Work ability assessment of employees on long term sick leave in insurance medicine
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Summary
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The topic of this thesis is the assessment in Insurance Medicine of the work ability of employees on long-term sick leave. As stated in Chapter 1, this thesis focuses on sick leave lasting longer than 18 months; the Dutch social-security system stipulates that a worker is eligible for disability benefits after 24 consecutive months of sick leave. Despite the impact of long-term sick leave, little information is available on factors that perpetuate sick leave. In the Netherlands, Insurance physicians (IPs) are responsible for assessing the work ability of employees on sick leave after 18 months. The work ability assessment is based principally on the available medical information, anamnesis and physical examination of the sick listed employee. There is a scarcity of instruments to assist IPs during the work ability assessment of employees on long-term sick leave.

The objective of this thesis is to contribute to the improvement of the work ability assessment of employees on long-term sick leave (18-24 months).

The following research questions have been posed:
1-Which factors hinder or promote return to work of employees on long-term sick leave?
2-Which factors that hinder or promote return to work should be considered during the work ability assessment of employees on long-term sick leave?
3-Is it feasible to implement a checklist to assess factors affecting work ability in the daily practice of Dutch insurance physicians?

The first research question was first investigated by a search of the international literature. Due to a lack of studies on this topic, the first question was further addressed from the perspective of employees on long-term sick leave, vocational-rehabilitation professionals and insurance physicians.

Chapter 2 addresses the first research question and describes a systematic literature review performed with the aim to investigate which factors are associated with continued sick leave among workers on long-term sick leave. We performed a sensitive search of biomedical and psychological databases (Medline, EMBASE, PsycINFO and the Web of Science). First, factors associated with long-term sick leave were classified as individual or work-related factors. Second, the factors were classified as predisposing, precipitating and perpetuating factors. Only cohort studies of workers on sick leave for more than six weeks at baseline were included. Synthesis of the evidence of the factors reported in the five included articles showed that there is insufficient evidence for the factors found in this review, as we identified
only one study for each factor. These studies seem to confirm our hypothesis that there are significant predisposing factors, which, regardless of the disease specific health problem of the individual worker, are associated with long-term sick leave. In total, 16 significant factors associated with long-term sick leave were identified. All of these factors were classified as predisposing factors for long-term sick leave. Only two perpetuating factors for long-term sick leave could be identified: older age and history of sick leave.

Chapter 3 also addresses the first question from the perspective of employees on long-term sick leave. Five focus-group interviews were conducted with twenty-seven disability claimants suffering from different disorders who had been on long-term sick leave for at least 18 months. A qualitative data analysis was performed using a conceptual framework to identify barriers and facilitating factors for the return to work, which allowed us to compare the factors identified in the patients with those identified in the literature. Four main types of obstacles were identified: health-related, personal, social, and work-related. Four main types of factors facilitating the return to work were identified: favourable working conditions, positive personal characteristics of the employee, the influence of the social environment, and the influence of the employee’s personal economic situation. The results of this study show that, aside from sickness, non-medical factors, such as older age, the health-insurance system, poor working relationships, poor control over the working situation, lack of modified labour conditions, negative perceptions of illness and low expectations for recovery, are perpetuating factors for long-term sick leave by disabled patients. Promoting factors for the return to work include having influence over the working hours and tasks, work motivation, financial consequences of sick leave, a positive attitude and support from the employer.

Chapter 4 presents a qualitative study that explored factors promoting the sustained return to work among employees on sick leave from the perspective of experienced vocational rehabilitation professionals (VRPs) specialised in the reintegration of employees on long-term sick leave. This study focuses on potentially modifiable factors that stimulate RTW. Crucial aspects of interventions to promote RTW were also investigated. Semi-structured interviews using open-ended questions were conducted face-to-face with 23 VRPs. The participants were selected from a directory of VRPs of the Dutch Association of Work Rehabilitation Counselling. Five main themes related to important modifiable factors promoting the sustained return to work emerged from our data: optimal guidance of the employee, effective communication and collaboration with the employee and
other RTW stakeholders, positive characteristics of the individual employee, and positive characteristics of the work and social environment. Crucial aspects of interventions include gathering information and setting priorities, improving qualifications, influencing cognition, monitoring the employee through the rehabilitation process, offering different tailor-made interventions at various stages within a personal time-bound step plan-of-action, and preparing the employee and the work environment for RTW. The conclusion of this study is that sustained RTW for employees on long-term sick leave can be achieved by focusing on modifiable promoting factors for RTW and through the simultaneous use of different aspects of RTW interventions in a multidisciplinary approach based on a client-focused perspective according to the specific needs of the individual.

Chapter 5 addresses the second research question and presents a Delphi study conducted under 102 experienced insurance physicians. The aim of the Delphi study was to determine which factors that hinder or promote RTW should be included in the work ability assessment of employees on long-term sick leave from the perspective of experienced IPs. A Delphi study was performed using online questionnaires, with the aim of reaching a consensus among insurance physicians (IPs) on factors that must be considered in the assessment of the work ability of employees who have not worked for two years. One hundred and two insurance physicians reached a consensus on 51 factors important for the return to work (RTW) of employees on long-term sick leave; those most relevant to the assessment of work ability were identified. From 22 relevant factors, consensus was reached on nine factors relevant to the assessment of the work ability of employees on long-term sick leave. A total of nine relevant factors were found. The factors that promote resumption of work are motivation, positive attitude towards RTW, and vocational rehabilitation at an early stage. Factors that hinder resumption of work are secondary gain from illness, negative perceptions of illness, inefficient coping, work-inhibiting thoughts and behaviour, incorrect advice given by treating physicians regarding resumption of work, and inability to cope with disabilities. The conclusion of this study is that in addition to an understanding of the medical condition, information about non-medical factors is necessary for a proper assessment of the work ability of employees on long-term sick leave. Non-medical personal and environmental factors may either hinder or promote RTW and must be considered in assessing the work ability of employees on long-term sick leave.
Chapter 6 addresses the second research question and describes a nationwide implementation study of an instrument to assess the nine factors relevant to work ability assessments of employees on long-term sick leave. The aim of this study was to determine the feasibility of routinely using the “checklist of factors relevant to RTW” (including the nine factors) for Dutch IPs. Feasibility was defined as the willingness and ability of IPs to incorporate the use of the checklist into their daily work. An additional objective of this study was to explore the factors that hinder or promote the routine implementation of the checklist. Before the implementation study, a context analysis was performed to identify the barriers and promoting factors for the implementation of the checklist. During the implementation study, IPs were asked to assess, identify and report the factors using the checklist during six work ability assessments in daily practice.

The outcome measure was the percentage of IPs that used the checklist in at least three of the six work ability assessments performed during the implementation study. The study was defined as successful when >50% of IPs used the checklist in at least three of the six work ability assessments performed using the checklist. A frequency analysis was performed. Official work ability assessment records were analysed to determine whether the IPs reported the assessed factors in the official work ability assessment records. In total, 79 IPs of 200 IPs in all offices of the Dutch Employees Insurance Authority (UWV) participated in the implementation study. The results demonstrated good adherence in using the checklist (89%). Almost all of the IPs (96%) assessed at least one factor. An analysis of 474 work ability assessment records indicated that 90% of the IPs reported at least one of the factors. The conclusion of this study is that the checklist of factors appears to be useful to health professionals assessing the barriers to and facilitators of RTW in employees on long-term sick leave.

In Chapter 7, the main findings of the five studies in this thesis are summarised and research strategies used in this thesis are discussed. The General Conclusion includes the main findings with regard to the three research questions posed in this thesis:

1. Thirty personal and environmental factors promote return to work by employees on long-term sick leave.
   Twenty-seven personal and environmental factors hinder return to work by employees on long-term sick leave.

2. Of the 57 factors, six factors that promote return to work and three that hinder return to work should be considered in work-ability assessments of employees on long-term sick leave, according to IPs.

3. It is feasible to implement a checklist to assess factors relevant to work ability in assessments of employees on long-term sick leave.
Finally, implications for the practice of the three groups of stakeholders are considered. The main recommendations are as follows:

**For insurance physicians in practice:**
- The systematic use of the checklist can help identify obstacles to return to work by disability claimants.
- IPs can provide tailored advice to their clients to eliminate or reduce the factors that hinder resumption of work.
- The systematic use of the checklist promotes transparency in the work ability assessments of clients on long-term sick leave.

**For trainers:**
- Training on how to use the checklist is needed to optimise the application of the checklist in the practice.
- Knowledge of evidence-based interventions should be offered to IPs.

**For organisations:**
- Policy makers in the organisation where most IPs work should make efforts to promote the sustained use of the checklist in the practice through monitoring, evaluation, promoting further dissemination of the checklist and providing individualised training if needed.
- Insurance physicians should be aided in the use of the checklist in the practice.
- Knowledge of evidence-based interventions should be developed to assist IPs in advising their clients.
- Research on interventions targeting factors that hinder return to work is required to promote work participation of employees on long term sick leave.