

# Sustaining Employment for People with Disabilities:

## WORKPLACE FACILITATORS, BARRIERS, AND GAPS



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## Introduction

Taking a leave of absence can arise for many reasons, some planned and some unplanned. The duration of planned leaves, such as parental leave, are often defined by national government regulation (Government of Canada, 2015; International Labour Organization, 1998) and/or by employers. Although just as prevalent as planned leaves (Kocakulah et al., 2016), unplanned stress and medical leaves are less straightforward. Among the most common reasons cited to take an extended medical Leave of Absence (LOA) are acute injuries, disabilities, and chronic mental and physical illnesses (Kocakulah et al., 2016). During a survey reference week, the U.S. Bureau of Labor Statistics (2022) reported that the number of employees not at work because of an illness, injury, or medical problem was 3.5 times greater in 2022 than it was in 2019, suggesting that the COVID-19 pandemic has exacerbated workplace medical leaves. Additional work suggests that individuals with mental disorders, disabilities and chronic illnesses all experience poorer health and behavioral outcomes for both their pre-existing conditions and COVID-19 when contracting the virus. A recent economic study conducted by Goda & Soltas (2022) found that the US labor force has diminished by approximately 500,000 workers due to medical leave during the pandemic, with these individuals 7% less likely to be back in the workforce a year after taking leave.

Determining when an individual with a disability is ready to return to work (RTW) relies on assessments from healthcare providers and an agreement between the employee, and their employer, and where applicable, an insurance company and labor union at various stages of the process. Where chronic disabilities are concerned, individuals in the US cite a lack of education in the workplace and the need for special accommodations as primary barriers to sustaining employment (U.S. Bureau of Labor Statistics, 2020) after a leave. For these workers, the question of when it is appropriate to RTW is often ambiguous. In Canada, a recent survey found that 45% of workers with disabilities felt pressured by their workplace into returning to work sooner than they were ready (Benefits Canada, 2019). A systematic review conducted by Cancelliere et al. (2016) looked at the factors relating to positive and negative RTW experiences. The authors found that across illnesses and disabilities, severity of the illness, severity of pain, presence of depression, and activity limitations all contributed to a negative experience. Conversely, better RTW coordination efforts and multidisciplinary interventions that brought together the workplace and the external stakeholders were associated with positive and sustainable RTW experiences.

A primary concern in sustaining a RTW for those with disabilities is the possible resurgence of symptoms that impact one's ability to perform job tasks (Holland & Clayton, 2020). In their longitudinal assessment of Ontario workers with permanent disabilities, Butler et al. (1995) found that 85% returned to work successfully following their leave, as measured in their first week back at work. This figure, however, decreased to around 50% when the same individuals were asked about their employment up to 2 years after their RTW. Sustaining re-employment



over a longer period is similarly difficult for episodic disabilities and mental illnesses. These conditions are particularly hard to predict and plan around. Research conducted with workers with common mental disorders (CDMs) found that trajectories after 12 months being back in the workplace varied, ranging from fast recovery (~25% of sample) to slow recovery (~42% of sample) (Arends et al., 2019). In the context of invisible illnesses like mental disorders, healthcare providers who perform assessments to determine readiness for work may disagree about the health status of a worker. Furthermore, healthcare providers may disagree about the diagnoses in question. Stakeholders involved in the process, including insurance providers, HR personnel, employers, and the worker, may also all have a different understanding of what constitutes a disability or illness in the context of performing job tasks. In keeping with the definition outlined by the Accessibility for Ontarians with Disabilities Act (AODA) (Kovac, 2020), the present study will consider disability as an umbrella term – covering any physical limitations (including chronic disease), mental health, learning, cognitive and intellectual developmental disabilities, environmental sensitivities, vision and hearing impairment, substance addictions and workplace injuries. Operationalizing the definition in this way allows us to study a variety of individuals' experiences and draw conclusions about how returning to and sustaining work differs based on the aspect of health that is impacted.

Finally, we must consider the workplace policies, programs, and resources available to assist both workers and employers with the transition back to the workplace, both immediately and over longer periods of time. Supports and material resources vary by individual workplace, industry, and region. Because of this, evaluating their impact on sustaining work remains a challenge. Resources that are designed to support sustainable RTW may be flawed in their design -- either too generic or too specific to apply to workers with certain disabilities. In their study of RTW government policy in Finland, Halonen et al. (2018) found that legislation around long term LOA helped sustain RTW, but not for workers whose leave was related to mental health. Systematic reviews of Workplace Disability Management Programs (WDMP) and policies point to similar gaps in effectiveness for mental disorders and invisible disabilities (Clayton et al., 2012; Gensby et al., 2012). Canada offers guidelines and tools for employers on RTW and providing workplace accommodations, but the resources do not offer suggestions of what different types of disabilities may require in the workplace. Instead, the responsibility of identifying specific accommodations is up to the employee and the employer (Canadian Human Rights Commission, 2007, 2011). When material resources are insufficiently designed and implemented, both employers and workers – particularly those with obscure, stigmatized and/or invisible illnesses – could suffer.

### Aims of the Study

Within workplace disability research, much attention has been paid to the communication and collaboration among stakeholders when a worker is preparing to RTW, as well as to the immediate phase of returning to the workplace. Uncovering the push and pull factors that help



workers sustain their employment, however, has been less of a focus. Beyond this, a closer look at the landscape of workplace leave is needed to examine how sustaining work may differ based on one's reason for leaving. The present study was designed to understand the gaps and facilitators/barriers in sustaining work reengagement, with the hope that this will inform decision-makers or lead to the creation of frameworks and tools designed to assist stakeholders involved in the RTW process.

To address these study aims, the researchers employed multiple methods: a scoping review, focus groups, and key informant interviews. Each of these methods addresses our study aims from different perspectives. The scoping review, focus groups, and key informant interviews will be discussed separately in the following sections and then brought together at the end of this report for a broader discussion.

## Research Framework

Through each of the study arms, we employed the Theoretical Domains Framework (TDF) (Atkins et al., 2017). The TDF is a widely cited framework with a variety of practical applications. Among these, it can be used to evaluate the successful implementation of a resource, treatment, program, or strategy (Seppälä et al., 2017). Similarly, it is often used to highlight specific problems and areas where gaps exist in an industry, organization, or field, as well as to assist the direction of discussion in scoping and systematic reviews (Atkins et al., 2017; Riley et al., 2021). Factors that can act as either barriers, facilitators, or both, are categorized into fourteen domains: behaviour regulation, beliefs about capacity, beliefs about consequences, emotion, environment, goals, intention, knowledge, memory, attention and decision processes, optimism, reinforcement, skills, social influence, and social and professional role. The selection of these 14 criteria is founded on 33 well-developed theories of behaviour and behaviour change that together enable a holistic view of implementation research which includes cognitive, psychological, social, and physical aspects of behaviour.

## Part I: Scoping review

### Introduction

Scoping reviews are a strategic way to orient oneself within the current landscape of research on a topic. We performed a review before conducting this study to broaden our understanding of the multifaceted nature of sustainable RTW and learn about what is already known on this topic. Specifically, we sought to explore the barriers and facilitators associated with sustaining work that operate at the individual, organizational and systemic levels. We were also curious about how these aspects differ across demographics, industries, and disability-specific populations. As many systematic and scoping reviews have been conducted on this topic, our

contribution to the literature was conducted through a review of reviews (sometimes referred to as an umbrella review).

## Methods

### Search strategy

The research team determined the search strategy in partnership with a librarian from Trent University. The team decided on keywords centered around:

#### Population:

- people who are living with a disability or acute or chronic disease
- people who have returned to work

#### Outcome:

- Sustained RTW; people who have been able to stay at work after returning

#### Context:

- Organizational setting

The search strategy was applied to the following databases: Medline (OVID), Epub Ahead of Print (OVID), Cochrane Database of Systematic Reviews (OVID), Business source Complete (EBSCO), CINAHL (EBSCO), Sociology Collection (Proquest), Web of Science (Core Collection), PsycInfo (Proquest), and Epistimonikos. The searches were performed between June 6 and 8, 2022.

More detailed information on the search strategy, including MeSH terms, can be found in Appendix A.

### Title and abstract review

Results from the database searches were imported into Rayyan, a web-based tool for expediting the title and abstract review stage of a literature review. The software also helped to facilitate reviewing by more than one reviewer to ensure inter-rater reliability (Ouzzani et al., 2016).

The articles were divided evenly into three groups for each of the Research Assistants to work on independently. Twenty per cent of the studies were triple screened by the research team as to ensure inter-rater reliability. If there were discrepancies in whether a study was included or excluded, the team decided through consensus. The researchers applied the following inclusion and exclusion criteria:





### **Inclusion Criteria**

1. Sustain work as outcome
2. English language
3. Reviews only – qualitative or quantitative

### **Exclusion Criteria**

1. NOT English language
2. NO organ transplants, breastfeeding, COVID back to work
3. NO severe mental health cases
4. RTW is the only outcome
5. NOT letters, commentaries & editorials

After the titles and abstracts were reviewed, the researchers were left with a list of articles ready for full-text review.

### **Full-text review**

Papers that met the inclusion criteria from the title and abstract review were read in full by the Research Assistants, applying the same inclusion and exclusion criteria from the previous step. Any articles that the Research Assistants were unclear about including or excluding were dealt with through consensus as a team.

### **Data extraction**

Following the full-text review, the research team extracted key information from each included article into a table. This included descriptive data such as the title, author, the year of publication, and location of researchers. For analytical purposes, other data was included such as the key findings of the study and type of study it focused upon (i.e., qualitative, quantitative, or mixed methods).

### **Data analysis**

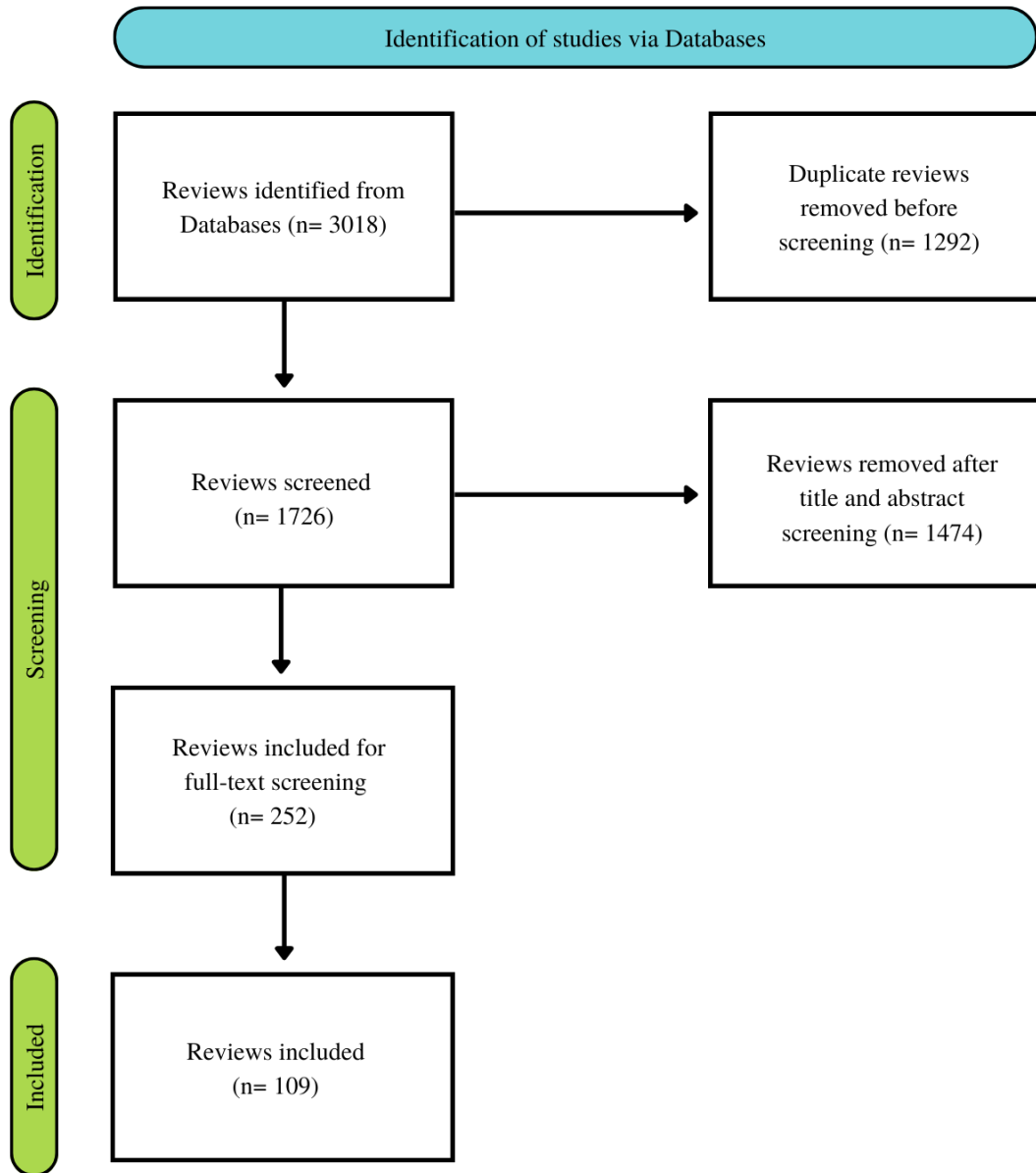
Nested within our scoping review process, we mapped the results of the included studies onto the TDF (Atkins et al., 2017). If an article included an intervention(s) to sustaining a person in returning to work, the findings were mapped to these domains. Each article could be mapped to more than one domain. For example, if an article described that sustaining people in the workplace was helped through having a flexible work environment where some time could be spent at home or at different parts of the day, this would be categorized as “environment.” If an article described workers having emotional support from fellow co-workers or leadership, this would be categorized as “emotion.”

After the included articles were mapped to the TDF, a clearer picture was formed about where the barriers and facilitators to sustained RTW lay.



## Results

Overall, 109 articles met the inclusion criteria and were, thus, included for analysis. Details of the review process are presented in the following PRISMA diagram (Page et al., 2021).



**Figure 1. Study Selection Process**

PRISMA diagram representing the selection process for reviews included in this scoping review.

### Characteristics of included articles

Country*		Methodology		Year of publication	
Canada	30%	Qualitative	24%	2020-2022	43%
US	40%	Quantitative	16%	≥ 2015	90%
UK	30%	Mixed/Other	60%	≤ 2014	10%

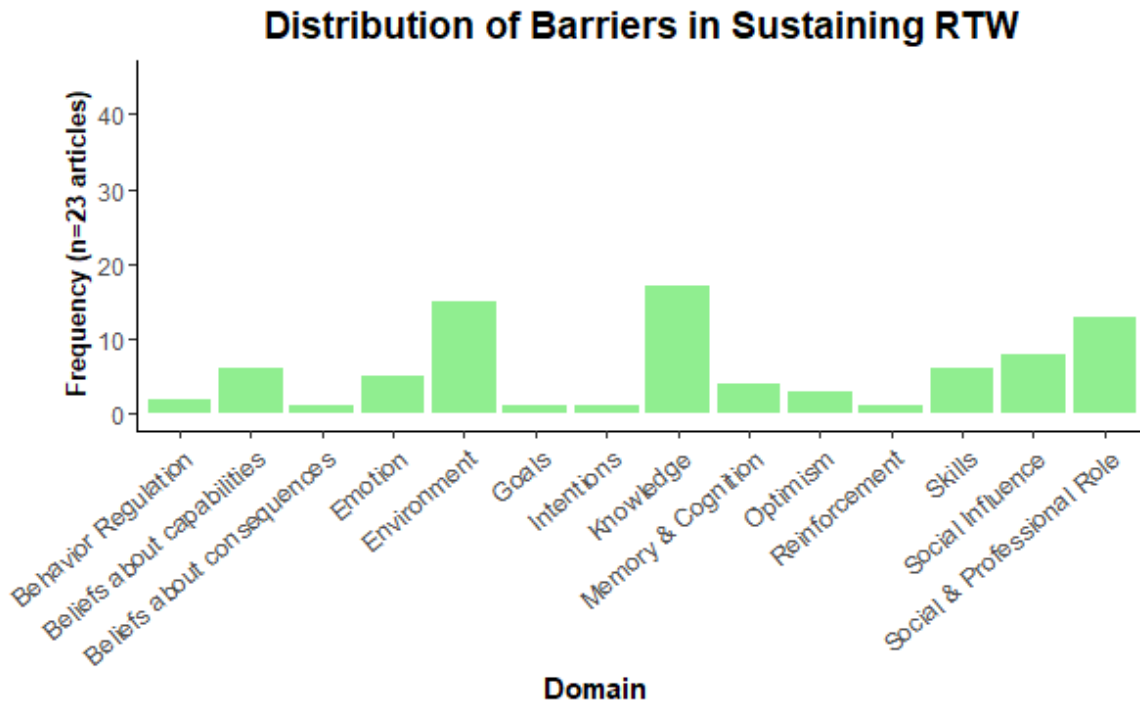
\*All scoping reviews included studies from around the world, but included Canada, the US and/or UK as primary location.

### Theoretical Domains Framework (TDF) Mapping

Of the 109 reviews included in the initial scoping review, 99 were relevant to the TDF.

Out of the 99 articles mapped onto the TDF, 23 focused on barriers to sustaining RTW, 34 focused on facilitators to sustaining RTW and 42 focused on factors that acted as facilitators and/or barriers in programs designed to help sustain RTW.

### TDF: Barriers in Sustaining RTW



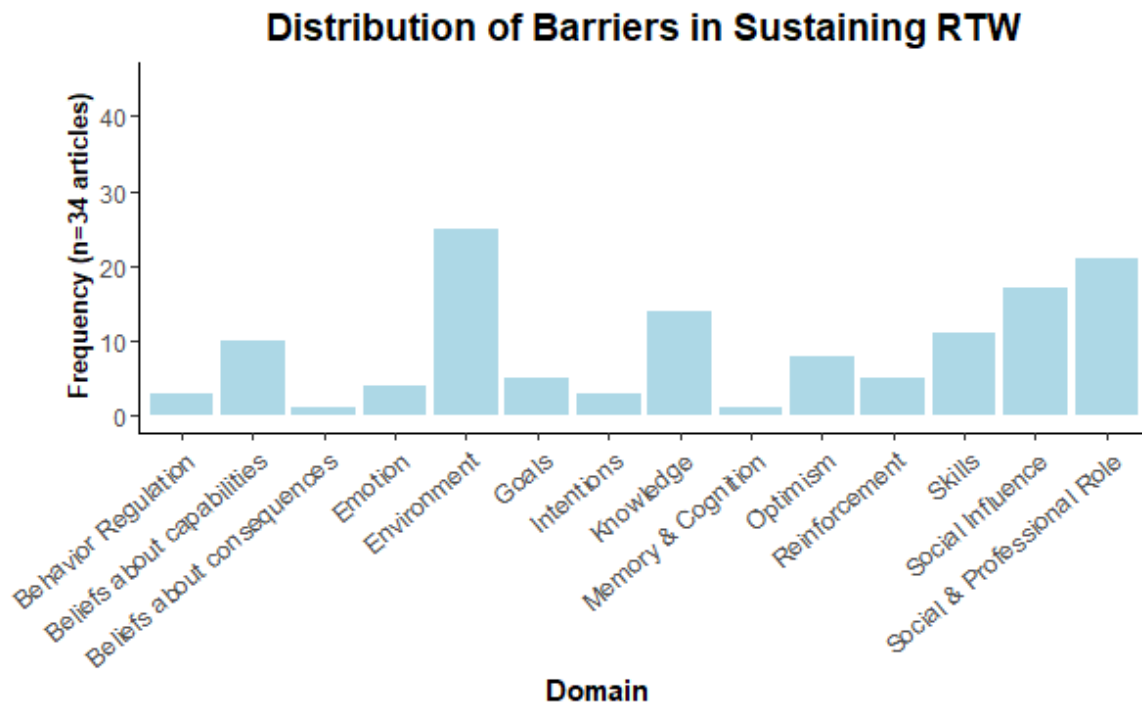
**Figure 2. Distribution of Barriers to Sustainable RTW**

Bar graph charting the distribution of factors that acted as barriers to sustaining a RTW (RTW).

Twenty-three articles within the scoping review that were mapped to the TDF analyzed factors that decrease the success rate of sustaining RTW long-term. Of these articles, the six most frequently cited barriers were knowledge (n=17, 74%), environment (n=15, 65%), social and professional role (n=13, 57%), social influence (n=8, 35%), and skills/beliefs about capabilities

(n=6, 26%). The least frequently cited factors were intentions, goals, reinforcement, and beliefs about consequences (n=1, 4%).

**TDF: Facilitators in Sustaining RTW**

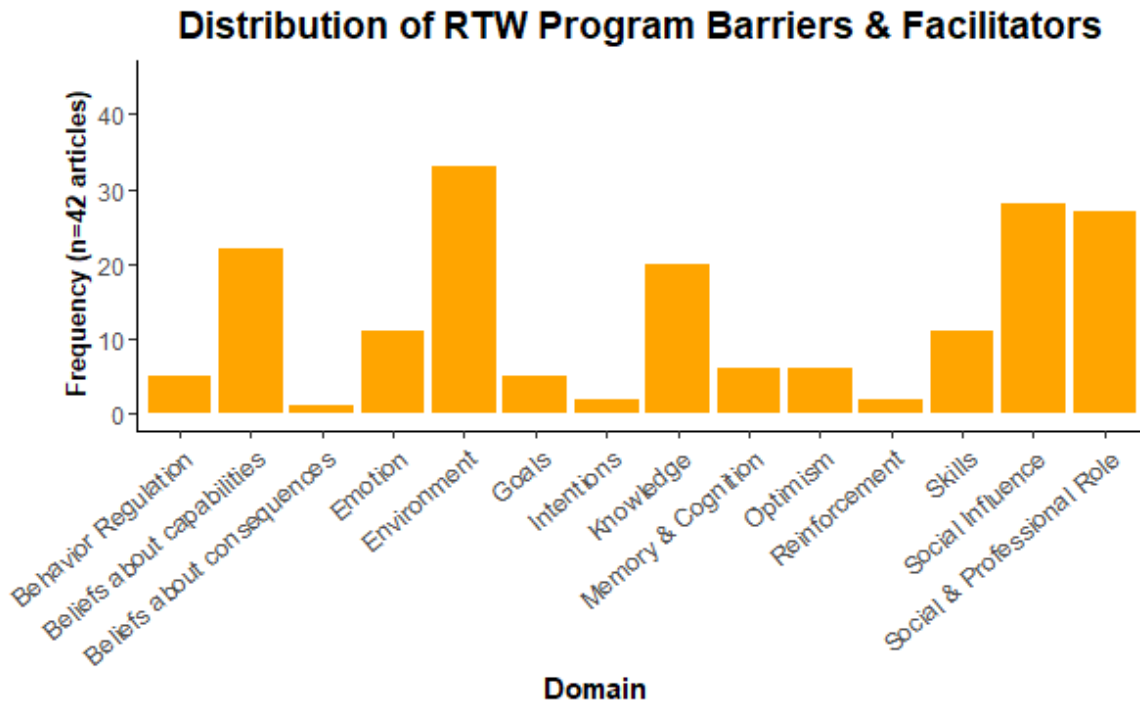


**Figure 3. Distribution of Facilitators to Sustainable RTW**

Bar graph charting the distribution of factors that acted as facilitators to sustaining a RTW (RTW).

Thirty-four articles within the scoping review that were mapped to the TDF analyzed factors that increase the success rate of sustaining RTW long-term. Of these articles, the five most frequently cited facilitators were environment (n=26, 75%), social and professional role (n=21, 62%), social influence (n=17, 50%), knowledge (n=14, 41%), and skills (n=12, 35%). The least frequently cited factors were beliefs about consequences and memory and cognition (n=1, 3%).

**TDF: Dual Acting Barriers and Facilitators in Sustainable RTW Programs**



**Figure 4. Distribution of Dual Acting Barriers & Facilitators to Sustainable RTW**

Bar graph charting the distribution of factors associated with sustainable RTW programs, that can act as both barriers and facilitators.

Forty-two articles within the scoping review that were mapped to the TDF analyzed factors that both increase and decrease the rate of sustaining RTW long-term. Of these articles, the five most frequently cited domains were environment (n=33, 79%), social influence (n=28, 67%), social and professional role (n=27, 64%), beliefs about capabilities (n=23, 55%), and knowledge (n=20, 48%). The least frequently cited domain was beliefs about consequences (n=1, 2%).

When mapped to the TDF, the scoping review displayed distinct patterns in facilitators and behaviors for sustainable RTW. Both environment and social and professional role were within the top 3 cited categories for personal push-pull factors reported by workers, as well as for push-pull factors associated with RTW programs. We will explore these two domains and the extent that they are discussed with the scoping literature below.

**Environment**

The most recent version of the TDF defines environment along several dimensions, including stressors, the availability of material resources, organizational culture/climate, person and environment interaction, and salient events and critical incidents (Atkins et al., 2017). Several reviews highlighted the positive impact that the absence of environmental challenge has on



RTW. Among the positive environmental characteristics, studies found that ergonomic and physical accommodations, reduced or different working hours and greater use of assistive technology in the workplace were all associated with sustained RTW (Wong et al., 2021). Others note that the extent to which employees receive such adjustments can depend on their own negotiating skills at the informal level, with their employer (Holland & Clayton, 2020). Evidenced in many studies, workplace adjustments are just as often a barrier to sustainable RTW as they are a facilitator, when not enacted properly (Brannigan et al., 2017). Organizational culture also stood out, with some studies highlighting the importance of a cohesive, positive narrative about disability and RTW that is “company-wide” rather than at the individual level (Purc-Stephenson et al., 2017). Minimal effort made to hire those with disabilities or champion their strengths and capabilities is often a feature of large corporations, with some studies reporting that this leaves employees with disabilities reticent to communicate about their needs after returning to work and thus puts strain on sustaining employment (Purc-Stephenson et al., 2018).

### ***Social and Professional Role***

The domain of social and professional role references personal, social and workplace identities, professional boundaries and confidence, group identity, leadership, and organizational commitment. Reviews included in our framework mapping suggest that professional confidence makes a positive impact on sustaining RTW for people with common mental disorders (CMDs) (Etuknwa et al., 2019), and that a strong sense of one’s identities can lead to a productive view of oneself in the workplace and help sustain RTW (Grant et al., 2019). The authors, however, noted that other results suggest cultural and social identities can exert unnecessary pressure on people with disabilities in the workplace and impede their success at sustaining work. Workers who have disabilities and are members of an ethnocultural underrepresented group face disproportionate barriers when trying to sustain employment after RTW. This is thought to be because of cultural distinctions between them and their employer. Within one’s cultural identity, differences in customs, beliefs, language and communication can all impact the way that employers and workers perceive RTW and their opinion of how the process should unfold (Coutu et al., 2022). Identity issues are also echoed by other reviews, especially in the context of mental disorders. Thisted et al. (2018) reviewed current research on CMDs and found that across studies, workers with CMDs who were overly committed to their work identity burnt out faster following an RTW. For individuals with cognitive disabilities, like dementia, an important part of sustaining work is in redefining occupational identity. Studies suggest that employers who attempt to re-operationalize the professional role of these workers in ways that provide them agency and highlight their strengths can help with successfully staying in their positions for longer, and/or re-integrating after time spent out of the workforce (Andrew et al., 2019).



## Discussion

Overall, barriers and facilitators to a sustained RTW were identified through this scoping review. When mapping article findings to the TDF, we found that most barriers and facilitators were centered around knowledge, environment, social and professional role, social influence, and skills/beliefs about capacity, skills. In many cases, a barrier was also a facilitator. For example, lack of educational tools in RTW strategies was a barrier, but advanced skills in educational tools was a facilitator. Across both facilitators and barriers to RTW, the least frequently cited factors were intentions, goals, reinforcement, and beliefs about consequences.

To our knowledge, this is the first scoping review to use the TDF to map interventions for RTW for people who have disabilities. Adding this lens illuminates the areas where previously implemented interventions lay. Across these studies, knowledge was prevalent as a barrier and facilitator. However, it is unclear if these interventions were developed because employers lack knowledge in sustained RTW or if those who create knowledge-related interventions assume that knowledge is the behaviour to target. Knowing this allows stakeholders to build interventions that target the appropriate domain. For example, research on antibiotic stewardship found that physicians had the knowledge of when to prescribe antibiotics to patients, but social and environmental factors were barriers to prescribing appropriately (Lohiniva et al., 2020). Thus, developing knowledge interventions would not target the correct behaviour; rather, developing tools to help physicians navigate conversations about when it is/is not appropriate to prescribe antibiotics could be more useful. Additionally, previous reviews call for more targeted studies that look at mental and invisible disabilities, as well as for tighter methodology in evaluating the efficacy of workplace disability management programs (Gensby et al., 2012; Skivington et al., 2016).

This study identifies what the barriers and facilitators to interventions to help people with disabilities RTW. However, it does not measure the success of each intervention. In other words, we did not measure the extent to which an intervention helped or hindered RTW. Future studies could explore measuring the impact of these interventions.

This study was limited to reviews available in English to accommodate the skillset of the research team. Future research could analyze research in additional languages.

## Conclusion

The scoping review and framework mapping phase of the study provide an understanding of the current state of research on sustainable RTW. Across the articles examined, the TDF analysis displayed social and professional role and the environment as factors that can either impede or encourage sustainable RTW depending on the context. Importantly, these two domains cover many different characteristics, and there is still much work to be done teasing apart which aspects are relevant to the RTW conversation, and for whom. The focus group and interviews that form the second and third parts of this study were conducted in part with these

domains in mind, with open ended questions framed around environment (i.e., material resources, organizational culture, work accommodations) as well as social and professional roles (i.e., personal views on disability and its intersection with professional role).

## Part 2: Focus groups

### Introduction

Stakeholders involved in the RTW process come from a variety of positions. Each contributes uniquely to the RTW process and some, more than others, are involved in the continued support of the worker as they re-acclimatize to the workplace. HR personnel provide much of the coordination between the worker, the employer, and the insurance agency (and union, when applicable), and are responsible for attending to the needs of both the employer and the worker. In the short-term, they are responsible for ensuring that the RTW plan and physical workplace are set up in a way that is conducive to the worker's disability. In the long term, they must navigate the relationship between the employer and the worker – maintaining a balance between the worker's capacity, which can change, and the deliverables requested by the employer.

Using targeted focus groups, the present study sought the opinions of management and HR personnel across a variety of employment sectors.

### Methods

Focus group participants were primarily identified and recruited through professional networking relationships of the Principal Investigator and the network and community of the Work Wellness Institute. The Primary Investigator and Work Wellness Institute contacted individuals in their professional network and community who could be considered as potential participants for the study or who could help in recruiting potential participants (i.e., snowball sampling). In addition, the research team advertised the study via the Primary Investigator and Work Wellness Institute's professional profiles on LinkedIn, Facebook, Instagram, and Twitter, and the Work Wellness Institutes monthly newsletter. With administrator permission, we asked representatives from other relevant organizations (e.g., professional associations) to post the study's recruitment materials in their channels.

Potential participants were screened for eligibility based on the following inclusion and exclusion criteria:

#### Inclusion:

- Direct experience supporting workers
- Direct experience supporting workplace parties who develop or administer programs, policies and procedures for supporting workers





#### Exclusion:

- Individuals without current experience in RTW and supporting workers, directly or indirectly

Once screened, participants were given a letter of information about the study to sign, which served as a consent form. Participants were asked to identify their availability for a focus group session using online scheduling software (i.e., Doodle Poll). Once a date and time were confirmed, participants were sent a link to a virtual video-conferencing space. Participants were asked for 60 to 90 minutes of their time. To respect anonymity, a demographic questionnaire was not performed.

In the focus groups, participants were asked the following questions:

- What do you see as the major challenges to workers staying in the workplace following RTW from a physical or mental health problem?
- What would help to support your efforts in helping workers sustain employment?
- How would these supports be best incorporated into your organization?

Transcripts of the focus group sessions were recorded with Microsoft Teams, edited, and uploaded to NVivo for qualitative coding and thematic analysis.

Following the focus group sessions, participants were given a \$50 e-gift card of their choosing as an honorarium.

#### Results

Three focus groups were held with one to four people in each. In the focus group with one person, more participants were scheduled to join but were lost to attrition. In total, 7 people participated (n=7). Focus groups ranged in length from approximately 30 to 80 minutes.

#### Barriers to helping workers sustain RTW

**Knowledge.** Half of management/HR participants (n=3; 50%) noted that there are gaps in the knowledge around different types of disability and how to offer support to a diverse away of employees with differing needs, as expressed in the following quote:

“A lot of managers are kind of apprehensive on how to approach it. There’s a lot of hesitation and I think that boils down to not having enough information and resources available to know what it is to do. Sometimes disability can be a mental impairment. And it affects other people Sometimes they don't understand it. Now you’re not just having to accommodate the employee, you have to address the whole atmosphere of the workplace too.” – Focus Group Participant 03

Others reflected on a lack of knowledge on the part of employees that can act as a barrier:



“In terms of asking for accommodations, I think employees don't know that they don't have to diagnoses.” – Focus Group Participant 04

Management/HR professionals also mentioned that the reason they joined the focus group was to expose themselves to knowledge about disabilities:

“For me, it's just to learn anything new that I can because I've been in business for a long time and there're a lot of different issues that are happening now. When I was first started my business, it was more injuries and physically related problems. Whereas now, we're seeing more maybe mental illness and addiction problems. So just you know, anything I can pick up on. It's always good to learn something.” – Focus Group Participant 02

This quote highlights the changing face of disability in the workplace. Gaps in management/HR knowledge may differ based on the type of illness or issue present.

**Social Influence: Communication and Language.** Half of management/HR personnel (n=30, 50%) also spoke on the importance of communication between themselves and employees, and the ways in which this has acted as a barrier in their ability to offer support:

“I think the employees articulating what they need is really important, I think sometimes it gets a bit muddy with chronic illness, where some days you're fine - you don't need to take a rest at 3 pm - but some days you do. Sometimes workplaces have a hard time with flexibility around unpredictable illnesses and their needs, and also with openness.” – Focus Group Participant 03

“A lot of it is just having that comfort level and the proper wording. That's lacking with a lot of people where I work. This is where the issue lies. How the individual is coming to the manager, how the manager is responding, how the boss is getting involved, how it's escalating. A lot of that could be cut if people just knew how to talk to people you know in a certain manner in a respectful manner with dignity.” – Focus Group Participant 04

Others acknowledged the intricacies of disability language and its evolution over time:

“Language is tricky. Calling people what they want to be called is always important, and when you look at disability movements, you find a lot of folks saying ‘no, this is who I am, and this is what I want be called’ so I think language is a thing that workplaces need to strategize around and learn more about.” – Focus Group Participant 03

**Environmental Context or Resources: Accommodations.** The majority of management/HR personnel (n=5, 83%) noted that the need for accommodations has been a barrier to helping workers sustain employment:



“An important thing for HR staff to remember is that the person coming back to work doesn’t quite know yet exactly what kind of accommodations they’re going to need. Often they won’t know what they need until they get into working and into the groove of things.” – Focus Group Participant 03

Another management/HR participant spoke about tax laws around investing in accommodations and how they have changed over time:

“Being a business owner, there are extra costs for the company to accommodate people for whatever their needs need to be. Beforehand, there weren’t any government tax credits or rebates to help offset these costs, but there are now. Employers need to know that now whatever cost they're going to incur will be offset by a tax cut and that it doesn't cost them anything to accommodate an employee.” – Focus Group Participant 05

Participants also spoke about situation where job tasks and required accommodations are incompatible with each other:

“In another sector that I worked there were individuals who had disabilities, but the job required them to stand for very long periods of time. So, you hired these individuals, thinking they’re capable but then after the fact you find out that they need to rest often. It’s very tricky. It’s a tough decision to make and a tough conversation to have.” – Focus Group Participant 01

The world of accommodations still appears to be a grey area for management/HR professionals in a number of ways, especially when balancing the needs of the business with the needs of the employee.

**Social Influence: Stigma.** Most participants (n=5, 83%) were open about the ways that stigma acts as a barrier to supporting workers with disabilities. Some reflected on how the issue affects social dynamics in the workplace:

“You don’t want people to be judged. Coworkers, especially with mental health issues, have their own personal opinions. You don’t want anyone treated differently -- being less important on the team or someone no one wants to work with as much because they’re concerned with mental health. There’s a sensitivity that everyone has to have and yet people don’t want to be treated differently. They’re still a team member.” – Focus Group Participant 05

“I knew an employee who was cautious in how they released information about their disability. They did not want to be stigmatized and treated like a handicap. I felt for the person. There was a lot of gossip. There was a lot of like shame. Sometimes people have good intentions but sometimes they don’t.” – Focus Group Participant 01



Other participants reflected on how certain disabilities have been more predisposed to stigma than others:

“It’s not that people haven’t had mental health issues in the past, but maybe they weren’t identified or diagnosed. Or maybe people withheld them because there’s more stigma.” – Focus Group Participant 02

Each of the above suggests that stigma around disability may socially isolate workers with disabilities from their peers, as well as deter them from communicating their needs with employers and coworkers.

#### Current Resources

#### **Social and Professional Role Identity and Environmental Context and Resources: Follow Up.**

When asked about their current avenues to support those with disabilities coming back to work, almost half of participants (n=3; 43%) spoke of follow-up and check-in procedures:

“Management and HR reaches out to workers with disabilities and makes sure that they’re caught up on training and procedural changes. Asks if they need more training or guidance or mentorship, encourages them to reach out for assistance and that sort of stuff. And they’re making sure they’re keeping track of the employees’ progress as well.”  
– Focus Group Participant 01

In addition, others mentioned that they request materials from the employee regarding the state of their disability, on a continuous basis:

“We’ll do a progress report and check in, depending on the injury. If we know someone’s going to be out for three or four months, we’ll just leave it alone for a while. But if it’s short term, once a month there’s a check in and the employee will give us a progress report too from the physician or the therapist or whatever kind of treatment they are undergoing.” – Focus Group Participant 02

**Environmental Context and Resources: Health Promotion and Healthy Practices.** Over half of management/HR personnel (n=4, 57%) mentioned different health promotion strategies and healthy organizational practices as current tools for supporting workers with disabilities:

“We have a designated safety officer, who’s up to date on all the new safety protocols and he logs in every injury report. If anyone in the office has an issue, he’ll give guidance on how to fill out the forms the proper way.” – Focus Group Participant 01

Other participants mentioned different programs they offer to offset issues that those with disabilities experience when pursuing governmental support:

“Workers have a lot of problems dealing with government programs and even private insurance coverage. They sometimes will reject their claim to go on long term disability.



So we try to reintegrate them slowly - assign an easier job, part time work. The workers that are in manufacturing will have the most problems because they're doing physical work, so we offer them to do less hours and lighter tasks. We've also offered programs where they can go for therapy, if it's not covered, and physical and mental exercise programs." – Focus Group Participant 02

Other participants spoke about annual wellness fairs that their companies hold for employees, as well as in-office exercise and wellness programs like lunchtime yoga and meditation, and access to free gym memberships and fitness facilities on-site.

### Moving Forward

**Knowledge: Knowledge-based Resources.** When asked about developments they would like to see in the field of sustainable RTW, almost half of participants (n=3; 43%) suggested more informational resources. Specifically, online resources were brought up:

"There should be some kind of portal online that all Canadian employees can access, so that they could do their own research. They're adults. They know themselves better than anybody." – Focus Group Participant 04

One management/HR participant also suggested training that specifically targets episodic disabilities and their challenges:

"Some advocacy organizations work around episodic disability and they do trainings for workplaces on how to support people with episodic illnesses, like multiple sclerosis -- you can be great and then you have an attack and then your needs completely change. So there are places in Canada doing that kind of resource work, but if you don't know where to look for it...it's not being handed to people." – Focus Group Participant 03

The previous comment highlights that accessibility to resources and awareness of them are both as important as the resources being created.

### **Social Influence and Environmental Context and Resources: Correcting views on disability.**

When prompted on the topic of suggestions for improved sustainable RTW, almost half of participants (n=3; 43%) also spoke of the need to correct organizational views of disability:

"...implementing changes in the corporate culture so that everyone's not just turning a blind eye. You see someone who's not doing well, and you be proactive and help so that they feel protected and allowed to express themselves and what they're going through in a confidential manner." – Focus Group Participant 05

"There's a big push right now for disability and accessibility to be included in workplace diversity and equity trainings. I think that disability is something that's been left out. Organizations aren't sure how to talk about it or what to do with it. I think that's a big



piece -- organizations need training on disability inclusion and accessibility.” – Focus Group Participant 03

Language emerged again surrounding views on disabilities, with one participant commenting:

“Getting the message across about *ability* as opposed to *disability* is extremely important and that’ll change the whole conversation and how you address it and I think that’s something that we at my company need to work on more.” – Focus Group Participant 04

On the whole, our participants suggested that changing corporate attitudes about disability may best be approached through a variety of educational resources and tools.

### Discussion

The direction of the focus group conversations revealed current resources that management/HR professionals are using to help sustain workers in their RTW, including following up regularly after RTW and implementing health promotion strategies in the workforce. That said, it is important to note that these resources may or may not be targeting the barriers that management/HR professionals also mentioned. Whether or not the resources are making a significant positive impact on sustaining employment for workers with disability was not addressed in the sessions, and assessment of this was out of the scope of this project. Future work in the field should focus on evaluating the efficacy of management’s strategies, across different industries, to facilitate RTW for those with disabilities.

The domains of knowledge, social influence and environment also aligned with what participants recommended to improve sustainable RTW. While some suggested that there simply are not enough resources out there for management on disabilities and their intersections with the workplace, others felt that it was a matter of not knowing where to look for them. This difference in perspective begs the question of whether this is a knowledge problem or an *accessibility to knowledge* problem. These issues are not mutually exclusive, but are worth examining more closely in additional studies. The recommendation surrounding environmental and social changes in the workplace were more cohesive in the focus groups. Across employment sectors, participants felt that conversations around disability at the organizational level need to evolve. The sentiments (or lack thereof) expressed about disability from an organization’s leaders and policies can have a trickle-down effect into the way that employees perceive and interact with their coworkers who have disabilities. In the context of this study, participants did not appear to feel that the culture at their workplaces is pro-disability. Many expressed that this affects the interpersonal dynamics between coworkers, and the social isolation that employees with disabilities experience, both of which are factors which can negatively impact one’s ability to sustain work upon returning.



The focus groups illuminated this HR/management perspective to address the overarching research questions. Additionally, interviews were conducted (presented in the subsequent section) to gain an appreciation of the perspectives of researchers/practitioners and people with disabilities who have lived experiences of RTW.

## Conclusion

The focus groups were conducted to study the landscape of sustainable RTW from the attitudes of management/HR personnel – two parties who are often involved in facilitating RTW for workers with disabilities. Following a leave, the ability to sustain returning to work is an interdependent process. In order to reach solutions and a workplace environment that balances everyone's needs, it relies on the cooperation of both the employer and the employee. When mapped to the TDF, knowledge, social influence and environment came up when management/HR personnel were interviewed. These three themes emerged in a variety of contexts – in questions about current barriers to and resources for assisting employees, and future suggestion for improvement. Identifying these domains and the views of management/HR are crucial if we intend to improve future research and program development around sustainable RTW from a more holistic perspective.

## Part 3: Interviews with Key Informants

### Introduction

Workers with lived experience of a disability are exposed to a wide array of workplace scenarios surrounding their disability, many of which are difficult to navigate. The myriad of successful and unsuccessful attempts at sustaining work after a leave are reflective of the industry an individual works in, the nature of their disability, the actual and perceived supports offered by their employer and a variety of other intersecting factors. Capturing the experiences of individuals from a variety of employment sectors, with a multitude of different disabilities, is needed to understand the many dimensions of the RTW process and make comparisons. Adjacent to this, engaging the researchers and practitioners responsible for developing RTW resources enables us to see what institutional supports are currently available to workers with disabilities, and which types of disabilities and episodic illnesses they assist best.

### Methods

Participants were primarily identified and recruited through professional networking relationships of the Principal Investigator and the community and industry network of the Work Wellness Institute. The Primary Investigator at Trent University contacted individuals in their professional network who could be considered as potential participants for the study or who could help in recruiting potential participants. In addition, the research team advertised the study via LinkedIn, Twitter, Facebook, and Instagram on the Primary Investigator and Work Wellness Institute networks' profiles. With administrator permission, we asked those administrators from other relevant organizations (e.g., Human resources professional

associations) to post the study's recruitment materials in their channels. The Work Wellness Institute also had an invitation to participate in their monthly newsletter.

Potential participants were screened for eligibility based on the following inclusion criteria:

Inclusion:

- Have experienced sick leave<sup>1</sup> and returned to work (person with lived experience)

*Or*

- Involved in the development of resources to help workers RTW following sick leave or the onset of episodic disability or their use (researchers and practitioners)

Once screened, participants were given a letter of information about the study to sign, which served as a consent form. Participants were informed that the interviews would take between 30 and 60 minutes. To respect anonymity, a demographic questionnaire was not performed. These semi-structured interviews consisted of only the researcher and participant and were conducted over Zoom and Microsoft Teams. Following their interview, participants with lived experiences were given an honorarium in the form of a \$50 e-gift card of their choosing.

Through open-ended qualitative interviews, we asked participants to broadly reflect on the following questions related to their RTW experience.

Researchers and Practitioners:

- What are current challenges faced by employers in supporting sustainable work for workers affected by disabilities?
  - Are there different challenges in different sectors?
  - Among workplaces of different size?
  - For different conditions?
  - For different actors in the workplace?
- What are the challenges and opportunities in developing resources to support workplaces?
- What are challenges in implementing resources to support workplace?
  - What are the barriers to access for employers for such resources?
- What resources are you aware of and or have accessed that are designed to support sustainable for workers affected by disabilities?

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<sup>1</sup> In Canada under the Employment Standards Act (ESA), 'sick leave' also references disability-related leave, including all of the conditions that fall under the AODA (Kovac, 2020) definition of disability used in this study (Government of Canada, 2013b, 2013a)





- How adequate are these resources?
- Where are there gaps?
- What role would/should curation of resources play?
- What makes for a high-quality resource?
  - How do you judge the quality of resources?
  - Are you aware of any quality assessment protocols for such resources?
- Where do you see the field going/progressing?

#### Individuals with Lived Experience:

- What challenges did/have you faced in staying at work?
- What was helpful for you in remaining at work?
- What would you recommend to employers to support sustainable work for their employees?

Transcripts of the interviews were generated with Zoom and Microsoft Teams, edited by a Research Assistant and uploaded to NVivo for qualitative coding. This was done through a thematic analysis, described by Braun & Clarke (2006).

## Results

In total, 6 interviews were conducted with researchers and practitioners and 11 interviews were conducted with individuals with lived experience, for a total sample size of  $n = 17$ . The interviews ranged from 16 minutes to 90 minutes. Findings from the researcher and practitioner participant interviews will be presented, followed by findings from the participants with lived experiences.

### Researchers and Practitioners

#### *Barriers to supporting sustained RTW*

**Knowledge and Skills.** Most researchers and practitioner participants ( $n=4$ ; 67%) noted that sustaining employees who are returning to work was challenging due to employers, HR professionals, and others in leadership positions not having the necessary knowledge and skills to offer support. Specifically, participants described a lack of knowledge and skills surrounding mental health needs. Some participants discussed how mental health needs are not understood in the same way as physical health needs. The sentiment of this finding is illustrated through the following interview excerpt:

Employers are “not necessarily trained in how to deal with common mental disorders. They can kind of deal with a broken leg...[but], they don't understand common mental disorders and, what is needed to support workers with common mental disorders.” – Researcher/Practitioner Participant 03



Similarly, participants noted how support for health and well-being in workplaces follows a medical model that is more symptom-based versus holistic or preventative.

**Social Influence.** In addition to knowledge and skills, stigma was noted as a challenge by most participants (n=4; 67%) to supporting the sustained RTW after a leave of absence. Stigma was identified to be present at all organizational levels. When participants spoke about stigma, it was related to mental health. The following interview quote exemplifies this finding:

“Some managers at least don't see people with common mental disorders as valuable workers, they see them as a hindrance to meeting their [Key Priority Indicators] KPIs, uhm so I think that's an attitudinal problem that we unfortunately still see in the workplace” – Researcher/Practitioner Participant 01

This quote captures the feeling of employers viewing employees with mental health challenges as contributing less than other employees or creating more work for employers.

**Environmental Context and Resources** Work culture was identified by participants (n=4; 67%) as a barrier to supporting sustained returned to work. The following excerpt illustrate this finding:

“HR...monitors and therefore there's little trust in [whether they are] actually here to help me become better and to work or are they basically looking to tick the boxes, so they can get rid of me, follow procedure?” – Researcher/Practitioner Participant 03

Similarly, participants described how a supportive work environment was a facilitator to sustained RTW, as exemplified below:

If “the employer has put in place measures to protect [the employee's] health and safety, [the employee's] anxiety about going back to work is really going to be, you know be lower.” – Researcher/Practitioner Participant 04

Overall, work culture was either a barrier or facilitator to sustained RTW, depending on whether it was a supportive (i.e., positive) or unsupportive (i.e., negative) environment.

### *Barriers to developing resources*

**Knowledge.** Half of the participants (n=3; 50%) identified a barrier to developing resources to help employees experience a sustained RTW was lack of knowledge. Specifically, participants felt that employers would not have the expertise to create such resources. One participant noted:

“So that they're not being reactive, that they're being proactive. I don't think they know how to be proactive.” – Researcher/Practitioner Participant 05



This quote represented the expression of resources being available as an afterthought, without energy put toward resources for promoting sustained RTW.

### *High-quality characteristics of resources*

The majority of participants (n=4; 66%) noted the characteristics that contributed to making a RTW resource of high quality. Many participants discussed how resources should be tailored to the individual, describing how support cannot be a one-size-fits-all model.

“A tool kit that's individualized and specific, that kind of does the thinking...for people then you're less reliant on the skills of those using it.” – Researcher/Practitioner Participant 03

“All of my coaching is specific to the individual, because if I'm not adding value to the coaching, it's not going to be successful.” – Researcher/Practitioner Participant 06

In addition to identifying that resources should take a tailored approach, participants also mentioned specific types of resources that were mapped to the TDF. These included the domains of knowledge, skills, memory, cognition, and decision-making.

**Knowledge and Skills.** Participants viewed resources to be of high-quality if they involved characteristics that helped employers develop knowledge and skills about sustained RTW. Knowledge and skills looked different to each participant. To some this meant training or coaching, to others it meant having educational resources available in multiple formats such as a podcast. The following interview excerpt illustrates this finding:

“Industry knowledge is also helpful and Ted talks too if you're talking to specific tech industries or if you're really into that then you'll [do] that, then I think your topic kind of becomes who is my best podcaster in this space.” – Researcher/Practitioner Participant 04

Resources that helped employers develop their knowledge and skills were identified as qualities that make resources of high quality.

**Memory, cognition, and decision-making.** Participants also described the importance of ease of use of resources. This included an example given by a participant:

“A decision-making tree could be an example, where you can just ask a lot of questions, a series of questions and then you get some recommendations at the end.” – Researcher/Practitioner Participant 03

“It needs to be almost a step-by-step guidance in how to go about doing it...it reduces the cognitive burden on the manager by literally...reassuring them they don't have to



think about what to say. They can pick some of these sentences and [talk to the employee]. And that reduces [the employer's] stress and [the employer's] time input and raises [the employer's] confidence in their skill sets with that employee." – Researcher Practitioner Participant 05

In summary, participants identified how a simplified resource would facilitate the use of such a tool.

### *Gaps in available resources*

Overall, half of participants (n=3; 50%) identified gaps in available resources for helping to sustain an employee in their return-to-work journey. Participants discussed different gaps related to knowledge and environment.

**Knowledge and Environment.** Participants noted how the work environment needs to be conducive to supporting leaders learn about how to support. For example, one participant described:

"In order for anybody to impact into those spaces, you have to have an environment that has that space and a willingness to tap into learning environments that cares about their leaders and supporting those...with intention to say they need they need tools." – Researcher/Practitioner Participant 06

Continuing this intersecting theme of knowledge and environment, another participant described the importance of having training available in appropriate modalities such as virtually or in-person. One participant described the benefits to virtual models of educational material such as access and flexibility but also described how in-person models should also be considered:

"The transition from face to face to virtual has to be considered carefully like some people might still really benefit from face-to-face...a real clinician interacting with patients and workers." – Researcher/Practitioner Participant 04

Overall, fostering a learning environment and considering the type of educational delivery were noted as gaps in current resources for helping people with a sustained RTW.

### *Workers with Lived Experiences*

The following sub-section presents findings from the interviews with participants with lived experiences of returning to work after a leave of absence due to disability. The sample was comprised of the following disease and disability categories:



Illness Category	Number of participants (n=11 total)
Acute/Physical Injury	3
Chronic/Episodic Physical	2
Mental Health/Stress	2
Chose not to disclose	4

Findings were grouped into three overarching themes: barriers to sustaining work, facilitators to sustaining work, and resource evaluation. Each of these are described below in further detail.

### *Barriers to sustaining work*

**Environmental Context: Workload difficulties.** 73% (n=8) of participants with lived experience of a disability highlighted their workload, and associated stress, as a significant barrier in sustaining RTW.

“The heavier the workload and the less support that you get for your workload just increases your stress level which then can flare a chronic condition.” – Lived Experience Participant 3

“Managing work and also my condition was another barrier because I felt like...the workload was too much.” – Lived Experience Participant 5

“I was doing this progressive return to work already over a number of months and thought I would resume my work quite intensely. But I couldn’t do it.” – Lived Experience Participant 8

**Social Influence: Stigma.** 55% of participants (n=6) reflected on persistent stigma about disability in the workplace as something that impacted their ability to remain employed.

“I saw it as a liability to identify myself as a disabled person. It’s a lot easier if you’re in the closet.” – Lived Experience Participant 11

“When I came back after maternity leave, everyone knew I'd been pregnant and they wanted to talk about the baby and how you’re feeling, all that stuff. Coming back after a mental health leave, *nobody* wants to talk about it.” – Lived Experience Participant 2

**Environmental Context and Resources: Lack of efficient, supportive resources.** 55% of participants (n=6) spoke about the effect of inefficient resources both in their leave of absence and after returning as an impeding factor for staying at work.

“They did a functional assessment before going back to work, which gave a bunch



of information, but it felt to me like the main use of that was just to be able to say that I could go back to work. I wouldn't say that they used it in a way that that would have made things run more smoothly.” – Lived Experience Participant 3

This same participant expanded on the lack of efficient and supportive resources by describing how the system is not set-up for flexibility when it comes to episodic disability:

“If I could work, I would like to...The long-term disability pretty much requires you to be unable to work for you to continue to get your benefits. So, let's say in my periods where I'm not in a major flare, I could do 3 hours of work a day. Well then, it's almost like you lose your benefits in a sense, because to get the long-term disability, you have to be considered unable to work...It kind of traps you. The work world is not just going to let you drop off the map for two months and then come back when you're ready. We're not designed that way.” – Lived Experience Participant 3

“The biggest challenge is that the institutions that were supposed to support me didn't coordinate their stuff. The employer wasn't really doing anything for my well-being upon returning to work. No one had done anything beyond three months return to work when it was like ‘we can close your case because you seem to be doing what you said you were doing before’.” – Lived Experience Participant 8

### *Facilitators to sustaining work*

**Social Influence and Emotion: Coworker social and professional support.** 55% (n=6) participants mentioned that the relationships they had previously formed with their coworkers encouraged them to sustain their employment when they encountered challenges after returning.

“My colleagues were there to support me. Emotionally, they were there. They gave me support, encouraging words. It just made me happy. They made me happy. Before I went on my break, sometimes they'd been reluctant to help – ‘I don't have the time for this’. But after I returned, they empathized.” – Lived Experience Participant 9

“I had some good people who I could go to on a coffee break, a lunch break with, and connect. I ended up being mentored by a young woman I knew who was very supportive. She had good sense about her. Caring, compassionate, and empathetic and supportive and encouraging. That was key to me being able to remain in the workplace.” – Lived Experience Participant 2

“My co-workers made sure I was with them when they were going through things and they'd take me through the steps, because I'd missed out on a whole lot. That teaching made the process go faster and a lot easier.” – Participant 10 Lived



### *Resource evaluation*

**Social Influence and Emotion: Empathetic and supportive leadership.** 73% of participants (n=8) suggested that more of an empathetic and supportive response from leadership when they returned could be helpful in sustaining employment.

“There should be some kind of campaign to get employers to encourage people. Because they’re in positions of power. So if *they* offer a little encouragement to people, even if it's only some little tiny thing - you need the positive feedback, and you need somebody to say something good about what you're doing. I think they should talk to employees returning to work, and give them an opportunity to talk about what kind of support would help them function better in the workplace.” – Lived Experience Participant 11

“I think it helps so much when you have a superior who trusts you. Who don’t see you as a person who is physically challenged, as a person who is disabled. But who sees the bigger things than your physical attributes. Who can see the spirit and who can be able to tap into the spirit. Who can tap into that psyche and be able to convert the psychology of a person to a person who can deliver. I think that's the true definition of a leader.” – Lived Experience Participant 4

“There is rebuilding of trust of, even if it's at a minimum, that I need to feel safe in my workplace. And safety and trust are pretty close. So, I feel like that has to be there. In a way it’s like, as my employer, could you just validate my experience? Just a basic human validation. I don't know where I would have been if I’d had that. I never had that from the system.” – Lived Experience Participant 8

**Environmental Context and Resources: Accessibility of support resources.** 64% (n=7) of participants suggested that a wider variety of workplace resources and an ease of access to resources would be helpful for facilitating sustained RTW.

“I think it would be helpful to have a social worker or psychologist or something who's hired by companies, where their job is to help people manage life stresses that are impacting their work. Even though you can disguise it sometimes or you can act in a way that it's not really affecting your work. But if you're stressed, it's going to affect your work in some way, right? So, I don't know if maybe that's what the future should be? To have more services through an employer.” – Lived Experience Participant 3

“I recommend a special kind of reintegration program where a company can purposefully schedule, within its policies, ways in which an employee who is returning



back after trauma is able to be reintegrated, given leniency in terms of workload, given leniency in terms of commitments, having close assessment and close supervision and close guidance.” – Lived Experience Participant 4

“I think there should be shorter working hours. I think there should be days off or the possibility of working from home. Maybe we could make it hybrid: two days in office and maybe three days at home or three days in office and two days working from home. That would ease off the stress of work.” – Lived Experience Participant 9

In summary, participants with lived experiences described the barriers and facilitators to a sustained RTW.

## Discussion

Through interviews with researchers and practitioners as well as people with lived experiences with a sustained RTW after a leave of absence due to disability, several themes emerged. In the researcher/practitioner interviews, themes emerged around barrier to sustained RTW related to knowledge, skills, social influence, and environment. Barriers to developing resources on this topic included lack of knowledge. A resource was deemed to be of high quality if it helped employers develop knowledge and skills about sustained RTW and reduced the cognitive burden of those using it. Participants also noted how the work environment needs to be conducive to supporting leaders learn about how to support workers in their return-to-work journey. In the lived experience interviews, participants discussed workload difficulties, stigma, and lack of efficient and supportive resources as barriers. Facilitators included social and professional support by coworkers, empathetic and supportive leadership, and accessibility of supportive resources.

Both interview groups noted the lack of resources as a barrier to a sustained RTW. Interestingly, the important characteristics noted by researchers/practitioners were centered around if it helped employers (i.e., gaining the necessary knowledge and skills without being burdensome). Meanwhile, people with lived experiences noted wanting more empathetic and supportive leadership and resources that also reflect respect and empathy. Thus, there is a discrepancy between what researchers/practitioners believe would be helpful versus what employees think would be helpful for a sustained RTW.

Participants in each group (i.e., researchers/practitioners, and people with lived experiences) were asked a different set of questions. Thus, some themes emerged because researchers/practitioners were specifically asked certain questions. Future research could make parallel interview questions to offer better opportunities for comparison.

The subsequent discussion section will synthesize the findings from each study arm, together.





## Conclusion

The interviews were conducted to gain insight into what resources are available and any barriers and facilitators to using these tools, through two perspectives (i.e., researchers/practitioners, and employees with lived experiences). The researcher/practitioner interviews revealed an importance placed on making resources practical in the sense that they would help employers learn the necessary knowledge and skills and build an environment that is conducive to learning. However, participants with lived experiences identified facilitators to such resources as including more empathetic and supportive leadership and resources that also reflect respect and empathy. Both interview groups identified the lack of helpful resources as a barrier to a sustained RTW.

## Comprehensive Discussion

Through the scoping review, focus groups with management/HR professionals, and interviews with researchers/practitioners, and people with disabilities and lived experiences of sustained RTW, many themes emerged. Namely, the scoping review identified that most barriers and facilitators to sustained RTW were centered around knowledge, environment, social and professional role, social influence, and skills/beliefs about capacity, skills. Across all sectors (researchers/practitioners, management/human resource professionals and workers with disabilities) reasons for an LOA that are stigmatized were identified as having different challenges for a sustained RTW compared to physical disabilities and acute injuries. There are significant gaps in knowledge about how to support mental health and limited resources for management and workers that apply to these conditions. Management/HR acknowledged open communication with employees and pro-disability organizational culture as facilitators in helping them encourage and support workers to stay at work. This group also viewed knowledge gaps as a significant barrier to helping workers with disabilities (i.e., workers' needs and accommodations, how to fight perceived unfairness by healthy employees).

Researchers/practitioners identified barriers to sustained RTW relating to knowledge, skills, social influence, and environment. Workers with lived experience of disabilities cite stigma, workload difficulties and a lack of efficient resources (i.e., relevant to their condition, holistic, informed) as the biggest barriers in sustaining their RTW. Additionally, practical and emotional support received from coworkers are central facilitators for workers upon returning.

## Tying it all together

Workers, management/HR personnel and researchers/practitioners varied somewhat in their assessment of what is working in sustainable RTW and what is not, but also shared some common ground. The stigma that persists around disability, particularly invisible disabilities like mental and episodic illnesses, was mentioned by all groups of participants. In the context of this study, researchers in the field are observing persistent stigma, employer do not have the tools to correct it, and lived experience participants find that it has negatively affected their ability to



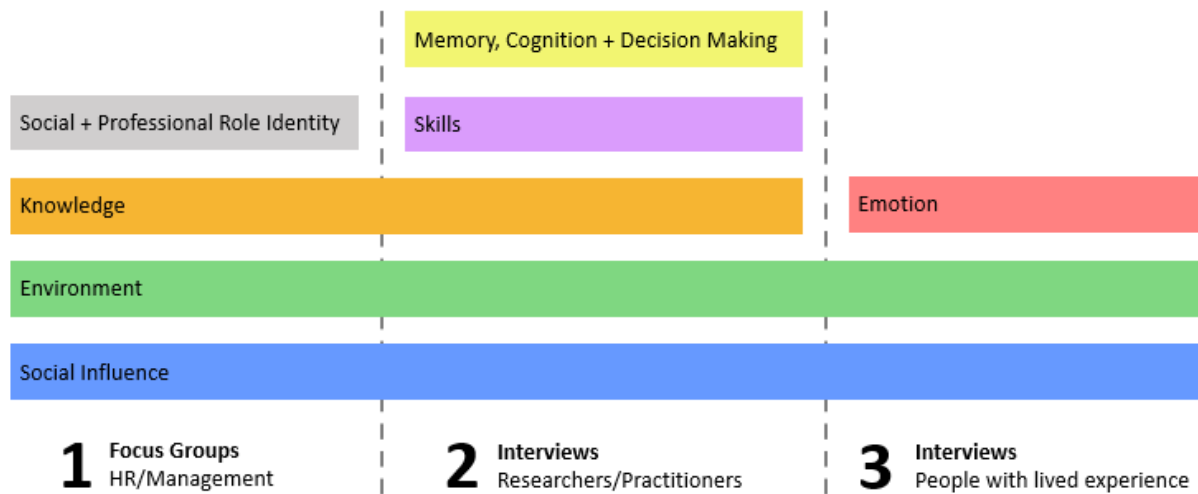
sustain an RTW. Recent work echoes these results, with a review of studies finding that workers are most reticent to disclose their disability and/or request accommodation for fear of being stigmatized or discriminated against (Lindsay et al., 2018). When fear of stigma influences a worker away from communicating their needs, the workplace can end up becoming a barrier. This in turn may be a factor that decreases the rate of sustained RTW for those with disabilities, pushing them out of the working world and into vulnerable economic positions. Among the population studied, this result has been observed in aging workers (Durand et al., 2021) and those with cancer (Stergiou-Kita et al., 2017).

Surrounding not only stigma, but also issues of accommodations and effective resources, knowledge is perhaps the largest barrier observed and experienced by all the participants of this study. In the world of workplace research, certain types of disabilities remain understudied. Among these, mental health conditions are paramount. Researcher/practitioner participants in this study held the opinion that disability research, particularly findings about mental and invisible illnesses, hasn't yet integrated into the public sphere, including into workplaces. The result is a gap that leaves employers on the outside of understanding their employee's experiences and needs, and what they can do to offer support and accommodate. These opinions were then confirmed by our management/HR and lived experience participants, in what appears to be a bidirectional relationship. While workers noted that their employers did not know how to support the complex nature of a disability upon returning, management/HR noted that workers with disabilities also sometimes do not know what they need to be successful and productive again.

By mapping the findings from each qualitative study component to the TDF, we were able to illuminate the overlap and disconnect from each participant perspective. For example, each participant group identified how the workplace environment and social influence could be a barrier or facilitator to a sustained RTW. Participants with lived experience benefited from emotional support in their RTW journey. However, the management/HR and researchers/practitioners did not identify this as a mechanism of support. Meanwhile, management/HR note how their social and professional role identity plays a part in sustained RTW. Additionally, researchers/practitioners identify how improving employer skills and having tools for employers that are easy to use (i.e., to help one's memory, cognition, and decision-making) would improve a sustained RTW. In this case, the emotional needs of the worker are not being considered for interventions to improve a sustained RTW. Further research could explore this disconnect. More details on how the findings map to the TDF and their comparison across study arms and participant perspectives are available in Figure 5.



## Theoretical Domains Framework Across Study Arms



**Figure 5. Theoretical Domains Framework Across Study Arms.** Chart representing the pattern of TDF domains across the study's arms: focus groups, interviews with researchers and practitioners and interviews with workers with lived experience.

### Limitations

This study was conducted with several limitations. Firstly, the study was not designed with any industry specificity; we did not collect any data on the industry that each participant was associated with, and therefore cannot address the scope of who these results apply to in a research field as large and variable as employment and the workplace. A demographics questionnaire was also left out of each of the study's arms, which limits the meaningful distinctions that can be made between groups of people, as well as the reflections on their experiences and how they may intersect with any minoritized identities or social privileges.

### Future recommendations/next steps

The TDF served as a useful tool throughout this study to map the themes that emerged from both the data and literature review. The TDF allowed us to explore the paramount role that stigma continues to play in workplace disability cases, particularly around sustaining employment after a leave. Moving forward, transforming harmful narratives about disabilities into ones of support and empowerment will require a concerted effort from all parties involved: governments, researchers and practitioners, workers with lived experience, their coworkers and their employers. Opinions about disability can be informed by one's surrounding social culture. Recent work suggests that when cultures perceive disability, particularly mental illness, as shameful and/or the consequences of one's actions, RTW is both delayed and not sustained because workers feel isolated and unsupported (Coutu et al., 2022). Côté et al. (2020) also stress the importance of the layers of stigma that immigrant and ethnocultural minority



workers face, including negative attitudes about their age, race, gender, and social class. The authors point out that these workers are often disproportionately affected by stigma about their disabilities in the workplace. Future studies should continue to examine the intersection of marginalized identities and workplace disability and the role of cultural differences in workplace disability perception. This said, more effort should be invested in measuring how effectively RTW programs are supporting minoritized workers and whether or not they are culturally sensitive in their design.

The TDF also allowed us to highlight the role that knowledge plays in sustainable RTW. The majority of research in the field has identified knowledge about disabilities as a barrier to sustaining work. When examined, however, disability knowledge is mentioned in general terms without specific objectives. What specific knowledge about disabilities is most lacking in the workplace? Which workers are most affected by this when returning to work and why? Coutu et al. (2021) suggest that women workers with disabilities are a prominent at-risk group. According to their work, women are often juggling both professional and family/caregiving roles. Their multiple responsibilities while managing their disability are not often acknowledged, and they have more difficulty securing workplace accommodations they request than men. When this happens, sustaining work becomes less feasible and happens less often – a result which has been observed across women of visible minorities as well (Coutu et al., 2022). While research has started to look at the role of knowledge in different populations of workers, there is still much to uncover about the types of accommodations that different disabilities may require. Physical disabilities and acute injuries are often accounted for by workplace health and safety officers and government guidelines (Canadian Human Rights Commission, 2007; Government of Canada, 2019), but invisible illnesses and mental illnesses may have an entirely different and unknown set of needs. Perhaps these conditions are more individualized and are not amenable to a ‘one size fits all’ support program or set of accommodations. In order to address this point and many others, future work should target specific disabilities to fill in the knowledge gaps surrounding accommodations.

## Conclusion

The World Health Organization’s *World Report on Disability* estimates that roughly 15% of the global population has a disability of some sort – a figure up 10% from their last measurement in the 1970s (World Health Organization, 2011). Where Canada is concerned, 22% of the population identified as having one or more disabilities in 2017, compared to 13.7% in 2012. Meanwhile, only 50% of Canadian workers with disabilities have insurance coverage, yet 68% report the need for time off work because of their disability (Benefits Canada, 2019). In some ways, the larger known presence of disability in today’s world has happened before research and policy in the field has evolved, leaving us with significant misunderstandings and expectations around workplace leave and the RTW process for these individuals. The present study provides a landscape of experience with sustaining RTW, as well as where a variety of



workers, management/HR personnel and researchers/practitioners stand on disability issues in the workplace. This said, we have yet to fully uncover how each stakeholder in the working world both affects and is affected by disability. How are healthy coworkers navigating the changing face of disability in the workplace? How can policymakers drive the creation of ethical programs and resources – ones designed to support the wide variety of disabilities, including invisible and mental illnesses? With reported disabilities on the rise, fostering a healthy working world for future generations of employees and employers will depend on our ability to answer these questions and many others.



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## Appendices

### Appendix A: Search strategy

<b>Category #1 (Population)</b>  <b>Illness Disease Disability Sick leave</b>	<b>A N D</b>	<b>Category #2 (Population)</b>  <b>RTW</b>	<b>A N D</b>	<b>Category #3 (Outcome)</b>  <b>Sustained work Stay at work Work ability</b>	<b>A N D</b>	<b>Category #4 (Context)</b>  <b>Organization Employer Workplace</b>
Chronic Pain/ exp Cardiovascular Diseases/ exp Diabetes Mellitus/ Fatigue Syndrome, Chronic/ exp musculoskeletal diseases/ or exp joint diseases/ or exp muscular diseases/ or exp rheumatic diseases/ exp Multiple Sclerosis/ exp Pulmonary Disease, Chronic Obstructive/ exp Back Pain/ exp Neoplasms/ exp Asthma/ exp Headache Disorders/ exp Digestive System Diseases/ exp Nervous System Diseases/ mental disorders/ or exp anxiety disorders/ or "bipolar and related disorders"/ or exp mood disorders/ or exp depressive disorder/ or cyclothymic disorder/ exp Stress, Psychological/		exp RTW/ (return* to work or return* to employment or return* to job).ti,ab,kf. rtw.ti,ab,kf. (resum* adj (job or work or employment)).ti,ab,kf . (vocational integration or work reintegration or job reintegration or employment reintegration).ti,ab,kf. back to work.ti,ab,kf. back at work.ti,ab,kf. ((job or work* or employment) adj (re- entry or reentry or reenter* or re- enter*)).ti,ab,kf.		time factors/ (sustain* or maintain* or endure* or continu* or stay* or ((time or days or months) adj2 (work* or absent*))).ti,ab,kf. (labour force exit or labor force exit or job exit or early retirement or job retention).ti,ab,kf. Work Engagement/ or (work engagement or work ability or work participation).ti,ab,kf.		organizational culture/ organizational policy/ "organization and administration"/ or personnel management/ or workplace/ or Staff Development/ (workplace* or work place* or worksite* or work site*).ti,ab,kf. organi#ational.ti,ab,k f. work environment*.ti,ab,k f. (employer* or compan* or corporate* or institution*).ti,ab,kf. (supervisor* or manager* or coordinator* or co- ordinator* or colleague* or coworker* or personnel or staff* or employee* or worker*).ti,ab,kf. case manage*.ti,ab,kf. human resource*.ti,ab,kf. communication*.ti,a b,kf.



<p>exp "Wounds and Injuries"/ exp Disabled Persons/ exp Stroke Rehabilitation/ or exp Stroke/ exp Surgical Procedures, Operative/ exp Arthroplasty/ exp Accidents/ exp Occupational Diseases/ or Occupational Health/ or Occupational Health Services/ or Rehabilitation, Vocational/ or (vocational rehabilitation or occupational rehabilitation or accommodation).ti,ab ,kf. Sick Leave/ or Absenteeism/ ("ill" or illness*).ti,ab,kf. disease*.ti,ab,kf. disorder*.ti,ab,kf. (sick or sickness*).ti,ab,kf. (disabilit* or disabled).ti,ab,kf. chronic health problem*.ti,ab,kf. (accident* or injury or injured or injuries).ti,ab,kf. pain.ti,ab,kf. diabetes.ti,ab,kf. stroke.ti,ab,kf. chronic fatigue syndrome.ti,ab,kf. back problem*.ti,ab,kf. joint problem*.ti,ab,kf. (joint replacement* or hip replacement* or knee replacement*</p>				<p>stakeholder*.ti,ab,kf. or Stakeholder Participation/ (co-ordinat* or coordinat* or collaborat* or multidisciplinary or multi-disciplinary).ti,ab,kf. Community-Institutional Relations/</p>
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or arthroplast*).ti,ab,kf. (surger* or surgical or hospitali#ation*).ti,ab ,kf. (cancer* or neoplasm*).ti,ab,kf. copd.ti,ab,kf. asthma*.ti,ab,kf. (depression or depressive).ti,ab,kf. (psychological stress or burnout).ti,ab,kf. diagnosis.ti,ab,kf. impairment*.ti,ab,kf. in.fs. su.fs.					
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