

Guest Editorial

Ergonomic practices in Hong Kong

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It is my great pleasure to serve as the guest editor of this special issue of *Work: A Journal of Prevention, Assessment and Rehabilitation* that shares some current ergonomics practices in Hong Kong. The special section contains nine articles which highlight multidisciplinary efforts to address Ergonomics problem from diverse professional backgrounds.

This special section begins with Ho and colleagues to report their Display Screen Equipment (DSE) Risk Assessment and Management System which provides an intelligent-driven solution for DSE-related occupational health problems. The results of their two consecutive studies substantiate their system is not only effective for alleviating the discomfort and fatigue levels by rectifying the workstation-worker match. It is also effective for promoting rest breaks and awareness of occupational safety and health information to office workers. In Hong Kong, personal computers have become a commonplace household appliance, second only to the television. Majority of Hong Kong people live in high-rise buildings in either public or private housing estates. However, the home computer workstation setting is often less than ideal from an ergonomics perspective and most children have to share the computers with their parents and siblings, and computer furniture is usually designed for adults. Szeto and colleagues present a study to examine the ergonomics issues involving computer workstations in the home environment for students of primary school age in Hong Kong, and whether they contribute to any computer-related musculoskeletal symptoms in these children. Some unique and interesting ways of setting up computer equipment by some families are also discussed in

their article. Justine Chim is a certified professional ergonomist. In her article, she proposes a “FITS” model to describe an effective office ergonomics program which consists of four components: 1) Furniture Evaluation and Selection; 2) Individual Workstation Assessment; 3) Training and Education; and 4) Stretching Exercise and Rest Break. These four components are interrelated and the office ergonomics program should be implemented in a holistic system.

During the 17th World Congress of the International Ergonomics Association (IEA) in Beijing, China, delegates from different countries agreed that to manage the risk of Work-related musculoskeletal disorders (WMSDs) arising from diverse sets of interacting hazards, a participatory ergonomics approaches should be emphasized, whereby workers themselves play a crucial role in the processes of hazard identification and risk assessment [1]. Cheng and So report the processes to translate, culturally adapt, and validate a Chinese version of the Quick Exposure Check (QEC). The QEC was designed to assess exposure to work-related musculoskeletal risk. It involves both the observer and the worker qualitatively scoring the work task, thereby encouraging a participatory ergonomics approach. In addition, Lee and colleagues describes a participatory ergonomics intervention from injury prevention to disability management to address the multifactorial problems encountered by healthcare workers in their daily work.

Ergonomics is a broad discipline which is not only associated with the physical aspects of workplaces. According to International Ergonomics Association, ergonomics has three domains: physical ergonomics,

cognitive ergonomics, and organizational ergonomics. Cognitive ergonomics is concerned with mental processes such as perception, memory, and decision-making [2]. Or and Chan in their article titled “Effects of text enhancements on the differentiation performance of orthographically similar drug names” illustrates the use of cognitive ergonomics to reduce drug name confusion which poses a potential threat to medication safety. Or and his colleagues’ second article assesses the factors affecting physicians who run private clinics in using electronic medical record through semi-structured, face-to-face interviews.

Last two articles are case reports on workplace ergonomics assessment of the risk factors for work-related musculoskeletal disorders. Xu and Cheng assess three cooks working at a medium-sized Chinese restaurant whereas Wong and colleagues assess two technicians working in a diagnostic tuberculosis laboratory at an acute general hospital in Hong Kong.

Finally, I would like to take this opportunity to express my heartfelt thanks to all contributing authors for their inspiring work. Last but not the least, I wish to extend my special thanks to Professor Karen Jacobs for giving me a very precious learning experience as the guest editor of this special *Ergonomic Practices in Hong Kong* section.

References

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