We can work it out

Sarah Metcalfe

'We have too many people who live without working, and we have altogether too many people who work without living.'[1]

Charles Reynolds Brown

I have personally had the chance to reflect on the value of work recently. The opportunity for a few weeks extra leave presented itself and seemed too good to pass up. I had a lovely time: ticking jobs off the 'to do' list, catching up with friends, attending some further education courses. But there were times towards the end of the month that I found myself slightly adrift. The pantry cupboard was tidy, the jasmine was pruned and I felt a creeping sense of melancholy.

For me, the 'return to work' came at precisely the right time, but it is facilitating this for our injured or unwell patients that can often present a challenge in general practice. We have all seen patients from the non-working group, reliant on government support through disability, misfortune or otherwise, who suffer the psychological sequelae associated with not having somewhere to be each morning. There are many in this category for whom work would undoubtedly be beneficial, but too often the die has been cast and the state of worklessness becomes one more malady in a list of intractable chronic problems. And then there are the 'workaholics' who only present at crisis point, with no time for themselves, stressed, exhausted and usually miserable, wanting something to 'fix' their fatigue.

The workplace has unending potential to impact both our mental and physical health – whether clinic, office or factory floor. Most of us spend a great deal of time there (and sometimes even more mental time), and, ultimately, whatever the work entails, we are reliant on its continuance to survive – a powerful motivator.

So does work help or harm? The evidence says that in the majority of cases, work is good for our health. A 2006 United Kingdom review on the impact of worklessness showed that those who do not work have greater mortality as well as poorer general and mental health, independent of socioeconomic status.[2] Clearly however, work also has the potential to adversely affect health. Part of our job as 'keepers of the sickness certificate' is to determine which it will do for the patient sitting in front of us.

In some cases, the way we approach a situation where illness and injury prevent our patients from their usual employment can have a profound and lasting impact on that patient's rehabilitation. WorkSafe Victoria is currently running a public health campaign around this issue, with prominent billboards proclaiming, 'Returning sooner can be the best medicine'. The research figures informing this initiative are concerning. Of those who are off work for 20 days, only 70% will ever return to the workforce. After 45 days of leave, this figure drops to 50%.[3]

In this month's issue of *Australian Family Physician*, Fenner[4] offers an approach to the work injury consultation, with a focus on the integral role of general practitioners in avoiding a path of long term worklessness for our patients.

Continuing on the work injury theme, Paolini[5] provides a practical discussion on the assessment and management of painful tendonopathy – one of the more common (and difficult to manage) workplace injury presentations.

We also consider the sometimes less overt influences of the workplace over emotional and mental wellbeing. The emerging concept of presenteeism becomes especially relevant for patients suffering with depression and other mental illness. Sanderson and Cocker[6] introduce this concept, its potentially significant personal and economic consequences, and encourage its consideration in the group patients presenting who don't ask for that signed piece of paper.

And finally, Askew and colleagues[7] address the widespread, costly problem of workplace bullying. They ask us, as GPs, to take a look in the mirror and question whether these behaviours could be occurring in our own workplaces. Many of the principles discussed are equally applicable to patients who present with a complaint of bullying in the workplace.

As many of us juggle the work-life balance question and seek to move out of Charles Reynolds Brown's 'work without living' group, taking a lead role in managing return to work cases may seem just another drain on already stretched resources. Making every effort to handle these cases well, however, has unending potential for long term benefit to our patients. Even though it may be the more expedient course, there is a need for hesitancy in signing off another 2 or 3 weeks sick leave and to ask ourselves the question – is being away from the workplace really in this person's best ongoing interests? As 20th century philosopher Eric Hoffer so eloquently puts it, 'the greatest weariness comes from work not done'.[8]

I think there's a lesson in that for all of us.

Author

Sarah Metcalfe MBBS, DRANZCOG, FRACGP, is Medical Editor, Australian Family Physician and a general practitioner, Brunswick, Victoria.

References

1. Available at www.quotationspage.com/quotes/Charles_Reynolds_Brown [Accessed 7 March 2013].
2. Waddell G, Burton A. Is work good for your health and well-being? London, UK: The Stationery Office, 2006.
3. Johnson D, Fry T. Factors affecting return to work after injury: a study for the Victorian WorkCover Authority. Melbourne: Melbourne Institute of Applied Economic and Social Research, 2002.
4. Fenner P. Returning to work after an injury. Aust Fam Physician 2013;42:180–3.
5. Paolini J. Tendon injuries: practice tips for GPs. Aust Fam Physician 2013;42:174–8.
6. Sanderson K, Cocker F. Presenteeism: implications and health risks. Aust Fam Physician 2013;42:170–3.
7. Askew DA, Schluter PJ, Dick ML. Workplace bullying: what's it got to do with general practice? Aust Fam Physician 2013;42:184–6.
8. Hoffer E. Reflections on the human condition. New York: Harper & Row, 1973, aph. 178.

correspondence **afp@racgp.org.au**