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The Role of Co-Workers in the Return-to-Work Process

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There is a large body of research examining work disability management and the return to work (RTW) of sick or injured workers. However, although this research makes clear the roles of the returning worker and supervisor, that of the co-workers is less well understood. To increase understanding of this topic, we have identified, reviewed, and discussed three studies that emerged from our connection with a Canadian research-training program. The first study, conducted in Sweden by Tjulin, MacEachen, and Ekberg (2009), showed that co-workers can play a positive role in RTW, but this is often invisible to supervisors. The second study, undertaken by Dunstan and MacEachen (2013) in Canada, found that RTW could both positively and negatively impact co-workers. For instance, co-workers may benefit from learning new skills, but may also be burdened by the need to assume extra work to accommodate a returning worker. The third study, performed in Belgium by Mortelmans and Verjans (2012) and Mortelmans, Verjans, and Mairiaux (2012) reported the need to include the expectations and objections of co-workers in RTW plans and implemented a three-step RTW tool that involves co-workers. Taken together, these studies highlight the social context of work, the positive role played by co-workers in the RTW process, the impacts of workplace social relations on RTW outcomes, and the benefits to all of involving co-workers in RTW plans.

Keywords: co-worker, return to work, return-to-work process, work disability

Research on the work resumption by employees after sickness absence is increasing. This includes investigations into the roles played by the returning worker, the employer and supervisor. Although these roles and relationships are now largely clear (New York State Workers Compensation Board, 2011; WorkCover Tasmania, 2010; WorkCover WA, 2011), that of the remaining workplace party — the co-workers — is not. Indeed, only a few studies directly examining co-workers have been undertaken (Dunstan & MacEachen, 2013; Mortelmans & Verjans, 2012; Mortelmans, Verjans, & Mairiaux, 2012; Tjulin, MacEachen, & Ekberg, 2009).

To prevent long-term work disability, return to work (RTW) should be initiated at an early stage as the prognosis for work resumption declines with time (Frank et al., 1998). From a cost-effectiveness perspective, the ideal timing for RTW is the sub-chronic phase, between 3 weeks and 6 months post-illness or injury (Sullivan, Feuerstein, Gatchel, Linton, & Pransky, 2005). Additionally, RTW interventions should be tailored to the returning worker's needs, be workplace based, and supported by a RTW policy (Franche et al., 2005). Interventions should not focus solely on the medical cause that led to work cessation, but should take an holistic approach (Eggert, 2010) that encompasses medical, psychological, social, and cultural considerations (Pransky, Loisel, & Anema, 2011). However, while most countries provide financial incentives for inured workers to RTW as soon as possible, only in those with a cause-based workers compensation system (e.g., Canada, Australia and the United States [US]) are employers legally mandated to offer early RTW programs (Bernhard, MacEachen, & Lippel, 2010).

Irrespective of jurisdiction, factors identified as important for successful work disability management and positive RTW outcomes include active engagement in a rehabilitation plan; a balance of activity, exercise, and work demands; adapting occupational

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routines; employee-based guidance; effective communication among all stakeholders; follow-up of workers on sick leave; and a supportive work environment (Dekkers-Sánchez, Wind, Sluiter, & Frings-Dresen, 2011; Shaw, Hong, Pransky, & Loisel, 2008; Soeker, Van Rensburg, & Travill, 2012; Sturesson, Edlund, Falkdal, & Bernspång, 2014). Of these, workplace support has been identified as a key factor in RTW success (Stergiou-Kita et al., 2014).

Until recently, RTW activities were limited to an interaction between the worker and the supervisor or employers who provide accommodations for medically determined functional restrictions. When co-workers are mentioned in this line of research, they are mostly described in relation to their ability to hinder RTW progress. For example, co-workers have been reported as potentially hostile to a returning worker who is assigned special duties, or unhelpful to an employee who needs extra support (MacEachen et al., 2006). Thus, the influence of co-workers has to date been seen to vary from neutral to negative (Baril, Clarke, Friesen, Stock, & Cole, 2003).

Researchers in the field of work disability prevention come from a wide range of disciplines, which may limit individuals' capacity to understand or address the complexity of work disability. In particular, field studies involving multiple stakeholders with different perspectives (e.g., employers, unions, workers, compensation boards) can be difficult to implement. In addition, specialist researchers are often geographically widespread making collaborations challenging. To create a transdisciplinary training and research network, a Canadian group established a training program to draw together a broad range of researchers in this field.

Launched in 2003, the Work Disability Prevention Canadian Institutes of Health Research (CIHR) Strategic Training Program includes PhD students, postdoctoral fellows, professors, and eminent researchers (Loisel, Cote, Durand, Franche, & Sullivan, 2005). This group has attracted international attention and has grown to include mentors from Canada, Belgium, the Netherlands, Sweden, and the United States. Together, this group has contributed to the advancement of work disability prevention through a graduate training program that involves a 3-year series of part-time training periods (Loisel et al., 2009). Through our participation in this program, we identified a common interest in a new and under-recognised stakeholder domain: the role of co-workers in the RTW process. Below we explore this topic by describing and discussing the implications of findings from three international studies.

Identification of Co-Worker Studies

Between June 2012 and June 2013, we used the CIHR program network to identify all researchers who had performed studies (published or unpublished) on the role of co-workers in RTW. This led to the identification of three recent empirical investigations that were performed in Sweden, Canada, and Belgium (Dunstan & MacEachen, 2013; Mortelmans & Verjans, 2012; Mortelmans et al., 2012; Tjulin et al., 2009). Additionally, to interpret the combined findings of these studies, we searched for underlying theoretical models using the ProQuest (full text) search engine. This includes 15 databases covering the social sciences, business, and medicine. The key search words were 'disabil*', 'co-worker or coworker', 'theory or model', and 'accommodation'. The search period was from 1 January 1990 to 30 November 2012. (For full details of this step, the interested reader is referred to Dunstan and MacEachen, 2014.)

Previous studies that mentioned co-workers were found to be from the indirect accounts of others, such as returning workers (Sager & James, 2005; Haugli, Maeland, & Magnussen, 2011) and supervisors (Larsson & Gard, 2003). In contrast, the parameters for our study were narrowed to the direct investigation of the experience of co-workers themselves. This yielded important new data. Later we highlight how the role of the co-worker in RTW emerged as a significant social phenomenon that takes place through interpersonal relations. The combined findings reveal that workplace social relationships can significantly impact the success of RTW for the sick-listed worker, and the functionality of the workgroup as a whole. Later we discuss this conclusion in the context of the underlying theory.

Study 1 — The Crucial Role of Co-Workers in the RTW Process

The positive function of co-workers in RTW was discovered and described by Tjulin et al. (2009) in an exploratory qualitative study in Sweden. Across seven workplaces, this study examined the organisational dynamics in the RTW process via interviews with returning workers, co-workers, supervisors, and human resource managers. Organisational policies regarding RTW were also collected and analysed. This study showed that the returning workers and supervisors were largely unaware of the significant effort of co-workers to make RTW smooth and successful. Further, workplace RTW policies did not describe a co-worker role. The key findings were (a) RTW is a dynamic process in which supervisors and co-workers change their interactions with a returning worker, and (b) co-worker efforts positively contribute to the success of workplace-based RTW interventions.

Regarding the first finding, co-workers believed that their efforts were involved in three phases of the RTW process: while the employee was 'off work', when initial 'back-to-work' arrangements were being implemented, and for 'sustainability' during the RTW process. Co-workers reported a 'brotherly' attitude during the

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off-work phase, which shifted to a 'helping hand' during the back-to-work phase and transitioned to a 'goodwill' relationship during the sustainability process. Brotherly feelings were converted into action by early contact via a phone call, post-card, or visit. Helping-hand activities involved co-workers giving practical assistance and making daily adjustments to their work duties. During the final phase of sustainability, co-workers showed goodwill by allowing the returning worker time to recover and continuing to make changes in his or her work duties to ensure that day-to-day tasks and work-group responsibilities were completed. In the absence of any workplace policy or procedures, co-workers were guided through the RTW process by their personal sense of social responsibility and corporate citizenship. This was particularly the case during the back-to-work phase. Overall, the actions taken by co-workers during each phase were experienced as positive for the re-entering worker.

In contrast to co-workers, supervisors generally had more limited involvement in the RTW process. As described in the organisational policies, supervisors were responsible for the development of the RTW plan, but their contribution generally ended when the sick-listed worker returned to the workplace. Policies included little information on how to handle the sustainability phase of RTW, and thus, the day-to-day arrangements were left up to the co-workers.

This study also found that uncertainties about how to proceed were present in each phase. Both co-workers and supervisors were unsure about their expectations and abilities to carry out certain RTW practices, such as early contact or arranging accommodations. The concepts of uncertainty and invisibility varied according to the dynamics of the social relationship during the phases. For example, uncertainty was most prominent in the distinct period before the sick-listed employee returned to work (i.e., during 'early contact') and in the indistinct period following return (i.e., during 'sustainability'). The findings also showed that social processes can 'make or break' RTW success.

In summary, this study found that co-workers provide substantial 'behind the scenes' efforts that facilitate RTW and that these efforts are not always noticed by supervisors or the returning workers. This study illuminated the critical yet informal role of co-workers in RTW.

Study 2 — The Influences on the Capacity of Co-Workers to Support a Returning Employee

Following the work of Tjulin et al. (2009), Dunstan and MacEachen (2013) conducted a qualitative study in Toronto, Canada, to gain further insight into the role and contribution of co-workers in RTW interventions. In this study, co-workers explained their experiences of working alongside a returning employee. Similar to the findings of Tjulin et al. (2009), this study revealed that RTW is not a simple process that affects only the returning worker and employer, but one that involves and impacts co-workers in particular. Co-worker reports showed that employers often took a simple approach to RTW (i.e., from the duties and tasks available, they identified suitable work for the returning employee and directed co-workers to rearrange their duties so that organisational demands were met). In most cases, input into the RTW plan was not sought from co-workers, and this led to RTW arrangements that were described as suboptimal.

A key finding of the study was that RTW processes can have significant effects on co-workers. For example, RTW can give co-workers an opportunity to learn new skills or perform different tasks. However, a troubling observation was that for some co-workers, supporting a returning worker was physically, emotionally, or socially stressful, sometimes resulting in adverse effects. For example, one co-worker sustained an injury after 2 months of doing all the heavy lifting in a two-person job. In another situation, when a co-worker was asked to manage a redeployed returning worker while also meeting pressing deadlines, the demands involved led to the eventual resignation of both the returning worker and the co-worker. In cases like these, RTW and job reassignment resulted in emotional distress, physical injury, and termination of the co-worker's employment. Such outcomes of RTW for co-workers had not been previously recognised.

Other findings of the Dunstan and MacEachen (2013) study involved how and when co-workers are best able to support RTW activities. For example, if co-workers were required to change the variety of tasks they performed in a way that did not increase their overall workload (such as when replacement staff were brought in), then the RTW arrangements seemed to progress satisfactorily. RTW was also successful if a healthy organisational climate was present, if co-workers understood the returning worker's condition, if the returning worker had sufficient capacity to perform the available work, if pre-existing interpersonal relationships were favourable, and if consultation and communication occurred. On the other hand, poor communication about all aspects of the RTW process (typically justified by reference to privacy and confidentiality provisions) was a key reason for difficulties. These difficulties included inappropriate duties for the returning worker, a lack of recognition of the concerns or efforts of co-workers, and disruption of workplace social relationships and individual work effectiveness. In these circumstances, limited co-worker support for RTW was present, and the outcomes were often poor.

In summary, activities performed by co-workers in support of a returning worker can be beneficial when the proper support mechanisms are in place. However,

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often the experience is detrimental to the co-workers, due to a lack of consultation or formal involvement.

Study 3 — Co-Worker Support During RTW

An ongoing Belgian research project titled 'Return-to-Work[3]' (Mortelmans & Verjans, 2012) involves designing and implementing an individually tailored RTW approach that actively integrates co-workers into the re-entry plans of employees who are sick-listed for more than one month. In 2011, focus groups were formed that included representatives of all Belgian sickness absence benefit insurers, senior management, human resource managers of several large Belgian companies, representatives of the main labour unions, physicians, ergonomists, psychologists, nurses working in occupational health services, and academic and non-academic disability management experts. One aim of these meetings was to identify how to make individually tailored workplace-based RTW plans feasible in Belgium (Mortelmans et al., 2012). A key finding was the need to include the expectations and objections of co-workers in RTW plans, particularly when the sick-listed employee had a chronic or recurrent condition.

In 2012, a tool was developed to formally integrate co-workers into the management of a RTW plan. The key components of this tool are (a) open communication between the sick-listed worker and co-workers regarding barriers to RTW; (b) involvement of co-workers in finding a solution that fits the sick-listed worker, the co-workers, and the company; and (c) shared responsibility by the sick-listed worker and co-workers for RTW success. The following case study describes the implementation of this approach at a workplace in Belgium.

The returning worker was 'Eve,' a middle-aged female employee who had been working for several years as a member of a 10-person sales team in a large company. After 3 years of episodes of acute mental illness, repeated and lengthy work absences, and problems left for co-workers to solve (such as promising clients unrealistic deals), the co-workers were unwilling to support another RTW plan, although Eve performed well and was generally liked by her co-workers. Thus, the co-worker RTW tool was applied in this case.

Before Component 1 (open communication), Eve met with the occupational health services psychotherapist who was acting as the disability management expert for the case. Eve's concerns about the professional mistakes she had made and her worries about not being welcomed by her co-workers were discussed. Eve was encouraged to make suggestions to meet these concerns. The expert then had several meetings with Eve's co-workers, supervisor, and human resource manager, and a meeting between Eve and these workplace parties was organised. At that meeting, Eve disclosed her mental health problem, the disability manager explained the functional features of the condition, and the co-workers outlined the effects on client communication and the situations they had been left to manage.

Next, Component 2 of the tool (involvement in a solution) was addressed. To manage Eve's RTW, the team agreed to act immediately upon observing early warning signs of deterioration, such as a change in appearance and unsanctioned arrangements with clients. They agreed to alert the supervisor who would contact Eve and request that she consult her family doctor within 24 hours, during which time all client contact would be forbidden. Eve would then undergo medical management, and two assistants would cover her absence from work. With these protections in place, the co-workers agreed to support the RTW plan.

For Component 3 (shared responsibility), Eve returned on a graded RTW plan, which allowed her co-workers to observe that her condition was stable. The human resource manager required that the team and Eve be co-responsible for her success, emphasising both social and personal responsibility. Eve eventually returned to full duties, which had been maintained at six-month follow-ups.

In summary, this example of collaborative engagement of co-workers demonstrated that by recognising the workplace social environment, and providing communication and structure, the positive role of co-workers was utilised to support RTW success, even in a complex and difficult case. A formal evaluation of the 'Return-to-Work[3]' tool is in progress.

Discussion

The studies described in this article have examined the previously unexplored party in the RTW process: the co-worker. The findings of the Swedish study by Tjulin et al. (2009) are novel because they detail the unrecognised but positive role of co-workers in RTW. The Canadian study by Dunstan and MacEachen (2013) provided new knowledge about the impact of RTW on co-workers themselves, and the conditions for gaining co-worker support. Finally, the Belgian study by Mortelmans and Verjans (2012) and Mortelmans et al. (2012) described a method of testing a RTW intervention strategy that actively considers and integrates the roles of co-workers.

The strength of this focused review is that it documents the role of co-workers in RTW, and describes it from *their* 'standpoint' (Eakin, 2010). By combining insights from the chosen studies, conducted in three countries with different social security systems, the critical human element in experience and outcomes is underscored. While this is new to the work disability management field, the finding is consistent with literature from the behavioural sciences that identify the workplace as a

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social environment in which outcomes are determined by social interactions.

Theories from human resources and wider behavioural sciences affirm that the workplace is a social environment (Dunstan & MacEachen, 2014) and propose that members of a work team are 'partners in social and task interactions' (Chiaburu & Harrison, 2008; p. 1082). In these studies, the successes and failures of workplace parties (the employer, supervisor, and co-workers) are modelled as the product of dynamic social interactions primarily among co-workers (Chiaburu & Harrison, 2008). Applying this concept to RTW, such outcomes involve more than the physical recovery of a returning worker and the functional modification of the workplace. Instead, an interactive 'give-and-take' arrangement occurs among workplace parties who each have their own needs and expectations.

Our results are also consistent with the findings from the traditional disability literature (Colella, 2001; Colella, Paetzold, & Belliveau, 2004), which shows that collaborative arrangements are imperative when accommodations require co-workers to make significant changes to their duties. However, goodwill and support are forthcoming only when this situation is perceived to be fair (Dunstan & MacEachen, 2014). Further exploration of workplace interactions using Equity Theory (Adams, 1965; Franche et al., 2009; Roberts & Young, 1997) provides knowledge of how judgements about the fairness of accommodations are formed. This theory proposes that evaluations are based on several factors, the most important of which is the condition of the accommodated employee. This includes the visibility (e.g., a broken limb compared to lower back pain), acceptability (e.g., a physical condition compared to a psychiatric disorder), and cause of the condition (whether the person is to blame or not, or if the condition is the result of an accident compared to degenerative changes). Also relevant are the characteristics of the accommodation (the perceived fit between the impairment and the accommodation), the interpersonal history with the accommodated employee (whether the person is liked, valued, or an existing member of the work group), characteristics of the co-workers themselves (such as the capacity to tolerate uncertainty, coping skills, and psychological well being), and the organisation's general adherence to procedural justice (Colella, 2001; Colella et al., 2004). The disability literature has further shown that ongoing support for a disabled employee requires co-worker involvement in the planning, monitoring, and review of the work integration process (Colella, 1994; Kulkarni, 2012).

When these findings are combined, it becomes evident that co-workers need to understand the nature of the returning employee's condition, why the accommodation is required, and the rationale for making the provisions. This allows them to make an informed and potentially supportive response to RTW arrangements. They must also have an active and certain stakeholder role in the process. In most jurisdictions, however, employers are restricted from sharing employee health and rehabilitation information with other workplace parties, raising the challenge of how co-workers can be involved if they have limited access to information that might be critical to their successful participation. In the Belgian study we discussed, this issue was addressed by encouraging the returning employee to disclose his or her condition.

Viewed from the returning employee's perspective, entitlement to privacy, fear of stigma or discrimination, and expectations of 'nothing to gain' are among the reported reasons for non-disclosure (Brohan et al., 2012). On the other hand, other studies have reported that disclosure deepened co-worker relationships and increased support and understanding (Joyce, McMillan, & Hazelton, 2009). Thus, we propose that supported disclosure may allow co-workers to adjust their perspective and 'see the situation more clearly'. As such, this may be a first step in collaborative RTW engagement.

In sum, our review leads us to advocate for recognition of the social context of work and the inclusion of co-workers as stakeholders in RTW processes. This then introduces a myriad of new areas for research. For example, how can a workplace social environment be managed to optimise RTW? If the social environment is important for RTW, what is the role of the social environment in non-standard workplaces such as temporary agencies or small businesses? What RTW interventions can function when a workplace lacks social cohesion, for example, in situations of regular high employee turnover such as in a fast food restaurant, a call centre, or low-pay service work? Further, if RTW policy attracts workers back into the workplace before they are fully recovered, how can workers maintain privacy about their health condition and what are their rights in these circumstances?

Conclusion

This article has reviewed three innovative studies on the role of co-workers in the RTW process in Sweden, Canada, and Belgium. These studies have provided an emerging understanding of RTW as a social process in which the needs of all parties, including the co-workers, must be considered. A limitation of this article is that the identified studies were not drawn from a classical systematic review. Instead, with limited research available, they emerged from the knowledge of a broad network of researchers involved in the Work Disability Prevention Canadian Institutes of Health Research Strategic Training Program. The findings were then considered within theoretical frameworks identified through an extensive review. While the studies do not represent an exhaustive account of co-workers in RTW; importantly, they introduce the concept of recognising co-workers

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as stakeholders in the RTW process. And they suggest new areas of research. Such research should look beyond the returning worker's physical function and existing policies to examine RTW as organisational behaviour in practice. Although workers compensation and benefit systems differ from country to country — and legal requirements for employer or worker engagement in early RTW programs vary (Lippel & Lötters, 2003) — issues such as human interactions, workplace teamwork and hierarchy, and work organisation are topics that clearly span culture and jurisdictions. Each deserves further scrutiny as we strive to implement RTW policies in a way that is fair to returning workers and other workplace parties.

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