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Making a Healthy Workforce for a Healthy Economy

The European Union has a working age population in excess of 170 million. Almost one in six people have a longstanding health problem that affects their daily lives - their ability to take part in the labour market. Musculoskeletal disorders (MSDs) account for a large proportion of the working days lost each year.

The UK-based Work Foundation published in Brussels exactly a year ago the Fit for Work Europe report showing that musculoskeletal disorders (MSDs) account for nearly half (49 percent) of all absences from work and a shocking 60 percent of permanent work incapacity in the European Union. These and other socio-economic consequences of suffering from poor health due to muscle and joint pain represent an estimated cost to society in Europe of up to 240 billion euro.

MSDs are an enormous burden to the European workforce, and it is essential that this burden be addressed and patients given the opportunities to carry on their lives as best as is possible.

A Healthy Workforce Means a Healthy Economy

On the one-year anniversary of the Fit for Work Europe initiative, at the annual conference "Reducing the burden of MSDs: a human and economic imperative for Europe" work and health experts convened in Brussels to launch the Fit for Work Coalition, calling for action in making MSDs a priority in public health policy.

Spanning over 200 conditions of the bones, joints and connective tissue, MSDs affect a vast number of European workers, bringing them chronic pain, fatigue, disabling inflammation of joints, severely reduced functioning, temporary but disabling incapacity and, on occasions, permanent and irreversible bone and joint damage.

MSDs manifest themselves in disparate ways and may cause periods of intense discomfort and incapacity, which may affect the ability of the individual worker to carry out their work. They may also abate for long periods.

The impact of MSDs on the individual and their ability to work varies significantly from person to person. It is the role of all stakeholders within the healthcare system, including GPs, nurses and caring physicians to assess the ability of a patient to return to work, and work with their patient to identify the limits of their abilities.

The Role of Hospitals

As healthcare centres, hospitals are a vital part of healthcare systems' drive to keep patients in their daily jobs. For the care of MSD patients, hospitals must be constructed not only to take care of disabilities, but also to provide services to allow patients to stay in work.

The Fit for Work Coalition has called for action from all stakeholders and, based on the Fit for Work research, identified numerous interventions, which could help to prevent joint damage, strain and disease progression:

- Training on ergonomics at the workplace;
- Rehabilitation programmes, including intense physiotherapy;
- Guidance services on suitable working hours and job designs;
- Early referral to physical therapy – health professionals must aim to provide prompt access to psychotherapy;
- Early access to effective drug therapies for workers with inflammatory conditions;
- Early access to cognitive behavioural therapy for selected back pain patients; and
- Provide access to condition management and rehabilitation practices.
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The impact of healthcare and hospital services is potentially huge, and must be taken fully into account. Early intervention and the investment in skills, technology and innovation to strengthen the European workforce must be considered by all managers of healthcare services.

Early Interventions Make a Difference

Hospitals play an all-important role in early intervention, through occupational therapy, rheumatology clinics, specialist treatment and the full range of secondary care provision. Early intervention can reduce the severity, impact or progression of the condition in patients. Long periods away from work have been demonstrated to be generally detrimental for MSD patients; the longer the sick leave, the more difficult it is to get the

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employee to return to work and the higher the economic cost.

If the negative effects of MSDs on both quality of life and work disability are to be minimised then early diagnosis and treatment can often be critical. The Fit for Work research, upon which the recent coalition was built, clearly demonstrates that early interventions can make the most difference to both health and labour market participation. In the healthcare system domain, we might even begin to speak of an 'early intervention premium' of savings, certainly in terms of wider society costs, but specifically even in long-term hospital expenditure.

Conclusion

Successful early interventions require clinicians, employers and the healthcare and social welfare systems to work together. The Fit for Work Europe Coalition urges hospital managers to recognise the urgent need to adapt services to focus on a patient's ability, rather than disability, and allocate resources to innovative treatment and administration of such treatment. Providing the right services to patients can help retain a healthy workforce, and therefore a healthy economy.

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