Dialogue about work ability (DWA)

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Introduction

The instrument *Dialogue about Work Ability (DWA)* has been developed within the framework of the project Work Rehabilitation at the Psychiatric Clinic, Ryhov County Hospital, Jönköping, Sweden. One of the objectives of the project was to find relevant tools for assessment of a client's ability to perform tasks related to work. The procedure made use of *The Model of Human Occupation* (Kielhofner, 2008)[1] and DWA has been developed on the basis of this model.

After considering existing assessment tools in the area, it was emerged that there were no instruments for assessing clients' ability to work – especially for those who had been away from work for a long time or who had never been in contact with the labor market and, therefore, could not relate to specific work experience. In all types of work-oriented interventions it is extremely important that the individual is fully involved in all planning, decision-making and decisions taken during the process of returning to work. This is confirmed, for example, by investigating how an individual's own responsibility to prevent illness is one of the aspects. Individualised work-oriented interventions require many different approaches, depending, among other things, on the variation in problems seen, differences between women and men and between different ages groups. Research has also shown that one's self-confidence and the belief that one has the ability to influence one's own situation are of great importance in being able to return to work (SOU 2009: 89).

There has not been a great deal of research in this field. However, several of the research findings that are available show that methods which have the preferences, interests, and subjective opinions of individuals on their ability to work as their starting point lead to successful results (Areberg & Bejerholm, 2013; Fjellman-Wiklund et al., 2010; Wästberg et al., 2012). Other research has shown that long periods of sick leave can lead to individuals developing a reduction in self-confidence and uncertainty about their capacity, which, in turn, can cause hindrance in being able to participate actively in their own rehabilitation. It is, therefore, important that professionals choose the kinds of therapeutic tools that can contribute to strengthening and encouraging individuals to regain self-confidence and support them in formulating goals of their own in the process of returning to work (Medin, Berndtsen & Ekberg, 2003).

In DWA emphasis is placed on participation in the assessment process. An individual has greatest knowledge of his/her ability. By utilising this, supplemented with an occupational therapist's assessment, the possibility of obtaining a realistic assessment of an individual's ability to participate in working life is increased. The dialogue, which is part of the DWA, may even contribute towards a person perceiving that rehabilitation has purpose and meaning as it presupposes his/her own involvement and action.

From now on, the term ”person” is used throughout when referring to those who carry out self-assessments, are assessed and take part in work-oriented interventions. Anyone who makes assessments using the support of DWA and who assesses persons is referred to as ”user”. Finally, the term ”work-oriented interventions” is used in a broad perspective, which includes all interventions that provide support to people to get work, perform other livelihood, or study.

1. The research behind DWA is based on this edition of MOHO. There is a later edition of the MOHO model by Taylor, 2017.

Purpose and content

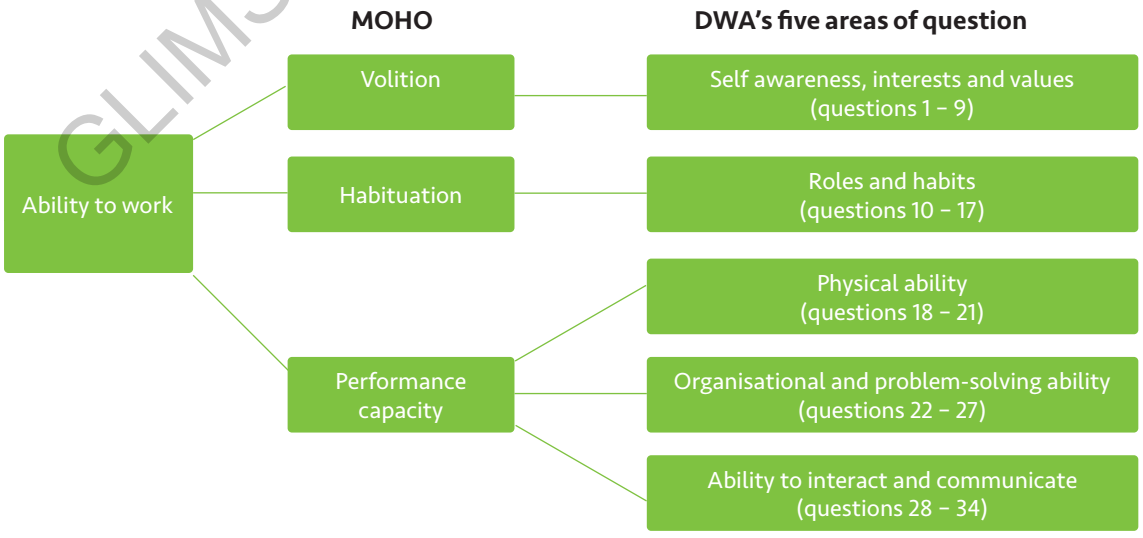
PURPOSE AND TARGET GROUP

The purpose of DWA is to provide an overall picture of a person's resources and limitations in relation to work or work-related activities. The instrument is intended to be used in the mapping and assessment of work ability, as well as to set goals and follow up work-oriented interventions for persons. DWA can also be used to measure changes in work ability at group level. The target group is persons of working age. DWA is based on the perspective of activity, and not on specific diagnoses.

CONTENT

A systematic assessment of work ability should always be based on both a person and a user's perspectives. This person-centered approach is fundamental in order to get a complete picture of the person's perception of his/her ability to work as well as providing the conditions for favorable results from work-oriented interventions (Hansen Falkdal, 2005). The starting point in DWA is the person's own self-assessment and the user's overall assessment resulting from dialogues and observations. This provides the person with the prerequisites to be involved in goal formulation, planning, implementation and follow-up of work-oriented interventions. Seen from the viewpoint of the *International Classification of Function, Disability and Health (ICF)* (WHO, 2001), DWA belongs to the components of activity and participation (see appendix C). Other types of assessment tools are required when measuring other components such as body functions and body structure.

DWA consists of 34 questions divided into five areas in accordance with the structure in *Model of Human Occupation* (Kielhofner, 2008) (see below). A *Likert scale* with levels of option 1-5, from low degree (1) to high degree (5) form the basis of assessment. DWA is comprised of two parts: one for self-assessment to be filled in by the client and the other for assessment by the user independent of that by the person. In direct connection to each question are spaces for the person's and the user's respective comments. The form for the user's assessment includes a summary form, which the user fills in during a follow-up dialgue) with the person that takes place after both assessments have been completed.



The relationship between the *Model of Human Occupation (MOHO)* and and the distribiution of the 34 items/quesions in the *Dialogue about Work ability (DWA)* (Linddahl, Norrby & Bellner, 2003).

Areas of use

INDIVIDUAL LEVEL

During the years with DWA, several different ways of using the instrument have been developed. Depending on the purpose of the assessment a user may sometimes choose to just let a person carry out his or her self-assessment. This may be because there are limited opportunities to observe the person in activities making it important to get the person's own idea of his/her abilities. Through this self-assessment and the dialogue that follows, the person's insight into his or her own resources and limitations is also increased.

In other cases, often those when it is necessary to investigate work ability, both self-assessments by person and assessments by user are carried out, among other things, to obtain a firm basis for documentation. Assessments take place both in real working environments, in adapted environments as well as analysed activities. Based on the assessments, the follow-up dialogue with a person clarifies his/her ability to work as well as increasing participation in the assessment.

Often, when a person together with a user, set out concrete goals in the summary form, a new assessment is carried out after a fixed period of time. Then comparisons are made with the previous assessments. Then, the person can take note of the progress made in relation to goals.

Another area of application is versus external employers who are considering an internship for, or employment of a person. By conducting follow-ups using DWA together with employer, person and user, the person's ability in relation to the requirements of the work under consideration are clarified. In addition, it is possible to discuss adaptations of both the work and the work environment. Using DWA versus employers can be one of the tools referred to in *Supported Employment and Individual Placement and Support* (Nygren, 2012; Linddal & Norrby, 2015).

It is also possible to use the instrument as a basis for discussion to clarify persons' abilities in relation to the demands on the labour market, for people who have never had a job or who have been away from gainful employment for a long time.

EVALUATION AND RESEARCH

DWA can be used at group level to evaluate specific work-oriented interventions within a business or unit. For example, it may be interesting to evaluate which interventions contribute to change in a group of persons' ability to work over time and in which of the five areas in question the greatest change takes place; for example, prior to rehabilitation interventions and upon completion thereof. Here, using the median value is recommended as the instrument's questions are assessed on an ordinal scale. It is also possible to use the mean value as an alternative, provided that the distribution of the results is symmetrical, otherwise the two core measurements may give different answers. So, measurement of quartile distance and standard deviation is recommended in order to get an idea of the distribution of results around the median and mean values. Range measure can also be used to find the difference between the highest and lowest values around the median. *Wilcoxon's signed-rank test* and *Wilcoxon's rank-sum test* can be used to test significance (Ejlertsson, 2012).

One example of DWA being used for group-level assessment is the before-mentioned ESF study (Linddahl & Norrby, 2015). The overall aim of the project was to test whether the combination of self-assessment using DWA together with the rehabilitation method *Individual Placement Support (IPS)* can increase the opportunities for persons of working age and with mental illness to get into sustainable work. The persons in the study filled in their first DWA self-assessment in direct connection with commencing IPS. When a person had been out at work/internship for about four months, his/her second DWA self-assessment was made. Median and mean values were used to compare the outcome of the self-assessments in the instrument's five areas of question.

When evaluating results at a group level in a municipal rehabilitation program, DWA was used to compare self-assessed work ability before and after a rehabilitation program (Wagman, 2015). The purpose was to provide possibilities for qualified rehabilitation interventions for persons who were far from the labor market and who needed rehabilitation. The median value was used to compare the persons' self-assessed work ability at group level at the start and end of the program.

In another study, at group level, the aim was to compare and evaluate the benefits of two rehabilitation methods in primary care (Jansson, 2014; Jansson et al., 2015). The target group was people on sick leave due to mental illness. In this randomised controlled study (RCT), DWA was used to compare the control group's self-assessed work ability before and after cognitive behavioral therapy (CBT), with the experiment group's self-assessed work ability before and after rehabilitation using the problem-based method (PBM). Mean and median were used to compare the outcomes before and after the interventions. Standard deviation was used to analyse the spread around the mean. Range was used to measure the spread of the highest and lowest values around the median value.

Administration

DWA has been developed by occupational therapists, a profession who, through their education, have in-depth knowledge of the theoretical basis of the instrument, i.e. MOHO (Kielhofner, 2008), as well as knowledge of human activity in relation to work. Nowadays, DWA has also been made available to other professionals in work-oriented units. The prerequisite is to obtain sufficient knowledge about MOHO, as it provides support for the deeper follow-up questions in the dialogue after the assessment has been completed. If an occupational therapist is available within the units, his/her competence should be utilised in questions related to the theoretical basis.

PERSON'S SELF-ASSESSMENT

Self-assessment should take place in a private space area in, or close to, the place where activities occur, or in the person's home environment. The self-assessment form is found as appendix A. Before the person fills in the form. the user carefully explains the goals and methods used in the assessment to the person and informs the person that assessment is to be based on his/her current situation. These instructions are also found on the cover-sheet for self-assessment. The starting point for a person's self-assessment is primarily experience of real work during the past six months. In cases in which the person finds it difficult to relate to real work the assessment is based on overall life experience over the past six months as well as in the current work-oriented interventions.

If a person needs help to understand some of the language terms used, the user can be at hand to explain the meaning of the questions. Here, the rating criteria can be helpful for the user. However, it is always the person her/himself who decides which number, on the Likert scale, to put a ring round for each question. In cases of repeated assessments, the user provides a new self-assessment form to avoid the person being influenced by the previous assessment.

USER'S RATING

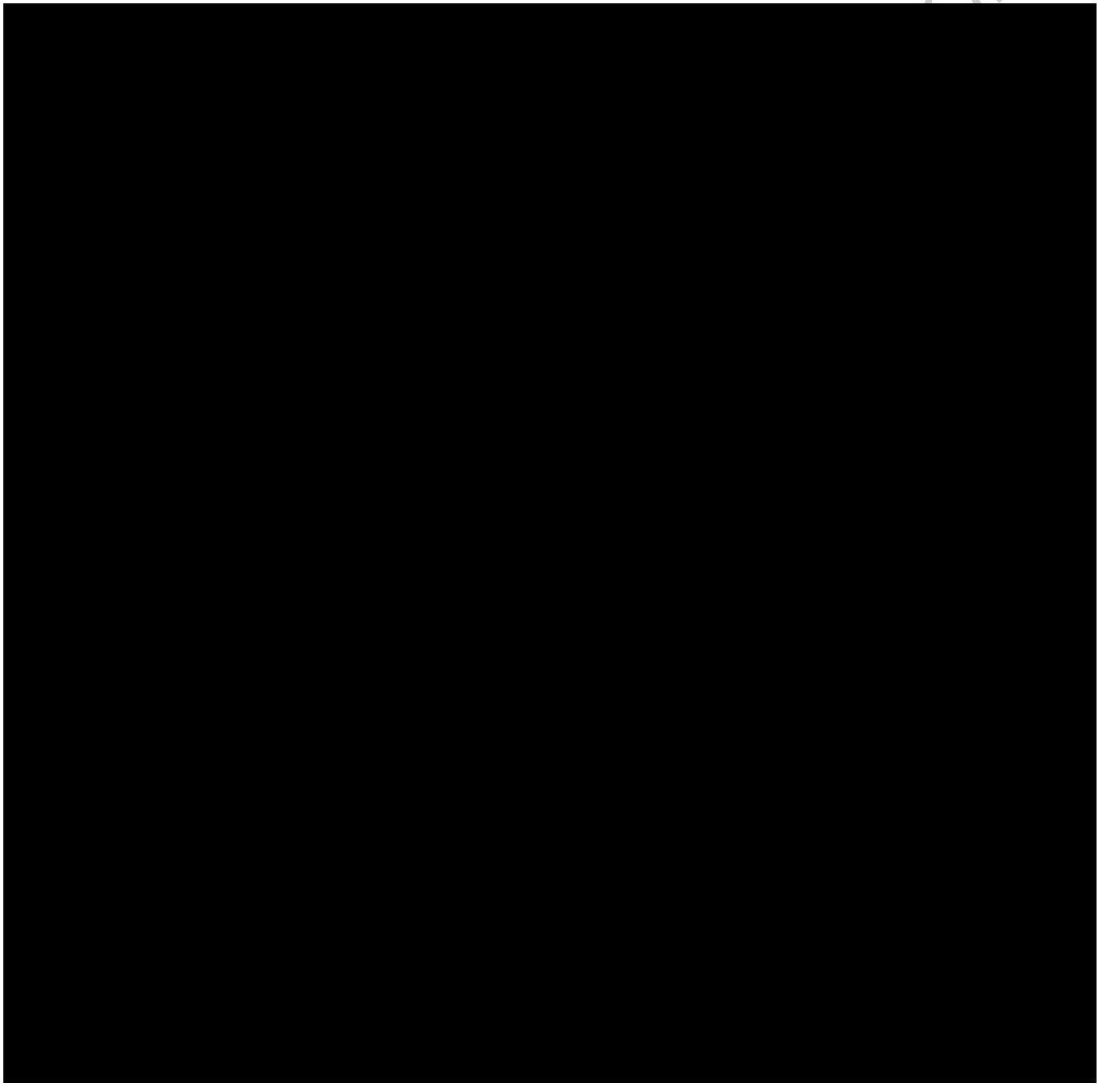
Prior to assessment, the user ensures that sufficient knowledge of the person and his or her ability has been obtained. This can be done through conversations conducted with the person regarding life situation, experiences and perceptions of work ability. Ethical aspects must be considered so that no more information than is necessary is obtained and that the person's right to integrity is fully respected.[4] The rating is also based on the user having observed the person in a varied range of activities with different demands on work ability. If the user has not been able to acquire sufficient knowledge about the person, the dialogue is based instead on the person's self-assessment. The user may also be part of a team whereby combined observations lead to a joint rating.

To support the rating the user has access to rating criteria, developed with the support of MOHO (Kielhofner, 2008) and ICF (WHO, 2001), at the next page. The criteria are intended to give an overall view of the abilities covered in each question and thus form the basis for assessing the scale level. The scale steps 1-5 are based throughout on low-degree of ability (1) to high-degree of ability (5). On some occasions the scale step 5 may mean that the person has an excess of ability which can have a negative effect on performance. For example, a person may be overly careful when performing tasks (question 11), which can make completion of the task difficult. In such cases it is especially important to clarify by commenting on the underlying reasons for the high rating.

4. Occuapational therapists in Sweden are referred to *The Code of Ethics* issued by the Swedish Association of Occupational Therapy (2018), www.arbetsterapeuterna.se/english.

The user's rating is recorded directly on the summary form (appendix B) in a separate column, after which information from the person's self-assessment and related comments are transferred to the same form in the column next to it. If the user has not been able to make a rating it is still recommended that the person's self-assessment be transferred to the summary form. The purpose of this is to obtain a graphic image of the person's resources and limitations in order to provide support for the subsequent dialogue

The rating manual



CASE STUDIES

Names given in both case study descriptions have been altered.

Ali: 41-year-old man with visual impairment

At the time of the case study Ali, who was born in Iraq, was 41 years old. He had come to Sweden eight years earlier and lived with his wife and two smaller children in an apartment in a small town. Ali was taking part in an assessment of his ability to work. About that time, the family was receiving welfare support as Ali had not managed to get a job and his wife had mainly taken care of their children during the family's time in Sweden. In terms of educational background, Ali had been to elementary school for 9 years, followed by college education for agronomists in Iraq. He had also worked within agriculture in his home country, both as an employee and as an entrepreneur. In Sweden, Ali had read Swedish for immigrants to C-level of Swedish language for immigrants and completed a Computer Numerical Control (CNC) training course through the Swedish employment services. In his spare time he was active in a local non-profit association, had friends and a well-established social network.

Ali's main limitation was his visual impairment, in the form of tunnel vision with darker field of vision. He had been given aids to try as well as support in finding workable strategies in everyday life. Ali himself didn't feel that the visual impairment ought to be an obstacle to working. But he was depressed about his current situation. Ali's greatest wish was to get a job and be able to support his family, so his motivation to find work was very high. Ali was keen to be involved in an assessment of his work ability. As part of the assessment, Ali conducted a self-assessment using DWA's self-assessment form. In addition, the user, an occupational therapist, made a rating based on interviews, observation of activities and follow-up dialogue. The form completed, with both Ali's self-assessment and the occupational therapist's assessment as well as dialogue, are shown on the following pages (pages below).

On the last page of the summary form you can see Ali's goal: working full time, and, as a first step, training in industry. The summary of resources and limitations gives a picture of abilities that support, or may constitute an obstacle to achieving his goals. Ali's main resources are that he is very motivated to adapt and learn new things. On the other hand, he has a lack of self-confidence which limits activities undertaken. Roles and habits that provide support for working routines: he can plan and organise his work tasks and use his social ability in groups. When it comes to physical ability, there is some limitation in coordination of body movements. Ali's communication skills are hampered because of difficulties with the Swedish language. Based on Ali's goals and the need to improve his Swedish, the occupational therapist arranges internship at an industrial workplace. Some of the earlier training Ali had undergone through the employment agency included edge pressing, which there was the opportunity to train at the workplace in question. Ali quickly learned the work to be done, but it became clear that he needed adjustments. He was initially negatively inclined a towards the adjustments required, but after a while accepted using directed lighting in the workplace as well as a digital slider as an aid. Ali focused his first month at the company on the work itself, but the occupational therapist also worked hard to make him more active in daring to speak to others in the work group he belonged to. After training for some time, Ali was given temporary employment during the summer months, which led to him being able to be employed in the company during the fall.

DWA: Summary form – Ali

SUMMARY OF PERSONS SELF-ASSESSMENT AND USER'S RATING

Areas of question and questions	Person's self-assessment	User's rating	Comments
Self awareness, interests and values	to low degree 1 2 3 4 5 to high degree	to low degree 1 2 3 4 5 to high degree	
1. Able to perform tasks that he/she wants	2	4	
2. Able to say "no" when there is something that he/she does not want to do	4	3	
3. Able to perform tasks as instructed	2	4	
4. Shows interest in learning new things	5	5	
5. Able to take initiative when performing a task	2	3	
6. Receptive to how others assess a performed task	4	4	
7. Able to use criticism from others to improve own performance	5	5	
8. Able to work independently	3	4	Doesn't trust own ability
9. Able to cooperate with others	5	5	
Roles and habits	to low degree 1 2 3 4 5 to high degree	to low degree 1 2 3 4 5 to high degree	
10. Shows that he/she values good hygiene for self and others	5	5	
11. Shows care when performing tasks	5	5	Normal accuracy
12. Accepts the demands made when performing tasks	4	4	
13. Receptive to and able to use knowledge of others, if need be	5	5	
14. Usually takes responsibility for tasks that he/she is expected to perform	5	5	
15. Takes on a leadership role in a group, if need be	1	3	Is a team player
16. Usually able to determine which tasks are the most important to perform	3	3	Difficult to assess
17. Usually able to adapt to meet scheduled appointments	5	5	

Areas of question and questions	Person's self-assessment	User's rating	Comments
Physical ability	to low degree 1 2 3 4 5 to high degree	to low degree 1 2 3 4 5 to high degree	
18. Can perform tasks which require small, precise hand movements	1 2 3 4 **5**	1 2 3 4 **5**	
19. Can perform tasks which require strength and good function of movement in arms and hands	1 2 3 4 **5**	1 2 3 4 **5**	
20. Can perform tasks which require body coordination	1 2 3 **4** 5	1 2 3 **4** 5	Due to visual impairment
21. Can perform tasks which require physical stamina	1 2 3 4 **5**	1 2 3 4 **5**	
Organisational and problem-solving ability	to low degree 1 2 3 4 5 to high degree	to low degree 1 2 3 4 5 to high degree	
22. Can concentrate while performing tasks	1 2 3 4 **5**	1 2 3 4 **5**	
23. Can plan and complete tasks with the aid of instructions	1 **2** 3 4 5	1 **2** 3 4 5	Doesn't read documents, asks
24. Can work under time pressure	1 2 3 4 **5**	1 2 3 4 **5**	
25. Can adjust to new ways of performing a task	1 2 3 **4** 5	1 2 3 4 **5**	
26. Can decide on own whether or not the result of a task is acceptable	1 2 3 4 **5**	1 2 3 4 **5**	
27. Can find solutions on his/her own if problems arise	1 2 3 **4** 5	1 2 3 **4** 5	
Ability to interact and communicate	to low degree 1 2 3 4 5 to high degree	to low degree 1 2 3 4 5 to high degree	
28. Initiates contact with others if need be	1 2 3 **4** 5	1 2 3 **4** 5	In a secure environment
29. Has ability to hold a conversation with others	1 **2** 3 4 5	1 **2** 3 4 5	Applies to language
30. Able to make himself/herself understood	1 **2** 3 4 5	1 **2** 3 4 5	Applies to language
31. Receptive to the views of others	1 2 3 4 **5**	1 2 3 4 **5**	
32. Offers to help others, if need be	1 2 3 4 **5**	1 2 3 4 **5**	
33. Accepts help from others, if need be	1 2 **3** 4 5	1 2 **3** 4 5	
34. Shows participation in a group that he/she belongs to	1 2 3 **4** 5	1 2 3 **4** 5	Has a clear role in group

DWA: Summary form – Ali

SUMMARY OF DIALOGUE

This final page in the summary form was filled in together with Ali.

Goals and planning

- To work, preferably full time, and support his family, possibly at a sheltered workplace.
- To get opportunity to train in industry.

Resources and limitations

	Self awareness, interests and values (question 1–9)	Roles and habits (question 10–17)	Physical ability (question 18–21) Organisation and problem-solvning (question 22–27) Interaction and communication (question 28–34)
Resources	Is motivated to change and has interest in learning new things.	Has roles and habits that support work.	Has ability to perform physical work. Can plan and organise his work, has social abiliy and participates in work group.
Limita-tions	Lacking in self-confidence which causes limitations in being able to do what he wants to do. Doesn't take initiative.	Doesn't take leading role in work group.	Some limitations in respect of body movement coordination due to visual impairment. Difficulties in Swedish language hinders under-standing written instruc-tions as well as conversing with others.