
What contribution can rehabilitation make to successful asthma self-management in the workplace? A controlled-randomized mixed-methods intervention study in individuals with asthma undergoing inpatient rehabilitation

Background:

Asthma self-management (e.g., trigger avoidance or correct medication use) is an important component of therapy. The successful implementation of asthma self-management in everyday working life is determined, among others, by psychosocial working conditions. The support of superiors and colleagues as well as the job decision latitude, i.e. when and how to carry out which tasks, are particularly important. In order to be able to influence these working conditions themselves, employees with asthma need to use certain communication skills and acquire knowledge about relevant patient and employee rights. Both could be taught through pulmonary rehabilitation training.

Objective:

Therefore, the aim of the planned intervention study is the development and multicenter implementation of a training module for individuals with asthma during their rehabilitation and to generate preliminary evidence on the effectiveness of this new training module. Qualitative interviews will be conducted to further optimize the training content thereafter.

Methods:

To achieve its objective, the study is structured into two sequential sub-studies:

- Sub-study 1: The effectiveness of the training module will be examined over three months using a randomized controlled trial design. The evaluation will be conducted via pre-post measurements (t1 and t2) and a 3-month follow-up (t3). We will consider as primary outcomes behavioral intention (t2) as well as actual asthma self-management at work (t3). Secondary outcomes will include knowledge, self-efficacy, number of days of absenteeism and exacerbations, asthma control (Asthma Control Test), asthma-related quality of life (Marks Asthma Quality of Life Questionnaire), and subjective employment prognosis (Brief Scale measuring the subjective Prognosis of gainful Employment). The pre-post comparisons are presumably to be evaluated using univariate ANCOVAS.
- Sub-study 2: Further developments and dynamics at the workplace after leaving the rehabilitation clinic (e.g., barriers or enabling factors in implementing training content) will be analyzed from the beginning of the 3-month follow-up with the help of qualitative interviews with former training participants so that the training can be further optimized.

Relevanz:

Based on the assumption that the expected effects are observed, the training module could increase the workability and social participation of employees with asthma by improving asthma self-management at work. This could reduce costs, e.g. for asthma-related disability and early retirement. Ultimately, a training module should be available that is not only applicable to rehabilitation patients with asthma, but can also be transferred to outpatient settings (e.g. disease management programs) or other chronic diseases.

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