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Editorial

Worklessness: can physiotherapists do more?

Worklessness may be an unfamiliar word. It has been defined as involuntary exclusion from the labour market,[1] so it is not necessarily the same as unemployment, although both involve being without work. A helpful way of thinking about the distinction is with an example from another context: housing. Unemployment would be like seeking a new place to live but with the resources to do so, while worklessness would be the equivalent of homelessness: nowhere to live, resourceless and excluded.

This editorial presents evidence that being out of work affects people not only in the compensable system but also those with life-long and acquired disabilities, and the majority of people who pass through the pain services of our public hospitals. Consider this quote from Professor Gordon Waddell:

> *. . . long term worklessness is one of the greatest risks to health in our society. It is more dangerous than the most dangerous jobs in the construction industry, or [working on an oil rig in] the North Sea, and too often we not only fail to protect our patients from long term worklessness, we sometimes actually push them into it, inadvertently . . .* [2]

This editorial is intended to provoke you to stop and think about your role as a health professional. Are you currently working to the full scope of your professional capacity when treating people who are currently or imminently workless? Could you be inadvertently contributing to worklessness, either actively or passively? What consequences do your actions or lack of actions have for your patients, their families, our community and our healthcare and welfare systems? Not all physiotherapists currently accept that they have a role to play in actively facilitating their patients to remain in or to access employment. Accepting this role is a serious challenge, but it is worthy of deep thought. As healthcare dollars recede in many areas over the next few decades, significant opportunities are likely to arise for our profession if we are recognised as innovators and 'can do' thinkers when it comes to work.

The impact of worklessness across society

In 2011, the Australian Physiotherapy Association became a signatory to the Australian Consensus Statement on the Health Benefits of Work.[3] This document extensively describes the impact of worklessness across our society.

Table 1
Likelihood of people in compensable circumstances returning to work as time off work increases, adapted from Johnson & Fry (2002).[7]

Time off work *(mth)*	Likelihood of return to work *(%)*
1	67
2	50
3	33

In Australia, the number of people receiving the disability support pension has doubled over the last 20 years.[4] Most of the new recipients are people with musculoskeletal disorders (back and neck pain, joint problems or widespread pain) and mild to moderate mental health problems.[5] However, the degree of disability that requires pension support appears to be independent of the severity of the injury or condition.[6]

The longer a person is off work, the less likely they become to ever return. The data in Table 1 demonstrate this for people who are off work in compensable circumstances in Victoria.[7] Yet we know that certification for time off work is also not solely or even mainly related to the severity of their health condition.[3]

The impact of parental unemployment on children is also substantial. The children of unemployed parents are more likely to have chronic illnesses, psychosomatic symptoms and lower wellbeing.[8] Upon reaching working age, these children are more likely to be out of work themselves, either for periods of time or over their entire life.[9,10] They are also more likely to experience psychological distress, sometimes resulting in withdrawal, anxiety, depression, substance abuse, and aggressive or delinquent behaviour.[9,10]

Long-term work absence, work disability and unemployment can have as negative an impact on health as smoking and obesity.[11] Worklessness can result in a multitude of poor physical and mental health outcomes, as well as in increased mortality from cardiovascular disease and suicide.[11]

The impact of worklessness on our patients

The electronic persistent pain outcome collaboration (ePPOC) provides patient-reported outcomes for people presenting at

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pain services across Australia. The 2015 Annual Report revealed that less than 19% of people managed by pain services reported themselves in full-time or part-time work, and more than 33% considered themselves unemployed due to their pain.[12]

The disparity between Indigenous and non-Indigenous health in Australia is reflected in the large gap between Indigenous and non-Indigenous education and employment. The health differences can account for around half the gap in employment, and they restrict the scope of Indigenous employment.[13] In 2006, 48% of Indigenous Australians aged 15 to 64 years were employed. By 2011, this had declined to 46%.[14]

Australians with acquired disabilities, such as spinal cord injury and traumatic brain injury, are often at the beginning of their working life when they are injured. They are less likely than other disabled Australians to seek employment services or to be employed, with only 35% of people with a spinal cord injury[15] and 37% of people with a traumatic brain injury[16] engaged in the workforce, compared with 53% of all Australians with disabilities.

At least 3.5 million Australians of working age report having at least one of the following chronic illnesses: arthritis, asthma, coronary heart disease, chronic obstructive pulmonary disease, depression, diabetes, osteoporosis or cerebrovascular disease. Not surprisingly, older people are more likely to have chronic disease than younger people. A key finding of the Australian Institute of Health and Welfare 2009 report into chronic disease participation in work states:

> *After adjusting for age and sex, people with chronic disease were 60% more likely to not participate in the labour force, were less likely to be employed full-time, and more likely to be unemployed, than those without chronic disease.*[17]

As Australia faces the fiscal pressures of an ageing society, we need to support and promote participation in the workforce by older Australians, many of whom will have at least one chronic illness. In 2008, Australia's labour force participation rate was the 10th highest in the Organisation for Economic Co-operation and Development (OECD); higher than the United States, but lower than the United Kingdom, New Zealand and Canada.[18] However, workforce participation rates taper off to a greater extent among those aged 55 to 64 years in Australia compared with other OECD countries; this is potentially mediated by the availability of the disability support pension.[19]

Is there more the physiotherapist can do?

As physiotherapists, we frequently encounter the workless and those on the road to worklessness. How can we influence what happens next? Although it is beyond the scope of this editorial to suggest strategies specific to each of our individual subdisciplines, we can all engage in some simple but powerful strategies. First, put yourself in your patient's shoes. If you were not currently working due to your health, would you expect to never work again, to lose your financial security and your health, as well as that of your children? Think also of the rewards you receive from work outside of remuneration: the socialisation, self-esteem and sense of inclusion. How would you cope without these? If you would not accept worklessness for yourself, don't routinely accept it for your patients; instead, promote a positive relationship between work, rehabilitation and health by considering implementing the strategies listed in Box 1 .

Box 1. Suggested strategies to reduce progression to worklessness.

- Ask your patient about their work before they were injured or unable to work and document the tasks they were doing.
- Start a conversation early about work, including setting a date with the injured person about when you expect s/he will be able to be back at work.
- Create an expectation that work is part of rehabilitation, not the end result.
- Dispel the myth that a person needs to be back to normal or pain free to work.
- Communicate clearly with all stakeholders about your role, scope and limitations; you can't find someone a job, but you can remove some barriers.
- Acknowledge and promote your expertise in physical health and functioning, liaise with the workplace and the medical practitioner to facilitate return to pre-injury or modified work duties.
- If you work in a jurisdiction where physiotherapists have the legal authority to certify physical capacity, consider doing so.
- Reflect on your words and avoid catastrophic language so that you do not create fear and avoidance in your patients around movement, activity and work.
- Avoid becoming embroiled in system bashing or clinician criticism, which creates further anger, distrust and perceptions of injustice in your patients.

Too many of us do not accept that key roles for physiotherapists include promoting work and ensuring that work is 'safe' and appropriate for our patients. We should strive to avoid, wherever possible, becoming part of the problem of worklessness. That is not to say that, as individuals or as a profession, we alone can resolve a complex multifactorial problem, but we can show leadership. The breadth of our profession across every level of healthcare and government, and the degree and depth of early contact we have with our patients is unique amongst the health professions. We can pay forward a social investment in our patients, their families and our communities. If we decide to understand the complexity of worklessness, our profession has the skills and the mindset to lead the response.

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