


## Sick leave and return to work:

flexibility in Denmark


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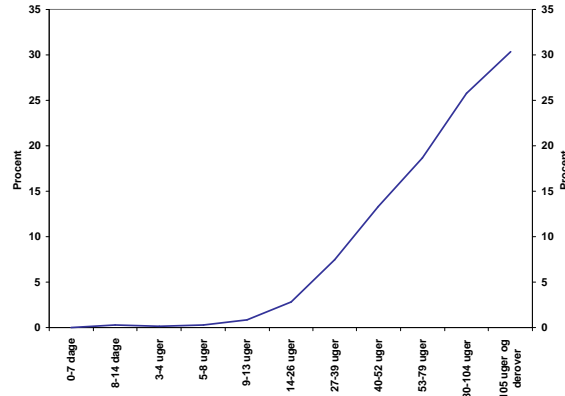
## Sick leave is a major problem for the Danish society

- “ Everyday 150.000 people are on sick leave.
- “ Since 2005 the long term sick leave (duration of more than 3 months) has increased by 25 %.
- “ The number of people on sick leave with a duration of more than a year has increased by a third.
- “ After a year on sick leave, nearly 1 out of 5 people end up on disability pension.
- “ The economic burden of sick leave is 37 billion DKK per year.



## Sick leave Æ the road to disability pension

The share of people on sick leave who end up on disability pension classified according to how long they have received sickness benefits, 2006.



## Vision - A new perspective on sick leave

- ~ A break from the work life is not always the best way to get well again. In many cases it is indeed beneficial to remain physically active.
- ~ If we are to combat the problem of sickness leave, we must be more conscious of the fact that it is often beneficial to remain on the job when you are not 100 % well.



## Evidence for causes of sickness leave and disability retirement

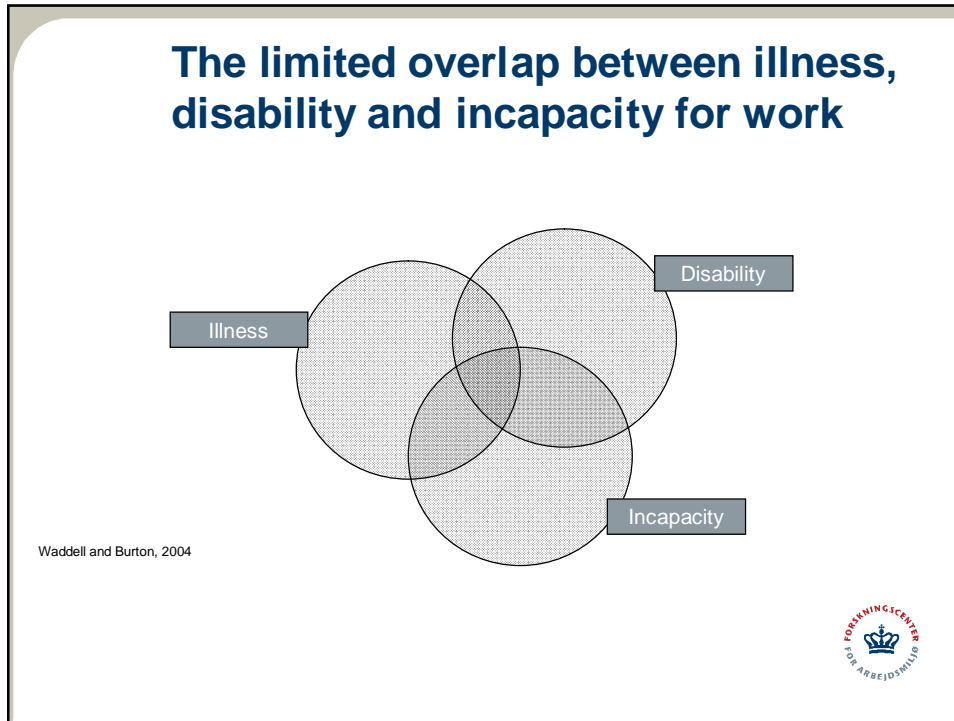
- “ High influence on the job → Low level of sick leave
- “ Economic compensation → High level of sick leave
- “ Low socioeconomic status → Increased risk of early retirement
- “ Divorce → Increased level of sick leave
- “ Physically heavy work → Increased level of sick leave
- “ High unemployment rate → Low level of sick leave and vice versa



## More evidence

- “ People with musculoskeletal disorders or mental health problems have relatively high levels of sick leave.
- “ People with heart conditions are often able to return to work
- “ Women have higher levels of sick leave.
- “ Physicians' statements of poor quality give rise to increased levels of sick leave.
- “ General practitioners find it difficult to assess people's work ability.





### Division of responsibility

Perspective Model	Responsibility		
	Professional	Patient	Employer
Professional Biomedical	Primary responsibility to treat disease and relieve symptoms (with a vested interest)	Passive recipient of intervention (though bears consequences)	Passive recipient of outcome (though shares financial consequences)
Disability rights Social	Once treatment complete, provides rehabilitation service	Passive victim (personal/psychological factors underplayed) User of services	Has primary responsibility to adapt and enable
Individual & societal Bio-psychosocial	To provide symptomatic relief and support restoration of function and participation	To utilize intervention and share responsibility for own rehabilitation	Has responsibility to facilitate (return to) work

*Communication and cooperation.*

Waddell & Burton, 2004

## Biopsychosocial obstacles to return to work

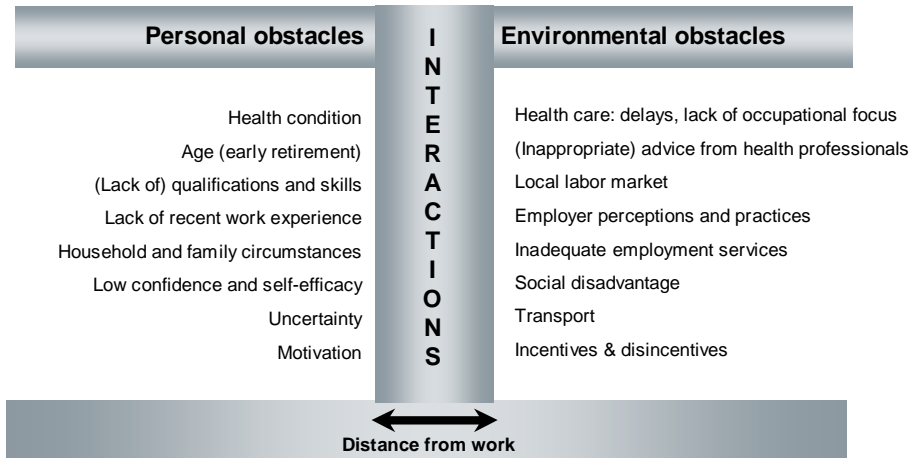
### Obstacles to return to work

Biological	Health condition (& health care) Physical & mental capacity and activity level . ✓ . physical & mental demands of work
Psychological	Personal perceptions, beliefs & behavior (especially about work) Psychosocial aspects of work
Social	Organizational and system obstacles Attitudes to health and disability

Waddell and Burton, 2004



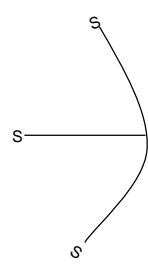
## The interaction between personal and environmental obstacles




Howard, 2003



### Biopsychosocial rehabilitation interventions: addressing obstacles to return to work

Dimensions of disability	Obstacles to (return to) work	Elements of interventions	Interactions Communication
Biological	Health condition (& health care) Capacity & activity level ✓ . job demands	Effective and timely health care Increasing activity levels & restoring function Modified work	 <p style="text-align: center;">All players outside</p>
Psychological	Personal/psychological factors Psychosocial aspects of work	Shift perceptions, attitude & beliefs Change behavior	
Social	Organizational & system obstacles Attitudes to health and disability	Involvement of employer critical Social support Organizational policy, process & attitudes	

Waddell & Burton 2004



### General recommendations from a recent Danish white paper on MSD

- “ The workplace should be adjusted to allow employees with musculoskeletal disorders to function well, even if that means functioning with lower efficiency than their colleagues.
- “ It is more important that employees are satisfied with the arrangement of their workplace than making specific ergonomic adjustments.
- “ Employees with musculoskeletal disorders should remain physically active.
- “ The job has a therapeutic effect on people with health problems.



## **The Danish action plan to combat sickness absence**

- “ Last summer the government presented an action plan to combat sickness absence, which in large parts builds upon the knowledge gained from intervention projects aiming to increase job retention and reduce sick leave.
- “ The action plan was agreed with the social partners
- “ The new legislation has recently been passed by the Danish parliament.



## **The action plan - four major focus areas**

- “ Prevention of sick leave.
- “ Promotion of an early effort to rehabilitate people on sick leave.
- “ People should remain physically active during sick leave.
- “ Better coordination between health care sector and the employment system.



## The action plan Æ initiatives 1

- “ A mass media campaign about the benefits of job retention.
- “ Employer is obliged to initiate a dialogue with an employee on sick leave at the latest after 4 weeks of sick leave. The main purpose of the conversation between employer and employee is to make plans for when and how the employee can return to work.
- “ If the employee is unable to return to work within 8 weeks the employee has a right to ask the employer for a job retention plan.
- “ The employer must give the job centre information about the employee's prospects of returning to the workplace.



## The action plan Æ initiatives 2

- “ Official guidelines for employers and employees about how to handle illness and sick leave in the best way.
- “ Guidelines for local job centers about how to manage sick leave cases in the most efficient way, in order to reduce sick leave.
- “ Job centers must focus on people's work ability even when people are not 100 % fit. Often people can return to work earlier if they are given the chance to work fewer hours and with a lighter work load. The job centers are obliged to engage in a dialogue with employers about these matters.
- “ Job centers must have a much more active approach to sick leave.
- “ Increased economic incentives for job centers to offer people on sick leave training, supplementary education or publicly supported jobs.



### The action plan È initiatives 3

- “ New physician’s statement which is focused on to what extent the person can work with his illness or disability.
- “ The new statement consists of two parts:
  - “ Part I is filled out jointly by employer and employee and describes how the work ability is affected by the illness or disability and what adjustments of the work place, if any, have been carried out.
  - Part II is filled out by the physician on the basis of assessment of the employee as well as information from the filled out Part I.



### The action plan È initiatives 4

- “ The government has granted more than 270 mill. DKK (approx. 37 mill. EUR) for a large scale return-to-work project.
  - “ The main goal of the project is to reduce long term sickness absence and to advance earlier return to work
  - “ The project is based upon the bio-psycho-social framework and focuses on a more proactive approach to sick leave by having a more coordinated dialogue between employee, employer, general practitioner and the public authorities.
- É The project will utilize so called return-to-work coordinators as well as return-to-work-teams (psychologists and physiotherapists) and clinical units (specialists in psychiatry and occupational/general medicine).
- É The project targets people with all kinds of physical and mental illnesses and disabilities
- É Approx. 25 municipalities and 10.000 persons across Denmark are expected to participate.



## **A more active approach to vocational rehabilitation**

- ~ More efficient management of patient cases
- ~ Focus on individual resources
- ~ Workplace adjustments
- ~ Parallel case management
- ~ Psychosocial support
- ~ Physical activity
- ~ Training
- ~ Life style factors

