Received: 26 November 2021 | Accepted: 25 April 2023

DOI: 10.1111/apps.12479

ORIGINAL ARTICLE

APPLIED PSYCHOLOGY IAAP

Thrivers, survivors or exiteers: A longitudinal, interpretative phenomenological analysis of the post-return-to-work journeys for workers with common mental disorders

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Funding information
ESRC Productivity Insights Network, Grant/Award Number: ES/R007810/1

Abstract

The research on return to work for workers with common mental disorders has primarily focused on the pre-return journey. Relapses and recurrent sick leaves are prevalent and call for research on how we can support workers stay and thrive at work after long-term sickness absence due to common mental disorders. In the present study, we used Longitudinal Interpretative Phenomenological Analysis to explore the experiences of returned workers' post-return journey and the barriers and facilitators to staying and thriving at work. We conducted monthly semistructured interviews with seven returned workers over a period of 4 months. We identified three post-return trajectories: the thrivers, the survivors and the exiteers. We identified 10 higher order themes and 13 subthemes that influenced these trajectories. At the individual level, wanting to make a valuable contribution and job crafting facilitated a sustainable return. At the group level, we identified social support as a facilitator. At the leader level, line managers making work adjustments and recognising workers as valuable were important, whereas a lack of understanding and conflicts with senior management posed as barriers. At the overarching level, the media influenced

organisational values. Our findings have important implications for how organisations can facilitate a whole systems approach to support returned workers and prevent sickness absence reoccurrence and job loss.

KEYWORDS

common mental health, IGLOo framework, Longitudinal Interpretative Phenomenological Analysis, sustainable return to work, work psychology

INTRODUCTION

In Europe, 25% of the population suffer from depression or anxiety each year and the annual costs of mood disorders and anxiety amount to €170 billion (WHO, 2021). This high prevalence affects the workforce as 50% of workers' long-term sick leave can be attributed to depression and anxiety (WHO, 2021). Mental health issues cost UK employers £34.9 billion; the breakdown of these costs was £10.6 billion due to sickness absence and £21.2 billion due to presenteeism (working while ill) and £3.1 billion were due to workers leaving employment due to mental health issues (Parsonage & Saini, 2017). In the United Kingdom, the common mental health disorders (CMDs) in focus are stress, anxiety and depression (https://www.hse.gov.uk/stress/mental-health.htm), and although stress is not officially a mental health condition, it is common practice that family doctors in the United Kingdom cite stress as the causal diagnosis for sick leave under the broad category of "mental and behavioural disorders" (NHS Digital, 2022); therefore, we focus on workers suffering from stress, anxiety and depression.

Despite the challenges of keeping people at work, most research has focused on the return-to-work journey with little consideration of what happens post-return (Nielsen et al., 2018; Nielsen & Yarker, 2020). Up to 35% of depression outbreaks can be attributed to the work environment (Niedhammer et al., 2014), and it is therefore crucial to understand how returned workers experience the workplace as enabling or hindering their sustainable return to work (SRTW).

In a prospective study, D'Amato and Zijlstra (2010) followed workers over time and found that the context played a significant role on predicting return to work (RTW). Workers on sick leave have different patterns of return-to-work trajectories (Arends et al., 2019). We propose that different trajectories can also be observed post-return as workers' experiences of the post-return-to-work journey are likely to change over time as workers face barriers and facilitators to staying and thriving at work. Although quantitative studies provide insights in overall patterns of RTW and the context influencing these patterns, they provide limited insights into the lived experiences of returned workers. In the present study, we conducted a Longitudinal Interpretative Phenomenological Analysis (LIPA) to explore seven returned workers' lived experiences of their post-return-to-work journey in the attempt to understand the barriers and facilitators for SRTW.

The IGLOo framework: Understanding returned workers' journeys

Nielsen et al. (2018) argued we need to understand how the resources of returned workers (Individual), their colleagues (Group), line managers (Leader) and organisational practices and

procedures (Organisational) together with national policies and practices (Overarching context) influence the extent to which returned workers feel able to stay and thrive at work, summarised in the IGLOo framework. In the present study, we based our analyses on the IGLOo framework.

The IGLOo framework draws on Conservation of Resources (COR) theory (Hobfoll, 1989). According to COR theory, individuals are motivated to protect and accumulate resources; however, both positive and negative spirals may occur (Hobfoll, 1989). In a situation, where returned workers experience having sufficient IGLOo resources to cope with the demands of the job, resource caravans will be the result; returned workers can invest their IGLOo resources in gaining additional resources and resources at the five IGLOo levels may create synergistic effects. In a situation, where returned workers experience insufficient resources at one or more of the five IGLOo levels, resource depletion may be the result, and returned workers may struggle to stay at work and look for ways to exit the organisation.

Resources are defined as "anything perceived by the individual to help attain his or her goals" (Halbesleben et al., 2014, p. 6). Resources enable employees to successfully complete their tasks and goals, as a way to enhance health and their work functioning (Bakker & Demerouti, 2007; Balducci et al., 2011), and may thus be instrumental in promoting SRTW. According to the IGLOo framework, such resources can be found at five levels. Resources reside within the *individual* (Nielsen et al., 2018), for example, their ability to craft a job post-return which prevents relapse and ideally enable them to stay and thrive at work (Nielsen & Yarker, 2020). *Group* resources include colleagues supporting the returned worker, for example, bringing returned workers up to date with new work practices (Nielsen et al., 2018). At the *leader* level, line managers play a key role making work adjustments for returned workers (Arends et al., 2014; Yarker et al., 2010). At the *organisational* level, Human Resource (HR) policies concerning sickness absence and flexible work practices may play a key role on supporting workers (Nielsen et al., 2018). In the *overarching context*, that is, factors outside the organisation, national legislation such as sickness absence regulations and employment laws may influence the policies, practices and procedures in organisations (Nielsen et al., 2018).

The IGLOo framework suggests both resources at the five levels in and outside of work to support SRTW; however, in the present study, we focus on the resources on the work side as these are the resources organisations can influence. To the best of our knowledge, only one study has explored the in-work individual level of the framework. Nielsen and Yarker (2020) found that returned workers engaged in task, relational and cognitive job crafting to shape a job that enabled them to stay and thrive at work. To fully examine the factors influencing SRTW, we focus on both the facilitators (resources) and barriers.

Understanding returned workers' lived experiences

In a review of the qualitative literature, Andersen et al. (2012) found that barriers and facilitators to RTW could be found within the individual (e.g., work ability) and at the group (peer support), leader (supervisor support and work adjustments) and the overarching context levels (conflicting interest of mental healthcare provision, social insurance and occupational rehabilitation); however, the review did not study barriers and facilitators post-return. Andersen et al. (2012) concluded that qualitative research had been retrospective and primarily involved one interview with each participant. In response to these limitations, Andersen et al. (2014) conducted interviews over three time points with the same workers on sick leave due to CMDs, however, did not

analyse the data longitudinally. A key outcome of Andersen et al.'s (2014) study was the importance of an individualised approach, considering the needs of the individual worker.

D'Amato and Zijlstra (2010) found that supervisor support predicted RTW among workers with mental health problems post-return and that having RTW policies in place with someone responsible for coordinating return and making work adjustments predicted RTW before the worker return but had no effect on RTW post-return. This calls for a better understanding of the dynamics and support needed post-return to enable workers to stay and thrive at work.

Using latent growth class analyses, Arends et al. (2019) identified three groups of recovery journeys over a period of 12 months focused on RTW: slow recovery (characterised by high anxiety and depressive symptoms, moderate to low work functioning and fast RTW), fast recovery (low anxiety and depressive symptoms, high work functioning and fast RTW) and gradual recovery (decreasing anxiety and depression, increasing or low work functioning and fast RTW). Workers who were engaged in their work and felt ready to stay at work belonged to the fast recovery class (Arends et al., 2019). Although the study found that workers with CMDs follow different trajectories, the study did little to offer explanations of why these trajectories unfolded as they did, that is, did not explore the barriers and facilitators workers experienced upon return.

Qualitative longitudinal research follows people as their lives unfold and sheds light on how change and continuity are created, navigated and lived for individuals (Neale, 2021). Such research is crucial to understanding how returned workers navigate their post-return-to-work journey. The lived experiences of returned workers can be placed in a wider context (Neale, 2021), and we therefore explore the contextual factors at the group, leader, organisational and overarching contextual levels that influence how returned workers experience influence their ability to navigate their return-to-work journey. Interpretative Phenomenological Analysis (IPA) examines how individuals make sense of life experiences and is *phenomenological*, *hermeneutic* and *idiographic*. IPA takes the *phenomenological* perspective that people understand their experiences in relation to their context, identity and interpersonal relationships. This perspective makes it suitable for exploring returned workers' post-return-to-work journeys as their experiences at work are likely to be shaped by their work identities and the interpersonal relationships with colleagues as line managers as stipulated by the IGLOo framework (Nielsen et al., 2018).

As we are interested in the journey of returned workers in the time post-return, we interviewed workers over four time points to understand how their journey unfolds and conducted LIPA (Neale, 2021) to explore how returned workers' lived experiences of adjusting back at work influence their ability to stay and thrive at work and their well-being. To guide our analysis, we formulated two overall research questions:

Research Question 1: How do returned workers experience their return journey in the first months post-return?

Research Question 2: What are the barriers and facilitators to staying and thriving at work at the IGLOo levels in the first months post-return?

METHOD

Data collection method and participants

IPA explores the unique experiences of every single participant in a study and how these relate to the contexts within which experiences take place (Eatough & Smith, 2008). LIPA prioritises

the understanding of human experiences but also engages with the phenomena under study as dynamic to counterbalance static depictions of understanding and interpretation (Snelgrove et al., 2013). LIPA allows us to concentrate on personal experiences of returned workers and to explore the meanings they attribute to their work context in facilitating or hindering their staying and thriving at work.

To enable the intensive and detailed analysis of individual participants' experiences, sample sizes in IPA studies are small (Larkin et al., 2006). Interviewing a small sample of returned workers enables the comparison of alternative stories and experiences of participants for a better understanding of the post-return journey. Participants were selected purposively to form a homogenous group of workers with CMDs (Smith & Shinebourne, 2012). In the present study, our inclusion criteria were individuals living in the United Kingdom, who had returned to the same workplace in the past 6 weeks and had been on long-term sick leave (defined as more than 3 weeks in the United Kingdom), and the cause of long-term sick leave was CMDs such as stress, anxiety or depression as diagnosed by participants' family doctor. The research team carefully considered the inclusion of participants diagnosed with "stress." As diagnoses of mental health conditions in the United Kingdom are often provided by family doctors (rather than psychiatrists or clinicians) and stress is frequently attributed on Fit Notes, the document issued by family doctors following an assessment of their fitness to work, we decided to extend inclusion to participants diagnosed with stress (NHS Digital, 2022).

To observe converging and diverging ideas from different perspectives of a homogenous group of individuals, we included seven returned workers. They had an average age of 40.7, 29% were male, 71% were female and all worked in the public sector. For an overview of participants, see Table 1.

Procedure

Semistructured, one-to-one interviews are particularly useful for LIPA as they enable in-depth idiographic exploration of how participants make sense of their experiences (Frost, 2021). This

TABLE 1 Participants' details.

Pseudonym	Age	Gender	Sector	Sick leave duration	Absence history	Diagnosis
Alison	42	Female	Healthcare	3 months	First period	Anxiety and depression
Jill	42	Female	Higher education	12 months	Multiple periods	Anxiety and depression
Andrew	49	Male	Civil service	4 months	Multiple periods	Anxiety and depression
Jasmine	38	Female	Civil service	6 weeks	First period	Stress and anxiety
Connie	45	Female	Civil service	3 months	Multiple periods	Anxiety and depression
Adrian	35	Male	Education	3 months	Multiple periods	Depression
Catherine	34	Female	Police	3 months	First period	Depression

method enables the researcher and the participant to engage in a dialogue, where the researcher can modify questions and pursue interesting themes that come up during the interview (Frost, 2021). We interviewed returned workers for the first time within their first 6 weeks of return as we expected the immediate return to be fresh in their memories and over a period of 4 months to understand how their return-to-work experience evolved. Returned workers were interviewed by the same interviewer at all four time points. In the first interview, we asked participants about the period leading up to sickness absence, the period during sickness absence, and referring directly to the five levels of the IGLOo framework, we asked about the barriers and facilitators to them being able to stay and thrive at work. At the subsequent three interviews, we asked the same questions about the barriers and facilitators to staying and thriving at work at the five IGLOo levels. The advantage of using the same schedule is that it invites participants to discuss whatever is relevant for them at the time, making the interviews more participant-led (Farr & Nizza, 2019).

First time interviews lasted between 45 and 74 min, second time interviews between 18 and 75 min, third time interviews between 13 and 51 min and fourth time lasted between 22 and 63 min. Interviews were recorded and transcribed ad verbatim and coded in NVivo. A total of 313 transcribed pages were produced.

Participants were recruited through social media, recruiting specifically workers who had been on sick leave due to CMDs, through organisations providing support to workers on sick leave and through a large public sector organisation. Participants were screened for fitting the inclusion criteria and were provided information sheets. A consent form was signed prior to the first interview. Ethics approval was obtained from the University Department's Ethics Committee of the first author. To ensure confidentiality and to protect sensitive information, we use pseudonyms in this paper.

A team of five trained occupational psychologists, each with expertise in return-to-work research and conducting semistructured in this area. Each participant was interviewed by the same psychologist at all time points. The interviewers underwent a training session to ensure consistency. Interviewers made notes of their reflections of each interview, and these were discussed in the team and considered in analyses. None of the interviewers had prior relationships with the returned employees. To minimise the influence of the researchers' preconceptions, we discussed preliminary results with participants.

Analysis

We followed the recommended procedure for conducting LIPA (Frost, 2021). In IPA, interpretations are formed by first examining each participant as a single case before moving on to making interpretations across cases (Smith, 2004). In stage one, we read the transcripts of the interviews twice to familiarise ourselves with the data. We read the first interview with the first participant and made notes on our observations and reflections on the interview experience. We repeated the procedure with the subsequent three interviews for that participant to gain an overview of their post-return-to-work journey. In stage two, we transformed the initial notes into emerging themes. We aimed to formulate phrases that balanced between the transcribed text and abstract themes to offer a conceptual understanding. We followed themes spanning time approach (Farr & Nizza, 2019), breaking findings down into a set of themes (according to the IGLOo levels), with each theme describing the progress over multiple time points of returned workers' experience of their return journey. Throughout this process, we were cognisant

of the need to be led by the narratives in order to follow closely the IPA approach. To ensure this, we reflected on the extent to which our own experience, learnings from past research and theoretical grounding informed our thinking on the emerging themes in order to create separation between our realities as researchers and the narratives presented.

In stage three, we examined emerging themes and clustered them according to their conceptual similarities. We looked for patterns in the emerging themes and produced a structure to identify converging themes. In the fourth phase, we developed a tale of themes. In the fifth and final phase, we repeated the first four phases for each of the participants and produced a shared table of themes. In LIPA, change between time points is assumed to be implicit, often latent, and it is the researcher who, through the analysis, must make inductive comparisons between time points (Farr & Nizza, 2019). We created a chart of codes for each participant at each time point. Using the chart and another reading of participants' transcripts, we wrote a narrative account for each returned worker. The individual narratives were examined, and participants with similar experiences were grouped. We wrote a collective narrative of each group, including an interpretative account of the experiences within that profile, discussion of convergent and divergent experiences within the group, with supporting quotes. The notes on our observations and reflections from stage one were incorporated.

In response to our two research questions, we compared and contrasted all individual cases to identify commonalities that explained the higher order themes and differences that explained variations among cases in terms of group, leader, organisational and overarching contexts.

RESULTS

The results include (1) a short narrative description explaining the three trajectories found over the 4-month period in response to Research Question 1, (2) a description of the barriers and facilitators to SRTW at the IGLOo levels, including representative quotes, and (3) a table of when themes were experienced by each participant, both in response to our second research question. For an overview of the 10 higher order themes and 13 subthemes across the five IGLOo levels, see Table 2.

SRTW trajectories

In response to Research Question 1 and based on participants' narratives of their recovery journey throughout the four interviews, we identified three trajectories. The three trajectories were labelled based on quotes that exemplified participants' experiences over time: (a) "thrivers"; (b) "survivors"; and (c) "exiteers." In the following, we describe these trajectories. In Table 2, we outline the themes identified by each participant at each time point.

Thrivers

Jasmine and Jill report they thrive at work. Jasmine reports that a number of factors in and outside work caused the sickness absence due to depression. She was promoted to a new job that she found mentally taxing. She had to wait for induction training and felt unequipped to do the job. She did not know her line manager and did not feel comfortable talking about personal

TABLE 2 Emergent themes based on returned workers' experiences.

	Jasmine	Jill	Andrew	Alison	Adrian	Catherine	Connie	Sum
Individual level								
Valuable worker/identity (B)	M1 and M4	M3	M1 and M4	M1, M2 and M4		M1 and M4	M1	6
Job crafting								
Task crafting (F)		M1 and M2	M1, M2 and M3	M1, M2, M3 and M4	M1	M1 and M2	M1	6
Relational crafting (F)		M1 and M4	M2 and M4	M2, M3 and M4	M1, M2, M3 and M4	M3	M2	6
Cognitive crafting (F)	M1	M1, M2, M3 and M4	M3	M1, M2, M3 and M4	M2, M3 and M4	M1, M2 and M4	M4	7
Group level								Sum
Support								
Emotional support (F)	M1, M2, M3 and M4	M1, M2, M3 and M4	M1 and M3	M1, M2 and M4	M1, M2, M3 and M4	M1, M2, M3 and M4	M1	7
Instrumental support (F)	M1, M2, M3 and M4		M2	M1, M2, M3 and M4	M2 and M3		M1 and M2	5
Leader level								Sum
Work adjustments								
Spatial adjustments (F)	M1, M2 and M3	M1, M2, M3 and M4		M1 and M3	M1, M2 and M4			4
Temporal adjustments (F)	M1	M1	M1, M3 and M4	M1, M2 and M4	M1 and M2	M1 and M4	M1	7
Task adjustments (F and B)	M2 and M4	M1, M2 and M4	M1 and M2	M1, M2, M3 and M4	M1 and M2	M3		6
Valuable workers (F)	M1, M2, M3 and M4	M2, M3 and M4		M1, M2, M3 and M4	M1		M1	5
						M1 and M2	M1	2

TABLE 2 (Continued)

	Jasmine	Jill	Andrew	Alison	Adrian	Catherine	Connie	Sum
Senior management conflicts (B and F)								
Understanding mental health (F/B)	M1	M1, M3 and M4	M3	M1, M2 and M3	M1 and M3	M1 and M2	M1 and M2	7
Organisational level								Sum
Sickness absence policies (B)			M1, M2, M3 and M4		M1 and M2		M1, M2, M3 and M4	3
Mental health provision (B/F)								
Therapy/counselling (B/F)		M1	M1, M2 and M3	M1, M2, M3 and M4	M1 and M2		M1	5
EAP (B/F)			M1 and M4				M2	2
OH (B/F)			M1			M1, M2 and M3	M3	3
HR (B/F)						M1		1
MHFA (B)			M1 and M4				M1	2
Overarching context level								
Media (F)				M1 and M4		M1 and M3	M1 and M2	3
Sum	9	11	14	13	12	12	15	

Abbreviations: B, barrier; EAP, Employee Assistance Programme; F, facilitator; HR, Human Resources; M, month, MHFA, mental health first aiders; OH, Occupational Health.

issues with someone she did not know. Around the time of her promotion, her father fell terminally ill. It all collided when she was told that the induction training would be on the same day as her father's funeral. After the funeral, she broke down and contacted her GP (family doctor) who signed her off. Upon return, Jasmine returns to her former department doing her former job, which is relief to her:

> I've learnt that I have to try and make the decision as to what's going to be best for me ... Where I am now, I feel like I have made the right decision because I'm happy where I am. (M4)

Post return, Jasmine continues to face challenges on the home front and describes work as giving her respite from these challenges: "Work definitely is not a problem. Work, if anything, is a welcome relief to all the busyness I've got going off at home. Work is fine" (M4).

Jill has been suffering from depression for 15 years. Prior to sickness absence, she found herself slipping into old patterns of overpreparing, putting herself under pressure to be the best lecturer and to do the best research, and she became sensitive to colleagues' comments about mental health issues. Upon return, she feels well supported by all in the organisation: colleagues, line and senior management, and HR. This support helps rebuild her confidence:

> Certainly in the last month, every day I've been in there's been something that's boosted my confidence a little bit more and made me think, yes, this is what I want to do; I do want to keep doing this; I can keep doing this. (M4)

In her second month of return, she decides to go part-time, and by the end of month 4, her contract has been changed without complications.

Survivors

Three of our participants fall in the survivor trajectory; Adrian, Andrew and Alison are still experiencing ups and downs by month 4. Andrew went on sick leave after a relapse of his depression and anxiety and describes falling into a black hole where he started to question his ability to do the job. Despite having suffered from depression and anxiety for 20 years, it still crept up on him again. Andrew is very experienced in his job, and his line manager therefore devolves managerial tasks on to him, leaving him little time to complete his own tasks. In the third and fourth months, Andrew gets a line manager who ensures he can focus on his own tasks and who understands mental health issues. Nevertheless, Andrew still is thrown off kilter easily:

> It's off and on. Start of last week, brilliant. I was flying. Just not a care in the world. Happily just knocking it out of the park. But as it got to the end of the week, I saw that I had a (complex task) and I just went out of the window. The struggle to, like, do the amount I should be doing, the struggle to understand what I was doing. (M4)

Adrian went on sick leave after the suicide of two siblings. He returns to find that his manager has disclosed the reasons for his sick leave to his colleagues, and Andrew is uncomfortable with people knowing:

> It was just that feeling everyone knew, coming into work, and it was so overwhelming, and I couldn't stand explaining myself all the time and worrying about what they're going to say and getting stressed out about it, about speaking to anyone in particular. (M1)

Andrew moves to another part of the organisation where people do not know about his sick leave but finds that his negative experience post-return prevents him from getting involved with colleagues. By month 4, Adrian is still struggling as he finds it difficult to cope with changes that have been introduced: "So there's been a lot of guided changes going on, it's been a bit hectic. To be honest, I don't really like changes and stuff, so it's not easy for me to deal with" (M4).

Alison works in mental healthcare, and despite having the mental health expertise, she failed to spot the signs in herself before it was too late. Prior to sick leave, Alison's job was everything to her and she tried to be everything for everybody, and at the same time, she had this nagging feeling she was not good enough. Eventually, she breaks down after receiving detailed comments on a report she had written. Alison feels the time-off sick has helped her take stock of her life and how she relates to work, and she has learned to look after herself. Post return, she moves to a client-facing role with limited responsibilities. Due to stigma in her mental health unit, she is reluctant to disclose to colleagues. By the end of the fourth month period, she has only disclosed the reasons for her sick leave and work adjustments to one colleague.

Over the duration of the four interviews, Alison gradually takes on more responsibilities but is still not on-call by the fourth month. She has just finished an investigation report, a task that she has found overwhelming in the past and describes as contributing to her absence. The investigation sent her spiralling into old, negative thought patterns:

> I found myself slipping into some of the old ways of work here led to me being away in the first place. So it's become a little bit more difficult to stop, take stock of what's scary and manage it. (M4)

Exiteers

Catherine and Connie are looking to leave their organisation; they have both had fallouts with senior managers prior to sick leave. Catherine works in the police. Prior to her sick leave, she was temporarily promoted, without receiving the necessary training. Catherine was led to believe the post would be made permanent, but after a fallout with her senior manager, she was told this was not the case. Post return, she is worried about her career prospects and experiences that her senior manager does not put her forward for opportunities that could lead to promotion. After meltdowns in the office, her senior manager threatens to report her to social services as she lives alone with her son. By the end of month 4, she reports feeling better as she has concluded that there is no future for her in the police force: "I don't actually think that much has changed at work but because of the work I've been doing for myself, um, my attitude has changed ... I've concluded that I need to leave the police" (M4).

Connie works in the public sector. Prior to sick leave, she had a poor relationship with her senior manager and was allocated work tasks above her grade without the necessary support. She describes herself as a highly functioning individual with anxiety but experiences that she is not given opportunities to work to her abilities:

> My senior manager has decided that I needed to be kept as quiet as possible, that I needed to be given as little to do as possible. And I'm like, I'm seriously high functioning anxiety here. Giving me the same things to do day in and day out, that's driving me up the wall. (M1)

She fears her line manager:

> I owe it to myself and my employer to give it one last go. Because at the end of the day, I can't deal with this fear while I'm at home. I've got to be where that fear is coming from because that's the only way I'm going to deal with it. (M1)

Connie is looking for other jobs; when in month 2, she finds out her anxiety may have been misdiagnosed and she may be autistic. As a result, she pauses her job search because she does not know how much to share in a job interview:

> And obviously, the job search, I'm putting that on hold for the moment until I'm in a bit better position. You know, when I'm applying for a job and they ask, have you got any disabilities? And I've got to start thinking, what am I going to disclose? What am I going to say? (M3)

The pressure of work carries over to Connie's home life:

> If I get really quite emotionally overloaded, that's when I do seem to get a little bit upset. And I'm thinking the situation I'm in at the moment ... I've got no support at work, other than from my colleagues. And I'm thinking, is that going to be a potential trigger, and what do I do about it? (M4)

Barriers and facilitators to SRTW

In response to Research Question 2, we identified a wide range of barriers and facilitators at the five IGLOo levels. The trajectories share a number of themes, but some themes are also specific to particular trajectories.

Individual level themes

Two themes were identified at individual level: identity as a valuable worker and job crafting with three subthemes: task, relational and cognitive crafting. The first theme concerned the individuals' identity, which serves as a barrier. All participants, bar Adrian, want to make a contribution and be seen as valuable workers but find it difficult to reconcile this desire with sick leave and work adjustments. Andrew feels he lets people down by being on sick leave: "I think it's more a pressure of not letting people down" (M1), whereas Jill feels CMDs are not a valid reason to be off sick: "I didn't have a good excuse to not be at work, I wasn't valid in taking the day off, that there wasn't really something wrong with me. What will people think?" (M3), and Alison sets high expectations for her performance: "I still want to try to show that I'm being effective that I'm worth my wage at the end of every month, that I'm an invaluable employee" (M4).

The second individual theme concerns job crafting, which was seen as a facilitator. Returned workers report three types of job crafting. The first is task crafting, that is, participants shaping the job to meet their needs. Andrew, Adrian, Alison, Connie, Catherine and Jill describe how their CMD symptoms and medication cause concentration issues. They manage these issues by creating structure: "I've had to write a lot more lists, because the medication affects my memory and what I'm doing, and literally, I can flick from one computer programme to another and forget why I've done it" (Catherine, M2). Another example of task crafting is to create a clear demarcation between work and leisure and not taking work home, Alison puts it this way: "It's things like making sure I completed all the tasks for that day ... So you've not got something done by four o'clock, it will always be there" (M4). Adrian, who is in a managerial position, devolves responsibilities to his staff:

> Sometimes to turn people down I kind of see it as "oh I might disappoint them" or if that's the case by not turning up to that meeting or sending someone else to be there, but they'd be more disappointed if that set off a more extended period of time, that'd be more detrimental. (M1)

The second type of job crafting is relational crafting, that is, managing interactions with others, both managers and colleagues. Andrew, Adrian, Alison, Connie, Catherine and Jill provide examples of how they have created boundaries for their work. Alison describes it as follows:

> Before I would be like a sponge absorbing everybody and everything that was asked of me, but now I find I'm much better equipped to kind of push back a little bit and say "actually I don't have capacity to do this at the moment." (M2)

Participants describe feeling overwhelmed in social settings and try to create distance either by working from home:

> Being able to work from home, being able to just kind of take myself out of a busy environment to a quieter one, or kind of thinking, oh, actually, I'll go for lunch and then I'll go and work somewhere else, away from that group of people.

Adrian (M2) puts on earphones to shut out others: "So at one point today, I just literally put my headphones in and told everyone to go away" (Andrew, M2).

The third type is cognitive job crafting, that is, defining the way returned workers see work. All our returned workers, bar Connie, engage in more activities outside work to take their mind off work and create a better work–life balance. Activities included cooking (Alison), reading (Adrian, Alison and Catherine), exercising (Adrian, Alison and Jill), walking (Adrian, Alison and Catherine), Do It Yourself (Andrew) and being more active with the family (Adrian). Alison explains it like this: "Just trying to fill my mind up with other stuff, whether that's cooking ... I started reading again recently" (M3). Jill has also become involved in supporting others with CMDs through the national Time to Change programme: "I've been involved with setting up some campaigns for Time to Change, so running those and facilitating them and being a Time to Change champion" (M4).

Group level

Social support is a key facilitator to SRTW. We identified two subthemes: emotional and instrumental support. Emotional support is a common theme across all our returned workers. Alison, Jill and Connie have felt a boost as colleagues welcomed them back at work:

> I had people coming up and saying, it's really nice to have you back. A few people gave me a hug and it was very chilled. There was no hassle, nothing like that. It was really, really nice, actually, because it made me feel relaxed, which is a word I don't normally associate myself with. But it just felt, "yes, people genuinely are pleased to see me." (Connie, M1).

Jasmine and Andrew feel it has helped making light of their CMDs in conversations with colleagues:

> I have spoken about ... how things happen with me. And that's fine because we do get on and we do ... and we can I suppose laugh about it. We can have a bit of banter and joke about it. (Andrew, M1)

Alison, Catherine and Andrew feel supported as colleagues have shared their lived experiences with CMDs: "I'm surprised that quite a few have said, I've got mental health issues as well" (Catherine, M1). Both Connie and Catherine who are experiencing problems with management appreciate the sympathy of their colleagues: "Several of my colleagues have said that they don't think I've been treated very well, which is a nice kind of reassurance from people that are on my level" (Catherine, M2).

Instrumental social support, described as help in solving tasks, are reported by Adrian, Andrew, Alison, Connie and Jasmine:

> I'm surrounded by people, and I've got much more frequent contact, and I know I can say to people, just check this out, or I'm not really sure where I'm going with this, just kind of proofread it for me before I send it. (Alison, M1)

or figuring out how to do tasks: "Between us we've all put our heads together over the last few weeks. They've supported me, they've helped me, and together we've all been figuring out all these new aspects of this job" (Connie, M2) or sharing the workload: "The team has been great, we've shared the workload so if I've got stuck, I can just sort of ask any member of my team and they'll help me" (Jasmine, M2). For Adrian, it is in particular the support of one colleague he has disclosed to: "She'll just take messages for me. It kind of just becomes overwhelming so from being able to kind of just say can you answer my calls today?" (M3).

Andrew, on the other hand, feels drained by colleagues asking for his support when he feels they should be able to do the job themselves:

> You'll get people asking me the most difficult questions that you think, well if you'd thought about it, you wouldn't even need to ask me. So it's just like a pointless and inane question, like you go, well, you've answered your own question, why are you even asking me? (M2)

Leader level

Key themes at the leader level are line managers' support to access work adjustments and understanding of mental health issues, which were both seen as facilitators to SRTW; the (mis) alignment between line and senior management levels was also of importance to the participants, whereby alignment was seen as a facilitator, but misalignment was seen as a barrier; and line managers' lived experience was seen as either a barrier or a facilitator depending on the relationship with the manager.

Adrian, Alison, Jasmine and Jill report that their line managers have adjusted work to suit their needs post return, as has Andrew's new line manager. For Alison, Adrian, Jasmine and Jill, work adjustments take the form of spatial flexibility such as working from home: "My manager's been super supportive. I've been given the opportunity to work from home, which has helped" (Jasmine, M2). Taking breaks from the workplace is another important work adjustment: "To just go for a walk for ten minutes, just to calm down or let the situation settle and then just to refocus ... It's that understanding of sometimes you might just need a couple of minutes away" (Andrew, M4). Andrew, Alison and Jill report flexible meeting times are helpful:

> There's no pressure on me if I wake up and feel terrible and like there's no way I can go into work today. I've been able to say, right, let's wake up and try again tomorrow. So having that real that flexibility has allowed me to perform on the days when I do feel really well. I can go in and be really effective. (Jill, M1)

Flexibility to attend counselling appointments or exercise is also emphasised: "We can work out your hours so you can still do that (go for a walk) in the morning before you come to work" (Alison, M1). Taking holiday at short notice is another useful work adjustment: "Last week I had a few bad days, really bad days. And, luckily, my boss says you can take Friday off as a holiday" (Andrew, M3).

Task flexibility meaning that returned workers do not take on tasks before they feel ready to do so is a work adjustment reported by Adrian, Alison, Andrew, Catherine, Jasmine and Jill:

> That was worrying me, because I've seen emails come through about an on-call rota thinking "I don't feel ready for that," and I was able to have that conversation with Julia, so that's fine, we just do not do it for 3 months and we'll see how things are then, so I did not feel the pressure. (Alison, M2)

Also, going part-time is seen as helpful:

> I'm only ever going to go back for two days. So I've had that agreement and I made that decision awhile back and my management has been in agreement with that. I'm working up to being able to work two days. I'm not trying to get back to working full-time. (Jill, M1)

These different types of flexibility are all seen as important facilitators.

Andrew, in the beginning of his return, Catherine and Connie experience no work adjustments apart from a phased return. Andrew feels he did not know his options:

> 'Cause if you do not know there are any options there, you do not even know how to ask for them. Do you know what I mean? It's like can I have less tasks? No. Can I do shorter hours? No. Can I do longer hours? No. Do you know what I mean; you do not know what the option is. (M1)

Despite Catherine's organisation having a policy of work adjustments, she has been unable to access adjustments: "My employer's paid the OHS (occupational health service) to do an assessment and to provide a report and they've not acting upon it, they're not doing what's been recommended" (M1), and the phased return is in name only: "OK then, well, the first day you can do six hours, the next five days you can do seven, and then you'll be back to work full-time, which was, in my view, not anything like a phased return" (M1). The absence of work adjustments is seen as a barrier to thriving at work.

Work adjustments are not the only form of support offered by line managers. Being seen as a valuable worker is reported to be an important facilitator. Adrian, Alison, Jill and Jasmine report they have had positive feedback and appraisals, which has helped boost their confidence:

> My confidence has grown with the work. He's (the line manager) told me that I'm up to speed with what I'm doing, and if there is anything I'm doing wrong, or what have you, then that gets brought up so at least I know to change it going forward. I just know that he's there if I need him. (Jasmine, M3)

Being trusted to do a good job is an important part of being a valuable worker:

> It's just going back to this trust and this freedom to manage my health in a way that allows me to be the most positive. My manager trusts me that I'm not just staying at home to have a free day off, but that I am using my time wisely to allow my recovery so I can work well. The flexibility and the freedom are the main thing. (Jill, M3)

Management's understanding of CMDs is another key theme for all our returned workers. Where such understanding is lacking, it is seen as a barrier to thriving at work. Connie feels frustrated because she feels her line manager does not trust her abilities:

> We've got this new database system coming in, my line manager's been given the training. She's said to me, I'm going to train so-and-so and so-and-so, and I'll think of the right training with you, and I'm thinking, what? What am I? A spare part? Am I just the backup of a backup? Do you know, do you think I'm not capable? (M2)

and Catherine finds her managers lack motivation to understand her mental health issues:

> They're quite happy to say "I don't understand mental health, I don't understand depression." But they don't go out of their way to try and learn, you know, they're not trying to understand, it's just, oh god, another issue that I've got to deal with. (M2)

Both Connie and Catherine perceive that they are deliberately given tasks below their level of functioning:

> I think there's a stigma around mental health that they don't want to put pressure on me because they're worried that it might push me over the edge again. I've tried to reassure them that that's not the case and that I just need something to aim for ... I don't really want a fuzzy target, but I want to say I've achieved something. (Catherine, M3)

Line managers' lived experience can be a double-edged sword. Alison, Andrew and Connie see it as a facilitator:

> From what I have gathered, she's got a parent who suffered through serious mental health issues, anyway. So, she's, sort of, got an understanding from another perspective. Which, in a way, is quite useful. Because she can understand how these things affect people and families and people around them. (Andrew, M3)

Catherine feels that her line manager has no real understanding, which is a barrier to her thriving at work:

> What he says and does are two entirely different things, the best example I can give you, he went, "Catherine, I totally understand mental health, my wife had post-natal depression," and then in the next breath he went, "and when my six-year-old's really difficult to go to bed, and my wife's trying to put her to bed, I go out for a bike ride" ... And it's just, if he can't even help his own wife out, what hope have I got? But the noises that come out of his mouth is, we're really supportive ... And actually, they're not at all. (M1)

Adrian, Andrew, Alison, Jasmine and Jill feel senior management facilitate their thriving at work:

> That I've been able to have open conversations with (them) about where I am, how I'm feeling and where I'm going to be going with my teaching load in September, and what support can be put in place. So that's certainly something, is having that relationship there. (Jill, M4)

and "My (senior) manager said she would help me out if I needed an extension (to a deadline)" (Alison, M3).

Connie and Catherine report conflicts with their senior level management as major barriers to thriving at work. Connie reports that the senior manager interferes in her work and describes a poor relationship with the manager:

> Yesterday, the senior manager told me off and I was like, what have I done? I haven't done anything. When I left to go home, I just started crying. Started crying, couldn't stop ... It's a bit like, you know PTSD, post-traumatic syndrome; you know when you've experienced something really not very nice, that's kind of how it felt. It felt like how it was before I was signed off. Today, I wasn't going to go in and I thought, no, no, I'm going in. (Connie, M1)

Throughout the 4 months of interviews, Connie continues to have conflicts with her senior manager. The senior manager claims that mental health does not fall under the disability act, and therefore, Connie has no employment protection.

> If your senior executive officer is saying you're not covered under the DDA, that's going to be even more stressful. Or you can go back and show them that they can't push you around, they can't do this to you.

Connie also experiences that her manager is trying to force her on to a contracted hours employment contract: "She's also told me if I don't get my flexi into credit and remain in credit, she's going to force me onto contracted hours. Which goes against all flexi guidance, and it goes against the advice of the OHS" (M1). Although Connie's line manager tries to give her more leeway, the line manager is restricted by the senior manager:

> My line manager, she has really been trying to give me a little bit of variety, she's been trying to sneak in some extra challenges ... But there's only so much she can do because at the end of the day, she has to answer to the senior manager. (M1)

Organisational level

We identified two key themes at the organisational level: sickness absence policies and mental health service provision. Our participants' experiences of the supportive policies and offers they receive from HR and Occupational Health (OH) vary. Although punitive sickness absence policies are seen as barriers to SRTW, therapy and counselling are seen as either barriers or facilitators based on the quality of provision and the perceived suitability to address the mental health issue, particularly where the factors influencing the individuals' ability to RTW and exacerbating mental health were work related. HR policies and practices can be seen as a barrier to successful return where support, guidance and access to therapeutic support available during sick leave is no longer available upon return. Generally, HR and OH professionals' lack of understanding of mental issues was seen as a barrier.

Adrian, Andrew and Connie experience a punitive sickness absence policy as a barrier. Workers who have had a number of sick days are put on disciplinary action regardless of the reasons for their absence.

> What you do is you exacerbate the situation then because you're like going I feel absolutely terrible, I don't want to be here, I don't feel I can cope but I have got to be here because if I don't, I am going to get a warning and I am going to lose my job. And as much as like I can be blasé about it, I can cope for a while without being at work and without having money, I can't do without a job. You know, and it's like if you lose a job like working for the (organisation), where the hell am I going to get another job? (Andrew, M1)

Many of the larger organisations offer a range of mental health provision; however, the quality of these services differs. Alison, Andrew, Connie and Jill have positive experiences with counselling and therapy. Alison, Connie and Jill report how the cognitive behavioural therapy

(CBT) and the counselling offered has been helpful in their journey towards recovery and have helped them deal with the challenges they face at work:

> So I got a lot of practical skills out of going to CBT as well, that I'd use in everyday life, not just work related, in terms like how to manage my thoughts and my worries and my anxieties, learning to let go and not hold on to the negative stuff. And actually, you know, praise myself more than just being critical.

Andrew finds that access to acceptance and commitment therapy facilitates his sustainable return.

> I think it's just to get an understanding of things, just to understand the processes and stuff like that. And to realise I'm still going through it, so it's just to know that there's something happening that may help, rather than nothing. (M4)

However, he finds CBT unhelpful:

> I have had CBT ... And half of the questions that people ask you, which I can sort of see it's partly relevant but often it relates to such as how is your background, how was your childhood, were your parents abusive, do they drink, do they do drugs, were you ever hurt or beat? So, it's like no I had a great childhood, nothing wrong, grew up fine ... and they are looking for some massively underlying thing and you're like well I have got none of those and they seem to think as though ... or the way it comes across is well there's nothing wrong with you then, you have had no issues so why should you be like this? What's up, pull yourself together...they think you are not worth engaging in. (M1)

Adrian has not had much success with counselling:

> I got referred to one first. It was quite a long travel, and like they cancelled one, but then the week after I went and they cancelled it and did not tell me, I'd driven 30 miles to get in ... Then at work I had like a telephone one, I rang them back, I didn't like the telephone one, it was a bit odd. (M1)

Andrew, Catherine, Connie and Adrian find other mental health provision lacks expertise in mental health, acting as barriers to SRTW. Andrew and Connie perceive that the mental aid first aiders (colleagues who have received training in supporting colleagues) lack the necessary skills to offer support:

> I went to the well-being room. I requested that I have my friend to come and sit with me because she's assisted me before and she knows what to do. And they sent one of the mental health first aiders in instead. She didn't have a clue. She did not have a clue. She was like, “oh, oh, oh, have you got a paper bag?” And I'm like, “that's actually one of the worst things you can do. If you give somebody a paper bag, that's just going to make my hyperventilation worse. (Connie, M1)

Andrew, Catherine and Connie all experience OH as a barrier. Andrew received a phone call from OH but felt they had no interest in helping him: "So I come away from that phone call ... that were an absolute waste of time. 'What did you even get them to ring me for, other than to tick the box?'" (M1). Catherine finds that the outsourced OH lacks the necessary skills:

> You can refer yourself to occupational health, but ultimately, they are not medical experts, and particularly not in mental health. So, it's outsourced to a company, which I found quite awkward, really, because it wasn't a case of you emailing somebody and they email you back .... It's quite impersonal ... I don't know this girl's qualification, I've no idea, but I spoke to somebody of a similar age to me who basically said, there's nothing physically wrong with you, so there's no reason why you can't come back to work full-time. And that was a bit of a smack in the face to me. (Catherine, M1)

Connie sees OH as the lackey of management: "The OHS doctors have to write the answers that my employer wants. I know this because I've had one or two apologise and say to me, sorry, but we've got to write what your employer wants us to write" (M3). Part of Adrian's role is in OH so if he requested help, this would become known to all his staff, and he too finds OH lack the necessary expertise concerning CMDs:

> To request it (OH assessment), I'd have to fill in a form and it goes to all my staff, so I'm not doing it, basically. I could refer myself to OH, I suppose, without anyone knowing, but OH are OK if you've got a bad back and you work at a desk all day. If it goes out of that remit, then they've no idea what they're doing, to be honest. (M2)

Andrew and Connie find the Employee Assistance Programme providers lack the necessary expertise:

> The assistance programme you can ring up if you have got health problems or mental health problems, or you have got debt or loans or all these sort of things ... But a lot of the time, you just feel as though someone is just going through it by numbers ... I don't understand what training these people get. Because sometimes you come away thinking well, "I didn't get anything from that" or it's like sometimes you come away thinking "well I just feel like I have just been told to grow a pair and get on with it" do you know what I mean? ... And sometimes you come away feeling worse than you did originally. (Andrew, M1)

Connie sees HR as unhelpful, and as soon as she was back at work, she no longer had access to support:

> I don't like HR ... I've spoken to HR before and they're like, oh, we don't know, we'll have to speak to so-and-so. Well, can you put me through? No. Why not? Because we can't. Well, give me the number. Oh, we can't give out the phone numbers. It's like, because I'm not on sick leave, I can't check anything about the sickness. I can't check anything about the triggers, I can't check anything, because I'm not on sick leave. (M4)

Overarching organisational level

A key facilitator at the overarching organisational level is the cultural change that Alison, Catherine and Connie perceive is happening in the United Kingdom, which also influences how mental health is seen in organisations:

> I think socially and culturally there's that stigma around people with mental illness, anxiety, depression. There was still some of that judgmental opinion around that, which perhaps you see in employers. You see it in colleagues. I know that ongoing work around the world kind of improves that. I think that will help people's understanding. And knowledge that it is a debilitating condition to stop you from functioning when work is such a key part of your life and your day-to-day structures ... It's devastating. I think sharing people's experiences like this is useful. You know, mental illness is more talked about now. Depression is more talked about. So it's getting that message out there ... and (that) people do want to be at work. (Alison, M4)

DISCUSSION

In accordance with IPA, the purpose of this paper was not to develop theory. The aim was to explore the lived experiences of returned workers and the barriers and facilitators to enable workers stay and thrive at work as per the IGLOo framework (Nielsen et al., 2018).

In response to our first research question, we found different experiences in terms of participants' post-return-to-work journeys. We identified three trajectories of the post-return-to-work journey. Our thrivers assimilated quickly to work, our exiteers perceived their organisational context continued to be challenging and the survivors were hanging in there with their ups and downs. These three trajectories are alike those suggested by Arends et al. (2019): fast recovery, gradual recovery and slow recovery; however, our study extends this quantitative study offering rich insights to the barriers and facilitators that returned workers experienced influential in their post-return journey.

Our three trajectories are in line with COR theory (Hobfoll, 1989). Our thrivers reported experiencing having the necessary resources to stay and thrive at work. Facilitators to staying and thriving at work included feedback from management, support from colleagues and their own ability to job craft in connection with supportive HR policies resulted in positive gain spirals that built their confidence. Our exiteers, on the other hand, experienced negative gain spirals. Despite experiencing some support from colleagues, this support was of a passive nature and not successful in buffering the barriers at the leader level. The barriers experienced at the leader and the organisational levels depleted their resources and made them doubt their abilities to thrive in their current or any future job outside the organisation. At the individual level, barriers included that their struggles to develop flexible strategies to protect their mental health. Our survivors reported transitions in their trajectories (Neale, 2021); they reported ups and downs during the 4-month-study period. Although they reported some facilitators, they also experienced barriers, which hindered them from building the resources necessary to ensure them staying and thriving at work.

Cross cutting themes across trajectories at and across the five levels

Our findings showed that the barriers and facilitators post-return journey could be understood using the IGLOo framework. Individuals' resources and the demands they put on themselves played a key role in how their post-return journey unfolded, whereas factors in the social (group, leader and organisational levels) context played a key role on how they interacted with their environment. Although our returned workers represent a relatively homogenous group, each participant reported a unique journey. Within each trajectory, we identified a number of themes at the five IGLOo levels. The post-return-to-work journeys were all based on subjective experiences of returned workers in response to their own identity and values and their interactions with the context at the group, leader and organisational levels. D'Amato and Zijlstra (2010) did not find support that organisational policies predicted SRTW; however, our results suggest that post-return organisational policies enabling line managers to take an individualised approach to work adjustments were perceived to support staying and thriving at work. A possible explanation may be that generic organisational policies may not be effective post-return as support needs to be tailored to the returned worker's individual needs.

In line with previous qualitative research (Andersen et al., 2012), we identified barriers and facilitators to SRTW at the individual, group and leader levels. In contrast to the Andersen et al.'s (2012) review, we found organisations had developed policies, procedures and practices that took an individualised approach to support the worker's needs. Only to a lesser extent did the overarching context act as a source of barriers and facilitators. A possible explanation for this finding is that as workers return, they have less access to these overarching contextual resources, and therefore, organisational policies enabling an individualised approach play a greater role in their post-return journey. Our results support the individualised approach called for by Andersen et al. (2014) which emphasised the need for returned workers to be seen as individuals and for adjustments and support to be tailored accordingly.

Regardless of their trajectories, and in response of our second research question, we identified a range of barriers and facilitators at the IGLOo levels. Our returned workers reported a strong identity as they saw themselves as valuable workers that made a contribution to the organisation. Returned workers also reported that validation from the organisation was important to their thriving and staying at work. Our thrivers who felt this validation contrasted with our exiteers who did not feel validated. The strong link between the topic and participants' identity has been established in previous IPA studies (Smith & Shinebourne, 2012).

Our returned workers reported the use of job crafting, to adjust the job to fits their needs, as a key facilitator to SRTW. The survivors in particular engaged in job crafting. We identified similar strategies to Nielsen and Yarker (2020), whereby returned workers engaged in task crafting to create structure in the working day and creating a stronger demarcation between work and leisure. Our returned workers also reported relational crafting, creating physical distance, and setting expectations. We also found many examples of cognitive crafting. Returned workers reinvented their identity as not just having a job but as individuals with a life outside work; one participant also focused on using their experiences to help others with CMDs. We identified fewer examples of task crafting than described by Nielsen and Yarker (2020). A possible explanation may be that Nielsen and Yarker (2020) included workers who had returned up to 2 years ago, and it is possible that line managers' work adjustments are more important at the early stages of return; task crafting may become more important once work adjustments come to an end. We did find that many different work adjustment strategies were agreed with workers.

Colleagues' emotional and instrumental support is a crucial facilitator to ensure SRTW. Regardless of whether they were thrivers, survivors or exiteers, returned workers felt colleagues with lived experiences understood their issues. Although lived experience was a facilitator at the group level, at the leader level, it was seen as a double-edged sword, where some leaders failed to listen to returned workers onto the worker acting as a barrier to SRTW, whereas the lived experiences of other leaders enabled them to understand the returned workers needs better, acting as a facilitator.

Leaders' work adjustments are crucial facilitators to resettling into work. These work adjustments include taking time off when workers are struggling to avoid them going on sick leave again and taking time away from the workplace by working from home or going for a walk. Previous studies on the return-to-work journey have identified key leadership behaviours to be communication, privacy management and knowledge of company policies (Johnston et al., 2015; Munir et al., 2012); however, in studying leaders' behaviours post-return, we were able to identify which strategies returned workers felt helped them stay and thrive at work in the months after return. Thrivers and survivors in particular have positive experiences with work adjustments being implemented that support their staying and thriving at work, whereas the exiteers, to a greater extent, describe that unhelpful adjustments have been made.

It is primarily survivors and exiteers who made use of their organisation's mental health provision. Common offers post-return are counselling, Employee Assistance Programmes and CBT; however, the offers were perceived differently by returned workers. OH and HR were also perceived differently. By some workers, these services are seen to lack understanding and are not trusted to consider the needs of returned workers, whereas others feel CBT and counselling have provided them with practical tools on how to manage their post-return-to-work journey. At the overarching level, the discourse about mental health influenced stigma at work. It is also primarily survivors and exiteers who mention the changing attitudes to mental in the media as a facilitator in the overarching context.

A tentative pattern can be seen across the levels as to the barriers and facilitators our thrivers, survivors and facilitators have experienced to help them stay and thrive at work. Potential causes of sick leave range from work-related factors and personal factors across the trajectories, and all have positive experiences with colleagues' social support. The thrivers have less experiences, good or bad, with mental health provision, but all report that they have had excellent support from their line managers. Survivors and exiteers, on the other hand, have had mixed experiences with mental health provision, and exiteers in particular have negative experiences with line managers either not making work adjustments or making inappropriate adjustments. Prior to sick leave, exiteers had conflicts with senior management and the conflicts continue after return. Due to the lack of workplace facilitators, survivors and exiteers find support in the overarching organisational context, and they experience the changing attitude towards mental health in media to be encouraging (this was not mentioned by thrivers who experience getting the support they need within the organisation). Whereas the thrivers felt they are, at least to some extent, "out of the woods" and the exiteers have resigned to leaving their organisation, the survivors still press on, carving themselves a space in the workplace as reflected in their accounts of job crafting.

Implications for research and practice

Our study has important implications for research on SRTW for workers with CMDs. The IGLOo framework was found helpful in describing, classifying or understanding these processes

(Nielsen et al., 2018). We were able to identify both barriers and facilitators at each level that influenced returned workers' experiences of struggling or thriving at work. See Table 3 for an overview of barriers and facilitators. Importantly, we found interactions important across the levels. Returned workers who experienced resources at all five levels saw their confidence grow at work and thrived at work, thus experiencing positive gain spirals (Hobfoll, 1989). Returned workers who experienced barriers, and in particular at the higher levels such as unsupportive leaders, adverse sickness policies and ineffective mental health provision, struggled and found

TABLE 3 Summary of barriers and facilitators to sustainable return to work.

	Barriers	Facilitators
Individual level	Putting too high demands on themselves	Task crafting creating structure and work–life balance
		Relational crafting creating physical distance and setting expectations
		Cognitive crafting creating nonwork identity and paying it forward
Group level	Supporting colleagues	Emotional support from colleagues with lived experiences
		Instrumental support getting help solving tasks and sharing workload
Leader level	Line manager's unwillingness to grant task adjustments	Temporal adjustments
	Lack of validation	Spatial adjustments
	Misalignment between line managers and senior managers	Task adjustments
	Lack of understanding of mental health	Validation and positive feedback from management
	Conflicts with senior management	Alignment between line managers and senior managers
		Understanding of mental health
Organisational level	Punitive and inflexible sickness absence policies	
	Poor quality of mental health provision	Good quality of mental health provision
	Inflexible and inaccessible counselling/therapy	Individualised counselling/therapy
	Employee Assistance Programme lack of expertise in mental health	Employee Assistance Programme validation of mental health issues
	Occupational Health lack of expertise in mental health	Occupational Health validation of mental health issues
	Human Resource lack of post return support	Individualised and supportive Human Resource policies
	Poorly trained mental health first aiders	
Overarching context level		Media promoting understanding of mental health issues

their resources and confidence depleted and looked for ways to exit the organisation. Our study calls for ways to understand the complex interactions between barriers and facilitators at multiple levels and how they interact to influence post-RTW trajectories.

Our study also has important implications for practice and what interventions could be implemented to facilitate the post-return-to-work journey. Our results indicate the returned workers engage in a range of job crafting strategies to help them adjust work to their needs and their work identity. Returned workers may benefit from receiving job crafting training enabling them to identify which job crafting behaviours are feasible and may help them in their job. The benefits of training for people with CMDs is well documented (Ströhle, 2019).

At the group level, colleagues would benefit from receiving information on how to support returned workers, sharing practical examples of how to provide both emotional and instrumental support. At the leader level, our results provide valuable information on the types of work adjustments returned workers feel help them in the early months of RTW. Leaders could receive mental health awareness training (Dimoff & Kelloway, 2019) to better understand the needs of workers with CMDs, receive idea catalogues on which adjustments are feasible within the organisation and receive training in how to work with returners to identify appropriate work adjustments and review these on an ongoing basis. Finally, at the organisational level, our study calls for the reformulation of punitive sickness absence policies that do little to consider the needs of workers with CMDs whose conditions are known to fluctuate over time and consider supportive policies that promote flexibility in considering the trajectories of returned workers. Organisations also need to evaluate their mental health provision to ensure they are fit for purpose and ensure that those providing these services have the necessary skills to do so. HR may also consider engaging with national campaigns to minimise stigma. At the end of fourth interview, participants reported they had found the interviews helpful in that it had made them reflect on their post-return journey. Interviewing returned workers encouraging them to reflect on their needs for work adjustments may this be a useful strategy to develop tailored return-to-work plans. For an overview of barriers and facilitators, see Table 3.

Strengths and limitations

The main strength of our study is the in-depth longitudinal analysis of seven returned workers with CMDs' experiences of their return-to-work journey and the barriers and facilitators they face that influenced their ability to stay and thrive at work. The quality of the findings can be evaluated using Smith's (2011) guidelines for evaluating IPA which were used as to guide our research. First, experienced psychologists with training in conducing semistructured interviews supported the quality of the data collected. Second, we evidence the rigour of the analyses by reporting the prevalence and incidence of themes and including quotations from all participants in our sample across the four time points. Third, we devote sufficient space to each of the three trajectories and the 10 themes across time. The results focus on participants' experiences and our interpretations, and we discuss converging and diverging perspectives within each trajectory. Finally, we aimed to write a paper that stays true to the essence and experiences of returned workers.

Some considerations of our study design must be reflected upon. McCoy (2017) pointed to the challenges of LIPA and highlighted the balancing act between attrition and coercive informed consent to meet study objectives. As recommended by Neale (2021), we were transparent about the aims of the study, the time commitment and how data would be used

including the outcomes of the study. As recommended by Smith et al. (2012), we communicated clearly at the beginning of the study that we would invite for interviews over a 4-month period. We obtained consent at the beginning of each interview, and we arranged the next interview at the end of each interview. We also interviewed over a relatively short period, 4 months. We believe that this strategy helped us recruit participants who understood the time commitment up front while still ensuring ongoing consent and prevented us from losing contact with participants. We had no attrition in our sample.

A second consideration in LIPA are timing decisions concerning frequency and temporal distance between interviews. In their review of LIPA studies, Farr and Nizza (2019) found that the number of time points for interviews ranged between two and nine and studies lasted between 1 month and 10 years. We chose to interview returned workers over 4 months to keep the study period relatively short and understand the dynamics immediately post-return. We acknowledge that returned workers may experience barriers and facilitators long after this period, but with 4 months, we did go slightly beyond the traditional 3 months often used as defining SRTW (Etuknwa et al., 2019). We selected a month in between interviews as we expected changes in experiences to happen within this period. Our analyses support that returned workers' experienced changes with regard to their work and mental health in this time frame. Future studies should explore returned workers' experiences in the longer term.

A third consideration is the sample size of seven. Because the primary concern of LIPA is with a detailed account of individual experiences, IPA studies usually include a small number of participants. In their review, Brocki and Wearden (2006) found participant numbers vary from 1 to 30, although they point out that a consensus towards the use of smaller sample sizes is emerging. Pietkiewicz and Smith (2014) recommended between 5 and 10 participants. In our study, we conducted LIPA meaning we got rich data over four time periods from seven participants. IPA's focus on experiences means that small sample sizes are appropriate and that results do not lend themselves to generalisation like other approaches, such as grounded theory (Brocki & Wearden, 2006; Gill, 2015). In addition, IPA recognises that the researcher interprets people's emotional state from what they say and therefore that researchers are largely dependent on what participants disclose.

A fourth consideration is the focus on returned workers' experiences at work. The IGLOo framework (Nielsen et al., 2018) also stipulated that resources at the IGLOo levels may play a role in SRTW. Future research should focus on the interaction between barriers and facilitators in and outside work.

Finally, the returned workers in our study were university educated and worked in larger organisations where HR policies existed on how to support returned workers. Future research is needed to understand how the return-to-work journey is experienced by marginalised populations and those working in smaller organisations.

Conclusion

Collectively, our findings offer support for the IGLOo framework. We identified barriers and facilitators to SRTW in the months post-return for workers with CMDs. These barriers and facilitators helped us identify three profiles, each representing different trajectories of thriving at work, surviving at work or looking to exit the workplace.

The key contributions of our study are the insight into barriers and facilitators at each of the five levels of the IGLOo framework and how they interact to either build returned workers'

confidence or break them down such that they perceive their only option is to exit the organisation. These insights can be used by HR and OH practitioners to take clear and actionable steps to develop a whole system approach to SRTW. Future research needs to examine the prevalence and strength of the links between our themes and their ability to influence SRTW and prevent job loss.

CONFLICT OF INTEREST STATEMENT

Both authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

Data are not freely available.

ETHICS STATEMENT

Ethics approval was obtained from Sheffield University Management School, no. 022988. We have not used material from other sources.

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How to cite this article: Nielsen, K., & Yarker, J. (2023). Thrivers, survivors or exiteers: A longitudinal, interpretative phenomenological analysis of the post-return-to-work journeys for workers with common mental disorders. *Applied Psychology*, 1–29. https://doi.org/10.1111/apps.12479