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An Intervention to Support the Health and Work Ability of Unemployed People with Long-term Conditions – Clients' Experiences

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A 3-year multiprofessional intervention was carried out in Finland with 155 long-term unemployed people living with prolonged illness to support their health and work ability. The study aims at producing information that could be used to develop further interventions to support the unemployed individuals with long-term illness. Triangulation was used to collect data about how the participants experienced the intervention. According to the quantitative results of this study, the intervention increased participants' experience of inclusion, and improved their emotional wellbeing and coping with daily activities. It had no immediate or extensive effect on the aspects of general life satisfaction and experienced health, functioning and work ability. The qualitative findings portrayed a positive image of the participant experiences; many of the participants had positive experiences concerning client-centredness, multiprofessional support, the flow of information between professionals and their involvement and agency in the intervention. They especially appreciated the individualized services and being treated with respect. The intervention forms a useful foundation for similar projects, especially if attention is paid to recruiting individuals with a realistic prospect of being employed. Collaboration between employment services and health services is required at the recruitment stage.

Keywords*: client, experience, intervention, unemployed, work ability*

Introduction

Multimorbidity, or living with more than one long-term illness, is a significant health challenge among the adult population of the world (Chowdbury et al. 2023, WHO 2016), commonly leading to temporary or prolonged loss of employment (Finnish Institute for Health and Welfare 2019). Better coordinated efforts are required to support the health and work ability of unemployed people with long-term conditions (Džakula et al. 2023, Hujala and Lammintakanen 2018).

This article first introduces concepts relevant to the topic, including work ability, and discusses long-term illness and its association with unemployment. Secondly, the article describes a 3-year multiprofessional intervention, carried out in Finland in order to support the health and work ability of people with long-term illness. Last, the article reports and discusses participant experiences of the intervention using triangulation.

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Literature Review

Long-term illness is a chronic health condition or disease requiring ongoing management over six months or longer (Statistics Finland 2021). It is seen as resulting from a combination of genetic, physiological, environmental and behavioural factors. Common types of chronic diseases worldwide include cardiovascular diseases, cancers, chronic respiratory diseases and diabetes (WHO 2024). It has also been estimated that 1 in every 8 people in the world live with mental disorders, part of which are long-term conditions. Anxiety and depression are the most common mental disorders globally (WHO 2022). In addition, multimorbidity or the coexistence of two or more chronic conditions in the same individual has been rising in prevalence worldwide (WHO 2016). According to an extensive systematic review covering 5.4 million people with the mean age of approximately 57 in 54 countries (Chowdbury et al. 2023), multimorbidity was more common in women, compared to men, and more prevalent in South America (45.7%) and North America (43.1%), compared to Europe (39.2) and Asia (35%) (Chowdbury et al. 2023). In Finland, 1.9 million individuals of the working-aged population (total population 5.6 million), live with one or more long-term diseases or disabilities (Statistics Finland 2021). In the working age group (18-64), the multimorbidity rates are 31% for men and 44% of women (Duodecim 2021). The two leading conditions underlying retirement on disability pension were musculoskeletal conditions (32%) and mental health and behavioural disorders (32%) in 2023 (Finnish Centre for Pensions 2023).

There is a strong reciprocal association between long-term illness and prolonged unemployment (Finnish Institute for Health and Welfare 2019). Long-term unemployment refers to people who have been unemployed for 12 months or more. (OECD 2025) At the end of 2024, the long-term unemployment rate was 0.92 in the United States, 1.8 in the European Union and 1.7% in Finland (Trading Economics 2025). Long-term unemployment has been shown to increase mortality and the risk of mental disorders (Herbig et al. 2013). It can also undermine an individual's sense of coherence or ability to see life as comprehensible, meaningful, and manageable (Fitzgerald Miller 2000). However, unemployed people with long-term illness are a heterogenous group. For example in Finland, they were found to fall into three groups: one third presented a stable career history, another third had lived unemployed for several years, and the last third had alternated between unemployment and temporary jobs (Oivo and Kerätär 2018).

The concept of work ability has been used extensively in occupational health research and practice in Finland for decades. This study uses a broad definition of work ability, based on a construct developed by the Finnish Institute of Occupational Health. The construct, the Abilitator® self-report questionnaire, is a result of the Social Inclusion and Change in Work Ability and Functioning project funded by the European Social Fund from 2014 to 2023 (Finnish Institute of Occupational Health 2023). The questionnaire combines the multidimensional and biopsychosocial models of work ability and functioning, including aspects of social inclusion and employability. The questionnaire can be used to assess individuals' social, psychological, cognitive and physical functioning, and their ability to cope with everyday life. The Abilitator® has been found to cover relevant aspects needed to assess the overall work ability and

function of the population in a weak labour market position (Wikström et al. 2020) and to have acceptable to excellent intrarater test-retest reliability and internal consistency, apart from an item on life satisfaction (Wikström et al. 2021).

Summarizing earlier research, Selander et al. (2023) note that perceived work ability is affected by a wide variety of factors, including poor health and unhealthy lifestyle; personal competence, values, attitudes and motivation, and the work environment. Work ability decreases with age and with the length of unemployment (Savinainen et al. 2020, Hult and Lappalainen 2018, Szlachta et al. 2012). Recurrent failure in finding employment, deteriorating well-being, and lowered self-esteem have been found to be associated with longer periods of unemployment (Szlachta et al. 2012) The role of the individual's physical condition with respect to work ability has been found to be essential, along with good general health, functioning and maintenance of personal relationships (Savinainen et al. 2020, Hult and Lappalainen 2018). More effective care and treatment, combined with adjustments at work might result in a significant number of unemployed people with a long-term illness being employed (Hult and Lappalainen 2018). There are calls for the dominant medical model and compartmentalization to be replaced by a more comprehensive model (Džakula et al. 2023), including effective multiprofessional collaboration between primary health care, specialized medical care and social services (Hujala and Lammintakanen 2018, Männikkö and Martikka 2017).

Further important concepts related to perceived work ability in this study include agency and inclusion as defined in Bandura's social cognitive theory. Agency is "the power to originate action" (Bandura 2001, p. 3), related to individuals' ability to regulate their thinking, motivation, and behavior through self-efficacy, or subjective judgments about the competence to perform actions in order to reach established goals (Bandura 1986, 2006), Self-efficacy refers to a person's subjective judgments about the competence to perform actions in order to achieve the initially established goals. Individuals with higher self-efficacy invest more effort and persist longer than those with low self-efficacy. Self-efficacy can affect work ability positively (Wallin et al. 2021, Xanthopoulou et al. 2013, Larsson et al. 2012).

The Intervention

The 3-year intervention described in this article involved 155 participants in Finland from early February 2021 until the end of 2023. The project aim was to improve participants' health, work ability and employability by supporting their functioning and preventing work-limiting health problems. A further aim was to improve participants' daily coping. The project was called Pitkospuut in Finnish, meaning "Duckboards" or slatted flooring on a wet or muddy surface.

The intervention primarily targeted individuals over 50 years, who lived with multiple long-term health conditions and individuals with an immigrant background, but younger people with work-limiting conditions were also included. The project was undertaken by Seinäjoki University of Applied Sciences in the west of Finland and funded by the European Social Fund. The interventions took place in the participants' own domicile.

Most participants were enlisted from employment and social services offices and from local government trials designed to boost employment and education. A few individuals participated out of their own initiative. Eight professionals representing employment and career counselling, occupational health nursing, public health nursing, physiotherapy, project management, information and communications technology, as well as nursing, physiotherapy and social work education were engaged in the project, working with the 155 participants. The number of contacts with the various professionals depended on the participants' individual needs and wishes.

Important elements of the intervention involved the following: (1) Comprehensive assessment of the participants' situation, including work ability and functioning, using the Abilitator® self-report questionnaire as a basis for individual counselling; (2) Physiotherapeutic assessment of participants' physical activity and functioning using Alpha Fit and Firstbeat analytics as a basis for individual counselling; (3) The Future Workshop concept developed during the intervention.

(1) The Abilitator® self-report questionnaire was an important tool in this project. The participants completed it twice; once for an initial assessment of their work ability and functioning at the beginning of the intervention and another time, for an evaluation of change at the end of the project. The questionnaire has the following sections: (a) Personal Details (age and gender); (b) Wellbeing, including general life satisfaction and experienced health, functioning and work ability; (c) Inclusion, covering participation and social relationships; (d) Mind, or emotional wellbeing; (e) Everyday Life, or coping with daily activities; (f) Skills, including cognitive functioning and various skills, (g) Body, or issues related to physical fitness; (h) Background information (life situation and education) and (i)Work and the Future. The last section deals with the person's employment situation, barriers to employment and wishes for change. The questionnaire can be completed online or on paper and it is available in nine languages, including English (Finnish Institute of Occupational Health 2023).

In this intervention, the results from the Abilitator® self-report questionnaire formed a basis for further planning and work with a physiotherapist, teacher of social work, digital expert and worklife coach. The results were also used for monitoring change both at individual and general level to evaluate the effectiveness of the project. The professionals found that the instrument provided them with a coherent approach. It helped them take up relevant topics, define needs for services and set realistic goals together with the project participants. Besides employment opportunities, a healthy diet, exercise, mental wellbeing and addictions (e.g. tobacco, alcohol or gambling) were discussed. When required, the participants were referred to further counselling.

(2) Other important tools in the project involved parts of the Alpha Fit test battery for adults and Firstbeat analytics, used in an extensive physiotherapeutic assessment of each participant's physical activity, fitness and functional capacity. The Alpha Fit test battery was planned as a part the project ALPHA (Instruments for Assessing Levels of Physical Activity and Fitness), funded by the European Commission. It is based on two systematic literature reviews presenting evidence of physical fitness as a predictor for future health and of the retest repeatability and criterion-validity of field based health-related fitness tests. (Suni et al. 2010). The Alpha tests are considered reliable, valid and feasible in assessing health-related fitness in both adults and

children (Tejero-Gonzalez et al. 2013). Firstbeat has been found to be a feasible method with sufficient validity in measuring sleep stage variation (Kuula and Pesonen 2021) and its TeamBelt is suitable for real-time monitoring and the Body Guard 2 system for long term monitoring of heart rate and respiration (Bogdány et al. 2016).

In this intervention, the assessment covered participants' health, resources and goals, as well as barriers to functioning. Examination methods were selected individually for each participant based on an initial interview. Depending on the participant, the Alpha Fit test battery was used, for example, to measure body composition (BMI), motor fitness (one-leg stand) and musculoskeletal fitness (hand grip, modified push-up and abdominal muscle testing). In addition, shoulder-neck mobility, posture and general mobility were assessed. The Firstbeat analytics used heart rate variability to analyse participants' physical and psychological stress- recovery balance, resources and sleep quality. The method helped identify both work and leisure related stress factors (Firstbeat 2022, Suni et al. 2010).

The participants were prescribed individual exercises and advised how to perform them. They were taught how to increase physical activity, aerobic fitness, mobility and muscle strength and endurance. The physiotherapist also helped them find suitable forms of exercise and sports groups close to their homes. Many of the participants living with pain, tension and sleeping problems benefited from psychophysical exercises.

(3)The Future Workshop is a concept developed and piloted during the intervention. It involved participants and two project workers working in small groups to discuss participants' health, education and work history and to seek individual strengths, employment perspectives and means of coping. The approach was based on peer support and positive psychology. Both in-person and online meetings were arranged. A number of participatory and dialogic methods were used: (a) the Futures Triangle; (b) the Resource Analysis developed by the project workers; (c) the Management Group of Your Mind; (d) the Anatomy of Success and (e) in-person and virtual simulations to practise job-seeking skills.

(a) The Futures Triangle (Inayatullah 2023) helped participants identify three types of factors that affected them: the push of the present, the weight of the past and the pull of the future. The aim of the sessions was a more positive but realistic image of the future and each participant's strengths and resources.

(b) The Resource Analysis was developed by the project workers. In this work, the focus was on participants' resources and agency; on discovering and writing down one's unforeseen strengths and resources. The work also involved resilience training on one hand, and adaptation to those aspects of one's life that could not be changed on the other hand.

(c) The Management Group of Your Mind (Ruutu and Putkisaari 2022) method was used to help participants deal with negative thoughts, beliefs and "life-traps" while looking at them with help of an assignment from the outside and from a wider perspective. Illustrations portraying a compassionate encouraging management group and a balanced mind management group were used to examine participants' situation.

(d) The Anatomy of Success (Ruutu and Putkisaari 2022) was continuation to the Management Group of Your Mind method. The participants were asked to give

an account of something they had managed to reach and considered a success. They were asked, for example, what things had given them joy and pleasure, what they had done to accomplish it and what else had been needed to reach the success. Secondly, the participants reflected on what the success revealed of their hidden talents, strengths and skills. Third, empowering visualization was practised to work on participants' dreams and wishes. They were also asked to remember the future, looking at their improved situation from a point of time in future.

(e) Last, in-person and virtual simulations were performed to practise job-seeking skills and to prepare for job interviews. Each participant assumed both roles; that of an interviewer and interviewee. In some simulations the project workers took the role of an interviewer. The simulations were preceded by a discussion on what questions might emerge during a job interview, what aspects employers were likely to pay attention to and how applicants could make their strengths known. The simulations were followed by a feedback discussion, in which the participants reported their experiences and the observers shared their impressions. Ethical discretion and constructive feedback were emphasized.

In quantitative terms, the project results at the end of the intervention involved 95 individuals still unemployed, 14 employed, 10 retired, 6 in training/education, 5 actively seeking employment and 4 undergoing a trial work period. The original aim of 10% of the participants finding employment was almost reached, whereas the other aim of having 20 % of the participants in training or education was not achieved. A quantitative survey with 45 participants revealed that the intervention had had a greater positive effect on the participants' experienced physical and social health and daily coping, compared to job-seeking skills or career planning (Salminen-Tuomaala 2024). Further information about the participants' experiences is presented in this study.

The Study

Study Design

Triangulation or a mixed methods design was adopted to reach comprehensive information about how the participants in the Duckboards project (2021-2023) had experienced the intervention. The data involved a) quantitative data based on the Abilitator® self-report questionnaire; b) qualitative data collected through semi-structured interviews; and c) qualitative data gathered through the Method of Empathy-Based Stories. Inductive content analysis and typification were used to analyse qualitative data.

The Aim of the Study

The study purpose was to collect data about how the unemployed participants in the project "Duckboards" experienced the intervention and to explore meanings they attached to their participation. The study aimed at producing information that could be used to develop further interventions to support the health, work ability,

functioning and coping of unemployed individuals with long-term illness. Another aim was to evaluate the usefulness of the intervention based on participant feedback.

The research questions were:

1. How did the intervention affect the various aspects of participants' work ability?
2. What kind of experiences did participants have concerning client-centredness and their involvement and agency during the intervention?
3. What kind of narratives did participants produce to describe their client pathway?

Data Collection

a) The first research question was addressed by collecting quantitative data by the Abilitator® self-report questionnaire (Finnish Institute of Occupational Health 2023). At the beginning of the intervention, all project participants were asked to complete the self-administered questionnaire to collect baseline data on the participants' emotional, cognitive and physical wellbeing and functioning, inclusion, coping and employment situation. Further self-assessments were requested from participants at later stages of the intervention for an evaluation of change. Out of the 146 participants at the end of 2023, 142 had completed the questionnaire. Out of this group, 66 responded only once, while the 76 individuals who were the most active ones throughout the intervention, completed the questionnaire 2-3 times. The total number of completed questionnaires was 227.

b) Secondly, semi-structured interviews were conducted with eight project participants in June 2022 (n=3), August 2023 (n=2) and October 2023 (n=3). The interviewees were selected using purposive sampling among those individuals, who had participated in all stages of the intervention. Participation was voluntary. The main themes of the interviews were, in harmony with research question 2, a) the interviewee's involvement in the project process from planning until evaluation; b) Client-centredness and multiprofessional support and c) the interviewee's agency in the current life situation, including enablers and barriers to agency and the family's role in promoting agency.

The interviews were recorded with prior consent from the interviewees. Semi-structured interviews were chosen, because they allowed interviewees freedom in expressing meaningful opinions in their own words, while the interviewer concentrated on maintaining focus on the topic, changing the order of questions if appropriate and asking additional questions based on interviewee responses (Naz et al. 2022; Orr et al. 2020).

c) The Method of Empathy-Based Stories (MEBS) was used in the third data collection stage in this study (research question 3). It involved five volunteers, who were not the same individuals as those interviewed. They received a short frame story of a few sentences on paper and were asked to continue the story by writing about their own client pathway. They were instructed to use their own words and any format they found appropriate. MEBS can be traced back by to the United States and the 1970's, and its basic idea is to have participants picture themselves in a

situation and write about how the situation will proceed or what must have preceded it. The material can be analysed using thematic analysis, typification or discourse analysis. (Särkelä and Suoranta 2020).

Data Analysis

(a)The quantitative data collected through the Abilitator® self-report questionnaire was handled according to the instructions in the Abilitator Handbook (Finnish Institute of Occupational Health 2023). Respondents who completed all sections were provided with an overall situation percentage, which is the combined average of the section-specific percentages. Baseline data and data from the post-intervention period were compared to detect potential change, both at individual level and group level.

(b) The qualitative data from the semi-structured interviews was transcribed into 36 pages of text in Times New Roman, font 12, and analysed using inductive content analysis (Polit and Beck, 2017, Elo et al. 2022). After reading through all the data to become very familiar with it, the investigator identified text sections relevant to the research questions. These units of meaning were reduced into 96 expressions, which were organized into 10 sub-categories. They were combined by content to form five higher order categories. The last step was to form two main categories. Original data was consulted from time to time.

(c)The qualitative data from the empathy-based stories consisted of 14 pages in Times New Roman, font 12. The typification involved searching for essential, typical features in the material through exploring participants' similarities and differences (KvaliMOTV Research Methods Guidebook 2025). The patterns discovered were coded in different colours. The findings were presented in the form of various types. The descriptions of types represent summaries of essential elements that emerged from the material.

Research Ethics and Rigour

The project followed the guidelines of the Finnish National Board on Research Integrity (2023), observing the basic principles of reliability, honesty, respect and accountability. Special attention was paid to the privacy policy and data protection under the supervision of the Data Protection Officer of Seinäjoki University of Applied Sciences. Written consent was obtained from all participants before entering their personal family, health and employment data onto the project's client register. Details concerning data protection and data security were explained in the Data Protection Description and Client Factsheet. A Data Processing Impact Analysis was also conducted to assess potential risks. Codes were used when completing and analyzing Abilitator® self-report questionnaires to ensure that participants remained anonymous. The data was destroyed after the results had been reported. Participants to semi-structured interviews and empathy-based stories received a cover letter containing information about the method, stressing the voluntary and anonymous nature of participation. Participants were treated with respect and dignity. The

counselling and support was individual, based on participants' needs, wishes and values.

To increase reliability and credibility, the research team made an effort to ensure that the planning, methods and analysis proceeded according to high quality research standards, openly and as objectively as possible. The transferability of the results was increased by a detailed description of the data collection and analysis. The results are transferable to the national context and provide important insights to international readers.

The Results

Demographic Participant Data

The participants were 155 unemployed jobseekers from the west of Finland, living with one or several long-term illnesses. Four of them were of immigrant background. There were 85 women and 70 men. The majority (75 individuals) were 55 or older. The under 30-year-olds formed the minority (15 individuals). Most participants, 92 individuals, had been unemployed for more than a year, whereas 25 individuals had been out of work for less than 6 months and 22 persons 6-12 months. The mean age of the participants who completed the Abilitator® Self-Report questionnaire was 57 years.

Changes in Various Aspects of Participants' Work Ability Based on the Abilitator® Self-Report

The quantitative results showed that the overall situation of the 76 project participants, who had completed the Abilitator® Self-Report questionnaire at least twice, had improved to some extent, from 67% in the baseline data to 72% in the post-intervention data. Significant changes or changes considered "good" according to the Abilitator Handbook (Finnish Institute of Occupational Health 2023) had occurred in the following sections of the questionnaire:

1) Inclusion. In this section, the score improved from 70% to 88%. The intervention can be claimed to have increased respondents' experience of inclusion.
2) The Mind. The intervention can also be said to have improved the emotional wellbeing of the respondents; the change was from 63% to 96%.
3) Everyday Life or coping with daily activities. In this section, the positive change was from 82% to 96%.

Desirable changes did not occur, however, in the Wellbeing section, which covered the important aspects of general life satisfaction and experienced health, functioning and work ability. The participants in this project lived with serious health challenges. On a scale of 1 (lowest) to 5 (highest), the mean for their experienced health was 2.33 in the final stage self-assessment. The mean for their

self-reported work ability and functioning was 5.2 on a scale from 0 to 10. In addition, the participants were still far from the employment threshold; their mean was 3 on a scale from 0 to 10.

Participants' Experiences of Involvement, Agency and Client-Centredness Based on Semi-Structured Interviews

According to the eight interviewees, their involvement in the intervention was characterized by the experience of being well informed. The interviewees found that starting from the very beginning of the project, they had learnt a great deal about the content of the intervention and about their possibility to be involved in planning and decision-making to improve their coping and employment situation. One of the participants said, "I was nicely involved at least in the planning stage, when I registered to the Duckboards project". The assessment of physical condition, recovery and sleep quality had been very informative. To quote two of the participants, "There were these FirstBeat measurements and you could see a little bit where you stand and that was a sort of motivator"; "I appreciate the information about my recovery". The interviewees recognized the worth of their involvement in the assessment of work ability using the self-report questionnaire. On the other hand, they also appreciated their freedom to decline participation; "You got free hands to participate, there was no obligation."

The interviews also revealed that the participants had found the intervention to be based on a client-centred approach. They had been heard, their individual wishes had been taken into account and they had been able to influence various aspects of the project. They especially appreciated the fact that their work history had been carefully discussed during the group meetings and that their wishes for training and employment had been heard in the work and career coaching. According to the interviewees, there had been "no pressure" from the project workers, but they had been respected as humans. They said, for example, "At least here they listen to the client and give some thought to their problems" and, "They appreciate the past work history".

Multiprofessional support was also appreciated as part of the client-centred approach. The project provided a single point of contact, combining expertise from different fields and ensuring a good flow of information between the professionals. To quote the interviewees, "I got various tips and advice from the experts, for example for the sleep issue"; "It's good that you didn't have to repeat the same things to different people", and "Seeing the project workers has been smooth, like a seamless continuation".

According to the interviewees, the individualized counselling had strengthened their agency and self-efficacy both during the intervention and in their life in general. Secondly, they appreciated the non-judgmental and encouraging atmosphere of the Future Workshop. It had provided a low threshold place to examine one's work and medical history and future prospects confidentially together with peers and project workers. The encounters had been "between humans", without any limiting bureaucracy. The interviewees said, for example, "I felt I got my human dignity back,

I was not just the unemployed one" and, "We have been looking at the past, present and future, that Futures Triangle was a great help in looking at your life".

Last, the interviewees revealed what factors outside the intervention had affected their situation either negatively or positively. Their experience of agency had been undermined by lack of self-confidence, social anxiety and negative life experiences. Impaired physical health, pain, poor mobility and sleeping problems were also mentioned as obstacles to independent coping and agency. Some individuals reported cognitive or learning disabilities. To quote some participants, "Agency is really a challenge to me, all this bureaucracy and filling in papers is a huge challenge...I have this learning disability"; "I have felt like an outsider in my life", and "My self-management skills are lacking, I can't get anything done".

On the other hand, many interviewees' independent agency, inclusion and coping was enhanced by their families, who provided emotional, social and financial support. The family represented inclusion, sharing and community. At home, the interviewees could be who they really were; the family also provided them with the space and independence they needed. They said, for example, "I have been able to live here, they didn't kick me out"; "Positive, you can share your feelings and get support if you feel bad", and " I don't necessarily want my family to interfere, I can stay independent when I want to, and sociable when I feel like that. That's how I would explain the role of the family, I don't want it to be too strong". Some interviewees explained that having experienced psychological and financial insecurity or alcoholism in their childhood, they wanted to be better parents to their own children. A few interviewees said they felt shame and guilt due to their own alcoholism and dysfunctional relationships. For example, "I didn't have a real father, there was just some brawling alcoholic who visited us sometimes. I want to be a father to my own children", and "It's this guilt that bothers me, when you should be the head of the family and the breadwinner, but you are out of work and don't have enough money."

Participants' Narratives on their Client Pathway

The last set of results in this study involved positive narratives on the client process in the project Duckboards, written by five participants. The descriptions were named to describe their essential contents as follows: a) Consolidation of one's strengths and skills on the road towards self-efficacy in the labour market; b) Better physical fitness and health in promoting the career pathway; c) Peer support as a means to increase faith in better coping; d) Self-care of long-term illness as a pathway to rehabilitation and employment and e) Initiative and support from professionals in the journey towards employment.

Discussion

This mixed methods study presents participant feedback for a 3-year multiprofessional intervention, designed to improve the health and work ability of long-term unemployed individuals living with prolonged illness. According to the quantitative results, the intervention increased participants' experience of inclusion,

and improved their emotional wellbeing and coping with daily activities. The results confirm the earlier quantitative survey results that the intervention had a greater positive effect on the participants' experienced physical and social health and daily coping, compared to job-seeking skills or career planning (Salminen-Tuomaala 2024). The qualitative findings revealed that many of the participants had positive experiences concerning client-centredness, multiprofessional support, the flow of information between professionals and their personal involvement and agency in the intervention. They especially appreciated the individualized services and being treated with respect. It can be hoped that this experience of involvement and client-centredness leads to greater inclusion and agency in society in general. Narratives written by participants brought out what they considered as important tools in improving their work ability and employment prospects: physical fitness and health, self-care, peer and professional support, and cultivation of their strengths. To sum up the essential observations, according to the quantitative results of this study, the intervention was not found to directly or extensively improve the aspects of general life satisfaction and experienced health, functioning and work ability. The qualitative findings portrayed a more positive image of the participant experiences, probably due to the selected individuals representing the healthier group among the participants.

The study highlights the importance of the recruitment process, or enrolling participants, who have a realistic prospect of being employed, part-time or full-time. This intervention involved some people, who could already have retired, could hardly cope at home with help of the family, or urgently required mental health services. The participants had not had adequate access to occupational health nursing services. Seeing the project public health nurse helped them identify and prevent health risks related to hypertension and overweight. The project would have benefited from the services of a psychiatric nurse or psychologist as well. Earlier research has suggested that many unemployed people with a long-term illness would be fit for work if proper care for their illness and adjustments at work were provided (Hult and Lappalainen 2018). The health services are frequently fragmented (Džakula et al. 2023). The poor work ability among the long-term unemployed is not always detected by health services, which indicates weakness at the point of contact to the service system and possibly aims to cut down care costs (Nurmela et al. 2018). Consequently, the assessment and care of long-term unemployed people should be a team effort between employment services and health services (Savinainen et al. 2020). As with any clients, collaboration between primary health care, specialized medical care and social services is also essential (Hujala and Lammintakanen 2018, Männikkö and Martikka 2017).

The relatively limited number of participants to the intervention (155) and study (76+8+5) may be considered a limitation to this study. However, geographically the participants represented an extensive area in the west of Finland. The results are likely to be relevant at least in Finland and other Nordic countries, and can provide important insights in the European context.

Conclusions

The intervention described in this study forms a useful foundation for similar projects, especially if attention is paid to recruiting individuals with a realistic prospect of being employed. Collaboration between employment services and health services is therefore required at the recruitment stage.

In the future, it will be important to develop flexible pathway models that promote education and employment for young long-term unemployed individuals, in order to prevent their social exclusion. Youth engagement in working life is needed, as the population in Finland is aging and there will soon be a shortage of workers in many different occupational sectors. It is important to support young people's strengths and resources and to encourage them to pursue education and enter working life. Later, it will be possible to study whether the employment-promoting tools developed and used in this project are suitable for supporting the employment pathways and work ability of younger unemployed individuals.

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