FHI
Folkehelseinstituttet

RAPPORT

2022

FORSKNINGSKARTLEGGING

Forskning om tiltak for å redusere sykefravær i arbeidslivet: et forskningskart (oppdatering)

Utgitt av	Folkehelseinstituttet Område for helsetjenester
Tittel	Forskning om tiltak for å redusere sykefravær i arbeidslivet: et forskningskart (oppdatering)
English title	An updated evidence and gap map on work-related interventions to reduce sick leave
Ansvarlig	Camilla Stoltenberg, direktør
Forfattere	Jacobsen Jardim, Patricia Sofia Nygård, Henriette Tyse Muller, Ashley Elizabeth Harboe, Ingrid Holte, Hilde H
ISBN	978-82-8406-318-8
Publikasjonstype	Forskningskartlegging
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Oppdragsgiver	Arbeids- og velferdsdirektoratet (NAV)
Emneord(MeSH)	Sick Leave; Absenteeism; Return to Work
Sitering	Jacobsen Jardim PS, Nygård HT, Muller AE, Harboe I, Holte HH. Forskning om tiltak for å redusere sykefravær i arbeidslivet: et forskningskart (oppdatering) [An updated evidence and gap map on work-related interventions to reduce sick leave] –2022. Oslo: Folkehelseinstituttet, 2022.

Innhold

Hovedbudskap

I 2021 publiserte Folkehelseinstituttet et forskningskart om tiltak for å redusere sykefravær i arbeidslivet. NAV ønsker nå et forskningskart med bredere inklusjonskriterier for å få et større overblikk over forskningen på feltet.

Vi identifiserte 12 131 referanser via systematiske litteratursøk, vurderte hver og én opp mot inklusjonskriteriene, og kodet de inkluderte publikasjonene. Vi fant 531 publikasjoner som omhandlet tiltak, virkemidler eller tilnærminger for å redusere sykefravær hos personer i et aktivt arbeidsforhold, som er sykmeldte. Av disse inkluderte vi 346 publikasjoner i forskningskartet og 185 publikasjoner plasserte vi i vedlegg.

- Den hyppigiste diagnosen hos sykmeldte var muskel- og skjelettplager (34 % av 346 studier)
- 22 % av studiene var fra Norge
- Halvparten av tiltakene ble kategorisert som tiltakskjede eller tverrfaglig tiltak (46 % av 346 studier)
- Av tiltakene med kun én komponent var psykologisk oppfølging det mest brukte (11 % av 346 studier)
- Den hyppigst rapporterte aktøren var 'minst to profesjoner/ tverrfaglig tiltak' (30 % av 346 studier), etterfulgt av 'tiltaksleverandør' (23 % av 346 studier).

Vi fant at det fins mye forskning om tiltak for å redusere sykefravær hos personer i et aktivt arbeidsforhold, inkludert mange studier fra Norge. Kartleggingen, inkludert vedleggene, kan brukes som et grunnlag for å planlegge og utarbeide systematiske oversikter om mer avgrensede problemstillinger, samt igangsetting av nye primærstudier.

Tittel:
Forskning om tiltak for å redusere sykefravær i arbeidslivet: et forskningskart (oppdatering)

Hvem står bak denne publikasjonen?
Folkehelseinstituttet, på oppdrag fra Arbeids- og velferdsdirektoratet (NAV)

Når ble litteratursøket avsluttet?
April, 2022

Fagfellevurdering:
Hege Kornør, Folkehelseinstituttet

Alexander Tingulstad, Oslo Met

Key messages

In 2021, the Norwegian Institute of Public Health published an evidence and gap map (EGM) on interventions to reduce sick leave among employees. The Norwegian Labour and Welfare Administration requested an updated EGM, now with broader inclusion criteria, to gain a greater overview of available research in the field.

We identified 12,131 references through our systematic literature searches, screened them against the inclusion criteria, and coded the included publications. 531 publications concerned an intervention to reduce sick leave among employees on sick leave. Of these publications, we included 346 studies in this map and placed 185 in appendices.

- The most common primary diagnosis among the people on sick leave was musculoskeletal (34% of 346 studies)
- 22% of the studies were from Norway
- Half of the studies involved interventions categorized as multidisciplinary (46% of 346 studies)
- With regard to non-multidisciplinary interventions, the most common intervention was psychological follow-up (11% of 346 studies)
- The most common category with regard to providers was multiple providers (30% of 346 studies), followed by intervention creator (23 % av 346 studier).

There is a considerable number of studies on measures to reduce sick leave for employed people, including many studies from Norway. This evidence and gap map, including the appendices, can be used to develop commissions for future systematic reviews as well as to plan new primary studies.

Title:
An updated evidence and gap map on work-related interventions to reduce sick leave

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Publisher:
The Norwegian Institute of Public Health conducted the evidence and gap map based on a commission from the Norwegian Labour and Welfare Administration

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Updated:
Last search for studies: April, 2022

Peer review:
Hege Kornør, Norwegian Institute of Public Health

Alexander Tingulstad, OsloMet

Forord

Område for helsetjenester, Folkehelseinstituttet (FHI), fikk i september 2021 i oppdrag av Arbeids- og velferdsdirektoratet (NAV) å utarbeide et forskningskart over forskning om arbeidsrettede tiltak for sykemeldte.

Område for helsetjenester, FHI, følger en felles framgangsmåte i arbeidet med forskningskart, dokumentert i håndboka «Slik oppsummerer vi forskning». Det innebærer blant annet at vi kan bruke standardformuleringer når vi beskriver metode, resultater og i diskusjon av funnene.

Finansiering
NAV finansierte forskningskartet. NAV tydeliggjorde problemstillingen og inklusjonskriteriene, men hadde ingen rolle i arbeidet med å utvikle forskningskartet.

Bidragsytere
Prosjektleder: Patricia Sofia Jacobsen Jardim. Interne prosjektmedarbeidere ved FHI: Henriette Tyse Nygård, Hilde H. Holte, Ashley Elizabeth Muller, Ingrid Harboe.

Takk til ekstern fagfelle Alexander Tingulstad og intern fagfelle Hege Kornør som har gjennomgått og gitt innspill til kunnskapsoppsummeringen.

Oppgitte interessekonflikter
Alle forfattere og fagfeller har fylt ut et skjema som kartlegger mulige interessekonflikter. Ingen oppgir interessekonflikter.

Folkehelseinstituttet tar det fulle ansvaret for innholdet i rapporten.

Kåre Birger Hagen
fagdirektør

Rigmor C Berg
avdelingsdirektør

Patricia Sofia Jacobsen Jardim
prosjektleder

Innledning

Gitt at dette er en oppdatering av et tidligere forskningskart er teksten i innledning nokså lik den første rapporten (1).

Beskrivelse av problemet

Å stå utenfor arbeidslivet kan medføre individuelle og samfunnsmessige omkostninger (2-4). Den nåværende IA-avtalen (intensjonsavtale for et mer inkluderende arbeidsliv), som er en avtale mellom myndighetene og partene i arbeidslivet, har som mål å redusere sykefraværet i Norge (5).

Sykefraværet blant norske arbeidstakere er høyt, sammenlignet med andre land (6). Det har holdt et nokså stabilt høyt nivå det siste tiåret, med en svak økning i årene fram til 2017 (7). I slutten av 2019 var det legemeldte sykefraværet på 5,3 % (8). Hovedårsakene til det legemeldte sykefraværet var muskel- og skjelettlidelser (33 %), psykiske lidelser (17 %) og sykdommer i luftveiene (13 %). Bransjer som har hatt et vedvarende høyt sykefravær – og som IA-avtalen 2019-2022 har et særskilt fokus på – er sykehus, sykehjem, barnehager, leverandørindustri til olje- og gassnæring, næringsmiddelindustri, rutebuss og persontrafikk, og bygg- og anleggsvirksomhet (8).

En rapport av Sundell og medarbeidere (8) viser at de fleste sykefraværstilfellene i Norge er kortvarige. Tall for 2018 viser at ca. 70 % av de sykmeldte var sykmeldt i mindre enn åtte uker (8). Statistikk fra NAV viser at sannsynligheten for friskmelding er størst den første tiden etter sykmelding, deretter avtar den sterkt og flater ut ved ca. seks måneders sykmelding. Fra ni til tolv måneders sykmelding øker friskmeldingsraten igjen (9).

Koronapandemien har påvirket sykmeldingsstatistikken, med en betydelig økning i egenmeldt sykefravær. Arbeids- og Velferdsdirektør Hans Christian Holte, uttalte i september 2021 (10) at *«sykefraværet er høyere enn normalt, men vi har sett svingninger mellom kvartalene i hele koronapandemien. I 1. og 3. kvartal i fjor var sykefraværet omtrent på samme nivå som nå. Vi følger utviklingen nøye og håper at sykefraværet vil synke etter hvert som samfunnet går tilbake til normaltilstand».* Kjønnsforskjellene i sykefravær økte ytterligere under koronapandemien. Menn hadde en svak nedgang og et sykefravær på 3,8 %, mens kvinners sykefravær økte markant og var i september 2021 på

7,1 %. Den kraftige økningen blant kvinner kan ha sammenheng med at kvinnedominerte yrker slik som undervisning, helse og sosialtjenester hadde store utfordringer under koronapandemien (10).

I «Programnotat: FoU-program under IA-avtalen 2019-2022» (FoU: Forskning og Utvikling), understrekes det at det er særlig viktig å identifisere «effektive arbeidsmåter, samarbeidsformer, organisatoriske grep, tiltak, virkemidler og metodikk» (11) som kan redusere sykefravær, for så å bruke tilsvarende grep i det norske velferdssystemet og arbeidslivet i stor skala. Utfordringen er å identifisere virkemidlene. Per i dag vet vi for lite om tiltak som kan øke sannsynligheten for rask friskmelding og hindre langvarige sykefravær.

Beskrivelse av mulige tiltak

I Norge kan arbeidstakere motta sykepenger i inntil 12 måneder. Deretter må den sykmeldte enten gå tilbake til arbeid eller over på annen stønadstype. Gjennom sykmeldingsperioden er det et krav fra NAV at den sykmeldte er i arbeidsrelatert aktivitet, hvis mulig, og arbeidsgiver plikter å legge til rette for dette. Arbeidsgiver skal ha jevnlig kontakt med den sykmeldte i form av dialogmøter (12). Hensikten med dialogmøter og andre oppfølginger, er å øke sannsynligheten for rask friskmelding og å unngå langvarig sykefravær.

I Norge fins det en rekke innsatser for å øke sannsynligheten for rask friskmelding, slik som dialogmøter, og NAV og helsetjenestens satsning «HelseIArbeid» (før kalt 'Raskere Tilbake'). HelseIArbeid er en type arbeidsrettet rehabiliteringstiltak som skal gi rask tilgang til tverrfaglig utredning av vanlige muskel-skjelett- og psykiske plager, og arbeidsfokusert avklaring. Flere aktører samarbeider om å gi nødvendig bistand til den sykmeldte for å oppnå best mulig funksjons- og mestringsevne, selvstendighet og deltakelse i arbeidslivet. Dette kan f.eks. innebære rask tverrfaglig utredning og arbeidsfokusert avklaring (poliklinikk) (13).

Et annet tiltak for å øke sannsynligheten for rask friskmelding, er delvis sykmelding. Delvis sykmelding, også kalt gradert sykmelding, innebærer at arbeidstaker er i arbeid deler av tiden og fraværende deler av tiden. Dette gir mulighet til å opprettholde arbeidstakers relasjon til arbeidsplassen (14). En systematisk kartleggingsoversikt fra 2018 viste at gradert sykmelding var forbundet med kortere sykmelding og høyere arbeidsdeltakelse, men ettersom kun 1 av 13 studier var eksperimentelle studier, er det vanskelig å trekke sikre konklusjoner om årsaksforhold (15). En systematisk oversikt fra 2021 (16) fant at det ikke ser ut til å være en forskjell i effekt på arbeidsrettede rehabiliteringstiltak og andre aktive tiltak eller vanlig praksis på retur til arbeid for personer som er langtidssykmeldt.

Arbeids- og velferdsdirektoratets FoU-program under IA-avtalen har til hensikt å identifisere forskningsbasert kunnskap som kan benyttes i arbeidet med å forebygge og redusere sykefravær og uføretrygd (11). Hovedsatsningsområdene er forebyggende arbeidsmiljøarbeid og andre innsatser mot langvarige og/eller hyppige sykefravær. Med

forebyggende arbeidsmiljøarbeid, menes i dette programmet strategier, tiltak og virkemidler for å fjerne risikofaktorer for arbeidsmiljøbelastninger, eller bidra til at faktorene ikke fører til helseskade eller –fravær. Arbeidsgiver i den enkelte virksomhet har det overordnede ansvaret for arbeidsmiljøet, og for at det gjennomføres systematisk helse-, miljø- og sikkerhetsarbeid (HMS) i samarbeid med arbeidstakerne og deres representanter (11). Ifølge tall fra Statens Arbeidsmiljøinstitutt, oppgir ca. en tredjedel av de som har vært sykmeldt i mer enn to uker, at arbeidsforhold er helt eller delvis årsak til sykmeldingen. De beregner at 15 % av alle sykmeldinger kan tilskrives psykososiale forhold på arbeidsplassen (17). Tiltak som kan bedre arbeidsmiljøforhold, f.eks. å styrke det sosiale fellesskapet der arbeidet utføres, kan dermed se ut til å ha et betydelig forebyggingspotensial.

Hvorfor er det viktig å utføre dette forskningskartet?

Vi er usikre på hvilke tiltak eller virkemidler som kan bidra til å oppnå rask friskmelding. En kartlegging av eksisterende forskning om ulike virkemidler mot sykefravær vil derfor være et viktig utgangspunkt i arbeidet med å utrede videre tiltakssatsninger og forskningsbehov.

Det opprinnelige forskningskartet Folkehelseinstituttet utførte i 2020-21 tok for seg forskning om tiltak for å hindre *langvarige og/eller hyppige* sykefravær i arbeidslivet – forstått som sykefravær i minst åtte uker (1). 109 publikasjoner møtte inklusjonskriteriene hvorav majoriteten av disse omhandlet effekt av tiltak. Litt under halvparten av alle studiene omhandlet arbeidsrettet rehabilitering. NAV ønsker nå et forskningskart med bredere inklusjonskriterier for å få større overblikk over forskningen på feltet.

For det opprinnelige forskningskartet ble et stort antall studier blant annet ekskludert fordi studiedeltakerne var sykmeldt kortere enn åtte uker. I denne oppdateringen er det ingen begrensinger på sykefraværets varighet, og vi har en bredere definisjon av tiltak. Vi har også gjort et mer omfattende litteratursøk for å fange opp flere studier fra nordiske land. Oppdateringen inkluderer dermed flere studier enn det opprinnelige forskningskartet.

Oversikten omhandler personer som er sykmeldt. I likhet med det opprinnelige forskningskartet så er fokuset i denne oppsummeringen derfor sekundærforebygging (når problemet har oppstått) og tertiærforebygging (etter at problemet har fått en negativ utvikling, for slik å begrense en forverring av situasjonen). Oversikten inkluderer ikke studier om innsatser som settes inn før sykefravær oppstår (primærforebyggende tiltak).

Mål og problemstilling

Hensikten med dette forskningskartet er å sortere og synliggjøre forskningen om tiltak, tilbud, virkemidler eller tilnærminger for å redusere sykefravær, samt avdekke på

hvilke områder forskningen er mangelfull. Dette omfatter tiltak som arbeidsrettet kognitiv terapi, samtaler, fysisk opptrening og tilrettelegging, oppfølging, miljøterapeutisk arbeid, organisatorisk samarbeid, tverretatlig samarbeid. Forskningskartet vil kunne danne grunnlag for kunnskapsbaserte prioriteringer for videre forskning på feltet.

Metode

Et forskningskart er et systematisk kunnskapsoppsummeringsprodukt som synliggjør den tilgjengelige forskningen som gjelder et spesifikt, bredere forskningsspørsmål. Denne typen forskningskartlegging egner seg særlig godt til å identifisere kunnskapshull, da den forutsetter et forhåndsbestemt konseptuelt rammeverk for hvilket forskningstema og hvilke typer forskningsdesign som skal kartlegges. Metoden innebærer systematiske litteratursøk, utvelgelse av studier basert på forhåndsbestemte inklusjonskriterier og koding av inkluderte studier innenfor et forhåndsbestemt rammeverk.

I utarbeidelsen av dette forskningskartet brukte vi de spesifikke metodene i den publiserte prosjektplanen, basert på FHIs metodebok (18) og Campbell Collaborations retningslinje for forskningskart (19).

Prosjektplan

Prosjektplan ble avklart med oppdragsgiver og publisert på FHI sin nettside: https://www.fhi.no/contentassets/1c5d752037d24cb3a7d8cfb1dbf9f69a/prosjektplan-nav-forskningskart-ii.pdf

Underveis i utvelgelsen av studier («screeningen») ble det i samråd med oppdragsgiver besluttet at dersom tiltaket kunne kategoriseres som nødvendig medisinsk behandling skulle publikasjonen ekskluderes. Dette var noe vi ikke hadde tydeliggjort i prosjektplanen. Videre valgte vi å bruke visualiseringsverkøyet EPPI-vis (20) i stedet for EPPI-mapper (21) for visualisering av resultatene. Dette gir oppdragsgiver og andre lesere muligheter for å hente ut statistikk, samt å utforme forskningskart etter egne ønsker og behov. I tillegg til å ha studier i vedlegg i rapporten har vi også laget et eget vedleggskart.

Inklusjonskriterier

Vi brukte følgende inklusjonskriterier:

Studiedesign	Inkluderte studier må være empiriske[1], enten primærstudier slik de er beskrevet under, eller kunnskapsoppsummeringer[2] For kunnskap om effekt/virkning av intervensjonen: studier med sammenligningsgrupper, f.eks. eksperimentelle studier, kvasieksperimentelle studier, registerstudier, prospektive og retrospektive kohortstudier o.l. For kunnskap om endring over tid blant sykmeldte som har fått intervensjonen: studier som har fulgt deltakere over tid, uten sammenligningsgruppe (f.eks. før-og-etter studier). Det er ikke mulig å trekke slutninger om virkning av tiltak fra slike studier. For kunnskap om erfaring/opplevelser: kvalitative studier. Disse studiene vil bli satt i et eget vedlegg.
Populasjon	Personer i et aktivt arbeidsforhold (arbeidstakere, selvstendig næringsdrivende, frilansere, o.l.) som er sykmeldt.
Intervensjoner/ eksponering	Fokuset i forskningskartet vil være på sekundær- og tertiær forebyggende intervensjoner: tiltak som skjer etter at personen er sykmeldt. Det er et krav at den sykmeldte får en form for intervensjon, definert som: alle mulige tiltak, tilbud, virkemidler og tilnærminger som har til hensikt å motvirke eller begrense sykefravær og få personer tilbake i jobb. Disse tiltakene/tilnærmingene o.l. kan gis av forskjellige aktører, både i offentlig og privat sektor. Tilnærminger inkluderer også kontakt og oppfølging av sosialarbeidere, trygdeansatte, leger eller andre som arbeider rettet mot den sykmeldte, samt regelverksendringer. Tiltakene kan ha forskjellig lengde, være rettet mot individnivå eller systemnivå. Tiltakene kan også være forebyggende mot langtidssykmelding (personen er da allerede sykmeldt).

[1] For å være empirisk må en primærstudie inneholde konkrete undersøkelser (observasjon, eksperiment) for å få ny kunnskap og/eller etterprøve eksisterende kunnskap) som inneholder en beskrivelse av metodene for datainnsamling og analyse.
[2] For å bli klassifisert som en systematisk oversikt må oversikten ha følgende karakteristika: en oppgitt søkestrategi, inneholde klare inklusjonskriterier, og ha kvalitetsvurdert de inkluderte studiene og/eller oversiktene (beskrevet i område for helsetjenesters metodehåndbok). Dette inkluderer også mixed metode studier (systematiske oversikter som inneholder både kvalitativ og kvantitativ data).

Sammenlikninger	For kunnskap om effekt/virkning av intervensjonen: Alle typer sammenligningsgrupper inkluderes. For kunnskap om endring over tid blant sykmeldte som har fått intervensjonen: ingen sammenligningsgrupper kreves. For kunnskap om erfaring: studier med eller uten sammenligningsgrupper.
Utfall	For kvantitative studier må ett eller flere av følgende utfall rapporteres: • retur til arbeid heltid eller deltid (inkludert retur til annet arbeid og arbeidsformidling) • tid før retur til arbeid • tid i arbeid før ny sykmeldingsperiode • overgang til trygdeytelse/-bruk og gradert sykmelding • redusert sykefravær/varigheten på sykefraværet • antall timer i arbeid For kvalitative studier: Erfaringer med og opplevelser av tiltaket, tilnærmingen, virkemidlet eller tilbudet
Publikasjonsår	2001 (starten av IA-avtalen)- 2022. Dette for mest mulig hensiktsmessig kobling med nåværende nasjonale føringer.
Land/kontekst	• Norge, Danmark, Sverige, Island, Finland (Norden) • Nederland, Storbritannia (pga. det er land som har lignende sykefraværsordninger som Norge). Studier utført i Australia og Tyskland vil vi legge i en egen liste som plasseres i et vedlegg til rapporten
Språk	Alle. Relevante publikasjoner på språk vi ikke klarer å finne kompetanse til å vurdere fra kolleger ved FHI, vil vi liste i et eget vedlegg i rapporten.
Studiestatus	Kun publiserte (ikke pre-print) studier.
Annet	Så lenge minst én deltaker i primærstudiene møter inklusjonskriteriene (er sykmeldt), vil vi inkludere studien. Vi vil inkludere systematiske oversikter så lenge minst halvparten av studiene møter inklusjonskriteriene.

Kvalitative studier som møtte inklusjonskriteriene etter vurdering av tittel/sammendrag plasserte vi i eget vedlegg, uten å vurdere de i fulltekst eller kode de.

Eksklusjonskriterier

Vi ekskluderte følgende studier og publikasjoner:

- Ikke-systematiske litteraturoversikter, konferansesammendrag og prosjektplaner
- Kronikker, debattinnlegg, omtaler/reportasjer om forskning og tilsvarende publikasjonstyper

- Pre-publikasjoner (fordi de ikke er indeksert i litteraturdatabaser, de har ikke gjennomgått fagfellevurdering og de kan inneholde feil i data og analyser som rettes opp etter fagfellevurdering (22)).
- Masteroppgaver, eksamensbesvarelser og doktoravhandlinger
- Studier med kun helseøkonomiske evalueringer
- Studier som kun omhandler prosessevaluering av tiltaket (slik som implementeringsstudier)
- Studier som kun omhandler prognosen til den sykmeldte (f.eks. hvordan utvikler sykdommen seg)
- Studier som kun omhandler hvorfor noen blir sykmeldte (prediktor) (f.eks. kjønn, søvn osv.)
- Studier som i hovedsak omhandler primærforebyggende tiltak gitt til personer som ikke har sykfravær.

Litteratursøk

Søk i databaser

Forskningsbibliotekar Ingrid Harboe utarbeidet et testsøk i samarbeid med prosjektgruppen og NAV. Testsøkene tok blant annet utgangspunkt i relevante publikasjoner anbefalt av NAV. Endelig søkestrategi ble bestemt med visshet om at de relevante publikasjonene var inkludert i søkeresultatet (Vedlegg 1). Forskningsbibliotekar Ingvild Kirkehei fagfellevurderte søkestrategien før Harboe utførte søkene.

Søket ble avsluttet i januar 2022 og inkluderte søk i følgende databaser:

- Cochrane Library
- Embase (Ovid)
- Ovid MEDLINE
- APA PsycInfo (Ovid)
- Epistemonikos
- CINAHL
- Scopus
- Sociological Abstracts
- SveMed+
- Web of Science
- Campbell Library

Søket inneholdt relevante, kontrollerte emneord (f.eks. Medical Subject Heading; Sick Leave, Absenteeism, Return to Work), og tekstord, det vil si ord som blir søkt etter i referansenes tittel og sammendrag (f.eks. sickleave, absenteeism, sickness certificate, medical certificate, sick note) for populasjon, og emneord/fritekstord som gjenspeilte utfallet (f.eks. return to work, back to work, re-employment osv.). Vi inkluderte ikke spesifikke tiltak (intervensjonskriterier) i søket. Dette var for å identifisere flest mulige relevante referanser uten å miste relevante referanser med tiltak vi ikke kjenner til. Referansene ble eksportert til EndNote og dublettkontroll ble utført ved kombinasjon av automatisk og manuell gjennomgang.

Søk i andre kilder

Prosjektmedarbeiderne (Jardim, Holte, Nygård, Harboe, Muller) søkte etter grå litteratur ved bruk av relevante søkeord som beskrevet over (se også Vedlegg 1). Søkene etter grå litteratur ble utført i følgende databaser i april 2022:

- Arbetsformedlingen.se
- Cristin
- Evalueringsportalen.no (Kudos)
- Forsakringskassan.se
- Google scholar (de første 100 referansene)
- Idunn
- Oria
- Nav.no
- NORA
- Star.dk (Styrelsen for Arbejdsmarked og rekruttering)

Utvelging av studier

Prosjektmedarbeiderne (Jardim, Holte, Nygård, Muller) gjorde uavhengige vurderinger («screening») av titler og sammendrag fra litteratursøket opp mot inklusjonskriteriene. Studiene som vi ble enige om at er relevante innhentet vi i fulltekst og to prosjektmedarbeidere gjorde uavhengige vurderinger av disse. Vi piloterte inklusjonskriteriene på de 200 første studiene og tre medarbeidere vurderte hver studie, for å sikre at prosjektmedarbeiderne hadde en felles forståelse for inklusjonskriteriene. Uenighet om vurderinger av titler/sammendrag og fulltekster løste vi ved diskusjon eller ved å konferere med en tredje prosjektmedarbeider, vanligvis prosjektlederen.

I arbeidet med å vurdere titler og sammendrag benyttet vi «priority screening», som er en rangeringsalgoritme som bruker maskinlæring i programvaren EPPI-Reviewer (23, 24). Ved en inklusjonsrate på ≤ 50 % av *baseline inklusjonsrate,* dvs. inklusjonsrate av et tilfeldig utvalg av studier som vi kalkulerte på begynnelsen, vurderte én prosjektmedarbeider de gjenstående referansene alene. Etter at vi hadde vurdert omtrent 1000 referanser på tittel/sammendrag og lest omtrent 150 referanser i fulltekst bygget vi en «custom classifier» for å hjelpe oss å automatisere ytterligere vurderinger. Se Vedlegg 2.

Uthenting av data

Vi brukte et pilotert datauthentingsskjema i det digitale verktøyet EPPI-Reviewer. Én medarbeider (Holte, Nygård, Jardim) hentet ut data fra de inkluderte studiene og en annen kontrollerte dataene opp mot publikasjonen. Ved uenighet trakk vi inn prosjektleder for å bidra til enighet eller diskuterte sammen.

Studiekarakteristika

Vi hentet ut følgende studiekarakteristika fra de inkluderte studiene: land, studiedesign, hoveddiagnose som kjennetegnet målgruppen og kjønn på personene i målgruppen. I tillegg kategoriserte vi aktøren som utførte tiltaket, samt virkemiddel/tiltaket.

Kodebok

Utviklingen av en kodebok var en del av prosjektet (Vedlegg 3). Hensikten med kodeboken var at prosjektmedarbeiderne skulle ha en felles forståelse av hvordan kodene skulle brukes. Kodeboken spesifiserer hvilke hoved- og underkategorier som skal inngå i forskningskartets akser, filter og segmenter, med definisjoner og eksempler.

Prosjektgruppen ved FHI laget først et forslag til kodebok basert på kategorier i det opprinnelige forskningskartet samt samtaler med oppdragsgiveren. Både oppdragsgiveren og eksterne fageksperter gikk gjennom og ga innspill til forslaget to ganger. Prosjektgruppen ferdigstilte kodeboken basert på innspillene, og piloterte den på et utvalg av 50 referanser.

Presentasjon

Vi hentet ut forekomster av studier fordelt på de ulike kategoriene ved hjelp av frekvens- og krysstabellfunksjoner i EPPI-Reviewer.

Digital formidlingsplattform

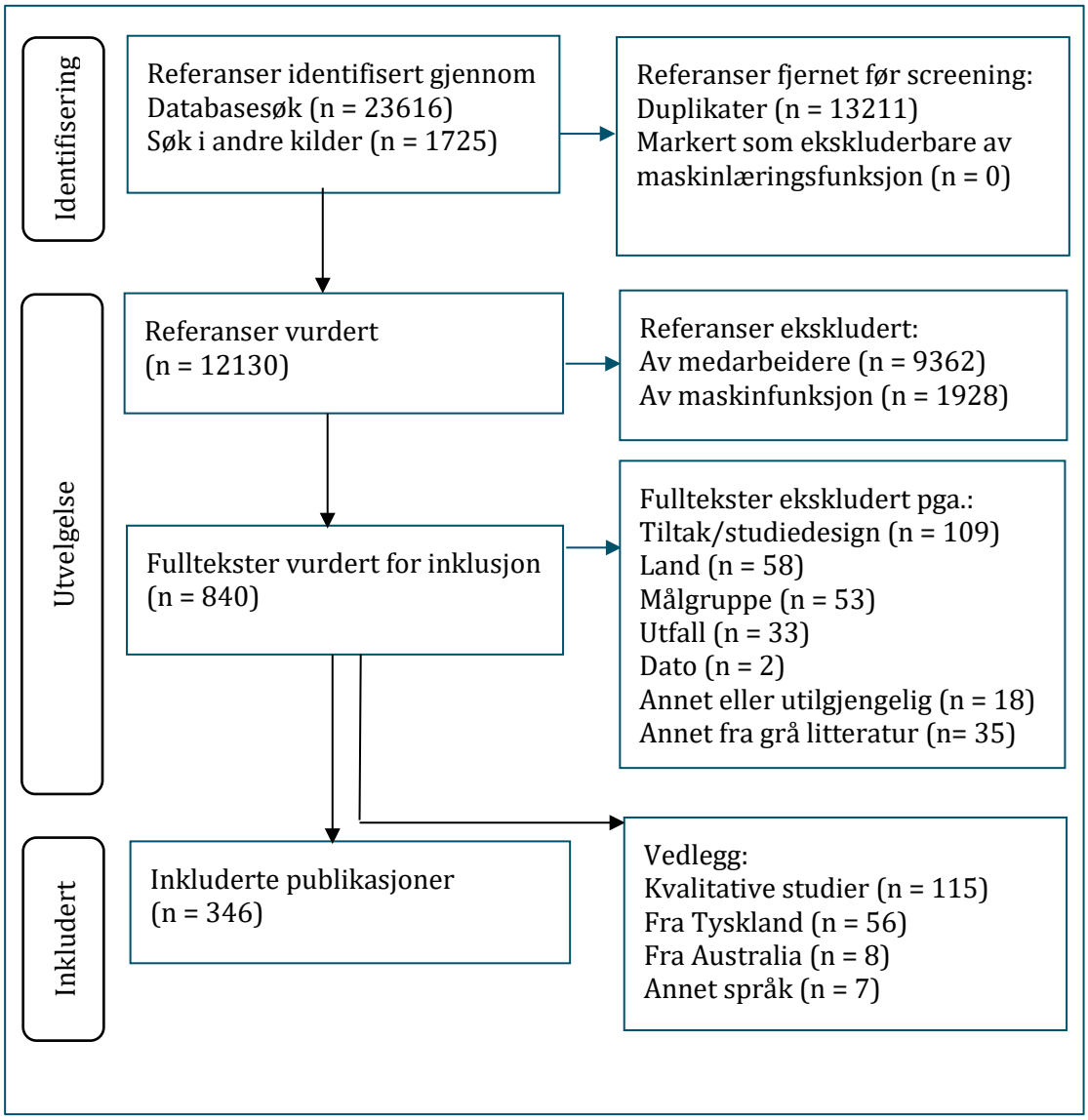
Vi publiserte forskningskartet i EPPI-Vis (20). EPPI-Vis er en nettbasert databaseapplikasjon for å visualisere og utforske data fra det digitale verktøyet EPPI-reviewer. Direkte lenke til kartet, mer informasjon og steg for steg veiledning i 'hvordan designe sitt eget kart' (brukerdefinert forskningskart) finnes i første halvdel av resultatkapittelet.

Resultater

Resultater av litteratursøket og utvelgelse av studier

Databasesøkene ga 23 616 treff før fjerning av dubletter (Figur 1) og søk i andre kilder (grå litteratur) ga omtrent 1725 treff. Det er vanskelig å gi nøyaktige tall på hvor mange referanser vi gjennomgikk i søket etter grå litteratur fordi noen slike søk ikke genererer lister med eksakt antall treff.

Etter fjerning av dubletter satt vi igjen med 12 131 referanser. Av disse ekskluderte vi 11 270 referanser som åpenbart ikke oppfylte inklusjonskriteriene, hvorav 1928 referanser ble ekskludert av maskinlæringsfunksjoner. Vi identifiserte og vurderte 860 publikasjoner i fulltekst. Av disse ble 308 referanser ekskludert (Vedlegg 4). Vi inkluderte 346 publikasjoner i kartet (https://eppi.ioe.ac.uk/eppi-vis/login/open?webdbid=205) og 187 publikasjoner i vedlegg (Vedlegg 5 og 6).



Figur 1: *Flytdiagram over utvelgelse av studier*

Ekskluderte publikasjoner

Vi ekskluderte 308 av de 860 referansene som vi leste i fulltekst. Den største andelen publikasjoner som ble ekskludert manglet tiltak og/eller hadde feil studiedesign. Flere av publikasjonene som manglet tiltak undersøkte fellesfaktorer (prediktorer) som viser om noen personer har større sannsynlighet for å komme raskere tilbake i arbeid enn andre. Prediktorer kan være kjønn, sosialt nettverk, type jobb osv. Andre publikasjoner som ikke inneholdt tiltak, hadde kartlagt antall sykmeldte eller andelen sykmeldte med ulike sykdomsdiagnoser. Vi inkluderte ikke publikasjoner som omhandlet medisinske tiltak, slik som kne- og hofte-operasjoner, da dette faller utenfor ansvarsområdet til oppdragsgiver (NAV).

Flere av de kvalitative publikasjonene vi ekskluderte omhandlet personers erfaringer med å være sykmeldt eller barrierer når det gjelder å komme tilbake til arbeid. Selv om dette kan være interessant for leserne av denne oppsummeringen, omfattes det ikke av vår definisjon av et tiltak eller en tilnærming, og treffer derfor ikke problemstillingen

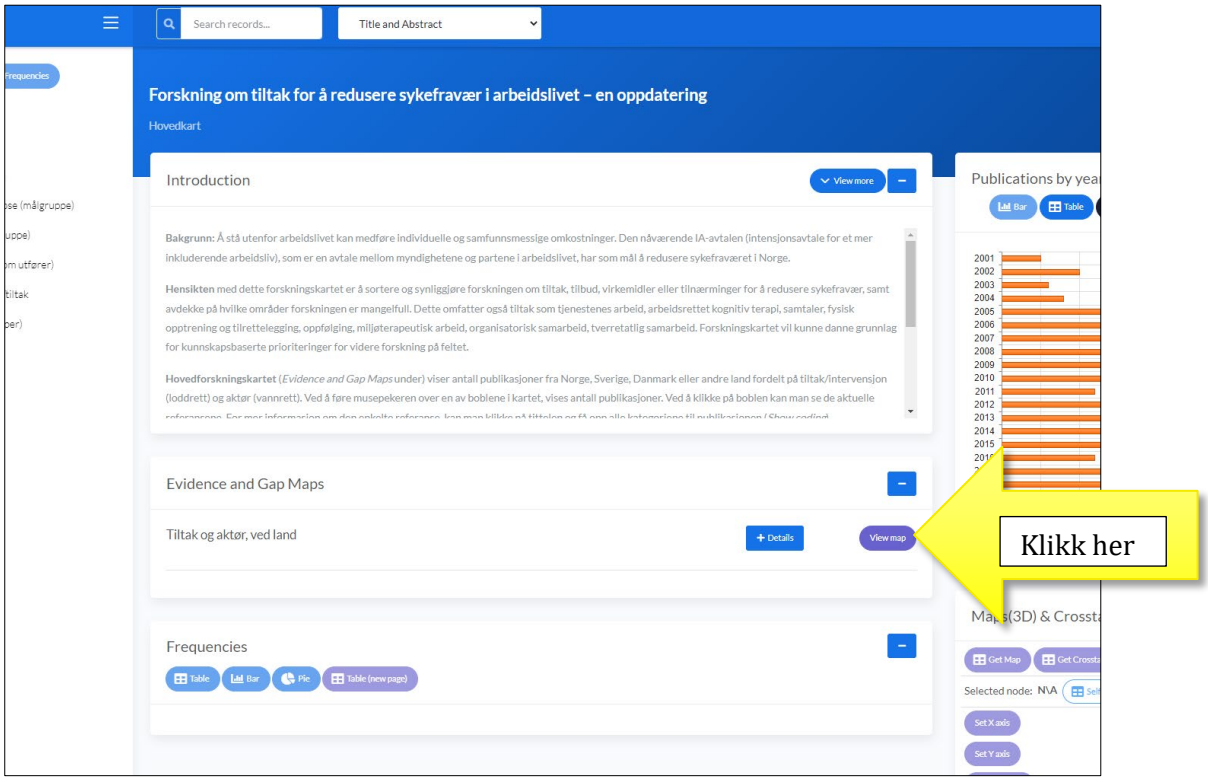
vår. Feil land eller målgruppe var andre hyppig brukte grunner for eksklusjon. Publikasjoner uten riktig målgruppe skyltes som oftest at det ikke fremkom at minst én av studiedeltakerne var sykmeldt eller at personene var i et aktivt arbeidsforhold (f.eks. personer med alvorlig psykisk sykdom som man prøver å få inn i et aktivt arbeidsforhold).

Publikasjoner i vedlegg

I tråd med protokollen er publikasjoner fra Australia (n=8), Tyskland (n=56) og studier med et annet språk enn prosjektgruppen behersker (n=7) presentert i et eget vedlegg (Vedlegg 5). Publikasjoner av kvalitative studier om erfaring/opplevelser med tiltak for å redusere sykefravær (n=115) er også presentert i et eget vedlegg (Vedlegg 6). Eksempler på sistnevnte er publikasjoner som omhandler den sykmeldtes opplevelse av rehabilitering, gradert sykemelding eller samarbeid med arbeidsgiver som tiltak for å returnere til lønnet arbeid. Publikasjonene i vedlegg har ingen ytterligere kategorier enn: Tyskland, Australia, annet språk og kvalitativ studie.

Interaktivt forskningskart

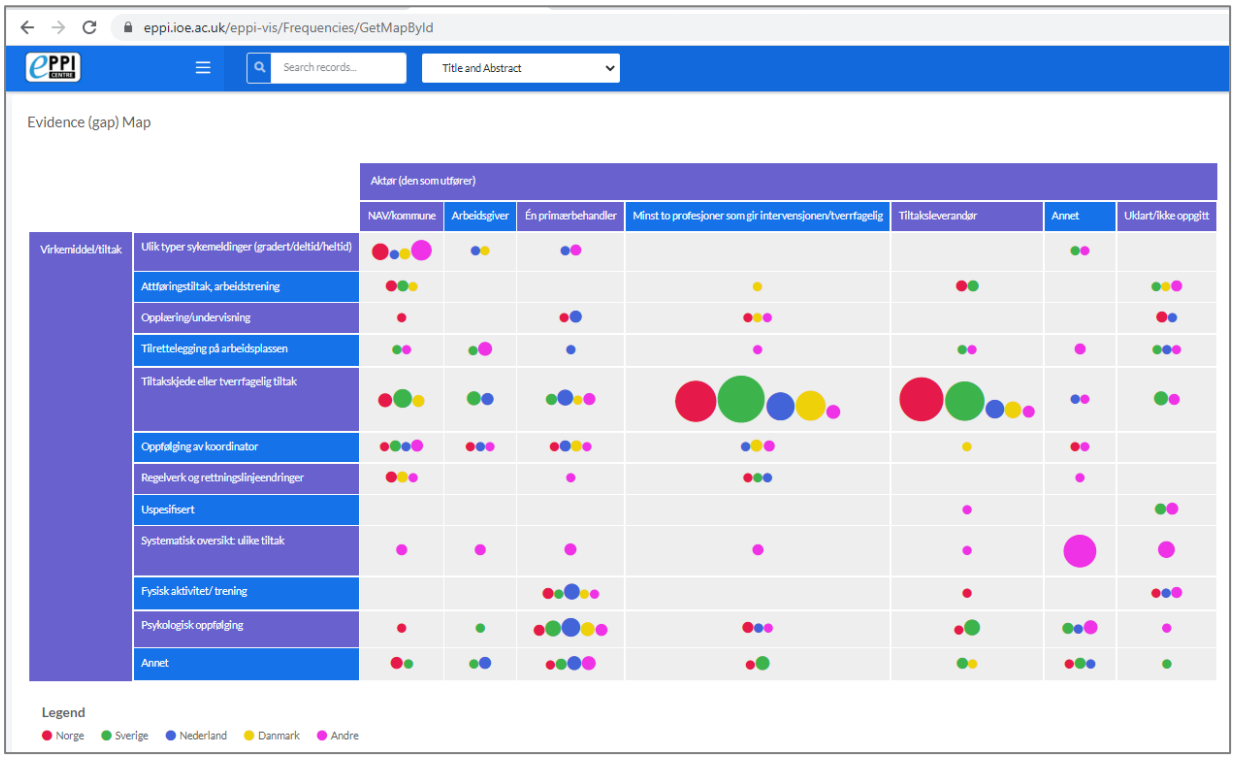
Forskningskartet er tilgjengelig på følgende link: https://eppi.ioe.ac.uk/eppi-vis/login/open?webdbid=205, ved å klikke på «View Map» midt på skjermet (Illustrasjon 1).



Illustrasjon 1: *"View map"*

Forskningskartet (Illustrasjon 2) viser antall publikasjoner fra Norge, Sverige, Danmark og 'Andre land' fordelt på tiltak/intervensjon (loddrett) og aktør (vannrett). Ved å føre musepekeren over en av boblene i kartet, vises antall publikasjoner. Ved å klikke på

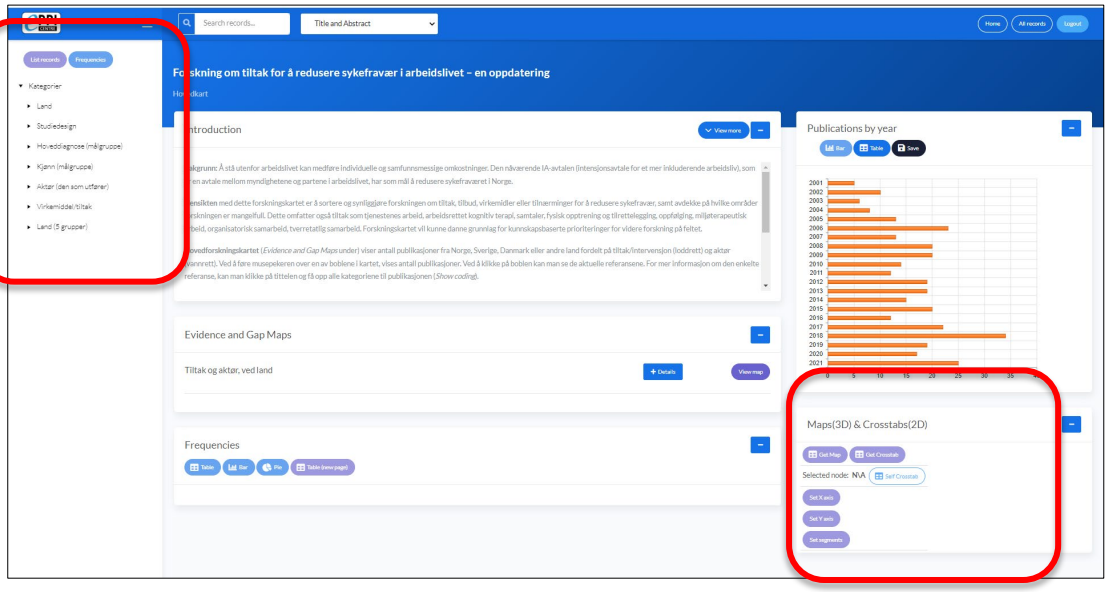
boblen kan man se de aktuelle referansene. For mer informasjon om den enkelte referanse, kan man klikke på tittelen og få opp alle kategoriene til publikasjonen (Show coding).



Illustrasjon 2: *Forskningskart*

Brukerdefinert forskningskart

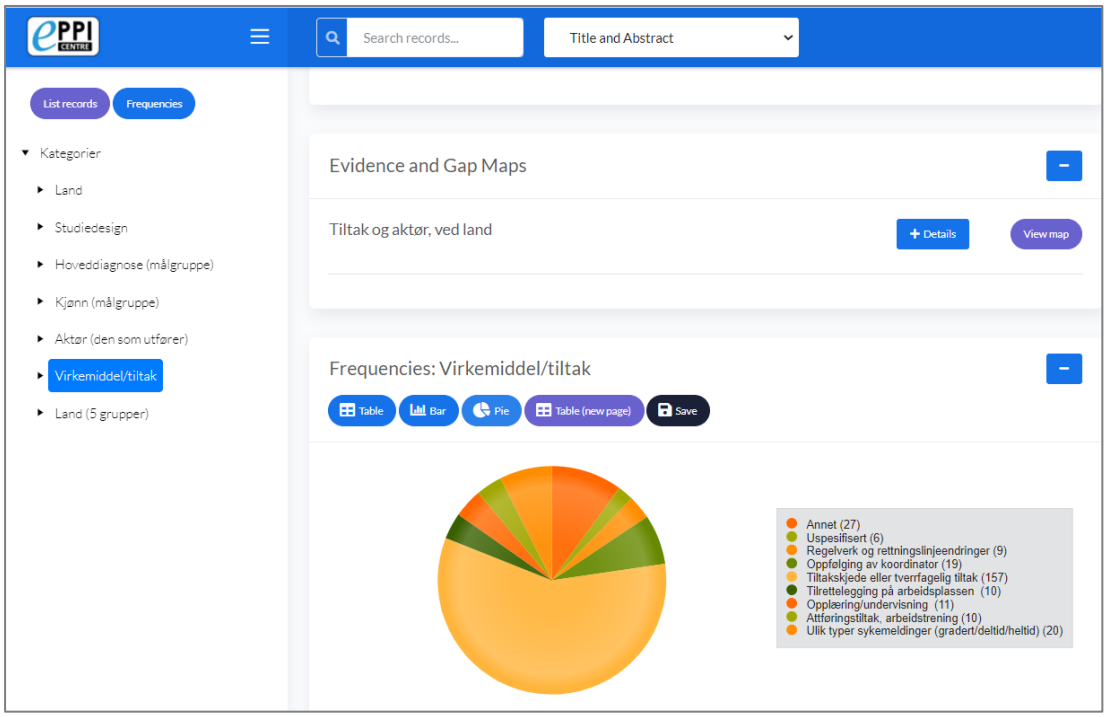
I EPPI-Vis kan leseren selv sette opp forskningskart med ønskede kombinasjoner av kategorier. Klikk på «Maps & Crosstabs» nederst til høyere på skjermen (Illustrasjon 3). For å velge kategorier som skal vises vannrett trykk på den ønskede kategorien i menyen til venstre, bekreft ved å klikke på «set X axis». Gjenta det samme for loddrett kategori, bekreft med å klikke på «set Y axis». Klikk deretter "Get Map" for å se det nye EPPI-Vis kartet.



Illustrasjon 3: *Maps & Crosstabs*

Brukerdefinerte figurer/tabeller

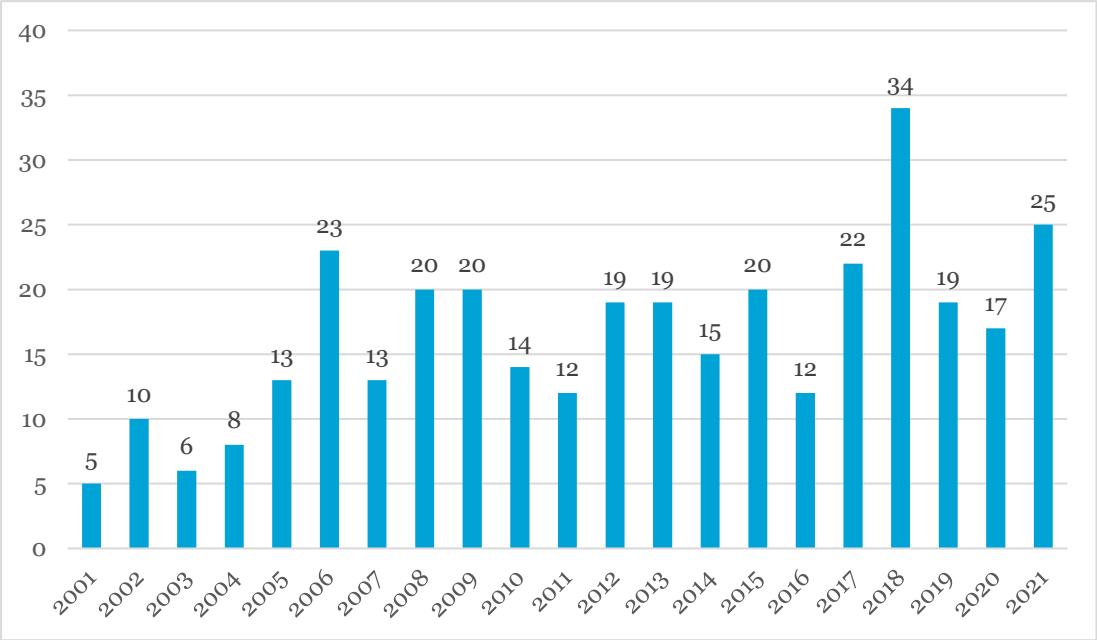
Det er også mulig å lage egne tabeller og figurer som inkluderer land, studiedesign, hoveddiagnose, kjønn, aktør, og/eller virkemiddel/tiltak. Velg kategori i venstremenyen (Illustrasjon 4). Velg deretter ønsket visualisering i diagram (tabell (Table), søyle (Bar), eller sektor (Pie) diagram). Se eksempel på sektordiagram av kategori Virkemiddel/tiltak under.



Illustrasjon 4: *Brukerdefinert sektordiagram*

Studiekarakteristika

Vi inkluderte 346 publikasjoner i kartet. Gjennomsnittlig ble det publisert 16 publikasjoner hvert år mellom 2001 og 2021, fra fem (i 2001) til 34 (i 2018) (Figur 2).



Figur 2: *Antall inkluderte publikasjoner etter publiseringsår (N=346)*

Land og studiedesign

Blant de 346 publikasjonene inkludert i kartet var det flere publikasjoner fra Sverige (25 %), enn Norge (22 %) (Tabell 1). Publikasjoner fra Nederland utgjorde 17 %, etterfulgt av publikasjoner fra Danmark (12 %), Storbritannia (5 %) og Finland (4 %). Det var ingen publikasjoner fra Island og kun én av publikasjonene spesifiserte ikke land. De systematiske oversiktene inkluderte i hovedsak flere enn ett land (15 %).

Halvparten av publikasjonene hadde eksperimentelle design med kontrollgruppe hvor gruppene fikk ulike tiltak (Tabell 2). Disse studiene var både randomiserte (tiltak tilfeldig fordelt på grupper), og ikke-randomiserte. En tredjedel av publikasjonene var observasjonelle studier, hvor forskerne observerte sykmeldte som fikk et tiltak over tid. Flere av disse publikasjoner hadde datamateriale hentet fra registre. Omtrent 15 % av publikasjonene var systematiske oversikter, det vil si at de oppsummerte forskning fra primærstudier. For å bli kategorisert som en systematisk oversikt måtte studien blant annet inneholde kvalitetsvurderinger (se metode). Kvalitative publikasjoner er plassert i eget vedlegg (Vedlegg 6).

Tabell 1: *Land*

Land	Antall publikasjoner	%
Norge	78	22 %
Sverige	87	25 %
Danmark	41	12 %

Finland	12	4 %
Nederland	60	17 %
Storbritannia	17	5 %
Island	0	0 %
Flere	50	15 %
Ikke spesifisert	1	0

Tabell 2: Studiedesign

Studiedesign	**Antall publikasjoner**	**%**
Eksperimentelle studier	174	51 %
Register- og observasjonsstudier	116	34 %
Systematiske oversikter	51	15 %
Mixed-metode	3	1 %
Annet	2	1 %

Populasjoner

Hoveddiagnose

I omtrent en tredjedel av publikasjonene var populasjonen sykmeldte med muskel-/skjelettlidelser som hoveddiagnose. Videre ble 19 % av studiene kategorisert som *sammensatte lidelser/ blandet populasjon* (Tabell 3). Denne kategorien inkluderer personer med flere diagnoser eller studiepopulasjoner med ulike hoveddiagnoser.

Omtrent 17 % av publikasjonene ble kategorisert med hoveddiagnosen *mentale/psykiske lidelser,* og rundt 10 % av publikasjonene ble kategorisert som *utmattelse/stress*. Sykmeldte med mentale/psykiske lidelser omfatter både personer med lettere psykiske lidelser, men også personer med depresjoner eller post-traumatisk stress-syndrom. Dermed kan grenseoppgangen til publikasjoner om personer med stresslidelser være noe uklar.

Sammensatte lidelser/ blandet populasjon ble brukt til å kategorisere publikasjoner med en sammensatt studiepopulasjon, hvor populasjonene eksempelvis hadde flere diagnoser, eller det var en blandet populasjon med ulike kroniske lidelser. Publikasjoner hvor forfatteren ikke spesifiserte diagnosen til den sykmeldte ble kategorisert som *sykmeldte uspesifisert*. Eksempler på sistnevnte kategori er publikasjoner som inkluderte alle sykmeldte på et gitt tidspunkt eller geografisk område, uavhengig av sykdomsbilde.

Publikasjoner om personer med diagnosene svangerskapssykdommer, gastrosykdommer, hjerte- og karsykdommer, smertelidelser og kreft, er få i forhold til antall publikasjoner om personer med muskel-/skjelettlidelser, psykiske lidelser eller sammensatte lidelser. Diagnosegruppene som inngår i «Annet» er astma, hjerneskade og sykelig overvekt.

Tabell 3: *Hoveddiagnose*

Hoveddiagnose	Antall publika-sjoner	%
Mentale/psykiske lidelser	59	17 %
Muskel og skjelettlidelser	117	34 %
Smertelidelser	5	1 %
Utmattelse/stress	34	10 %
Svangerskapssykdommer	1	0 %
Kreft	14	4 %
Gastrolidelser	0	0 %
Hjerte- og karsykdommer	1	0 %
Sammensatte lidelser/ blandet populasjon	67	19 %
Annet	3	1 %
Sykmeldt uspesifisert	45	13 %

Kjønn

De aller fleste av publikasjonene inkluderte både kvinner og menn (Tabell 4). Kun 15 publikasjoner (4 %) hadde kvinner som eneste populasjon. Ingen publikasjoner hadde kun menn som eneste populasjon. Vi fant ingen publikasjoner som beskrev at de inkluderte personer som ikke identifiserte seg som mann eller kvinne.

Tabell 4: *Kjønn*

Kjønn	Antall publikasjoner
Alle / uspesifisert	331 (96 %)
Kvinne	15 (4 %)
Menn	0
Annet kjønn	0

Arbeidsrettede tiltak

Tiltakene i de 346 inkluderte publikasjonene er mange og varierte (Tabell 5). De omfatter alt fra tiltak som er gitt av én aktør, f.eks. en terapeut til en enkelt sykmeldt, til svært komplekse og sammensatte tiltak gitt til mange sykmeldte samtidig av mange ulike aktører. Mulighetene for sammensetning av ulike komponenter i de sammensatte tiltakene er så mange at vi valgte å samle dem under kategorien *tiltakskjede eller tverrfaglig tiltak.* Denne kategorien inneholder komplekse tiltak med flere elementer som

følger etter hverandre i tid, eller har tverrfaglige komponenter. Nesten halvparten av alle publikasjonene omfattet slike komplekse tiltak.

Enkelttiltak som er gitt av én aktør til en eller flere sykmelde, kan være fysisk opptrening, tilrettelegging på arbeidsplassen, eller psykologisk oppfølging. Av disse var psykologisk oppfølging hyppigst (11 % av alle studier). Psykologisk oppfølging (f.eks. kognitiv atferdsterapi) var også hyppig brukt som delkomponent i en tiltakskjede eller tverrfaglig tiltak. Andelen av psykologiske tiltak i tabellen er derfor lavere enn reel forekomst.

Tabell 5: *Intervensjoner*

Virkemiddel/tiltak	Antall publikasjoner	%
Ulike typer sykmeldinger (f.eks. gradert)	20	6 %
Attføringstiltak, arbeidstrening	10	3 %
Opplæring/undervisning	11	3 %
Tilrettelegging på arbeidsplassen	10	3 %
Tiltakskjede eller tverrfaglig tiltak	158	46 %
Oppfølging av koordinator	19	6 %
Regelverk og retningslinjeendringer	9	3 %
Uspesifisert	6	2 %
Systematisk oversikt: ulike tiltak	23	7 %
Fysisk aktivitet/ trening	15	4 %
Psykologisk oppfølging	38	11 %
Annet	27	8 %

Aktører

Med aktører menes hvem som tilbød og ga tiltaket til de sykmeldte. En tredjedel av publikasjonene omhandlet tiltak som ble gitt av et tverrfaglig team (Tabell 6). Med tverrfaglig mener vi minst to ulike profesjoner som jobber sammen om å gi tiltaket. En stor andel publikasjoner ble gitt av én tiltaksleverandør (23 %). Eksempler på tiltaksleverandør var en attføringsbedrift, arbeidstreningsbedrift eller en leverandør av kompetanse/utdanningstiltak. I rundt 20 % av publikasjonene ga én primær behandler, ofte en fastlege eller fysioterapeut, den sykmeldte tiltaket.

Organisatoriske enheter som ikke er helsepersonell, arbeidsgiver eller beskrevet som et tverrfaglig team, kategoriserte vi under «NAV/kommune». I de svenske og danske publikasjonene er det kommunen som påtar seg oppgavene som tilsvarer NAV sitt ansvar i Norge. I Nederland utfører bestemte leger flere av oppgavene som i Norge ville blitt utført av NAV. Disse publikasjonene ble registrert under «én primær behandler». Et lite antall publikasjoner (7 %) inkluderte tiltak gitt av arbeidsgiver, f.eks. nærmeste overordnet leder eller HR-avdelingen.

Tabell 6: *Aktører*

Aktører som utfører tiltaket	Antall publikasjoner	%
NAV/kommune	**58**	17 %
Arbeidsgiver	24	7 %
Én primærbehandler	71	21 %
Minst to profesjoner som gir intervensjonen/tverrfaglig	102	30 %
Tiltaksleverandør	79	23 %
Annet	36	10 %
Uklart/ikke oppgitt	33	10 %

Fordi et tiltak kan tilbys av flere enn én type aktør, eller ved samarbeid mellom ulike aktører, valgte vi å ha flere svaralternativer for denne kategorien. De tre hyppigste kombinasjonene av aktører var *NAV/kommune* og t*iltaksleverandør* (10 publikasjoner), *NAV/kommune* og *arbeidsgiver* (7 publikasjoner), og *arbeidsgiver* og *minst to profesjoner* (7 publikasjoner). *Arbeidsgiver* var den aktøren som oftest ga tiltak i kombinasjon med andre aktører (Figur 3).

% overlapp med andre aktører:

	NAV/kommune	Arbeidsgiver	Én primærbehandler	Minst to profesjoner*	Tiltaksleverandør	Annet
Antall publikasjoner i øverste kategoriene	58	24	71	102	78	36
Arbeidsgiver	12 %					
Én primærbehandler	7 %	17 %				
Minst to profesjoner*	10 %	29 %	1 %			
Tiltaksleverandør	17 %	4 %		2 %		
Annet	9 %	13 %	8 %	1 %	1 %	
Uklart/ikke oppgitt	3 %	8 %		1 %		

* som gir intervensjonen/ tverrfaglig

Figur 3: *Overlapp med andre aktører*

Tiltak og aktører

Tabellen under er et av mange eksempler på visualiseringer man selv kan lage i et brukerdefinert forskningskart. Tabellen viser kombinasjon av virkemiddel/tiltak og aktører/den som utfører tiltak. Den hyppigste kombinasjonen var *tiltakskjede eller tverrfaglig tiltak* som ble gitt *av minst to profesjoner.* Denne kombinasjonen ble rapportert i 77 publikasjoner. *Tiltakskjede eller tverrfaglig tiltak* med *tiltaksleverandør* var den nest hyppigste, rapportert i 60 publikasjoner (Figur 4).

.

	NAV/kommune	Arbeidsgiver	Én primærbehandler	Minst to profesjoner **	Tiltaksleverandør	Annet	Uklart/ikke oppgitt
Ulik typer sykmeldinger*	17	2	3			2	
Attføringstiltak, arbeidstrening	5			1	4		4
Opplæring/undervisning	1		4	3			3
Tilrettelegging på arbeidsplassen	2	5	1	1	2	2	3
Tiltakskjede eller tverrfaglig tiltak	14	7	11	77	60	2	6
Oppfølging av koordinator	7	3	6	6	1	2	
Regelverk og retningslinjeendringer	5		1	3		1	
Uspesifisert					1		5
Systematisk oversikt: ulike tiltak	2	2	3	2	1	16	6
Fysisk aktivitet/ trening			1		1		4
Psykologisk oppfølging	1	1	21	4	6	7	1
Annet	4	4	11	5	3	4	1

*gradert/deltid/heltid
** som gir intervensjonen/ tverrfaglig

Figur 4: *Overlapp mellom tiltak og aktører*

Diskusjon

Hovedfunn

Vi identifiserte 531 publikasjoner som omhandlet tiltak, virkemidler eller tilnærminger for å redusere sykefravær hos personer i et aktivt arbeidsforhold, som er sykmeldte. Av disse inkluderte vi 346 publikasjoner i kartet, og plasserte 185 publikasjoner i vedlegg. Majoriteten av publikasjonene i kartet var fra Skandinavia, hvorav 22 % var norske.

Blant de 346 publikasjonene inkludert i kartet fant vi at:

- Den hyppigste hoveddiagnosen var muskel- og skjelettlidelser (34 %). Nitten prosent av publikasjonene spesifiserte ikke populasjon, eller hadde en blandet populasjon mtp. diagnoser.
- Svært få publikasjoner omhandlet sykmeldte med smertelidelser som ikke var relatert til muskel- og skjelett, eller personer med hjerte- og karsykdommer. Ingen publikasjoner omhandlet gastrolidelser.
- De fleste publikasjonene inkluderte både menn og kvinner (96 %).
- Omtrent halvparten av alle tiltakene kunne kategoriseres som *tiltakskjede eller tverrfaglig* tiltak (46 %).
- Av tiltakene med én komponent var psykologisk oppfølging det mest brukte (11 % av alle studier).
- *Minst to profesjoner* var den hyppigst rapporterte aktøren (30 %), etterfulgt av tiltaksleverandør (23 %). Den hyppigste kombinasjonen av tiltak og aktør var *tiltakskjede eller tverrfaglig tiltak* som ble gitt av *minst to profesjoner.*
- Et fåtall av tiltakene ble gitt av arbeidsgiver som aktør*. Arbeidsgiver* ga som regel tiltak sammen med en annen aktør, slik som *NAV/kommune* eller sammen med *minst to profesjoner.*
- Det finnes et stort antall kvalitative publikasjoner (etter vår vurdering av tittel og sammendrag), som omhandler erfaringer med ulike tiltak i vedlegg (n=115).

Det er vanskelig å sammenligne resultatene fra dette forskningskartet med det opprinnelige forskningskartet (1). Definisjonen av sykmeldte er nå betydelig bredere, slik at de inkluderte publikasjonene i foreliggende forskningskart omhandler *alle* arbeidstakere med sykefravær, ikke bare de med hyppig, gjentagende fravær eller langtidssykefravær.

Kunnskapshull

Kunnskapshull i denne kartleggingen omfatter litteratur vi *ikke* har identifisert og som derfor fremstår som hull i forskningskartet. En del av hullene i kartet er som forventet, fordi inklusjonskriteriene ville kunne ekskludere noen populasjoner eller tiltak, og noen kategorier ville ikke la seg kombinere. Bruken av overordnende kategorier i kartet gjorde at vi ikke fikk frem en del enkelttiltak fordi de ofte var kombinert med andre tiltak i en *tiltakskjede eller i et tverrfaglig tiltak*, f.eks. *opplæring/undervisning*. Flere aktører, som f.eks. arbeidsgiver, vil muligens ikke ha blitt fanget opp, da de samarbeidet med andre og ikke var registrert som den som utførte tiltaket.

At lidelser som ofte forekommer i befolkningen ikke gjenfinnes i kartet, kan skyldes at dette er lidelser som ikke gir sykmelding, eller at tiltakene er medisinske, og dermed ble ekskludert. Eksempler på dette er irritabel tarmsyndrom og opptrening etter hjerteinfarkt. Forekomst av lidelser i dette kartet kan derfor ikke si noe om forekomst eller alvorlighetsgrad av hyppig, forekommende lidelser i befolkningen generelt. Den lave forekomsten av stresslidelser kan skyldes at det var vanskelig å skille mellom stresslidelser og psykiske lidelser i noen publikasjoner, samt at flere av personene med en stresslidelse i tillegg hadde en psykisk lidelse, slik som kombinasjonen utbrenthet og depresjon. Vi fant få studier som påpekte at de omhandlet data fra koronapandemien, men vi kan ikke si noe om antall da vi ikke spesifikt har kategorisert studiene etter dette.

Styrker og begrensninger ved dette forskningskartet

Styrker ved forskningskartet er det systematiske og brede litteratursøket, samt det tette samarbeidet med oppdragsgiver underveis, for å sikre at kartets innhold og oppsett møter kunnskapsbehovet på best mulig måte. Til sammenligning med det opprinnelige kartet har vi her en bredere populasjon, samt mer detaljert kategorisering for populasjon, tiltak og aktør(er). Dette tror vi vil bidra til å gi leseren en bedre oversikt over feltet. Vårt valg av visningsverktøyet EPPI-Vis (20), gjør at brukeren selv kan 'designe' egne kart ut ifra sine interesser. Kartet har også stor overføringsverdi for norsk kontekst, da hovedvekten av de inkluderte studiene ble utført i Sverige og Norge.

En begrensning ved forskningskart generelt er at de ikke rapporterer enkeltresultater fra de inkluderte publikasjonene. Kartleggingen gir derfor ikke svar på eventuelle forskningsspørsmål om effekter av, eller erfaringer med, de ulike tiltakene, eller sammenhenger, og mulige årsaker til, om tiltakene var effektive eller ikke. Vi vurderte ikke den metodiske kvaliteten av de inkluderte publikasjonene, og kan derfor ikke si noe om vår tillit til forskningen som foreligger. For å vurdere effekt av ett eller flere tiltak, må en fullstendig systematisk oversikt gjennomføres, og kartet kan være et godt utgangspunkt for å utarbeide en bestilling av en systematisk oversikt.

Inklusjonskriteriene for forskningskartet ble bestemt av oppdragsgiver iht. deres interesser, behov og ressursrammer. Vi kan ha ekskludert publikasjoner pga. kriterier som

land, utfall, eller at personene ikke var sykmeldt og i et aktivt arbeidsforhold. I fremtidige kunnskapsoppsummeringer om tiltak for å begrense sykmelding, kan andre inklusjonskriterier vektlegges. Enkelte fagfolk vil kanskje ønske å sette søkelys på primærforebyggende tiltak, noe som ble ekskludert i denne oppsummeringen, eller de kan ønske søkelys på publikasjoner som ser på faktorer eller barrierer for å returnere tilbake til arbeid.

Selv om to forskere vurderte hver publikasjon for inklusjon og eksklusjon, og kategoriserte de inkluderte publikasjonene, vil dette alltid være subjektive vurderinger. Noen grenseoppganger mellom inklusjon og eksklusjon var vanskelig å bedømme. Selv om vi skulle inkludere alle studier hvor minst én deltaker var sykmeldt, skulle publikasjoner som vurderte tiltak der formålet var å forebygge sykmelding, ekskluderes (primærforebyggende tiltak). Skillet mellom disse to kategoriene kan ha bidratt til uklarhet om hvorvidt vi inkluderte alle relevante publikasjoner. På samme måte kan det være uklart om vi klarte å skille tiltak knyttet til medisinsk behandling, fra tiltak som var rettet mot at den sykmeldte skulle tilbake til jobb. Grenseoppgangen mellom rehabilitering som en del av medisinsk behandling, og arbeidsrettet rehabilitering for de sykmeldte, var ikke alltid åpenbar i publikasjonene.

Gitt det høye antall publikasjoner i kartet var det nødvendig å utarbeide overordnede kategorier, og unngå for mange detaljer. Vi forsøkte å bruke kategoriene vi utarbeidet så langt det var mulig, men noen av studiene hadde overlappende eller tvetydige tiltak. Det var rom for ulike tolkninger, og noen tiltak kunne antakelig blitt plassert i flere kategorier. I tillegg var det en utfordring at tiltak som kunne fremstå som noenlunde like, hadde ulike benevnelser. På samme måte var variasjonen i profesjoner som utførte tiltak, ofte uklar. Derfor valgte vi å knytte kategoriene til hvor mange profesjoner som deltok, og ikke til hvilke(n) profesjon(er) som utførte tiltaket. Det var ofte vanskelig å avgjøre om alle nevnte aktører faktisk deltok i tiltaket, da beskrivelsen i litteraturen varierte. I tillegg var informasjonen i flere av publikasjonene noe mangelfull.

Konklusjon

I løpet av de siste tjue årene, etter at IA-avtalen ble innført, er det utført mange studier om ulike problemstillinger som gjelder tiltak for å redusere sykefravær i arbeidslivet. Hovedmengden av de inkluderte publikasjonene i vårt forskningskart omhandlet personer med muskel- og skjelettlidelser, og halvparten av tiltakene var sammensatte tiltak hvor flere profesjoner samarbeidet om, og med, den sykmeldte. Av tiltakene med én komponent var psykologisk oppfølging det mest brukte, og utgjorde en tiendedel av alle publikasjonene.

Forskningskartet gir ingen sikre svar, og må sees som kunnskapsgrunnlag for videre arbeid. Kartleggingen, inkludert vedleggene, kan brukes som grunnlag for å planlegge og utarbeide systematiske oversikter om mer avgrensete problemstillinger, samt igangsetting av nye primærstudier.

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Vedlegg 1: Søkestrategi

Søkelogg
Dato databasesøk: 13.01.22
Avgrensning: Publikasjonsår 2001-2022
Søkeansvarlig: Ingrid Harboe
Fagfellevurdering: Ingvild Kirkehei

Søkeresultat

Database	**Resultat**
Cochrane Library	1276
Embase	5245
MEDLINE	4785
PsycInfo	2400
Epistemonikos	1721
*CINAHL	127
Scopus	2000
Sociological Abstracts	605
SveMed+	5023
Web of Science	433
Campbell Library	1
Totalt importert til EndNote	23616
Grå litteratur (se Søk 2 nedenfor)	1725
Totalt, etter dublettfjerning	12130

Kommentar:
*CINAHL - 122 av 127 treff ble eksportert fra CINAHL til EndNote. Fem referanser ble ikke overført, etter flere forsøk, ukjent av hvilken grunn. Fordi vi søkte i flere kilder, antar vi likevel at vi har identifisert de mest relevante referansene.

Avgrensning:
Vi diskuterte oppbygging av søkestrategien med NAV, og konkluderte med å søke etter *Populasjon* (sykmelding/sykmeldt etc.), og (AND) Utfall (tilbake til arbeid; return to work etc.) Vi søkte ikke etter spesifikke tiltak fordi vi er interessert i *alle* tiltak, også de vi ikke kjenner til. IA-avtalen (Inkluderende Arbeidsliv) ble innført i 2001, og søket ble derfor avgrenset til publikasjonsår 2001-2022.

Søkestrategier
Søk 1:

Database: Cochrane Library

ID	Search	Hits
#1	MeSH descriptor: [Sick Leave] explode all trees	585
#2	MeSH descriptor: [Absenteeism] this term only	513
#3	((work or employment or occupation* or vocation*) NEAR/3 (absen* or disab* or impair*)):ti,ab,kw	2157
#4	(sickleave* or sick* NEXT leave or sick NEXT list* or sicklist* or (sickness NEAR/2 (benefit* or allowance*)) or sick NEXT pay* or sickpay* or (disab* NEAR/2 (benefit* or pension* or retirement*)) or disab* NEXT insurance* or disability NEXT benefit* or social NEXT security NEXT benefit* or ((sick or sickness or medical or disab*) NEAR/4 (leave* or absen*))):ti,ab,kw	2699
#5	sickness NEXT certificate* OR medical NEXT certificate* OR sick NEXT note*:ti,ab,kw	70
#6	((sick near/4 work) OR (disability near/4 leave*) OR (illness near/4 day* OR absence) OR "days off sick"):ti,ab,kw	36327
#7	(absenteeism):ti,ab,kw	1935
#8	{OR #1-#7}	40341
#9	MeSH descriptor: [Return to Work] explode all trees	259
#10	MeSH descriptor: [Rehabilitation, Vocational] this term only	397
#11	(Return near/4 Work) OR (Back near/4 Work)	2954
#12	((work or working or employment or occupation* or vocation*) NEAR/3 (abilit* or resumption* or reentr* or re-entr* or reintegrat* or re-integr* or participat* or rehabilit*)):ti,ab,kw	3097
#13	((work or working or employment or occupation* or vocation*) NEAR/3 (return or back)):ti,ab,kw	2884
#14	((work NEXT place* or workplace* or work NEXT site* or worksite* or job NEXT site* or jobsite*) NEAR/3 (intervention* or program* or integration or adaptation*)):ti,ab,kw	1301
#15	((return* NEAR/3 "to work") or back-to-work or back NEXT to NEXT work or reemployment* or re-employment* or reemployed or re-employed or supported NEXT employment*):ti,ab,kw	2923
#16	[3-#15]	7347
#17	#8 and #16	1430
#18	#17 with Cochrane Library publication date from Jan 2001 to Jan 2022	1276

Database: Embase 1974 to 2022 January 13,

#	Searches	Results
1.	Absenteeism/	30293
2.	Medical leave/	7598
3.	((work or employment or occupation* or vocation*) adj3 (absen* or disab* or impair*)).ti,ab,kf.	35084
4.	(sickleave* or sick list* or sicklist* or (sickness adj2 (benefit* or allowance* or permitted)) or sick pay* or (disab* adj2 (benefit* or pension* or retirement*)) or disab* insurance* or social security benefit* or ((sick or sickness or medical or disab*) adj4 (leave* or absen*))).ti,ab,kf.	42922
5.	(((sickness or medical) adj certificate*) or sick note*).ti,ab,kf.	1854
6.	((sick adj4 work) or (disability adj4 leave*) or ((illness adj4 day*) or absence) or "days off sick").ti,ab,kf.	1589203
7.	absenteeism*.ti,ab,kf.	20382
8.	or/1-8	1666381

9.	Return to Work/	12712
10.	Vocational rehabilitation/	24259
11.	((work or working or employment or occupation* or vocation*) adj3 (abilit* or resumption* or reentr* or re-entr* or reintegrat* or re-integr* or participat* or rehabilit*)).ti,ab,kf.	56719
12.	((workplace* or work place* or work site* or worksite* or job site* or jobsite*) adj3 (intervention* or program* or integration or adaptation*)).ti,ab,kf.	12956
13.	((return* adj3 to work) or back-to-work or reemployment* or re-employment* or reemployed or re-employed or supported employment*).ti,ab,kf.	40749
14.	or/9-13	118917
15.	8 and 14	16485
16.	(conference abstract or editorial or letter or note).pt.	8842805
17.	15 not 16	14930
18.	limit 40 to yr="2001 - 2022"	5245

Database: Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations, Daily and Versions(R) 1946 to January 13, 2022

#	Searches	Results
1	Absenteeism/	30293
2	Sick Leave/	14212
3	((work or employment or occupation* or vocation*) adj3 (absen* or disab* or impair*)).ti,ab,kf.	35084
4	(sickleave* or sick list* or sicklist* or (sickness adj2 (benefit* or allowance* or permitted)) or sick pay* or (disab* adj2 (benefit* or pension* or retirement*)) or disab* insurance* or social security benefit* or ((sick or sickness or medical or disab*) adj4 (leave* or absen*))).ti,ab,kf.	42922
5	(((sickness or medical) adj certificate*) or sick note*).ti,ab,kf.	1854
6	((sick adj4 work) or (disability adj4 leave*) or ((illness adj4 day*) or absence) or "days off sick").ti,ab,kf.	1589203
7	absenteeism*.ti,ab,kf.	20382
8	or/1-7	1668064
9	Return to Work/	12712
10	((work or working or employment or occupation* or vocation*) adj3 (abilit* or resumption* or reentr* or re-entr* or reintegrat* or re-integr* or participat* or rehabilit*)).ti,ab,kf.	56719
11	((workplace* or work place* or work site* or worksite* or job site* or jobsite*) adj3 (intervention* or program* or integration or adaptation*)).ti,ab,kf.	12956
12	((return* adj3 to work) or back-to-work or reemployment* or re-employment* or reemployed or re-employed or supported employment*).ti,ab,kf.	40749
13	or/9-12	106048
14	8 and 13	15891
15	(comment or editorial or letter or news).pt.	4136921
16	14 not 15	15759
17	limit 16 to yr="2001 - 2022"	4785

Database: APA PsycInfo 1806 to January Week 1 2022

#	Searches	Results
1.	Employee absenteeism/	2328
2.	Employee leave benefits/	1283
3.	((work or employment or occupation* or vocation*) adj3 (absen* or disab* or impair*)).ti,ab,id.	35256
4.	(sickleave* or sick list* or sicklist* or (sickness adj2 (benefit* or allowance* or permitted)) or sick pay* or (disab* adj2 (benefit* or pension* or retirement*)) or disab* insurance* or social security benefit* or ((sick or sickness or medical or disab*) adj4 (leave* or absen*))).ti,ab,id.	42586
5.	(((sickness or medical) adj certificate*) or sick note*).ti,ab,id.	1821
6.	((sick adj4 work) or (disability adj4 leave*) or ((illness adj4 day*) or absence) or "days off sick").ti,ab,id.	1589157
7.	absenteeism*.ti,ab,id.	20111
8.	or/1-7	1654016
9.	Reemployment/	1668
10.	Vocational rehabilitation/	24259
11.	((work or working or employment or occupation* or vocation*) adj3 (abilit* or resumption* or reentr* or re-entr* or reintegrat* or re-integr* or participat* or rehabilit*)).ti,ab,id.	57566
12.	((workplace* or work place* or work site* or worksite* or job site* or jobsite*) adj3 (intervention* or program* or integration or adaptation*)).ti,ab,id.	12927
13.	((return* adj3 to work) or back-to-work or reemployment* or re-employment* or reemployed or re-employed or supported employment*).ti,ab,id.	40293
14.	or/9-13	116685
15.	8 and 14	15167
16.	limit 15 to yr="2001 - 2022"	2400

Database: Epistemonikos

Resultat: 628 Systmatic Review; 1088 Pirmary study

Søk: (title/abstract:((absenteeism* OR sick-leave* OR "sick leave" OR "sick leaves" OR "sickness leave" OR "sickness leaves" OR "medical leave" OR "disability leave" OR "disability leaves" OR "sickness absence" OR "sickness absences" OR "medical absence" OR "medical absences" OR "disability absence" OR "disability absences" OR "sick listed" OR sicklist* OR sick-list* OR "sickness certificate" OR "sickness certificates" OR "medical certificate" OR "medical certificates" OR "sickness benefit" OR "sickness benefits" OR "disability benefit" OR "disability benefits" OR "disability pension" OR "disability pensions" OR "disability retirement" OR "disability retirements" OR "disability insurance" OR "disability insurances" OR "social security benefits" OR "work absence" OR "work absences" OR "work disability" OR "work disabilities" OR "work impairment" OR "work impairments" OR "occupational disability" OR "occupational impairment" OR "employment disability" OR work-impaired OR "impaired occupational functioning" OR "impaired occupational function" OR "impaired occupational functions"))
AND (title/abstract:((work* OR employment* OR occupation* OR vocational OR job* OR reemployment* OR re-employment* OR reemployed OR re-employed OR back-to-work OR resumption) OR abstract:(work* OR employment* OR occupation* OR vocational OR job* OR reemployment* OR re-employment* OR reemployed OR re-employed OR back-to-work OR resumption))

Database: Cinahl

Nr.	Search	Results
1	(MH absenteeism) OR (MH sick leave)	

2	TI ((work OR employment OR occupation* OR vocation*) N2 (absen* OR disab* OR impair*)) OR AB ((work OR employment OR occupation* OR vocation*) N2 (absen* OR disab* OR impair*)) OR SU ((work OR employment OR occupation* OR vocation*) N2 (absen* OR disab* OR impair*))	
3	TI (sickleave* or "sick list*" or sicklist* or (sickness N1 (benefit* or allowance*)) or "sick pay*" or (disab* N1 (benefit* or pension* or retirement*)) or "disab* insurance*" or "social security benefit*" or ((sick or sickness or medical or disab*) N3 (leave* or absen*))) OR AB (sickleave* or "sick list*" or sicklist* or (sickness N1 (benefit* or allowance*)) or "sick pay*" or (disab* N1 (benefit* or pension* or retirement*)) or "disab* insurance*" or "social security benefit*" or ((sick or ...	
4	TI (((sickness or medical) N0 certificate*) or "sick note*" OR ((sick N4 work) OR (disability N4 leave*) OR (illness N4 day* OR absence) OR "days off sick")) OR AB (((sickness or medical) N0 certificate*) or "sick note*" OR TI (((sickness or medical) N0 certificate*) or "sick note*" OR ((sick N4 work) OR (disability N4 leave*) OR (illness N4 day* OR absence) OR "days off sick")) OR AB (((sickness or medical) N0 certificate*) or "sick note*") OR SU (((sickness or medical) N0 certificate*) o ...	5,77
5	TI absenteeism* OR AB absenteeism* OR SU absenteeism*	
6	S1 OR S2 OR S3 OR S4 OR S5	36,732
7	(MH job re-entry) OR (MH rehabilitation, vocational)	
8	TI ((work or working or employment or occupation* or vocation*) N2 (abilit* or resumption* or reentr* or re-entr* or reintegrat* or re-integr* or participat* or rehabilit*)) OR AB ((work or working or employment or occupation* or vocation*) N2 (abilit* or resumption* or reentr* or re-entr* or reintegrat* or re-integr* or participat* or rehabilit*)) OR SU ((work or working or employment or occupation* or vocation*) N2 (abilit* or resumption* or reentr* or re-entr* or re-integrat* or re-integr ...	
9	TI ((workplace* or "work site*" or worksite* or "job site*" or jobsite*) N2 (intervention* or program* or integration or adaptation*)) OR AB ((workplace* or "work site*" or worksite* or "job site*" or jobsite*) N2 (intervention* or program* or integration or adaptation*)) OR SU ((workplace* or "work site*" or worksite* or "job site*" or jobsite*) N2 (intervention* or program* or integration or adaptation*))	
10	TI ((return* N2 "to work") or back-to-work or "back to work" or reemployment* or re-employment* or reemployed or re-employed or "supported employment*") OR AB ((return* N2 "to work") or back-to-work or "back to work" or reemployment* or re-employment* or reemployed or re-employed or "supported employment*") OR SU ((return* N2 "to work") or back-to-work or "back to work" or reemployment* or re-employment* or reemployed or re-employed or "supported employment*")	
11	S7 OR S8 OR S9 OR S10	
12	S6 AND S11 Limiters - Published Date: 20010101-20220131; Exclude MEDLINE records	122

Database: Scopus

Search results: 2000

Søk*: (TITLE (absenteeism OR sick-leave OR "sick leave" OR "sick leaves" OR "sickness leave" OR "sickness leaves" OR "medical leave" OR "disability leave" OR "disability leaves" OR "sickness absence" OR "sickness absences" OR "medical absence" OR "medical absences" OR "disability absence" OR "disability absences" OR "sick listed" OR sicklist OR sick-list OR "sickness certificate" OR "sick-

ness certificates" OR "medical certificate" OR "medical certificates" OR "sickness benefit" OR "sickness benefits" OR "disability benefit" OR "disability benefits" OR "disability pension" OR "disability pensions" OR "disability retirement" OR "disability retirements" OR "disability insurance" OR "disability insurances" OR "social security benefits" OR "work absence" OR "work absences" OR "work disability" OR "work disabilities" OR "work impairment" OR "work impairments" OR "occupational disability" OR "occupational impairment" OR "employment disability" OR work-impaired OR "impaired occupational functioning" OR "impaired occupational function" OR "impaired occupational functions")
AND TITLE (work OR employment OR occupation OR vocational OR job OR reemployment OR re-employment OR reemployed OR re-employed OR back-to-work OR resumption))
AND PUBYEAR > 2001-2022
*Søkte på tittel fordi vi har søkt i mange andre kilder i tillegg og supplerer med grå litteratur-søk.

Database: Sociological Abstracts
Search results: 605
Søk: ((ti,ab,su(absenteeism* OR ("work" OR "employment" OR occupation* OR vocation*) NEAR/2 (absen* OR disab* OR impair*)) OR ti,ab,su(sickleave* OR ("sick list") OR sicklist* OR ("sickness" NEAR/1 (benefit* OR allowance*)) OR ("sick pay") OR (disab* NEAR/1 (benefit* OR pension* OR retirement*)) OR "disab* insurance*" OR "social security benefit*" OR (("sick" OR "sickness" OR "medical" OR disab*) NEAR/3 (leave* OR absen*))) OR ti,ab,su("sickness certificate*" OR ("medical certificate" OR "medical certificates") OR "sick note") OR ((sick NEAR/4 work) OR (disability NEAR/4 leave*) OR (illness NEAR/4 day* OR absence) OR "days off sick") :ti,ab,kw) **AND** (ti,ab,su(("work" OR "working" OR "employment" OR occupation* OR vocation*) **AND** (abilit* OR resumption* OR reentr* OR re-entr* OR reintegrat* OR re-integr* OR participat* OR rehabilit*)) OR ti,ab,su((workplace* OR ("work site" OR "work sites") OR worksite* OR ("job site" OR "job sites") OR jobsite*) **AND** (intervention* OR program* OR "integration" OR adaptation*)) OR ti,ab,su("return to work" OR "returning to work" OR "back-to-work" OR reemployment* OR re-employment* OR "reemployed" OR "re-employed" OR ("supported employment")))
AND (at.exact("Feature" OR "Article" OR "Working Paper/Pre-Print" OR "Evidence Based Healthcare" OR "Literature Review" OR "Review")))
Additional limits - Date: From January 01 2001 to January 11 2022

Database: SveMed+ (Søkbar, men ikke oppdatert etter 2019)

Nr	Søk	Resultat
1	noexp:"Absenteeism"	106
2	noexp:"Sick Leave"	1075
3	(work OR employment OR occupation* OR vocation*) AND (absen* OR disab* OR impair*)	1001
4	sickleave OR "sick list" OR sicklist OR "sickness benefit" OR "sickness allowance" OR "sick pay" OR "disability benefit" OR "disability pension" OR "disability retirement" OR "disability insurance" OR "social security benefit"	490
5	"sick leave" OR "medical leave" OR "disability leave" OR "sick absence" OR "medical absence" OR "disability absence" OR "sickness certificate" OR "medical certificate" OR "sick note" OR absenteeism	1156
6	#1 OR #2 OR #3 OR #4 OR #5	2084
7	noexp:"Return to Work"	90
8	noexp:"Rehabilitation, Vocational"	507

9	(work OR working OR employment OR occupation* OR vocation*) AND (abilit* OR resumption* OR reentr* OR re-entr* OR reintegrat* OR re-integr* OR participat* OR rehabilit*)	1301
10	(workplace OR "work site" OR worksite OR "job site" OR jobsite) AND (intervention OR program OR integration OR adaptation)	88
11	return to work OR back-to-work OR reemployment* OR re-employment* OR reemployed OR re-employed OR supported employment*	105
12	#7 OR #8 OR #9 OR #10 OR #11	1476
13	#6 AND #12	557
14	#6 AND #12 AND year:[2001 TO 2019]	433

Database: Web of Science
Resultat: 5023
Søk: ((("work" OR "employment" OR occupation* OR vocation*) NEAR/2 (absen* OR disab* OR impair*)) OR sickleave* OR "sick list*" OR sicklist* OR ("sickness" NEAR/1 (benefit* OR allowance*)) OR "sick pay*" OR (disab* NEAR/1 (benefit* OR pension* OR retirement*)) OR "disab* insurance*" OR "social security benefit*" OR (("sick" OR "sickness" OR "medical" OR disab*) NEAR/3 (leave* OR absen*)) OR ((sick near/4 work) OR (disability near/4 leave*) OR (illness near/4 day* OR absence) OR "days off sick") OR (("sickness" or "medical") NEAR/0 certificate*) OR "sick note*" OR absenteeism*) (Topic) and (("work" OR "working" OR "employment" OR occupation* OR vocation*) NEAR/2 (abilit* OR resumption* OR reentr* OR re-entr* OR reintegrat* OR re-integr* OR participat* OR rehabilit*) OR (workplace* OR "work site*" OR worksite* OR "job site*" OR jobsite*) NEAR/2 (intervention* OR program* OR "integration" OR adaptation*) OR (return* NEAR/2 "to work") OR "back-to-work" OR reemployment* OR re-employment* OR reemployed OR re-employed OR "supported employment*") (Topic) not Meeting Abstract OR Meeting Summary (Document Type) and Articles or Review Articles or Early Access or Proceedings Papers (Document Types) - Timespan: 2001-01-01 to 2022-01-11 (Publication Date)

Database: Campbell library
Resultat: 1 unikt treff
Søk: Keyword: return-to-work; back-to-work

Søk 2 - Grå litteratur

Dato: 2022-04-19/2022-04-28
Avgrensning: 2001-2022
Søkeord: hentet fra databasesøket (Søk 1)
Søkeansvarlig: Ingrid Harboe

Kilde	**Søkeord – Forslag**
Arbetsformedlingen.se	Nettsted (alle lest)
Cristin	((sykmeld* OR sykemeld* OR langtidssykmeld* OR langtidssykemeld* OR korttidssykemeld* OR sykefravær* OR korttidssykefravær* OR langtidssykefravær* OR AAP OR arbeidsavklaring*) AND (arbeid* OR jobb* OR yrkes*))
	1. sykmelding (ser ut til å inkludere «sykemelding»)
	2. korttidssykmelding
	3. korttidssykemelding

Evalueringsportalen.no (Kudos)	4. tiltak redusere sykefravær
	5. redusere langtidssykemelding
	6. redusere langtidsfravær
www.forsakringskassan.se	Nettsted (alle lest)
Google Scholar	1. allintitle: arbeid sykmeldt OR sykmelding OR sykemeldt OR sykemelding OR sykefravær
	2. allintitle: tilbake sykmeldt OR sykmelding OR sykemeldt OR sykemelding OR sykefravær
	3. allintitle: redusere sykmeldt OR sykmelding OR sykemeldt OR sykemelding OR sykefravær
	4. allintitle: langtids-sykefravær OR langtidssykefravær
	5. allintitle: arbeidsrettet tiltak
	6. allintitle: langvarig sykefravær
	7. allintitle: tilbake arbeid
	8. allintitle: tilbake jobb
	9. langtidssykmeldt|langtidssykemeldt|langtidsfravær|langtidssykefravær|sykefraværsrelatert "tilbake AROUND(1) arbeid"
	10. allintitle: korttidssykmelding|korttidssykemelding|korttidssykmeldt|korttidssykemeldt|korttidsfravær|korttidssykefravær| "tilbake AROUND(1) arbeid"
Idunn	((sykefravær* OR langtidsfravær* OR syk*meld* OR langtids-syk*meld* OR uføretrygd* OR AAP OR arbeidsavklaring* OR "falle ut av" OR "havne utenfor") AND (arbeid* OR jobb* OR yrkes*))
www.nav.no	Nettsted (stort flertall lest)
Nora	((sykmeld* OR sykemeld* OR langtidssykmeld* OR langtidssykemeld* OR korttidssykemeld* OR sykefravær* OR korttidssykefravær* OR langtidssykefravær* OR AAP OR arbeidsavklaring*) AND (arbeidsliv* OR "tilbake til arbeid" OR "tilbake i arbeid" OR arbeidsrettet* OR arbeidsrettede OR yrkesrettet* OR yrkesrettede*))
Oria	((sykmeld* OR sykemeld* OR langtidssykmeld* OR langtidssykemeld* OR korttidssykemeld* OR sykefravær* OR korttidssykefravær* OR langtidssykefravær* OR AAP OR arbeidsavklaring*) AND (arbeidsliv* OR "tilbake til arbeid" OR "tilbake i arbeid" OR arbeidsrettet* OR arbeidsrettede OR yrkesrettet* OR yrkesrettede*))

Star.dk (Styrelsen for Arbejdsmarked og rekruttering	Nettsted (alle lest)

Vedlegg 2: Detaljer om avansert bruk av maskinlæring

Custom classifiers

Vi bygget en custom classifier etter at vi hadde begynt å fulltekst vurdere studier samtidig som vi screenet på tittel/sammendrag nivå. Vi tok et tilfeldig utvalg av 420 studier som var inkludert på tittel/sammendrag og 500 som var ekskludert; disse ble brukt for å trene opp classifier'en. Vi valgte ytterligere et tilfeldig utvalg av 67 studier som var inkludert på fulltekst samt 47 som var ekskludert, for å teste classifieren på. Vi lette etter en terskel med perfekt «recall», og fant den på 30%. Alle studier med <30% predikert sannsynlighet til å være inkludert på fulltekst, kunne ha ekskludertes uten noen «false negatives», det vil si uten å miste én studie som burde vært fanget opp. Vi brukte den classifieren på resterende studier som ikke hadde blitt lest på tittel/sammendrag (7475), og ekskluderte de 1928 studiene som falte under det terskelet, uten å lese dem manuelt.

Vedlegg 3: Kodebok

Nedenfor viser vi kodene for forskningskartet og eksempler eller beskrivelse av hvordan noen av kodene skulle forstås.

Hovedkategori	Subkategori	Eksempler/beskrivelser av subkategorien
Land		
	Norge	
	Sverige	
	Nederland	
	Island	
	Storbritannia	
	Danmark	
	Finland	
	Flere	
	Ikke spesifisert	
Studiedesign		
	Eksperimentell studie	F.eks. randomiserte kontrollerte studier, ikke-randomiserte kontrollerte studier.
	Register og observasjonelle studier	F.eks. registerstudier, kohortstudier, registerbaserte effektstudier,
	Systematisk oversikt	Systematiske kunnskapsoppsummeringer som møter FHI krav (se metodekapittelet)

	Mixed-metode	Studier med kvantitativt og kvalitativt design
	Annet	
Hoveddiagnose (målgruppe)		
	Mentale/psykiske lidelser	F.eks. PTSD, Schizofreni, Depresjon, Angst
	Muskel og skjelettlidelser	F. eks. rygglidelser, ryddsmerte, fibromyalgi, ledd problemer, nakkeproblemer, skulderproblemer, kne artrose, Bekhterevs, leddgikt, reumatiske lidelser, prolaps eller korsryggssmerter
	Smertelidelser	Spesifisert kronisk smerte som ikke er i muskel og skjelett
	Utmattelse/stress	F.eks. konisk utmattelse, utbrenthet eller stress
	Svangerskapssykdommer	F.eks. bekkenproblemer, bekkenløsning eller svangerskapsforgiftning
	Kreft	F.eks. arbeidstrening for personer som har hatt brystkreft, prostata kreft, kreftoverlevende
	Gastrolidelser	F.eks. Krohns sykdom, ulcerøs kolitt
	Hjerte- og karsykdommer	
	Sammensatte lidelser/blandet populasjon	F.eks. studieforfatteren bruker samlebetegnelsen kroniske lidelser eller at det er et sammensatt

		diagnosebilde som er i fokus eller studier med flere ulike hoveddiagnoser
	Annet	Diagnoser som ikke passer kategoriene ovenfor
	Sykmeldt uspesifisert	Ikke spesifisert i artikkelen
Kjønn (målgruppe)		
	Alle/uspesifisert	Studien inkluderer begge kjønn eller spesifiserer ikke kjønn som målgruppe
	Kvinne	
	Menn	
	Annet kjønn	Personer som ikke identifiserer seg som mann eller kvinner
Aktør (den som utfører) NB: flere valgalternativer		
	NAV/kommune	Organisatorisk enhet som ikke er helsepersonell eller arbeidsgiveren eller spesifikt beskrevet som tverrfaglig team. Sverige og Danmark bruker ofte ordet kommune, dette tilsvarer NAV sitt ansvar i Norge. Andre relevante ord: City office, regional unemployment, social office.
	Arbeidsgiver	F.eks. arbeidsgiver, HR-avdeling, nærmeste overordnet på jobb. Denne kategorien gjelder ikke for kollegaer
	Én primærbehandler	Primærbehandleren til den sykmeldte. f.eks. én fysioterapeut, ergoterapeut eller behandlende lege. Er det flere profesjoner som arbeider sammen skal det ikke i denne kategorien.

	Minst to profesjoner som gir intervensjonen/tverrfaglig	Flere enn én enkelt profesjon som gir tiltaket. F.eks. et tverrfaglig team som jobber sammen bestående av f.eks. psykologer, leger, fysioterapeuter, ergoterapifag eller sosionomer og leger
	Tiltaksleverandør	Eks. attføringsbedrift, arbeidstreningsbedrift eller leverandør av kompetanse/utdanningstiltak
	Annet	
	Uklart/ikke oppgitt	
Virkemiddel/tiltak (velg 1)		
	Ulike typer sykmeldinger (gradert, deltid, heltid)	F.eks gradert sykmelding, studier som eller helttidssykmelding og deltidssykmelding,
	Attføringstiltak, arbeidstrening	F.eks. arbeidsmarkedstiltak levert av tiltaksleverandør, arbeidstrening ute i ordinært arbeidsliv eller tiltak i arbeidsmarkedsbedrifter
	Opplæring/undervisning	F.eks. ryggskoler, undervisning om smerter og sykdom, kompetanseutvikling, utdanning for å kunne gå inn i nytt yrke
	Tilrettelegging på arbeidsplassen	F.eks. endring av arbeidsoppgaver eller det fysiske miljøet slik som kontorutstyr
	Tiltakskjede eller tverrfaglig tiltal	Tiltak som inneholder flere elementer slik som samtaleterapi, arbeidstrening, undervisning og behand-

		ling av symptom. Eller tiltak hvor flere profesjoner bidrar. F.eks. arbeidsrettet rehabilitering (vocational rehabilitation) og Multimodal rehabilitation
	Oppfølging av koordinator	F.eks. case manager som følger opp den sykemeldte, sosialarbeider som koordinerer alle tjenestene til den sykmeldte eller oppfølging av NAV-veileder
	Regelverk og retningslinje-endringer	F.eks. endring av retningslinjer for håndtering av den sykmeldte. Endringer i lovverket som påvirker den sykmeldte
	Uspesifisert	
	Systematisk oversikt: ulike tiltak	Systematiske oversikter som inkluderer flere ulike tiltak/blanding av tiltak
	Fysisk aktivitet/trening	Alt av fysisk trening og fysisk aktivitet. F.eks noen former for fysioterapi, gradert fysisk aktivitet eller treningsprogram
	Psykologisk oppfølging	Psykologisk behandling/oppfølging. F.eks samtale terapi, CBT. Inkluderer også problemløsningsterapi /intervensjoner
	Annet	Når tiltaket ikke passer i de overnevnte kategoriene

Vedlegg 4: Relevante ekskluderte studier lest i fulltekst

Eksklusjonsårsak: Dato

Karjalainen K, Malmivaara A and van Tulder M ; Roine R ; Jauhiainen M ; Hurri H ; Koes B ;. 2003. "Multidisciplinary biopsychosocial rehabilitation for subacute low back pain among working age adults". Cochrane Database of Systematic Reviews (2):CD002193.

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Eksklusjonsårsak: Land

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Drake R E and Becker D R; Bond G R;. (2003). Recent research on vocational rehabilitation for persons with severe mental illness. Current Opinion in Psychiatry, 16(4), pp.451-455.

Du Bois, M and Donceel P ;. (2012). Guiding low back claimants to work: a randomized controlled trial. Spine, 37(17), pp.1425-31.

Durand M J, Corbiere M and Coutu M F; Reinharz D ; Albert V ;. (2014). A review of best work-absence management and return-to-work practices for workers with musculoskeletal or common mental disorders. Work, 48(4), pp.579-89.

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