Managing common health problems in the workplace

The Health↔Work Toolbox

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Overview

- It’s all about the work/health interface
- What is the problem?
- Why has it persisted?
- A novel conceptual model
  - Work-relevant symptoms
  - Biopsychosocial obstacles
  - Intervention timing
  - All players onside
- Developing a prototype toolbox for workplace
- What it looks like
WORK ↔ HEALTH

- We know that work is good for our health and wellbeing, and return to work can improve health outcomes
- **But, important proviso:**
  - It’s good work that’s good!

- DWP commissioned review
  - G Waddell, K Burton (2006)

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Focus: Common Health Problems

- Less severe illnesses and injury
- Yet responsible for $\frac{2}{3}$ of absence and long-term incapacity
  - Mild/moderate mental health problems
    - ‘Stress’ i.e. feeling stressed
  - Musculoskeletal conditions

[Graph: Most common illnesses cited in benefit claims (top ten and selected)]

- Depression: 398,700
- Back pain: 168,330
- Unknown causes: 129,450
- Other anxiety disorders: 93,880
- Pain: 61,400
- Other neurotic disorders: 58,210
- Learning disorders: 53,450
- Mental retardation: 50,420
- Schizophrenia: 49,760
- Epilepsy: 46,040
- Alcoholism: 42,360
- Drug abuse: 37,480
- Obesity: 1,830

Source: Dept for Work and Pensions, August 2010
Common health problems

- High prevalence across population
- Characterised more by symptoms than disease or impairment
- Coexisting symptoms common - physical and mental
- Episodic - symptoms of varying severity at irregular intervals over life course
- Most episodes settle uneventfully - care seeking for minority of episodes
- Multifactorial causation – work often not contributory factor
- Most people remain at work or return to work quite quickly
- Essentially typical people, with a manageable health problem
  - *given support, opportunities and encouragement*
Size and nature of the problem

- Labour Force Surveys
- Musculoskeletal and mental health
  - largely unchanging incidence/prevalence
- Co-existence
  - correlation ≠ causation
  - shared management principles?
Prevailing paradox
There’s a fault in reality

- Available evidence suggests whatever we’ve been doing hasn’t helped
- Our attempts to prevent or cure work-relevant CHPs have, at best, been suboptimal
  - Insanity: doing the same thing over and over again and expecting different results
    - Albert Einstein
- Time to look at different models and approaches
Traditional occupational health paradigm

Trauma → Worker → Hazard → Injury / disease

Focus on causal relationship

Bernardino Ramazzini 1633-1714

.... a reasonable concept, but doesn’t explain all we see
Safety vs Health – conflicting paradigms

- Reduce risks → prevent the harm
  - paradigm works for safety
    - e.g. falls from height
  - paradigm works for occupational disease with clear cause-effect
    - e.g. hazardous substances exposure

- Paradigm does not work for other purported work-related conditions (common health problems)
  - actually impedes understanding health ↔ work interface
Work-relevant symptoms

- People with certain job demands may not notice symptoms at work
  - not work-relevant
- People with another set of job demands may struggle with symptoms
  - Work-relevant symptoms
    - Usual work temporarily difficult or impossible
      - Work provokes symptoms
      - Work makes symptoms worse
      - Work become difficult due to symptoms
      - Medicalisation usually not a good thing
- Work-relevance is about this person, in this job, with these symptoms, at this time
  - Highly individual
Symptoms

With work-relevant CHPs, what people struggle with is symptoms and coping, not disease or injury.
The slide to disaster

social constructs → escalating obstacles

- Before symptoms
- At onset of symptoms
- At time of seeking healthcare
- If signed off work
- On failure to recover/participate

adapted from Hadler
Vocational rehabilitation
- what works, for whom, and when

- VR can be effective + cost-benefits
  - People with common health problems have a manageable health problem
    - given early support, opportunities and encouragement
  - VR is whatever helps someone with a health problem to stay at, return to, and remain in work

Waddell, Burton & Kendall, 2008
tsoshop.co.uk
Integrated approach

- SAW and RTW don’t just happen — action needed!
  - Healthcare alone not enough
  - Workplace must be involved
- Integrated approach
  - Work-focused healthcare
  - Accommodating workplace
    - both are necessary
    - ‘working while recovering’
    - from day #1 of absence
Move from biomedical to biopsychosocial perspective

- **Biomedical**
  - Pathology-focused healthcare

- **Biopsychosocial**
  - Work-focused healthcare
  - Workplace support

And I will try to fix you.
Why do some people struggle?

- They do not have a more serious health condition or more severe injury
  - So, it’s not about what has happened to them; rather it's about why they don't recover

- They face obstacles to recovery and participation
  - “My back hurts doc, but I’m here because I can’t cope with this episode” [Hadler & Corey, 1998]

→ biopsychosocial obstacles model
Flags framework is about identifying obstacles to being active and working

The important thing, then, is to figure out how these can be overcome
Who is involved in work-health interface:

- Person
- Clinician
- Line Manager

- can help or sabotage
It's a great idea, but the doc generally has little notion of the work or workplace.

Recommendations will need to be interpreted......
Mapping accommodation onto fit note categories

- **Phased return to work**
  - Flexible start-finish times
  - Graded return to work
  - Start work on a Wednesday
  - Selected duties

- **Workplace adaptations**
  - Reduce reaching
  - Provide seating
  - Reduce weights
  - Different department

- **Altered hours**
  - Reduced work hours
  - Reduced work days
  - Additional rest breaks
  - Allow work at home

- **Amended duties**
  - Achievable goals
  - Reduce pace of work
  - Increase task variety
  - Co-worker as buddy
The line manager’s predicament

- Line managers are key players
  - they organise modified working arrangements

- Uncertain
  - about health
  - about what is safe
  - about what the doc means

- Need confidence and knowledge
  - but, where from, who from?
Developing a toolbox for HSE

- Can the concept of the ‘Management Standards’ be extended beyond stress?
- The aim of the project was to develop an ‘intervention’ toolbox for managing common health problems in the workplace
- Big report: >550 pages
Our approach was not about discovering new things; rather, implementing what we know

5 Phases
- Review scientific and grey literature
- Best evidence synthesis
- Stakeholder survey + experts workshop
- Develop comprehensive underpinning framework (report material)
- Synthesise the framework into practical toolbox (useable output)
- Test utility/practicality/acceptability of prototype toolbox
Review - key points

- CHPs and occupational disease/injury fundamentally different
  - Regulations and Standards don’t deal with the problem

- The impact of CHPs comes from symptoms
  - physical and mental symptoms often coexist
    - diverse aetiology

- Tackling CHPs is about preventing what can be prevented, and managing what can’t
  - best achieved through workplace interventions

- Provide ‘good jobs’ that are as comfortable as possible

- Accommodate struggling workers in a ‘supportive workplace’
  - essentially, it’s about reducing both the likelihood and the impact of symptoms
Time to change focus?

- If work actually causes only a small proportion of cases, then even if intervention had a large effect the overall preventive impact can only be small.

- Worse still, regulations bedeviled by ‘70s science.

- If there is a high prevalence of cases, yet treatment has only weak effect, there will be only a small overall impact on outcomes.

- Worse still, outcomes bedeviled by late delivery and iatrogenesis.
Smarter intervention

Prevention silo
- Occupational safety:
  - prevention of serious injury & occupational disease possible
  - but, prevention of most CHPs unfeasible
    - symptoms happen!

Healthcare silo
- Clinical treatments:
  - have small and inconsistent effect sizes on clinical outcomes
  - don’t impact on occupational outcomes
    - beware iatrogenesis

Zone of overlooked opportunity

Workplace

Just what’s needed when it’s needed
Framework

- **Common Health Problems:**
  - Ubiquitous and recurrent, but most recover
  - Can be ‘work-relevant’
  - Psychosocial factors (personal and workplace) influence symptom reporting and work loss
  - Most people capable of work participation
    - Given opportunity, support, and encouragement
  - Symptom management + temporary workplace accommodation can prevent absence and the cascade of consequences
Underpinning concept

“work should be comfortable when we are well, and accommodating when we are ill or injured”
Nortin Hadler (1997)

How can we achieve that?
- **Good Work**
  - is always desirable - minimum standard of fairness and safety - mainly at societal level, but good work ≠ 'good jobs', so

- **Good Jobs**
  - comfortable/agreeable – acceptable systems, processes, and organisation – facilitates coping, resilience. Intervention mainly at group level.
    - Outcome of interest = reduced complaints (work-relevant symptoms).

- **Supportive Workplaces**
  - accommodation – help struggling worker to maintain work ability. Intervention at individual level - line manager is key.
    - Outcome of interest = reduced work loss
Overview

- Toolbox supplementary to Regulations and Standards
  - tackles a different problem
- Position: between primary prevention and healthcare; supplementary role; aspirational – help people stay at work
- Orientation: positive biopsychosocial approach; overcoming obstacles to work participation
- Range of tools to enable:
  - Good jobs
  - Supportive workplaces
- Encouragement of dual responsibility + promotion of positive workability beliefs
- Transferability to a broad range of health at work issues
- Avoids ‘algorithmic’ assumptions:
  - doesn’t look like official ‘guidance’
The Health↔Work Toolbox is a pantechnicon
- It’s rather large, and contains all sorts of helpful and fascinating stuff
- It’s designed to be usable stuff...
Ensuring that Employers Use the Approach

- Toolbox uses strategies to encourage uptake of the approach by employers

- Toolbox provides a range of explanations and tools to help implementation
Toolbox is a web-based pantechnicon

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<th>Good Jobs</th>
<th>Supportive Workplaces</th>
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### Knowledge
- Overview
- Detail
- To Do

### Good Jobs
- Overview
- Detail
- To Do

### Supportive Workplaces
- Overview
- Detail
- To Do

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**3 x 3 matrix of info/tools**

**Overview**

**Detail**

**To do**
Health ↔ WorkToolbox

- Knowledge → understanding of good jobs & supportive workplaces
- Designed to take users straight to advice on specific problems
- Tools for:
  - senior management
  - line manager
  - worker
- Mix of self-regulation, local action, manager support, organisational processes
- ‘How to’ tools
- Case exemplars
- Toolkit
- Resource library (incl. ‘2-minute toolbox’)
“It’s a one stop shop for employers and managers of all shapes and sizes”

**The Business Case for Employers**

Helping you and your workforce deal with health at work is good for everyone and is good for business. It’s the right thing to do and you’ll be thanked for doing it. Everyone benefits.

![Graph showing trends over time with labels for different scenarios.](image)
Taster – Toolbox imparts knowledge

Knowledge
- essential component

- Workplace needs confidence to deal with health problems
  - doc may not know best

- Knowledge and advice
- Myth busting info
- Communication tools
- BPS assessment tools
  - all players onside
Taster – toolbox conveys ideas

**Good jobs**  
- aspirational goal

- Satisfaction  
  - agreeable – acceptable
- Question of balance  
  - reasonable demands and conditions
- Supportive management
- Feeling of value
- Opportunities for social interaction
- Opportunity to develop skills

**Supportive workplace**  
- working while recovering

- Take *early* action
- Recognise struggling workers
- Early detection of absent workers
- Identify obstacles to work participation  
  - psychosocial and physical
- Agree a plan to overcome obstacles  
  - modified work
Taster – Toolbox provides tools

Becoming Committed to Work – Health Culture

Workplace culture is 'the way things are done around here'.

The Health --> Work Culture Tool

Consists of a few simple questions. To get the best out of this, answer as honestly as you can.

Health --> Work Questionnaire

Find out if you, your workers, line managers, and senior managers have got the health & work message

Principles of Supportive Workplaces

People can be helped to stay at, and return to work

The pivotal thing is to provide a supportive workplace using seven key principles:

Tackling Common Health Problems - Quick Guide for Line Managers

Muscle and joint problems, stress, anxiety, depression

Helping your workers stay active and working

You – the employer, line manager, or supervisor – have an important role to play: use this guide to help you help your colleagues

Advice and Facts for Workers with Common Health Problems

Muscle and joint problems, stress, anxiety, depression

Helping you stay active and working

Confidentiality Waiver

Download an example confidentiality waiver

Confidentiality Waiver

Developing a Return to Work Plan

Effective Return to Work Plans:

- Based on a Return to Work policy - in an environment where supporting early return to work is part of normal workplace practice
- Involve temporary modifications to duties and job tasks – for any work-relevant problem irrespective of where it began
- Include workers who are able to work only part-time - then build up to full-time as they recover

Closely related sections: Developing an Action Plan, Developing a Stay at Work Plan, Graduated Approaches to Work and Activity
Taster – Embedding

- **Senior Management Actions (Good Jobs)**
  - Initiate the process and be proactive about providing good jobs
  - Incorporate the good jobs aspiration into line management training and support
  - Ensure everyone in the training contributes to the good jobs approach
  - Regularly review and seek to improve

- **Health & Work Culture Tool (Wellbeing):**
  - Two-way gain beliefs (Health → work)
  - Integration of wellbeing into other policies
  - Fairness
  - Communication
  - Productivity impact beliefs
Summary of Unique Attributes

- **Position**: Between primary prevention and health care. Empowers stay-at-work.
- **Orientation**: Positive as opposed to deficit model. Biopsychosocial basis.
  - Coping with unavoidable risks - resilience (‘good jobs’)
  - Coping with work-relevant health complaints (‘supportive workplaces’)
- **Encouragement of dual responsibility** - promote positive workability beliefs
  - Balanced prescription
- **Avoids ‘algorithmic’ approach**: does not look like ‘guidance’
- **Transferability to a broad range of health at work issues.**
Prototype functional website built
User evaluation of prototype

- 22 end users: small and large businesses: ten item survey:
  - Likes:
    - Easy navigability and layering;
    - Use of plain English;
    - Scientifically accurate and up to date content;
    - Thought provoking nature;
    - Proactive approach;
  - Dislikes:
    - No uniform patterns of negative feedback
    - Mostly related to presentational issues
  - What next: professional design and formal testing.........?
Developing an intervention toolbox for common health problems in the workplace
Kendall, Burton, Lunt, Mellor, Daniels

www.hse.gov.uk/research/rrhtm/rr1053.htm

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