

Disorders of the Musculoskeletal System in Cosmetologists

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Editorial

People who work in the beauty business are referred to by a variety of titles, including cosmetologists, aestheticians and beauticians, massage therapists and beauty therapists. They frequently do facial washing, skin, nail and body hydrotherapy and care, acne, pigmentation and wrinkle treatments, make-up application, depilation, body and face massages, reflexology, aromatherapy and hair removal on the face and other parts of the body. They often work in salons, spas and departments of stores that offer cosmetics. They employed a variety of chemicals and tools, including steam machines, depilatory needles, lights, magnifiers and cosmetics for both medical and aesthetic purposes.

Workers, who are subjected to manual labour, work in odd and constrained postures, repetitive and static work, vibrations and poor psychological and social situations have been found to have a significant prevalence of job-related musculoskeletal illnesses [1]. Only a handful of these risk variables have been included simultaneously in the majority of investigations. Since most studies did not properly control for contemporaneous risk factors, it is challenging to understand the influence of certain risk variables. Research on the impact of work-related risk factors on the development of MSDs should take into account its function on aggravation of MSDs, such as chronicity and the repercussions given the prevalence and the consequences of MSDs are significant (e.g., absenteeism and use of health care).

Self-reported physical risk factors such extended sitting, using vibrating instruments, reaching far and awkward body postures were shown to be significantly correlated with the development of musculoskeletal problems at diverse body locations. The psychosocial factors that best represent organisational issues and cognitive-behavioral traits appear to be co-worker support and skill discretion [2]. The study's findings also imply that in order for intervention measures to be successful, both organisational and ergonomic factors would probably need to be considered. The purpose of this study was to examine associations between personal traits, physical demands, psychosocial variables and general health status with complaints of the back, shoulder, neck, hand/wrist and knee among cosmetologists. It also sought to monitor prevalence and outcomes (illness absence and health care use).

We discovered a significant frequency of neck, low back and hand/wrist symptoms in our cross-sectional research of 102 cosmetologists. The most significant chronic symptoms in terms of treatment seeking and absence were shoulder pain, followed by hand/wrist and low back issues. Our results are comparable to those from other fields, such as industry, hospitals, etc. Our study shows a significant incidence of hand/wrist complaints, mostly as a result of a high exposure to physical risk factors (work at extended sitting and demanding body postures), which has been previously established. Self-reported physical risk factors such extended sitting, using vibrating instruments, reaching far and awkward body postures were shown to be significantly correlated with the development of musculoskeletal problems in diverse body regions [3].

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Co-worker support and skill discretion are consistently shown to be the most crucial psychosocial factors. Support from coworkers may be used to highlight organisational issues and long, stressful shifts that represent the Greek standing in the small- and medium-sized beauty salon industry. Low co-worker support in this setting is more likely to increase the physical workload on beauty professionals, which would explain the observed rise in hand/wrist and low back symptoms as well as the associated absenteeism and care-seeking. Other research has concurred with these results. But a decreased likelihood of care seeking was linked to low skill discretion. Low skill discretion could be seen as a sign of a proxy measure impact.

It is feasible to interpret poor skill discretion as a sign of a proxy measure impact. Highly trained cosmetologists have more control over their job, but they could be forced to spend a lot of time in positions that strain their neck muscles and vertebrae. This isn't always a sign that their discomfort is coming from a psychosomatic cause, though. They may have also shown a tendency to continue in their roles (with better satisfaction and feedback) by asking for additional medical attention [4].

Perceived health and the desire for recovery were significant factors for the majority of the outcomes examined, as is well documented in numerous research. The demand for recuperation and perceived overall health retained a consistent influence on all outcomes studied. The results that were seen serve as both a foundation for future study and policy decisions among cosmetologists and as significant evidence. The study's findings also imply that in order for intervention measures to be successful, both organisational and ergonomic factors would probably need to be considered [5].

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Conflict of Interest

No potential conflict of interest was reported by the authors.

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