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production leader in the oil and gas industry with regular working hours, 8 hours a day, 40 hours a week, with a full administrative job. During work, the physical capacity required is at least 4 METs, with low mobility, good gross and fine motor skills, and sound active and passive communication skills. In general, the employee's health condition was good, but there was anemia and an enlarged spleen. Mobility function is not impaired, visual acuity is normal. The employee is at risk of aggravating the disease if it is not handled properly, but he does not risk endangering co-workers or the work environment. The employee is currently still able to work. The general condition does not interfere with his work. Based on the analysis results above, it can be concluded that the fitness for duty status is fit to work as a unit production leader with a note of not doing heavy physical activity, not driving, not lifting heavy loads above 10 pounds. Workers are recommended to continue treatment with an internal medicine specialist. Myelofibrosis patients are still able to work in the production section oil and gas industry, of course, with a thorough assessment first

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Designing a new working method to support physicians' (dis)ability prognosis evaluation

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Introduction: Physicians performing disability assessments have to evaluate the prognosis of the (dis)abilities for work. This is a very complex task challenged by limited knowledge and skills of evidence-based medicine (EBM), time constraints, high quality demands and conflicting interests.

Material and Methods: A new working method was developed to support physicians' (dis)ability prognosis evaluation. The Intervention Mapping framework was used to identify content items, design features and considerations on implementation and evaluation of this working method.

Results and Conclusions: The new working method consists of a stepwise EBM-approach to support physicians to gather available evidence, to review and weigh important prognostic aspects and to integrate these aspects into a transparent, tailored assessment. This working method is supported by a software tool, containing a database with links to evidence and other resources in order to facilitate searching, appraising and applying evidence-based information. An additional training program will further support the use of this working method. Physicians attending the training program will learn to apply the stepwise EBM-approach with support of the software tool and evaluate the prognosis of (dis)abilities in case scenarios based on daily practice. In a next phase limited efficacy, acceptability and practicality testing of the new working method is planned in a pilot study.

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Workers Requesting Disability Benefits Due to Musculoskeletal Disorders: A Cross-Sectional Brazilian Data

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Introduction: Musculoskeletal disorders (MSD) are the leading clinical cause of disability benefits granted by the Brazilian Social Security Institute in the last decades. The aim of this study is to present information about workers who requested temporary disability benefit due to MSD through the public social security system in Brazil.

Material and Methods: A longitudinal study is being carried out since 2020 in the city of Sao Paulo. Baseline information was obtained between November 2020 and April 2021. Two hundred seventeen workers took part in this study. They were in sick leave over 15 days due to a disabling MSD and requesting a social security benefit when were invited. Participants answered an electronic questionnaire on sociodemographic characteristics, health risk behaviors and occupational aspects.

Results: Most participants were males (53.0%), married (50.7%), school education higher than 11 years (60.4%), mean age 39.5 years (sd +-10.6), BMI 27.9 kg/m² (sd +-4.9), did not smoke (85.2%), abstemious (52.5%), working for less than 05 years (59.4%), morning shifts (73.2%), underwent physiotherapy (53.9%). The imbalance between extrinsic efforts at work and reward (ERI) was perceived by 75.1% of participants.

Conclusions: Information about the profile from disabled workers can help to map groups susceptible to sickness absence due to musculoskeletal disorders. Companies' health service professionals should start the process of return to work at the first day of absence in order to reduce the time to reintegration and promote a sustainable return.

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The Effects of a Stigma Awareness Intervention on Finding and Retaining Paid Employment a Cluster Randomized Controlled Trial among Unemployed People with Mental Illness

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Introduction: Stigma is one of the barriers to paid employment for people with mental illness. Deliberate (non-)disclosure decisions may prevent this, but the effects of stigma awareness interventions are mostly unknown. This study aims to examine the effectiveness of a stigma awareness intervention for employment specialists and a decision aid and two infographics about disclosure of mental illness on finding and retaining employment for unemployed people with mental illness, compared to usual guidance.

Material and methods: A clustered RCT was conducted. Participants were unemployed people with mental illness who receive social benefits (N=153) and were recruited at eight locations. The control group received guidance as usual and the experimental group

received guidance as usual combined with the stigma awareness intervention. Health, wellbeing, job seeking activities and disclosure were measured at baseline and 3, 6 and 12 months. Multilevel analyses were conducted to analyze the effects of the intervention on finding and retaining employment, controlled for other factors. Results: In the experimental group, after six (T2) and twelve months (T3) almost twice as many participants had found paid employment (T2: CG=26.1% vs EG=50.7%, $p=0.003$; T3: CG=34.4% vs EG=53.8%, $p=0.026$), and retained paid employment after twelve months (CG=23.4% vs EG=49.2%, $p=0.002$), compared to the control group.

Conclusions: A stigma awareness intervention contributes to more often finding and retaining paid employment for people with mental illness.

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The evolution of work disability policies: from the UN Convention to the European Union (EU) strategies

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Introduction: According to the International Labor Organization (ILO) people with disabilities make up an estimated one billion of which about 800 million are working age. However, the right of people with disabilities to decent work is frequently denied. Their exclusion from the labour market represents a significant waste of potential, resulting in an estimated loss of GDP of between 3% and 7%. This study aims at explaining a summary of the policies produced, in particular in the EU, to support the protection and social participation of disabled people, based on the three fundamental elements: the guarantee of individual rights to eliminate discrimination, the elimination of environmental barriers, the promotion of an active inclusion of people with disabilities.

Material and Methods: The study on disability and work focused on the context analysis, the evolution of the concept of disability, the cultural and regulatory framework and finally on the policies adopted in United Nations and EU countries.

Results: From the analysis of the main policies adopted over time, come to light useful suggestions to combat discrimination and above all to promote the inclusion of people with disabilities.

Conclusions: The strategies of supranational and international organizations have evolved, embracing the changes that have occurred in the cultural and scientific paradigms relating to issue of disability contributing to a real inclusion of people with disabilities in all contexts, including the workplace, in order to guarantee good health and safety conditions.

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Piloting a return-to-work intervention for people with burnout: a qualitative feasibility study

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Introduction: Burnout may cause long-term sick leave. Return-to-work (RTW) interventions for burned-out people aim to prevent long-term work disability. Fifty burned-out patients and 98 GPs were recruited in a pilot cluster-randomized trial (CRT) of a RTW intervention for burned-out people. The RTW intervention was presented as a multidisciplinary care pathway initiated by the general practitioner (GP) followed by a referral to a psychologist. This qualitative study evaluates key feasibility issues (e.g. willingness of GPs to recruit patients, willingness of patients to participate) in order to prepare a full-size CRT.

Material and methods: The key steps for qualitative research in a feasibility study according to O' Cathain et al (2015) were followed. Twenty-two participants were interviewed: 7 patients (5 from intervention group (IG) and 2 from control group (CG)) and 15 GPs (10 from IG and 5 from CG). A semi-structured interview guide with open-ended questions was used. Interviews were audio-recorded and transcribed verbatim. Thematic content analysis (Braune and Clarke 2006) is used to explore participants' perceived barriers and facilitators to participating in the pilot CRT. (Approved by the Social and Societal Ethics Committee of University of Leuven, Belgium.) Results and conclusions: The analysis of the data is still ongoing. Preliminary findings are: in- and exclusion criteria aren't always clear for GPs, feeling overwhelmed and refusal to be referred to a psychologist are patients' reasons for not participating in the pilot CRT. The final results of this study will guide the development of a full-size CRT of the RTW

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Determinants in loss of work capacity and disability in occupational diseases

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Introduction. Disability due to occupational diseases (OD) is of great social significance, due to the fact that it is associated with the need for compensation payments and payment of expenses for their rehabilitation. Hazardous industrial factors, are the main disabling factor for patients with respiratory diseases ($p<0.001$). Persons with respiratory OD predominate in the structure of people with disabilities for OD.

Material and Methods: analysis of medical records of the occupational pathology center and the bureau of medical and social expertise. The study was carried out using specially developed statistical cards (Ishteryakova O., 2008).

Results and Conclusions. The highest rate of disability in the primary diagnosis of OD was recorded in the agro-industrial complex - 39% of patients. Among patients with persistent loss of working capacity, 15% work in the automotive industry, 10%-in construction. 3.5% in the shipbuilding industry; 7%- in the production of building materials and others. 76-91% people with OD, of those recognized as disabled for the first time, are of working age. The main causes of disability are: violation of body functions and limitation of work capacity, medical contraindications to work with hazardous factors in the diagnosis of OD. Investing money in the rehabilitation of persons with early signs of OD is more economically efficient, since it allows them to maintain their work