

Medical-vocational Rehabilitation for Young Adults with Juvenile Idiopathic Arthritis (JIA)

Work Participation and Medical Transition

Hands Schuh A.M. · Stöhr D. · Sonnek E. · Ennsner V. · Langer B. · Sohlmann L. · Mustak-Blagusz M. · Oliveira-Sittenthaler C. | Pensionsversicherung, Austria

1 Background & Objective

Young adults with juvenile idiopathic arthritis (JIA) face chronic pain, fatigue, functional limitations, and psychosocial burden when entering education and employment.

The medical transition to adult care represents a particularly vulnerable phase. Evidence-based, work-related rehabilitation approaches remain scarce.

Objective: Explore resources and barriers to work participation among young adults with JIA and examine the role of the medical transition.

Method

- » **Design:** qualitative, exploratory study
- » **Data:** 14 problem-centered interviews; maximum variation sampling
- » **Participants:** young adults with JIA, physicians, therapists, psychologists, nurses, researchers, patient advocates (n=14; age 21 – 69; 12 female)
- » **Analysis:** qualitative content analysis — deductive & inductive¹
- » **Framework:** person-environment-occupation (PEO) model²

2 Results

Work Participation Factors

Self-efficacy experiences and vocational identity were identified as central determinants — shaping whether contextual factors function as resources or barriers. (Fig. 1)

Medical Transition as Key Factor

Transition quality proved decisive: It directly shapes self-efficacy experiences and vocational identity — and thereby determines long-term employability and social inclusion. (Fig. 2)

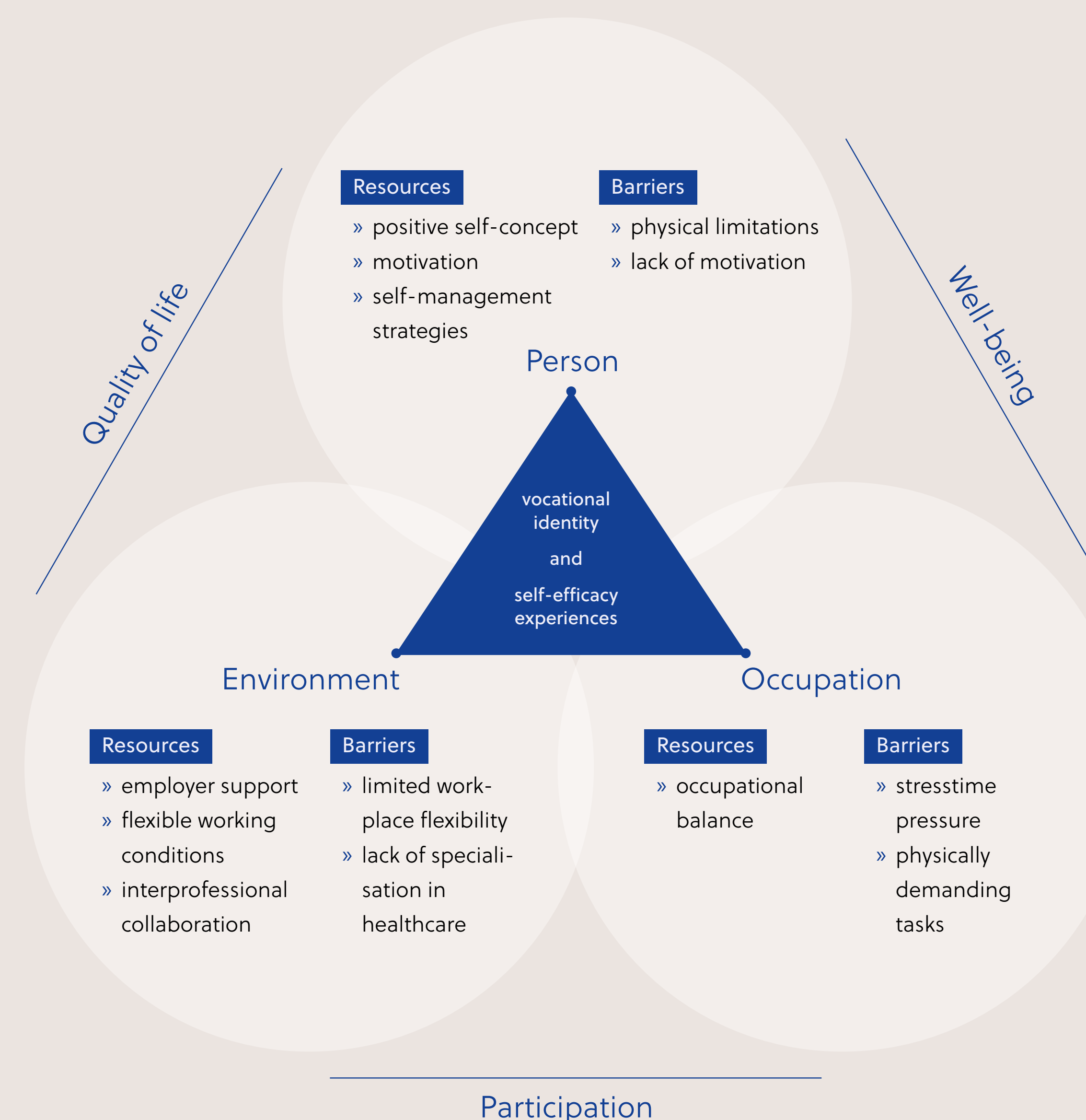


Fig. 1: Work participation factors based on the PEO model²

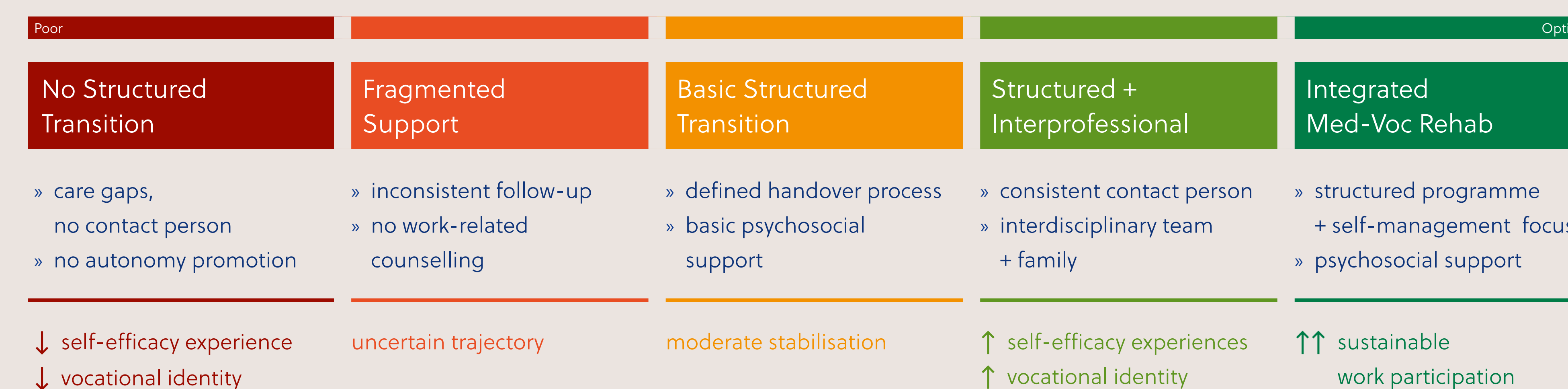


Fig. 2: Categorisation of medical transition quality

3 Conclusions

Sustainable work participation for young adults with JIA requires more than effective disease management.

Self-efficacy experiences and vocational identity — shaped by transition quality — are key determinants of long-term employability and social inclusion.

Medical-vocational rehabilitation should integrate:

1. structured transition support
2. targeted self-management promotion
3. interprofessional work-focused collaboration

Future research:

Systematically evaluate effectiveness and transferability of integrated rehabilitation models.

Take-Home-Message

Medical transition quality shapes self-efficacy and vocational identity — and thereby determines sustainable work participation. Rehabilitation must go beyond disease management.

References:

- [1] Elo, S.; Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing* 62(1), 107 – 115.
 [2] Law, M.; Cooper, B.; Strong, S.; Stewart, D.; Rigby, P.; Letts, L. (1996). The Person-Environment-Occupation model: A transactive approach to occupational performance. *Canadian Journal of Occupational Therapy* 63(1), 9 – 23.

Disclosure of competing interests: None

Impressum

Medieninhaber und Herausgeber: Pensionsversicherungsanstalt (PVA), Friedrich-Hillegeist-Straße 1, 1020 Wien; Verlags- und Herstellungsort: PVA Wien; Druck: PVA Wien, Stand: Mai 2026