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Good Work is Good for Health: The Societal and Individual Perspective

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Abstract

Background: Neither public health nor traditional healthcare have generally concerned themselves with employment participation. Most of the outcomes we measure are health-related and in practice we rarely take note of the occupation of our patients or populations or consider the impact of our healthcare on their ability to work.

Methods: We report the results of a study of current clinical practice involving patients receiving outpatient care for chronic long-term conditions.

Results: Healthcare workers do not take their opportunities to discuss work participation with their patients.

Conclusion: Work participation needs more emphasis by healthcare commissioners and providers. The optimal way to achieve this would be for work participation to become a health outcome. Prioritisation of work would lead to important improvements in the health of individuals and societies.

Keywords: Work; Employment; Arthritis; Presenteeism

Introduction

According to Dunn and Hayes, public health is defined as “the health of the population…as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood environment and health services” [1]. With this broad perspective, it is easy to see the importance of work to public health. Healthy individuals: spend many years in the workplace; derive a great deal of support and health knowledge from their peers at work; and are obliged legislatively to follow good practice around their own health and safety and that of others whilst they are in the workplace. Employers are obliged to undertake surveillance and minimise risk to reduce as far as possible any known health hazards to workers within workplaces but this places them well to consider the ‘health and wellbeing’ of their workforce above and beyond the basics required of them.

In general, being able to participate in work should be considered as a fundamental human right. Work gives individuals a sense of purpose, societal belonging and allows them to earn financial prosperity [2]. Unemployment is associated with worse health outcomes, higher rates of cardiovascular disease, depression and premature death as well as indebtedness and a doubled risk of suicide. Moroever, worklessness impacts upon families with an increased rate of poverty in the next generation but also an increased risk of poor health outcomes and of future worklessness themselves [2,3].

In westernised societies, there are two major causes of work non-participation: mental health and musculoskeletal disorders (MSDs). Depression for example, was associated with 109.7 million working days lost in 2000 in the UK, costing over £9 billion, of which only £370 million represented direct treatment costs. In the US, it was estimated that in 2012, 29% of illnesses and injuries leading to days off work in were attributable to musculoskeletal disorders [4]. Between 2004-06 musculoskeletal disorders cost $576 billion or 4.5% of gross domestic product (GDP) and were estimated to indirectly cost $373 billion, or 2.9% of GDP, through lost wages and reduced working days.

Although measurement of days lost to ill-health due to health is not perfect, there is another burden caused by ill-health which is considerably more difficult to measure, namely productivity. Productivity can be very tangible in some types of work (e.g. those paid piecemeal for making components on a factory line) but is considerably less tangible for most types of employees. For one thing, its impact is highly variable depending upon the nature of the work. For example, a factory worker with hand dysaesthesia may assemble less components each hour, which might be measurable, but a neurosurgeon with the same symptoms might cause irreparable damage to healthy tissue surrounding a brain tumour whereas same symptoms in a soloist string musician might cause complaints and demands for refunds from concert-goers after a poor performance. Also, presenteeism is under-recognised because co-workers will often compensate for reduced performance or productivity of their colleague with a health condition, at least for some time, but this may have different impacts on the employing organisation through reduced team morale or increased staff turnover. Crucially, impaired productivity is the work outcome which is most important to the employer and overall national competitiveness of the economy and therefore, an ability to measure this accurately could incentivise employers and governments to invest more in accommodation of the needs of workers

with long-term conditions, particularly as demographic changes necessitate employees to work to older ages.

We have stated the importance of work and the economic impact if individuals are not adequately supported to remain in work. A recent survey from a teaching hospital in the UK provides evidence that we could do more to support patients with MSDs. [5] The results showed that 54 (28%) of people with a long-term rheumatological condition reported that they had given up a paid job 'mainly' or 'partly' because of their condition. Amongst these, less than 50% reported that occupational health advice was available to them. One-third reported that they had sought advice from their GP or hospital doctor about their work and 25% reported that their employer had taken advice about their work prior to them stopping. The majority of the younger workforce loss (occurring below aged 40 years) was attributable to inflammatory arthritis. Amongst those still in paid work, half reported that they had been asked about their work in their clinic appointment but only one-third were asked if they were having difficulty at work and less than 25% had been offered advice about maintaining work.

We all have a responsibility to ask about our patient's working lives and see if they could be better supported. We should ask our patients if they are working, would they like to be and if they could have better support or equipment whilst they are at work.

A few ideas of how we can support our patients to stay in employment include:

- Asking patients if they are working and would they like any help or support with work.
- Directing them to local employment resources for additional support and information
- Advocate for them with their employer (providing the patient agrees) – can flexible working hours be negotiated? What about rotation of work tasks?
- Would a piece of equipment at work make their working life easier e.g. if they have foot pain and are standing still for long periods would a perching stool be helpful.

Work is generally an important part of our adult lives. The right type of work can be beneficial to an individual, their family and society. At times, it is only a small change in working conditions that is needed, for an individual to remain in work. Support from their medical team could make a big difference and impact on that individual and their family.

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