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# Improving work participation for adults with musculoskeletal conditions

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The impact of musculoskeletal disorders on work is demanding more attention from clinicians. For many rheumatologists, inflammatory arthritis is the most frequently encountered condition that interferes with work. However, the cumulative burden of non-inflammatory arthropathies and disorders such as back pain, osteoarthritis and limb pain as a whole results in a much greater economic and human cost to society than inflammatory disease. New conceptual approaches and research results support the view that work loss does not need to be a frequent consequence of a musculoskeletal disorder or disability. This is often accomplished through a biopsychosocial and interdisciplinary approach, involving interaction between those with a musculoskeletal condition, their clinicians and employers. This review outlines the challenges and draws on the results of empirical studies to highlight potential opportunities to promote sustained ability for patients to successfully remain on the job. It also outlines future research opportunities.



## Introduction

Rheumatic conditions are the most frequently cited reason for absence from work [1]. In recent years, the impact of rheumatic diseases on work has demanded more attention from clinicians. Work participation is important to individuals with rheumatic conditions and society. Reduced work participation affects the quality of life of patients and their families, and has major financial consequences for the individual and society. The ability to manage rheumatic diseases in order to continue in paid work

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has always been important for clinicians. This review outlines key aspects supporting increased interest in improving work participation for those with rheumatic diseases. It then draws on the results of empirical studies to highlight potential targets and strategies to reduce work restriction.

## The impact of rheumatic conditions on work

The following sections highlight three of the key reasons for the increased interest in the impact of rheumatic conditions on work.

### *The impact on the individual*

There is now greater acknowledgement of the benefits of work participation for the individual. A number of reviews have highlighted the benefits of work participation and the importance of 'good work' to health and well-being [1–3]. 'Good' work implies several attributes: safety, personally rewarding and work demands that do not exceed the capabilities of the worker. Extensive background evidence suggests that working at a job with these positive attributes is generally good for physical health, mental health and well-being; it is beneficial to an individual's prosperity and is important to psychosocial needs in societies where employment is the norm. It is central to identity, social roles and social status, and employment and social status are the main drivers of social gradients in physical and mental health and mortality [2]. However, jobs with high levels of mental stress and physical demands are associated with negative health effects, such as increased risk for work-related injury [4]. In contrast, involuntary exclusion from employment is associated with significantly poorer overall self-rated health, more depressive symptoms and a greater decline in health status, (although these are also reasons for being out of work) [5]. The general view of work being positive for individuals has encouraged clinicians and policy makers to focus on improving work participation through preventing premature work cessation (i.e., prior to retirement age) and encouraging return to work. Improving or maintaining work participation is encouraged as a target for working age adults with rheumatic conditions.

### *The size of the burden*

There is considerable evidence of the size of the adverse impact of rheumatic conditions on work. Impact can be described in terms of:

- Work disability – ceasing to work before retirement age;
- Absenteeism – missing part or whole days from work (e.g., number of days/hours off work); and
- Presenteeism – an individual remains in work but with difficulty or reduced efficiency/ productivity.

Short-term absenteeism and presenteeism contribute to the indirect costs of rheumatic diseases, but are not considered as much by policy makers, who usually focus primarily on direct costs based on health-care usage and long-term disability directly attributed to rheumatic conditions. Work productivity loss due to presenteeism is estimated to be far greater than absenteeism [6]. Estimates of presenteeism vary depending upon the measuring tool, and measuring productivity accurately is challenging. The following sections provide an overview of impact of rheumatic conditions on work, taking rheumatoid arthritis (RA) (the most common auto-immune disease), low back pain (the most common musculoskeletal condition affecting working age adults) and osteoarthritis (OA) (the most common form of arthritis) as examples.

### *Rheumatoid arthritis*

The impact of auto-immune joint disease on work ability is high. Taking RA (where 60–75% of people are of working age at diagnosis) to illustrate this, adults with RA take 46 days off per year compared to a population average of 8.5 days [7]. The number of days of sick leave per year is strongly associated with risk for permanent work disability (i.e., ceasing to work prior to retirement age) [8].