

# WHAT DOES A GOOD HEALTH<>WORK CONVERSATION LOOK LIKE?

Kim Burton OBE

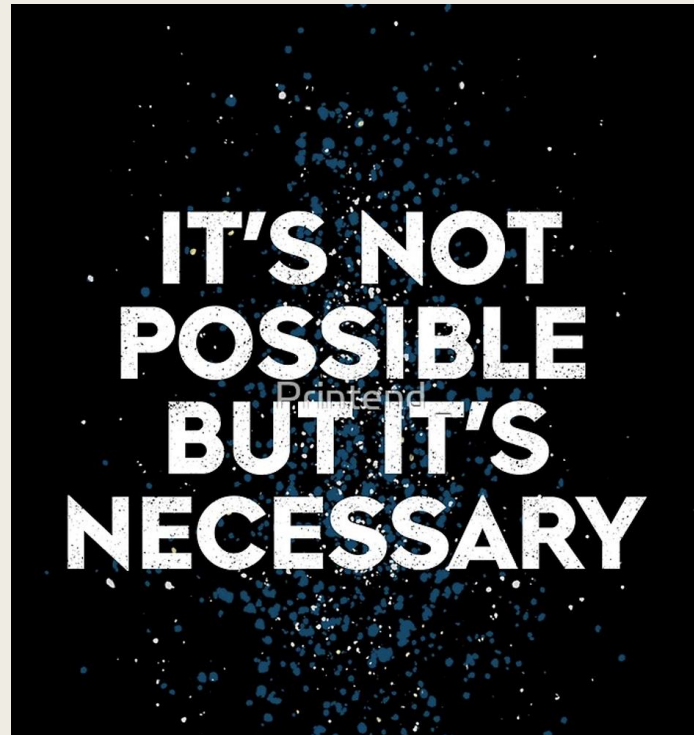
*Professor of Occupational Healthcare, University of Huddersfield*



# Return to Work

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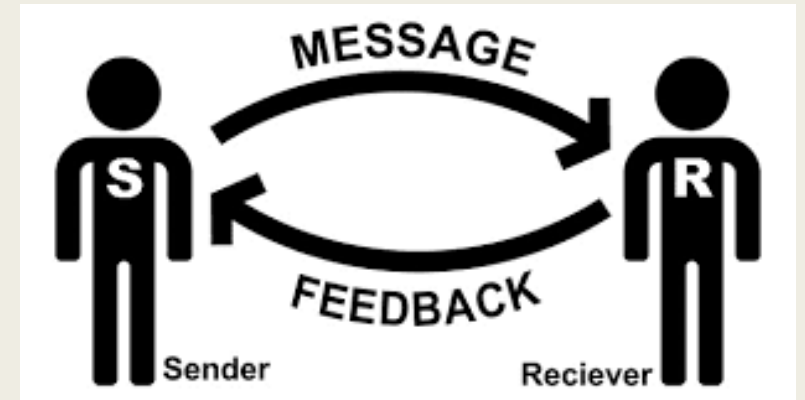
# Stay at Work



- These are the outcomes we want to achieve:
- But, to the worker with a health problem, that may well seem impossible
- So, we need to show them that they can achieve the impossible!

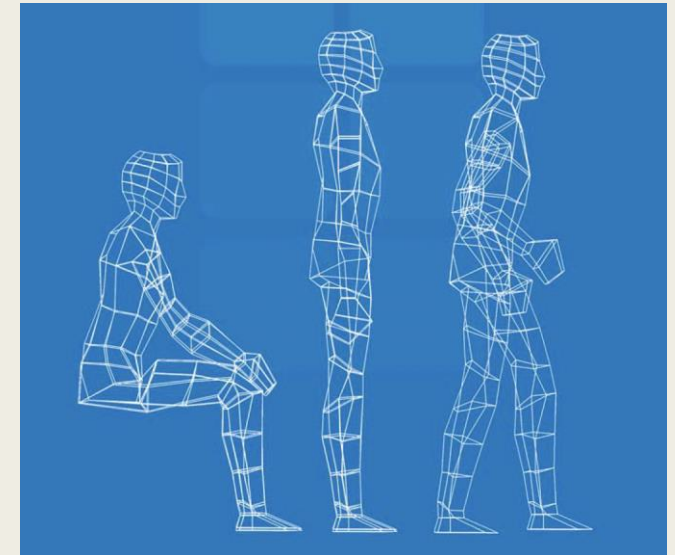
# What's to talk about?

- THE HEALTH<>WORK conversation is NOT
  - *an 'assessment' or a 'treatment'*
- The function of the HEALTH<>WORK conversation IS:
  - *to support work ability*
- The goal is 'working while recovering'
- Importantly, it's a two-way conversation not an instruction

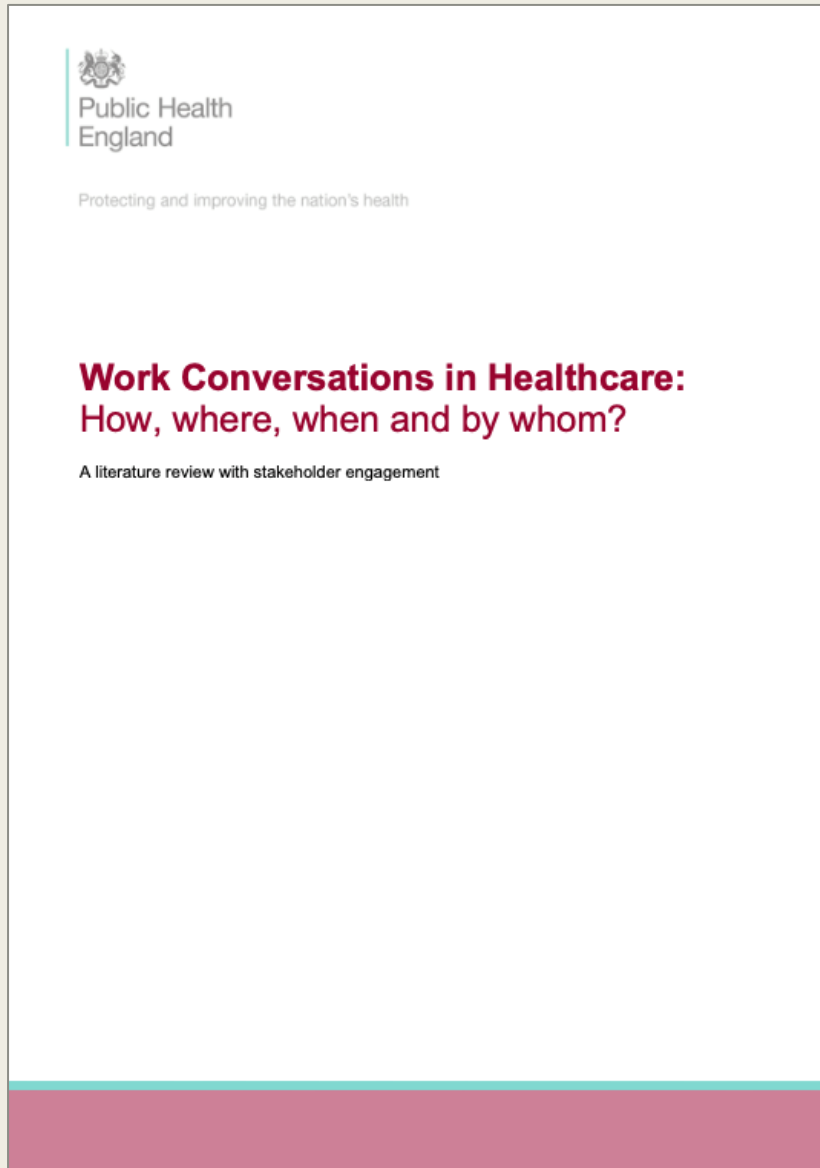


# Why talk about it?

- It's all about supporting the worker
- To provide accurate information and advice
- To overcome obstacles to working
- To build a workability plan
  - *return to work : stay at work*
    - Myth busting
    - Accommodate the worker at work
    - Figure out solutions to obstacles



# What do we know about work conversations?

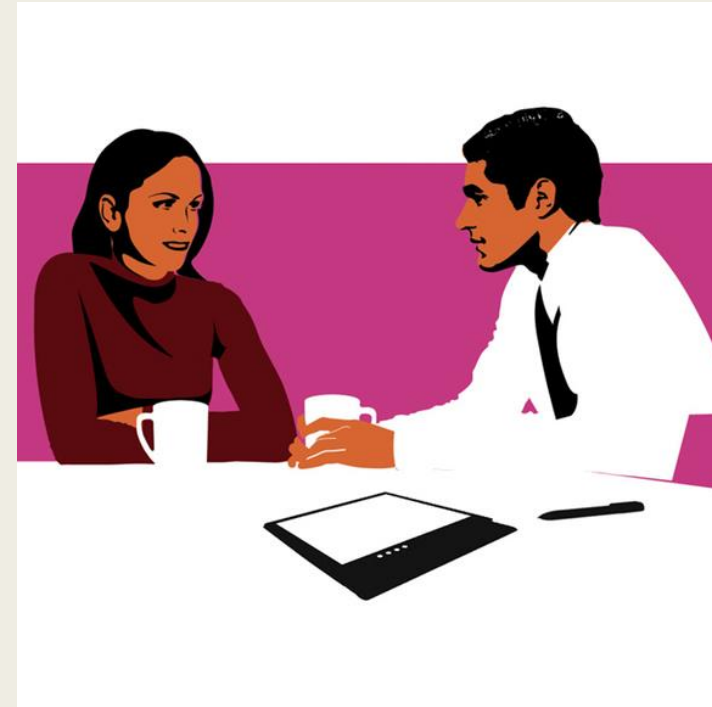


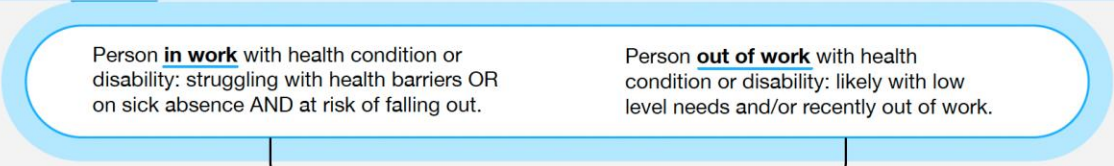
- Bottom line – they rarely happen in healthcare

- Bartys S, Edmondson A, Burton K, Parker C, Martin R
  - <https://www.gov.uk/government/publications/work-conversations-in-healthcare-literature-review>

# Who can do the talking?

- We can't expect any more from primary care
- We'll need to wait for overall OH cover
- It'll take a while to empower the workplace
- So, it's all down to WorkWell...

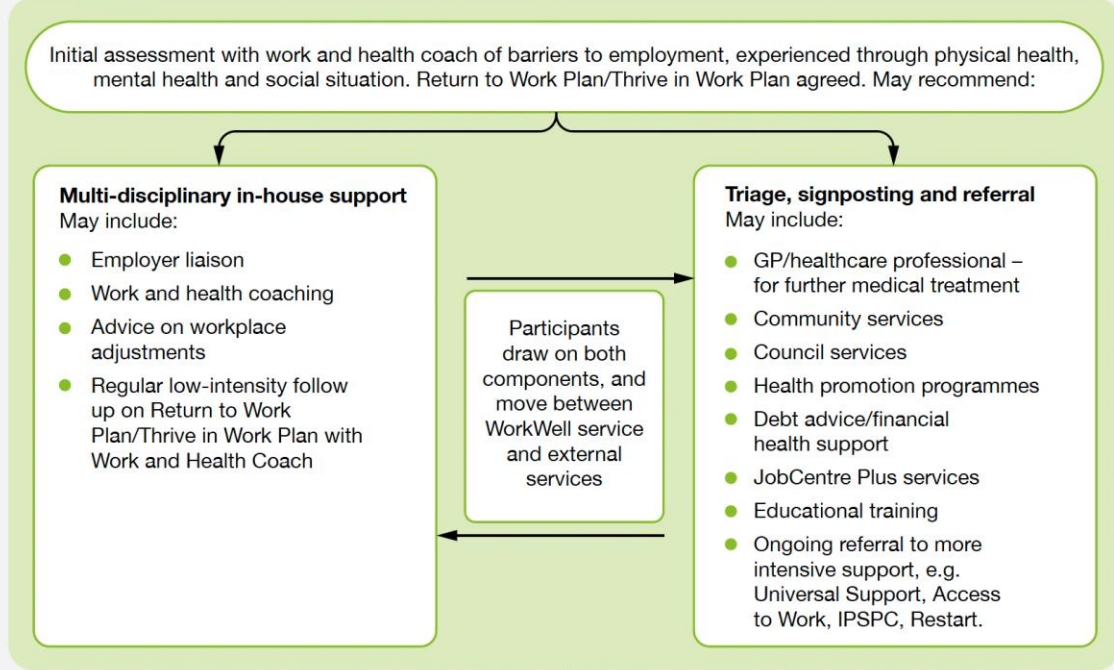




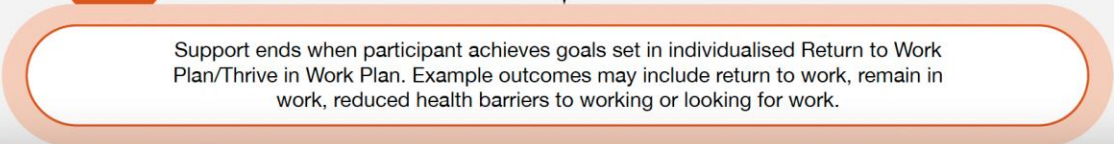
**2 Referred by**



**3 Support offer**



**4 Completion**



Crucial point for focused *health<>work* discussion + workability plan

Yet, all these people must also be inside!

# Why do some people struggle with work ability?

- *not because they have a more serious health problem*
  - *the struggle with is with symptoms and coping, not pathology*
  - *so, it's not what's happened, but what we can do about it*
- They face **obstacles** to usual work and participation
  - It's a biopsychosocial arena with obstacles in three main domains
    - Person
    - Workplace
    - Context

Psychosocial Flags Framework  
[tsoshop.co.uk/flags](https://tsoshop.co.uk/flags)





# Health problem = uncertainty

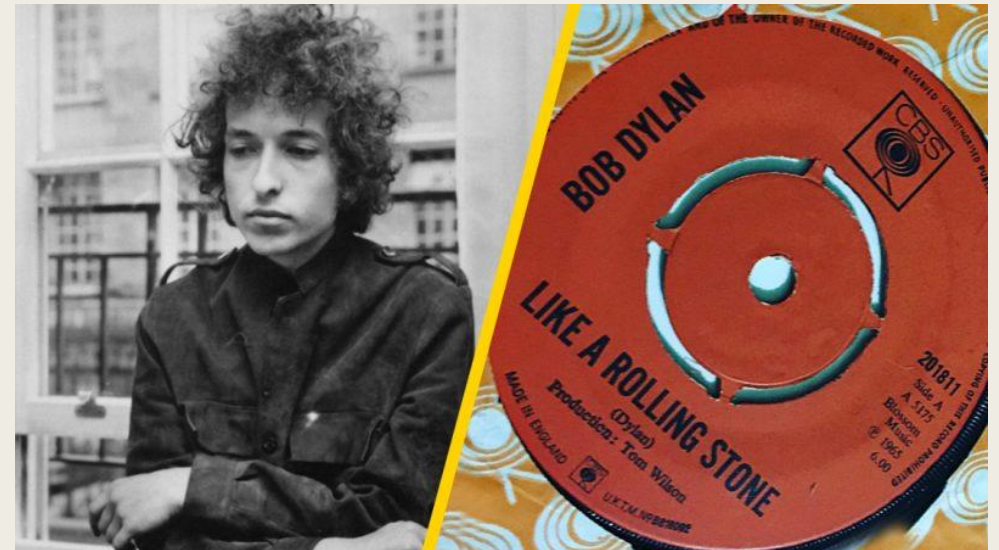
- *about what's gone wrong*
- *about whether to rest*
- *about whether to seek treatment*
- *about whether to work*
- *about what it means for the future*
- People don't cope when they are uncertain...



How does it feel, ah how does it feel?

To be on your own, with no direction home

Like a complete unknown, like a rolling stone



- *Like a Rolling Stone*, Bob Dylan (1965)

- Work and health are complementary not conflicting!
- Work can be health promoting

■ Dr Serena Bartys 2023

- But that is not the usual perception
- Myths abound!
- The conversation must dispel the myths and promote positive evidence-based messages



# Key messages



- Work is generally good for our physical and mental health
- The longer we're off work, the harder it is to get back
- Being at work can be part of the recovery - *working while recovering*
- Things may be getting in the way, but they can be overcome
- A plan will help the return-to-work journey – agreed with the workplace

# Simplicity

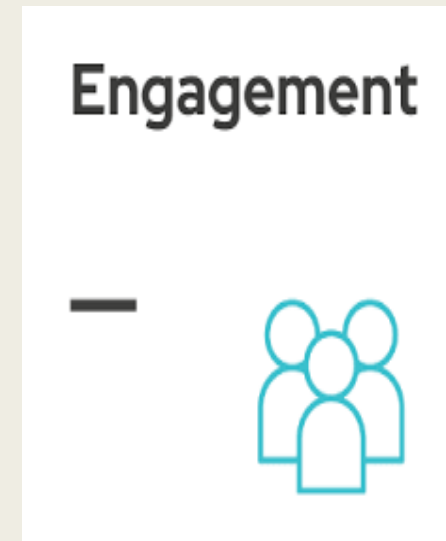
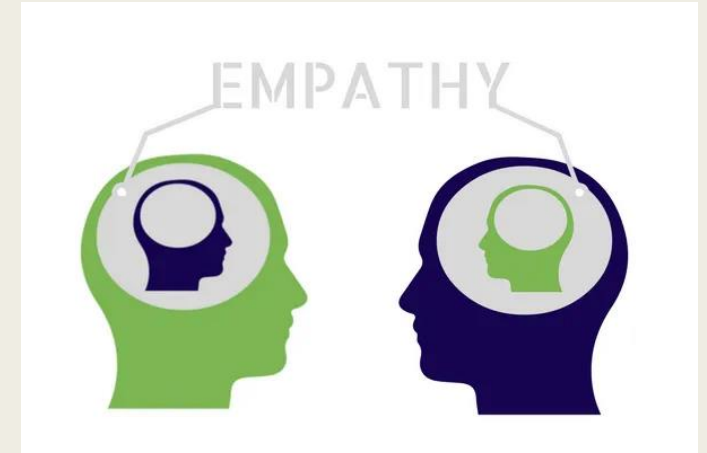
- Much of what is said is forgotten
  - *or misinterpreted*
- Keep it simple
  - *not overcomplicated or overmedicalized*
- Just what's needed, when it's needed
- Focused messages
  - *why it's important*
  - *take-home points*



# Empathy & Engagement

- These are key elements of any HEALTH<>WORK conversation

- Bartys, S, Martin R, Parker C, Edmondson A, Burton K. Empathy is key: addressing obstacles to policy progress of 'work-focused healthcare'. Evidence & Policy 2021; 18(3)



# Use stories – they are powerful



## *Andy's predicament*

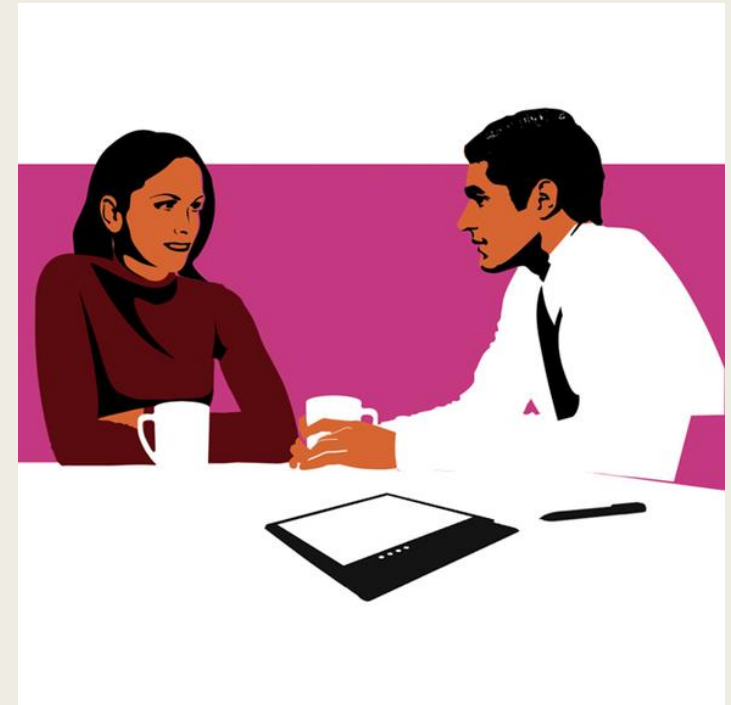
“It all started when I woke up with severe back pain. The doc gave me tablets and told me to rest and stay off work - but I didn't get any better. I was sent for x-rays, which showed degeneration. Then I had to wait around to get treatment. The therapist said it was my job that caused it, so I shouldn't go back till I was fully fit. By that stage I started to get really worried - and feeling down. The family won't let me do anything, so I don't get out much. The people at work haven't been in touch, so I don't know what's happening about me getting back. People said I should put in a claim: the solicitor sent me to a specialist so it must be serious. This whole on-going saga has just taken over my life - all I wanted was a bit of help....”



# Accommodating the worker with a health problem

- Use the conversation:
- To identify the obstacles to working
- To figure out some (doable) solutions
- To put them into an agreed Plan
- Remember the psychosocial dimension

- Person
- Workplace
- Context





# Useful questions to ask

- Ask the worker - they know their job and they know how they feel
- Use stem questions
  - *an open question that acts as a topic starter*
  - *What d'you think has caused you problem?*
  - *what d'you expect is going to happen?*
  - *When d'you think you'll be able to come back?*
  - *How are you coping with things?*
  - *Is it getting you down?*
  - *What can be done at work to help?*



# Some questions for fit note signers

- What is your job, and what tasks does it involve?
- Are there aspects of your job that you would find difficult or impossible because of your health problem(s)?
- If so, are there simple ways in which your job could be changed to overcome these difficulties?
- Is there another job that you would find easier, to which your employer might move you while you are recovering?

*Coggon & Palmer BMJ 2010; 341:c6305*

**Statement of fitness for work**  
**For social security or Statutory Sick Pay**

Patient's name

I assessed your case on:

and, because of the following condition(s):

I advise you that:  you are not fit for work.  
 you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:

a phased return to work  amended duties  
 altered hours  workplace adaptations

Comments, including functional effects of your condition(s):

Sample

This will be the case for

or from  to

I will/will not need to assess your fitness for work again at the end of this period.  
*(Please delete as applicable)*

Doctor's signature

Date of statement

Doctor's address

Med3 04/10

## Shared Decision Making tool on Work and Health



- This tool is designed to help both doctors and patients in their conversations around work and health. It includes some suggested questions, which may help your conversations.
- This tool can help to record information, which both doctors and patients can then keep and refer to again.
- The tool can be printed off for patients to take home and where patients decide, to share with their employer.
- You might not come up with all the answers now, you may wish to meet and discuss them again another time.
- This tool can be used whether someone is employed but off sick or they may be unemployed and wanting to return to employment

Patient:

Dr:

Date:

### Useful Information about work and health

- Work is the most effective means to improve well-being of individuals, their families and their communities.
- Being out of work long term can lead to increased risk of poor health, depression and social exclusion.
- Once you have been off work sick for 6 months returning to work becomes increasingly difficult independent of the reason for the initial absence. (Waddell G, Burton K. *Is work good for your health and well-being?* TSO, London: 2006)

#### Importance

- Tell me a bit about how important is it for you to go back to work right now?
- If you had to put this on a scale of 1-10 where would you place yourself? (where 1 is not at all important and 10 is vitally important)

Score: 1---2---3---4---5---6---7---8---9---10

What might be your reasons for this score?

#### Confidence

- How confident are you about going back to work?
- If you had to put this on a scale of 1-10 where would you place yourself? (where 1 is not at all confident and 10 is very confident)

Score: 1---2---3---4---5---6---7---8---9---10

What might be your reasons for this score?

### Obstacles and Enablers

(You can record your responses below each question this may help for your future conversations)

**What is/are your biggest worry/worries (concerns) about going back to work? (Obstacles)**

**What would need to change /or what would you want to change to be able to think about going back to work? (Enablers)**

### Agreed next steps

Fit note detail where applicable (please circle):

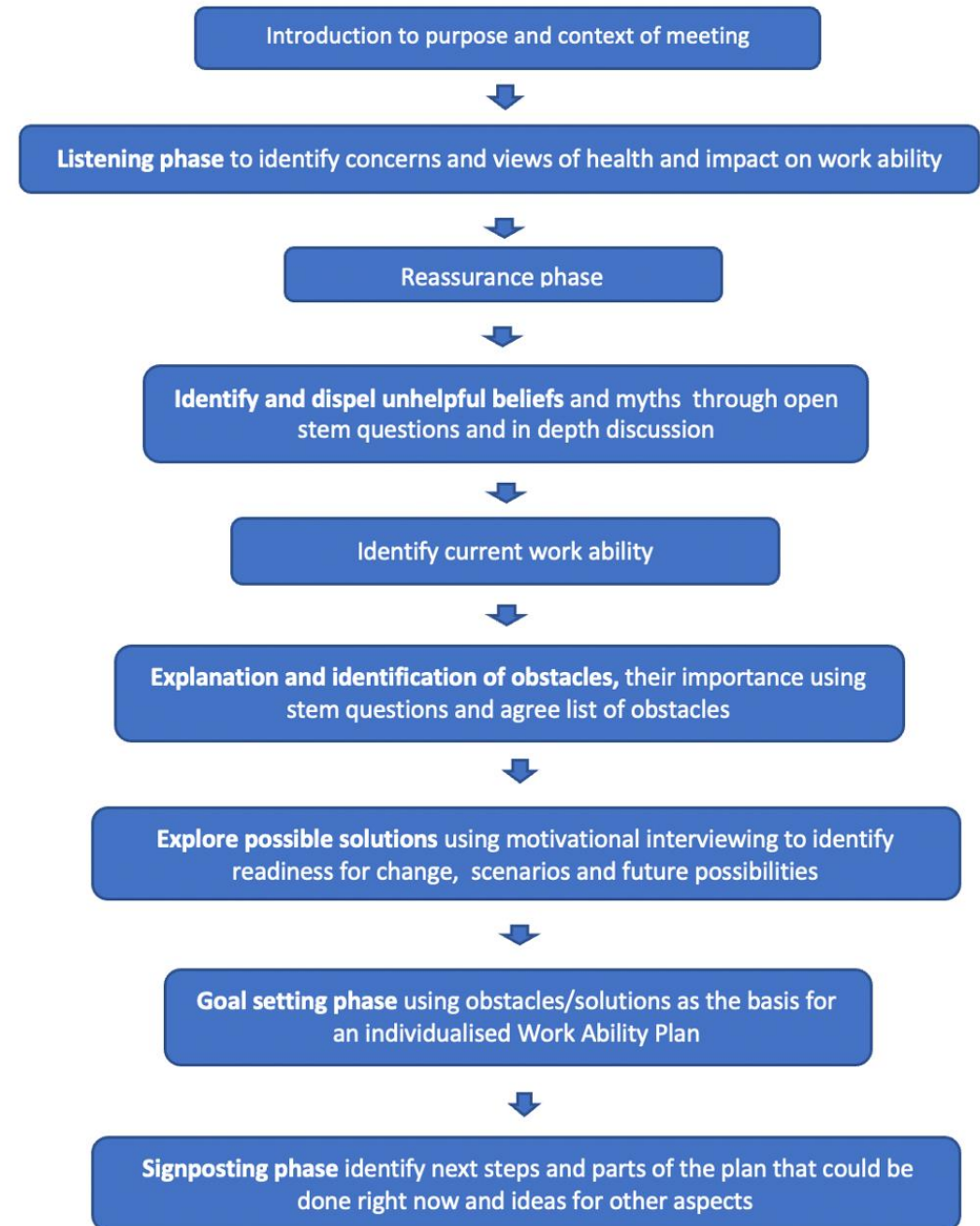
- Not fit for work
- Maybe fit to return to some work
- Fit to return to work

- This template was designed for primary care, and neatly covers the concepts.
- While it's way too complex for a GP consultation, it has some merit for WorkWell.
  - *Knowledge*
  - *Stem questions*
  - *Obstacles and Solutions*
  - *Action*
- But no connection with workplace or agreed plan!

- **Employment and Health Discussion pilots**

- <https://www.gov.uk/government/news/back-to-work-boost-for-disability-benefit-claimants-as-ground-breaking-employment-scheme-expanded>
- Structure follows a sequence of tasks for EHP to understand the person, help build confidence and positive approach, figure out obstacles and solutions, signpost resources, and *agree* the **Workability Plan**

Developed in conjunction with Vocational Rehabilitation Association




# Build a plan

You say you got a real solution  
Well, you know  
We'd all love to see the plan

- *Revolution*, The Beatles, 1968



# smart Return to Work Action Plan

- Health condition agnostic
- Identify **obstacles** to working
  - *what's really getting in the way*
  - *it's not just health*
- Figure out **solutions** 
  - *how can those obstacles be overcome*
  - *ask the worker!*
- Plan developed by, and agreed with, the key players
- Provides ***just what's needed, when its needed, for the person who needs it***



• Person



• Workplace



• Context

# How to build a Plan

- Shows agreed obstacles & solutions; who does what; dates  
- before and after return

### Smart Plan-Builder

I'm going to send the Plan to these people for agreement (tick relevant boxes):

Line Manager/Buddy  Healthcare Team  HR

RETURN TO WORK DATE   I am planning a **PHASED RETURN**

OBSTACLE	SOLUTION / WORK AROUND	WHO DOES IT?	WHEN
Before I Return to Work			
<input type="text" value="Obstacle 3"/>	<input type="text" value="Solution 3"/>	<input type="text" value="Who does it?"/>	<input type="text" value="DD/MM/YYYY"/>
<input type="button" value="ADD ANOTHER +"/>			
After I Return to Work			
<input type="text" value="Obstacle 1"/>	<input type="text" value="Solution 1"/>	<input type="text" value="Who does it?"/>	<input type="text" value="DD/MM/YYYY"/>
<input type="text" value="Obstacle 2"/>	<input type="text" value="Solution 2"/>	<input type="text" value="Who does it?"/>	<input type="text" value="DD/MM/YYYY"/>

# Example smart RTW Action Plan

- Line managers may prefer something even simpler
- E.G. a calendar of actions
  - focused on the solutions and timing

## Return to Work Action Plan

PRINT PLAN

kim bo

PLAN AGREED WITH

Line Manager, Healthcare Team

RETURN TO WORK DATE

09/01/2024

I am planning a PHASED RETURN

ACTION CALENDAR

WHO DOES IT?

08/01/2024

fire the manager

me

09/01/2024

Return to Work

09/01/2024

get new line manager

n/a

Phased Return Details

WEEK 1

refuse to work

WEEK 2

agree to work



# Where can you find the evidence and templates?

Occupational Health at Work 2022; 18(x): xx-xx

1

FEATURE

## The smart return-to-work plan

Part 1: the concepts

Kim burton, Serena Bartys

## Occupational Health [at Work]

AUGUST/SEPTMEBER\_22  
vol. 19/2



### A 'smart' return to work

Based on biopsychosocial principles, a 'smart' return-to-work plan is a pathway agreed with the individual worker to help their safe recovery back to employment. To be effective, it needs all players onside.

<https://www.atworkpartnership.co.uk/journal/about>

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FEATURE

Occupational Health at Work 2022; Online First

## The smart return-to-work plan

Part 2: the build

Abasiama Etuknwa, Serena Bartys, Kim burton,

# The Plan is for sharing (and negotiating)

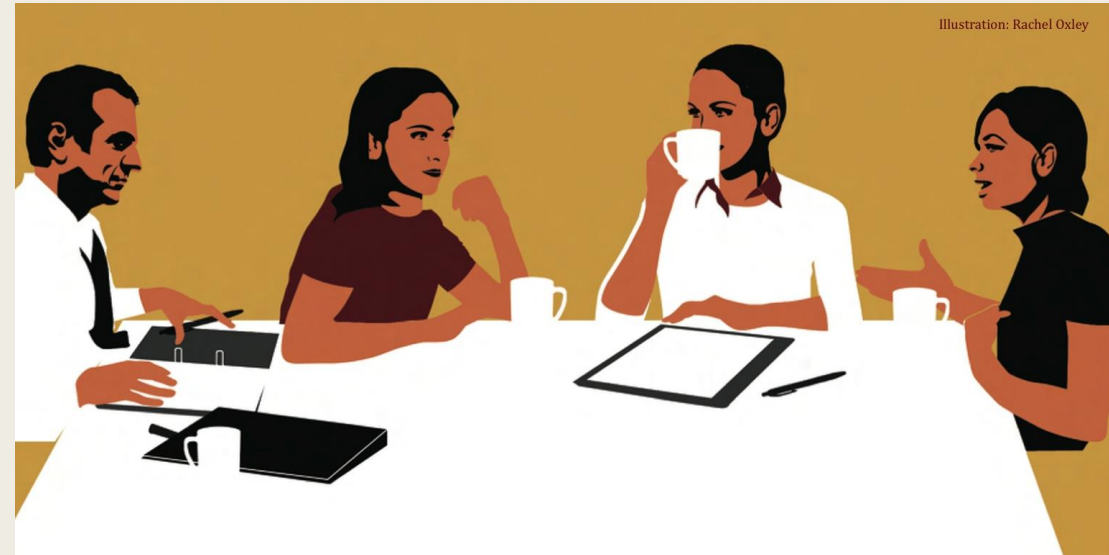
- Sharing helps:
  - *negotiating what's doable (it's not a wish list)*
  - *letting everyone know the goals, actions and timeline*
  - *keeping all players onside*
- Worker shares it with:
  - *Line manager – obviously*
  - *OH and HR where available*
  - *GP and healthcare team as necessary*
  - *Family and buddies if they can help*




# Key point

- All WorkWell players need to be onside

- *having shared goals*
- *believing the same things*
- *saying the same things*
- *acting together*
  - *the right conversations will help...*



# Dispelling myths and shifting culture

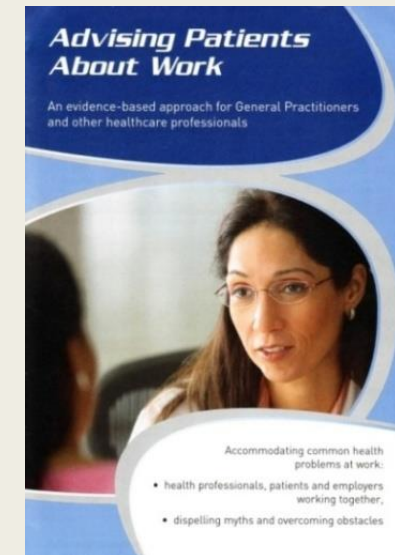
- UK govt (2006) : 
- Set of 3 health<=>work leaflets
  - 6 pp – free PDFs
  - common set of messages
  - myth busting
  - evidence-based info + advice
  - believable and doable
  - wide stakeholder support
  - focus on cooperation – all players onsite



Workers



Workplace



Healthcare

■ Thanks for the opportunity to talk with you

■ [kimburton1967@icloud.com](mailto:kimburton1967@icloud.com)