**Stage 3: Analytical theme construction**

**Research questions:**

a) What barriers and facilitators do employers experience when supporting employees with acquired brain injuries or mental illness to return to- and stay in work?

b) What are the contextual factors (e.g., environmental conditions, type of organisation) influencing employer support for employees with acquired brain injuries or mental illness?

**Description of included studies (N=23)**

Most studies were conducted in Sweden (n=7) or Canada (n=5); with others conducted in the UK (n=3), USA (n=2), Barbados (n=1), Denmark (n=1), the Netherlands (n=1), New Zealand (n=1), Australia (n=1), and South Africa (n=1). Most were published after 2016 (n=18) (publication date range: 2010-2022). Seven of the 23 studies interviewed employers after they had participated in a vocational rehabilitation intervention. Occupational roles of the employers included supervisor/manager, HR staff, OH nurse, small business owners, managing director, assistant director, disability employment advisor, health and safety representative, consultant, Chief Executive officer, school principal, head of department, and coordinator.

Nine of the 23 included studies’ participants were employers of employees with ABIs (e.g., TBI, stroke). Employers’ organisations were based in private, public and voluntary sectors (e.g., private and public healthcare, charities, manufacturing, public service/government, retail, higher education). Only 5 of these studies reported on organisation size; in 3 studies more than half of the affiliated organisations were large (≥250 employees) and the remainder were small (0-49 employees) and medium-sized organisations (50-249 employees). All of these studies focused on RTW of employees, with two considering work retention also.

Fourteen of the 23 included studies’ participants were employers of employees with mental illness, including depression, anxiety, and adjustment disorder. Employers’ organisations were based in public and private sectors (e.g., finance, business, information technology, manufacturing, tourism, hospitality, construction, retail, public service/government, healthcare). Only 4 of these studies reported on organisation size; these were a mixture of small (0-49 employees), medium (50-249 employees) and large sizes (≥250 employees). Seven of these studies focused specifically on RTW for employees, and 7 focused on retention of employees in their current working roles.

Following review of the descriptive themes (see descriptive theme summary), the following analytical themes and sub-themes were constructed:

1. **Disclosure of condition/illness, residual disabilities, and RTW plans**
2. **Employer support for employees with ABI and/or mental illness**
   1. Attitudes towards employee condition/illness and support needed
   2. Employer knowledge, skills and experience
   3. Provision of work accommodations
3. **Influence from stakeholders**
   1. Employee personal factors
   2. Collaboration across stakeholders

Please see Table 1 for a narrative summary of each theme, with example quotes that could be included in the results section (when written up). There will also be a separate table presenting contextual details per country, regarding legislation, stakeholder roles, and financial support schemes.

**Table 1.** Narrative summary of the three analytical themes resulting from the thematic synthesis of 23 studies

|  |  |  |  |
| --- | --- | --- | --- |
| Theme | Sub-theme | Description | Example quote |
| Awareness of condition/illness and support needs | Disclosure of condition/illness | Lack of disclosure of an employee’s condition/illness was a common issue, particularly within the mental health literature. To begin with, it was not always easy for employers to spot early signs of mental illness (Porter, 2019). Study authors stated employers did not always work directly with employees, co-workers sometimes concealed problems by helping employees with difficult tasks, and the employee sometimes hid problems by working from home or saying they were absent for physical reasons (Porter 2019). In two studies conducted in Denmark (Thisted, 2020) and Canada (Gignac, 2021), study authors explained that employees did not disclose their diagnosis of depression, describing it as stress or something else due to the cultural taboo linked to depression. Other authors stated employers’ perceived reasons for non-disclosure included: wanting others to think positively of them; wanting to protect their job security and career development; preference for privacy; and negative past experiences with stigma (Gignac, 2021). In one study (Coole, 2013), employers reportedly felt that stroke survivor employees had not asked for help when needed; the authors suggested this may link to an uncertain economic climate, and the employee’s perception that their stroke may put them at greater risk for redundancy.  Across the ABI and mental health literature, it was reported employees were not always aware of their residual limitations and work-related challenges (Gignac, 2021; Bush, 2016; Porter, 2019; Santy, 2016). One study author (Gignac, 2021) reported that some employees did not disclose to employers they were experiencing an episodic disability (e.g., depression). The authors stated that a time lapse between onset and disclosure could cause long-lasting damage to workplace relationships, leading to others resisting the employee returning to work (Gignac, 2021). Employers also found it difficult to discuss concerns with these employees and where an employee repeatedly did not disclose their disability, it often became labelled as a performance issue, resulting in job termination (Gignac, 2021).  Many employers in a New Zealand study felt that open, honest communication and trust between employee and employer was pivotal to successful employment (Gordon, 2015). The study authors claimed that where employees had disclosed their experience of mental illness, it led to better understanding and supportive action from their employers (Gordon, 2015). | “Support failures were instances where repeated worker denials of a suspected disability became labeled as poor performance and resulted in job termination” (Author interpretation, Gignac, 2021, p.162) |
| Access to information about employee | In two Canadian studies (Gignac, 2021; Lemieux, 2011), employers reported they were omitted from disability support and RTW planning. In one study (Lemieux, 2011), workplace policy restricted employers from having information on absent employees’ diagnoses or conditions; the study authors also reported employers were forbidden from communicating with the employee or other team members about the employee’s mental illness or their RTW. Across the ABI and mental health literature, employers in Sweden and the UK reported lack of- or inadequate communication from health professionals (Hellman, 2016; Holmlund, 2022a; Lexen 2019), and costs when obtaining reports (Coole, 2013). According to study authors, lack of communication from rehab services (Hellman, 2016), consent and confidentiality issues (Coole, 2013), and faulty systems (Coole, 2013) made it challenging for employers to obtain reports from doctors and consultants to inform RTW decisions, and to obtain information on an employee’s treatment progress (Coole, 2013).  Employers of stroke survivors in a UK study had overcome the issue of lack of information by requesting that the employee obtain it in writing from their health professional (Coole, 2013). Authors of a New Zealand study (Gordon, 2015) reported that some employers trusted their employees to let them know their support needs, and one employee had given their employer permission to tell him if they thought he needed time or help. An OH representative in Sweden (Holmlund, 2022a) felt that maintaining a balance between information exchange (whilst protecting employee privacy) and other relevant interests was essential throughout the RTW process. | “You’re not supposed to ask questions. So there’s like a… that’s what I’m saying, there’s a sort of conspiracy of silence” (Lemieux, 2011, p.297)  “During the meeting, strategies were for health care professionals to share only general information about CMDs and to keep a focus on work-related issues. Awareness of the delicacy of information exchange and how the privacy of the employee can be balanced against other relevant interests was essential in the different stages of RTW coordination” (Author interpretation, Holmlund, 2022a, p.6) |
| Employer support for employees with ABI and/or mental illness | Attitudes towards condition/illness and support needed | In the mental health literature, study authors stated that the support an employer was willing to give sometimes depended on whether they saw an employee’s illness as a workplace issue or private issue (St-Arnaud, 2011; Thisted, 2020). In a Canadian study, the authors stated that employees deemed as having private issues were put under greater scrutiny and pressure to RTW (St-Arnaud, 2011). According to one study’s authors (Lemieux, 2011), employers (also in Canada) did not agree with a gradual RTW because they did not agree with the workplace being a therapeutic setting. A UK-based employer expressed concern about potentially terminating a stroke survivor employee’s contract, due to fears their presence would put co-workers at risk of harm (Coole, 2013).  Authors of a Canadian study also believed that prejudices against mental illness (e.g., seeing it as malingering) hindered RTW of employees with mental illness, because the stigma associated with these illnesses could lead to interpersonal tensions and them being marginalised them when they returned (Lemieux, 2011). In a study conducted in Barbados (Devonish, 2017), the author stated that employers had labelled people with mental illness into one stereotypical category (e.g., mad or crazy, lazy, unproductive), and saw them as being “weak” and in conflict with the organisation’s need for productivity and quality. One Canadian study’s authors (Gouin, 2019) suggested that managers would be less likely to invest in the RTW process if they viewed HR as costs rather than resources. Where employers in New Zealand (Gordon, 2015) and Denmark (Thisted, 2020) did not believe it was worth providing support anymore (e.g., too much of a threat to organisations’ productivity and financial status), they had considered dismissal of the employee from the organisation.  Other employers in a New Zealand study described seeing employees with mental illness as being no different from anyone else; stating that everyone has issues they need to deal with (Gordon, 2015). Employers in the UK (Coole, 2013) and Canada (St-Arnaud, 2011) felt they needed to be the ones to take charge of the RTW process for employees with an ABI or mental illness; and to have an open, empathetic, flexible, fair, and attentive attitude (Lemieux, 2011). Authors of a New Zealand study reported that one employer covered more work so the employee could have more sick leave (Gordon, 2015). In the same study, another employer believed that if they went the “extra mile” to support employees with mental illness then it would result in the employee being loyal to the organisation in future. In a US-based study (Santy, 2016), an employer of TBI survivors believed that having employees with disabilities lowered “Workman’s comp”, and it looked good for the organisation to be returning people back to work. Additionally, authors of a New Zealand study stated that employers’ willingness to support employees with mental illness depended on whether the employer and employee could overcome the associated social taboo and engage in the RTW process (Gordon, 2015) | “…absences pertaining to mental illness versus absences pertaining to relational conflicts, disciplinary measures or problems related to personal life… some workers were given more support and more time to recover and had access to additional sessions under the employee assistance program (EAP). Other workers received telephone calls putting them under greater pressure, and were questioned and challenged regarding their treatment and health status” (Author interpretation, St-Arnaud, 2011, p.43-44)  “That was the main concern; that we didn’t cause another accident in any way. We’ve got moving machinery, rollers running fabric that can pull a person into the machine…..nobody wants that now or wanted it at any stage in the process; we were all really concerned about having to face that eventuality (that the employee might not be considered safe to return)” (Coole, 2013, p.410)  “And if they start to fall behind and I think that I can’t accommodate them better with hours and ﬂexibility and so, then it can end up with ... And I know it sounds a bit ugly, but it is very, very difﬁcult to ﬁre employees in the public sector” (Thisted, 2020; p.863)  “And the loyalty that you get from someone who is prepared, if an employer is prepared to go that extra mile for an employee, that is of benefit to the business”  (Author interpretation, Gordon, 2015; p.34) |
| Knowledge, skills and experience | Across several studies in various countries, study authors stated that employers lacked knowledge about ABI or mental illness, including the potential impact on the employee and their work abilities (Porter, 2019, Thisted, 2020, Hellman, 2016, Lemieux, 2011, Lexen, 2019, Ost Nilsson, 2019). For example, where employers did not have knowledge of cognitive problems associated with ABIs, authors of UK and US-based studies felt it could lead to misinterpretations (Radford, 2018) and inadequate workplace environments (Santy, 2016). Authors of a Swedish study stated that when employers lacked knowledge of mental illness, they experienced conflict and uncertainty when supporting employees with mental illness to RTW (Lexen, 2019). Authors of a Danish study stated that where employers had knowledge of depression and work environmental factors, it potentially improved their attitudes towards depression, and aided planning of suitable communication strategies and workplace environments (Thisted, 2020).  Authors of studies in various countries reported employers had lack of knowledge and/or skill regarding supportive strategies for RTW and retention of employees with ABI and/or mental illness (Devonish, 2017, Gordon, 2015, Lemieux, 2011, Lexen, 2019, Ost Nilsson, 2019, Porter, 2019, Tjulin, 2010). For example, study authors stated employers lacked knowledge regarding their legal obligations and responsibilities (Coole, 2013; Gordon, 2015), the appropriate strategy to use for contacting an employee early on (St-Arnaud, 2011, Tjulin, 2010), determining a support period (Porter, 2019), understanding what to expect from them (Porter, 2019, Soeker, 2019), and knowledge about sick leave policies company reorganisation (Gignac, 2020, Donker-Cools, 2018). Authors of a Swedish study stated that employers did not always have time to read their workplace RTW policy (Tjulin, 2010).  Across the ABI and mental health literature, employers found it challenging dealing with situations that arose during employees’ RTW and beyond, including: recognising when an employee was unwell or struggling (Gordon, 2015); supporting an employee with cognitive difficulties (Libeson, 2021); managing employees’ performance issues and unrealistic expectations (Libeson, 2021); and understanding employees’ personality changes and behaviours (Libeson, 2021). In studies conducted in Australia and Sweden, employers reported finding it challenging supporting TBI survivor employees (Libeson, 2021) and employees with mental illness (Lemiuex, 2011) to accept they would not be performing at pre-injury/illness levels when they returned to work. In particular, study authors stated that TBI survivors with high levels of motivation and drive to return to previous roles were challenging to manage from a performance perspective, due to ongoing difficulties and their persistence. (Libeson, 2021). Some of these employees reportedly developed anxiety and depression, and employers struggled to find them meaningful, appropriate duties.  In the ABI literature, study authors reported that employers benefitted from advice and information from health professionals regarding work modifications, legal requirements on driving, dealing with the consequences of TBI/stroke, grading of tasks, and planning and monitoring a phased RTW (Coole, 2013, Ost Nilsson, 2019, Radford, 2018). Authors also reported that employers’ previous experiences from personal and work life (especially dealing with mental illness) had also proven useful for handling challenges during the RTW process (Ost Nilsson, 2019, Porter, 2019, Tjulin, 2010, Gordon, 2015). Actions employers reportedly found useful for facilitating RTW and retention of employees with mental illness or ABI included: offering employees a work trial before their RTW (Libeson, 2021); meeting with the employee on the first day back (Lemieux, 2011); considering employees’ personal circumstances and the impact of these on their work (Libeson, 2021); focusing on their own abilities as an employer (especially at the beginning of the RTW process) (Donker-Cools, 2018); and providing reassurance to an employee that they wouldn’t lose their job because of the sick leave needed (Gordon, 2015). Authors of a New Zealand study stated that employers felt it was important to encourage open, calm, non-judgmental communication to enable them to learn about the employee and their mental illness, and their potential needs (Gordon, 2015). Increasing employees’ confidence was considered important whether they had an ABI (Libeson, 2021) or mental illness (Gordon, 2015); and work participation and positive reinforcement were seen as ways of achieving this (Libeson, 2021, Gordon, 2015). Authors of studies in the US and Sweden felt that effective leadership (e.g., managing work conflict early and planning to review the RTW process with others) aided retention of employees with TBI (Santy, 2016) or mental illness (Porter, 2019). Study authors also stated that retention of employees with mental illness in the UK and New Zealand was facilitated through organisations having links with local sources of support (Gordon, 2015; Morant, 2021); and it was considered important to encourage an open, friendly, respectful, and communicative workplace environment (Gordon, 2015) | “Such knowledge was however asked for by the employers, as they felt uncertain about their levels of “medical” knowledge and how this affected their responsibility as an employer” (Author interpretation, Hellman et al., 2016, p.906)  “…reported that their employees developed anxiety and depression when faced with their limitations in the workplace and the realization that they may no longer be able to perform at their pre-injury level. This was a long and diﬃcult process, and employers struggled to ﬁnd appropriate and meaningful duties with less responsibility” (Author interpretation, Libeson, 2021, p.11)  “They welcomed practical advice in planning a phased RTW (e.g., a RTW timetable), guidance about which work tasks to begin with and how to upgrade tasks, and advice on legal requirements regarding driving” (Author interpretation, Radford, 2018, p.86)  “Conﬂicts in the workplace were also cited as a potential cause of stress, and that conﬂicts needed to be dealt with quickly by the employer to prevent negative effects” (Author interpretation, Porter 2019, p.329) |
| Provision of work accommodations | Authors of a Danish study stated that the likelihood of accommodations being made for employees with mental illness were linked to the employers’ attitudes and knowledge of strategies, and restrictions imposed by the organisation (Thisted, 2020). Other study authors stated that work accommodations were not always possible because employers could not carry out the accommodation (e.g., assign lighter duties to the employee, change job schedule) (Tjulin, 2010, Thisted, 2020), or because they felt it would negatively affect co-workers (Holmlund, 2022a). During a long RTW process, absence of the employee sometimes meant co-workers were required to work harder for lengthy time periods, potentially causing them frustration, stress and anxiety (Libeson, 2021, Thisted, 2020, Gignac, 2020). Co-workers could also experience jealousy if expected to support an employee with an ABI or mental illness over a long period, or if they saw accommodations being put in place for the employee (Porter, 2019, Coole, 2013, Gignac, 2020). Other study authors reported employers struggled to support employees with depression (Thisted, 2020) or TBIs (Libeson, 2021) because of the conflict between meeting employees’ needs and meeting co-workers needs (Thisted, 2020), or protecting co-workers from potential harm (Coole, 2013, Libeson, 2021).  Employers based within medium- and small-sized businesses were restricted by financial aspects of a RTW (Santy, 2016, Libeson, 2021, Thisted, 2020). Reduced productivity was financially damaging (Libeson, 2021), and small businesses in particular were unable to offer light duty for too long, else the business would not survive (Santy, 2016). Similarly, authors of a Canadian study stated that employers in large organisations struggled to support employees due to conflict between the employee’s needs and needs of the organisation (e.g., to meet productivity and absence objectives) (St-Arnaud, 2011). In a Canadian study including employers from mostly large organisations, authors stated that senior management saw work accommodations for employees with mental illness as being time consuming, expensive, and unbeneficial for the organisation (Gignac, 2021). In another Canadian study, authors reported that approaches and perspectives to absence management differed within and across departments within one large organisation (St-Arnaud, 2011). The juxtaposition of wanting to support employees with mental illness versus controlling absences, combined with lack of clear guidelines, meant there were contradictory practices and confusion among supervisors and OH officers. According to the authors, some supervisors felt overwhelmed and isolated themselves; employees became suspicious and no longer contacted supervisors during their absence.  In two Canadian studies, authors stated that staff shortages and high turnover (e.g., HR staff) led to inconsistent communication, bigger workloads, unstable work teams, and challenges in employers supporting employees with mental illness (Gignac, 2020, St-Arnaud, 2011). Changes within an organisation during an employee’s absence (e.g., procedures, clientele, computer software, reorganisation of roles) created challenges for employees when they returned to work following mental illness (Lemieux, 2011) or an ABI (Donker-Cools, 2018, Libeson, 2021). Sometimes employers struggled to support employees with mental illness due to lack of availability related to their own workloads (Lemieux, 2011; Tjulin 2010). In other studies, employers’ extra support for employees with mental illness (Devonish, 2017) had proven burdensome on them (Libeson, 2021).  Where work accommodations were possible, employees in various countries recognised the importance of giving suitable work tasks, and adjusting- or changing work roles of employees with ABIs (Libeson, 2021, Donker-Cools, 2018, Soeker, 2019) or mental illness where needed (Devonish, 2017, Gouin 2019). It was seen as being important to focus on employee abilities, whilst also ensuring tasks were not too complex, meaningful, and manageable for the employee (Donker-Cools, 2018, Gordon, 2015, Libeson 2021, Devonish, 2017). Other helpful accommodations included flexible work schedules, time off for appointments, flexible sick leave, the option to work from home, time off in lieu, and relocating the employee to a different area in the company (Bush, 2016, Donker-Cools, 2018, Gignac, 2020, Gordon, 2015). Among employees with ABIs, it had proven helpful to be flexible with work schedules and tasks, minimise pressure, allow time for settling in and progressing, and to provide workspace adaptations (Donker-Cools, 2018, Libeson, 2021). Study authors stated employers considered it important to consider post-injury changes (e.g., cognitive and physical limitations) with TBI survivors, and it had been easier to adjust an employee’s role if employers had known them well before their TBI (Libeson, 2021). Among employees with mental illness, authors stated that a gradual RTW with limited work tasks was considered valuable for helping them re-gain trust in their abilities (Thisted, 2020). One-off examples of helpful accommodations for employees with mental illness in New Zealand included monitoring of an employee’s communication with clients, provision of a driver (due to the employee’s medication preventing her from driving), and permission for the employee’s clinical team to visit them at work (Gordon, 2015). | “With a smaller employer it is harder to offer light duty. Most of the time, a small business employer can’t wait for the worker to recover from a TBI injury. Recovery in those cases, from my experience, is often 6 to 12 months. In order for a small business to survive they can’t wait that long before filling that position” (Santy, 2016, p.99)  “Some direct supervisors felt overwhelmed by the whole situation and tended to withdraw from others and act in isolation in order to protect themselves from the risks related to these contradictory demands: it became “every man for himself,” and there was a hesitation to share their difficulties” (Author interpretation, St-Arnaud, 2011, p.46)  “According to the senior managers, the fact that workers were absent for mental health reasons, combined with the difficulty recruiting and retaining staff, contributed to a lack of stability in the work teams, which thus made it impossible for members of the organization to act effectively on the issue” (Author interpretation, St-Arnaud, 2011, p.41)  “…every single email I would have to read, I’d have to check the attachments and the updates, and it was just crazy. It was a stress. And also having to document everything, that was on top of it, time consuming… it was just email after email, and it’s all the same things going on for months, and sitting there with her to go through it.” (Libeson, 2021, p.8)  “Some employers allocated extra time to settle back in and ensured their employees did not feel any pressure in the early stages” (Author interpretation, Libeson, 2021, p.11)  “Support available to Belinda\* includes flexible hours, time off for appointments, time in-lieu, and the option of working from home. These options are available to all members of the team, and are not formalised or spoken about as special arrangements” (Author interpretation, Gordon, 2015, p.42) |
| Influence from stakeholders | Employees | Personal factors relating to an employee could hinder or facilitate their RTW or work retention. Study authors reported that an employee with ABI did not attempt to use compensatory strategies for his memory to aid job performance, potentially because he was unaware he had memory problems (Bush, 2016). Other study authors reported the following RTW barriers among employees with mental illness: employee job dissatisfaction; employees “overdoing” it when they returned to work; or employees being closed-minded and uncompromising with proposed work accommodations (Lemieux, 2011).  Employers reportedly felt that employees with mental illness who successfully retained their working roles had certain personality traits/qualities, including: knowledge and honesty around their illness and work ability; creativity; trustworthiness; resilience; professionalism; a good work ethic; good communication skills; and optimism (Gordon, 2015; Holmlund, 2022a; Holmlund, 2022b; Thisted, 2020). Study authors described how employers considered it helpful when employees used their lived experience of mental illness to enhance their job performance (Gordon, 2015).  In the ABI literature, study authors stated that employers felt that when employees discussed their limitations with employers, it facilitated their RTW (Donker-Cools, 2018); and sometimes returning to work helped them realise the extent of their limitations (Coole, 2013). In other studies, RTW of employees with ABIs had been facilitated by their retained pre-injury orientation and communication skills; drive; team-working skills; and good pre-injury job performance (Bush, 2016; Donker-Cools, 2018). In one study (Coole, 2013), employers reportedly considered stroke survivor employees’ RTW motivation a positive, necessary characteristic. The authors’ suggested reasons for RTW motivation included financial insecurity, and guilt about perceived loss of status and burden placed on co-workers. If employees with ABIs were too driven however, it could result in stress and pressure and threaten or hinder their RTW (Donker-Cools, 2018; Coole, 2013). | “Patients gained a better understanding of their limitations through contact with fellow sufferers. This enabled them to discuss their limitations with their employers and to propose limits on their own activities. Employers saw such input as helpful in facilitating their employees’ RTW” (Author interpretation, Donker-Cools, 2018, p.190) |
| Other stakeholders | Health and social care professionals, employers and their superiors, HR/OH staff, government authorities, insurance agents, and an employee’s family and friends could hinder or facilitate an employee’s RTW.  In the Netherlands, employers and employees with ABIs reportedly described how others (e.g., family, friends) placing pressure on- or claiming time of employees could hinder their RTW (Donker-Cools, 2018). In a Swedish study, authors described it as a reason for sick leave (Holmlund, 2022b) among employees with episodic disabilities such as depression, because burdens and gender inequalities (e.g., women being expected to provide emotional support to others and be the “project leader” at home) resulted in various personal life commitments spilling into work time. In these instances, flexible working hours had been available to support work completion; but this reportedly led to shift working and prevented recovery.  Authors of Australian (Libeson 2021) and UK studies (Coole, 2013) described how employers of ABI survivors lacked support for themselves (e.g., if they did not have access to a HR department); whilst others reportedly took on extra responsibility due to HR staff shortages or the HR department’s perception that the employee’s condition and RTW/retention was not an HR issue or responsibility (Coole, 2013).  In the mental health literature, other study authors reported that lack of communication across stakeholders led to frustration among workplace actors (Gignac, 2021), delays in the RTW process (Lemeux, 2011), and lack of clarity over different stakeholders’ roles and support available (Holmlund 2022a). Where there was a lack of defined roles, supervisors in a large Canadian organisation did very little because they saw prevention and management of absences as being the role of the OH and HR departments (St-Arnaud, 2011). In a Swedish study, authors linked this attitude to instances where no one took responsibility, leaving the employee to manage their own RTW (Tjulin 2020).  At the same time, authors of Danish (Thisted, 2020) and Canadian studies (Gouin, 2019; Lemieux, 2011) described how employers’ supportive practices and RTW planning were restricted when different stakeholders had different agendas; and each stakeholder was trying to make things go their way. One author reported that incompatibility led to imposed decisions from various stakeholders (Gouin, 2019) and in this pattern of “no agreement, no RTW” decision-making, employees had experienced challenges developing their work capacities, preventing their RTW. In a Canadian study conducted in a large organisation (St-Arnaud, 2011), pressure from government authorities to control absences and reduce disability insurance costs hindered OH staff’s support for absent employees.  In other studies conducted in Canada (Lemieux, 2011) and Sweden (Ost Nilsson, 2019) involvement of insurance agencies during an employee’s RTW put pressure on the employee and their employer for the RTW to happen quickly following ABI or mental illness. For example, in the Canadian study (Lemieux, 2011) the insurer stopped payments for days when an employee was at work, thus putting pressure on the employee to perform well and RTW fully.  Study authors also reported that health professionals suggested inappropriate adjustments for stroke survivor employees (Coole, 2013). In the mental health literature, authors reported that health professionals hindered contact between the employers and employees with mental illness (i.e., to “protect the employee”) (Holmlund, 2022a), made demands without understanding the situation or job requirements (Lexen 2019), had not provided enough medical follow-up (Lemieux, 2011), or had not prepared the employee adequately for their RTW (Lemieux, 2011). In a Swedish study, sudden withdrawal of the rehabilitation team when the stroke survivor employee returned to work left an employer alone with concerns about ongoing issues (Hellman 2016).  Across the ABI and mental health literature, communication across stakeholders within and outside organisations was useful for planning and management of employees’ RTWs (Santy 2016; Libeson 2021; Holmlund 2022a; Radford 2018; Gordon, 2015; Libeson 2021; Porter 2019; Tjulin 2010; Ost Nilsson, 2019; Coole, 2013; Thisted 2020; Gouin 2019). For example, authors reported that communication with the Swedish Social Insurance Agency and social workers had facilitated RTW planning by supporting development of strategies for handling workloads and identifying appropriate work tasks for stroke survivors (Ost Nilsson, 2019). In a Swedish study (Lexen, 2019), having support from a public employment service had given the employer confidence in meeting and supporting their employees with mental illness. In other studies, HR staff had advised on working with employees with mental illness in Canada (Lemieux, 2011), managing performance issues in TBI survivors in Australia (Libeson, 2021), and legal obligations regarding sick leave and time off for appointments due to mental illness in New Zealand (Gordon 2015). In the USA, information from doctors had increased understanding of an TBI survivor employee’s abilities and informed planning of the RTW (Santy 2016). In Sweden, authors reported that communication with OH personnel had proven helpful in finding sustainable solutions for employees with mental illness (Porter 2019); and an OH assessment in Canada had enabled signposting to psychiatrists not accessible in public health networks (St-Arnaud, 2011).  Employers had also linked in with their employees’ families in the Netherlands (Donker-Cools, 2018), Australia (Libeson, 2021) and New Zealand (Gordon, 2015). In the ABI literature, family members’ observations of employees with ABIs at home had revealed whether they were coping with increasing working hours and responsibilities (Libeson, 2021), and study authors stated that such observations aided resetting of RTW goals (Donker-Cools, 2018). Other study authors reported that an employee with an ABI had successfully returned to- and stayed in his work role in the USA, because his wife took responsibility for several of his work tasks (Bush, 2016). | “…managers acknowledged burdens and/or gender inequalities in private life as a reason for sick leave. Some perceived the challenges chiefly in terms of ideals about what could be achieved after working hours, and/or commitments in private life that spilled over into work and caused distress” (Author interpretation, Holmlund, 2022b, p.7)  “…the employer is always afraid, you know, am I being taken advantage of here? You know, at the beginning” (Lemieux, 2011, p.298)  “…incompatibility generated conflicting viewpoints, which may in turn have led to imposed decisions…in this pattern, all workers encountered difficulties developing their work capacities and were unable to RTW at the end of the program” (Author interpretation, Gouin, 2019, p.527)  “…very often when a worker returns to work on a gradual basis, the insurer will stop its payments for the days when the worker is at work. The latter is therefore considered ﬁt to work and his/her salary becomes the employer’s responsibility. This situation then places pressure on both the supervisor and worker for the latter to perform” (Author interpretation, Lemieux, 2011, p.300)  “ ... so when it is over... neither the SIO nor the EA ... so one feels alone. ... .It ends so abruptly, with the rehabilitation team, I thought .....and to get feedback from them (the rehabilitation team), it is about being straightforward as an employer ... .I can’t say that, but the physician has to in some way tell me what possibilities the person has ...one wants facts, and that is important.” (Hellman, 2016, p.906)  “A few of the employers had sought clarification from their human resources advisors about their legal obligations for issues such as sick leave” (Author interpretation, Gordon, 2015, p.58)  “…other employers initiated and maintained communication with employees’ family to check how their employees were coping with increasing working hours and responsibilities, as E6 reported: Sometimes when he gets tired, he gets aggressive – not to us here, he says that he’s ﬁne, but then when I talk to his wife, she might say he gets a little bit angry and aggressive at times at home. So maybe we need to review his hours” (Direct quote and author interpretation, Libeson, 2021, pp.11-12) |