

Analysis of the Efficiency of the Prophylactic Rehabilitation Programme of the Polish Social Insurance Institution (ZUS) in the Opinions of Potential Insurance Beneficiaries

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Abstract

Due to the fact that the number of the Polish Social Insurance Institution (ZUS) pension beneficiaries has increased significantly, ZUS has introduced a programme of prophylactic activities basing on rehabilitation treatment. The assumptions of the rehabilitation programme are to improve and modify the everyday functioning of patients who are threatened with loss of employability through injury or disease so that they may begin working again. The aim of this study was the assessment of the efficiency of ZUS prophylactic rehabilitation activities on the example of SANUS Specialist Hospital Ltd. in Stalowa Wola in the time between November 2014 and February 2015. The study included 148 patients (61 women—41%, 87 men—59%). The tool used for the analysis was an author questionnaire for patients participating in the programme. The majority of patients participating in the prophylactic rehabilitation programme suffered from spinal injuries. Over 41% claimed to be ready to begin working again after rehabilitation treatment, and 39% declared to be undecided as to whether or not they are able to begin working again whereas 20% declared themselves not to be ready to return to work. The worst rehabilitation treatment results were observed among patients who have suffered injuries of upper and lower extremities. The length of the 24-day rehabilitation treatment performed as a part of the ZUS prophylactic rehabilitation programme for patients with injuries of upper and lower extremities proved insufficient. A further analysis of patients with such injuries considers prolongation of the rehabilitation treatment. There is a need for prophylactic activities directed towards patients who participate in the ZUS programme for the first time since 49% of the patients included in the questionnaire require a participation in a follow-up rehabilitation treatment.

Keywords: prophylactic rehabilitation programme, the Polish Social Insurance Institution (ZUS), public and private health insurance

Introduction

Social Insurance institutions worldwide introduce different rehabilitation programmes aiming at the reduction of the number of potential pension beneficiaries. The aim of the programme is to make sure that patients stay employable for as long as possible. The Polish Social Insurance Institution (ZUS) has also made an attempt at an initiation of a prophylactic rehabilitation programme (Wilmowska-Pietruszyńska 2003). This programme functions as a fulfilment of the obligations the state has regarding sick and disabled citizens who are guaranteed social security and recognition as remaining fully-fledged citizens (Patyk 1999, 17).

Poland as a democratic country cannot and should not avoid the fulfilment of its obligations towards the disabled and must guarantee their social security as well as increasing participation in all activities of society (Dębniak 2001, 185). The Constitution of Poland constitutes the highest law and as such contains different regulations and norms defining the legal situation of individuals, setting their rights and responsibilities towards the state. Norms defined by the Constitution can be divided into those directed towards all individuals as well as those addressing the disabled and unable to work in particular. The list of the rights and responsibilities includes the right to medical care and aid in case of disease and loss of employability, and guarantees the means for their implementation through adjustment of sickness, old-age and pension insurance as well as individual social and medical care (Patyk 1999, 18). The following constitutional norms are of particular interest for the purpose of the Article 68:

- “1. Everyone shall have the right to have his health protected.
2. Equal access to health care services, financed from public funds, shall be ensured by public authorities to citizens, irrespective of their material situation. The conditions for, and scope of, the provision of services shall be established by statute.
3. Public authorities shall ensure special health care to children, pregnant women, handicapped people and persons of advanced age.
4. Public authorities shall combat epidemic illnesses and prevent the negative health consequences of degradation of the environment.
5. Public authorities shall support the development of physical culture, particularly amongst children and young persons,” and

Article 69:

“Public authorities shall provide, in accordance with statute, aid to disabled persons to ensure their subsistence, adaptation to work and social communication.”¹

Among the rights guaranteed by the Constitution the ones defining medical care and social insurance are of particular interest for individuals who have lost their employability. Regardless of the fact of whether an individual is disabled or not, work as such constitutes a value in the life of an individual (Nosal 1977). The value of work lies both in its contribution for finances and through generating opportunities for building relations with other individuals. It contributes to individual development and improvement thus to the advancement of the world around (Gałkowski 1986, 61–84). The freedom to choose and to pursue his/her occupation and to choose the place of work are guaranteed in Article 65 of the Constitution of Poland (Sanetra 1997, 3). An adult disabled individual, without work, both becomes an economic burden for the state due to obtaining pension insurance and moreover is deprived of all the positive experiences connected with the role of an employee and self-development (Otrębski and Rożnowski 2008). The state is obliged to help individuals in accordance to its financial situation through encouragement of founding supported employment enterprises, relief and tax exemptions. It is important to note that in the situation of high unemployment among the disabled there exists a contradiction between formal freedom and the execution of guarantee for work (Zięba-Załużka 2006, 2). Among the rights and responsibilities enumerated in the Constitution, disability is included in the right to medical care and aid in case of sickness and loss of employability and the Constitution provides regulations for the execution of these rights through the development of sickness, old-age and pension insurance and medical care for the disabled. The Constitution guarantees that no individual can be discriminated in politics, in social life and in economics for their disability.²

The rule of equality and prohibition of discrimination are important issues of the legal system. They are guaranteed by numerous national legal regulations including the Constitution, and international legal regulations such as Articles 2 and 26 of International Covenant on Civil and Political Rights (ICCPR) and Article 14 of the European Convention on Human Rights (ECHR). Article 26

1. See: Konstytucja Rzeczypospolitej Polskiej z dnia 2 kwietnia 1997 r. uchwalona przez Zgromadzenie Narodowe w dniu 2 kwietnia 1997 r., przyjęta przez Naród w referendum konstytucyjnym w dniu 25 maja 1997 r., podpisana przez Prezydenta Rzeczypospolitej Polskiej w dniu 16 lipca 1997 r. DzU z 1997 r. nr 78 poz. 483. English version of the Constitution of Poland is available at <http://www.sejm.gov.pl/prawo/konst/angielski/kon1.htm>.

2. Ibid., Art. 67.

of the Convention on the Rights of Persons with Disabilities declared by United Nations General Assembly states that: "All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status."³

Article 25 of the Convention on the Rights of Persons with Disabilities deals with the right to health and states the following: "persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability." Article 26 elaborates on the right to rehabilitation by affirming that:

1. States Parties shall take effective and appropriate measures, including through peer support, to enable persons with disabilities attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. To that end, States Parties shall organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services, in such a way that these services and programmes:
 - a) Begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths;
 - b) Support participation and inclusion in the community and all aspects of society, are voluntary, and are available to persons with disabilities as close as possible to their own communities, including in rural areas.
2. States Parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation service.
3. States Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation."⁴

The Polish social security system has observed an increasing number of beneficiaries based on disability leading to loss of employability. For this reason, on the 1st of September 1997 the Act of 28th of June 1996 entered into force.⁵ This Act deals with the reform of social insurance such as pensions and social security based on medical certification. It defines a person unable to work as an individual who is disabled and does not expect to regain employability even after retraining (Jackowiak 1997, 13).

The Article 69 of the Act of 13th of October 1998⁽⁶⁾ and regulation of the Council of Ministers of the 12th of October 2001⁽⁷⁾ on the system of social insurance defines the way individuals are referred for rehabilitation, and the way rehabilitation treatment services are provided. The aim of activities undertaken by ZUS as a part of the prophylactic rehabilitation programme is to improve the functioning of individuals who due to an injury or disease temporarily have lost their employability so that they can begin working again after participating in the programme.

The participants of the programme are usually recruited among those who have lost their employability. This pension prophylactic programme is fully financed by ZUS. From its perspective it proves effective only if a beneficiary may cease receiving the pension in favour of restarting paid work. The opportunities for performing paid work and the ability to support the family financially without using a ZUS pension influences self-esteem and the level of life quality. It is important to mention that the ZUS prophylactic rehabilitation programme is not an alternative for basic medical

3. See: The United Nations International Covenant on Civil and Political Rights. [a:] <http://www.hrweb.org/legal/cpr.html>.

4. See: Convention on the Rights of Persons with Disabilities (CRPD). [a:] <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>.

5. See: Ustawa z dnia 28 czerwca 1996 r. o zmianie niektórych ustaw o zaopatrzeniu emerytalnym i o ubezpieczeniu społecznym. DzU z 1996 r. nr 100 poz. 461.

6. See: Obwieszczenie Marszałka Sejmu Rzeczypospolitej Polskiej z dnia 10 listopada 2009 r. w sprawie ogłoszenia jednolitego tekstu ustawy o systemie ubezpieczeń społecznych. DzU z 2009 r. nr 205 poz. 1585.

7. See: Rozporządzenie Rady Ministrów z dnia 12 października 2001 r. w sprawie szczegółowych zasad itrybu kierowania przez Zakład Ubezpieczeń Społecznych na rehabilitację leczniczą oraz udzielania zamówień na usługi rehabilitacyjne. DzU z 2001 r. nr 131 poz. 1457.

care financed by the Polish National Health Fund (PNHF). The role of ZUS is to supplement the activities of PNHF by additional rehabilitation treatment allowing its beneficiaries to restore their abilities for regaining employability. Thus ZUS beneficiaries are mainly individuals threatened by partial or complete loss of employability whose situation may change after having participated in ZUS prophylactic rehabilitation treatment. It can be assumed that the aim of this prophylactic programme is achieved if an individual may stop receiving a ZUS pension.

The ZUS prophylactic rehabilitation programme can be performed in the following ways:

- full time stay system for the diseases of the following systems: cardiovascular, motor, respiratory, and psychosomatic disorders.
- outpatient system for the diseases of the cardiovascular system and in psychosomatic disorders.

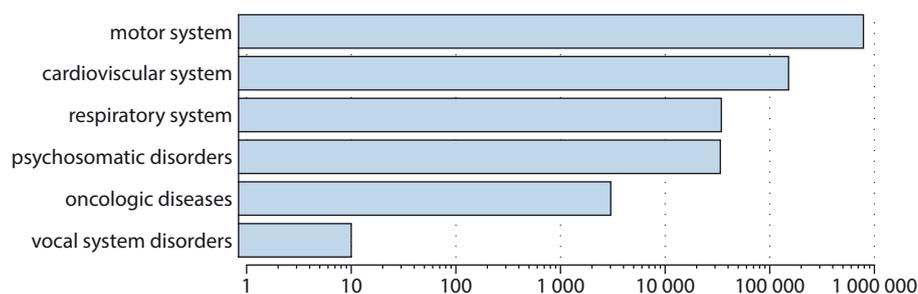


Fig. 1. The number of individuals insured in Poland in the years 1996–2003 — disease profile division

Źródło: Own elaboration based on data presented by Nietopiel (2014)

The above presented groups constitute the most frequent reasons of the loss of employability. Presently thanks to the participation of the ZUS prophylactic rehabilitation programme more than half of the insured individuals may regain their ability for employability and begin working again. The programmes cover all the necessary diagnostic procedures, treatment and rehabilitation which aim at the improvement of the functioning of the organism but also the awareness concerning a healthy life style learnt during rehabilitation stays. For this reason it is important that all rehabilitation facilities offer the services of specialist such as: rehabilitation specialists, physiotherapists, psychologists, occupational therapists, and nutritionists. As the result of the stay at a rehabilitation facility, the beneficiary should improve his/her knowledge concerning ways of caring for health and their own health-related responsibilities. The beneficiary should acquire knowledge concerning: prophylactic exercise to be continued at home, his medical condition and the reasons for referral to the rehabilitation facility, be aware of the role of prophylactic tests and the factors endangering his/her health. What is more, the beneficiary should know the rules of healthy nutrition and the ways of dealing with stress. With this knowledge, the beneficiary should become an aware individual able to care for his/her own health.

The aim of the present article was the evaluation of the effectiveness of the ZUS rehabilitation prophylactic programme on the basis of SANUS Specialist Hospital Ltd. in Stalowa Wola.

1 Material and methods

The evaluation included the beneficiaries admitted to the SANUS Specialist Hospital participating in ZUS prophylactic rehabilitation treatment between November 2014 and February 2015. The study included 148 patients including 61 women (41%) and 87 men (59%). The diagnostic tool used for the evaluation was an author questionnaire for patients participating in the programme. The participants were asked for the reason of being referred to the ZUS programme, their own assessment of employability after participation in the rehabilitation programme, general assessment of their health, and frequency of participation in programmes.

Tab. 1. Age of programme participants

Age	<i>n</i>	%
27–35	38	25,7
36–44	36	24,3
45–55	37	25,0
> 55	37	25,0
Total	148	100,0

[In the journal European practice of number notation is followed—for example, 36 333,33 (European style) = 36 333.33 (Canadian style) = 36,333.33 (US and British style).—Ed.]

2 Results

The following were the most frequent causes of being referred to the ZUS prophylactic rehabilitation programme: degenerative changes of the spine (M47) about 26%, cervical spine deformities (M50) about 17%, intervertebral disk changes (M51) about 17%, lower extremity injuries (T13) about 14%, disorders of the spinal cord nerve root and plexuses (G54) about 11%, fractures of the shoulder and arm (S42) about 9%, upper extremity injuries (T11) about 7% (tab. 2). Men were the beneficiaries of the ZUS prophylactic rehabilitation programme more frequently than women as the result of fractures and other injuries of upper and lower extremities. Women were participating in the programme as frequently as men or more frequently than men for the disorders of the cervical spine including the diseases of the intervertebral disk and the disorders of the spinal cord and plexuses. Among the participants aged from 27 to 35 the disorders of the spinal root and plexuses were the most frequently reported reasons (G54). Patients aged from 36 to 44 were most frequent to lose their employability as the result of the disorders of intervertebral disk (M51). And those aged between 45 and 55 and older reported degenerative changes of the spine (M47) and diseases (M50, M51) (tab. 3).

Tab. 2. The most frequent reasons of participating in the ZUS prophylactic rehabilitation programme

Reason code	Men (<i>n</i>)	Women (<i>n</i>)	Total (<i>n</i>)	%
M47	21	17	38	25,67
M50	13	12	25	16,89
M51	12	13	25	16,89
G54	9	7	16	10,81
S42	11	2	13	8,78
T11	8	3	11	7,43
T13	13	7	20	13,51
Total	87	61	148	100,00

Tab. 3. Reasons of referring to the ZUS prevention rehabilitation programme by age

Reason code	Age				Total
	27–35	36–44	45–55	> 55	
M47	0	0	8	9	17
M50	9	8	9	9	35
M51	7	12	9	7	35
G54	11	9	5	4	29
S42	6	4	4	1	15
T11	4	2	1	4	11
T13	1	1	1	3	6
Total	38	36	37	37	148

The information obtained from patients concerning their employability after participation in the ZUS prophylactic rehabilitation programme is presented in table 4. Slightly more than 41% of patients declare their readiness for beginning to work again after their 24 day stay at a rehabilitation facility, 39% of patients are uncertain if they are ready to return to work, and 20% clearly state that they do not feel ready to be employed again. The significant subjective improvement was observed among patients suffering from degenerative changes in the spine (M47) and diseases of the cervical spine discs (M50). Patients with fractures in the shoulder and arm regions declared only a slight improvement (S42) and those suffering from injuries of upper and lower extremities declared no improvement or deterioration of their condition (T11, T13). Table 6 presents the frequency of stays in rehabilitation facilities as the result of ZUS prophylactic rehabilitation programme. Among all the surveyed patients 51% were referred to a rehabilitation facility as the result of the ZUS prophylactic rehabilitation programme for the first time. 39% were referred for the second time and 10% for the third time.

The results of the author's own study prove that the most frequent reason of the loss of employability was declared by patients with degenerative changes of the spine, diseases of the intervertebral discs and the plexuses as well as fractures and injuries in the upper and lower extremities.

Tab. 4. Patient self-evaluation employability after participation in rehabilitation programme

	<i>n</i>	%
Yes	61	41,22
No	30	20,27
Uncertain	57	38,51
Total	148	100,00

Tab. 5. Subjective health evaluation after participation in ZUS prophylactic rehabilitation programme by disease

	Disease code (<i>n</i>)							Total	%
	M47	M50	M51	G54	S42	T11	T13		
Significant improvement	23	13	8	6	4	0	0	54	36,5
Slight improvement	13	11	15	9	8	2	6	64	43,2
No improvement	2	1	2	1	1	9	14	30	20,3
Deterioration of condition	0	0	0	0	0	0	0	0	0,0
Total	38	25	25	16	13	11	20	148	–

Tab. 6. Number of stays in rehabilitation facility as the result of ZUS prophylactic rehabilitation programme

	<i>n</i>	%
One	76	51,35
Two	57	38,51
Three	15	10,14
Total	148	100,00

Conclusions

Patients referred to a rehabilitation facility as a result of participation in the ZUS prophylactic rehabilitation programme require a more detailed health assessment since their injuries of the motor system and nervous system do not give good prognosis for improvement after a 24-day stay in the facility. 24-day rehabilitation as a result of the ZUS prophylactic rehabilitation programme of patients with the injuries of upper and lower extremities proves not long enough. The present analysis proves that for these patients the stay in a rehabilitation facility should be extended. The effectiveness of the ZUS prophylactic rehabilitation programme in patients with spinal disorders is relatively high, and only 20% of patients still do not declare their readiness for work after participation in

the programme. Prophylactic activities are essential in patients participating in the programme for the first time and 49% of the surveyed are referred to participation in the programme for the second or third time.

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