



The Royal Australasian  
College of Physicians

# Health Benefits of Good Work – evidence update

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# Why update the evidence?

- Consensus statement and evidence not updated since 2010.
- Some of the assertions in 2010 are associations, not cause and effect.



## Review

# Health effects of employment: a systematic review of prospective studies

Maaïke van der Noordt,<sup>1</sup> Helma IJzelenberg,<sup>2</sup> Mariël Droomers,<sup>3</sup> Karin I Proper<sup>4,5</sup>

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### Health effects of employment: a systematic review of prospective studies

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**ABSTRACT** **Objectives:** The purpose of this review was to systematically summarise the literature on the health effects of employment. **Methods:** A search for prospective studies investigating the effect of employment on health was executed in several electronic databases, and references of selected publications were checked. Subsequently, the methodological quality of each study was assessed by predefined criteria. To draw conclusions about the health effect of employment, a best evidence synthesis was used, and if possible, data were pooled. **Results:** 33 prospective studies were included, of which 23 were of high quality. Strong evidence was found for a protective effect of employment on depression and general mental health. Pooled effect sizes showed favourable effects on depression (OR=0.52, 95% CI 0.33 to 0.83) and psychological distress (OR=0.79, 95% CI 0.72 to 0.88). Insufficient evidence was found for general health, physical health and mortality due to lack of studies or inconsistent findings. **Conclusions:** This systematic review indicates that employment is beneficial for health, particularly for depression and general mental health. There is a need for more research on the effects of employment on specific physical health effects and mortality to fill the knowledge gaps.

**INTRODUCTION** Western societies are trying to get as much people into employment as possible, and promote sustained employability.<sup>1</sup> This is important to counteract the financial problems associated with demographic changes, such as the ageing population caused by the increase in life expectancy, and the shrinking working population due to people having fewer children.<sup>2</sup> In illustration, in 1950 there were worldwide 12 people in the age category 15–64 years old per older person aged 65 years or older. In 2000, this number was 9, and in 2050, this number is expected to be only 6.4.<sup>3</sup>

Since the beginning of the financial crisis at the end of 2007, global unemployment rates have increased significantly. The global unemployment rate was 5.4% in 2007, increased to 5.9% in 2011 and is expected to remain stuck at around 6.0% until at least 2017.<sup>4</sup> This increase has negative effects on the economy as unemployment causes loss of income for individuals as well as reduced collection of taxes and increased spending on social benefits for governments.<sup>5</sup>

In the last decades, a lot of research has been done on the health effects of unemployment. In the mid-1990s, for example, two reviews have shown that unemployment leads to adverse mental health effects,<sup>6,7</sup> which are usually associated with

somatic complaints.<sup>8</sup> A more recent review of Winberg describes the mechanisms that link unemployment with mental and physical health.<sup>9</sup> In doing so, she presented the results of Mäkelä-Ryan et al<sup>10</sup> and Korpis<sup>11</sup> who concluded that poor core self-evaluations, financial strain, strong stress appraisal, social undermining from significant others and work role centrality of the unemployed were the five strongest mechanisms leading to adverse mental health.<sup>10</sup> Adverse physical health effects were explained by poor living standards and unhealthy behaviour.<sup>11</sup>

It can, however, be questioned whether employment or the transition to employment will yield positive health effects. According to Dohu,<sup>12</sup> employment can cause both positive and negative health effects. Positive health effects were explained by structure of the day, financial security, opportunities to increase skills, interaction with others, meaningful life goals, and prepare and providing a sense of personal achievement. Mechanisms causing negative health effects were heavy physical work, stressors and exposure to radiation, vibrations, high noise levels and polluted air.<sup>12</sup>

So far, a few reviews have been conducted on the health effects of employment, including the possible mechanisms. These reviews did, however, not use a systematic approach. Dohu,<sup>12</sup> for example, did neither describe the search strategy nor assessed the methodological quality of the included studies. Walden and Boreus<sup>13</sup> employed a systematic search strategy, but selected various types of studies like systematic or narrative reviews, policy papers and individual longitudinal or cross-sectional studies; hence, it was not possible to summarise the literature in a systematic way. As far as the authors are aware, the literature of the health effects of employment has not been systematically assessed yet. Therefore, the aim of this review was to systematically summarise the best available evidence on the health effects of employment by including longitudinal studies and considering the methodological quality.

### METHODS

#### Literature search

In March 2012, a search strategy was developed and executed by a librarian in five electronic databases: MEDLINE, PsycINFO, ScSearch, Social SciSearch and EMBASE. The search strategy focused on key words related to employment or re-employment combined with health outcomes and was initially not limited to a specific study design. The search strategy is presented in online supplementary appendix A. In addition to the search in electronic databases, references from



## Results

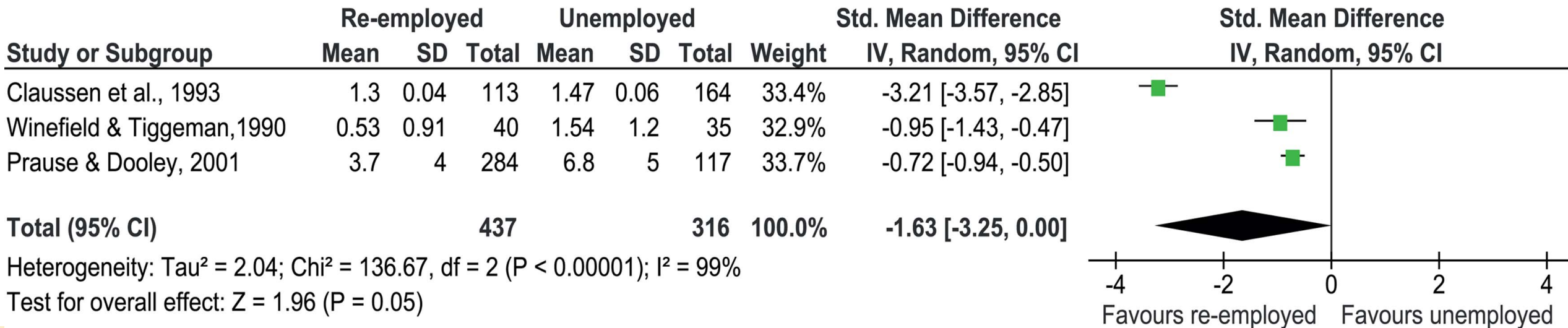
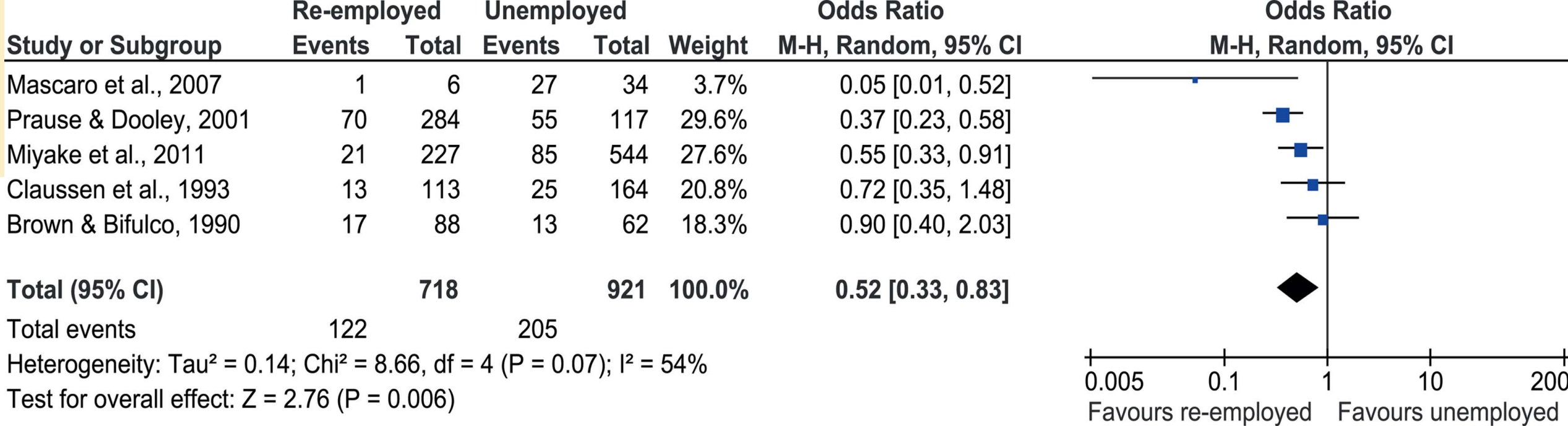
33 prospective studies were included, of which 23 were of high quality.

Insufficient evidence was found for general health, physical health and mortality due to lack of studies or inconsistent findings.

Strong evidence was found for a protective effect of employment on depression and general mental health. Pooled effect sizes showed favourable effects on depression (OR=0.52; 95% CI 0.33 to 0.83) and psychological distress (OR=0.79; 95% CI 0.72 to 0.86).

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Forest plots based on number of events and mean scores of depression among re-employed versus unemployed persons.



## Needs to be Good Work - not just safe work

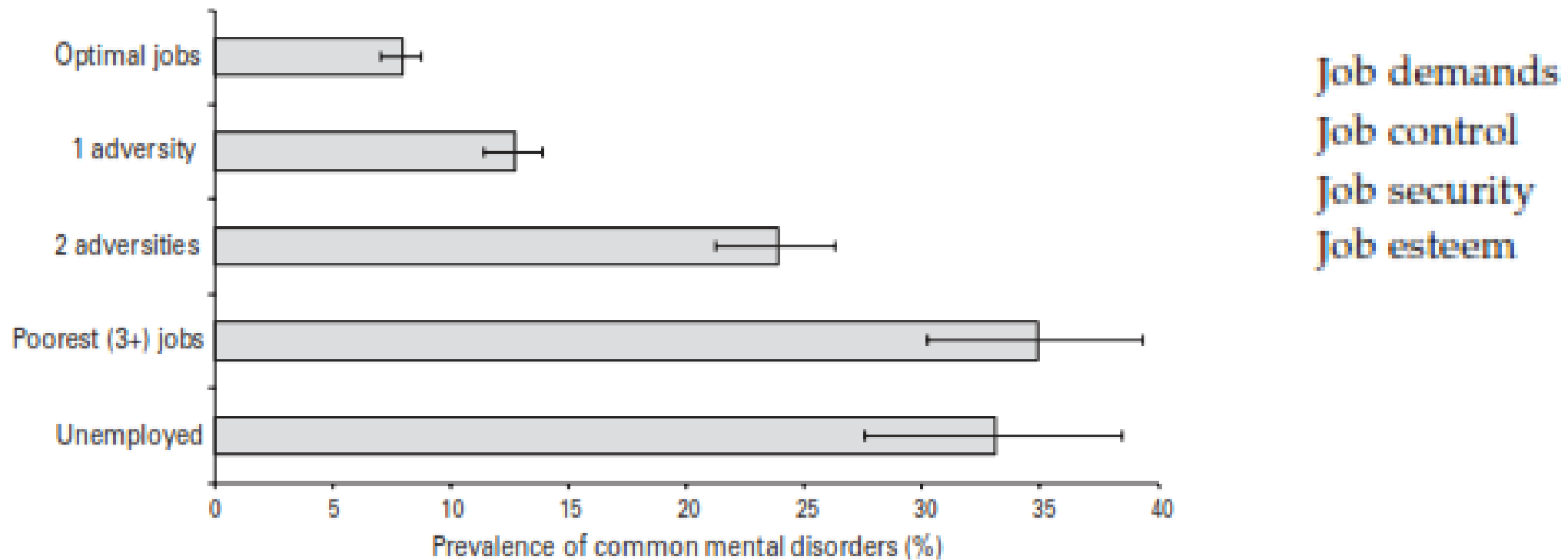
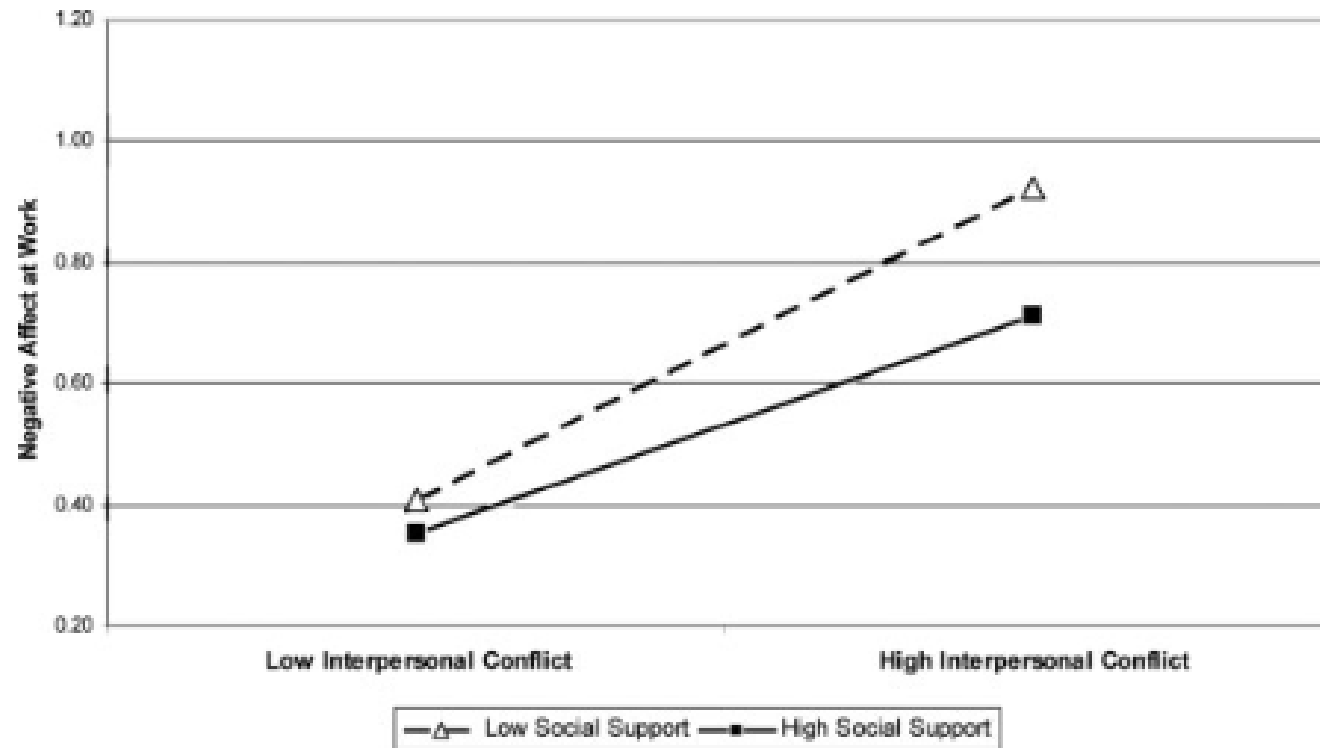


Fig. 1. Prevalence of common mental disorders (and standard errors) by employment circumstances.



## Work Stress: Importance of lack of social support and interpersonal conflict



Remus Ilies, Michael D. Johnson, Timothy A. Judge and Jessica Keeney. *A within-individual study of interpersonal conflict as a work stressor: Dispositional and situational moderators*. J. Organiz. Behav. (2010)



This systematic review indicates that employment is beneficial for health, particularly for depression and general mental health.

There is a need for more research on the effects of employment on specific physical health effects and mortality to fill the knowledge gaps





# Role of general practitioners

- Conflicting views about their role in enabling return to work after illness or injury. Some saw their role as management of health related issues only.
- Key factors in attitude towards managing return to work:
  - doctor-patient relationships;
  - patient advocacy;
  - pressure on consultation time; and
  - limited occupational health expertise.

Cohen, D., Marfell, N., Webb, K., Robling, M & Aylward, M (2010) Managing long-term worklessness in primary care: a focus group study. *Journal of Occupational Medicine*. Vol 60: 121-126



# Return to work practices

- Early integrated and interdisciplinary intervention programs utilising a return to work coordinator have shown to be successful in improving return to work rates compared to conventional workers' compensation case management.
- cardiac rehabilitation programs in which depression and anxiety are addressed and tailored to the specific work setting of the myocardial infarction patient can improve RTW rates in these patients.

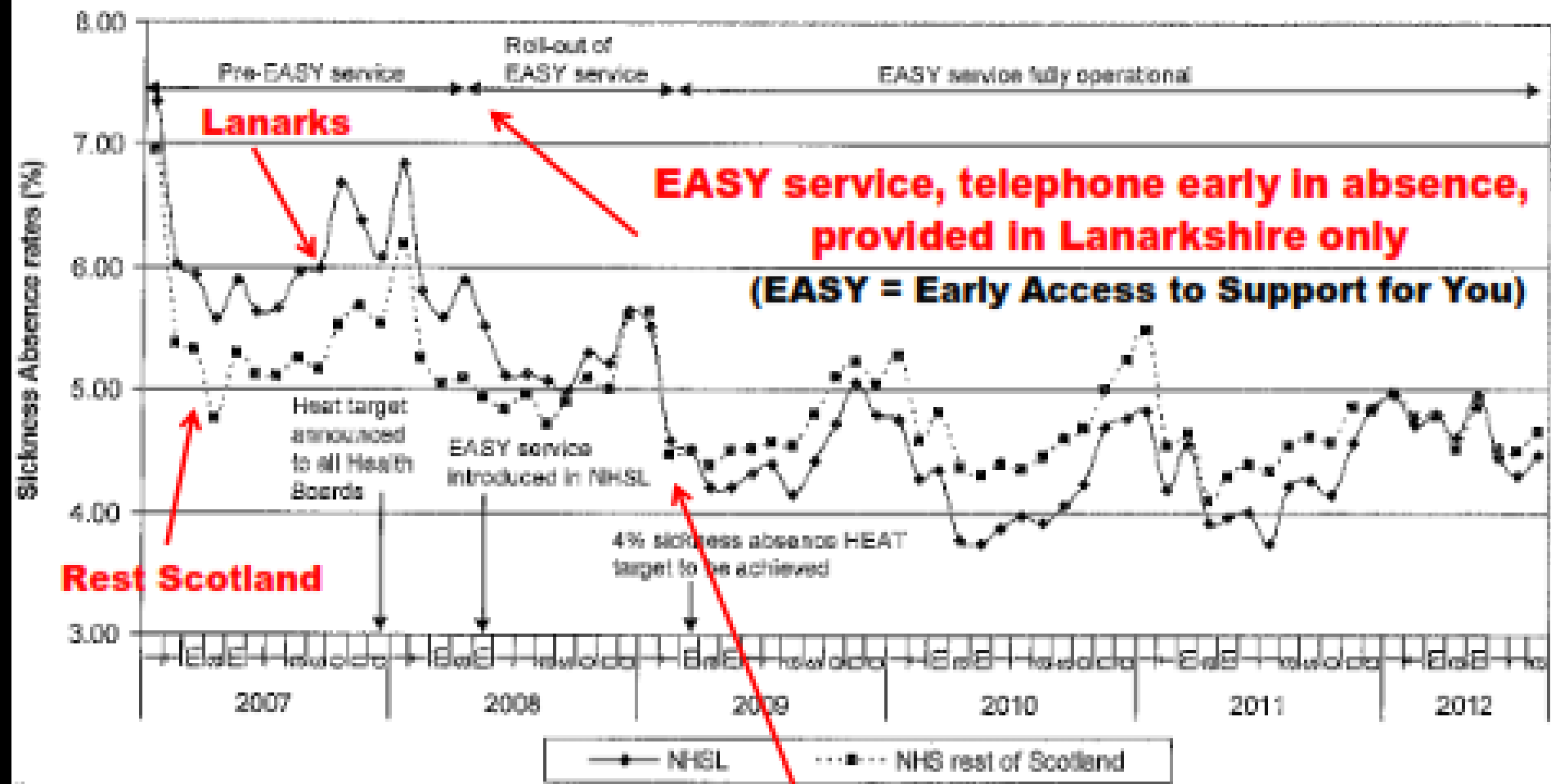
Hamer, H., Gandhi, R., Wong, S and Mahomed N.N (2013) Predicting return to work following treatment of chronic pain disorder.

Occupational Medicine: Vol 63, 253-259

de Jonge, P, PhD., Zuidersma, M, PhD and Bultmann, U, PhD. The presence of a depressive episode predicts lower return to work rate after myocardial infarction. General Hospital Psychiatry 2014; Vol 36, 363-367

# NHS sickness absence rates, 2007-12

## Lanarkshire vs Rest of Scotland



J.Brown et al, Scand J work Environ Health, on-line.

**In 2009 Lanarkshire rates came below those in rest of Scotland, for first time.**



# Certificates of capacity (Fit Notes)

- Successful RTW require positive and unthreatening communication between line managers/employers and employees
- In a qualitative study, employers and employees mentioned they appreciated the flexible nature of managing sickness absence, particularly in keeping contact with employees on sick leave
- Employers like 'fit note's' format, which they considered encourages conversation between stakeholders
- Employees like the Fit Note
  - as fitness assessment was how participants saw their capacity;
  - the 'fit note' summarised more detailed conversations between employees and GPs; and
  - these activities were symbolic of the care that had been put into these negotiations



# Challenges and opportunities

- Medical certification – certificates of capacity
  - Introduced in Victoria, ACT and WA.
  - All different – what are the outcomes?
- UK experience
  - GPs accept health benefits of work
  - Not leading to significant behaviour change in certification





# What does this evidence update mean?

1. Health benefits of **good** work
2. Psychosocial aspects are confirmed as essential areas to address in managing return to work after injury and illness - whether compensable or not.
3. Confirms the 2010 RACP Position Statement



## RACP Position Statement on the Health Benefits of Work

1. There is a positive relationship between health and work and the negative consequences of long term work absence and unemployment.
2. Health professionals responsibly promote the health benefits of work to their patients.
3. Employers embrace the spirit of inclusive employment practices, workplace safety, health and wellbeing and best practice injury management.



# People first!

- Thank you