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From Compensation to Participation: Towards “new” Work Outcome Measures

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Outline

- **Background**
 - Shift from Compensation to Participation
- **Work outcome measures**
 - Traditional outcome measures
 - Health-related work productivity loss
- **Work (role) functioning/ work limitations**
 - Conceptual framework and measurement
 - Example: First Results from the Readiness to RTW Cohort Study
- **Future challenges**

Compensation → work participation

- Changing concepts work & health
- Changing social security context
- Changing focus for the professional

Compensation → work participation

- Changing concepts work & health
 - Health ≠ absence of symptoms BUT well functioning
 - Work ≠ health risk BUT also health requirement
- Changing social security context
- Changing focus for the professional

Compensation → work participation

- Changing concepts work & health
- **Changing social security context**
 - Participation more important
 - Government hinders early from labour market
 - Focus of Occupational Health Services (e.g. vitality, PMR, WAI)
- Changing focus for the professional

Compensation → work participation

- Changing concepts work & health
- Changing social security context
- **Changing focus for the professional**
 - Alongside reduction of sickness absence (return-to-work) also sustained participation (stay-at-work)

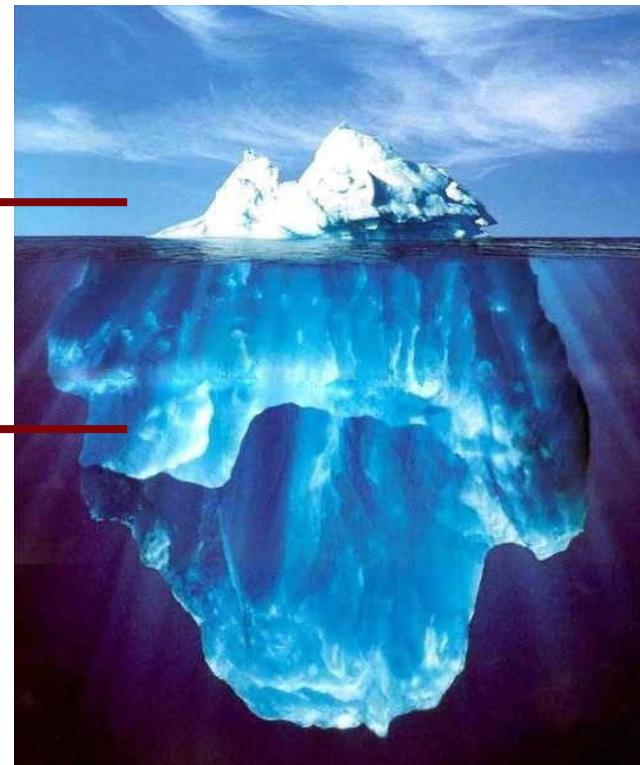
Work disability ...

- “Disability iceberg”^(Cole)

Absenteeism
(lost time)



Presenteeism
(limitations in
the ability to
meet the work
requirements
while working)

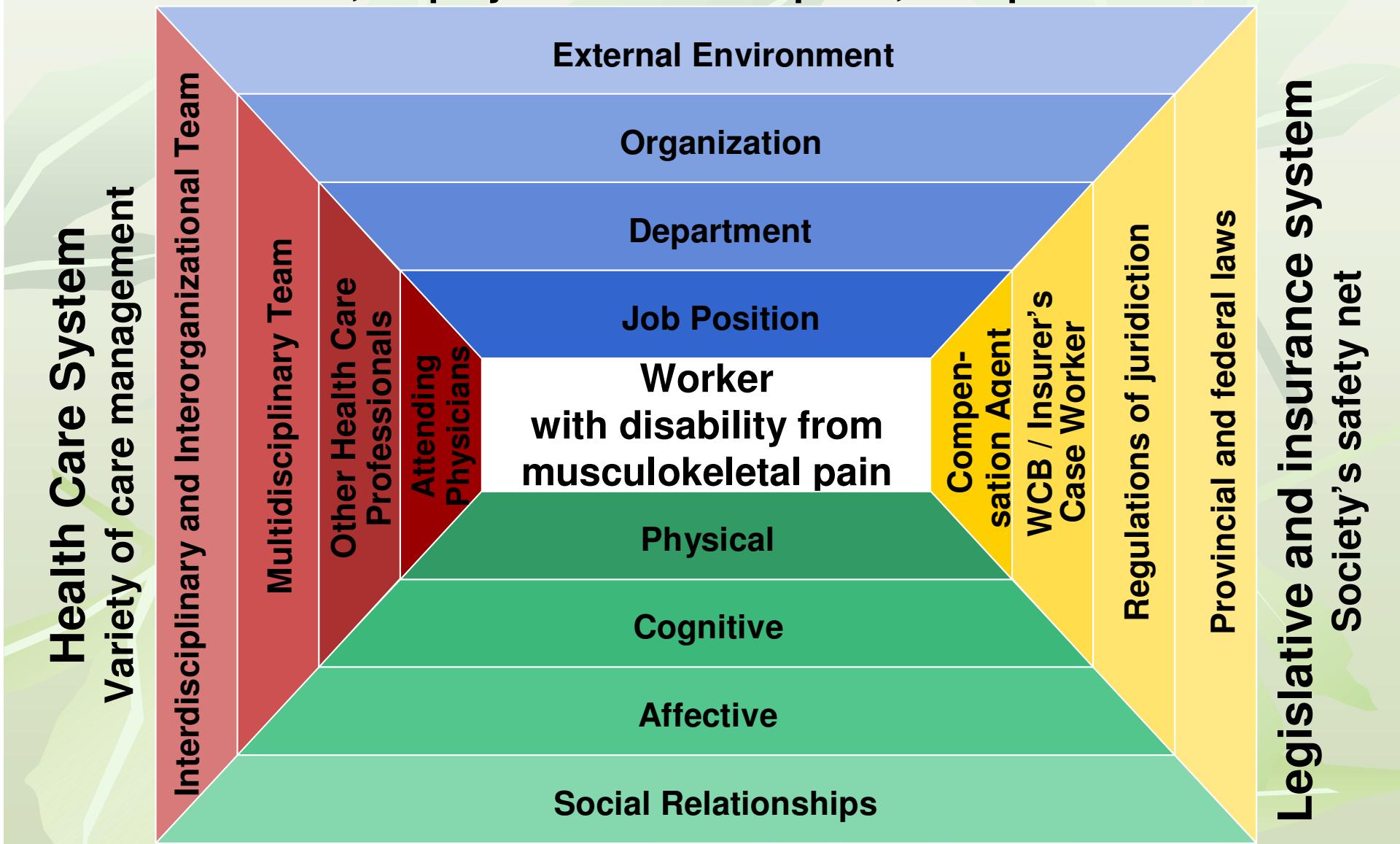


.... and the social context

- health-related costs higher than costs related to absenteeism (Anglo-American context)
 - increasing awareness and societal developments (EU):
 - shortage on the labor market
 - paradigm shift from compensation to participation
 - inclusion of younger and older workers
 - programs for safe, healthy, and sustainable return-to-work
- ➔ Focus on participation: CHALLENGE for all stakeholders, professionals and researchers!

Workplace System

Work relatedness, employees assistance plans, workplace accommodation



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Disability Prevention Research and Training Centre

Personal System / Personal coping

Loisel et al., 2001

Work outcomes measures

- Traditional work outcomes measures, that are often used to demonstrate the effectiveness of work rehabilitation programmes or RTW intervention studies, such as

work status, disability duration, compensation costs

- can only tell if person is present or absent from work
- provide no information on level of participation and no description on how well a person can perform his/her job

Work outcomes measures

- RTW ≠ fully recovered from initial complaint/injury (residual functional disability after RTW)
- RTW & time lost from work do not capture important information about the burden of injury that can be shown by self-report measures of disability and functional limitations (Bültmann et al., 2007)
- another perspective: these measures underestimate lost productivity at work ('presenteeism')

Health-related work productivity loss

- Increasing awareness for “Health and productivity” in Public Health
 - work outcomes researches have shifted measurement focus
- To measure lost productivity at work and health-related work performance numerous instruments have been developed, e.g.,
 - Health and Work Performance Questionnaire (Kessler et al., 2003)
 - Stanford Presenteeism Scale (Koopman et al., 2002)
 - Health and Labour Questionnaire (Van Roijen et al., 1996)

For instrument reviews see e.g., Amick et al., 2000; Prasad et al., 2004; Lofland et al., 2004; Schultz & Edington, 2007; Amick & Gimeno in: Carr & Wittink, 2007

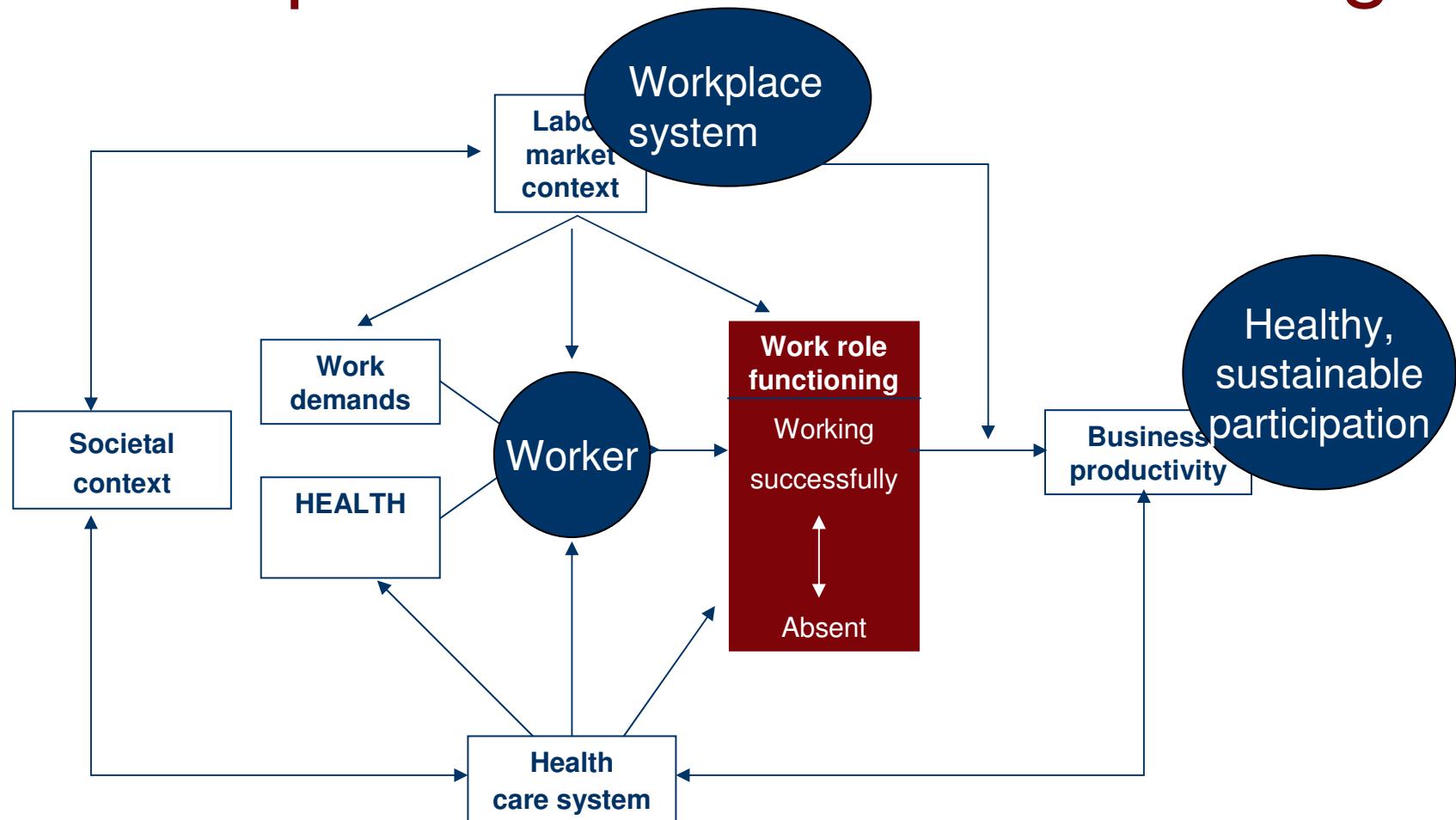
Health-related work productivity loss

- Focus on economic (productivity) aspects
- Needed: tools that describe ***how workers are able to accomplish their work roles*** (Lerner et al., 2002, Amick et al., 2000)
- Purpose of these tools
 - surveillance
 - evaluation
 - (economic translation)

Role functioning

- Different (quality of life) instruments include role functioning scales, e.g., WHO-DAS II (WHO, 1999), SF-36 (Ware et al., 1994)
- Example: SF-36 “role limitations”
 - scale includes items on work and other roles (leisure time role and household role)
 - item: “cut down the amount of time you spent on work and other activities”
 - not clear if respondent answer relates to the work role or to the other roles or both
- Focus on “functioning at work” over non-participation!

Concept – Work Role Functioning



Proposed model of how pain leads to different work outcomes; adapted from Amick & Gimeno (2007)

How to measure? Two examples

Work Limitations Questionnaire (WLQ) (Lerner et al., 2001)

Work Role Functioning Questionnaire (WRFQ) (Amick III et al., 2000)

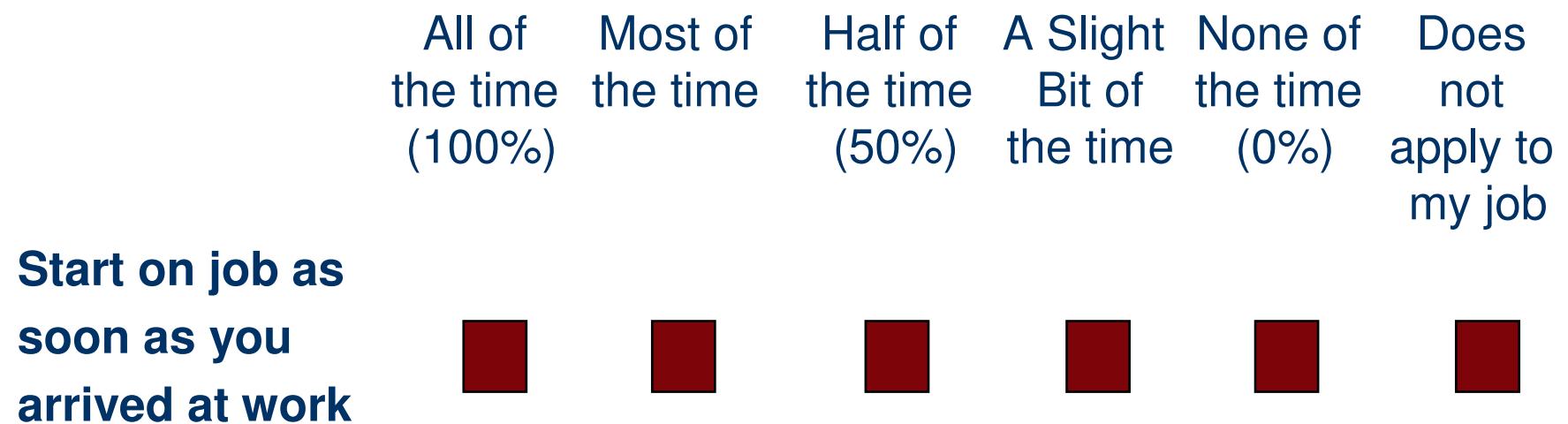
- generic role-specific questionnaires
- assess the degree to which a working individual is experiencing difficulties in accomplishing his/her work demands due to his/her health problem
- grounded in the same conceptual framework; items were drawn from the same item pool (Durand et al., 2004; Amick & Gimeno, 2007)
- based on a broad conceptualization of work

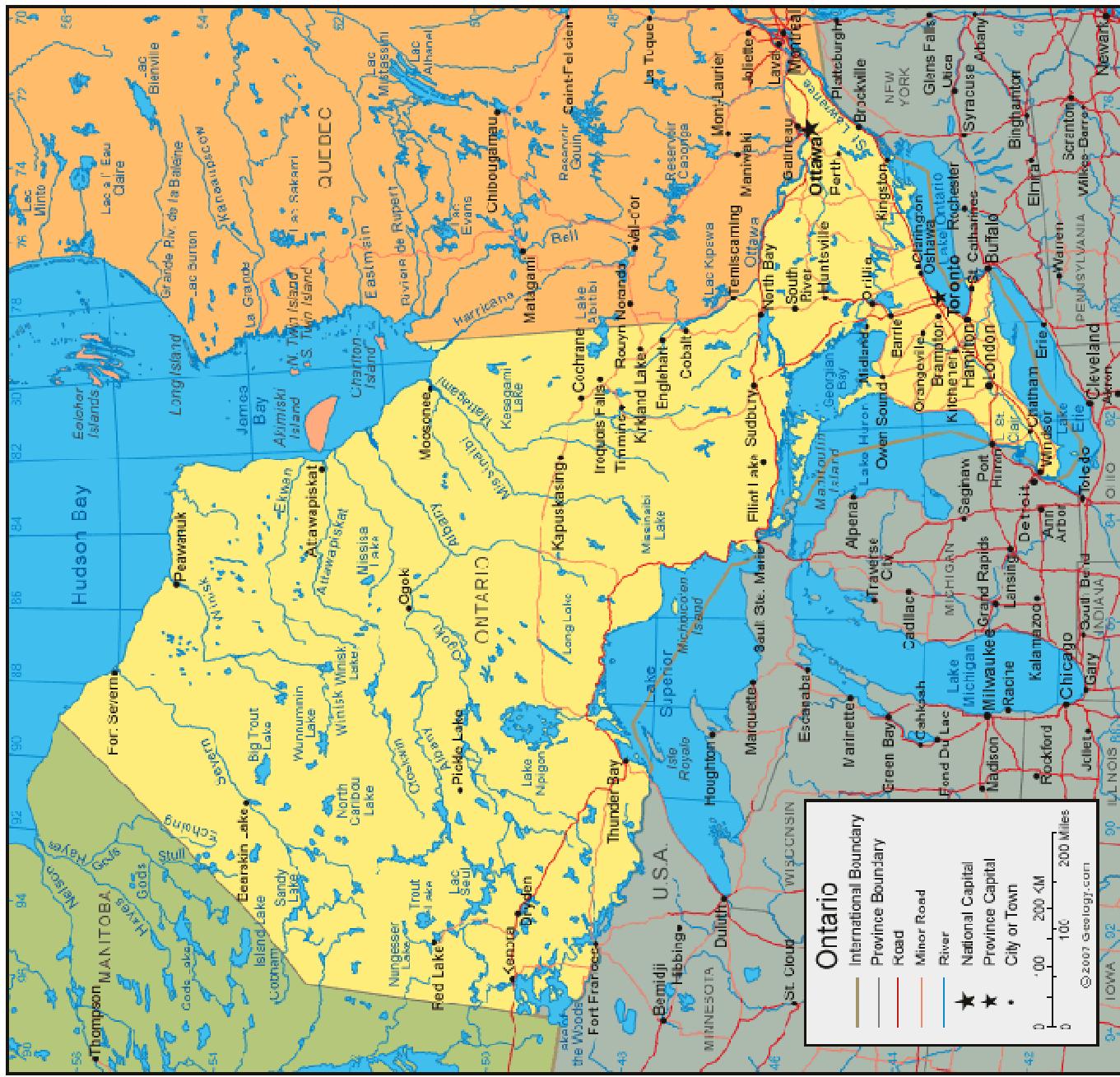
Example: WRF Questionnaire

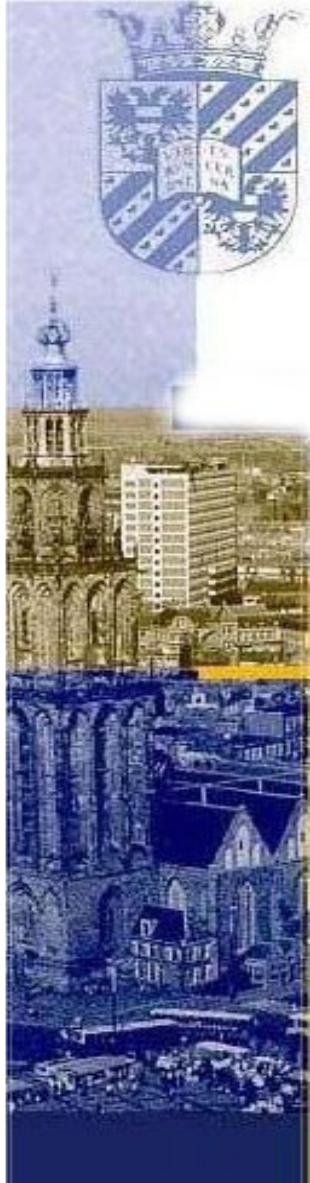
- 27 items covering 5 work demand dimensions:
 - work scheduling/time management demands
 - physical demands
 - social demands
 - psychological/cognitive demands
 - output/production demands
- applicable to a range of jobs / illness and disease states
- response categories anchored by % of time (economic translation possible)

Example: WRFQ item

In the past 4 weeks, how much of the time did your physical health or emotional problems make it difficult for you to do the following:







Beyond return to work

Health status, work limitations, and return-to-work trajectories in injured workers with musculoskeletal disorders

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Readiness for RTW Cohort Study

- **Prospective cohort study** (PI: Dr. RL Franche)
 - Baseline (1 mth post-injury), follow-up at 6, 12, 24 mth
- **Participants**
 - Ontario workers who filed a WSIB lost-time injury claim for back or upper extremity MSK
- **RTW status at baseline (n=625)**
 - sustained first RTW 47%
 - RTW with recurrence(s) 14%
 - never RTW 39%

Health status & work limitations

- **Health outcome measures:**
 - Pain intensity (*present time, past month; von Korff*)
 - Functional status (*Roland-Morris, QuickDASH*)
 - General health (*physical and mental component; SF-12*)
 - Depressive symptoms (*CES-D*)
- **Work limitation measure:**
 - Four domains (*WLQ-16*)
 - output demands, mental demands, physical demands, and time management demands

Work limitations

WLQ-16 (Range 0-100)	Sustained first RTW N=293	RTW with recurrences N=88
Physical demands	46.00 (42.79-49.22)	62.81 (56.80-68.82)
Mental demands	17.12 (14.70-19.55)	29.41 (24.88-33.95)
Output demands	18.65 (15.95-21.35)	35.59 (30.56-40.61)
Time management demands	41.83 (38.43-45.23)	61.90 (55.61-68.20)

Estimated means (95% CI), adjusted for age, gender, living status, and personal income

Beyond return-to-work

- Workers who had a RTW-S reported better health and fewer work limitations compared to RTW-R or No-RTW
- However, even in those with a sustained first RTW
 - 32% met the criteria for depressive symptomatology, suggestive of a clinical diagnosis of depression
 - significant work limitations

Bültmann et al. Health status, work limitations, and return-to-work trajectories in injured workers with musculoskeletal disorders. Quality of Life Research 2007; 16:1167-1178



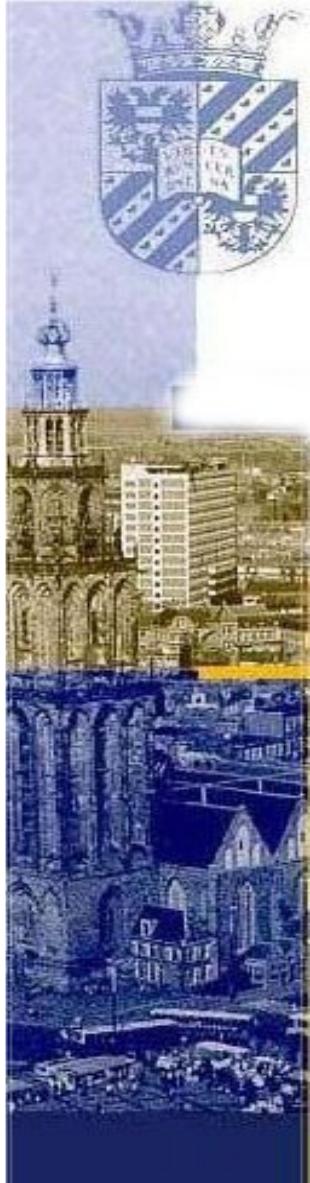
... back to the Northern Netherlands

“Work functioning challenges” in RTW and stay-at-work research

- Conceptualization and measurement
 - concepts of work and functioning in the Dutch context?
 - development of generic/specific instruments - job/health condition?
 - what is “normal”, “expected” or “optimal” work functioning?
 - what about the responsiveness to change of the existing instruments?

“Tools for Two” and “Readiness for RTW”

- Instrument development: work functioning and readiness for return-to-work
 - Cross-cultural adaptation of the WRFQ (Amick et al., 2000) and the Readiness for RTW Scale (Frache et al., 2007)
 - Pretest en validation studies (responsiveness)
 - ➔ *WRFQ: Femke Abma & Ute Bültmann*
 - ➔ *RRTW-scale: Sandra Brouwer*
- Development and evaluation of an intervention for relapse prevention in workers with mental health problems
 - Enhancing work functioning and facilitating stay-at-work
 - ➔ *Iris Arends, Ute Bültmann, Jac van der Klink*



Thank you very much
for your attention!

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