RESEARCH ON ABSENTEEISM IN THE DUTCH POLICE FORCE

RETURN TO WORK AFTER LONG-TERM SICK LEAVE | Jenny Huijs

TNO innovation for life

TOPICS

› Dutch police force: some figures

› Social security system in The Netherlands: relevant parts to police organisational issues

› Dossier research: study on sickness absence

› PhD research, intervention studies:
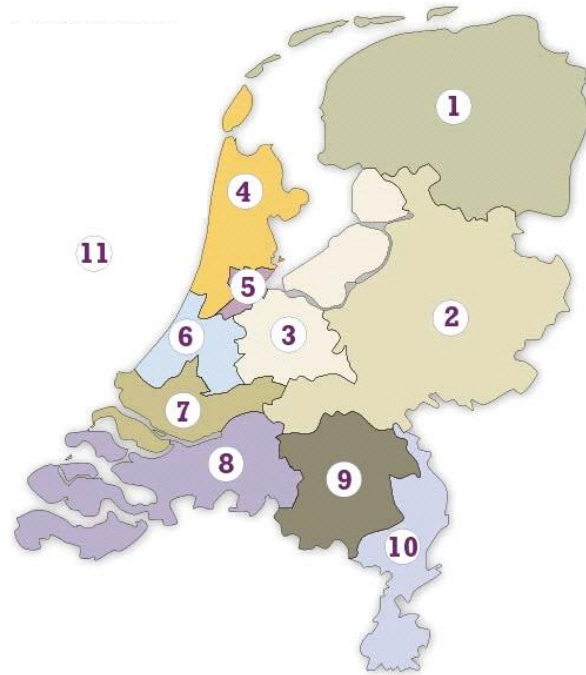 › Prevention mental retirement
  › SKILLS group intervention

DUTCH POLICE FORCE

59.725 employees

11 units

RESTRUCTURING OF THE POLICE FORCE

Background:
- Higher demands, more complex problems and society, more organized crime

Restructuring:
- 1 national police force with 11 units instead of 26 regional police forces with as goals:
  - Safer country, increase in professionalism
  - Higher efficiency, lower overhead

- Start restructuring 1-1-2013
  - Planned end date: 1-1-2018
  - Postponed to 1-1-2021

- New functions as a result

SICKNESS ABSENCE 2016

› HR new vision:
  › Focus on prevention & possibilities
  › More responsibility with supervisor and employee

The Netherlands

3.8%

Service professions: 3.8%
Public administration: 5.1%

Police

7%

[range between units: 3.3%-7.8%]

DUTCH SOCIAL SECURITY SYSTEM

DUTCH SOCIAL SECURITY SYSTEM

› No differences in benefits risqué social and risqué professionel

› No differentiation between physical and mental complaints

› Since 2004 new legislation:

  › Before 2004 emphasis on lost income and compensation

  › After 2004 emphasis on return to work and residual functional capacities (what can you do now or in the future)

› Employers (and employees) responsible for first 2 years

  › Employer obliged to pay at least 70% of salary (1st year mostly 100%)

  › Employer and employee tested on efforts

  › Possible fines

› Big companies take insurance for paying 2 years salary: incentive gone

DOSSIER RESEARCH

RESEARCH QUESTIONS

Background:

› In 2013 5,7% sickness absence

   › national sickness absence = 4%

› Restructuring

Research questions:

› What is the scope of long-term sickness absence within the police force?

› What are the characteristics of these sickness absence cases?

DESIGN

- Dossier research long-term sickness absence
  - 6 representative units in 2014
- Dossiers studied of all employees absent > 3 months
- Anonymous *absenteeism* dossiers, no *medical* dossiers
- Collected data:
  - **Background** (gender, age, educational level)
  - **Work** (function, working hours, salary)
  - **Sickness absence** (1st day of sickness absence, history of absence, sickness absence %, symptoms)
  - **Return to work** (number of hours RTW, date RTW, legal requirements)

PROCESS

› Getting the dossiers took a lot of effort

› Units were reserved (HR was reluctant to participate; operational constraints; sending out objection forms to police personnel in order to frustrate data collection from dossiers)

› Anonymisation took a lot of time

› Not all dossiers could be delivered

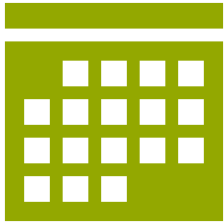› Big differences: very complete to just 1 page or last information was 1 year old

RESPONS

> Whole police force: total of **63.671** employees in 2014

> 6 units were researched: total of **31.426** employees
>> **1.280** employees who were > 3 months on (partial) sick leave
>>> **4,1%** long-term sickness absence
>> **982** dossiers present (78,7%), rest of dossiers were missing

SICKNESS ABSENCE

› Average period sickness absence: 420 days
   › Longest sickness absence period: 14 years
› 13% is longer than the legal 2 years period

› Sickness absence periods in subgroups:
   › Combi physical/mental: 508 days on average
   › Mental: 450 days on average
   › Physical: 389 days on average

HEALTH COMPLAINTS

Physical

Mental

51%
Mostly
musculoskeletal

30%
A quarter of which
PTSD

RETURN TO WORK (RTW)

› 66% has partly returned to work

› 17% is 1% absent

› 64% focus on RTW in previous function, only 3% focus on RTW outside police

› Legal requirements:

  › 68% problem analysis; 58% on time

  › 62% plan of action, 41% on time

  › Many sanctions by Social Security Administration: employer has to pay longer (1 year)

CONCLUSION

› More than 1 sickness absence registering system: unreliable

› High number of 1% sickness absence = administrative absence

› Lack of national policy, big diversity in RTW policy between units

› Lack of clarity in roles and responsibilities of professionals

› Supervisors lack skills and knowledge on RTW

› Big span of control for supervisors (N=± 200)

› Employees wait-and-see attitude

› No learning organisation, no sharing of knowledge or best practices

› No national thinktank or national expert group for complex cases

CONSEQUENCES

› A lot of media attention

› Minister was summoned by the parliament

› Minister had to promise actions to improve registration, quality of dossiers and guidance of sick-listed employees

ACTIONS TAKEN

ACTIONS TAKEN IN THE ORGANISATION

› New HR department & temporary taskforce long-term sickness absence installed that addressed:

  › Decrease 1% sickness absence

  › Dossiers solved of extreme long absences

  › New sickness absence registering system introduced

› Hiring/retraining occupational health physicians

  › Support the supervisors

› In training of management/supervisors more focus on sickness absence

› National RTW policy incorporated

› Better collaboration with Social Security Administration

PhD RESEARCH

PHD RESEARCH

› Focus on long-term sickness absence as well as primary prevention

› Part of PhD research is within police force

› Effect of 2 interventions:

  › Primary prevention: preventing mental retirement

  › Facilitating RTW: group training

PREVENTING MENTAL RETIREMENT

> More information in next presentation by Janneke Vollebergh

> Mental retirement:
>> At work physically, but not mentally
>> Not connected anymore
>> **My** job becomes **A** job

> Three factors:
>> Developmental pro-activity
>> Work engagement
>> Perceived appreciation

PROGRAM OF THE PREVENTION TRAINING

› Program focusses on prevention of mental retirement and increasing powerful professionals

› Bottom-up: employees and supervisors together, team effort

› Program carried out within several organisations: police, Philips, government

  › Learning network

  › Collaboration science & practice

PROGRAM IN 5 STEPS

1 → Mindmapping sessions

2 → Baseline measure

3 → Choose interventions

4 → Implement interventions

5 → Evaluate and learn

RESULTS OF THE PREVENTION TRAINING

Positive trend, but no clear effect on mental retirement yet

Success factors:
› Mindmaps are essential for success: create awareness & support
› Bottom-up design, team makes his own choices (to start, personalised questionnaire, interventions)
› Evaluation is necessary

Challenges:
› Intervention phase is big challenge: ownership with team, use of facilitators
› Finding a control group that doesn't have the program

GROUP INTERVENTION FACILITATING RTW

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Target group: employees who are long term absent

Goal:
› Increasing self-efficacy
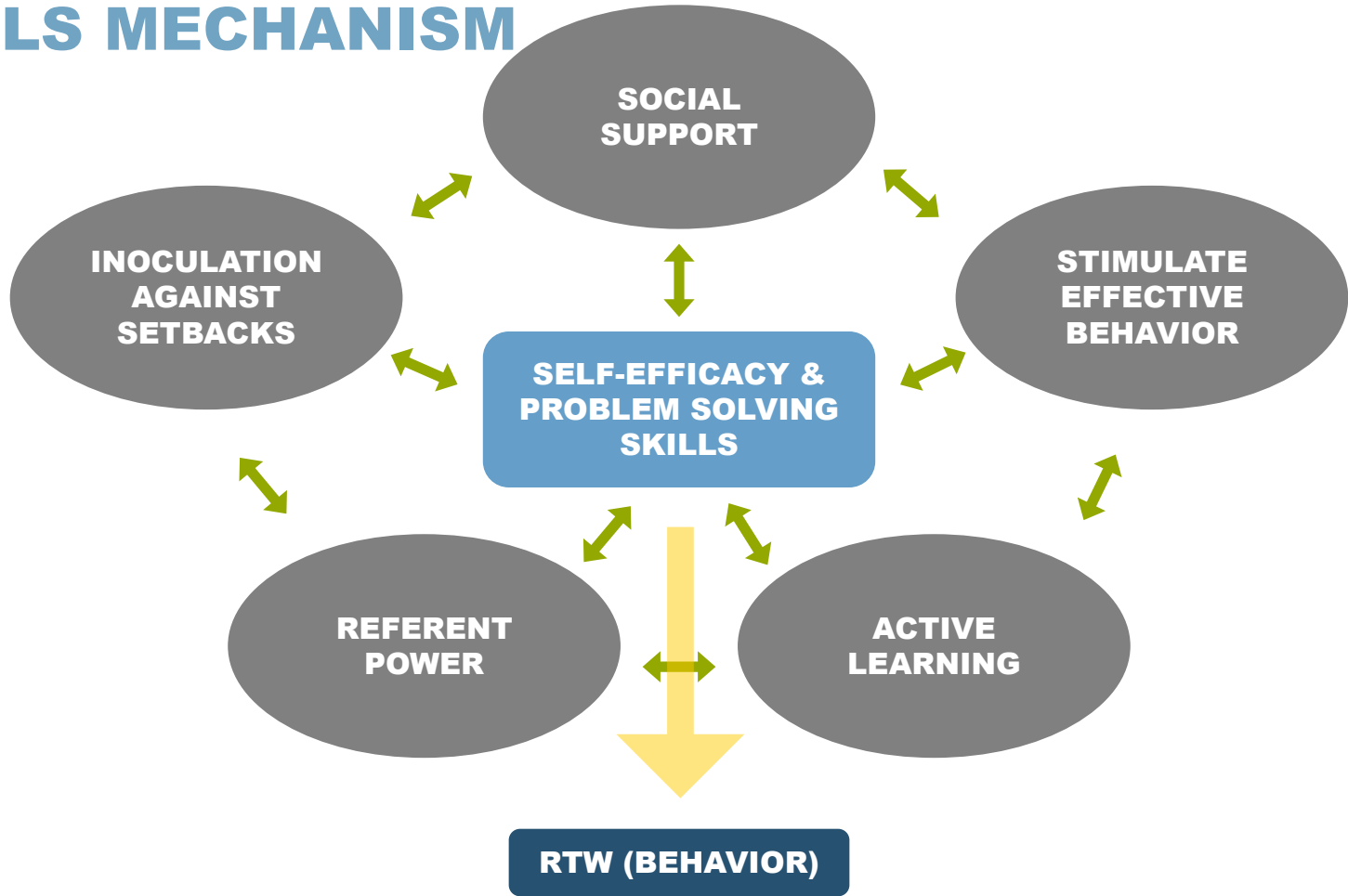› Increasing problem-solving skills
  › Faster and sustainable RTW

Based on SKILLS methodology
  › Proven effective intervention in several groups with work-related problems
  › Participants are considered experts, searching for solutions **together**
  › Stepwise success experiences
  › Group: learning from each other, giving each other tips & inspiration

DIFFERENCES TRADITIONAL METHODS VS SKILLS

Traditional training	SKILLS	Why?
Trainer is information source	Participants are information source	✓ Align with topics that participants find important, customizing is possible ✓ Participants get active
Trainer / participant interaction	Participant / group interaction	✓ Recognition & acknowledgement ✓ Participants are more likely to accept something from each other than from the trainer *"you don't get how it's to …."*
Behavior is evaluated and criticized (emphasize on: *"Doing things the right way")*	Effective behavior is acknowledged *("you can do it")*	✓ Safe learning environment ✓ Participants grow in self-efficacy and start to change
Focus = skills	Focus = plan for future & anticipate on coping with setbacks & skills	✓ Participants are better equipped to real life ✓ Participants keep going, are more determined
Books, readers	Use of flip-overs and hand-outs	✓ Better *"imprinting"*

SKILLS MECHANISM

SOCIAL SUPPORT

INOCULATION AGAINST SETBACKS

STIMULATE EFFECTIVE BEHAVIOR

SELF-EFFICACY & PROBLEM SOLVING SKILLS

REFERENT POWER

ACTIVE LEARNING

RTW (BEHAVIOR)

SETTING OF THE RTW TRAINING

- 4 sessions shortly after each other
- One come back session 1 month later
- In a group
- Room without tables
- Drinks & snacks
- Flip-overs on the walls
- Coloured pens & hand-outs
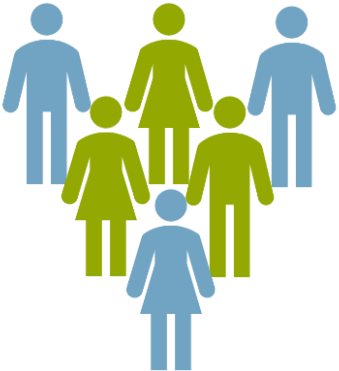- Everybody wears name stickers
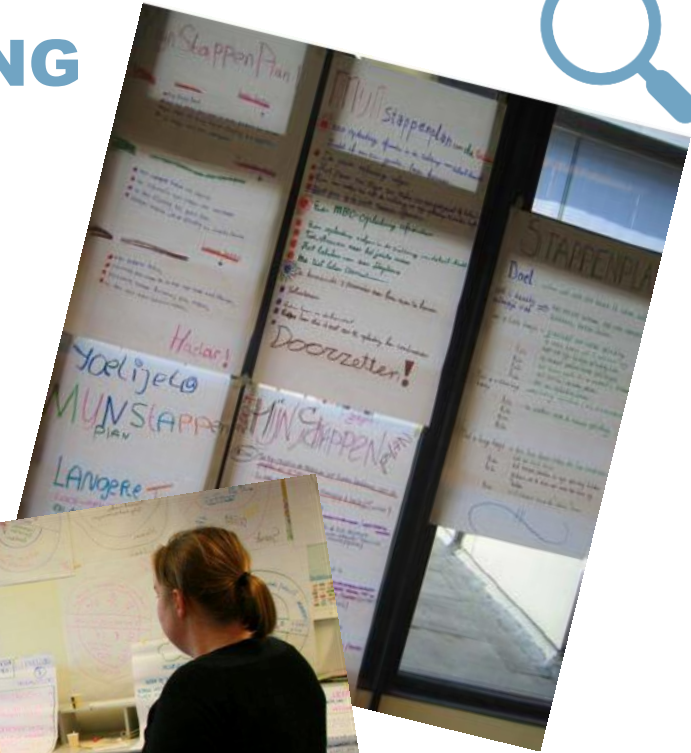
PILOT OF RTW TRAINING FOR POLICE

Inclusion:

› (partially) on sick leave for at least 4 weeks

› Without clear expectations regarding RTW

› No restrictions with regard to type of health complaints; except no PTSD mostly due to legal issues

Pilot, 1 group, 6 employees:

› 4 sessions in 2 weeks

› 1 come back session 1 month later

EVALUATION OF RTW TRAINING

Data collection:

Participants

Supervisors

3x:

Previous

After 4 sessions

6 months after start

2x:

After 4 sessions

6 months after start

1x:

3 months after start

FIRST RESULTS PARTICIPANTS

› Participants are enthusiastic:
  › Useful, boost in self-efficacy, learning from each other, tips from and to each other

› More responsibility, taking things in own hands, ask for help, break problems into smaller bits, set boundaries, cope with setbacks

› Small group was really good: more open-heartedness, vulnerable

› Flexible: time for your experiences, your story

FIRST RESULTS SUPERVISORS

5 supervisors:

› Employees were very enthusiastic about training

› More open-heartedness

› More pro-active (take initiative, setting boundaries, assertive)

› More open communication

› Increase in self confidence

› No change in performance

CONCLUSION

TAKE HOME MESSAGE

› It is important to have the necessary preconditions (policy, sickness absence registering system, clear responsibilities, skills & knowledge of the supervisor)

› Interventions RTW should focus on:
  › Increase in self-efficacy
  › Take responsibility and initiative: by both employee and supervisor

THANK YOU FOR YOUR ATTENTION

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