Qualitative Evidence for Return-to-Work

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Chronic musculoskeletal pain (CMSP) (i.e., pain duration >3 months) such as chronic neck/shoulder and back pain or generalized widespread pain (including fibromyalgia (FM)) has a prevalence from 10.4% to 20% among adults.

Keywords: chronic pain ; interventions ; evidence assessment ; occupation ; rehabilitation ; return to work

1. Introduction

Chronic musculoskeletal pain (CMSP) (i.e., pain duration >3 months) such as chronic neck/shoulder and back pain or generalized widespread pain (including fibromyalgia (FM)) has a prevalence from 10.4% [1] to 20% among adults [2][3][4]. CMSP negatively impacts daily activities, including employment and number of lost work days [3]. CMSP has a substantial negative impact on work-related outcomes for employees as well as a loss of productivity for society, employers, and employees [5]. Limited interventions for return to work (RTW) affect a country's economy due to a reduced work capacity and decreased productivity and is associated with personal suffering [6].

Health professionals' perspectives on approaches to support people with CMSP to RTW showed that RTW processes are delayed due to the way the system (all involved actors in a RTW process) is organized—i.e., a rigid system caused by a lack of coordination and collaboration is a barrier to RTW interventions and ultimately RTW [7]. Congruence between stakeholders and patient perspectives in sharing decisions on plans and goals for RTW can lead to better treatment and ultimately better outcomes. All stakeholders need to understand their roles and responsibilities in the RTW process, and communication and coordination among stakeholders is of the greatest importance [7].

A meta-ethnographical review study performed with persons with chronic pain and by employers [8] examining 41 studies showed that at the same time as managing work relationships and making workplace adjustments, health and pain representations were major challenges that had not been highlighted in previously published reviews. Pain can negatively affect workplace relationships and result in problems associated with employees requiring adjustments to their work, which are both aspects that are vital for RTW. For example, de Vries et al. [9] found that personal adjustments, for instance the possibility to decide your own work schedule, retraining for other jobs, and high perceived support from colleagues and supervisors, as well as workplace interventions were important for persons to stay at work (SAW) despite CMSP. In addition, several workplace-based interventions have been reported as important for RTW: early contact with the worker by the workplace; an offer of work accommodations; contact between the health care provider and the workplace; work site visits to assess ergonomic conditions; supernumerary replacements; and RTW coordination [10]. These interventions were investigated regarding the effect on work disability duration, economic analyses, and quality of life outcomes. Strong evidence was found that the duration of work disability is significantly reduced by work accommodations and contact between health care providers and the workplace.

2. Interventions Aimed at Return to Work and Staying at Work for Persons with Chronic Musculoskeletal Pain

Müssener et al. [11] found that an encouraging and supportive attitude from professionals was important for empowering persons to manage obstacles during the rehabilitation process. In our study, the lack of collaboration between the persons with CMSP and different stakeholders and among stakeholders negatively influenced the process. Furthermore, communication and transfer of information/knowledge between stakeholders were emphasized as improving the process and would be valuable for creating standards of practice to improve the process of RTW, which are findings also confirmed by Magalhães [7]. Collaboration between different actors must consider complex relationships and social hierarchies when trying to improve these inter-professional relationships. In our study, the importance of having regular contact between workplace and the worker was stated as valuable by both workers and employers participating in the studies, although the evidence was deemed to have low confidence. According to Toye [12], there is strong evidence that an employer's role is fundamental to a successful and timely RTW and can make the process much faster. Furthermore,

Seing [13] describes an unequal distribution of power between stakeholders in an observational study of stakeholders' meetings meant to support RTW. The employers had a decisive importance as they were able to say they can or cannot adjust the work environment for the individual. Franche et al. [10] reported strong evidence that contact between health care providers and the workplace significantly reduces the duration of work disability. Furthermore, Magalhães [7] emphasized that an excessive bureaucracy in the different organizations complicate RTW, and a successful RTW requires a dynamic interdisciplinary team.

There is evidence with moderate confidence revealing significant importance of support from, for example, supervisors and colleagues for the possibility to RTW or SAW. The evidence for health care professionals providing limited support resulting in delays in RTW and SAW had low confidence. Similarly, Toye [12] and Grant [8] describe delays and support from general practitioners related to prescribing sick notes and ignoring developing strategies for RTW. The importance of support for the RTW and SAW process from an individual's partner, family, and friends was well described in studies included in this review and assessed to have moderate confidence. Similarly, Snippen et al. [14], investigating cognitions and behaviors of significant others (SOs) and work participation of individuals with a chronic disease found that a positive and encouraging attitude and encouraging and motivating behavior from SOs were facilitators for work participation. In our study, it was also obvious that the practical support was of major importance and facilitated a balanced life. Snippen et al. [14] assessed evidence for practical support to have low confidence, whereas we found evidence for practical support to have moderate confidence, including the possibility to be relieved of chores. Furthermore, evidence for a balanced life situation was assessed to have moderate confidence in the present study, and interestingly, this theme consisted of 70% female respondents. One explanation may be that women in general still have the major responsibility according to society's expectations for household work and family, children, and social relations despite having paid work. This may mean that more women express issues regarding their life situation and their sometimes-impossible solutions to establish a good life when experiencing pain [15].

The opportunity to change the behavior and thinking of persons with CSMP and improve their self-confidence and self-management lies to a high extent with the individual themselves, but it can obviously be facilitated through a rehabilitation program, as shown in this study. In our review, this was shown to have moderate confidence. However, it is important that support for continued development and retention of behavior also continues afterwards. The need for support was confirmed by Devan et al. [16] in investigating how to incorporate self-management strategies for persons with chronic pain after completion of a self-management intervention. They found out that a feeling of being empowered by incorporating self-management strategies into their daily life and support from clinicians, family, and friends was of outmost importance. Conflict with clinicians was experienced as a major obstacle to engage in the self-management process. The persons used active strategies in dealing with their day such as pacing, relaxation, cognitive behavioral strategies, counseling, and ergonomic advice. Providing a continuous support from participant professionals in the RTW process is of major concern, since the sustained efforts of self-managing can be exhausting and troublesome to maintain.

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