
Research on assessment methods of work ability

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Topics

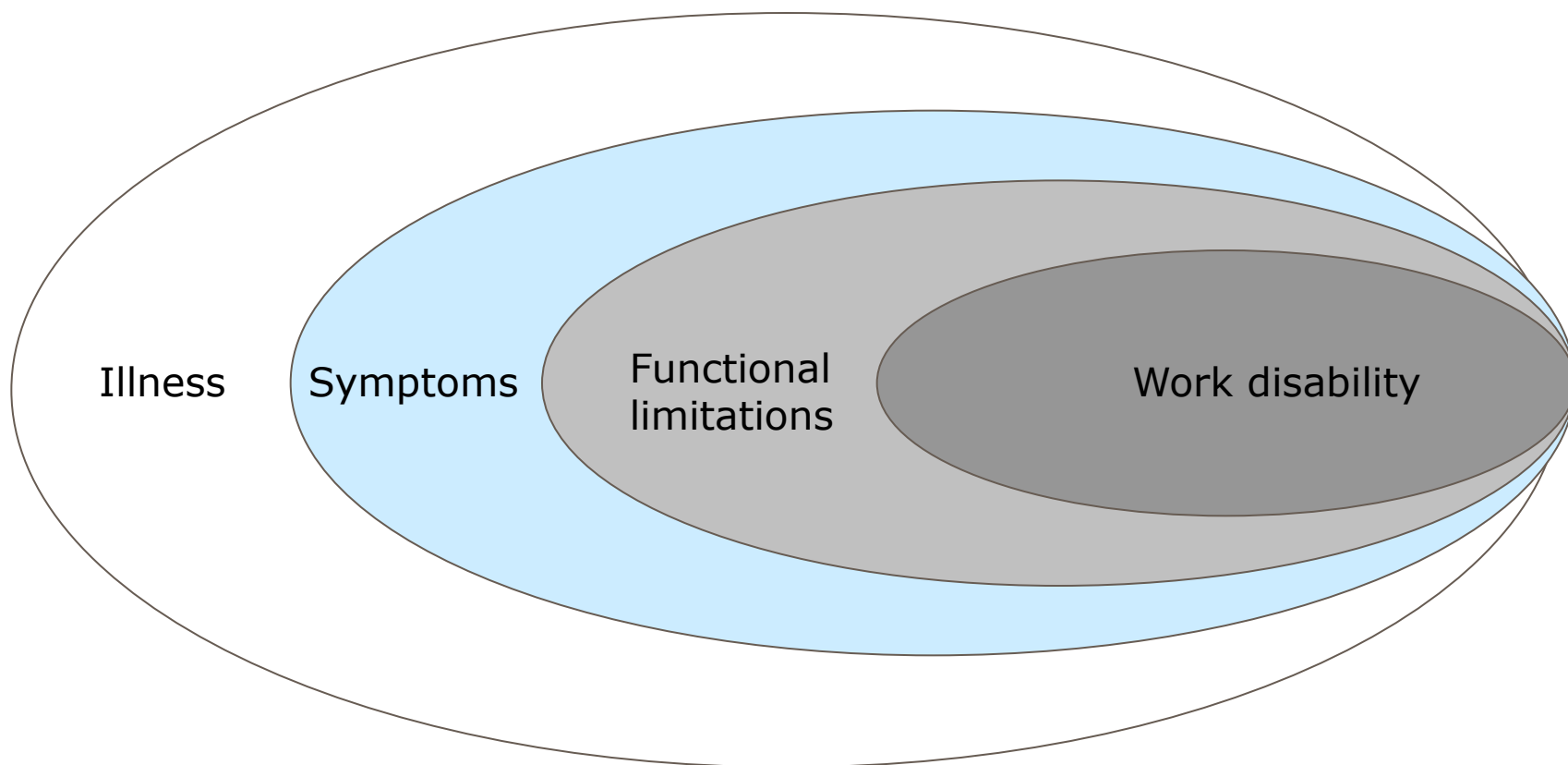
- Terms
- What is work ability?
- Assessments
- Research methods
- Final remarks

Term clarification

- Work ability
- Work capacity
- Work capability
- Functional ability/capacity/capability

"The work ability chain"

Source: SOU 2008:66



Definition

- A person P has complete work ability if, and only if, P has the work specific manual and intellectual **competence**, **strength**, as well as **tolerance** and **courage**, relevant **virtues**, other **qualifications** and has the physical, mental and social **health** that is required to fulfil the **tasks** (or alternatives within a set of tasks) and reach the **goals** (with some requirements of quality) which belong to the job in question, given that the physical, psychological, and organizational work **environment** is acceptable to P , or can with adjustments easily be made acceptable to P

– Nordenfelt. L. *The concept of work ability*, 2008, p 137.

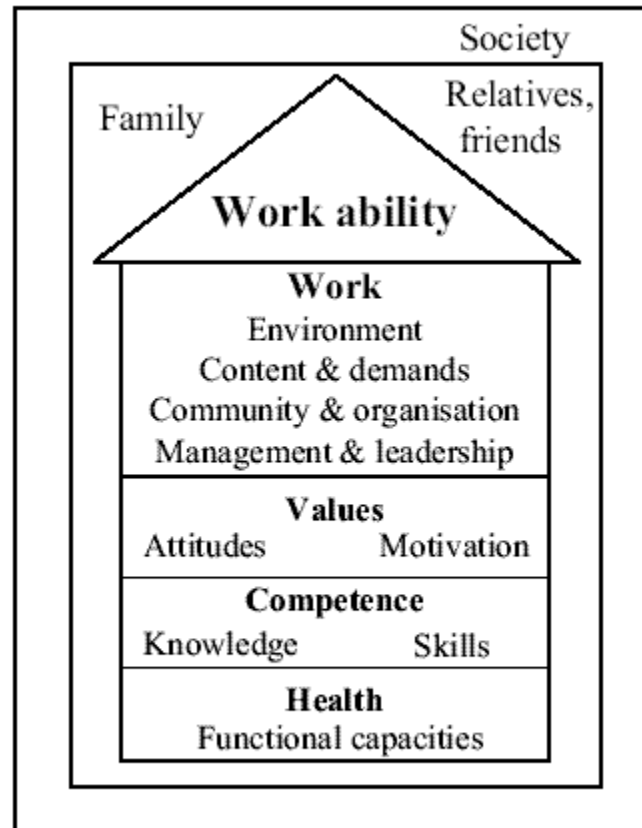
Individual, work and environment

- "There seem to be consensus that work ability cannot be analysed solely according to the characteristics of the individual. Work and the environment must also be taken into consideration"

Ilmarinen: Dimensions of Work Ability

Fig. Dimensions of work ability

Source: Ilmarinen 2008



The work content

- Anselm Strauss: Social Organization of Medical Work
- Complexity of treatment work in hospital wards:
 - Machine work
 - Safety w.
 - Comfort w.
 - Sentimental w.
 - Articulation w.

Medical research on work ability

- Occupational health: the epidemiology of work disability
 - Predictive instruments
- Rehabilitation: The treatment of work disability
 - Evaluating
- Social security: the medico-legal context (the decision)
 - Discriminatory

Finnish work ability index (WAI)

- Used since the 1970's
- Finnish Institute of Occupational Health
- Screening and research instrument
- Research area
 - Occupational health
 - Public health
- A good predictive instrument, with good properties
- It is not discriminatory

The instrument

- Current work ability compared with lifetime best (0-10)
- Work ability in relation to demands of the job (2-10)
- Number of current diseases (1-7)
- Estimated work impairment due to disease (1-6)
- Sick leave last year (1-5)
- Own prognosis of work ability in two years (1-5)
- Mental resources (1-4)

- Scores: Poor (27), moderate (36), good (43), excellent (49)
- Used in clinical work (prediction in aging workers) and epidemiology

Health 2000 Survey

- Representative sample of Finnish adults (n=5,199)
- Interview and questionnaire
- Results
 - Well-educated persons have better work ability
 - Psychoses and CHD affect work ability strongest
 - Functional incapacity had strong relation to work ability
 - Competence, work motivation, mental strain related to work ability
 - Health, functional capacity, work characteristics were most important
 - Unemployment lowers work ability
 - Self-reported work ability has improved from 1978 to 2000, and is related to change in educational structure

Work ability in rehabilitation

- Frequently used as an outcome variable. "Is work ability restored?"
- Work ability cannot be measured directly
- Proxies are used, such as
 - Self-reported inability to work
 - Functional status (many clinical instruments)
 - Employment status (working?)
 - Disability benefits
- Evident short-comings of proxies

Functional assessments in vocational rehabilitation

- ICF Research Branch of WHO
- Objective
 - To develop a Generic Core Set for vocational rehabilitation based on ICF
- Methods
 - Preparatory phase
 - (1) systematic review of the literature
 - (2) worldwide survey of experts
 - (3) cross-sectional study
 - (4) focus group interview.
 - Consensus conference
 - to determine the ICF categories
 - Final phase
 - validation studies

Work ability assessments in social security

- In social security, only limitations due to ill health/loss of functional capacities, are accepted as ground for benefit
- Assessments focus on functional capacities and health-related work ability

Aims for work ability assessments

- Benefit decisions
 - Disability and incapacity benefits, sick leave, including grading
 - Focus on deficits and loss of work ability
 - Limited - according to legal requirements

- Guidance
 - Return to work, rehabilitation, job matching
 - Focus on resources, remaining work ability, compensatory mechanisms
 - Comprehensive

- (Evaluation
 - Follow-up of clients
 - Effective measures)

- It is difficult to combine two aims in one assessment

Methods for the assessment

- Assisted by instruments (UK; NI; Sw)
 - Self assessment
 - Expert assessment
- Purely clinical assessment (No; Dk)
- Short term absence (up to ½ - 2 years)
 - Mainly purely clinical assessment, but guidelines are common
- Long term absence
 - Assistance by instruments and guidelines is fairly common

Clinical assessments for short term absence

- Research on decisions on short term sickness certification
 - Interviews and focus groups
 - Surveys
 - Observation
 - Case studies
 - Register studies

- Reiso: Work ability and sickness absence - A follow-up study in general practice (2004). PhD thesis. University of Oslo.

- Results
 - Patients and doctors concur on work ability assessments in the start
 - Patients rate their work ability lower when physical or mental strains at work
 - Doctors rate the patient's work ability lower when supported by clinical findings

Instrument assessment in long term absence

- Impairment assessments: AMA guides
- Functional assessment: WCA, FML, SLU, Norfunk

- Work capability assessment (WCA) 2008
- PCA 1991
- All applications for disability benefits in UK
- 21 areas of functional capacities (11 physical; 10 mental)
- Descriptors 0-15 points
- Eligibility: minimum 15 points

Descriptors

Reaching

- (a) Cannot raise either arm as if to put something in the top pocket of a coat or jacket. 15
- (b) Cannot put either arm behind back as if to put on a coat or jacket. 15
- (c) Cannot raise either arm to top of head as if to put on a hat. 9
- (d) Cannot raise either arm above head height as if to reach for something.
6
- (e) None of the above apply. 0

Research

- Limited studies on reliability and validity
- Qualitative studies engaging expert groups, stakeholders. Is WCA valid, relevant, reliable, feasible?
- Hardly a scientific approach – but can it be? Are questions on functional areas, normality and weight scientific?
- It is unclear what research can contribute

Work ability assessments – qualitative research

- To identify new and problem areas
 - To explore the decision process
 - To explore practice
 - Stakeholder's views and attitudes
-
- Group interviews
 - Narratives
 - Document studies

Summary

- Complex field
- Psychology, sociology, medicine, economics, philosophy...
- Both qualitative and quantitative research is necessary
- Research is still in an early stage: nomenclature and classification
- Not a large research field (yet)
- Priorities:
 - Reviews
 - Population studies on work ability
 - The relationship between functional abilities and work ability
 - Longitudinal studies

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