EFFECTS OF A WORKPLACE INTERVENTION IN INPATIENT OCCUPATIONAL REHABILITATION: A RANDOMIZED CONTROLLED TRIAL

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AIM

To assess the effects on sick leave of an inpatient multicomponent occupational rehabilitation program including a work-place intervention compared with an inpatient multicomponent occupational rehabilitation program without work place intervention
**Workplace Intervention**

- Workplace interventions
  - International studies show good effect
  - Common in Norwegian occupational rehabilitation
  - Effect not good enough tested in Norwegian context
Hysnes Helsefort

![Graph showing the number of days on medical benefits over months from inclusion for both inpatient and outpatient programs. The graph indicates a steady increase in days for both programs over time.](image)
RCT
Participants recruited from both nav and general practionaire
18-60 years old workers from Trøndelag
At least 50% sick listed for 2-12 months
Employed in at least 20 %
Methods

- Identified via Nav registers (n=3086)
- Refered to rehabilitation from GP
- Excluded due to no answer (n=2941)
- Reaches study information by mail
- Prescreening (from Nav, n=145)
- Excluded (n=34)
- Randomization (from Nav, n=111, from GP, n=64)
- Rehabilitation (n=87)
- Rehabilitation + workplace intervention (n=88)
- Questionnaires at pretest, post-test, 4, 8 and 12 months.
- Sick leave registers after 12 months.
OCCUPATIONAL REHABILITATION

OCCUPATIONAL REHABILITATION + WORKPLACE INTERVENTION
Methods

WORKPLACE INTERVENTION

First two weeks
- During home week
- Last week

Group meeting
Individual preparation
Methods

WORKPLACE
INTERVENTION

First two weeks
Home week
Last week

Workplace meeting
Methods

WORKPLACE INTERVENTION

First two weeks
During home week

Last week
Report from the meeting
12 months follow up
Sick leave days
Time until sustainable return to work
- 4 weeks without sick leave

Nav registry data
## Results

### Participants

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N</strong></td>
<td>175</td>
</tr>
<tr>
<td><strong>Age mean (SD)</strong></td>
<td>46 years (9)</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>69 %</td>
</tr>
<tr>
<td><strong>Higher education</strong></td>
<td>55 %</td>
</tr>
<tr>
<td><strong>Diagnosis</strong></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>13 %</td>
</tr>
<tr>
<td>L</td>
<td>44 %</td>
</tr>
<tr>
<td>P</td>
<td>43 %</td>
</tr>
<tr>
<td><strong>Length of sick leave at inclusion median (IQR)</strong></td>
<td>184 (139-255)</td>
</tr>
<tr>
<td><strong>Workstatus</strong></td>
<td></td>
</tr>
<tr>
<td>Full</td>
<td>71 %</td>
</tr>
<tr>
<td>part time</td>
<td>28 %</td>
</tr>
<tr>
<td>Partly on disability benefit</td>
<td>1 %</td>
</tr>
</tbody>
</table>
Days on sick leave
median (IQR)

Between groups difference:
6 months – 12 days
12 months – 15 days

Not statistical sign. differences
Results

Time until sustainable RTW

Hazard ratio 0.74 (0.48-1.16)
CONCLUSION

No difference between groups
Estimates indicate slower RTW for workplace intervention group

Reflections
Long sick leave before inclusion (median 184 days)
Bad timing for a workplace meeting?
Does a workplace meeting work best at an earlier phase?
Maybe not everybody gain from a workplace meeting?
A small intervention added to an effectful intervention
Does the meeting confuse?
To early exposure to demands?
MEDARBEIDERE I STUDIEN
THANK YOU!

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