



Facilitators and Barriers to Return-to-Work for Employees with Chronic Pain in the United Kingdom: An Integrative Review

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Abstract

Background: Chronic pain profoundly impacts work ability, often leading to job loss, poor health, and reduced mental well-being. This study aims to synthesize UK evidence on barriers and enablers of return-to-work (RTW) for employees with chronic pain.

Materials and Methods: A qualitative review synthesized RTW experiences through an extensive literature search across EMBASE, Medline, CINAHL, PsycINFO, the Cochrane Library, Scopus, and Web of Science, covering studies published up to December 2024.

Results: Chronic pain weakens work identity and confidence, while stigma and unsupportive workplace cultures hinder communication and accommodations. Systemic challenges-including healthcare structures, employment policies, welfare reforms, and an aging workforce-complicate return to work (RTW). Despite legal mandates, workplace adjustments are inconsistently applied. Multidisciplinary National Health Service (NHS) pain management is essential but often limited by clinicians' limited understanding of workplace demands. Psychological strategies like acceptance, resilience, and cognitive-behavioral therapy support adaptation and job transitions. Successful RTW requires tailored adjustments (e.g., ergonomic changes, flexible schedules), improved communication, and collaboration among employees, employers, and healthcare providers. Manager training and policy reforms can reduce stigma and enhance accommodations. Employer strategies such as open communication, flexible work during flare-ups (e.g., remote work, adjusted hours), and proactive RTW planning are vital. Ergonomic assessments further improve pain management and productivity.

Conclusion: Return-to-work (RTW) for UK employees with chronic pain is influenced by interconnected individual, workplace, healthcare, and systemic factors. Addressing psychological barriers (e.g., fear-avoidance), enhancing workplace flexibility (e.g., phased schedules), improving healthcare coordination (e.g., multidisciplinary teams), and fostering supportive workplace cultures are essential. Integrated strategies that combine policy reforms with multidisciplinary approaches significantly enhance RTW outcomes, workforce retention, and quality of life.

Key Words: Barriers, Chronic pain, Employees, Return to work, United Kingdom.

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1- INTRODUCTION

Returning to and remaining in work presents significant challenges for individuals living with chronic pain, often disrupting the delicate balance between employment and daily life (1). Chronic pain is the second most common reason for work absence in the UK (2) and affects approximately one-third to one-half of the UK population, with a growing global burden that significantly impacts individuals' ability to work (3, 4). Managing the needs of employees with chronic pain in relation to their colleagues and organizational requirements adds to the complexity of establishing a successful return-to-work (RTW) routine (4).

Furthermore, the RTW experience can vary considerably between individuals who resume duties in a physical workplace and those working remotely, with evidence suggesting less distress among remote workers (5). Interprofessional rehabilitation programs (IPRPs) have demonstrated positive outcomes in daily functioning, life satisfaction, and pain management for people with chronic pain (6). However, despite participation in IPRPs, many employees report a lack of employer support and understanding once the RTW responsibility shifts to the workplace, while employers themselves often feel ill-equipped to provide adequate support (7).

Several studies emphasize that successful RTW processes are characterized by close collaboration and communication between employers and employees (8). Additionally, considering the whole life situation of the person with chronic pain is vital to fostering participation in work and facilitating a positive RTW (8, 9). Working with a chronic condition poses ongoing challenges, as physical and psychological difficulties can impair work performance, leading to decreased

productivity, extended or frequent sick leave, or even job loss (10, 11).

The number of working individuals with one or more chronic conditions is expected to rise due to factors such as an aging population, unhealthy lifestyles, and unfavorable working conditions (12). Limited RTW interventions not only negatively affect individuals but also impose substantial economic burdens on the nation (13). A 2019 meta-ethnography synthesizing 41 qualitative studies explored the experiences of people living with chronic pain returning to work, highlighting the multifaceted nature of this challenge (14). Prior research in Australia, Canada, and Europe has similarly underscored the impact of chronic pain on work ability, including a qualitative study examining the attitudes of chronic pain patients undergoing rehabilitation toward employment (14).

This review also synthesizes perspectives on RTW from employers and healthcare providers, recognizing the importance of understanding all stakeholders' experiences. Identifying which RTW interventions are effective is crucial for enhancing motivation and adherence. While many quantitative studies exist, there remains a paucity of qualitative research exploring the lived experiences of employees with chronic pain returning to work, particularly in the context of heightened UK government interest in reducing workforce exits to incapacity benefits (13).

Chronic pain affects millions in the UK, contributing to absenteeism, significant economic costs from lost productivity, and adverse mental health outcomes such as anxiety, depression, and reduced quality of life (1–3). It also demands substantial healthcare resources, including medication, therapy, and hospitalizations (1, 3, 9). Understanding barriers and enablers to RTW can help mitigate the economic and personal burden of chronic

pain on individuals, employers, and the UK economy. This knowledge can guide employers in developing supportive policies and practices-such as flexible work arrangements, ergonomic adjustments, open communication, and wellness programs-that improve productivity, employee wellbeing, and reduce mental health risks (6, 8). Moreover, research highlights the importance of multidisciplinary and tailored interventions to effectively support employees with chronic pain through the RTW process (1, 7). Such evidence informs healthcare policy and practice to ensure employees receive comprehensive, coordinated care and workplace accommodations that facilitate sustainable employment (9). This study aims to review the barriers and enablers to RTW for employees with chronic pain in the UK.

2- MATERIALS AND METHODS

This narrative review aims to synthesize existing literature on the experiences of individuals living with chronic pain in the United Kingdom regarding their return-to-work (RTW) journey. Unlike systematic reviews, which require strict adherence to specific methods, a narrative review allows for a broader, more interpretive analysis of the available evidence (15).

2-1. Search Strategy

A comprehensive search was conducted in December 2024 across several key electronic databases, including EMBASE, Medline, CINAHL, PsycINFO, Cochrane Wiley, Scopus, and Web of Science. The search strategy focused on identifying relevant publications in English, with no date restrictions applied. To ensure thoroughness, a combination of Medical Subject Headings (MeSH) terms and keywords related to "chronic pain," "return to work," "employment," and "United Kingdom" was utilized (16). Recognizing

the potential for publication bias, efforts were made to identify grey literature through targeted internet searches and examination of relevant organizational websites (17, 18). Google Scholar was initially used to validate the research question and identify potentially relevant key studies (16, 19).

2-2. Inclusion and Exclusion Criteria

2-2-1. Inclusion criteria:

- Participants: Adult workers residing in the UK who are experiencing chronic pain.
- Study Design: Qualitative research methods (e.g., interviews, focus groups) exploring the experiences, perceptions, or perspectives of individuals with chronic pain regarding their return to work.
- Outcome: Studies addressing factors influencing the return-to-work process, including barriers, facilitators, and support mechanisms.

2-2-2. Exclusion criteria:

- Quantitative studies (e.g., randomized controlled trials, cohort studies).
- Studies published in languages other than English due to resource limitations.

2-3. Study Selection and Data Extraction

The titles and abstracts of identified articles were initially screened to determine their potential eligibility. Full-text articles were then retrieved for those meeting the initial criteria and assessed against the inclusion and exclusion criteria. A manual search of the reference lists of included articles and relevant reviews was also conducted to identify any additional studies that may have been missed in the database searches (18). Given the nature of narrative reviews, a formal data extraction process using pre-defined templates was

not employed. Instead, key themes and findings were extracted from the included studies and synthesized narratively to provide a comprehensive overview of the topic (15).

2-4. Quality Assessment

The findings from the included studies were synthesized using a narrative approach, which facilitated the integration of diverse qualitative evidence and allowed for a nuanced understanding of the complex phenomena under investigation (15). As Popay et al. (2006) emphasize in their guidance on narrative synthesis, this methodology goes beyond simple summaries, aiming to generate new insights by identifying patterns and relationships across studies, particularly when exploring lived experiences (20).

This method enabled a comprehensive understanding of the multifaceted factors influencing the return-to-work process for individuals with chronic pain in the UK, taking into account the specific cultural and systemic context, including healthcare access and employment policies. The synthesis aimed to provide a balanced and insightful perspective, illuminating both persistent challenges (21) and potential strategies (22) for fostering successful return-to-work outcomes.

Furthermore, by examining the convergence and divergence of findings across studies, this approach allowed for the identification of key barriers and facilitators in the return-to-work process. As Barnett-Page and Thomas (2009) highlight, qualitative synthesis seeks to generate actionable insights from diverse qualitative data sources, moving beyond mere description to interpretation and the development of explanatory frameworks (23). Finally, to address the potential for publication bias—a common concern in systematic reviews (24)—this synthesis included both published and unpublished literature, aiming to offer a more complete

and representative picture of the available evidence (3, 17).

2-5. Data Analysis

Data analysis was conducted using thematic analysis, a rigorous and widely accepted method for synthesizing qualitative data. The data were systematically coded and analyzed using NVivo software to identify recurring patterns and themes relevant to the research questions.

Following the framework proposed by Thomas and Harden (2008), thematic synthesis involves three key stages:

- **Line-by-line coding:** Each line of text from the included studies was carefully examined and coded to capture relevant concepts and findings, ensuring close engagement with the data and alignment with the research questions.
- **Development of descriptive themes:** Codes and concepts that appeared consistently across studies were grouped to form descriptive themes, reflecting shared meanings and patterns within the data.
- **Generation of analytical themes:** This interpretive stage moves beyond the original data to develop new insights, explanations, or hypotheses. Analytical themes represent a higher level of abstraction, enabling reviewers to construct novel understandings that extend the findings of the primary studies (15).

2-6. Ethical considerations

This study involved a review of publicly available literature, and therefore, ethical committee approval was not required. Nonetheless, rigorous adherence to copyright laws and ethical guidelines was maintained throughout the review process. All sources were transparently documented to ensure academic integrity and respect for intellectual property.

3- RESULTS

3-1. Study Scope and Context

This narrative review synthesizes qualitative evidence on the experiences of individuals with chronic pain navigating return-to-work (RTW) in the UK. Key factors include the UK National Health Service (NHS), employment policies, and socio-cultural dynamics. Welfare reforms, stringent absence management policies, and an aging workforce exacerbate pressures on organizational resources, limiting effective support for this population (13, 14, 21, 25–28).

3-2. Study Characteristics

Included studies (2007–2020) employed interviews (14, 21) and focus groups (26–28) to capture lived experiences. These qualitative methods are well-suited to exploring the complex and subjective experiences of individuals with chronic pain (29). Research settings included NHS pain clinics (26), rehabilitation centers (27), and community recruitment via job centers (25), reflecting the multifaceted challenges of RTW. Chronic pain affects approximately 40% of UK adults, underscoring its public health significance (3, 30).

3-3. Identity and Self-Efficacy Challenges

Chronic pain erodes work identity and self-confidence, often leading to anxiety, depression, and social withdrawal. Individuals frequently experience a loss of their “old self” and struggle to adapt to a “new self” shaped by pain. This psychological burden is intensified by the UK labor market’s high expectations for productivity and work capability. Positive coping strategies such as pain acceptance and determination facilitate return to work by enabling adjustments to current roles or the pursuit of alternative employment (21, 25, 31, 32).

3-4. Workplace Communication and Culture

Open communication about chronic pain remains challenging in the UK due to employees’ fear of stigma, job loss, or career penalties if they disclose their condition. This fear constitutes a major barrier to seeking workplace accommodations. Unsupportive workplace cultures and inadequate managerial training exacerbate mistrust and feelings of isolation. Employers often lack the awareness and training necessary to effectively support employees with chronic pain, undermining the trust and cooperation essential for a successful return to work (13, 33).

3-5. Employer Support and Legal Mandates

Supportive employers who provide reasonable accommodations-such as flexible hours, ergonomic adjustments, regular rest breaks, and modified duties-are critical to RTW success (4, 34, 35). UK law mandates such adjustments (4, 34); however, inconsistent implementation increases stress and the risk of job loss (36). A lack of employer understanding remains a significant barrier.

3-6. Multifactorial RTW Barriers

Return to work is influenced by physical, psychological (e.g., fear-avoidance beliefs (37), pain catastrophizing), and social factors (e.g., workplace relationships) (38). Approximately two-thirds of individuals conceal their condition due to fears of discrimination or unemployment (33).

3-7. National Health Service (NHS) Multidisciplinary Care

Access to NHS pain management programs-including physiotherapy and psychological support-is vital for enabling RTW in the UK. Healthcare professionals such as general practitioners, occupational therapists, and physiotherapists play key

roles in diagnosis, pain management, and medical certification (13, 39, 40). However, limited understanding of patients' workplace contexts can strain the doctor-patient relationship and affect care outcomes (39).

3-8. Fit Note (Sickness Certification)

The effectiveness of the fit note is mixed: while it is intended to facilitate early RTW, clinicians' insufficient workplace knowledge and the lack of observable biomarkers can lead to inappropriate sick-listing and conflicts (39). Nevertheless, Wainwright et al. (2014) reported that the rationale behind the fit note is sound and that it may help patients with chronic pain return to work sooner (13).

3-9. Pain Management and Coping Strategies

The unpredictability of chronic pain is a primary barrier to RTW, disrupting psychological well-being and family life (21). Acceptance-based coping and resilience enable individuals to pursue alternative work arrangements or adapt to current roles (21, 25, 33, 41).

3-10. Recommendations for Improvement

- **Workplace Adjustments:** Implement flexible working hours, ergonomic modifications, and scheduled rest breaks to accommodate the needs of employees with chronic pain, facilitating a smoother return-to-work process (35).
- **Training and Education:** Increase awareness and understanding of chronic pain among healthcare professionals and workplace managers through targeted training programs to improve support for affected employees and enhance communication between all parties involved (13, 33).

- **Policy Reforms:** Develop and enforce policies that balance organizational productivity goals with individualized support to create sustainable and effective return-to-work pathways for individuals managing chronic pain (13, 36).

4- DISCUSSION

Chronic pain significantly impedes workforce participation and productivity, representing a major public health and socioeconomic challenge worldwide (1). Effectively managing chronic pain requires a multifaceted, biopsychosocial approach that addresses physical symptoms, psychological well-being, and workplace factors (2, 4, 22). This discussion synthesizes current evidence on return-to-work (RTW) strategies, with a focus on multidisciplinary interventions, workplace accommodations, collaborative partnerships, and patient empowerment.

4-1. Understanding the Multifaceted Challenge

Chronic pain is not merely a physical ailment but a complex biopsychosocial condition that profoundly affects vocational outcomes and overall quality of life (21, 25, 37). Systematic reviews of qualitative research indicate that pain itself is a primary barrier to RTW (21), while employee resilience is a key determinant of RTW success (42). Supportive work relationships (43) and tailored workplace adjustments are also critical enablers. Therefore, effective RTW interventions must address individual, social, and occupational factors in a coordinated manner.

4-2. Key Strategies for Facilitating Return to Work

4-2-1. Health-Focused and Multidisciplinary Interventions

Health-focused interventions addressing both physical and psychological aspects of

chronic pain are central to improving RTW outcomes. These interventions typically include exercise, cognitive-behavioral therapy (CBT), physical therapy, psychological therapy, and occupational therapy, many of which can be delivered within workplace settings (44). Multidisciplinary approaches-which integrate these elements-are widely regarded as the most effective, particularly when tailored to an individual's risk profile and needs (22, 25, 40). Evidence highlights that multidisciplinary teams (e.g., nurse managers, physicians, therapists) collaboratively develop individualized treatment plans to address physical and psychosocial barriers (35, 43). Coordinated care, encompassing workplace accommodations and vocational rehabilitation, significantly improves RTW outcomes (11, 30). Long-term follow-up and continuous adjustments to care plans further enhance the sustainability of RTW success (6, 45).

4-2-2. Workplace Accommodations and Supportive Environments

Creating supportive and flexible workplace environments is essential for facilitating RTW (38, 46). Practical accommodations such as modified duties, flexible scheduling, ergonomic adjustments, and assistive technologies reduce physical strain and improve comfort, enabling sustained work participation (33, 35, 47). Beyond physical modifications, fostering an inclusive, non-discriminatory culture that recognizes chronic pain as a legitimate health concern encourages employee engagement and retention (38). Managers play a pivotal role in identifying musculoskeletal pain and implementing supportive measures (41). Effective RTW interventions also rely on collaboration and communication among healthcare providers, employers, and employees. Strategies include regular workplace visits by healthcare professionals (43), joint planning meetings with all stakeholders

(25), clear communication about roles and goals (35), and tailored workplace adjustments to support employee needs (44).

4-2-3. The Fit Note System

The UK's "fit note" or sickness certification system aims to facilitate RTW by recommending adjustments rather than simply certifying absence (26). However, its effectiveness depends heavily on healthcare professionals' understanding of workplace demands and their communication with employers (13, 39). Challenges include tensions in doctor-patient relationships regarding certification of chronic pain and limited clinician knowledge of workplace contexts, which can hinder the appropriate use of fit notes (13, 42).

4-2-4. Empowering Individuals through Self-Management

Empowering patients with the knowledge, skills, and resources needed for self-management is a cornerstone of successful RTW (42). Interventions such as CBT, mindfulness-based stress reduction, and structured exercise programs have demonstrated efficacy in reducing pain-related disability and improving functional outcomes (7, 11, 48). These approaches enhance self-efficacy and coping strategies, enabling individuals to better manage symptoms and workplace challenges (37).

4-2-5. Addressing Systemic Barriers and Collaborative Partnerships

Effective RTW strategies must address systemic barriers, including stigma, fragmented care pathways, and limited access to vocational rehabilitation (VR) services (4, 25, 40, 43). Collaborative partnerships among healthcare providers, employers, VR professionals, and policymakers are critical to creating integrated support systems (30, 35, 49). Policies that incentivize workplace

accommodations, reduce discrimination, and expand VR access contribute to improved RTW outcomes (30). Early VR intervention increases the likelihood of successful RTW, and workers experience better outcomes when their physicians collaborate directly with VR providers (30, 35, 40, 50).

4-2-5-1. Barriers and Recommendations for Practice

Despite the promise of multidisciplinary interventions, several barriers remain:

- Lack of coordination and communication among stakeholders can delay or undermine the return-to-work (RTW) process (35, 44).
- Healthcare providers may lack training in effective communication with employers (35).
- The complexity and heterogeneity of chronic pain require tailored solutions (35).

4-2-5-2. Key Recommendations Include

- Enhance collaboration between healthcare providers, employers, and employees throughout the RTW process (25, 44, 46).
- Provide training for healthcare professionals on employer communication (46).
- Routinely hold stakeholder meetings to ensure alignment of goals (25, 35).
- Prioritize individualized, multidisciplinary interventions addressing both the physical and psychological dimensions of chronic pain (35).
- Establish early workplace involvement and open communication channels (25).
- Focus on pain management strategies that empower employees (7, 11).

4-3. Study Limitations

This narrative review offers valuable insights into UK chronic pain patients' return-to-work experiences but has limitations. First, restricting studies to English-language publications may exclude relevant non-English research (17, 19). Second, focusing solely on qualitative studies omits quantitative data that could quantify prevalence and magnitude of identified issues (15, 51). Third, the UK-only geographic scope limits generalizability to countries with different healthcare systems, employment laws, or cultural attitudes toward chronic pain and work (22, 25). Finally, reliance on qualitative data prevents quantification of challenge severity (3, 4). Despite these limitations, this synthesis provides comprehensive understanding of the complex barriers individuals with chronic pain face when navigating return to work within the UK context.

4-4. Future Research Directions

To address these limitations, future studies should include multilingual publications and adopt quantitative or mixed-methods approaches to more accurately assess the prevalence and impact of identified themes. Expanding research to international contexts would enhance the generalizability of findings and provide a more comprehensive understanding of the relationship between chronic pain, employment, and healthcare systems worldwide.

5- CONCLUSION

This review highlights multifaceted challenges faced by UK individuals with chronic pain attempting return to work, arising from physical, psychological, workplace, and healthcare system factors. Key barriers include fear of pain exacerbation, insufficient workplace accommodations, and poor healthcare-employer communication. Comprehensive multidisciplinary approaches

simultaneously addressing physical, psychological, and organizational dimensions are urgently needed.

Successful RTW requires flexible, individualized workplace adjustments alongside accessible rehabilitation programs. Sustained collaboration among employees, employers, and healthcare providers—supported by robust policy frameworks—is essential to reduce long-term disability and improve quality of life. Enhanced communication and coordination foster inclusive work environments, reduce sickness absence, and boost productivity. Evidence-based strategies enable organizations and healthcare systems to effectively support chronic pain patients, creating sustainable pathways back to work and promoting overall workforce well-being.

6- CONFLICT OF INTEREST: None.

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