

Afslutningsrapport

ARBEJDSMILJØFORSKNINGSFONDEN

Udviklingsprojekt 20-2013-09:

Validering af spørgeskemaer

Kulturel tilpasning, afprøvning og validering af den danske version af spørgeskemaer om arbejdsfunktion, troen på, og parathed for, tilbagevenden til arbejde.

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Dansk resumé

Formål:

Formålet var at oversætte og validere tre internationalt udviklede spørgeskemaer til brug i forbindelse med sygemeldte medarbejders tilbagevenden til arbejde (TTA) i en dansk arbejdsmarkeds-kontekst.

De tre internationale spørgeskemaer 1) Readiness to Return-To-Work (RRTW) scale, The Return-To-Work Self-efficacy (RTWSE-19) scale og The Work Role Functioning Questionnaire.

Metode: Den tværkulturelle tilpasning af spørgeskemaerne fulgte en systematisk fem-trins procedure 1) oversættelse, 2) diskussion af denne og konsensus 3), tilbageoversættelse 4) revision ved et ekspertudvalg bestående af forskere indenfor forskningsfeltet 5) pre-testet på op til 40 vilkårligt udvalgte personer. Endelige versioner formuleret.

Resultater: Den tværkulturelle tilpasning af spørgeskemaerne blev gennemført med succes. Gyldigheden og pålideligheden af den danske version af RTWSE-19 spørgeskema blev fundet tilfredsstillende.

Konklusioner: Den tværkulturelle oversættelse var en succes for alle tre spørgeskemaer. For alle tre spørgeskemaer blev der produceret en modificeret beta-version. Analyser af pålidelighed (reliability) og gyldighed (validity) blev gennemført tilfredsstillende for spørgeskemaet The Return-To-Work Self-efficacy (RTWSE-19).

Engelsk resumé

Objectives: To perform a cross-cultural adaptation of three international questionnaires developed for use in connection with return to work (TTA) of sick employees in a Danish labor market context: 1) The Readiness for Return-To-Work (RRTW) scale, The Return-To-Work Self-Efficacy (RTWSE-19) scale and The Work Role Functioning Questionnaire 2.0 (WRFQ 2.0) into Danish and to test the reliability, validity and responsiveness of the questionnaires.

Methods: The cross-cultural adaptation process was performed following a five-step guideline: 1. Forward translation, 2. Synthesis of the translations, 3. Back translation, 4. Revision by expert committee 5. Pretesting.

Results: Direct translation, synthesis, back translation and consolidation were carried out successfully. The face validity and reliability of the Danish version of the RTWSE-19 questionnaire were satisfactory.

Conclusions: The cross-cultural translation was successful for all three questionnaires. A modified final beta-version was produced for all three questionnaires. The reliability, validity and responsiveness of The Return-To-Work Self-Efficacy (RTWSE-19) questionnaire were satisfactory.

Udviklingsprojektets formål

Formålet var at oversætte og validere tre internationalt udviklede spørgeskemaer til brug i forbindelse med sygemeldte medarbejderes tilbagevenden til arbejde (TTA) i en dansk arbejdsmarkeds-kontekst. De tre spørgeskemaer der er oversat er: Readiness for Return to Work Scale (R-RTW) og Return to Work Self-Efficacy Questionnaire (RTW-SE). Work Role Functioning Questionnaire (WRFQ). Den tværkulturelle tilpasning af spørgeskemaerne fulgte en systematisk fem-trins procedure jf Beaton et al (1) (se figur 1). dvs. oversættelse fra engelsk til dansk af 2 personer med viden indenfor sygefraværsområdet (trin I), syntese af oversættelsen og diskussion af denne (trin II), tilbage-oversættelse af person der har engelsk som modersmål og som kan læse og forstå dansk (trin III), konsolidering og revision af et ekspertudvalg bestående af forskere indenfor forskningsfeltet (trin IV), og endelig blev spørgeskemaerne pretestet af 40 vilkårligt udvalgte personer der alle var i den arbejdsduelige alder og som var sygemeldte, på baggrund af kommentarer fra dels en ekspertgruppe og dels fra de 40 vilkårligt udvalgte personer, blev de endelige versioner formuleret (trin V).

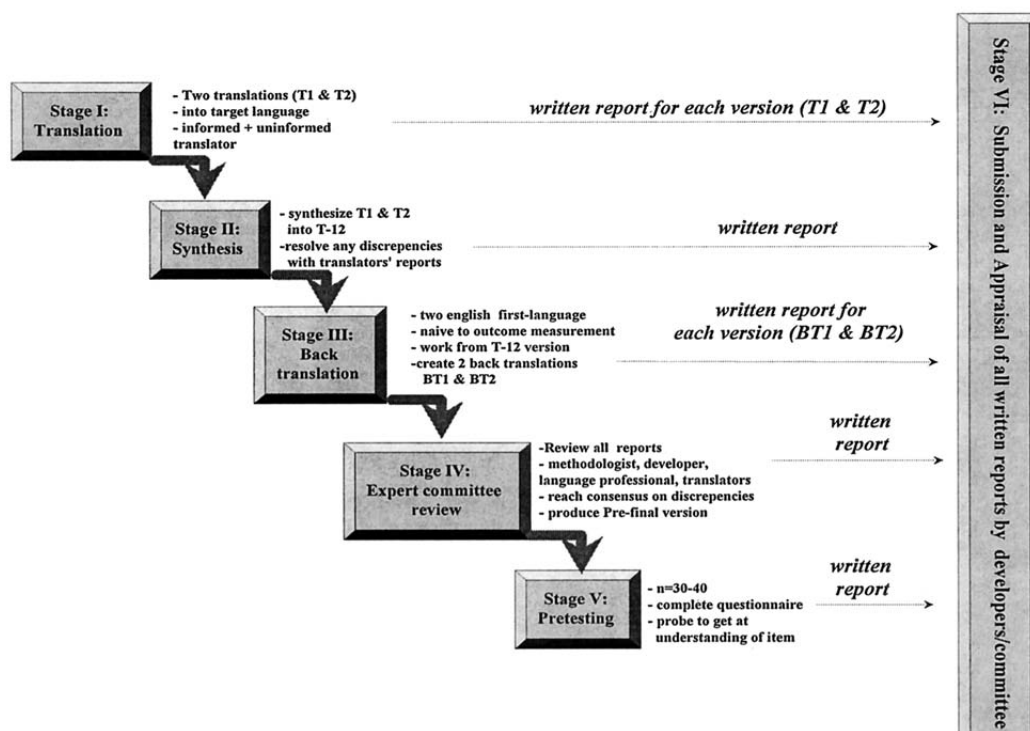


Figure 1. Graphic representation of the stages of cross-cultural adaptation recommended.

For hver af de tre skemaer gælder, at der undervejs blev skrevet ned hvad der har været af kommentarer og ændringer, lige fra lay-out, ordlyden af anvisninger, svarkategorier,

manglende aspekter og naturligvis spørgeskemaerne generelt. En intern rapport sammenfattede problemerne og hvordan de blev løst.

De tre oversatte spørgeskemaer præsenteres på de følgende sider i deres fulde længde:

Parathed til at vende tilbage i arbejde

For dig som ikke er tilbage i arbejde

1) Readiness for Return to Work Scale (RRTW), publiceret af Franche RL, et al. The Readiness for Return-To-Work (RRTW) scale: development and validation of a self-report staging scale in lost-time claimants with musculoskeletal disorders. (2)

Oversat til at hedde "Parathed til at vende tilbage i arbejde" spørgeskemaet er delt i to, første del er under sygefravær, anden del er til når den sygemeldte er vendt tilbage til arbejde.

Parathed til at vende tilbage i arbejde

For dig som ikke er tilbage i arbejde

Dette spørgeskema handler om, hvordan du har det i forhold til at vende tilbage i arbejde. "Tilbage i arbejde kan både betyde at vende tilbage til andet arbejde, til bage på deltid, eller tilbage til ændrede arbejdsopgaver. Sæt venligst kryds (X) ved det svar, der passer bedst på dig.

1) Du tror ikke, at du nogensinde bliver i stand til at vende tilbage til arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
2) Du har i samarbejde med nogen fra din arbejdsplads lavet en plan for, hvordan du vender tilbage til arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
3) Du har overvejet nogle ændringer, som vil hjælpe dig med at vende tilbage til arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
4) For dig giver det ikke mening at overveje at vende tilbage til arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
5) Du har lært forskellige måder at håndtere dine gener, så du kan vende tilbage til arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
6) Du gør nu noget aktivt for at vende tilbage til arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
7) Du tror, at du vil blive klar til at vende tilbage til arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
8) Du planlægger at vende tilbage til arbejde, selvom dine gener ikke er 100 % væk	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
9) Fysisk begynder du at føle dig klar til at vende tilbage til arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
10) Du har øget dine aktiviteter hjemme for at få kræfter til at vende tilbage til arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
11) Du får hjælp af andre til at vende tilbage til arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
12) Du er ikke klar til at vende tilbage til arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig

13) Du har fundet strategier, der gør dit arbejde overkommeligt, så du kan vende tilbage til arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
14) Mentalt begynder du at føle dig klar til at vende tilbage til arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
15) Du har overvejet, om der er noget, du selv kan gøre for at vende tilbage til arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
16) Du er bekymret for, om du bliver nødt til at holde op med at arbejde igen på grund af dine helbredsproblemer	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
17) Du er begyndt at overveje at vende tilbage til arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
18) Du har en dato for, hvornår du vender tilbage på arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
19) Du overvejer, om du vil blive i stand til at vende tilbage til arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
20) Du mangler idéer til, hvad der skal gøres for at du kan vende tilbage til arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
21) Du vil gerne have råd og vejledning om, hvordan du kan vende tilbage til arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
22) Som du ser det, har du ikke behov for nogensinde at vende tilbage til arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig

Kommentarer:

The Readiness for Return-To-Work Scale

Udviklet af: Renée-Louise Franche, Institute for Work & Health, Toronto, Ontario
Department of Public Health Sciences, University of Toronto, Toronto, Ontario

Kilde: Franche RL, Corbiere M, Lee H, Breslin FC, Hepburn CG. The Readiness for Return-To-Work (RRTW) scale: development and validation of a self-report staging scale in lost-time claimants with musculoskeletal disorders. J Occup Rehabil 2007 09;17(3):450-472.

Parathed for tilbagevenden til arbejde

Dansk oversættelse (beta-version) i regi af: CFK - Folkesundhed og Kvalitetsudvikling, Region Midtjylland
Udviklingsprojektet er støttet af Arbejdsmiljøforskningsfonden, AMMF

Henvendelse rettes til: anne-mette.momsen@stab.rm.dk, tlf. 7841 4436

Parathed til at vende tilbage i arbejde

For dig som er tilbage i arbejde

Dette spørgeskema handler om, hvordan du har det i forhold til at vende tilbage i arbejde. "Tilbage i arbejde kan både betyde at vende tilbage til andet arbejde, til bage på deltid, eller tilbage til ændrede arbejdsopgaver. **Sæt venligst kryds (X) ved det svar, der passer bedst på dig.**

1) Du prøver forskellige strategier for at fortsætte med at arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
2) Du gør alt, hvad du kan for at fortsætte med at arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
3) Du får hjælp fra andre for at fortsætte med at arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
4) Du arbejder hårdt for at håndtere vanskeligheder, der gør det muligt at fortsætte med at arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
5) Du har lært forskellige måder at håndtere dine gener, så du kan fortsætte med at arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
6) Du tager hensyn, for at undgå at du igen skal sygemeldes på grund af dine helbredsproblemer	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
7) Du har fundet på måder at gøre dit arbejde overkommeligt, så du kan fortsætte med at arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
8) Du er usikker på, om du kan blive ved med at yde den samme indsats	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
9) Du er bekymret for, om du bliver nødt til at holde op med at arbejde igen på grund af dine helbredsproblemer	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
10) Du kæmper stadig for at fortsætte med at arbejde på trods af dine helbredsproblemer	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
11) Du synes, det går godt på arbejde, efter at du er vendt tilbage	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig
12) Du føler, du har brug for hjælp, hvis du skal kunne fortsætte med at arbejde	Helt uenig	Uenig	Hverken enig eller uenig	Enig	Helt enig

Muligheder for at vende tilbage i arbejde

2) 19 item return-to-work self-efficacy (RTWSE-19) questionnari, er publiceret af Shaw WS, et al. 3rd place, PREMUS best paper competition: development of the return-to-work self-efficacy (RTWSE-19) questionnaire-psychometric properties and predictive validity.(3). Skemaet er oversat til at hedde "Muligheder for at vende tilbage i arbejde"

Muligheder for at vende tilbage i arbejde

Vi vil gerne vide, hvor meget tillid du har til at kunne udføre forskellige aktiviteter, hvis du var tilbage i arbejde i dag. "Tilbage i arbejde" kan både betyde at vende tilbage til andet arbejde, tilbage på deltid eller tilbage til ændrede arbejdsopgaver.

Sæt venligst kryds (X) ved de følgende spørgsmål på tallet, der svarer til, hvor meget tillid du har i øjeblikket.

Hvor meget tillid har du til, at du kan	Overhovedet									
	ingen tillid									
										Fuld tillid
1 foreslå din nærmeste leder, hvordan dit arbejde kan ændres for at mindske dine gener?	1	2	3	4	5	6	7	8	9	10
2 udføre alle dine arbejdsopgaver?	1	2	3	4	5	6	7	8	9	10
3 ændre dine arbejdsopgaver for at mindske dine gener?	1	2	3	4	5	6	7	8	9	10
4 forklare dine kolleger om de fysiske begrænsninger, du evt. har?	1	2	3	4	5	6	7	8	9	10
5 opfylde kravene i dit job?	1	2	3	4	5	6	7	8	9	10
6 udføre de fleste af dine daglige opgaver i dit job?	1	2	3	4	5	6	7	8	9	10
7 undgå tilbagefald?	1	2	3	4	5	6	7	8	9	10
8 bede kolleger om hjælp til opgaver, der ellers ville give gener?	1	2	3	4	5	6	7	8	9	10
9 følge arbejdstempoet?	1	2	3	4	5	6	7	8	9	10
10 ændre måden, du arbejder på for at mindske gener?	1	2	3	4	5	6	7	8	9	10
11 få støtte fra dine kolleger (f.eks. at de lytter/eller du kan tale om dit problem)?	1	2	3	4	5	6	7	8	9	10
12 undgå aktiviteter, som ellers ville give dig gener?	1	2	3	4	5	6	7	8	9	10
13 opfylde produktionskravene?	1	2	3	4	5	6	7	8	9	10
14 mindske din fysiske arbejdsbelastning?	1	2	3	4	5	6	7	8	9	10
15 anvende dine kompetencer i dit arbejde?	1	2	3	4	5	6	7	8	9	10
16 forklare din nærmeste leder om dine helbredsproblemer, og den medicin du evt. får?	1	2	3	4	5	6	7	8	9	10
17 tale åbent med din nærmeste leder om forhold, der kan medvirke til at øge dine gener?	1	2	3	4	5	6	7	8	9	10
18 udføre dit arbejde uden at forsinke andre?	1	2	3	4	5	6	7	8	9	10
19 bede om ændringer på din arbejdsplads for at mindske dine gener?	1	2	3	4	5	6	7	8	9	10

The Return-to-work self-efficacy questionnaire; Udviklet af William S Shaw, Liberty Mutual Center for Disability Research, Hopkinton, MA, USA: Shaw WS, Reme SE, Linton SJ, Huang YH, Pransky G. 3rd place, PREMUS best paper competition: development of the return-to-work self-efficacy (RTWSE-19) questionnaire--psychometric properties and predictive validity. Scand J Work Environ Health 2011 03;37(2):109-119.

**Tilbagevendt til arbejde
Arbejdsfunktion**

3) Work Role Functioning Questionnaire (WRFQ), er udviklet og publiceret af Amick BC, III, et al. A review of health-related work outcome measures and their uses, and recommended measures.(4) På dansk har spørgeskemaet fået titlen "Tilbagevendt til arbejde, Arbejdsfunktion". Spørgeskemaet udleveres efter at en medarbejder der har været sygemeldt har været tilbage i arbejde i mindst 4 uger.

Tilbagevendt til arbejde

Arbejdsfunktion

I de følgende spørgsmål beder vi dig om at vurdere, om du har haft svært ved at håndtere bestemte dele af dit arbejde. Sæt kryds i feltet "ikke relevant" hvis spørgsmålet beskriver noget, der ikke gælder dit arbejde.

I de sidste 4 uger, hvor stor en del af din arbejdstid gjorde dit fysiske eller psykiske helbred det vanskeligere for dig at gøre følgende:	Hele tiden 100 %	Det meste af tiden	Halvdelen af tiden 50 %	Noget af tiden	Aldrig 0 %	Ikke relevant
1 komme i gang ved arbejdsdagens begyndelse?						
2 begynde med dine arbejdsopgaver så snart du er mødt på arbejde?						
3 udføre dit arbejde uden at tage ekstra pauser eller hvil?						
4 holde dig til rutiner eller en tidsplan?						
5 arbejde tilstrækkelig hurtigt?						
6 blive færdig med arbejdet til tiden?						
7 udføre dit arbejde uden at lave fejl?						
8 tilfredsstille de personer som vurderer dit arbejde?						
9 føle at du præsterer noget på dit arbejde?						
10 føle at du har gjort, hvad du er i stand til?						
11 løfte, bære eller flytte genstande, der vejer mere end 5 kg?						
12 sidde, stå eller blive i samme stilling i mere end 15 min, mens du arbejder?						
13 gentage de samme bevægelser igen og igen mens du arbejder?						
14 bøje, vride eller strække dig mens du arbejder?						
15 bruge håndholdt værktøj eller udstyr? (f.eks. telefon, kulepen, tastatur, mus, bor, hårtørrer eller oudsemaskine)						
16 fastholde opmærksomheden på arbejdet?						
17 udføre arbejdet omhyggeligt?						
18 koncentrere dig om dit arbejde?						
19 arbejde uden at miste fokus på arbejdet?						
20 læse eller bruge dine øjne uden besvær under arbejdet?						
21 tale med andre direkte, til møder eller i telefonen?						
22 styre dit temperament når du er blandt kolleger?						
23 prioritere dine arbejdsopgaver?						

	I de sidste 4 uger, hvor stor en del af din arbejdstid gjorde dit fysiske eller psykiske helbred det vanskeligt for dig at gøre følgende:	Hele tiden 100 %	Det meste af tiden	Halvdelen af tiden 50 %	Noget af tiden	Aldrig 0 %	Ikke relevant
24	håndtere forandringer i dit arbejde?						
25	behandle indkommende information til tiden? (f.eks. e-mails)						
26	udføre flere opgaver på samme tid?						
27	tage eget initiativ i dit arbejde?						

Kommentarer

The Work Role Function Questionnaire

Udviklet af: Ben C. Amick III

School of Public Health, University of Texas. Houston Health Science ~~Center~~

The Institute of Work & Health, Toronto, Ontario

Tilbagevenden til arbejde - Arbejdsfunktion

Dansk oversættelse (beta-version) i regi af: CFK - Folkesundhed og Kvalitetsudvikling, Region Midtjylland

Udviklingsprojektet er støttet af Arbejdsmiljøforskningsfonden, AMMF

Henvendelse rettes til: anne-mette.momsen@stab.rm.dk, tlf. 7841 4436

Pålidelighed og spørgeskemaets evne til at måle ændringer

Udviklingsprojektet gennemførte det sidste af de i indledningen nævnte 5 trin med kohorteundersøgelser, med henblik på at teste reliabilitet (pålidelighed) og validitet (evne til at registrere ændringer) for alle tre spørgeskemaer.

WRFQ (tilbagevendt til arbejde, arbejdsfunktion)

Der blev indsamlet data fra to grupper: hhv. 170 raskmeldte medarbejdere, som er TTA efter sygdom i Aarhus Kommune og 500 sygemeldte medarbejdere ved Jobkompagniet, Silkeborg.

Dataindsamlingen er foregået med online besvarelser af alle tre skemaer. Der blev indsamlet supplerende test-retest besvarelser fra papirversion af hhv. RRTW og RTW-SE.

Analyserne med test af WRFQ's reliabilitet, validitet og responsiveness er gennemført for gruppen af raskmeldte medarbejdere i Aarhus Kommune:

- 1) Reliabilitet, der er gennemført test-retest med ca. 60 personer med invitation til besvarelse af samme spørgeskema efter 1 uge.
- 2) Responsiveness, test af responsiveness var planlagt som en opfølgingsundersøgelse efter 10 uger, men kunne ikke gennemføres for WRFQ pga. for få besvarelser.

Der er udarbejdet et manuskript med titlen "Cross cultural adaptation of the Work Role Functioning Questionnaire 2.0 to Danish: examination of reliability and validity".

Manuskriptet præsenterer resultaterne fra oversættelse, adaptation og test af pålidelighed og validitet af WRFQ.

R-RTW (Parathed for at vende tilbage i arbejde), RTW-SE (Muligheder for at vende tilbage i arbejde)

Indsamling af data fra de to redskaber: R-RTW ("Parathed for TTA"-skemaet) og RTW-SE ("Muligheder for TTA"-skemaet) er afsluttet medio februar 2015.

Den endelige version af RTWSE-19 spørgeskema blev administreret til to forskellige institutioner; en kommunal jobcenter (n = 685), og tre sygehusafdelinger (n = 97).

Spørgeskemaet blev administreret i overensstemmelse med den måde, jobcenteret og hospitaler kommunikerer med borgere / patienter.

Inklusionskriterier var: alder 18 år eller ældre og dansk-talende. Yderligere kriterier for rekruttering i jobcenteret var beskæftigelse og mindst 8 ugers sygefravær på tidspunktet for deltagelse.

Deltagelse var frivillig. Deltageren udfyldte spørgeskemaet efter samtykket var givet ved baseline. Deltagerne blev bedt om at udfylde spørgeskemaet på to fremtidige tidspunkter; T1 (en uge) og T2 (10 uger).

Data vil efterfølgende blive anvendt i analyser dels til en artikel vedr. R-RTW (se under formidling) og dels er data anvendt i vedlagte manuskript om test af RTW-SE reliabilitet, validitet og responsiveness indsendt til peer review (appendix B).

Resultatet af test af RTW-SE reliabilitet, validitet og responsiveness.

Oversættelse og den tværkulturel tilpasning af Retur til Work Self-efficacy spørgeskemaet var vellykket. En modificeret udgave blev udarbejdet, og den efterfølgende test af spørgeskemaets validitet, pålidelighed og intern sammenhæng blev fundet acceptable. Spørgeskemaet er i stand til at detektere ændringer over tid, desuden blev det fundet at en høj baseline score på Work Self-efficacy spørgeskemaet øger odds for at være på arbejde efter 10 uger (appendix B). Så snart manuskriptet er publiceret eftersendes dette til AMFF.

Offentliggørelse og formidling

Alle tre oversatte skemaer ligger tilgængelige på MarselisborgCentrets og CFK's hjemmeside i beta-version. Når de videnskabelige manuskripter er publiceret bliver versionerne opdateret. De tre oversatte spørgeskemaer er tilgængelige på:

RRTW:

http://www.marselisborgcentret.dk/fileadmin/filer/Publikationer/PDF_er/R-RTW_Parathed_20151104.pdf

RTW-SE:

http://www.marselisborgcentret.dk/fileadmin/filer/Publikationer/PDF_er/RTW-SE_Muligheder_20151104.pdf

WRFQ:

http://www.marselisborgcentret.dk/fileadmin/filer/Publikationer/PDF_er/Tilbagevendenden_til_arb.pdf

Oplæg på konferencer, seminarer m.v. for arbejdsmiljøprofessionelle

I forbindelse med alle oplæg er det pointeret, at de udviklede redskaber ligger frit tilgængelige på MarselisborgCentrets og CFK's hjemmesider:

1. CFK - Folkesundhed og Kvalitetsudvikling seminar, maj 2014.
Titel: "Redskab til vurdering af arbejdsfunktionsevne"
2. WDPI 2014. Implementing Work Disability Prevention Knowledge. The Third Scientific Conference on Work Disability Prevention and Integration. September 2014, Toronto, Canada
Titel: Cross cultural adaptation of instruments assessing work ability, self-efficacy and readiness to return to work.
3. CFK - Folkesundhed og Kvalitetsudvikling seminar, maj 2015.
Titel: "Redskab til vurdering af arbejdsfunktionsevne - resultater". (Posteren vandt førstepræmie)
4. AM - Arbejdsmiljøkonferencen 2015, november 2015.
Titel: "Redskaber til måling af parathed for, og produktivitet efter tilbagevenden til arbejde?" – workshop.

Submittet manuskript

I udviklingsprojektet var det planen at publicere tre videnskabelige artikler, hvoraf der blev søgt midler i AMFF til den ene artikel, og følgende manuskript er submittet:

Momsen AMH, Rosbjerg R, Stapelfeldt CM, Lund T, Jensen C, Johansen T, Claus Vinther Nielsen CV, Labriola M. Cross-cultural adaptation and validation of the Danish version of the 19-item return-to-work self-efficacy (RTWSE-19) questionnaire.

Submittet 14. dec. 2015 Scandinavian Journal of Work, Environment & Health

Desuden er de to resterende manuskripter på vej forventes at disse indsendes til peer review og publiceres internationalt i 2016.

A) Cross cultural adaptation of the Work Role Functioning Questionnaire 2.0 into Norwegian and Danish. Johansen T, Lund T, Jensen C, Momsen AMH, Stapelfeldt CM, Eftedal M, Øyeflaten I, Amick III B, Labriola M.

B) Cross-cultural adaptation and validation of the Danish version of Readiness of return to work questionnaire. Stapelfeldt CM, Momsen AMH, Lund T, Hogg-Johnson S, Labriola M.

Andre artikler hvori spørgeskemaerne indgår:

Den danske version af RRTW indgår i et studie omhandlende cancer og TTA, se protokol artikel. (5).

WRFQ spørgeskemaet indgår i et Europæisk Horizon 2020 samarbejde, som arbejder på lignende versioner af WRFQ i en række Europæiske lande mhp. gennemførelse af større, fælles komparative studier.

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Cross-cultural adaptation and validation of the Danish version of the 19-item return-to-work self-efficacy (RTWSE-19) questionnaire.

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Authors' contributions

ML, TL conceived the idea for and initiated the study and prepared the final version for publication. AMM, CJ, ML, TL translated the questionnaire. AMM did the data collection and AMM, RR, CMS, and ML drafted the manuscript, participated in the conception and design of the study, interpreted the data. CMS performed the statistical analyses, interpreted the data, drafted the section on methods and results. TL, CJ, TJ, CVN and ML revised the draft for important content and made the final version for publication. All agree to be accountable for all aspects of the work.

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Abstract

Objectives: To perform a cross-cultural adaptation of the return-to-work self-efficacy (RTWSE-19) scale into Danish and to test the reliability, validity and responsiveness of the questionnaire.

Methods: The cross-cultural adaptation process was performed following a five-step guideline including a pretest among 40 sickness absence beneficiaries. Test of reliability, validity and responsiveness of the final questionnaire was performed. Internal consistency was evaluated by Cronbach's alpha and reproducibility by paired t-test and Intraclass Correlation Coefficient, respectively, were performed for the subscales as well as for the global scale. Responsiveness was evaluated by paired t-test and the association between RTWSE-19 and job status at 10 weeks was tested in a logistic regression model, adjusted for gender, age and baseline job status.

Results: The face validity and reliability of the Danish version of the RTWSE-19 questionnaire were satisfactory. The internal consistency (alpha) for the three subscales ranged from 0.93 -0.97. A test-retest showed no difference as well as high ICCs between scale scores at baseline and at one week retest. The content validity and construct validity of the questionnaire were confirmed. High baseline RTWSE-19 level was statistically significantly associated with being at work after 10 weeks (OR= 3.24; 95% CI (1.48-7.07)).

Conclusions: The cross-cultural adaptation was successful. A modified final version was produced, and the test of the instrument's reliability and validity showed that the psychometric properties of the questionnaire were partly confirmed.

Key words: Danish translation; Denmark; Self-efficacy; Return-to-work; Work ability; Reliability; Validity; Questionnaire; Vocational rehabilitation.

Introduction

Considering the implications for the worker's quality of life and the significant costs incurred by sickness absence, improving the process of return to work (RTW) for people who are sick-listed is of importance (1, 2).

Self-efficacy is an important cognitive factor in the RTW process (3, 4). Self-efficacy has roots in social cognitive theory and is defined by Bandura as the beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments (5).

Self-efficacy plays a key role in decisions and behaviors concerning job and career development (5, 6) and it has proven to be predictive of future work participation and RTW after being sick-listed (3, 4, 7-10). Fitzgerald et al. (11) found in a prospective study self-efficacy to be a strong predictor of RTW one month after coronary artery bypass grafting. In a study focusing on both musculoskeletal health conditions, other physical health conditions and mental health conditions, Brouwer et al. (12) found self-efficacy to be a predictor of time to RTW. Furthermore it has been shown that higher scores of self-efficacy was a protective factor of "failure to RTW after attempts" 2 years after baseline (13).

Expectancy beliefs with regard to RTW is of interest in the process of RTW, and screening for self-efficacy perceptions in workers on sickness absence is important in occupational rehabilitation in order to address the level of support correctly. Despite different national contexts and different forms of benefit schemes, many countries share common concerns over work incapacity, sickness absence and RTW. It seems that countries typically focus on the definition and onset of incapacity and availability of treatment and rehabilitation services, whereas the individual expectations for and confidence in their ability to RTW are neglected (14). To assess self-efficacy and motivation as indirect measures of work capacity with respect to RTW, calls for instruments applicable to practice.

The 19-item return-to-work self-efficacy (RTWSE-19) is a scale based on self-report to assess workers' confidence to meet job demands and current beliefs in their own ability to RTW (9). The rationale behind the RTWSE-19 was to provide a scale about the individuals' concerns about RTW across a wide range of job and employer types. The performance of a questionnaire may differ between populations and in various cultures (15, 16). In order to use the RTWSE-19 in a Danish context, translation was necessary, and cross-cultural and conceptual adaptation needed to preserve the original purpose of the instrument (15). Guidelines for this process are provided by Beaton et al. (15). The objective of this article is to perform a cross-cultural adaptation of the RTWSE-19 questionnaire into Danish and to test reliability, responsiveness and the association with self-reported job status.

Material and methods

The RTWSE-19 questionnaire was developed by Shaw et al. and was originally a 28 items scale developed from qualitative research findings in a population of workers with occupational low back pain (3). The questionnaire has been found to be predictive of disability outcomes and validated in study populations of both musculoskeletal and mental disorders (4, 7, 10). The RTWSE-19 was validated and reduced from 28 to 19 items (9), and the present study the 19-item RTWSE-19 was used.

Study participants are asked if they may overcome a number of RTW barriers with 1-10 response categories (1=not at all certain, 10=completely certain). In the 19-item version the internal consistency of total self-efficacy score was 0.96 (9). Total mean scores are calculated and the higher the score, the higher self-efficacy. Three underlying subscales were identified in the validation of the original version; meeting job demands, modifying job tasks, and communicating needs to others, with internal consistencies of 0.98, 0.92, and 0.81, respectively (9). Subscale mean scores are calculated and the higher scores the better. Total

score and subscales containing more than 20% missing values were excluded from the analysis (17). See the original version (Appendix A)

The translation and the cross-cultural adaptation process

The translation and cross-cultural adaptation process was conducted in a collaboration between experts from Public Health and Quality Improvement, Central Denmark Region and the National Centre for Occupational Rehabilitation, Norway, and external bilingual translators. The methodology of the cross-cultural adaptation of the questionnaire followed a systematic five-step procedure according to Beaton et al. (15), i.e. forward translation (step I), panel synthesis of the translation (step II), back translation (step III), consolidation and revision by an expert committee (step IV), and finally pretesting (step V). Face validity was evaluated by the members of the expert committee throughout the cross-cultural adaptation process and through qualitative analysis of the comments provided by the participants in the pretest.

The pretest was performed in order to evaluate comprehensibility, usability and completeness of the translated questionnaire. This was carried out in a group of 40 working-age adults on sickness absence, recruited at their first visit at a municipal employment agency by a social worker after a minimum of 8 weeks of sickness absence. The pretest was as follows; participants responded to written questions immediately after filling out the RTWSE-19 questionnaire. The questions asked sought opinions regarding: the lay-out, the wording of the instructions and the items, missing aspects, acceptability, and the questionnaires in general. This allowed the researchers to identify the participants' opinion on the questionnaire's usability, applicability and completeness. The participants' written answers were used as full text data to determine the "clarity" of items, to detect ambiguous items and to identify dilemmas in the process of the pretest implementation. After discussion in the research team decisions were made whether changes in the questionnaire were necessary. A synthesis report was written on the problems and how they were solved. Items with idiomatic challenges in the cross-cultural adaptation are marked with an asterix (Appendix A).

Procedure for test of reliability, validity and responsiveness

After the completion of the five steps of the cross-cultural adaptation process the final version of the questionnaire was tested to ensure that the RTWSE-19 demonstrated comparable and adequate measurement properties regarding reliability and responsiveness (15, 18, 19).

Participants

The final version of the RTWSE-19 questionnaire was administered in two different settings; a municipal employment agency (n=685) and three hospital wards (n=97). The questionnaire was administered according to the way municipal employment agencies and hospitals communicate with citizens/patients.

Inclusion criteria were: age 18 or older and Danish speaking. Further criteria for participants recruited at the employment agency were employment and at least 8 weeks of sickness absence at the time of inclusion.

The participants were invited by a social worker at the employment agency after 8 weeks of sickness absence and a clinical assistant at the hospital wards, respectively. Details of the study were described to the participants, possible questions and concerns were addressed by the social worker and clinical assistant. Participation was voluntary. The participant filled out the questionnaire after oral consent was given, T0 (baseline). Participants were asked to complete the questionnaire at two future time points; T1 (one week) and T2 (10 weeks).

Beneficiaries responding to the T0 questionnaire were asked to provide their email address and thereby received a second (T1) and third (T2) questionnaire after 1 and 8-10 weeks, with a following reminder after 4 days if no response was given.

At the hospital, patients were handed the T0 and T1 questionnaire at times when they had a scheduled consultation. They were asked to provide their email address and thereby received

the third (T2) questionnaire by email in which a web-site link was provided. Thus, reminders could not be sent to the patients.

Additional questionnaire-obtained data

Participants provided information about age at T0, gender, length of education (short <3 years, 3-4 years, long >4 years), type of work (manual, non-manual, or mixed) and current job status (at work, not at work). Respondents stated whether or not they had a chronic health condition (yes, no). At T2 the participants also gave information about current job status.

Statistical analysis

The internal consistency of both the RTWSE-19 total- and sub-scales was evaluated by means of Cronbach's Alpha (α). Values between 0.70 and 0.95 were considered acceptable (16).

Reliability evaluates the degree to which the measurement is free from measurement error (18, 19). In order to test the reproducibility a test-retest analysis was performed with second assessments after 7 to 15 days to evaluate the risk of recall of answers and of change in health conditions for participants (16). Averages of the total- and subscale mean scores were plotted against the corresponding differences between T0 and T1 responses in a Bland-Altman plot with 95% limits of agreement (20). The test-retest reliability was tested by paired t-test. The assumptions behind paired t-test were appraised from the Bland-Altman plots.

In addition to the cross-cultural adaptation described above, content validity was examined by identifying possible floor and ceiling effects. Content validity was deemed limited if more than 15% of the respondents achieved the lowest or the highest score (16).

To test the ability of the RTWSE-19 to detect changes over time a follow-up (T2) was made 8-12 weeks after T0. Averages of the total- and subscale mean scores were plotted against the corresponding differences between T0 and T2 responses in a Bland-Altman plot with 95% limits of agreement (20). The responsiveness was tested by paired t-test. The assumptions behind paired t-test were appraised from the Bland-Altman plots.

In logistic regression analyses the association between baseline total score RTWSE-19 and job status at T2 was tested. The total score of RTWSE-19 was dichotomised at ≤ 7.5 and > 7.5 , representing low and high RTW self-efficacy, respectively (9). Crude and adjusted (gender, age and baseline current job status) OR with 95% CI are reported.

All statistical analyses were performed with Stata 13.1, StataCorp, College Station, Texas USA. Significance level was set at $p < 0.05$ for all statistical tests.

Ethics

Approval for the use of questionnaire data was obtained from the Central Region Denmark (Danish Data Protection Agency j. no. 1-16-02-404-14). According to Danish law, approval from the Danish National Committee on Biomedical Research Ethics (www.cvk.sum.dk) was not relevant as this is only provided for projects using biological material or involves biomedical treatment. Participation in the study was voluntary, and answers were processed anonymously. The research process followed the ethical principles stated in the Helsinki Declaration.

Results

Translation and cross-cultural adaptation proces

The translation of the questionnaires was carried out with some difficulties. The goal was to maintain the meaning of the original items, however some changes were inevitable for improving clarity of meaning in a Danish context as well as adapt it to Danish culture. Instead of the words "pain, discomfort, or re-injury" in item 1, 3, 8, 10, 12, 17, and 19, a Danish word covering the English "discomfort" was used. In item 16, "injury" was translated to "health problems". In items 1, 3, 10, 14, 19 the word "reduce" was part of the original English wording. In the first versions of the translation a Danish word for "reduce" was used in the

Danish translation as well. During the process of panel synthesis (step 2) the word “reduce” was converted to a more common and daily used Danish word in all abovementioned items to enhance the comprehensibility of the items.

The original wording in item 5 “expectations for job performance” was at first translated to “expectations to work performance”, in Danish. However, during the process of panel synthesis in step 2, the wording was changed to “meet the requirements of your job” to accomplish the practical use of the term in Danish. In item 19 the “work station” or “work area” was reduced to “work place” in Danish. Item 15 “Do everything you’re trained to do?” was the only item changed after back-translation. The back-translation revealed that the wording of the item differed from the original English version. The difference was discussed with the experts and determined to be a result of cultural differences between the Danish and English language, and therefore it was changed to “Using all your competencies in your work?” in Danish.

Pretest

The pretest showed that a majority of the participants were positive regarding the usability, [comprehensibility](#) and completeness of the questionnaire. Thirteen of the 40 participants had no remarks at all except for being positive. However, 20% of the participants mentioned that the instructions were not clear in terms of the meaning of “return to work”. Consequently in the final version of the questionnaire the meaning of “return to work” was elaborated in the instruction, and it was explained that “return to work” could refer to “return to the same job, return to a new job, return to a job at reduced hours or return to the same job but with different responsibilities”. The lay-out of the likert scale 1-10 was also modified based on the remarks and wishes of the participants in the pretest. It was mentioned that the items were difficult to answer if the responder was self-employed and/or without colleagues. Furthermore, it was mentioned that the items seemed to refer to physical health problems rather than to psychological health problems. Some wanted an (added) opportunity to give comments, which was not followed. No remarks to single specific items were made.

Following the pretest the face validity of the final version was considered good by the expert committee.

Sample Characteristics

Of the 782 participants, 440 responded to the RTWSE-19 questionnaire. Non-responder analyses showed no significant differences between the responders of the RTWSE-19 and the nonresponders on age and gender (results not shown).

Of the 440 participants in the study, 354 were recruited at the municipal employment agency and 86 were recruited at the three hospital wards (Table 1). Data concerning education, work type and chronic condition were obtained from a small group of the responders. No significant differences were found between the responders from the municipal employment agency and the responders from the three hospital wards regarding education and work type. However, significantly more participants from the hospitals had a chronic condition than participants from the municipal employment agency. Age of participants ranged from 20-65 years (median 45, interquartile range (iqr 37-53)) in the municipal and from 24-60 (median 48,5, iqr 41-53) in the three hospital wards. A majority of participants were women, 62% and 59%, respectively. Because of no significant differences between the two groups with regard to gender, age, and total RTWSE score, all 440 participants were merged to a single group in the analyses (Table 1).

(Insert Table 1 about here)

Descriptive statistics of the RTWSE-19 scale

Mean and standard deviation SD as well as median and interquartil range (iqr) for the total score and the three subscales at baseline are shown (Table 2), with higher scores indicating

higher RTW-SE. The mean of the total score of the RTWSE-19 was 6.1 (SD 2.6) (median = 6,2 (iqr 3.9-8.3)). The communicating needs subscale showed the highest scale mean (7.1, SD 2.8) and scale median (8.0, iqr 5.0-9.5).

(Insert table 2 about here)

Evaluation of the psychometric properties of the translated version

Reliability

Cronbach's alpha (α) was calculated for the subscales as well as for the total scale. All alphas were above 0.7 ranging from 0.93 (communicating needs) to 0.97 (meeting job demands and total score). Modifying tasks had an alpha of 0.94 (Table 2). No floor or ceiling effects in total scores and subscales were found, except for communicating needs, where 20 % of the participants scored the maximum of 10 and thereby exceeding the 15% threshold (16) (Table 2).

A total of 125 completed the retest within 7-15 days after the baseline test. The median duration between the two tests was 7 days (iqr 7-10).

Averages and differences of scores between T0 and T1 are shown in (Figure 1). Paired t-tests showed no significant differences between test and retest scores in the total scale, difference (-0.07 SD 1.4) nor in any of the subscales (Table 3). The ICC ranged from 0.81 (95% CI (0.75; 0.87)) for modifying job tasks to 0.84 (95% CI (0.79; 0.89)) for communicating needs and total score (Table 3).

(Insert Figure 1 about here)

(Insert Table 3 about here)

Responsiveness

A total of 116 completed the follow-up RTWSE-19 questionnaire after a median of 10.4 (iqr 10-11) weeks (T2).

Averages and differences of scores between T0 and T2 are shown in Figure 2. Paired t-tests showed no significant differences between T0 and T2 in neither the total scale (0.25, 95% CI (-0.60; 0.10), (0.46, (95% CI (-1.00; 0.09)) for meeting job demands, (0.19, 95% CI (5.47; 6.76)) for modifying tasks or (0.05, 95% CI (-0.53; 0.62)) for communicating needs (results not shown).

(Insert Figure 2 about here)

Association between baseline total score RTW-19 and self-reported current job status at T2

A total of 149 participants responded to both T0 and T2 questionnaires regarding RTWSE-19 and job status, respectively; of those 86 (58%) were currently at work at T2. The adjusted odds of being at work at T2 was statistically significantly higher among those with a high baseline total score RTWSE-19 than those with a low score (OR= 3.24; 95% CI (1.48-7.07), (Table 4). The Danish consensus version of the RTWSE-19 is available from website http://www.marselisborgcentret.dk/fileadmin/filer/Publikationer/PDF_er/RTW-SE_Muligheder_20151104.pdf.

(Insert Table 4 about here)

Discussion

The translation and cross-cultural adaptation of the 19 item Return to Work Self-Efficacy questionnaire based on standard guidelines was successful. A modified final version was produced, and the following test of the instrument's face validity, reliability and internal consistency of the RTWSE-19 were found to be acceptable. The ability for the RTWSE-19 to detect change over time was not proved, however a high baseline level of RTW self-efficacy did indeed increase the odds of being at work at T2.

Regarding ceiling effect our findings were acceptable and similar to those in the original study (9). Some strengths and limitations of the present study should be noted. Firstly, the sample sizes meet the recommendations with respect to assessing agreement and reliability (16). Not testing the correlation of RTWSE-19 with other existing questionnaires e.g. Readiness to return to work (21) can be seen as a limitation.

Data concerning education, work type and chronic condition were obtained from a small group of the RTW-SE responders, and no significant differences were found between the responders from the municipal employment agency and the responders from the three hospital wards with regard to education and work type. Besides, there was no difference between the two groups' regarding level of RTWSE-19. Despite previous studies comparing electronic and paper-and-pencil administered outcomes indicate no differences between these two assessment methods (22), the use of different assessment methods in the two settings (hospital: paper version and municipal jobcentre: web-based version) could potentially have induced bias. However, the abovementioned analyses showing no differences in RTWSE-19 score between the two groups indicate that this is not the case.

Implications

The Danish consensus version of the The Return to Work Self-efficacy questionnaire appears to exhibit acceptable psychometric properties in terms of validity, internal consistency and test, retest reliability.

The instrument covers different aspects, and may be used in different phases in rehabilitation practice to guide further assessment, goal setting and RTW decision-making. Use of questionnaires may at the same time strengthen the individual person's participation in the RTW-process.

Conflict of interest

The authors declare no competing interests.

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The 19-item RTW self-efficacy scale.

(items with difficulties in the translation process marked*)

We would like to know how confident you are in doing certain activities if you were at work today. For each of the following questions, please circle the number that corresponds to your confidence that you could do the task at the present time:

How confident are you that you could...

Not at all confident (1) *Totally confident (10)*

1. Suggest to your supervisor ways to change your work to reduce discomfort?
2. Fulfill all of your duties and responsibilities?
3. Change the type of work activities you do to reduce discomfort?
4. Explain any physical limitations you may have to your co-workers?
5. Meet expectations for job performance?*
6. Perform most of your daily activities at work?
7. Avoid re-injury?
8. Get co-workers to help you with activities that might cause discomfort?
9. Keep up with the pace at work?
10. Modify the way you work to reduce discomfort?
11. Get emotional support from co-workers (such as listening or talking about your problem)?
12. Avoid activities that are likely to increase pain?
13. Meet your production requirements?
14. Reduce your physical workload?
15. Do everything you're trained to?*
16. Describe to your supervisor the nature of your injury and your medical treatment?*
17. Discuss openly with your supervisor things that may contribute to your discomfort?
18. Do your work without slowing others down?
19. Request changes in your workstation or work area to reduce discomfort?*

*** Items with idiomatic challenges in the cross-cultural adaptation**

Figure 1. Test-retest, averages and differences of total RTW-SE scores between T0 and T1 (N=125).

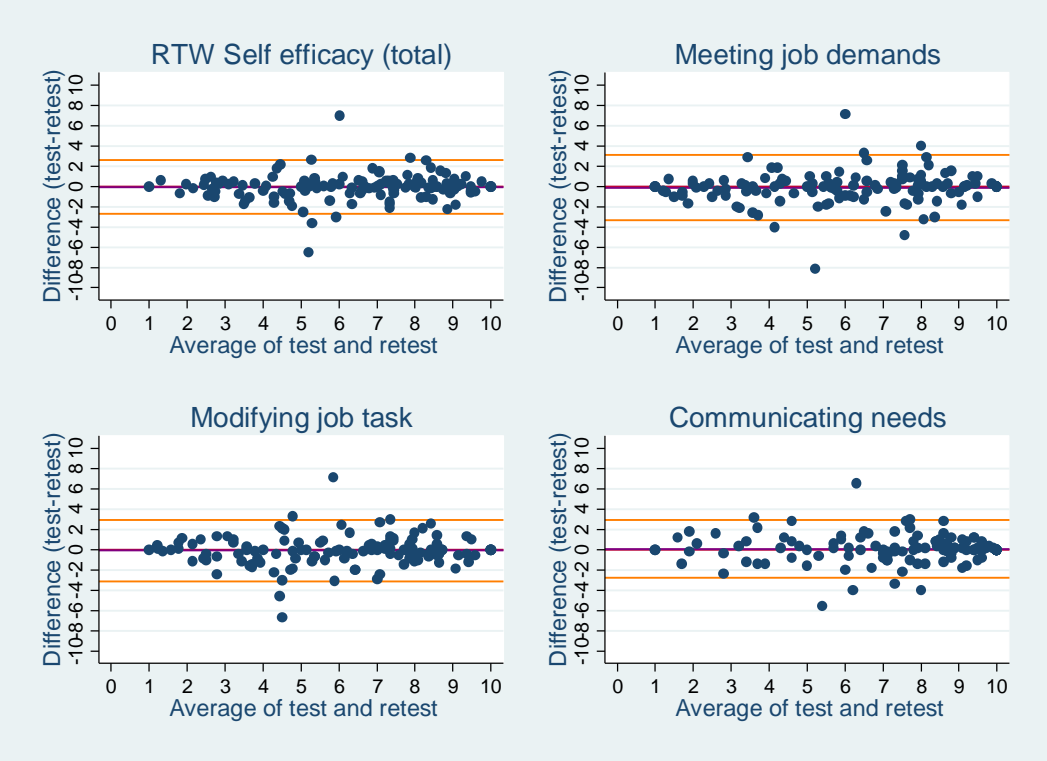


Figure 2. Responsiveness, averages and differences of scores between T0 and T2 (N=60).

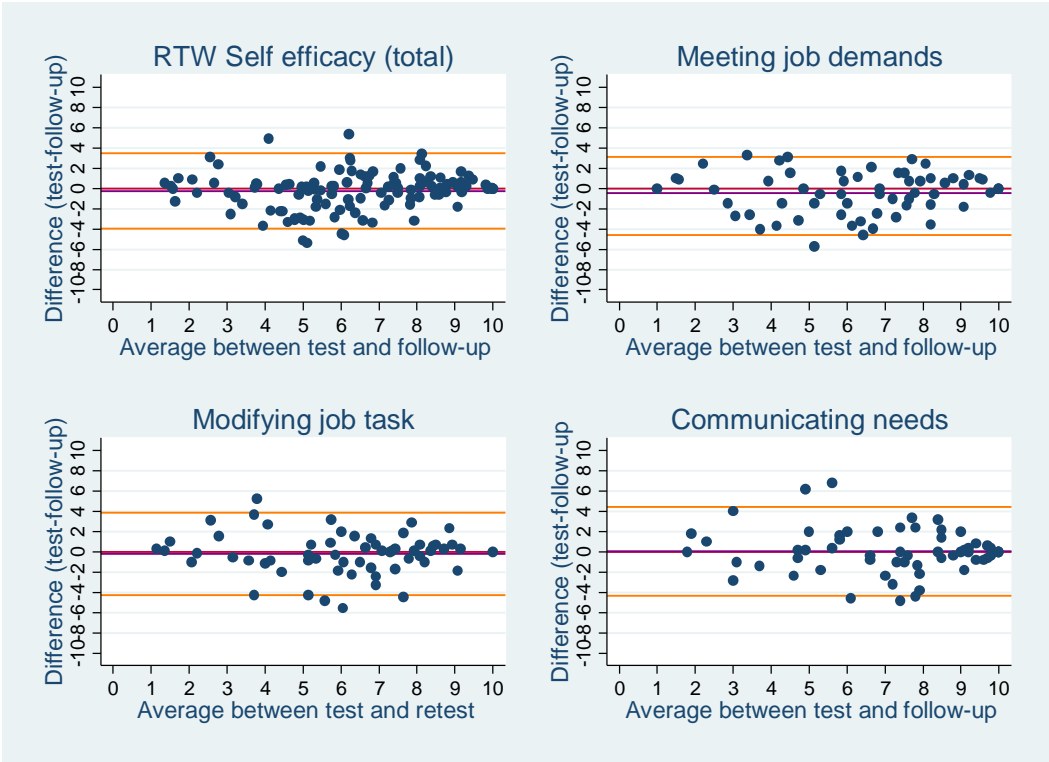


Table 1. Characteristics in responders (N=440)

	Responders from employment agency (n=354)		Responders from hospitals (n=86)		p value*
	n	%	n	%	
Age in years, median (iqr) missing n	45 0	(37-53)	48.5 54	(41-53)	0.25 b
Gender					0.75 a
female	220	62	22	59	
Male	134	38	15	17	
Missing	0	0	49	57	
Education level					0.66 a
Low	30	8	4	5	
Middle	44	12	12	14	
High	20	6	4	5	
Missing	260	73	66	77	
Work type					0.74 a
Manual	39	11	11	13	
non-manual	33	9	5	6	
Mixed	22	6	5	6	
Missing	260	73	65	76	
Chronic condition					0.05 a
yes	31	8	12	14	
no	62	18	7	8	
Missing	261	74	67	78	
Total self-efficacy score, median (iqr)	6.3	(4-9)	6.2	(4-8)	0.4 b

* a: Chi2-test; b: Wilcoxon rank sum test

Iqr: interquartile range

Table 2. Reliability, floor and ceiling effects of scores in the Danish version of Return to Work-Self efficacy (N=440)

Scale*	Cronbach's alpha	Descriptive statistics, baseline							
		Mean	SD	Median	iqr	% at floor	95% CI	% at ceiling	95% CI
Meeting job demands	0.97	5.7	2.9	5.7	3.0-8.9	8	5-10	10	7-13
Modifying tasks	0.94	5.8	2.7	5.7	3.6-8.1	5	3-7	7	5-10
Communicating needs	0.93	7.1	2.8	8.0	5.0-9.5	4	3-7	20	17-24
Total	0.97	6.1	2.6	6.2	3.9-8.3	3	1-5	5	3-7

* a: Each subscale is scored from 1-10. Higher scores indicate higher degree of confidence

CI: Confidence interval; iqr: interquartile range; SD: Standard deviation

Table 3. Test and retest reliability of scores in the Danish version of Return to Work-Self efficacy (N=125)

Scale*	First mean	SD	Second mean	SD	Difference	SD	p value**	ICC	95% CI
Meeting job demands	5.87	2.8	6.00	2.6	-0.13	1.6	0.37	0.82	0.76-0.88
Modifying tasks	5.93	2.6	6.03	2.5	-0.10	1.5	0.48	0.81	0.75-0.87
Communicating needs	7.38	2.5	7.29	2.6	0.09	1.4	0.51	0.84	0.79-0.89
Total score	6.29	2.4	6.35	2.3	-0.07	1.4	0.59	0.84	0.79-0.89

* a: Each subscale is scored from 1-10. Higher scores indicate higher degree of confidence

** b: Matched samples t-test

CI: Confidence interval; ICC: Intraclass correlation coefficients; SD: Standard deviation

Table 4. The association between baseline RTWSE-19 and self-reported job status at 10 weeks follow-up (N=149).

	n	%	Crude OR	95% CI	Adjusted OR	95% CI
RTW-SE total score						
Low (<=7.5)	8	6	1.00	.	1.00	.
High (>7.5)	6	4	4.03	1.94-8.35	3.24	1.48-7.07
Gender (men)	5	3	.	.	0.48	0.23-1.01
Age	1.03	0.99-1.07
Baseline job status (at work)	2	1	.	.	3.16	1.10-9.06

CI: Confidence interval