

DEVELOPING CO-OPERATION IN WORK-RELATED REHABILITATION RESULTS OF A DEVELOPMENT PROJECT (2007–2011)

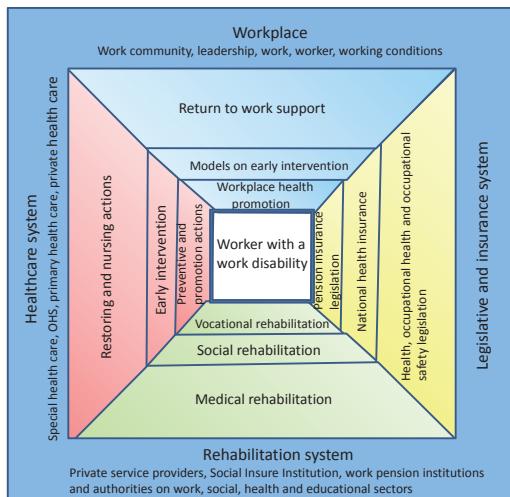
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INTRODUCTION

Vocational rehabilitation in Finland is characterized by co-operation between occupational health (OH) providers and rehabilitation centres, by group-based in-patient rehabilitation interventions and by a multiprofessional team approach.

In a development project on improving workability different programmes by five rehabilitation providers were piloted in field-tests comprising about 500 rehabilitees. Compared to conventional models, the pilot programmes featured a closer linkage between the workplace, rehabilitation centre and OH providers. The programmes were characterized by diversity in methods of co-operation, variation of the contents and length of in-patient periods, and development of net-based solutions. In developing their programmes, each service producer carried out 10 interventions (groups with 8–10 rehabilitees).

Figure 1. Framework of the study (Loisel 2009, modified).



OBJECTIVE

To evaluate feasibility of the programmes:

- how did the service providers succeed in implementing new elements concerning work and working life connections in the rehabilitation?
- how did the rehabilitees benefit from rehabilitation and what kind of help did they receive for their problems?

METHODOLOGY

Qualitative data were collected by means of focus group interviews with

- employees
- OH providers
- rehabilitation team members
- the employees' supervisors

Quantitative data

- register data on demographic variables and former use of rehabilitation services
- individual outcomes for the rehabilitees before and after rehabilitation by questionnaires

RESULTS

Employees benefited from all the novel programmes implemented and concrete changes at work had been done. The participation of the employees' superiors in the process was perceived as useful. It seems important that all parties involved in the process should, from the outset, have a shared knowledge on the purpose of rehabilitation and of their respective roles, responsibilities and liabilities. Also, the better the problems are defined at the beginning the more appropriate and timely intervention can be opted.

Among the rehabilitees, health problems was the most important reason for applying for rehabilitation (77%). The most common work related reasons are seen at Figure 2. The subjects also reported frequent changes at work prior to rehabilitation (Figure 3).

Figure 2.

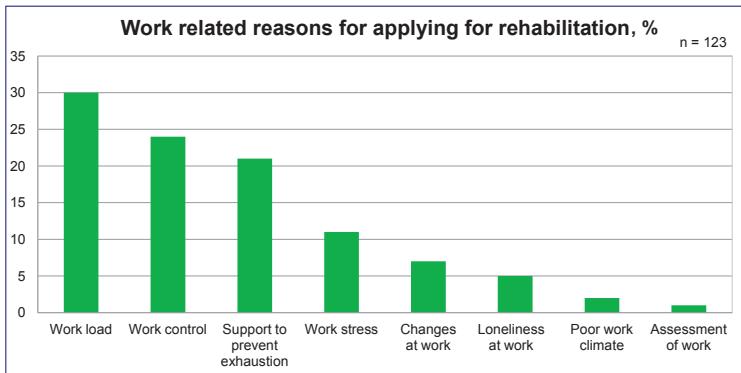
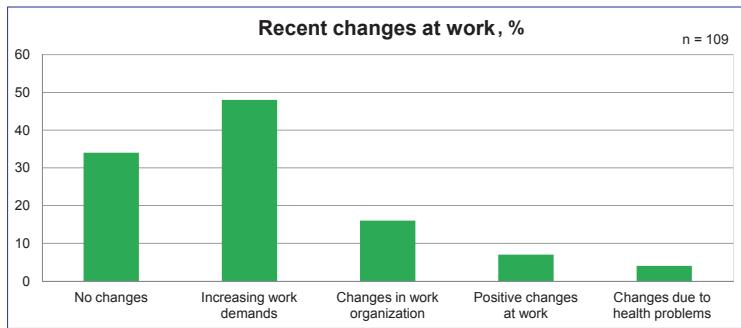


Figure 3.



DISCUSSION

In maintaining and improving work ability, rehabilitation should meet the challenges of today's working life. The findings illustrate that involving the employees' superiors and work communities in the rehabilitation process supports the continuity of rehabilitation at work.

CONCLUSION

Improving work ability by means of rehabilitation should not contain just health interventions but involve employees' work and superiors as well.