

RESEARCH REVIEW

Keeping you up to date with the latest peer-reviewed research on workforce health and productivity

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Emotional Stress from Caregiving Predicted by Certain Personal and Environmental Factors

[*ProQuest Dissertations and Theses*](#)

Using National Alliance for Caregiving (NAC) and the American Association of Retired Persons (AARP) data, researchers found that two-thirds of informal caregivers experience emotional stress from providing care. Emotional stress was higher among female caregivers and those who reported worse health status. Caregivers with fewer supportive needs (e.g., needing to manage physical and emotional stress or to make end-of-life decisions), a choice in caregiving, and assistance with coordinating care with providers had significantly lower emotional stress. Environmental factors such as household income and the number of health conditions also significantly influenced

stress.

+ What does this mean for businesses? IBI will be publishing its own research on how caregiving impacts employees' abilities to contribute on the job – especially now as challenges for caregivers have increased exponentially due to the ongoing pandemic. The report, which will be released in the coming weeks, will help employers make informed decisions when considering the value of caregiver benefits. A sneak preview of some of the findings can be found in our [latest blog](#).

Work Environment Influence on Opioid Use and Related Deaths

[AJPH](#)

Chronic opioid use in the workforce commonly occur from two causal pathways that may overlap: 1) injury or strenuous labor causing pain and opioid use and 2) psychological stress from job demands or economic and job instability, leading to mental health issues. This suggests that work environment and organizational factors may play a role in the development of opioid use disorder (OUD). While 80% of employers acknowledge the magnitude of the opioid crisis, only 30% of employers provide health plans that restrict prescription opioid use, and even fewer (21%) have added programs to assist with managing opioid use. To proactively address or prevent OUD, the study recommends employers modify their drug-free policies to recognize opioid use disorder as a medical problem, provide recovery options, and increase access to OUD treatment through benefits. Additionally, employer wellness training programs should discuss opioid risks and pain management alternatives.

+ COVID-19 Exacerbates the Opioid Crisis: IBI investigates the [productivity outcomes of substance use](#) in the workplace and provided [commentary](#) in the Employee Benefit Adviser on how employers can proactively address the opioid crisis through these unprecedented times.

Looking Beyond Resilience to Improve Wellbeing Among Physicians

[JAMA Network Open](#)

A national survey finds that physicians have higher resilience scores than the general working population in the US. Even though higher resilience scores decreased burnout, about one of three physicians who had the highest

resilience scores still experienced burnout. This suggests that improving the work environment rather than building up resiliency is the more effective approach for managing burnout and improving physician wellbeing.

Absenteeism and Presenteeism Go Hand in Hand Among American Workers

[*Journal of Disability Policy Studies*](#)

A survey of nationally representative adults found that half of employees missed at least one workday per year, overall averaging three days annually. Presenteeism (working while sick) was reported by 69% of workers, who reported that their productivity declined by about 23% when they worked while sick. Importantly, high absence rates (five or more days per year) and presenteeism were correlated, indicating that employees who are dealing with health issues do not trade off sick days and working while sick: they tend to do both. Workers with very high rates of absence (11 days per year) and presenteeism were also the most likely to exit the labor force over a three-year period. The authors suggest that monitoring absence and presenteeism can help target interventions and accommodations towards employees at high risk of disability leaves and exit from the labor force.

+ FMLA trends: Prior IBI research has found other clues for identifying workers at high risk of extended disability leaves. Employees who request time off under the Family and Medical Leave Act (FMLA) are at a [higher than average risk of short-term disability](#) (STD) leave, even when the FMLA leave is denied. Another IBI study also suggests waiting until an employee has been on STD leave for at least six weeks to [better target](#) return-to-work and stay-at-work resources and prevent the need for long-term disability leave.

Higher Health Service Utilization and Health Care Costs Among Employees with Arthritis who Miss Work

[*JOEM*](#)

About one in three working adults between 18- and 64- years old have arthritis – the leading cause of disability. A review of national data reveals that employees with arthritis missed an average of six workdays annually. Those who had missed workdays were found to have higher health services utilization and health care costs compared to those who did not miss work. This highlights the pertinence of developing programs to support employees with arthritis in managing the chronic condition as well as reducing related

absences. The researchers suggest flexible work schedules and telecommuting, as well as employee assistance programs that aim to manage chronic disease and stress management training or counseling sessions have been shown to reduce presenteeism and absenteeism among employees with arthritis.

Medical Expenditures Add Up to Over \$12 Billion Annually for Employees with Asthma and COPD

[MMWR](#)

Almost half of adult asthma and chronic obstructive pulmonary disease (COPD) cases are linked to exposures within the workplace. Among workers, total annual medical expenditures were \$7.1 billion (\$901 per employee) for asthma and \$5 billion (\$681 per employee) for COPD. The public administration industry (e.g., firefighters, police officers) had the highest expenditures per employee. Workers with no insurance had decreased expenditures compared to those with insurance, which is likely due to not getting care or utilizing free clinics. Reducing risk factors such as workplace exposures and having effective workplace programs (e.g., smoking cessation) can decrease overall disease impact.

+ The Asthma-COPD Overlap: [Another MMWR article](#) found that the prevalence of patients having both asthma and COPD was higher among those who were unemployed, never worked, or were disabled, and among women who were bartenders or homemakers.



HEALTH AND PRODUCTIVITY AT WORK

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Upcoming Events

August 11-12: [Biosimilars: The Next Frontier \(Virtual\)](#)

September 14-18: [Health and Productivity Forum \(Virtual\)](#)

December 1: [Data and Analytics Symposium \(Philadelphia\)](#)