

CPH News and Views

A semi-monthly column on emerging topics related to healthy workplaces

Issue #19: Improving Self-Care Among Aging Workers with Coronary Heart Disease: A Growing Priority

Contributed By: Victoria Vaughan Dickson, PhD, CRNP, Assistant Professor, New York University College of Nursing

The American workforce is aging. By 2015, the number of workers 55 years and older will reach 31.2 million, a 72% increase from 2000. As a result, health problems associated with the aging process, like coronary heart disease (CHD), angina, myocardial infarction and heart failure, present new challenges for the employer. Already over 3.5 million workers have CHD with significant work limitations and increased disability.¹ Further, the prevalence of personal risk factors for CHD is very high in the working population. Thirty-one percent of America's workforce has hyperlipidemia and 15% has hypertension.¹ Older workers with CHD are 3 times more likely to report work limitations than those without CHD.¹ Although workers with CHD can manage their heart condition for many years, they experience increased rates of disability, lost productivity and higher healthcare costs. In order to remain healthy, individuals with CHD must practice consistent self-care, a health behavior that includes adhering to medication, diet and exercise, symptom monitoring, and managing symptoms. Self-care can be supported or hindered by the organization of work, defined as the work process (e.g., the way jobs are designed and performed) and organizational practices (management and production methods and human resource policies).² For many workers, engaging in beneficial health behaviors including self-care at work is perceived as difficult, especially in the face of increased job demands.

What is self-care?

Self-care is the cornerstone of treatment of many chronic illnesses including CHD. Self-care is a health behavior that encompasses self-care maintenance, those daily behaviors that maintain physiological stability (e.g., adherence to medication, diet and symptom monitoring), and self-care management, which is the person's response to CHD symptoms when they occur. For example, patients with CHD should adhere to complex medication regimens, follow low sodium/low fat diets, and routinely monitor for early signs of disease (self-care maintenance). They must recognize the importance of symptoms such as shortness of breath, fatigue and chest pain and take appropriate action (i.e., extra diuretic, nitroglycerin, seek medical care) based on interpretation of the symptoms (self-care management).

Failed self-care exacerbates symptoms and results in poor outcomes and increased healthcare costs. When patients with CHD are unable or unwilling to practice self-care maintenance and initiate self-care management for early signs or symptoms of resultant worsening conditions, the consequences are often life-threatening, require emergency care and frequently result in hospitalization.

Workers with CHD often face challenges in the practice of self-care during work hours, while on business travel or attending work events. Delayed (and possibly less effective) treatment has been shown to follow when workers put off seeking attention until the end of the workday, to avoid lost work time.³ In addition, failure to take medications as prescribed can lead to cardiac strain. As a result, physical functioning-- including the ability to perform activities of daily living and working -- deteriorates. Researchers have found a significant negative correlation between worker psychological well-being, ability to manage chronic illness symptoms at work, and work productivity.⁴

Organization of Work, Self-Care and the Aging Worker with CHD.

There is a general consensus that recent trends in work organization are associated with increased stress, more potentially hazardous work situations, reduced job stability, longer work hours and increased workloads. For workers with CHD, work organization characteristics that result in increased job stress may have deleterious health effects, both through physiological mechanisms (e.g., elevated blood pressure) as well as through workers' reduced ability to practice self-care. Lack of job flexibility, long work hours and fear of discrimination have been cited as reasons that individuals delay seeking treatment when experiencing cardiac symptoms³ and have difficulty with medication adherence and keeping doctor appointments.⁵

Implications for Health Promotion and Clinical Practice

Worksite health promotion programs that focus on stress management, healthy eating and exercise would benefit the working population with CHD. Innovative strategies to engage older workers in such programs are needed. These are likely to require evidence of "top down" organizational support. For example, availability of low-salt, low-fat food choices in vending machines and/or onsite cafeterias could provide healthy food options for older workers. Indoor walking trails to promote physical activity may be attractive to older workers, who are less likely to take advantage of typical fitness center subsidies. In addition, since job-level factors like schedules and job stress may interfere with self-care, clinicians, including occupational health and employee assistance professionals, should assess stressful work factors and include stress management as part of patient counseling for workers with CHD.

Suggested Readings

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4. Munir F, Leka S, Griffiths A. Dealing with self-management of chronic illness at work: predictors for self-disclosure. *Social Science & Medicine* 2005;60:1397-1407.
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