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**Czynniki indywidualne determinujące powrót do pracy po
nabyciu niepełnosprawności ruchowej**

**Individual factors determining return to work after acquisition of
motor disability**

Rozprawa doktorska na stopień doktora
w dziedzinie nauk medycznych i nauk o zdrowiu
w dyscyplinie nauki o zdrowiu
przedkładana Radzie Dyscypliny Nauk o Zdrowiu
Warszawskiego Uniwersytetu Medycznego

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Warszawa, 2023

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Introduction:

Acquisition of motor disability is a traumatic event which has influence on a person becoming disabled and his or her family. This event has many consequences for physical, psychological and social functioning (Byra, 2015; Król, 2017). The way of coping with this new, traumatic situation is determined by many factors, among others, personal resources. By personal resources we mean the characteristics which individuals can use to achieve their goals and to cope with the difficulties arising (Byra, 2013). Those resources are factors which influence the adaptation to disability (Kroplewski, Mikuś, Szcześniak, 2018; Różycka, 2019) and the basis of the effective functioning. They allow to endure the situation and to react to stressful life situations, counteract their negative consequences, immunize against experiencing them, and, as a further consequence, not perceiving them as harmful and threatening (Bochniarz, 2018). Personal resources, along with factors related to the workplace and those directly related to the rehabilitation process, constitute three groups of factors influencing whether the person will engage in professional activity after acquiring a disability (Ramel et al., 2013).

Personal resources associated with return to work after acquisition of motor disability include, for example, workability, acceptance of illness, self-efficacy and dispositional optimism, among others. There are literature reports that indicate that especially high self-efficacy and dispositional optimism are the determinants of good coping in daily life (Juczynski, 2009; Byra, Parachomiuk, 2009; Martz, Livneh, 2015; Pietras-Mrozicka, 2016; Majewicz 2019, Różycka, 2019) and facilitate social integration (Fidelus, 2016).

Aim

The main aim of the doctoral dissertation was to assess individual determinants of return to work among people with acquired motor disability.

According to the thesis, such personal resources as assessment of own workability, in addition to the acceptance of illness, self-efficacy and dispositional optimism (life orientation), play a significant role in a successful professional reintegration that means return to work after acquisition of motor disability.

Material and methods

The basis of the doctoral dissertation constituted a cross-sectional study conducted by the Paper And Pencil Interview (direct interview carried out by using paper questionnaires) among people with acquired motor disability.

The sample included 500 participants who acquired motor disabilities during their professional career. The participants were selected using quota and judgmental sampling. The quotas were determined based on the occupational status (employed vs. unemployed) and gender.

The survey book included the following questionnaires: a personal questionnaire for the employed with acquired motor disabilities; a personal questionnaire for the unemployed with acquired motor disabilities; Work Ability Index (WAI) by Tuomi et al. in polish version by J. Pokorski (1998); the Acceptance of Illness Scale (AIS) by Felton, Revenson and Hinrichsen in polish version adapted by Juczyński (2011); General Self-Efficiency Scale developed by Schwarzer, Jerusalem in polish version adapted by Juczyński (2009); Life Orientation Test (LOT-R) by Scheier, Carver and Bridges in polish version adapted by Poprawa and Juczyński (2001).

Results

The mean age of the study participants was 43.7 years ($SD=10.9$), among men it was 43.6 years ($SD=10.9$) while among women — 43.8 years ($SD=10.8$). The mean time of living with disability was 6.3 years ($SD=6.92$). 37% of respondents were living in cities with a population size of 50,000 to 100,000. Most respondents (61%) were in a relationship and had children (62%). People with basic vocational education (28%) and secondary vocational education (24%) constituted the most numerous group. Respondents assess their health status as relatively good or average (69%), and for more than 56% of respondents, the ailments they had affected their daily functioning.

49% of participants had mild disabilities, 40% had moderate disabilities and 11% had severe disabilities. The most common cause of disability was the injury caused by road accidents (41%) and past illnesses (32%).

Most respondents among employed people after acquisition of motor disability assessed their workability as moderate (57%). Mean value of this assessment was 34.35 ($SD=5.34$). Mean assessment of current work ability compared to the highest work ability ever on a scale

from 0 to 10 among employed participants was 6.88 (SD=1.76) while among unemployed, it was 4.37 (SD=2.41). Statistical analysis showed that the assessment of a current work ability compared to the highest work ability ever is a factor that significantly differentiates the group of employed and unemployed participants. The employed people assess their current work ability statistically better, compared to highest work ability ever, than the unemployed people.

The mean result gained by participants in acceptance of illness, self-efficacy and dispositional optimism was an average result. The statistical analysis showed that those parameters significantly differentiate the group of employed and unemployed participants as in the case of current work ability compared to the highest work ability ever. Compared to the unemployed people, the employed people assess those parameters statistically better.

The results of a regression analysis showed that the severe level of disability, the injury being the cause of a disability, a low assessment of one's financial situation and the conviction of a lack of employer's role in the return-to-work process statistically decrease the chances of a return to work after the acquisition of motor disability, whereas the better assessment of current work ability compared to the highest work ability ever statistically increases the chances of the return to work after the acquisition of motor disability. Also, at the level of statistical tendency, the acceptance of illness increases the chances of return to work after the acquisition of motor disability .

Conclusions

Because of average results in the acceptance of illness, self-efficacy and dispositional optimism among people with acquired motor disability, it is important to organise actions in the field of psychological support for this group and for the social environment (e.g., workshops, lectures and individual consultations). Those actions should be aimed at assisting in going through the process of accepting the illness/disability, developing a sense of self-efficacy and self-esteem. It is important to pay attention to the strengths and opportunities that people after acquiring motor disability have, but also to make them aware of the difficulties and limitations they may face. On the other hand, it is necessary to make the social environment of people acquiring motor disability aware of the possibilities, skills and level of independence these people have. Such activities should reduce dependence on others and give people the opportunity for their own development after acquiring motor disability.

Technical and architectural barriers that still exist have an important impact on the process of return to work after acquiring motor disability. The inactivity of non-working population is not only caused by the poor health or lack of ability to work, but also by the lack of job offers in or near the place of living and the lack of physical ability to get to work. It is important to take multidirectional activities to overcome these difficulties. Such activities include organizing transport to and from work for people with acquired motor disability whose mobility is limited or establishing local information offices to help them to go through the job search process and facilitate contact with employers looking for employees in a particular region of the country.

There is a need to ensure broad access to rehabilitation aimed at reducing the suffering from ailments for people with acquired motor disability. This will allow this group to improve functioning, eliminate limitations, and improve functional status. This, in turn, will increase their health assessment and increase assessment of own workability in this group.

It is also very important to pay attention to the important and multidimensional role of the employer in the process of returning to work. It is important to teach employers how to manage the process of return to work of employees after acquiring motor disability, and to develop their competence to help them carry out such process in their workplaces.