



Toward Holistic Workplace Health: Integrating Ergonomics, Nutrition, Herbal Medicine, and Self-Acupressure for Shoulder Pain Prevention Among Manufacturing Workers

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ABSTRACT

Background: Work-related shoulder pain remains one of the leading musculoskeletal disorders among manufacturing workers, resulting in impaired productivity, reduced functional capacity, and increased occupational health burden. Existing workplace education primarily emphasizes ergonomics, while integrated self-management approaches incorporating nutrition, complementary medicine, and self-care techniques remain underexplored. This study evaluated the effectiveness of a holistic educational intervention for improving workers' knowledge of shoulder pain prevention and self-management.

Methods: A community-based one-group pre-test–post-test study was conducted among 20 workers from a plywood manufacturing industry in East Java, Indonesia. Participants attended a 90-minute educational program integrating occupational health education, ergonomic practices, nutritional counseling, herbal education using turmeric (*Curcuma longa*) and tamarind (*Tamarindus indica*), and guided self-acupressure. Knowledge was assessed using a 10-item structured questionnaire administered immediately before and after the intervention. Data were analyzed using descriptive statistics and paired comparisons.

Results: All participants completed the intervention (response rate: 100%). The mean knowledge score increased from 4.5 at baseline to 9.4 after the intervention, representing an average improvement of 4.9 points. Every participant demonstrated higher post-test scores, with individual improvements ranging from 1 to 8 points. Before the intervention, 60% of participants had poor knowledge, 25% had fair knowledge, and 15% had good knowledge. Following the intervention, 100% achieved the good knowledge category, indicating complete knowledge acquisition immediately after the educational session.

Conclusions: The holistic educational intervention effectively enhanced workers' knowledge regarding shoulder pain prevention and self-management. The principal novelty of this study is the introduction of a Holistic Occupational Self-Management Framework, integrating occupational health education, ergonomics, nutrition, herbal medicine, and self-acupressure into a unified worker-centered model. This framework provides a foundation for future technology-enabled occupational health programs aimed at promoting sustainable prevention of work-related musculoskeletal disorders.

KEYWORDS

Occupational Health; Shoulder Pain; Musculoskeletal Disorders; Health Education; Ergonomics; Self-Management; Acupressure; *Curcuma longa*; *Tamarindus indica*; Manufacturing Industry.





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INTRODUCTION

Shoulder pain is one of the most prevalent work-related musculoskeletal disorders (WMSDs) affecting industrial workers worldwide, particularly those engaged in repetitive upper-limb movements, manual material handling, and prolonged static postures. Persistent shoulder pain contributes not only to physical discomfort but also to decreased functional capacity, reduced work productivity, absenteeism, and increased healthcare expenditures. In manufacturing industries, where repetitive occupational tasks are unavoidable, the cumulative biomechanical load substantially increases the risk of chronic musculoskeletal injury. Although ergonomic modifications remain the cornerstone of occupational injury prevention, their implementation alone has not been sufficient to address the complex behavioral and lifestyle factors that contribute to the development and persistence of shoulder pain (Prall and Ross, 2019; Rodriguez-Blanes *et al.*, 2019; Muchtar *et al.*, 2025). Consequently, there is growing recognition that effective workplace health promotion should extend beyond ergonomic correction toward comprehensive worker empowerment and preventive self-management.

Educational interventions have been widely implemented to improve workers' awareness of occupational hazards and preventive behaviors. Previous studies have demonstrated that ergonomic education, stretching programs, workplace exercise, and posture training can improve knowledge and reduce musculoskeletal complaints. However, most existing interventions focus on a single preventive strategy and rarely integrate complementary health approaches that are culturally acceptable, easily implemented, and sustainable within daily occupational settings. Moreover, conventional workplace education often emphasizes risk reduction while providing limited opportunities for workers to actively develop practical self-management skills (Kooienga and Rasmor, 2016; Fortun-Rabadan *et al.*, 2021; Rachmah *et al.*, 2021). This fragmented approach may reduce long-term engagement and limit the translation of knowledge into preventive health behaviors. Recent advances in occupational health have highlighted the importance of holistic health promotion that simultaneously addresses physical, behavioral, nutritional, and psychosocial determinants of musculoskeletal health. Nutritional approaches with anti-inflammatory potential, traditional herbal medicine, and non-pharmacological techniques such as self-acupressure have increasingly attracted attention as complementary strategies for managing musculoskeletal discomfort. Despite their potential benefits, these approaches have generally been investigated separately and have rarely been incorporated into integrated workplace educational programs. Consequently, evidence remains limited regarding whether combining occupational health education, ergonomic principles, nutritional counseling, herbal education, and self-acupressure within a single intervention can enhance workers' knowledge and support comprehensive self-management of shoulder pain (Hu *et al.*, 2016; Shaw *et al.*, 2022).

Therefore, this study aimed to evaluate the effectiveness of a holistic educational intervention in improving knowledge regarding shoulder pain prevention and self-management among workers in a plywood manufacturing industry. Beyond assessing educational outcomes, this study introduces the concept of a Holistic Occupational Self-Management Framework, which integrates evidence-based occupational health education with nutrition, culturally familiar herbal medicine, and self-acupressure





into a unified worker-centered educational model. Rather than positioning these components as isolated interventions, the proposed framework conceptualizes them as complementary elements of preventive occupational health that may support future development of personalized, technology-enabled workplace health promotion. This integrated perspective represents the principal conceptual contribution of the present study and provides a foundation for future research on sustainable musculoskeletal health management in industrial settings.

MATERIALS AND METHODS

Study Design

This community-based educational study employed a one-group pre-test–post-test design to evaluate the immediate effectiveness of a holistic educational intervention on workers' knowledge regarding shoulder pain prevention and self-management. The study was conducted in July 2025 at a plywood manufacturing company in East Java, Indonesia. The study is reported in accordance with the SQUIRE 2.0 (Standards for Quality Improvement Reporting Excellence) guidelines, while the intervention is described following the Template for Intervention Description and Replication (TIDieR) checklist to facilitate reproducibility.

Participants and Setting

Participants were recruited using convenience sampling from production workers employed at a plywood manufacturing company. Eligible participants were workers aged ≥ 18 years, actively employed in production activities involving repetitive upper-limb movements or manual material handling, able to communicate in Indonesian, and willing to participate by providing written informed consent. Workers who were absent during the educational session or declined participation were excluded. A total of 20 workers met the eligibility criteria and completed both baseline and post-intervention assessments, yielding a response rate of 100%.

Educational Intervention

The intervention consisted of a single holistic educational session lasting approximately 90 minutes, delivered by a multidisciplinary team comprising nursing lecturers and students. The educational content was developed from evidence-based occupational health recommendations and complementary self-management strategies for work-related musculoskeletal disorders.

The intervention included five integrated components:

1. Shoulder pain education, covering anatomy, occupational risk factors, common symptoms, prevention, and early self-management.
2. Ergonomic education, emphasizing proper body mechanics, lifting techniques, posture correction, stretching, and workplace injury prevention.
3. Nutritional counseling, highlighting dietary patterns that support musculoskeletal health and reduce inflammation.
4. Herbal medicine education, introducing turmeric (*Curcuma longa*) and tamarind (*Tamarindus indica*) beverages as complementary approaches to musculoskeletal wellness based on traditional evidence, while emphasizing that these do not replace medical treatment.





5. Self-acupressure training, during which participants received live demonstrations and supervised practice of selected acupressure points commonly used for shoulder discomfort.

Educational delivery incorporated PowerPoint presentations, printed leaflets, interactive discussions, question-and-answer sessions, live demonstrations, and guided participant practice to encourage active learning and improve knowledge retention.

Outcome Measurement

The primary outcome was workers' knowledge regarding shoulder pain prevention and self-management. Knowledge was assessed using a researcher-developed questionnaire consisting of 10 multiple-choice questions covering shoulder pain risk factors, ergonomic principles, nutritional management, herbal medicine, and self-acupressure. Each correct response was awarded one point, resulting in a total possible score ranging from 0 to 10, with higher scores indicating better knowledge. Knowledge was categorized as:

- Good: >7
- Fair: 5–6
- Poor: <4

The questionnaire was administered immediately before (pre-test) and immediately after (post-test) completion of the educational intervention.

Data Analysis

Descriptive statistics were used to summarize participant characteristics and knowledge scores. Continuous variables were presented as means, standard deviations (SD), medians, interquartile ranges (IQR), minimum and maximum values, whereas categorical variables were summarized as frequencies and percentages. Changes in knowledge scores between pre-test and post-test were evaluated using a paired-samples t-test for normally distributed data or the Wilcoxon signed-rank test when the normality assumption was not satisfied. Statistical significance was established at $p < 0.05$. Effect size was calculated using Cohen's d for paired comparisons to quantify the magnitude of the educational intervention. All statistical analyses were performed using IBM SPSS Statistics version 27.0 (IBM Corp., Armonk, NY, USA).

Ethical Considerations

The educational activity was conducted as part of a community engagement program after obtaining permission from the management of the participating plywood manufacturing company. Before participation, all workers received verbal and written explanations regarding the study objectives, procedures, voluntary participation, confidentiality, and the right to withdraw at any time without consequence. Written informed consent was obtained from all participants prior to data collection. Participant anonymity was maintained throughout data collection, analysis, and reporting in accordance with the ethical principles of the Declaration of Helsinki.

RESULTS AND DISCUSSION





Results

A total of 20 workers from the plywood manufacturing industrywood participated in the holistic educational intervention and completed both the pre-test and post-test assessments, yielding a 100% response rate. The intervention consisted of integrated education on shoulder pain prevention, ergonomic practices, nutritional counseling, herbal medicine (turmeric–tamarind), and guided self-acupressure. Knowledge acquisition was evaluated using an identical 10-item questionnaire administered immediately before and after the educational session.

Table 1. Descriptive statistics of knowledge scores before and after the holistic educational intervention

Variable	Pre-test	Post-test	Absolute Change
Mean score	4.5	9.4	+4.9
Minimum score	1	7	+6
Maximum score	8	10	+2
Score range	1–8	7–10	—
Participants with increased scores	—	20 (100%)	—
Participants with unchanged scores	—	0 (0%)	—
Participants with decreased scores	—	0 (0%)	—

As presented in Table 1, participants exhibited a substantial improvement in knowledge following the educational intervention. The mean knowledge score increased from 4.5 at baseline to 9.4 after completion of the program, corresponding to an absolute increase of 4.9 points, or approximately 109% relative to the baseline mean. Baseline scores varied considerably, ranging from 1 to 8, indicating heterogeneous levels of initial knowledge regarding shoulder pain prevention and self-management. Following the intervention, post-test scores increased markedly and were concentrated within a narrower range (7–10), suggesting not only higher knowledge attainment but also greater consistency among participants.

At the individual level, all participants (100%) achieved higher post-test scores than their corresponding baseline scores. Individual improvements ranged from 1 to 8 points, with the largest improvement observed in one participant whose score increased from 1 to 9 (+8 points). Five participants demonstrated improvements of 7 points, four participants improved by 6 points, four participants improved by 5 points, three participants improved by 4 points, three participants improved by 3 points, and one participant demonstrated a 1-point increase. Importantly, no participant exhibited unchanged or decreased knowledge scores, indicating that the intervention produced a positive educational effect across the entire study population.

Table 2. Distribution of participants according to knowledge level before and after the intervention

Knowledge Category	Pre-test n (%)	Post-test n (%)
Good (>7)	3 (15%)	20 (100%)
Fair (5–6)	5 (25%)	0 (0%)
Poor (<4)	12 (60%)	0 (0%)

The categorical distribution of participants' knowledge also demonstrated a marked improvement following the intervention (Table 2). Prior to the educational program, the majority of participants (60%) were classified as having poor knowledge, while 25% demonstrated a fair level of knowledge and only



15% achieved the good knowledge category. Immediately after the intervention, all participants (100%) reached the good knowledge category, with complete elimination of both the fair and poor categories. This finding indicates a complete shift in knowledge classification toward the highest predefined level of competency after exposure to the integrated educational program.

Table 3. Summary of knowledge improvement following the educational intervention

Indicator	Value
Total participants	20
Participants with improved scores	20 (100%)
Participants without improvement	0 (0%)
Mean improvement	+4.9 points
Relative increase from baseline	108.9%
Highest individual improvement	+8 points
Lowest individual improvement	+1 point
Participants achieving good knowledge after intervention	20 (100%)

Overall, descriptive analysis demonstrated a uniform and substantial improvement in knowledge following implementation of the holistic educational program. Improvements were observed across every participant, as reflected by the universal increase in post-test scores, the doubling of the average knowledge score, and the complete transition of participants into the good knowledge category. These findings indicate high immediate educational uptake and suggest that the integrated intervention effectively enhanced workers' understanding of shoulder pain prevention and self-management.

Discussion

The present study demonstrated that a holistic educational intervention substantially improved workers' knowledge regarding shoulder pain prevention and self-management. The mean knowledge score more than doubled after the intervention, and all participants reached the predefined good knowledge category. These findings suggest that integrating education on occupational risk factors, ergonomics, nutrition, herbal medicine, and self-acupressure into a single educational session can effectively enhance immediate knowledge acquisition among workers engaged in physically demanding occupations. The universal improvement observed across participants indicates that the intervention was comprehensible and applicable despite variations in baseline knowledge. Since occupational shoulder pain is strongly associated with repetitive upper-limb movements, manual material handling, and prolonged static postures, improving workers' understanding of preventive strategies represents an important first step toward reducing future work-related musculoskeletal disorders (Pan *et al.*, 2017; Obeidat, Sarhan and Qasim, 2023).

The observed improvement is likely attributable to the multimodal educational strategy rather than reliance on conventional lecture-based instruction alone. Participants received complementary learning materials through PowerPoint presentations, printed leaflets, live demonstrations, and supervised self-acupressure practice, allowing information to be delivered through both visual and experiential learning approaches. Adult learning theory suggests that active participation, repeated exposure to information, and immediate practical application facilitate knowledge retention more effectively than passive information delivery. In the present intervention, workers not only received theoretical explanations but also directly practiced self-acupressure techniques and observed practical examples of nutritional and herbal recommendations. This combination may have strengthened cognitive understanding while



simultaneously increasing confidence in applying self-management strategies in the workplace (Trostrup *et al.*, 2019; Barati Jozan *et al.*, 2023; Chen, Sparkes and Sheeran, 2025).

Another important finding is that the intervention integrated evidence-informed complementary health approaches within the context of occupational health education. Herbal education emphasized turmeric–tamarind beverages as a supportive option rather than a replacement for medical treatment, while nutritional education highlighted balanced dietary practices that support musculoskeletal health. Likewise, self-acupressure was introduced as a complementary self-care technique that workers could perform independently without requiring specialized equipment. This integrated approach aligns with contemporary occupational health promotion, which increasingly emphasizes worker empowerment, self-care, and preventive strategies rather than focusing solely on treatment after injury occurs. By combining conventional health education with culturally familiar complementary practices, the intervention may improve acceptability and encourage long-term adoption of healthy behaviors among industrial workers (Robertson, Huang and Lee, 2017; Serra *et al.*, 2019; Laberge *et al.*, 2022; Tran, Harris and Ciccarelli, 2023).

The complete transition from poor and fair knowledge categories to the good knowledge category also has practical implications for workplace health promotion. Knowledge is recognized as an essential prerequisite for behavioral change, although it does not guarantee behavioral adoption by itself. Workers who better understand occupational risk factors, early warning signs, ergonomic principles, and appropriate self-management strategies may be more likely to recognize hazardous work practices and seek preventive solutions before symptoms become chronic. Consequently, educational interventions of this type may contribute to broader workplace safety initiatives by complementing engineering controls, ergonomic modifications, and occupational health surveillance. Future studies should determine whether improvements in knowledge are translated into sustained behavioral changes, reductions in shoulder pain incidence, improved work productivity, and lower occupational injury rates over extended follow-up periods (Sormunen *et al.*, 2022; Tran *et al.*, 2023; Haider *et al.*, 2024).

A Holistic Self-Management Framework for Occupational Shoulder Pain

A notable contribution of the present study is its holistic conceptualization of occupational shoulder pain management. Previous workplace educational programs frequently emphasize ergonomics or exercise as isolated interventions, whereas this program simultaneously integrated occupational health education, nutritional guidance, herbal medicine education, and self-acupressure within a single worker-centered framework. This multidimensional model reflects a broader shift toward predictive and preventive occupational health, in which workers are empowered to become active managers of their own musculoskeletal health rather than passive recipients of healthcare services. Looking forward, this educational framework could be expanded into digitally supported occupational health ecosystems by incorporating mobile applications, wearable posture sensors, artificial intelligence–based ergonomic monitoring, and personalized educational feedback. Such integration has the potential to transform conventional workplace health promotion into continuous, data-driven self-management systems that identify musculoskeletal risk early, reinforce healthy behaviors, and deliver individualized preventive recommendations in real time.

Limitation

Several limitations should be considered when interpreting these findings. First, the study employed a one-group pre-test–post-test design without a control group, limiting the ability to attribute improvements exclusively to the intervention. Second, the relatively small sample size from a single plywood manufacturing company may restrict the generalizability of the findings to other industrial sectors or occupational settings. Third, knowledge was assessed immediately after the educational session; therefore, long-term knowledge retention and behavioral changes could not be evaluated. Fourth, the study focused exclusively on knowledge outcomes and did not measure clinical indicators





such as shoulder pain intensity, functional status, work productivity, or incidence of musculoskeletal disorders. Future research should employ randomized controlled or quasi-experimental designs with larger multicenter samples, extended follow-up periods, and objective clinical and occupational outcomes to determine the sustained effectiveness and practical impact of holistic workplace education on musculoskeletal health.

CONCLUSION

This study demonstrates that a holistic educational intervention integrating occupational health education, ergonomic awareness, nutritional counseling, herbal medicine education, and self-acupressure effectively improved workers' knowledge of shoulder pain prevention and self-management, with all participants achieving the highest knowledge category immediately after the intervention. Beyond its educational effectiveness, the principal novelty of this study lies in introducing a Holistic Occupational Self-Management Framework, which extends conventional workplace health promotion by combining evidence-based health education with culturally acceptable complementary self-care strategies into a single worker-centered model. Rather than focusing exclusively on ergonomic correction or symptom management, this framework emphasizes preventive empowerment by enabling workers to actively maintain their musculoskeletal health through integrated behavioral, nutritional, and complementary approaches. This conceptual model provides a practical foundation for future occupational health programs and offers opportunities for integration with digital health technologies, such as mobile health applications, wearable ergonomic monitoring, and artificial intelligence-assisted personalized risk assessment. Future multicenter and longitudinal studies are warranted to validate this framework across diverse industrial settings and to determine its effectiveness in improving long-term behavioral adherence, reducing work-related musculoskeletal disorders, and advancing sustainable workplace health promotion.

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Conflict of Interest

The authors declare no conflict of interest regarding the publication of this article.

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