

Psychosocial risks in a unique workplace environment: Safe Trad and traditional Irish musicians

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Work-related psychosocial hazards have been broadly defined as aspects of work, including the social and organisational context, with the potential to cause psychological or physical

harm (Cox & Griffiths, 2005). Psychosocial hazards include job content, sense of control, workload, work schedule, environment, and organisational culture and relationships (Leka & Jain, 2010). Just as workplaces can vary widely, so too can the potential risks, with workers in some occupations reporting worse than average physical health, psychological well-being and job satisfaction (Johnson et al., 2005).

One occupation with unique psychosocial risks is that of the professional musician. For musicians, irregular work schedules, unregulated environments and financial insecurity can result in high levels of stress (Foxman & Burgel, 2006). Playing-related musculoskeletal disorders (PRMDs), or the problems with muscles, tendons, ligaments and joints related to playing a musical instrument, are also commonly experienced by musicians. Problems reported can include pain, weakness, numbness, and other symptoms that interfere with the musicians' ability to play an instrument to their usual standard (Zaza, 1998). The prevalence of PRMDs in adult musicians varies by population, instrument, music type and individual, and ranges from 39 - 87% in classical musicians (Zaza, 1998) and 26 to 93% in pianists (Bragge, Bialocerkowski, & McMeeken, 2006).

In Ireland, much musical performance takes

the form of traditional Irish music. For traditional musicians, the workplace environment typically consists of night time music performances or "sessions" in a pub or bar where music is played for several hours (Wilson, Doherty, & McKeown, 2013). Although professional musicians are paid for performing, there is often an informal atmosphere where other musicians are encouraged to take part (Wilson et al., 2013). The playing environment raises a number of challenges, most notably, that venues are typically inadequately designed for performance and health and safety is rarely addressed. Traditional musicians often chose to perform "in weird positions and in weird chairs", for example stooped over a table in a bar or sitting on an upturned equipment box, while "crammed into a corner of a pub" to maximise the number of contributing musicians or to hear each other in a noisy environment (Wilson et al., 2013, p. 684). These potential risks are intensified by musicians' reluctance to interrupt a session to ask for more space or adequate seating. Systematic review evidence indicates that these types of physical and psychological stressors, combined with lack of preventative behaviours, are occupational risk factors for the development of musculoskeletal disorders (Wu, 2007).

Reducing workplace risks for Irish traditional musicians- The Safe Trad Initiative

Growing concern over performance-related risks for traditional Irish musicians, the lack of

available support, and the increasing numbers of musicians reporting PRMDs led to the development of the Safe Trad Initiative at Ulster University in Northern Ireland. The over-arching aim of Safe Trad was to encourage traditional musicians to become more aware of their playing habits and to develop strategies for preventing injuries occurring. A major initial barrier was the deficit of existing research on workplace risks in this population. Although musculoskeletal problems are a widely acknowledged problem in musicians, much of the focus to date has been on the classical musician (Zaza, 1998), with the experience of the traditional Irish musician remaining under-explored.

Accordingly, the first step was to conduct qualitative work with Irish traditional musicians to explore the psychosocial risk factors specific to their performance context. Twenty two traditional musicians participated in focus groups to explore perceptions, attitudes and experiences of PRMDs (Doherty, Wilson, & McKeown, 2013; Wilson et al., 2013). The participants included men and women, students, teachers and performers, and participants who held both performance and teaching roles. Many participants were also engaged in additional employment to supplement their income. The over-arching theme identified was the perception of PRMDs as an integral part of being an Irish traditional musician. The music experience was prioritised over health with musicians playing through discomfort as “the love of the sessions take over, and they just sit for another five hours” (Wilson et al., 2013, p. 682). Sub-themes included fear, and the associated avoidance of acknowledging the problem, and distrust of intervention from healthcare professionals. This distrust arose from participants’ beliefs that health professionals had little understanding of the unique requirements of the traditional musician, could do more harm than good, and would most likely

advise musicians to stop playing. These perceptions sometimes developed from first-hand experience but were often based on anecdotal evidence spread within the traditional music community. A second sub-theme described the physical (playing environment, posture, instrument played, music type) and psychological stressors (nerves, anxiety, stress, financial worries) believed to contribute to PRMDs.

Across the focus groups, participants described a sense of belonging to the traditional music community and emphasised the differences in playing style, teaching and environment from classical musicians. Comparison with classical music was not a particular focus of the qualitative work, but arose naturally during participants’ discussions as a means to establish their unique identity. The social aspect of the performance environment was seen as integral to traditional music. Participants also acknowledged a lack of open discussion of playing related problems for fear of having to stop playing, loss of income, and loss of identity. This culture of silence combined with the unique identity of Irish traditional musicians and distrust of healthcare professionals leaves musicians unlikely to readily embrace outside intervention.

The Safe Trad Think Tank Day

To address these challenges, the Safe Trad team recognised a need to engage the Irish traditional music community and key stakeholders in the development of interventions. Initial stakeholder engagement took the form of the Safe Trad Think Day in May 2015 hosted by Dr Iseult Wilson and Dr Liz Doherty from Ulster University. The purpose of the event was to initiate a dialogue among a range of experts (physiotherapists, traditional musicians, and health care professionals) on

methods to reduce workplace risk and PRMDs in traditional musicians.

In addition, the Safe Trad Think Tank day provided an opportunity to learn from best practice examples of professionals working in settings relevant to the Irish musician context. Dr Orfhlaith NíBhriain, a lecturer in Irish Dance with a background in performance, and Dr Chris Bleakley, a specialist physiotherapist in sports injuries, presented on how methods used to develop interventions for dance and sports professionals respectively, might be applicable to the context of Irish traditional musicians. Finally,

Dr Jenny Mc Sharry, a health psychologist working in health behaviour change, presented on the Behaviour Change Wheel, a potential approach to the design of Safe Trad interventions (Michie, Atkins, & West, 2014). The first step in the Behaviour Change Wheel process is the selection and specification of a target behaviour related to the problem (Michie et al., 2014). During the the Safe Trad Think Tank, a list of potential target behaviours to address the problem of playing-related issues were brainstormed by stakeholders. Potential target behaviours identified included taking breaks,



Picture 1. Participants at the Safe Trad Think Tank

L to R: Back row: Maggie Maguire (fiddle), Dr Jenny McSharry (NUI Galway), Dr Ronan Kavanagh (Rheumatologist, Galway), Dr Johnson McEvoy (physiotherapist), Enda Scahill (banjo), Patrice Berque (musician and physiotherapist, Glasgow), Mark Porter (PhD student, Ulster University)
 Middle row: Eithne Vallely (Armagh Pipers Club), Dr Christine Hunter (medical advisor to Ulster Orchestra), Maria McAlister (Arts Council), Roisin McGrory (fiddle), Martin Clenaghan (physiotherapist), Rab Cherry (fiddle maker)
 Front row: Dr Chris Bleakley (Ulster University), Dr Liz Doherty (Ulster University), Dr Iseult Wilson (Ulster University), Martin McGinley (fiddle and facilitator), Tomás Hardiman (fiddle and Alexander Technique teacher), Dr Orfhlaith NíBhriain (University of Limerick)

practicing breathing techniques, and seeking information and help when pain was first experienced.

Safe Trad-Moving forward

The Safe Trad Think Tank resulted in a plan of action developed by physiotherapists, traditional musicians, and health care professionals. Participants agreed on the need to apply for funding in order to carry out the following initiatives:

(i) Develop a surveillance tool of the traditional music community, as it is essential to identify the extent of the problem and times of increased risk for injury in order to create a targeted injury-management programme.

(ii) Identify well-known and highly regarded traditional musicians who have suffered from and dealt with injury as ambassadors for Safe Trad.

(iii) Raise awareness of the issue in order to bring the conversation out in the open, banish stigmas and enable musicians to be pro-active in seeking help for injury.

(iv) Develop short and long-term interventions to manage and/or reduce injury.

As part of the Behaviour Change Wheel process, the next step will be to conduct a behavioural analysis to assess potential candidate behaviours in terms of the potential impact, likelihood of change, potential spillover effect to other behaviours and ease of measurement (Michie et al., 2014). Based on these assessments, the most promising behaviours will be selected. A Capability Opportunity Motivation (COM-B) approach will then be taken to explore why target behaviours are not currently being carried by musicians (Michie, van Stralen, & West, 2011).

The occupational health literature more broadly may also provide guidance for future research to develop interventions for traditional Irish musicians. Many work stress theories (e.g.,

the Job Demand-Control Model) suggest that high levels of engagement can be protective against stress and buffer well-being (Karasek & Theorell, 1990). Within the traditional music community however, high engagement appears to lead to resistance to change current practices and the prioritisation of the musical experience over health and well-being. The concept of workaholism is also worthy of consideration; the practice of traditional Irish music is a very reinforcing experience, with a unique addictive energy, resulting in limited prioritisation of the avoidance of psychosocial risks (Spence & Robbins, 1992). Future research is required to explore how the engagement and commitment evident in the traditional music community can best be integrated into the development of interventions.

Traditional Irish musicians represent an unconventional target population for the development of interventions to reduce work-related psychosocial risks. Many traditional Irish musicians play music in a less formal capacity, and the word 'professional' in the strict sense applies to only to a sub-set of the traditional music community. The strong social element inherent in playing traditional music and the distrust of outside intervention also add to the complexity in working with this population. By engaging with key stakeholders, and making use of systematic methods of intervention development, the Safe Trad initiative hopes to overcome these barriers and to develop well-specified and acceptable interventions in an under-researched area.

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