



**THE WORK
FOUNDATION**
PART OF LANCASTER UNIVERSITY

Self-management of chronic musculoskeletal disorders and employment

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Overview

- Qualitative interview study.
- Sample consisted of 15 individuals living with MSDs.
- Interviews explored how individuals managed their condition in the context of work.

Outlook/ Angle

- The Work Foundation.
- Qualitative research.
- The researcher team.

Context – MSDs and Work

- Self-reported chronic sickness of the musculoskeletal system – rate of 139 per 1000 people (General Lifestyle Survey, 2011).
- Globally, 21.3% of the total years lived with disability are attributable to MSDs, second only to mental and behavioural problems (Global Burden of Disease, 2010).

Context – MSDs and Work

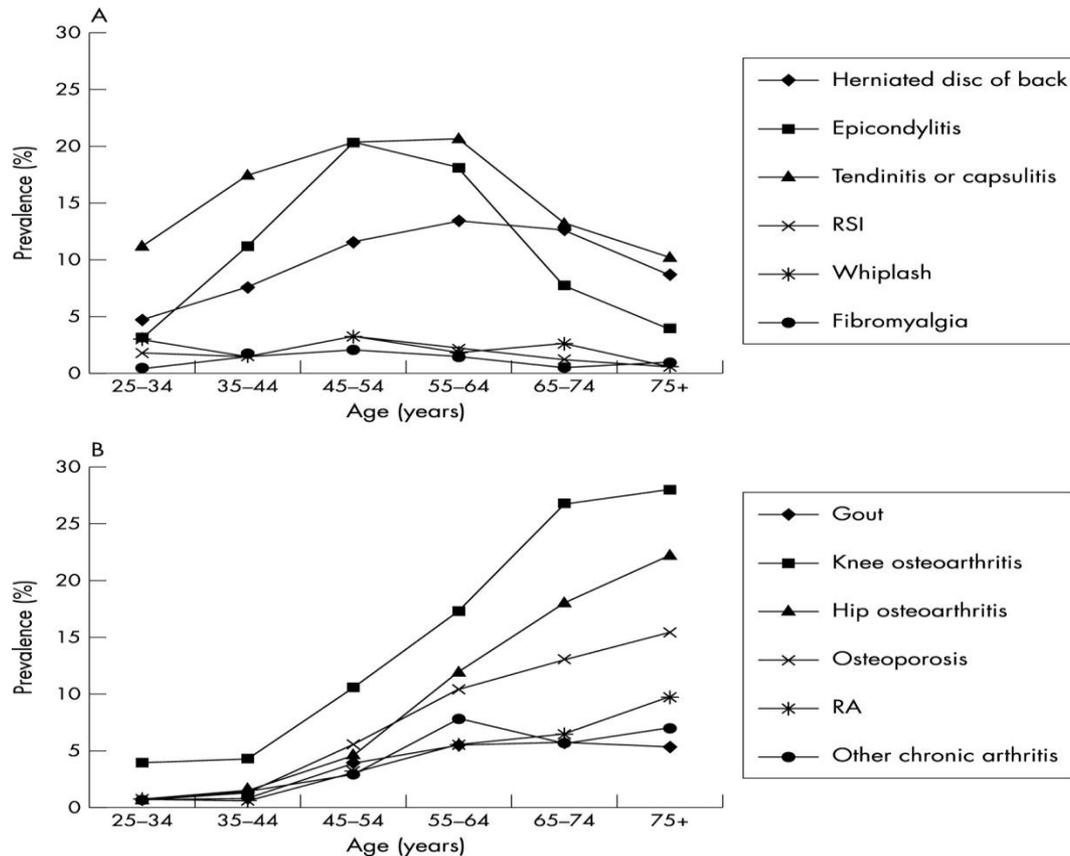


Figure 1 DMC3 study, The Netherlands, Picavet, H S J et al.
Ann Rheum Dis 2003;62:644-650

Context – MSDs and Work

- The largest single cause of days of work lost due to sickness absence.
 - 2013 – 30.6 million days (ONS).
- 37% of Employment and Support Allowance (ESA) claimants report MSDs as their main health condition (Sissons et al., 2011:13).
- Account for 20% of all adult GP consultations (RCGP, 2006).

Context – MSDs and work

- Positive therapeutic effects
- Recovery and rehabilitation
- Better health outcomes
- Minimisation of long term physical, social and mental effects of long term sickness absence
- Reduction in risk of long term incapacity
- Promotion of full participation in society
- Reduction of poverty
- Improved quality of life and wellbeing

(Waddell and Burton, 2006:viii)

Context – MSDs and self-management

“Self-management refers to **the individual’s ability to manage the symptoms, treatment, physical and psychological consequences and life style changes** inherent in living with a chronic condition. Efficacious self-management encompasses ability to monitor one’s condition and **to affect the cognitive, behavioural and emotional responses necessary** to maintain a satisfactory quality of life. Thus, a dynamic and continuous process of self-regulation is established.”

(Barlow et al. 2002:178)

Context – MSDs and self-management

- Self management behaviours
 - Appropriate exercise and diet
 - Coping with pain
 - Knowledge and ability to advocate for changes to medication
 - Strategies to cope with fatigue
 - Ability to set and achieve goals related to one's condition
- Individual capacity to self-manage
 - Younger
 - 'Middle class'
 - Higher level of education
 - Female

(Corben and Rosen, 2005)

Context – MSDs and self-management

- Elements of generic self-management interventions are highly relevant to work (e.g. learning strategies to tackle activity interference, negative self perceptions and interpersonal challenges) (Shaw et al., 2012).
- Fatigue found to be one of most common employment barriers for people with rheumatoid arthritis (Allaire, Li and LaValley, 2003).
- Specific workplace self-management interventions
 - Academic examples (Allaire, Niu and LaValley, 2005)
 - Patient organisation information
 - Patient forums

Research questions

- How do individuals with an MSD self-manage their condition in the workplace?
- How are individuals currently supported to self-manage their condition in the workplace and how well does this support work?
- Are there barriers to effective self-management in the workplace?
- How could self-management be improved for those with MSDs in the workplace?
- What roles do different groups (clinicians, employers, patient organisations, people living with an MSD) have to play in the self-management of MSDs in the workplace?

Methodology

- Semi-structured interviews.
- Purposive sampling – in work, or plan to return.
- Recruitment.
- Saturation.
- Sample bias.
- Thematic analysis.

Findings – Participants' understanding of self-management

“I've got to make changes to make sure this illness doesn't overwhelm me and I've got to take charge of it really.”

Participant 5

“Doctors can't change your life, because with arthritis you have to change your life around.”

Participant 10

“I think we can all be effective and non-effective depending on how your mood is. We all have times when you're down I suppose”

Participant 12

Findings – The individual, the nature of MSDs, and self-management

“I try and conquer it.”

Participant 3

“Whereas there are people who they let it consume them and then they get a bit obsessed with the whole reality of it and the facts of doing everything, they can’t cope with change can they really?”

Participant 9

“rheumatoid arthritis you kind of.. it’s not like.. you find yourself in a very very bad place, very quickly. Which means that you don’t have time to make any adjustments.”

Participant 10

“People wouldn’t know. Sometimes that can go against me, because it’s a bit like you’re trying to do something and then you know that you’re struggling to do something. And people go.. they don’t accept it.”

Participant 13

Findings – Methods of self-management

Sources of Information and Support	
Books	Patient organisations
Family and friends	Internet search
GP	Journals
Online forums	Personal experience
Rheumatologist	Specialist nurses
Support groups	

Findings – Methods of self-management

“I listen to my body now. I used to, before I was diagnosed, I was like a whirlwind and would just never stop. But now, I just have to listen to my body much more so if I feel tired, then I would just go and lie down.”

Participant 2

“And I think that – getting used to the illness I think the mental side took me a long time to get used to.”

Participant 5

Findings – Self-management in the workplace

Type of organisation

“it’s hard for obviously small companies, you can’t discriminate but then it takes a lot of investment. You can see it from their point of view I guess.”

Participant 9

“I have found because I work in the public sector that my employers have been really accommodating and have lots of support mechanisms in place to support people like me.”

Participant 2

“I made the big decision that I just couldn’t do a normal job and work for a normal company. The only way I could stay in work was to work for myself, where I was more in control of things.”

Participant 7

Findings – Self-management in the workplace

Other organisations

“That would be the thing, by the employers maybe not having to come to me, but offering, or having an outside agency saying we’d like to have a discussion with you and your employee or something, about what might be helpful. So I’m not seen as the problem, not as an expense, but as a how to help your employee, and which will help your business.”

Participant 15

“But because I’d made a fuss, they made me go to occupational health within work but that made me feel very stressed out because I just thought I’d managed for so long and all I needed was one bit of help.”

Participant 5

Findings – Self-management in the workplace

Nature of the role

“Basically I work at a computer, I am lucky in the sense that it isn’t a typical manual job, because I don’t know where I’d quite be, or whatever.”

Participant 15

“I decided not to go for the head of the area but to take a role that would allow me to put myself and my condition first.”

Participant 2

“But every time I tried to up my hours to four days or five days, I always seemed to have a flare being ill and I just thought me doctor just discussed it with me and he said I really don’t think that working full time is the best for you, you need to reduce your hours again.”

Participant 5

Findings – Self-management in the workplace

Managers and colleagues

“Part of it I think is because I know that I’ve worked so hard and my employer and the one particular line manager knows how hard that I have worked. So from that respect I know that she would always be very tolerant and that I could more or less ask her for anything [in terms of adjustments].”

Participant 2

“I don't know, I just feel that there's a lot of people looking for work. I just don't want to cause any waves, I'd rather having the attention away from me.”

Participant 10

“When I'm at work sometimes the pain will affect my concentration. Sometimes I would.. if I'm not well, if things are a bit on top of me, in front of my colleagues I will say to them I have a headache, rather than go about the arthritis thing.”

Participant 10

Findings – Self-management in the workplace Adjustments

Workplace adjustments	
Adaptive equipment	Workstation positioning
Flexible hours	Working from home
Number of hours	Disabled parking permit
Medical treatments	Responsibilities

“I know there are special keyboards and that sort of thing. But I haven’t asked because I don’t... I don’t know, maybe because I’m thinking of maybe going back to four days a week, would she want to invest, quote unquote in me, and then I’m going down to four days a week.”

Participant 15

Discussion - two take home points

Self-management *at* work.

Work *as* self-management.

If the benefits of work as self-management are to be truly realised, then the way in which self-management at work is supported needs to be significantly improved.

So what?



Recommendations - government

- Increase awareness of and participation in Access to Work
- Provide extra assistance for employees working in small organisations
- Invest more in Specialist Nurse roles
- Ensure work is considered a clinical outcome by healthcare professionals

Recommendations - employer

- Understand your responsibilities as an employer to people with disabilities and long term health conditions
- Aim to help employees with chronic MSDs to feel a valuable and integrated part of your workforce
- Educate your workforce about chronic conditions
- Foster career progression options for individuals with MSDs

Recommendations – healthcare professionals

- Be aware of the wealth of information you have about condition management and share it with your patients
- View it as part of your role to ask patients about their work lives
- Understand that you are crucial in establishing a stable foundation upon which an individual can self-manage

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