

Myths about common health problems need to be challenged and dispelled

Beliefs are central to our responses to a health problem, and influence what we do about it. Myths and legends abound, and are major obstacles to stay-at-work, and return-to-work. Many obstacles are related to these common myths. They are exceedingly pervasive, having negative effects on the behaviour of all involved, and the interactions between them.

| Myth | Reality | Why it Matters |
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| Symptoms (e.g. pain, fatigue, worry, stress) means serious illness, damage, or injury | <p>This is not always the case: symptoms such can occur without disease or injury.</p> <p>Even when specific tissues are affected, activity and work are not precluded.</p> <p>Temporary discomfort or distress is often part of recovery.</p> | <p>Believing symptoms means harm results in activity-avoidance behaviour, which are obstacles for stay-at-work and return-to-work initiatives.</p> <p>Worrying about 'damage' and 'injury' is an obstacle to active interventions that see work as a therapeutic intervention.</p> |
| Work/activity is the cause: something is damaged | <p>Symptoms are common across the whole population, regardless of type of work.</p> <p>Work or activity can trigger symptoms, but most work is unlikely to cause substantial damage.</p> | <p>Erroneously blaming work leads to an undue concentration on simplistic explanations for the causes of symptoms, which gets in the way of effective interventions tailored to specific circumstances.</p> |
| Work/activity will make matter worse | <p>The actual condition is usually not made worse by continuing work (assuming control of significant risks).</p> <p>Work may become difficult or uncomfortable, but that doesn't mean it is doing harm.</p> | <p>Work is generally good for health and wellbeing, so the belief that work is inherently dangerous is unhelpful, and poses a major obstacle to helping people get back to work or stay at work.</p> |
| Medical treatment is necessary | <p>Most people, for most episodes of a common health problem, do not seek healthcare.</p> <p>Reliance on healthcare alone is not enough to help with return to work.</p> | <p>Over-cautious behaviours can be powerful obstacles to recovery and return to work.</p> <p>Reliance on medical treatment alone negates the possibility of involving the workplace in helping people back to work.</p> |
| Injuries and health problems must be rested | <p>Quite the contrary – activity leads to faster and more sustained recovery and return to work.</p> <p>Temporary reduction of activity may be required, but long-term rest is detrimental.</p> | <p>Using rest as a treatment is a major obstacle to modern management strategies that encourage and support return to activity/work.</p> <p>Advising patients to take unnecessary rest can give the disadvantageous impression that the problem is serious.</p> |
| Sick leave is needed as part of the treatment | <p>Often sick leave is not needed – staying at work is desirable, perhaps with some temporary modifications.</p> <p>The use of 'fit notes' is preferable to sick notes: emphasise what the person can do, not can't!</p> | <p>Helping people stay at work can contribute to their recovery.</p> <p>Injudicious use of medical certificates reinforces fears and uncertainty, and encourages reliance on rest, whilst fostering fears of activity.</p> |
| Contacting an absent worker is intrusive | <p>Continued contact with the workplace is crucial to the return to work process.</p> <p>If the approach is positive and unpressured, workers are appreciative.</p> | <p>Failure to make early contact with people who are off work leaves them isolated and unvalued, thus fostering distress or depression.</p> <p>Lack of contact means there is no chance to make a return to work plan, and no chance to discuss transitional working arrangements.</p> |
| No return to work till 100% fit and symptom free | <p>This is clearly unrealistic and unhelpful - many workers can and do return with ongoing symptoms, and they do come to no harm.</p> | <p>Employers' policies that restrict work-return to those who are symptom free or fully fit for their usual work are counterproductive, and are a major obstacle.</p> |