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The role of the family on sickness absence

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How significant are ‘significant others’?

*The influence of the family on sickness absence*

Dr Serena McCluskey
• Seven per-cent of UK working age population receive a disability benefit

• ‘Disability’ defined as “an illness or impairment that limits the usual activities of daily living, including work ability” (OECD, 2009)

• Only 2% of those in receipt of disability benefit return to work

• Back pain a leading cause of sickness absence and work disability
Why do some people become disabled?

• They do not have a more serious health condition or more severe injury
  – So, it’s not about what has happened to them; rather it’s about why they don’t recover

• They face obstacles to recovery and participation
The obstacles model
- obstacles to work participation

biopsychosocial approach
Psychosocial Flags Framework

Person - psychosocial factors associated with unfavourable clinical outcomes and the transition to persistent pain and disability

Workplace - stem largely from perceptions about the relationship between work and health, and are associated with reduced ability to work and prolonged absence

Context - in which the person functions; includes relevant people, systems and policies. These may operate at a societal level, or in the workplace. They are especially important since they may help or hinder the recovery process.

Inspiring tomorrow’s professionals
The influence of ‘significant others’

• Significant others (spouse/partner/close family member) have an important influence on an individual’s pain behaviour and disability

• This influence is rarely explored in relation to recovery from back pain and work participation specifically
Family and work participation

• Department for Work and Pensions, UK (2011) – “family has an important role to play in facilitating RTW”

• Relationships with ‘significant others’ and ‘family life’ are highlighted in review studies (Snelgrove; Hoving, 2013)

• HSE, UK (2013) ‘A spouse or partner acting as a proxy respondent is associated with a 26% reduction in the likelihood that an individual is recorded as suffering from work related ill-health. This increases to 53% where the proxy respondent is not a spouse or partner”
Studies

- Chronic back pain patients and their significant others (n=28) in the North of England: (1) a Condition Management Programme; and (2) Hospital-based pain clinic
  - (1) all disability benefit claimants
  - (2) half disability benefit claimants; half remained at work

- Patients and their significant others were interviewed separately in their own homes, using an interview schedule derived from the chronic pain version of the Illness Perceptions Questionnaire (Revised) (IPQ-R) (Moss-Morris et al, 2002)
Interview questions

• What do you **think** was the cause of your relative’s problem?
• What do you **expect** is going to happen?
• How effective is their treatment plan?
• **When** do you think they’ll get back to work?
• What has been the effect on you?
• What do you think should be done to help?
Data Analysis

- Data were analysed using template analysis (King et al, 2002; King, 2004).

- A-priori themes arranged around the nine subscales of IPQ-R.

- Initial template was constructed using the significant other interview data, mapping on patient data.
Participants

- Mean age: claimants = 48 years; significant others = 50 years
  working = 49 years; significant others = 37 years

- Gender: majority claimants = male; majority significant others = female

- Majority claimants previously worked in manual occupations, majority of
  working were in managerial or professional occupations

- Majority of claimants had not continued their education past school-leaving
  age; majority of those in work had continued their education

- Majority of dyads=spouse/partner, other were parent/child relationships
Results:

• When the final template was produced, it was found that those IPQ-R constructs most relevant to work participation were:

  1. Beliefs about causality; 2. Consequences of illness;
  3. Treatment expectations

• Two additional themes were uncovered:

  4. Patient/claimant as genuine;
  5. Being a good significant other
Results – ‘Beliefs about Causality’

“I didn’t have any problem with it up until going into that job and that’s why I’ve put it down to doing those things….if I’m in a job where I’m sitting down all day or standing or whatever at a machine all day then it’s going to go, it’s going to continue to go”

[Claimant]

“It’s probably something that he carried in work that hurt his back”

[Significant other]
Results – ‘Consequences of illness’

“What’s important is that I’m not sat down or stood still or something like day after day because it’ll stop me from walking, which will stop me from working”

[Claimant]

“And, as I say to him, who’s going to hire you? With a backache, you know……And who’s gonna let him lie down when he’s working in the factory, no-one are they?”

[Significant other]
Results – ‘Claimant as genuine’

“I’ve always worked since I came out of school ….. well I carried on working in the evenings when I was at school and not being able to work has crippled me. I had three jobs at one time; I was working in three jobs, and to go from three jobs to nothing…”

[Claimant]

“I can probably tell when I can see the way he walks if he’s sore or not”

[Significant other]
“I just help him, run up and down stairs when he wants….if he wants something he can ask me and I’ll do it for him”
[Significant other]

“Maybe we’re an odd household because we’re both ill – that makes us more understanding of each other”
[Significant other]
Summary of findings – out of work

• Significant others shared and further reinforced unhelpful illness beliefs of claimants
• Significant others more resigned to permanence and negative inevitable consequences
• Significant others more sceptical about the availability of suitable work and sympathy from employers
• Claimants were keen to stress their ‘authenticity’ and significant others acted as a ‘witness to pain’ or were overly solicitous – good significant other
Non working vs working: ‘Beliefs about causality’

• “I know for a fact it was work because she complained doing it”
  [Significant others of claimants]

• “He goes to work because he just won’t give in to it making him an invalid”
  [Significant others of working]
Non-working vs working: ‘Consequences of illness’

• “How can he get a job with his back the way it is, when he can’t sit down too long, he can’t walk too long, he has to lie down?”

[Significant other of claimant]

• “He doesn’t not do anything because he’s got pain”

• “I think his mental attitude is probably the reason he works full-time”

[Significant others of working]
Non-working vs working:
‘Treatment expectations’

• “We’ve tried everything and nothing works”

• “They didn’t do everything they could….I think back pain seems to be at the bottom of their list”

[Significant others of claimants]

• “It’s accepting that they can’t actually do anything more and you just have to live with it”

[Significant other of working]
Working vs non-working: ‘Patient/claimant as genuine’

- I could see how much pain he was in … even sitting down for more than half-an-hour”
  [Significant other of claimant]

- “He pushes himself to go to work every single day. He’s not collecting benefits…he’s trying to do something to help himself”
  [Significant other of working]
Non-working vs working: ‘Being a good significant other’

- “I know what he’s going through….whatever he needs, I’m willing to do it”
- “I wait on her hand and foot when she’s bad”

[Significant others of claimants]

- “She manages herself remarkably well”
- “He has an amazing pain threshold, such determination”

[Significant others of working]
Summary: working sample

- Significant others focused on what the patient could still do
- Significant others talked about patients as ‘heroic’ in their efforts to remain at work
- Significant others did not ‘blame’ work for the cause of the condition
- Significant others were supportive of the patients efforts in continuing to participate in normal activities, suggesting they were ‘good’ patients
- Significant others did not expect the back pain to be cured, but were positive about effective pain management
- Significant others had a greater degree of acceptance
Overall Summary

- Significant others have similar and in some cases, stronger beliefs than patients about treatment for persistent back pain and work participation (helpful and unhelpful!)

- Significant others could be valuable resource

- Wider social circumstances need to be acknowledged as obstacles or facilitators to work participation

- Focusing on the individual as the sole target for intervention may not always be appropriate/effective
Next steps - things to think about!
Ongoing research

- Primary care setting – patients struggling to return to work

- The Netherlands:
  - moderate to high levels of perceived self-efficacy and low levels of punishing responses; moderate levels of solicitous and distracting responses, but significant others reported higher levels of catastrophizing than their spouses.
  - Significant others were viewed as an important factor in helping maintain continued work participation by workers with CMP.
What next?

- 3 evidence-informed leaflets
  - workplace
  - worker
  - healthcare
- Evidence-informed
- Practical advice on return to work processes
- Facilitate communication and understanding
- Synchronous distribution
- Free PDFs

advice for workers with muscle and joint problems
helping you to stay active and working

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www.tsoshop.co.uk/evidence-based
Acknowledgements/references

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