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Exploring the meaning of early contact in return to work from workplace actors' perspective

Åsa Tjulin[1,2], Ellen MacEachen[3,4], Kerstin Ekberg[1,2]

[1]National Centre for Work and Rehabilitation, Department of Medical and Health Sciences, and [2]HELIX Vinn Excellence Centre, Linköping University, Linköping, Sweden, [3]The Institute for Work & Health, Toronto, and [4]Dalla Lana School of Public Health, University of Toronto, Toronto, Canada

Correspondence: Åsa Tjulin, Department of Medical and Health Sciences, National Centre for Work and Rehabilitation, Linköping University, 581 83 Linköping, Sweden. Tel: +46 (0)13 22 10 09. E-mail: asa.tjulin@liu.se

EM: emaceachen@iwh.on.ca

KE: kerstin.ekberg@liu.se

Abstract

Purpose The objective of this paper was to explore the meaning of early contact in return to work, and how social relational actions and conditions can facilitate or impede early contact among actors in the workplace.

Method An exploratory qualitative method was used, consisting of individual open-ended interviews with 33 workplace actors at seven worksites across three public employers in Sweden. The workplace actors represented in these interviews included re-entering workers, supervisors, co-workers, and human resources managers. Organizational policies on return to work were collected from the three employers.

Results The analysis indicated that early contact is a complex return-to-work measure with shifting incentives among workplace actors for making contact. For instance, the findings indicated obligation and responsibilities as incentives, incentives through social relations, and the need to acknowledge and balance the individual needs in relation to early contact.

Conclusion The findings strengthen the importance of early contact as a concept with a social relational context that comprises more than just an activity carried out (or not) by the employer, and suggest that early contact with a sick listed worker is not always the best approach for a return-to-work situation. This study provides a starting point for a more articulated conceptualization of early contact.

Keywords: *early contact, return-to-work, Sweden*

Introduction

Several countries emphasize early return to work before full health recovery as an approach to disability management [1]. Systematic reviews of quantitative research on early return to work suggest that early rehabilitation [2] and early contact with the sick listed worker by the workplace can reduce the duration of absence due to sickness and the associated costs [3]. However, the evidence on these effects is not extensive and there are few studies on this issue.

Several jurisdictions (e.g. Sweden, (Ontario) Canada, UK and Australia) emphasize early contact as a strategy, and responsibility, for employers to use to facilitate return to work. They characterize early contact as making and maintaining contact between the sick listed worker and the workplace as soon as possible [4–6] after an accident/illness. For instance, the UK specifies contact within 2–6 weeks after injury/illness to prevent long-term absence due to sickness [7]. In the UK policies, it is suggested that early contact between the employer and the sick listed worker will reduce the negative economic impact of work absence and maintain the social ties needed for a full return to the workplace. Arguments put forward refer to early contact as a 'win–win situation' for the employer and the sick listed worker because the employer has invested in the worker's competence and thereby has an economic interest in getting the worker back early [6]. With early return to work and early contact, the sick listed worker may avoid a drop in income as a result of sickness absence and therefore avoid poverty and social exclusion [7]. The policies promoting early contact between the sick listed worker and the workplace further maintain that the longer a sick listed worker is absent from work,

the harder it is to re-enter, therefore early contact could facilitate an early return to work [4–7].

Although early contact between the sick listed worker and the workplace is described as a facilitating strategy in disability management research [8,9], and is promoted in national guidelines and policies [4–7], the actual utility of this strategy is unclear. It is difficult to trace the argument and confirmation of early contact as a valuable return-to-work intervention. A rationale for making early contact to prevent long-term absence due to sickness can be found in the psychosocial disability literature; research suggests that time away from work is linked to the probability of re-entering the workforce [10]. The genesis of early contact possibly began in the mid-1990s when there was a shift from community-based rehabilitation services to an employer-based disability management process [8]. This was accompanied by the underlying idea that the longer the sick listed worker is absent from the workplace, the more the social bonds to the workplace weaken [11], and so early interventions such as social contact between the worker and the workplace play a crucial role in facilitating return to work [8].

The utility of early contact as a return-to-work strategy is unclear. A survey conducted in Canada saw no association between early contact with the workplace and early return to work measured by reduced compensation benefit amounts [13]. The issue of the timing of ‘early’ in early contact is also unclear. A cohort study in the USA on early contact with workers with low back problems found that supervisors needed to be in contact during the first 24 h following the onset of pain symptoms but if a nurse was used as a case manager, it was important to make the contact within the first week [14]. Thus, early contact with the sick listed worker before they have returned to work is viewed as a core

element in return-to-work programs, but the question of when to make early contact might vary depending on the sick listed worker's specific situation and who makes the contact [3].

Despite the focus on early contact in national guidelines and policies for return to work [4–7], and in research supporting the strategy of early contact [10–12], there seems to have been scant analytic consideration of the social relational aspects among workplace actors. Little is known about the essential meaning of early contact, how workplace actors carry out the activity of early contact, and if early contact is health promoting. Studies have raised questions about the effect of the nature and frequency of the early contact on return to work. Some studies show that continuous contact between the supervisor and co-workers during sick leave is experienced by sick listed workers as supportive [15–17]. However, whether this contact might be received by the sick listed worker as welcoming or as harassment depends on the atmosphere in the workplace [17,18]. For instance, the sick listed worker might view supervisor visits as stressful and as pressure to return to work [18]. Early contact in the return-to-work research mostly assumes it is an issue of a supervisor contacting a sick listed worker [19]. For the supervisor, early contact may become an unwelcome and time-consuming obligation rather than a case-oriented facilitating measure for return to work [20]. Early contact is meant to signify that the supervisor cares about the well-being of the sick listed worker [19] and optimal contact appears to depend on a shared sense of goodwill and trust [20]. What is meant by early contact in a return-to-work situation is rarely examined in any detail although this may be critical for successful interventions based on social contact.

The return-to-work research has addressed the meaning of early contact in only a limited way. A return-to-work situation is a social event with changing social interactions and relations amongst the key workplace actors who enact the return-to-work process: the re-entering worker, the co-workers and the supervisor and/or human resources manager. The objective of this paper is to explore the meaning of early contact in return to work, and how social relational actions and conditions can facilitate or impede early contact among workplace actors.

Methods

As little is known about how early contact is experienced amongst workplaces actors, an exploratory qualitative study was designed and conducted [21]. The analysis focused on the meaning of early contact from the workplace actors' perspective and how social relational actions and conditions can facilitate or impede early contact; this analysis is part of a larger study [22].

Research setting

The study was conducted at three public sector workplaces in Sweden. The Swedish social insurance system does not require an injury to be work-related for entitlement to health and wage replacement benefits. Entitlements to sickness benefits need a clear connection between the disease/illness/injury and the reduction in ability to work. The employers are obliged to pay sickness benefits for the first 2 weeks of sick leave. Since the early 1990s, employers' responsibilities for return to work have been regulated by the National Insurance Act. In brief, employers are required to adapt work conditions to the capacity of the individual employee if possible. This should be done in collaboration

between the employer and the sick listed worker; the worker also has the right to influence their own work situation and participate in changes and developments at the workplace. The sick listed worker is required to participate in measures taken to facilitate return to work otherwise entitlement to sickness benefit can be withdrawn [23].

Data collection

Three employers within the public sector were recruited for the study. Within these workplaces, seven work units participated. A work unit is a discrete department with a supervisor and group of workers. Thirty-three in-person/individual open-ended interviews were conducted in the seven work units. At each single work unit, interviews were conducted with the re-entering worker, 2–3 co-workers, and the person(s) who had been delegated responsibility for return to work (the supervisor and/or the human resources manager).

The sampling of work units was purposive (table 1). Work units were selected for their experience of the return-to-work process [21]. Participants were included if they had experience of a recent return-to-work process and if the sick listed worker had been absent for at least a month. The participants were recruited within 3 months of the re-entry to the workplace of the sick listed worker.

/insert table 1 about here/

Individual participants were recruited through the human resources manager at the employers' central office; re-entering workers were identified based on the criteria for inclusion. When a worker was identified, the researchers contacted the supervisor to get

Table 1: Sample

Work unit	**Diagnosis**	**Period on sick leave**	**RTW %***	**Re-entered worker M/F****	**Co-workers**	**Super-visor**	**HRM**
Fire station	Mental health	6 months	100 %	1 M	2 M	1 M	I F
Day care	Mental health & musculoskeletal	6 months	75 %	1 F	2 F	1 F	
School	Mental health, cancer, STROKE	5 years and 6 months	25 %	1 F	2 F 1 M	1 F	
Administration	Musculoskeletal	2 months	100 %	1 F	2 F		1 F
Day care/school	Mental health	2 years and 7 months	100 %	1 F	2 F 1 M	1 F	
Home care	Musculoskeletal	1 year and 6 months	25 %	1 F	3 F	1 F	
Home care	Musculoskeletal	1 year and 6 months	75 %	1 F	3 F	1 F	

* According to Swedish regulation an individual can re-enter from sick leave for 25 %, 50 %, 75 % or 100%
** M = male F = female

information about possible participants (e.g. co-workers, human resources manager) and contact information for the re-entering worker. The re-entering worker was then contacted by telephone, and if they gave their consent, a time and date was set for an interview. During the interview with the re-entering worker, a sociogram [24] was filled out to further develop the purposive sample [21]. The sociogram provided a graphic description of social relations between the re-entering worker and the co-workers, in terms of closeness in work tasks. The sociogram was pictured as a dart board with the re-entering worker in the centre. The worker was asked to fill out the dart board with the names of co-workers placing those with whom they worked closely nearest the centre and co-workers with more distant work tasks further out on the dart board. Co-workers within the work unit were identified and selected for interview based on their closeness when working with the re-entering worker. The co-workers and supervisor were then contacted for individual interviews with consent from the re-entering worker. The interviews were open-ended and started out by asking the participants about their professional background, then to describe what they did at work during a work day. Questions regarding the return-to-work situation were then posed. The interviews were conducted at the workplace in a private room. They were audio-taped and transcribed verbatim by a professional transcriptionist. Translation of the transcripts from Swedish to English was done by the lead author. In addition, the organizational policies regarding return to work were collected from the central offices of the three employers. The policies complemented the interviews with a contextual understanding of how each organization approached the return-to-work process based on their organizational structure. This

provided information on the experiences of the workplace actors, the meaning of early contact, and the organizational guidelines for how early contact should be enacted.

Data analysis

An inductive content analysis of the interviews and policy documents was carried out [21]. The interview transcripts and policy documents were read, coded categories were developed, and possible categories and concepts were identified. The next step of the analysis was constant comparison. At this stage, the researchers met regularly to systematically discuss and compare concepts from the documents and interviews until a conceptual ordering of categories and concepts was achieved. Memos, analysis notes, and diagrams were kept to keep track of ideas and comparisons.

Ethical considerations

The Regional Ethics Committee at the University of Linköping approved the project. A key ethical issue that influenced the study design was how to focus on the experiences of the co-workers and supervisors of a sick listed workers re-entry without stigmatizing the worker. Therefore, the study was designed to focus on all workplace actors (supervisor and/or human resources manager, co-worker and re-entering worker). To avoid scrutiny of the re-entering worker, the design considers experiences across work units and across employers. The sampling strategy was performed with the knowledge and consent of the re-entering worker by filling out the sociogram. Informed consent was obtained from all participants before conducting the interviews. They were assured that their identity would remain anonymous and that their statements would be treated confidentially.

Results

The results focus on the three categories of early contact that emerged during the analysis. The categories found were related to (1) obligations and responsibilities as an incentive for early contact, (2) incentives for early contact through social relations, and (3) the acknowledgement and balance of individual needs in relation to early contact.

Obligations and responsibilities as an incentive for early contact

The three return-to-work organizational policies used slightly different wording for responsibilities in enacting early contact and when to make early contact. One policy stated that the supervisor, or a person appointed by the supervisor, should contact the sick listed worker within 5 days of sick leave. Another stated that the supervisor should make contact with the sick listed worker at the earliest possible date, and the other that the supervisor should make contact with the sick listed worker as early as possible and within 2 weeks of the start of the sick leave at the latest. Most of the supervisors said that they had a return-to-work responsibility and early contact was something they were obliged to do, and did do, in accordance with policy. However, one supervisor questioned whether or not it was advisable for a workplace to have a preset plan for who should initiate the early contact:

> It depends on who the sick listed worker turns to. … I think it is very hard to have a preset strategy; that this is the one person from the workplace making contact. … It is not for certain that the sick listed worker wants to talk to that preset person. (supervisor unit 1)

Another supervisor thought it was up to the co-workers to inform the sick listed worker about what was going on at the workplace, since the supervisor did not take part in day-to-day activities. A sick listed worker acknowledged her own responsibility to maintain contact with her co-workers, but she also felt that her supervisor had an obligation to contact her:

> … this is a dual responsibility: it is not only the co-workers who should keep in touch; it is up to me too. When it comes to the supervisor it is a bit different. I think they have the responsibility for keeping contact since I do not see him/her everyday as I do with co-workers. (sick listed worker unit 3)

Some co-workers described 'natural' and unplanned contact with the sick listed worker during their absence when they made contact on their own initiative. Other co-workers created a contact routine and made schedules of calling. A human resources manager thought that co-workers sometimes delayed initial contact with the absent worker because they did not know what was expected of them. However, the longer the sick listed person was absent, the harder it was for co-workers to keep in contact:

> We had a girl here, about five years ago, who was on long-term sick leave. I was the one scheduled to keep in touch. So I tried to call once a month, but after a while you sort of, how can I express it you lose [the contact]. … Even so we kept in touch the first two years, but then she said "you do not have to keep calling me because you know I am not coming back". (co-worker unit 2)

Social relation as incentive for early contact

While most supervisors and human resources managers saw early contact with the sick listed worker as part of their supervisory responsibility, the co-workers tended to mention more personal reasons for early contact. Their motives for making contact with the sick listed worker were 'to treat others like you would want to be treated yourself' and because they had a 'brotherly feeling' for the worker at home. Thus, in several workgroups the co-workers kept in touch with the person on sick leave based on the closeness of their relationship. They knew them on a more personal level:

> Perhaps we had a slightly different relationship already since we were good friends before [the sick leave]. Perhaps it was easier, perhaps we had a more open relationship towards each other than others, that is why it was easier to talk. (co-worker unit 1)

> I feel like there were those who had contact with the absent worker on a whole other level. I mean, they spoke to her outside work too. We had a job relationship and you are not sure if you offend anyone by calling in if they are sick then …. (co-worker unit 6)

Lack of social relations was a disincentive for social contact. One co-worker hesitated to call the sick listed worker because it felt tense and she did not know how to interact under these circumstances:

> During the sickness absence we did not have much contact. I called her a couple of times, but she is hard to talk to over the phone, therefore I withdrew a bit and did not call. (co-worker unit 3)

There were different practices in the workplaces related to whether or not the supervisor kept the workgroup updated about the situation and the needs of the sick listed worker. In one unit, all workplace actors had continuous updates about the sick listed worker's progress; other workgroups did not know much about how the sick listed person was doing:

> There were a few (co-workers) in contact with her. We might have talked some about it (at the workplace], but no, it is nothing you sit down and talk about. It is more like someone occasionally asks "have you heard anything from her?" (co-worker unit 6)

Early contact had varying meanings to the sick listed workers. Two of them described their own experience at the start of their absence for mental health problems, and how they felt deserted when the supervisor did not make contact:

> I "hit the wall once" a long time ago, and it felt damn bad that the supervisor did not make any contact. (sick listed worker unit 4)

A sick listed worker saw it as supportive if a co-worker who had shared a similar experience of sick leave and diagnosis could make contact as this could facilitate understanding for the particular situation. Another sick listed worker did not feel any special need to be in touch with the workplace during her absence because she did not have any close relationship with any co-worker:

> I have never had that much private contact with my co-workers. I visited the workplace [during absence] if there were someone I wanted to talk to. (sick listed worker unit 7)

Acknowledging and balancing individual needs in early contact

The type of contact between the sick listed worker and the workplace during sick leave varied across workplaces, from home visits, to phone calls, to e-mails, to postcards. The types of contact chosen were sometimes because of the type of illness the worker had, for instance if they were sensitive to infections or sensitivity about the person's personality and had their own way of managing the early contact:

> It is a giant responsibility for the supervisor to have a dialogue about how do you want it [the early contact] to be? … maybe let the one on sick leave take the first step and then you feel like: this is the way the sick listed person wants it. (co-worker unit 3)

The sick listed workers emphasized that a balance was needed in social contact with the workplace during sick leave. Several sick listed workers emphasized the significance of having early contact with the workplace, with supervisors and co-workers. However, they saw a thin line between a feeling of being welcomed back and the draining of their own energy during the contact:

> Deep down, I thought it felt good when they [co-workers] kept in touch even though it took a lot of energy. (sick listed worker unit 5)

The timing of early contact was also an issue for the sick listed workers. One expressed a wish to be contacted early during sick leave, so that there was a 'check in' and the workplace party could know if anything other than the illness was going on. Another sick listed worker expressed the fear of getting trapped between feeling welcomed back to

work and pressure to re-enter early, a balance between not being forgotten at the workplace and still being accorded privacy for recovery:

> You want to feel welcomed back [to the workplace], but at the same time, you do not want to feel stressed in any way. If they call in too often I know you start to feel like "yes, I have to pull myself together". (sick listed worker unit 5)

Decisions around the timing of the early contact created uncertainties among supervisors and co-workers. Some supervisors and co-workers felt that the timing of the initial contact needed to vary for different types of illnesses. For instance, mental health issues led to an ambivalent reasoning:

> … if I had an employee with burnout symptoms I am not sure how to handle it. … I firmly believe that the diagnosis affects the return-to-work and with mental health issues … it is hard to grasp somehow. (supervisor unit 3)

A human resources manager mentioned that the advisability of early contact is not only dependent on diagnosis, it is also dependent on the personality of the sick listed worker:

> The way you are as a person, I mean even though the sick listed worker has depression or panic anxiety, it might not create any problems, you could still have conversations and a good contact. (human resources manager unit 4)

In several workgroups, co-workers tried to be sensitive about what to discuss with the sick listed worker. To talk about work might feel like pressure, and the sick listed person should not be bothered about work issues. On the other hand, some of the sick listed workers were interested in what was going on at the workplace. Co-workers tried to balance this issue:

> It is important not to nag about work. You do not bandy work ideas; you do not mention anything that is work-related … if the question is not raised by the one on sick leave. I feel like; she is not at work, why should she be bothered? (co-worker unit 4)

Some sick listed workers wanted to know what was going on at the workplace; others wanted time and space to recover away from the workplace:

> They [co-workers] have informed me of important things and I have not felt put aside although I was home for so long. (sick listed worker unit 4)

> No, I do not have a bad conscience or walk around thinking "How are they going to manage without me?" I disconnect totally [with the workplace]. If you are sick, you are sick. (sick listed worker unit 2)

Moreover, the balance needed to consider the amount of contact made by co-workers and supervisors; for instance, how often they should call in and the need for sensitivity for when to end the conversation:

> I had contact [over the telephone] with some of my co-workers, but they could sense … I told them that I did not have the strength to talk, that I did not feel well, so we just had short conversations. (sick listed worker unit 6)

> Not to call in every week, or every other week, that is not necessary, but some contact is good … So, maybe every 2nd or 3rd week is OK. (sick listed worker unit 2)

Several co-workers also mentioned the dilemma of knowing the amount of contact to make:

To call in every now and then, though I do not know how often. (co-worker unit 2)

Sometimes the early contact emphasized from the supervisor consisted of the sick listed worker coming back to the workplace for a visit. In some cases, the worker on sick leave found it hard to visit the workplace because of their illness:

During my absence I did not have the energy to come to the workplace. (sick listed worker unit 6)

The possibilities for social visits were different in each of the workplaces. Some workplaces organized that employees had time together and allowed for socializing time. However, in other workplaces there was no time for socializing or people were in different locations. In one busy workplace, the sick listed worker felt that the social visit would add stress to her because her co-workers had no time for such socializing during work hours:

At this workplace no one has got the time to sit down and talk anyway if you visit during sick leave. You just feel like an outsider. (sick listed worker unit 2)

The appropriateness of early of contact seemed to depend on the sick listed worker's social situation. For instance, some co-workers visited the sick listed worker at home. Although this might seem to be a caring or thoughtful gesture, it was not always welcome, especially when the sick listed worker felt unprepared or unwell. This created a situation where goodwill from the workplace crossed over into the 'personal' space of the person's health management in their home. This could cause infringement, mostly for the worker who felt embarrassed when co-workers visited or made contact. They were not able to interact properly or as they would like to preserve their dignity:

> They [supervisor and two co-workers] called to make sure it was OK to visit me at home. That was a horrible day. I had taken some sleeping pills the night before and it turned out I could not stand them. I got a hangover, I could not hold my coffee cup, and I just sat there all shaky. I guess they realized that I was not in good shape. It was really embarrassing. (sick listed worker unit 5)

This discomfort existed for the co-workers who wanted the sick listed worker to feel 'thought of' but who also felt uncomfortable infringing on their private space when they were not really feeling well enough to cope with workplace relationships.

Co-workers in another workgroup were not certain about how to handle the border between the sick listed workers' family at home and the workplace relations. They felt uncertain about how and if they should interact with the family members:

> We did not know how to proceed either. We thought about her family and who should support them? Should we support them – what is our role? (co-worker unit 3)

Discussion

The findings contribute to the return-to-work literature by exploring the meaning of early contact in return to work. Few studies have defined what early contact actually comprises, and only use early contact as a variable that can be measured as a 'yes' or 'no' with respect to whether it facilitates successful return to work or not. Although other studies have shed light on the social issues and dimensions of the concept [18,20,22,25], a comprehensive picture of the components of early contact is lacking.

The key finding of this study is that early contact involves more than simply making early contact or not. Early contact is a complex social interaction with several interwoven social issues. The discussion focuses on the relation between making contact, as stated in policy, and the practical reality of early contact in day-to-day return-to-work situations, where social relations play a part among workplace actors. The findings indicate that early contact is not always optimal, and that social relational conditions at the workplace can either facilitate or impede early contact among workplace actors.

Social relational aspects of early contact

The findings display the dynamic occurrence of early contact between different types of workplace actors at the workplace, exchanges that are seldom clear in studies that focus exclusively on one workplace actor, such as the supervisor or the sick listed worker [15–16,26]. Several sick listed workers wanted the supervisor to be in contact, and appreciated when the co-workers made contact. However, the findings suggest that early contact was not always welcomed by sick listed workers, and that co-workers sometimes felt uncomfortable and uncertain about the appropriateness of the early contact. It felt especially awkward when the contact was regulated by a schedule or workplace agreement. As seen in national return-to-work policies from Australia [4], (Ontario) Canada [5], UK [7], Sweden [6] and the three organizational policies in this study, guidelines about the timing of 'early' in early return-to-work fluctuate and are vague. In a systematic review of workplace-based return-to-work interventions, 'early' contact was considered to be contact within 3 months. This review raised questions about the best time for contact and who should make the contact [3].

The findings of this study suggest that different workplace actors have different reasons for 'making early contact'. In some workplaces the early contact took place as a relatively 'natural' and unplanned activity. For instance, some co-workers mentioned early contact as guided by a 'brotherly feeling', not as an action guided by organizational policy or rules. Other times, the early contact required planning and discussions about how 'to do' contact amongst workplace actors. Indeed, the supervisors seemed guided by organizational policies and responsibilities for the return-to-work process. The return-to-work policy said that early contact was part of the process and so they enacted it. However, as one supervisor pointed out, early contact will not work with a preset strategy of who should make the early contact; it has to be with regard to the person on sick leave, who the sick listed worker turns to. Earlier studies mention that return-to-work management can be an unwelcomed burden for supervisors and can have a negative effect on creating a shared sense of goodwill and trust [20]. In this study, co-workers felt that early contact should be carried out by those at the workplace who already had a social relation with the sick listed worker. Thus, it is an issue of the closeness and quality of the social relationship.

The social relational conflicts in enacting early contact as a routine act described in organizational policy for return to work may impede early contact if policies neglect the quality of the social relationship among workplace actors. The quality, or functional nature, of social relationships is conceptualized in three forms: social support, relational demands and conflicts, and social regulation or control, and how these interact [27]. The findings suggest a possible social relational conflict among workplace actors. The conflict seems to occur between obligations and responsibilities for early contact, when

workplace actors are obligated to make early contact (social regulation), and the need to acknowledge and balance the individual needs of the sick listed worker. The sick listed worker may feel that the co-workers or the supervisor are trying to impose an early return-to-work behaviour because of the social norms within the organization. Here, the closeness in the relationship, or what could be termed social support, could mediate the social relational conditions amongst workplace actors [27]. For instance, one sick listed worker suggested that it could be beneficial to have a co-worker who has had a similar experience of illness and sick leave to talk to and who understands the situation.

There are situations when early contact can be negative and health damaging, suggesting that early contact should not only be viewed as an all-in-all health-promoting intervention. For instance, the action of work visits described in the findings illustrate how some of the sick listed workers felt like an outsider when visiting the workplace during sick leave because the co-workers did not have time to socialize during working hours. Moreover, the action of visiting someone at home might have different consequences for workplace actors depending on the conditions at the workplace and previous social relations among them. The findings indicate that different strategies on who should make the early contact were used by different workplaces. However, what most workplace actors had in common was uncertainty about how and when to enact early contact, and how to encounter the sick listed worker. Co-workers wanted the sick listed worker to feel thought of and show their concern; at the same time they felt uncomfortable infringing on the personal space of the sick listed worker. The sick listed worker might feel that home visits are an intrusion of their personal health management and dignity. In work/family border theory, personal space and work space are seen as two

different domains where different rules, behaviour and thought patterns are created. The co-workers and supervisors can be seen as border-keepers at the workplace and they play an important role in the sick listed worker's ability to manage the space and borders between home/personal space and work space [28]. Thus, it is not just about setting a time for early contact. How to make the sick listed worker feel valued, and at the same time balance the boundaries for work and personal space, must also be considered.

Thus, set policies on early contact in return to work cannot anticipate who should make the early contact or how this will be received. This calls for awareness that the issue is not just the presence or absence of social contact, measured as a 'yes' or 'no' variable, or an action performed or not. Rather the social relational context of the early contact needs to be considered and this requires respect and engagement from the workplace actors. This study suggests the need to recognize and manage the social relational aspects in return to work and early contact. The early contact intervention comprises more than the arguments put forward in national policies and research. For instance, the sick listed worker might feel a loss of identification and influence at the workplace [28], and social bonds may be weakened [12]. Moreover, the argument for making early contact cannot be simplified by research evidence showing that it is harder to re-enter the workplace the longer you are on sick leave [10]. National and organizational policies for return to work need to reflect on the purpose of early contact, and the practical implications this particular return-to-work intervention might have. Reflection on the social relational aspects of early contact and the implications the intervention has in practice seems limited in research, as existing models for return to work fail to capture subtleties in social dynamics [29].

Methodological considerations

The strengths of this study include the different types of data used (document review and interviews), and multiple data sources through the accounts of different types of participants (supervisors and/or human resources manager, re-entering worker, and co-workers) across different work units. Qualitative methods allow participants to use their own concepts when explaining situations. For instance, co-workers were able to speak openly, which allowed us to understand the concept of ’brotherly feeling’. One limitation of the study is restriction to the public sector. We do not know if other sectors have different ways of handling social relations in the workplace for the return-to-work process. It is possible that early contact is a cultural phenomenon. That is, we do not know if workplaces in other jurisdictions might have the same findings, for instance, of ‘brotherly’ closeness to co-workers as found in this study.

Conclusions

The findings strengthen the importance of viewing early contact as a concept with a social relational context that comprises more than just an activity carried out or not by the employer, and suggest that early contact with a sick listed worker is not always the best approach for a return-to-work situation. Our analysis of how early contact was enacted in different workplaces draws attention to the need to consider social relational balance and to acknowledge the uncertainty that workplace actors experience as they attempt to make appropriate contact. This uncertainty is related in part to the possible infringement that early contact may cause between work and home. We raise questions about the boundaries between home and work—when can a worker be ill and legitimately absent

and out of contact with work? Our findings suggest the need to consider each sick individual and each workgroup in its specific situation when considering early contact as a means to facilitate return to work. Workplace actors are governed by different social relational rationalities and these relations cannot be reduced by policy documents to a routine act that is enacted or not. This study provides a starting point for a more articulated conceptualization of early contact, and the need for a flexible measure that considers individual needs in return-to-work policies. Overall, return-to-work policies need to communicate the social dimensions of early contact so that workplace actors can manage the practices of return to work, and uncertainty about how and when to enact early contact can be prevented, including the risk of infringing on workers' private recovery time.

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Authors' contributions

ÅT: study design, data gathering, analysis and writing the manuscript

EM: study design, examining and commenting on the analysis and contributing to the manuscript

KE: study design, examining and commenting on the analysis and contributing to the manuscript

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