

### 2<sup>nd</sup> International Conference and Exhibition on

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### Interactive effects on productivity of low back pain, stress, depression and work sector

A ggregate anonymous answers to an online Health Risk Appraisal, provided by employees in 3 distinct work sectors (17,483 employed in Manufacturing, 25,238 in Health Care, and 13,657 in Financial Services), were stratified into 5 low back pain occurrence categories (never, rarely, occasionally, frequently, most of the time). Respondents in each category were further stratified as to Depression Severity -assessed via PHQ9- or Job Stress -assessed via Stress Satisfaction offset scores (SSOS). The interactions between Back Pain, Psychosocial factors and Work sectors, and their effect on productivity loss, measured by the Work Limitation Questionnaire, were analyzed. Job Performance (P) rather than Absenteeism (A) was more significantly affected. Depression, Back Pain and Work sector significantly interacted in affecting job performance. The interaction was such that the highest loss of performance (10.5%), the highest productivity loss [A + P (33.1%)] and the highest productivity impact per employee (\$15,435), were observed when depression severity was the highest, low back pain the most frequent, and work sector was F. Similarly, in the case of job stress-satisfaction, the interaction was such that the highest loss of performance (8.9%), the highest productivity loss [A+P (26.4%)], and the highest productivity impact per employee (\$12,605), were observed when the SSOS score was most negative (no reward, no satisfaction, most pressure and fatigue), low back pain was most frequent, and work sector was also F. Back pain treatment goals should include a job performance focus. This in turn should include considerations about the psycho-social work context.

#### **Biography**

Alberto M Colombi is a retired corporate Medical Director of PPG Industries. He earned Doctor of Medicine degree and Occupational Medicine Specialty degrees from the University of Milan and a master's degree in Public Health from the University of Pittsburgh. Since 2002, he has served as Adjunct Associate Professor at the Graduate School of Public Health, University of Pittsburgh/Behavioral and Social Health. He devoted his efforts, in making the case for health and productivity management. He is an executive consultant to Infotech-Wellness Checkpoint.

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