



Bridging research and practice: a European perspective



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I declare to have no conflict of interest

Content

1. Legacy of Peter Donceel
2. Attending a conference = bridging research and practice
3. Cross-country comparison (CCC)
4. CCC-model
5. 4 simple questions (LOLA)
6. Change practice

In memory of Peter Donceel

Collaboration with KU Leuven, Belgium
Tiedtke (2013); Désiron (2016)

Lecture in Maastricht

Conference in Rome

Collaborative presentation on
collaboration in return to work,
Graz

Student from Chili



Attending a conference

How can I use
this back
home?



EUMASS, Stockholm, 2014

Need for Cross-Country Comparison (CCC)

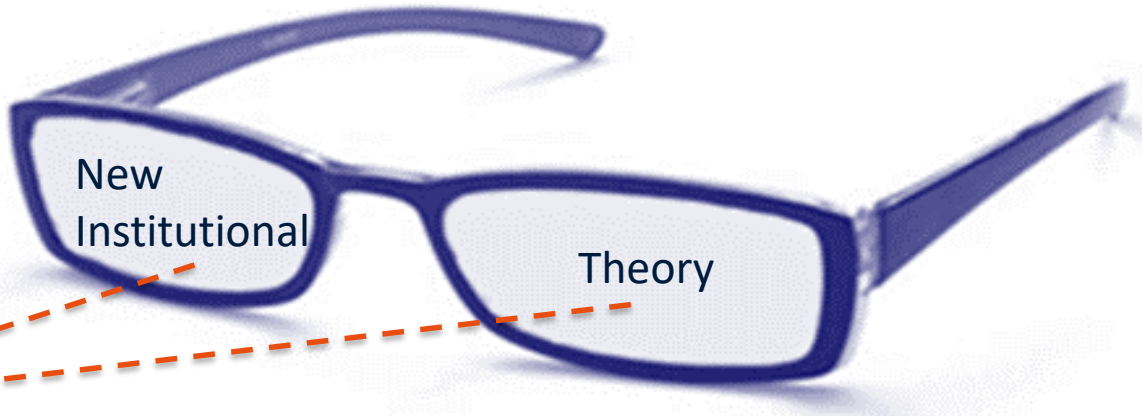


Lack of understanding cross-country differences

- Emphasis on similarities (e.g. Alavinia & Burdorf, 2008; Nigatu et al. 2016)
- Non-systematic / a-theoretical explanations
- Testing only one macro policy (e.g. Angelini et al., 2012)

Better comparisons: New Institutional Theory (NIT)

Scott W.R. (2013).
Institutions and organizations.
Thousand Oaks, CA:
Sage.



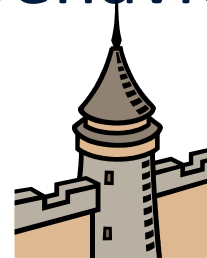
***Institutions* = Rules**

Institutions (rules) as (Scott, 2013)

- Structure: guiding behaviour

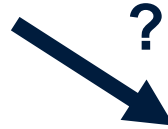


- Boundaries: restricting behaviour





Study 1



van Raak, A., de Rijk, A. & Morsa, J. (2005). Applying new institutional theory: the case of collaboration to promote work resumption after sickness absence. *Work, Employment & Society*, 19(1), 141-152.

Why do stakeholders in sickness absence guidance behave according to rules or not in NL and BE?



8-factor model for legislation adherence

- 1- Must rules, not may rules
 - 2- Sanctions
 - 3- No contradictions with other legislation
 - 4- Correspond with self-interest
- } Content
-
- 5- High utility and applicability
 - 6- Good knowledge
 - 7- Social control
 - 8- Internalization of the legislation
- } Context

Sickness absence guidance legislation NL-BE (2000-2002)-1

Legislation	NL	BE
Exchange of information	X	X
Check on work disability and exploring opportunities for returning to work		
Check return-to-work efforts	X	
Meeting physician – employee during sickness absence	X	X
Make return-to-work plan	X	
Offer suitable work	X	X
Accept suitable work	X	

Sickness absence guidance legislation NL-BE (2000-2002)-2

- NL: relatively more 'must rules' + more sanctions
- BE: relatively more 'may rules'

Comparison rules – practice

- Must rules: followed in NL and BE
- May rules: neglected in NL, followed in BE

Why?

Not due to legislation itself...

1. Must rules followed NL and BE
2. Sanctions worked NL and BE
3. No contradictions with other legislation NL and BE
4. Correspond with self-interests NL and BE

...but due to institutional context!

- 5. Utility / applicability better in BE**
6. Knowledge of the legislation NL and BE
7. Social control NL and BE
- 8. Internalisation better in BE**



Study 2: Role of sickness absence legislation BE

J Occup Rehabil (2012) 22:241–251
DOI 10.1007/s10926-011-9342-0

Supporting Return-to-Work in the Face of Legislation: Stakeholders' Experiences with Return-to-Work After Breast Cancer in Belgium

Corine Tiedtke · Peter Donceel · Lieve Knops ·
Hugot Désiron · Bernadette Dierckx de Casterlé ·
Angelique de Rijk

Model for Cross-Country Comparison



**Focus:
Differences in
Work Disability Prevention
(WDP)
practice**

New Institutional Theory

Three types of institutions

1. Formal institutions (legislation)
2. Informal, conscious institutions (norms and values)
3. Informal, unconscious institutions (culture)

Scott, W.R. (2013).
Institutions and organizations.
Thousand Oaks,
CA: Sage.

Organization

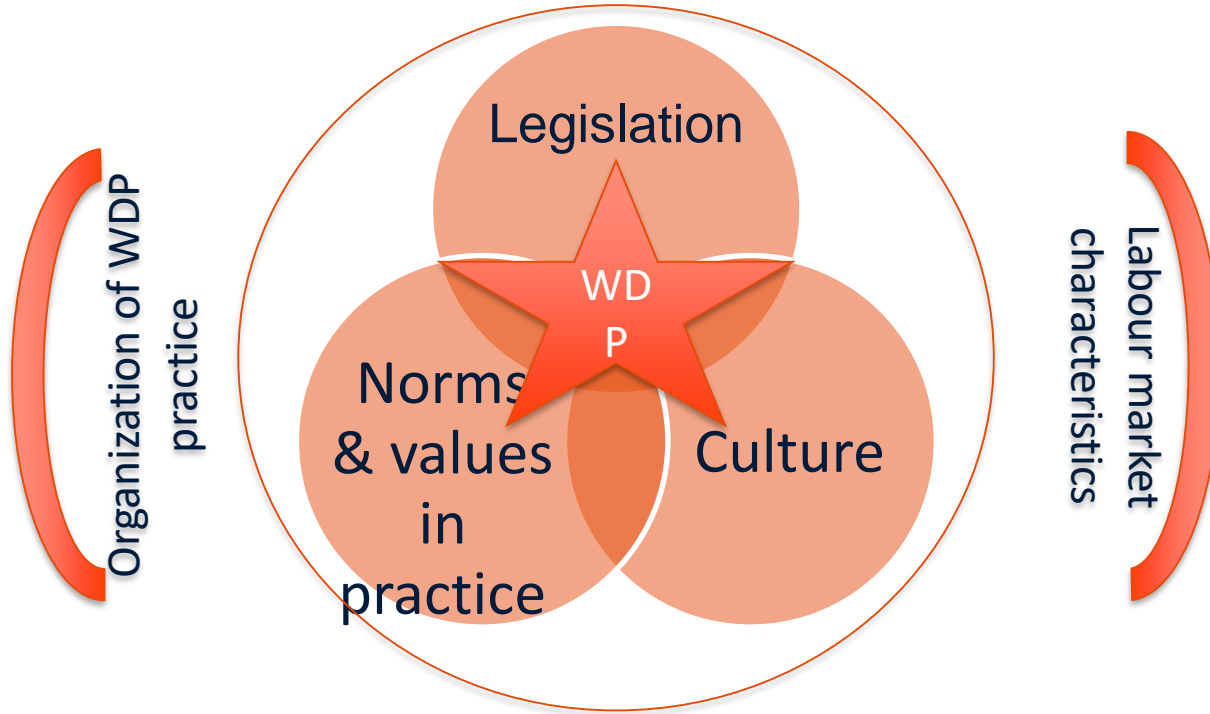
- Configuration = link between institutions and how things are organized
- Organization
 - Type of professionals
 - Organizations
 - Training

Labour market characteristics

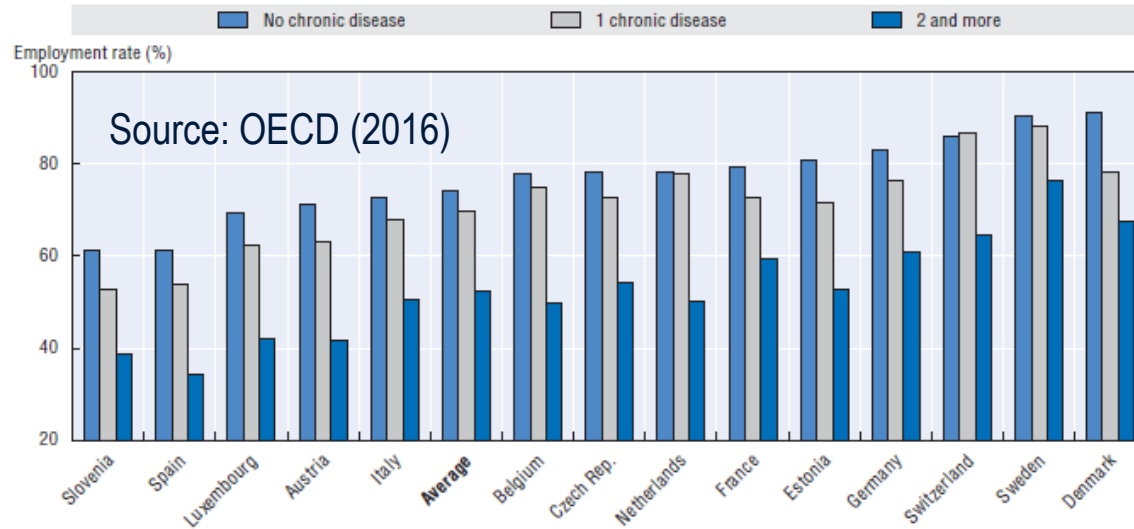
- E.g. % unemployment



Cross-Country Comparison model for Work Disability Prevention (CCC model for WDP)



Study 3: Labour participation of persons with chronic conditions



Our aim: Specify the CCC model based on a scoping review

Legislation (1)

- **Type of welfare state**

1. Liberal
2. Social-Democratic (+)
(Dragano et al., 2011)
3. Corporatist-Conservative
4. Southern
5. Eastern



Beveridge

Universal
Tax-based



Bismarckian

Employees
Premium-
based

Legislation (2)

- **Health care system regulations**
 - Financing:
 - tax
 - premiums
 - high out-of pocket spending (-)
 - Health coverage: universal (+) or not

Legislation (3)

1. **Low work disability system generosity** (Barr et al., 2010)
2. **Active Labour Market Policies (ALMPs) / activation approach** (Holland et al., 2011; Anema et al., 2009)
3. **Employment Protection Legislation** (Reeves et al., 2014)

Anti-discrimination legislation (disability) not helpful (Atkins et al., 2007; OECD, 2010)

Legislation EU

- 1989 Framework Directive on Occupational Health & Safety (+)
- Varying degrees of implementation (EU-OSHA, 2013):
 - Nordic, UK: ++
 - Baltic, smaller southern and Central: --

Norms & values WDP (1)

Work related norms (Buchholz, 1978; Bambra, 2011; Schulz, 2012; (Mettävainio et al., 2004)

1. High work ethic: work is good in itself
2. Work as identity
3. Work as social contract

Norms & values WDP (2)



Social roles

1. Sick role (Parsons in Varul, 2010): exemption vs normalization
2. Professional role (Andersen, 2009): sickness vs re-integration oriented
3. Gender role (Yu & Lee, 2013): equality vs inequality

Organization

- 1. Organizations for labour participation** (~Barr et al., 2010; Holland et al., 2011; Anema et al., 2009)
- 2. Accredited professions** (~Andersen, 2009)
- 3. Training of professionals in WDP** (→professional norms & values) (~Andersen, 2009)

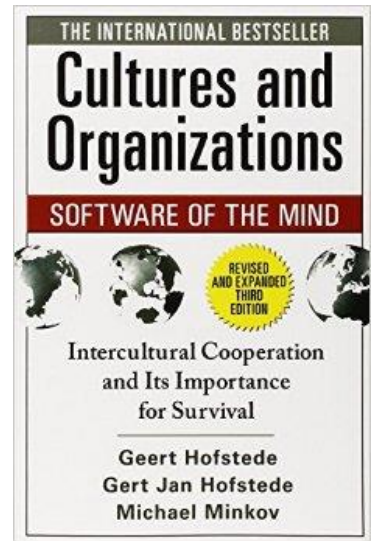
Culture

1. Culture types (Hofstede, 1977; Schwartz, 1999)

- Hierarchical vs egalitarian
- Collectivist vs individualist

2. Less mental illness stigma

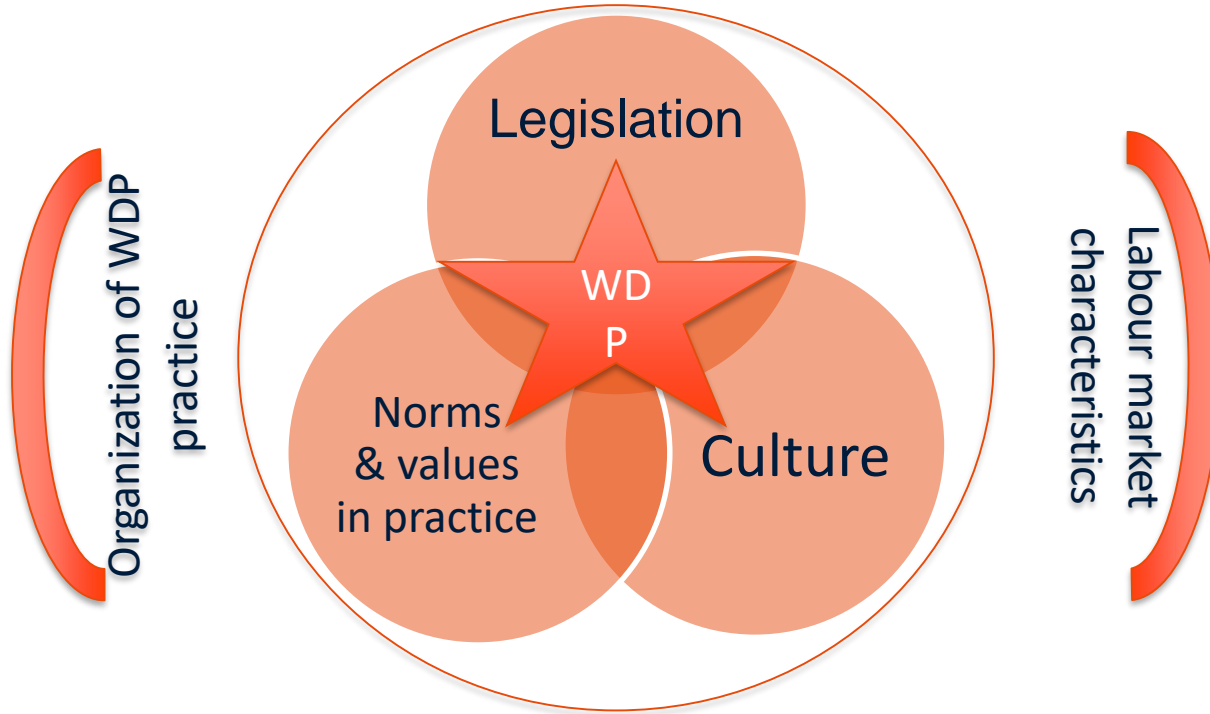
“the devaluing, disgracing, and disfavoring by the general public of individuals with mental illnesses” (Abdullah & Brown, 2011, p. 935)




Labour market characteristics

- 1. Less informal employment** (Muntaner et al., 2012)
- 2. Less unemployment** (Smith & Twonmey, 2002)
- 3. Less precarious work** (Dragano & Wahrendorf, 2014)
- 4. High prevalence of** (Pagan, 2009; Jones, 2011):
 - **Parttime work**
 - **Self-employed**

Cross-Country Comparison model for Work Disability Prevention (CCC model for WDP)



CCC-model at the EUMASS 2018 conference



How can I use
this back
home?

LOLA: 4 simple questions

1. Is the **L**egislation similar?
2. Are the **O**rganizations and professional views similar?
3. Are the **L**abour market characteristics similar?
4. Am I not **A**mazed at all by the policy/intervention?

Yes: 10
No: 0

0: non transferable...20: we can learn from it...40: 100% transferable



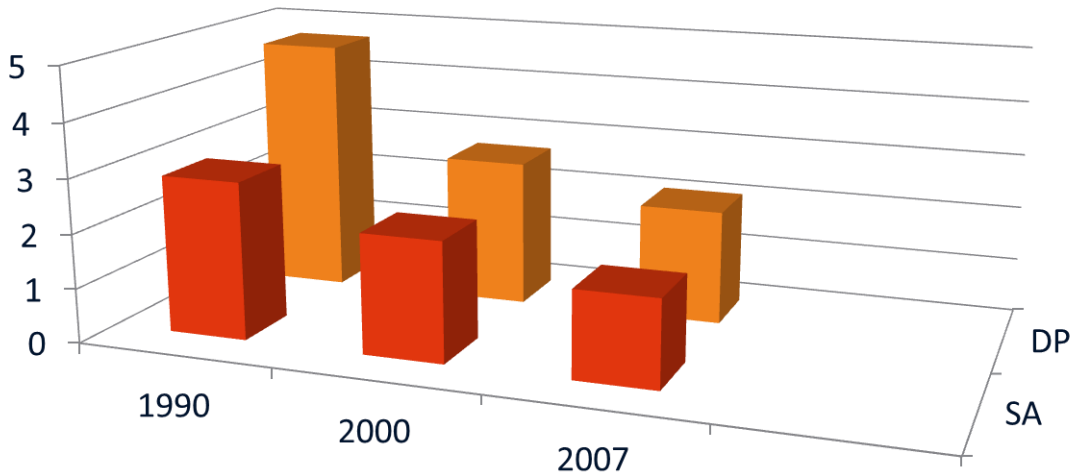
Change practice

- Gradually – path dependency

- Suddenly – critical juncture

Theelen, K. (1999).
Historical
institutionalism in
comparative politics.
*Annual Review of
Political Science*, 2,
369-404.

Study 4: Drop SA and DP expenditure NL (% GDP)



■ SA
■ DP

de Rijk, A. (2018). Work disability prevention in the Netherlands: key role for employers. In: *The Science and Politics of Work Disability Prevention* (MacEachen, Ed.). Routledge.

How changed?

- **Gradually**
 - History of large employer influence on disability pension policy
 - “Consultative Economy”
- **Suddenly**
 - 10% SA & 14% DP = premiums too expensive for employer
 - Prime Minister: “The Netherlands are sick”

Dutch disability scheme not transferable

- Scheme not universal
- Employers not willing to pay 2 years SA
- Gatekeeper Improvement Act good for *employees* if:
 - Organizational policies
 - Occupational physicians
 - Skills and culture

Studies 5-6: BE - NL employers on workers with cancer

J Occup Rehabil (2014) 24:399–409
DOI 10.1007/s10926-013-9465-6

Return to Work Following Breast Cancer Treatment: The Employers' Side

Corine Tiedtke · Peter Donceel · Angelique de Rijk ·
Bernadette Dierckx de Casterlé





J Cancer Surviv (2017) 11:562–577
DOI 10.1007/s11764-017-0626-z



Employers' experience of employees with cancer: trajectories of complex communication

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A. G. E. M. De Boer³ · M. A. Greidanus³ · S. J. Tamminga³ · A. E. De Rijk¹



CCC-model		
<i>Legislation</i>	Corporatist welfare state Payment of income one month Alternative work	Corporatist welfare state Payment of income up to 2 yrs Detailed legislation
<i>Norms and values</i>	Concern Uncertainty Dilemmas	Complex communication - Dilemmas
<i>Culture</i>	More protection of income	More activation culture
<i>Organization</i>	Occupational physician prevents Insurance physician safeguards income	Occupational physician advises Insurance physician checks
<i>Labour market characteristics</i>		More parttime, more self-employed

Key messages

- Transferability = similarity in countries' social contexts
- CCC model
- LOLA
- Change of practice: gradual & sudden





Have an inspiring conference!

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