Supporting workers with musculoskeletal conditions: a survey of occupational therapists’ communications with patients and their employers

Key findings

- A wide range of work-related interventions was reported, including advice, education, treatment, splinting, advocacy, condition management and workplace modifications.
- The most commonly reported standardized assessments used were the Worker Role Interview, dynamometry and the DASH patient-reported outcome measure of upper limb function.
- Many occupational therapists reported providing work-related advice and support to patients with musculoskeletal conditions however they did not necessarily contact patients’ employers.
- Communication between therapists and patients’ employers is influenced by a wide range of factors, including several which are outside the therapists’ control.
- Thematic analysis of comments suggested that communication with employers was affected by the attitudes, knowledge, perceptions and beliefs of patients, employers and therapists, and by extrinsic factors including the economic climate and the priorities set by commissioning groups.
- Factors that impact on how therapists communicate with their patients’ employers need urgent attention if the profession is to meet the challenges of the government’s Health, Work and Well-being agenda and provide for the work needs of patients with musculoskeletal conditions.

Project aims

The aim of this study was to identify current practice regarding the advice and support provided by occupational therapists to patients with musculoskeletal disorders and their employers, and the method of communications used.

Research questions:

- Do occupational therapists support and advise patients with musculoskeletal pain, and their employers, in relation to work?
- If so, how do they communicate with patients’ employers? (e.g. face-to-face, phone, written report, email).
- What are the barriers and facilitators to occupational therapists in performing this role?

Background

Musculoskeletal conditions are a common cause of sickness absence and work disability. Promoting health and well-being at work is high on the government agenda.

Occupational therapists regularly treat patients with musculoskeletal conditions but little is known about the work-related advice and support they provide to patients and their employers.

Good communication between healthcare practitioners and employers is thought to be vital to prevent work disability, but there is little information on whether, and how, occupational therapists communicate with employers. The Allied Health Professions Advisory Fitness for Work Report may be a useful means for therapists to communicate with employers.
Methodology
A postal questionnaire survey of United Kingdom (UK) occupational therapists who treat employed patients with musculoskeletal conditions was conducted. This related to community/out-patient settings. Question areas concerned the provision of work-related advice and support, the assessments and interventions used by respondents and their communication with employers. Specific information was sought on knowledge of the Allied Health Professions Advisory Fitness for Work Report. Questionnaires were posted to a total of 960 hospitals/units identified through NHS websites. Recipients were encouraged to photocopy the questionnaire and/or forward it to colleagues. An on-line version was also available.

Results
A total of 279 questionnaires were analysed. Five were excluded. Returns were from all over the United Kingdom. The majority of respondents were employed in Acute NHS Trusts and were band 7 therapists. A total of 34 respondents reported that it was their main role to provide work rehabilitation/work retention interventions. Osteoarthritis was the most commonly reported condition treated.

Of the 257 respondents who answered questions relating to their provision of work-related advice and support, over 30% reported that this involved a moderate amount of their time. Of these, 40% reported that they had never contacted a patient’s employer. The main reasons for not contacting employers, apart from where it was perceived as unnecessary, were that therapists were unsure about their role and responsibilities, lacked sufficient time and resources, were unsure about the legal implications of liaising with employers and that it was not a service priority to do this.

Of the 154 respondents who had contacted employers, just over one third had visited patients’ workplaces, or met with patients’ employers in the previous 12 months. Of these only 50% reported that they had sufficient time and resources to communicate with employers and 57% that it was not seen as a priority within their service. A total of 47% were concerned about the legal implications of liaising with employers and almost 30% reported that they felt they did not have the appropriate skills to do this. Just over half reported that employers did not readily communicate with them.

Greater support from trusts, managers and professional bodies might facilitate communication by clarifying roles and responsibilities, allocating sufficient resources including funding for additional training and promoting the role of occupational therapists with employers and policy makers.

Publications


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Project Team
The research team comprised Dr Carol Coole, Professor Avril Drummond, Professor Paul Watson, and Professor Alison Hammond. The steering group comprised the research team, a patient representative and an employer representative.