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Self-efficacy

-in women on long term sick leave

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Background

In Sweden and other Western European countries:

-women have been on sick leave more often and for longer periods than men

(Inst. for Evaluation of Labour Market and Education Policy, 2011)

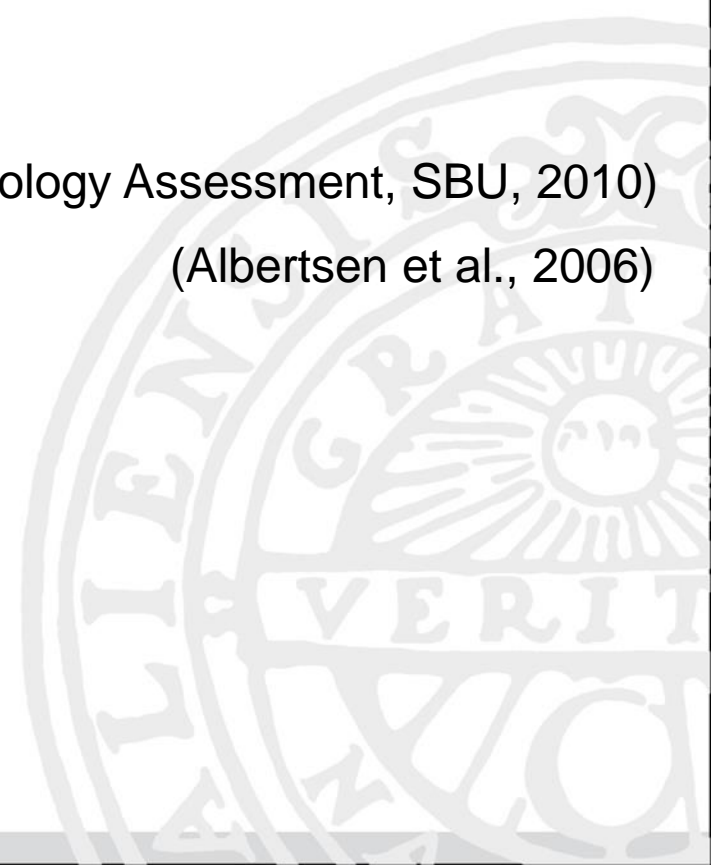
- 70 % of the causes of sick leave in women have been related to chronic pain and tiredness, which are also usual reasons for women to visit the doctor, apart from mental health problems

(Upmark, 2008)



Sick leave may have positive effects but there is also a risk that the sick leave causes negative effects as:

- worsening economy,
- depression
- extended sick leave,
and (Swedish Council on health Technology Assessment, SBU, 2010)
- lower self-efficacy (Albertsen et al., 2006)





What is self-efficacy?

**Self-efficacy is an individual's belief
in own ability to perform a specific
action**

(Bandura, 1997)



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Emotions

Motivation

Level of
Self-efficacy

Actions





Since self-efficacy has been shown to:

- be negative
effected by
long term sick
leave

(Albertsen et
al., 2009)

- be an
important
psychological
factor in the
return to work
(RTW) process
after sick leave

(D Ámato &
Zijlstra, 2010)

- and sub-
groups in the
GSE
represents
predictors for
RTW in
persons who
had been on
long-term sick
leave

(Brouwer et al.,
2009)



It is of interest to investigate self-efficacy
among women on long-term sick leave



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Aim

The aim of the present study was to investigate self-efficacy among women on long-term sick leave and the relation between self-efficacy and;

- 1) background variables
- 2) perceived health
- 3) physical activity
- 4) social relations and social trust and
- 5) view of the future





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Method:

Study design

A cross-sectional design

Study sample

The study is based on two randomized controlled trials at a university hospital in Sweden.

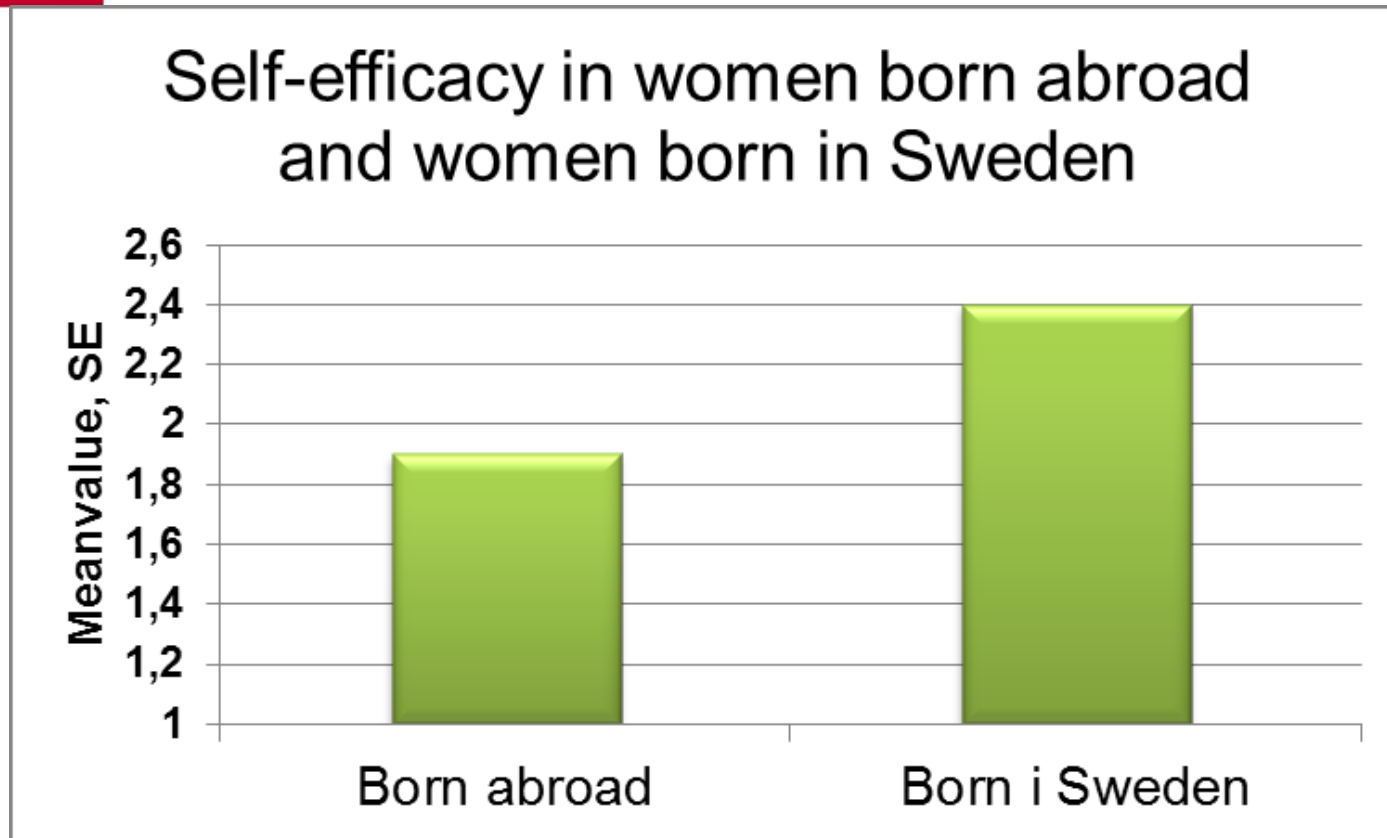
Data is collected by questionnaires from women on long term sick leave due to pain and or/mental illness (stress, depression and/or anxiety).

Analysis

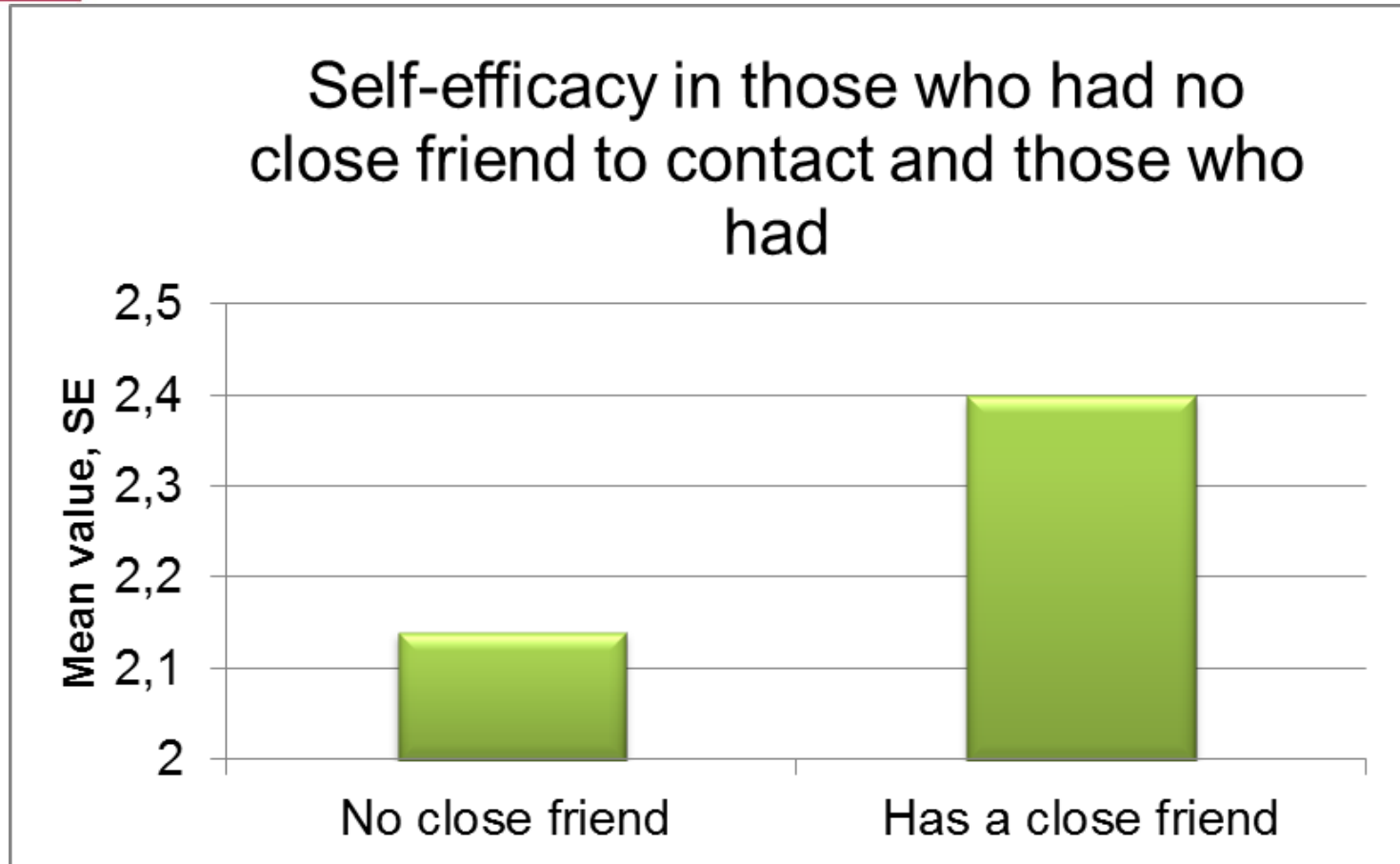
Data from final sample (n=355) were analyzed using descriptive statistics, ANOVA, post hoc, Pearson and regression analyzes.



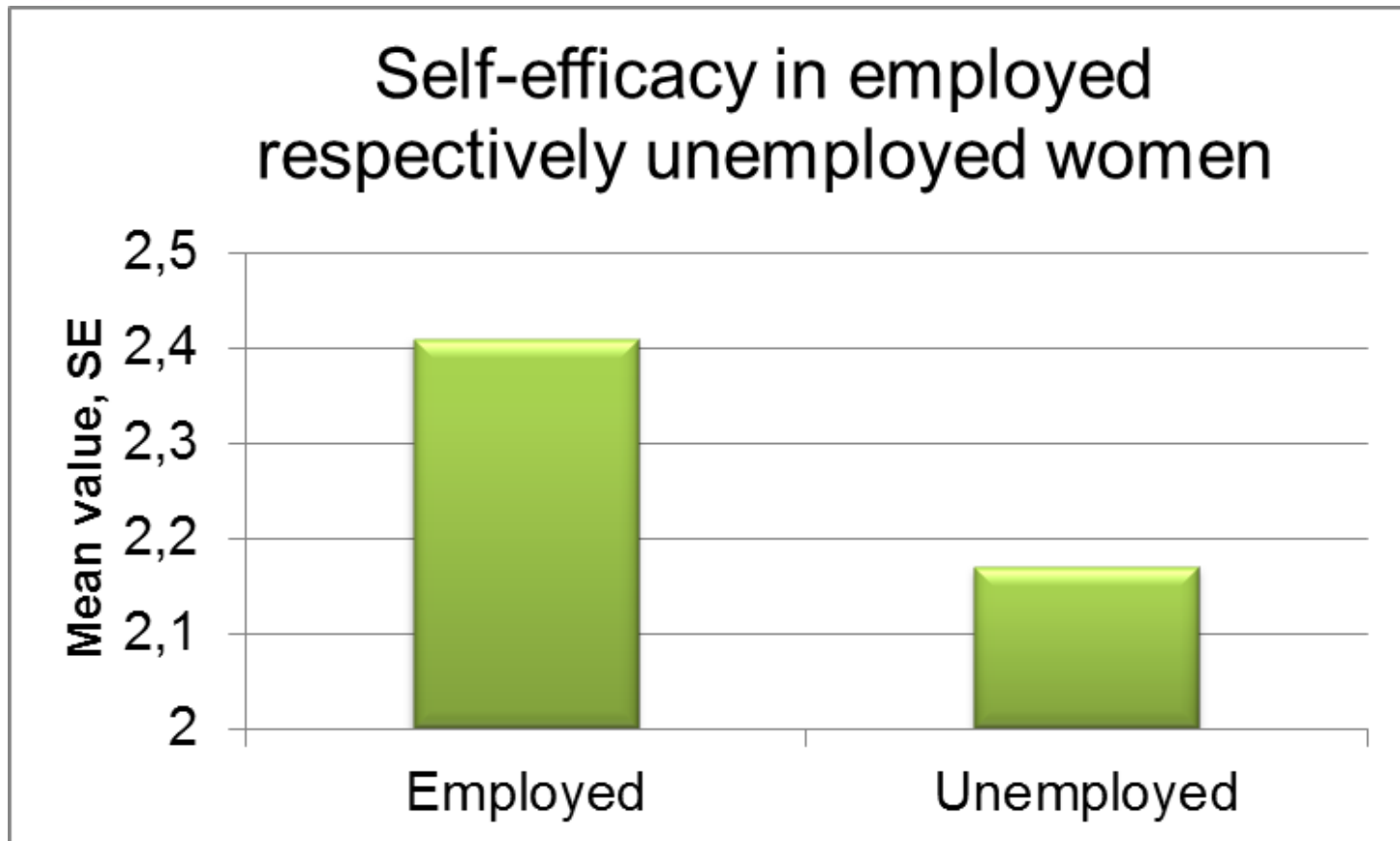
Results:



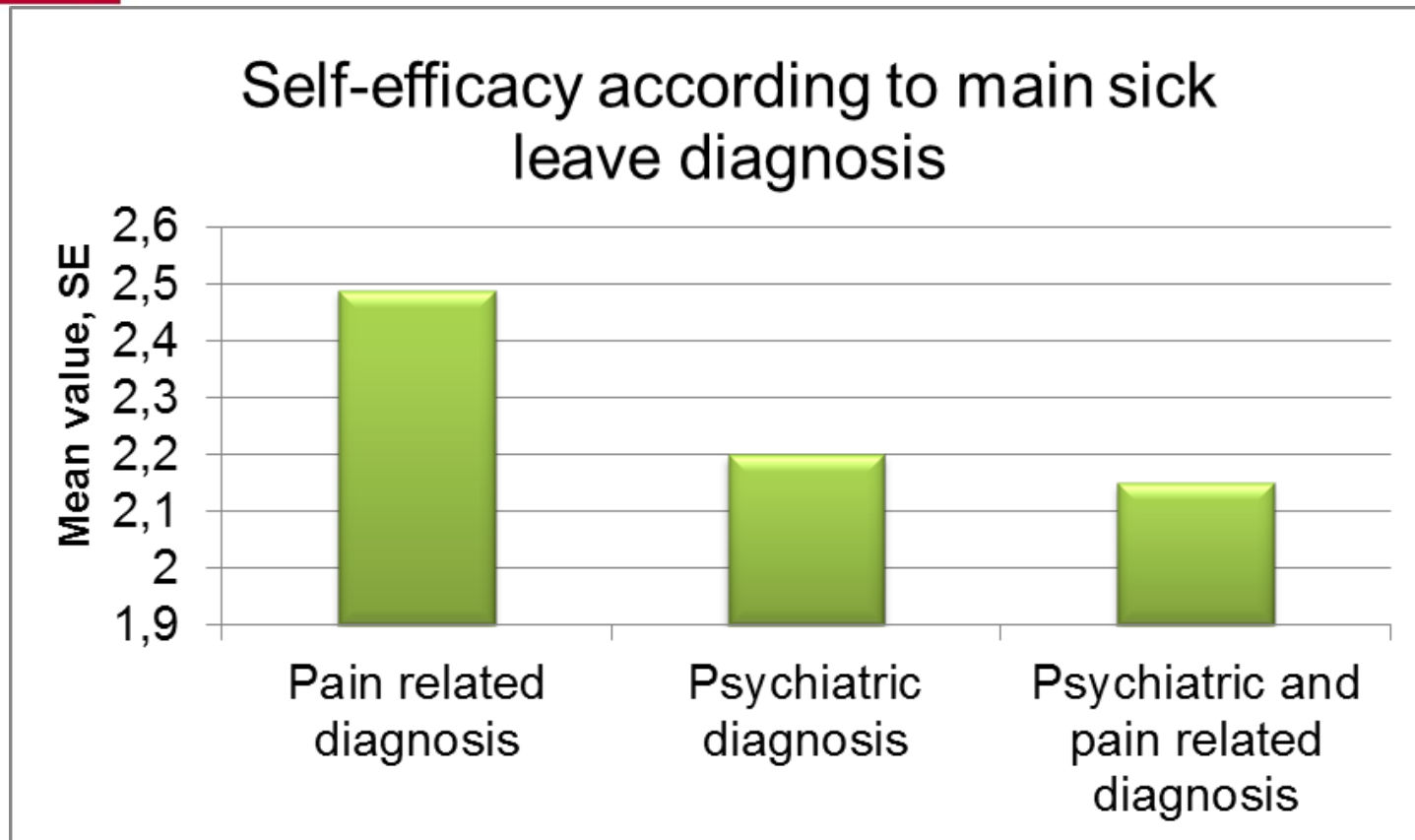
Self-efficacy mean scores were significantly lower in women born abroad compared to women born in Sweden (1,90 versus 2,40, $p < .000$).



Self-efficacy mean scores were significantly lower in women who had no close friend to contact compared to those who had (2,14 versus 2,40, $p < .000$).



Employed women had a significant higher self-efficacy mean score compared with women who were unemployed (2,41 respectively 2,17, $p < .012$).



Women with pain related diagnosis had significantly higher self-efficacy mean score compared to women with psychiatric diagnosis (2,49 respectively 2,20, $p < .003$) or both psychiatric and pain related (2,49 respectively and 2,15, $p < .000$).



Conclusion:

- General self-efficacy mean value was low
- Women born abroad had lower self-efficacy compared to native Swedish women

Clinical implications:

- Self-efficacy needs to be addressed in vocational rehabilitation, especially for women born abroad



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Thank you for listening!

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