

Review of: "Introduction to the Work Ability Index – A Guide for Rehabilitation Practitioners"

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The Work Ability Index: a simple measure to assess a complex object

Athanasou (2024) presents the *Work Ability Index* (WAI - Tuomi et al., 1998), providing a review of its theoretical ground and evidence about validity and usefulness for rehabilitation.

The Index offers a subjective perception of the level of work ability; it is composed of 10 questions regarding 7 fields, i.e., the perception of current work ability, the physical and mental aspects of the job, the presence of diagnosed diseases, the self-estimated impairment or limitations on working, the amount of sick leave during the last year, the estimate of work ability in the two previous years, and the awareness of personal and mental resources to remain active and alert or hopeful about the future.

The WAI is available in several languages and has been used for more than twenty years for research and applied purposes.

The article presents data on reliability and validity, and normative data collected by studies on various jobs in different countries.

After reviewing the single questions, some general issues are addressed.

Athanasou (2024, p. 12) admits that "the seven fields of the Work Ability Index that contribute to the final result constitute the concept of 'work ability'. On further analysis, these seven fields comprise a holistic evaluation but not a homogeneous view of work ability. ... It means there is a valid concern about the numerical weightings attached to each question and their applicability to an individual rehabilitation or compensation patient who is likely to score well below the maximum. Furthermore, there is doubt as to whether the item scores are truly additive in nature as the questions cover vastly different areas of work, life, and capacity. The numbers from each question may be added arithmetically, but they do not constitute units of work ability."

I agree with the author's conclusion that "there is justification for reporting the answers to the questions in the Work Ability Index in descriptive terms ... and not relying on a quantitative index that may be only partly accurate" (p. 13).

I will add a general consideration about the "indices" aiming to give the practitioner quantitative and psychometrically sound measures allowing classifications regarding very complex theoretical issues.



The problem is particularly relevant when the index is based on a few items, each regarding very different topics, and advanced analyses of reliability and internal validity (e.g., Rasch and/or confirmatory models) are not appropriate to assure psychometric qualities suitable to make reliable classifications (i.e., ability or not to work).

Moreover, the internal validity of the subjective evaluations can be questioned when the respondents are aware of the use that might be made of their responses. More studies about social desirability and the risks of falsification (voluntary or not) are needed to warn about the validity of the responses, particularly when the items are very few.

Further doubts derive from using the indices in different cultures and working fields, requiring separate normative studies without using the same overall parameters and cut-offs for different backgrounds.

In conclusion, using indices such as the WAI as diagnostic tools in multifaceted applicative fields should be considered with much caution. Therefore, I suggest limiting it to a (useful!) complement of the interview and the observational data collected by other more reliable psychometric tools.

References

Athanasou, J., (2024). Introduction to the Work Ability Index – A Guide for Rehabilitation Practitioners. *Qeios*, K7MD4D.2 · https://doi.org/10.32388/K7MD4D.2

Tuomi, K., Ilmarinen, J., Jahkola, A., Katajarinne, L., & Tulkki. A. (1998). *Work Ability Index.* 2nd ed. Helsinki: Finnish Institute of Occupational Health.