

# The effect of the Progressive Goal Attainment Program (PGAP) on cognitions and perceptions and workparticipation of workers with a chronic disease in the Netherlands

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To study whether PGAP is effective in changing cognitions and perceptions and increasing work participation of workers with a chronic disease in the Netherlands and to study whether implementing PGAP is feasible in the Netherlands.

|                              |                 |
|------------------------------|-----------------|
| <b>Ethical review</b>        | Approved WMO    |
| <b>Status</b>                | Recruiting      |
| <b>Health condition type</b> | Other condition |
| <b>Study type</b>            | Interventional  |

## Summary

### ID

NL-OMON54097

### Source

ToetsingOnline

### Brief title

The PGAP-project

### Condition

- Other condition

### Synonym

chronic diseases

### Health condition

Verschillende chronische aandoeningen (gedefinieerd als langdurige fysieke en/of mentale klachten met weinig progressie) die mensen belemmeren bij hun werk en zorgen voor

frequent (3x per jaar) of langdurig (langer dan 6 weken) verzuim

## **Research involving**

Human

## **Sponsors and support**

**Primary sponsor:** Amsterdam UMC

**Source(s) of monetary or material Support:** Subsidie van Instituut Gak

## **Intervention**

**Keyword:** Cognitions, Perceptions, PGAP, Work participation

## **Outcome measures**

### **Primary outcome**

- Catastrophizing thoughts (Symptom Catastrophizing Scale)

### **Secondary outcome**

- Self-efficacy in return to work (score RTW Self-Efficacy Scale)
- Quality of working life (Score Quality of Working Life Questionnaire)
- Workability (score Work Ability Index)
- Return to work expectations
- Fear-avoidance beliefs (Tampa Scale for Kinesiophobia)
- Perceived injustice (Injustice Experience Questionnaire)
- Perceived Disability (Perceived Disability Index)
- Depression (Patient Health Questionnaire-9)
- Fatigue (Multidimensional Fatigue index)
- Health related quality of life (SF-12)
- Satisfaction with PGAP which will be measured using one item.
- Current work situation (employed, unemployed, sick-leave)
- Mean number of working hours

- Sick leave status (currently on sick-leave, part-time sick-leave)

## Study description

### Background summary

Because of better treatments, a changing lifestyle and the increased retirement age, the number of people of working age with a chronic disease is rising. Having a chronic disease can have a negative impact on work participation (Schofield, 2008; Scharn, 2019). Therefore it is important to increase the work participation of this group by for example intervening on factors that can negatively influence their work participation.

During the project "Input of the worker in the occupational health management and work disability assessment" of the research program "the Worker in the Center" a training program is developed. This training program can help occupational and insurance physicians to take person-related factors into account in the occupational health management and work disability assessment. During this training program, occupational and insurance physicians learn about the importance of 10 cognitions and perceptions for work participation (perceived health, optimism/pessimism, catastrophizing thoughts, RTW expectations, self-efficacy, perceived work-relatedness, fear-avoidance beliefs, coping, locus of control and motivation; De Wit et al. 2018). They also learn about different interventions that can change limiting cognitions and perceptions, in order to increase work participation.

The Progressive Goal Attainment Program (PGAP) is an important intervention which is focused on decreasing limiting cognitions and perceptions and increasing work participation (Sullivan et al. 2006; Sullivan et al. 2013). The intervention, which consists of a maximum of 10 sessions, is focused on important cognitions and perceptions, such as fear-avoidance beliefs, catastrophizing, return to work expectations, self-efficacy, optimism/pessimism, coping and motivation. The intervention is focused on different groups of patients, among whom patients with pain, depression, posttraumatic stress disorder, cancer and other chronic diseases. The intervention can be provided by different occupational health professionals, such as occupational physicians or occupational health nurses, after completing a short training program.

The intervention is effective in decreasing catastrophizing thoughts, decreasing fear-avoidance beliefs and increasing return to work in Canada (Sullivan et al. 2017, Sullivan & Adams, 2020; Sullivan et al. 2012). The intervention is also implemented in different other countries such as the United States (Hossain et al. 2013), Australia (Alderson et al. 2020), Ireland (Raftery et al. 2013) and Africa (Ogunlana et al. 2018). The results of PGAP

are positive, but PGAP is not translated in Dutch yet and is also not implemented in the Netherlands. Besides, it is unknown whether PGAP is effective in the Netherlands and whether it is feasible to implement in the Netherlands.

## **Study objective**

To study whether PGAP is effective in changing cognitions and perceptions and increasing work participation of workers with a chronic disease in the Netherlands and to study whether implementing PGAP is feasible in the Netherlands.

## **Study design**

This study is a randomized controlled study, in which participants are randomized in the intervention group (PGAP intervention) or in the control group (waiting list control group, intervention is provided after all participants in the intervention group participated in the intervention). The researchers, PGAP providers and workers are not blind for their condition.

## **Intervention**

PGAP consists of a maximum of 10 weekly sessions between a trained PGAP provider and a worker. The online or face-to-face meetings have a duration of one hour. During the sessions the participants learn about the importance of staying active, planning activities and setting goals. They also learn to be more aware of their thoughts in certain situations, how they react on situations and other better ways to react on certain situations. An introduction video is used to inform the worker about the PGAP intervention. Besides, all workers obtain a workbook, with information about for example the importance of sleep, social activities and exercise, and in which activities can be scheduled.

The goal of PGAP is return to work. PGAP finishes if the worker is returned to work. Therefore, it is possible that workers do not participate in all 10 sessions of PGAP. During the fourth session, there is an evaluation in which it is determined whether return to work is possible. The PGAP intervention can be provided by occupational health nurses, occupational physicians or re-integration specialists of an occupational health and safety service.

## **Study burden and risks**

Workers participate in a maximum of 10 PGAP sessions, during 1 hour per week. In addition, they complete questionnaires during the screening (T0), 4-7 weeks after T0, 9-12 weeks after T0 and 22-25 weeks after T0.

## Contacts

### **Public**

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## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### **Age**

Adults (18-64 years)

### **Inclusion criteria**

- Worker has a chronic disease (defined as having physical and/or mental complaints with a long duration and slow progression)
- Worker is between 18 and 65 years
- Worker has fequent spells (3 x or more in a year) or long-term sick-leave (3 weeks or longer)
- Worker is in paid employment
- Worker experiences functional limitations associated with mental of physical health complaints
- Workers have at lease one cognition/perception that could limit work participation: - Catastrophizing thoughts, - Perceived injustice, - Fear-avoidance beliefs, - Disability beliefs
- Worker can speak, read and write in English or Dutch

## Exclusion criteria

- Younger than 18 years or older than 65 years
- No limiting cognitions and perceptions
- No limitations on work participation due to health problems
- Participants are unemployed
- Participants do not speak Dutch or English
- Participants cannot read or write in Dutch or English

## Study design

### Design

|                     |                             |
|---------------------|-----------------------------|
| Study type:         | Interventional              |
| Intervention model: | Parallel                    |
| Allocation:         | Randomized controlled trial |
| Masking:            | Open (masking not used)     |

**Primary purpose:** Treatment

### Recruitment

|                           |            |
|---------------------------|------------|
| NL                        |            |
| Recruitment status:       | Recruiting |
| Start date (anticipated): | 31-10-2022 |
| Enrollment:               | 60         |
| Type:                     | Actual     |

## Ethics review

|                    |                    |
|--------------------|--------------------|
| Approved WMO       |                    |
| Date:              | 14-02-2022         |
| Application type:  | First submission   |
| Review commission: | METC Amsterdam UMC |
| Approved WMO       |                    |
| Date:              | 13-05-2022         |
| Application type:  | Amendment          |

Review commission: METC Amsterdam UMC  
Approved WMO  
Date: 28-06-2023  
Application type: Amendment  
Review commission: MEC Academisch Medisch Centrum (Amsterdam)  
  
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## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

| Register | ID             |
|----------|----------------|
| CCMO     | NL78982.018.21 |
| Other    | NL9832         |