

Older workers with pain: how do they stay at work ? And what impact could it have on your practice.

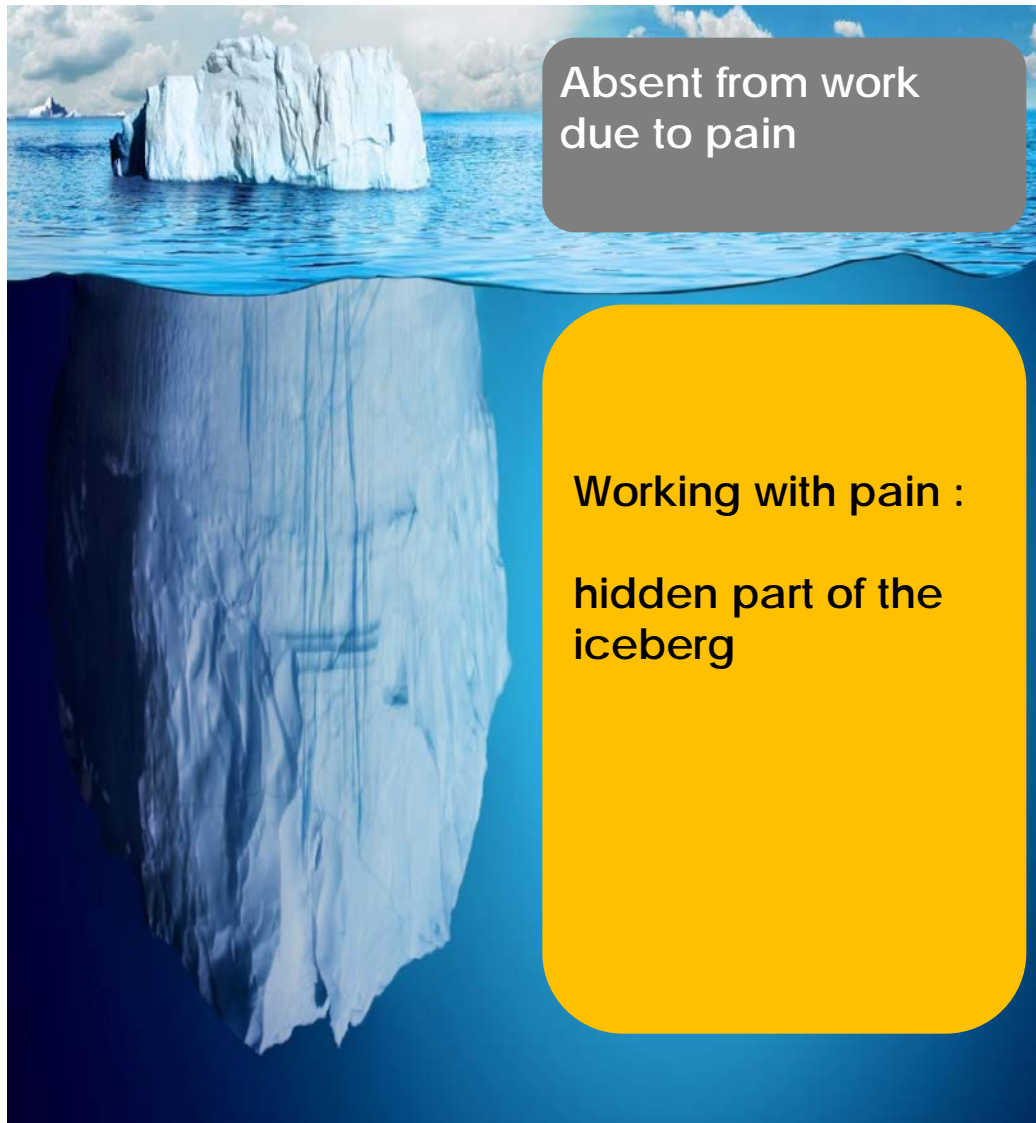
Marie-Christine Richard, M.Sc.
Marie-José Durand, Ph. D.

Chaire de recherche Bombardier – Pratt & Whitney
en réadaptation de l'incapacité au travail

Faculté de médecine et sciences de la santé
Université de Sherbrooke, Québec, Canada

Marie-Christine.Richard@USherbrooke.ca
 @MacriRic

Aim : Explore factors that contribute to workers age 55 and older staying at work with chronic musculoskeletal pain



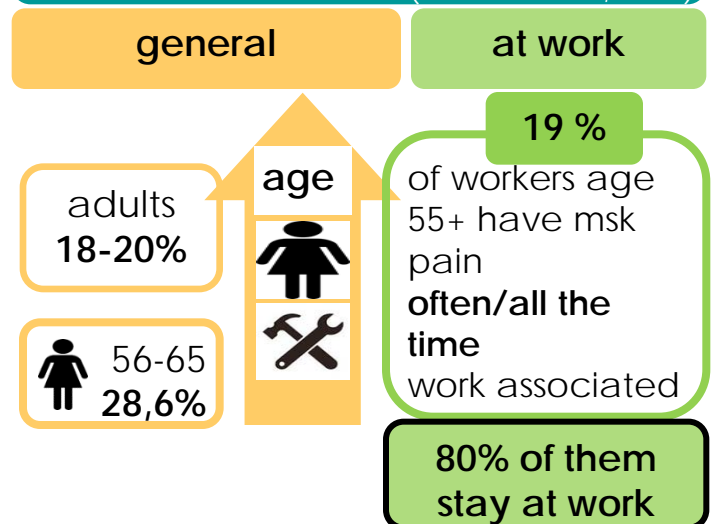
Background

(Demers et al., 2011)

- Workers from baby boom generation reach retirement age : not enough younger workers to compensate.
- Over 60% of workers in Québec have some musculoskeletal pain.
- Many will consult a physiotherapist for their pain.

Chronic pain prevalence

(Vézina et al., 2011)



Methods

(Miles, Huberman, Saldana, 2014)

descriptive interpretive design

inclusion

- age 55+
- working min. 28 hours/week
- msk pain > 6 months
- > 1 year seniority
- < 15 days abs/yr

Quota sampling based on literature:

- sex
- company size
- type of work

data collection and analysis

- semi-structured interviews
- interview guide from conceptual framework
- guide pre-tested
- interview synthesis validated with participants
- mixed coding grid

- interrater reliability
- analysis: data collection/condensation/presentation

Results

sample description (n =14)

sex	6 women	8 men
age	55 – 70	mean 59 median 59
company size	7 under 500	7 over 500
type of work	7 manual	7 mixed
unionized	8 yes	6 no
sector	6 public	8 private
pain duration	2 – 45 yrs	mean 14 median 7

pain description (n=14)

present	3 sites or more:	6
	intensity \geq 6/10	5
over last year	lumbar	11
	knees	9
	upper limb	7
duration	over 10 years	5

Results

Why ?

work values/functions

- usefulness/meaning
- social relations
- pride

work representation

- work= health
- distraction from pain

financial/ family situation

- lack of retirement funds
- single breadwinner

How ?

coping

- consulting
- active pain management
- medication
- reducing activities
- changing priorities

work demand reduction strategies

- schedule adjustments
- task modulation
- asking for/using tools/equipment

cost of staying at work

light
n= 5

4/5 :
public
mixed demands
gradual onset
intermittent pain

moderate
n= 4

3/4 :
private sector
physical demands
sudden onset
intermittent pain
off-work activities adaptation

high
n= 5

4/5 :
private sector
gradual onset
medication
health professionals
off-work activities reduction

Discussion / impact

Why stay at work with pain ?

- Not so much for financial reasons
- Meaning of work
- « Work is good for my health »

How ?

- Personal factors
- Organisational factors

At what cost ?

high

moderate

light

What impact on your practice?

- ** Exploratory study **
- Workers in the high cost group (private sector, take medication regularly, reduced ++ off-work activities) **may be at risk** of absence.
- Explore if **organisational changes** are possible (schedule, task content, tools and equipment) and contact employer if necessary.
- Explore personal strategies to cope with pain.
- *Remember: most workers with pain do stay at work*

Physiotherapists have a role in helping older workers staying at work