

Three tables showing barriers, facilitators and roles in RTW



Table 1. RTW barriers, according to stakeholders

Stakeholders				
	Mental health professionals	Occupational health professionals	General practitioners	Managers
Barriers in worker's motivation	- Negative attitude towards RTW - Enjoy being at home more than at work	- Negative attitude towards RTW - Apathy	Negative attitude towards RTW	Not willing to take responsibility
Barriers in worker's emotions, cognitions and coping	- Fear of returning - Feeling guilty towards colleagues - Negative perception of sickness absence - Not able to ensure work-life balance	- Fear of taking steps in recovery - Fear of having contact with the manager - Feeling guilty about undertaking health-enhancing activities during sickness absence - Idea that work is harmful to health - Experiencing loss of control when returning to work - Negative perception of mental health problems - Playing down problems - Not able to learn from the experiences of the illness process	- Fear of repetition of traumas - No self-insight - Unassertiveness - Feeling ashamed about abandoning colleagues	- Feeling ashamed about undertaking health-enhancing activities during sickness absence - Uncertainty about ability to cope with RTW - Not able to move beyond problems and look at solutions
Barriers in worker's private life	Partner is disempowering the worker		(Informal) caregiver responsibilities in private life	Opinion of close others to 'stay at home' or 'RTW quickly'
Types of problem	Multiple problems	- Multiple problems - Severity of complaints	- Multiple problems - Severity of complaints - Invisibility of mental health problems	- Multiple problems - Severity of complaints - Invisibility of mental health problems - Duration of complaints

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Table 1. RTW barriers, according to stakeholders (*continued*)

Stakeholders				
	Mental health professionals	Occupational health professionals	General practitioners	Managers
Barriers in the work context	- Unhelpful behaviour or attitude of manager: too caring; too focused on complaints; unrealistic expectations - Work environment is not sympathetic to the worker's return; conflicts; having a better replacement - Type of work to which the worker returns: high job strain; work not challenging at all; no control over workload volume - Stigma in the work context: stigma about sickness absence - Distance between the worker and work: waiting until the worker has recovered; little contact	- Unhelpful behaviour or attitude of manager: having difficulty with a worker who has become more assertive; no compassion for the worker - Work environment is not sympathetic to the worker's return; conflicts; having a better replacement; performance problems - Type of work to which the worker returns: insecurity about the worker's job role; work accommodations are difficult to implement; unsafe working conditions - Relationships with colleagues are disturbed	- Unhelpful behaviour or attitude of manager: pushing the worker; manager is the cause of sickness absence - Work environment is not sympathetic to the worker's return - Type of work to which the worker returns; job insecurity; small company with limited possibilities; difficult manager; poor work conditions - Stigma in the work context: distrust of colleagues towards mental health problems - Distance between the worker and work: provided with rest for a long period - Nothing has changed in the work context: no structural solutions	- Unhelpful behaviour or attitude of manager: breathing down the worker's neck - Stigma in the work context: incomprehension by colleagues - No opportunities to realise changes at work: no means; no space for creative solutions - Worker is unable to return to a different job role: trying too long to have the worker return to their own job position; not educated to return to a different job position

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Table 1. RTW barriers, according to stakeholders (*continued*)

Stakeholders				
	Mental health professionals	Occupational health professionals	General practitioners	Managers
Barriers in support from professionals	▪ Difficult collaboration between professionals: no time to adapt advice to each other; too many (health) care professionals are involved; psychologist is involved too late ▪ No focus on (return to) work that takes account of mental health care	▪ Difficult collaboration between professionals: poor alignment between professionals; too many (health) care professionals are involved ▪ Bottlenecks in the RTW trajectory; impersonal protocols ▪ Delay in recovery due to the (health) care system: long waiting lists and treatment paths	▪ Difficult collaboration between professionals: contradictory advice from different professionals; difficult to get in contact with the occupational physician ▪ Bottlenecks in the RTW trajectory; impersonal protocols; no guidance in the sickness process; worker does not experience support from the occupational physician	▪ Difficulties in collaboration between professionals: contradictory advice from different professionals ▪ Bottlenecks in the RTW trajectory: occupational physician is not flexible in planning gradual RTW ▪ Delay in recovery due to the (health) care system: long waiting lists
Societal barriers		▪ Legal arrangements: employer can use public money to hire a replacement ▪ Stigma and taboo about mental health problems	▪ Legal arrangements: financial incentives for long-term sickness absence ▪ Economic context: few jobs; flexible contracts	

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Table 2. RTW facilitating factors, according to stakeholders

Stakeholders				
	Mental health professionals	Occupational health professionals	General practitioners	Managers
Ways to support the worker	- Pay attention to the worker: show appreciation of their condition - Attention to both recovery of health and work - Early involvement of a psychologist - Medication in case of severe problems	- Pay attention to the worker: listen; show support; take their condition seriously - A caseworker/coach in the recovery and RTW process - Provide perspective: take away fear; provide confidence in the future	- Pay attention to the worker: listen; show appreciation of their condition - A caseworker/coach in the recovery and RTW process - Provide structure and clarity - Courses: assertiveness; development skills for the job - Support from home - Legal regulations, such as financial incentive to work	- Pay attention to the worker: listen; show recognition of their condition - Provide structure and clarity
What the worker can do	- Explore motivation for work: what is satisfying?; sources of energy; value of work - Keep in contact with work; know what to tell colleagues - Build self-confidence; perspective; realise successes; resilience - Keep a daily structure	- Explore motivation for work: what suits you? - Keep in contact with work - Learn from the crisis - Undertake activities for daily structure and relaxation - Guard limits and regain/remain in control	- Explore motivation for work: what is enjoyable?; what do you want? - Learn from the crisis - Build self-confidence	- Keep being active - Build self-confidence; realise successes; feel useful - Recognise signals - Take responsibility for recovery: arrange support; make choices - Self-reflection

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Table 2. RTW facilitating factors, according to stakeholders (*continued*)

Stakeholders				
	Mental health professionals	Occupational health professionals	General practitioners	Managers
What the work environment can do	- Role of manager: be involved; create a safe culture; be proactive; focus on work - Manage expectations about what the worker can and cannot do - Substitute work activities: creativity in work accommodations; discuss which tasks are still possible - Occupational physician supports the worker - Focus on the worker's professional role - Support relationships with colleagues: involvement; team stability - Pay attention to the person behind the worker	- Role of manager: recognise barriers - Provide worker with authority in making RTW decisions - No pressure on the RTW - Possibility to return without much job strain	- Role of manager: understanding; focus on work; positive approach - Provide worker with decision authority in the RTW process - No pressure on the return - An active RTW policy - Evaluate the RTW process with the worker - Positive contact between the worker, manager and colleagues: show interest; regular contact	- Role of the manager: keep in contact; be open about signals; create a safe culture - Provide worker with decision authority in the RTW process - No pressure on the return - Manage expectations about what the worker can and cannot do - Early opportunity to do other work activities - Develop a personalised RTW plan with the worker - Professional support in the RTW for the worker and manager, such as an occupational psychologist
Collaboration between professionals	Good collaboration	Good collaboration	General practitioner and occupational physician work together to support the worker	- Good relationship between occupational physician and manager - Worker provides permission for contact with treatment provider

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Table 3. Stakeholders' perceptions of their roles in RTW

Stakeholders				
	Mental health professionals	Occupational health professionals	General practitioners	Managers
Fundamental responsibilities	▪ Empower the worker: help the worker to self-manage conflicts, clarify preferences and make use of available resources ▪ Help the worker focus on their recovery ▪ Provide solution-focused and process-focused guidance	▪ Empower the worker: stimulate; don't tell the worker what to do; prevent victimisation ▪ Diagnostics: distinguish mental health complaints from work problems ▪ Be supportive ▪ Focus on opportunities ▪ Protect the worker from a negative work environment ▪ Explain one's own role as a professional in the RTW process	▪ Empower the worker: support the worker in finding their own solutions and taking steps to implement them ▪ Diagnostics: early recognition of symptoms; establish the cause ▪ Support the patient's interests ▪ Be supportive ▪ Adjust advice to each individual worker	▪ Empower the worker: provide space to take the lead and experiment with RTW ▪ Ensure a safe workplace culture ▪ Keep in contact without putting pressure on the worker ▪ Recognise and watch over a worker's signals, limits and pitfalls ▪ Adjust advice to each individual worker ▪ Not responsible for worker's decisions in their private life
Psycho-education	▪ Explain how sickness absence could have occurred	▪ Explain how sickness absence could have occurred ▪ Provide information on taking rest, exercise and activities ▪ Provide perspective for the future	▪ Explain how sickness absence could have occurred ▪ Provide information on taking rest, exercise and activities ▪ Provide information on the treatment trajectory and RTW ▪ Provide reassurance that this can happen to anyone	

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Table 3. Stakeholders' perceptions of their roles in RTW (*continued*)

Stakeholders				
	Mental health professionals	Occupational health professionals	General practitioners	Managers
Interventions	- Stimulate the worker to think about what 'taking rest' implies - Discuss recovery tasks - Discuss barriers - Sketch a gradual RTW plan with the worker - Discuss the value of work for the worker	- Discuss recovery tasks - Discuss choices to enable RTW - Discuss expectations - Clarify cognitions and structure feelings - Provide support in setting up an RTW plan	- Discuss choices - Keep regular contact and monitor progress - Therapeutic conversations/exercises	- Acknowledge the employer's role in occurrence of sickness absence - Design a proper RTW plan and support during RTW - Provide work accommodations - Discuss what the worker wants: what are the worker's interests and possibilities? - Discuss signals
Activities aimed at work	- Involve and advise the manager - Lower the threshold to work: early contact; focus on the positive side of work; provide advice about disclosure of health problems at work - Point out the worker's contractual obligations towards the employer - Point out structural problems in the organisation and provide support	- Provide psycho-education to the manager - Point out the manager's influence on the RTW process - Facilitate collaboration between the manager and worker in the RTW process	- Advise on how to keep in contact with the workplace: discuss work-related problems and RTW; bring someone to a meeting with the manager; reserved about giving advice in case of conflict - Explain potential negative reactions from the work environment - GP has no influence on RTW if employer is the problem	- Discuss with the worker what to communicate to colleagues about the worker's recovery process - Discuss colleagues' incomprehension about the worker being socially active during sick leave
Collaboration with other professionals	Early and good collaboration with the occupational physician	Align activities with other care professionals	- Collaborate with the occupational physician - General physician should not make judgments about work disability - Occupational physician should not make decisions about therapy - Protect worker's privacy	- Occupational physician has an advisory role - Discuss with the worker diverging advice from different professionals