

CASE IN POINT

August/September 2009

Coordinating Care, Changing Lives

ASK THE EXPERT

In this edition of Ask the Expert, we consult with Rosalind Joffe, the founder and president of cicoach.com, a career coaching firm dedicated to helping professionals with chronic illness, to inquire about chronic illness, return to work, and the role of professional advocates. Ms. Joffe can be reached at rosalind@cicoach.com



Q

I am a case manager who works with patients with chronic disease. More times than not, my patients want to work, but the employer is leery about bringing them back after a prolonged time out of work. As a career coach for patients with chronic conditions, what advice would you provide to the patient as well as to the employer?

A

This question highlights a critical challenge many workers with chronic illness face when returning to work. An employer's reluctance regarding an employee's return to work after a prolonged absence can set the stage for failure.

That is why it is helpful if a case manager "steps into a manager's shoes" to understand why this might happen. With this knowledge, you are better prepared to help your patients address these concerns successfully.

First, one worker's absence often places a burden on others. Since there is no predicting the course of a chronic illness, it is natural for an employer to be concerned about a recurrence.

Then there is the very nature of chronic illness. By definition, a chronic illness cannot be cured, and it is highly unlikely that there will be a full and permanent recovery. The employee might require medication and have lingering symptoms that impact work performance and relationships. Furthermore, unlike an injury like a broken arm or a traumatic event, such as loss of hearing in one ear, a chronic illness is not static. Rather, it can wax and wane unpredict-

ably. Finally, the symptoms of chronic illness are usually not visible. Therefore, an employer has no way of knowing how the employee is actually doing, unless it is discussed explicitly.

So, it is not difficult to see why an employer might resist having an employee with chronic illness return to work. But it is possible to manage a successful transition with the right factors in place.

Q: What factors are vital? Which factors encourage success?

A: Most importantly, the patient who has a real investment in success needs to take charge of work re-entry rather than letting it fall to others, such as a supervisor or the human resources department.

Two factors will make successful workplace re-entry more likely. First, the patient/employee needs to know that she can perform the job successfully. This might include doing it differently from how it had been done (generally referred to as getting “accommodations”). When an employee addresses this issue directly, support from a supervisor/boss is more likely. Which leads to the other factor. Research shows that having a supportive boss is critical to workplace success. If a supervisor was never supportive in the past, she is not likely to be supportive in the future. Finally, many employers, particularly those within a human resources department, have a protocol for return to work that includes forms for case managers or providers. This paperwork overlooks an employee’s needs and attitudes, however, and fails to create the necessary conversation between the employee and supervisor that will allow for better outcomes. Encourage your patient to request a face-to-face meeting with the supervisor or with a human resources professional before returning to work.

Q: What is the best approach for an employee who is set to return to the workplace to develop a realistic self-assessment?

A: It is common for people with disabling symptoms to make incorrect assumptions about their ability to do their job. This can be avoided with the following self assessment for the patient/employee:

List all of the job tasks, from the mundane to the most complex.

By definition, a chronic illness cannot be cured, and it is highly unlikely that there will be a full and permanent recovery. The employee might require medication and have lingering symptoms that impact work performance and relationships. Furthermore, unlike an injury like a broken arm or a traumatic event, such as loss of hearing in one ear, a chronic illness is not static.

- Identify what tasks might be difficult even on good days and which ones might be difficult when symptomatic.
- Think creatively regarding what accommodations would allow you to do the job. Some common examples are: a flexible work schedule, periodically working virtually, cross-training others to fill in, or changes in the physical environment.
- Create a scale to rate the degree to which any specific symptom impacts your ability to do the job. Use this in considering the job as you re-enter and once back at work if symptoms worsen. Use this to help you determine when you need to do a task differently.

Based on your previous responses, ask yourself: “Can I do this job successfully?”

If the answer is yes, then your patient is ready to return to that job. If not, then consideration should be given to another role or job within that organization. Preparing suggestions and alternatives demonstrates a commitment to work and takes the burden for developing solutions off others. There are situations, however, in which a person might want to return to a previous job that is unavailable. If the employer intends to place your patient in another job, then a job task list would be just as helpful.

Q: How is it best to handle the initial meeting with the employer?

A: There are several issues that should be discussed in the return to work meeting between employee and employer. In the event that you, as case manager, will be part of that meeting, your neutral posture will demonstrate to the employer that you are honest and straightforward. Although you are your patient’s advocate, you can communicate that it is in everyone’s interest to create realistic expectations for work re-entry.

Whether you are part of the return to work meeting or not, your patient can prepare for that meeting by considering the following:

- Share the self-assessment information because it demonstrates a commitment to solid performance and a desire to work as a team player.
- Make it clear that return to work is not a request for lowered performance standards. Setting shared expectations based on realistic measures will ensure that goals are met.
- Address whether the job can be completed as expected. The task list is helpful if accommodations are necessary. Encourage your patient to keep the conversation focused on how symptoms impact work performance and how tasks can be accomplished. This will make it easier for the supervisor to understand what is needed and why.

All of you, the case manager, employee and employer, are interested in the same thing: Getting the employee back to work to deliver value to the organization.

The bottom line is that when your patient takes charge of the return to work and demonstrates motivation to do the job, a supervisor is more likely to give trust and support. There is no guarantee that an illness requiring a leave will not recur. But you have encouraged your patient to act thoughtfully and responsibly. Your encouragement and suggestions will help to maximize your client’s chance of success. 