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# Work as a Clinical Outcome of Care?

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# The Work Foundation, Lancaster University

- Big focus on improving the quality of working life for people living with chronic conditions
- Have researched the impact of a range of conditions on labour market participation (MSK, Cancer, Schizophrenia)
- Translate research findings into accessible recommendations for doctors, employers, policy-makers and individuals
- Looked at MS in the UK as part of a major study in 2011 – about to launch new European study with EMSP



# MS & Work: The Numbers

37

75

80 in 15

30



44 vs 35

57

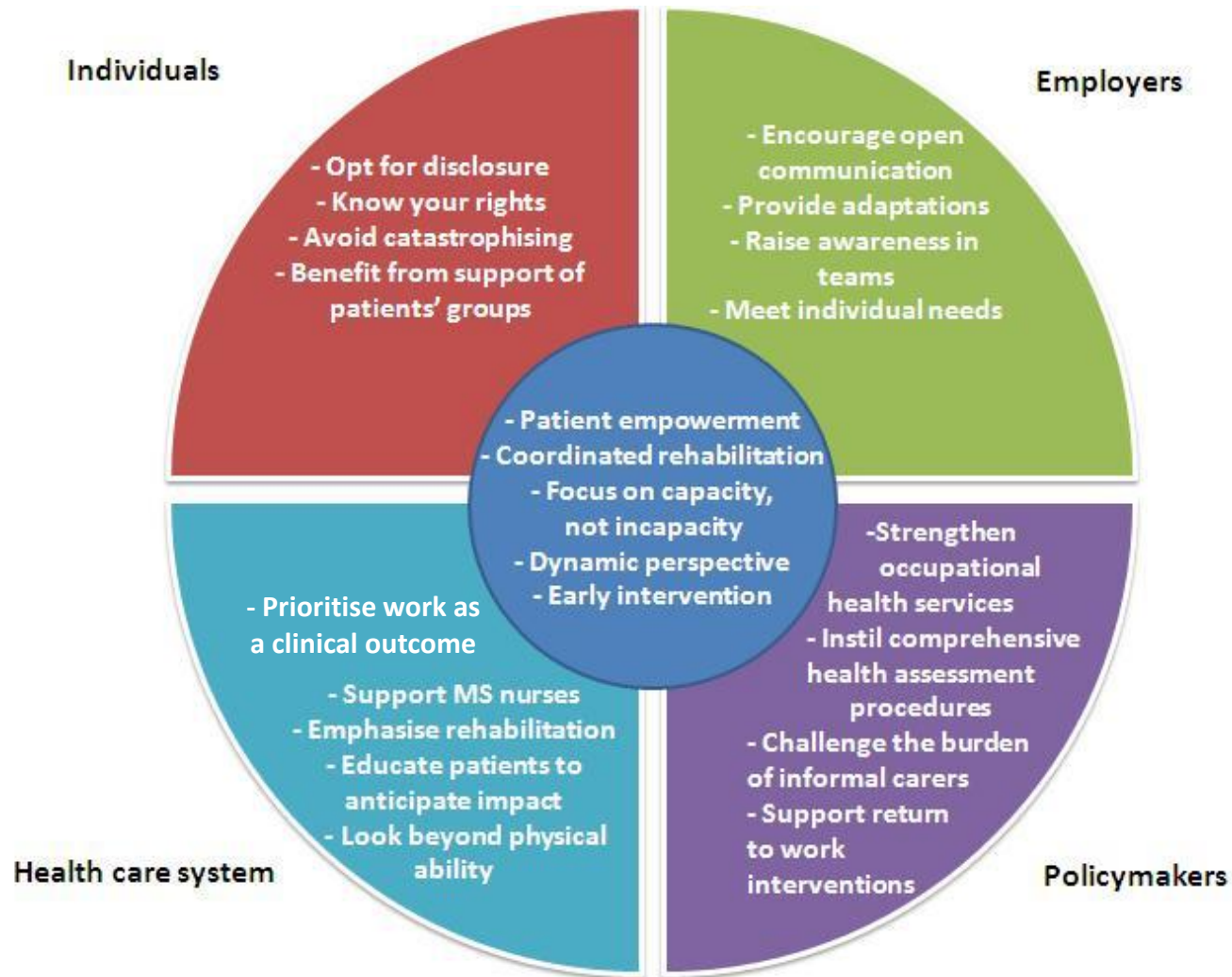
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# Premature Withdrawal from Work\*

## Long-term health conditions associated with being out of the labour force and the lost workforce because of each condition

Condition	Adjusted OR* (95% CI)	P	EP <sup>†</sup>	Lost workforce <sup>‡</sup>
Back problems (dorsopathies)	3.59 (2.98–4.33)	< 0.001	0.721	144 764
Arthritis and related disorders	3.06 (2.52–3.73)	< 0.001	0.674	134 318
Mental and behavioural disorders	5.71 (4.16–7.84)	< 0.001	0.825	55 757
⇒ Diseases of the nervous system	3.25 (2.42–4.35)	< 0.001	0.692	39 976
All other conditions	3.42 (2.43–4.82)	< 0.001	0.708	33 169
Depression/mood affective disorders (excluding postnatal depression)	6.71 (4.44–10.14)	< 0.001	0.851	32 724
Other diseases of the musculoskeletal system and connective tissue	3.16 (2.25–4.44)	< 0.001	0.683	31 452
Heart diseases	4.21 (2.77–6.40)	< 0.001	0.762	31 363
Injury/accident	3.71 (2.63–5.23)	< 0.001	0.730	30 311
Diabetes	2.52 (1.85–3.43)	< 0.001	0.603	27 004
Hypertension (high blood pressure)	1.29 (1.03–1.62)	0.03	0.227	19 546
Neoplasms (tumours/cancers)	3.66 (2.19–6.11)	< 0.001	0.727	16 525
Diseases of the respiratory system	3.68 (2.07–6.54)	< 0.001	0.728	16 014

# What Should the Stakeholders Do?



# Early Intervention Works

- **Better treatment.** The quicker an individual receives a diagnosis, the more rapidly they can get access to appropriate treatment which can stabilise or control their symptoms;
- **Reducing the risk of developing co-morbid conditions.** For many people with chronic conditions issues like pain, fatigue, depression or anxiety can become a significant issue which can increase healthcare costs and reduces functional capacity;
- **Aiding a return to activities of daily living.** Early intervention can ensure people with chronic conditions can become more self-reliant and rely less on health and social care services;
- **Staying in or returning to work.** People whose health conditions are being well-managed are more likely to remain economically active, continue to pay taxes and be less reliant on welfare payments
- **Early Intervention is cost effective.** An investment not a Cost

# Work Should be a Clinical Outcome of Care

- Good Work is Good for Health – can have therapeutic benefits (biopsychosocial model) & is a ‘social determinant’ of health
- Clinicians, employers and individuals too often focus on ‘Incapacity’ rather than ‘Capacity’
- Some assume work is always harmful (it can be, but is often better than unemployment)
- Work should be regarded as a clinical outcome of care – incentives & care protocols rarely reflect this principle

# A Message From HILDA

- Household, Income and Labour Dynamics in Australia (HILDA) Survey
- Analysis (Butterworth et al, 2011) of seven waves of data from 7,155 respondents of working age (44,019 observations) from a national household panel survey.
- Longitudinal regression models evaluated the concurrent and prospective association between employment circumstances (unemployment and employment in jobs varying in psychosocial job quality) and mental health, assessed by the MHI-5



# Psychosocial Job Quality (1)

## Job demands & complexity

- 1. My job is more stressful than I ever imagined
- 7. My job is complex and difficult
- 8. My job requires learning new skills
- 9. I use my skills in current job

## Job control

- 10. I have freedom to decide how I do work
- 11. I have a lot of say about what happens
- 12. I have freedom to decide when I do work

## Job security

- 4. I have a secure future in my job
- 5. Company I work for will be in business in 5yrs
- 6. I worry about the future of my job

## Effort-reward fairness

- 3. I get paid fairly for the things I do in my job

Source: Butterworth et al, 2011

# Psychosocial Job Quality (2)

*“As hypothesised, we found that those respondents who were unemployed had significantly poorer mental health than those who were employed. However, the mental health of those who were unemployed was comparable or more often superior to those in jobs of the poorest psychosocial quality.”*

Source: Butterworth et al, 2011

# Remaining Challenges

- Workforce health as a 'Human Capital Asset'
- Lifecourse impact
- The need to prevent premature work loss
- Interventions to support independent living
- Cost effectiveness of early interventions – making the case for investment
- Joining up the work of Healthcare, Social Insurance & Employers – and placing patients at the centre of their care
- Every Minister should be a 'Health' Minister

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