

# The assessment of efforts to return to work in the European Union

Anna Muijzer<sup>1,2</sup>, Johan W. Groothoff<sup>1,2</sup>, Wout E.L. de Boer<sup>3</sup>,  
Jan H.B. Geertzen<sup>2,4</sup>, Sandra Brouwer<sup>1,2</sup>

1 Department of Health Sciences, University Medical Center Groningen, University of Groningen, The Netherlands

2 Graduate School for Health Research, University Medical Center Groningen, University of Groningen, The Netherlands

3 TNO Work and Employment, Hoofddorp, The Netherlands

4 Department for Rehabilitation Medicine, University Medical Center Groningen, University of Groningen, The Netherlands

**Correspondence:** Anna Muijzer, University Medical Center Groningen, University of Groningen, Department of Health Sciences (FA10), Antonius Deusinglaan 1, 9713 AV Groningen, The Netherlands, tel: ++31-50-363-9013, fax: ++31-50-363-6251, e-mail: a.muijzer@med.umcg.nl

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**Background:** Assessment of efforts to promote return-to-work (RTW) includes all efforts (vocational and non-vocational) designed to improve the work ability of the sick-listed employee and increase the chance to return to work. Aim of the study was to investigate whether in 13 European countries these RTW efforts are assessed and to compare the procedures by means of six criteria. **Methods:** Data were gathered in the taxonomy project of the European Union of Medicine in Assurance and Social Security and by means of an additional questionnaire. **Results:** In seven countries RTW efforts are subject of the assessment in relation to the application for disability benefits. Description of RTW efforts is a prerequisite in five countries. Guidelines on the assessment of RTW efforts are only available in the Netherlands and no countries report the use of the ICF model. Based on the results of the additional questionnaire, the assessor is a social scientist or a physician. The information used to assess RTW efforts differs, from a report on the RTW process to medical information. A negative outcome of the assessment leads to delay of the application for disability benefits or to application for rehabilitation subsidy. **Conclusion:** RTW efforts are assessed in half of the participating European countries. When compared, the characteristics of the assessment of RTW efforts in the participating European countries show both similarities and differences. This study may facilitate the gathering and exchange of knowledge and experience between countries on the assessment of RTW efforts.

**Keywords:** Disability, return-to-work, vocational rehabilitation, work

## Introduction

In recent years, disability benefit policies have changed in several European countries in order to reduce the inflow into the disability benefit schemes.<sup>1</sup> These policy changes include the emphasis on participation and return-to-work (RTW) efforts, rather than on level of impairment and disability.<sup>1–3</sup> RTW efforts include all efforts (vocational and non-vocational) undertaken by the employer and employee to improve the work ability of the sick-listed employee in the period between onset of sickness absence and the application for disability benefits.<sup>4</sup> Assessing an outcome such as the efforts made in the RTW process is an elaborate and complicated decision making process.<sup>5,6</sup> Several authors mention characteristics which may influence this assessment process.<sup>5,7,8</sup>

Over the years, many studies have been published about the assessment of disability benefits.<sup>2,9,10</sup> In the Netherlands, a national description about RTW efforts as part of the assessment of disability benefits is available and described in a guideline for the assessors.<sup>4</sup> Up to now, no scientific publication about RTW effort assessment is available. Furthermore, information is lacking about whether the RTW efforts are part of the assessment of disability benefits in other European countries too. It is known that countries differ

substantially in aspects included in the assessment of disability benefits.<sup>1,11,12</sup> Against the background of international comparison regarding social policies this lack of research about RTW effort assessments in other European countries seems undesirable.<sup>1,3</sup>

The aim of this study was to investigate whether in 13 European countries RTW efforts are assessed as part of the application for disability benefits and to get insight in and to compare the procedures described. The main question answered by this study is: 'Are RTW efforts in the European Union assessed as part of the application for disability benefits?' For those countries which assess RTW efforts, some additional questions were answered regarding (i) subject of the assessment, (ii) prerequisites for the assessment, (iii) availability of guidelines and use of the ICF model, (iv) background of the assessor, (v) information used for the assessment and (vi) aim of the assessment.

## Methods

A description of the Dutch procedure of the assessment RTW efforts was made using a national description of the Institute of Social Insurance.<sup>13</sup> Data about other European countries was gathered by using two different sources. Firstly, analyses were performed on data gathered in the taxonomy project of the

European Union of Medicine in Assurance and Social Security (EUMASS) and a Dutch research institute (TNO Quality of Life), concerning assessment in relation to the application for disability benefits.<sup>14</sup> In the taxonomy project, data was gathered in 2007 by means of semi-structured open question interviews about 11 European countries: Belgium, Czech republic, Ireland, Finland, France, Germany, Italy, Norway, Slovakia, Slovenia and Sweden. During the research project, additional information about Denmark was collected as well because of recent relevant developments in this country in the field of return-to-work efforts.<sup>13</sup> The information on Denmark was collected by means of a short questionnaire, which was added to the additional questionnaire for the second part of the study.

Information was available in the taxonomy project on three characteristics (table 1): (i) subject of the assessment, by asking about aspects on which the claimant is assessed, (ii) prerequisites for the assessment, by asking about the work which has to be done before a claim is presented and the time span in which that work has to be done and (iii) availability of guidelines and use of the ICF model. Furthermore, the respondents were asked about whether the International Classification of Functioning, Disability and Health (ICF) model<sup>15</sup> is used in their country in relation to the assessment (see table 1).

Secondly, in order to get insight in procedures used in the assessment of RTW efforts, those countries were selected by the researchers in which RTW efforts were part of the subject of the assessment, or description of RTW efforts was a prerequisite of the assessment. Contact persons present on the EUMASS congress 2008 were asked to answer questions (see Supplementary Appendix A) regarding the assessment of RTW efforts or to forward the questions to experts who might act as representatives. In this part, information about three other characteristics was gathered: (iv) the assessor (and his/her background), (v) information (its availability and source)

and (vi) aim of the assessment (including outcomes and consequences) (table 1). The representatives have written down their own answers or the data was summarized by the researcher (AM) and then confirmed by the representatives.

Subsequently, the collected data of each of the selected countries were described and presented in tables. In case further clarification of the information received by the representatives was needed, the first author (AM) contacted the respondents.

## Results

In tables 2 and 3 results are presented of the comparison between the 13 participating European countries on the six criteria. Based on the results of the taxonomy project a description of the three criteria was made (table 1).

Regarding the subject of the assessment (criterion 1), RTW efforts undertaken and possibilities for future RTW efforts are part of the assessment in 7 of 13 European countries (Denmark, Finland, Germany, the Netherlands, Norway, Slovakia, Slovenia) (table 2). Part of the subject of the assessment in the Netherlands is whether there are remaining possibilities for rehabilitation or RTW, i.e. whether the employee is able to return to work at all, for example by means of work accommodations. These possibilities are subject of the assessment in 4 out of 13 countries (Czech Republic, Denmark, Finland and the Netherlands) (table 2).

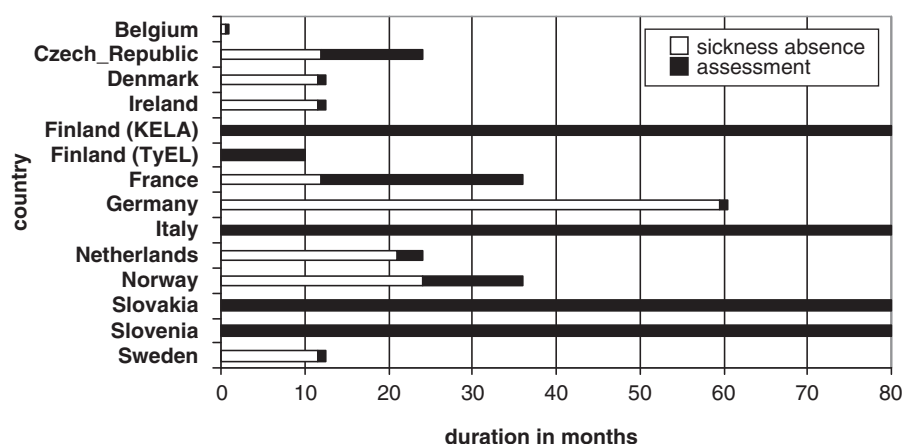
Two prerequisites for assessment (in- and exclusion criteria and time span; criterion 2) are described: a report in which a description is given about the RTW efforts and level of RTW. This includes all activities performed by the employer and employee to promote RTW, whether this has resulted in RTW, and if so, if the RTW is acceptable in terms of wages and/or hours. The description of RTW is a prerequisite in Belgium, Denmark, Germany, Italy, the Netherlands and Slovenia.

The period of sickness absence after which the assessment can take place varies from 2 weeks (Belgium) to no fixed time span (Finland (Kela system), Italy, Slovakia and Slovenia) (figure 1). In other countries, the period of sickness absence extends to 10 months (Finland (TyEL system)) or to 1 year (Czech Republic, Denmark, Ireland, Sweden). In France and Norway the period is a minimum of 1 year to a maximum of 2 years, extends to a maximum of 2 years in the Netherlands and extends to a maximum of 5 years of sickness absence in Germany.

Official guidelines (criterion 3) concerning the assessment of RTW efforts are only available in the Netherlands.<sup>4</sup> In other

**Table 1** Definition of the six characteristics of the assessment

Characteristic	Method
Subject of the assessment	Taxonomy study
Prerequisite of the assessment (criteria and timespan)	Taxonomy study
Availability of guidelines, use of the ICF model	Taxonomy study
Assessor	Questionnaire
Information used in the assessment (availability and source)	Questionnaire
Outcomes and consequences of the assessment	Questionnaire



**Figure 1** The period of sickness absence and the period during which the assessment of disability benefits takes place in months for thirteen European countries

European countries no guidelines or specific legislation regarding assessment of RTW efforts have been reported. None of the countries reported a relation between assessment and use of the ICF-model.

In the second part of the study those countries were contacted in which RTW efforts were part of the subject of the assessment, or description of RTW efforts was a prerequisite of the assessment. These countries were Denmark, Finland, Germany, the Netherlands and Slovenia. Information was gathered regarding three characteristics (table 1). Information on the situation in the Netherlands had already been gathered. Of the four countries that were contacted, Slovenia did not respond.

In Denmark and the Netherlands the assessor (criterion 4) is a graduate in social sciences, called a social worker or a labour expert, respectively (table 3). The assessor in Finland and Germany is a physician, with additional education or specific interest in the field of insurance medicine.

Regarding the information used (criterion 5), in Denmark, the input of the assessment is the information gathered by

contact with the employee. Information gathered by contact with the employer and physician (either general practitioner or medical specialist) is optional. In Finland, the input of the assessment consists of notes of the medical advisor/specialist either hired by the company's Occupational Health Service (OHS) or by the employer. These notes include an action plan and an overview of work possibilities of the employee. The social insurance physician can contact a labour expert if he/she thinks this is necessary, and can also consult the medical advisor/specialist. In addition, the social insurance physician can contact the employer and the employer's OHS. There is no personal contact with the employee. In Germany, the input of the assessment is based on medical facts, taken from the patient's medical file. If the patient agrees, information from the employer's OHS is also gathered. In the Netherlands, a report is written by the employer and employee for this purpose. The report includes a problem analysis, i.e. a mandatory description of the (dis)abilities of the employee by the occupational physician, the plan designed to achieve work resumption (an action plan) and the employee's

**Table 2** Overview of results of the comparison between 13 European countries on criteria 1–3

European countries	Criteria <sup>a</sup>		
	1. Subject		2. Prerequisite
	a. RTW efforts	b. Possibilities	3. Guidelines
Belgium	-	-	+
Czech Republic	-	+	-
Denmark	+	+	-
Finland	+	+	-
France	-	-	-
Germany	+	-	+
Ireland	-	-	-
Italy	-	-	+
Netherlands	+	+	+
Norway	+	-	-
Slovakia	+	-	-
Slovenia	+	-	+
Sweden	-	-	-

+ = Applicable to this country; - = Not applicable to this country

a: (1a) Subject of the assessment: RTW efforts/rehabilitation; (1b) Subject of the assessment: possibilities for RTW efforts/rehabilitation; (2) Prerequisite criteria in the Netherlands: description of RTW efforts/rehabilitation; (3) Availability of guidelines.

**Table 3** Characteristics of the assessment of RTW efforts in Denmark, Finland, Germany and the Netherlands on criteria 4–6

	Countries			
	Denmark	Finland	Germany	Netherlands
Assessor (criterion 4)	Social worker	Social insurance physician	Social insurance physician	Labour Expert
Information used (criterion 5)	Information gathered by contact with employee	Notes of medical advisor/specialist	Information from medical file	Report written by employer and employee
Optional information source	- Physician (General practitioner or Medical specialist) - Employer	- Labour expert	- Employer's OHS	- Social Insurance Physician
Aim (criterion 6)	Whether efforts are sufficient	Whether level of disability is over 2/3	Whether there are no possibilities for rehabilitation	Whether efforts are sufficient or if employer can provide solid grounds for lack of RTW/rehabilitation
Consequences	Application for disability benefits	Application for disability benefits	Application for disability benefits	Application for disability benefits
Positive outcome	Extension of the rehabilitation period of maximum 52 weeks	Application for rehabilitation subsidy	Application for rehabilitation subsidy	Extension of the rehabilitation period of maximum 52 weeks
Negative outcome				

Criteria: (4) Background of the assessor; (5) Information used for the assessment; (6) Aim of the assessment.

opinion regarding the RTW process. The assessors have the opportunity to consult a social insurance physician, and can invite the employer and employee to provide more information by phone, letter or face-to-face contact.

The aim of the RTW assessment (criterion 6) in Denmark, focuses on whether the RTW efforts are sufficient, i.e. whether all possible RTW efforts have been undertaken (table 3). A different perspective is used in Finland, where the aim is to assess whether the level of disability is over 2/3 of the working capacity. In Germany, the aim of the assessment focuses on whether there are no more possibilities for rehabilitation. In the Netherlands, the aim of the assessment focuses on whether the efforts are considered sufficient, and if not, whether the employer can provide solid arguments for not reaching a satisfactory level of RTW.

In Denmark, Finland, Germany and the Netherlands, the application for disability benefits is continued if the outcome is positive (i.e. if the efforts are considered sufficient) (table 3). If the outcome is negative in Denmark and the Netherlands (i.e. if efforts are insufficient and the employer cannot provide solid arguments) the rehabilitation period is extended to a maximum of 52 weeks, whereas both in Finland and Germany a negative outcome results in application for rehabilitation subsidy.

## Discussion

The results show that RTW and assessment of RTW efforts are important subjects in half of the investigated countries. Regarding assessment of RTW efforts, similarities are found between 5 of 13 countries. Nevertheless, countries also differ to a great extent in certain characteristics of the assessment, such as when the assessment for disability benefits takes place (2 weeks to no time limit) and consequences of a negative outcome of the assessment of RTW efforts (no consequence to financial sanction). Taking these characteristics into account, we may conclude that the assessment of RTW efforts differs considerably.

As for the subject and prerequisites of the assessment seven countries reported RTW efforts or possibility to RTW as subject.

Description of RTW efforts was reported to be a prerequisite for assessment in five other countries. According to results of the taxonomy project, the assessment for disability benefits was found to be relatively identical in most European countries for the medical aspect, but not for the vocational aspect.<sup>11</sup> It might be of utmost importance to include RTW efforts in the assessment for the application for disability benefits. If the necessary RTW efforts have not been undertaken, opportunities to reach an optimal level of RTW can be missed, which can result in unjustified granting of disability benefits. Of course, an assessment which takes place right after the onset of sickness absence cannot be considered similar to an assessment which takes place after a longer period.

With regard to the assessor, the main difference in background is type of education. In the Netherlands and Denmark, the assessor has a social background, while in Finland and Germany, the assessor has a medical background. Similarly, the countries differ in the information used for the assessment of RTW efforts. In the Netherlands and Denmark, information about the RTW process is part of the assessment. In contrast, in Finland and Germany the emphasis lies on the medical information, which may explain the difference of educational background. Also, differences are found in using self-report of the employee as a source of information. In the Netherlands and in Denmark this information from the employee is the main source of

information, whereas in Finland and Germany the main source of information is the professional involved, such as a medical advisor or a physician. Considering the multifactorial approach necessary to describe RTW,<sup>12,16</sup> as the RTW process is influenced by personal, social and economic factors,<sup>17,18</sup> using only medical information will not be sufficient to assess the efforts performed in the RTW process. In addition, information from the employee can be used to check the external consistency of the employee's story.<sup>16</sup> On the other hand, information gathered by employee contact can influence the judgement process in a negative way.<sup>17</sup>

These differences in assessment characteristics may result in differences in the assessment procedures and outcome. Even if the information used in the assessment is similar, an assessment can differ due to variation in interpretation<sup>5</sup> and number and type of assessor(s).<sup>11</sup> However, up to now it is not known what the effects of the characteristics mentioned above are on the assessment of RTW efforts. Of course, the best-available evidence regarding the subject should be available to make a proper decision.<sup>5</sup> Therefore, future research should focus on the effects of these characteristics on the assessment of RTW efforts.

As for the availability of guidelines or the use of the ICF framework, this study reports that a guideline on assessing RTW efforts is only used in the Netherlands. However, the Dutch guideline does not depend on scientific evidence and therefore does not meet currently accepted methodology criteria as used in some other guidelines in use in the field of RTW. Future guidelines on assessing RTW efforts should consider quality criteria for the development and implementation of guidelines.<sup>19</sup> Lack of guidelines will cause variability across assessors making judgements on the basis of the same info.<sup>20,21</sup> Besides this, no countries report the use of the ICF framework. A framework can be beneficial for combining uncertainties to a coherent choice.<sup>10</sup> Up to now, the assessment of RTW efforts seems to be a relatively subjective matter, and future research should not only focus on providing an evidence based description of 'sufficient RTW efforts', but also on an evidence-based assessment of the efforts made in the RTW process. Furthermore, it is important to investigate and understand differences in terminology. Using a similar framework and terminology could facilitate communication substantially.<sup>22</sup>

Due to differences in the aim of the assessment, including the consequences of a negative outcome, the extent of the effect of insufficient RTW efforts on each stakeholder and on the RTW process differs between European countries. For example, in the Netherlands, the costs for the delayed application for disability benefits are declared on the employer. The financial responsibility of the employer could have an effect on the time to RTW.<sup>3</sup>

Most European countries have developed and implemented policies containing elements of income support and integration.<sup>1</sup> All these policies stem from the same principles, but they have been developed more or less independently in each country.<sup>12</sup> To facilitate Europeanization of social policies, and to facilitate quality control of the country's own policies, it is important to know and learn from differences in practices.<sup>1</sup>

The strengths of this study lie in the focus on basic characteristics of the assessment of RTW efforts in relation to the application for disability benefits. The results of the study provide information on an international level which can facilitate understanding of similarities and differences. Furthermore, the representatives of the participating countries were contacted through the EUMASS Congress and are therefore considered experts in the field.



The weaknesses of this study go into differences in context which might have caused misinterpretations. In this study, the situation in the Netherlands was chosen as a reference point. This is not considered a gold standard. The characteristics which are subject of this study might not have been chosen if a different country's perspective had been used. Although the choice of aspects may be fairly arbitrary, we are confident that the aspects are relevant according to both literature and experts.

In this study, professionals involved in the assessment for the application for disability benefits were asked for information. As there is very little literature on the subject, and as the assessment itself only seems to be described in Dutch guidelines, the expert's opinions could not be verified by official documents. Nevertheless, the expert's opinion might reflect daily practice more accurately. This confirms the importance of this study, and we hope that the results from this study will reduce future possible misinterpretations in communication on the subject of assessment of RTW efforts. Also, more research is needed to validate the outcome of this study. Of course, if the assessment of RTW efforts is not reported to take place in relation to the application for disability benefits, this could mean that the assessment does not take place at all, or that it is not related to the application for disability benefits. Also, country policies undergo changes constantly,<sup>13</sup> as has been the case in Sweden, where all RTW possibilities must have been tried to obtain sickness compensation.<sup>23</sup>

Unfortunately, Slovenia did not respond to the second questionnaire. However, the comparison between Denmark, Finland, Germany and the Netherlands already provides a considerable amount of information on possible similarities and differences in the assessment of RTW efforts. Furthermore, this study does not take the consequences of the assessment of RTW efforts into account. Further research is needed to compare the countries in terms of efficacy of the assessments for the application of disability rehabilitation, and assess the influence of contextual factors, such as policy changes and the country's history.

Future research should also focus on the development and application of a common framework, based on the use of the ICF model in the assessment of RTW efforts and the RTW process. The application of a framework might improve communication and learning between countries, especially if this framework is designed and approved by the countries involved, and, most importantly, is able to place the factors relevant to assessment of RTW efforts. Using a framework to describe and evaluate the assessment of RTW efforts could facilitate the development of a more uniform, Europeanized policy. Also, efficacy of not only RTW efforts themselves, but also on assessment of those RTW efforts should be investigated further. A common framework could assist in the development of this research and make it easier for other countries to benefit from this research.

In conclusion, RTW efforts are assessed in half of the participating European countries. By comparing, the characteristics of the assessment of RTW efforts in these European countries show both similarities and differences. The assessment of whether sufficient RTW efforts have been undertaken during the RTW process is of utmost importance, as it will enlarge the chance of a sick-listed employee to RTW. This study may provide suggestive evidence for the relevance of research in the field of RTW efforts. It may facilitate the gathering and exchange of knowledge and experience between countries on the assessment of RTW efforts.

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## Key points

- RTW efforts are assessed in half (n=7) of the 13 investigated countries;
- Countries differ to a great extent in the assessment of RTW efforts;
- Assessing RTW efforts increases chance of RTW;
- Using a framework to describe and evaluate the assessment could facilitate the development of a more uniform European public health policy.

## References

- 1 Organisation for Economic Co-operation and Development (OECD) Transforming disability into ability. Policies to promote work and income security for disabled people. Paris: OECD, 2003.
- 2 Boer WEL de, Brenninkmeijer V, Zuidam W. Long-term disability arrangements: a comparative study of assessment and quality control. Hoofddorp. The Netherlands: TNO Work and Employment, 2004.
- 3 Grammenos S. *Illness, disability and social inclusion*. Luxembourg: Office for Official Publications of the European Communities, 2003.
- 4 Post M, Krol B, Groothoff JW. Work-related determinants of return to work of employees on long-term sickness absence. *Disabil Rehabil* 2005;27:481–8.
- 5 Hunink MGM, Glasziou PP, Siegel JE, et al. *Decision making in health and medicine: integrating evidence and values*, 6th edn. Cambridge: Cambridge University Press, 2007.
- 6 Richter B. Criteria for decision-making—what makes sense? *Eur J Pediatr* 2003;162(Suppl 1): S8–12.
- 7 Tversky A, Kahneman D. Judgment under uncertainty: heuristics and biases. *Science* 1974;185:1124–31.
- 8 O'Neill ES. Heuristics reasoning in diagnostic judgment. *J Prof Nurs* 1995;11:239–45.
- 9 O'Fallon E, Hillson S. Brief report: physician discomfort and variability with disability assessments. *J Gen Intern Med* 2005;20:852–4.
- 10 Overland R, Overland S, Johansen KN, et al. Verifiability of diagnostic categories and work ability in the context of disability pension award: a survey on “gatekeeping” among general practitioners in Norway. *BMC Public Health* 2008;8:137.
- 11 Boer WEL de, Besseling JJM, Willems JHBM. Organisation of disability in Europe: evaluation in 15 countries. *Prat Organ Soins* 2007; 38:205–217.
- 12 Brage S, Donceel P, Falez F. Development of ICF core set for disability evaluation in social security. *Disabil Rehabil* 2008;30:1392–96.
- 13 Organisation for Economic Co-operation and Development (OECD) *Sickness, disability and work: breaking the barriers. Vol. 3: Denmark, Finland, Ireland and the Netherlands*. Paris: OECD, 2008.
- 14 EUMASS Working Group. Assessment of long term incapacity for work in European countries. EUMASS [2008]. Available at: <http://www.eumass.com/media/taxonomy.pdf>.
- 15 World Health Organization. *International classification of functioning, disability and health (ICF)*. Geneva: World Health Organization, 2001.
- 16 Pransky G, Gatchel R, Linton SJ, et al. Improving return to work research. *J Occup Rehabil* 2005;15:453–7.

- 17 Krause N, Frank JW, Dasinger LK, et al. Determinants of duration of disability and return-to-work after work-related injury and illness: challenges for future research. *Am J Ind Med* 2001;40:464–84.
- 18 Franche RL, Krause N. Readiness for return to work following injury or illness: conceptualizing the interpersonal impact of health care, workplace, and insurance factors. *J Occup Rehabil* 2002;12:233–256.
- 19 Staal JB, Hlobil H, van Tulder MW, et al. Occupational health guidelines for the management of low back pain: an international comparison. *Occup Environ Med* 2003;60:618–26.
- 20 Hadjistavropoulos T, Bieling P. File review consultation in the adjudication of mental health and chronic pain disability claims. *Consult Psychol J* 2001;53:52–63.
- 21 Kok RH, Schepers LA. *De beoordelaar beoordeel(t)(d): Een onderzoek naar beoordeling van arbeidsmogelijkheden door arbeidsdeskundigen [The assessor assesses(s)(d): A study on the assessment of work ability by labour experts]*. Groningen, The Netherlands: University of Groningen, 2004.
- 22 Kaiser S, Mackenbach JP. Public health in eight European countries: an international comparison of terminology. *Public Health* 2008;122:211–16.
- 23 Swedish Social Insurance. Social insurance in Sweden [2009]. Available at: <http://www.forsakringskassan.se/sprak/eng> (last accessed 1 December 2009).