Gatekeepers in sickness insurance: a systematic review of the literature on practices of social insurance officers

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Abstract
Decisions concerning entitlement to sickness benefits have a substantial impact on the lives of individuals and on society. In most countries, such decisions are made by staff of private or public insurance organisations. The work performed by these professionals is debated, hence more knowledge is needed on this subject. The aim of the present study was to review scientific studies of the practices of social insurance officers (SIOs) published in English, Danish, Norwegian and Swedish. Studies were searched for in literature databases, in reference lists, and through personal contacts. Analyses were made of type of study, areas investigated, research questions, theories used, and the results. Sixteen studies were included. SIOs and several other actors are responsible for applying measures to minimise sick-leave and promote return to work (RTW). The studies focusing on coordination of such measures revealed that SIOs felt unsure about how to handle their contacts with clients and other actors. One study indicated that the SIOs, partly due to lack of time, accepted the recommendations of physicians instead of making their own judgments about granting sickness benefits. While all SIOs must make decisions concerning entitlement to sickness benefits on a daily basis, few of the reviewed studies scrutinised the actual granting of sickness compensation. The studies were also deficient in that they investigated the decision latitude of the SIOs from a very limited perspective, mainly on an individual level and often primarily in relation to colleagues and/or clients rather than to the laws and regulations of the sickness insurance. The concepts and framework in this area of research need to be developed to facilitate elucidation of the interaction between different actors in local spheres, professionals in different disciplines, and between welfare staff and individual citizens.

Keywords: client, cooperation, return to work, sick-leave, sickness benefit, social insurance officer

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Introduction

The efficiency and legitimacy of a welfare state are directly dependent on the ability of various professionals to manage the different types of benefits. As administrators of welfare entities, these professionals are the mediators between the government and the citizens in decisions concerning entitlement to various forms of compensation (Bertilsson 1990). The way this work is performed has a substantial impact on the lives of individuals and development of society. However, very little scientific knowledge has been accumulated on this subject. In most Western countries, the provision of welfare is a legislated social right that is administered by public organisations, such as the social insurance system (Esping-Andersson 1987). Social insurance usually

covers several areas, including old-age pensions, child benefits, maternity and parental allowances, sickness benefits, and disability pensions. The present study focused on sickness benefits.

In most industrialised nations, sickness insurance is an important part of the social welfare system that plays a significant role in the quality of life of individual citizens and accounts for much of social spending (SBU 2004). Sick-leave has increased considerably in Sweden and other countries in recent years, with regard to the number of people on sick-leave and the length of sick-leave spells (Cassis, Dupriez *et al*. 1996, Ford, Ford *et al*. 2000, Marklund 2001, Prins & De Graaf 1986). This can lead to the risk of marginalisation of individuals (Alexanderson & Östlin 2001, Wamala & Lynch, 2002) and to economic difficulties in society in general (Marklund 2001, RFV 2001).

In most Western countries (Cassis *et al*. 1996, Ford *et al*. 2000, Himmel, Sandholzer *et al*. 1995), including Sweden (Järvholm & Olofsson 2002), there are two requisites for entitlement to sickness benefits: (1) a person must have a disease or injury and (2) it must be shown that this has caused reduced work capacity. The formal decision about whether a person is entitled to compensation is, in most countries, made by the staff of public or private insurance organisations, and those professionals are often called social insurance or insurance officers (Hensing *et al*. 1997, Perjos 1998, Söderberg & Alexanderson 2004). Regardless of whether the social insurance officers (SIOs) work in public or private organisations, it is their job to put the rules and regulations into practice.

During the last decade, many welfare states have become more active in developing strategies to promote RTW among sickness benefit recipients (Buys & Rennie 2001, Lierop & Nijhuis 2000). In Norway and Sweden, this reform has been called the 'work-line' principle, and it was incorporated into the system at the beginning of the 1990s. As a result of the work-line principle, the tasks of the SIOs have been broadened to include not only making decisions about sickness benefits, but also to assess the need for further measures to facilitate RTW among long-term sickness benefit recipients (Lindqvist 2000).

The SIOs are the principal 'gatekeepers' regarding entitlement to sickness benefits (Englund *et al*. 2000c, Erdman & Wilson 2001, Hensing *et al*. 1997), and their work includes one or more of the following comprehensive tasks: (1) deciding whether or not to grant sickness compensation; (2) ascertaining whether further measures are needed to facilitate RTW; (3) if necessary, coordinating such measures; (4) initiating the process of applying for disability pension if RTW is not possible. Accordingly, the quality of the practices of SIOs, that is, how they perform the mentioned tasks, is an extremely important aspect, and knowledge is needed in this area to facilitate professional development of these welfare actors. Clearly, such information is required to improve the methods used in the sickness insurance system and to ensure adequate training of new staff members.

The aim of the present study was to review scientific studies of the practices of SIOs published in English, Danish, Norwegian and Swedish.

Materials and methods

A systematic review of the literature (Cooper 1998) was conducted to find and examine scientific studies of the practices related to management of sickness insurance. The studies were chosen according to the following inclusion criteria: published in English, Danish, Norwegian and Swedish in refereed scientific journals, books, academic theses, reports with an ISBN number, and focused on the tasks of SIOs, such as administration of sickness benefits, contacts with clients, and RTW-promoting measures.

Searches of the literature databases Medline, PsycInfo, and Social Science Citation Index (SSCI) were performed from August 2000 to November 2002, considering all the years covered by the databases and using the following search terms: sickness insurance, sick-leave, sick leave, disability benefit, work capacity, welfare bureaucracy, social insurance, social insurance officer, incapacity benefit, welfare advice, rehabilitation, and cooperation. Reference lists were scrutinised in these publications, which included articles, studies, editorials, reports and books. Other researchers in related fields were contacted for information.

Both authors scrutinised several thousand titles and abstracts (more than a thousand complete articles were read) in order to identify as many studies as possible that fulfilled the criteria for inclusion. All studies that were considered to meet, whether completely or partially, these criteria were included.

Analyses

The following aspects were analysed: type of study, areas studied, research questions, theories used, and results. The protocol used to extract information from the studies was developed and tested in an earlier review (Söderberg & Alexanderson 2003) and was adapted from several guidelines for literature reviews (Cooper 1998, Locke, Silverman *et al*. 1998, Oxman & Guyatt 1988). The following 17 items were included: author, country, year of publication, type of publication, discipline, aim, study object, study design, data collection methods, inclusion criteria, number

included, drop out, drop out analyses, methods for data analyses, results, conclusions, and theoretical basis of the study.

Each study was initially scrutinised by the first author, resulting in a preliminary protocol including all items mentioned above; thereafter, the second author read the results and suggested changes that were discussed until a consensus was reached. Both authors read each study several times over a two-year period and discussed them to discern comprehensive categories of studies (Cooper 1998, Patton 1990).

Results

Sixteen studies fulfilled the inclusion criteria; of these, five were identified through literature database searches and 11 through reference lists or personal contacts. All 16 studies were published as articles in scientific journals or as doctoral dissertations. The relevant results, as well as the focus of the studies, methods of data collection, and subjects included in the investigation are presented in Table 1.

In the majority of the studies, data were obtained through interviews (Bäckström 1991, 1994, 1997, Edlund 2001b, Lindqvist & Grape 1999) that were in some cases combined with written material and observations (Hvinden 1994, Johansson 1992, Perjos 1998), and with questionnaires (Bäckström & Eriksson 1989). Questionnaires only were used in four of the studies (Edlund 2001a, Englund *et al*. 2000b, Hensing *et al*. 1997, Haldorsen *et al*. 1996), and one of those included case vignettes (Haldorsen *et al*. 1996). In three of the investigations (Bång *et al*. 2001, Jonsson 1997, 1998) data were collected by observations.

All of the studies dealt with different dimensions of managing clients, but only two (Hensing *et al*. 1997, Perjos 1998) elucidated the problems experienced by the SIOs in their work associated with entitlement to sickness benefits. Several of the studies (Bäckström 1994, 1997, Edlund 2001b, Haldorsen *et al*. 1996, Hvinden 1994) revealed difficulties regarding coordination of RTW measures, and the authors concluded that these problems were related to the fact that the cooperation between authorities resulted in different forms of mutual adaptation, for instance, less cooperation between actors than expected in the official guidelines. The dual function of the SIO as gatekeeper and coordinator tended to create ambivalence in the decision making (Table 1). Two of the studies were performed by physicians (Englund *et al*. 2000b, Haldorsen *et al*. 1996), and all the others by behavioural scientists mainly using qualitative methods. The research questions emanated more often from social science theories than from experience and practice within the field of sickness

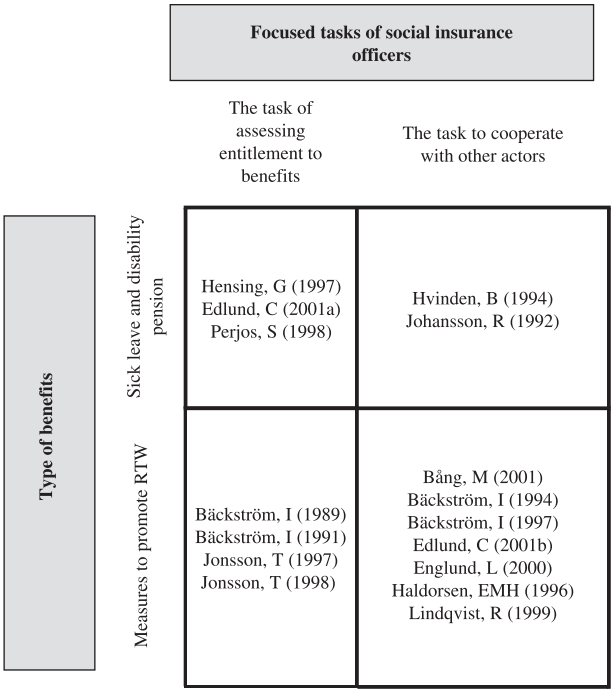

Figure 1 Diagram showing type of comprehensive focus provided in the reviewed studies considering the tasks of social insurance officers and the type of benefits that were examined.

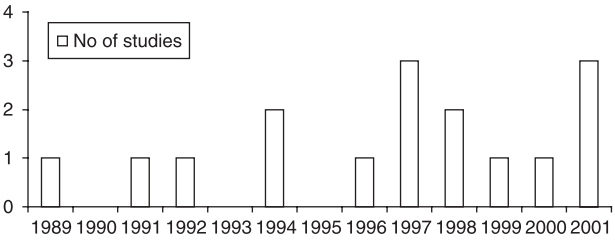

Figure 2 Year of publication of the included studies.

insurance (Table 2). The tasks of SIOs and the types of benefits that were examined in the reviewed studies are illustrated in Figure 1. A small and slightly increasing number of publications appeared over the past decade (Figure 2), all of them originating from Norway or Sweden. Surprisingly little research had been done on these professionals before the work-line strategy was incorporated into the systems. The gender of the subjects was not included in the analyses in nine of the studies (Figure 3).

In the studies concerning coordination of RTW measures, the SIOs felt they had insufficient knowledge to handle their contacts with clients or other actors, and they mentioned feelings of ambiguity. The studies also indicated gender bias in decisions concerning measures promoting RTW. For instance, men were granted more expensive measures than women. While all SIOs must

Table 1 Studies on practices of social insurance officers regarding sickness benefits; listed in alphabetical order

Author/year	Focus	Data collection	Included	Results
Bång *et al*. 2001	To design a tool that supports interorganizational collaboration in case management	12 work-place observations	Six case managers from three local welfare agencies (social insurance, employment and social welfare)	A prototype client database system was designed to support communication between actors from different social agencies working with the same client. The database is a communication tool that uses desktop and yellow 'sticker-notes' and a drag-and-drop approach that supports collaborative case management and communication by a virtual interorganizational rehabilitation team. Basic statistics can be generated.
Bäckström & Eriksson 1989	Results of cooperation between different authorities participating in local rehabilitation groups	Interviews, questionnaires, client files	183 files, 183 clients	The SIOs more often decided to contact male than female clients and concrete decisions about work or education were more frequently made for men than women. The outcome of the RTW measures was influenced by the resources of the clients. Different communication problems between insurance officers, often at different structural levels, and between insurance officers and clients were identified. Several different actors were more often involved in the investigation of female clients.
Bäckström 1991	Situation of the clients some years after rehabilitation	Interviews	101 long-term sick-listed persons	In a long, drawn-out process the clients underwent various types of RTW measures during which 40% of the women and 32% of the men lost their jobs. The collaboration between different authorities that took part in local rehabilitation groups was perceived as pointless. Female clients felt that measures taken often led to disability pension.
Bäckström 1994	Perception of the influence of gender by clients and insurance officers in relation to long-term illness	Interviews	Same as above	The clients felt that the process of rehabilitation was rather negative, prolonged, pointless, and contributed to lowered self-esteem. Male clients felt they had more influence over measures taken than female clients did. Opinions of clients and insurance officers about the influence of gender in relation to long-term sick leave and rehabilitation could be summarised in three groups: (1) gender is not important; (2) division of paid and unpaid work depends on gender; (3) only insurance officers stated that gender is of importance on a higher structural level.
Bäckström 1997	Gender differences among long-term sick-listed persons	Interviews	29 long-term sick-listed persons, 19 public servants, chosen by clients, from different authorities	Clients participating in rehabilitation programmes were distressed. The male clients because other people had control over their lives, and they could not decide for themselves what kind of RTW measures to accept. Female clients were troubled because they tended to relate their possibilities of RTW to their life situation. The SIOs regarded themselves as completely gender-neutral and stated that the gender differences in rehabilitation measures were due to factors outside their influence, although they also said that it was more difficult to rehabilitate women.

Table 1 *Continued*

Author/year	Focus	Data collection	Included	Results
Edlund 2001a	Decisions regarding applications for disability pension	Questionnaire	111 members of social welfare boards, 144 SIOs reporting on the cases in three different counties	Members of the social welfare board and SIOs handling the cases came to essentially the same decisions regarding levels of compensation for clients. Cases involving psychiatric disorders were the only exception to this. Those cases caused most problems and were found difficult to agree on.
Edlund 2001b	Opinions of SIOs regarding their work role and cooperation with various authorities	Interviews	32 SIOs from different organizational levels within the social insurance system	When dealing with clients the formal legal aspects were disregarded while human viewpoints and social skills were emphasised. Ambivalence towards authority was expressed; some SIOs felt powerless in their work, whereas others denied that aspects of control were involved at all. Individual SIOs experienced the increased freedom of action related to coordination of RTW measures as a problem and wanted clear and more direct leadership. Problems appeared on different structural levels due to indistinct goals, ambiguous instructions from the central office, lack of feedback from managers and colleagues, and uncertainty about how to encounter clients professionally. Feelings of uncertainty in contacts with other professionals were mentioned, especially in relation to physicians and employers.
Englund *et al*. 2000	Knowledge, attitudes and opinions about issues concerning sick-leave	Questionnaire	183 sick-listed, 183 certifying physicians, 136 SIOs, 162 employers	The attitudes towards sickness certification were very similar in the four groups, although patients had a somewhat more favourable opinion than other people about the benefits of being on sick leave. Work was regarded as a cause of illness by the patients more often than the other actors.
Haldorsen *et al*. 1996	Criteria for sick-leave due to muscular pain	Questionnaire with case vignettes	436 GPs, 111 medical consultants, 457 SIOs, 600 laymen	All groups were reluctant to accept depression or social problems as diseases, or to recognise social problems as reasons for sick-leave. All groups found it difficult to conceptualise problems with musculoskeletal pain and there was no consensus concerning the decision criteria for sick-leave in such cases.
Hensing *et al*. 1997	Daily experiences of social insurance officers dealing with sickness insurance	Questionnaire using the critical incident technique	202 SIOs	The SIOs perceived difficulties in cooperating with different professionals involved in the rehabilitation process and in actual work conducted directly with clients, exemplified by a lack of motivation among the insured. A considerable amount of time was spent on returning incomplete medical certificates, which led to delayed rehabilitation, extra work, and stress and anxiety. Passive wait-and-see strategies, initiating more rehabilitation measures, and contacting other agents were used as coping tactics.

Table 1 *Continued*

Author/year	Focus	Data collection	Included	Results
Hvinden 1994	Identification of problems with integration and how such difficulties are related to the characteristics of welfare bureaucracies	Interviews, observations, written material (various documents)	93 staff members at five NHI offices, 50 staff members at five social welfare offices in Norway	The staff members at the welfare offices experienced stress and frustration in their daily work, especially regarding refutation and withdrawal of benefits. The role of being gatekeepers for public funds was emphasised more strongly by the national SIOs than by the social workers. Among the former, internal specialisation and the work of the group itself was of greater importance than the official goals and strategies of the organisation. Collective security was sought more often by the social workers than the SIOs. Lack of agreement on official goals led to very limited cooperation and coordination with other units or groups within the organisation. SIOs were ambivalent about closer and more regular contact, partly due to feelings of professional inferiority.
Johansson 1992	To develop existing theories on street-level bureaucracy	Interviews, written material (various documents)	18 employment insurance officers, 23 SIOs	Case studies, for instance from social insurance offices, were used to achieve the goal of theory development (primarily organizational theory). An individual is transformed into a client by being standardized to 'variables' relevant to the task of the specific organisation. The area of specialisation and the internal boundaries of the organisation determine how a client is 'constructed'. This variation was explained in terms of five dimensions: (1) degree of constraint imposed by regulations; (2) degree of specialisation; (3) amount of time per case; (4) whose interests are being considered; (5) distance. All five dimensions are central for the understanding of organizational aspects of the officer–client relationship. Latitude is allowed in decisions made by street-level bureaucrats, due to the nature of the tasks they perform and their position in the organisation.
Jonsson 1997	To identify and describe institutional official strategies used by rehabilitation workers in face-to-face encounters with clients	Observations	24 meetings between SIOs and clients	Two main strategies were identified: (1) when the client seemed to consent to the 'work-line' principle, a *reinforcement strategy* was used; (2) when the client did not, a *motivating strategy* was used. Applying the latter strategy, the SIOs had to deal with two problems: (1) how to observe the goals of the social insurance system and at the same time act as experts to help people on long-term sick leave; (2) whether to enact strict or flexible administration of rules. The author identified four different approaches that were used: being the caring professional, the caring amateur, the bureaucratic administrator, or the coordinator. The clients who did not fit the expectations of the organisation were regarded as problematic.

Table 1 *Continued*

Author/year	Focus	Data collection	Included	Results
Jonsson 1998	Explore meeting and action strategies in encounters between rehabilitation workers and immigrant clients	Observations	Same as above	Two main social mechanisms became dominant or subordinate in empirical examples of different situations: Materialization of the 'work-line' principle, which is closely linked to culturally bound perceptions of work, and the culture filter through which rehabilitation workers make their interpretation, which may be an obstacle to understanding the needs of immigrant clients. The rehabilitation workers pointed at three problems: (1) poor knowledge of the Swedish language (2) cultural differences, and (3) ethnicity, as a source of misunderstanding and conflicts. Under certain circumstances immigrants fall into all three categories, thus SIOs frequently have to employ the motivating strategy. Immigrants were often regarded as uncooperative and differing from the ideal types of long-term sickness benefit recipients regarding attitudes toward work and physical capabilities needed to return to work.
Lindqvist & Grape 1999	Difficulties and opportunities experienced in 14 cooperating projects dealing with multi-problem clients	Interviews	39 participants in 14 cooperating projects with actors from at least three of the following: employment agency, social welfare, social insurance, healthcare, labour union, employers	*Positive experiences:* Insight into resources and capacities of other welfare agencies led to greater creativity and less tendency to be influenced by bureaucracy in the agency. A gatekeeping function resulted in earlier identification of clients in need of help. Written agreements with clients increased client mobilisation. Insurance officers felt that motivation and self-esteem had risen among clients and that the risk of 'falling between' the welfare agencies was reduced. *Negative experiences:* Actors from the social insurance office and the public employment service defined key concepts such as 'sickness' and 'work ability' differently, leading to conflicts. Problems with obtaining enough resources for the projects were common. Difficulties occurred because different types of benefits could not be pooled and used freely. Each type of benefit had to correspond to the underlying cause (sickness, unemployment) and corresponding measures. Extensive administrative resources were devoted to the transition of clients from one type of measure to another. The process of initiating projects and developing common goals was difficult and often neglected by those at the managerial level, demonstrating that it is important that higher-level managers comprehend the basic ideas of cooperative working models.

Table 1 *Continued*

Author/year	Focus	Data collection	Included	Results
Perjos 1998	Factors influencing the encounter between the authority and the clients	Interviews, work instructions and documents	16 SIOs	The initial meeting with the clients, combined with different types of forms were used as instruments for social control and to 'construct' clients that could receive sickness benefits. The task to control the client was guided by regulations and sometimes hindered the SIO from recognising the legal rights of a client, for instance being entitled to apply for disability pension. There was an inherent conflict in the role as both a gatekeeper of the system and a representative of the client in different situations. The SIOs felt that they were closely controlled by superiors in their daily work and that administrative matters took much time in comparison to client-related issues, and they were suspicious of their superiors. The SIOs created different kinds of borders in their interactions with each other and with clients, which were referred to as being legal, administrative, time-bound, geographical, or psychological in nature. The SIOs experienced questions from different actors as problematic, for instance queries regarding assessments of work ability or when a client would be well enough to return to work. The goals of the client did not agree with the intentions of the legislation regarding close cooperation with the employment office. Many SIOs simply accepted the hierarchical organisation and decision procedure, and they felt there was a lack of potential to spread new ideas.

Table 2 Scientific disciplines in which the studies were performed

Discipline	Number of studies
Social work	5
Sociology	5
Medicine or public health	5
Informatics	1

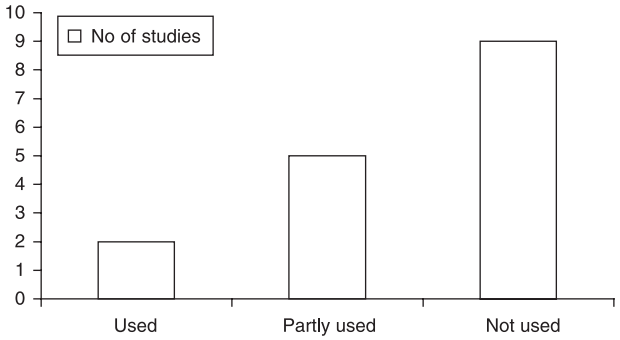

Figure 3 Number of studies in which data on gender of subject were used, partly used, or not used at all in the conducted analyses.

make decisions on a daily basis concerning entitlement to sickness benefits, few of the studies paid attention to the overall context of granting sickness compensation.

Discussion

Very little research has focused on the practices of SIOs, even though these administrators represent the legal authority in encounters between this section of the welfare system and the people it serves. All 16 studies dealt with different dimensions of managing clients, but only two (Hensing *et al*. 1997, Perjos 1998) elucidated problems experienced by the SIOs in their work associated with the actual granting of sickness benefits. None systematically included information on the specific task of ascertaining whether an individual is entitled to sickness benefits, or on the process of making decisions about such rights. In general, those that examined the task of cooperating with other actors (Bäckström 1994, Bäckström 1997, Edlund 2001b; Hvinden 1994, Johansson 1992, Lindqvist & Grape 1999) indicated that SIOs mentioned feelings of ambiguity and having insufficient knowledge about how to handle such collaboration.

Methodological considerations

This systematic review of the literature describing how SIOs manage sickness benefits includes the way they handle the following tasks: (1) making decisions concerning entitlement to sickness compensation; (2) determining whether various measures will facilitate RTW; (3) co-ordinating RTW measures with the different actors involved. The inclusion criteria ruled out other types of studies that, by definition, do not look at these aspects. In some cases it is difficult to compare the results of different studies; for example, the role of the SIOs can vary between countries and/or over time.

Eleven of the studies were identified in reference lists or through contacts with other experts, rather than in literature data bases. This indicates that methodology restricted to searches of literature databases is not satisfactory in this emerging area of research. The search terms we used related to the process of administrating sickness benefits, and it is possible that additional publications would have been found if more search terms had been employed.

Several authors (Alexanderson 1998, Tellnes 1989) have pointed out that the concepts regarding research on sick-leave and management of sickness benefits are undeveloped, and that the same term can sometime refer to different phenomena, varying between countries and over time. Additional studies might have been identified if even more reference lists had been scrutinised and more researchers had been contacted, although this seems unlikely.

We examined the reference lists in the reviewed studies and in a wide range of other publications, such as scientific papers, editorials, reports, books, and debate articles. Since so few studies could be identified through searches of literature databases, researchers in adjacent disciplines were contacted.

Publication bias can have a substantial impact on the results of scientific reviews (Cooper 1998, Locke *et al*. 1998). Most of the reviewed studies were found in the behavioural science database SSCI, whereas most of the publications included in a previous search concerning the sickness certification practices of physicians were identified in the medical science database Medline (Söderberg & Alexanderson 2003).

Nearly half of the studies were published in Swedish; it is likely that investigations have been published in languages other than those included in the current search. All of the studies emanated from Sweden and Norway, suggesting that a very large proportion of all published studies concerning sick-leave and sickness insurance come from these two countries. Another plausible explanation is that there is a high level of sick-leave in those countries (Alexanderson & Söderberg 2000, Hansen 1999), which has generated greater interest in all aspects of the management of clients receiving sickness benefits.

The aim of this review was to find as many studies as possible that fulfilled the inclusion criteria and to obtain a comprehensive picture of what research has

been done so far, rather than evaluate their quality. Nevertheless, this investigation has identified a number of implications for further research; certainly, the paucity of studies places heavier demands on future research. As this appears to be a new field of research we wanted to start with a systematic review of all studies, rather than exclude those of poor quality.

Reviewed studies on the practices of social insurance officers

All SIOs must make decisions concerning clients' entitlement to sickness benefits, so it is surprising that so few studies have addressed the practices of these officers. In the 1990s the work of SIOs in Sweden and Norway was extended to include responsibility for assessing the need for further RTW-promoting measures and initiating their coordination (Hensing *et al*. 1997). Thus demands for professionalism increased (Hasenfeld 1992). Several of the reviewed studies (Edlund 2001b, Hensing *et al*. 1997, Lindqvist *et al*. 1999, Perjos 1998) suggested that staff use the full extent of their decision latitude in order to manage the overwhelming burden of administrating sickness benefits. These results are well in line with other investigations indicating that, despite being pressed for time and under heavy workload, public sector employees are expected to be responsive to human needs and at the same time serve their clients in accordance with rules and regulations (Ellis *et al*. 1999, McHugh 1998, Söderfeldt *et al*. 1996).

Compared to men, women are on sick-leave for longer periods and are more often granted disability pension after a short period of absence (Borg *et al*. 2001). In healthcare there is an increasing awareness of gender factors and possible gender bias in medical practice (Alexanderson 1999, Messing *et al*. 2003, Östlin & Danielsson 2002). There is reason to believe that gender aspects can also be of importance within the practice of sickness insurance and some of the studies showed that. Bäckström (1991) and Bäckström & Eriksson (1989) found that clients were less satisfied than welfare professionals when considering decisions on RTW measures. Furthermore, the SIOs found it much easier to choose RTW measures for men than for women; they were more apt to listen to and implement suggestions from male clients, and they granted more expensive forms of rehabilitation to men than to women (Bäckström 1997).

These findings agree with the results of other investigations on gender bias in sickness insurance (Alexanderson *et al*. 2001, Kilbom *et al*. 2001, Marklund 2001, Ockander & Timpka 2001). However, more research is needed to elucidate aspects associated with gender, since most of the reviewed studies did not provide even quite fundamental information, including the gender of the subjects (Figure 3). Scientific knowledge is lacking on how decisions regarding entitlement to sickness benefits are affected by the practices of SIOs as compared to those of other professionals involved in the system, for example physicians. In many Western countries, the latter group has been studied much more extensively (SBU 2004).

The task of assessing entitlement to benefits

Some of the studies (Edlund 2001a, Hensing *et al*. 1997, Perjos 1998) scrutinised the task of assessing entitlement to sickness benefits and disability pensions (Figure 1). Hensing *et al*. (1997) showed that the SIOs accepted the recommendations of physicians instead of using their own judgment. The role of the physician in the sickness insurance system in Sweden, as in most other Western countries, is to certify that an individual has a disease and to determine the degree of work incapacity caused by it (Cassis *et al*. 1996, Järvholm & Olofsson 2002). While it remains the responsibility of the SIO, not the physician, to decide whether sickness benefits should be granted, it is clear that the sickness certificate is used as a basis for making a decision (Hensing *et al*. 1997, Söderberg *et al*. 2003, Söderberg & Alexanderson 2004).

This strategy of adopting judgements made by others has been studied and analysed as a phenomenon built into public service organisations as a result of work overload and time pressure (Lipsky 1980, Timpka *et al*. 1994). Hensing and co-workers (Hensing *et al*. 1997) called it 'rubber stamping'. Two central issues in this context are the extent to which decisions concerning sickness and disability benefits differ between social insurance offices, and the extent to which clients are treated equally under the laws and regulations of the sickness insurance. In one study (Edlund 2001a), differences were identified regarding decisions to grant disability pension to clients with psychiatric diagnoses and the SIOs looked upon those cases as most problematic. This finding agrees well with the fact that they report that they often hesitate to contact clients with psychiatric diagnoses, and the same applies to clients with cancer. Further research is needed to elucidate the impact of diagnoses on the way that SIOs handle sick-leave cases.

Timpka and co-workers (Timpka *et al*. 1994) pointed out that dealing with sickness benefits entails structurally derived problems concerning interaction between two authorities. Although physicians perform their tasks within a defined organisation, they also have 'boundary spanning' duties related to the administration of sickness insurance. More precisely, they issue sickness certificates covering diagnoses and assessments of functional capacity, which in turn are delivered to SIOs to be used

as a basis for decisions regarding entitlement to sickness benefits (Hensing *et al*. 1997, Söderberg *et al*. 2003).

The medical diagnosis on the certificate is defined within the health-care system but used within a separate entity – the sickness insurance system (Timpka *et al*. 1994). None of the reviewed studies systematically included information on the different steps of the specific task of ascertaining whether an individual is entitled to sickness benefits, or on the process of making decisions about such rights. Indeed, such issues were more extensively examined in studies on the sickness certification practices of physicians (Arrelöv *et al*. 2003, Englund & Svärsudd 2000a, Söderberg *et al*. 2003, SBU 2004) or on decisions concerning welfare rights (Cedersund 1992, Gunnarsson 1993, Kullberg 1994, Sandfort 2000). Clearly, further research should examine whether the results are applicable to social insurance professionals in other Western nations and should be focused also on the roles of other professionals involved in managing sick-leave cases, such as medical advisers.

Cooperation with other actors

Nine of the 16 studies (Bång *et al*. 2001, Bäckström 1994, 1997, Edlund 2001b, Englund *et al*. 2000b, Haldorsen *et al*. 1996, Hvinden 1994, Johansson 1992, Lindqvist *et al*. 1999) examined aspects of cooperation with other actors (Figure 1). Communication problems were identified between staff of different public organisations, and it was noted that the SIOs were ambiguous about how to handle such cooperation. Two studies (Edlund 2001b, Hvinden 1994) detected a number of strategies for coping with problems associated with collaboration, such as avoiding contact with other authorities and focusing on the internal team instead of the official goals.

It is important to consider the question of how professional ambiguity affects the practices of SIOs (March & Olsen 1989), but, as already mentioned, few studies have been conducted in this relatively new field of research. According to Meyerson (1990) uncertainty can arise from a lack of clarity related to irreconcilable goals and weak connections between the tasks performed and the results achieved. One study (Haldorsen *et al*. 1996) noted that it appeared to be especially difficult to assess work capacity and determine appropriate levels of compensation in cases of musculoskeletal pain. Furthermore, in the two studies that also dealt with collaboration between authorities (Hvinden 1994, Lindqvist *et al*. 1999), the authors identified problems that were associated with utilisation of various input resources. It was observed that economic incentives frequently influence the types of RTW measures provided, since the degree of compensation varies between different benefit systems (Marnetoft 2000).

Problems regarding the management of cases involving immigrant clients were found in two of the studies (Jonsson 1997, 1998), which revealed that immigrants were regarded as being uncooperative and not living up to the expectations of the SIOs. Similar kinds of problems were observed in the management of measures aimed at promoting RTW for female clients, as exemplified by the fact that the SIOs found it much more difficult to achieve rehabilitation goals for women than for men (Bäckström 1991, 1994). While the SIOs stated that gender has no direct impact on the handling of cases, they nevertheless made more contact with male clients than with female clients when discussing specific decisions about work or education (Bäckström *et al*. 1989).

Such use of decision latitude to involve the 'right' client has been referred to as a coping strategy that facilitates the daily work of public sector staff, even though it is not compatible with the rules and regulations of the authority in question (Berglind & Gerner 2002, Brodkin 1997, Maynard-Moody & Musheno 2000). Accordingly, to gain a better understanding of the practices of SIOs and the role of individual clients in relation to gender, class, age, and ethnicity (Messing *et al*. 2003), it will be necessary to use different research perspectives and other sources of information in combination with a broader theoretical, methodological, and empirical base.

Conclusions

It is obvious that very little research has focused on the practices of social insurance officers. The lack of knowledge is remarkable given the substantial economic burden on society that exists due to administration and payment of sickness compensation. Several of the reviewed studies focused either on what is referred to as 'construction of clients' or on cooperation between staff of different welfare organisations, whereas only two elucidated the specific tasks of deciding whether clients are entitled to sickness benefits. The autonomy of the SIOs was studied from a limited perspective mainly on the level of the individual case manager.

In future studies, it might be helpful to use contemporary theories to integrate different structural levels of the administrating of sickness benefits when investigating the experiences of the individual professionals. Due to the importance of the practices of SIOs, further research should be focused on the decision making process, and should also examine cooperation with other experts involved in the administration of sickness insurance. The relationship between physicians and patients has been investigated much more extensively than that between SIOs and their clients. The conceptual and theoretical framework in this area of research needs to be developed to facilitate elucidation of the interaction

between different actors in local spheres, between different professionals, and between welfare staff and individual citizens.

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