

Return to Work Research & Policy

Lessons from COVID-19 & Challenges for the Next Decade

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RTW Research & Policy – Themes for Today

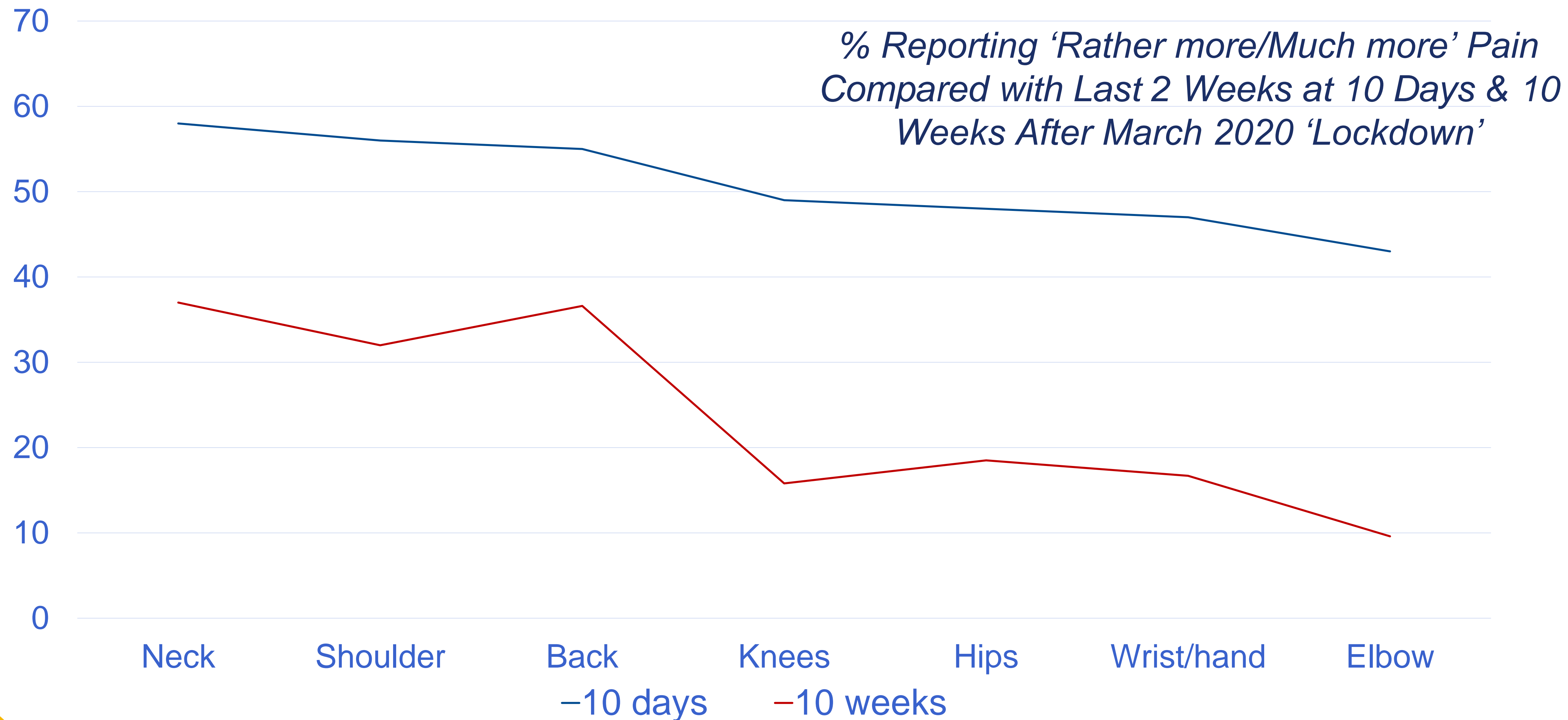
- What have we learned about workforce health during COVID-19?
- Lessons for employers, RTW professionals & policy makers
- Case study – RTW after Cancer
- Seven challenges which will occupy our efforts over the next decade

What have we learned about workforce health during COVID-19?

- MSK health among those working from home
- Sleep & fatigue
- Depression, anxiety & productivity
- Exacerbations of Burnout & Moral Injury
- The employment impact of long COVID
- Growth of economic inactivity among those with long-term conditions

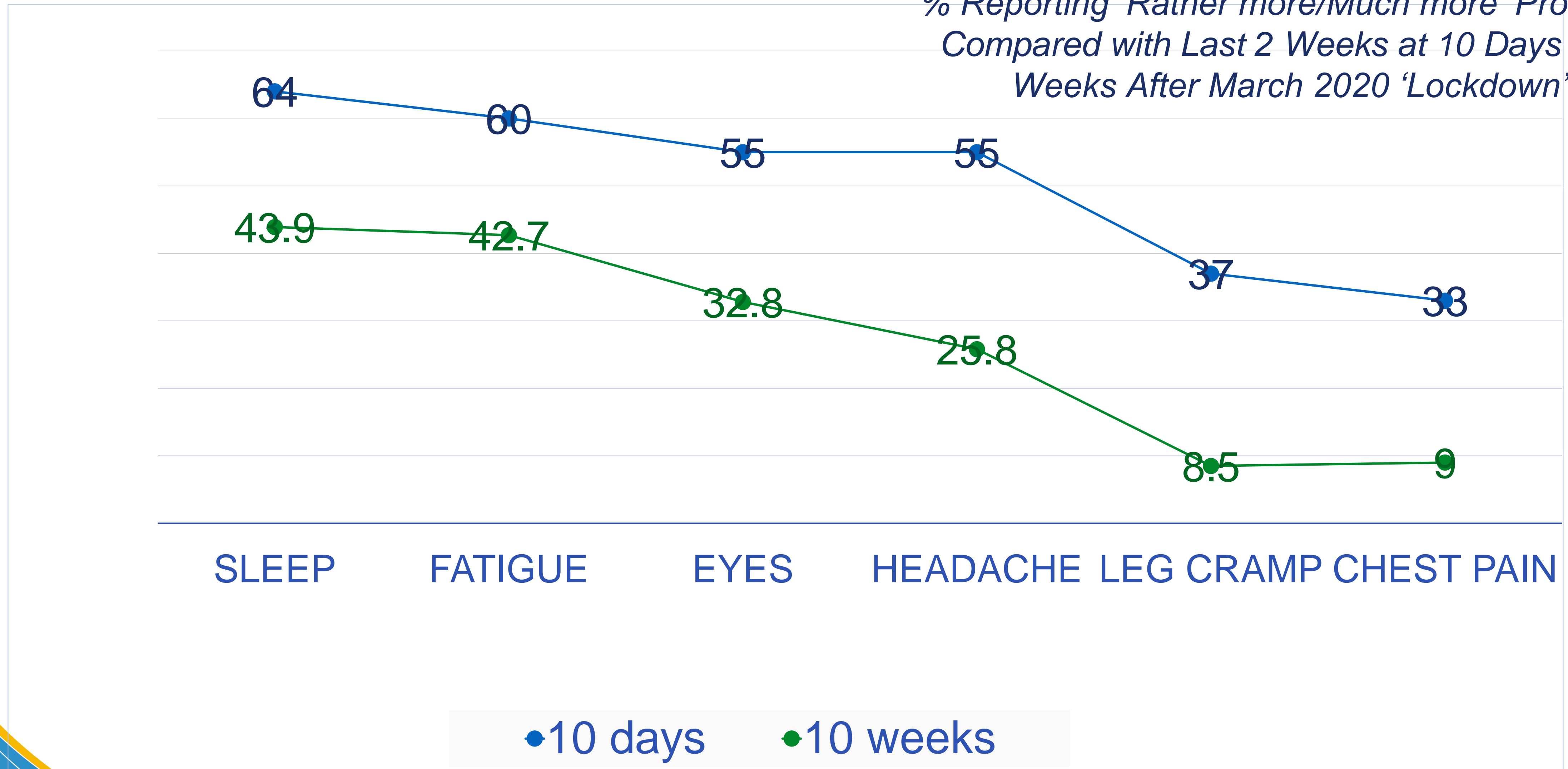


Self-reported MSK Pain While WfH by Site



Other Self-reported Symptoms While WfH

% Reporting 'Rather more/Much more' Problems Compared with Last 2 Weeks at 10 Days & 10 Weeks After March 2020 'Lockdown'



Self-reported Productivity & Mental Health



N=1085

Source: Parry, Young, Bevan et al, 2021

Emotional Exhaustion

- Emotionally depleted & fatigued by interpersonal demands & chronic stress at work

Depersonalisation

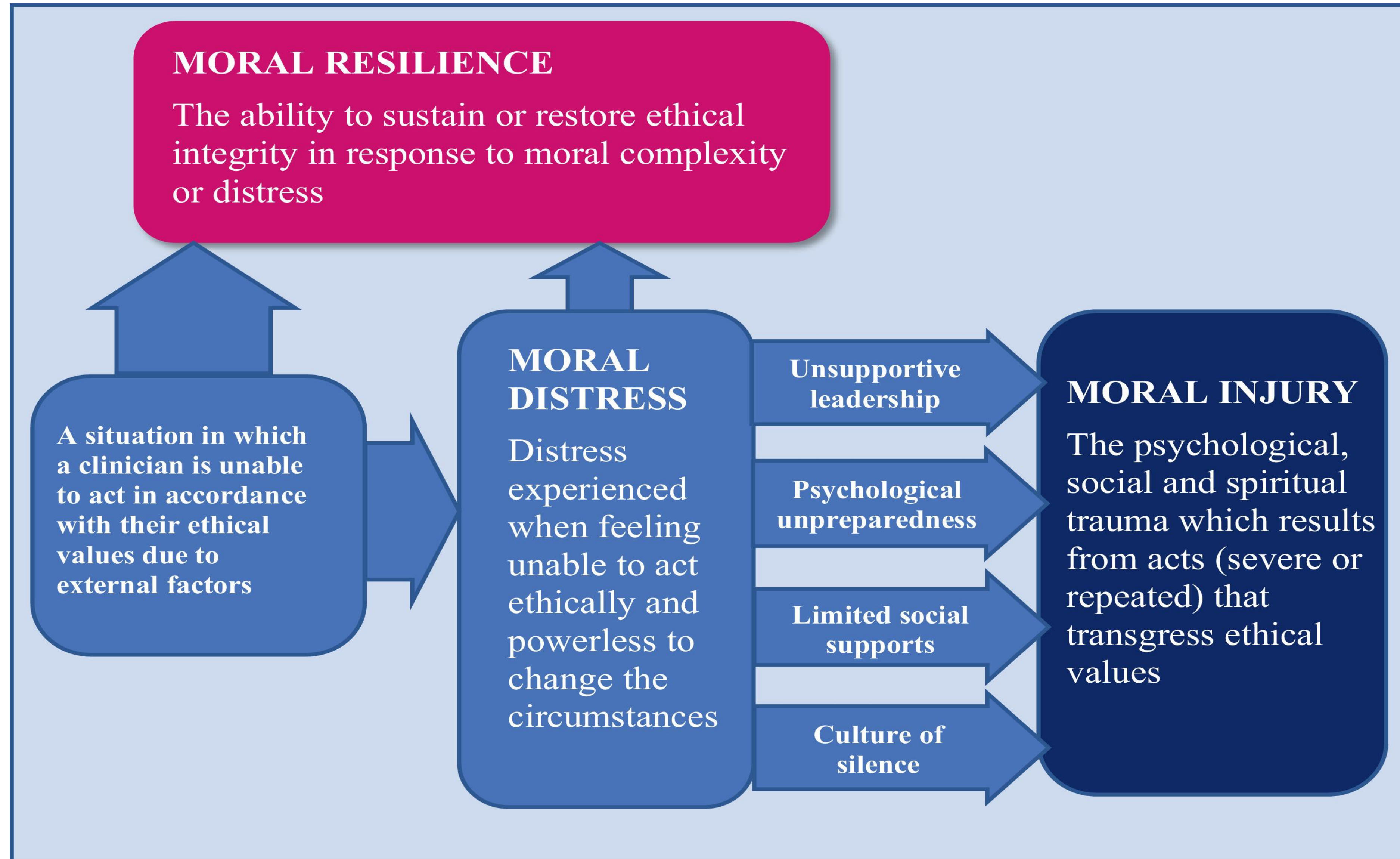
- Psychological withdrawal from relationships & growth of cynical & negative feelings towards others
- Loss of idealism & sense of vocation

Reduced Personal Accomplishment

- Lack of effectiveness at work due to emotional exhaustion & depersonalisation
- Growing sense of inefficacy

Moral Injury – in Healthcare settings

Moral injury can occur when someone engages in, fails to prevent, or witnesses acts that conflict with their values or beliefs and when they experience betrayal by trusted others especially when this is perceived as avoidable, or they are powerless to change it



Long COVID

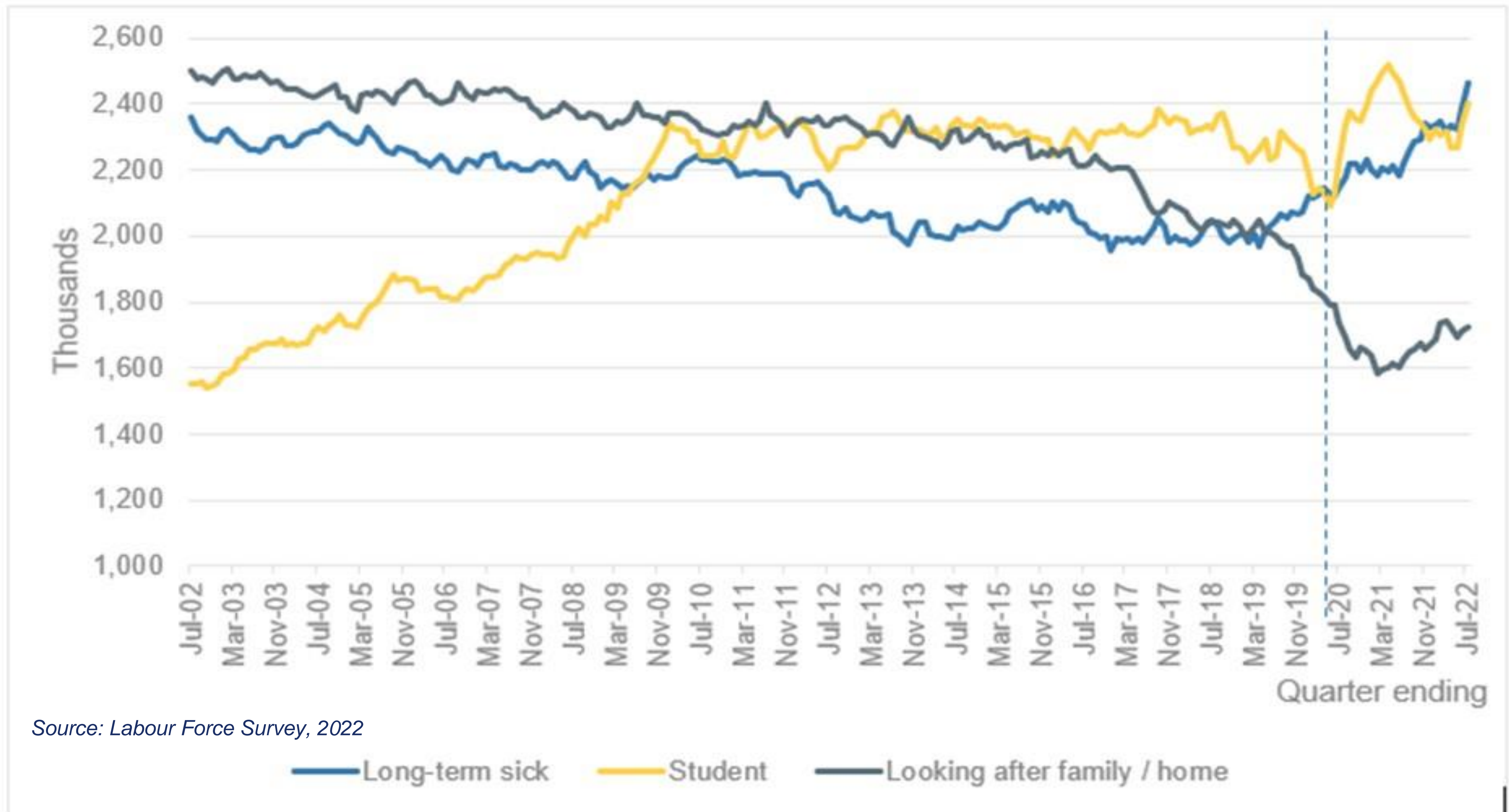
In the UK about 2m people have Long COVID

45% have symptoms which have persisted for over a year

22% of people with long Covid were unable to work due to ill health, and another 45% had to reduce their hours



Long-term sickness & economic inactivity - UK



Why such a big rise in inactivity?

- Longer health system waiting times?
- Rise in depression & anxiety accompanying chronic ill-health?
- Long COVID?
- Early retirement decisions linked to changing pension rules?
- Poor employment support for those needing coaching & personalised case management?
- Employer resistance to offering flexible job design & accommodations to support job retention & return to work?

Lessons for RTW professionals and Others?

- Employers who use occupational health & VR experts merely to 'patch-up' employees with chronic conditions as part of 'absence management' are missing chances to invest in risk assessment, primary prevention and proactive RTW planning
- Too many employers adopt simple & eye-catching RRTW interventions rather than those with an evidence base
- Employer capability in the fields of job redesign & job crafting is (politely) rudimentary
- Social welfare regimes which rely on sanctions & conditionality do not work for people with complex needs & fluctuating conditions
- Proactive, supported, personalised support requires skills & investment
- Too few RTW interventions place the individual at the centre of the plan & sustainability, progression and job quality are too often under-emphasised

Case Study

RTW After Cancer

Cancer & Employment

- Half of those born after 1960 will receive a cancer diagnosis
- Worldwide, there will be 25m new cancer diagnoses each year by 2030
- About half of those diagnosed are of working age
- Despite improvements in cancer survival, RTW rates are low – only 60% return within a year of completing treatment³
- Job loss is experienced by up to 53% of cancer survivors⁴ & unemployment can be 1.4 times more likely in cancer survivors than among people without cancer⁵
- One study found that 31% of employed cancer survivors reported a reduction in their ability to carry out physical work because of cancer, and almost a quarter reported a reduction in their cognitive ability⁶
- What are the barriers to RTW and what are the positive steps which employers, HCPs and OH professionals can take to help make the post-cancer experience of work fulfilling?
- IES & Working With Cancer carried out a survey of 1241 working age cancer survivors⁷

Our Respondents

- Predominantly female, highly educated professionals
- Before their cancer diagnosis, 73% were working full time, but this figure fell to 46% post-treatment
- Before their cancer diagnosis almost 58% were the main income earner in their household and, post-treatment, this proportion fell only slightly to 51%
- A total of 72% of our respondents had returned to work after treatment and a further 28% were still having treatment
- Among those who have returned to work, knowledge of the 2010 Equality Act and its provisions was low at 57% (*cancer as a 'protected characteristic'*).
- A third of respondents did not phase their return to work and 25% had to take leave during their treatment
- Many of those with advanced or metastatic cancer – and some with a terminal diagnosis – are struggling to get RTW support which meets their needs
- Over 97% reported side effects from cancer treatment with fatigue (93%) brain fog (68%), pain (54%), anxiety (60%), loss of confidence (55%) and peripheral neuropathy (43%) the most commonly reported (links between embolisms & micro-clotting?)

Impact of Cancer Treatment on Working Life

- Work-life balance is a big priority for most
- Many have started to reassess their career priorities because of cancer
- Most feel that the emotional impact of cancer treatment exceeds the physical impact
- Colleagues have been very supportive but...
- ...many have felt guilty about taking time off work because of their cancer

Positives & Negatives

'I am lucky that I can afford to work part time which is great for me My work has been unfailingly supportive - my manager and work colleagues. I do feel guilty that I'm not pulling my weight as I'm not doing face to face work which means my colleagues do this in my place. This is made worse by the fact that I am feeling physically well just now.'

'My manager made it clear she did not want me back, she suspected that I would be unreliable. She undermined my confidence to the extent that I was a nervous wreck. She kept saying 'so many things had changed', but refused to tell me what, even shouting at me that she wasn't my Mother, I would have to find out myself. She kept saying she thought I wasn't safe & I was 'woolly headed' & acting like I didn't really want to be there. She accused me of not being proactive. My union said they could approach her on my behalf, but it would be like 'putting a stick in a hornet's nest'. I eventually resigned'

‘You look OK’

One day my boss said to me *“Well don’t expect any sympathy from us because you look marvellous”*



Meaningful Work?

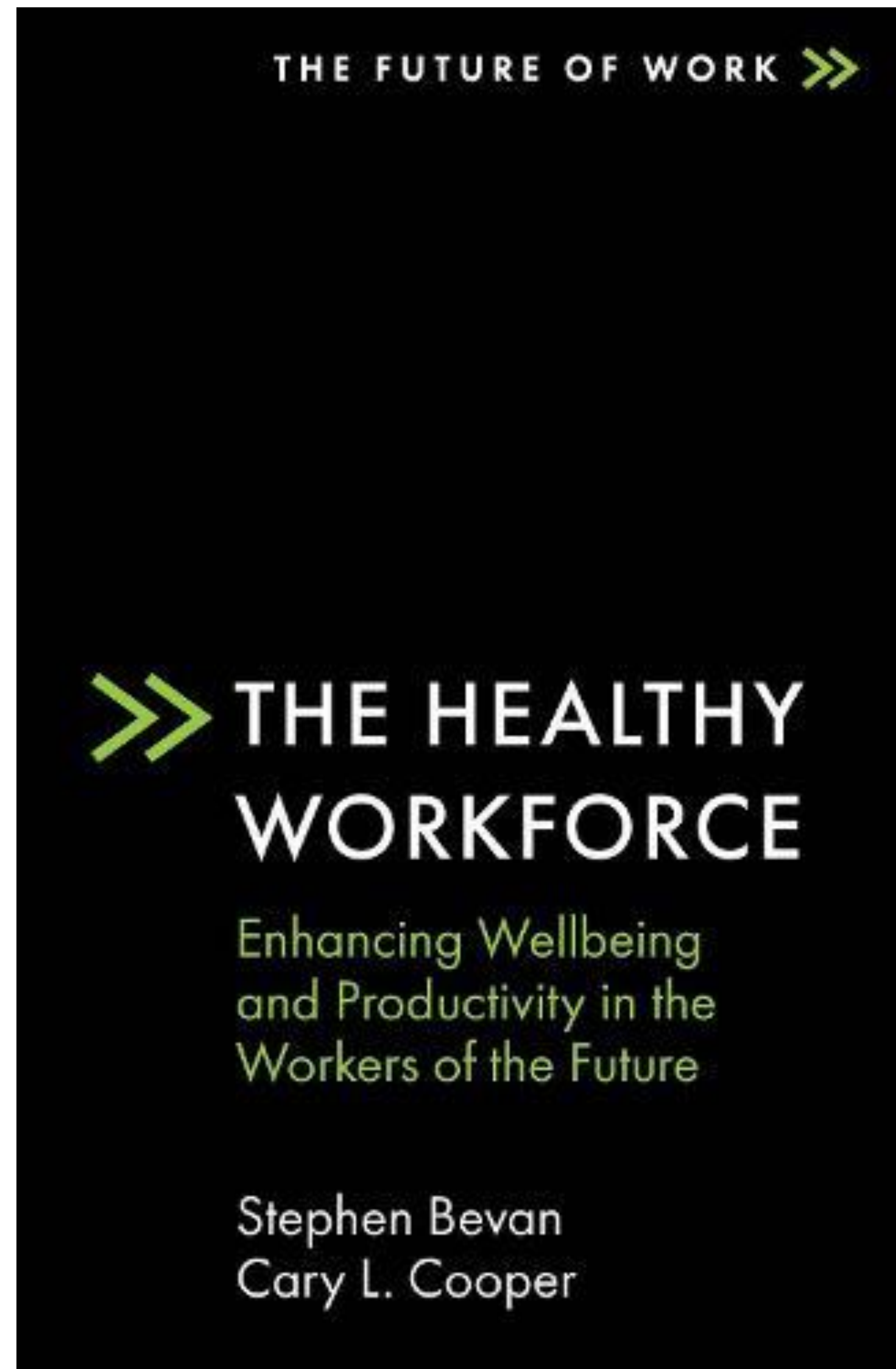
While working in effect part time (due to chemo) I face low expectations from managers and am not given challenging or meaningful work. Because I am not present or very visible, my manager has taken credit for some of my contributions.



Seven challenges for the next decade?

1. Older workers
2. Comorbid conditions
3. At work but struggling – job retention & work instability
4. Improving the accessibility of the evidence-base for employers (eg job-crafting)
5. Redefining the role of family doctors & Primary care in the RTW ‘pathway’
6. Convincing healthcare professionals that RTW should be a clinical outcome
7. Long COVID – the emerging evidence needs rapid and skilful assimilation & translation into guidance for RTW and supported employment specialists & employers

The Healthy Workforce



... 'if we are serious about harnessing the productive potential of a healthy workforce, it is time to ditch the false dichotomy which says that businesses have to choose between high productivity work practices and those which foster wellbeing'

'...the health of our workers is a bigger driver of productivity than it is a drain on it'

References

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The Institute for Employment Studies (IES) is an independent, apolitical, international centre of research and consultancy in public employment policy and HR management. It works closely with employers in all sectors, government departments, agencies, professional bodies and associations. IES is a focus of knowledge and practical experience in employment and training policy, the operation of labour markets, and HR planning and development. IES is a not-for-profit organisation.

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