

Work



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“Take into account the physical and psychological status of the patient, the nature of their work and their work environment when giving advice on returning to work”

(National Institute for Health and Clinical Excellence 2013)

“It is also important to consider vocational advice and rehabilitation/financial implications and to establish an agreed referral pathway to appropriate support and advice”

(British Association for Cardiovascular Prevention and Rehabilitation 2012)

Work and the Heart Manual programme

Returning to work encompasses physical, psychological, social and financial issues: issues on which you as a facilitator may be asked for help, by those who are on the Heart Manual programme. As the BACPR standards and other guidelines indicate, it is important to take vocational aspects into consideration. The Heart Manual programme can offer support in two ways, via the advice given in the manual itself and also the varied support that you as a facilitator can offer in terms of advice, help with planning and signposting to other relevant resources.

How/where the Heart Manual refers to vocational issues

The Heart Manual gives advice re work in the section ‘Back to Work’ and offers some practical suggestions for a phased return – e.g. take work home initially, start with either mornings and afternoons or spend alternate days working and not working. There are also sections on: ‘time pressures’; ‘deadlining’, and ‘superhero complex’; ‘the yes complex’; and ‘stress at work’.

Communication – in its ‘Back to Work’ section, the Heart Manual encourages communication with employers before returning to work so that a proper plan can be put in place.

How/where the facilitator can help with getting back to work

Exploring feelings about going back to work

Going back to work may be a welcome milestone after a heart attack or revascularisation but sometimes there are barriers to overcome before doing so.

There may be a number of reasons why a person is apprehensive about returning to work. It may simply be the case of being out of the routine of work after a prolonged illness and debilitating symptoms. Or, it could be the case that the manual/ physical tasks involved in the job may not now be suitable for the patient in the short term but appropriate enough further on in the person’s recovery, or some medications may not be appropriate for handling heavy machinery at work. The individual may be concerned that workplace stress was the cause of the heart attack or condition. There may be the view that returning to work is damaging to health. Many people are keen to return to work but unsure about how to make any necessary adjustments.

Workplace stress should not be ignored. There is increasing evidence that workplace stress is associated with coronary heart disease although the mechanisms are not fully established (Steptoe and Kivimaki 2012). Yet when considered alongside risk factors such as smoking, the advice is that interventions should prioritise the health behaviours as this will have the greatest impact on health.

Workplace stress can be hard to define and pinpoint but Karasek’s model of workplace stress highlights the role of job demands and the level of control one has in one’s job (Karasek and Theorell 1990). These demands may be physical, emotional, psychological or time pressure (e.g deadlines and the time allocated to meet these); the level of control relates to the level of autonomy or support in building or reducing these demands at work. In the workplace such demands may be set by managers, work colleagues, the job description or your own standards. Often in small businesses and with sole traders, there are external customer and financial demands that cannot be easily controlled.

Communication is important to find a way of controlling demands if these are felt to be too great. Employers need to be made aware of the problem. All employers have a legal duty to address workplace stress issues. However, raising the subject may not be straightforward to do and indeed stressful for the employee to initiate.

Vocational Rehabilitation (VR) is well placed to assist with these issues. Vocational rehabilitation can also provide a full physical assessment and employer report, and can offer advice for specific work related issues e.g. hand eye co-ordination, manual dexterity or particular physical demands. They are also well versed in employment law and workers rights. GPs of course should also be made aware of any workplace stress problems.

Stress of course is not limited to the workplace. Furthermore, evidence supports the view that work has many health benefits including promoting psychological well-being and that the beneficial effects of work outweigh the risks and are greater than the harmful effects of being out of work (Department of Work and Pensions 2013).

Depression is a risk factor for delayed return to work (De Jonge et al, 2014) but equally, long-term unemployment can lead to depression. Discuss any psychological issues first as these are a significant barrier (please see chapter on Anxiety and Depression). Yet work in itself can have therapeutic benefits, as activity planning and goal-setting before returning to work can help people mentally prepare for the return to work.

Advise on the appropriate timelines for going back to work after an MI and revascularisation depending on the type of work (e.g. non manual or manual) and on individual circumstances. You can also signpost the individual to the 'Back to Work' section in the manual.

Driving or air travel may be a necessary part of the job and these regulations can change, so check the appropriate websites for updates. For driving, information from the DVLA (Driver and Vehicle Licensing Agency) can be found at www.gov.uk/health-conditions-and-driving.

Please advise individuals to notify and check with their insurance company before travel to make sure that their condition is adequately covered. Travel medical insurance can also be very expensive particularly for travel to the USA. Some

insurance companies specialise in those with a chronic condition, others may not cover certain conditions. It is therefore best to shop around and contact the charities such as British Heart Foundation who should have a list of insurance companies that provide adequate and competitively priced cover.

Allow time for recuperation and encourage a medical review with the GP before travelling. Also, airlines may require a medical information form (MEDIF) to be completed after a coronary event or procedure. Air travel information from the UK Civil Aviation Authority can be found at www.caa.co.uk/Passengers/Before-you-fly/Am-I-fit-to-fly/.

Assist in goal-setting for returning to work or change in work

This can be approached like any other behaviour change as it requires the same processes. As a starting exercise it may be useful to encourage the individual to think about the work requirements - what happens/happened on a typical day/or week for example. This will make it easier to discuss with the GP who will provide a Fit to Work note/document with or without recommendations for phasing in activities. Advise that, the more accurate information the patient can give the doctor about what their work entails, the more specific the advice that can be included in the Fit to Work note, thus lessening the need for lengthy negotiations with their employer.

Of course there are many who are self-employed and cannot engage in this type of negotiation. Encourage the self-employed to also think realistically about what they can and cannot do on return to work; the sections on work in the Heart Manual can help with this. The goal-setting sheets are also a useful resource for this.

GPs and health professionals are advised that many patients find it helpful to have a return to work plan and doctors can make an important contribution (Department of Work and Pensions 2007).

- Agree realistic goals and expectations of health care
- Encourage incremental increase in activity level
- Agree clear goals and timeline for return to work
- Discuss what patients can do rather than what they can't

- Discuss how to overcome any obstacles to work, and think about communication with the employer. Contacting occupational health services (if available) may help in coordinating and facilitating a return to work.
- Talk about possible sources of support to help cope with the condition
- Encourage the use of goal-setting using the Heart Manual resources (see also Health Behaviour Change chapter)

Resources to support return to work

Patient resources:

- Local GP
- Occupational Health services (if available from employer)
- Vocational Rehabilitation services
- *Health & Work* – a self-help booklet for patients (Burton and Waddell 2007): http://www.tsoshop.co.uk/gempdf/Health_and_Work_Employees_Booklet.pdf
- The 'Fit Note' guide for patients: www.dwp.gov.uk/docs/fit-note-employee-guide.pdf
- Health and Safety Executive (2004) - 'Off work sick and worried about your job': <http://www.hse.gov.uk/pubns/indg397.pdf>
- British Heart Foundation booklet 'Returning to work with a heart condition': <http://www.bhf.org.uk/publications/heart-conditions/returning-to-work-with-a-heart-condition>
- The Heart Manual and additional Heart Manual programme resources (e.g. goal-setting chart).

Facilitator resources:

- Healthy Working Lives (up-to-date advice for GPs and health professionals and includes information on employers obligations in relation to workplace stress): <http://www.healthyworkinglives.com/home/index.aspx>
- Health and Safety Executive (useful section on work-related stress): <http://www.hse.gov.uk/guidance/index.htm>
- Department of work and pensions – Advising patients about work: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/208851/hwwb-health-work-gp-leaflet.pdf

- British Heart Foundation – Returning to work: <http://www.bhf.org.uk/heart-health/recovery/returning-to-work.aspx>
- UK Civil Aviation Authority - 'Am I fit to fly': www.caa.co.uk/Passengers/Before-you-fly/Am-I-fit-to-fly/.
- DVLA – Assessing fitness to drive: <http://www.dft.gov.uk/dvla/medical/aag.aspx>

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