UNDERSTANDING AND USING SELF-EFFICACY IN RTW

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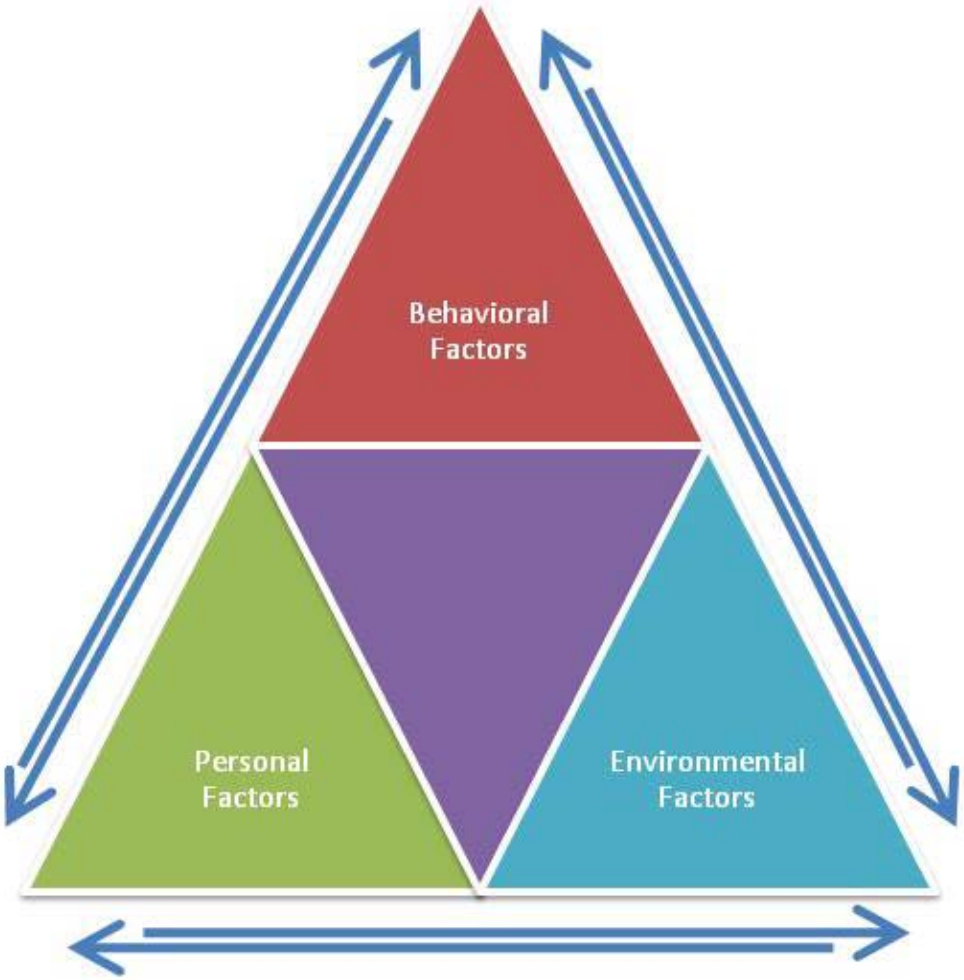
WHAT I'LL TALK ABOUT TODAY…

- Self-efficacy and why it's important for returning to work after an injury
- Models of disability
- Some research in the area
- Some implications for practice

Self-Efficacy Theory

BANDURA'S 'TRIADIC RECIPROCAL DETERMINISM'



SELF-EFFICACY

"….people's domain-specific perceptions of their ability to perform the actions necessary to achieve desired outcomes"

Proposed sources of self-efficacy:

- Performance/mastery outcomes
- Vicarious experiences
- Verbal persuasion
- Physiological feedback (emotional arousal)

(Bandura, 1997)

THEORY TAKEAWAYS

- Self-efficacy is a mechanism for explaining complex human behaviour
- It is domain-specific with some generalisation
- It is modifiable, therefore behaviour potentially modifiable
- Higher self-efficacy results in more resilience and motivation towards an outcome

Models of Disability

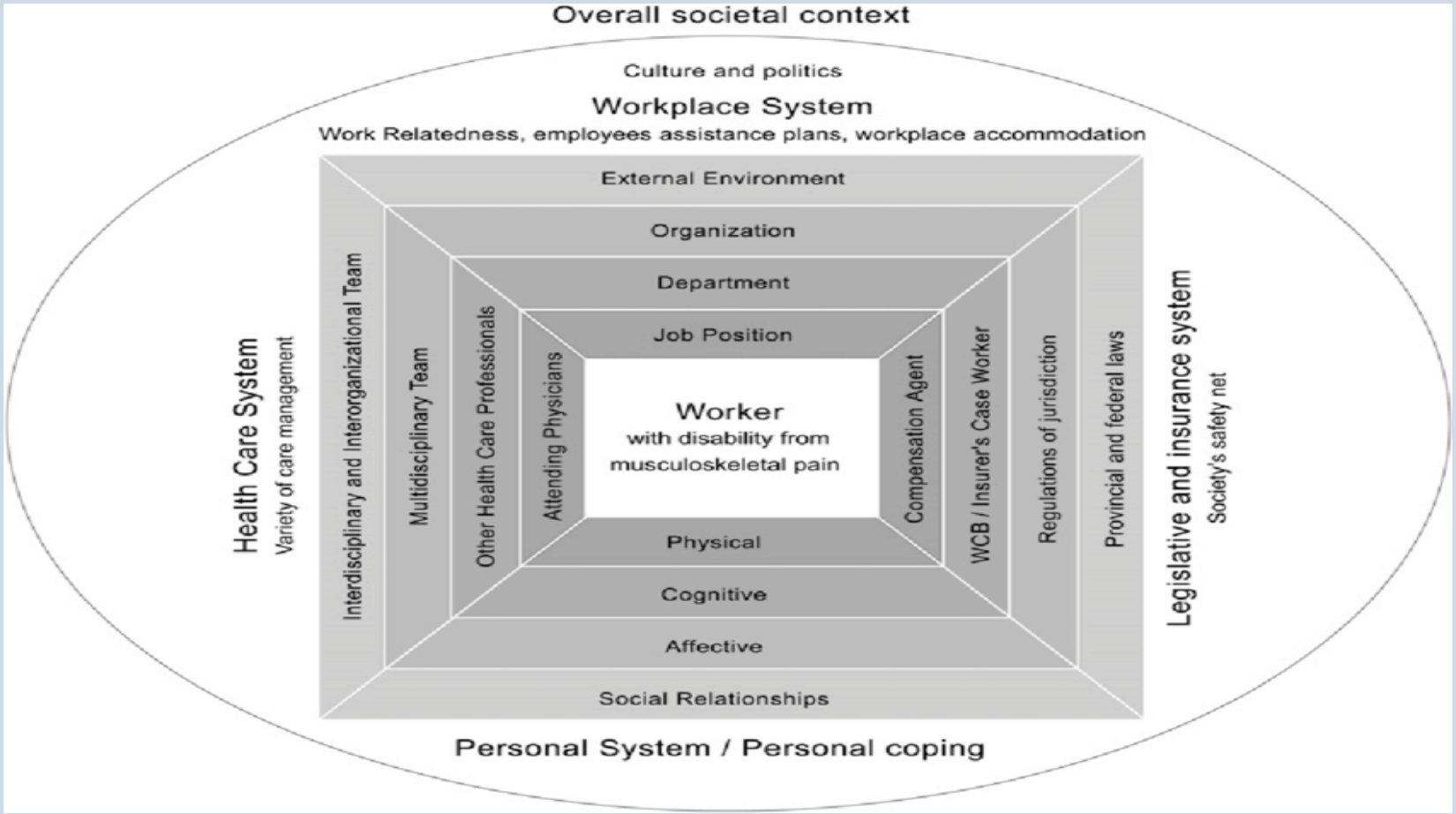
CONCEPTUAL MODELS OF WORK DISABILITY

- Medical model has been predominant approach in work disability.
- Other models include social, ecological, psychological
- Biopsychosocial models incorporate biomedical, psychological and social determinants of disability within the broader disability (ecological) context.
- Biopsychosocial perspective has broader acceptance and applicability and informs most contemporary disability models.

CONCEPTUAL MODELS OF WORK DISABILITY-POSITIONING THE RESEARCH

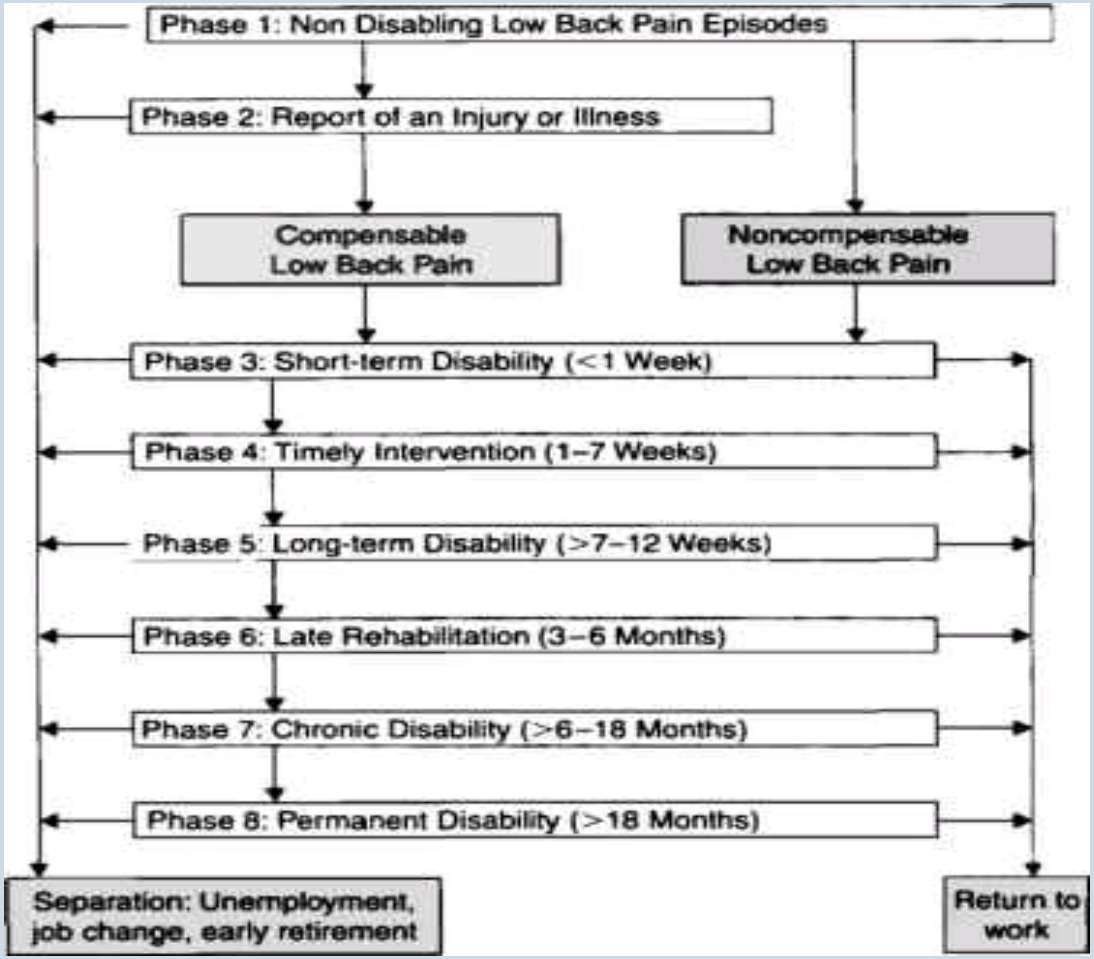
- Temporal or interactive components being incorporated to acknowledge changing influence of factors on disability influenced by the ecological systems approach.
- Current perspectives highlight the need to focus on beliefs, expectations and perceptions about returning to work.
- Most research has focussed on MSK injury.

CONCEPTUAL MODELS OF WORK DISABILITY: ECOLOGICAL MODEL



(Loisel et al., 2005)

CONCEPTUAL MODELS OF WORK DISABILITY: PHASE MODEL



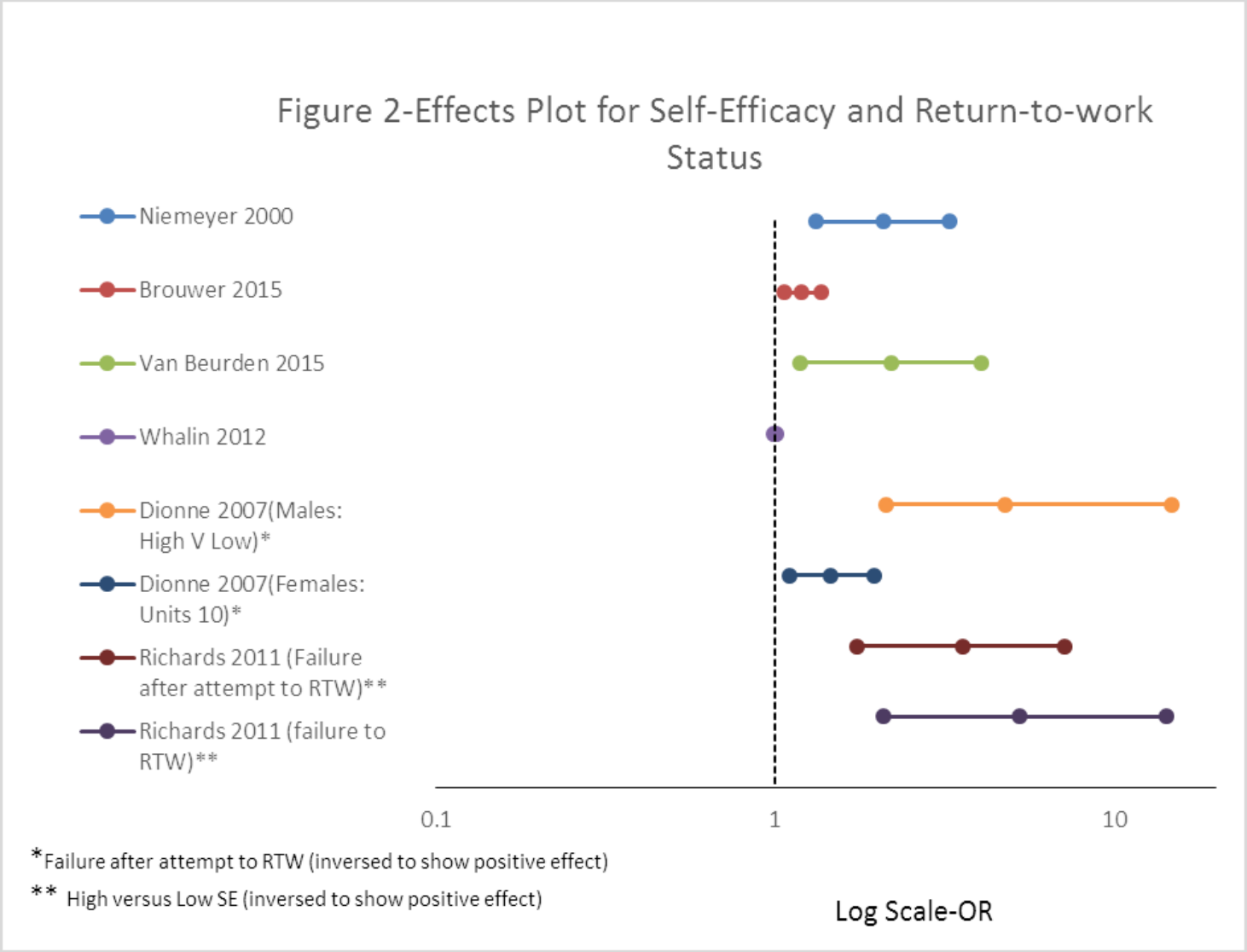
(Krause & Ragland, 1994)

MODELS OF DISABILITY TAKEAWAYS

- Biopsychosocial perspective is contemporary and incorporates psychosocial factors (i.e. self-efficacy)
- Strict medical model relevant but limited for RTW
- Consideration of temporal factors important

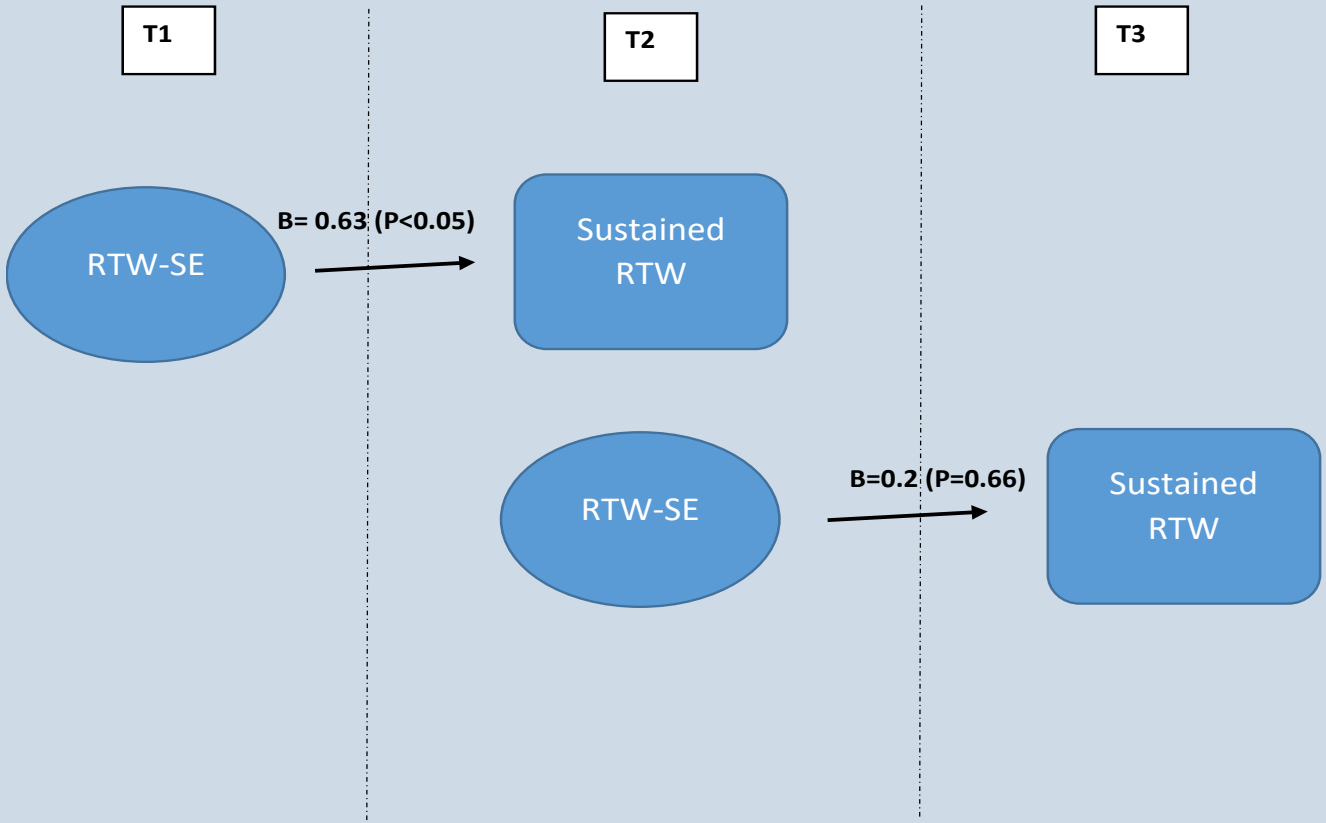
Self-Efficacy and Return to Work

SYSTEMATIC REVIEW OF SELF-EFFICACY AND RTW



EMPIRICAL STUDY OF SELF-EFFICACY AND RTW

Figure 2: SEM diagram with path coefficients



* controlled for age, sex, time from injury and injury type.

SE ON RTW TAKEAWAYS

- SE predicts RTW across different domains and outcomes.
- Strength of relationship appears to be related to domain-specificity- as theory would predict.
- May be some temporal effect of SE on RTW- more investigation needed.

Measuring Self-Efficacy

RTW-SE SCALES

Lagerveld et. al., 2010

- Developed for common mental disorders (although could be generalised)
- Single dimension

Brouwer et al., 2011

- Developed for musculoskeletal injuries
- Three dimensions (pain, supervisor and co-workers)

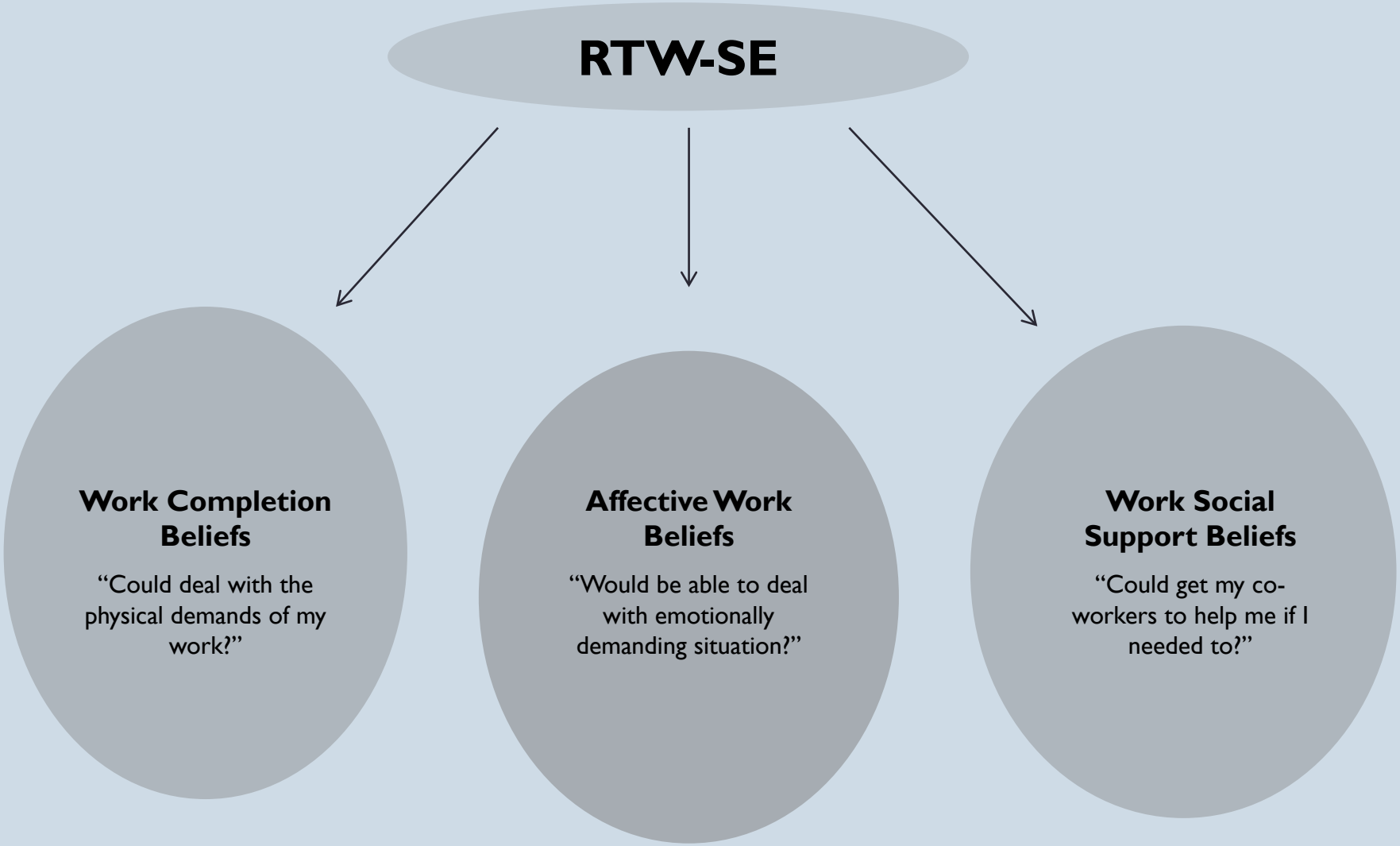
Corbiere et al., 2017 (ROSES)

- Developed for msk and cmd.
- 10 dimensions.
- Identified barriers to RTW and capability to overcome them

Black et al., 2016

- Developed for msk and cmd
- Three dimensions (affective, work completion and work social support)

DIMENSIONALITY OF RTW-SE SCALE



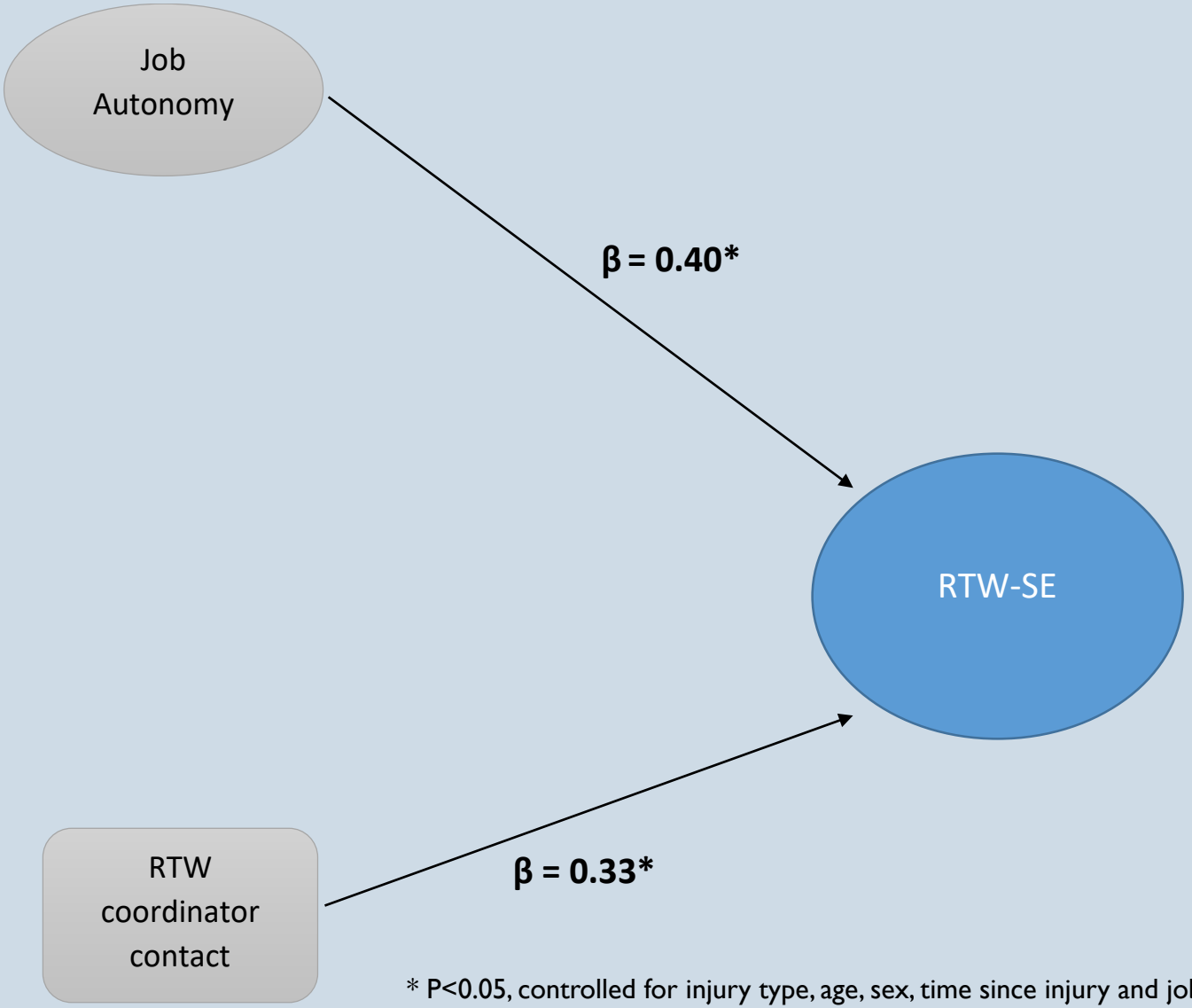
RTW-SE MEASUREMENT TAKEAWAYS

- Self-efficacy is not observable so it has to be indicated by multiple items in a scale
- Scales to date vary in approach and coverage but (as discussed) associations between self-efficacy and RTW are reasonably reliable
- Other things to consider when measuring self-efficacy include ease of use of the scale, applicability of the items to the group it is targeting and the validation of a scale

Modifying Self-Efficacy

- Modifiable job and communication factors
- The impact of a Discontinued RTW on RTW-SE
- Examples of RCT interventions to increase self-efficacy

MODIFIABLE JOB AND COMMUNICATION FACTORS



* P<0.05, controlled for injury type, age, sex, time since injury and job tenure

THE IMPACT OF A D-RTW ON RTW-SE

Table 2: Adjusted model coefficients* and confidence intervals of the effect of a Disrupted RTW on self-efficacy for injured workers off-work at one or more follow-up time-points.

		Coeff.	LCI[#]	UCI[$]
Failed RTW in previous 6-months	No	Ref		
	Yes	0.21	0.09	0.33
Time-point	T1	Ref		
	T2	-0.11	-0.23	0.01
	T3	-0.04	-0.16	0.09
Contact from RTW coordinator	No RTW coord.	Ref		
	No Contact from RTW coord.	0.08	-0.07	0.23
	Low stress contact from RTW coord.	0.28	0.13	0.43
	High stress contact fro RTW coord.	0.13	-0.06	0.31
Job Autonomy	1(Low autonomy)-5(High Autonomy)	0.22	0.16	0.29
Age	Years	0.00	-0.01	0.00
Sex	Female	Ref		
	Male	0.03	-0.12	0.17
Time from injury to baseline (log)	Days	-0.15	-0.33	0.03

*Unstandardised Beta coefficients adjusted for all variables presented, [#] Lower Confidence Interval, [$] Upper Confidence Interval

EXAMPLES OF RCT INTERVENTIONS INCLUDING SE

- Lagerveld et al., 2017
  - Tested whether interventions to increase SE in workers with common mental disorders was viable
  - Found both high baseline levels and increasing levels of RTW-SE to predict RTW during a CBT intervention.
- Van Beurden et al., 2015
  - Increased RTW-SE through Occ. Phys. Training for guideline adherence.
  - Guidelines included early intervention and referral, recovery progression approaches (CBT), relapse prevention, and evaluation.

EXAMPLES OF RCT INTERVENTIONS TO INCREASE SE

- Andersen et al., 2017
  - Increased general SE through tailored team-based RTW plans for women on long-term sick leave.
  - Increases over ACT-alone interventions and controls.

Other interventions have proposed increased SE as an intermediate variable to improved RTW outcomes

- Occ. Therapy intervention
- (W)-CBT intervention
- Web-based e-health intervention

MODIFYING SE TAKEAWAYS

- Job characteristics and easy interactions with RTW coordinators may assist with SE.
- RTW may facilitate generation of SE, even if discontinued, although more contextual information is needed to be sure.
- Attempts at RCT's shows SE can be modified through interventions during the recovery phase although most rely on intensive involvement by RTW practitioners.

Summary for Practice

SUMMARY FOR PRACTICE

Primary and secondary prevention strategies can assist with SE at tertiary prevention level.

- Mastery experiences rely on demonstrating ability to perform tasks – job characteristics (i.e. JA) and workplace willing to provide modified duties will likely assist.
- Verbal persuasion to increase SE relies on information and encouragement from a trusted and reliable person.
- Positive vicarious experiences a product of supportive RTW environments.
- Employer side practitioners, foster this environment. External practitioners, involve employer-side practitioners where practicable.

SUMMARY FOR PRACTICE

Measure and Monitor SE

- Start measuring key psychosocial components of RTW, including SE, at a suitable time post-injury and continue to monitor throughout recovery.
- Most publicly available scales have been validated to some extent and SE has been shown to predict RTW across several domains- pick one that suits your organisation (content and length).
- Identify key points in the recovery process where SE can decrease for intervention.

SUMMARY FOR PRACTICE

Modifying Self-Efficacy

- Intervene early but not too early- unrealistic beliefs can end in unsuccessful outcomes
- Harness existing rapport to co-design strategies for RTW
- Motivational interviewing techniques (and other CBT approaches)
- Promulgate success stories.
- Replicate job tasks through other activities- be innovative

SELF-EFFICACY RESOURCES

Self-Efficacy Resources:

- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. Psychological Review, 84(2), 191-215.

- https://www.uky.edu/~eushe2/Pajares/eff.html

ACKNOWLEDGEMENTS

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