



# SKOGLI

## helse og rehabilitering

### A quality-management report

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# Does work-place customization matter?

### Introduction

In Norway, the employer has an obligation to customize for employees with temporary reduced working capacity. The consequences of prolonged absence due to sickness- or repeated sick-leave - may cause the patient to doubt his or her own ability to work and might reduce the feeling of mastery in the workplace. Customization is used to lower the requirements, thus contributing to gradually increasing more presentism. Can customization contribute to more presence-at-work 12 months after an occupational rehab-program?

### Methods

Participants: 115 patients that one year after discharge have an employment-status with their pre-rehab employer; Mean age: 49.3 years (SD: 8.3), 80.3 percent women. Program: In-house 3-week occupational multi-professional rehabilitation-program, including interaction with employer /Norwegian welfare system.

Outcomes/instruments: Questionnaire on arrival (T1) and follow-up after 12 months (T12).

- Size of contracted employment (percent of full-time employment)

- Self-assessed work-ability-scale 0-10 (N=71)

Grouped as "Same tasks" (G1) and "New or customized tasks" (G2) at T12

### Results

Difference of mean - Independent Samples T-test. There is a significant ( $p < 0.05$ ) difference of mean employment-percent between G1 and G2 at T12, but not at T1. There are no significant differences between G1 and G2 on T1/T12 mean-values of self-assessed work-ability.

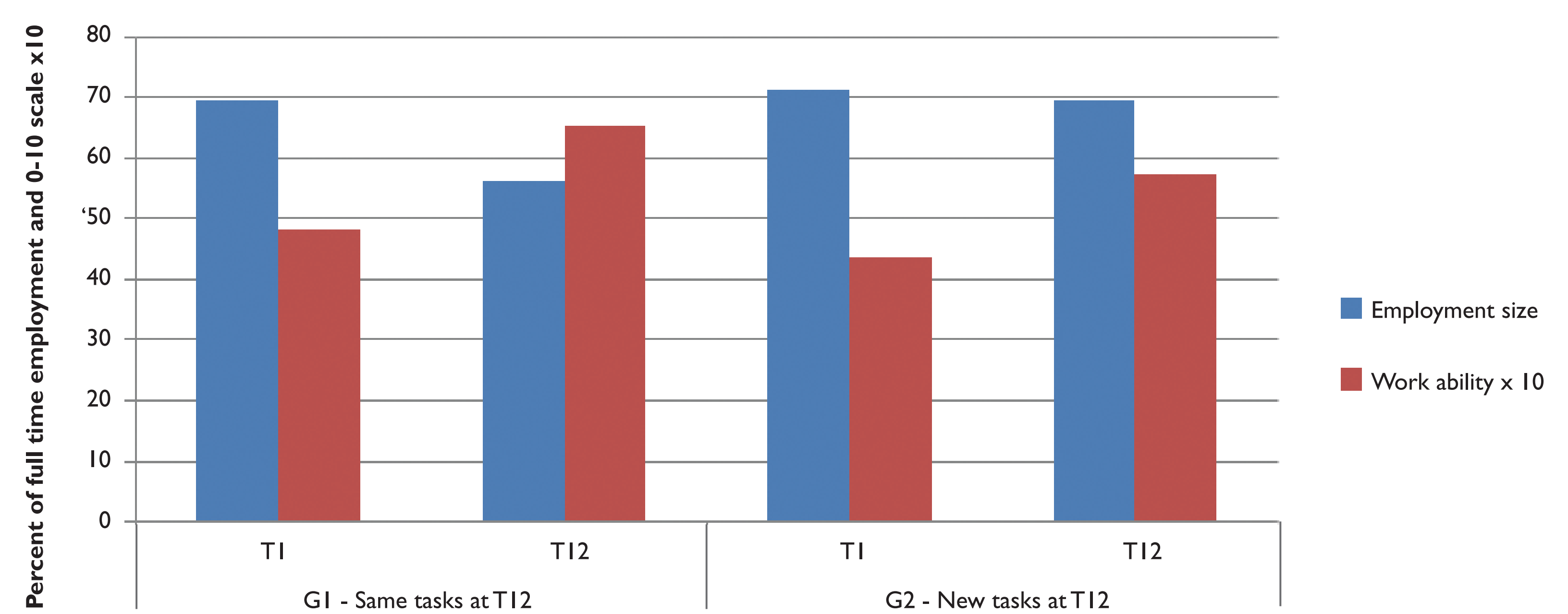
	T1		T1 to T12				T1		T12	
	Mean (SD)	Mean (SD)	Within group change		Paired samples T-test		Between group difference in change (95%CI)		Independent samples T-test	
			Change	%-change	p-value	effekt size $\alpha$	Mean (95% CI)	p-value	Mean (95% CI)	p-value
<b>Contracted employment size*</b>										
<b>G1</b>	69.6 (37.5)	56.4 (40.3)	10.4	15% reduction	<b>0.011</b>	0.27 - small	2.9 (-17.2 - 11.4)	0.685	12.8 (-27.2 - -0.4)	<b>0.043</b>
<b>G2</b>	73.1 (33.4)	69.4 (31.1)	3.7	5% reduction	0.470	0.12 - none				
<b>Self-assessed work ability**</b>										
<b>G1</b>	4.8 (2.2)	6.5 (2.0)	1.7	35% increase	<b>0.001</b>	0.81 - large	0.11 (-1.0 - 1.2)	0.685	12.8 (-0.6 - 2.2)	0.262
<b>G2</b>	4.4 (1.4)	5.7 (2.6)	1.3	31% increase	<b>0.049</b>	0.77 - moderate				

\*percent of full employment

\*\*0-10 scale - "Completely without the ability to work" to "Work ability at its best"

$\alpha$ =Cohen's d

### Contracted employment size and self-assessed work ability



### Discussion and conclusion

There seems to be a tendency to keep the original employment-tasks and rather reduce the employment-size, than to find new or customized employment-tasks and keep the employment-size. Interestingly, both G1 and G2 had about the same improvement of self-assessed work ability from T1 to T12 - while G1 had a significant reduction of employment-rate in the same period.

Is it the employees who choose rather to keep familiar work-tasks and reduce work-participation, rather than trying new tasks? Is there a need for better financial support-schemes for employees to arrange permanent customization? Have financial support-schemes for job-reduction, including insurances, been so good that the financial incentives to remain in the original employment-rate have become too weak?

There is need for scientific research in this area.

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