somewhere in the range of 0.5% and 2% of Gross National Product in the Nordic nations, for neck and upper appendage sicknesses as it were.

Banks are the exchanges where office laborers are presented to numerous actual strains and consistent sitting or standing stances which might prompt back torment. It has been expressed that low back torment is one of the principle signs causing exhaustion in bank officials in Pakistan (4). Papers office laborers who have delayed sitting and to accomplish PC work are at the gamble of creating outer muscle issues. As indicated by Ortiz-Hernandez et al. PC clients who labor for quite some times are in danger of creating outer muscle issues like neck, shoulder and back torment as they enjoy persistent sitting before PCs with awkward stances and rehashed developments while composing and utilizing a mouse. PC clients work in abnormal stances that are tirelessly and effectively kept up with and this subsequent changing from ordinary sitting stances while utilizing a PC affects creating outer muscle torment, back and neck torments are more normal (5).

Intermittent MSDs:

Many people agonize from MSD atleast one time in their life, and majority of them experience signs more than one time. MSDs may be categorized as spasmodic disorders because the pain often reduce and withdraws for a while and occurs again after few months or years later (6). A huge number of MSDs are temporary, in these the pain and other symptoms diminishes with relaxation or position changing. However, dependence on the tissue involved and on the forces which act on the human body, some MSDs may become insistent.

Specific and non-specific MSDs:

Many physiotherapists and investigators classified MSDs as definite or nonspecific disorders. Some MSDs are definite in nature that means they have vivid medical findings, these consist of lumbosacral radicular disease in the lower back, carpal tunnel syndrome in the wrist, and patellar tendonitis in the lower extremities. Some MSDs are non-specific, in that ache is there without substantiation of a vivid specific disorder. The patients who are referred in primary health care know-how pain in the absence of a vivid specific disorder. This does not explain that these signs are inconsequential. (7).

METHODOLOGY

It was an observational cross-sectional survey. The setting of research was in these areas of HBL Faisalabad Region, Faisalabad. Habib Bank Limited Faisalabad,

Habib Bank Limited Gojra, Habib Bank Limited Toba Tek Singh, Habib Bank Limited Pir Mahal. The study had been completed in duration of 3 months after approval of synopsis from research committee of School of Rehabilitation Sciences, The University of Faisalabad. A simple convenient technique was used for data collection. Inclusion Criteria was; Officers of Habib Bank Limited Faisalabad Region, both males and females, Officers who voluntarily participated in study. Exclusion Criteria; Officers having previous history of surgery and other pathology, Other than officers, Officers who were not willing to participate in study.

Data was collected using a questionnaire-based survey from willing participants along with their consent. The prevalence of musculoskeletal disorders was studied by the Nordic Musculoskeletal Questionnaire (NMQ) which consists of the Questions related to the pain in specific area of overuse. Chi square test was utilized for qualitative data. Data was processed by using SPSS version 20.

RESULTS

Out of 170 responders 158 respondents were male and 12 of the respondents were female.

In this study during the last 12 months, most of the bank officer faced neck problems 62.4%, shoulder problems 53.5%, upper back problems 29.4%, lower back problems 70.6%, hip thigh problems 27.6%, elbow problems 27.6%, wrist and hand problems 6.5%, knee problems 43.5% and ankle problems 11.8%. During the last 12 months, difficulty in performing in the activities due to some of the physical symptoms, majority of the bank officers had experienced neck problems 12.4%, shoulder problems 12.4% and lumber problems 7.6%, elbow problems 4.1%, wrist problems 2.4%, and knee 5.3%, and no ankle/foot problems. They have visited a physician for the problems they are facing in the last 12 months, according to their response neck 54.7%, shoulder 47.6%, lumber region 58.8%, upper back 25.9%, and knee 40.6% and ankle/foot problems 10%. There were 55.9% officers having neck pain and 48.2% having shoulder pain in last 7 days. Upper back 26.5% lower back 65.9%, wrist/hand problems 6.5%, and knee 40.6% and ankle/foot pain 10.6% in last 7 days.

CONCLUSION

During this study, it was concluded many of the officers of HBL Faisalabad region, Faisalabad have experienced more shoulder, neck and lower back problem due to prolonged sitting and long duration of working hours and improper ergonomic body posture. Officers suffer from neck, shoulder problems, elbow, wrist/hand problems, upper back, lower back, hip/thigh, knee and ankle/foot problems due to continuous sitting position and no rest at all. However, ankle foot problem was less than rest of the body region problems, the majority of the officers used foot rest under their feet. The officers should be provided awareness, proper ergonomic sitting furniture, medical treatment, regular checkups and rest during their job hours to prevent from developing musculoskeletal disorders.

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Table 1

Descriptive statistics for Age, experience and daily working hours of bank officers

	Mean±SD
Age (Years)	40.48±10.48
Experience (Years)	17.59±11.00
Daily working hours	8.200±0.601

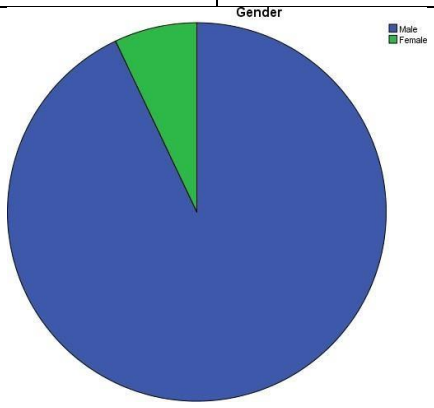
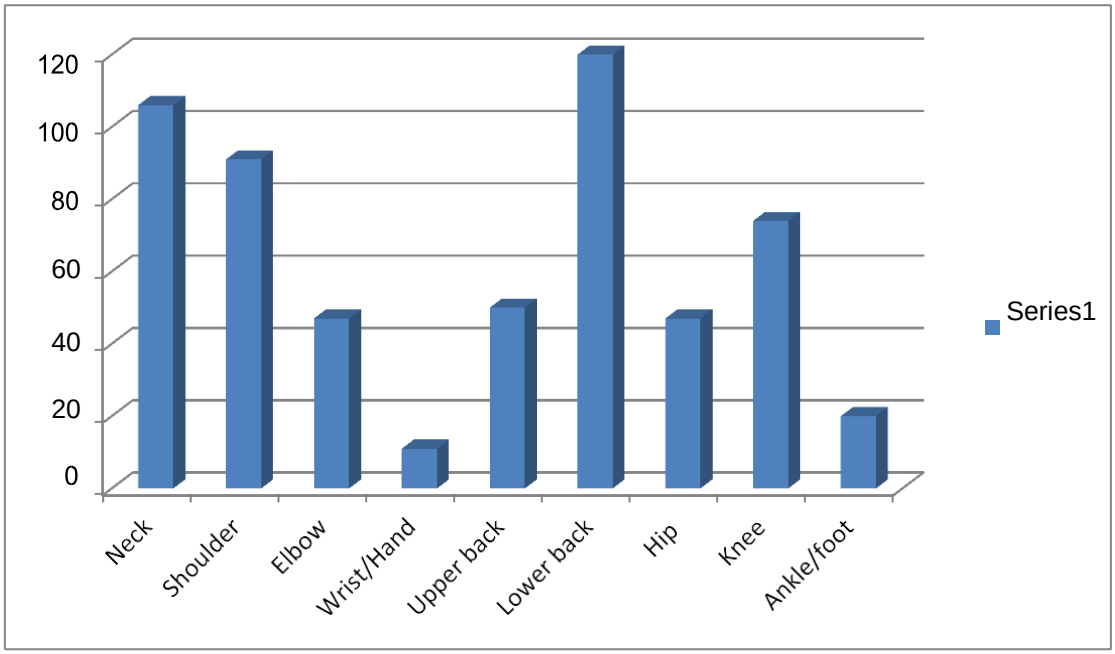


Figure 1 shows Gender Discrimination

Table 2 Descriptive Statistics for symptoms in last 12 months

Region	Any symptoms in last 12 months (N=170)	
	Yes	No
Neck	106 (62.4%)	64 (37.6%)
Shoulder	91 (53.5%)	79 (46.5%)
Upper back	50(29.4%)	120 (70.6%)
Elbows	47 (27.6%)	123 (72.4%)
Wrist/hands	11(6.5%)	159 (93.5%)
Lower back	120(70.6%)	50(29.4%)
Hip/thigh	47(27.6%)	123 (72.4%)
Knees	74 (43.5%)	96 (56.5%)
Ankle/foot	20(11.5%)	150 (88.2%)



Frequency of symptoms in last 12 months