



Rationale

Access to meaningful employment is one of the key social determinants of health. There is strong evidence that work is good for both physical and mental health and that activity-based rehabilitation and early return to suitable employment are beneficial for the majority of individuals with physical and/or mental health issues, particularly those related to or contributed to by work.^{1,2} Despite this knowledge, there has been a decline in durable return to work following illness or injury and an increase in requests for sickness certificates and disability support pensions, with individuals being permanently certified as being unfit for work with common, treatable health problems. Absence from work not only impacts the individual but often their families, with evidence of worse health, educational and employment consequences compared to those who remain in the workforce.

In Australia in 2013–2014, 2.4% of general practice encounters were work related,³ with men being more likely to present with work related conditions than women.⁴ Nearly all of these patients (96%) were aged 15–64 years, with half being in the 25–44 years age group, reflecting the age distribution of the working population.⁴

It is clear that general practitioners (GPs) can have a significant influence on work absence and disability, particularly in regard to work certification practices. Between 2001 and 2009, there was a 60% increase in individuals requesting sickness certificates from GPs.⁵ Similarly, the number of disability support pensions has doubled over the past 20 years.⁶ Managing requests for sickness certificates can be an opportunity to provide health education and promotion, discuss the potential for work being a therapeutic intervention, advocate for individuals with their employers as to how to best support and facilitate return to work, and to optimise outcomes for both parties in identifying and managing any obstacles to this.⁷

The most common health conditions impacting an individual's capacity to work are musculoskeletal (particularly back and neck, shoulder, elbow, arm, knee and hip pain, as well as generalised muscular soreness) and mental health issues. There is good evidence to suggest that regardless of the trigger for the physical health condition, long-term disability often relates more to individual factors, such as social (eg family support) and psychological factors (eg beliefs about the cause of the pain or condition, level of fulfilment, satisfaction and attitude to work) than the physical demands of work. Early intervention to address these factors can positively influence health outcomes.²

The relationship between mental health and work is arguably more complex. The type of work an individual does is often closely tied to identity and self-esteem. On the other hand, the stressors of work can be impactful, particularly for individuals who are experiencing unreasonable work pressures, negative workplace culture and/or negative interactions with colleagues at work (eg bullying). This is a significant issue. In 2014, Australians reported lower levels of job satisfaction than in previous years, higher levels of job stress compared to 2011–12, and 44% rated issues in their

workplace as a source of stress.⁸ Acknowledging and managing the impact of these stressors needs to be balanced against the knowledge that unemployment typically bears negative mental health consequences. The GP can play a very important role in supporting and empowering individuals through education and health promotion and, where required, advocating for individuals with their employers to optimise mental health and employment outcomes.²

The workplace is one of the few places, outside schools, where people gather on a regular basis, often in large numbers. This provides an ideal opportunity for health promotion and provision of wellness programs. General practitioners are ideally placed to play a pivotal role in brokering positive health outcomes and preventing the spiral into chronic incapacity with its attendant consequences.

Occupational medicine in general practice incorporates a number of roles that all require a holistic understanding of an individual, their job description and their work environment. These roles include a sound and evidence-based approach to work certification, including certification of fitness to drive commercial vehicles⁹ and to operate specialised equipment such as forklifts, accident prevention (eg understanding and anticipating biomechanical sequelae for operators of equipment, understanding of risks for individuals in sedentary occupations related to prolonged sitting), injury management (including interpretation of safety data information following exposure to potentially noxious substances), the potential effect of acute and chronic diseases and prescribed and illicit drugs on an individual's ability to carry out their work role, workers compensation, pre-employment and occupational health medical examinations. As noted previously, GPs also have an important role in identification and management of work-related stress and implementing strategies to reduce its incidence.

Related contextual units

MS16 Musculoskeletal and sports medicine

PM16 Pain management

PS16 Psychological health

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Useful occupational medicine resources and tools

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Glossary

Nil