

# **Feeling Pain, Producing Beauty: Experiences of Women**

## **Hairstylists at Work and Home**

by

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## **Abstract**

The occurrence of work related musculoskeletal disorders (WRMD) has been a focus of much research and the prevalence of upper extremity disorders (UED) has also been explored. However, very little research has been conducted with female hairstylists in particular. Most of the studies addressing WRMD among hairstylists considered the biomechanical demands of the industry, with a few studies acknowledging the psychosocial risk factors present in the beauty industry as precipitators of the upper extremity pain. Furthermore, no literature was found about the lived experience of feeling pain while producing beauty and the impact on the performance of roles of female hairstylists within the workplace and home.

This qualitative study described the experience of pain of female hairstylists while enhancing the beauty of their clients, and accommodating to pain in while performing their roles at work and home. To accommodate to their experience of pain and to perform their roles, the stylists described the strategies used to cope with the physical and emotional pain and to improve their occupational performance (management of roles). The current study contributes to an understanding of the biopsychosocial factors linked to the experience of pain, and how the process of adjustment to pain impacted the performance of roles at work and home by changing the relationship and interaction between the person, environment and occupations. The PEO model (Law et al., 1996) was used to describe the impact of pain on roles and the adjustment process in the management of roles, and facilitated an understanding of the occupational performance issues face by the stylists experiencing upper extremity pain.

**Key words:** hairstylists, hairdressers, musculoskeletal disorders, and upper extremity disorders, psychosocial aspects of upper extremity disorders, roles, pain and accommodation to pain.

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*“If pain must come, may it come quickly. Because I have a life to live, and I need to live it in the best way possible.”*

— [Paulo Coelho, \*By the River Piedra I Sat Down and Wept\*](#)

*“It is easier to find men who will volunteer to die, than to find those who are willing to endure pain with patience.”*

— *Julius Caesar*

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**Abbreviations**

UED: Upper Extremity Disorder or Disorders

WRUED: Work Related Upper Extremity Disorder or Disorders

WCB: Workers' Compensation Board

CTS: Carpal Tunnel Syndrome

RSI: Repetitive Strain Injury

PEO: Person-Environment-Occupation Model

## **Feeling Pain, Producing Beauty: Experiences of Women Hairstylists at Work and Home**

### **1.0 Introduction**

In recent years, upper extremity disorders (UEDs) have become one of the most important and costly health problems among the working population (Huisstede, Bierma-Zeinstra, Koes, & Verhaar, 2006; Yassi, Sprout, & Tate, 1998; Zwart, Frings-Dresen, & Kilbom, 2001). According to Baldwin & Butler (2006), the costs of cumulative trauma upper extremity disorders include the direct health care costs of treating the illness, and indirect costs including productivity losses, administrative costs, costs of training replacement workers, and psychosocial costs incurred by injured workers. According to Canadian Institute of Health Research, musculoskeletal diseases annually affect 11 million Canadians who are over the age of 12 years. In 2000, the economic burden of musculoskeletal diseases was the highest of any group of diseases, at \$22.3 billion (Canadian Institute of Health Research, 2011). In Manitoba, according to the Workers Compensation Board (2007), traumatic injuries and musculoskeletal disorders accounted for 91% of workplace time loss injuries. Between 2000 and 2005, musculoskeletal injuries increased from 52% to 61% of all time loss injuries; furthermore, hands and fingers comprised about 22% of all injured body parts (Workers Compensation Board of Manitoba, 2007).

A higher incidence of work related upper extremity disorders (WRUED) has been found among females as compared to males (Vroman & MacRae, 2001). Employed women are two to five times more likely to develop musculoskeletal injuries compared to men (Smith & Mustard, 2004; Strazdins & Bammer, 2004). The Canadian Women's Health Network (2007) reported that in the United States, women accounted for almost 67% of lost-work time cases resulting from carpal tunnel syndrome, and 61% of the lost-work time cases resulting from tendonitis in 1999. In Manitoba, in 2005, about 70% of the time loss injuries for women resulted from

musculoskeletal injuries. Meanwhile, musculoskeletal injuries among men totaled 56% of time loss in 2005 (Workers Compensation Board of Manitoba, 2007).

Different working conditions for men and women are related to a higher incidence of work related injuries in women (Vroman & MacRae, 2001). According to The Canadian Women's Health Network (2007), in the manufacturing sector, women are predominantly employed in production, rather than skilled trades work. The Canadian Women's Health Network also stressed that women are also exposed to repetitive work in clerical, cleaning and other traditionally female jobs. Furthermore, females are less likely to be promoted out of this type of work making it more likely that they will perform repetitive work over a long period of time. This long duration of exposure to repetitive work causes more serious WRUED problems. Also, equipment in the workplace has traditionally been designed for male workers, and is not adapted to women's size and shape, increasing the likelihood of work related injuries (The Canadian Women's Health Network, 2007).

The hairdressing industry is an example of female workers at increased risk for developing UEDs. In Manitoba, 85% of hairstylists and barbers are female (Manitoba job futures - hairstylists and barbers NOC 6271, 2007). According to Workers Compensation Board of Manitoba (WCB) statistical data, from 2000 to 2007, there was an increase in the number of accepted time loss injuries among hairdressers ranging from 1 in 2000 to 7 in 2007. Time loss injury is the type of injury that occurs during a regular day of work while performing work related tasks, and prevents the worker from finishing the shift for the day or return to work the following day. Although there was an increase in the number of accepted time loss injuries, WCB reported numbers are likely low because many hairstylists are self-employed and probably present non-reported injury (self-employment in this industry is approximately 43%). Moreover,

with regards to injuries in the worksite and medical diagnosis, work related injuries such as sprains, strains, tendonitis and carpal tunnel syndrome accounted for 61.54% of total injuries. Among hairstylists, the upper body was the region most affected by injuries, including fingers, hands, wrists, trunk and other upper extremities, totaling 76.9% of the total body injuries. Workers Compensation Board data since 2007 is not available.

The occurrence of work related musculoskeletal disorders has been a focus of much research and the prevalence of UEDs has also been explored. However, very little research more specific than prevalence has been conducted with female hairstylists. Mussi (2005) found that the prevalence of work related musculoskeletal disorders among hairstylists in Brazil was 70.5%. De Smet, Germeys, & De Smet (2009) conducted a study about the prevalence of work related upper limb disorders in hairdressers in Belgium considering the influence of working conditions and psychological, ergonomic and physical factors. In this study, the authors found the 41% incidence of upper limb disorders was influenced by burn out and workaholism. No studies addressing the occurrence of UEDs with hairstylists in North America were found in a search of the databases: PUBMED, CINAHL, and SCIELO (electronic database covering a selected collection of Brazilian scientific journals). Moreover, no studies addressing both the physical and psychosocial aspects of experiencing pain in the beauty industry in North America were found. Considering that in Canada, according to *Canada Job Futures website*, there were 91,800 workers employed as barbers or hairstylists in 2004 and in Manitoba, 3,185 people worked as hairstylists and barbers in 2007 (Manitoba job futures - hairstylists and barbers NOC 6271.2007), research addressing this specific group in regards to WRUEDs contributes to understanding the burden of these disorders in this population. Moreover, qualitative research focusing on the lived experience of feeling pain while producing beauty can facilitate an identification of issues that

impact or restrict the performance of occupational roles of female hairstylists within the workplace and home.

Specifically, the purpose of this study is to describe the experience of pain of female hairstylists while producing beauty, and how they accommodated to pain while performing their roles at work and home.

## **2.0 Literature Review**

The literature review consisted of a database search in CINAHL, PUBMED, OEM, SCIELO, as well as relevant theses, manuals and books. The period searched was from 1998 – 2012; however, relevant materials before 1998 were also reviewed. The key search terms used were: hairstylists, hairdressers, musculoskeletal disorders, upper extremity disorders, psychosocial aspects of upper extremity disorders, person-environment-occupation model, roles, pain and accommodation to pain.

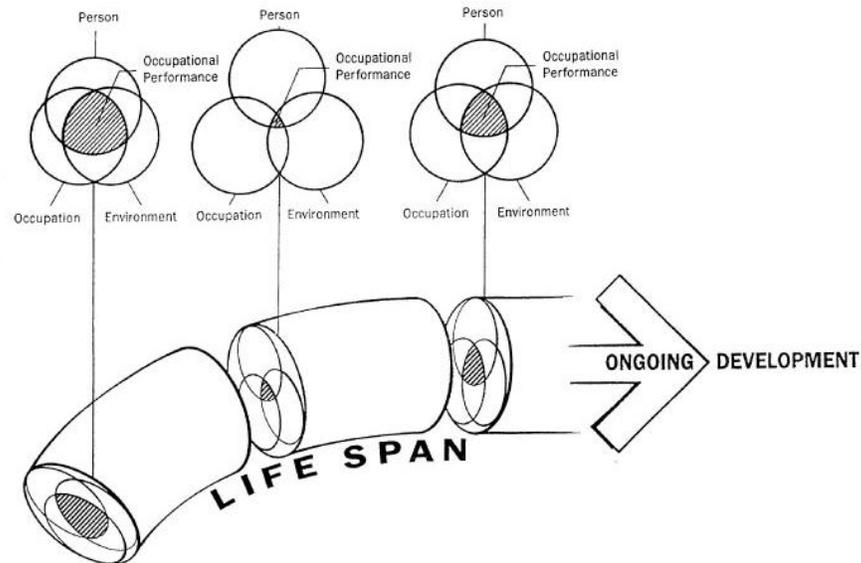
### **2.1. Theoretical Perspectives**

Theoretical underpinnings for this study are based on the Person-Environment-Occupation (PEO) model as developed by Law et al., 1996, and the concept of role functions as described by Kielhofner (2008).

The Person-Environment-Model (PEO) serves as a framework for examining person-environment processes in the context of occupational therapy practice (Law et al., 1996). The model is conceptualized as a dynamic interaction between the person, the environment and occupations over time. In this model, occupational performance is defined as “the dynamic experience of a person engaged in purposeful activities and tasks within an environment” (Law et al., 1996, p. 16). Figure 1 represents the dynamics of the PEO during a life span.

Figure 1. Person – Environment –Occupation Model (Reprinted with Permission from CAOT Publications – ACE from the Canadian Journal of Occupational Therapy 63(1), p. 15)

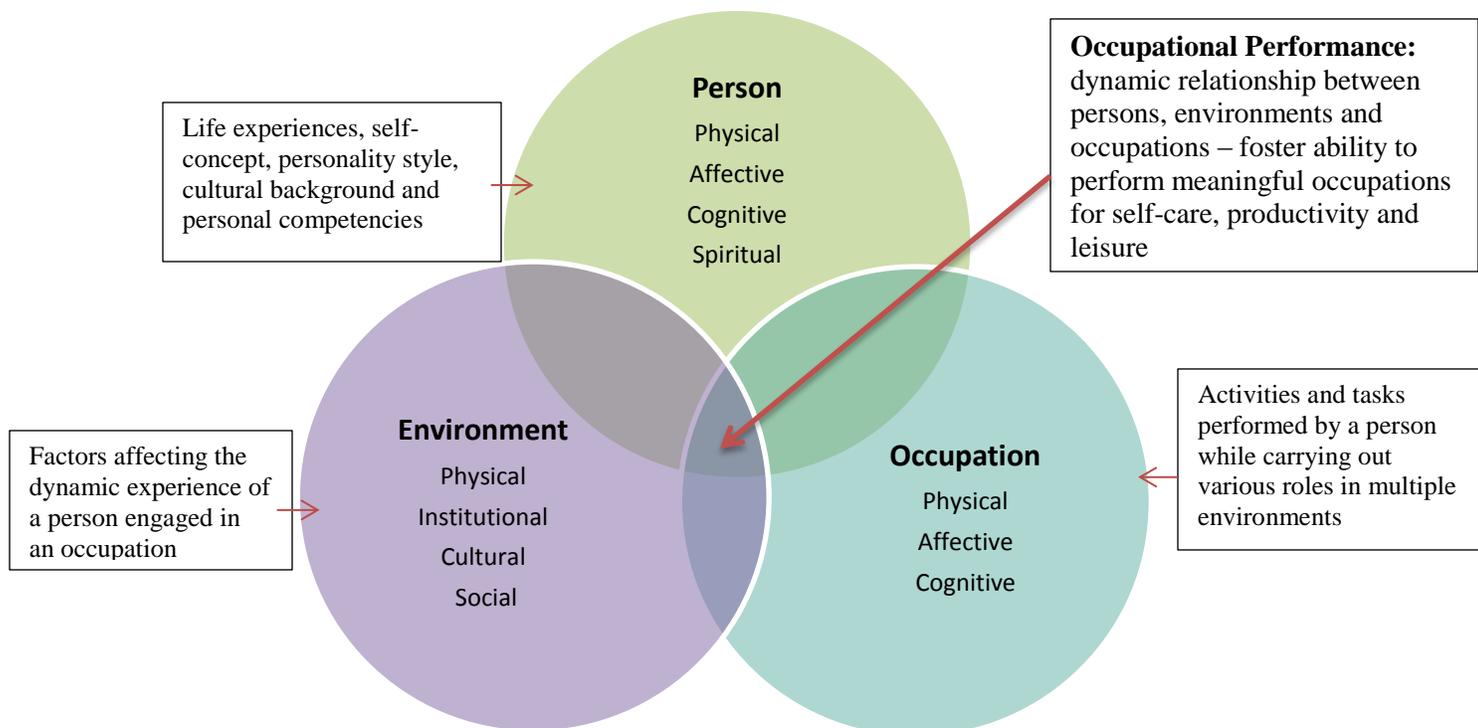
Figure 1  
The Person-Environment-Occupation (PEO) Model (Law et al., 1996)



In this model, the person can refer to an individual, a group or an organization (Strong et al., 1999). Furthermore, according to Law et al. (1996), the person brings attributes and life experiences to the occupational performance, including self-concept, personality style, cultural background and personal competencies. The second component, environment, includes cultural, institutional, physical and social factors affecting the dynamic experience of a person engaged in an occupation. The environment influences behavior and also is influenced by the behavior of the person (Law et al., 1996). The third component, occupations, are the activities and tasks performed by a person while carrying out various roles in multiple environments, including self-maintenance, expression and fulfillment within the context (Law et al., 1996; Strong et al., 1999). These three components are represented as spheres that overlap each other according to the relationship between the three dimensions (person, environment and occupation). The overlap in the center of the spheres represents occupational performance, and the fit between the person-environment-occupation transaction is an outcome of the quality of a person's

experience. A representation of the PEO model according to Law et al. (1996) and Strong et al. (1999) is summarized in Figure 2.

Figure 2. Summary of the Interaction between the Person, Environment and Occupation



The PEO model can be applied to describe and understand the level of functioning of a person considering the dynamic interactions between the person, the chosen occupations and environments over time. The outcome of the PEO fit can be maximized by analyzing the occupational performance issues presented by the person during the lifespan and proposing changes to improve the satisfaction in functioning, or occupational performance.

In this study, the major occupational performance issue was the presence of pain and upper extremity disorders that may affect the roles as a hairstylist and roles as a spouse and parent at work and home. Using the PEO model as a framework, the process of adjustment of the roles (occupations) performed by the hairstylists (persons) at work and home (environment) was described in the context of occupational therapy practice.

The process of adjustment and accommodation to the pain perceived by the person is potentially influenced by personal characteristics, by the physical, social and cultural environment, and by management of roles. A role or a social role is mostly defined as an expected behavior in a given individual based on social status and social position. In occupational therapy practice, an internalized role can be defined as “incorporation of a socially and/or personally defined status and a related cluster of attitudes and behaviors” (Kielhofner, 2008, p.59). When people act as spouses, parents, workers, or students, occupying routine times and spaces, they exhibit patterns of behavior that reflect roles and socially identified statuses (Kielhofner, 2008). However, even though roles are performed in daily occupations as expected by social statuses, the experience of pain may interfere negatively in the performance of roles and roles may change to accommodate the pain symptoms.

In the current study, the PEO model served as a framework to describe the process of adjustment in roles to maximize occupational performance. Therefore, the literature review has been structured with respect to the individual, environment and occupations in the context of feeling pain, and impact of pain on roles. The literature review consists of the Description of UEDs; Job Characteristics and Work Organization; Biomechanical Risk Factors for Developing UED and Pain in Hairstylists; Psychosocial Risk Factors for Developing UED and Pain in Hairstylists; and Chronic Pain in the Life of the Hairstylists.

## **2.2 Description of Upper Extremity Disorders**

Upper extremity musculoskeletal disorders (UEDs) are a group of disorders that involve the upper body, compromising the neck, shoulders, elbows, wrists and hands, including peripheral nerve entrapments, inflammation or irritation of joints, and muscle disorders. According to Duff (2004), the most common upper extremities disorders that are present in professions such as hairdressers are:

- Cervicobrachial region: thoracic outlet syndrome, cervical radiculopathy
- Shoulder region: rotator cuff tendonitis, subacromial bursitis.
- Elbow-forearm region: cubital and radial tunnel syndrome.
- Wrist and hand regions: carpal tunnel syndrome, De Quervain's disease, Guyon Syndrome.

## **2.3 Job Characteristics and Work Organization**

Hairstylists, also known as beauty salon operators, hairdressers, and hair color technician, perform a wide range of activities related to hair care. According to Manitoba job futures, the job tasks for hairstylists include washing, rinsing, combing, cutting the hair, applying color and bleaches, make perms and straightening hair (Manitoba job futures - hairstylists and barbers NOC 6271.2007).

According to Manitoba job futures, hairstylists are employed in various settings, including hairstyling salons, vocational schools, health care establishments and theatre, film and television establishments. Sixty-eight percent of the hairstylists work full-time, with the remainder working part-time (32%). Income for hairstylists includes a commission, or commission and an hourly

wage rate. Commissions paid are usually between 40% and 50% of the fee charged to the customer. Those who are self-employed include those stylists who rent a chair from a salon owner, or are salon owners (Manitoba job futures - hairstylists and barbers NOC 6271.2007). Hairstylists perform activities that require sustained non-neutral joint postures and highly repetitive movements. Commonly, this population experiences pain in their neck, shoulders, arms, elbows, wrists, hands and back (Crippa, Torri, Fogliata, & Belleri, 2007; Mussi, 2005). In Brazil, Mussi (2005) analyzed the job of female hairstylists, focusing on assessing the prevalence of work related musculoskeletal disorders (WRMD) through reported symptoms, identifying the most frequently injured anatomic regions and analyzing the risk factors for WRMD present in the activities of the hairdressers. In this cross-sectional study of 220 hairdressers, Mussi found that 70.5% of them had WRMD. Furthermore, the body region most affected by WRMD was the shoulder (48.6%), followed by the neck (47.3%). Biomechanical and organizational risk factors of not feeling comfortable in the body/neck/shoulder while working and working more than 15 years were related to higher prevalence of WRMD among hairdressers (Mussi, 2005). In a study conducted by Bradshaw, Harris-Roberts, Bowen, Rahman, & Fishwick (2011) in the United Kingdom that aimed to evaluate the health of hairdressers compared to non-hairdressers by measuring levels of self-reported respiratory, skin and musculoskeletal problems, hairdressers presented a significant amount of complaints of pain in their shoulders, hand, upper back, lower back, foot and leg, ranging from 20% to 76% more compared to non-hairdressers. In the same study, the authors found that 11% of the stylists needed to take sick time off work due to their pain conditions in the previous 12 months, compared to 0% of the control group. Eighty six percent of the 147 hairdressers from the study were female.

## **2.4 Biomechanical Risk Factors for Developing UED and Pain in Hairstylists**

A risk factor is “any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury” (World Health Organization, 2012).

Biomechanical risk factors are the physical characteristics of the work environment that will predispose toward the development of musculoskeletal disorders (Warren & Sanders, 2004). Some biomechanical risk factors for developing musculoskeletal disorders are: repetition, force, awkward postures, static postures, vibration and mechanical compression (Punnett et al., 2004; Warren & Sanders, 2004).

Several studies addressed the biomechanical risk factors related to the occurrence of pain among hairstylists. Bradshaw et al. (2011) discussed that the nature of the job performed by the hairdressers in their study required them to maintain awkward positions of the upper body and limbs, associated with highly repetitive tasks. The same authors described the high incidence of skin and respiratory problems due to exposure to vapors, solvents, perfumes and dust. In a study conducted by Veiersted, Gould, Osterås, & Hansson (2008) in Norway that aimed to analyse the effect of an ergonomic intervention on the biomechanical workload in the neck and shoulder of female hairdressers, it was noted that the stylists worked with their arms elevated 60 degrees or more for approximately 13% of the total working time and 16% of specific hairdressing tasks. In Taiwan, Chen, Chang, Liu, & Chen (2010) compared the ergonomic risks for the wrists of male and female barbers and hairdressers while performing hairdressing tasks. The authors described that barbers and hairdressers used their non-dominant hands to comb, hold hair with their fingers, and wave/curl hair while cutting and/or blow-drying. Moreover, the authors found that female workers dealing with female clients typically required higher exertion and possibly faster hand movement of the non-dominant hand to handle longer hair than barbers handling males' short

hair. In another study conducted in Taiwan by Fang (2010), the author proposed a framework to reduce WRMD among hairstylists and mentioned that hair-washing, blow-drying and hair-cutting techniques cause serious discomfort in the lower back, right-shoulder and neck of the hairdressers. The European Agency for Safety and Health at Work published an article about the risk assessment for hairdressers in 2008. In the article, a high prevalence of musculoskeletal complaints among hairstylists is linked to a relationship between working postures, and repetitive and strenuous movements of the hands and fingers. Insufficient ergonomic equipment such as scissors was also found to be linked to the development of WRMD (European Agency for Safety and Health at Work, 2008).

In addition to awkward positions, repetitive movements, speed and lack of ergonomic equipment, exposure to chemicals from the products and exposure to heat and noise from the dryers were also perceived as stressors in the hairdressing industry (Department of Labour - New Zealand, 2007).

### **2.5 Psychosocial Risk Factors for Developing UED and Pain in Hairstylists**

Psychosocial risk factors are “work-stress related factors that has the potential to negatively affect an individual's psychological and physical health, as well as an organisation's effectiveness” (World Health Organization, 2012).

Psychosocial work factors refer to all organizational factors and interpersonal relationships in the workplace that may affect workers' health (Gilbert-Ouimet et al., 2011; Sim, Lacey, & Lewis, 2006 and Faucett, 2005). Edwards (2004) defines psychosocial factors as the factors related to the subjective aspects of the work environment, or a wide range of work environment factors that reflects on the perception and the relationship between the worker and the environment, such as

job satisfaction. Specific types of stressors include quantitative work demands, availability of social support, job control, job satisfaction, emotional response to worksite events, and intrinsic characteristics of the individual such as personality types, cognitive and perceptual beliefs (Edwards, 2004).

In a study conducted by Tsigonia, Tanagra, Linos, Merakoulis, & Alexopoulos (2009) in Greece with cosmetologists, Tsigonia et al. (2009) investigated the relationship between physical, psychosocial and individual characteristics of low back, neck, shoulder, hand, and wrist and knee musculoskeletal complaints. Psychosocial variables were considered in the demands, control and support areas. The demands of the job included the need to work fast and hard to accomplish the tasks, excessive work, and insufficient time to complete a duty or excessive demands. Lack of control included lack of creativity, skills, task variety, learning new things and amount of repetitive work. The support area included lack of co-worker or supervisor support. In the findings of the study, low co-worker support was significant correlated with low back and hand/wrist complaints, and job demands were important factors correlated with hand/wrist complaints. In this study, Tsigonia et al. concluded that both biomechanical and psychosocial risk factors are linked to musculoskeletal complaints in the beauty industry.

The National Institute for Occupational Safety and Health (NIOSH, 1997) also has described the interaction of psychosocial factors in the development of work-related disorders:

There is increasing evidence that psychosocial factors related to the job and work environment play a role in the development of work-related musculoskeletal disorders (WRMD) of the upper extremity and back. Though the findings of the studies reviewed are not entirely consistent, they suggest that perceptions of intensified workload, monotonous work, limited job control, low job clarity, and low

social support are associated with various work-related musculoskeletal disorders. (p. 7-1)

In a study to investigate potential interaction between physical and psychosocial factors at work that may increase the risk of UEDs, Devereux, Vlachonikolis, & Buckle (2002) divided psychosocial exposure into two criteria: high psychosocial exposure criteria, related to high mental demands, low job control, and low social support; and low psychosocial exposure criteria, related to low mental demands, high job control, and high social support. The cross sectional study included 1514 male and female manual handlers, delivery drivers, technicians, customer services, computer operators and general office staff workers in the United Kingdom. In the findings of this study, Devereaux et al. (2002) stated that symptoms of musculoskeletal disorders of the upper limbs were associated with an interaction among physical risks and psychosocial risk factors, such as low job control over schedules for work and breaks influencing the recovery of the musculoskeletal system, and inadequate social support from coworkers and managers influencing work behavior through frustration or anxiety.

The association between physical and psychosocial factors and the development of UEDs among female workers was also found in the literature. Cross-sectional studies conducted with women workers considered psychosocial factors in addition to biomechanical aspects of work environment when analyzing musculoskeletal symptoms and disorders and suggested that the lack of support from colleagues and higher stress was associated with musculoskeletal symptoms and neck-shoulder disorder (Holness, Beaton, & House, 1998; Kaergaard & Andersen, 2000). Ostergren et al. (2005) noted that gender and cultural stressors were important factors for developing shoulder and neck pain in a working population. In the study conducted in Sweden

by Ostergren et al., that aimed to assess the impact of mechanical exposure and work-related psychosocial factors on shoulder and neck pain, the authors found that the prevalence of shoulder-neck symptom was higher among women, manual workers, and some ethnic groups who were born outside Sweden. The population of the study was composed of 4919 vocationally active men and women aged 45-65 residing in a Swedish city (Ostergren et al., 2005).

According to Innes (2005), a significant number of acute painful musculoskeletal injuries become chronic, and the psychosocial aspects of pain are important factors to be considered when predicting the risk of developing chronic and disabling conditions. Psychosocial factors may include attitudes, beliefs, mood state, social support and work environment. Moreover, the experience of pain is frequently associated with depression and anxiety, irritability, frustration, somatization and reduced cognitive capacity (Innes, 2005). In a study with female hairstylists, Mussi (2005) found that time pressure, workload, work pressure, high demands in terms of the quality of the services and products, client's satisfaction, client's and manager's approval of services and limited autonomy were important psychosocial stressors influencing the prevalence of musculoskeletal disorders among beauty workers.

In summary, psychosocial factors that may lead to injury among female hairstylists include mental demands, low job control, low job satisfaction, decreased social support, and high stress levels.

## **2.6 Chronic Pain in the Life of the Hairstylists**

The high likelihood of developing UED among hairstylists pose a risk for the development of pain and discomfort associated with the symptoms of the UEDs. The definition of pain used by the International Association for the Study of Pain states pain as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage” (International Association for the Study of Pain, 2012). Chronic pain is defined as “any pain that lasts beyond the expected point of tissue healing, longer than 3 months duration” (Strong, 2002, p.398). Persistent pain is defined as the type of ongoing pain that requires taking pain medication and seeking for health care and impacts normal activities (Strong, 2002).

In a report from Women’s Health Surveillance, Meana, Cho, & DesMeules (2004) discuss the extra burden of chronic pain on Canadian women. According to Meana et al. (2004), chronic pain is a major public health problem and is associated with deficits in quality of life. Chronic pain frequently demands a psychological adjustment, may lead to disability, reduced income potential, and increase the levels of health care utilization and presents potential costs to private industry (Meana et al., 2004). In the report, it is stated that the prevalence of most pain conditions is higher among women than men. The authors attribute the gender differences in pain to biological, psychological and societal factors. In terms of biological factors, modulation of pain and hormonal variations may be associated with the experience of pain. Psychologically, cognitive and emotional processing of pain may also be different for women. Socially, the family and occupational roles performed by women in the society such as carrying multiple primary-role responsibilities may also be linked to sex differences in pain (Meana et al., 2004).

The same report presented the prevalence rates of chronic pain in Canada: 17% of the total population aged 15 and over. The experience of chronic pain is similar to the one presented by

Statistics Canada (2010), which reported that 16% of people aged 18 to 64 reported chronic pain. Meana et al. (2004) discussed in the report that the prevalence is higher among women than men (20% versus 16%) and increased with age. Particularly, in Edmonton, a prevalence rate of 44% was noted, with the most common pain locations comprising the back, head and neck. The authors mentioned that the prevalence of chronic pain in the Edmonton sample was higher among women (65.5%) versus men (34.5%) (Meana et al., 2004).

In the hairdressing industry, the presence of pain associated with musculoskeletal problems was described in several studies (Bradshaw et al., 2011; De Smet et al., 2009; Mussi, 2005; Veiersted et al., 2008). Bradshaw et al. (2011) found in their study that stylists reported more pain than the control group (non stylists): 38% more shoulder pain in the previous three months was reported by the stylists, 30% complained of wrist and hand pain compared to 14% from the control group, 19% of upper back pain complaints compared to 5% of controls, 42% of the stylists complained of low back pain compared to 20% of the controls, and 35% of the stylists complained of leg and foot pain compared to 11% of the control group.

In the field of occupational therapy, Fisher et al. (2007) conducted a phenomenology study to explore the experience of living with chronic pain and the relationship between chronic pain and occupation. This study also aimed to understand the effects of chronic pain on daily routines, activities, and relationships. The authors perceived the experience of pain as a multidimensional and complex phenomenon, which requires the therapist to recognize the influence of sensory, cognitive, affective, and behavioral factors on pain and identify the patient's attitudes and beliefs related to the pain experience, and their capabilities to respond to the stress caused by pain.

## **2.7. Purpose and Objectives of the Study**

The overall purpose of this study was to understand the experience of UED and pain of female hairstylists in their professional and home life. This study also aimed to describe the biopsychosocial risk factors involved in the development of UED among hairstylists. In particular, the study sought to understand the stylist's experiences of pain and how the female hairstylists adjusted or accommodated to the pain with regards to roles at work and home, and managed their roles as employer, employee, mother and spouse. The specific area of investigation is original within the field of occupational therapy, since UED and accommodation to pain with regards to roles at work and home among female hairstylists was not found in previous literature.

## **2.8. Research Questions**

The following questions guided the study:

- What is the perception of the female hairstylists about experiencing pain while enhancing the beauty of their clients? What are the risk factors for developing pain?
- How does the experience of upper body musculoskeletal pain among female hairstylists affect their roles of employer, employee, mother, spouse at home and in the workplace?
- How have the stylists accommodated to the pain with regards to managing roles at work and home?
- What are the occupational performance issues presented by the stylists?

### **3.0. Methodology**

#### **3.1. Qualitative Design**

A qualitative design approach was chosen for this study to provide insights into the topic since there is no published research about the experience of pain and the impact on work and home roles of female hairstylists in the occupational therapy literature. This approach allows the investigator to identify how people interact with their world, and then to determine how they experience and understand that world (Dillaway & Lysack, 2006; Luborsky & Lysack, 2006); Locke, Spirduso, & Silverman, 2000a; Locke, Spirduso, & Silverman, 2000b). The objective of a qualitative design is to “describe the phenomenon from the emic perspective” (Morse & Field, 1995, p.8).

More specifically, the investigator selected qualitative description as the methodology to properly address the study objectives. Qualitative description is the method of choice “when straight descriptions of phenomena are desired” and “it offers a comprehensive summary of an event in the everyday terms of those events” (Sandelowski, 2000, p.334). The principles of fundamental qualitative description described by Sandelowski (2000), and the general inductive approach for qualitative data analysis described by Thomas (2003) guided all sampling, data collection and data analysis processes. As Thomas (2003) identifies, the general inductive approach is used to summarize extensive data, to establish a connection between the research objectives and the findings derived from the data, and to develop a process about the experiences which are evident in the raw data.

In the present study, the investigator was committed to describing the findings closer to the data or near data (Sandelowski, 2010). Qualitative description permitted the participants to describe, in their own words, their experience of pain while producing beauty, and the

accommodation to pain with regards to their role functions at work and home. The qualitative description approach also permitted the participants to describe their perception of the beauty industry.

### **3.2. The Investigator's Role**

The investigator is an instrument in a qualitative inquiry, and tries to be conscious of the perspective they bring to a study (Locke et al., 2000; Patton, 2002a). In this study, the investigator is an occupational therapist, with previous experience working with female injured workers. As part of a graduate course, the investigator conducted a study about the occurrence of work related musculoskeletal disorders in women workers, and found scarce literature that explored the non -physical factors leading to the development of work related disorders.

Due to the investigator's previous study with injured female workers, biases to the study were expected. The investigator was committed to ensuring objectivity to the study, and made every effort to ensure credibility by staying near to the data. The investigator addressed biases by keeping a reflective journal and conducting a qualitative descriptive study with the representation of data utilizing the participants' own words.

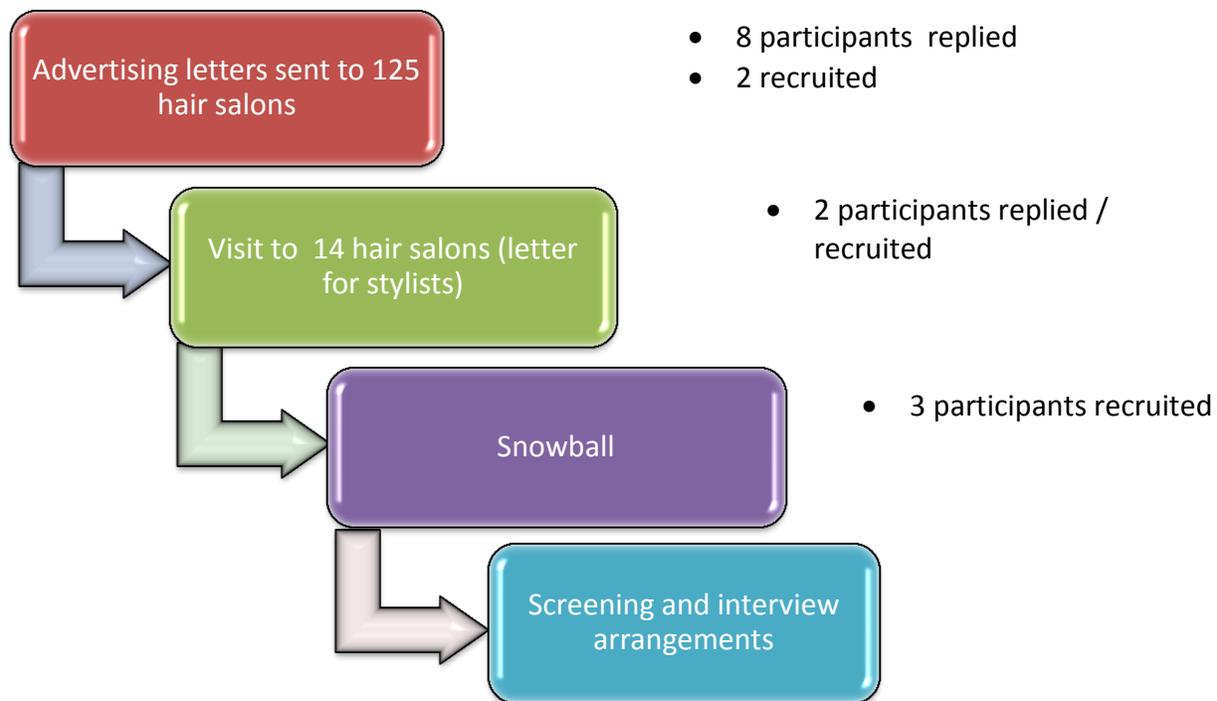
### **3.3. Recruitment**

In this study, purposeful sampling techniques were used. The inclusion criteria for participation in the study were: adult, female hairstylists only, practicing in an urban centre, with self-reported musculoskeletal pain of the upper extremities, and able to communicate in one of three languages: English, Portuguese or Spanish. The exclusion criterion was the inability to meet for a face to face interview.

The recruitment process included the use of snowballing technique, where the researcher uses one participant to find another potential participant, advertising in the participant's worksite by personal visit or sending a request to participate in the study by mail. Posters and advertisements were written in English, Portuguese and Spanish versions (Appendices B, C, and D).

In the recruitment phase, the investigator sent an advertisement letter to 125 hair salons in the city of Winnipeg. Eight participants replied, and two were recruited. The investigator also visited 14 hair salons and left a simple recruitment letter for the hairstylists working for the salons (Appendix E). Two participants replied and were recruited. Potential participants with interest in the study contacted the investigator and a package with recruitment details and a description of the research were mailed or delivered to participants (Appendices F and G). After receiving the packages, potential participants contacted the investigator to make arrangements for the interview. In this interaction with potential participants, the investigator explained again the purpose of the study, addressed the confidentiality nature of the research, and reviewed the inclusion/exclusion criteria with each potential participant. After the potential participant agreed to participate in the study, the investigator invited the participant for an interview at her choice of location such as a private location (participant's salon or home) or a public location (library, coffee shops). In the interview, the investigator asked participants to indicate potential participants for the study. This process generated 3 participants for the study. Figure 1 provides a summary of the recruitment process.

Figure 1: Summary of the Recruitment Process



At the beginning of each interview (Appendix H), the investigator explained the purpose of the study, read a description of the study, outlined the voluntary participation and the right of the participant to withdraw from the study at any time or refuse to answer any question. The investigator provided the consent forms approved by the University of Manitoba Health Ethics Board (Appendix I), and obtained a signature from the participants that agreed to participate in the study. The investigator gave each participant a copy of their research participant information and consent forms, and offered to share the findings or summary of the research with the participants. At the end of the interview, the investigator provided a monetary compensation for the participants as an appreciation for their time and expertise.

### **3.4. Data Collection**

In this study, interviews were used to collect data about the participant's experience of pain (Miller, 2004). Semi-structured, in depth interviews, lasting 60-90 minutes were conducted with each participant. Since the purpose of the study was to understand how female hairstylists' have accommodated to pain with regards to management of roles at work and home by describing their experiences, an individual, face-to-face interview is appropriate to facilitate the expression of the participant's lived experience. The investigator conducted all the interviews. The interviews were audio recorded to capture the contents accurately, and the investigator made notes of facial and body expressions during the interviews.

According to Schensul, Schensul, & LeCompte (1999), semi-structured interviews combine the flexibility of open-ended interview with the goals of the research to produce focused, qualitative data. Also, semi-structured interviews permit participants to use their own language while describing their experiences, providing a more detailed and rich description (Morse & Field, 1995). During the interviews, the investigator was able to gather detailed information on the topic of interest, and explored additional topics generated by individual's responses (Lysack, Luborsky, & Dillaway, 2006). The questions used in the interview guide were developed by the investigator, and they were composed by questions to address the research questions and probes to get more detailed information about the participant's experiences. Also, the investigator incorporated follow-up questions to explore the topics generated by the participants during the interviews. An example of a new question included was: Can you please tell me more about your experience of using chemicals and safety equipment such as gloves and masks in the industry?

Table 1. Interview Guide (sample)

**Sample questions for semi-structured interviews**

- 1. I would like to hear about your experience of pain, especially how it affect your work as a hairstylist and your activities at home. Maybe we could start with you telling me what is your usual day like?**
- 2. I would like to talk about your work as a hairstylist: Please tell me about your job:**
  - **How long have you been working as a hairstylist?**
  - **What are the best parts of your job?**
- 3. Tell me about the pain you experience from your work.**
- 4. Can you tell me about a normal day outside your work?**
- 5. Could you tell me if there is any activity that you normally do at home that you have to do in a different way because of your pain?**
- 6. Can you please describe if you need to change the way you work because of the pain?**

As part of the credibility of the study, the investigator used member checking by offering a copy of the interview transcript to the participants in order for them to check the accuracy of what they said (Rice & Ezzy, 1999; Creswell, 2003). All the participants declined to have a copy of the interview; however, the investigator also asked the participant if they would like to have access to a summary document of the findings, and the summary was sent to the all the participants. None of the participants made alterations to the summary of the findings.

### **3.5. Language of Interview**

The investigator attempted to obtain a diverse sample of participants in the study (female hairstylists from different backgrounds). In addition to English, the investigator conducted the interview in Portuguese with one participant. For the interview in Portuguese, an interpreter was not required since the investigator is fluent in this language. The transcription of the interview contained parts in Portuguese and English as presented by the participant.

### **3.6. Ethical Issues**

#### **3.6.1. Informed Consent and Confidentiality**

The project was reviewed and approved by the University of Manitoba Health Research Ethics Board. A consent form indicating the goals of the research and the confidential nature of the interviews was reviewed with each participant at the start of the interview. Prior to the interviews, participants were made aware that they were free to withdraw from the process at any time. Only when the consent form was reviewed and signed by the participant did the interview commence.

#### **3.6.2. Ethical Issues in Data Analysis and Interpretation**

The investigator protected the identity of the participants by using pseudonyms and disguising personal information such as the place they worked in all interview transcripts and related research documents. All participants were assigned a participant number at the time of the interview. The documents were kept in a locked and secure location, and the audio recordings were destroyed after the study was completed. Only the investigator and the co-

advisor had access to the participants' original transcripts. One peer reviewer had access to two of the transcripts.

### **3.6.3. Data Analysis and Interpretation**

According to Sandelowski (2000), qualitative content analysis is a dynamic form of analysis of data, with the intention of summarizing the informational contents of the data. The processes of collecting and analyzing the data can occur simultaneously in qualitative research, permitting modification in the treatment of data to accommodate new insights about the data (Sandelowski, 1995; Sandelowski, 2000). In this study, the investigator transcribed each interview after it was conducted, and conducted the remaining interviews until no new data was derived from the participants. The investigator transcribed all the interviews verbatim, with identifying information removed to ensure participant anonymity and confidentiality.

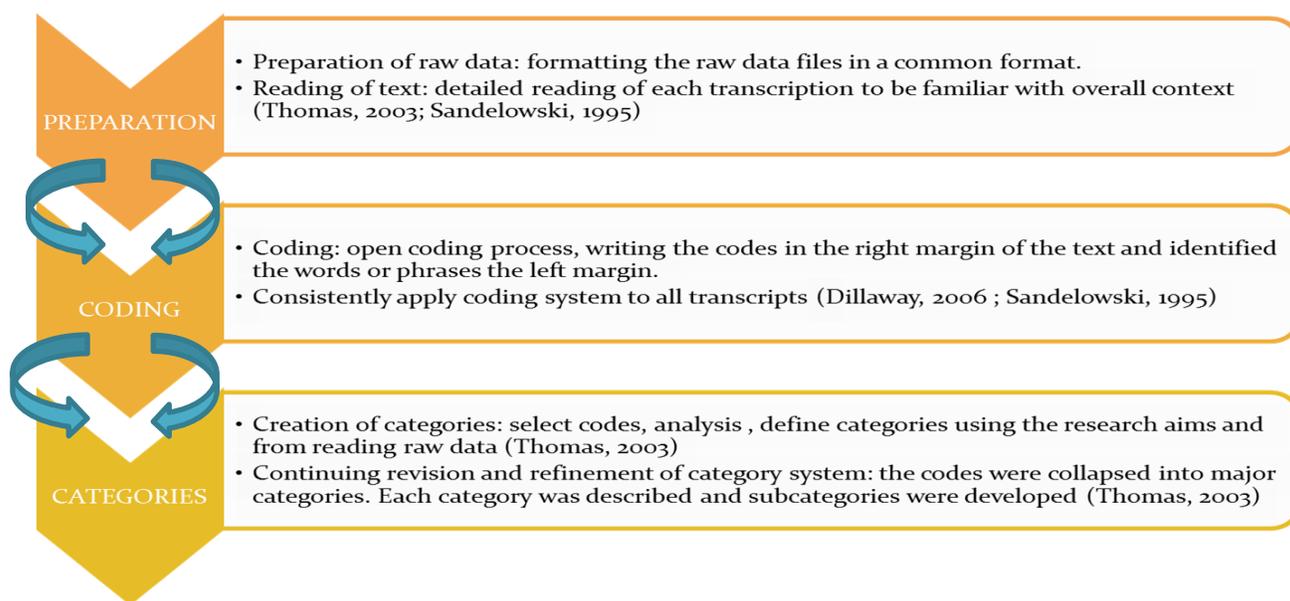
The investigator used core concepts and approaches for inductive qualitative data analysis from Thomas (2003), and Sandelowski (1995; 2000) during the study. The investigator applied the procedures for inductive analysis from Dillaway & Lysack (2006), Thomas (2003), and Sandelowski (1995) to conduct data analysis. Two transcripts were initially coded by the investigator, one co-advisor, and the peer reviewer independently, and then reviewed and discussed to create a coding frame. The coding frame was applied to the remaining five transcripts.

During the transcription review and coding frame processes, emerging categories were assigned to each transcript. After reading all the transcripts, in the creation of categories phase, 38 codes emerged. During the overlapping coded and uncoded text phase, the initial 38 codes

were collapsed into 20 categories. In the refinement phase, from the 20 categories, four categories were developed, and potential subcategories were also identified.

The four categories developed were: Culture of the Stylists; Perceptions of the Beauty Industry; Feeling Pain; and Wellness. Each category had 3 to 5 subcategories. Quotes from the transcripts were used to illustrate and bring meaning to the categories (Thomas, 2003). Figure 2 synthesizes the data analysis and interpretation processes.

Figure 2: Data Analysis and Interpretation



The final phase of analysis consisted of a descriptive summary of the contents of data organized in a way that is meaningful to the audience. The final phase of analysis consisted of sharing the new understandings and interpretations, and finding some ways to represent an account of what have been learned in the researching (Crabtree & Miller, 1999; Sandelowski, 1995). In this study, through descriptive narratives, the experiences of the studied population and the findings were described using the occupational therapy model to describe the results with specific reference to roles as an employer, employee, mother and spouse.

### **3.7. Trustworthiness**

In this study, several techniques to enhance the rigour of the work were addressed (Shenton, 2004). According to Law & MacDermid (2008), trustworthiness increases the reader's confidence in the findings by ensuring the quality of the findings. An audit trail was used by the investigator as a facilitator to promote reflection about the research project and as way to manage record-keeping (Lysack et al., 2006). The set of documentation suggested by Lysack et al. in an audit trail include: all data generated in the study, explanations of concept and models from the study design, procedures used in data collection and analysis, notes about data collection and analysis and decisions to refine data processes, personal notes and reflections and copies of all instruments used to collect study data. The interview guides were reviewed by one co-advisor prior to the interview process. The investigator also shared and discussed her transcripts, coding system and themes generation with one of the co-advisors.

The processes utilized in the study included confirmability, credibility, dependability and reflexivity. Confirmability of the study was facilitated by the researcher maintaining a field book where the impressions were recorded during the interview process, theme and theories generation. A field book was used as a tool, and assisted the investigator to identify and reflect on her bias and research techniques. The investigator used triangulation, an approach that uses a combination of more than one research strategy in a single investigation, to improve reliability of data and to create a more accurate description. Investigator triangulation was used to analyze the data, develop and test the coding scheme.

According to Patton (2002a), the credibility of qualitative studies stands on rigorous methods, the credibility of the researcher, and in the value of qualitative inquiry. Credibility of findings were addressed through the use of member-checking, by giving back to the participants

a summary document of the findings in order for them to determine if the findings of the study were their a reflection of experiences (Creswell, 2003; Rice & Ezzy, 1999).The investigator e-mailed a written copy of the findings to each participant.

According to Speziale & Carpenter (2007), dependability is met once researchers have demonstrated the credibility of the findings and would like to determine how dependable the results are. In the present study, frequent peer debriefing with the advisor and co-advisor was applied to every step during data analysis and assisted with recognition of biases.

Reflexivity is the “awareness of own influences on research” (Gilgun, 2010 p.1). In this study, the investigator kept a field book and recorded the thoughts, feelings and reactions to people and facts in data collection and interpretation of data (Lysack et al., 2006). The reflexive notes were shared with the advisor and co-advisor.

## 4.0 Results

### 4.1 Participants

Seven female hairstylists participated in the study. In the study, shared pseudonyms were used to protect their anonymity. Emma, Clara, Julia, Laura, Sabrina, Theresa and Valentina were the participants of the study. The ages of the participants ranged from 20 to 49 years old. All the participants lived in Winnipeg, and were practicing as a hairstylist or as a hairstylist apprentice. The length of time in the hairdressing industry varied from less than a year to over 25 years. The participant's age and length in the industry is summarized in Table 1. The duties performed in the industry are summarized in Table 2.

Table 1. Participants' Age and Years Worked in the Industry as a Hairstylist / Apprentice

Participants	Age	Length of time in the Industry (years)
<b>Emma</b>	39	25
<b>Clara</b>	32	11
<b>Julia</b>	49	27
<b>Laura</b>	21	2.5
<b>Sabrina</b>	28	0.5
<b>Theresa</b>	20	2.5
<b>Valentina</b>	32	14

Table 2. Current Employment and Duties Performed as a Hairstylist / Apprentice

Type of current employment	Duties Performed	Number of Participants
<b>Employee (salon) hairstylist</b>	Cut, dry, color, chemicals, salon care	1
<b>Employee (salon) apprentice</b>	Cut, dry, color, chemicals, salon care	2
<b>Self-employed ( no staff)</b>	Cut, dry, color, chemicals, salon care, management	1
<b>Self-employed ( multiple staff)</b>	Cut, dry, color, chemicals, salon care, management, supervisor	1
<b>Self-employed (home) part time</b>	Cut, dry, color, chemicals, salon care, management	2

All participants had self-reported pain in multiple sites of their body (table 3). Only two participants were formally diagnosed with upper extremity musculoskeletal disorder by their family practitioners, one with Carpal Tunnel Syndrome (CTS) and another one with Repetitive Strain Injury (RSI) in her wrists. Six of seven participants reported living with upper extremity musculoskeletal pain or discomfort for over one year (Table 3).

Table 3. Participants' Experience of Pain or Discomfort (Sites and Length of Time)

Participants	Pain or Discomfort Sites	Length of Time Experiencing Pain Related to Hairstyling Tasks in at Least one Site (years)
<b>Emma</b>	Head, neck, hands, shoulders, lower back ankles, feet	Over 15 years
<b>Clara</b>	Head, neck, right forearm, wrists, right thumb back,	Over 4 years
<b>Julia</b>	Neck, head, arms, back and knees	Over 15 years
<b>Laura</b>	Shoulders, wrists, hand, hips feet,	Less than one year
<b>Sabrina</b>	Neck, shoulders, elbows, forearms, wrists, hands, , back, feet	Over one year
<b>Theresa</b>	Neck, wrists, hands and fingers, knees, back	Over 2 years
<b>Valentina</b>	Shoulders, arm, elbows, forearms, wrists, Knees, ankles, feet	Over 10 years

## 4.2. Emergent Categories

Emergent categories from the data analysis included four major categories: Culture of the Stylists; Perceptions of the Demands of the Beauty Industry; Feeling Pain; and Wellness.

### 4.2.1. Culture of the Stylists

The first category reflects the participants' perceptions of the meaning of beauty and producing beauty. Beauty is perceived by the participants as a way to look good and make others feel good about themselves. Beauty was discussed by the participants in terms aesthetics, looking beautiful from the outside, and inner beauty, looking good from the inside. Producing beauty is perceived as applying techniques and performing tasks to enhance clients' looks and make them

feel beautiful. The category also includes the satisfaction of the stylists in making others beautiful. A description of the category and subcategories is summarized in Table 4.

Table 4. Emergent Category / Subcategories: Culture of the Stylists

	<b>Category / Subcategories</b>	<b>Description</b>
<b>CATEGORY</b>	Culture of the Stylists	Beliefs, perceptions and behaviors shared by the group of hairstylists. Beliefs: Clients can look beautiful and feel beautiful from techniques applied by the stylists. Perceptions: Look beautiful to serve clients is an expectation from both clients and stylists. Behaviors: Use non comfortable shoes and clothes to represent salon, and appreciate relationship with clients.
<b>SUBCATEGORIES</b>	Looking Beautiful to Produce Beauty	Pressure to look great: need to wear heels, non-casual clothes to make a good impression and advertise the salon.
	Looking Good from the Inside	Preoccupation of the stylists to enhance outer beauty and avoid harming client's health while applying chemicals.
	Recognition for their Work	Positive aspects of being a stylist: interaction with clients, get appraised by clients and coworkers and creativity that job allows.

#### 4.2.1.1. Looking Beautiful to Produce Beauty

All the participants believed that, stylists are expected to “look great” while at the salon. This expectation seemed to be pervasive; that is stylists held this expectation of themselves, and

believe clients and employees expect the same of the stylists. Participants described looking good as dressing in non-casual clothes and wearing heels. Emma described the pressure to look great as making the stylists “built like Barbie dolls”, and perceived the industry as “synthetic”. For Sabrina, “looking great” is also an advertising tool and impacts the image that the salon has on clients:

I know it is all about presentation, like you have to look good as a stylist, and you have to represent your salon as a high end... the way you look like completely will give someone the feeling of yes I wanna see you or no I don't wanna see you... if you are wearing sweat pants and runners you obviously show that you don't care about yourself so why should I care to go to you to have my hair done?

The participants describe that the need to look beautiful comes at a financial and health cost to the stylists. Five participants discussed that they need to invest money to purchase “high end, expensive clothes and shoes” (Valentina) to dress up for work, and all the participants mentioned that the use of high heels produces discomfort and pain. Sabrina considered:

A lot of women (stylists) will wear the heels and wear the outfits that are completely hard on your body, I just really don't understand it but it looks good and to someone to come in every 6 -8 weeks, they don't think they have to wear it every day ...they are thinking they look good, so it is all about perception and is all about how you look.

#### **4.2.1.2. “Looking Good from the Inside”**

This subcategory is related to the perception of the stylists that caring for the client's health and feeling “good from the inside” is part of their role of producing beauty. Although the

main goal of a beauty professional is to make people look great on the outside, making someone beautiful from the inside was mentioned by two stylists as one of the reasons to be in the beauty industry. Making someone feel beautiful by enhancing their outer beauty, and taking precautions to preserve the client's health while applying chemicals were discussed as means of producing beauty. For some of the stylists, getting to know the client better helps to "make them look good on the outside but also in the inside". Emma shared:

I tended to keep more people that I was connected with, I wanted them to care about their exterior but I want them to care about their interior as much, it's important to me that my clients feel good as well as look good, actually I am more concerned about the feeling good versus looking good, I mean, it's great to look, but feeling good is step one I think.

Emma tried to feel good inside and preserve her clients' health by minimizing the exposure of chemicals while producing beauty:

As a hairdresser, I've always considered health, for me and everybody involved in the big picture, so I was maybe different, my biggest aim was not money, and that's probably why I worked more and longer, because I did procedures that contained less chemicals, but took longer, but I did that by choice, and I don't necessary charge more for that extra time because I just didn't.

For Clara, the interaction with clients and ability to make people feel good about themselves makes her feel good from inside:

I am a very relational person, so I love the interaction, I love helping people feel good about themselves, and I like the creativity that the job allows... I love doing color and

that kind of thing but I really like the social side of it, the ability to make a difference in someone's life.

#### **4.2.1.3 Recognition for their Work**

This subcategory is about the positive aspects involved in being a stylist. All the participants affirmed that they were satisfied with their choice of becoming a hairstylist. For the stylists, the interaction with people and being able to make them beautiful are the main positive aspects of their jobs. The participants mentioned that “dealing with the whole client”, working “with a real life person” and being able to touch the clients are rewarding aspects of their jobs. Emma highlighted the privilege of touching people in her profession by stating that “hairdresser does a lot of touching compared to a doctor, like we use scissors but we are touching all the time, the hair, we use tools too but we are more direct”.

Clara validates the importance of touching as a bonding relationship between the stylist and the client:

Who do you allow to touch your head in your day to day routine? It is a very intimate place to allow someone to touch you and so because of that people give you trust...I always value that in people and would do my best to serve them, it is a very personal job.

Being recognized for their work by their clients was mentioned by the participants as a rewarding aspect of their job. Emma shared: “the clients, they will say - oh thank you this is great, you can see when they look in the mirror, or they will give you sometimes a tip, or they will tell you a great story that is the pat on the back”.

#### **4.2.2 Perception of the Demands of the Beauty Industry**

This category was about the participants' perception of the demands of the beauty industry (physical and psychosocial demands). The physical demands of the industry were perceived as "being hard on the body" of the hairstylists, and included the physical environment such as the type of floor, presence of adequate ventilation, furniture and equipment that are suitable for the hairstylist's body type. It also includes the physical demands of the job tasks in the body mechanics such as sustaining body in non-neutral position, excessive standing and repetitive movements. The psychosocial demands of the industry are related to the non-physical aspects of the industry and were perceived by the stylists as part of the fast paced, productivity driven type of industry that demands them to be constantly available for the job and making hard to balance personal life outside work. The expectation to socialize with clients and coworkers, including performing a "counselor" role, and the hierarchy present in the industry was also discussed. A description of the category and subcategories is summarized in Table 5.

Table 5. Emergent Category / Subcategories: Perception of the Demands of the Beauty Industry

	<b>Category / Subcategories</b>	<b>Description</b>
<b>CATEGORY</b>	Perception of the Demands of the Beauty Industry	Perceptions of the risk factors for developing pain and UEDs in the industry in the physical, psychosocial and organizational areas.
<b>SUBCATEGORIES</b>	Physical Demands of the Industry	Presence of biomechanical risks such as equipment and repetitive movement, and environmental risks such as heat, noise and presence of concrete floors.
	“Just can’t Stop Doing and I Feel Exhausted”	Psychosocial risk factors such as the need to be productive all the time, and lack of balance between work life and home life.
	Socialization and Hierarchy	Risk factors for developing UED and pain that are related to the organization of the work performed as a stylist and social aspects within the organization such as the division of the industry in layers: apprentices, stylists, managers and owners. It includes the interaction with people (clients and coworkers) such as listening from clients and performs a counselor role and managing conflicts with apprentices, coworkers, managers and owners.

#### 4.2.2.1 Physical Demands of the Industry

The physical demands of the industry are related to the impact of demands of the physical environment and the tasks performed by the stylists in their regular day of work on the bodies of the stylists. Examples of the physical demands mentioned by the participants include the presence of hard, concrete floors and insufficient ventilation in the workspace, inadequate location and height of the chairs and washing stations, the high incidence of repetitive

movements to cut, color, apply perms, and excessive noise due to the constant use of the blow dryers. In a description of a regular day at work, Clara gave an example of their exposure to the physical demands of the job:

That's extremely hard on your body, a hairdresser is standing for an 8 hour shift or more... your neck is often tilted into a side to get a proper view and angle of the hair that you are cutting, your arms are elevated, your head is tipped, and then there will be a constant motion of your wrist or the blow dryers, your curling irons, your flat irons, doing foil, highlights, all that kind of repetitive fine motion, going to the sink to wash things out, you are bending in awkward positions, for sometimes 15 to 20 minutes you are bent over in an awkward state, to deal with whatever chemical process you are doing at the time, you are not sitting down for any of it.

#### **4.2.2.2 “Just Can’t Stop Doing, and I Feel Exhausted”**

The stylists commented that a common aspect of the beauty industry is the need to be performing tasks constantly in a salon with a client or performing non client duties such as cleaning, and that downtime is perceived as inefficiency. As a result, stylists do not have breaks, and when they do have space between clients they are constantly preoccupied with what are the other stylists, receptionists and managers will be thinking about them not being “busy”. Emma shared her perception: “when you are not doing a client, you are frowned upon if you are not doing something, because there are lots to do in a hair salon”.

Theresa shared her typical day at work:

Lots of haircuts, lots of bending over the sink and washing hair, lots of blow drying, you have to do lots of sweeping and folding towels after so that's typical day... we have to do lots of cleaning, housework tasks in addition to the haircuts.

Overall, the pressure to perform and make a profit was highlighted by all the participants. Clara noted: "there is pressure from your boss, the expectation levels of people putting on you to just work, work, work, produce and not necessarily the care for the employee but more for the production".

Besides the "need to be productive" mentioned by the stylists, another stressor present is insufficient time to rest between shifts or to perform tasks outside work. According to the participants, most of the stylists are working on average six days a week, with only one day for resting and perform roles outside the salon such as home maintenance, and attend events with family and friends. Emma shared her perception of her days off work: "day off was working like frantic at home, to get all my work done on my house, so I had one day to do all, one day to rest and do all you know and back to that again" .

In general, all the stylists felt that they have to be available for work most of the time and they had insufficient time to rest or to perform other tasks unrelated to work. The participants mentioned that finding a balance between work and home is difficult due to the lack of rest time.

#### **4.2.2.3 Socialization and Hierarchy**

In the beauty industry, participants reported that clients always come first. All the participants mentioned that they want to provide the best for their customers. Clara disclosed:

“you become very close with your clients, so for sure you sacrifice yourself you in a lot of ways just to make sure they are taken care of”.

For Valentina, clients were prioritized, and that she feels connected to clients “24 hours a day”, either on her salon or by telephone. She believes that a good professional should be always available for clients, even when the professional has emergency situations to deal with: “I never take time off. My grandmother died... my grandma died and in the same day I maybe I went in 2 hours late, I try not to disrupt my clients schedule”.

Interacting with people was referred to be both the best part and the most stressful part of the job as a stylist. Most of the stress comes from listening to people’s stories and problems, and from perceiving that other staff does not respect the stylists’ time at work. All of the participants stressed that the interaction with people was the biggest reason they became a hairstylist. Moreover, since the stylists spend at least six hours of their day dealing with clients, social interactions such as suggesting a cut or color, and sharing life experiences are normal in a salon setting. Emma defined her impression about socialization:

When you are a hairstylist and you are that busy, you don’t have much time to socialize with coworkers, you are actually socializing with your clients...they are the people you see every week, every four weeks, you know, you see them often and you actually sit down and, many of them, you talk, you counsel them...

According to the majority of the participants, long-term clients get attached to their stylists and share personal stories with them more often than casual clients. Although the participants value the social aspect of their profession, most of the stylists discussed that they often feel exhausted after spending hours with clients and listening to their stories. The

participants mentioned that there is a counseling component in their typical day of work, and although they don't see themselves as professional counselors, they feel that they perform the counselor role with their clients. Theresa shared her feelings about listening to her clients:

It's not fair because I am not trained to be a therapist... I try to listen, I try to offer advice when I can but they are not really listening, you can't talk back really, if we are not allowed to share too much about our personal life, I can't tell them unless they ask, I don't know if it is for everyone but that's how it is where I work. You don't talk about yourself, it's all about them.

Julia added that listening to client's problems and deal with their bad mood can also be perceived as a burden to the stylist:

Some clients have lots of problems and they want to talk about their problems...sometimes they throw their problems at us, sometimes I perform usual haircut but because the person is not feeling good, she will say she doesn't like it, and doesn't want it that way...well, when the client is too picky is because she is full of problems.

Although the stylists acknowledge socializing as inherent to their profession, the work environment plays an important role in foster relationships with coworkers. Specifically, the gossip oriented culture present in a hair salon was perceived as an inhibitor for socialization among coworkers and managers:

Typically in a hair salon people can be very vicious with their mouth and can be very gossip-oriented and just tear people apart, and I just usually try to stay out of it, but I always had a decent relationship with my coworkers, I always stay professional and just

kept from being so personal but it can be pretty hard if someone is really ticked off about a client (Clara).

The participants' perception about socialization with coworkers was influenced by the position and status they have in the salon. Many participants mentioned that there is a hierarchy in the industry.

As mentioned before, clients always come first in the industry. All the participants stressed that they try their best to serve their clients, and even make sacrifices to accommodate a client into their agenda. In the last tier of the hierarchy, one apprentice summarized her roles in the salon:

The cleaning is normally done the night before, there will be sometimes a lot of towels in the dryer that just needed to be folded because they dried overnight, so I come in, I will count the cash, set up the till, set up all our tools, if there are towels will fold up those, and then set your haircuts and touch ups and colors and so...pretty basic (Theresa).

At the bottom level of the hierarchy, the apprentices discussed that they experienced less opportunities to socialize with their coworkers, mostly due to the fact that apprentices are always cleaning up the salon and washing or drying towels; therefore, they are more engaged with a client or performing chores for the salon alone. Sabrina shared that she tries her best to accomplish her tasks to facilitate the work of the stylists she works with and most of her social interactions in the salon with coworkers are related to the assistance she provides to the stylists:

Now I am directly involved in helping them (stylists), they see exactly what I am doing and they like it because I am getting good results, they had it where other people had washed out the client and they still have color in their hair, that is completely

counterproductive to their day, and it takes a lot of their time, so I try to be very thorough, they can see and it is a much easier environment when they like what you do.

Socialization between apprentices and experienced stylists may also be affected by the fact that some apprentices also perform receptionist duties on top of their apprentice roles, and they are in charge of booking clients for the stylists. Since the stylists have no control over their bookings, some of the hairstylists feel that their boundaries are not respected in terms of time intervals between clients. According to the hairstylists, it is common practice in the industry to book as many clients as possible, leaving the stylist with no time intervals between clients.

Clara, a stylist, shared her perceptions about the booking system:

You don't get scheduled breaks as a hairdresser you don't get an if you can try and book in a lunch break for yourself then make sure it stays that way but sometime when schedule isn't controlled by you and it is controlled by someone else there, they are overtaking your boundaries that you set and re-arranging your time an don't respect your time.

#### **4.2.3 Feeling Pain**

This category is about the participants' perception of their experience of pain in their work and home life. The personal experiences of pain were captured in the study in the forms of self- perception of pain and the perception of others in relation to the participants' experiences of pain (including medical professionals, family, friends and coworkers). The category also includes the participants' perception about the ability to control pain, the uncertainty of whether pain will get better or worse, what can be done to manage pain, and impacts on work and personal life. A description of the category and subcategories is summarized in Table 6.

Table 6. Emergent Category / Subcategories: Feeling Pain

	<b>Category / Subcategories</b>	<b>Description</b>
<b>CATEGORY</b>	Feeling Pain	Participants' perception of their experience of pain in their work and home life. It includes self- perception of pain and the perception of others in relation to the participants' experiences of pain (including medical professionals, family, friends and coworkers). The category also includes the participants' ability to manage pain and appreciation of the impact of pain on work and personal life.
<b>SUBCATEGORIES</b>	Experience of Pain	Physical pain was described by the participants in terms of symptoms of pain in their body sites. Emotional pain was described as feeling exhausted, depressed, guilt, stressed, frustrated, embarrassed, and hopeless. The emotional distress is also connected with a possible reduction of income, change in family roles and social relationships.
	Psychosocial Risk Factors for Developing Pain	The psychosocial risk factors discussed by the stylists include pressure of the demands of the industry, managing conflicts in the workplace, lack of control over breaks, separating stress from home and work, dealing with the pressure to succeed, financial stress, lack of stability in the job, and not having benefits at work to take care of own health.
	Coping with Pain	Relates to the different ways that the stylists used to find relief from their pain, including the modifications they made in their lives to cope with their experiences of pain.
	Pain and Roles at Work and Home	Relates to the perception of pain and a change in the roles as a stylists, spouse, and mother. It also includes the modifications made in the participants' relationships with their families, managers and coworkers due to the experience of pain.

#### 4.2.3.1 Experience of Pain

Physical pain was described by the participants in terms of symptoms of pain in their body sites. Hairstylists commonly experience pain in their neck, shoulders, wrists, hands, back, knees and feet. The stylists described their physical symptoms as an ache, throbbing pain or shooting pain that lasted for hours or days.

The psychological or emotional features of pain were described as anxiety, fear, and suffering with the experience of pain. The emotional distress is also connected with a possible reduction of income, change in family roles and social relationships (Main, Sullivan, & Watson, 2008).

For some of the participants, pain was present in multiple physical sites or changed over the course of their career. One participant, Emma, shared her experience of feeling pain in multiple sites:

I still have bouts where it's quite severe, where I am very sore and not just one place, not just my hands, it's my hands, my feet, usually when I am sore it's in four places at minimum...it's pretty much the same places, the feet, the ankle area, this whole area, neck, shoulder and up until the lower shoulder, and the lower back, if one of those areas gets attacked any time of the day, if its morning or afternoon or night, then my whole body starts to get sore, everywhere, even my skull would be sore, and it sound crazy ridiculous I know...

Another participant, Valentina, shared her perception about the way she felt that her pain moved to other parts of her body: I think that the pain moves the longer that you do hair, so before used to be my arms but now is definitely my lower back and body including my feet, my back was a few years ago.

In terms of the course of the pain during the day, most participants mentioned that by the end of the day they feel more pain; however, one participant mentioned that at the beginning of the day she is sorer, and that her pain gets better after she starts to move during the day:

The worst part of my pain is the morning, I wake up nowadays feeling very strange some mornings, physically my feet feel like bricks, and they hurt, they ache and they ache and they ache and they crack, and they crack, and they crack. (Emma)

Clara perceived her pain to get worse after spending long hours performing hair care, and that her emotional state is aggravated by the experience of pain. She disclosed:

Sometimes I am in more pain or if I've got a headache, especially from the neck, I am definitely a bit more irritable because you are frustrated with the pain and you just don't know how to cope, and sometimes you just burst into tears because it is like I just want it over with you know let's cut my head off already, it hurts.

The experiences of feeling mentally drained and psychologically tired were also shared by the participants. The stylists mentioned that dealing with clients that bring a lot of personal problems, managing a salon and remembering previous stressful environments in the workplace contributes to the experience of emotional pain. Julia commented on the how she felt after working on a client that shared with her personal problems:

I feel just exhausted, I had a client that stressed me out when I was coloring her hair, she departed (SIC) all her anxiety and her work problems and that is really exhausting, I was cutting her hair and she was talking about all her problems from work and with her boss, plus she had some boxes with her...she even asked me to turn my TV off because she

could not talk with the TV on, she asked me to bring her a glass of water, to use the washroom, and other requests, she even asked me to hold the boxes for her and I thought to myself do I have to hold the boxes?

Differently, for Valentina, clients are not the major cause for psychological distress since most of her stress is coming from being a manager:

I am the owner operator, and besides it is a lot of work, I think that the biggest stress is the mental stress, I don't think I can do that forever, but if I could just go back to worrying about my clients, I would be in a far better position.

In regards to the socio-environmental factors components in the experience of pain, the stylists described the impact of the demands of the industry on their pain. Emma shared about the work environment she had previously worked as a stylist and her perception of pain due to being exposed to an environment that was highly stressful:

Thinking of work, actually when I think of the mall that I worked in the past, people I worked for, I feel sick, I feel angry, I feel very emotionally wrecked, I don't know how to describe it, but when I think of the bad memories or the residue that I've taken with me, yeah, I feel a lot of emotional stuff, I cry when I talk about the workforce, a lot of times I can't even talk about it because I get all messed up.

Sabrina stressed the repetitive and strenuous movements used to make her clients feel beautiful:

The blow dryers, the repetitive movement, a lot of weight in one hand and that is starting to affect my neck and my back, if I am cutting someone's hair and I have to lift my

elbows above the shoulders, then I will just ask them to go further down in the chair, because they are not lower enough for me, so that can be very strenuous, especially when I am blow drying, because scissors don't weigh anything but the blow dryer does, and then when you are lifting the hair, and it's wet and you are blow drying it and it is all very tight in my neck and my back...my wrists hurt.

#### **4.2.3.2 Psychosocial Risk Factors for Developing Pain**

This category is about the psychosocial risk factors associated with the industry. The psychosocial risk factors discussed by the stylists include pressure of the demands of the industry, managing conflicts in the workplace, lack of control over breaks, separating stress from home and work, dealing with the pressure to succeed, financial stress, lack of stability in the job, and not having benefits at work to take care of own health.

The pressure of the demands, lack of control over breaks and work assignment, and conflicts with coworkers and managers are common risk factors identified by the participants. The stylists discussed how the fast paced, productivity oriented environment promote excessive controlling over them. The stylists shared that they constantly experience boundaries issues and lack of control over booking and breaks if they are working for a salon under a commission type of agreement. Since the stylist has to have more clients to make profit for the salon, they normally don't have breaks between clients. Not being able to schedule breaks was the first stressor identified by the participants. Clara shared that a stylist may not "have any sort of downtime between clients if you finished one early and your next one hasn't come yet but you don't get scheduled breaks as a hairdresser". The lack of breaks impacts the health of the stylist since there is no time to rest between clients or enough time to eat. One stylist, Theresa, shared

that she had to advocate for breaks to eat due to a medical condition she has. She mentioned that she passed out due to hypoglycemia more than once in the salon she works, and tries to have small breaks to eat to avoid passing out. Also, the stylists shared that even when they have a break, some salons “request” their employees to use their breaks to practice techniques and become more efficient or perform cleaning duties. Sabrina mentioned that she struggles to eat and accomplish tasks during her breaks:

There are two other apprentices with me, we all have certain duties and we always want to make sure someone is at the front desk, so if someone is on lunch, and no one is watching the front desk, I can't go for lunch until they are back...I don't like taking the whole hour because I will sit down, have something to eat, and then I will get up and start to do the laundry, and then like a few hours later I will feel tired and hungry...specially being pregnant too I need to eat at certain times.

Even for the stylists who own a salon and have more control over their schedule, having a break can be difficult sometimes due to the high influx of clients and the demands of their work. Julia owns a salon and finds it difficult to eat on “Fridays and Saturdays”, and that she will normally have only one large meal after work. Another three participants, Theresa, Laura and Sabrina mentioned that their lifestyle and eating habits were influenced by the fast paced environment. Most of all, due to the fact that the stylist may stay for longer hours without eating, issues like binge eating were disclosed by the participants. Emma also shared that added to the lack of time to eat; the smell of the products used in the beauty industry impacted her appetite:

The hair industry when it comes most of it is fruity, so it's all food, fruit food all day long so when you get home, you can't eat...I would say I was anorexic for years because of the fast pace in the hair salon.

Another stressor in the environment perceived by the participants is the issue with working with others and managing conflicts. For example, Theresa mentioned that she feels "spied on" and "judged" by her coworkers because she uses different styles to cut and apply colour since she "just finished her course" and "the other stylists have been doing their way for years". She described how one particular co-worker "corrects her" in front of the clients:

I like cutting the hair after I colored it, if I try to do that I will get yelled at...I was told no, you cut first, I don't like that, but they made me change the way I like doing things to fit their ideals... one of the woman she's is not shy about telling you what she thinks you are doing wrong, she is not shy to tell your clients what she thinks you are doing wrong, and it got on my nerves so many times.

The acknowledgement of feelings and behaviours while working under stress to be able to succeed in the industry and the use of strategies to keep stress from work away from home and vice-versa was shared by the participants. Emma shared that she felt that she had to pretend to be ok to keep working in the industry when she was younger, although acknowledging that pretending to be ok was not a healthy behaviour. In her words: "I was postponing how I was feeling, so I felt like a big actress at that point, but if it made people happy, that was ok".

More experienced hairstylists discussed that they have to learn strategies to "keep stress from work at work", but in a regular day or weekend day, they normally feel exhausted, tired,

mentally drained. Clara shared that she feels “emotionally and mentally drained because you have given everything physically from being on your feet and being upbeat cause you can’t really bring your own stress into work and you have to leave that behind”. She also shared that she needs to “lock herself away” after work to cope with the emotional stress. Sabrina also struggled with separating stress from work and stress from home, especially when the “client was really difficult” or in a “bad mood”.

Personal and cultural values such as being available for work 24 hours a day and the need to be productive was shared by one participant as the main reason for her stress. Her grandfather was a barber, and she mentioned that she feels “pressure” from her family to succeed in the hairdressing business. For this participant, being a successful business woman means to be present at the worksite performing stylists tasks, managing her staff and advertising the salon all the time. She mentioned that she “feels guilty” if not working and is constantly “available” to her salon. The participant shared that she had to force herself to take lunch breaks, but normally “works in promoting the salon” in her lunch breaks. She stated: “I consider my breaks the time that I do administrative work, like when I am sitting and I like right now I am working heavily on a promotion, so that would be a break”.

Other stressors described by the participants include the lack of job security and seniority in the profession, and the lack of benefits to assist with taking care of own health. Most of the stylists started their career as apprentices, and renting a chair from a salon. Six of the participants mentioned that they don’t have financial stability and they have a hard time paying the bills and make plans for the future. For the more experienced stylists, the experience of pain led them to reduce the hours in the industry, straining their financial situation. An experienced stylist, Emma, shared her ambivalence about her passion for doing hair and need to make ends meet:

Because that was when I was beginning to realize this is just I don't know how this is gonna go, how do I retire at this if I love it? How am I going to retire at this feasibly and make a living? I can't see it, and right now I am not really making a living and I still wanna do hair anyway.

Sabrina stressed that she has to work extra shifts to make ends meet, and that it is posing an enormous stress on her because she is pregnant and feels more need to rest. The same participant shared that she opted for the career after working as a receptionist in the salon and "visualizing" a "future potential for making money", but she realized that she is still underpaid for the amount of work she does:

First year is minimum plus 10 percent, second year is minimum plus 20 percent, so they my wage will go up in the second year, but still is not very much, like to live off it you know, so for the amount of work that I do I feel like I deserve more as well.

The job turnaround in the industry is high, and the lack of stability and seniority are issues for these study participants. Two participants declared that they have no stability in the industry and can "be gone on the spot". Taking a day off work or a leave is very uncommon and threatens the job of the stylists. Emma shared her experience of taking a leave:

I had a break down at the age of 24 when I was in the workforce working at a big busy, well to do, top notch type of salon, and I happen to take my leave in November which is a horrible time to take a leave because that's when the money is coming in, its Christmas, when people probably spend most on their beauty... when I took my leave because I just couldn't function, and I had only been working there for about two years, so that was in

itself a big shock to the owner, and I felt my job was so threatened because I took a sick leave.

#### **4.2.3.3 Coping with Pain**

This subcategory is about the different ways that the stylists used to find relief from their pain, including the modifications they made in their lives to cope with their experiences of pain. The subcategory also includes the perception of family, friends and other professionals regarding the experience of pain and the methods used by the stylists to cope with pain. All the participants mentioned that they took take medication at some point to relieve the pain, and some stylists like Clara acknowledged that medication provided only a temporary relief for the symptoms:

It was very hard to function, sometimes you are just doing everything you can just to get through the day, it is so hard to cope especially when you are at work, you are taking more medication which isn't solving pain it just masks pain, it doesn't actually heal, it is more garbage in your system ... it was a never ending cycle really.

The majority of the participants mentioned that they continue to take medication on a regular basis to deal with the pain symptoms. Two of the stylists are expecting their first child and discussed how worried they are about taking medication on a regular basis. Both stylists mentioned that they are trying not to take medication to avoid harming the baby, but medication was used for a long time as a first resource to deal with pain. Clara mentioned that she is trying to use other techniques to cope with pain:

I try not to medicate anymore I used to take things like Ibuprofen or strong Tylenol but I

try not to do that now I just don't want to put too much in my body so I try to manage the pain in another way through heat or rest sometime I just have to try to sleep and by everything calm down.

In addition to Clara, four other participants mentioned that they try to rest or sleep to get better. On the other hand, for two other participants, sleeping and resting seems to make the perception of pain worse. For Valentina, having time off makes her more conscious of her pain: "I am used to work six days on the week...two years ago, I took the day off and I found that when you actually rest your body that's where you really see all your symptoms". Emma believes that feeling pain is important to understand what is going on with the body, and she copes with pain by keeping active:

Lot of times when I am in pain like that if anything up and down the stairs, I may grab the vacuum, I try to move, I walk around, I do run a lot around the yard, the house, and I do that more when I am sore because I felt that if I don't move I will seize up, I will get all more tense, more sore, it will get worse, I do certainly don't go to bed, that's the last thing I do is going to bed when I feel like this, I wanna know where my pain is, I wanna experience it so I know what it is and I can hopefully do something about it.

Some of the participants shared that exercising, stretches and other type of therapy such as heat, cold, physiotherapy, and massage are helpful to alleviate some of the pain. One participant shared:

Stretching feels so good because opens up those muscles but I often get a strained, inflamed muscles in my neck and shoulders, so I have to apply heat or cold to that like I

had when my neck was just completely tightened up that I couldn't even move it, it has been bad before, I should probably go for more massages. (Sabrina)

Two other participants, Clara and Theresa mentioned the use of a brace or wrist tensor to assist with pain management. Both stylists perceived that the tensor helped in the early stages of pain “where the wrist tensor would hold the wrist straight” and pain would be relieved overnight. However, the stylists discussed that using a tensor did not offer relief after pain became chronic, and also that wearing a tensor would make any task they had to do around the house more difficult.

The participants also shared the adjustment they made to deal with pain. Valentina tries to reduce her pain in her ankles by switching shoes during the day:

I never used to do this when I was younger but now I have been switching all my shoes at least three times a day I will switch my shoes, but I am not going to lie I still wear heels, for certain clients like I still wear heels certain parts of my day I can still last for the whole day, but I don't like to wear them.

Laura tries to apply different techniques and modify the equipment in their workplaces: I have a chair, and there is a stool that I can sit on, that makes you sit straight, make your legs kinda open, like a saddle that I use sometimes, it is actually my friend's but and then you sit right in front so the chair just spins around and you pump them up and put them back, and we have a trolley and other stuff.

All the participants mentioned that their family and friends are aware of their experiences of pain and that commonly they get sympathy from them, but that it is not enough to help them to find a concrete way to cope with pain. Clara shared:

I was very open about it and they will always be compassionate about the pain like I am sorry that you have a migraine but there is nothing anyone can do, you take muscle relaxants and things like that to relax the tension so that you could calm down but really is that you are not living that's just managing.

For Theresa, family and friends also sympathize with her experience of pain, and even acknowledged that she is too young to feel pain. Her father attributes the pain to her job, and friends discouraged her to be hairdressing:

My friends say you are really young to be getting this, you shouldn't be hairdressing if you feel pain so early...my best friend, her mom is actually a hairdresser, and she said there is no way I should be feeling this much pain ...I tried everything like the brace, it helps but it doesn't make it go away completely, I have told my dad and all he can say is take some Tylenol and sleep it off, that's all you can do, no matter what you do in this job you are gonna feel a lot of pain ...I get lots of sympathy because people say: you shouldn't be hurting you are just 20 years old.

For Theresa's boyfriend, her medication consumption was compared to a candy:

My boyfriend started to call Tylenol Skittles because he said I eat them so fast they might as well be Skittles, so usually take two extra strength Tylenol every day to cope with it, there are times I will be asleep and I wake up in the middle of the night and I will take Tylenol and go back to sleep because the pain is so bad.

The participants in the study also shared the perceptions of health care professionals they consulted with regarding their experience of pain. Moreover, participants mentioned that health care professionals did not listen to their complaints about the demands of their work as a stylist, and felt that their concerns about the impact of the demands of their work on their health were dismissed. Julia mentioned that her family doctor recommended she lose weight to get better from her back and knee pain. The participant challenged her physician about the demands of the industry such as standing for more than eight hours a day and its impact on her knees and back, and was perplexed that the only recommendation she would get to get better from her pain was to lose weight. For Theresa, her family doctor attributed her pain to an inherited condition, and prescribed her pills and insoles to cope with pain:

Well the wrist pain is new, the knee pain I've had it for years, so I mentioned that to him, my doctor said it's you know take some Tylenol and get insoles, don't walk on cement, but you know, I used to walk barefoot in the grass and I would still feel the pain so it's not something that is gonna really change, so it is definitely worse now than it used to be though.

#### **4.2.3.4 Pain and Roles at Work and Home**

This subcategory is about the relationship between the perception of pain and a change in the roles as a stylists, spouse, friend, and daughter. It also includes the modifications made in the participants' relationships with their families, managers and coworkers due to the experience of pain. The participants shared their current household composition (significant others that shared the home with them) and type of household when describing their chores (such as cleaning a

house or apartment, cooking, taking care of pet, performing hair care), and how they had to adapt or modify their roles and functions at home and work to accommodate to the pain. A general description of the household composition of the participants is synthesized in Table 7.

Table 7 – Household Characteristics of the Participants

<b>Household Composition</b>	<b>Type of household</b>	<b>Number of Participants</b>
<b>Self and pet(s)</b>	Apartment, house	2
<b>Spouse / boyfriend</b>	Apartment	1
<b>Spouse /boyfriend and expecting a baby</b>	Apartment, house	2
<b>Spouse and grown children</b>	House	1
<b>Living with Mother / father</b>	House	1

For the majority of the participants, the experience of pain limited their role functions as a stylist. However, the stylists kept working to maintain the façade despite of pain. For Clara, pain was causing her to miss at least a day at work per month, and it influenced her role as a stylist:

I couldn't move, and that affected my ability to do hair for sure because then it involves the bending, being able to wash people's hair out, even standing was painful, your body is such a fine tuned instrument that one little thing you don't realize you are pinky toe does anything until you stub it or break it and you remember you have it.

In regards to the impact of pain in their roles at home, the stylists discussed that feeling pain made it “hard to function and impacts the ability to do work around the house, and lift things” (Theresa). For Sabrina, the pain experience not only limited the amount of household chores she performs, but impacted her independence to perform grocery shopping on her own. According to her, she has been sure that her boyfriend can accompany her to the grocery store to carry the groceries since she finds it aggravates her pain in the shoulders and arms.

Clara mentioned that she has difficulty driving due to her neck pain:

Sometimes just having a range of motion, a proper range of motion in your neck would be difficult because of the pain to actually be able to probably properly do shoulder check, and things like that would be affected because of ROM you would be limited.

Theresa shared her limitations in other activities. She also shared her frustration with the limitations she perceived in her activities due to pain:

I wear my wrist brace when I am home, and it really gets on the way, I can do it if I am machine sewing, but if I am doing anything with my hand I can't move my wrist where I need to, so it makes it very awkward I just can't even do it ...trying to type in the computer, I can't do because my hand doesn't move the same way when it's in my brace, so I can't really do anything, I can't really cope, I can't do any of the things that I like doing just have to sit there and watch a movie.

The experience of pain impacted the relationship of the participants with their family members. Stylists shared that feeling pain makes them “vulnerable” (Emma) and make them feel guilty about not “being the best for their family” (Clara). She stated:

I can't be the best for my family, for my husband, for my job or whoever I have to pull away and cancel events or not or not going to a barbecue or something like that because I am just in too much pain because of the headache or something like that.

For Theresa, the experience of pain influences her intimacy with her boyfriend. She shared:

A lot of times we go to sit together or he will come and lay with me and I will say no just go away I am like just hurting you can't even touch me, like always and he back away and says what hurt, what am I not allowed to touch today? So like my knee or my wrists and he goes ok, so I avoid that, he tries to help if he can like perform massage in my shoulders, and even though massages don't help me at all he will try, and I appreciate it but we don't sit as close as we used to, we don't like hug as much because a lot of times it hurts, and I just can't do it.

In addition to the effect of pain in the family and professional roles of the stylists, participants stressed that the experience of pain is limiting their engagement in leisure activities. For example, Julia mentioned that she enjoys cooking, but is limited now to cook only on Sundays because she feels exhausted and the pain in her neck, shoulders and knees prevent her perform cooking over the week. Theresa shared that she sews and writes as a hobby, but her ability to do these activities is impacted by her experience of pain. Sabrina found that doing exercises like yoga has been harder with pain and limitations.

Only one participant, Laura, mentioned that the experience of pain is not limiting her functions at this point. She mentioned, however, that she is engaging less in conversation with her friends because she feels exhausted after work.

#### 4.2.4. Wellness

The need to engage in wellness practices such as reducing time from work and investing on own health to avoid feeling pain and to try to find a way out of being stuck in the industry were described by the participants. The stylists identified the need to promote change in order to get better, the need to put themselves first, and also mentioned their future plans in the industry. . A description of the category and subcategories is summarized in Table 8.

Table 8. Emergent Category / Subcategories: Wellness

	<b>Category / Subcategories</b>	<b>Description</b>
<b>CATEGORY</b>	Wellness	The need to engage in wellness practices such as reducing time from work and investing on own health to avoid feeling pain and to try to find a way out of being stuck in the industry were described by the participants. The stylists identified the need to promote change in order to get better, the need to put themselves first, and also mentioned their future plans in the industry.
<b>SUBCATEGORIES</b>	Working from Home	Reducing time worked and changing from renting a salon to working from home.
	Finding a Balance and Investing on Wellness	Re organizing life to have some time to dedicate to self; purchasing equipment to work more effectively without developing pain were some of the strategies to foster wellness presented by the participants.

Valentina shared her perception of change:

I managed to keep myself under self-surveillance, something has gotta change here because this is how far I can go, is not getting better on its own, change doesn't magically happen you have to sometimes you know do change yourself.

For Emma, investing on herself was a major change:

In the last five years, I spent a lot of money on my health, that I can take home with me, and I learned techniques to do at home, to look after myself which is I guess all my life I learned how to take care of people and beautify them, and I was taught how to beautify myself, but I was never taught how to look after myself, it's actually what we avoid in this industry"

#### **4.2.4.1 Working from Home**

For Emma, Clara, and Julia, the decision to work from home or having a small home salon gave them independence and control over their schedules. Julia shared:

(Having my own salon) I don't have to ask permission, if I have to go home, I just have to call my clients and that's it. It's is a total piece of mind, plus I don't have to deal with a boss, a person that likes to control you and give you a hard time.

Emma shared that she can organize her agenda the way she feels more convenient. She described her typical day performing chores at her home and salon:

I do a bit of housework, a bit of salon work, and I sit down and I do a bit of paperwork, I will do clients, answer the phone...I spend time with the dog, I do little books, I talk to

you, I am going to make an appointment with you, the phone rings, I am so busy, the dishes I will do those, I'd better eat something, oh the phone again, oh I am gonna fold towels, oh I don't stop all day..."

Clara mentioned that the only way she found to keep her career as a stylist was to work from home. She was able to reduce the hours to part-time, and is able to get prepared for motherhood:

I still am involved with it still but I keep my hours doing it limited so that I don't aggravate my wrists or my neck, back and that kind of thing, cause I am doing it too much or for too long of a period of time than I noticed flare ups in my wrist, in my neck; those are the ways you found to cope with the pain

#### **4.2.4.2 Finding a Balance and Investing on Wellness**

Finding a balance was also important to Valentina. She disclosed that she used to sleep at her salon even after the purchase of a home and found it too stressful. Her strategy to leave the salon and go home was to get a pet:

I think my life wasn't balanced, looked like it was all work, I think because it is a business it's something that I have to think about it all the time, so I have to create a balance on the other side, that why I got the cat, I feel like I need to go home and there is someone that is waiting for me...I was using work as an excuse not to have a social life.

Valentina, Emma and Clara also shared other strategies to foster wellness by putting themselves first:

I used to actually sleep at the shop, I used to sleep there and doing things that do they really matter in the big picture? ...Sundays are days that I don't go to work, I've never had hours, like the store has hours, and I work around them, and now my mind set is changing like Mondays I leave strict at 6, no matter what happens, I just have more firm hours, which is like, sounds like it is simple, but it a huge step for me. (Valentina)

Being more focused on herself and less stressed about the demands of the industry also helped Emma to find a balance:

I can work as I feel, I do physical labor if I feel great I'll do chemicals that day, of course I also try to accommodate my clientele who I have eliminated lots of them, I am to the point that I just want my perfect clients that I've known and I am so comfortable with, I don't want surprises anymore, I am tired of them, I am not even big into the latest I had to be into that in some degree to be successful enough to live, but now I guess I just care less and less about that sort of stuff.

Clara mentioned that listening to your body and being mindful that being a hairstylist is "just a career" helped her to focus on her wellness:

I am one of millions of hairdressers that suffer and my suffering is a lot less that other people's cause I've learned to back away but I know other people they quit altogether few years in because of the pain or they are still doing hair and doing more damage to their body because they are not listening to their body and I think sometimes when you learn a skill or job you become secure, comfortable in that job but you don't know how to

pull away, to find something else to do that's better for your body... putting yourself first or over a just a job, your health is more important in the long run.

For some participants, purchasing equipment, attending courses and promoting changes in their life style can facilitate wellness. Valentina shared:

I bought a very expensive mattress, I spent seventeen hundred dollars on my last mattress and now I have like a form fitting pillow but actually I put up my feet, I try to sleep more straight and with my feet elevated, there have been Saturdays that I shut the door, and I force myself to read a business magazine with my feet up, and in the shower I am doing 3 stretches that my physiotherapist showed me.

Emma described her "investment" in her wellness:

I think that my health has improved a lot from working at home, I still work all the time, I think that just being less exposed to it, working less has helped my health a lot, and I've done different things at home, like getting a special chair for when my back is really sore, because it takes the pressure away from the whole spine, I've bought orthotics, very expensive good shoes, I've gotten a new hydraulic base for my chair, I don't have to worry about that (sharing) anymore, so I did go out and buy a lot of different things and I still continue to aim for that because I do wanna feel good.

For Theresa, the use of insoles is the most affordable solution to avoid pain. She mentioned that the use of a mat would improve her pain symptoms, but she acknowledged that

they are expensive. She suggested that the salon should provide mats for the stylists to accommodate their pain:

The woman at the chair next to me, hers (mat) is thick and cushy and like stepping on a cloud, so I wish I had one like that but it is so expensive, it is five hundred dollars and her husband bought it for her, for Christmas...there something I don't understand, they provide curling irons, blow dryers, flat irons, they provide our chairs, they take care of everything, I don't see why they can't provide the mats, they would get the money for it, it's not we would take it when we left, it is still part of the salon.

All the stylists shared their perception that the industry does not foster wellness. In the beauty industry, most of the hairstylists will rent a chair from salon, or have their own salon. Only a small portion of the stylists are employees, entitled to health benefits. Among the seven participants of this study, only one of the stylists had benefits from her workplace (health care coverage) and mentioned that attending regular massage sessions helped her to alleviate the stress. The other participants mentioned that they have no health plan or sick time available, and could not afford to pay for massages to assist with pain or to miss a day at work.

## 5.0 Discussion

The current study was able to focus on the experiences of women living with pain and the impact of the experience of pain in their occupational roles at work and home.

Considering the categories identified by the participants, the category feeling pain was the category identified as the central issue on the process of living with pain and managing roles at work and home. Feeling pain was connected to the culture of the stylists since the industry is set on particular ways that increase the likelihood of developing pain by promoting the culture of looking beautiful at the cost of the stylists health and stylists keeping the façade of looking good and pretending to be ok despite feeling pain. In the perceptions of the demands of the beauty industry, the participants discussed their perceptions of the biomechanical and psychosocial risk factors presented by the industry that influences negatively their health and increase the chances of developing UEDs and pain. More specifically, all the participants perceived the physical and psychosocial stressors such as the lack of control over job, insufficient rest, and lack of support from managers and coworkers as contributors to their experience of pain and disengagement from meaningful occupations. The participants also criticized their exposure to the risk factors and their feelings of being trapped in the industry. Ultimately, the stylists considered changes to foster adjustment to their experiences of pain and regain control over their lives at work and home and used the strategies to deal with pain as means to achieve wellness. Occupational therapy contributions are related to the recognition of the occupational issues and possible intervention in reducing risk factors, assisting in maximizing the adjustment to roles and promoting change to foster wellness (Figure 1).

Figure 1: Relationship between Categories on the Experience of Pain and Contribution of Occupational Therapy to Improve Occupational Performance



Major Issue: feeling pain while performing roles as a stylist, spouse, and mother promotes occupational disengagement.

Occupational Therapy: assists with improvement of occupational performance issues by identifying changes in the person, environment and occupations.

Client level: addressing working techniques, modifications to physical environment, recognition and enhancement of coping strategies and adjustment to pain in order to fulfill roles at work and home.

This current study contributes to the literature of UED which currently concentrates primarily on the physical, and secondly on the psychosocial aspects involved on the occurrence of the musculoskeletal disorders. Similar to other studies conducted with people living with chronic pain, in this study, the experience of living with chronic musculoskeletal pain interfered with multiple areas of the stylists' life, including occupational performance. In this study, the experience of pain not only affected the stylists' lives but it changed the relationship they have with their coworkers, family and friends (Coutu et al., 2011; Persson, Andersson, & Eklund, 2011; Skjutar, Schult, Christensson, & Müllersdorf, 2010; Fisher et al., 2007). Moreover, living with pain changed the relationship the stylists have with their work, family and impacted their ability to perform the roles they were used to prior to experiencing pain (Coutu et al., 2011; Harris, Morley, & Barton, 2003). As a result, the stylists discussed the adjustment process to perform meaningful occupations and changes they made to be able to fulfill their roles as a stylist, mother, spouse and friend. Some of the strategies to adapt to the experience of pain included withdrawal from some activities, sharing home tasks with family, and pursue wellness.

In this study, the Person-Environment-Occupation Model (PEO) from Law et al. (1996) served as a framework for examining person-environment-occupation processes of persons experiencing pain and accommodating to pain. The major occupational performance issue identified by the participants was feeling pain while performing roles at work and home. Considering the person, environment and occupations in the process of feeling pain and adjusting to pain to improve occupational performance (manage roles), the PEO model permitted a description of the relationship between the person, environment and occupations impacted by the experience of pain, and also fit between person-environment-occupation as a way to improve occupational performance while the stylists tried to accommodate to the experience of pain.

In the current study, the Person component included the physical (performing multiple roles, doing), affective (feelings), cognitive (thinking process) and spiritual (beliefs, values and goals) components. The Environment component included the cultural (organization of the work space and family), physical (location, furniture, objects), institutional, social (friends, family, coworkers) and spiritual (values, goals). The Occupation component included working as a hairstylist, a manager, performing other paid and unpaid roles as parenting roles, home maintenance, and the physical, affective and cognitive demands involved in performing the occupation, including stressors and coping with stressors related to being a hairstylist. The PEO framework was used to describe the adjustment to chronic pain in the management of roles and routines to maximize occupational performance identified by the hairstylists.

### **Experience of Pain in the Person**

Physical pain was described by the participants in terms of symptoms of pain in their body sites. The psychological or emotional features of pain are related to the attitudes, beliefs and appraisals about pain (Unruh & Henriksson, 2002). The stylists described their anxiety, fear, suffering with the experience of pain, and shared their feelings about being exhausted, depressed, guilt, stressed, frustrated, embarrassed, hopeless, humiliated and overwhelmed by the experience of feeling pain. The emotional distress is also connected with a possible reduction of income, change in family roles and social relationships (Main, C. J., Sullivan, M. J. L., & Watson, P. J., 2008). The participants discussed their change in roles at work and home, and how the experience of pain impacted their relationships in this study. In fact, the participants discussed that looking good and feeling good is an expectation in the beauty industry, and they struggled to maintain their current role as a stylist and pretended to be ok despite feeling pain. Overall, the

appraisal of pain is related to the perception of the pain as a symptom that something is wrong with the body in an acute phase to a coping model to minimize the effect of pain in the everyday life and adjust to the experience of pain in order to regain a productive life after pain becomes chronic (Unruh & Henriksson, 2002). In this study, the stylists shared the strategies they used to cope with pain, to reduce the impact of pain in their roles at home and work by adjusting to pain.

### **Experience of Pain in the Environment**

The work environment presented both physical and psychosocial demands that will contribute to the prevalence of pain among the stylists. According to Kielhofner (2008), the environment includes the following dimensions: objects and space used by people to do things, tasks that are available or required by the context, the social groups encountered, the culture that influences the physical and social aspects of the environment, and the political and economic context. In this study, the space used by the participants to produce beauty was described as generally small, with inappropriate furniture to suit the stylists height (chairs are too low or high), presence of floors that were hard on their bodies (concrete floors), not sufficient ventilation and light to apply chemicals, and intense heat and noise due to the constant use of the blow dryers. The participants discussed the lack of mats and proper flooring to avoid pain in their knees and feet. The tasks performed by the stylists demanded they were constantly on their feet, applying repetitive movements to cut, dry, applying chemicals, sustaining their arms above shoulder levels, and constantly use their wrists, hands and fingers to perform repetitive movements with the scissors, and brushes. Addressing the need to provide ergonomic equipment was mentioned by some of the participants as a way to prevent or avoid pain in the workplace, and strategies such as using a saddle stool and anti-fatigue mats were also discussed. However,

in a study conducted by de Smet et al. (2009) it was found that there was no significant improvement in the prevalence of upper limb disorders among hairstylists after ergonomic modifications in the workplace. In fact, physical risk factors present in the workplace added to the social and political contexts of the environment were perceived to magnify the prevalence of UED in other studies (Coutu et al., 2011). For example, in a study conducted by Magnavita, Elovainio, De Nardis, Heponiemi, & Bergamaschi (2011) to investigate potential interactions between environmental and psychosocial risk factors in the workplace associated with the development of musculoskeletal disorders, it was found that environmental complaints such as temperature, noise and light complaints were related to the development of musculoskeletal disorders. The authors perceived that employees with high job demands and low job control associated with environmental stress were more prone to develop upper limb disorders. Therefore, the authors suggested that there is a strong interaction between environmental factors in the workplace and psychosocial risk factors affecting the prevalence of MSDs (Magnavita et al., 2011).

In this current study conducted with hairstylists, the participants discussed the connection between environmental issues such as noise levels and heat from the dryers as aggravators to their experience of pain and feeling frustrated and physically and mentally drained. All the participants discussed their feelings towards their work environment, and perceived the workplace as non-supportive, highly stressful, where they would be expected to work without breaks. The stylists perceive the work environment in the salons as a high work strain type of job with high job demands and low job control. The stylists linked the high stress and low control over the job to their symptoms of upper extremity pain, and also to their emotional pain. Moreover, the participants discussed feeling overloaded by the many direct client tasks required

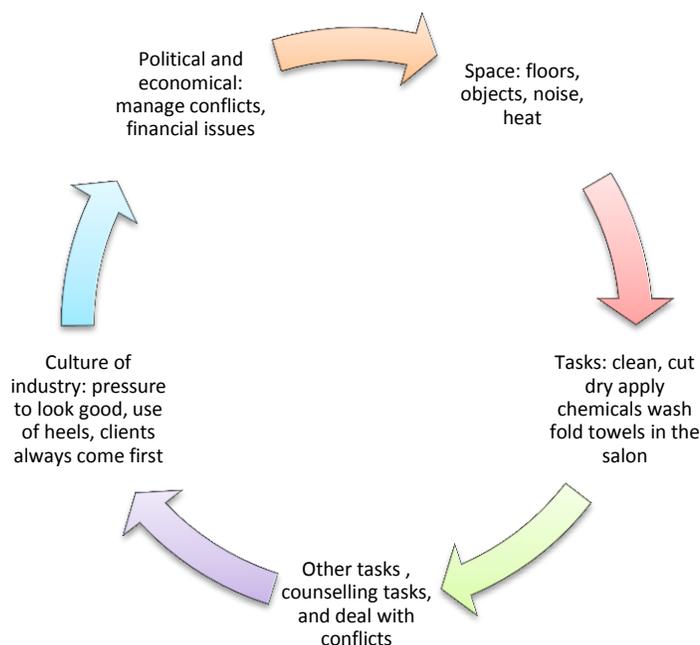
of them to produce beauty that such as booking a client, receiving the client in the salon, performing hair care, educating, cleaning and organizing their work spaces (e.g. cleaning the station, washing and folding towels, requesting materials as needed, purchasing materials for the salon). In addition to these tasks, the stylists reported having to act as a client's counselor, and to deal with conflict with coworkers and managers. The study participants discussed that performing all these tasks and not being able to have control over their job aggravated their physical and emotional pain.

In the hairdressing industry, looking great is an expectation. The participants discussed the need to look good, to wear fancy clothes and heels to give a good impression of the salon to their clients. However, the use of heels was perceived as a strain on the stylist's bodies, and all the participants complained of feeling pain or discomfort due to the use of heels. The need to look good to the clients, and to be available for them all the time either by providing hair care or trying to fit in a client in their tight schedule was presented by the participants as an expectation from the managers and owners. As a result of this expectation, the stylists found it hard to balance work and home life, and discussed not being available for their family or not having enough time to rest and perform house chores as factors that precipitated their emotional and physical pain.

Most of the stylists in this study presented difficulty with time management in terms of not having enough time to work with a client (have to produce fast at the lowest cost for the salon), or not having breaks to rest between clients to avoid pain. Psychosocial stressors in the workplace such as workaholism and burn out by serving multiple clients a day without appropriate breaks were described in studies as aggravators of the upper extremity pain among hairstylists (De Smet et al., 2009; European Agency for Safety and Health at Work, 2008; Mussi,

2005). Time control was attributed to their managers for most of the participants in this study. However, even for the stylists that opted to have their own salon, clients would come first in their agenda, and they would still skip lunches, breaks and even time with family to work on their clients. The difference noticed is that the stylists working independently would try to compensate the overtime spent with a client with a rest day or half day off, while the stylists renting a chair would continue to have clients booked without any rest time. Both stylists (renting a chair or salon owners) discussed that they rarely take a leave or a sick day to try not to disrupt their clients schedule and because they felt that their jobs are threatened (and they would suffer financially) if they stop producing. As a consequence, stylists kept working despite of feeling pain. Figure 2. illustrates a summarized description of the connection between the stressors present in the work environment.

Figure 2. Work Environment Stressors in the Hairdressing Industry

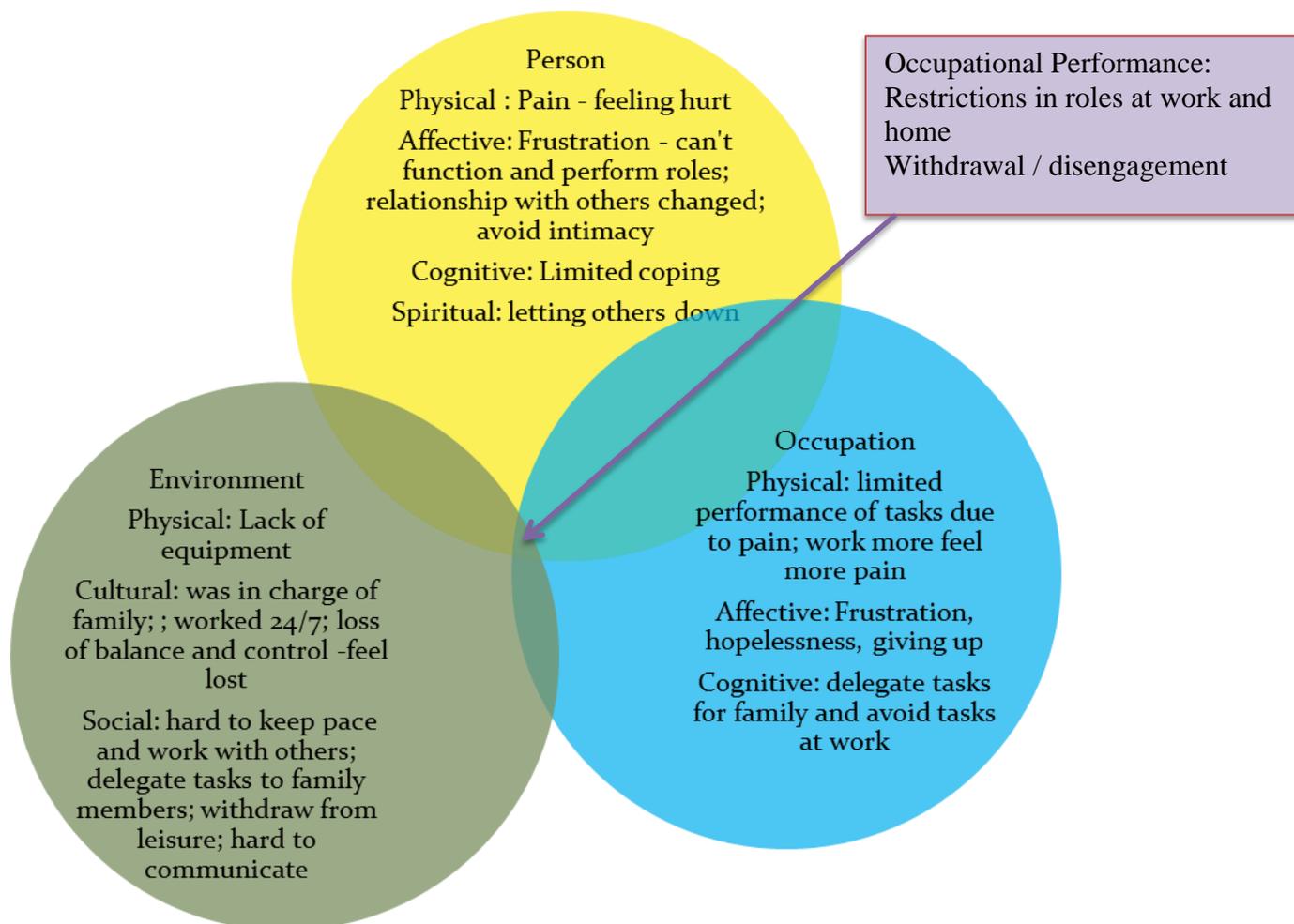


### **Experience of Pain in Occupations and Roles**

The impact of chronic musculoskeletal pain and discomfort presented by the stylists affect all aspects of their lives. According to Meana et al. (2004), overall, the experience of pain affects both males and females, but, there is a difference in terms of the burden of pain among women, with chronic pain restricting more daily activities of females than from males (77.7% versus 70.7%). In this current study, the impact of pain on the everyday life of the stylists was described. Chronic pain and its psychosocial aspects often have negative impact on the occupational performance of the person experiencing pain (Engel, 2011; Persson et al., 2011; Skjutar et al., 2010; Fisher et al., 2007; Engel, 2006; Southam, 2005). During the interviews, the participants described how their experience of pain affected their occupational performance in the areas of self-care such as cooking, paid and unpaid work, leisure, roles, routines such as needing more time to rest instead of performing activities and family relationships.

The major occupational performance issue brought forward by the participants was feeling pain and discomfort while performing occupations pertinent to their roles as a stylist, spouse, and mother in their environments. The PEO model was used to analyze the impact of pain on the work and home life of female hairstylists (perceived to be barriers to their engagement in roles at work and home). Figure 3 represents the impact of pain in the roles of the stylists resulting in a decrease in occupational performance.

Figure 3: Impact of Pain on Roles (PEO perspective)



In this study, all the hairstylists discussed how they perceived a change in their family roles by not being able to provide for the family as before, taking care of the home and pet and performing most of the household chores, including cooking. The stylists also discussed how their family members were involved in their experiences of pain, mostly by being “helpful with the chores around the home” or “understanding when a barbecue is cancelled”, but also by being

hurt and feeling hopeless by not being able to find a practical solution to relieve the pain suffered by their loved ones. In particular, the participants mentioned that intimacy with their partners was interrupted by the way they felt (no intimate contact if sore), and withdrawal from family outings and gatherings were also perceived as “coping” with pain but making other family members and friends feel hurt and left out. Sympathy was found to be a common feeling expressed by family members and friends, and although the participants felt that it helped them to deal with the emotional stress of pain, it did not offer relief for their symptoms. Practical coping skills such as delegating specific home chores (heavy housecleaning, carrying groceries) and other tasks (driving) to a spouse, or avoiding chores at home if possible were described by the participants. Since two of the participants were expecting their first babies, the preoccupation of not being able to parent their child either by being physically in pain or mentally drained from their job was discussed during the interviews. One stylist has now adult children, but she shared that she struggled to keep their children in a routine since she worked six days a week and felt that she did not do her best job as a mother. Another participant mentioned that she is avoiding having children due to the risk of exposure to chemicals in the industry, although motherhood is in her future plans.

In a study conducted by Harris et al. (2003) in England with people experiencing chronic pain, role loss, attribute loss and emotional adjustment were described by their participants as important components in their experiences of pain. Roles were considered as external manifestations of social interaction by the person and attributes were conceptualized as internalized representations of the self in relation to others. The study found that the vast majority of the 80 participants reported loss of roles and attributes, and almost complete loss of work/occupational roles were reported. Other losses included the friendship, and leisure

domains, and a change in the family roles caused by the burden of pain. Several authors described the frustration process that comes with the experience of pain, mostly related to the interruption of life goals and roles and the unpredictability of pain (Dow, Roche, & Ziebland, 2012; Harris et al., 2003).

Although limiting the hours in the industry was presented as the most effective way to avoid pain, it was also linked to a financial stress to the stylists and their families. In the work sphere, stylists discussed that the pain limited their roles as a stylist and coworkers. Feeling pain made the stylists avoid certain tasks in the work such as performing perms and avoiding cleaning up as much as possible. The stylists also shared that they found it strenuous to perform hair care for long hours and listen to the client's problems while performing a counselor role.

### **Accommodation to Pain**

#### **Coping Skills and Strategies to Improve Occupational Performance**

According to Finlay (2004), occupational balance is “about the relationship between a person, their environments and their worlds...it means being able to engage in a diverse range of appropriate occupations in order to meet our varied needs” (p.47). Both lack and excess of occupation are detrimental to occupational balance. Moreover, lack of balance can cause preoccupation, when the person is more focused on certain activities and other needs and occupations are ignored. In this study, coping strategies such as taking medication and reducing the hours worked as a stylist were used to decrease/minimize the experience of pain and to improve occupational performance.

In this study, the participants described both active and passive coping strategies to address their experience of pain and its effect on their roles. According to Haertl & Christiansen

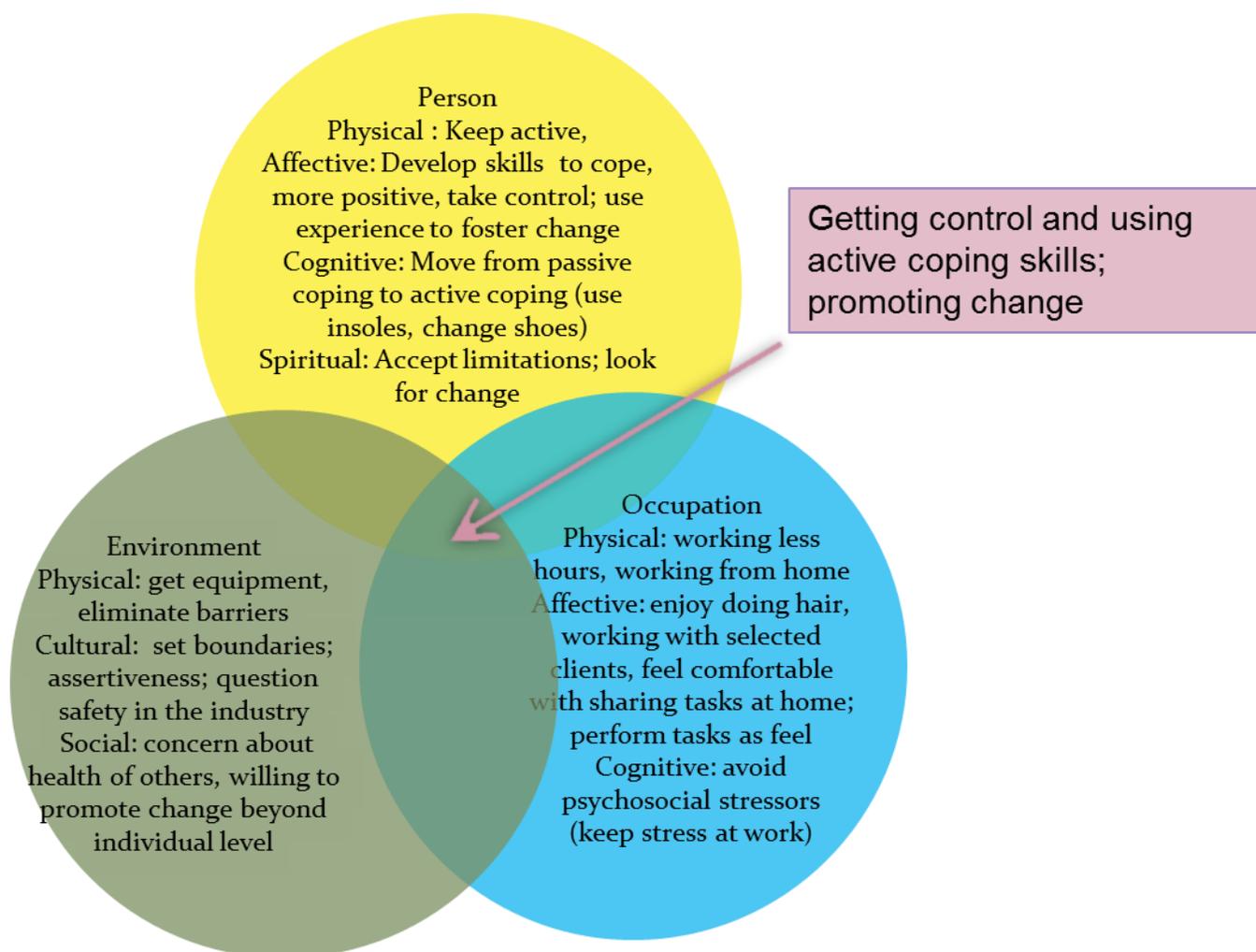
(2011), coping is described as the process through which a person adjust to the demands of daily life. In a study conducted by Torp, Riise, & Moen (2001) to examine the relationships between social and organizational factors at work for coping with musculoskeletal symptoms among automobile garages workers in Norway, the authors found that there were correlations between an active way of coping and both low demands/high decision authority and high social support. In the study, workers that had the opportunity to get help from their supervisors to reduce workloads, from their coworkers to discuss health problems and from the managers to take breaks at work were perceived to be fostering coping strategies.

According to Main et al. (2008), active coping strategies require the individual to actively take responsibility for pain management by attempting to control pain or to function despite pain. An example of active coping strategy includes exercising. Passive coping strategies, on the other hand, involve either withdrawal or the passing on of responsibility for the control of pain to someone else (Main et al., 2008). An example of passive coping is resting. In this present study, both active and passive strategies were discussed by the stylists. Using medication, resting, praying for the pain to end, avoiding performing chores at work and home and not engaging in social activities with family and friends were some of the passive techniques employed by the participants. The use of passive coping skills was perceived by the participants as their first attempt to deal with the experience of pain. They often resulted in a reduction of activity levels and occupation disengagement. The stylists discussed that they often felt that they were “putting more chemicals into their bodies” when taking medication for pain, and how they were disengaging from activities they normally enjoy to do (leisure activities) or that they were expected to do (chores at home, tasks at work and child care). The stylists also discussed that

getting sympathy” from family and friends did not help them with management of pain; in fact, it made them feel more frustrated with the pain process.

Some of the active strategies shared by the participants to avoid / manage pain included to keep moving, clean up the house and salon, share household tasks, attend physiotherapy, feel the pain to be able to do something about it, invest on insoles, and increase leisure time to “distract form the thought of pain” . For all the participants that engaged in more active coping strategies, they shifted from using passive strategies to more active after noticing that they were not getting relief from pain or the frustration caused by not being able to perform their roles at work and home. Furthermore, the participants noticed that their accommodations to pain were impacting other members of the family, and making them feel more anxious and unhappy with their profession. After suffering from pain and making the decision to continue to work as a stylist, “take control” over their work by reducing the time working or having their own salon (and more control over schedules) seemed to be the active strategy chosen by the stylists. By managing their own time and schedules, they felt that their pain did not progress as much or the ability to cope was more effective since they could re-schedule clients or “work as they feel” without letting “managers and owners down” or “being frowned upon”. A summary of the coping strategies discussed by the participants to maximize the PEO fit is represented in the Figure 4.

Figure 4: Strategies to Improve Occupational Performance



The hairstylists presented the strategies to improve occupational performance mostly at a micro or individual level (need to change own behavior, occupation or environment to accommodate to their own experience of pain). However, some of the stylists also discussed the need to promote changes in the beauty industry in the meso and macro level. The meso level included training schools for hairdressers, adaptation of work environments, and local and provincial hairstylists' associations. The macro level included the creation of a national association for hairstylists, and a formal risk assessment for the profession at a national level

similar to the one from Europe, Australia and New Zealand with an elaboration of a safety manual or guidelines for the hairdressing industry. Participants criticized the training they have as a hairstylist in terms of not being educated about the risks involved in the industry such as the physical demands and need to be available for the job most of the time. For example, one participant mentioned that her teachers were both wearing braces during the classes, and even commented that “pain is an expectation in the industry”, but did not offer any prevention technique or even discussed the risks to develop musculoskeletal pain. According to this participant, the exposure to the physical and psychosocial stressors are not presented to the apprentices, and once they start to practice and feel pain, the stylists feel that they have already spent too much money and effort in the profession to think about career change. The participants of this study discussed that they believe that having the chance to learn ergonomic techniques and strategies would help them to prevent UED. Participants also stated that their managers are also stylists experiencing pain but they do not regularly address physical modifications and environmental changes in the workplace. Only one stylist who is a manager discussed that she is investing on purchasing mats and changing some of the equipment for light-weighted ones. However, she admitted that she did not address the pressure to produce in her salon with her staff although recognizing that the fast paced environment contributes to her own experience of pain.

In the meso level, Crippa et al. (2007) implemented a health educational program in a sample of hairdressing trainees, aiming to assess the knowledge of the trainees about risks in their workplace, implement an educational program and verify its efficacy. The participants were recruited from technical schools, aged from 15 to 21 years, and were followed for 3 years. At the end of the training, Crippa et al. noticed that the trainees had a better understanding of the risks in the workplace and incorporated prevention measures after the intervention, since skin diseases

decreased after wearing gloves and skin care products. Crippa et al. emphasized that the process of reducing the risk factors for work related injuries involves changes in the workplace and work organization as well as in practice of personal protection strategies.

The use of chemicals, exposure to the fumes and lack of protective equipment in the industry was another issue discussed by the participants that are not included in their training and even divulged as a risk to their profession. Most of the stylists perceived the lack of legislation and safety guidelines in the industry as a barrier to improve awareness and wellness in the industry. The Departments of Labour in New Zealand and in Australia each conducted an occupational health evaluation of safety in the hairdressing industry that aimed to assess management practices used to reduce the risk of injury and disease in the hairdressing industry, and was based on anecdotal information gathered from hairdressers, apprentices and trainees performing hairdressing tasks. In New Zealand, the Department of Labour surveyed 70 hairdressers in 2002-2003 and found that over 50% of the hairdressers had sustained an overuse disorder in the last five years, and 10% had dermatitis at the time of the survey. The findings were used to write a manual in 2007, containing information about actual health and safety management practices used to reduce the risk of injury and disease in the hairdressing industry, focusing on the prevention of musculoskeletal disorders and chemical exposures. (Department of Labour - New Zealand, 2007). In Australia, a project called “Health and Safety Guidelines for Hairdressers” was conducted in 2003 to address high costs of injuries in the hairdressing industry (more than \$2.3m in 2000/01). The outcome was the publication and distribution of a hairstylists’ manual addressing physical hazards, risk and injury management (Work Cover New South Wales, 2003). In Canada, current legislation about the use of chemicals in the beauty industry is designed for public safety and not specifically for the safety of the professionals. Up to date, no formal

assessment of health risks to hairstylists and guidelines to safe practice were developed. Most of the provincial safety and health boards use the guide elaborated by the Australian government instead.

In summary, this chapter discussed the findings from the current study regarding the experience of pain of female hairstylists at work and home and how these study participants accommodated to the experience of pain. The major occupational performance issue identified by the participants was feeling pain while performing roles as a stylist, spouse, and mother, resulting occupational disengagement. The participants discussed how their experiences of pain were related to the culture of the stylists, perceptions of demands of the beauty industry and also discussed strategies improve their occupational performance (manage roles at work and home despite feeling pain). The PEO model served as a framework for examining the impact of pain in the person-environment-occupations and to describe the strategies used by the stylists to adjust to pain and manage their roles at work and home. Using the PEO as a framework, occupational therapists can assist with maximizing occupational performance issues brought by the stylists by addressing the risk factors from the beauty industry, assisting with management of roles and adjustment to the pain experience and fostering wellness at the client level, meso and macro levels.

## **6.0 Conclusion**

### **6.1 Limitations of the study**

This study sought to gain an understanding of how the female hairstylists have adjusted or accommodated to the pain experience with regards to roles at work and home through a qualitative descriptive approach. Although the sample of 7 hairstylists generated data for a rich description of the experience of pain, a sample size of 12 participants was initially expected. The small sample size probably occurred due to sensitivity of the topic being explored. First, although the prevalence of UEDs in the industry is high, stylists were not typically asked about how they feel while performing their tasks, and when the investigator approached potential participants during recruitment phase, some of them mentioned that they were afraid to disclose that they feel pain since they have to pretend to be healthy and free of pain for their clients, and felt that the information shared in case they decided to participate in the study would be detrimental to the image of the beauty industry. Secondly, some potential participants initially accepted to be in the study, but changed their minds feeling suspicious of their supervisors and managers to know that they were talking about their experiences of pain and risk losing their jobs. Although the confidential nature of the research was stressed to the participants, the secrecy of keeping the pain and not addressing it in the industry may have kept participants from sharing their experiences in the study. The small size of sample may have limited the potential of having a more culturally diverse population and the exploration of cultural issues related to the experience of pain and adjustment to roles. Perhaps the study would have more culturally diverse response to pain if the sample of participants would include at least another participant coming from non-western background.

Another possible limitation of the study is the fact that none of the participants of the study were parents of small children, although one participant was able to retrospectively share her limitations in parenting roles while caring for her children, now adults. The investigator anticipated that the challenges of raising a child while experiencing pain would be raised and explored, but since the participants were not parenting dependent children, the limitation in parenting roles were not explored in depth.

The investigator had experience with interviewing techniques in her practice as an occupational therapist; however, this was the investigator's first experience interviewing for research purposes. Furthermore, the availability of the participants for interview at times occurred before the investigator had the chance to finalize the transcription of previous interviews at times, limiting the ability of the investigator to refine the questions prior to the next interview. However, in general, even prior to finishing the transcription the investigator was able to bring new questions for the following interview as appropriate to explore the participant's experiences since the investigator carried a field note with topics or questions that could be incorporated in the interview.

Although the investigator tried to remain neutral during the interview process, the biases brought into the study became evident during the transcription process. Since the investigator is an occupational therapist with previous research involvement with injured female workers, and interested in promoting occupational engagement and explore accommodation in the workplace, she noted that during some of the interviews she probed the participant to discuss, for example, what she believed would accommodate her pain in the workplace or home. The investigator could relate to the biases she was bringing to the study and was able to address biases by

debriefing with the advisor and peers after the interviews, reviewing the transcripts of the interviews prior to other interviews and checking on the notes she had from the field book.

Despite the limitations of the study, the investigator was able to gather rich information through the narratives of the participants about their experience of pain and discuss strategies used by the stylists to adjust to their roles using the PEO as a frame of reference.

## **6.2 Implications of the Study**

The main goals of the present study were to describe the experience of upper extremity pain of female hairstylists in their professional and home life, and to understand how these women have adjusted or accommodated to the pain with regards to roles at work and home. The results from the present study showed that the experience of pain among female hairstylists is a complex phenomenon that impacts the roles and routines of the female stylists at work and home. In terms of risk factors, although the physical demands of the job and physical barriers from the environment were perceived to be the first cause for the development of upper extremity pain, the study participants reported that the psychosocial stressors magnified the experience of pain. The participants of this study described the lack of control over their job combined with the high pressure to produce and satisfy clients and managers as the main factors that exacerbated the experience of pain. As a result, feeling pain made the stylists frustrated for not being able to manage their roles at work and home. Furthermore, the engagement in meaningful occupations such as paid work, care of family and leisure occupations were severely impacted by their pain. To accommodate to their experience of pain and to perform their roles, the stylists described the strategies used to cope with the physical and emotional pain. Strategies to improve their

occupational performance (management of roles and routines) despite the experience of pain included taking medication, rest, invest in insoles and ergonomic equipment, reduce the hours in the industry, transition to working from home, and share home tasks with family. The hairstylists also described barriers present in the meso and macro levels to prevent the onset of pain such as not addressing risk factors and prevention techniques during their training in the trade, not having seniority and health care benefits to pay for massages, not having safety guidelines and legislation in the industry about musculoskeletal disorders and the use of chemicals without protective equipment.

From an Occupational Therapy perspective, the personal experience of pain and the risk factors identified by the stylists in their occupations and environments were contextualized using the Person Environment Occupation model (Law et al., 1996). This study provides support for the use of the PEO model (Law et al., 1996) as a tool to identify and describe the impact of pain in the roles of the female hairstylists at work and home, and to describe how they have accommodated to their experience of pain. The PEO model (Law et al., 1996) permitted an understanding of the experience of pain by analyzing the person, occupational and environmental factors that influence a person's experience of pain and the changes or accommodations made to and interfere with management of roles. It was a valuable tool to provide an understanding of the issues involved in the experience of pain and accommodation of pain and impact on roles for the clinician.

### **6.3 Applications of the Study in Occupational Therapy Practice**

Satisfying occupational performance is the goal of occupational therapy intervention, including use of coping skills as means to enhance performance of life tasks (Haertl & Christiansen, 2011). The current study showed that the process of adjustment to pain included the use of passive and active coping skills, and that the PEO model (Law et al., 1996) is a valuable tool that can be used to understand the accommodation to the experience of pain in the management of roles. The PEO model (Law et al., 1996) can be used with the participants to visualize the impact of pain in their roles (barriers to occupational performance) and also to foster intervention by maximizing the PEO fit by addressing the coping strategies and other interventions to maximize occupational performance. Furthermore, accommodating to pain revealed that multiple strategies were tried by the participants, but there were also strategies that were not used that could facilitate the management of pain by preventing it or relieving it supported by the workplace or the beauty industry as a trade. The participants discussed strategies that could be incorporated in the meso level (training and local associations) and macro level (legislation and risk assessment guidelines conducted by Health Canada) interventions that would also impact the development of chronic musculoskeletal pain among hairstylists.

Although literature supports the accommodation in the workplace and the use of educational sessions and guidelines about safety and prevention of musculoskeletal disorders among hairstylists as an effective way of prevent the development of WRMD among hairstylists ( Fang, 2010; Tsigonia et al., 2009; European Agency for Safety and Health at Work, 2008; Department of Labour - New Zealand, 2007; Mussi, 2005; WorkCover New South Wales, 2003), no formal risk assessment for the beauty industry or safety guidelines were found in Canadian literature.

#### **6.4 Recommendations**

Two recommendations can be derived from this study. The first recommendation is the use of the PEO model beyond the client's environment to address barriers and supports to improve the overall health of the beauty industry workers and promote change in training programs and policy making. Another recommendation would be further investigation on the experience of chronic pain and disengagement from meaningful occupations. Although the experience of chronic pain promotes a disengagement from meaningful occupations, studies addressing the burden of pain among females in the context of occupational therapy practice are scarce.

#### **6.5 Conclusion**

This study contributes to the literature by describing female hairstylist's pain experience and its impact on roles of female hairstylists, an innovative topic that no prior literature has been found. The current study contributes to an understanding of the biopsychosocial factors linked to the experience of pain, and how the process of adjustment to pain impacted the performance of roles at work and home by changing the relationship and interaction between the person, environment and occupations. The PEO model (Law et al., 1996) was used to describe the impact of pain on roles and the adjustment process in the management of roles, and facilitated an understanding of the occupational performance issues face by the stylists experiencing upper extremity pain. This study highlights the need to address the burden of pain on the management of roles by female hairstylists, to develop strategies to address the prevention and accommodation of pain in the beauty industry, and the need to address the impact of pain in the lives of female workers in general.

## **Glossary**

### **Beauty Industry**

“The beauty industry encompasses sales of cosmetics, perfume, and products for skin and hair care. Beauty salons and spas are considered the service sector of the beauty industry” (Wise Geek, 2012). Professionals that work in the beauty industry include hairstylists and manicurists. For this study, beauty industry was referred as the hair industry, including hair salons and retail.

### **Biomechanical risk factors**

Biomechanical risk factors are the physical characteristics of the work environment that predispose toward the development of musculoskeletal disorders (Warren & Sanders, 2004). Some biomechanical risk factors for developing musculoskeletal disorders are: repetition, force, awkward postures, static postures, vibration and mechanical compression (Warren & Sanders, 2004).

### **Coping**

Coping is described as the process through which a person adjust to the demands of daily life. In this study, the participants described both active and passive coping strategies to address their experience of pain and its effect on their roles and routines (Haertl & Christiansen (2011). Active coping strategies require the individual to actively take responsibility for pain management by attempting to control pain or to function despite pain. Passive coping strategies, on the other hand, involve either withdrawal or the passing on of responsibility for the control of pain to someone else (Main, C. J., Sullivan, M. J. L., & Watson, P. J., 2008).

### **Chronic pain**

Chronic pain is defined as “any pain that lasts beyond the expected point of tissue healing, longer than 3 months duration” (Strong, 2002).

## **Hairstylists**

Hairstylists, also known as beauty salon operators, hairdressers, hair color technician, perform a wide range of activities related to hair care. The job tasks for hairstylists include washing, rinsing, combing, cutting the hair, applying color and bleaches, make perms and straightening hair (*Manitoba job futures - hairstylists and barbers NOC 6271, 2007*).

## **Occupational Performance**

Occupational performance is the outcome of the transaction of the person, environment and occupation. It is defined as the dynamic experience of a person engaged in purposeful activities and tasks within an environment (Law, M., Cooper, B., Strong, S., Stewart, D., Rigby, P., & Letts, L., 1996).

## **Pain**

Pain is “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.” (International Association for the Study of Pain, 2012).

## **Persistent pain**

It is the type of ongoing pain that requires to take pain medication and seek for health care and impacts normal activities (Strong J, 2002).

## **Person – Environment – Occupation model (PEO)**

The PEO model is conceptualized as a dynamic interaction between the person, the environment and occupations over time. In this model, the person can refer to an individual, a group or an organization (Strong et al., 1999). The second component, environment, includes cultural, institutional, physical and social factors affecting the dynamic experience of a person engaged in

an occupation (Law et al., 1996). The third component, occupations, are the activities and tasks performed by a person while carrying out various roles in multiple environments, including self-maintenance, expression and fulfillment within the context (Strong & Gruhl, 1999, Law et al., 1996). These three components are represented as spheres, that overlap each other according to the relationship between the three dimensions (person, environment and occupation). The overlap in the center of the spheres represents occupational performance, and the fit between the person-environment-occupation transaction is an outcome of the quality of a person's experience (Strong & Gruhl, 1999; Law et al., 1996).

### **Roles**

Roles are defined as incorporation of a socially and/or personally defined status and a related cluster of attitudes and behaviors. When performing a role, the person has an internal view of the self, but also a social recognition of the status (Kielhofner 2008).

### **Upper extremity disorders (UED)**

Upper extremity musculoskeletal disorders (UEDs) are a group of disorders that involve the upper body, compromising the neck, shoulders, elbows, wrists and hands, including peripheral nerve entrapments, inflammation or irritation of joints, and muscle disorders. Among hairstylists, the most common UEDs are: thoracic outlet syndrome, cervical radiculopathy, rotator cuff tendonitis, subacromial bursitis, cubital and radial tunnel syndrome, carpal tunnel syndrome, De Quervain's disease, and Guyon Syndrome (Duff, 2004).

### **Work Related Upper Extremity Disorders (WRUED)**

Upper extremity disorders that develop or intensify as a result of work related conditions.

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## Appendix A

### List of Copyrighted Material for which Permission was Obtained



Canadian Association of Occupational Therapists  
Association canadienne des ergothérapeutes

#### CAOT Publications ACE Copyright Request

November 12, 2012

Ana Paula Carvalho  
Department of Occupational Therapy

University of Manitoba  
Winnipeg MB

Dear Ms Carvalho

According to your request, you would like permission to reproduce the Figure 1. PEO model from the following article:

Law, M., Cooper, B., Strong, S., Stewart, C., Rigby, P., & Letts, L. (1996).  
The Person-Environment-Occupational Model: A transactive approach to  
occupational performance. *Canadian Journal of Occupational Therapy*, 63,  
1-15

We understand that you will be using this figure in your Masters thesis, at the University of Manitoba entitled, *Feeling pain, producing beauty: experience of women hairstylists at work and home.*

Permission for the above is granted on a one time basis only and provided that you acknowledge the source. Please ensure that a full reference is printed with the figure to indicate that it is reprinted with the permission of CAOT Publications ACE. This does not include the right for uses other than the above-mentioned.

Thank you  
Yours sincerely,

Stephane Rochon  
CAOT Publications Administrator

CTTC Building, 3400-1125 Colonel By Drive, Ottawa, ON K1S 5R1 Canada  
Tel: (613) 523-2268 • 1-800-434-2268 • Fax: (613) 523-2552 • [www.caot.ca](http://www.caot.ca)

## Appendix B

## Poster Advertisement – English Version

DO YOU FEEL PAIN  
IN YOUR WORK?



Looking for women hairstylists who is experiencing pain  
in the neck, shoulders, arms to participate in a research study

If you are interested, please call Ana at 943-xxxx or e-mail  
[abc.com](mailto:abc.com) for details about participating in this study

English version  
Created on 05/05/2008

## Appendix C

Poster Advertisement – Portuguese Version

VOCÊ SENTE DOR  
EM SEU TRABALHO?



Procurando por cabeleireiras que estejam experimentando dor no pescoço, ombros, braços para participar de uma pesquisa.

Se você se interessar, por favor telefone para Ana no 943-xxxx ou envie um e-mail [abc.com](mailto:abc.com) para detalhes sobre como participar desse estudo

Portuguese version  
Created on 05/05/2008

## Appendix D

Poster Advertisement – Spanish Version

Siente dolor  
en su trabajo?



Buscando peluqueras que estean experimentando dolor em el cuello, ombros, brazos para participar de una pesquisa.

Si usted tiene interés, por favor llame Ana en 943-xxxx o envíe um e-mail para [abc.com](mailto:abc.com) para detalles de como participar de este estudio

Spanish version  
Created on 05/05/2008

## Appendix E

## Sample Advertisement – Recruitment Purposes

**Sample Advertisement Text  
(For recruitment purposes)**

My name is Ana Carvalho, and I am currently a Master's student in the School of Medical Rehabilitation at the University of Manitoba. I am conducting a study with hairstylists, since I am willing to understand and analyze the multiple causes of work related injuries among beauty professionals. These injuries can be located in hand, wrist, shoulder, elbow or neck.

I would appreciate your participation in this study, and hope that information learned from this study will benefit other women with hand, wrist, shoulder, elbow or neck injuries.

Sincerely,

Ana Carvalho  
abc.com

## Appendix F

## Recruitment Letter Sent to Potential Participants



UNIVERSITY  
OF MANITOBA

School of Medical Rehabilitation  
Faculty of Medicine



July 20, 2009

Dear hairstylist,

My name is Ana Carvalho, and I am currently a Master's student in the School of Medical Rehabilitation at the University of Manitoba. As part of my program I am completing a research for my thesis entitled **Feeling pain, producing beauty: experiences of hairstylist at work and home**. I am conducting a study with hairstylists, since I am willing to understand and analyze the multiple causes of work related injuries among beauty professionals. You will be a potential candidate if you are **a woman, work as a hairstylist, experience pain in any of these areas: shoulders, neck, elbow, hand and wrists**.

If you are willing to participate, I will explain the objectives of the study and your rights as a participant. There will be a 1 to 1.5 hour interview, scheduled at the most convenient time and place for you. In return for sharing your knowledge, experiences and time, a **gratification of \$20** will be offered, plus **reimbursement for transportation costs** such as bus tickets or parking if applicable.

I would appreciate your participation in this study, and hope that information learned from this study will benefit other women with hand, wrist, shoulder, elbow or neck injuries.

Please contact me through e-mail or phone if you are interested in participating in the study. If you know of another hairstylist who may also be interested in participating, feel free to pass this information on to them.

Thank you again for considering my request,

Sincerely,

Ana Carvalho - E mail: [abc.com](mailto:abc.com) Phone: 943-xxxx

## Appendix G

### Description of Research Sent to Potential Participants



#### Description of Research

I am seeking to interview 8-12 hairstylists which are experiencing pain in at least one of the following body parts: shoulders, neck, elbow, wrists, hands. Interested participants will be selected primarily on a first-come-first -serve basis; however there are several additional selection criteria to ensure that the sample includes a variety of different experiences. For example, I am willing to speak with some hairstylists that are working in the beauty industry for a short time and long time as well, also, women from different nationalities and backgrounds. To ensure this, interested people will be asked a few questions before confirming their participation. This initial brief conversation will also give you an opportunity to ask any questions you may have about the study.

The interview will cover topics such as: your experience as a hairstylist, type of work, if you feel pain during your work, extra activities, household activities. Identifying information will be kept confidential, and destroyed after the end of the project. A summary of research findings will be provided to participants.

Your help in this research is very important.

Thanks for your consideration for considering my request.

## Appendix H

### Interview Guide

#### Interview Schedule for Research Participants

##### A) Introduction

Maybe we could start with you telling me what is your normal day like, from the time you wake up to when you go to sleep at night?

##### B) Winnipeg Hairstylist Industry

1. I would like to talk about your work in the hairstylist industry, considering your opinion and experience about:

- How long have you been working, or have worked, in this sector?
- Did you receive any training?
- Job changes, if you are not working in this sector anymore, why did you change?
- Type of work, position and place
- Things you like and dislike about your job, such as salary, work conditions, co-workers, schedule and breaks, environment, valorization of your job, possibilities for growth
- Communication in your workplace, with co-workers and managers
- How do you feel about your job (if you feel physically and/or mentally tired, worried, satisfied, anxious)

##### C) Work Related Injuries

- Can you think of an example of injury related to your job?
- Do you have any work related injuries? For how long?
- If you have these injuries, based on your experience, can you describe:
  - When and how did you find out you have them?
  - Symptoms you felt and/or feel. Are there any factors that make them worse?
  - How can a person develop these types of injuries? Is it possible to avoid it?
- Did you go to the doctor because of your injury? What did he/she say about it?
- Did you miss your work because of pain?
- Did you tell your family and / or friends about this problem? What did they say about it?
- In the place where you work, do you know anybody else that has the same problem?

##### D) Extra work activities and home life

Besides your work in the hairstylist industry, I would like to know a little bit more about your personal life outside work. Maybe we could start with you telling me about a normal day outside your work?

Can you please tell me and describe:

- Any extra work you have (volunteer or paid job)?
- How many people live in your household? What is their relationship to you?
- Are you responsible for most of the housework and childcare in your household? Why?
- Do you normally do the cleaning, cooking, laundry, vacuuming and grocery shopping in your house? Is there a person to help you with these tasks? Approximately how much time do you spend on these tasks?

## Appendix H

### Interview Guide - Continued

- In case you have children, how many children do you have? Are you responsible for taking care of the children (example: bathing, feeding, taking them to school or childcare, etc.)?
- When do you usually find time to do your household tasks? (example: weekdays, weekends, before or after working in the paid workforce, etc.)
- Is there anyone to help you with the childcare or household tasks? Do you have to pay this person or place (in case of childcare)?
- If you could, would you change the amount and/or type of household tasks you perform? How?
- When normally do you have a free time or leisure? What activities do you like to do?
- Do you think you have enough time to rest and/or sleep? Why or why not?

#### **E) Ending**

I would like to know some personal things about you, like

- Your age
- Your marital status
- What country are you from? When did you arrive in Canada?
- What languages do you speak?

I would you like to know that you can also ask me questions if you want. Before we finish the interview, I would like to know:

- Is there anything else you would like to comment?
- Would you like to receive a copy of your transcript?
- Do you know any other person who would be interested in participating in this study? If you know, could you please ask this person to call me or obtain her permission to get in touch?
- Can you suggest where I might be able to find more participants?

Thank you

Appendix I  
Research Participant Information and Consent Form



UNIVERSITY  
OF MANITOBA

School of Medical Rehabilitation  
Faculty of Medicine



RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM

Title of Study: Feeling pain, producing beauty: Experiences of women hairstylists at work and home

Principal Investigator: Ana Paula Carvalho, Master's Student in Sciences in Rehabilitation, University of Manitoba, Winnipeg, Canada. Telephone: (204) 943-xxxx. Email: [abc.com](mailto:abc.com)

Advisor: Dr. Margaret N Friesen, School of Medical Rehabilitation, University of Manitoba, Rxx. Telephone: (204) 789-xxxx. Email: abc.ca

---

You are being asked to participate in a research study. Please take the time to review this consent form and discuss with me any questions you may have. You may need time to decide whether or not to participate in the study and you are welcome to discuss your decision with your friends and family. This consent form may contain words that you do not understand. Please let me explain any information that you do not clearly understand.

Purpose of Study

The purpose of this research study is to explore the experiences of female hairstylists experiencing pain in their professional and home life. The objectives of the study are to:

1. Understand how the experience of pain in - the neck, shoulder, elbows, wrists and hands - affects their activities in the workplace as hairstylists and at home as spouse, parent, homemaker.
2. Understand how female hairstylists deal with the pain and what changes they have made when they perform activities at work and at home, such cleaning, cooking, childcare, etc.

A total of 8 to 12 participants will participate in this study.

FEELING PAIN, PRODUCING BEAUTY: EXPERIENCES OF WOMEN HAIRSTYLISTS AT WORK AND HOME

Appendix I  
Research Participant Information and Consent Form - Continued

Study procedures

Your participation in this study will involve one in-depth interview where you will be asked to share your experiences and views on work related injuries, on working in the beauty industry, as well as activities you do as part of your home life. This interview will be approximately one hour in length, depending on your schedule, and will take place at a time and location that is convenient for you.

Participation in this study will present no known risk to you.

All attempts will be made to respect your privacy, and confidentiality of all personal information will be maintained. During the interview, notes may be taken. With your consent and permission, the interview will begin and will be recorded on an audio-tape device.

Throughout the research portion of the study, confidentiality of your identity and personal details will be protected. All interview transcripts and related research documents, including my thesis draft and analysis will use pseudonyms. This is to avoid the chance of identifying participants of the study. The audio tapes used to record the interviews will be kept in a secure location, stored in a locked cabinet, and each tape will be destroyed after the study is completed. In any written documents or oral presentations, I will use terms that will not match your identity. Since all attempts will be done to ensure the confidentiality and anonymity, it is important to mention that only I, Ana Carvalho, and my advisor, Dr. Margaret Friesen, will have access to your identity and the information gathered from your interview.

You have the right to withdraw from this study at any time, or to refuse to answer any questions; however, I would appreciate talking to you before you decide to stop participating.

**There will be a \$20 honorarium for your participation in this study.** I will be grateful for your time and effort in participating in this research project and I hope that the information learned from this study will benefit other women with hand, wrist, shoulder, and elbow or neck injuries. Also, there will be no costs for you to participate in this study.

Your feedback about my research project is very important to me. If you are interested, I would be willing to provide you with a copy of your interview transcript, and talk about potential comments or questions regarding the interview or research in general. If you are interested, I will also ensure that I will give you a summary of key findings.

FEELING PAIN, PRODUCING BEAUTY: EXPERIENCES OF WOMEN HAIRSTYLISTS AT WORK AND HOME

Appendix I  
Research Participant Information and Consent Form – Continued

Questions

You are free to ask any questions that you may have about your rights as a research participant. If any questions come up during or after the study, contact the study investigator, Ana Carvalho, at (204) 943-xxxx.

For questions about your rights as a research participant, you may contact The University of Manitoba Bannatyne Campus Research Ethics Board Office at (204) 789-3389

Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

Statement of Consent

By signing this consent form, I am aware that I have read this consent form and had the opportunity to discuss the research study with Ana Carvalho. Also, I agree that I have had questions answered by the investigator in language that I understand. I understand that information regarding personal identity will be kept confidential, and that all efforts will be made to guarantee this. I authorize the inspection of any of my records that relate to this study by The University of Manitoba Research Ethics Board for quality assurance purposes.

A copy of this consent form will be given to me after signing it. My signature on this form indicates that you I have understood the information regarding participation in the research project and agree to participate as a subject. My legal rights as a participant are not waived; also, I understand that I am free to withdraw from the study at any time.

Participant signature \_\_\_\_\_ Date \_\_\_\_\_  
(Day/month/year)

Participant printed name: \_\_\_\_\_

FEELING PAIN, PRODUCING BEAUTY: EXPERIENCES OF WOMEN HAIRSTYLISTS AT WORK AND HOME

## Appendix J

## Approval from the University of Manitoba Health Research Ethics Board



UNIVERSITY  
OF MANITOBA

BANNATYNE CAMPUS  
Research Ethics Boards

P126-770 Bannatyne Avenue  
Winnipeg, Manitoba  
Canada R3E 0W3  
Tel: (204) 789-3255  
Fax: (204) 789-3414

APPROVAL FORM

Principal Investigator: Ms. Ana Paula Carvalho

Protocol Reference Number: [REDACTED]  
Date of REB Meeting: May 26, 2008  
Date of Approval: August 15, 2008  
Date of Expiry: May 26, 2009

Protocol Title: "Feeling pain, producing beauty: Experiences of women hairstylists at work and home"

The following is/are approved for use:

- Protocol Version number 1 dated May 12, 2008
- Research Participant Information and Consent Form, Version dated August 8, 2008
- Interview Schedule for Participants Version Number 1 dated May 5, 2008
- Advertisement sample English, Spanish and Portuguese all Version Number 1 dated May 5, 2008

The above was approved by Dr. Roberta Woodgate, Acting Chair, Health Research Ethics Board, Bannatyne Campus, University of Manitoba on behalf of the committee per your letter dated August 14, 2008. The Research Ethics Board is organized and operates according to Health Canada/ICH Good Clinical Practices, Tri-Council Policy Statement, and the applicable laws and regulations of Manitoba. The membership of this Research Ethics Board complies with the membership requirements for Research Ethics Boards defined in Division 5 of the *Food and Drug Regulations*.

**This approval is valid for one year from the date of the REB meeting at which the study was reviewed.** A study status report must be submitted annually and must accompany your request for re-approval. Any significant changes of the protocol and informed consent form should be reported to the Chair for consideration in advance of implementation of such changes. The REB must be notified regarding discontinuation or study closure.

This approval is for the ethics of human use only. For the logistics of performing the study, approval must be sought from the relevant institution, if required.

Sincerely yours,

Roberta Woodgate, Ph.D., MN  
Acting Chair, Health Research Ethics Board  
Bannatyne Campus

**Please quote the above protocol reference number on all correspondence.**  
Inquiries should be directed to the REB Secretary Telephone: (204) 789-3255 / Fax: (204) 789-3414