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What can I do for you? Line managers' behaviors to support return to work for workers with  
common mental disorders

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What can I do for you? Line managers' behaviors to support return to work for workers with common mental disorders

### **Abstract**

**Purpose:** Sustainable return to work remains challenging for workers returning after long-term sick leave due to common mental disorders; stress, anxiety and depression. Line managers play a significant role in supporting returned workers. Therefore, the purpose of this qualitative study was to examine the supportive behaviors of line managers in supporting returned workers.

**Methods:** We conducted a longitudinal study with up to three semi-structured interviews with twenty line managers with experience managing returned workers. In these interviews, we asked questions about the supportive behaviors line managers enacted to support workers and the role of the context. We conducted reflexive thematic analysis.

**Findings:** Our analyses revealed five key strategies including managing workload; flexible working time arrangements; location of work and mental health check-ups; and long-term support. The interviewed line managers reported that their own lived experiences and that being aware of the limitations of their role, together with training and support from senior management and Human Resources, enabled them to provide appropriate support.

**Originality:** This is the first study in the UK on line managers' behaviors to support workers who have returned to work after a period of long-term sickness absence due to common mental disorders. The identification of such behaviors is paramount to developing organizational policies and practices. The question, however, remains whether employees see these behaviors as effective.

Practical implications: The five strategies and the barriers and facilitators to implementing these may enable Human Resources to develop policies and procedures to support line managers, including training of line managers.

Keywords: line manager support; sustainable return to work; qualitative study; common mental disorders; supportive behaviors

Article classification: Research paper

## Introduction

According to the World Health Organization, 25% of the population in Europe suffer from depression or anxiety each year and 50% of chronic sick leave can be attributed to depression and anxiety (WHO, 2021). While common mental disorders (CMDs) such as stress, anxiety and depression are prevalent, it is possible to make workplace adjustments enabling workers to remain in employment (OECD, 2014). A recent report revealed that in the UK, mental health issues cost employers £34.9 billion; sickness absence in particular cost £10.6 billion (Parsonage & Saini, 2019). There is therefore a strong incentive to support workers with CMDs returning to work.

The return to work (RTW) journey can be divided into four phases (Young *et al.*, 2005). The first phase refers to the period where workers are off due to their condition. The second phase, re-entry, refers to the phase where the workers return to work. Such a return may include work adjustment to accommodate for workers' functioning, e.g., working part-time with limited responsibilities or even a different role. In the third phase, maintenance, workers strive to maintain their work status. To emphasize the importance of relapse prevention, this phase has also been termed the sustainable phase (Tjulin *et al.*, 2010). In the fourth phase, advancement, returned workers seek advancement, e.g., promotion. Workers may never progress to this phase.

Returned workers often suffer CMD symptoms post-return (Norder *et al.*, 2017). Common symptoms of CMDs include lack of concentration, poor memory, anxiety in social contexts and problems making decisions (American Psychiatric Society, 2013); all of which may influence returned workers' functioning. Most studies on RTW among workers with CMDs have focused on the time off and the re-entry phases; less attention has been paid to supporting these workers in the sustainable phase (Nielsen *et al.*, 2018). Koopmans *et al.* (2011) found almost 20% of returned workers with CMDs experienced recurrent sick leave

over a seven-year period. Line managers are often allocated responsibility for ensuring the employer's legal obligations are met (Lemieux *et al.*, 2011); being the main point of contact during sick leave and agreeing work adjustments upon return (Munir *et al.*, 2012). Line managers may also play a key role in supporting the worker readjusting to work in the sustainable phase.

In this paper, we explore line managers' behaviors to support workers with CMDs in the sustainable phase of RTW. The contributions of the present study are threefold. First, we explore what happens after workers return to work. In the UK Health and Safety Executive guidelines for managing returning workers, the focus is on the absence and re-entry phases of RTW (<https://www.hse.gov.uk/sicknessabsence/>) with no requirements for organizations to develop policies in the sustainable phase. Further, in a national mental health survey only 8% of UK managers reported that they had received training to support returning workers (BITC, 2018). Returned workers may thus rely on line managers' own initiatives to provide support and it becomes a central question which behaviors line managers engage in. Second, the sandwiched position of line managers between subordinates and superiors is well-known (Gjerde & Alvesson, 2020), however, the RTW literature has to date focused little on the line managers' perceptions of the facilitators or barriers to providing adequate support to returned workers. Third, most of the qualitative research on RTW has been cross-sectional and explored the earlier phases of return. In the present study, we interview line managers up to three times to explore whether line managers change supportive behaviors over time.

### **The line managers' role in sustaining workers with CMDs at work**

To the best of our knowledge no studies have focused on the attitudes and behaviors of line managers in the sustainable phase of the RTW journey. A few studies that focus on all phases of RTW have included some information about line managers, however, such

evidence is embedded in wider perspectives on the barriers and facilitators to the RTW journey. Ståhl and Stiwne (2014) interviewed workers with CMDs three to four years after return and found support strategies such as continuous meetings and flexible work pace. Generally, workers reported receiving limited support from line managers post-return, but this may be due to the time lapsed between return and interview. Interviewing RTW stakeholders, among other three managers, Corbière *et al.* (2021) explored the barriers and facilitators to RTW during the sick leave, re-entry and sustainable phases. Managers reported that a good relationship was key to monitoring returned workers' recovery and work functioning. As only three managers were interviewed and the main focus was on general barriers and facilitators during multiple phases of the RTW journey, limited knowledge was gained about specific line manager behaviors to support returned workers. In a study of line managers' perceptions of the factors leading to successful RTW among workers with CMDs, Lemieux *et al.* (2011) found that in the sustainable phase, line managers reported managing workloads ensuring the workers were stimulated, but not overwhelmed.

None of these studies focused explicitly on the behaviors of line managers, however, the findings suggest that understanding what line manager behaviors enact in the sustainable phase is important. As workers return, line managers must to balance the needs of returned workers with reduced work functioning (e.g., adjustments to manage fluctuating cognitive capacity or fatigue) and the needs of the organization (e.g., meeting targets and deadlines) (Nielsen *et al.*, 2018). Understanding which behaviors line managers engage in to support the returned worker's sustained employment is crucial to develop organizational policies, guidance and training to support sustainable RTW (SRTW). We therefore formulated our first research question:

Research question 1: "What behaviors do line managers enact to support workers after they return to work following long-term sick leave due to CMDs?"

### **Factors influencing line manager's behaviors**

From the wider management literature, we know that line managers often find themselves in a sandwiched position struggling with conflicting demands from their subordinates and their superiors (Gjerde & Alvesson, 2020). Line managers may perceive their position in the organization as hindering or facilitating their ability to support returned workers. Both individual and organizational factors may influence line managers' behaviors (Parker & Bindl, 2016). Individual factors refer to variations in knowledge, skills and abilities, and personality (Parker & Bindl, 2016). Line managers who have previous experience and are confident in their skills may feel better equipped to support workers. Organizational contextual factors that may influence line managers' support could be the existence of supportive senior leadership, organizational policies and the extent to which line managers have the necessary autonomy to make decisions about how to support returned workers. Furthermore, time pressure may hinder line managers' attempts to engage in supportive behaviors in the sustainable phase.

Previous studies of RTW have found that line managers reported lacking knowledge and skills to make suitable work adjustments in the re-entry phase and this lack of confidence may also influence their behaviors in the sustainable phase (Lemiux *et al.*, 2011; Munir *et al.*, 2012). To the best of our knowledge, no studies have explored the factors that influence line managers' behaviors in the sustainable phase, however, Ladegaard *et al.* (2017) explored the challenges and opportunities line managers experienced supporting the RTW of workers on sick leave due to stress. Individual factors included, on the one hand, line managers' lack of understanding of the work environment as a cause of stress. Such lack of understanding may influence line managers supportive behaviors the sustainable phase. On the other hand, some line managers reported their own individual characteristics as enabling them to support workers' return, including having previous experience and knowledge on how to support

workers' return and having a good relationship with the worker which facilitates communication between the worker on sick leave and the line manager. Organizational contextual factors hindering line managers' ability returned workers included senior management pressure to prioritize performance targets and coerce workers to early return, and pressure from subordinates to improve the work environment (Ladegaard *et al.*, 2017). Line managers felt poorly supported by Human Resources (HR) in their efforts to support workers' return. Other studies have confirmed similar issues with HR (Corbière *et al.*, 2021) and senior management (Lemieux *et al.*, 2011; Ladegaard *et al.*, 2017). Only clear stress management and RTW HR policies were perceived to be supportive. Although line managers were re-interviewed 12 months after the first interview, line managers were not interviewed explicitly about the sustainable phase. We therefore have limited insight into the factors that influenced line managers' supportive behaviors post-return. The presence or absence of senior management support and HR policies is likely to influence line managers' ability to support returned workers in the sustainable phase. We therefore formulated our second research question:

Research question 2: "What individual and organizational factors influence the enactment of line managers' supportive behaviors?"

## **Methods**

### **Study design**

The study used a qualitative descriptive design based on reflexive thematic analysis (Braun & Clarke, 2006). This design was chosen to provide descriptions and in-depth interpretation of semi-structured interviews with line managers to develop our understanding of how they support returned workers.

### **Participants**

Purposeful sampling (Palinkas *et al.*, 2015) was used to identify and select information-rich cases related to the supportive behaviors of line managers who had experience managing workers with CMDs in the sustainable phase (in this study, CMDs included were stress, anxiety and depression). We recruited line managers across the UK through social media, a large public sector and a charity newsletter. Inclusion criteria were that line managers had managed one or more workers with CMDs in the sustainable phase in the past twelve years. This approach allowed us to recruit line managers with diverse experiences of managing returned workers to gain varied understanding of their supportive behaviors and the context within which they operate.

In total, 20 line managers came forward. Three participants did not wish to disclose their age, one was between 25 and 34 years old, five between 35 and 44, seven line managers were between the age of 45 and 54. Four line managers were 55 or older. Thirteen line managers were female (65%). Eight worked in administration, two in education and research, two in police and emergency services, six in the healthcare services, one in publishing and one in information technology.

### **Data collection**

Data were collected from January 2019 to June 2019 through one-to-one semi-structured interviews with 20 line managers at which point data saturation was reached (Braun & Clarke, 2006). The pre-constructed interview guide was based on a review of the RTW literature, but we employed an open-ended approach to identify line managers' behaviors and the importance of context in relation to the management of returned workers. Two interviews were conducted at the line managers' workplace and the remaining 18 were telephone interviews, enabling us to interview all over the UK. Telephone interviews are a valuable and a viable way for collecting information about workplace topics (Mealer & Jones

Rn, 2014). The authors together with three other team members conducted the interviews, all are trained occupational psychologists with extensive experience conducting semi-structured interviews and researching return to work. All took notes of their experiences of the interview. No interviewers had any prior relationship with the interviewees.

Interviews were digitally recorded with permission from participants, transcribed verbatim and coded in NVivo. Line managers were interviewed multiple times if they, at the time of the study, were managing a returned worker. All 20 line managers who came forward completed the first interview. These first interviews lasted on average 49.59 minutes (min: 22.16, max: 71.28). Six line managers completed a second interview a month later. These second interviews lasted on average 18.45 minutes (min: 12.12, max: 25.27). Finally, two line managers completed an interview two months after the first interview. These two interviews lasted on average 17.19 minutes (min: 16.46 max: 19.34).

### **Ethical considerations**

Ethics approval was obtained from the Departmental Ethics Board of the lead author's University (Registration: 022988). Line managers received written and oral information prior to the interviews about the purpose of the study, the motivation of the authors and interviewees' ethical and judicial rights (anonymity, right to withdraw at any time and use of interview). Line managers signed a written consent form with information about confidentiality and their rights. To ensure anonymity, each line manager was allocated an identifier including in which month the interview had taken place (e.g., M1M2 for line manager 1, second month of interview).

### **Analytic Strategy and Quality Check**

We analyzed the transcriptions of the interviews using thematic analysis (King, 2004). We analyzed interview transcripts in three stages. First, the authors familiarized themselves

with the data, reading and re-reading the transcripts to identify “thought units” (Goia & Sims, 1986). To enable longitudinal analysis, each thought unit was coded according to the time of interview, i.e., T1, T2, or T3. The authors then discussed and agreed upon the terms of codes, subcategories and themes before replication of the conducted analysis. Thought units captured a complete thought or idea relevant to line managers’ supportive behaviors and the factors impacting the enactment of these behaviors. We identified a total of 97 thought units. Second, we categorized statements related to similar categories into concepts and assigned these descriptive labels (codes). We continued categorization until saturation was reached and we had assigned relevant thought units to a concept. We identified 20 concepts (or codes; line managers’ supportive behaviors and context). Third, we classified concepts in to eight overarching themes: five relating to the supportive behaviors and two relating to individual and organizational contextual factors influencing the enactment of supportive behaviors. Figure I provides a summary of our resulting themes.

Insert Figure I about here

To ensure the reliability of the coding (and ensure consistent coding across coders), two coders both read 10 of the Time 1 interviews, two of the Time 2 interviews, and the Time 3 interview independently of each other. Upon completing the reliability check, the authors coded all participants’ responses into the above mentioned themes. When coding line managers’ responses, the two coders independently assigned responses to themes in a bottom-up, inductive manner (Clarke *et al.*, 2006). In cases of inconsistency, the coders discussed their decisions, and arrived at a consensus theme. In some cases, two themes were conceptually similar and the themes were integrated and one label agreed.

## **Analysis**

In response to research question 1 we found five strategies relating to the behaviors line managers enact to support workers after return to work following long-term sick leave due to CMDs.

A first strategy revolved around workload management. A key work adjustment line managers introduced was reduced workload and line managers reported they often had to ensure that returned workers adhered to agreed workloads: “I remember that some time that first week when she was on three-hour days she said, I feel actually fine doing these three-hours days, maybe I should push it back up to four or five hours or come back for a full whole day. I remember saying to her, no, you will go home at 12 o’clock today because you need to have your rest and recuperation time.” (M9M1).

A second set of behaviors revolved around flexible work hours. Due to the fluctuations in workers’ mental health in the sustainable phase, line managers agreed to last minute changes to working arrangements and allowed workers time off when needed: “if he needs to leave at a moment’s notice, other than, perhaps, if we’re right in the middle of the meeting, he knows that he can do that.” (M8M2). It could also mean coming in later if the worker had a bad morning: “Any problems, if he’s going to be late in for work, just give me a phone call. I don’t mind you being in late as long as you let me know, because he used to have the stress of coming in.” (M11M1).

Another example of offering flexible work hours was to allow leave at short notice to prevent sick leave: “I said, if you feel that you get to the point where you're really tired, or you need a bit of a break, let's sit down and do another plan to see where you are ... Because she used a lot of her annual leave as well to the days where she just felt, okay, I'm at a point when I'm really tired and I need a bit of a break.” (M12M1).

A third set of behaviors concerned allowing workers flexible work location. It could be working from home: “I guess it may well be that the working from home is helping. So we are quite happy to help people wherever we possibly can, as long as they’re doing the work at home...To some extent that does help keep her at work as well because she knows she’s got that flexibility.” (M16M3). Some line managers reported a change of work location, for example, if workers did not feel comfortable working alone in their own office: “She felt that she wasn’t comfortable going to her office so we arranged for the first few weeks for her to work from my office when I was here and then she felt more comfortable to work from my office when I wasn’t here.” (M5M1). An unused room could be used as a safe space for the returned worker to withdraw to if they felt overwhelmed: “So a bit of a safe space for her – she needed it. And she didn’t have to say to me, “Can I go to my safe space please?” we just said just go and do it and what I agreed with her was if she stayed for longer than 15 minutes that I’d then text her and say, “Are you okay?” and if I didn’t get a response then I would actually go and knock on the door and see if she was alright.” (M4M1).

Line managers engaged in regular conversations about mental health and work with the returned worker. These could both be informal: “I would quite often have conversations, asking how he was, how things were going. It wasn’t a structured conversation on that day, it was a more informal process of really care and try and understand it all.” (M7M1) or formal, agreed and scheduled meetings at regular intervals: “Through her phased return period, it would have been weekly. I think it probably was weekly up until about two months after she’d been back, and then it dropped down... I think the plan was that it would drop down to fortnightly, to monthly. But because she was clearly having good days and bad days, it became a bit ad hoc, at a potentially greater frequency than monthly.” (M20M1). Importantly, line managers emphasized considering the preferences of the returned worker: “Yes, I suppose I’m a bit more kind of flexible with this person because I know that she would ask if

there were problems. Whereas, I guess, with another member of staff you might have to formalize that more and think, you know, we will have these definite check-in points so that you have got an opportunity to share any concerns.” (M18M1).

The fifth set of behaviors concerned long-term support. Line managers continued to keep an eye on the returned workers’ work and their state of mental health, even long after return: “So yes, we met a week later, then we met two weeks later as well, and then I kept her informed. I’ve preferred meeting her face-to-face rather than, kind of, contacting her. But I still call her on a weekly basis at least once or twice a week just to ask her how she’s getting on with her work and that has been actually going on since she has returned to work last year, so that regular contact.” (M12M2). Line managers reported reviewing agreed work adjustments: “And that’s hopefully how we’ll find out how she’s then going to proceed over the coming months. This and if there is anything there that’s still not quite right for whatever reason, we’ll draw up another action plan, and we’ll put things in place to support her.” (M16M1).

Line managers also reported that when returned workers gradually took over more tasks, line managers would monitor progress and sometimes involve colleagues in the completion of the tasks: “We’ve got a plan in place around actually buddying her up with someone when she goes back on so she’s not going straight back onto it being an independent responsibility. Part of her role is to pick up investigations. We haven’t done that from her coming back but she’s just picked up her first one with that. We’ve agreed that well, that she’s gonna run with that, but run it past me before she sends it off. Just...for her...peace of mind really.” (M1M2).

Line managers described how they tried to create a wider supportive environment where colleagues would also support the returned worker: “We have put a supportive

environment in place for her at work. So she knows that if she needs to ask for anything whatsoever, any help or support, whether it's work related or outside, she knows that she's got somebody who will sit down with her, take the time out and listen to her, and put whatever we can in place, or at least signpost her to the right places. I think, again, the fact that she's in a really good team, that everybody's taking a personal responsibility for looking after her and making sure that she's all right, making her feel welcome, answering any questions she's got, giving her that support that she needs. And that's helped boost her confidence.” (M16M3).

This long-term support also involved adjusting support when line managers became aware that returned workers were struggling: “There's been one occasion where I think some of her old challenges have arisen following a meeting...but again she's been very proactive, so she sought me out after that to explain that she found it difficult, and we talked through the best way to put things in place to manage that. And then booked in regular catch ups for the rest of that week to make sure that – that she was doing okay and – and that she had the support she needed.” (M1M2).

In response to research question 2, line managers reported experiencing both individual and organizational factors influenced their support strategies: in terms of lived experience and understanding the limitations of their role and in terms of training and support (or lack of) from HR and senior management.

Line managers reported that lived experience enabled them to understand what the returned worker went through: “I think the fact that I have a lot of empathy for what she's been through, and I've spoken to her about some of that from my own experiences at different times, I think that has definitely helped. Going back to the lived experience, I think it does make a difference. I don't think that people need it to support somebody. I wouldn't say, oh, you have to have lived experience to be able to support somebody. But, for me, it

gives me an insight into how it might feel and how I would have wanted to have been treated.” (M1M3).

Several line managers highlighted the importance of understanding their role and the boundaries of the support they could offer; their job was not to provide clinical assistance but to make work adjustments and provide support at work: “I’m not a medic...employees’ managers can’t set themselves up in that role it would be hugely detrimental to the employee but for them as an individual as well, I think it would be really dangerous.” (M4M1).

In terms of the organizational context, line managers felt poorly equipped to provide support post-return; a lack of support from Human Resource and senior management put them in a difficult position. None of our interviewed line managers had received training in how to support returned workers or make work adjustments: “It was first time in a meeting with a union rep and he was fine, he was quite helpful about it... I got it completely wrong. You sort of feel a bit on your own and I know I’m not the most confident...you’re sitting there and wondering if you’re doing the process right. Which might cause issues down the line for anyone. If you’re doing it right at all and it’s just you feel very exposed and a bit vulnerable.” (M13M1).

Line managers often felt torn between offering support to the returned worker and meeting the demands from the organization. Senior management and HR were seen to resist making adjustments to support the returned worker. One manager reported how Human Resources were against flexible working arrangements, which resulted in the returned workers having more sick days: “So she would have contacted me to say, I’m not feeling great this morning; can I work from home? Or, I’m not feeling great this morning; can I have a day’s leave? Our advice from HR at that point was that I shouldn’t be allowing her to ring

up and say, can I have a day's leave today? So, actually, if she was ringing up and saying, I'm not capable of working today, she should be ringing in sick." (M19M1).

Senior management was seen as unsupportive; their focus was on performance, and they afforded little autonomy to implement changes. Senior management demonstrated little understanding of the situation and on the surface devolved responsibility to the line manager but changes still had to be approved: "It's... supposed to be at the manager's discretion but it's not really, it's... I can decide I want to apply discretion and then I have to send a bid with the case up to my senior managers for them to go "yes, that's ok", which I could see why we do that, because I was under HR before I came here, so I can see why we do it and I'm fully aware why we do it, he just seems to make a mockery of them "well you've got discretion, you're the manager." (M15M1).

## **Discussion**

The purpose of this study was to examine line managers' supportive behaviors to sustain workers with CMDs in work after RTW. We found that supportive behaviors revolved around five key strategies. We also identified the individual and organizational factors that influenced line managers' supportive behaviors. While we interviewed line managers up to three times and coded data according to the time of interview (T1, T2, or T3), we were unable to detect any patterns of changes in behaviors over time. Line managers focused on ongoing monitoring and making adjustments according to the needs of the individual worker. Previous longitudinal qualitative research on the RTW of workers with CMDs during the time off sick also failed to identify patterns over time, but confirmed our finding about an individualized approach to RTW (Andersen et al., 2014).

## **Implications for research**

We contribute to the existing research on the role of line manager in the RTW process in three ways: First, we focus explicitly on line managers' behaviors to support workers, second, we focus on the sustainable phase and third, we explore the factors within the individual and the organizational context that influence the line managers' perceived ability to support returned workers. We extend previous studies on the line managers' behaviors in that we identified detailed strategies applied by line managers; workload management, flexible work hours, flexible work location, proactive formal and informal conversations about mental health and work and crucially, ongoing support, often embedded in a supportive collegial climate. Although line managers were supportive, they were aware that flexibility should not be at the expense of work performance.

Due to the lack of research in the area, we chose an inductive study approach, however, it is important to position our study within organizational psychology theory. The motivational model of proactive work behaviors (Parker & Bindl, 2016) could be used to understand our findings. Proactive work behaviors can be defined as goal-driven, self-initiated behaviors that focus on improving the internal conditions of an organization by taking charge or preventing problems (Parker & Bindl, 2010), e.g., preventing returned workers relapse. Previous RTW research has found in the absence of organizational policies, workers with CMDs relied on line managers' self-initiated, proactive behaviors (Tjulin *et al.*, 2010). In the UK Health and Safety Executive guidelines for managing returning workers, there are no requirements for organizations to develop policies in the sustainable phase (<https://www.hse.gov.uk/sicknessabsence/>) thus UK workers may rely on line managers' proactive behaviors. Importantly, proactive behaviors should not be seen as extra-role, but involves any attempt to create a future outcome (Parker & Bindl, 2016). We identified five types of goal-driven, proactive behaviors aimed at retaining returned workers at work. We extend the work of Corbière *et al.* (2021) and Lemieux *et al.* (2011) who found that good

communication and managing workloads were important to SRTW. In addition to managing workloads, line managers engaged in proactive behaviors allowing returned workers flexibility in when and where to work and making adjustments in the long-term to accommodate fluctuations in returned workers' work functioning.

According to Parker and Bindl (2016), individual and organizational factors influence proactive work behaviors. We identified both individual and organizational factors influencing the enactment of line managers' proactive behaviors. The extent to which line managers have previous experience supporting returned workers and understand the boundaries of their role was perceived to be important to facilitate proactive supportive behaviors. These findings extend the study of Ladegaard *et al.* (2017) who found that individual factors such as a lack of understanding of what stress is and a perception of that the causes of stress were barriers to offering support to RTW, but good communication, knowledge and experience facilitated line managers' ability to manage the RTW process.

None of our line managers felt the organizational context facilitated the enactment of proactive behaviors. Line managers lacked training; HR policies were inflexible and senior management devolved responsibility without devolving the autonomy to make work adjustments. These results confirm the sandwiched line management position identified in the wider management literature (Gjerde & Alvesson, 2020) and resonate with the challenges identified by Ladegaard *et al.* (2017) in the sick leave period. Our findings suggest line managers felt the organizational context hampered their ability to engage in proactive behaviors to support their returned workers. The perceived adverse organizational context may well be exacerbated by the lack of national policy.

### **Implications for practice**

The focus of the present study was to identify support strategies line managers employ, we do not know whether returned workers find these strategies helpful. Nevertheless our findings highlight some important implications for practice. Examples of implementing the strategy of workload management may include refocusing team priorities and agreeing how to raise awareness of situations where work adjustments are not adhered to such that the adjustments and workload can be revisited. The five strategies could also be developed into idea catalogues and shared with line managers and HR, with examples of what to say and do to support them in ongoing implementation. Managers could also be encouraged to use diary reminders to check-in with the returned worker on an ongoing basis.

Line managers could be trained to develop supportive behaviors relevant to return to work, as part of an organization-wide approach or when one of their team go on sick-leave so that they are prepared to take action at the point of need. Findings point to the inclusion of training in: i) the foundations of mental health including what mental health is, an appreciation of its fluctuating nature, common experiences, and how to maintain boundaries when providing support; and ii) developing supportive behaviors including an introduction to the five strategies to support sustainable return to work, having work adjustment conversations, how to action plan and review on an ongoing basis, how to balance the needs of the returning worker with the needs of the business and where to access support and advice throughout the process. To support managers in their endeavours, action planning tools should be developed to facilitate a structured planning of work adjustments and continuous follow-up.

HR play a key role in developing policies that enable line managers the autonomy to agree flexible work hours and adjustable workloads and ensuring that these policies are used in practice. Many of our managers described that they felt restricted in implementing work adjustments on advice of HR or through HR policy. HR professionals are encouraged to

develop a comprehensive understanding of the extent to which work adjustments are put in place and upheld, seeking to identify the barriers and facilitators to implementation.

Our results also indicate that awareness of mental health issues goes beyond the line manager level. Mental health awareness training should be implemented at all levels of the organization and senior management should allocate sufficient autonomy to line managers to enable them to provide the adequate support for returned workers. Notably, line managers reported the need to support workers over the long term, adjusting support on an ongoing basis. This highlights the need for a shift in practice, moving beyond the traditional concept of ‘return to work’ as a single event to be managed to a ‘return to work and work sustainability’ policy that sufficiently addresses the needs of workers with fluctuating conditions. National policy should be extended to also include support for workers post-return as in other countries, e.g., Germany ([https://www.baua.de/EN/Topics/Work-and-health/Workplace-health-management/Operational-integration-management/Operational-integration-management\\_node.html](https://www.baua.de/EN/Topics/Work-and-health/Workplace-health-management/Operational-integration-management/Operational-integration-management_node.html)), which could result in more comprehensive organizational policies.

### **Strengths and limitations**

The main strength of the present study is the large sample size for a qualitative study. We interviewed 20 line managers, well above the recommended 12-15 interviews for thematic analysis (Clarke *et al.*, 2015), however, we must acknowledge some limitations of our study, which may impact the conclusions drawn.

First, we did not interview all line managers at three time points; only line managers who at the time of the first interview were managing a returned worker were interviewed multiple times and of those, six returned workers relocated to another job in the organization and were thus no longer managed by the line manager. We therefore only interviewed these

line managers twice. We were unable to find any evidence that line managers changed their supportive behaviors over time, however, we did find that they continued to enact such behaviors long time after workers had returned. To the best of our knowledge no research has suggested a time point when returned workers no longer need tailored support and the line managers, we interviewed did not indicate such timeframe either. We propose that support needs to be individualized and support should be provided as long as the returned worker needs it.

Second, our line managers are not representative of the general population, most line managers were employed in the public sector and we know less about the private sector, however, we found no differences between the public and the private sector line managers included in the study. Third, we likely attracted the most proactive line managers, however, as our aim was to explore supportive behaviors, this is not necessarily a limitation, but we must not assume that these behaviors are representative of line managers in general. Tjulin *et al.* (2018) found that line managers engaged in few supportive behaviors in the sustainable phase. Quantitative studies should establish the prevalence of these supportive behaviors and how well they predict retaining workers in the job.

Fourth, retrospective bias may be a risk as we interviewed line managers who did not manage returned workers at the time of interview, however, we found no specific patterns of supportive behaviors for either group of line managers. Furthermore, some line managers were only interviewed once for their overall experience as they did not manage a returned worker at the time of the study. At the end of each interview with line managers who at the time of the study managed a returned worker, we agreed whether they wanted to be interviewed again, depending on whether they continued to enact supportive behaviors.

Fifth, a potential limitation of our study is that we did not seek to triangulate data by interviewing returned workers, however, we were interested in line managers' enactment of supportive behaviors and the facilitators and barriers to such behaviors. Future studies should explore whether returned workers perceive line managers to engage in these behaviors and their potential effectiveness in keeping workers in the job.

### **Conclusion**

Our study makes two novel contributions to the literature on RTW. First, we extend previous research focused on the time off and the re-entry phases of the RTW journey and identify key behaviors line managers enact to support workers sustain work post-return. This focus provides us with valuable information on what may help returned workers with CMDs stay in the job. Second, we provide insights in the individual and organizational contextual factors that may facilitate or hinder the enactment of such proactive behaviors. These findings provide a foundation for future enquiry into the post-return experience of workers with CMDs and those that support them. Further, we hope that this research may inform future policies and practices on how to best support returned workers with CMDs in the sustainable phase.

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Figure I: Line manager’s behaviors to support returned workers with CMDs and the factors influencing such support

