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Linköping University Post Print

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This is an electronic version of an article published in:

Elin Ekbladh and Jan Sandqvist, Psychosocial Factors' Influence on Work Ability of People Experiencing Sick Leave Resulting From Common Mental Disorders, 2015, Occupational Therapy in Mental Health, (31), 3, 283-297.

Occupational Therapy in Mental Health is available online at informaworld™:

<http://dx.doi.org/10.1080/0164212X.2015.1055530>.

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Postprint available at: Linköping University Electronic Press

<http://urn.kb.se/resolve?urn=urn:nbn:se:liu:diva-125451>

**Psychosocial Factors' Influence on Work Ability of People Experiencing
Sick Leave Resulting from Common Mental Disorders**

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ABSTRACT. A description of how people with the experience of long-term sick leave resulting from common mental disorders perceive that psychosocial factors influence their work ability. The Worker Role Interview was conducted with fourteen informants and analyzed using qualitative content analysis. The informants believed in their future work ability. Most had had to adjust their habits and routines to manage their working and private lives in relation to their mental health problems. Occupational therapists need more knowledge about how to strengthen clients' beliefs in their occupational abilities and how to organize their daily activities in a balanced fashion.

KEYWORDS. Model of Human Occupation (MOHO), vocational rehabilitation, sick leave, Worker Role Interview, daily life pattern

INTRODUCTION

Long-term sick leave related to common mental disorders (CMDs) such as depression, anxiety, and stress-related disorders is a problem in several Western countries, and the sick leave rate has increased over the last decade. For example, in the UK and Sweden, CMDs have become the major cause of sick leave, and are now more prevalent in the sick leave statistics than sick leave related to musculoskeletal conditions (Organisation for Economic Co-operation and Development (OECD), 2012; OECD, 2013). Since sick leave related to mental health problems has a considerable impact on individuals and some societies, more knowledge is needed to understand its causes, consequences, and how it could be addressed. For example, a better understanding of the factors causing long-term sick leave is necessary to help people avoid it, as well as to facilitate return to work (Andersen, Nielsen & Brinkmann, 2012; Alexandersson & Norlund, 2004). Person-environment interaction involves psychosocial factors (Theorell, 2007), and, to fully understand a person's work ability, the dynamic interaction between personal factors and environmental factors needs to be explained (Innes & Straker, 1998, Sandqvist & Henriksson, 2004). In this regard, knowledge is needed from people with mental health problems about their work experiences, and how they view the influence of work on other areas of their lives (Honey 2000; Woodside, Schell & Allison-Hedge, 2006). Therefore, the aim of this study was to describe how people who have experience of long-term sick leave related to common mental disorders perceive that psychosocial factors influence their work ability.

One client-centered model that could be used to explain how this dynamic interaction affects people's occupational participation is the Model of Human Occupation (MOHO) (Kielhofner, 2008). MOHO explains the motivation for occupation, how people organize their occupations into everyday patterns, and how objective capacity and the subjective experience of performing occupations contribute to performance capacities and occupational

participation in interaction with the surrounding physical and social environment. Humans' motivation for work, or volition, is explained in this theory by the three constructs: personal causation, values, and interests. "Personal causation" refers to the feeling of competence and effectiveness in relation to doing work tasks and facing challenges at work. "Values" refer to the feeling of importance and meaningfulness obtained from one's job and from being a worker, and "interests" refer to the enjoyment and stimuli one finds inside and outside work. The influence of lifestyle patterns on work behavior is conceptualized by the two theoretical constructs: roles and habits. "Roles" refer to attitudes and ways of behaving in a manner that is socially relevant. An internalized role is a support for understanding which behavior is appropriate in a specific situation. "Habits" refer to ways of doing things which are internalized through repeated performance and which become semi-autonomous and efficient when they are performed in familiar environments. The environment includes the physical and social features inside and outside work which provide opportunities and/or resources on one hand, but that constrain and/or make demands on the person on the other. This environmental impact results from the interaction between features of the environment and the characteristics of the person and thus affects what one does and how it is done (Kielhofner, 2008).

METHODS

Approval for the present study was obtained from the ethical research committee at the Faculty of Health Sciences at Linköping University, Sweden.

Informants

The study population was derived from the Swedish Social Insurance Board register. The study included employed workers between 20 and 60 years old in a Swedish municipality (with about 130,000 inhabitants), who were on sick leave for a period of between 60 and 89 days. This sick leave involved not attending at least 50% of a full-time work schedule. In

total, 130 people were asked to participate in the study, using one mailing and one reminder. Of these, 53 (41%) agreed to participate. The results from other parts of the project concerning return to work and contributing psychosocial factors are published elsewhere (Ekbladh, Thorell & Haglund, 2010a). In the present study, informants who had been diagnosed with a mental illness were included (n=14). Nine were women and five were men and their mean age was 41 years, with an age range from 26 to 59 years. The most common professions represented among the informants according to the International Classification of Occupation (Elias & Birch, 1994) were clerks (n=4), professionals (n=4), and technicians and associate professionals (n=3). The informants' diagnoses were neurotic, stress-related and somatoform disorders (n=9), and mood disorders (n=5), as assessed by a physician, according to the International Classification of Diseases 10 (World Health Organization, 1992).

At recruitment, 11 informants were on full-time sick leave, and three were on part-time sick leave. When the data collection was conducted two to three months later, three informants were on full-time sick leave, four were on part-time sick leave, and seven were working full-time.

Data Collection

The interview guide from the Swedish version of the Worker Role Interview (WRI-S) (Ekbladh & Haglund, 2007) was used. This is an assessment conceptually based on the MOHO and designed to identify psychosocial and environmental factors that influence a client's ability to find a job, remain in work or return to work after injury or disease. Since the 1990s the psychometric properties of the WRI have been investigated and developed through research (Forsyth et al, 2006; Fenger & Kramer, 2007; Ekbladh et al 2010a; Haglund, Karlsson, Kielhofner & Lai 1997; Lohss, Forsyth & Kottorp, 2012; Yngve & Ekbladh, 2015).

The semi-structured interview guide of the WRI-S was adapted to the unique situation of each informant, and follow-up questions were asked. The question areas in the WRI-S interview guide focus on the following characteristics of interviewees: beliefs in his/her work abilities, values regarding work, enjoyment of occupations, roles and routines in daily life, and experiences of the social and physical environment at work and outside work.

The first author interviewed three informants with the WRI-S, while two occupational therapists who had sound knowledge of the MOHO and who were trained in use of the WRI-S interviewed nine and two of the study informants respectively. The interviews lasted from 40 to 80 minutes. The WRI-S interviews were conducted by telephone. During the interviews, written notes were taken by the interviewer about the informant's perception of each area discussed. These notes could consist of illuminating quotes that informants had given during interviews, or summaries of their perceptions of the area under discussion.

Data Analysis

The notes for each informant taken during the interview by the WRI-S were organized and related to matching theoretical constructs in MOHO, i.e. motivation, life style patterns and environment. The written notes were then analysed using a manifest qualitative content analysis approach inspired by Graneheim and Lundman (2004). The first author read through the notes related to each theoretical construct several times to obtain a sense of what the notes were about and also to identify notes that needed to be separated because they included meanings related to more than one construct. Thereafter, meaning units in the notes were identified for each theoretical construct. Thus, the identified meaning units in the notes depended upon the content area of the specific construct analyzed. Then the meaning units with the same meaning were organized into codes. The codes were then compared with each other and categorized within each theoretical construct. During the analysis process there was

a dialogue between the first and second authors concerning the classification of codes and how they were related to the categories.

RESULTS

The three theoretical constructs from MOHO constituted the basis of the themes. For the first theme “motivation for work” five categories were identified, for the second theme “influence of lifestyle patterns on work behavior” four categories were found and for the third theme “physical and social environment at work and in private life” three categories were identified. The themes, categories and codes are listed in Table 1.

Motivation for Work

Awareness of and handling of limitations

Most (n=11) of the informants were aware of how their mental health problems affected their work ability. Some (n= 4) pointed out that they knew which specific factors they needed to address in relation to managing the work situation, and described specific strategies; for example, one informant said, “*I find it hard to remember, and therefore I need to write things down*”. Many (n=10), in different ways, said they felt they were in charge of the situation and that they had the abilities to handle what was happening, or make their work situations manageable. Five of the informants stated they took too much responsibility for handling problematic work situations, even though they were aware it affected them self and their working conditions negatively. One of these informants said that she did not like conflict and therefore was too kind and got herself “stamped on”. Another three of the informants were more uncertain about their abilities and limitations and thus also had trouble finding strategies to improve their work situations.

Belief in return to work

Ten informants believed in their ability to either continue to work or to return to their work. One informant stated that she took return to work for granted but was at the same time nervous about returning. Four informants were more doubtful about returning to work. As one informant said, *“I hope I will return to work but I’m not that sure it will be successful”*.

The importance of work

All informants identified one or more things that were important for them in relation to having a job. Six of the informants stated that earning money was essential, and reasons for that were managing on your own and also having the economic opportunities to do what you wanted to do. Some (n=4) said that they had chosen their jobs for specific personal reasons and values such as having a good work schedule, which made it possible to keep the family together. The social dimension of work, i.e. the feeling of belonging and contributing to society, was expressed as a valued part of work by five of the informants. For example, one informant said, *“Work has a social function; you have a place to fill and something to go to”*. Other aspects considered important by the informants were the feeling of doing something meaningful (n=4), that work led to personal development (n=3) and that the working role gave one an identity (n=1).

Feelings when sick-listed

.....Two informants were ashamed of being sick-listed, a feeling that originated from the importance of managing one’s own life, and an inability to live up to working values that had been internalized since childhood. Another two informants stated that they liked being sick-listed since it made it possible for them to do other things that they valued more than working. One of them said, *“Most of all I want to be a housewife”*.

Perception of work tasks

Nine of the informants said that they liked their work and described different elements of their work tasks as enjoyable. For example, two informants described the social contacts with

others when doing their work-tasks as stimulating. One of these informants said, "*It is all the contacts with people which I found nice*". Two other informants found the variation in their work tasks stimulating. Another two informants said they felt that they had work tasks which suited them perfectly. Five of the informants described different elements of their work tasks as hindrances to enjoyment. Two of these informants described their work tasks as too stressful, one lacked opportunities for self-development at work, another lacked economic resources at work, and another found some of his work tasks boring. Three of the informants stated that they did not like their work at all. For example, one of them described his work as "... *lonely, not stimulating and monotonous*".

Influence of Lifestyle Patterns on Work Behavior

Hold a working role

For almost all informants (n=13), the working role was a natural part of their lives. For most of them (n=12), the expectations of how they were supposed to act and behave in their working roles were clear. The following adjectives are examples of their different descriptions to describe how they should be at work: "*service-minded*", "*effective*", "*professional*", "*emphatic*", "*happy*", "*impartial*", "*kind*", "*calm*" and "*available*". Two of the informants, however, said that they found it hard to know how they should act in their working roles.

Combination of different roles in life

Seven of the informants said that they managed to combine their working role with their other roles in life very well. Two of these informants explained that they did not have that many other roles and that the roles they had did not compete with their working role. There were four informants who explained that they had had to drop their own interests to be able to manage the working role since they needed to prioritize other things in life, such as family life. Another two informants explained that the combination of the different roles was

functioning well now but before, when they were feeling ill, it had not worked at all. Seven of the informants, all women, stated that it was stressful to combine the working role with their family life and that the combination was not manageable. For example, one informant said, *“It’s stressful to combine work with family life but it is a problem that all people have”*. Of the informants who found the combination of roles stressful, three explicitly described the role of single mother as challenging. One informant said, *“To be a single mother with a sick child takes a lot of effort. That it did not work to combine work and family life is the main reason for my sick-listing”*.

Routines outside work

In relation to working, the daily routines outside work were described as functioning well for most of the informants (n=10). Four of the informants said that they found it hard to organize their routines in a satisfactory way. For example, one woman said, *“When a lot is happening, then it is hard to follow routines but I try to keep hold of the children”*. Ten of the informants said that they had adjusted their routines to manage their working and private lives in relation to their mental problems. They now took more care of themselves, for example by reducing the demands they made on themselves (n=5), by having learned to prioritize and to say no (n=3), by changing eating habits, and by engaging in physical exercise (n=2). Four of these informants said that they still had habits and routines that they were not content with and that they were working to change. Another four informants said that they had not adjusted their routines to their situation in a satisfactory way.

Own routines at work

All but two informants said that they perceived that their own working routines were functioning satisfactorily and that they had a good structure for the things they were doing at work. For example, one informant said, *“I certainly know how to do this job, and I can do everything fast”*.

Physical and Social Environment at Work and in Private Life

Person and work environment fit – physical and organisational aspects.

Ten of the informants perceived that their physical work environment functioned well, and for two of these informants specific individual adjustments had been arranged. Four informants perceived that their physical work environment constituted an obstacle to their work performance. Two informants said that it was not feasible to adjust the environment to fit them while the other two thought it could be adjusted. Five informants described organisational factors as hindering their chance of doing a good job and achieving what they wanted at work. They said that the time allotted for doing work tasks was too limited (n=3), and the cumbersome way of organizing the job routines was mentioned by two informants.

Social support at work

Six of the informants perceived that their boss and or employer had supported them in a positive way to come back to work. They felt that they had received sympathy for their situation, for example in phone calls and meetings where the informants believed that they were listened to. Another six of the informants stated that they had not perceived any support from their bosses. For example, the boss had not asked how they felt, did not contact them during sick-listing, and was not willing to make any adjustments for them. Some of the informants (n=7) perceived that they had great support from their co-workers who had contacted them during sick-listing and they had also been supportive when returning to their workplaces. Three informants expressed disappointment that their co-workers had not contacted them during sick-listing and said that they did not perceive any support from them. For example, one woman said, “*No one contacted me during my sick-listing and they hardly acknowledged me when I came back (to work)*”.

Social support in private life

Some informants (n=8) perceived that they had received great support for returning to work or continuing work from their family and peers. In contrast to this, four other informants said that their family and peers did not want them to be working. For example, one woman said, *“My family think that I’m working too much, the children want to have all of me”*.

DISCUSSION

This study aimed to describe how people with experience of long-term sick leave related to mental disorders perceive that psychosocial factors influence their work ability. Experiences of psychosocial factors are naturally individual and differ depending on personal circumstances. In the area of motivation for work, we found that most of the informants believed in their ability to either continue working or to return to their work. To believe in one's own work abilities has been found to be an important prerequisite for return to work after sick leave (Ekbladh et al, 2004, Ekbladh et al, 2010a; Hansen, Edlund & Henningsson, 2006; Labriola et al, 2007). One explanation for why the informants believed in their work abilities and also were aware of their limitations could be that eleven of the fourteen informants had already returned to full or part-time work when they participated in the interview, and, by then, had proof that they managed work. Therefore, they also had actual experience of what was working fine and knew whether there were issues that were hard to manage. All informants identified one or more things that were important for them in relation to having a job, and nine informants said that they liked their work and found it stimulating. Results from other studies indicate that the personal meaning of work, and a sense of successful goal achievement, can have a major impact on the persons' work experiences and health (Ekbladh, Thorell & Haglund, 2010b; Polanyi & Tompa 2004). Most of the informants in the present study also perceived that they were in charge of their work situation and experienced that they had control. The ability to take control and handle one's life and work

situation have also been pointed out in other studies as an important factor for return to work for those with common mental disorders (Jansson, Perseius, Gunnarsson & Björklund, 2014; Erlandsson, 2013).

For all but one of the informants the working role was a natural part of their lives. The daily routines we have in our lives have an impact on how we manage time and how we perceive our days. Functional routines around daily occupations are considered necessary for successful work and as support for health and well-being (Lannigan Griffin, 2014). To manage their working and private lives in accordance with their mental health problems, ten of the informants had needed to adjust their common habits and routines, and seven of the informants found it stressful to combine their working role with family life. These seven informants were all women, of whom three were single mothers. One explanation for the stressful feelings related to difficulty in balancing work-home routines could be that in Sweden, where the present study was conducted, women work almost as much as men and they still also have the main responsibility for unpaid work such as household duties and child care (Statistics Sweden, 2012).

About half of the informants perceived that they had received great support from their co-workers and bosses, who had contacted them during sick-listing, and who had also been supportive when they returned to their workplaces. Positive perceptions of social interactions at work have been found to be a source of well-being (Arwedson, Roos & Björklund, 2007) and promote return to work (Andersen, Nielsen & Brinkmann, 2012).

Methodological considerations

Some methodological considerations of the study need to be addressed. The informants in this study included both men and women, of a variety of ages, professions, and length of sick leave. This might strengthen the credibility of the study since it may have widened the

variations in the perceptions of the informants. Caution should be used, however, in generalizing the results to other populations with mental health problems.

The use of the semi-structured interview of the WRI-S as a data collection method implied a structured method of eliciting information to identify psychosocial factors that influenced the informants' work ability. The WRI interview was considered useful since it reflected each person's perceptions of different psychosocial concepts related to work ability. Since the theoretical base of the WRI is MOHO (Kielhofner, 2008) it was natural to use the concepts from the MOHO in the analysis. When trying to understand working behavior, MOHO offers a comprehensive explanation of how occupation is motivated, patterned and performed in interaction with the surrounding physical and social environment. The advantage of using theoretical models is that they offer concepts that have been examined and explanations which are conducive to valid interpretations (Sandqvist, Törnquist & Henriksson, 2006). In order to understand the informants' occupational behaviour, the person needs to be viewed as an occupational being, and conceptual practice models which focus on occupation should be used (McMillan, 2006). On the other hand, the use of already existing concepts can pose the risk of missing new aspects of the phenomenon being investigated.

Face-to-face interviewing is usually the way in which WRI interviews are conducted. Telephone interviews were used in this study for practical and economic reasons: several of the participants were working during the day and/or had difficulty in travelling, and also did not receive any compensation for participation. Young and Murphy (2002) found few differences in the responses when comparing face-to face interviewing and telephone interviewing, except that face-to-face interviewing included more social niceties. Our experience of conducting the interviews by telephone was positive since it seemed that the participants responded honestly and were willing to share their perceptions by telephone.

The content analysis was inspired by Graneheim and Lundman (2004), and a manifest analysis was used. A manifest content analysis refers to a descriptive analysis of the content. This differs from a latent content analysis, which incorporates more interpretations (Berg, 2004). The written notes from the WRI interview were sometimes condensed when written by the interviewer causing the manifest content analysis was chosen as the analytical method. Even though the interviewers were all skilled users of the WRI-S, and used to collect information through this instrument, it might have been preferable to also record the interviews and transcribe the data to avoid any risk of loss of verbal information. During the process of data analysis, there were discussions between the first and second authors concerning the classification of the content of the notes into meaning units, codes and categories. Quotations to illustrate the perceptions of the participants are presented in the results. The strategies mentioned above are also suggested by Graneheim and Lundman (2004) to enhance the trustworthiness of studies using content analysis.

Clinical Implications

The findings offer some understanding of the informants' motivation for work and how the occupations and activities in which they engaged in their daily lives affected their work abilities. The influence of the surrounding physical and social environment on the participants' perception of their work situation was also explored. The psychosocial factors that affect work are complex, since personal and environmental conditions have different impacts on different persons, depending upon the person's specific situation. The need to focus more on psychosocial factors influencing each unique person in order to find ways to reduce sick leave has been pointed out by researchers in the vocational rehabilitation field (Berglind & Gerner, 2002; Hees, Koeter & Schene, 2012). In this regard, more knowledge is needed about how to support each unique person in strengthening beliefs in occupational abilities, improving knowledge about activity patterns and their environmental impact, and in

organizing daily activities. To achieve that, the person needs to feel that s/he is a valuable part of the vocational rehabilitation process and that his or her whole life situation is being considered. In planning for such rehabilitation interventions, MOHO may be a useful conceptual framework since it provides the user with a client-centered model which has an occupational focus, and it offers a theoretical context and a framework for how to plan for and accomplish future interventions adapted to the unique individual.

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TABLE 1. Summary of Themes, Categories and Codes.

MOTIVATION FOR WORK				
Awareness and handling of limitations • Aware of and have strategies for handling limitations • Aware of but not able to handle limitations • Uncertain and unsure of how personal difficulties affect work abilities	Belief in return to work • Belief in work ability • Doubtful about work ability	The importance of work • Earning money • Social function • Doing something meaningful • Personal development • Identity	Feelings when sick-listed • Ashamed • Opportunities to live up to other valued roles	Perception of work tasks • Social contacts are stimulating • The variation is stimulating • Feeling suited for the job • Stressful • Under-stimulating • Not self-developing
INFLUENCE OF LIFESTYLE PATTERNS ON WORK BEHAVIOR				
Hold a working role • Natural part of life • Know how to behave • The working role and its expectations are unclear	Combination of different roles in life • The working role as the main role • Balancing family life with working role • Drop other things to get daily life work • Stressful to combine different roles	Routines outside work • Well-functioning routines • Adjusted routines • Hard to organize • Non-adjusted routines	Own routines at work • Functioning satisfactorily • Unsatisfactory routines	
PHYSICAL AND SOCIAL ENVIRONMENT AT WORK AND IN PRIVATE LIFE				
Person and work environment fit – physical and organizational aspects • Physical environment functioning well • Individual physical adjustments • Physical obstacles • No feasible adjustments • Organizational hindering factors	Social support at work • Support from boss during sick-listing and work return • Loss of support from boss during sick-listing and work return • Support from co-workers during sick-listing and work return • Loss of support from co-workers during sick-listing and work return	Social support in private life • Family being supportive of work return • Family do not want him/her to work		