

For Your Insight: Research and Practice From the Field Vol. 35

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This special edition of the bimonthly update highlights relevant research regarding long COVID-19 from the perspectives of workforce and health care for RETAIN states and summarizes key takeaways that may benefit program implementation. Each summary includes a link to an article, a resource, or a formal abstract. An accessible version of *For Your Insight* is attached to this e-mail.

How Managers Can Support Employees With Long COVID

Lowenstein (2022) offers strategies business managers can use to create supportive policies for employees with long COVID. These strategies include the following:

- *Get educated on long COVID.* Understand how long COVID affects employees by talking with them about symptoms and symptom management.
- *Create a safe environment for open communication.* Having open and transparent communication can create an environment in which employees feel safe disclosing a disability, such as long COVID.
- *Offer remote options.* Working remotely may help employees with long COVID pace themselves and conserve energy by not having to commute to work. Working remotely may also help employees who are worried about reinfection feel safer.
- *Consider job flexibility and be open to change.* Employees with long COVID may need to limit work hours or transition to different roles, flexible work hours, and long lead times for deadlines. Offering this type of flexibility can help sustain employment.
- *Reevaluate benefits and paid leave policies.* Consider expanding benefits to part-time employees and partnering with holistic health centers. Also consider reevaluating any leave restrictions that burden employees with complex health needs.
- *Invest in peer-mentorship programs.* To foster a supportive workplace culture, consider implementing peer-mentorship programs, in which employees with chronic conditions or who have disabilities can connect with other employees with similar conditions or disabilities.
- *Encourage collaborative work systems.* A collaborative workplace environment can make it easier for employees with chronic conditions to communicate their needs to their employers. Collaborative work systems also make it easier for employees to cover absences due to chronic illness because working collaboratively involves supporting other team members.

Full text available: Lowenstein, F. (2022). [How managers can support employees with long COVID: Implementing workplace accommodations can help companies retain employees experiencing long-term effects from COVID-19 and other chronic illnesses. MIT Sloan Management Review.](#)

Tags: Long COVID, return to work (RTW), workplace accommodations, managers

Return to Work After COVID-19: An International Perspective

Asaba and colleagues (2022) describe different factors across six countries that affect return to work (RTW) after long COVID. For the United States, these factors include (1) not all employees being aware of the sick leave policies specific to COVID through the 2020 Families First Coronavirus Response Act; (2) lack of data on the number of people who accessed sick leave due to COVID; (3) RTW guidelines too focused on minimizing spread of COVID-19 instead of on specific supports needed for employees with long COVID; and (4) occupational therapy not being universally represented on health care teams. The authors stated there was also a need for more research to better understand the impact vocation rehabilitation professionals have on employees with long COVID. Occupational therapy was a common factor in all six countries in improving functional outcomes, even though in some countries occupational therapy was not available to everyone. In all six countries, RTW approaches focused on health, human, and community services, also called ameliorative approaches, more often than on approaches focused on identifying people's strengths, preventive care, empowerment, and changing community conditions, also called transformative approaches. Although ameliorative approaches can be helpful, "occupational therapy together with interprofessional teams has a pivotal role in integrating transformative practices." The authors conclude that an international perspective on RTW after long COVID provides a robust knowledge base that can be used by occupational therapists and other health care professionals to support people with long COVID in the future.

Full text available: [Asaba, E., Sy, M., Pineda, R. C., Aldrich, R., Anzai, T., Bontje, P., Bratun, U., Farias, L., Kapanadze, M., Šuc, L., & Åkesson, E. \(2022\). Return to work after COVID-19: An international perspective. *World Federation of Occupational Therapists Bulletin*.](#)

Tags: Long COVID, RTW, occupational therapy

Lessons Learned by Rehabilitation Counselors and Physicians in Services to COVID-19 Long-Haulers: A Qualitative Study

Wong and colleagues (2021) describe the RTW challenges associated with long COVID from the perspective of rehabilitation professionals. The authors conducted focus groups with four rehabilitation counselors and four rehabilitation doctors to identify the following challenges:

- *Attributes of person recovering from COVID.* Many older adults with long COVID had difficulty with RTW or finding a new job due to being near retirement age. People who had COVID but were not hospitalized either did not know about the long-term complications from COVID or vocational rehabilitation (VR) services. Some people who had COVID did not want to RTW because they were worried about reinfection.
- *Long COVID symptoms and complications.* Long COVID has many varying symptoms that can delay RTW, such as cognitive difficulties and physical decline, as well as conditions like Guillain-Barré or strokes. The mental and emotional challenges of having COVID may also affect RTW.
- *Uncertain recovery and unpredictable outcomes.* Predicting the outcomes for people with long COVID can be difficult. This challenge can make it hard to see that function can improve, which can also get in the way of rehabilitation efforts.
- *Limited health care accessibility and support.* Health insurance plans often do not cover services that may help someone with long-COVID RTW, including mental health services. People with long COVID may also have trouble accessing VR services because transportation is not available during the pandemic.
- *Unsupportive work environment.* Employers often wanted to know if people with long COVID would be able to perform their job functions, even though that information can be hard to predict. Not all employers were willing to provide accommodations for people with long COVID.

The focus group participants also talked about strategies that rehabilitation professionals and doctors may use to help people with long COVID. The strategies include teamwork and interdisciplinary collaborations (i.e., rehabilitation counselor collaborating with a client's primary care physician), helping to obtain disability benefits, listening to a person's needs, and regular follow-ups. The focus

group participants also suggested accommodations employers could consider, such as flexible work schedules, modified job responsibilities, modified workplace policies, and having proactive COVID leave policies.

Full text available: [Wong, J., Kudla, A., Pham, T., Ezeife, N., Crown, D., Capraro, P., Trierweiler, R., Tomazin, S., & Heinemann, A. W. \(2021\). Lessons learned by rehabilitation counselors and physicians in services to COVID-19 long-haulers: A qualitative study. *Rehabilitation Counseling Bulletin*.](#)

Tags: Long COVID, rehabilitation counselors, RTW, strategies

The Impact of COVID-19 Critical Illness on New Disability, Functional Outcomes and Return to Work at 6 Months: A Prospective Cohort Study

Hodgson and colleagues (2021) looked at the functional impairments and quality of life of people after severe cases of COVID-19. The authors reviewed hospital outcome data for 212 patients with COVID and admitted to intensive care. After 6 months, 27 percent of patients died, 39 percent reported ongoing symptoms resulting in disability, and 11.5 percent had not returned to work because of poor health. Of the surviving patients, 43 percent had problems with pain and mobility and 20 percent had some degree of anxiety or depression. The most common symptoms were shortness of breath (35 percent), loss of strength (21.5 percent), and fatigue (19 percent). The predictors of new disability or death included higher age, having diabetes, heart failure, cancer, type of respiratory support, use of medicines to prevent muscle movement, and use of turning people with COVID-19 on their stomachs. The authors conclude that, 6 months after having COVID-19, patients who needed intensive care have a high likelihood of developing a new disability that affects multiple areas of functioning.

Full text available: [Hodgson, C. L., Higgins, A. M., Bailey, M. J., Mather, A. M., Beach, L., Bellomo, R., Bissett, B., Boden, I. J., Bradley, S., Burrell, A., Cooper, D. J., Fulcher, B. J., Haines, K. J., Hopkins, J., Jones, A. Y. M., Lane, S., Lawrence, D., van der Lee, L., Liacos, J., . . . ANZICS Clinical Trials Group. \(2021\). The impact of COVID-19 critical illness on new disability, functional outcomes and return to work at 6 months: A prospective cohort study. *Critical Care* 25\(382\).](#)

Tags: Long COVID, functional outcomes

Long COVID and Health Inequities: The Role of Primary Care

Berger and colleagues (2021) describe the impact of expanding primary care services to address health inequities related to COVID-19 and long COVID. The authors discuss barriers to health equity that are relevant to long COVID. These factors include the following:

- *Economic.* The medical costs of COVID-19 associated with hospital visits or skilled nursing facilities for more severe COVID-19 cases are more likely to be uninsured or underinsured and affect minority communities. In addition, ongoing and disabling symptoms affect people's abilities to RTW, earn an income, and have access to time off for occupational health services.
- *Geographic.* People living in medically underserved areas are less likely to have access to primary care and more likely to have multiple chronic health conditions. These factors are also associated with developing long COVID. In addition, a lack of transportation availability in some areas reduces people's access to primary care services to treat COVID-19 and long COVID.
- *Housing.* People who live in highly populated areas or crowded residences are associated with increased risk of COVID-19 and developing long COVID. This is because there are fewer options to isolate when someone in the home is exposed to or develops symptoms of COVID-19.
- *Occupational.* People who are essential workers, such as bus drivers, meat processing plant employees, or nursing assistants, are less likely to have the financial flexibility to not work when they have long COVID symptoms. Essential workers are at higher risk of being exposed to COVID-19 but are often not eligible for sick leave or health insurance.

The authors discuss the importance of improving access to primary care as one way to improve the health equity related to these barriers. Primary care can improve diagnosis and recognition of long-COVID symptoms, as well as assess the effect of long COVID on all parts of the body and make referrals to appropriate services. The authors also highlight that primary care providers play an

important role in coordinating care, developing a recovery plan that meets the person's needs, and improving long COVID-related outcomes. The authors conclude that any strategies to improve primary care management of long COVID should be applied to other health conditions that also affect these communities.

Full text available: [Berger, Z., Altiery de Jesus, V., Assoumou, S. A. and Greenhalgh, T. \(2021\), Long COVID and health inequities: The role of primary care. *The Milbank Quarterly*, 99\(2\) 519–541.](#)

Tags: Long COVID, primary care, health equity

What Doctors Wish Patients Knew About Long COVID

This article by Berg (2022), part of a series called “What Doctors Wish Patients Knew,” summarizes the complicated nature and lack of a consistent pattern of long COVID. The author provides an overview of current research findings related to COVID-19 and long COVID. The author also describes three emerging categories of long COVID and highlights which clinical presentations require the most immediate attention. The three types of long COVID include the following:

1. Lingering symptoms due to direct damage to cells from the COVID-19 virus
2. Long COVID symptoms resulting from being hospitalized for COVID-19, also referred to as “post-ICU care syndrome,” with the effects of cognitive declines, muscle weakness, and psychosocial stress
3. Long COVID symptoms occur after the person made a full recovery from COVID-19, highlighting the unpredictable nature of the disease

The author describes the challenges of predicting who will develop long COVID because only 10 percent to 30 percent of people who had COVID-19 develop long COVID. Another challenge is that long COVID can affect many parts of the body. For example, some people “can have anxiety, depression, insomnia and what we call cognitive dysfunction or brain fog,” and other people can have ongoing shortness of breath from lung damage. As researchers and doctors learn more about the different types of long COVID, doctors should look at how severe a person's symptoms are to guide treatment decisions because more severe symptoms may need more care sooner. But doctors should also be careful about diagnosing long COVID because the symptoms of long COVID are similar to other health conditions. The author concludes that sharing information about long COVID, prevention strategies, and use of new treatments can help treat the chronic symptoms of long COVID.

Full text available: [Berg, S. \(2022, March 11\). *What doctors wish patients knew about long COVID*. AMA.](#)

Tags: Long COVID types,

Long COVID and Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS)—A Systemic Review and Comparison of Clinical Presentation and Symptomatology

Wong and Weitzer (2021) reviewed the literature to compare the symptoms of long COVID with chronic fatigue syndrome. Chronic fatigue syndrome is a condition with symptoms similar to long COVID, such as a minimum of 6 months of exhaustion and fatigue and difficulty predicting long-term outcomes. The authors found that the early studies on long COVID and chronic fatigue syndrome showed the two health conditions shared several symptoms and ways they present in a clinical setting. The shared symptoms include fatigue that continues for a long period, exhaustion with daily activities, and immune response irregularities. Based on the shared symptoms, the authors recommend that treatment approaches for chronic fatigue syndrome may improve health outcomes in people with long COVID. The following potential treatment approaches may benefit people with long COVID:

- Rehabilitation services, such as occupational therapy and physical therapy
- Antioxidant therapies, such as vitamins, foods, and other medicines
- Interdisciplinary health care teams, including primary care and mental health care providers
- Energy management planning, such as pacing strategies that reduce symptoms

The authors conclude that emerging treatments for long COVID or chronic fatigue syndrome could help doctors manage the shared symptoms and should be considered as part of ongoing strategies to improve health outcomes.

Full text available: [Wong, T. L., & Weitzer, D. J. \(2021\). Long COVID and myalgic encephalomyelitis/chronic fatigue syndrome \(ME/CFS\)—A systemic review and comparison of clinical presentation and symptomatology. *Medicina \(Kaunas, Lithuania\)*, 57\(5\), 418.](#)

Tags: Long COVID, chronic fatigue, treatment approaches

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