

Summary of key findings



The effectiveness of occupational therapy interventions supporting return to work for people who sustain serious injuries or develop long-term (physical or mental) health conditions

Key findings

- The systematic review included 20 studies published from 1995 to 2019 across 10 countries: 18 randomised controlled trials, one non-randomised controlled study and one cohort.
- 3,866 participants were included at entry into studies with 1,889 (49%: 57.1% women; mean age 45.5 years) receiving the intervention.
- Individually tailored interventions focused on return to work (RTW) resulted in better outcomes.
- RTW rates for people with musculoskeletal conditions including low back pain and arthritis were more promising than for other conditions.
- Occupational therapy interventions and involvement were not always reported or described in included studies, limiting interpretation.
- Key intervention components were vocational assessment, goal setting, self-management/self-responsibility, work hardening, vocational counselling/education, case management, RTW planning and coordination.
- Key mechanisms of action included early intervention, individualised support, responsiveness, collaborative approach, works across service boundaries.
- Most studies (17 out of 20) were assessed as high risk of bias.
- Heterogeneity in work status outcomes meant meta-analysis to calculate the overall effect of occupational therapy could not be used.
- 'Occupational therapy' was not always identified in title or abstract, affecting identification of studies.

Project aims

- To determine whether occupational therapy interventions delivered to working-aged people with serious injuries or long-term physical/mental health conditions are effective at supporting RTW.
- To identify the intervention components and mechanisms by which the interventions facilitate RTW.
- To identify questions for future research from the current evidence.

Background

People who develop long-term physical/mental health conditions or serious injuries can be marginalised in the workplace. They are less likely to be employed, struggle to return to or remain in work and are more likely to take time off work due to sickness absence (NHS England, 2022).

They can also suffer from problems such as functional limitations, pain, fatigue, anxiety, depression and post-traumatic stress disorder threatening work stability.

Keeping people with health conditions in work is associated with improved health and quality of life (Timperi, 2013) and socioeconomic outcomes.

Supporting people who develop long-term physical and mental health conditions or who sustain serious injuries to return to and remain in work is core occupational therapy business (Royal College of Occupational Therapists, 2020). Yet the evidence on best practice is limited and the effectiveness of occupational therapy in supporting RTW remains unclear.

We set out to identify the evidence for occupational therapy interventions that support RTW for people with long-term physical or mental health condition and to describe the intervention components and propose how these might lead to RTW.

Systematic review methodology

Population: People aged 16 years and over in paid employment, absent from work due to an injury or long-term physical or mental health condition. **Intervention:** Stand-alone or multi-disciplinary occupational therapy delivered in any setting that included a work-related outcome. **Comparator:** Control or another non-occupational therapy intervention. **Outcome:** Primary outcome was work status expressed dichotomously e.g. working or off sick or as a continuous measure e.g. work hours, days until RTW. Secondary outcomes: functional ability, mood, and quality of life.

We searched seven databases for published studies between 1/1/1980 and 31/1/2021. Titles and abstracts were screened to determine inclusion and deduplicated. Studies published twice were compared and the more detailed version retained. Selected studies were read in full to ensure they met the inclusion criteria (comprising definitions of terms). Where available, data were extracted to provide a detailed account of the occupational therapy intervention. For our narrative synthesis, each included study was abstracted into an evidence table. Risk of bias was assessed using the method described in the Cochrane Handbook for Systematic Reviews (Higgins, 2011).

Recommendations

Although there was considerable heterogeneity between the interventions and outcomes measured, we were able to identify some broad mechanisms of action. However, it was not possible to develop a theory of how the intervention works, why and for whom. A realist review of occupational therapy-led interventions might provide more information about underlying mechanisms of action.

Reducing the heterogeneity of work status outcomes is imperative in aiding meta-analysis. To help future effectiveness studies related to occupational therapy supporting RTW, researchers should carefully consider the most appropriate work status outcomes such as sickness absence and measure time to RTW in days.

Authors should use published reporting guidelines such as TIDieR to describe occupational therapy and rehabilitation interventions delivered in research. Developing a taxonomy of intervention components that reflect occupational therapy supporting RTW would harmonise descriptions and facilitate comparison across studies. Better descriptions will highlight the occupational therapist's role and facilitate training and clinical implementation, benefitting patients.

To identify and correctly attribute value, occupational therapists should use their professional title in primary research, especially when delivering RTW components.

Publication

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