It Can Happen To *You*: Coming Back to Work in the NICU After Life Altering Events

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I have no declarations/conflicts of interest.

This presentation is dedicated to
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The road

In broad strokes [*NPI!*], we'll look at:

- The life-altering event
- Return to work
- Successful re-integration

Neurologic and Cardiac Events

- Stroke
- Cardiac events: MI, Aneurysm
- Aging population
- Skill set vs. retirement

The Verities of Life

"As people age, they become more likely to acquire a disability or other age-related condition that may reduce their functional capacity and affect their ability to do their job effectively."

After acquiring an age-related disability, "individuals may not see themselves as having a disability and have little or no knowledge of the resources that exist to help them gain or maintain employment."

Heidkamp, Mabe, & DeGraaf, 2012.

My LAE, Age 63

- Wednesday: Windmills
- Friday: Micrographia
- Saturday: The ED
- Sunday: The fall
- Monday: It's spreading
- 4 months: Belief and disbelief
- Why now, why me?

Frequency

- In 2016, stroke accounted for about 1 of every 19 deaths in the US.
- On average in 2016, someone died of stroke every 3 minutes 42 seconds.
- When considered separately from other cardiovascular diseases, stroke ranks No. 5 among all causes of death in the US, killing approximately 142,000 people a year.
- Cardiovascular disease (CVD), listed as the underlying cause of death, accounted for 840,678 deaths in the US in 2016, approximately 1 of every 3 deaths.
- Cardiovascular diseases claim more lives each year than all forms of cancer and Chronic Lower Respiratory Disease combined.
- Between 2013 and 2016, 121.5 million American adults had some form of cardiovascular disease.

https://professional.heart.org/idc/groups/ahamah-public/@wcmy/@sop/@smd/documents/downloadable/ucm_503396.pdf

Increased rate of stroke in young adults

- Stroke prevalence ages 45-64 shows largest increase
- Up to 75% of stroke survivors between 45-65 yrs
- 5% of stroke survivors <45 yrs old

Who are these young survivors?

- Full time workers
- They have families and dependents
- They're active in community roles

Work related issues are the greatest source of anxiety in younger survivors

Kaskutas, 2011

Above and beyond *illness*

- Age related decline in hearing, visual acuity, depth perception and color discrimination can all negatively affect performance
- Workers older than 55 require 100% more illumination for optimal performance
- Burnout and depression
- Sleep deprivation
- Difficulty teaching old dogs new tricks

Scenarts & Cemaj 2019

The paradox of age and illness

Greater experience

versus

worse clinical performance Schenarts and Cemaj 2019

Physical and Emotional Fall-Out

- First choice for many professionals: self-management
- Self-medication
- Stigma of illness and becoming a patient
- Self-bereavement necessary
- Curbside consults = incomplete evaluations
- Avoidance of difficult topics by avoiding care
- Overstepping role of patient

Tuttle, 2007

Effects on Support Relationships

Concentration on your clinical condition and all it implies may lead to complications:

- Two-way comforting becomes peripheral when it needs to be central
- Prevents looking at the "whole picture" and all needed changes become secondary
- Prevents empathic relationships from developing post-event

–Nurses –Physicians –Family

Our Job

- As health care professionals, we balance the "asymmetrical nature of knowledge within the patient-caregiver relationship". We don't tell everything we know to the patient – we tell them the information they need in order to make informed decisions.
- As a HTP, we expect our knowledge to make illness more bearable and alleviate fear. The contrary is more often true –

our knowledge provokes anxiety. Tuttle, 2007

Unique Effects on Work Life of the Highly Trained Professional [HTP]

- Abrupt withdrawal from work group
- Loss of skills perceived as illness progresses
- Loss of your experience/wisdom is felt by patients and colleagues
- Fighting uncertainties related to loss of life, mobility and cognition
- Changes in family life – can fears be shared?

Return to Work [RTW]

RTW is influenced by

- Your particular specialty
- Employing organizations
- Occupational health resources
- Human resources

Cohen, Rhydderch, Reading & Williams, 2015

Certificate to return to work or school

Mr.
Mrs.
Ms. _____ Date _____

was under my care from _____ to _____

and will return to work/school on _____

Remarks _____

_____

Dr _____ Phone _____

What's so *great* about work?

- Structures your daily life
- Occupies a large amount of time and thought
- Defines identity and place in society
- Gives you money!
- Meets psychological, emotional, and social needs

Scott, 2015

Returning to Work

The decision involves multiple entities

- Affected worker/Patient
- Physician/HCP
- Family
- Workplace [representing not only itself, but patients]
- Governmental agencies

What is known about HTP RTW?

Virtually nothing.

Facts about RTW

- 30-40% RTW after stroke
- Unemployment rate significantly higher than general population
- Young survivors often RTW 3-6 months post-stroke
  - Motivated by **fear**: loss of job or loss of benefits
  - Minimum 15% **leave** within 6 months

Gains from working

- Structure returns to life
- Rebuilds sense of self
- Indicates normalcy to self and family
- Restores sense of well-being
- Intrinsically: Creativity, using your knowledge, self-fulfillment, freedom

Symbol of recovery =
The Pinnacle Achievement

Scott, 2015

Losses from lack of work

- Lack of income
- Self-efficacy fades
- Marital stress
- Fitness worsens
- Depression
- Feeling of deprivation
- Society loses your contributions
- Caregiver loses their time to you

AHA/ASA Guidelines-Adult Stroke Rehabilitation & Recovery, 2016

Brain injury

- RTW rate: 50% of those employed at the time of injury are still employed at 1 year post-injury
- ~ 28% return/maintain employment 2 years after injury

Do the math! A loss of 50-75% of your workforce is possible due to injury post-stroke or post-CVD

Are patients safe?

Predictable only on an individual basis

Error rates

- The dirty secret of health care
- Risk manager's lack of readiness to assess
- Trust issues with decision-making occur in both the survivor and co-workers

***Best solution*: Deal with problems openly as they occur**

Lack of support in the workplace

- Whispering campaigns
- Open distrust
- Anger

The greatest of these is avoidance

Administrative/Hospital System Lack of Process

- Reasonable accommodation for executive dysfunction
- Driver readiness
- Rehab - neuropsychological
- Social Worker involvement
- Social Security>Disability paperwork
- Department of Vocational Rehabilitation
- Speech therapy evaluation
- Reading evaluation

Colleague Problems

- Adult symptoms unknown
- Time pressures
- Suspicions of malingering
- "Don't come back 'til you're ready. Are you ready now?"
- "You shouldn't be here unless you're 100%"
- "Why do you want to come back? This is your chance – flee!"
- "Why don't you just take an easier job in health care?"

Family Anxiety and Lack of Understanding

- Unaware of resources
- Need multiple accommodations
- Fatigue and anxiety
- Multiplied responsibilities
- Lack understanding of common symptoms, identify symptoms as survivor's

anger or non-cooperation

Successful Re-Integration

- Conquer overwhelming fatigue noted by 77% post-event
- Evidence of coping, flexibility and self-efficacy
- RTW may not be full-time
- Success will be measured by the individual, not the guidelines

Employment Programs

+Wisconsin Department of Vocational Rehabilitation
+Department of Workforce Development
+Milwaukee Center for Independence
+Rehab Programs:
UW-Madison Aurora St. Luke's
Froedtert Hospital
Aurora West Allis Outpatient

Review and Adjustment

Never too late to look back
*Did co-workers accept the RTW?
*Did family adjust to the RTW?
*Did the survivor make the right decision?

Preparation is key for the HTP, the family, and the employer

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