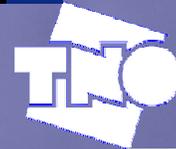


Abcde

Work resumption particularly in employees absent for psychological reasons: the individual and organisational level

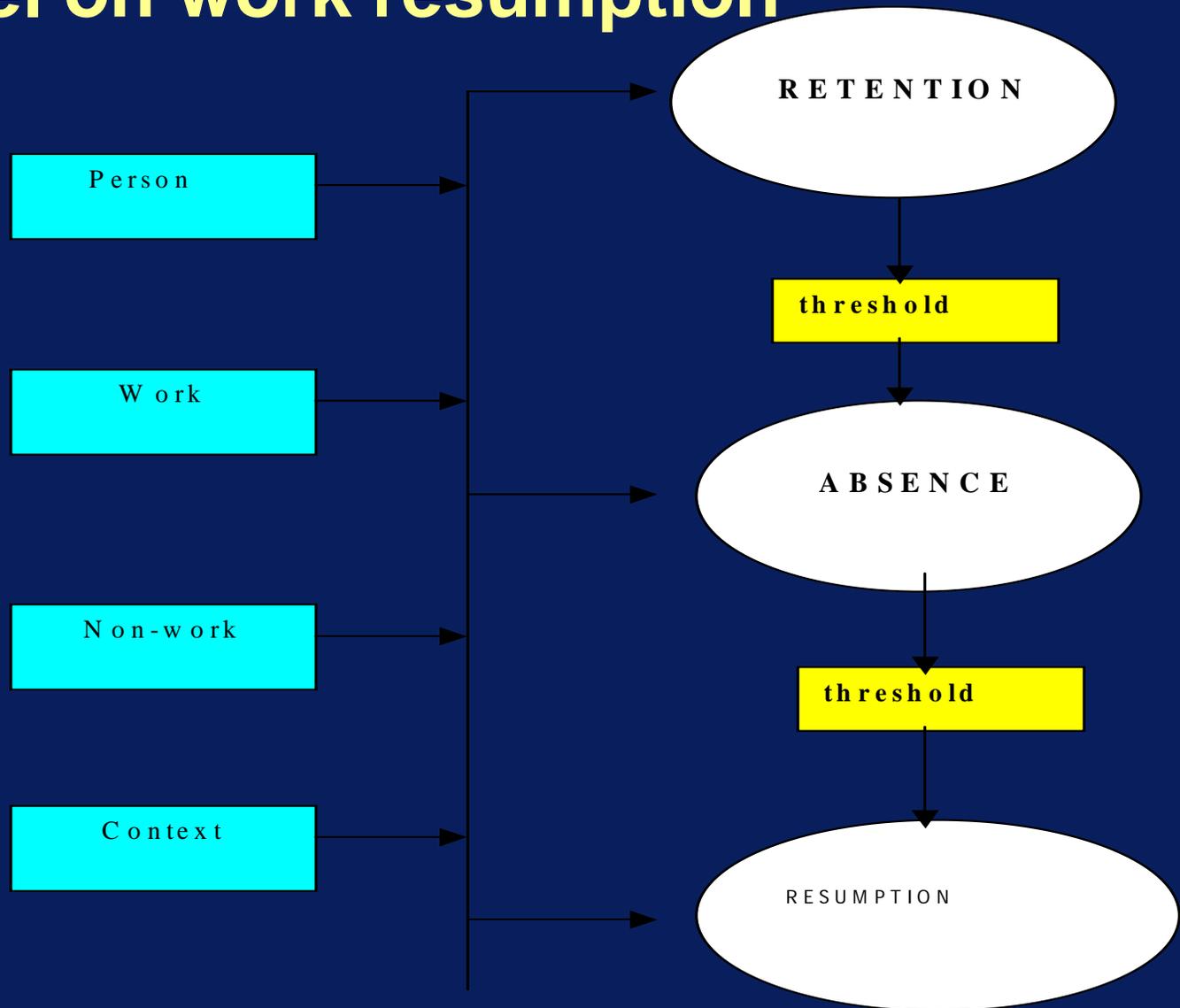
TNO Work and Employment



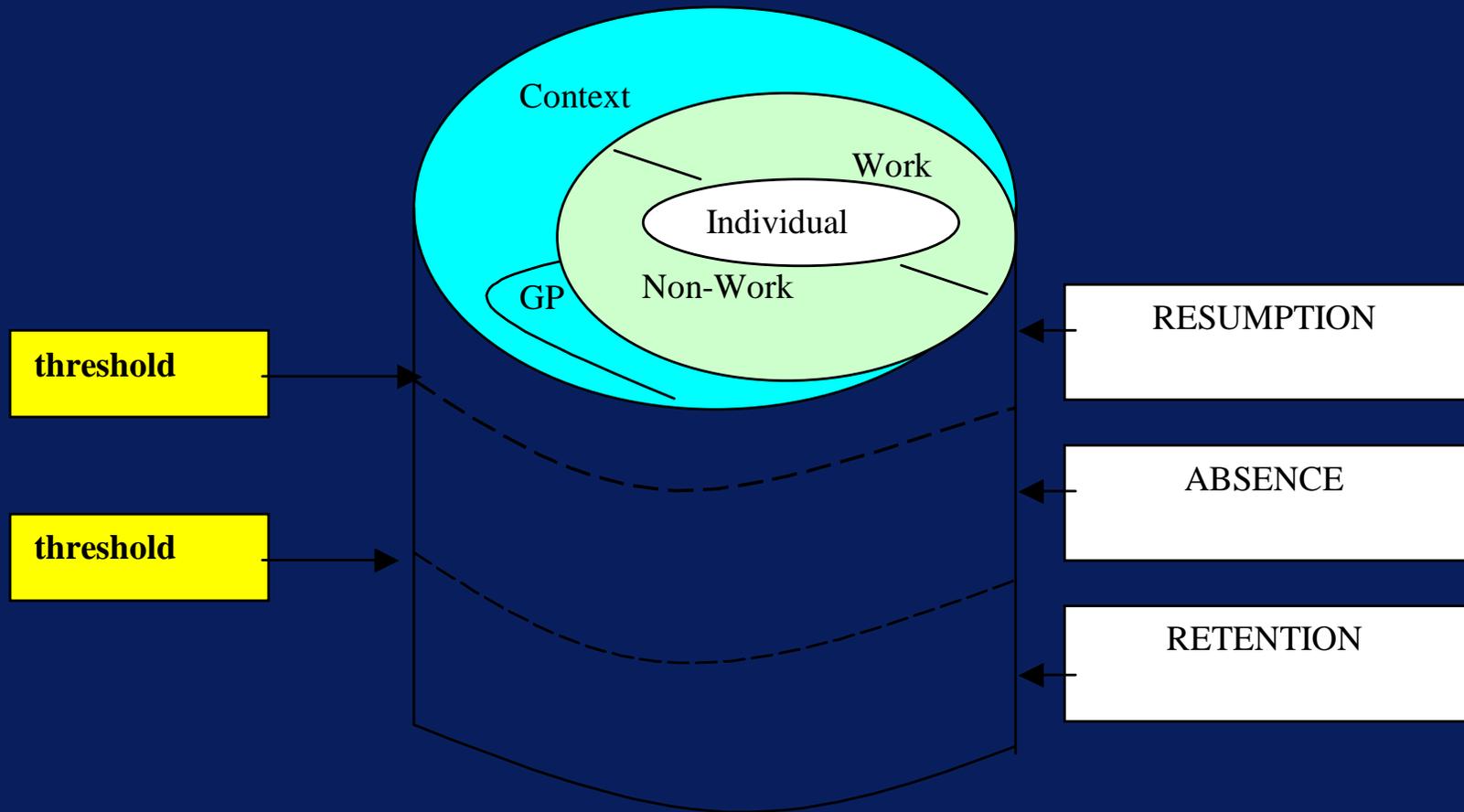
Irene Houtman



A model on work resumption



Model – extension 1-



Issues of this presentation

- **What do we know from the literature**
 - Effectiveness of interventions at the individual level
 - Effectiveness of organisational interventions and RTW
- **Some specific data from the INVENT study**
 - Cohort study of $n = \pm 500$ employees absent from work due to psychological reasons
- **Specific results from two recent Dutch studies**

Individually directed interventions

- **Some examples:**
 - Relaxation/meditation/Exercise
 - Cognitive behavioural approaches
 - Etc.....
- **Mainly positive results are reported for psychological & mental health outcomes; however, quite mixed results for *absence* as outcome (more negative than positive)**
- **Meta-analyses by Van der Klink et al (2001) found Cognitive Behavioural Therapy to be most effective of those interventions that were adequately studied for effectiveness**
- **In many cases the 'effect' was measured immediate or short term, and long(er) term effects are unknown**

Results-interventions

Contact with Physician and other professionals	2 months before report sick n = 555	4 weeks after report sick n = 555	4 wks-5 mnth after report sick n = 555	from 5 mnth to 1 year n = 436
General Practitioner	43,2	73,8	58,5	58,0
Occup Health Physician	10,8	69,2	88,8	79,8
Other	20,0	38,0	46,7	50,7
..... Psychologist	4,9	10,3	15,7	20,0
..... MSD specialist	4,1	6,1	9,7	11,2
..... Med. Specialist	7,9	15,7	15,7	20,0

Results-rehabilitation at work

Complete rehabilitated after 1 year: 51%

- Same for men and women
- Women more often receive disability benefits after 1 year of sickness absence; men are more often partly rehabilitated

• Sick again some 6 months later: 9 %

• Those who were completely rehabilitated only after 1 ½ year 24%

Rehabilitated at their old employer 80%

Results-determinants of rehabilitation at work

Regression analyses: complete work resumption after 1 year: 51%;
(same for men and women)

Stepwise:

1. Univariate analyses
2. Significant predictors in multivariate analyses (mva)
(also if only significant for men or women)
3. Step 1 mva: info from screener and 1st interview
4. Step 2 mva: early and partly rehabilitation
5. Step 3 mva: info from 2nd interview

Results —chance for complete work resumption — versus-no work resumption

(only significant)

multivariate OR

- **Depression t1 (ref = low)**
 - Middle 0,48*
 - High 0,73
- **Depression t2 (ref = low)**
 - Middle 0,45**
 - High 0,27***
- **Action employer: lowering threshold 9,25****
- **Contact GP after first month (> 0) 0,44***
- **Job security (ref = good) 0,57***
- **Cause absence private 2,07***

Effects of organisation directed interventions

- In general: no conclusive findings

BUT

- It is quite difficult to perform a randomized controlled trial... maybe one should not aim to do so
 - Validity problems with ‘control’ organisations; organisations are very complex
 - In many studies changes in risks were not studied together with changes in health outcomes (‘did they take the pill?’) Sometimes risks were the only outcomes
 - A lot of ‘grey’ literature
 - The best studies may be the well described case studies
- **Reviews and ‘other authors’ promote the ‘organisational’ approach as the best measure to ‘tackle the problem at the source’**

Top 5 of do's and don't s from case studies

- High commitment from top to work floor in the organisation itself
- Active supporter within the organisation to keep things going during LT process
- Use the work floor ideas as to managing the problem
- Use a stepwise approach (create support, identify problems, discuss problems, implent & evaluate)
- Develop measures for both short and long term problem management

Issues to discuss on push and pull factors (ind + org)

- **Factors of importance to add?**
 - Individual level
 - Organisational level
 - National/macro level
- **What about interaction between 'level's'...and how may they push or pull...?**
 - Different practices on OSH.. etc among countries
 - Different scope on roles and tasks of professionals among countries
 - Diversity effects adding to the effects differently in different countries (attention to gender, specific sectors, ethnic groups, effects of broadening up of Europe etc.)
 - Differential effects of economical growth/recession
 - Pan-European issues: dimensions superceding the country level