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The social interaction of return to work explored from co-workers experiences

Abstract

Purpose The objective was to explore the role and contribution of co-workers in the return-to-work process. The social interaction of co-workers in the return to work process are analysed within the framework of the Swedish national and local employer organisational return-to-work policies.

Methods An exploratory qualitative method was used, consisting of open-ended interviews with 33 workplace actors across seven work units. Organisational return-to-work policies were collected from the three public sector employers.

Results The key findings that emerged during analysis showed that some co-workers have a more work-task oriented approach towards the return-to-work process, whilst others had a more social relational approach. In both situations the social relations worked hand in hand with job tasks (how task were allocated, and how returning workers were supported by others) and could make or break the return-to-work process.

Conclusion A suggestion for improvement of return-to-work models and policies is the need to take into account the social relations amongst workplace actors, especially involving co-workers when planning for return-to-work interventions. Otherwise the proper attention to work arrangements, social communication and the role if co-workers in the return-to-work process might not be seen.

Keywords return to work, social interaction, work, co-workers and colleagues

Introduction

Social interaction at the workplace plays a significant role in the process of a sick-listed person returning to the workplace [1–4]. The role of the employer as well as colleagues who work alongside the sick listed worker-workers must be given more attention in the evaluation of the results of a return-to-work process [5,6]. To date, workplace return-to-work research has primarily focused on the physical and psychological conditions that facilitate return to work from the perspectives of the sick-listed worker and/or the supervisor [7–9]. There is limited research about how social relations at the workplace evolve in a return-to-work process [2–4,6]. The objective of this article is to explore the role of colleagues of sick listed workers, or co-workers, in the return-to-work process and their contribution to the process, starting from when a worker falls ill, becomes sick-listed and finally re-enters the workgroup. The social interaction of co-workers in the return to work process are analysed within the framework of the Swedish national and local employer organisational return-to-work policies, which set the stage for workplace approaches to return to work.

In return-to-work and disability management research there has been a shift from biomedical models of return to work to biopsychosocial and ecological models [10]. These models advocate that the individual worker's work ability should be assessed in relation to personal/psychological and social/occupational prerequisites and the interaction between these when doing ordinary workplace tasks [5,11]. However, the existing biopsychosocial and ecological models have been criticised for being fairly static and for side-stepping the social dynamics of returning workers to the workplace [6,10,12]. These observations about the limitations of current return-to-work models prompt criticism of return-to-work legalisation, policies and practices that emphasise successful return to work as a restoration of the pre-work ability and a return to the ordinary work task the worker had before the sick leave [13].

Few studies in return-to-work research have discussed the notion of workgroup social interaction, although some have indicated that workplace economic and social conditions, attitudes and beliefs may be of significance regarding the outcome of a return-to-work process [14–17]. To further investigate the experiences and roles of co-workers, there is a need to move beyond present return-to-work models to consider the return-to-work process in its complexity including the nuances of social interaction [3,6,13,18]. Social interaction and social contexts must be considered, as well as the time span, in the evaluation of return to work [12]. The purpose and meaning of return to work in the workgroup, for the individual worker and for the quality of the work, varies depending on the type of work, work organisation, management strategies and composition of the work force [19].

This article addresses co-workers social interactions in a return-to-work process in relation to legalisation, policies and practices in Sweden. This research setting provides an interesting analytic junction because of recent changes to Sweden's return-to-work policies, which prompt a more active return-to-work process, and which mirror active return-to-work approaches in other jurisdictions such as the US, Canada and Australia. In an attempt to decrease sickness absence and prevent long-term sickness, the Swedish government implemented new legislation for return to work in 2008, the so-called rehabilitation chain, with time limits for work ability assessments [20]. It is a measure that could be described as an activation strategy with a focus on constraining medically determined sick leave with the underlying idea that it is good medicine to keep people in work. Detachment from the labour market is therefore minimised, which is supposed to contribute to an earlier return to work by the sick-listed worker before full health recovery and full work ability [21].

These changes prompting early return to work before full recovery can have various implications for co-workers. Co-workers might take on an active role to make it work at the workplace and show goodwill, for instance by taking on heavy lifting for a co-worker if they

have not regained full work ability [6]. However, tensions may eventually arise if the re-entering worker cannot produce according to production quotas or if the adjustments made at the workplace lead to a prolonged increase in workload for the co-workers [6,14,16]. Findings from research in small businesses suggest that employer statements about the availability of adjusted work tasks appeared to be contingent on the quality of the relations with the worker [16,22]. Even with legalisation in place to secure a sick-listed worker's return to work, the implementation of legislation can be interpreted by employers in different ways. Although supervisors play an important role in return-to-work facilitation, co-workers are also a critical part of the process because they work most closely with the returning worker and have the most detailed understanding of the physical and social aspects of the returning worker's work tasks because they also perform these tasks. We therefore propose that supervisors may not be the only key facilitator in the return-to-work process and that the co-workers' role within workgroup social interaction is relevant to understanding the return-to-work process and can contribute to an improved understanding of social relations in the return to work process [6,18].

Methods

With the overall purpose of investigating different aspects of social relations in return to work, an exploratory qualitative study [23] was designed and conducted. An open exploratory study was appropriate as there is only a minimal knowledge base about the social interaction among different workplace parties during the return-to-work process and how this might affect outcomes of return to work. Other studies of social relations of return to work have generally focused only on sick-listed workers and/or on workplace managers. The methods and the data in this study derive from a larger study about social relations in return to work described elsewhere [6]. In this article, data have been re-analysed with a focus on the co-workers experiences.

Research setting

In Sweden the country's municipalities and county councils/regions are responsible for providing a significant proportion of all public services. Municipalities are self-governing local authorities with decentralized autonomy to organise the public services in their geographical area. The decision-making power in these local authorities is exercised by politically elected assemblies. The municipalities have responsibility for different activities such as child care and elderly care, social services, education and infrastructure [25,26]. One in five employees in Sweden, or just over 800 000 individuals, works for a municipality [27]. In this study, three municipalities were the participating employers.

Data sample and data collection

Within the three municipalities, seven work units were purposively selected (table 1). A work unit was defined as a discrete department with a supervisor and group of workers. The main criterion for selection was their direct experience of return to work [23]. A unit was included if it had experience of a recent return to work of a sick-listed worker who had been on sick leave for at least 1 month and when the re-entry of the sick-listed worker did not occur more than 3 months before the interview date.

Selection of possible work units was undertaken through the human resource manager at the employers' central office, who identified work units based on the criterion for inclusion. The researchers contacted the supervisor of the unit for further information about the re-entering worker who then was contacted by telephone. The purpose of the study was introduced and they were invited to participate in the study. If they gave their consent, a time and date was set for an interview. One re-entering worker declined participation in the study because she did not want to share her experience about the return-to-work process. During the interview the re-entering worker was asked to fill in a sociogram [28]. The sociogram used was pictured as a dart board with the re-entering worker in the centre. The worker was asked

to fill in the dart board with the names of their co-workers, placing those with whom they worked closely nearest the centre; the co-workers who were further out on the dart board were more distant in work tasks. When completed, the sociogram provided a graphic description of social relations between the re-entering worker and the co-workers, in terms of closeness in work tasks. The sociogram was used for identification and selection of co-workers for interviews with those co-workers who worked directly alongside the re-entering worker. With the consent of the re-entering worker, co-workers and supervisors were invited to participate in the study. None of the supervisors or co-workers declined participation.

In total, 33 in-person/individual open-ended interviews were conducted across the seven work units. At each single work unit, interviews were conducted with the re-entering worker, two to three co-workers, and the person(s) delegated responsibility for the return-to-work process (the supervisor and/or the human resource manager).

/Insert table 1/

The interviews were open-ended and began by asking the participants about their professional background, then to describe what they did at work during a work day. Questions on the return-to-work process were then asked, beginning with questions about the time before the colleague got sick, during sick leave and after sick leave. Several topics were covered such as how/if they kept contact during sick leave, what measures were taken at the workplace during the process, and how they viewed their own role in the return-to-work process. The interviews were conducted at the workplace in a private room. They were audio taped and transcribed verbatim by a professional transcriptionist.

In addition to the interviews, the organisational policies regarding return to work were collected from the central offices of the three municipalities. The purpose of gathering the

policies was to contextualise the interviews in order to frame the understanding of the co-worker experiences in the different organisational settings.

Data analysis

Empirical data were drawn from a study conducted in 2008 [6]. This study addressed the question: how do workplace actors experience social relations at the workplace and how do organizational dynamics in workplace-based return to work extend before and beyond the initial return of the sick-listed worker to the workplace? The initial analysis revealed unexpected findings about the role of co-workers in return to work, which prompted the current focused analysis. The interview transcripts in Swedish were read and condensed and translated into English by the lead author. The reason for the translation was the collaboration between the research teams in Sweden and Canada.

A back-and-forth inductive content analysis of the interviews and policy documents was performed [23]. That is, observations from the interview data contributed to the focus of the policy document analysis and vice versa. The three organisational policies were analysed for how they depicted the roles of the different workplace parties in relation to responsibilities for return to work. Themes were developed to capture how the text conceptualised the stance and responsibilities of workplace parties in relation to the different stages of the return-to-work process and in relation to interaction between different workplace parties [24].

An initial analysis of the interview transcripts yielded descriptive themes based on initial analytic interests regarding the role of co-workers and other workplace parties and the concept of return-to-work activities according to stages of the process.

The descriptive data analysis generated knowledge about how the participants talked about return to work in terms of causes and attitudes towards sickness absence and significance of diagnosis, social relations in the workgroup, and individual, supervisor and workplace

strategies and organisational structure in place for return to work, insights during the return-to-work process and what the future might be like. The findings indicated that co-workers talked about the return-to-work process in relation to time or phases of the process.

The next step of the analysis was interpretive constant comparison [23] and analytic reflexivity [29]. At this stage, the researchers interacted regularly to systematically discuss and compare broader analytic findings. An overarching ordering of analytical themes and concepts was formed that linked and contextualised descriptive findings and conceptualised the data within an explanatory scheme. Broad analytic themes that explained the role of co-workers in the return to work and their contribution to the process are: policies and organizational structure for return to work, social demands and expectations, and supervisory management of return to work. Throughout the analysis, memos, analysis notes and diagrams were used to keep track of emerging ideas and analytic discussion.

Ethical considerations

The regional Ethics Committee at the University of Linköping approved the project. Informed consent was obtained from all participants before conducting the interviews. They were assured that their statements would be treated confidentially in all presentations and reports. A key ethical issue that influenced the study design was how to focus on the co-workers' and supervisors' experiences of a sick-listed workers' re-entry without stigmatizing the worker. In order to achieve this, the study was designed to focus on all workplace actors (supervisor and /or human resource manager, co-worker and re-entering worker). To avoid scrutiny of the re-entering worker, the design considers experiences across work units and across employers.

Results

The following sections describe the three key themes identified in the policy document and interview analysis: (1) policies and organizational structure for return to work; (2) social demands and expectations; (3) supervisory management of return to work.

Policies and organisational structure for return to work

Although policies for return to work existed in each work group, they appeared to provide little practical guidance about how to manage return to work while considering the entire workgroup, and in relation to how to manage workgroup social relations during the process. Co-workers were barely mentioned in policy. They were mentioned only in relation to the supervisor's responsibility to encourage the co-workers to make contact with the sick-listed worker during the sickness absence, and to be aware that workplace accommodations might affect the co-workers when the sick-listed individual re-enters. The three employer policies of return to work were similar in their way of conceptualising the process of return to work. They declared the supervisor to have the responsibility for the return-to-work process and were formulated to guide the supervisor in the process in relation to the sick-listed worker. Cooperation with welfare stakeholders (social insurance agency, health care) was described as important throughout the return-to-work process. In addition, the policies highlighted the regulation in the work environment act that protection of the sick-listed worker's integrity is important and decisions about sharing of information between stakeholders in the return-to-work process in principle was up to the sick-listed worker. The policies were vague about the aim of the return to work. Only one policy stated that the return should primarily be to the ordinary workplace and/or profession, whereas the other two used terms such as "regaining pre-work ability" and "be able to be back in work as soon as possible".

Social demands and expectations

Social interaction at the workplace

The findings suggest that social relational demands and expectations shifted in the workgroups through out the process of when illness occurred, during sickness absence and when the re-entering worker was back at the workplace. The co-workers described their way of encountering and receiving the re-entering person, as well as the expectations the work group had about the condition of the re-entering person, indicated that there were specific social norms at the different workplace guiding the social interactions. For instance, workplace social norms about how to encounter and receive the re-entering person in the workplace varied across workgroups, as well as expectations of how the re-entering person would be when re-entering; could the workgroup expect the same person to come back? The re-entering person's diagnosis and illness history was relevant to social interaction, and across the workgroups the nature of the illness was known to everyone. Mental health disorders and prolonged period of sick leave caused more unease in the workgroup than shorter period of sick leave and musculoskeletal disorders.

For instance, when one workgroup was informed about the re-entry of a worker who had suffered from a mental health disorder the ensuing discussion amongst co-workers was characterised by uncertainty, anxiety and cautiousness. These feelings related to the significance of the mental health diagnosis and the effect it had on the individual. For instance, one co-worker worried that the re-entering worker would not be the same person as before the illness. There were also concerns about the robustness of the health of the re-entering worker, and whether she would be able to manage the work, and the implications of this for the co-workers' own responsibilities.

But are we [co-workers] the ones who should take responsibility for her health? Is it my assignment as an employee? Of course, we understand her situation and everything but we were a bit worried ... before the

re-entry, we did not know if it would work out. It also felt like she had not asked for a chance to re-enter yet. However, looking back it all turned out fine – even though things felt a bit unclear before the return. (co-worker unit 3N3)

One of the co-workers was upset about the reactions of the workgroup and thought that the others ought to think about how they would feel and how they wanted to be treated if they were in the same situation as the re-entering worker.

I felt disappointed and angry about the discussion. We had a meeting amongst us co-workers, trying to decide who should take care of her when she re-entered. Then it became clear – I do not know if it was fear or whatever it came from, but then it became apparent; why [should she re-enter our workplace]? She will not manage anything anyways... What is the reason for her re-entering? And so forth. She has been gone for so long. I got frustrated and said: It could happen to me, it could happen to you when ever and if you do not have co-workers that support you – that would feel awful. ... So, I took on the mentorship for her. I felt – I am going to support her (co-worker unit 3N2)

Moreover, even when the sick-listed worker had re-entered and performed the work tasks as planned, the re-entry to the workplace did not always proceed as expected by the workgroup. For instance, in one workgroup, the re-entering worker had experienced physical and mental changes and this placed shifting social demands on the co-workers. For instance, the re-entering worker could not handle normal workplace social interaction with her peers and was very firm about her own boundaries for what she could manage or not at the workplace. She preferred to work alone and without social interaction with her co-workers. However, some of the co-workers had social expectations that she ought to be part of the group where everyone should socially interact. For a returning worker who wanted to do the job, but not share personal life and feelings with co-workers, the situation contributed to unease, stress and pressure. The situation led to tension in social interaction which created ambivalence and threatened workplace harmony. This fractured social situation included talking behind the back of the returning worker.

It is important to talk to each other, to be open. I think that is important. Otherwise, talk behind the person's back occurs, about how the person is feeling and so forth. ... Yes, talking behind the worker's back has occurred. Well, I do not like it so I walk away or try to close my ears (co-worker unit 5M7)

Attitudes towards work and sick leave

Social demands and expectations were also at play in another work unit where the return to work process is cast as up to the individual worker, who was expected to think about and decide whether or not she could manage the work. In this setting, some co-workers expected the re-entering worker to fully fill her professional role once back at the workplace. They felt that the re-entering worker had to realize that the work task could not be modified or reduced because the work was organised so that everyone had to take on equal loads of heavy lifting. If the returning worker was unable to perform her tasks, she should find a new job, or a different task, or stay at home and be replaced by someone who had full work ability. At the same time, co-workers expressed social acceptance for sick leave; that is, it was acceptable to be off work when not feeling well.

You can really see how she is suffering but then you can tell her; now it is time for you to be home for a few days and get some rest. We are pretty ready to say no, we just do not go along as colleagues. Rather if someone says they are in pain and cannot do their work tasks and help out we tell them to stay at home on sick leave or; you cannot come to work just because you do not want to be on sick leave and not do your job. Since we have heavy lifting [work tasks] we all wear out. I have trouble with my back and it will not get better if I have to do other's work tasks. If I feel that my back hurts much that so I cannot manage my work then I stay at home (co-worker unit 7N8)

In this case, issues related to the co-workers' social acceptance of sickness absence and that the returning worker should make her own appraisal of whether she could handle the work return led to a workgroup orientation of living in the moment and making ad hoc solutions. The workgroup precluded co-worker participation in return-to-work solutions. Instead, they managed the workload on a day by day manner, and did not think or plan for the future sustainability of their work ability. This approach to return to work may have consequences

for the recurrence of sickness absence because it does not leave room for individual needs and does not incorporate plans for return-to-work sustainability.

These concepts of social interaction, uncertainty and attitudes in social demands and expectations at the workplace show that co-workers and workgroup relations play a significant role in the return-to-work situation. In the first example, co-worker expectations about group cohesion and social behaviour led to poor acceptance of the returning worker's need for personal space. In the second situation, workplace norms of equally sharing the work load and not expecting support from co-workers led to both supervisor and co-worker discouragement of workers returning before they were fully able to resume their tasks. In both situations, the workplace social relations worked hand in hand with job tasks (how tasks were allocated, and how returning workers were supported by others) and could make or break the return-to-work process.

A work task-oriented approach to return to work

In some situations, co-workers focused on their own well-being in relation to the return-to-work process, with a stance of 'What do I get out of having the sick-listed back?' In addition, in some workplaces there was a draining of good will among co-workers as a result of the worker being constantly absent and the burden this placed on the workgroup. One of the co-workers mentions how the re-entering worker had a history of sickness absence, which had exhausted her goodwill since she always was the one left with solving work tasks:

I am always the one remaining here [when others are on sick leave]. Well, then I always have to prioritise on my own what tasks are urgent, which ones are important ... so you get things started. Then you are stuck with it and have to continue to take on the responsibility for the task. [The tasks include] everything that others might not notice but has to be done. It is a bit draining. Then it is hard to let go of tasks also, to shift everything over since I am the one who has done the job on my own ... (co-worker unit 4 M3)

In this workgroup, the co-workers described cooperative social relations but also a central focus on the work task together with strong individual agency for how to plan the tasks. When

the sickness absence situation occurred, another co-worker changed the situation by increasing her working hours and managing several work tasks for the re-entering worker, thereby expanding her field of action and knowledge. The return-to-work situation made the co-workers discover new aspects of how they worked as a group, and in some cases there were tensions about erosion of work responsibility as a result of sickness absence. The co-worker did not want to let go of the new tasks, and also felt uncertain about the work ability of the re-entering worker. However, she had to decrease her working hours when the re-entering worker came back even though she maintained the same amount of work tasks. This allocation of tasks during the return-to-work situation led to relational tensions between the co-workers.

So now I have cut down on my working hours, but still have the same amount of work as during her sick leave. I am in a [work] situation I cannot handle any longer. We have very, very, very much work and have a very bad teamwork (co-worker unit 4 M4)

A social relational approach to return to work

In contrast to the previous example in which the work task was cast as something not owned as a worker and therefore not subject to modifications to keep the worker at those tasks, other workgroups viewed the task as something to which a returning worker was entitled to return. In these situations, an understanding about the worker's entitlement to return to their particular job (and not just to the workplace in general) was accompanied by relatively fewer social tensions arising in some workgroups even though the re-entering worker needed modifications.

She has managed the work task for several years, and done it very well. So we thought that it is her job and she should have the opportunity to continue with it. Or maybe it was the supervisor who thought so ... anyway we [co-workers] see it as all right (co-worker unit 6L9)

In these cases, the workgroup focused on return to work in relation to a clearly defined work role and situation, and saw some benefit from having the sick-listed back to work in that particular job. For instance, in one workgroup the dangerous nature of the work was such that workers had to be able to trust each other during work hours and were dependent on each other's competencies. These co-workers saw the re-entering worker as an individual with professional knowledge who had a specific work assignment in the group. The cohesive social relations and the workplace atmosphere appeared to facilitate this respect for individual work, with co-workers describing the re-entering worker as a friend they wanted to have back to the workgroup.

Return-to-work interactions were therefore shaped by the occupational role of the returning worker and the unique value of the particular expertise they contributed to the workplace. The conceptualisation of return to work varied across groups, with some workgroups working toward a return to previous tasks, and others trying to integrate the worker into the workplace in general. Tension between the returning worker and co-workers could develop when work tasks previously performed by the returning worker were taken over by others.

Supervisory management of return to work

Communication in the workgroup

The format for communication about the return-to-work process in the workgroups varied from being explicit to implicit. Explicit approaches included open talk within the workgroup; implicit approaches involved the assumption that return to work was a self-evident situation that did not require open discussion in the workplace. Implicit communication seemed to cause anxiety about how to encounter the re-entering worker and what could be expected of the re-entering worker.

In one workgroup the co-workers were encouraged to handle the return-to-work process as a collective effort and to accept a shared responsibility for the situation by their supervisor. The supervisor provided the structure to facilitate the return to work by being sensitive to the needs of both the re-entering worker and the entire workgroup, and making changes according to workplace needs. In addition, the workgroup was accustomed to engaging in problem-solving activities as work tasks and knew each other on a personal level. Thus, they did not hesitate to participate in the return-to-workplace process.

You feel like you have a responsibility for this individual, not to leave him on his own (co-worker unit 1L4)

Here, the communication amongst the co-workers and between the co-workers, the supervisor and the re-entering worker, was open and explicit. The entire workgroup was updated by the supervisor and the human resources manager about the medical treatment process, how the sick-listed worker wanted to keep in touch with the workplace and about the return-to-work plan. The constant communication and updates about the return-to-work process facilitated an understanding among co-workers about the situation of the re-entering worker and acknowledged the balance between the co-workers' expectations of the re-entering worker and the shifting social interaction at the workplace.

Although explicit communication within the workgroups appeared to facilitate the return-to-work process and help with managing the shifting balance within a workgroup through the stages of the return-to-work process, it also became evident that further complexities were present. For instance, signs of illness were not always easy to detect.

The last work shifts or shift he said he had so much to do or that he had a rough time. ... He expressed worries over how much he had to do. We [co-workers] thought and told him: 'well, it is not that much, just skip some things', but for him it was probably a huge problem. ... I guess he felt like everything was hard for the moment and he took on too many things. Then he went home and did not come back and we [co-

workers] had joked about the situation. We talked about it in the workgroup and thought that we should have seen it coming (co-worker unit1L4)

Even though some co-workers described how they saw signs of the co-worker's illness, they did not know how to deal with the signs. These uncertainties about how and when to react to co-worker illness left them with a bad group conscience. They questioned whether they had adequately handled the communication and social relations during the sickness development and this continued throughout the return-to-work process.

The absent or present supervisor

The findings suggested that the presence (active) or absence (inactive) of a formal supervisor in the return-to-work process could have consequences for social tension and communication in the workgroup. An absent or inactive supervisor in the return-to-work process involved almost a letting go approach to the return with no one in a formal position to mediate possible conflicts in the workgroup. This left the co-workers to solve the return-to-work process, and they were uncertain about roles in the process and responsibilities in the workgroup. In one of the workgroups, co-workers regularly lacked supervisory support and so were used to solving their own problems, whether related to work tasks in day-by-day activities or to structural organisational issues. Thus, when faced with the return-to-work process, co-workers had to handle the situation from a workgroup point of view. The co-workers agreed that they had a heavy work load, which had increased further because of the sickness absences, and they thought that the goodwill was pushed to the limit. This view of the work load related to worker illness and return to work may have been strengthened by the absence of a formal leader. The co-workers thought a supervisor could have promoted a conflict-avoiding strategy. The workgroup expressed a need for a supervisor who could distribute and prioritise the work tasks among them.

We have to solve things on our own the entire time. Perhaps it will get better when our ordinary supervisor comes back. She can support us in how to prioritise the work tasks if we cannot handle it ourselves. ... We have a well functioning workgroup. However, this issue with work engagement [return to work] that I take on all this responsibility to ease things up for the others [who are returning to work] ... I do not think it is equal. And then the question remains; how am I going to go about it, shall I just leave it alone or shall I always have to say 'can you manage'? (co-worker unit 4M3)

In another workgroup, the supervisor did take on responsibility for work re-entry practices. However, the practical work of returning the re-entering worker to work shifted from the supervisor to the workgroup in an informal manner. Although the supervisor set up the work return including the return date and initial tasks, she was more or less absent during the remaining parts of the process, and was not present in day-to-day activities at the workplace. In this case, the supervisor preferred to leave the day-to-day aspects of the return-to-work process to the co-workers. At the same time, the co-workers described being thankful for having agency over the return-to-work arrangements because they could solve and adapt the work tasks in the workgroup without managerial interference and guided by their own will and experience.

Yes, I guess the supervisor participated, but we have leeway with our work schedules which we are very happy about actually. ... and it was the same way now when our colleague was re-entering. The thing is, with the principals/supervisors nowadays, they unfortunately rarely visit the schools so they barely understand what is going on at the workplace. So our principal/supervisor thought it was easier if we decided how the re-entrance and work schedule would look like (co-worker unit 4M10)

Discussion

The objective of this article was to explore the role of co-workers in the return-to-work process and their contribution to the process; starting from when a worker falls ill, becomes sick-listed and finally re-enters the workgroup. Our analysis of workgroup social relations found that the social interaction is changed when the worker re-enters the workgroup, this involves not only returning to work tasks but also to the workplace social sphere. The following discussion raises issues about the role of co-workers and the social interactions of

the workgroup, which to date have not been reported in the return-to-work research literature. The findings contribute to a multi-dimensional understanding of the return-to-work process that includes the co-workers role. This in turn has implications for how co-workers might be incorporated in the conceptualisation of return-to-work policies.

The roles and responsibilities of supervisors and co-workers in return to work

Some studies have provided a relatively complex picture of social relations of return to work with respect to the role of co-workers [14–16]. However, the co-workers are generally described as a barrier for the re-entering worker. For instance, co-workers might feel threatened if they have to help the re-entering worker by taking on a heavier work burden or if they are hindered in their own work by the re-entering worker such that they cannot reach production quotas [30]. A more subtle picture of social relations is needed [13] and the co-workers role related to social re-integration into the workplace needs to be discussed because studies also show how co-workers can have a positive contribution in the return-to-work process [6].

In Sweden, the focus is on work ability and according to a recent governmental report the individual work ability cannot be isolated from the demands of the specific task [31]. However, employers are not obliged to find or come up with a new job for the re-entering worker, but they must assess how the workplace/work task can be adjusted to the re-entering worker's work ability or if the re-entering worker can be transferred within the organisation to another job [32]. Although there are laws protecting the worker's right to return to work, their implementation can be interpreted by employers in different ways [33]. For instance, the employer may intend to implement a holistic, biopsychosocial measure as proposed in research and policies. However, in actual work contexts, production can be an overarching priority and the intention of viewing the workplace as an arena for adjustments according to the work ability of the worker fails. Instead, returning workers are expected to adapt to the

needs of the workplace [34]. A review of workplace interventions has shown that the interventions are more focused on changing and improving the individual's prerequisites for return to work than making changes in work environment and organisation [35]. The most common workplace interventions are directed towards stress management, retraining in work tasks, and accommodations made at the workplace to help the worker adjust to the work task requirements [36]. In addition, a comparative study, investigating if cross country differences could explain differences in return to work after occupational back pain, showed that Sweden was one of the countries that did not use workplace interventions to any extent for promoting the return-to-work process [37]. As shown in previous research, return to work involves more than individual worker's physical adjustments, as work arrangements are critical [13,30,38].

This article addresses how the entire workgroup is affected by a return-to-work process and, further, how co-workers are involved in the process and have to adjust day-to-day activities. Return-to-work implementation problems are not always related to workplace interventions. Implementation is also contingent on how organisational policies are formulated. Organisational return-to-work policy can be considered to guide supervisors and shape their conceptualisation of the process. As seen in this study, the organisational return-to-work policies were formulated so that the supervisor had the delegated responsibility for initiating and coordinating the return-to-work process with the sick-listed worker. Thus, the policies as formulated only guide the supervisor in the process. One could question how or even if the workgroup is considered in the return-to-work process. What role do co-workers play in policy and practice? The findings suggest that the return-to-work process is a joint workgroup effort.

This is in contrast to policy conceptualising return to work as a process involving only the re-entering worker and the supervisor. In a Swedish study, the supervisors described themselves as the key facilitator and the ones responsible for the return-to-work process. The

supervisors also described the need to engage co-workers in the process in order to facilitate an understanding and welcoming atmosphere. However, conflicting demands between the ambition to be supportive towards the sick-listed worker and limited resources allocated from the employer can create workgroup uncertainties about how to manage the return-to-work process [8]. Studies have reported that supervisors have a role in obtaining co-worker support for accommodations [7]. However, what has been overlooked is that supervisors also need to recognize the contribution of co-workers and the burden on co-workers in the return-to-work process. A passive return-to-work approach could be a consequence of limited organisational resources for return to work, and how organisational return-to-work policy depicts workplace roles and is interpreted by supervisors. Research on the relationship between supervisors and sick-listed workers emphasises that each situation is unique and the supervisor has to manage each situation differently depending on the worker's preferences, working tasks, and workplace contextual factors [39].

One explanation for why co-workers are barely mentioned in organisational policies for return to work may be found in how all three policies refer to the work environment regulations on secrecy and integrity of the sick-listed worker. The way national regulations are interpreted in organisational policies may lead to a passive or unshared return-to-work responsibility that does not involve the workgroup/co-workers. The lack of supervisor involvement and leadership in the return-to-work process might result in an almost *laissez-faire* social relation around return to work. Worker privacy is an issue for the supervisors in this study, therefore they might consider their role to be protective of the individual worker's rights in the return-to-work process. Still, as shown in this study, attention also has to be given to workgroup social interaction during return to work.

The influence of workgroup social relations in the return-to-work process

Existing models of return to work have been criticised for failing to capture subtleties in workgroup social relations [6,10,12]. Although social aspects of return to work have been proposed according to biopsychosocial theory, this model is impractical because it is not specific enough for systematic empirical validation within the field of return-to-work research [10]. One technical view of workplace accommodations considers what is involved in performing a task but not who is involved or how it affects the re-entering worker and the co-workers at the workplace [3]. Re-entering workers in a Canadian study experienced their vocational sphere as something different than before they became ill, noticing that it is not just a question of going back to their prior work task and work group and picking up where they left off [13]. Another problem is the assumption made in return-to-work research that workplaces are socially accessible environments and that the social dimensions of a successful return-to-work process simply involve maintaining the social bond with the workplace during sickness absence [40]. This framework reduces the problem to one of individual psychology when, as we have shown, there are other issues that affect worker ties to the workplace, such as the workplace social environment, the nature and cause of the illness or injury, and how workplace parties view the boundary between work and the private sphere [6,18]. Previous research has suggested that the return-to-work process is a socially fragile process in which both co-workers and supervisors play a part [4,14,16,41].

Return-to-work research and policies need to consider how the workgroup socially re-integrates the returning sick-listed worker. According to a contextual view of group processes, each member is unique and changes the dynamic of the group [19]. The social workgroup relations in return to work affects how the returning worker is conceptualised by the workgroup and the supervisor: as a returning worker entitled to the former work task held before sick leave or just to any work task in the organisation. The return-to-work process

consists of phases in which there are shifting conditions for work ability for the re-entering worker and shifting workplace conditions for the co-workers as a result of the absence. The return and the sustainability of work ability need to be considered throughout the return-to-work process [6,12]. The workgroup changes during the return-to-work process in terms of co-worker roles and how day-to-day activities function in different phases of the process [6,18]. Through studying the social interaction in workgroups it becomes apparent that the return-to-work process does not involve a static workplace environment with fixed roles for each worker. These aspects are under-recognized in return-to-work policies, which instead focus on worker privacy and protection, and employer responsibilities and legal rights. These can discourage proper attention to work arrangements, social communication and the role of co-workers in return to work. Thus, we propose that return-to-work models cannot translate into practice without taking into account the workgroup social relations.

Methodological discussion

The strengths of this study include the analytical process provided by the authors' multi-disciplinary perspectives. Moreover, the different types of data used (policy documents and interviews), and multiple data sources through the accounts of different types of participants (co-workers and supervisors and/or human resources manager) across work units also strengthen the analysis. The study is limited by its restriction to the public sector. Other sectors might handle the return-to-work process and social dynamics in different ways.

Conclusion

The findings reinforce that the return-to-work process is socially dynamic, socially complex and that the social context has to be acknowledged in order to facilitate sustainable return to work. A suggestion for improvement of return-to-work models and policies is the need to take into account the social relations amongst workplace actors, especially involving co-workers when planning for return-to-work interventions. Otherwise the proper attention to

work arrangements, social communication and the role of co-workers in the return-to-work process might not be seen.

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Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

Authors' contributions

ÅT: study design, data gathering, analysis and writing the manuscript

EM: study design, examining and commenting on the analysis and contributing to the manuscript

EES: study design, examining and commenting on the analysis and contributing to the manuscript

KE: study design, examining and commenting on the analysis and contributing to the manuscript

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Table 1. Study sample

Work unit	Diagnosis	Period on sick leave	Return to work (%)*	Re-entered worker**	Co-workers	Super-visor	Human resource manager
Fire station	Mental health	6 months	100	1 M	2 M	1 M	1 F
Day care	Mental health, musculoskeletal	6 months	75	1 F	2 F	1 F	
School	Mental health, cancer, stroke	5 years and 6 months	25	1 F	2 F, 1 M	1 F	
Administration	Musculoskeletal	2 months	100	1 F	2 F		1 F
Day care/school	Mental health	2 years and 7 months	100	1 F	2 F, 1 M	1 F	
Home care	Musculoskeletal	1 year and 6 months	25	1 F	3 F	1 F	
Home care	Musculoskeletal	1 year and 6 months	75	1 F	3 F	1 F	

*According to Swedish regulations an individual can re-enter after sick leave for 25%, 50%, 75% or 100% working hours.

**M, male; F, female.