

EUMASS Seminar 8.6.2017

How to support workability – results from a national study

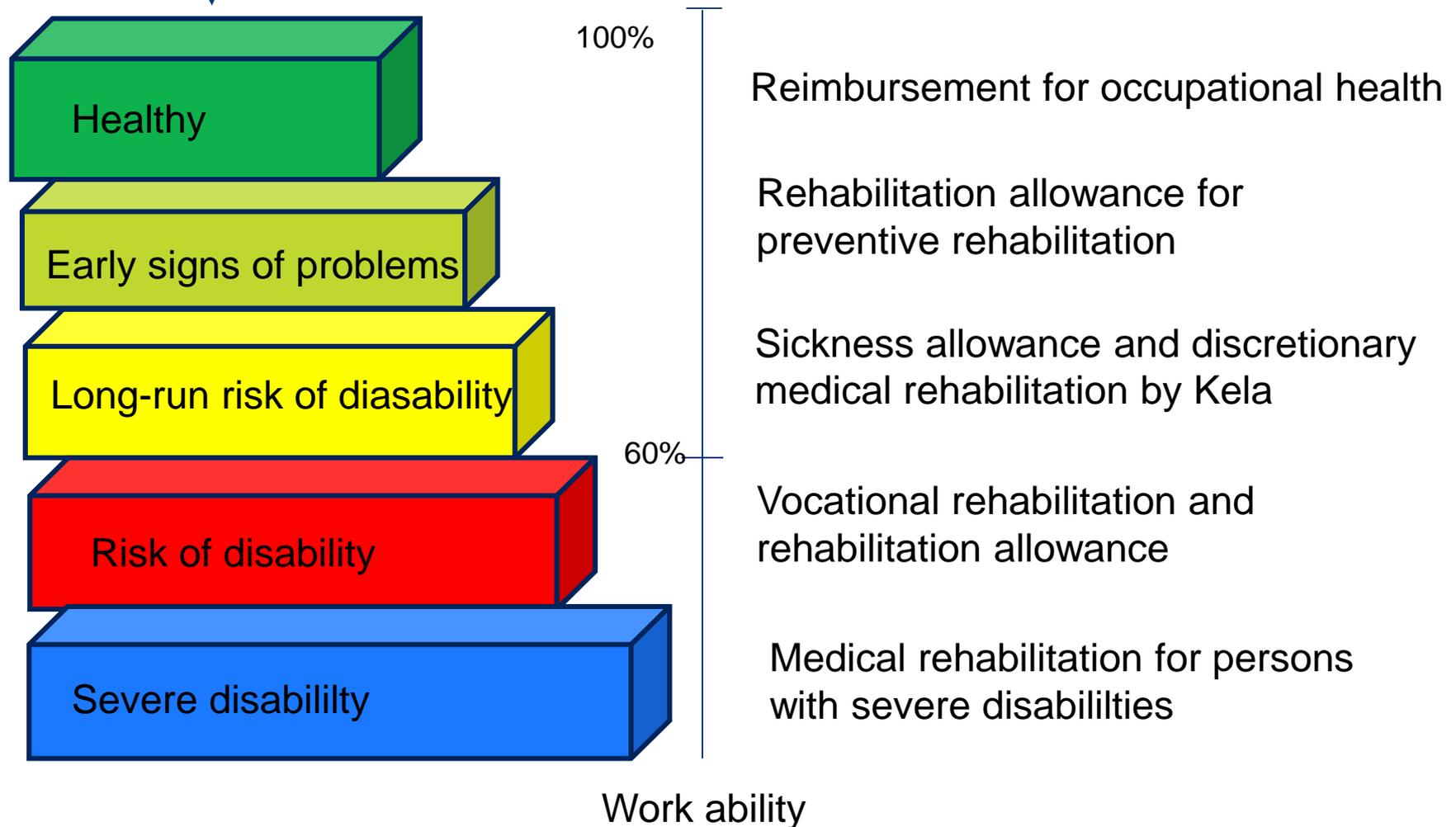
Katariina Hinkka, MD, Adj. Prof.
Senior Medical Researcher
Kela Research



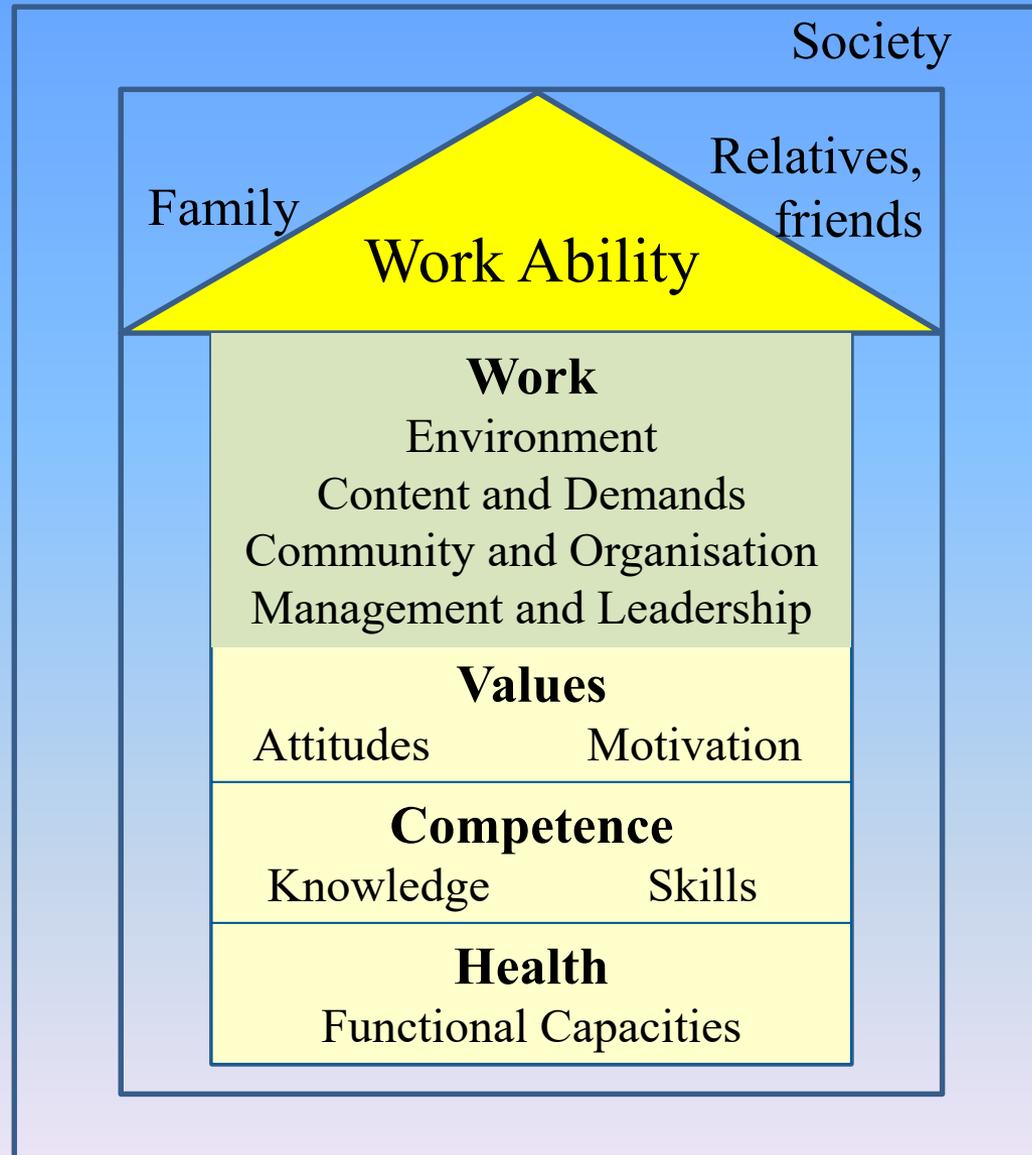
30-60-90 day rule

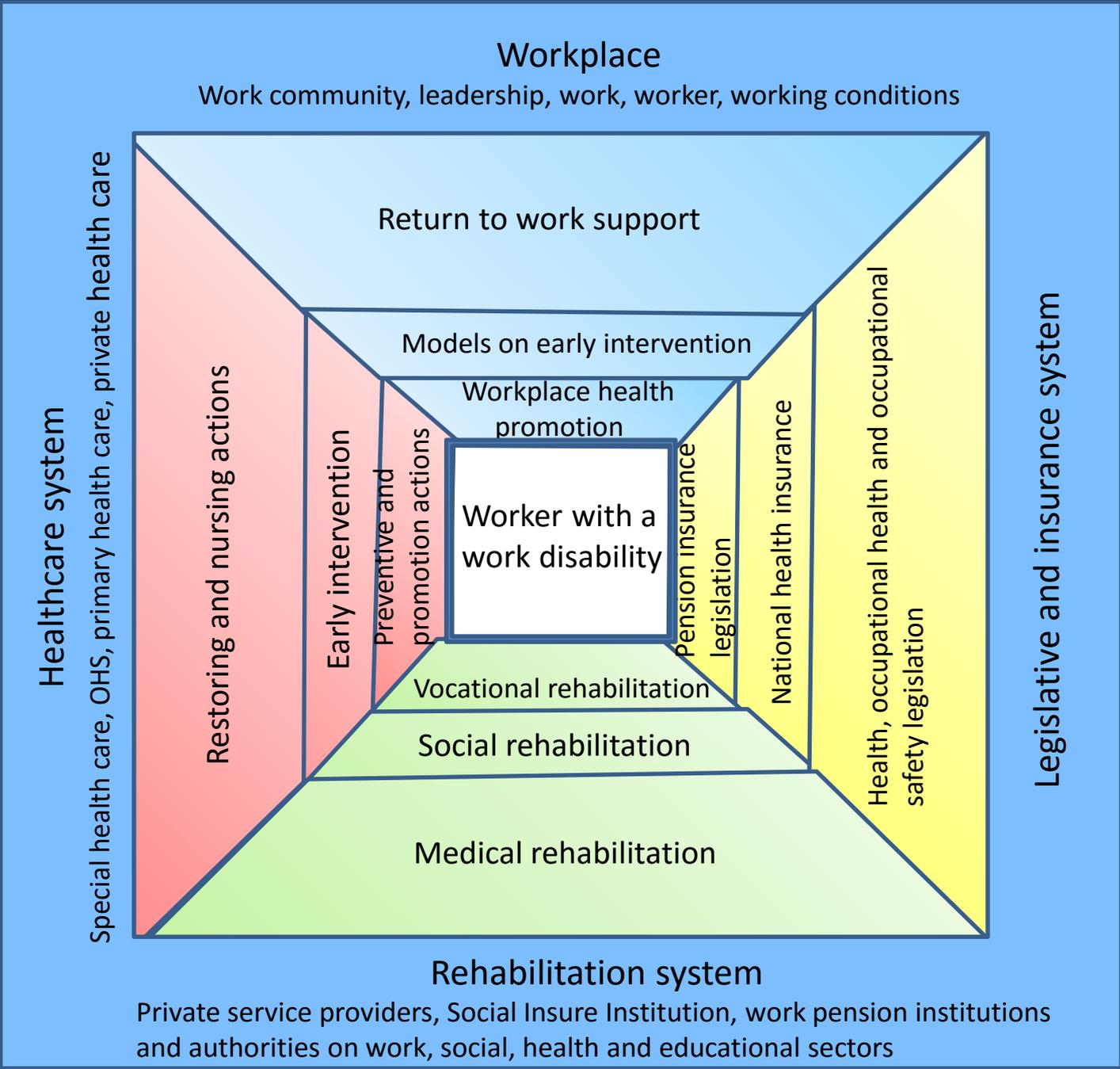
- 30 days of absence (cumulative in one year)
- Sickness benefits must be applied within 60 days
- Assessment made by OH physician when 90 sickness allowance days accumulated in two years
- At 150 days, a letter from Kela informing about rehabilitation options
- 300 days: partial or full disability pension

Reduced work ability and benefits provided by Kela



Work ability - a multidimensional model

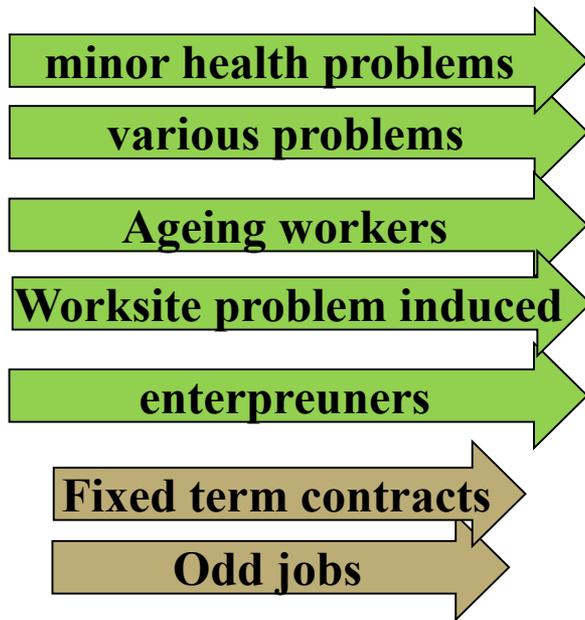




(Loisel 2009, modified)

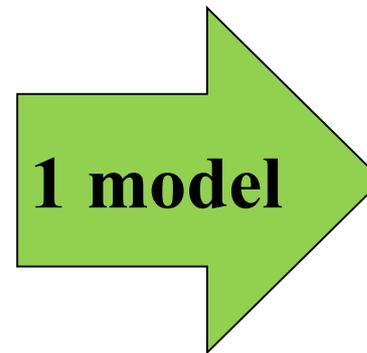
Development of a new model

Phase 1

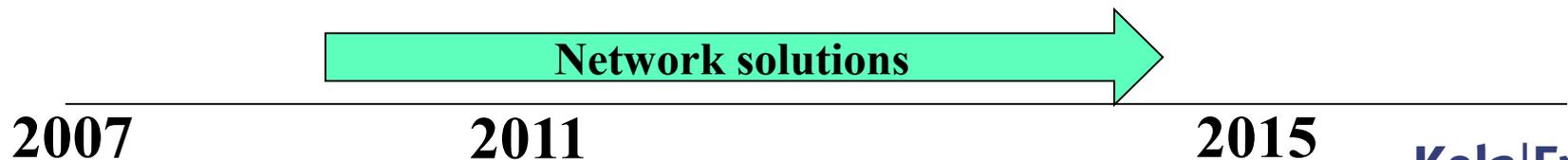


- ❖ Individual need assessments
- ❖ Flexibility of the model
- ❖ Work linkages

Phase 2



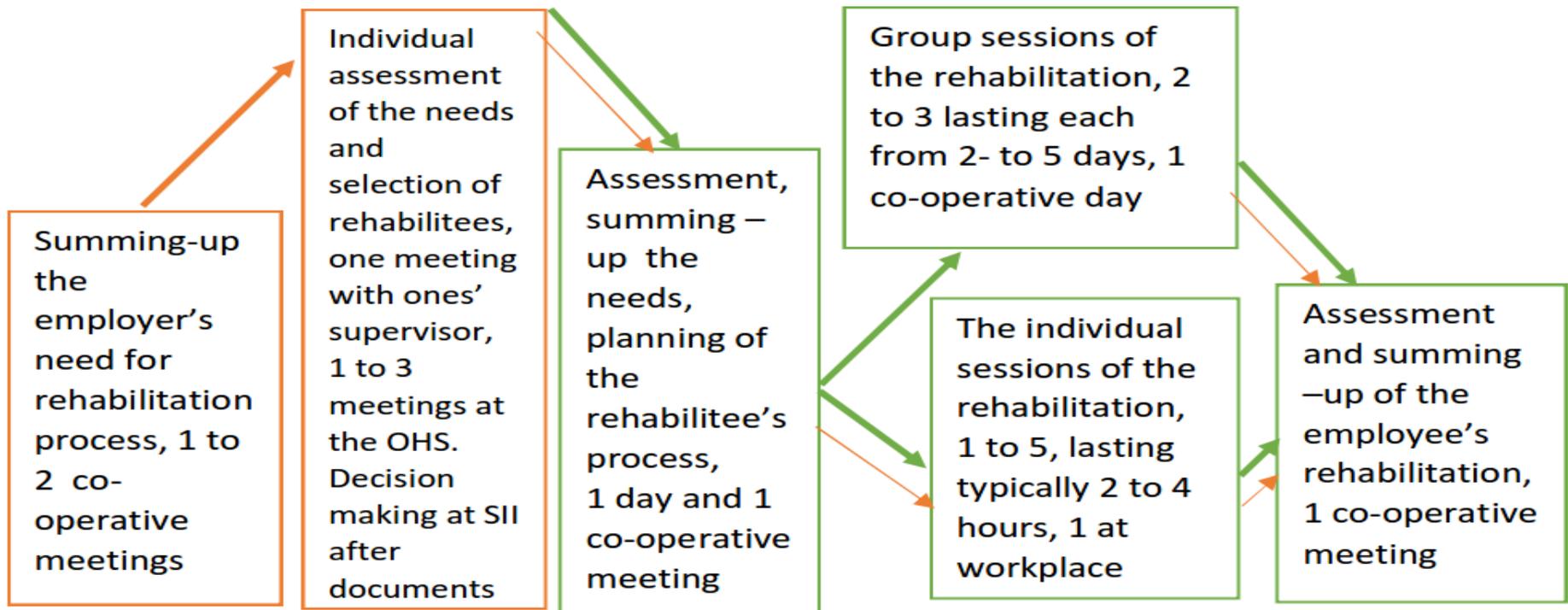
GOAL



Intervention 2012-2014

- Tested the Phase 2 model
- aimed at close collaboration with employees (N=233), employers (N=27), occupational health (N=27) and rehabilitation services providers (N=5)
- Aimed to be flexible and correctly timed in order to fulfill the needs of both rehabilitees and their employers

A new concept of work-related occupational rehabilitation



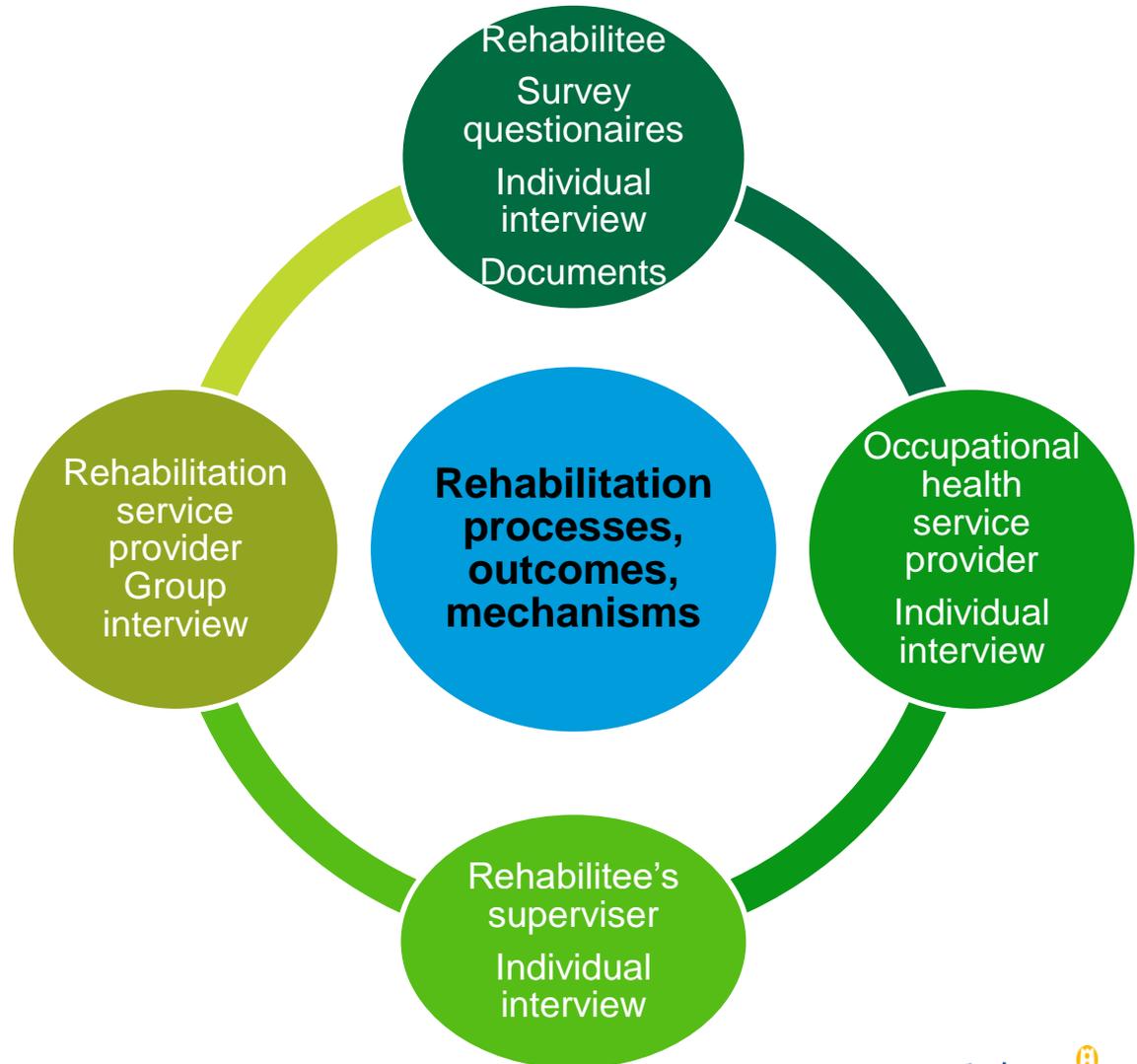
The model of the work-related multi-disciplinary rehabilitation

Theoretical background: We assumed that...

1. Work-related rehabilitation process is a social intervention in a complex system (MacEachen 2013)
2. The outcomes and impacts of rehabilitation are due to interaction between the intervention and other components and subsystems (workplace, occupational health care) of the complex system (Westhorp 2013; Byrne 2013)
3. The outcomes emerge through contextual mechanisms (Realistic evaluation theory, Pawson & Tilley 1997)
4. The rehabilitees' active personal agency, readiness (motivation) for rehabilitation and shared agency with stakeholders of the process is key to a sustainable outcome of rehabilitation. (Hiltlin & Elder 2007)

Study design: multiperspective mixed methods approach

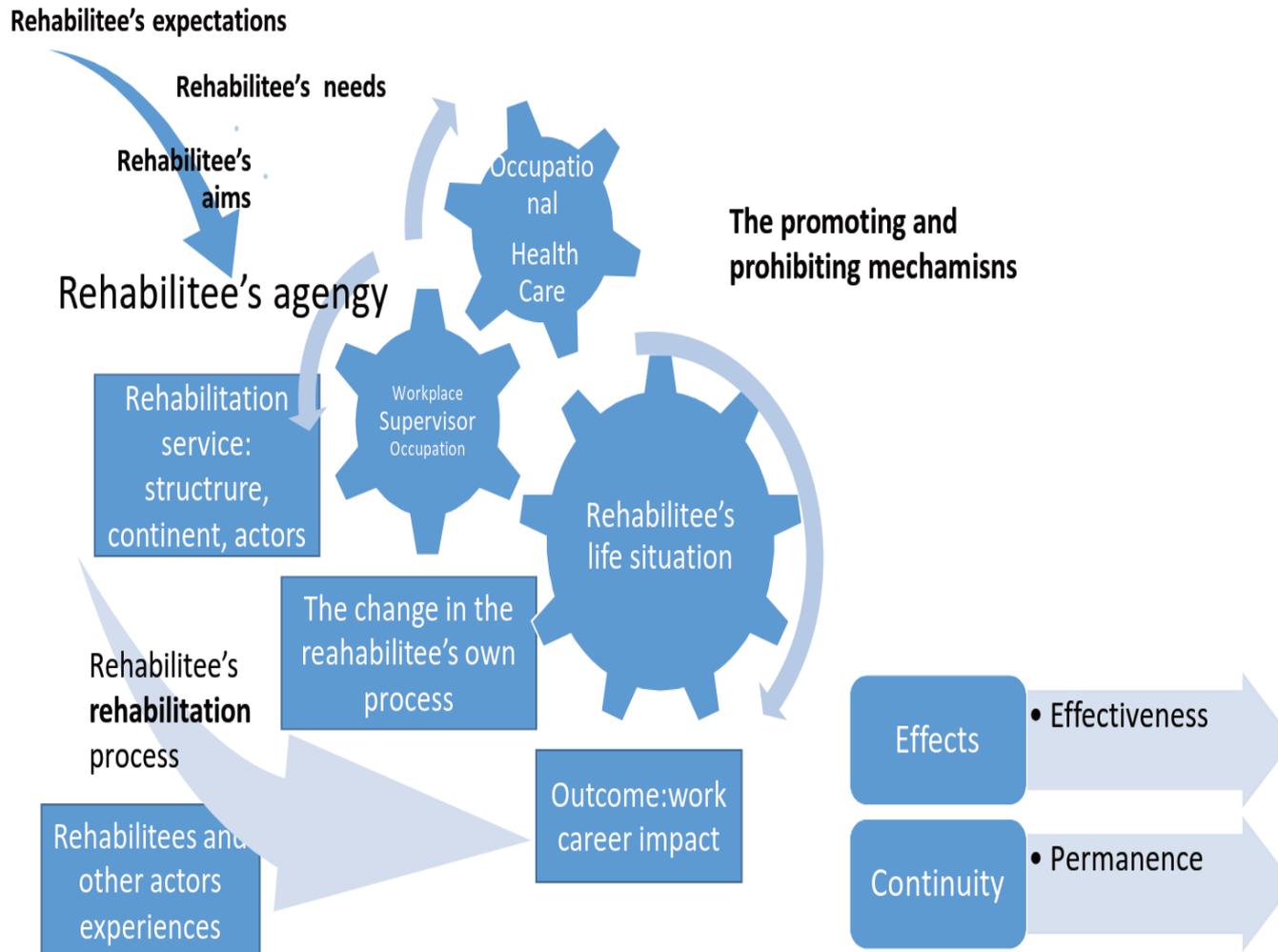
- ❑ Rehabilitation processes and outcomes were examined from all the rehabilitation stakeholders perspectives.
- ❑ Overall evaluation focused on the implementation of the intervention and a case-study focused on mechanisms and paths in rehabilitation (Qualitative comparative analysis QCA)
- ❑ Multi-disciplinary research team



Mechanism

- ❑ The rehabilitees' process was shaped by one's expectations of the rehabilitation service, one's needs and goals for the rehabilitation through one's own agency.
- ❑ Rehabilitation service process itself, the identified changes and the outcomes were promoted or inhibited by the actions taken by the stakeholders like the workplace and especially the employee's supervisor, the OH service provider or professionals and factors of one's life situation.

Mechanism



P. Juvonen-Posti, R. Seppänen-Järvelä, M. Henriksson, S. Pesonen, V. Syrjä, M. Tuusa, M. Savinainen, Rehabilitatee's agency and collaboration within stakeholders promoting job retention in work related rehabilitation. 4th WDPI conference.2016. http://www.wdpi2016.org/images/WDPI_Science-programme-2016-LR2.pdf

Conclusion

- The outcomes and impacts of rehabilitation are due to interaction between the intervention and other components and subsystems (e.g. workplace, OH) of the complex system.
- The rehabilitation promotes job retention IF the process is conducted at the right time in terms of the rehabilitee's readiness for work related rehabilitation programme, the rehabilitee exercises an active personal agency AND the supervisor of the rehabilitee has the capacity and readiness to make workplace adjustments.



- Vocational rehabilitation practices should include arenas for collaboration, where rehabilitees and all the stakeholders needed can equally participate.

