Are you ready? Readiness to return to work for people living with chronic pain

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“I can’t think about going back to work, I have to get this pain sorted out first.”

“I’ve thought about working again, but I don’t know who would employ me when I can’t get through my day at home.”

“I know I want to go back to work, and I’ve started looking around at what I can do, but I don’t know where to start.”

“I’ve sorted out my resume, I’m thinking about some study to brush up on my computing skills. I wonder if I should do some voluntary work to see how much can do.”

“I’m applying for jobs and have an interview for voluntary work on Tuesday. I hope I can manage!”

“I’ve been doing voluntary work for a few weeks and although I’ve had a flare-up, I’m going fine. My boss said I might be offered a permanent position.”

For fifteen years, chronic pain self-management programmes (CPMP) at Burwood Pain Management Centre in Christchurch, New Zealand have included vocational management. An interdisciplinary team of clinicians including occupational therapists, physiotherapists, nurses, social workers and psychologists encourage people with persistent pain to consider working as an area for goal-setting, despite their pain. Occupational therapists take the lead in developing participants’ return to work plans.

Participants in the three week CPMP range in age from their late teens to their 70s, and may have diagnoses of chronic low back pain, neuropathic pain, migraine, complex regional pain syndrome, or fibromyalgia. People have had, on average, four years of pain before being referred to the centre. Most people are not working (about 70%), and have been away from work for 12 months or more, with about half on compensation, and another 25% receiving a state benefit.

Why work when you have chronic pain?
Working, in paid or unpaid work, is good for people (Waddell & Burton, 2006). Participants attending the CPMP say that work is part of their identity, gives them social contact, keeps their brain stimulated, gives them a reason to get out of bed in the morning, maintains their connection with their community, and maintains their economic independence.

The effects of being out of work have been examined in detail by Professors Gordon Waddell and Kim Burton (2006). In their review of research of the health effects of working, they found that unemployment “causes, contributes to or accentuates the negative effects” of cardiovascular disease, suicide, poorer general health, increased risk of lung cancer, respiratory infections, and poorer mental health and psychological well-being (Waddell & Burton, 2006).

Why do people stop work when they have chronic pain?
Reasons for leaving work given by participants include receiving direct instruction from a doctor or other health care provider, employer uncertainty about functional limitations or lack of suitably selected duties for the person with pain, and personal reasons such as being unable to carry out work tasks to a level or intensity required or fears of being unable to cope with pain fluctuations. Once a person is off work, getting back to work depends on agreement from their doctor, having suitable work from the employer, and adequate support through the process.

While most people with chronic pain acknowledge the importance of returning to work at some point, at the same time they can be very anxious about doing so. This may be expressed as resistance to the efforts of health professionals, case managers or employers.

What can be done to reduce resistance?
Miller (1983) discovered that certain interpersonal behaviours by clinicians promoted greater change. In the resultant
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During the course of the CPMP, participants explore why working is important to them and in particular, the value of making plans for returning to work after the programme has ended. Along with the usual CPMP content such as self-regulation, activity management, exercise and pain physiology, participants also identify their position in the Transtheoretical Model, and explore the factors that will help them take ‘the next best step’. By CPMP completion, participants will have generated plans for at least one action to complete over the following six weeks to take them ‘one step along’ the process towards returning to work. The occupational therapists contribute to this process by helping participants consider a variety of ways to undertake these small steps towards work.

In the first session, participants are asked to indicate how important work is to them on a line where at one end it is ‘not at all important’ while at the other end it is ‘extremely important’. Participants are then asked ‘Why have you put your mark so high?’ or ‘Why is your mark here (pointing to the mark) and not down here (pointing to zero)?’ In answering this question, participants generate personal reasons for working, and are encouraged to write down the top five reasons for work being important to them. It’s important to note that people are not asked why their mark is so low, because this results in reasons for not making change. Attention is then turned to confidence, and the same process is followed. Participants then explore their responses, in particular the reasons they lack confidence to return to work, often discovering that many share worries (see Table 1).

Table 1. Common concerns about returning to work from participants of the Chronic Pain Self-Management Programme

| Concern about negative labels from having had time off work. |
| Not knowing how to communicate about different ways of working (e.g., safe handling techniques, paced approaches to activity). |
| Uncertainty about the effect of increased pain on sleep, relationships, mood, compensation. |
| Worry about entitlements to financial support. |
| Lack of knowledge about job seeking. |
| Lack of confidence to use coping strategies at work. |

The remainder of the vocational portion of the program discusses aspects of returning to work based on the general headings of:
- Identifying transferable skills
- Strategies for job seeking
- Interviewing and communicating at work
- Determining functional abilities for work
- Pain management strategies in the workplace

During these sessions the specific concerns expressed by participants about the process of returning to work are discussed, with contributions from various participants about their experiences and problem-solving strategies used to challenge assumptions about return to work with chronic pain.

How well does this process work?
People with chronic pain face reduced prospects for returning to work. An Australian study identified that if a person is off

The CPMP Approach
A motivational approach to return to work was introduced to the three-week CPMP six years ago. Psychometric questionnaires, including measures of importance and confidence about returning to work are taken at assessment, before the CPMP, at completion, and at six-week, six-month and twelve-month follow-ups. This questionnaire battery includes the Numeric Rating Scale for pain (Williamson & Hoggart, 2005), Pain Disability Index (Tait & Chibnall, 2005); Depression Anxiety Stress Scales (Lovibond & Lovibond, 1995); Pain Self Efficacy Questionnaire (Nicholas, 2007); Tampa Scale for Kinesiophobia (Kori, Miller, & Todd, 1990), Pain Anxiety Symptoms Scale (Burns, Mullen, Higdon, Wei, & Lansky, 2000); and Chronic Pain Acceptance Questionnaire (McCracken, Vowles, & Eccleston, 2004). The questions about returning to work ask participants to rate importance and confidence on a 0 – 10 Likert scale, where 0 = not at all important/not at all confident, and 10 = extremely important/extremely confident. The average level of importance for returning to work among a cohort of 300 people assessed at the Pain Management Centre between June and November 2011 was 7.6 (standard deviation = 2.3), while the average level of confidence to return to work was 2.4 (standard deviation = 2.1).

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Table 1. Common concerns about returning to work from participants of the Chronic Pain Self-Management Programme

| Being unclear about what is important and isn’t safe to do at work. | Concern about negative labels from having had time off work. |
| Being worried about further damage or harm. | Not knowing how to communicate about different ways of working (e.g., safe handling techniques, paced approaches to activity). |
| Not knowing how many hours a week is sustainable. | Uncertainty about the effect of increased pain on sleep, relationships, mood, compensation. |
| Being unsure of the kind of job to look for. | Worry about entitlements to financial support. |
| Being unclear about the effect of medications. | Lack of knowledge about job seeking. |
| Not knowing how to tell an employer about a pain problem. | Lack of confidence to use coping strategies at work. |

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- Strategies for job seeking
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How well does this process work?
People with chronic pain face reduced prospects for returning to work. An Australian study identified that if a person is off
work because of ill health for:

- 20 days the chance of ever getting back to work is 70%.
- 45 days the chance of ever getting back to work is 50%.
- 70 days the chance of ever getting back to work is 35%.

(Johnston & Fry, 2002).

Most of the participants in the CPMP have been off work for 12 months or more, and the outlook for returning to work is slim. Without addressing specific concerns about working with chronic pain, few people progress from ‘not thinking about’ to ‘maintaining’ their return to work. Estimating return to work rates is complicated by base rates of unemployment in the community, educational level, literacy and numeracy, and varying definitions of return to work.

While mean ratings of importance change little at the five measurement points, mean confidence ratings increase by the end of the Programme, drop slightly at the six week follow-up (but not to pre-programme levels), and trend upward at the six-month and 12-month follow-ups (see Figure 1).

![Figure 1. Participant predictions about ability to manage aspects of work taken at pre-programme, immediate post-programme, 6 week follow-up, and 6 month follow-up. N=18. Scale definitions: Workload: 0 = no capability – 4 = heavy. Work hours: 0 – 8 per day. Work days: 0 – 5 days per week.](image)

While returning to work remains a challenge for people with chronic pain, what seems evident is that breaking the goals down into smaller ‘next best steps’, and shifting the focus to what helps individuals move one step along the ‘stages of change’ continuum provides an approach that reduces resistance to returning to work.

### References


**Editor’s Note:** Brownwyn Thompson’s blog, “Health Skills: Skills for healthy living for health professionals working in chronic pain management” (http://healthskills.wordpress.com/), provides a stimulating platform for occupational therapists from around the world to share and build a global community of practice.