



## The 2014 ASA workplace health and safety survey results

**Bernadette Mason, Catherine Robinson, Samantha Brinsmead, Lynette Hassall, Sandra Chamberlin, Sonographer Health and Wellbeing Committee**

There is a high potential for workplace injuries to affect sonographers in Australia. Injuries to sonographers are commonly caused by twisting the neck and trunk during examinations, a static posture, or the downward application of transducer pressure [1].

A targeted audience of sonographer members was surveyed through the ASA in 2013. The aim of the survey was to ascertain aspects of sonographer health and wellbeing in the workplace and the level of compliance with the *Guidelines for Reducing Injuries* [1] – a document developed in collaboration with the

Australian Society for Ultrasound in Medicine (ASUM) and available from the ASA website.

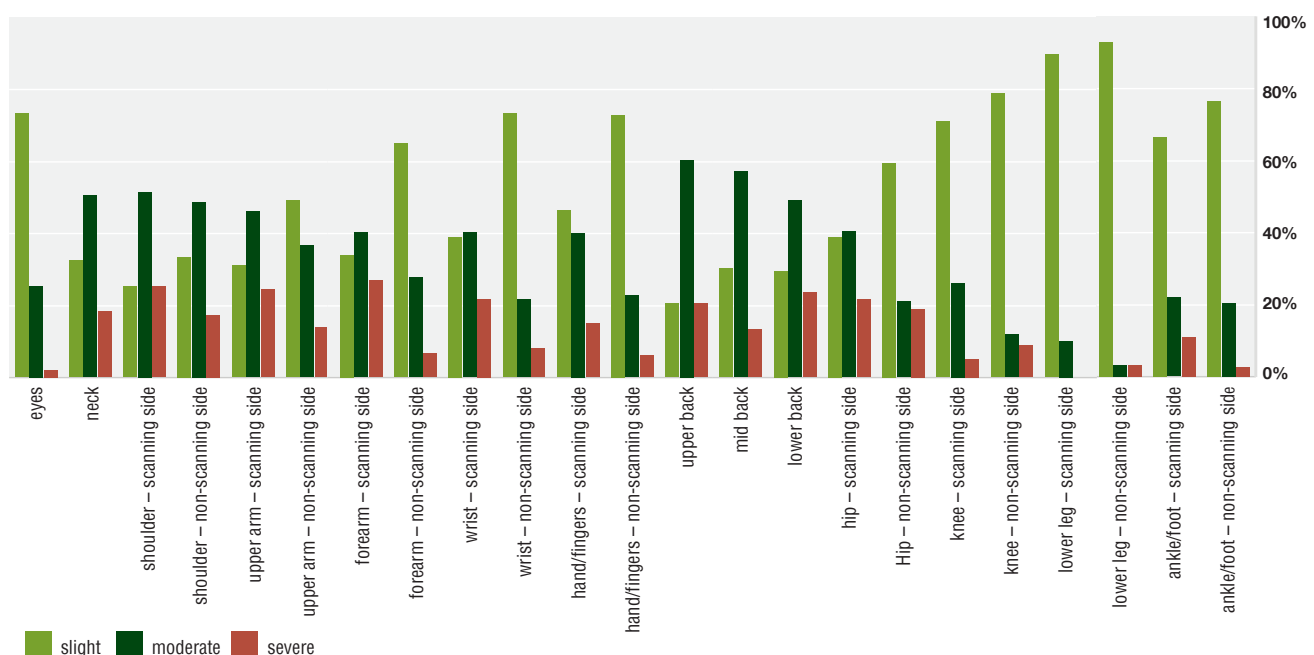
The survey was conducted online and participation was voluntary, with 102 questions aimed at gathering information on awareness of the safety guidelines and the implementation of safe work practice in the workplace in Australia. Correlation of the results was done by an external survey company.

There are 5000 registered sonographers in Australia according to the Australian Sonographers Accreditation Registry

(ASAR, 2014), and of those, 3980 were members of the ASA at the time of the survey. Of those members, approximately 360 took part in the survey. Comparison of the returned statistics was made with a similar, smaller targeted survey conducted in 1999, and a revised survey conducted in 2006.

The previous survey in 1998 [2] of a smaller sample of volunteers (197 completed surveys) revealed that 95% of respondents were carrying between one and five injuries each. These ranged from fatigued muscles to career-ending injuries for 25% of surveyed

**Q76 Where have you had pain/discomfort? What was the degree of painand/or discomfort? Multiple answers required.**  
Scanning side refers to your dominant scanning arm.



**Fig 1. Question 76, page 77 of survey results**

sonographers. Fifty per cent (50%) of sonographers surveyed stated that they exercised between one and five times per week to maintain fitness and 67% stated they were at a good level of fitness. The 2006 survey had 93% of sonographers experiencing some degree of pain since commencing their career (427 completed surveys) [3].

The 2014 survey has revealed that of the 325-sonographer respondents, 54% have read the guidelines for safe scanning techniques to reduce injuries in sonographers. Of these 325 sonographers, 290 (89%) have suffered pain or discomfort since commencing scanning. This can be interpreted as a slight decrease in the rate of injury to sonographers since the earlier surveys. A pain and discomfort rate of almost 90% is still an unacceptably high level of injury for any profession, particularly given that 93% of respondents who had read the guidelines stated that they had taken measures to prevent workplace injury. With regard to the severity of injuries, 24% had taken longer than 4 weeks off scanning duties and 5% moved to non-scanning roles or light duties.

An interesting point of note was the non-scanning arm injury rate (fig 1). Of the 45 sonographers reporting injury to the non-scanning arm, 50% reported slight pain, 37% moderate and 14% severe pain. Fifty per cent (50%) of respondents reported hand and finger problems on the non-scanning side (cf. 44% in 2006); 216 respondents confirming an injury of the shoulder on the non-scanning side, with 26% slight, 51% moderate and 26% severe.

The degree of pain reported varied (fig 2) with 58% of respondents reporting slight out-of-work interference of activity, 58% limiting interference of out-of-work activities, and 56% experiencing sleep disruption due to their pain. Of greatest concern were the 23% of respondents who experienced a severe disruption or career-ending injury across all the areas reported.

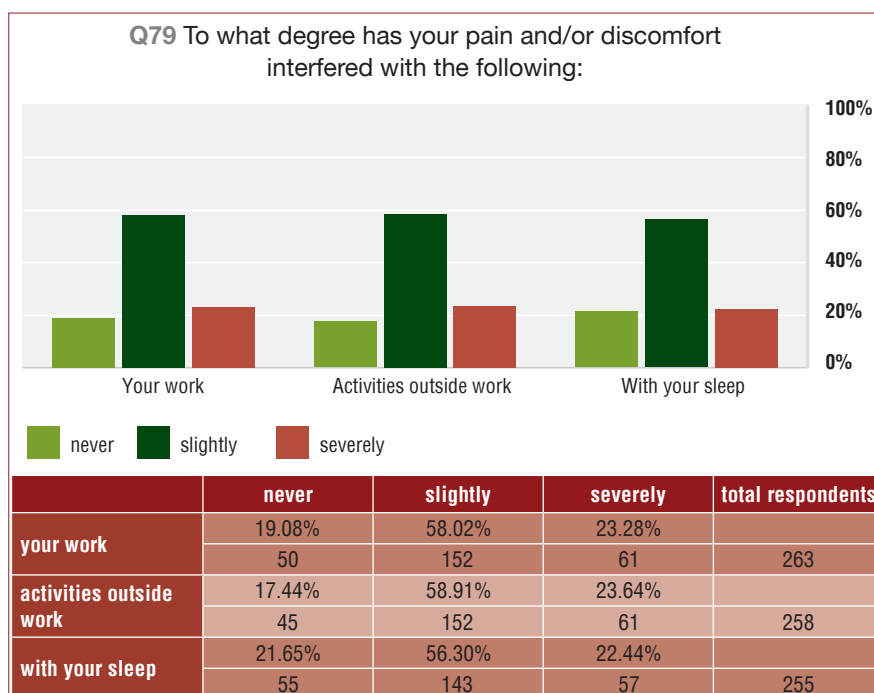


Fig 2. Question 79, page 82 of survey results

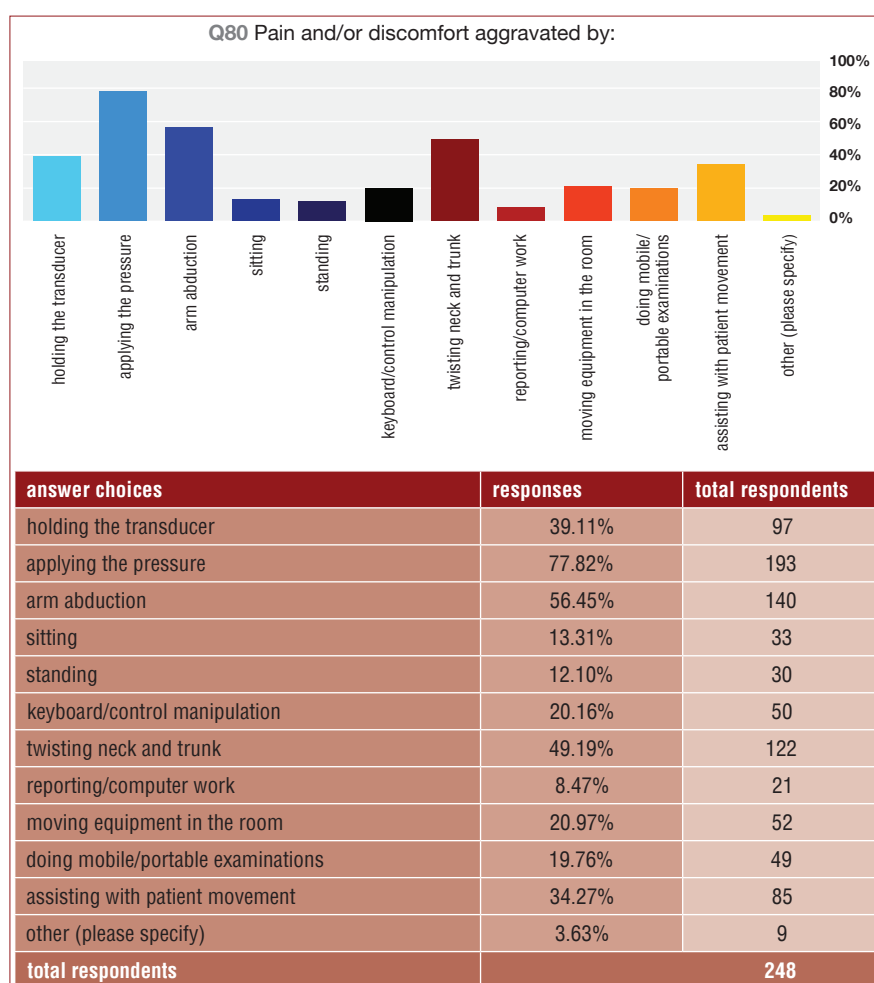


Fig 3. Question 80, page 83 of survey results

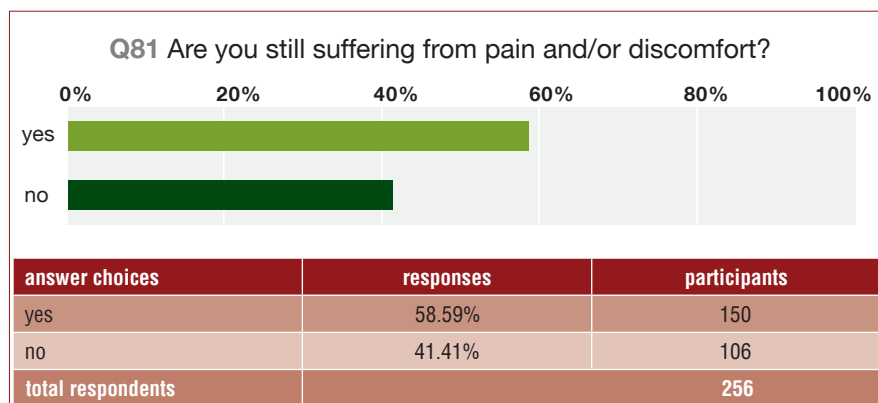


Fig 4. Question 81, page 84 of survey results

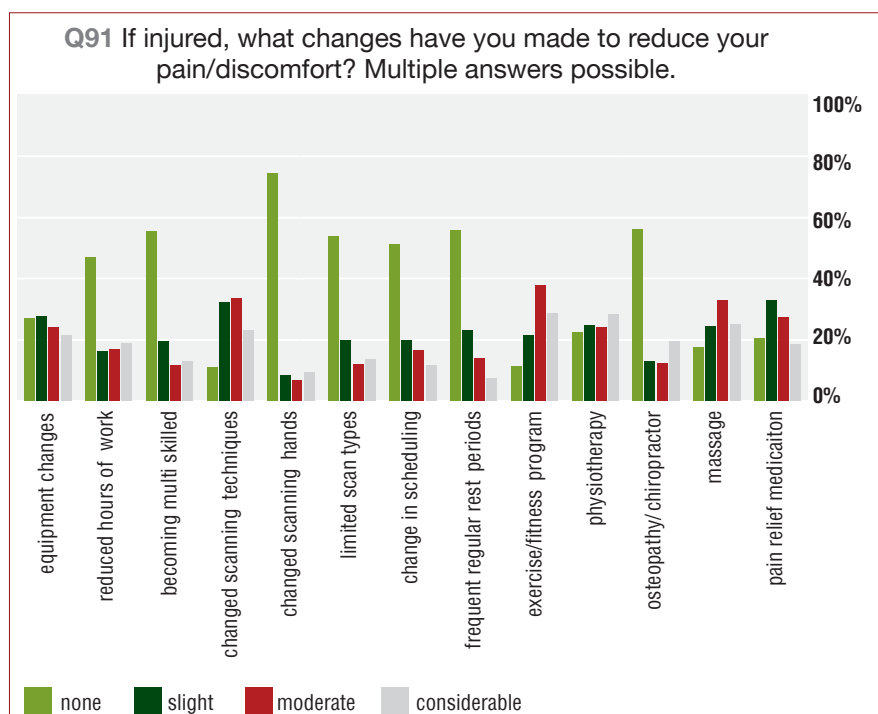


Fig 5. Question 91, page 103 of survey results

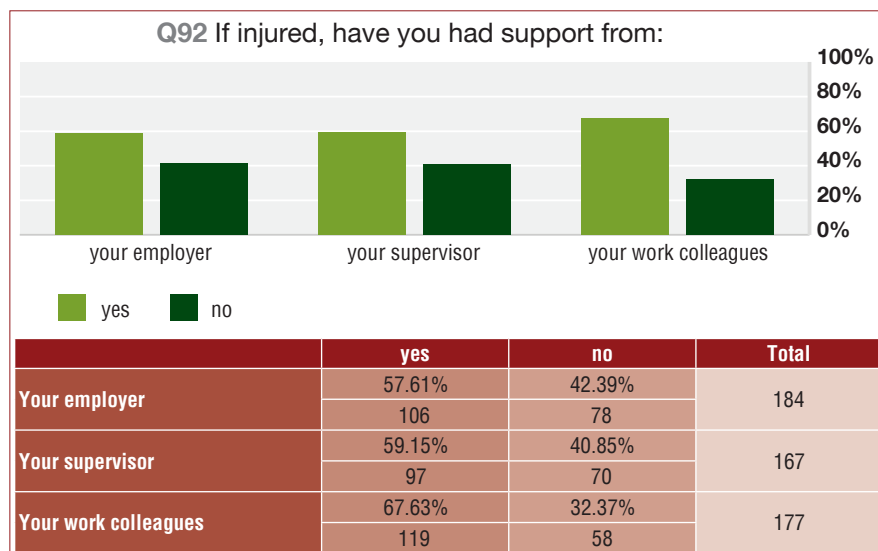


Fig 6. Question 92, page 105 of survey results

In response to questions about symptom aggravation, 78% of respondents reported an increase in pain when applying downward pressure whilst scanning; 50% had pain when turning or twisting their neck or trunk; and 58% experienced continuous pain (figs 3 and 4).

It was encouraging to note that a number of sonographers (25%) had sought medical or paramedical advice to minimise symptoms and to formulate a program that would minimise or relieve symptoms of pain or discomfort completely. However, of these, 75% reported having no alleviation of symptoms at all after seeking assistance (fig 5).

Of grave concern were responses to Question 92, 'If injured have you had any support from ...?'

A large proportion of sonographers reported there was good support from employers, supervisors and colleagues, but of the 193 respondents to this question, 33–42% stated they had little or no support at all. Almost 3/4 of respondents (74%) felt pressured to return to work duties and two (2) sonographers reported that the pressure was of their own making (fig 6).

The need for further education of sonographers is apparent because 38% of respondents felt that they didn't have an understanding or sympathetic attitude from their workers compensation consultant (question 97, page 110 of survey results).

Question 102 welcomed comments from sonographers who have suffered any form of pain or injury in the past, and from those currently suffering acute, acute on chronic, or chronic injury. Most respondents expressed the view that most of the pressure to perform or return to work had come from employers. Many also noted expressions of support, but when it came to the daily running of a department, there was pressure to perform the work whatever the cost. Many sonographers stated that they had very little say as to how their work was

structured or whether rest breaks were implemented.

The response of one sonographer sums up why we felt it was important to survey sonographers again in 2014:

'This survey is a good step towards promoting awareness about safe working conditions. Thank you very much for the time invested to produce it.'

Our thanks, in turn, go to all of those time-poor sonographers who took part in the survey.

The results of this survey show that whilst there has been a slight increase in the reported rate of injury to sonographers in the workplace (80% in 1999, 94% in 2006 and 89% in 2014), the repetitive nature of the industry has been a contributing factor. Only 11% of respondents reported scanning for any length of time pain free. This is an unacceptable and unsustainable rate of risk of injury in our profession. Much

has been achieved in recent years with attention to ergonomics in sonography, but it is clear from these results that our profession needs to be more proactive in the education of employers and sonographers in order to improve workplace safety for the health and wellbeing of all sonographers.

## References

1. Bass C, Gregory V. Guidelines for reducing injuries to sonographers/sonologists. Australian sonographers association. 2008. Available from: <http://www.a-s-a.com.au/Members/soundeffectsArticles/?c=168&t=archived-soundeffects-articles>
2. Gregory V. Occupational Health and Safety Update. *soundeffects*. 1999;4:42-3.
3. Mason B, Gregory V. ASA survey results. *soundeffects*. 2006;3:12-5.

## Further Reading

1. Muirhead J. New Zealand Sonographer – a survey of musculoskeletal problems in the workplace. *Australasian Society*

*for Ultrasound in Medicine Bulletin*. 2001;4(4):23-25.

2. National Occupational Health and Safety Committee. *National Code of Practice for the Prevention and Management of Occupational Overuse Syndrome*. 1994 (NOHSC:2013). Available from: <http://www.ascc.gov.au/ascc/aboutus/publications/nationalstandards/listofnationalcodesofpractice.htm>
3. Orenstein B. Scanning in Pain – Sonographers Seek Relief from Job-Related Hazard. *Radiology Today*. 2009;10(18):24.
4. Pike I, Russo A, Berkowitz J, Baker J, Lessoway V. The Prevalence of Musculoskeletal Disorders Among Diagnostic Medical Sonographers. *Journal of Diagnostic Medical Ultrasound*. 1997;13:219-227.
5. Ransom E. The Causes of Musculoskeletal Injury Amongst Sonographers in the UK. *Society of Radiographers*. 2002.
6. Workplace Standards Tasmania. Occupational Overuse Syndrome (OOS) – A guide for reducing the risk. In Safety Bulletin 24 [cited 2006 Aug 1]; Available from: <http://www.workcover.tas.gov.au>

## soundbite

**Q.** Why has the cost of insurance increased this year?

**A.** The ASA professional indemnity insurance is the only scheme specifically designed for sonographers and is provided through CGU Insurance, one of the most reputable and experienced insurance companies in Australia.

ASA insurance premiums have increased this year due to the change in how complaints can now be made to Health Complaints Entities in all states and territories. This has resulted in a significant rise in the number of claims lodged.

For ASA members who select our ASA Insurance premiums, rest assured that we are confident that our rates still ensure a high quality policy at competitive rates. Please read our ASA Professional Indemnity Insurance Fast Facts for further information or download CGU's professional indemnity policy.

# LEARN



# webinars

Online education delivered in real-time available exclusively to the ASA

**17 Sept** | Scrotal sonography – Faye Temple  
**1 Oct** | Male breast – Jenny Parkes  
**22 Oct** | Musculoskeletal sonography – Heidi Croxson

**11 Nov** | Scanning for endometriosis – where to begin – Dr Valeria Lanzarone  
**27 Nov** | Cardiac sonography – TBA

Register now at [www.a-s-a.com.au](http://www.a-s-a.com.au)