Improving work participation interventions:

Doing MORE of the SAME or something DIFFERENT?

Prof. Ute Bültmann

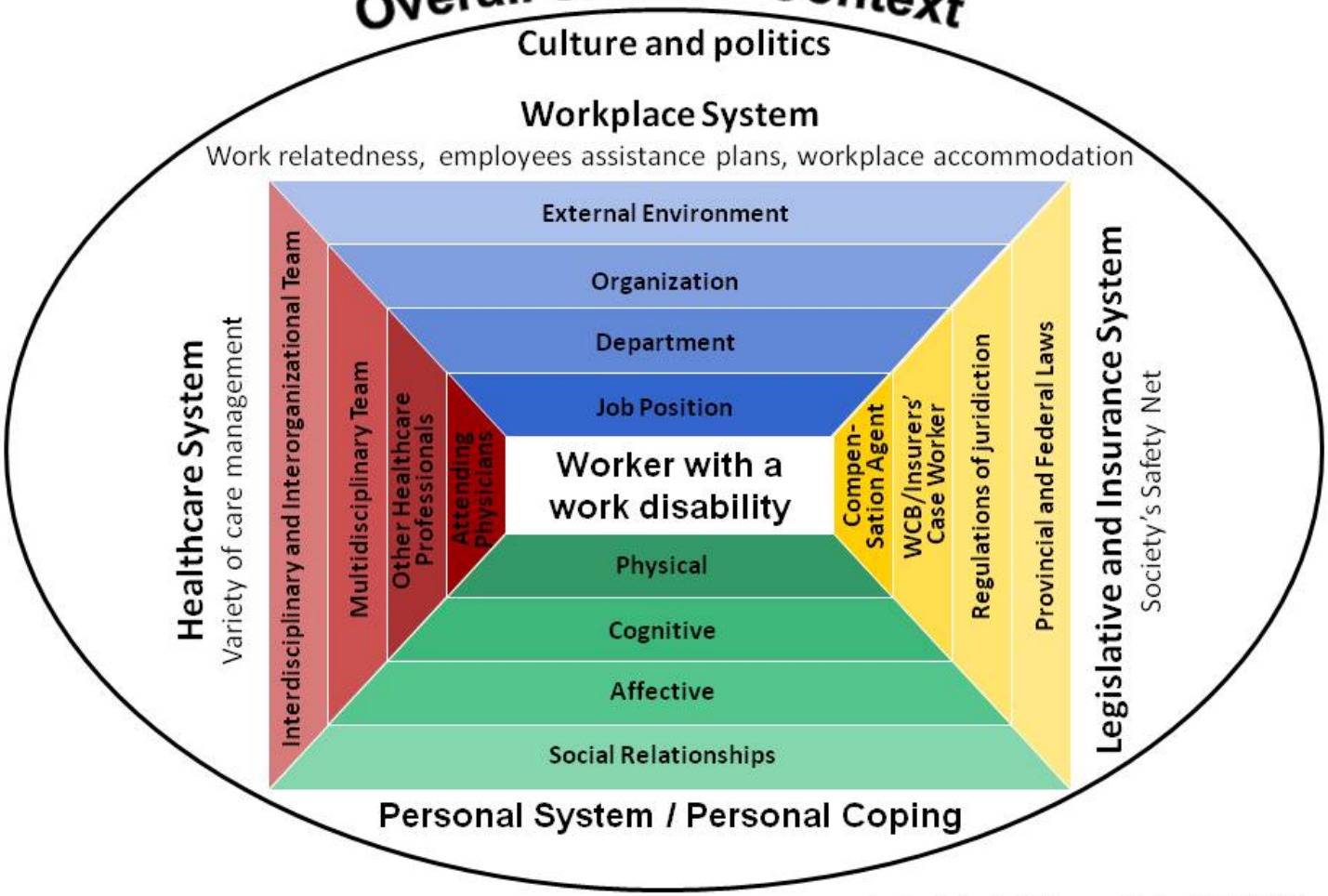
Department of Public Health, Community and Occupational Medicine,

University of Groningen, University Medical Center Groningen

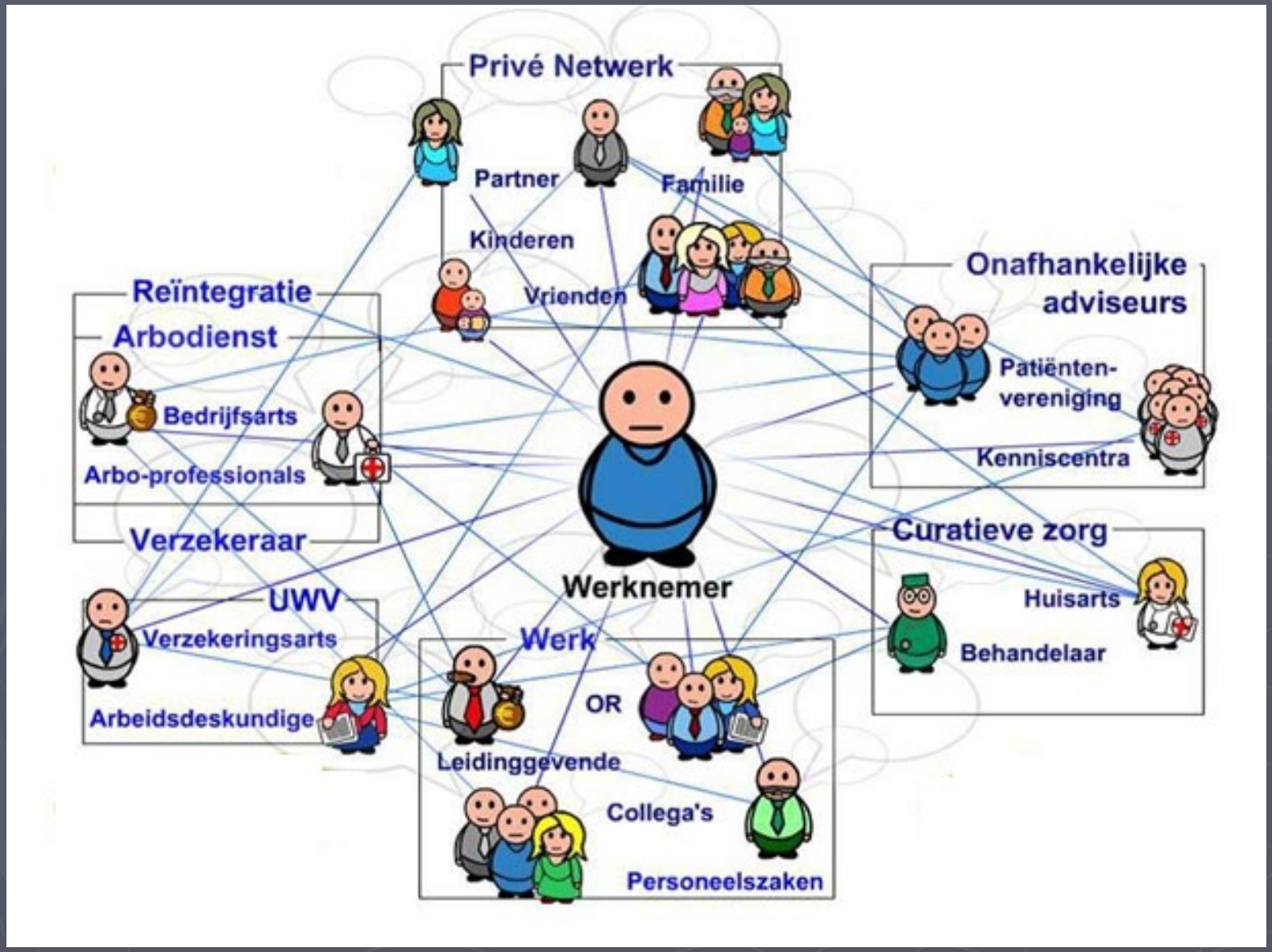
Amsterdam Satellite of Cochrane Work, Sept 6th, 2019

Improving work participation interventions:

Observations, reflections and recommendations in three acts



(Loisel et al, J Occup Rehabil, 2005)

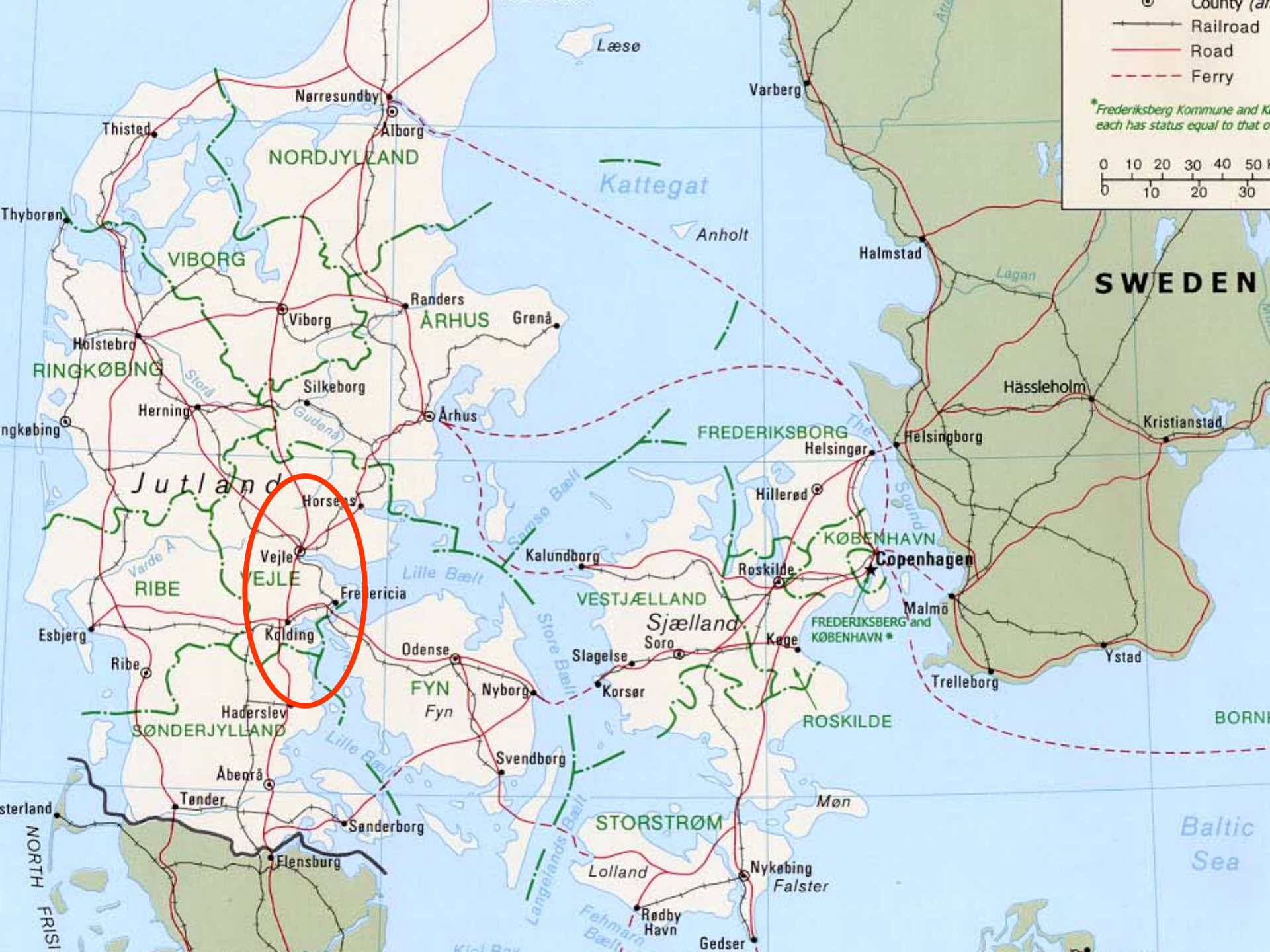


Sterk naar werk - adapted

Act 1:

More of the same

Context matters


Railroad
Road
Ferry
Frederiksberg Kommune and K
each has status equal to that o
0 10 20 30 40 50
0 10 20 30
Læsø
Nørresundby
Thisted
Ålborg
NORDJYLLAND
Kattegat
Anholt
Varberg
Halmstad
Lagan
SWEDEN
Thyborøn
VIBORG
Randers
Viborg
ÅRHUS
Grenå
Holstebro
RINGKØBING
Skjern Å
Silkeborg
Herning
Århus
Gudenå
Hässleholm
Kristianstad
Helsingborg
FREDERIKSBORG
Helsingør
Hillerød
Jutland
Horsens
Vejle
Varde Å
VEJLE
RIBE
Kalundborg
Lille Bælt
KØBENHAVN
Copenhagen
Roskilde
Fredericia
VESTJÆLLAND
Sjælland
Malmö
FREDERIKSBORG and
KØBENHAVN *
Esbjerg
Kolding
Slagelse
Soro
Køge
Ystad
Ribe
Odense
FYN
Fyn
Nyborg
Korsør
Trelleborg
Haderslev
SØNDERJYLLAND
ROSKILDE
Svendborg
Åbenrå
Tønder
Møn
STORSTRØM
Baltic
Sea
Sønderborg
Flensburg
Lolland
Nykøbing
Falster
Rødby
Havn
Gedser
NORTH

First coordinated RTW intervention in Denmark

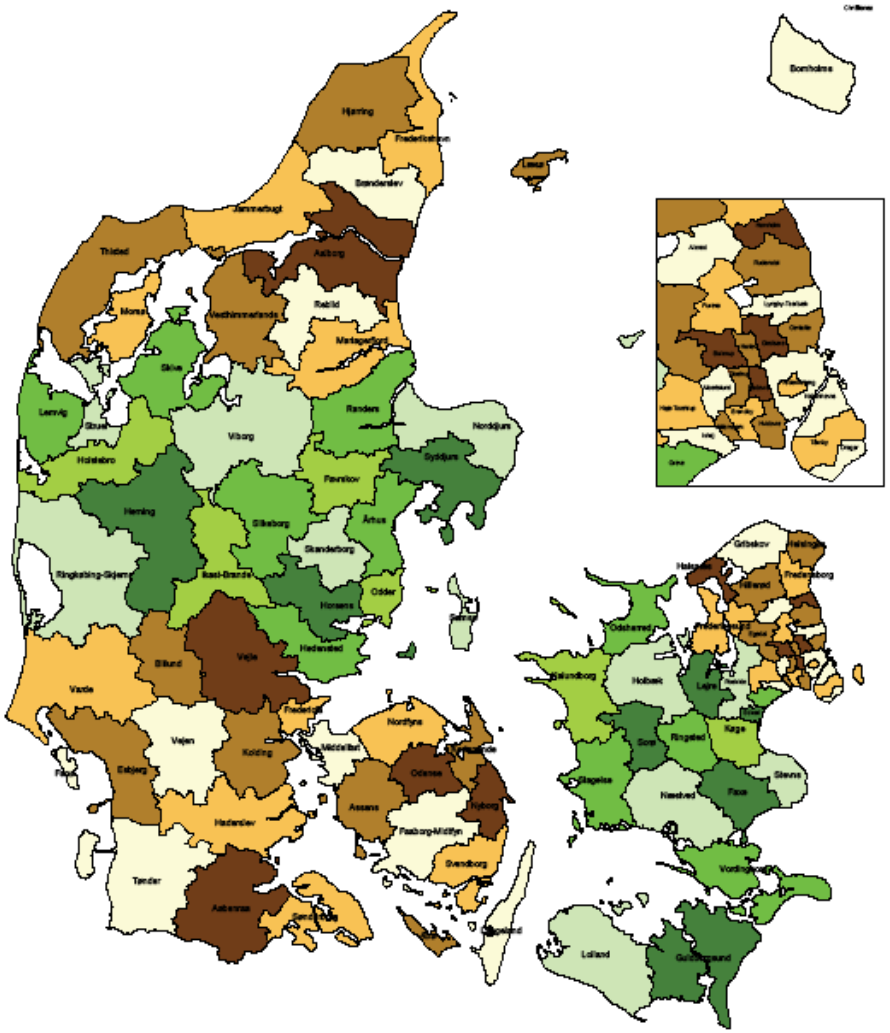
Journal of Occupational Rehabilitation
March 2009, Volume 19, Issue 1, pp 81–93 | Cite as

Coordinated and Tailored Work Rehabilitation: A Randomized Controlled Trial with Economic Evaluation Undertaken with Workers on Sick Leave Due to Musculoskeletal Disorders

Authors | Authors and affiliations

Ute Bültmann ✉, David Sherson, Jens Olsen, Carl Lysbeck Hansen, Thomas Lund, Jørgen Kilsgaard

Den kommunale fordeling pr. 1. januar 2007



Anm.: Grænsejusteringer, som følge af lokale folkeafstemninger, er indikeret på kortet (men ikke eksakte)

OPEN ACCESS Freely available online

PLOS ONE

Return to Work Coordination Programmes for Work Disability: A Meta-Analysis of Randomised Controlled Trials

Stefan Schandelmaier[1]*, Shanil Ebrahim[2], Susan C. A. Burkhardt[1], Wout E. L. de Boer[1], Thomas Zumbrunn[3], Gordon H. Guyatt[2], Jason W. Busse[2,4], Regina Kunz[1]

1 Academy of Swiss Insurance Medicine, University Hospital Basel, Basel, Switzerland, 2 Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, Ontario, Canada, 3 Clinical Trial Unit, University Hospital Basel, Basel, Switzerland, 4 Department of Anesthesia, McMaster University, Hamilton, Ontario, Canada

Abstract

Background: The dramatic rise in chronically ill patients on permanent disability benefits threatens the sustainability of social security in high-income countries. Social insurance organizations have started to invest in promising, but costly return to work (RTW) coordination programmes. The benefit, however, remains uncertain. We conducted a systematic review to determine the long-term effectiveness of RTW coordination compared to usual practice in patients at risk for long-term disability.

Methods and Findings: Eligible trials enrolled employees on work absence for at least 4 weeks and randomly assigned them to RTW coordination or to usual practice. We searched 5 databases (to April 2, 2012). Two investigators performed standardised eligibility assessment, study appraisal and data extraction independently and in duplicate. The GRADE framework guided our assessment of confidence in the meta-analytic estimates. We identified 9 trials from 7 countries, 8 focusing on musculoskeletal, and 1 on mental complaints. Most trials followed participants for 12 months or less. No trial assessed permanent disability. Moderate quality evidence suggests a benefit of RTW coordination on proportion at work at end of follow-up (risk ratio = 1.08, 95% CI = 1.03 to 1.13; absolute effect = 5 in 100 additional individuals returning to work, 95% CI = 2 to 8), overall function (mean difference [MD] on a 0 to 100 scale = 5.2, 95% CI = 2.4 to 8.0; minimal important difference [MID] = 10), physical function (MD = 5.3, 95% CI = 1.4 to 9.1; MID = 8.4), mental function (MD = 3.1, 95% CI = 0.7 to 5.6; MID = 7.3) and pain (MD = 6.1, 95% CI = 3.1 to 9.2; MID = 10).

Conclusions: Moderate quality evidence suggests that RTW coordination results in small relative, but likely important absolute benefits in the likelihood of disabled or sick-listed patients returning to work, and associated small improvements in function and pain. Future research should explore whether the limited effects persist, and whether the programmes are cost effective in the long term.

RTW coordination

- **9 studies from 7 countries**
  - musculoskeletal problems (8), mental health (1)

- **RTW coordination**
  - small relative, but likely important absolute benefits regarding (time to) RTW
  - small improvements in function and pain

Schandelmaier et al., PLoS ONE, 2012, 7(11): e49760

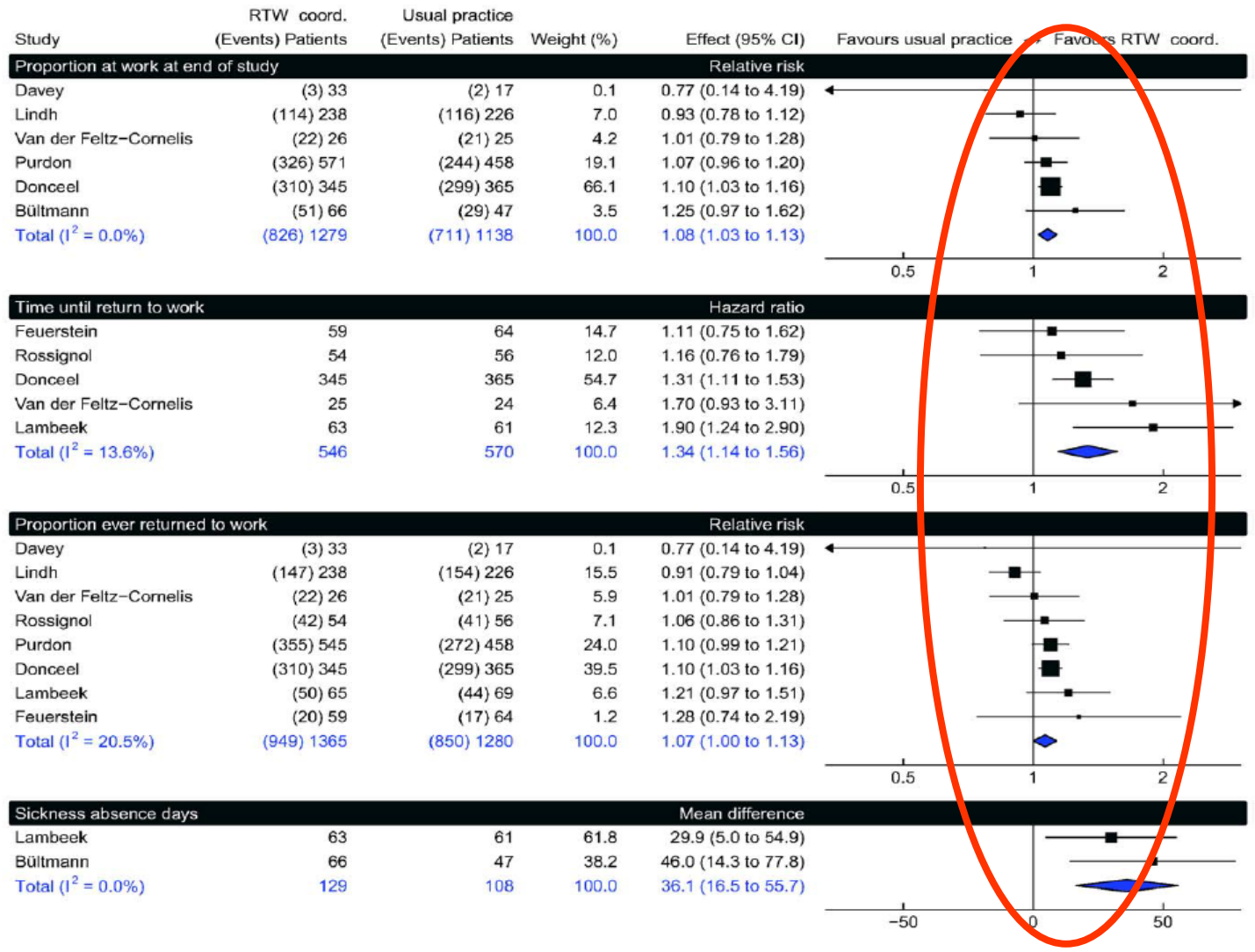


Figure 2. RTW-outcomes. RTW coord. = return to work coordination.
doi:10.1371/journal.pone.0049760.g002

Schandelmaier et al., PLoS ONE, 2012, 7(11): e49760

Cochrane Library

Cochrane Database of Systematic Reviews

Return-to-work coordination programmes for improving return to work in workers on sick leave (Review)

Vogel N, Schandelmaier S, Zumbrunn T, Ebrahim S, de Boer WEL, Busse JW, Kunz R

Cochrane Collaboration, 2017

2017: NO BENEFITS 14 / 9

Act 2:

More of the same

Implementation matters

Cochrane Library

Cochrane Database of Systematic Reviews

Interventions to facilitate return to work in adults with adjustment disorders (Review)

Arends I, Bruinvels DJ, Rebergen DS, Nieuwenhuijsen K, Madan I, Neumeyer-Gromen A, Bültmann U, Verbeek JH

Cochrane Library

Cochrane Database of Systematic Reviews

Workplace interventions to prevent work disability in workers on sick leave (Review)

van Vilsteren M, van Oostrom SH, de Vet HCW, Franche RL, Boot CRL, Anema JR

Effect and Process

Social Science & Medicine 100 (2014) 123–132

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Process evaluation of a problem solving intervention to prevent recurrent sickness absence in workers with common mental disorders

Iris Arends [a,*], Ute Bültmann [a], Karina Nielsen [b,1], Willem van Rhenen [c,d], Michiel R. de Boer [a,e], Jac J.L. van der Klink [a]

[a] Department of Health Sciences, Community & Occupational Medicine, University Medical Center Groningen, University of Groningen, A. Deusinglaan 1, 9713 AV Groningen, The Netherlands
[b] National Research Centre for the Working Environment, Lersø Parkallé 105, DK-2100 Copenhagen, Denmark
[c] Center for Human Resource, Organization and Management Effectiveness, Business University Nyenrode, Straatweg 25, 3621 BG Breukelen, The Netherlands
[d] 365 Occupational Health Services, Zwarte Woud 10, 3524 SJ Utrecht, The Netherlands
[e] Department of Health Sciences, VU University, Boelelaan 1085, 1081HV Amsterdam, the Netherlands

Process: Participant's response

Process components	SHARP (*n* = 67)	CAU (*n* = 64)	OR or MD (95% CI)
Reach			
0-1 consultations with OP	11 (16)	24 (38)	reference
≥2 consultations with OP	**56 (84)**	**39 (61)**	3.2 (1.2 – 8.8)
0 consultations with supervisor	4 (6)	12 (19)	reference
≥1 consultations with supervisor	63 (94)	52 (81)	3.6 (1.1 – 12.0)
Dose delivered			
Assignments received from OP	**49 (73)**	**5 (8)**	58.6 (14.7 – 228.6)
OP stimulated being involved, mean (SD)	3.9 (1.2)	3.5 (1.4)	0.6 (0.1 – 1.2)
OP stimulated making own decisions, mean (SD)	3.8 (1.1)	3.6 (1.3)	0.2 (-0.3 – 0.6)
Dose received			
Assignments made	**47 (70)**	**5 (8)**	33.8 (10.4 – 109.5)
Topics discussed related to RTW			
Problems at work	**56 (84)**	**40 (63)**	2.9 (1.3 – 6.6)
Possible opportunities at work	**33 (49)**	**17 (27)**	3.1 (1.1 – 9.2)
Solutions for problems	39 (58)	22 (34)	2.6 (1.2 – 5.4)
How to realize opportunities	30 (45)	23 (36)	1.4 (0.6 – 3.0)
Who can help	**37 (55)**	**14 (22)**	4.3 (2.0 – 9.5)
How to make an action plan	17 (25)	16 (25)	1.0 (0.5 – 2.2)
Evaluation of RTW process	31 (46)	35 (55)	0.63 (0.3 – 1.4)
Fidelity OP			
≥2 consultations with OP and first assignment delivered by OP	42(63)	n.a.	
Fidelity participant			
≥2 consultations with OP and first assignment completed by participant	43 (64)	n.a.	

N (%) presented unless mentioned otherwise

Arends et al., 2014

Process: Occupational physicians

Process Components	SHARP (*n* = 48)	CAU (*n* = 52)	OR or MD (95% CI)
Reach participant			
0-1 consultations with participant	2 (4)	17 (33)	reference
≥2 more consultations with participant	**46 (96)**	**35 (67)**	15.5 (1.7 – 141.9)
Dose delivered			
Assignments given to participant	**48 (100)**	**15 (29)**	
Stimulated participant to be involved	4.2 (0.6)	3.9 (1.0)	0.4 (-0.1 – 1.0)
Stimulated participant to make own decisions	4.3 (0.6)	4.2 (0.8)	0.0 (-0.3 – 0.4)
Dose received			
Assignments made by participant	**43 (90)**	**11 (21)**	
Fidelity OP			
≥2 consultations with OP and first assignment delivered by OP	46 (96)	n.a.	
Fidelity participant			
≥2 consultations with OP and first assignment completed by participant	38 (79)	n.a.	

N (%) presented unless mentioned otherwise

Arends et al., 2014

Original article

Scand J Work Environ Health. 2012;38(2):120–133. doi:10.5271/sjweh.3272

The Danish national return-to-work program – aims, content, and design of the process and effect evaluation

by Birgit Aust, DrPH,[1] Trine Helverskov, MSc,[1] Maj Britt D Nielsen, PhD,[1] Jakob Bue Bjorner, PhD,[1, 2] Reiner Rugulies, PhD,[1, 2, 3] Karina Nielsen, PhD,[1] Ole H Sørensen, PhD,[1] Gry Grundtvig, MSc,[1] Malene F Andersen, MSc,[1] Irene And[illegible] MSc,[1] Ole S Mortensen[illegible] Ute Bültmann, F[illegible]

Original article

Scand J Work Environ Health. 2015;41(6):529–541. doi:10.5271/sjweh.3528

Implementation of the Danish return-to-work program: process evaluation of a trial in 21 Danish municipalities

by Birgit Aust, PhD,[1] Maj Britt D Nielsen, PhD,[2] Gry Grundtvig, MSc,[2] Helle L Buchardt, MPH,[1] Linnea Ferm, MSc,[3] Irene Andersen, MSc,[4] Trine L Lund, MSc,[5] Martin Ohmann Claudio Jelle, MSSc,[6] Malene F Andersen, PhD,[1] Jørgen V Hansen, PhD,[1] Torill Tverborgvik, PhD,[7] Trine Helverskov, MSc,[8] Jakob Bue Bjorner, PhD,[1, 10, 11] Reiner Rugulies, PhD,[1, 9, 11] Palle Ørbæk, DrMedSc,[12] Glen Winzor, MSc,[1] Ute Bültmann, PhD,[13] Otto M Poulsen, DrVetSc [1]

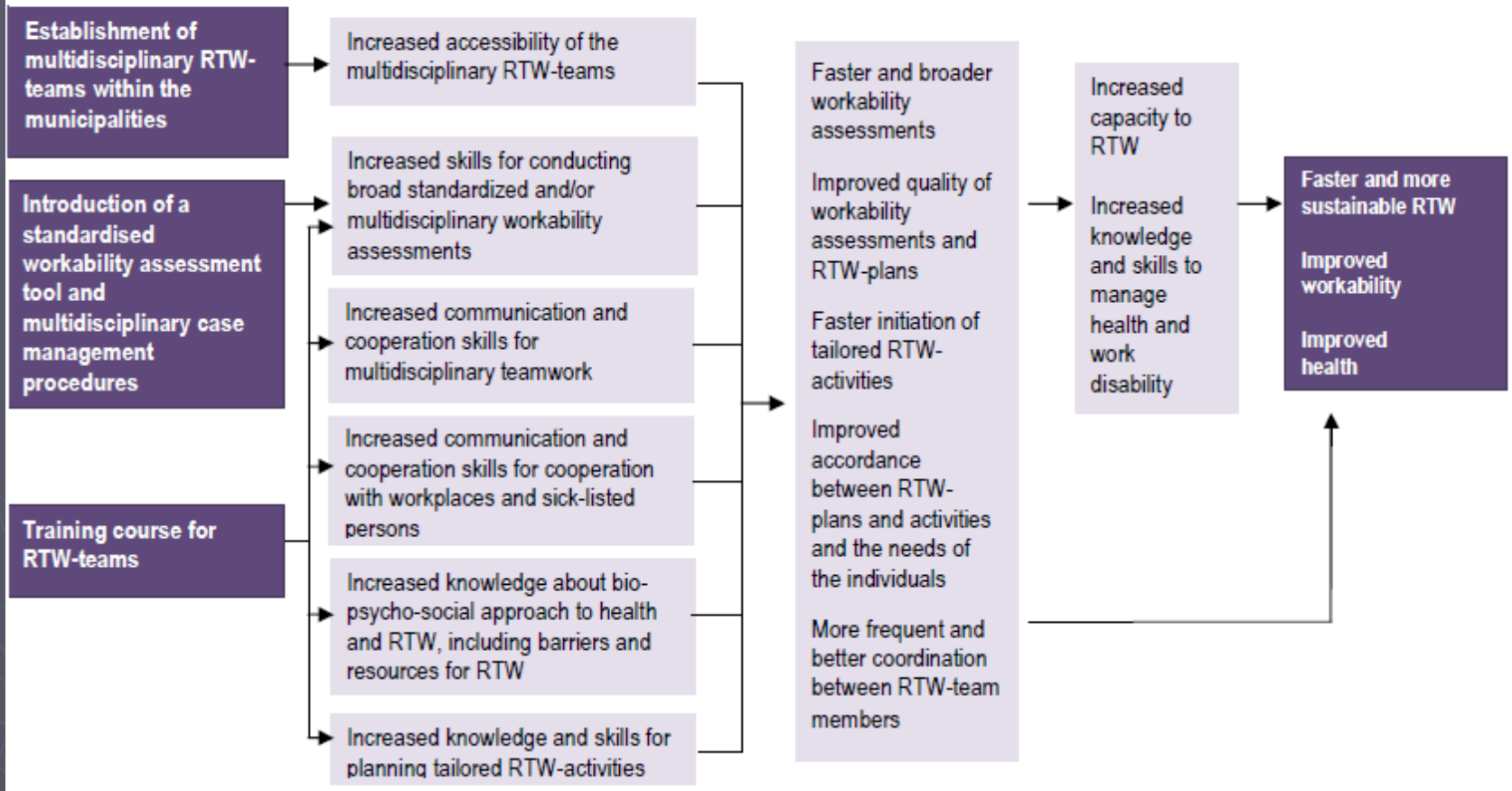


Figure 1. Core program elements and expected pathways to return to work (RTW), workability, and health.

Quality assessment of the intervention implementation?

- Recruitment
- Reach
- **Dose delivered & Dose received**
- **Fidelity** (delivered as planned)
- **Context**

Linnan & Steckler, 2002; Saunders etal., 20015; Murta et al., 2007; Nielsen & Randall,2012

Act 3:

Something different

Multilevel and multicontext

Towards sustainable RTW

RTW activities for CMD suffer from 2 limitations

1. focus on resources during absence period, **ignoring resources** that may facilitate sustainable RTW

2. fail to consider the interaction of resources at the **individual, group, leader and organizational** level, and the **integration of work and non-work domains**

+ overarching context, societal context, culture and legislation

Nielsen, Yarker, Munir, Bültmann, 2018

Work & Stress

An International Journal of Work, Health & Organisations

ISSN: 0267-8373 (Print) 1464-5335 (Online) Journal homepage: https://www.tandfonline.com/loi/twst20

IGLOO: An integrated framework for sustainable return to work in workers with common mental disorders

Karina Nielsen, Joanna Yarker, Fehmidah Munir & Ute Bültmann

To cite this article: Karina Nielsen, Joanna Yarker, Fehmidah Munir & Ute Bültmann (2018) IGLOO: An integrated framework for sustainable return to work in workers with common mental disorders, Work & Stress, 32:4, 400-417, DOI: 10.1080/02678373.2018.1438536

To link to this article: https://doi.org/10.1080/02678373.2018.1438536

Work	Level	Non-work context
1. Work-specific cognitive, affective and behavioural factors, e.g. work-related self-efficacy, job crafting	Individual	2. Individual cognitive, affective, and behavioural factors, e.g. life style behaviours
3. Colleague support, attitudes towards CMD and return, work group climate,	Group	4. Friends, family, frequency of contact, support etc.
5. Line managers' KSAs, attitudes, behaviour, support	Leader	6. Healthcare service providers' KSAs, attitudes, behaviour, support
7. Human Resource Management practices and policies, job design – espoused and actual. Occupational health services.	Organization	8. Community and voluntary organizations e.g. charities, local networks, telephone helplines and online chat fora
9. Country legislation, social welfare policy	Overarching/social context	10. Country legislation, social welfare policy

KSAs = knowledge, skills and abilities

Figure 1. IGLOO framework for integrated sustainable return to work. KSAs = knowledge, skills and abilities.

Nielsen, Yarker, Munir, Bültmann, 2018

Work	Level	Non-work context
1. Work-specific cognitive, affective and behavioural factors, e.g. work-related self-efficacy, job crafting	Individual	2. Individual cognitive, affective, and behavioural factors, e.g. life style behaviours
3. Colleague support, attitudes towards CMD and return, work group climate,	Group	4. Friends, family, frequency of contact, support etc.
5. Line managers' KSAs, attitudes, behaviour, support	Leader	6. Healthcare service providers' KSAs, attitudes, behaviour, support
7. Human Resource Management practices and policies, job design – espoused and actual. Occupational health services.	Organization	8. Community and voluntary organizations e.g. charities, local networks, telephone helplines and online chat fora
9. Country legislation, social welfare policy	Overarching/social context	10. Country legislation, social welfare policy

KSAs = knowledge, skills and abilities

Figure 1. IGLOO framework for integrated sustainable return to work. KSAs = knowledge, skills and abilities.

Nielsen, Yarker, Munir, Bültmann, 2018

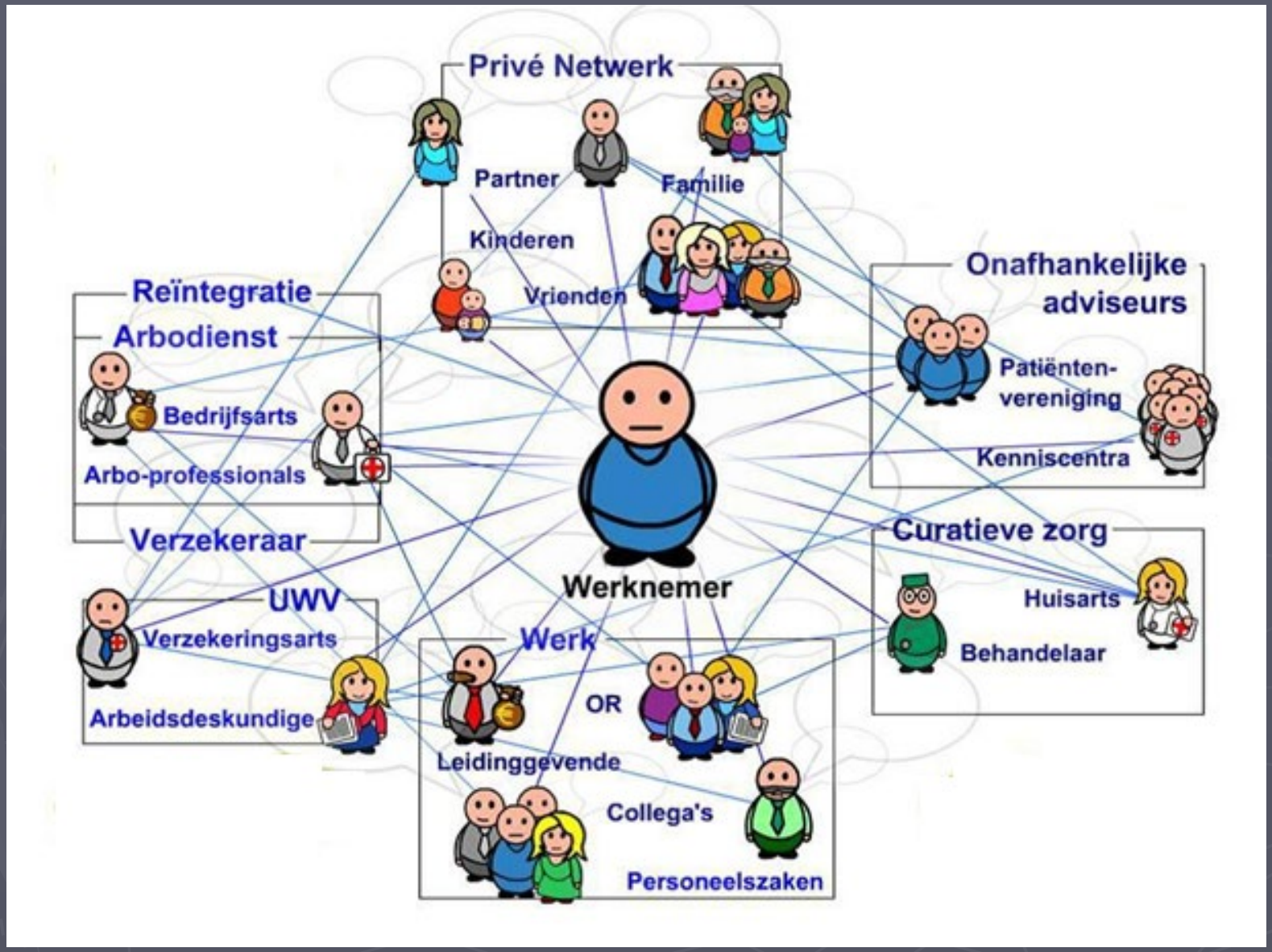
10 propositions on IGLOO-levels

Employees with CMDs…

who experience strong, positive social networks outside work are more likely to achieve sRTW (#4)

who experience inclusive, considerate and individualized line management are more likely to achieve sRTW" (#5)

Nielsen, Yarker, Munir, Bültmann, 2018



Sterk naar werk - adapted

Recommendations

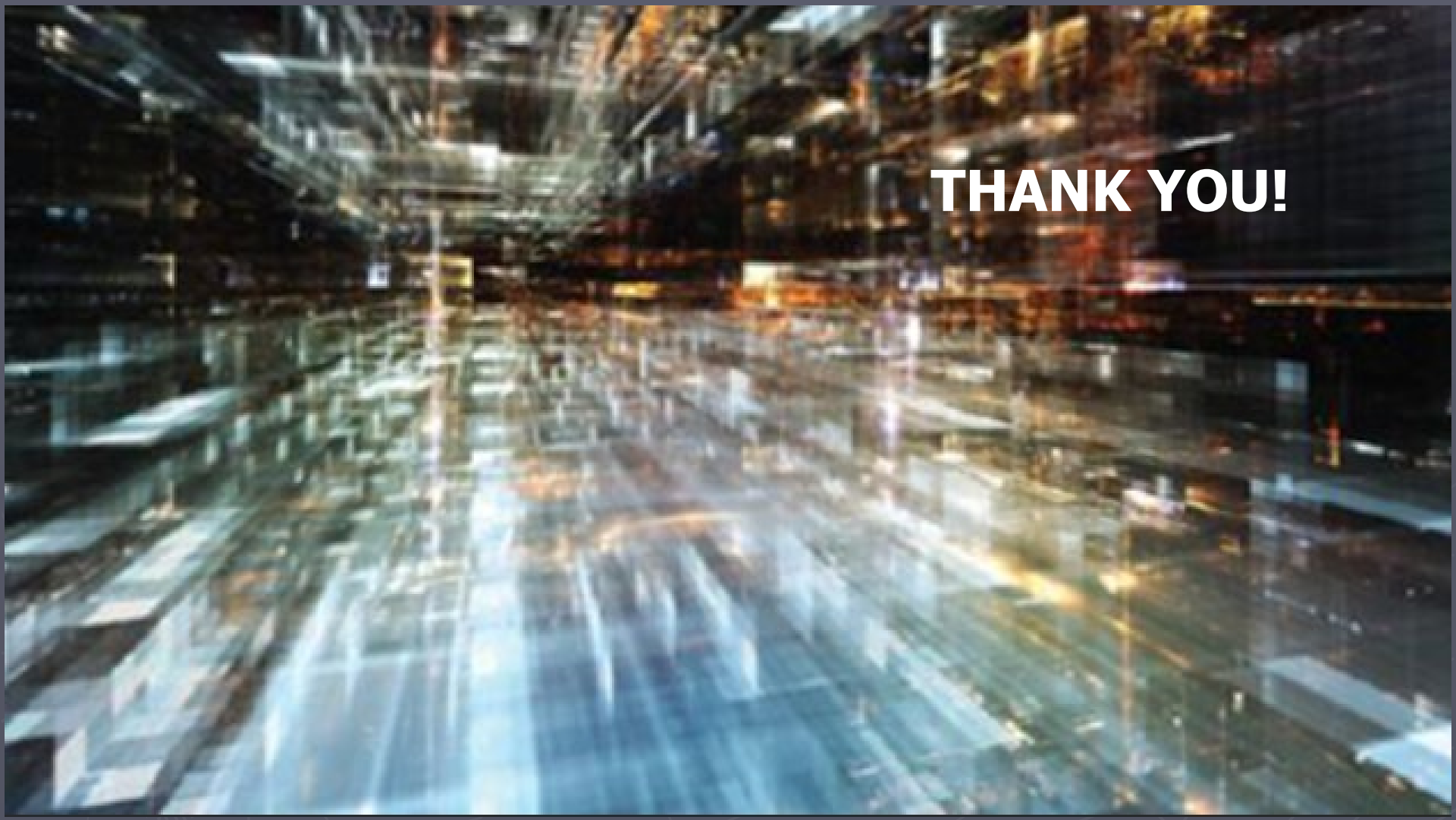
More of the same:

Key components - dosis, fidelity, context

Quality assessment of implementation

Something different:

Shy not away from complexity



u.bultmann@umcg.nl

Kommuner før og efter kommunalreformen