Summary

Communication between social insurance physicians and work disability claimants
General introduction
This thesis focuses on the communication between social insurance physicians and persons claiming for a work disability benefit during assessment interviews. Communication is defined as the verbal and nonverbal exchange and transmission of information during a face-to-face encounter. It is an important topic from the perspective of policy makers, work disability claimants, and social insurance physicians. The communication can influence, for example, the claimant’s understanding, the exchanged information, satisfaction, and the conclusions about work capacity. Physicians with adequate communication skills are found to have less work stress and greater job satisfaction. Moreover, work disability assessment interviews require specific communication skills. These interviews differ from other physician-patient contact (for example in curative medicine) in that they are not aimed primarily at cure or care for patients, but at assessing work capacity and incapacity of persons claiming for a work disability benefit. The results of the assessment are of great importance to the claimant. Both the practical and the scientific relevance of social insurance physician-claimant communication, call for research and a specialised communication skills training course.

This thesis had two objectives: (I) to explore the determinants of behaviour of social insurance physicians and of claimants with regard to their communication during assessment interviews for disability benefits, and (II) to develop (from the results of the first objective and additional information) and evaluate a post-graduate communication skills training course for social insurance physicians. Chapter 1 provides a general introduction. In chapters 2-6 objective I is addressed and in chapters 7-9 objective II is addressed. Chapter 10 gives a critical discussion of the results of the other chapters and puts these into perspective. Also, implications for research and practice are discussed.

Theoretical framework
Chapter 2 presents the theoretical framework that was the starting point in the development of the studies described in chapters 3-5. There was no conceptualised theoretical framework that could be used to describe intentions with regard to communication behaviour, communication behaviour itself, and satisfaction with communication behaviour in a disability assessment context. Therefore, we developed this conceptualised framework, from an extensive study of the literature. The results showed that a combination of the Theory of Planned Behaviour (TPB) and the Attitude/Social influence/Self-efficacy model (ASE model) was a good starting point for the conceptualisation of a behavioural model for the study. The theoretically conceptualised model gave insight into the relationships between, on the one hand the most important determinants of communication behaviour that play a role in the
preparation for disability assessment interviews (e.g. attitudes, intentions, skills, and barriers), and on the other hand communication during the interview.

**Determinants of physician behaviour**

In chapter 3, the determinants of communication behaviour of social insurance physicians are addressed. These determinants are attitudes, social influence, self-efficacy, skills, barriers, and intentions concerning their communication with disability claimants in assessment interviews. The aim of chapter 3 was to understand these determinants by modelling them, starting from the theoretical framework of chapter 2. For this, cross-sectional questionnaire data were collected among 146 social insurance physicians.

The results showed a well-fitting model, in which attitudes had a significant and substantial direct effect on two intentions. Self-efficacy had a significant, but smaller direct effect on one intention. These intentions of social insurance physicians were intentions to give information and intentions to consider personal aspects. Accordingly, the study gave empirical support for the conceptualisation of the preparation phase of the physician half of the model.

**Typology of claimants**

In the study described in chapter 4, we firstly aimed to determine which types of disability claimants could be distinguished, based on the determinants of their communication behaviour. Secondly, we investigated their opinions about communication, with the aim to determine if the types of claimants differed in their perception of communication behaviour and their satisfaction with the communication with social insurance physicians. Questionnaire data were collected from 56 disability claimants for 13 behavioural determinants before their assessment interview, and for 12 behavioural and satisfaction variables afterwards.

The results showed that three types of claimants could be distinguished: insecure support-seeking claimants, confident claimants, and socially isolated claimants. Especially the levels of self-efficacy, skills, social support, and intentions with regard to the communication seemed to distinguish these claimant types from each other. Additionally, we found that the three types of claimants perceived the communication with the social insurance physician differently. Overall, claimants were positive about the communication with the physician: insecure support-seeking claimants were satisfied and confident claimants were highly satisfied, but socially isolated claimants were unsatisfied. In training, therefore, special attention should be given to communication with socially isolated claimants.
Expectations and opinions

Chapter 5 brings together the perspectives of social insurance physicians and claimants. The study described in this chapter aimed to gain insight into the differences between expectations of claimants of the communication before an assessment interview and their opinions after that interview. Furthermore, it aimed to gain insight into the differences between these opinions of claimants and the opinion of the claimant as perceived by the interviewing social insurance physician. Questionnaires were completed by 53 claimants before and after the interview and 28 social insurance physicians after the interview.

The results showed differences between expectations and opinions of claimants on three out of the four included communication aspects (Listening, Correctness, and Clarity; no difference was found for Empathy). For claimants with a low level of education differences were found on all four aspects (including Empathy). The opinions of claimants differed from those according to the insurance physicians on two out of six communication aspects (Correctness and Diligence). A comparison of the expectations of claimants in their preparation before the assessment interview and their opinions afterwards, showed that claimants – despite somewhat negative expectations – were reasonably satisfied about the communication after the interview. In addition, we found that social insurance physicians were fairly able to accurately assess the opinion of claimants about the communication. Nevertheless, physicians tended to overestimate the opinions of the claimants, who were less positive than the physicians thought.

Stereotyping

Chapter 6 is based on the supposition that social insurance physicians are probably influenced by stereotypes of claimants – for example because they have limited time available and they have to make complicated decisions – but little is known about this. The aim of this study was to investigate: (1) the content of stereotypes used to classify claimants with regard to the way in which they communicate during assessment interviews; (2) the origins of such stereotypes; (3) the advantages and disadvantages of stereotyping in assessment interviews; and (4) how social insurance physicians minimise the undesirable influences of negative stereotyping. Data were collected during three focus group meetings with 22 social insurance physicians in total.

The results showed that in the assessment interview, the most important determinants of the communication behaviour of claimants as perceived by social insurance physicians were the degree of respect that claimants show in the physician-claimant relationship and their dominance in the communication. Furthermore, most of the social insurance physicians reported that they classify claimants in general groups, and use these classifications to adapt their own communication behaviour.
The social insurance physicians revealed that their stereotypes originate from information in the claimants’ files and first impressions. The main advantages of stereotyping were that this provides a framework for the assessment interview, it can save time, and it is interesting to check whether the stereotype is correct. Disadvantages of stereotyping were that the stereotypes often prove incorrect, they do not give the complete picture, and the claimant’s behaviour changes constantly. Social insurance physicians have various ways of minimising undesirable influences of stereotypes.

Training strategies
Chapter 7 presents the results of a systematic review of the literature concerning strategies for teaching qualified physicians communication skills. The aim of this review was to identify effective training strategies. PubMed, PsycINFO, CINAHL, and Cochrane were searched for systematic reviews. Two authors independently selected relevant reviews and assessed their methodological quality using AMSTAR. Summary tables were constructed to be able to draw conclusions about the effectiveness of communication skills training strategies for physicians.

Twelve systematic reviews about communication skills training programmes for physicians were identified. Some focused on specific training strategies, whereas others emphasised a more general approach with mixed strategies. Training programmes were effective if they lasted for at least one day, were learner-centred, and focused on practising skills. The best training strategies within the programmes included role-play, feedback, and small group discussions. Training courses for physicians should therefore include mainly active, practice-oriented strategies. Oral presentations on communication skills, modelling, and written information should only be used as supportive strategies. In addition, it was recommended that to be able to compare the effectiveness of training programmes more easily in the future, general agreement on outcome measures has to be established.

Development of the training course
In chapter 8 the results of chapters 3-7 are combined and integrated. Although physicians who perform work disability assessments attend some communication-related training courses during their professional education, no specialised and evidence-based post-graduate communication skills training course is available for them. The aim of the study presented in this chapter was to systematically develop such a training course, and to design an evaluation of that training course. A physician-tailored course was developed, according to the six steps of the Intervention Mapping protocol. The data collected for the previous chapters were used.
Determinants and performance objectives were formulated. Various experts, social insurance physicians, researchers, and policy-makers, were consulted.

The result was a two-day post-graduate communication skills training course, aimed at improving adequate communication during work disability assessment interviews. There was a special focus on active teaching strategies, such as practising the skills in role-play. An adoption and implementation plan was formulated, in which the infrastructure of the educational department of the institute that employs the physicians was utilised. Improvement in the skills and knowledge of the social insurance physicians participating in the training course was decided to be evaluated in a randomised controlled trial (RCT). The feasibility and practical relevance of the communication skills training course that was developed seemed promising.

Evaluation of the training course
Chapter 9 describes the results of the evaluation in an RCT of the training course, of which the development was described in chapter 8. The main aim of this study was to assess whether the training course would increase competence and knowledge with regard to communication. A two-armed randomised controlled trial was performed, with a waiting-list control group. At baseline and follow-up, 42 social insurance physicians completed questionnaires (n=21 in the training group and n=21 in the control group). The primary outcome measures were competence and knowledge about the communication during assessment interviews with disability claimants. The secondary outcome measures were 21 self-reported determinants of communication behaviour. For a process evaluation, we studied the opinions of the 21 physicians in the training group about the course.

There was no significant difference in overall competence after the training course between the intervention group and the control group. Only for one of the three phases of the interview, the introduction phase, a significant difference was found, favouring the intervention group. Knowledge about the communication was significantly higher in the intervention group compared to the control group, especially concerning the information gathering phase of the interview. For the secondary outcomes, the intervention group scored significantly better on 7 of the 21 self-reported psychosocial determinants of communication behaviour, including self-efficacy, intentions, skills and knowledge. Also, the participants were unanimously very satisfied with the training course (the mean scores ranged between 8.4 and 9.1 on a ten-point scale). This calls for an optimisation and successive implementation of the training course.
**General discussion and conclusions**

In chapter 10 an overview of the main findings is presented, the results of all chapters are critically discussed and put into perspective, followed by implications for practice and directions for further research.

The results of this thesis have several implications for practice. Implications for social insurance physicians and education in social insurance medicine are:

- Communication should be a point of attention in post-graduate training, as well as physicians’ attitudes, self-efficacy, and barriers with regard to the communication;
- Physicians should pay attention to feelings of insecurity, expectations, and the level of social support of claimants;
- The developed training should continue with new groups of participants, paying attention to possible improvements;
- Possibilities for follow-up training days for participants, some time after they have completed the course, should be created.

Much more scientific research is needed on this topic and therefore some directions for future studies were given. For example, studies concerning valid and reliable measurement instruments applicable in research in social insurance medicine are needed, as well as studies concerning barriers for participation in communication skills training courses.

This thesis has several conclusions with regard to the communication during disability assessment interviews. Firstly, the TPB-based theoretical model is functional in helping to understand communication in social insurance medicine. Secondly, the main determinants of the communication behaviour of social insurance physicians are intentions to give information and to consider personal aspects, attitudes, self-efficacy, and barriers. The main self-reported determinants of the communication behaviour of claimants are self-efficacy, skills, social support, and intentions. According to social insurance physicians, the main determinants of the communication behaviour of claimants in the assessment interview are the degree of respect that claimants show in the physician-claimant relationship and their dominance in the communication. Thirdly, training courses concerning communication skills should include predominantly practice-oriented training strategies. Fourthly, when developing a training course, it is important to take the opinions and experiences of relevant stakeholders into account. Fifthly, the training course ‘Professional Claimant Communication’ increased physicians’ competence in introducing themselves and their tasks in the assessment interview, and their knowledge about the communication. Also, social insurance physicians were unanimously very satisfied with the training course.