

Work related pain - Tips for employers

Keeping employees at work with work related pain

- Try to keep employees at work or support their return to work as early as possible! This is true if they have a health condition that impacts on their work (such as fibromyalgia or rheumatoid arthritis), or if they have work related pain associated with a workers' compensation claim.
- Prolonged absence from work is one of the strongest predictors of poor recovery from work related pain.

Benefits of employees being at work with work-related pain

- Retaining the skills and knowledge of experienced workers
- Reducing the cost of hiring and training new staff
- Maintaining good employer-employee relationships
- Demonstrating to all workers that they are valued employees

Research shows that early return to work (even on light duties) is an important positive step in recovery¹. Early return leads to the best possible outcome for people with work related pain. Telling workers that they cannot return to work until they are 100% fit can often have a negative effect and actually delay their recovery².

Challenges of employees being at work with work-related pain

A common issue for employers is finding duties that match the needs and capacity of employees with work related pain. This is often a major barrier to employees staying at work or returning to work².

As an employer, you may need to be a bit creative about how to achieve this within your workplace. You could consider viewing the situation as a positive opportunity – where you create a short term role for the employee that can benefit your business, by ticking off something that the business has identified, but hasn't gotten around to doing.

In complex cases, engaging a rehabilitation provider to facilitate identification of appropriate duties and development of a graded return to work plan can be helpful – particularly if you are a small business, who doesn't have to often deal with such matters³.

What employers should know	What can be helpful
<p>Discourage blame – blame does not help people with pain to recover⁴.</p> <p>Workers’ compensation in WA is a ‘no fault’ system. This means the focus for employers should be on positive strategies to support the worker in their recovery: looking at ways to reduce work-related pain in the workplace⁵</p>	<p>Encourage early report of pain or injury – managing a small issue well is always better than waiting until it becomes a larger problem.</p> <p>Keep in touch with your worker and provide support and encouragement</p>
<p>Stigmatising people with persistent pain is common and acts as a ‘punisher’: it negatively impacts the person with pain and is associated with poorer outcomes</p> <p>Many negative employer / employee relationships start through unhelpful comments, or suggestions that the worker’s pain is not real, or not as bad as they say</p>	<p>Their pain is real – be empathetic.</p> <p>Educate all staff in current concepts in work related pain</p> <p>Educate senior management and supervisor level staff in current concepts in work related pain management</p>
<p>Early return to work is the key. Once workers have been off work for more than a month with work-related pain, their risk of never returning to that type of work increases exponentially</p>	<p>Collaborate with your worker and their doctor regarding alternate duties to promote ongoing work participation</p> <p>Develop links with health professionals who have expertise in managing work-related pain</p>
<p>For many people, work offers one of their main social circles. Stopping work and losing social contact can be difficult to cope with</p>	<p>Consider assigning key co-workers to check in with staff with work-related pain and see how they are going</p>
<p>Work-related pain often affects much more than being at work. Being at work in some capacity has many positive benefits, and an employer</p>	<p>Support the worker with an additional issues such as co-worker relationships, or relevant factors</p>

who supports staff returning to work, or staying at work, will help the worker and their business	outside work such as access to transport
<p>Early identification of workers who requires additional support to recover from their work-related pain is recognised as the key to preventing longer-term work-related pain and disability².</p> <p>Establish links with health professionals experienced in work-related pain disability</p>	Support early open communication with all involved stakeholders
<p>Prevention is better than cure. This is not just injury prevention.</p> <p>Workplaces with positive physical and social environments have happier, healthier and more productive workers</p>	Engage in a healthy workplace program

Psychological stress at work

Many people experience stress at work, similar to other aspects of their life. This is quite normal and not all stress is bad. However, ongoing stress, or stress that negatively impacts performance or work-related pain is not helpful².

A high proportion of workers with work related pain that experience some degree of psychological distress associated with their ongoing pain and disability².

People with persistent pain commonly require treatments directed towards the ‘whole person’: this means both psychological, as well as physical, aspects of their problem need attention to help them recover³.

It is very normal for people with pain that impacts many aspects of their life to experience low mood or increased stress. See Making Sense of Pain for more details.

Understanding how the brain can impact on pain, and learning positive strategies to improve mood and coping is very worthwhile. See Approaching Pain for further information on how a clinical psychologist can form an important part of your health care team.

Healthy Workplaces

Presenteeism (reduction in productivity while an individual remains at work) has a greater impact on productivity than absenteeism (time off work due to ill health or injury).

Promoting a healthy workplace is an opportunity for employers to reduce the impact of presenteeism, with multiple benefits for both your employees and your business⁴.

Resources

Royal Australian College of Physicians position statement on the health benefits of work can be found [here](#)

The benefits to business from investing in worker health and well being.
[http://www.comcare.gov.au/_data/assets/pdf_file/0006/99303/Benefits to business the evidence for investing in worker health and wellbeing PDF, 89.4 KB.pdf](http://www.comcare.gov.au/_data/assets/pdf_file/0006/99303/Benefits_to_business_the_evidence_for_investing_in_worker_health_and_wellbeing_PDF_89.4_KB.pdf)

UK evidence based guidelines on Workplace policy and management practices to improve the health and wellbeing of employees.
<http://www.nice.org.uk/guidance/ng13>

Useful guides about mental health in the workplace and assisting workers with psychological distress associated with their work related pain.

<https://www.beyondblue.org.au/about-us/programs/workplace-and-workforce-program/programs-resources-and-tools/workplace-online>

[http://www.comcare.gov.au/promoting/Creating mentally healthy workplaces/mental health and wellbeing](http://www.comcare.gov.au/promoting/Creating_mentally_healthy_workplaces_mental_health_and_wellbeing)

<http://www.headsup.org.au>

References

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2. Street TD, Lacey SJ. A systematic review of studies identifying predictors of poor return to work outcomes following workplace injury. *Work* 2015; **51**(2): 373-81.[\[PubMed\]](#)
3. Vooijs M, Leensen MC, Hoving JL, Wind H, Frings-Dresen MH. Interventions to enhance work participation of workers with a chronic disease: a systematic review of reviews. *Occup Environ Med* 2015; **72**(11): 820-6.[\[PubMed\]](#)
4. Kilgour E, Kosny A, McKenzie D, Collie A. Healing or harming? Healthcare provider interactions with injured workers and insurers in workers' compensation systems. *Journal of occupational rehabilitation* 2015; **25**(1): 220-39.[\[PubMed\]](#)
5. Manson JF, Landham PR, Cunningham JE, Montgomery AS, Don AS, Robertson PA. Universal No-fault Compensation is Associated With Improved Return to Work Rates in Spine Fusion. *Spine* 2015; **40**(20): 1620-31.[\[PubMed\]](#)