



10.15

Experiences of other researchers with European cross-country studies: *Results of a pilot inquiry*

Angelique de Rijk
Ute Bültmann

Content

- Background and research question
- Method
- Results: 3 main strategies
- Conclusion

Background

- Lack of knowledge:
 - Only few cross-country studies on sickness absence in Europe
 - Papers do not tell the preparing work, obstacles, discussions etc.
 - Need to learn from experience
 - Not all researchers able to present today
- Our research question: What are the bottlenecks and opportunities in establishing comparative research in Europe?

Methods

- N=6 researchers interviewed (H. Anema, T. Veerman, A. van der Giezen, K. Putnik, K. Michelsen, K. Thielen)
- Variation
- From our own network
- Topiclist:
 - background of study
 - establishing collaboration
 - funding
 - organization
 - research methods
 - type of report
- Semi-structured interviews by telephone or e-mail
- Qualitative analysis (interpretative, grounded theory)

Results: 3 strategies

Bottlenecks and opportunities depend on strategy:

1. Top-down strategy of EU-projects
2. Strategy of existing connections
3. Bottom-up strategy

1. Top-down strategy

- Characterized by formalized procedures:
 - One institute takes lead; leader at professor level; coordinators
- Bottlenecks:
 - Network needed, best to have it established before the call
 - Not too many different people should work on one task
 - Financial matching by institute
- Opportunities:
 - Lobby in Brussels for call for tender or project
- E.g. Public Health programme DG Sanco
 - Aims at intervention but also includes workpackage ‘Scientific Background’
 - Not the best strategy for establishing *research*

2. Strategy of existing connections (1)

- No formalized procedures
- Starting point of interest: international meeting
- Each country: own financing by national institutes (Social Insurance, Ministry of Labour and Social Affairs etc.)

- Strengths: all countries interest in content
- Bottlenecks:
 - Difficulties regarding definitions
 - Varying datasources
 - Democratic organisational structure time-consuming and complex: preferably one leading country
 - Translation to policy not guaranteed
- Opportunities
 - Fits with national / local interests
 - No bureaucracy from Brussels

2. Strategy of existing connections (2)

Example 1(1): Six country back pain study (1999)

- RQ: Which factors influence RTW? Multifactoral model
- Discussion on variables and definitions
 - Definition of interventions (local differences)
 - One meeting with all, then by telephone and post
 - Similar definition = similar data?
- Data collected by registers and questionnaires
- Data management by one agency/person with experience
 - Uniformity in names of variables (matched with definitions)

2. Strategy of existing connections (3)

Example 1(2): Six country back pain study (1999)

- Samples problematic
 - > 3 months sick leave
 - Those who already had recovered not included
 - Difference between countries in early treatment
 - As a consequence: the conclusion that RTW-chances were higher in Netherlands is not valid

2. Strategy of existing connections (4)

Example 2(1):

- “Holland” study
- Comparison of policies regarding return to work
- Existing connections and interesting countries (to establish contrast)
- Not too many countries to perform detailed (in-depth) policy analyses

2. Strategy of existing connections (4)

Example 2(2):

- Important:
 - Money for international workshops (not meet to meet)
 - Multidisciplinary project group
 - Start with detailed country analyses
 - Methodological challenges in cross-country analyses have to be addressed
 - Better understanding of results through detailed social-political comparison of countries

3. Bottom-up strategy (1)

- One researcher takes lead
- Data collected by personal network and snowball method
- Opportunity *and* bottleneck:
 - Personal communication important asset
 - Requires high level of both coordinating and communicative skills
- Opportunities:
 - Strategy allows for high level of standardization and harmonization
 - Strategy allows for local differentiations in methods:
 - Translation of questionnaires
 - Approach of samples

3. Bottom-up strategy (2)

- **Example 1: Work-home interference in Malta, Serbia and Netherlands**
- Researcher had lived in these three countries
- Teachers / doctors / nurses from own network
- Questionnaires and semi-structured interviews
- Standardization:
 - Dutch data were already collected
 - Same questionnaire in different languages
 - Some cultural adaptations

3. Bottom-up strategy (3)

- **Example 1(2): Work-home interference in Malta, Serbia and Netherlands**
- Different methods
 - Items in questionnaire were adapted
 - Sample collection
 - Serbia: informal, take time to discuss things
 - Malta: formal approach, via hierarchy
- Be friendly but persistent
- Questionnaires on paper because teachers and nurses hardly use pc's
- Analyses:
 - Anovas for differences in means
 - MRA per country
 - Multi-level analysis with country as level

Conclusions

- Comparative research in sickness absence: not one standard strategy!
- All:
 - Time-consuming
 - Organizational skills are necessary
- Analysis of existing data (OECD, Eurofund etc.) only part of the studies