

# Assessing significant others' cognitions and behavior in occupational health care: a survey study

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Work Disability Prevention and  
Integration Conference 2019  
Odense, Denmark



## Recent developments in health care

- More emphasis on *self management and successful adaptation* to the condition
- More *supportive role* for occupational health professionals *to empower the worker*

## Important factors

- Personal factors
- Work environment
- Social environment





# Influence of significant others on work participation



- Influence of partner, family and friends on recovery, experienced limitations, health outcomes and work outcomes

Open access

Research

## BMJ Open Influence of significant others on work participation of individuals with chronic diseases: a systematic review

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To cite: Snippen NC, de Vries HJ, van der Burg-Vermeulen SJ, et al. Influence of significant others on work participation of individuals with chronic diseases: a systematic review. *BMJ Open* 2019;9:e021742. doi:10.1136/bmjopen-2018-021742

► Prepublication history and additional material for this paper are available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2018-021742>).

Received 16 January 2018  
Revised 4 October 2018

### ABSTRACT

**Objective** It is widely recognised that significant others (SOs), such as a partner, family member or friend, can influence health outcomes of individuals with a chronic disease. However, not much is known about which specific cognitions (ie, illness perceptions and expectation of work ability) and behaviours (eg, emotional and practical support) of SOs influence work participation. Therefore, we aimed to identify cognitions and behaviours of SOs that are related to work participation of individuals with a chronic disease.

**Design** A systematic review and thematic synthesis.  
**Data sources** PubMed, Embase, PsycINFO, SocINDEX and Web of Science were searched until 28 March 2017.

**Eligibility criteria for selecting studies** We included studies reporting on cognitions and behaviours of SOs related to work participation in populations with various

### Strengths and limitations of this study

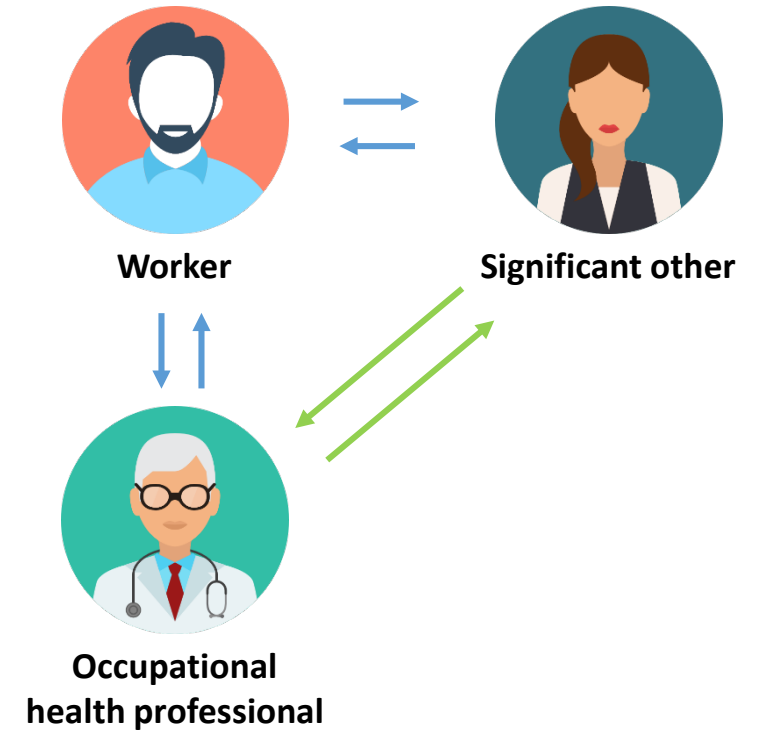
- To our knowledge, this is the first systematic review that has investigated cognitions and behaviours of significant others that may influence work participation of individuals with a chronic disease.
- The present systematic review was based on a comprehensive search of the literature in five relevant databases, with an additional reference check.
- We used quality assessment tools recommended by Cochrane to assess the quality of the evidence.
- This review is limited to English articles; articles in languages other than English were excluded.
- The small number of quantitative studies rendered a meta-analysis impossible; therefore, no statistical analyses were performed.





# Involvement of significant others in occupational health care

- Current guidelines on taking the social environment into account
- Involving significant others in occupational health care



- **Aim:** Exploring current occupational health professionals' practices regarding the assessment of significant others' cognitions and behaviors in the context of job retention and return to work of workers with a chronic disease.



- A cross-sectional survey among occupational health professionals in the Netherlands
- Invitation letter to all members of *three professional associations* for occupational health professionals in the Netherlands
- Inclusion criteria:
  - occupational physician or insurance physician
  - involved in *return-to-work or work disability procedures* of workers with a chronic disease





## Assessment of cognitions of significant others (2 constructs)

- Significant others' illness perceptions (4 Likert items)
- Significant others' work-related beliefs & expectations (4 Likert items)



## Assessment of behaviors of significant others (1 construct)

- Significant others' supportive and unsupportive behavioral responses towards the worker (8 Likert items)



## Sociodemographic characteristics

- Age, gender, profession, employment status, years in practice, and professional tasks





**Organizational norm with regard to assessing significant others' cognitions and behaviors (2 items)**



**Self-efficacy to address significant others' cognitions and behaviors in daily practice (1 construct)**

- Self-perceived knowledge, skills and availability of tools *to assess* perceptions and behaviors of significant others (3 Likert items)
- Self-perceived knowledge, skills and availability of tools *to effectively respond to* perceptions and behaviors of significant others (3 Likert items)



**Reasons to assess or not to assess significant others' cognitions and behaviors (4 open questions)**







Study sample of 192  
 occupational health  
 professionals



60.6%  
 was male



64.8% in paid  
 employment



84%  $\geq$  16 years of  
 work experience



# Results assessment of significant others' cognitions

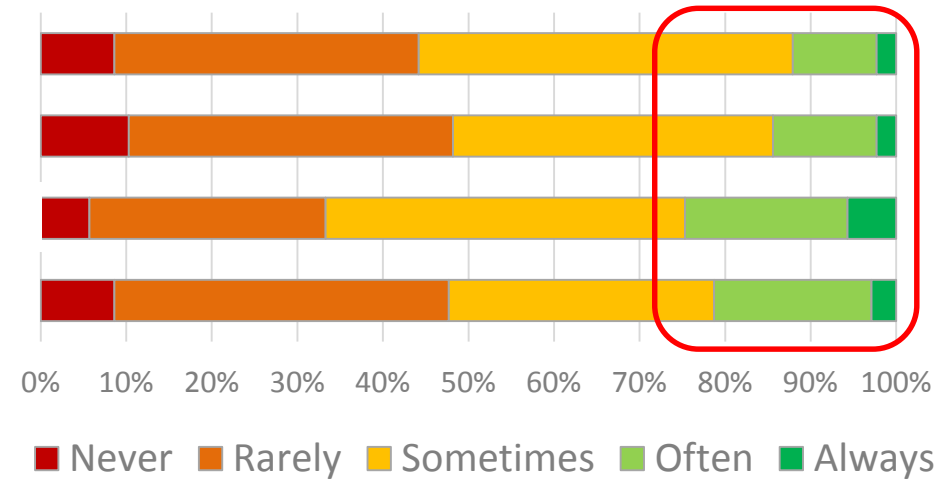
Assessment of significant others' illness perceptions (N=174)  
 "How often do you ask about significant others' beliefs about ..."

...what could be the **cause** of the workers' disease?

...the extent to which the worker can **influence the degree and seriousness of complaints**?

...the extent to which the worker is **capable to participate in activities** despite complaints?

...how the worker can best **deal with complaints** to prevent further complaints?



# Results assessment of significant others' behaviors

Assessment of significant others' supportive and unsupportive behavioral responses (N=192)  
*"How often do you ask about ..."*



# Results multiple regression analyses

Assessment of  
 significant others'  
 illness perceptions<sup>1</sup>

$R^2 = .172, p < .001$

Organizational  
 norm (+)

Assessment of  
 significant others'  
 work-related beliefs  
 and expectations<sup>1</sup>

$R^2 = .193, p < .001$

Organizational  
 norm (+)

Insurance  
 physician (-)

Self-efficacy (+)

Assessment of  
 significant others'  
 behavioral responses<sup>2</sup>

$R^2 = .298, p < .001$

Organizational  
 norm (+)

Years in practice (+)

<sup>1</sup>Mean score of 4 items measured on a 5-point Likert scale

<sup>2</sup>Mean score of 8 items measured on a 5-point Likert scale



# Results reasons (not) to ask about significant others' cognitions and behaviors

## Main reasons to ask

Significant others as an influential factor

Stagnation of recovery or re-integration

Presence of mental health problems or severe complaints

Presence of coping issues

Topic is raised within the natural course of the conversation

Presence of significant other during the consultation

Significant other as conversation partner

## Main reasons *not* to ask

No contribution to better care or assessment

Lack of time

Disruptive or hindering influence of significant others

Sensitive or difficult topic to discuss

Asking about it does not come to mind

Absence of significant other

No reason



- **Conclusion 1:** it is *not common practice* for OHPs to assess significant others' cognitions and behaviors .
  
- **Conclusion 2:** the low assessment frequency can be *partly explained by*:
  - Barriers in the occupational health care system
  - Lack of available education, interventions, tools, and clear guidelines
  - Situational factors related to the possible benefits of addressing these factors



- Even though significant others can influence work outcomes, it is currently *not common practice* to address significant others' cognitions and behaviors in occupational health care.
- It might be beneficial to *develop training programs and tools* to assess and intervene on these factors in occupational health care.
- More research is needed on how to assess and intervene on significant others' cognitions and behaviors in occupational health care.



# Thank you for your attention!



Additional questions or remarks? Contact me at [n.c.snippen@umcg.nl](mailto:n.c.snippen@umcg.nl)

