

Why and how should we screen injured workers?

Every year, tens of millions of workers suffer accidental injuries leading to general practitioner treatments or hospitalizations. Thus, accidents are frequent and many of the survivors are left with temporary or permanent disabilities. Most accident insurers report that only a small fraction of injured workers account for the lion's share of the disability costs. One reason is the high expenses associated with people unable to work. This not only implies a challenge for publicly funded pensions, but will also result in a serious skills shortage in the 34 member countries of the Organization for Economic Cooperation and Development (OECD). Therefore, it seems crucial to keep workers healthy and motivated at least until they reach retirement age. Moreover, vocational rehabilitation is not only important for governments and insurance companies, but also for the individual itself. So far, many studies have shown the strong association of being employed and improved health, higher self-esteem and increased wellbeing.



Fig. 1. Overview of the five prognostic factors of the Work and Health Questionnaire (WHQ).

Surprisingly, not only severely injured workers show a complicated recovery process, but also minor to moderate injured persons, for example workers with bruises or simple fractures. Thus, injury severity alone seems to be a weak predictor of the individual recovery process. As a result psychosocial variables were incorporated into the prevalent models of working disability. Based on this postulated biopsychosocial model a short screening tool incorporating various prognostic psychosocial variables is required in order to identify accident victims prone to a complicated recovery. This screening should guide the efforts for early preventive rehabilitation interventions that increase the efficacy of treatment and decrease the cost burden by directing treatment according to the needs of the injured persons.

To facilitate this identification process, we constructed the “Work and Health Questionnaire” (WHQ). The WHQ is already implemented in the case management process of the Swiss Accident Insurance Fund (Suva), which is the largest accident insurer in Switzerland (average coverage of about 50 % of all employees in the country). Nevertheless, identification is only the first step and evidence for the accuracy and reliability of this identification must follow. Therefore, we evaluated the predictiveness of the WHQ for working disability and the return to paid work 18 months post-injury in a sample of 1963 injured workers. All of them showed minor to moderate accidental injuries. Since returning to paid work is not as simple as whether or not someone goes back to work or not, we also investigated the predictiveness for subjective well-being and job satisfaction 18 months after the accident in a subsample of 192 injured workers.

First, we replicated five underlying factors of the questionnaire: three different work factors and two different health factors (Fig. 1). Next, we found that each of these five factors was predictive at least for one of the evaluated outcomes 18 months post injury. For example, workers who returned to paid work within 18 months post injury, scored significantly lower on all subscales of the WHQ, except from the factor work support. These results indicate that the WHQ can reliably discriminate between workers who show a prolonged work disability and workers returning to paid work within time. Interestingly, the strongest factor in our study was Anxiety/Worries. This factor significantly predicted all the evaluated outcomes. One possible explanation could be that this factor comprises trauma symptomatology, anxiety, distress, and worrying. All of these variables have been repeatedly associated with different rehabilitation outcomes. Thus, the questionnaire appears to be suitable for exploring different rehabilitation needs among minor to moderate injured workers in a convenient and feasible way. Finally, these findings have helped us to understand how psychosocial variables and recovery are related in terms of days of working disability and satisfaction with life and work.

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