

# Primärvårdens arbete med sjukskrivna – patientmötet, bedömningar och samverkan

Marine Stuesson

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Fakultetsopponent: Professor, Kristina Alexanderson  
Sektionen för försäkringsmedicin, Institutionen för klinisk neurovetenskap,  
Karolinska Institutet, Stockholm, Sverige.



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**Author**

Marine Stuesson

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The sick leave process in primary health care - encounters, assessments and collaboration.

**Abstract**

The ability to work can be reduced if a person has health problems which may lead to periods of sick leave. In Sweden sickness certification is issued by physicians. Many general practitioners (GPs) find sickness certification to be problematic. Some studies indicate that collaboration with other health care professions could be beneficial. The aim of the thesis was to provide knowledge on how the work with the sick leave process in primary health care can be improved and how occupational therapists' (OT) assessment could be used prior to the decision on sick leave and rehabilitation. Initially seven focus groups were held, four with OTs and three with physicians. The discussions in the focus groups were analysed by qualitative content analysis. An intervention project was initiated, where four health care centres in northern Sweden tested a working approach where sick listed patients were offered a supplementary assessment of activity and work-related problems by an OT. Data on sick leave, sickness certificates and patient questionnaires were collected from intervention health care centres (IHCC) and other health care centres (OHCC). Interviews were conducted with patients, GPs and OTs. The quality of the information in the collected sickness certificates was evaluated. Average values of sick leave were compared between the IHCCs and the OHCCs in the county. The interviews with sick listed patients were analysed by qualitative content analysis. In order to analyse the implementation of the intervention the Consolidated Framework for Implementation Research, CFIR, was used. An overall theme and four categories emerged from the focus groups. The theme expressed work ability as an obscure, complex and unique concept. The four categories illustrate the affecting factors and confirmed the complex structure of work ability: the person, the context of life, the work, and the society. No significant differences between IHCCs and OHCCs in data on sick leave or the mandatory information in the certificates were found. Thirty-four percent of the collected sickness certificates did not contain all requested information. More certificates issued for women than certificates issued for men lacked the required information. Full-time sick leave was significantly more often prescribed for male patients than for female. Two themes revealed that highlight important areas for persons on sick leave in their healthcare encounters. The theme 'Trust in the relationship' contains categories describing the patients' feelings of participation, being believed, confirmed, and listened to. The second theme 'Structure and balance' contains the participants' views on important factors that could facilitate the return-to-work process such as a structured plan and support to balance activity. The analysis with CFIR clarified that coaching and education for all the users are crucial to get fidelity when new interventions are tested as well as involvement by the clinical department manager. The work with sick leave issues in primary health care can be improved by developing cooperation with several different professionals. To achieve an increased cooperation new working approaches are required. These working approaches must be anchored in management and requires an applied implementation strategy. More focus on the quality of encounters with healthcare professionals can also improve the sick leave process in primary health care centres. The healthcare encounters must build on a mutual trust and sick-listed persons' return to work can be facilitated by providing a clear structure in the process and support in occupational balance. For issuing sickness certification further education about the descriptions of functioning and the tasks included in the patient's work is needed. A better gender awareness in the health care encounters is also necessary.

**Keywords:** Primary health care, Sickness certification, Work ability, Health care encounters, Occupational Therapy, Return to work.

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