

Occupational Health principles for healthcare professionals



Background

- Safe work is generally good for health; it provides purpose, boosts self-esteem, and enables financial independence (1)
- Return to work is an effective part of rehabilitation from many illnesses and is an important outcome for patients. An individual does not need to be 100% fit to return to work (2)
- Many people work effectively despite illness or disability, especially if they are provided with suitable support in the workplace (2)
- If a person has ongoing symptoms which are impairing their function, they may benefit from adjustments to their role, or adjustments to their travel to work, to enable them to remain in work or return to work (2)
- Worklessness is associated with poor physical and mental health and increased risk of self-harm (3)
- The risk of falling out of work increases steeply with the length of time someone has been on sick leave. After six months of sick leave, the probability of a person not being able to return to work is approximately 50% (2)

Current Health Assessment

- Take a medical history and establish what ongoing symptoms they are experiencing, if there is any functional impairment, and what therapeutic management they have had to date
- Signpost for further input if required
- Undertake a physical assessment where appropriate, particularly for musculoskeletal symptoms. Observe the individual's movement and comfort levels
- Understand their level of functional capacity outside of work, when undertaking their normal activities – is it impaired?
- Understand what their normal functional capacity would be when well and what their current level of functional capacity is with their present symptoms
- If the person has a long-term condition or has been off work for more than six weeks, identify and manage co-morbid depression or anxiety, which may become an obstacle to a person returning to work.

Health beliefs

- Psychosocial factors have been consistently found to be associated with symptom expression, care seeking, sickness absence and disability (4)
- Expectations of recovery and work self-efficacy have a predictive role in work outcomes (5,6)
- Successful recovery is difficult if a person has fixed, negative health beliefs, does not receive reassurance, avoids activities, and becomes anxious or depressed (7)
- Therefore, give positive messages, reassure, and offer supportive measures where possible.
- Encourage activity, and gradually increasing activity, within the limits of their symptoms, positive coping strategies, engagement with treatments, and engagement with appropriate therapy services

Work Assessment

- Ask the individual what their occupation is and how many hours a week they work
- Ask them what a normal workday involves
- Ask if their role is sedentary, manual, or a combination of both
- Establish if their work is 'safety critical', for example, working with machinery, driving, or frontline emergency service
- Assess how any functional impairment, physical or psychological, may impact on the person's ability to get to work and to undertake their role
- For example, if they have a musculoskeletal condition, can they travel on public transport, do they have to do any overhead work, or bending/lifting, which might be problematic. What could be undertaken comfortably?
- If they have psychological symptoms, would impaired concentration, disturbed sleep or altered mood, affect their ability to work effectively?
- Investigate psychosocial factors by asking about their perceptions and enjoyment of work and the level of support received from their manager or team. Explore support that they may have outside of work. Signpost if concerns are identified

Support/Adjustments/Advice

- Ask if the individual has access to occupational health advice via their employer; if they do, encourage them to make contact with their occupational health service
- Encourage them to liaise with their employer to see if the adjustments could be facilitated
- Tailor and adapt the individual's return to work, or on-going work, to their symptoms and functional capacity
- If they need assistance with paying for any adjustments, they or their employer may be eligible for financial assistance from Access to Work (<https://www.gov.uk/access-to-work>)(8)

If in work

Discuss any difficulties that they are experiencing with regards to their current functional capacity and ability to undertake their role.

Consider advising the following adjustments (*not exhaustive*):

- Amended, altered, flexible, or reduced hours; increased frequency of breaks taken
- Adjusted workload
- Adjusted travel time, eg to avoid busy commuting hours
- Travel support, eg parking space or taxi
- Work from home, either part or full time
- Ergonomic solutions eg seating, desks, keyboard or mouse
- Assistive technology, such as voice activated software, or speech-to-text,
- Limitation on loads handled or equipment used

If off work

- Give reassurance that an increase in symptoms upon return to work is unlikely to mean harm in most people and they do not have to be 100% well to return (2)
- Ask the person what they believe are the main symptoms preventing their return to work and what they feel that they may be able to do in work
- Ask them if they can identify solutions to their return-to-work obstacles
- Consider devising a return-to-work/rehabilitation programme, ideally in conjunction with the OH team and/or employer where possible, to facilitate a safe return to work, incorporating adjustments that might allow the individual to safely work with the symptoms that they are experiencing

Additional Resources

Filling out a fit note:

<https://www.gov.uk/government/publications/fit-note-guidance-for-healthcare-professionals/getting-the-most-out-of-the-fit-note-guidance-for-healthcare-professionals>

<https://occupationalhealthphysiotherapy.co.uk/the-importance-of-blue-black-flags-in-occupational-health>

Return to work questionnaire (hse.gov.uk):

<https://www.hse.gov.uk/stress/assets/docs/returntowork.pdf>

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