

SIP Speaking Notes – Stephen Bevan, The Work Foundation

The Work Foundation was founded in 1918 to campaign for improvements in the quality of working life. We are now an applied research and policy unit, and part of Lancaster University in the UK. As part of my role I manage a large programme of research into Workforce Health and Productivity and we focus on the impact of long-term, chronic and fluctuating conditions on labour market participation and on performance at work. We believe that Good Work is good for people's health and that interventions to support people with chronic conditions which focus on capacity rather than incapacity can help many more people remain economically and socially active through work.

We have recently conducted research on the employment experiences of conditions such as Multiple Sclerosis, Diabetes, Osteoarthritis, Crohn's & Colitis, Psoriasis and Schizophrenia. Perhaps our most significant study is an ongoing programme of research on Musculoskeletal Conditions in the working age population in Europe. The Fit for Work Europe Coalition has conducted research in over 30 countries looking at the impact of MSDs and musculoskeletal pain on workforce health, sickness absence from work, the effectiveness of healthcare and workplace interventions and the health economics of early intervention. We know that, for MSDs as a whole, about 44m EU workers are affected and that the total annual costs of MSDs to the European economy is in excess of 240 billion euros – 2% of GDP. I've been asked today to make a few comments about the impact of back pain on sickness absence from work.

As you probably know, back pain is one of the most common conditions reported by adults across Europe. In fact, it is estimated that **half of the European population will suffer back pain** at some time in their lives and in excess of a third of the European workforce suffer from low back pain. In fact, the latest survey of workers from across the EU (EWCS 2010) suggests that 46% of women & 47% and men reported back pain at some time in the last 12 months. Thus, it is a condition which regularly affects:

- 14.2m Germans
- 9.6m Britons
- 8m French people
- 6.4m Spaniards
- 5m Poles
- 1m Danes

We know, then, that back pain is common, episodic, often recurrent and generally self-limiting. Long term absence from work is greatest amongst the minority of employees whose condition is chronic – (if pain lasts for more than 12 weeks) – or is recurrent – (if there are several episodes of pain in 1 year lasting less than 6 months).

Most people who are affected by back pain either remain in work or return to work promptly. About 85 per cent of people with back pain take less than 7 days off – following the consensus medical advice that maintaining mobility is best - yet this accounts for only half of the number of working days lost. The rest is accounted for by the 15 per cent who are absent for over 1 month.

The European Working Conditions Survey (2005) collected self-report data from workers throughout Europe on the prevalence of back pain attributable to work. These data suggest relatively low prevalence in northern European countries, with Greece, Slovenia and Romania reporting the highest proportion of workers with back pain. In most countries there is also an industrial and occupational pattern to the prevalence of chronic back pain. Unsurprisingly, these reflect the physical nature of work and jobs that require lifting or those where the risk of physical strain and poor posture is high. Thus:

- 64% of workers in Agriculture & Fishing report a period of back pain in the last year
- 48% of workers in Construction
- 41% of workers in Health & Social Care

In most countries back pain accounts for the largest proportion of lost working days of all musculoskeletal conditions. In the UK, for example, 12.5% of all sick days are attributable to back pain, and 13.5% of all sick days in Sweden. In fact, Swedish workers with back and neck pain and who are on sick leave from work represent a total cost of about 7 per cent of the nation's expenditure on health services.

The costs of back pain in the EU are very considerable and have been estimated to exceed €12billion each year. Some 80 per cent of health care costs are generated by the 10 per cent of those with chronic back pain and disability.

So we can see that there is a large majority of people – perhaps 85% or more – who have a short period of acute back pain and maybe a short period of absence without a visit to a doctor. However, one of the challenges is how we prevent one or more periods of short-term absence becoming longer periods away from work. This is when the problem becomes serious – in the UK we know that once a person has been on incapacity-related welfare benefits for one year they are statistically more likely to die or retire than return to work.

So, what can be done to minimise the risk and impact of back pain on EU workers. I have three main points to raise on this question.

First, workplaces across Europe need to be organised to prevent back pain occurring in the first place. Despite the reduction in the number of EU workers engaging in heavy manual labour, jobs which entail poor posture, twisting, stretching or repetitive movements are still common and – in some cases – increasing. Combined with poorer public health (sedentary lifestyles, obesity etc) some people go to work in poor physical shape which increases the risk of sustaining a back injury or exacerbating an existing one. In addition, employers need to ensure that they have access to early occupational health or physiotherapy interventions for people with back pain. Job retention and managed return to work with reasonable accommodations are powerful tools in preventing short-term absences becoming long-term.

Second, there is a growing consensus that psychological factors are an important differentiating factor as they are strongly associated with the progression of back pain from an acute to a chronic condition. We know, for example, that the best predictor of early RTW from a period of back pain-related absence is job satisfaction. Taking a holistic approach to the management of back pain – informed by the biopsychosocial model – has been shown to deliver sustained results. However, this does mean that we need to think about Good Work as part of the process of both prevention and rehabilitation. By this I mean:

- Secure and interesting jobs that employees find fulfilling and developmental, which contribute to the achievement of high performance and sustainable business success
- A style and ethos of management that is based on high levels of trust and recognises that managing people fairly and effectively is crucial to skilled work and high performance
- Choice, flexibility and control over working hours
- Autonomy and control over the pace of work and the working environment

- Voice for employees in the critical employer decisions that affect their futures

Third, it is increasingly clear to me that placing the individual at the centre of their care, the redesign of work, the construction of workplace accommodations and return to work interventions has to be a bigger priority. In most cases the individual wants to work, but needs support and understanding to help them stay in work, return to work and remain productive. This means:

- Creating a climate where workers are confident to disclose that they have a chronic condition;
- Involving them in the redesign of the physical layout of their work and giving them access to flexible working hours or assistive technologies;
- Focusing on capacity not incapacity – avoid defining workers according to their condition and their inhibited capacity & emphasising their skills and strengths.

We know that, with an ageing workforce, a higher proportion of the EUs working age population will have at least one long-term or chronic condition such as back pain in the future. Unless we embed enlightened, empowering and evidence-based interventions in to clinical and workplace practice, the burden of chronic pain in our workforce will become a barrier to productivity growth and a driver of wasteful social exclusion at time when we least need it.

Thank you.

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