Editorial

Presenteeism and Pain: Psychosocial and Demographic Correlates of Employment and Disability

Recent, national attention has focused (understandably) on such issues as opioid abuse and risk evaluation and mitigation strategies. The article in this issue by Karoly, Ruehlman, and Okun [1], however, serves as a reminder that pain-related disability is an enduring societal challenge that should demand similar levels of attention. As testimony to the enduring nature of the challenge, the Institute of Medicine has issued several reports that address the topic [2,3], with the latter report estimating the annual costs of lost productivity related to pain at approximately $300 billion. Rather than abating, these data suggest that the problem of pain-related disability represents an increasing societal challenge.

The Karoly et al. article describes both demographic and psychosocial factors associated with differences in employment status (employed vs disabled) in persons with chronic pain. For the most part, the demographic characteristics that they identify (race/ethnicity, age, education) are recognized risk factors for pain-related disability [3]. The more original contributions of the study involve the psychosocial factors that distinguish those who are employed from those whose pain is disabling, as well as its focus on “presenteeism”—the coping skill sets associated with ongoing employment in the face of chronic pain. The employment-protective skill set includes a higher capacity to ignore and/or control pain, more positive self-talk and greater task-persistence, as well as lower levels of pain behavior, less belief in a medical cure, lower levels of pain-related fear and catastrophizing, and less need for tangible support.

While the latter represents an interesting approach to a worthy goal, the complications that would attend its implementation should not be underestimated. For example, an intervention would have to be delivered relatively early in an injured worker’s pain trajectory as the risk of permanent job loss is greater when return to the workplace is delayed [7]. At the same time, early interventions may not be needed for those workers whose pain-related limitations are self-limiting—such interventions would potentially increase the cost of care without offsetting benefits. Aside from the practical obstacles associated with early intervention, situational factors also may complicate the application of adaptive skill sets to the workplace. For example, some have argued that on-the-job training is needed to increase the odds of success for reintegrating workers with chronic health conditions into the workplace [8]—such training obviously would require employer willingness to accommodate to the needs of the worker. Other situational factors that could impact ongoing employability include the supportiveness of coworkers, the potential for injury-related litigation, and

Figure 1 Diathesis—stress model: pain and work disability (adapted with permission from Tait [10]).

Situation-related stress
- job inflexibility
- public policy
- financial hardship
- litigation
- workplace accommodations

Diathesis
- education
- coping resources
- beliefs/expectancies
- emotional status (anxiety, depression)
- race

Injury-related stress
- pain
- physical incapacity
- sleep disturbance
- role changes
the degree to which public policy supports successful return to work [9]. In short, a successful intervention approach probably should incorporate both the demographic and psychosocial factors identified by Karoly and colleagues, and situational factors, consistent with a diathesis/stress model in which pain-related stressors interact with personal and situational factors to mediate the disabling effects of pain [10]. Figure 1 demonstrates how this model might apply to pain in the workplace.

Notwithstanding these and other challenges in translating the work of such investigators as Karoly and colleagues into practice, the importance of continued research into approaches that might limit the disabling effects of pain cannot be overestimated. The recent report from the Institute of Medicine indicates that the personal and societal costs associated with these common sequelae of chronic pain are steep and mounting. Such data have prompted some to call for establishing a distinct field to study such phenomena—disability science. The need for such a field of study has never been greater.

RAYMOND C. TAIT, PhD
Department of Neurology & Psychiatry
Saint Louis University School of Medicine
St. Louis, Missouri, USA

References