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Increasing Occupational Musculoskeletal Diseases among Office Employees

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Work-related Musculoskeletal pain has, therefore, significant health and socio-economic effects[1].In many countries, Physical Inactivity PIA is one of the main causes of Non-Communicable Diseases (NCD) such as Occupational Musculoskeletal Diseases (OMSDs)[2]. Worldwide, OMSDs continue to be the leading cause of work-related disabilities'. Those are caused by various types of work-related diseases[3]. The office employees are at risk for physical inactivity (PIA) 2-3, they usually suffer from nonfatal occupational injuries, illnesses and Musculoskeletal Disorders (MSDs). It has been argued that office employees are exposed to dangerous of MSDs without receiving necessary cares that in turn leading to increased OMSDs especially in developing and underdeveloped countries[4]. According to the World Health Organization (WHO) and Occupational Safety and Health Administration (OSHA), the great majority of workplace unhealthy posture are preventable and prevention is the key item that should be addressed to decrease OMSDs[5]. In other hand, OSHA suggested that ergonomic programs are essential for health improvement of health care workers. Ergonomic interventions could assist to reduce MSDs[6].

Given the importance of OMSDs that companied by bio psycho social complications, multifaceted and multidimensional educational packages are much more likely to be effective than any other monodisciplinary particular intervention[5], even though public health experts in different countries showed that occupational health (OH) practice can vary amongst different nations[7].

The competencies required of OMSDs practitioners have been the subject of peer-reviewed research in different countries around the world[8]. Significantly reducing the unhealthy behaviors regarding Occupational Musculoskeletal Diseases (OMSDs) is not easy, also it may not be easy, and it is going to not occur and manifest overnight, but progress is truly viable. Therefore, let us, in our respective areas of obligation, set clear occupational safety and health goals, set up a road map and maximum seriously, act and persevere, so that, together, we succeed in turning the behaviors that is outbreak and make good educational progress on this dimension of these challenges of Health[9].

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Office employers could engage with proper interventions to promote healthy behavior. education in ergonomic concepts with Low Back Pain (LBP), show that observing ergonomic principles may decrease the incidence of LBP in office employers[10]. However, an interventional approach is needed to develop intervention strategies that are specifically designed for office employers [11]. This method entailed accomplishing systematic literature search and semi-based interviews with workplace employers. Based on these semi-structured interviews, an assessment of the need for a logical model to help for identifying behavioral influencing factors for OMSDs[12] is garanteed. The environmental factors that may contribute to OMSDs among health workers may cause disability and static work that could highlight social needs and norms in the workplace. According to previous studies, personal characteristics such as knowledge and skills regarding ergonomic principals and low motivation for healthy workplace improvement could affect health workers' behaviors. In addition to individual determinants affecting the environment of health workers, personal norms that were taken from the social environment as well as sources like time and money are needed to decrease OMSDs[13-15].

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