Promoting work participation of non-permanent workers with psychological problems: An evidence-based approach to occupational health care
Audhoe, Selwin

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CHAPTER 3

Perspectives of unemployed workers with psychological problems: barriers and solutions for return to work

Selwin S Audhoe
Karen Nieuwenhuijsen
Jan L Hoving
Judith K Sluiter
Monique HW Frings-Dresen

Submitted for publication.
ABSTRACT

Purpose
To evaluate the barriers and solutions for return-to-work (RTW) in the perspective of unemployed workers who are sick-listed due to psychological problems.

Methods
We conducted semi-structured interviews with 25 sick-listed unemployed workers with psychological problems. Qualitative data analysis was performed, using a process of identifying, coding and categorizing the patterns in data.

Results
All workers experienced multiple problems in different domains of life related to their disease, personal circumstances (e.g., divorced, debts) and their environment (e.g., labour market problems, issues with the social insurance agency). Workers differed in the way they perceived their RTW process and in the extent to which they were able to envision and implement the solutions for RTW, thereby resulting in three types of workers’ attitude towards their own RTW process: (1) “frozen”; (2) “insightful though passive”; and (3) “action mode”.

Conclusions
We conclude that the sick-listed unemployed workers with psychological problems have to deal with multiple problems, of which medical problems are only a part. These workers need help aimed at their way of coping according to one of three types of workers’ characteristics. Furthermore, they need specific help organizing and structuring their problems, getting their life back on track, and in finding employment.
INTRODUCTION

In recent decades, sick leave due to psychological problems, such as depression, anxiety, and stress-related disorders has increased considerably worldwide. Psychological problems are nowadays the major cause of absenteeism (40%) and work disability (including disability pension) in many high-income countries, causing considerable economic burden to society [1-3]. Sick leave due to psychological problems – both severe [4,5] and less severe [6-8] – is associated with prolonged work disability. Only 50% of those off work for six months or more due to these problems actually return to work [9].

Workers without a permanent employment contract (non-permanent workers), such as the unemployed, temporary agency workers and fixed-term contract workers, represent a vulnerable group within the working population. They are at even greater risk for work disability due to psychological problems than the general working population [10-13]. These non-permanent workers are characterized by a poor mental health status and low socio-economic position [11,12,14]. Further, they have less job security, a lower education and are more often of non-native background compared to workers with a permanent employment contract (employed workers) [11,12,14].

Compared to sick-listed employed workers, sick-listed non-permanent workers perceive their health status more negatively and encounter more psychosocial barriers (such as personal problems, debts, addiction, legal proceedings, care issues) for their return-to-work (RTW) [11,12,14-16]. Moreover, these workers experience a greater distance to the labour market compared to sick-listed employed workers, because there is no workplace to return to when sick-listed [14]. Furthermore, previous research has shown that the RTW expectations of workers are a predictor of future work participation [17,18].

Considering the growing rate of non-permanent workers [19,20] and the rate of sick leave due to psychological problems, we questioned why little attention has been paid in developing effective RTW interventions for these workers [21] using patient perspectives. A review of RTW intervention studies for the unemployed
shows several large programs in USA, Finland and Austria that have attempted to influence RTW outcomes using different intervention components (such as job search skills, personal development, problem-solving skills, group-based job training) with unsatisfactory results [21].

There are no studies among sick-listed unemployed workers with psychological problems that have attempted to identify the RTW perspective of these workers. Qualitative research can help expand our understanding of what kinds of perspectives of these workers play a role in returning to work. Knowledge about the background of the RTW perspectives of these workers can shed light on why these workers are not returning to work and why many attempts, incentives and interventions have failed to produce much success to date. This knowledge can be helpful to optimize the sickness absence counselling and further tailor RTW interventions to the needs of the sick-listed workers with psychological problems.

Therefore the aim of this qualitative study was to evaluate the barriers and solutions for RTW in the perspective of unemployed workers who are sick-listed due to psychological problems.

**METHODS**

**Design**

In this qualitative study, semi-structured interviews were conducted to explore workers’ perspective regarding RTW. We used the consolidated criteria for reporting qualitative research (COREQ) as a point of reference [22].

**Participants**

Using purposive sampling, we selected the participants from two offices of the Dutch Social Security Agency (SSA), in the eastern part of the Netherlands. The inclusion criteria were: (1) being unemployed; (2) between 18 and 65 years of age; (3) recently sick-listed (less than four weeks); and (4) having psychological problems/complaints as the main reason for a sickness benefit claim. As RTW expectations of workers have been shown to predict work participation [17,18], we maximized variation of perspectives by recruiting workers with both a positive
Perspectives of unemployed workers

(expected RTW within three months) or a negative (expected RTW after three months) RTW expectation.

Eligible participants received written information from the SSA concerning the aims and procedures of the study at their home address. The anonymity and confidentiality of the participants was emphasized. Once participants had decided to participate in the study, an appointment for an interview was made.

All participants provided written, informed consent to participate in the study. The Medical Ethics Committee of the Academic Medical Center (AMC), University of Amsterdam, declared that the study design did not require comprehensive ethical review, as the Medical Research Involving Human Subjects Act does not apply to this study [23].

Procedure

Data collection

Data were collected between June 2012-January 2013 through semi-structured, individual, face-to-face interviews using open-ended questions and a topic guide. Each interview lasted between 45 and 75 minutes and was conducted by the first author, an experienced male insurance physician (48 years) with extensive knowledge on sickness absence counselling of sick-listed workers and significant interviewing experience. The interviewer used techniques of paraphrasing, summarization, and clarification to gain a full understanding of the points made during the interviews. The location (participants’ home address or nearest SSA office) and time of the interview were chosen by the participants. Prior to the interview, the purpose of the study was explained. All interviews were tape-recorded with permission from the participants. The following interview topics were addressed: (1) RTW expectation; (2) cause and scope of problems of the sick-listed worker; (3) barriers hampering RTW; and (4) perceived solutions to overcome the barrier or barriers to RTW.

The sample size was directed by data saturation [24], which refers to the point at which no new information is being generated or collected, given the aim of the study. Twenty interviews were initially planned and the inclusion of respondents continued until data saturation was achieved.
**Data analysis**

The analysis was performed in phases. The first phase of the analysis consisted of verbatim transcription of the recorded interviews. These transcripts were then used to explore and reflect workers’ personal perceptions and beliefs. In the second phase – the open coding phase – every text fragment relevant to the research question was assigned a code. To increase reliability and truth value, three authors (SA, KN, JH) independently performed coding for all interviews, followed by comparisons and a negotiated outcome between the three authors. In the axial coding phase, relations between codes and large concepts were sought, including patterns in the RTW process of the included workers. Finally, in the selective coding phase, themes were organized to formulate an answer to the research question. The content, descriptions, titles and final results were checked and discussed by the research team in each phase. To support the analysis, we used the software program MAXQDA (VERBI Software, Berlin, Germany, 2012).

**RESULTS**

After describing the patients’ characteristics, we present the perceived barriers and solutions with regard to RTW by the workers and two themes that were identified after analysis of the data: interaction of multiple problems (barriers) and workers’ attitudes towards their own RTW process (solutions).

**Participants characteristics**

Twenty-five unemployed workers participated in the study. The age of the workers ranged from 22 to 59 years, with an average of 43 years. Eight workers were male. Eleven workers expected an RTW within three months (positive RTW expectation) and fourteen workers expected an RTW after three months (negative RTW expectation). For all 25 participants, the main reason for reporting sick was having psychological problems.

**Barriers for RTW**

The participants expressed several barriers for their RTW. We summarized these barriers in six categories: (1) a current decreased perceived ability to work due to mental problems (including psychosocial problems/traumatic experiences) and
physical health status; (2) labour market problems; (3) inadequate (medical) treatment; (4) issues related to the social insurance agency; (5) personal characteristics and beliefs; and (6) personal circumstances. See Table 1 for an overview of barriers for RTW.

Solutions for RTW
The participants indicated various solutions for their RTW. We summarized these solutions in six categories: (1) appropriate treatment; (2) recovery of complaints/gradual RTW; (3) type of work and preconditions; (4) beliefs and being active; (5) support/communication with the social insurance agency; and (6) adequate coaching and training. See Table 2 for an overview of solutions for RTW.

Interaction of multiple problems
One theme regarding barriers for RTW for the unemployed workers emerged from the analysis: interaction of multiple problems. Participants experience challenges in different domains of life, related to their disease, personal circumstances or their environment. Most workers face a multitude of problems on different levels. While they may be dealing with one problem at one step, there are usually one or more other problems that they have had to face. All participants expressed psychosocial problems and/or traumatic experiences, whereby almost every participant had two or more psychosocial problems. The following multiple problems (including psychosocial problems) played a prominent role: personal problems such as divorce, care problems and debts, negative work experiences such as job loss or problems in the last workplace, financial problems, traumatic experiences such as the death of loved ones, relatives or acquaintances, and having concurrent medical problems such as musculoskeletal complaints. Participants stated that as a result of their job loss and unemployment they felt insecure, and burdened by being dependant on welfare, faced (more) financial problems and experienced problems in dealing with the social insurance agency. Because of the interaction of multiple problems, participants often reported that they saw no (single) solution for RTW. A worker with multiple problems on different levels (e.g., loss of job, divorced, forced home sale, death of relatives, financial problems, bringing up a disabled daughter, mental and physical complaints) stated his barriers for RTW as follows:
### Table 1 Overview of the workers’ perceived barriers for return to work \((n = 25)\)

<table>
<thead>
<tr>
<th>Barriers for Return to Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Current perceived decreased ability to work due to mental and physical health status (including psychosocial problems and/or traumatic experiences)</td>
</tr>
<tr>
<td>• Mild mental complaints to severe psychological problems</td>
</tr>
<tr>
<td>e.g., major depressive symptoms, fatigue, reduced concentration, stress, sleeping problems</td>
</tr>
<tr>
<td>• Physical complaints</td>
</tr>
<tr>
<td>e.g., musculoskeletal complaints, visual impairment, Lyme disease, gynecological problems and intestinal problems</td>
</tr>
<tr>
<td>• Psychosocial problems and/or traumatic experiences</td>
</tr>
<tr>
<td>e.g., personal problems such as divorce and care problems, financial problems, negative work experiences, death of loved ones, relatives or acquaintances</td>
</tr>
<tr>
<td>2. Labour market problems</td>
</tr>
<tr>
<td>• Lack of available jobs</td>
</tr>
<tr>
<td>• Reduced chance of getting a job because of their sickness absence or lack of job experience</td>
</tr>
<tr>
<td>• Absence of job perspective because of the unavailability of jobs</td>
</tr>
<tr>
<td>• Finding an employer who is willing to employ workers with impairments</td>
</tr>
<tr>
<td>3. Inadequate (medical) treatment</td>
</tr>
<tr>
<td>• Due to long waiting lists for psychiatric treatment</td>
</tr>
<tr>
<td>• Lack of intensive psychiatric/psychological help</td>
</tr>
<tr>
<td>• Health insurance only covering up to five psychological treatment sessions</td>
</tr>
<tr>
<td>• Treatment curative care is not focused on return to work</td>
</tr>
<tr>
<td>4. Issues related to the social insurance agency</td>
</tr>
<tr>
<td>• Poor communication</td>
</tr>
<tr>
<td>• No personal contact with a professional of the social insurance agency</td>
</tr>
<tr>
<td>• Perceived bureaucracy</td>
</tr>
<tr>
<td>• Requirement to possess computer skills and internet access to make contact</td>
</tr>
<tr>
<td>• Inadequate support (e.g., no help with job search or writing a letter of application, training program does not address the need) or rules that do not fit their situation</td>
</tr>
<tr>
<td>• Unclear procedures and lack of information when sick-listed</td>
</tr>
<tr>
<td>5. Personal characteristics and beliefs</td>
</tr>
<tr>
<td>• Low education</td>
</tr>
<tr>
<td>• High age</td>
</tr>
<tr>
<td>• Lack of required training</td>
</tr>
<tr>
<td>• Difficulties working with an employer</td>
</tr>
<tr>
<td>• Strong need to maintain current balance</td>
</tr>
<tr>
<td>• Non-native origin</td>
</tr>
<tr>
<td>• Wearing a headscarf</td>
</tr>
</tbody>
</table>
Perspectives of unemployed workers

“I visit my therapist twice a week to help me cope with my divorce, to deal with a loss, and now I’ve lost my job for the third time, all that plays a role……I forget a lot of things ……and so I make mistakes ……if you’re operating a forklift truck you need to be able to concentrate so you don’t make mistakes ……I have back problems. I’m in pain every day, I need varied work ……Financial problems. You can’t even afford to use public transport or anything else for that matter, they’ve impounded my car. My bank account has been frozen. They’ve set the gas, water, and electricity to a minimum level……It eats you up, and you get even more depressed and then sometimes you just can’t take it anymore ……divorce and dismissals, a reorganization……I’ve got a disabled daughter who needs a lot of care ……and it’s no small matter when your father dies, your mother dies, your father-in-law dies, your mother-in-law dies, all in the space of six or seven years.”(Participant 12).

Workers’ attitudes towards their own RTW process

Looking at the participant trajectories and comparing similarities, one theme regarding solutions for RTW emerged from the analysis: workers’ attitudes towards their own RTW process. We found that workers differed in the way they perceived their RTW process and in the extent to which they were able to envision and implement the solutions for RTW. The following three types of workers’ attitude towards their own RTW process can be distinguished: (1) “frozen”: orientation/focusing on problems; (2) “insightful though passive”: orientation on solutions; and (3) “action mode”: (orientation on) application of solutions.

Table 1 Continued

<table>
<thead>
<tr>
<th>Barriers for Return to Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Personal circumstances</td>
</tr>
<tr>
<td>• Financial problems</td>
</tr>
<tr>
<td>• Not able to follow education, visit the gym, buy a computer or pay a ticket for public transport to get to the workplace</td>
</tr>
<tr>
<td>• Lack of childcare facilities</td>
</tr>
<tr>
<td>• Fast return to work discouraged by the general practitioner or family</td>
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</tbody>
</table>
Table 2  Overview of the workers’ perceived solutions for return to work \( (n = 25) \)

<table>
<thead>
<tr>
<th>Solutions for Return to Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Appropriate treatment</td>
</tr>
<tr>
<td>• Treatment by medical doctor, psychologist, psychotherapist or social care worker</td>
</tr>
<tr>
<td>• Hypnosis</td>
</tr>
<tr>
<td>• Cognitive behavioural therapy</td>
</tr>
<tr>
<td>• Medication</td>
</tr>
<tr>
<td>2. Recovery from complaints/gradually return to work</td>
</tr>
<tr>
<td>• Recovery from complaints (e.g., getting more sleep and regaining control)</td>
</tr>
<tr>
<td>• Gradual return to work</td>
</tr>
<tr>
<td>• Gradual return to work in combination with building up a social life</td>
</tr>
<tr>
<td>• Getting rhythm and structure e.g., due to gradual return to work or internship</td>
</tr>
<tr>
<td>3. Type of work and preconditions</td>
</tr>
<tr>
<td>• Adapted work or workplace</td>
</tr>
<tr>
<td>• Work that suits the worker</td>
</tr>
<tr>
<td>• Work that is fun and exciting</td>
</tr>
<tr>
<td>• Good availability of work</td>
</tr>
<tr>
<td>• Preconditions such as transport to the workplace or possession of a car</td>
</tr>
<tr>
<td>4. Beliefs and being active</td>
</tr>
<tr>
<td>• Want to work as soon as possible, to get a normal daily rhythm, to come out of isolation, to be among people again</td>
</tr>
<tr>
<td>• Stay positive and did not sit back</td>
</tr>
<tr>
<td>• Volunteer work</td>
</tr>
<tr>
<td>• Being active such as visiting the gym, riding a bike, walking in the countryside or with a group with the same problems and doing jobs at home</td>
</tr>
<tr>
<td>• Some participants stated that they needed rest and structure</td>
</tr>
<tr>
<td>5. Support/communication with the social insurance agency</td>
</tr>
<tr>
<td>• Better communication with and help and support of the social insurance agency</td>
</tr>
<tr>
<td>• Personal contact in an early stage of sick leave and more frequent contact to address the questions and problems of the worker</td>
</tr>
<tr>
<td>• Help of a coach with guidance and (a plan for) return to work, searching for the right job, mediation and writing letters of application</td>
</tr>
<tr>
<td>6. Adequate coaching and training</td>
</tr>
<tr>
<td>• Help and coaching/guidance of</td>
</tr>
<tr>
<td>• Agencies</td>
</tr>
<tr>
<td>• Vocational rehabilitation agencies</td>
</tr>
<tr>
<td>• Budget coaches</td>
</tr>
<tr>
<td>• The family</td>
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<tr>
<td>• Including</td>
</tr>
<tr>
<td>• Training for other job skills</td>
</tr>
<tr>
<td>• Guidance to another job</td>
</tr>
<tr>
<td>• Social support at home</td>
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</tbody>
</table>
1. “Frozen” workers

These workers made statements to the effect that they could not do much, wanted to be left alone, were not able to work or were ready for work yet and did not want to be bothered with it. They were mainly focused on their problems and barriers for RTW. Some workers expressed no ideas regarding barriers for RTW. Solutions for RTW were not verbally expressed nor did these workers request any help regarding RTW. Some participants in this category also expressed that the solution for RTW is to do nothing, help was not necessary or that they had no idea what the solution is. Seven “frozen” workers were identified and all of them had a negative RTW expectation. When asked by the interviewer what could help to RTW, one worker stated:

“I can’t do anything for the moment, let’s just see how things go.” (Participant 15). Another participant stated: “I really don’t have any idea, no idea at all, at the moment I can’t see it happening at all, I can’t even bring myself to think about it.” (Participant 13).

Participant 4 stated:

“Just give me a pill that will make me fit again ... If they can make me better, then I’d start working. But considering I don’t feel ready to work again, that’s not going to happen.”

One worker described the decreased perceived ability to work as:

“I can’t take the work pressure anymore. I used to be able to do 25 things at once and now I have to be satisfied that I can do two things at once ......I can’t make any choices. You just can’t think clearly. You’ve got too much on your mind.” (Participant 7).

2. “Insightful though passive” workers

Workers in this stage showed insight in their problems and understood barriers for RTW. They often had plans and ideas about what they had to do or what is needed to achieve RTW and expressed a desire to work. However, these workers did not yet execute their plans or ideas regarding RTW and its solutions. Nevertheless, these participants said that they wanted to be helped with their RTW. Some workers stated that they felt unsupported by the social insurance agency when they expressed that they wanted to implement their ideas for RTW.
They also stated that some rules of the social insurance agency impede their RTW, because some activities which could enable RTW, such as gradual RTW or an internship, were prohibited during the sickness benefit claim period. One worker emphasized this rule by stating:

“It’s the obligation, whether you’re actually sick or not. There’s very little possible in between. I’ve indicated that it would help me get back into the employment process, even if it’s an internship for just one day a week somewhere. That’s not possible. I mean, the intention is that I’m back at work soon and I think that it lowers the threshold for me, and that it helps me get back into the swing of normal life, because that’s not what I’m doing at the moment and I miss that a lot. But it’s either one or the other, and that’s a pity.” (Participant 23).

Furthermore, most of these workers complained that barriers for RTW included poor communication with the social insurance agency, the difficulty of getting into personal contact with the social insurance agency, and unclear procedures concerning what is allowed during the sickness benefit period. One participant expressed the poor communication by stating:

“I find that the way you currently really don’t have any contact with the social insurance agency but that everything is done via internet, I can’t get on with that at all. I think it’s very bad that you don’t get to see anybody, or speak to anybody, so you don’t really have a work coach with whom you make agreements.” (Participant 24).

Fifteen ‘insightful though passive” workers were identified, of which eight had a positive RTW expectation and seven a negative RTW expectation.

3. Workers in “action mode”

These workers verbalized a positive attitude regarding work and wanted to RTW as soon as possible. They stated their problems and barriers for RTW, had some ideas concerning how to address these problems and overcome barriers for RTW, and were actually searching for ways to implement the solutions (to overcome barriers) for RTW. These workers emphasized that they could use all the help of the social insurance agency to help them with their RTW process and to execute
their ideas to address their problems or obstacles for RTW. Most workers stated that they experienced a lack of support from the social insurance agency, which impeded their recovery for RTW. Furthermore, these workers had positive beliefs regarding RTW and an active life. Three workers were identified as being in the “action mode”, and all of them had a positive RTW expectation. A worker in the “action mode” made the following statements:

“I want to get back to work as soon as possible, because the longer it goes on like this, the more difficult it will get to return to work …… I really want to get back to work again, during the day. I would so love to have everything back to normal as soon as possible …… I’m a pretty positive individual myself …… I’m not the type to let my head hang and start thinking, well my situation’s really pretty bad.” (Participant 20).

DISCUSSION

The aim of this qualitative study was to evaluate the barriers and solutions for RTW in the perspective of unemployed workers that were sick-listed due to psychological problems. Our study indicated that in addition to medical problems impeding RTW, workers attribute many non-medical problems as being barriers for RTW. Workers faced multiple problems in different domains of life. All 25 participants expressed several psychosocial problems and/or traumatic experiences. Finally we identified three types of workers’ attitude towards their own RTW process reflecting differences in workers’ abilities to envision and implement steps towards RTW: (1) “frozen”; (2) “insightful though passive”; and (3) “action mode”.

The strength of this study is that we conducted 25 interviews with workers who had either a positive or a negative RTW expectation. This way we explored the breadth of perspectives among our participants and achieved a maximized variation of perspectives and data saturation regarding their RTW perspective. The findings of this study show that an important characteristic of the sick-listed unemployed workers is that they had to deal with multiple problems in different domains of life related to their disease, personal circumstances or their environment. These multiple problems were often perceived as being severe by
participants, where one problem often leads to other problems. Because of this, some workers reported ending up in a downward spiral, thereby losing the perspective of improvement or work. Multiple problems resulted in that a single solution is often not enough to address barriers for RTW. Sick-listed workers with psychological problems including cognitive problems often cannot oversee how or in which order these multiple problems needed to be addressed. Therefore they need support or coaching to achieve an overview and obtain insight and a priority plan in addressing the barriers and implementing the solutions for RTW. Besides the consequences of their sickness, and in line with findings in other studies, we found that most workers also suffered from the consequences of unemployment such as stress, financial debt, diminished social status, reduced self-esteem and feelings of guilt [16,25,26], emphasizing a need for support in problem-solving in different domains of life and health.

The major finding of this study is that we identified three types of workers’ attitude towards their own RTW process. The distinction between these three types was based on whether workers had insight into their problems, had solutions to these problems, and whether they actually implemented the solutions to these problems. The characteristics of the three types of workers’ attitude towards their own RTW process shows similarities with the characteristics of the three stages of readiness for RTW described by Lam et al. [27]. However, the stage of change model of Lam describes behavioural changes over time in one person. It can be argued that the identified characteristics of worker’s attitudes in this study may also represent possible changes over time, even though all workers were interviewed at the start of a sick leave episode. Our design does not allow for inferences about whether the identified workers’ characteristics changes over time.

The worker’s RTW perspective seems to be associated with the type of workers’ attitude towards their own RTW process, as all the “frozen” workers had a negative RTW expectation and all the workers in the “action mode” had a positive RTW expectation. When guiding sick-listed unemployed workers with psychological problems, it is advised to take into account the type of workers’ attitude towards their own RTW process, so that the RTW intervention can be
tailored to the need of the worker. The RTW intervention of “frozen” workers who had no insight into solutions for RTW and a negative RTW expectation could focus on their negative cognitions regarding RTW for example, whereby workers in the “action mode” need a realistic action plan or final push to get back into the workforce.

In this study, most of the workers (15) had the RTW process of “insightful though passive” type of workers. The gap between having solutions and intentions for RTW and implementing these solutions/intentions has been found in several qualitative studies of employed workers with mental health problems and was interpreted as an intention-behaviour gap [28,29]. The gap between intentions for RTW and implementing these could result in stagnation of the RTW process, relapse and recurring sick leave [29,30,31]. To reduce this gap, it has been advised that RTW interventions should not only focus on the individual e.g., by enhancing coping strategies and reducing perfectionism, but also on the (future) workplace, and facilitate the social integration of the returned worker. This emphasizes the need and role of a guidance coach to help the unemployed workers with their RTW process, to reduce the intention-behaviour gap and to prevent stagnation of the RTW process. In our study, many participants specified adequate guidance and help of a (vocational) coach as an important solution for their RTW. In order to prevent stagnation, the personal contact with the coach must be in an early stage of sick leave. According to the workers, the help of a coach is also important to create workplaces or internships to facilitate gradual RTW. In the literature, gradual RTW is considered as an important factor to facilitate RTW [28].

Our findings may not have captured the perspectives of all non-permanent workers, since we did not include temporary agency and fixed-term contract workers. Future qualitative research on barriers and solutions for RTW should also focus on the perspective of temporary agency and fixed-term contract workers to gain a better understanding of the RTW perspective of all non-permanent workers. Whether RTW interventions tailored to the type of workers’ attitude towards their own RTW process and workers’ RTW perspective combined with adequate guidance and support of a (vocational) coach actually leads to an increase in RTW needs to be evaluated in further research.
Furthermore, to gain insight into the complex RTW process of these workers with multiple problems over time, future qualitative research should also investigate the thoughts about the past and future (by conducting multiple interviews), as the RTW process should be seen as a continuous and coherent process where experiences of the past and present, and anticipation of the future are dynamically interrelated and affect success or failure of RTW [28]

CONCLUSION

We conclude that the sick-listed unemployed workers with psychological problems have to deal with multiple problems, of which medical problems are only a part. Besides interventions targeting the multiple problems of these workers, they need help aimed at their way of coping according to one of three types of workers’ attitude towards their own RTW process. Furthermore, they need specific help organizing and structuring their problems, getting their life back on track, and in finding employment.
REFERENCES


