

SIP Position on Workplace Integration and Adaptation

June 2021

Key recommendations

SIP calls upon EU and national policy makers to:

- Ensure that the biological, psychological, and social factors of pain are comprehensively addressed in employment policies
- Consider the mental and physical health needs of Europeans in other policy areas such as inclusion, transport, digitalisation, and cross-border equity
- Ensure reasonable, flexible work adjustments for workers
- Support reintegration of people living with pain back into the workforce
- Establish mechanisms for financial and rehabilitation support for workers with chronic pain
- Recognise that good work can have a positive impact on the health, wellbeing, and productivity of Europeans and European society

Background

In Europe¹ there are approximately 740 million people², most of whom experience an episode of severe pain at some point in their life. For approximately 20 percent, that pain is chronic pain. This means that, at present, 150 million people are experiencing pain across Europe, approximately equal to the population of France and Germany combined.

In 2018, SIP published its Joint Statement³ which includes recommendations for action and collaboration by the European Commission, Member States, and civil society to reduce the societal impact of pain. These recommendations form the over-arching and guiding principles for SIP, and are divided into four categories: **health indicators, research, employment, and education.**

The **European Pillar of Social Rights Action Plan** has set a target to reduce the number of people at risk of poverty and social exclusion by at least 15 million by 2030, as well as improving the number of people, aged 20-64, in employment by least 78%⁴. Implementation of the Pillar, as well as the **Employment Equality Framework Directive⁵**, offers opportunities for people to stay in education, and drive equitable access to employment and non-discrimination at work. Additionally, the 2021 **Porto Social Summit** (organised under the auspices of the Portuguese Presidency of the Council of the EU), highlighted the need to reduce poverty and social exclusion by enhancing equal opportunities for all⁶.

Evidence indicates that ‘good work’ has a positive effect on our health and wellbeing, and **remaining in, or returning to work can have a positive impact** on overall mental health and well-being⁷. Remaining in work is also influenced by employers. For example, people with chronic musculoskeletal disorders (MSDs) acknowledge the factor limiting their full participation in work is a lack of understanding and support from their employer, rather than the condition itself⁸. Rehabilitation is also essential to return to, and remain in the workforce for many people with chronic pain⁹.

As such, SIP believes that a **comprehensive, evidence-based, multidisciplinary approach to employment policy** is essential to ensure those living with chronic pain can remain in or return to work. Following the global pandemic, several workplace adaptations have already been created. Thus, it is an even more critical time for action by European Institutions, national governments, and employers to take action to support a healthy and productive European workforce and society.

1. The biopsychosocial model of pain

What is pain?

Pain is an “unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage¹⁰”. SIP views pain through the holistic ‘biopsychosocial’ model of pain, comprised of biological, psychological, and social factors. The model represents a change of focus from traditional approaches to pain (i.e., those focusing solely on the biological aspects of diseases and treatment). It ensures the full spectrum of factors affecting diseases and treatment are acknowledged along the illness pathway (biological, psychological, and social), and emphasises the importance of acknowledging different approaches to reduce or prevent disabilities¹¹.

Biological factors:

Acute pain is pain with a duration of less than three months¹². However, pain which persists for longer than three months is generally classified as chronic pain¹³. The transition process is known as ‘chronification’. “Biologic factors involved in this transition include central sensitization, neuroplastic changes and altered pain modulation. Chronic pain may involve pathophysiologic changes, so interrupting the cascade of events that allows acute pain to advance to chronic pain is of crucial importance”¹⁴. Additionally, pain is associated with numerous chronic health conditions, such as cancer and MSDs¹⁵¹⁶¹⁷¹⁸. It is estimated that in Europe alone, 120 million people suffer from chronic MSDs⁸, and chronic pain is one of the most common co-morbidities of other long-term illnesses¹⁹. Various physical and psychological aspects of work can also be dangerous and present a risk to health⁷. As such, a significant proportion of the European workforce is affected by pain at any one time.

Psychological and social factors:

The impact that chronic pain has on each individual, their loved ones, their family, their caregiver, their employer, their co-workers, and society at large is significant. The indirect costs of carers taking time off work to care for persons with chronic pain also needs to be considered. On average, one person in five has chronic pain, and when we consider the number of people who have direct contact with them, everyone knows, works with, or cares for someone dealing with chronic pain²⁰.

Studies have proven a link between various psychosocial work factors, (such as job satisfaction and social support), and different subjective measures of general health and psychological well-being²¹. Research also suggests that work meets important psychosocial needs in societies. There is a broad consensus that, when possible, those suffering a chronic disease, or who are disabled should remain in work or return to work as soon as possible⁷. This promotes recovery and rehabilitation and leads to better health outcomes. Remaining in or returning to work reduces development of chronic disabilities, a long-term incapacity for work, and social exclusion⁷.

Traditionally, the biological model to medicine and health (and therefore employment policies addressing the health of workers) has placed the focus on the biological factors of pain. However, psychological, and social factors are just as important in terms of pain management. Thus, policies affecting those suffering from pain, such as employment policies, should address all three factors within the biopsychosocial model of pain.

Furthermore, people need to be able to physically get to work or have the digital infrastructure to work from home. The rights of people in pain should be equal in every EU country. Therefore, consideration should be given to other policy areas that directly impact the lives of people in pain, to facilitate them remaining in, or returning to the workforce.

Recommendation 1: Ensure that the biological, psychological, and social factors of pain are comprehensively addressed in employment policies

Recommendation 2: Consider the mental and physical health needs of Europeans in other policy areas such as inclusion, transport, digitalisation, and cross-border equity

2. Reasonable, flexible work adjustments

A gap exists in effective policies to address employment and integration issues for individuals with chronic pain across Europe. Facilitating a return to employment in particular is insufficiently covered by existing policies²². The EU, via its occupational safety, health, social inclusion, and equal treatment policies, could play an important role in addressing the return-to-work policy, but to date, targeted actions in this field have remained underdeveloped²³.

The European Pillar of Social Rights, Principle 10b calls for workers to have the right to a working environment adapted to their professional needs, and which enables them to prolong their participation in the labour market. Evidence suggests that adaptations, such as temporary modified work, along with improved communication between health care and workplace, facilitates early and continued return to the labour market⁷. However, engagement between EU Institutions and social partners on this topic has been limited²³.

To compound this, as noted in the Social Pillar Action Plan⁴, teleworking has recently and rapidly become the norm for many due to the COVID-19 pandemic. It is likely that it will remain more common in the long term. Teleworking offers new opportunities for an enhanced work-life balance, flexibility, and improved productivity, and it may also improve employment opportunities for persons with disabilities²⁴. Such adaptations have permitted people with pain to remain in or return to work, and should continue to be available post-pandemic.

Related to this, recent studies highlight the need for policy strategies and approaches to address the societal implications of extensive use of telework and ICT-based mobile work (TICTM). These policies should increase opportunities offered by such forms of work in the labour market and increase social inclusion of vulnerable groups²⁴. As such, workers do not only require reasonable, flexible work adjustments in their employers' premises, but many will now also require adaptations in their homes for teleworking.

Best practices such as those in the [CHRODIS+ Workbox Training Tool for Managers and Toolkit for Workplaces](#), and those exchanged in the EU-OSHA '[Healthy Workplaces – Lighten the Load](#)' campaign can facilitate workplace adaptations.

Recommendation 3: Ensure reasonable, flexible work adjustments for workers.

3. Availability of rehabilitation and financial support for workers with chronic pain

A survey by PAE from 2018, (in which over 4.400 people participated²⁵), found that over 50% of respondents had to cease working due to their pain, and only 34% of those still in work were doing so full-time. The survey also revealed that 40% of respondents needed to change their employer because of their chronic pain, and 66% indicated that their income was lower following a change in work situation, all caused by the impact of pain. Approximately 65% of respondents indicated that they were not receiving any other financial support or benefits. Only 20% of respondents received occupational rehabilitation to remain at work. In another study, it

was found that just 38% of occupational rehabilitation received is paid for by the government, and 25% by the employer²⁵. Integration (and re-integration) into work, however, is often associated with a substantial income improvement, as well as an improved socio-economic status, mental health, and wellbeing⁷.

Funding instruments, such as [NextGenerationEU](#) could be used to fund packages of reforms to ensure workers with chronic pain can remain in, and return to the workplace, or receive adequate financial support during illness and recovery.

Recommendation 4: Support reintegration of people living with pain back into the workforce.

Recommendation 5: Establish mechanisms for financial and rehabilitation support for workers with chronic pain.

4. The positive impact of good work on health, wellbeing, and productivity

There is evidence showing the **positive benefits of ‘good work’**, and the **negative impacts of unemployment**⁷. For example:

- **Employment** is normally the primary means of economic resource and security – essential for material well-being and integration into society
- **Employment** addresses important psychosocial needs, and provides individual identity, social roles, and social status
- **Employment** and socio-economic status are key drivers of social gradients in mental and physical health, as well as mortality
- **Unemployment** is associated with higher mortality, poorer general and mental health, chronic illness, and psychological distress and morbidity
- **Unemployment** is also associated with increased medical consultation, increased medical consumption, and admission to hospital
- **Re-employment** leads to better self-esteem, a general improvement in physical and mental health, and reduced psychological distress and morbidity
- **Work for sick or disabled individuals** can be therapeutic, can promote recovery and rehabilitation, and can lead to better health outcomes
- **Work for sick or disabled individuals** minimises harmful social, mental, and physical effects of long-term absence
- **Work for sick or disabled individuals** reduces the risk of long-term incapacity, promotes full participation in society, reduces poverty, and improves quality of life and wellbeing⁷

Therefore, in both the employment policy and health policy discourses alike, the positive effects that employment can have on health, wellbeing, and productivity should be recognised.

Recommendation 6: Recognise that good work can have a positive impact on the health, wellbeing, and productivity of Europeans and European society.

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SIP remains available for further discussions with the European Commission, the Members of the European Parliament, the Council, and employers for future cooperation to ensure our recommendations are implemented by both the EU, and national institutions to help workers who live with chronic pain to enter, remain in, and reintegrate back into the workplace.

About SIP

The 'Societal Impact of Pain' (SIP) platform is a multi-stakeholder partnership led by the [European Pain Federation EFIC](#) and [Pain Alliance Europe \(PAE\)](#), which aims to **raise awareness of pain and change pain policies**.

The platform provides opportunities for discussion for health care professionals, pain advocacy groups, politicians, healthcare insurance providers, representatives of health authorities, regulators, and budget holders.

The scientific framework of the SIP platform is under the responsibility of EFIC and the strategic direction of the project is defined by both partners. The pharmaceutical companies [Grünenthal GmbH](#) and [Pfizer](#) are the main sponsors of the Societal Impact of Pain (SIP) platform.

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Sources

¹Note: data taking from 37 countries, absent in Andorra, Armenia, Azerbaijan, Belarus, Georgia, Iceland, Liechtenstein, Luxembourg, Malta, Monaco, and the Vatican City.

² Eccleston C, Wells C, & Morlion B. (2017). European Pain Management. Oxford, UK: Oxford University Press, ISBN: 9780198785750 Available at: <http://oxfordmedicine.com/view/10.1093/med/9780198785750.001.0001/med-9780198785750-chapter-1>

³ SIP Thematic Network – SIP Thematic Network 2018 – Joint Statement now available in several languages. Available at: <https://www.sip-platform.eu/resources/details/sip-thematic-network-2018-joint-statement-now-available-in-several-languages> Last accessed November 2020

⁴ European Action Plan: https://ec.europa.eu/commission/presscorner/detail/en/ip_21_820

⁵ European Employment Equality Framework Directive: https://ec.europa.eu/commission/presscorner/detail/en/MEMO_08_69

⁶ European Commission - European Commission. 2021. Press corner. [online] Available at: https://ec.europa.eu/commission/presscorner/detail/en/ip_21_820

⁷ Waddell G, and Burton KA. 2006. Is work good for your health and well-being? London, TSO. ISBN 978 0 11 703694 9. <https://cardinal-management.co.uk/wp-content/uploads/2016/04/Burton-Waddell-is-work-good-for-you.pdf>

⁸ O. Crawford J, Giagloglou E, Davis A, Graveling R, Copsey S and Woolf A, 2021. Working with chronic musculoskeletal disorders. [online] Publications Office of the European Union. Available at: <https://osha.europa.eu/en/publications/working-chronic-msds-good-practice-advice/view>

⁹ Svanholm F, Liedberg GM, Löfgren M, & Björk B, 2020. Factors of importance for return to work, experienced by patients with chronic pain that have completed a multimodal rehabilitation program – a focus group study, Disability and Rehabilitation, DOI: 10.1080/09638288.2020.1780479

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- ¹⁰ Raja Srinivasa N, Carr Daniel B.; Cohen M et al. 2020. The revised International Association for the Study of Pain definition of pain: concepts, challenges, and compromises. PAIN:161(9):1943-1944.
- ¹¹ Bartys S, Frederiksen P, Bendix T and Burton K, 2017. System influences on work disability due to low back pain: An international evidence synthesis. Health Policy, 121(8).
- ¹² Icd.who.int. 2021. ICD-11 - ICD-11 for Mortality and Morbidity Statistics. [online] Available at: <https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2fid%2fentity%2f1404135736>
- ¹³ Magazine.medlineplus.gov. 2011. [online] Available at: <https://magazine.medlineplus.gov/pdf/MLP_Spring_2011.pdf> [Accessed 31 May 2021].
- ¹⁴ Joseph V. Pergolizzi Jr. et al. 2014. Treating Acute Pain in Light of the Chronification of Pain. Pain Management Nursing: 15(1):380-390.
- ¹⁵ Roberto A et al. 2016. Prevalence of neuropathic pain in cancer patients: Pooled estimates from a systematic review of published literature and results from a survey conducted in 50 Italian palliative care centers. Journal of Pain and Symptom Management: 51(6):1091-1102.
- ¹⁶ Majithia N, Loprinzi CL and Smith TJ. New Practical Approaches to Chemotherapy-Induced Neuropathic Pain: Prevention, Assessment, and Treatment. pii: 219814, 15 Nov 2016, Oncology (Williston Park), Vol. 30(11).
- ¹⁷ Issuu. 2011. Look Inside Mechanisms. [online] Available at: <http://issuu.com/iasp/docs/n12-mechanisms>.
- ¹⁸ Mieritz RM, Thorhauge K, Forman A, et al. 2016. Musculoskeletal Dysfunctions in Patients With Chronic Pelvic Pain: A Preliminary Descriptive Survey. JMPT: 39(9):616-622.
- ¹⁹ Barnett, K, et al. 2012. Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. The Lancet:380 (9836):37-43.
- ²⁰ SIP 2016 Abstract and Background Booklet. Available at: <https://www.sip-platform.eu/resources/details/sip-2016-abstract-background-booklet>
- ²¹ Waddell, G. and Burton, A., 2021. IS WORK GOOD FOR YOUR HEALTH AND WELL-BEING?. p.22.
- ²² Kahancová M, 2021. Return to Work after Chronic Disease: What Role for Industrial Relations in Diverse National Policy Frameworks?. Available at: https://www.celsi.sk/media/events/presentations/REWIR_comparative_report_presentation.pdf
- ²³ Lopez-Uroz N and Westhoff L, 2021. Shaping return to work policy: Current involvement and future potential of EU social dialogue. Available at: https://www.celsi.sk/media/events/presentations/REWIR_Conference_Presentation_-_EU_findings_LW_NLU.pdf
- ²⁴ SAMEK LODOVICI M, et al., 2021. The impact of teleworking and digital work on workers and society. [online] Policy Department for Economic, Scientific and Quality of Life Policies Directorate-General for Internal Policies. Available at: <[https://www.europarl.europa.eu/RegData/etudes/STUD/2021/662904/IPOL_STU\(2021\)662904_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2021/662904/IPOL_STU(2021)662904_EN.pdf)>
- ²⁵ Pain Alliance Europe, 2018. Survey On Chronic Pain And Your Work Life : A Survey In 14 EU Countries. [online] Available at: <<https://www.pae-eu.eu/wp-content/uploads/2018/07/PAE-Survey-2018-Pain-And-Your-Work-Life.pdf>>