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Shaping return to work policy: the role of industrial relations at national and company level

Country report for Slovakia

Negotiating Return to Work in the Age of Demographic Change through Industrial Relations (REWIR)
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Abbreviations

REWIR	Negotiating return to work in the age of demographic change through industrial relations
RTW	Return to work (after chronic illness)
SGD	Stakeholder group discussion
ÚPSVaR	Ústredie práce, sociálnych vecí a rodiny (Central Office of Labour, Social Affairs and Family)

1 Introduction

This report provides an overview of policies and experiences with return to work (RTW) in Slovakia within the project **Negotiating Return to Work in the Age of Demographic Change through Industrial Relations (REWIR)**. The focus of this national case study is on exploring the role that national-level and company-level industrial relations play in efforts for the work retention and integration of workers into the labour market after experience of chronic disease. The understanding of chronic diseases is aligned with the accepted definitions in the project's analytical framework (Akguc et al., 2019), in which chronic diseases are those of long duration and generally slow progression, covering several types: cardiovascular diseases (CVD), cancers, diabetes, chronic respiratory diseases, musculoskeletal diseases (MSD) and mental disorders. Besides chronic diseases, the term **persons with health conditions** will be used throughout this report to refer to both (i) persons with disabilities formally recognised in the Slovak legislation, and (ii) persons with a chronic illness that, nonetheless, does not lead to formal recognition of a disability status. The Slovak legislation and literature use the terms *osoby so zdravotným postihnutím* and *osoby so zdravotným znevýhodnením* to refer to such persons. Nevertheless, while these terms do not explicitly refer to persons with formally recognised disability status, often the literature only refers to this subgroup of persons with health conditions. Therefore, the purpose of this report is to offer a broader perspective on work retention for both groups, and not solely those who are entitled to a special legal status and related concessions concerning their labour market participation.

In line with the aims of the REWIR project, this report seeks to answer the following research questions:

- What role do trade unions and employers' associations in the particular national context of industrial relations play in the current practice of RTW policy implementation in Slovakia?
- What opportunities emerge for trade unions, employers' associations, governments and other stakeholders to negotiate better design and implementation of RTW policies in Slovakia?
- How do company-level interactions between employers and employee representatives enhance the RTW of people having experienced chronic diseases through information, consultation and co-determination practices in Slovakia?
- How do workers facing chronic health conditions and undergoing RTW perceive the role of social partners in preventing their risk of marginalisation, discrimination and the threat of poverty?
- How does the documented and potential role of industrial relations inform the comparative analyses within this project, including the (re)definition of concepts such as '*intergenerational fairness*', '*longer labour market involvement'*, *'job performance'*, '*presence at work'*, and '*fitness for work'?*

Slovakia is a small open economy in Central Europe, which has been a member of the EU since 2004. Employment trends in Slovakia show that the share of the employed population only recently caught up with the EU-27 average. After the 1998 crisis, the employment rate rose from its lowest rate of 56.3% in 2000, with continual growth from 2014 to reach the EU average level of 68.4% in 2019 (Eurostat). At the same time, the employment rate of people with health conditions stood at 16.6% in 2015 (Ondrušová et al., 2017). Among the reported absences from work, since 2006 own illness and disability has oscillated between 7% and 45% (Eurostat). An interesting seasonal pattern is observed, where the second quarter of each year systematically shows the highest share of absence due to illness or disability. The unemployment rate of persons with health conditions stood at 17.4% in 2015, exceeding the unemployment rate of people without health conditions (11.5%) in the same year (Ondrušová et al., 2017). Among both the active population with health conditions and the unemployed with health

conditions, the population over age 50 made up the highest share (ibid.). The share of people over 50 among the unemployed reached 43% in 2015, while the highest share among unemployed in the general population are people aged 15–29 (with a share of almost 30% of overall unemployment) (ibid.). The above data show that Slovakia still has a long road ahead towards improving the labour market access of people with disabilities or facing chronic illnesses.

Slovakia's "Country Health Profile 2019" by the OECD (2019) summarises that life expectancy in Slovakia increased, but at 77.3 years it still remains among the lowest in the EU, with EU average life expectancy standing at 80.9 years in 2019. Although life expectancy has increased, about 40% of people aged 65 report at least one chronic illness. Moreover, the gap in life expectancy related to gender and education is higher than the EU average. Cardiovascular diseases are the leading cause of mortality in Slovakia. The country ranks 4th in the EU for ischemic heart disease and 3rd for cancer as a cause of death (ibid.). Slovakia ranks 6th in the EU for preventable and treatable reasons for mortality (with 244 and 168 cases, respectively, per 100,000 persons, compared with the EU average of 161 and 93 cases, respectively).

In 2017, spending on health per capita in Slovakia was €1,600 (40% of the EU average), representing 6.7% of GDP, compared with the EU average of 9.5% (OECD, 2019). More than 80% of current health expenditure is publicly funded (ibid.). The OECD's data on public spending due to incapacity show that Slovakia spent 1.86% of its GDP in 2015 on disability cash benefits (payments on account of complete or partial inability to participate gainfully in the labour market due to disability). This is close to the OECD average, but significantly less than countries spending more than 3% on this benefit (the Netherlands, Finland, Sweden and Norway).

Access to healthcare in Slovakia reaches a decent level, where only 2.4% of the population reported unmet medical needs in 2017 – likely related to ethnic divides and regional inequalities. Population ageing (OECD, 2019) and a shortage of healthcare staff (Kaminska and Kahancova, 2011) are perceived as challenges for the Slovak healthcare system. In addition, the Slovak healthcare system is biased towards hospital/inpatient care (OECD, 2019), which has seen significant reforms since 2005. The current hospital structure is best described as a dual system, where some of the (smaller, regional) hospitals have undergone corporatisation, while large state-run hospitals remain under direct management of the Ministry of Healthcare (Kahancova and Szabo, 2016). Corporatisation here refers to a process of outsourcing hospital management to local government without direct privatisation (ibid.).

Hospital reforms have also influenced industrial relations in the sector. More broadly, Slovakia's industrial relations system with its particular structure of bargaining actors, their interaction with the state and other stakeholders, and the role of legislation vs collective bargaining for regulating working conditions and RTW issues shape the particular outcomes on how industrial relations (potentially) facilitate the RTW process of persons with chronic disease. Slovakia's industrial relations system has evolved, especially in the past 30 years of Slovakia's post-socialist history after 1989. Belonging to countries classified in the literature as embedded neoliberal (Bohle and Greskovits, 2012), a key feature of Slovakia's industrial relations has been a trade-off between the trade union access to policymaking of the early 1990s and social peace (ibid.). In turn, trade unions have formally gained access to tripartism, while their membership has gradually declined. Still, Slovakia's industrial relations system is characterised by a stable structure of bargaining partners and a detailed legislative system supporting their roles in collective bargaining, but little vertical coordination between bargaining at the sectoral and company levels (Kahancová et al., 2019).

The above research questions will be addressed using several original sources of data. Within the REWIR project, the research team in Slovakia implemented three surveys covering Slovakia:

- a **workers' survey** among workers with experience of chronic illness and returning to work after being treated;
- a **managers' survey** among employers to find out their company-level practices of reintegrating persons with chronic health conditions; and
- a **social partners' survey** to collect evidence on the role and perception of social partners in policymaking and policy implementation relevant to RTW after chronic illness.

The sample covered via the above surveys is summarised in Table 1 and more detailed summaries on responses in each of the three surveys are provided in Tables 2, 3 and 4 below. From the workers' survey, the authors collected 300 responses, of which 106 respondents indicated they had a RTW experience after chronic illness. The sample is biased towards female respondents (93) compared with male respondents (13). Respondents were predominantly highly qualified (67) and work for domestic employers (95) in the public sector (85). Among the respondents, 76 indicated trade union presence at their workplace, compared with 26 responses that a trade union is not present at their workplace.

Table 1 (Source: Authors' data). Overview of the sample and respondent identification – Slovakia

Survey and target group	Total number of responses	Number of relevant responses
Workers' survey	300	106
Social partners' survey	10	7
Managers' survey	20	13

Note: The total number of responses refers to the overall data intake for Slovakia within the period of data collection. The number of relevant responses refers to the number of completed surveys by social partners and managers. For the workers' survey, the number of relevant cases refers to responses where the respondent selected "Yes" in Question 6 – "*Have you experienced a chronic disease in your working life?"*.

Table 2 (Source: Authors' data). Overview of the sample and respondent identification – REWIR workers' survey for Slovakia

Structure of responses	Responses
Gender (Q1)	
Male	13
Female	93
Other	0
Mean age in years (Q3)	52y
Mean length of working life in years (Q4)	31y
Level of education (Q2)	
Low-qualified (up to lower secondary)	6
Middle-qualified (up to post-secondary vocational)	32
High-qualified (up to university education)	67
Type of organisation where the respondent worked prior to diagnosis/treatment (Q14a 14b + Q32a 32b)	
Domestic	95
Foreign owned	7
Don't know	10
Private sector	15
Public sector	85
Trade union membership (Q9 + Q27)	
Yes	60
No	46
Trade union presence at the workplace (Q11 + Q29)	
Yes	76
No	26
Type of job (Q16 + Q34)	
Intellectual	111
Manual	5
Indoor	52
Outdoor	1
Intensive physical activity	12
Intensive emotional stress	44
Company size (Q13 + Q31)	
Below 20	10
20–50	21
50–500	49
500–1000	9
Above 1,000	14
Currently on sick leave (Q17)	
Yes	1
No	10
Three most frequently reported diseases (Q7 + Q25)	
1.	Cancer – oncological disease
2.	Cardiovascular disease
3.	Other

Of the 10 social partners' responses in Slovakia, 7 were relevant for the purpose of this study (see Table 1). The responses were collected from 3 employers' associations and 6 trade unions (see Table 3). In all, 5 respondent organisations participate in national-level social dialogue and 4 respondents in sectoral social-dialogue structures).

Table 3 (Source: Authors' data). Social partners' survey data structure for Slovakia collected within the REWIR project

Structure of responses	Responses
Type of organisation (Q2)	
Employers' associations	3
Trade unions	6
Other	1
Level of social dialogue engagement (Q4)	
National	5
Sub-national (territorial)	1
Sectoral	4
All three	
Other	
Three most commonly reported sectors represented (Q5)	
1.	Wholesale and retail trade; repair of motor vehicles… (2)
2.	Education (2)
3.	More answers (1)

Finally, the managers' survey yielded 20 responses, out of which 13 were relevant from the RTW perspective (see Table 1). The response rates were significantly influenced by the 2020 pandemic and related economic/employment protection measures, which have preoccupied employers since spring 2020, when the managers' survey was launched. Among the responses, 11 refer to domestic employers and 7 to foreign employers (see Table 4). Managers responding to the survey predominantly responded that they manage low-skilled manual workers, followed by administrative/clerical workers and high-skilled specialists. Of the managerial responses, 6 indicated there is a trade union present at their workplace, while 3 indicated no trade union at their workplace. Most survey responses came from the manufacturing and healthcare sectors.

Table 4 (Source: Authors' data). Managers' survey data structure for Slovakia collected within the REWIR project

Structure of responses	Responses
Ownership type (Q4)	
Domestic	11
Foreign	7
Company size (Q2)	
1–9	3
10–49	3
50–249	4
Above 250	8
Predominant types of workers (Q7)	
1.	Low-skilled manual workers (6)
2.	Administrative workers/office clerical with medium and high qualifications (4)
3.	Highly skilled specialists (3)
Three most commonly reported economic sectors represented (Q6)	
1.	Manufacturing (4)
2.	Healthcare, caring services, social work, personal services (3)
3.	Other (3)
Presence of trade union or other form or workers' representation (Q22)	
Yes	6
No	3

In addition to surveys, the research team carried out desk research and conducted 12 face-to-face interviews with relevant national stakeholders (see Table A1 in the appendix). All interviews were recorded, transcribed, coded and analysed with the Dedoose software for qualitative data analysis. Data were also gathered from a roundtable discussion with key stakeholders, including trade unions and NGOs active in providing support, training and rehabilitation to persons returning to work, held in June 2019 in Bratislava.

The remainder of this report is structured as follows. Section 2 introduces the policy framework for RTW policies in Slovakia. Section 3 analyses the involvement of social partners in shaping RTW policies and their implementation at the national level. Section 4 focuses on the company level and analyses the views of managers and workers on RTW policies and their implementation. Section 5 summarises the main findings, responds to research questions raised in the introduction and formulates several policy recommendations related to RTW policies.

2 Policy frameworks on return to work in Slovakia

This section analyses the policy framework on rehabilitation and RTW in Slovakia. EU OSHA (2018) classifies Slovakia among countries with a **limited framework for return to work**, where rehabilitation support essentially exists only for people with a (formal status of) disability. Next to Slovakia, the following countries belong to the same cluster: Czechia, Greece, Croatia, Cyprus, Latvia, Malta, Poland, and Slovenia. In the Slovak system for the work integration of persons with health disadvantages, there are two basic categories, namely recipients of invalidity benefits and severely disabled people. A person who receives an invalidity benefit must not be recognised as severely disabled and vice versa. While invalidity is seen as a reduced ability to work, severe disability is seen as a reduced ability to lead an active life (which does not necessarily mean a reduced ability to work). Thus, unlike a person recognised as an invalid, a severely disabled person does not receive wage compensation (from the Social Insurance Agency), but a contribution to compensate for the social impact of the health disadvantage.

2.1. Sickness and invalidity benefit system in Slovakia

The **sickness benefit** must be provided to the insured person who has been recognised as temporarily work incapacitated as a result of sickness or accident or who is obliged to respect a quarantine measure (hereinafter 'temporary work incapacity').

The following persons are eligible for sickness benefit:

1. employees;
2. self-employed persons with compulsory sickness insurance;
3. persons with voluntary sickness insurance; and
4. natural persons who have become temporarily incapacitated after the termination of sickness insurance within the period of protection.

The duration of the temporary work incapacity is a maximum of 52 weeks. The expiration of this period is not a reason for the termination of the temporary work incapacity if it is still justified by an unfavourable state of health. However, the insured individual is no longer entitled to sickness benefit. The sickness benefit is paid by the employer for the first ten days and then by the public budget (social insurance) until the end of the temporary work incapacity. From the first to the third day it is 25% of the daily assessment basis, from the fourth to the tenth day it is 55% of the daily assessment basis (which might be different subject to a collective bargaining agreement, up to 80%). After ten days the level is calculated as 55% of the daily assessment basis (or probable daily assessment basis).

The **invalidity benefit** is provided by disability insurance. The acquisition of this benefit is overseen by the Social Insurance Agency based on a medical assessment. The purpose of the benefit, which is called an invalidity pension in Slovakia, is to provide the insured person with an income in case of a decline in the ability to perform work activity as a result of the insured person's long-term unfavourable health condition.

The following persons are eligible for the invalidity pension:

1. disabled persons;
2. those who acquired the required number of years of the pension insurance period (the period is determined by age); and

3. those who on the day of invalidity did not meet the conditions for entitlement to a retirement pension or were not granted an early retirement pension.

The origin and the duration of the disability are assessed in line with the benefit procedure by the social insurance physician.

The calculation of the amount of the disability pension is complex and challenging. It depends on the period of pension insurance which the insured person acquired on the day of entitlement to the invalidity pension. Subsequently, the so-called accrued period, is the period from the origin of the right to an invalidity pension to the day of reaching retirement age.

Table 5. Overview of RTW policies in Slovakia

	Country: Slovakia
Eligibility	**Incapacity benefit:** The sickness benefit shall be provided to an insured person who has been recognised as temporarily work incapacitated. **Invalidity benefit:** The sickness benefit shall be provided to an insured person who has been recognised as a disabled person.
Duration	**Incapacity benefit:** The duration of the temporary work incapacity is a maximum of 52 weeks. **Invalidity benefit:** The duration of the disability is assessed in line with the benefit procedure by the social insurance physician.
Source of payment	**Incapacity benefit:** The sickness benefit is paid by the employer for the first ten days and then by the public budget. **Invalidity benefit:** Paid from disability insurance.
Level of benefits	**Incapacity benefit:** From first to third day, it is 25% of the daily assessment basis, from the fourth to the tenth day, it is 55% of the daily assessment basis. After ten days the level is calculated as 55% of the daily assessment basis. **Invalidity benefit:** This depends on the period of pension insurance and other factors.
Timing of RTW considerations	There are no specific regulations supporting those who are on sick leave and consider returning to work after their leave ends.
Procedure to return to work	Informal reintegration (doctor's visit, rehabilitation) and vocational rehabilitation
Type of source for these provisions (e.g. law (dedicated or general), collective agreement, other)	Act on income compensation in case of temporary work incapacity an employee, Act No. 462/2003 (Sickness benefit); Social Insurance Act No. 461/2003

Source: Authors based on Slovak legislation.

2.2 Rehabilitation support and return to work during or after sickness absence

There are no coherent and detailed RTW policies in Slovakia, nor a focus on people returning to work after long-term sickness benefit or their reintegration into the labour market. Slovakia does not have any

definition of these sorts of people and we do not know their number. Also, no studies concentrate on this group. It is worth mentioning one measure and some more general legal provisions in the Labour Code, which may be supportive of the RTW process.

Vocational rehabilitation (Act on Social Insurance § 95) is a benefit that can be provided by accident insurance. It is intended to support the worker's efforts in the return-to-work process and social reintegration. There is no legal right to this rehabilitation. Vocational rehabilitation may be provided after an assessment of the medical fitness of the injured worker who, as a result of an accident at work or job-related illness, has a decline in work capacity. This is assessed by a medical assessor from social insurance, especially with regard to the possibility of reintegrating the injured worker back into work.

The duration of vocational rehabilitation is a maximum of six months. In justified cases (in which it can be assumed that the injured worker will acquire the ability to work for the performance of the worker's previous activity) this benefit can be extended to another six months.

The problem is that this tool is little used; people are ashamed to ask for this benefit. Counselling on the issue is also insufficient.

There are also three **legal stipulations in the Labour Code**. The first (Labour Code §157 – Job guarantee) is that when the employee returns to work after temporary work incapacity, the employer shall be obliged to assign the employee to the original work undertaken and the workplace. Where assignment to the original work and workplace is not possible, the employer shall be obliged to assign the employee to different work corresponding to the contract of employment.

The second stipulation (§64 – Prohibition of notice) guarantees that the worker cannot be fired during the temporary work incapacity (sick leave) period. There is also a general provision like the Anti-discrimination Act, which states (§ 2) that

> [a]dherence to the principle of equal treatment shall lay in the prohibition of discrimination on the grounds of sex, religion or belief, race, nationality or ethnic origin, disability…
>
> and (§ 7)
>
> [i]n order to apply the principle of equal treatment employers shall take appropriate measures to enable a person with a disability to have access to employment, to the work of certain type, to promotion or access to vocational training; except if the adoption of such measures would impose a disproportionate burden on the employer.

The third stipulation is the job assignment (§ 55). The employer is obliged to reassign the employee to another job:

(a) if, as a result of a medical condition, the worker has lost the long-term ability to continue to carry out the previous work, or

(b) if the worker is not allowed to do so due to an occupational disease or if the worker has reached the maximum permissible exposure at the workplace determined by a decision of the competent public health authority.

The medical report must show that the employee has lost the ability to continue to perform the work to date; such an opinion is issued by a physician, specialist doctor, or medical facility. If the employee has such a medical report, the employee must submit this report to the employer and request a transfer to another job.

Some collective agreements partially stipulate provisions on RTW. Some of the collective agreements establish an employer's obligation to the employee in the form of financial compensation if the employee develops an occupational disease or work-related injury or receives a one-off financial contribution during long-term incapacity for work due to health problems. Employees with an occupational disease are sometimes, based on a provision in a collective agreement, protected from termination of employment in the event of organisational changes. In this context, it is notable that the employer (to a lesser extent also the employee) is generally obliged to ensure safety and health at work, based on the law, which is also preventive concerning the emergence of various occupational diseases and injuries. Also, some large companies, such as Volkswagen Slovakia, have developed internal policies that seek to take preventive action so that people do not end up absent due to sickness.

In sum, the increased protection of persons with health conditions in the labour market is presented as a blanket statement in several strategic documents that set out the reasons and tools to support the work integration of this vulnerable group. There are several laws, allowances, and measures that help those people to integrate into the labour market. There are those for increased labour law protection, active labour market policies, mandatory quotas for the employment of people with disabilities and vocational guidance services. There are also sheltered workshops and, since 2018, social enterprises for work integration. There are also many NGOs that deal with this topic. However, in the case of RTW after a chronic disease that did not lead to a formal recognition of disability status, sickness leave is the basic tool and almost no other options (measures, procedures, or interventions) to help these people to return to work are available in the Slovak legislation. Therefore, we conclude that generally, the legislative framework for RTW is limited in Slovakia. Currently, the actual RTW process is largely at the discretion of the relevant actors' interaction and company-level policies, which lacks a strict anchoring in dedicated legislation.

3 Involvement of social partners in shaping return-to-work policy at the national level

The following analysis exploits three sources of data: REWIR social partners' survey,[1] interviews with stakeholders[2] and stakeholder group discussions.[3]

As summarised in section 2, RTW policies, measures and policy implementation are predominantly associated with people who have a formal status of disability or decreased workability. This is also embedded in the perceptions of social partners and other stakeholders, e.g. patients' organisations and NGOs supporting persons with disabilities, in Slovakia. The RTW policy rarely relates to people with or after chronic illnesses without a formal disability status or eligibility for invalidity payments. This perception of the RTW concept needs to be taken into consideration when interpreting the information collected.

3.1 Actors and stakeholders in RTW policy

Governmental bodies are the main actors in terms of formulating RTW policies. The **Ministry of Labour, Social Affairs and Family** (Ministerstvo práce, sociálnych vecí a rodiny) designs the legislative framework and determines the conditions for assistance in work for persons with disabilities and other supportive measures (INT5, INT3, INT5).

An important role is also attributed to the **Central Authority of Labour, Social Affairs and Family** (Ústredie práce, sociálnych vecí a rodiny, ÚPVSaR), the central labour market authority in Slovakia, which is an umbrella organisation for unemployment with its broad regional structure of 46 local labour offices. The offices manage a database of jobseekers, including jobseekers with a reduced working ability (SGD).

Trade unions confirmed that the topic of RTW is not a key one that they would have high on the agenda (INT11). Other organisations perceived trade unions as actors that should receive support in the form of training on RTW policies and procedures to be applied in the integration of people with disabilities in individual cases (SGD).

Employers' associations act based on the demands of their members, and they do not have any requirements to be active on the RTW topic (INT12).

Indirect but relevant actors are also the health insurance agencies, as they possess the most detailed evidence of persons with chronic illnesses and disability. The **Supported Employment Agency** (Agentúry podporovaného zamestnávania) and physicians for occupational health are additional actors with the potential to influence RTW policies (SGD).

Based on the interviews, RTW policies have been identified as a 'core business' of the organisation's mission or operations by governmental and employment offices, patients' organisations, an NGO and a

[1] The sample used for the analysis consists of 10 respondents; therefore the findings need to be taken as indicative and do not present representative opions of the social partners in Slovakia.

[2] In all, 12 interviews with representatives of diverse types of organisations were conducted during the period from December 2019 to April 2020. Interviews adressed both the research topics of REWIR as well as a project currently implemented by the research team entitled "I want to work, who can help me? Strengthening the cooperation between policy makers and the non-profit sector in return to work of persons with health conditions". The project is financed by EEA Grants 2014–21 through the Program Active Citizens Fund Slovakia (Project number T2-2019-008). The list of the interviews is in the appendix.

[3] The findings are the outcomes of the REWIR workers´ survey if not referred to otherwise as INT = interviews with stakeholders or SGD = stakeholders' group discussions.

charity (INT3, INT5, INT7, INT8, INT9, IN10). Some of the organisations perceived their contribution to RTW as indirect, by providing support services: "We may not directly help people find work... . We do it in the sense that we give people a certain amount of courage, self-confidence, and then they get better integrated into the work process" (INT7).

3.2 Views and level of involvement of industrial relations actors

Perceptions of EU-level RTW policies

Half of the social partners responding to the survey (5 respondents out of 10) participate in EU-level social dialogue structures. More trade unions than employers' associations are involved in EU-level social dialogue structures, either through their membership of an EU-level federation or direct involvement in EU-level, sectoral social-dialogue committees. Despite involvement in EU-level social dialogue structures, more than half the respondents answering the question (4 out of 7) were not aware of any EU-level policies that support RTW for workers after treatment for chronic diseases. Only one trade union organisation revealed awareness of EU-level policies.

The majority of social partners agreed that the **EU-level agenda** should embrace RTW policies more actively in the form of non-binding policies for the member states (6 out of 7) and binding policies as well (5 out of 7).[4] As to the **EU-level social dialogue**, social partners predominantly thought that it should embrace RTW policies more actively on its agenda and adopt binding recommendations for the member states (4 respondents out of 7). On the other hand, some of the social partners thought that RTW issues did not at all belong on the agenda of EU-level social dialogue (2 out of 7) and should exclusively be dealt with by individual member states (1 out of 7).

Perceptions of national RTW policies by social partners

Most of the social partners were aware of national policies and measures in the area of RTW (4 out of 7). Half of the social partners believed that Slovakia has an elaborate policy framework and proper implementation and enforcement of RTW practices (3 out of 6). Yet some of the social partners maintained that the framework is elaborated but lacks in implementation and enforcement (2 out of 6).

The REWIR social partners' survey explored the **role of social partners in RTW policymaking**. Nearly two-thirds of social partners (4 respondents out of 6) thought that trade unions should be more active in addressing RTW policymaking, for example, in formulating legislation on RTW. But 2 respondents out of 6 believed that trade unions were active enough and were satisfied with their current extent of involvement.

Regarding the role of the employers' associations in policymaking, 3 respondents out of 6 deemed employers' associations to be active on the issue of RTW policymaking and were satisfied with their current extent of involvement. Nevertheless, one-third would have welcomed more active employers' associations in addressing RTW policymaking (e.g. more active engagement in developing legislation on RTW).

One-third of social partners in the REWIR survey in Slovakia confirmed that their organisation has marginal involvement in RTW policymaking. A similar opinion was also confirmed by stakeholders participating in

[4] See Table A1 in the appendix.

the roundtable discussion, with the view that a standard policy on RTW of the social partners is absent at the national level.

The social partners were evenly split on either being satisfied with their current extent of involvement and not expecting changes or striving for more active participation in policymaking. Their **involvement in RTW policy development** is mostly conditioned by external factors, i.e. the national government's priorities or agenda in national social dialogue. The reasons for non-involvement relate to the internal organisational structures of the social partner organisations. Social partners did not consider their involvement in RTW policymaking a key priority for their agendas and therefore did not actively take initiatives to increase their participation in RTW policy development.

Considering the implementation of RTW policies, most of the social partners had an awareness of specific measures in Slovakia that facilitate the application of RTW policies. Most social partners indicated that they are actively involved in RTW policy implementation. For example, they monitor how the policies are implemented at the sectoral level or company level. Similar to policymaking, social partners were either satisfied with the extent of their involvement or strove to be more active.[5]

Perceptions of the role of national industrial relations in RTW

Two-thirds of the social partners considered that trade unions should be more active in RTW policy implementation at the national level (monitoring activities, services and support for concerned workers, etc.) and one-third that they are sufficiently active. Perceptions of the role of employers in RTW policy implementation was the opposite. Half of the social partners believed that employers' associations should be more active, and one-third said that they are active enough. Other social partners thought that RTW implementation should not be a priority for employers at the company level, and that they should primarily deal with other issues of workers' interest representation.

The trade unions are mostly involved in collective bargaining and individual assistance to individual workers (e.g. by assisting them with bureaucratic procedures to get allowances or helping them voice their problems to the employer). The collective bargaining related to RTW that the trade unions have been involved in occurred solely at the national level.

The employers' association revealed that as a member of the national tripartite council, they could submit various proposals concerning RTW policies. However, they did not see any demand coming from the member base (INT12). Potentially, they could imagine getting involved not only from an economic point of view, but it may also be a matter of inspiration or policy amendment. They regarded it as not solely being an economic matter, but rather a matter of social responsibility: "We as employers also want to act as those who are not only interested in profit but want to be perceived by the public as those who are also interested in people who are not best in terms of the ability to work" (INT12).

The employers were basically against any regulation, including RTW policies. On the other hand, they welcomed any measure supporting the flexibilisation of work, which might be relevant also for people returning to work after a long illness or with disability (INT12).

[5] For more details, see Figure A2 the appendix.

3.3 The nature of interactions between industrial relations actors and other stakeholders in RTW policy

Most of the social partners evaluated the cooperation between the stakeholders (trade unions, employers' associations, government, labour market institutions, medical organisations, rehabilitation centres, NGOs) as potentially important for facilitating a sustainable and feasible RTW policy framework but they saw obstacles in cooperation. The cooperation between the stakeholders in RTW policy implementation was evaluated in a more diverse way. The social partners were evenly split in believing that (i) there should be vital cooperation between these stakeholders to facilitate sustainable and feasible RTW policy implementation, or (ii) cooperation between these stakeholders is not relevant for facilitating sustainable and feasible RTW policy implementation, or (iii) cooperation between these stakeholders is potentially important for facilitating sustainable and feasible RTW policy implementation, but there are other obstacles.

More stakeholders repeatedly confirmed the **lack of cooperation** in terms of RTW policymaking and implementation. The collaboration works only partially and between some actors, but an overall umbrella mechanism for cooperation at the national level is missing. Attempts to initiate systemic collaboration to promote enforcement of the Convention on the Rights of Persons with Disabilities, which would bring together all relevant actors, failed due to insufficient political support (SGD).

Some of the NGOs and patients' organisations expressed strong dissatisfaction with cooperation with the employment offices and their unwillingness to truly help return to work in individual cases (INT4, INT9). The governmental bodies claimed that they cooperate with trade unions at the sectoral or company level if established (SGD).

The most relevant platform for cooperation is the Committee for People with Disabilities, joining representatives of government and public/regional administration, NGOs and patients' organisations. The Committee is a place to discuss urgent problems and to initiate or to prevent a change in legislation that might harm persons with disabilities. The Committee also consults on particular cases of alleged discrimination of persons with disabilities and draft recommendations for improvement. The body only rarely proposes its policy documents and focuses more on various initiatives (INT1). However, trade unions and employers' organisations are not present on the Committee (INT5, INT10, INT1) or are present but not active (INT6).

Other platforms for cooperation are **employment committees**, operating in the state employment offices that are widespread throughout in the regions. Trade unions and employers' representatives are involved in the committees, and discuss the employment of a person with lower working abilities or with formal disability status. The committees try to place the person either at a particular company or at sheltered workshops or sheltered workplaces (INT11).

The lack of cooperation among all relevant actors is resulting in an absence of acknowledgement of the problems and skills associated with how to treat a person after/with chronic illness returning to work. The need for a change of approach by the social partners was expressed by a representative of a patients' organisation:

> I would be interested in the trade unions' response to the extent to which they have mapped the problems of people who find themselves in a chronic illness situation and what they do for them. The people themselves who are to return to work solve many issues, but they will certainly not come to the trade union with a solution. So instead, the proactive detection is needed. (INT7)

3.4 Outcomes of social dialogue with regard to RTW policy

Incorporating RTW measures into collective agreements might be difficult according to the stakeholders. On the other hand, social dialogue resulting in specific agreements could be a useful tool for making the RTW policy more visible and for raising awareness. According to the roundtable participants, there are doubts that it would solve particular cases, but it could be used as a ´reminder´ to boost sensitivity towards the people concerned.

Trade union representatives challenged the feasibility of a general procedure for social dialogue at the national level and warned against unnecessary bureaucracy and impracticalities. Even if it were anchored in a collective agreement at the national level, it would be challenging to implement and oversee. The individual approach at the company level was regarded as more useful (SGD).

State administration representatives considered RTW policy guidelines necessary, similar to the incorporation of anti-corruption clauses in the agreements. The participative development of RTW policy guidelines is a must (SGD).

The social partners, in general, agreed that **more intensive cooperation between the stakeholders is essential**. They also agreed that both trade unions and employers' associations should be more active in RTW policy implementation at the national level. Specifically, the trade union confederation is involved in commenting and consulting on the relevant legislation and it provides legal consultation if needed for their members. They operate mostly at the national level. Hence the topic of RTW is not their priority (INT11).

On the other hand, the representatives of employees at the company level preferred an **individual, informal approach in specific cases**, without any anchoring in social dialogue practice at the national level (SGD). This is in line with the findings that currently the RTW agenda is outside of the scope of trade union activities, which focus on sectoral and company-level collective bargaining. Instead, the role of unions in RTW occurs via monitoring processes related to collective bargaining and assistance to individual workers.

The government representatives confirmed that social partners are mostly involved in commenting on already drafted legislation. The respective department responsible for RTW policy of the relevant ministry claimed that the state and unions share a fundamental interest in workers' protection, which is the foundation for their more intensive cooperation also on RTW issues (INT5).

The Central Office of Labour, Social Affairs and Family as a governmental agency could not comment on social dialogue in the RTW area. They are a subordinate agency to the ministry and act strictly on the implementation of current legislative measures. They do not possess competencies in social dialogue. They cooperate only with employers to support them to employ persons with disabilities (INT3).

3.5 Views on future potential for action on RTW and the contribution of industrial relations actors

For some trade union representatives, the collective agreements at the sectoral or company level were seen as potential and practical tools to include obligations for the employers (INT11). NGOs and charities, despite not having experience with collective bargaining, also saw an opportunity in social dialogue to include supportive measures for people with disabilities at the company level (INT8).

Room for improvement was seen too in the **involvement of labour inspectorates in cases of RTW after an accident at work**. The inspectorates should not just act as a repressive body but also provide preventive activities and counselling for people with disabilities (SGD).

Others saw **potential in data collection**. Knowing the typical trajectories of people with disabilities, whether they end up on the register of the unemployed or return to work, would be the basis for targeted support. The Slovak Insurance Agency has several databases related to sick leave and return to the labour market. Yet, the databases are impossible to merge and hence unable to trace the path of a person from getting sick to returning to work (SGD).

Greater **flexibility in employment services and better information on vocational training** for people with disabilities is needed before entering the labour market. The trade unions need to be informed more about particular contributions and their availability for people returning to work (SGD).

There is also a room for **legislative improvement**. Currently, the law on social and sickness insurance allows only 52 weeks of paid sick leave. After one year of sick leave, people have to be granted the status of a person with a disability. At this point, there is space for patients' organisations to encourage people to accept the disease and to avoid the shame and stigmatisation of people with disabilities (SGD).

More **intensive and effective cooperation** between the employment promotion agencies and employment offices was suggested. The employment promotion agencies are certified bodies providing professional counselling aimed at supporting and assisting the job search and retention of persons with disabilities, assessing their abilities and professional skills. The agencies cooperate with patients' organisations, social service providers and rehabilitation services (INT9). The trade unions should be more involved and support or use the services of these agencies (SGD).

When asking social partners in the survey what they considered to represent best practices concerning RTW policies and social partners' involvement in it in Slovakia, the following examples arose: commenting on legislation and on individual cases when trade unions assisted at the company level. One organisation revealed that good practices are missing. Social partners suggested that for improvement, more staff assigned to and employers involved in addressing RTW policies are needed and that all social partners, including government, should be responsible.

An additional opportunity for joint action is to amend the law on sheltered workshops where people with disabilities are relocated but not integrated into the open labour market. In order to avoid meeting the quota for employing people with a disability, employers purchase services from the sheltered workshops (SGD).

Another suggestion was to increase the fine for quota violations. Currently, the employers have to pay €1,000 per person if they fail to meet the criteria for employing persons with disabilities. The penalties collected should accrue to the system supporting RTW policies (SGD).

4 The return-to-work process at the company level and involvement of social partners

This section focuses on the experiences with return to work at the company level, i.e. experiences of workers and managers, and presents the data gathered from several sources. First, the workers' experiences are analysed based on the data from the REWIR workers' survey. Second, the opinions and experiences of company-level management are based on the REWIR managers' survey. Third, the outcomes of roundtable discussions with various social partners and stakeholders as well as from the roundtable discussions are integrated into the analysis. Where relevant, survey data are supported by qualitative data collected via semi-structured interviews with social partners (see Table A1 in the appendix for an overview of the interviews conducted).

4.1 Workers' experiences with the return-to-work process at the company level

The most prevalent type of disease in our sample of workers who participated in the online workers' survey was oncological disease (cancer) (39%), followed by cardiovascular disease (17%) and musculoskeletal diseases (14%). A significant number of respondents from our sample did not wish to specify their condition (16%). More than 22% of respondents identified other types of diseases, such as various spinal problems, neurological diseases or a combination of several diagnoses. The data show that this choice was made by those respondents who wished to specify their disease rather than choose from the pre-defined categories of diseases. Oncological disease was also named as the most severe disease that the respondents experienced (40%; N=66). The prevalence of diseases in our sample corresponds to data from the general population, according to which the most frequent causes of hospitalisation of patients in 2018 were circulatory system diseases, digestive system diseases and cancer (NCZI, 2018).

Surprisingly, the majority of respondents stated that they were **not concerned about their return to work** (59; N=85). Those respondents who were concerned about their return to work stated that they were most commonly **afraid of a need to jump in at full productivity right after treatment without an adjustment period** (41%). Other concerns related to fear of no support at the workplace (38%), financial discrimination (38%), no support from the employer (27%) and pressure to work long hours right after recent treatment (27%).

Regarding individual experiences with the process of returning to work, it is important to note the small number of responses to these questions. Among all the respondents from Slovakia, we collected on average only 13 responses related to the actual process of RTW. In addition, many questions had multiple choices. Therefore, it is important to understand the following statements with caution.

When asked about the length of intended period of absence from work (N=11), the respondents did not plan to be absent (55%) or they were unable to estimate the length of their absence from work (answering "don't know", 27%).

Almost all the respondents (N=11) intended to return to their current job after treatment (82%) and most of them planned to continue working during treatment, if possible (46%). The majority of respondents also had an arrangement with their current employer to return to the same work position after treatment (63%; N=8). Of those respondents who had been diagnosed in the past, more than two-thirds returned to the same position (79%; N=34).

A direct team leader/line manager was considered to be the most important person to support an individual's return to work (58%, N=95), followed by the HR department at the respondent's company

(20%). Some respondents also mentioned professional and patients' organisations as important for helping to facilitate RTW (13%). Similarly, the direct team leader/line manager was listed as their go-to contact for easing the RTW process in terms of adjusting working time, stress exposure, physical wellbeing at work, and similar aspects (45% of respondents, N=10). An additional 18% would turn to the company's HR department for help. The list included the team leader/line manager, HR department, the boss of the company, trade union, psychologist/occupational therapist within or outside the company, rehabilitation institute, labour market authority and professional association working with patients.

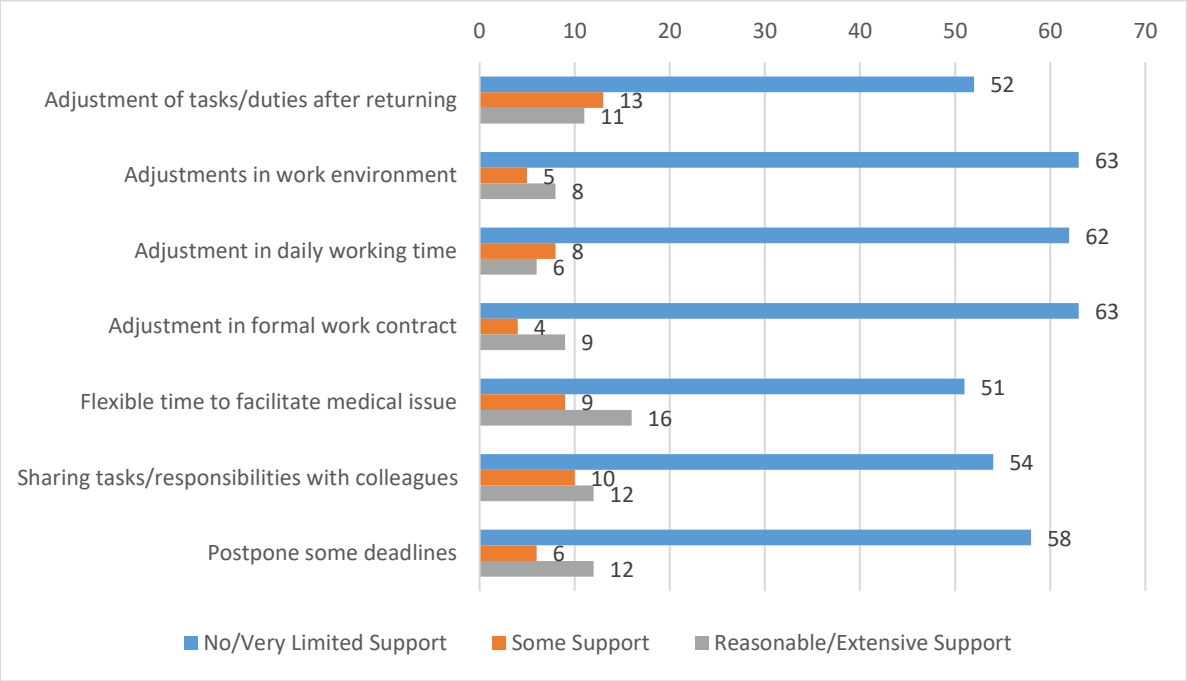
During treatment, the respondents were most often in touch with their colleagues (77%) and their direct manager (40%). Almost 13% of respondents stated that they were not in contact with anyone from their employer during their sickness leave (N=85). Most often, a vast majority of our respondents (N=84) returned to work on their initiative (77%), but some of them also returned after medical approval, either based on advice from their general practitioner (12%) or a specialist treating their disease (12%). Medical staff were also among the first to discuss an individual's return to work – specialists (45%) followed by the general practitioner (24%).

Zooming in on the real experience of returning to work (a question that was skipped by the majority of our respondents and accordingly our N dropped to 34), most of the respondents neither agreed nor disagreed with the statement that they felt welcome at their workplace after returning (32%). Almost 27% of respondents did not feel welcome after they returned to work (disagreed with the statement) and a further 15% strongly disagreed that they felt welcome.

This, however, is not the only worrying finding. The majority of respondents (56%) **did not feel that the company or the employer was well prepared to accommodate necessary adjustments** due to their health condition. In addition, 59% of respondents did not agree that they had received extensive mentoring and guidance from either their company/employer, or the trade union/employee representatives upon their return. Moreover, an equal share of respondents disagreed that their return to work was a well-coordinated process between the company and their doctors.

As Figure 1 shows, in all the categories of work adjustments researched, the majority of respondents answered that **after returning to their work, they had no or very limited support in adjustments for their health conditions** due to long-term sickness. If reasonable or extensive support was received, it was mostly flexible time, the sharing of tasks with colleagues and postponement of some deadlines that were provided.

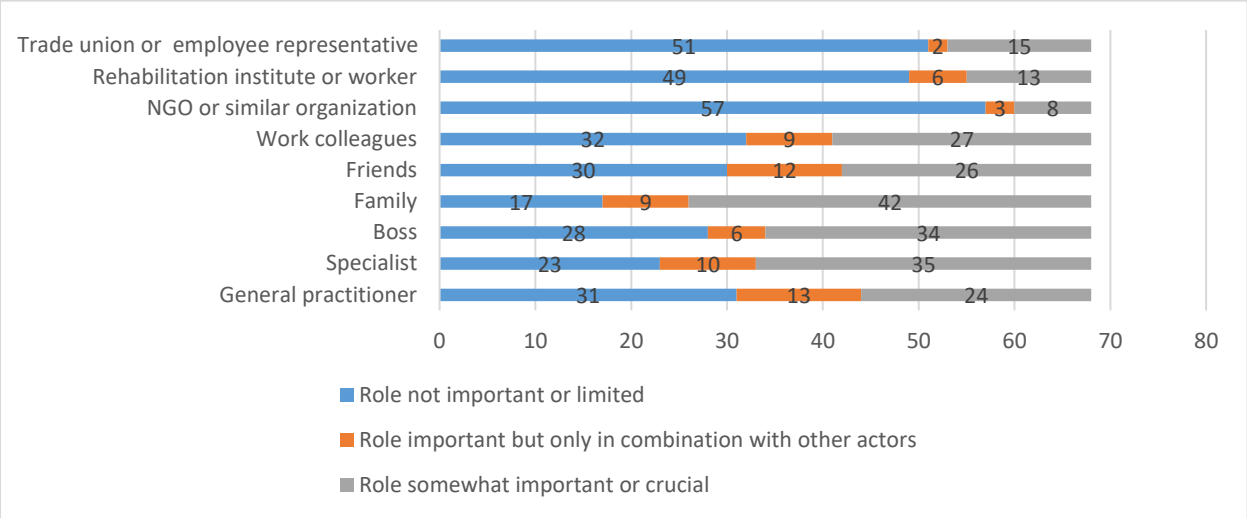
Figure 1. Adjustments received by workers when returning to work after a long-term illness (Q47)



Source: REWIR workers' survey, own calculations; number of respondents: 76.

Family and specialists treating the disease play a crucial role in the RTW process according to the respondents (35% and 28% respectively out of sample of N=68). Most commonly, the role of the boss was considered to be "somewhat important" (32%) or "not important at all" (31%). Support by work colleagues or friends was seen as limited. Interestingly, a vast majority of respondents thought that the role of NGOs, organisations for rehabilitation and trade union/employee representatives was not important in their process of returning to work (see Figure 2).

Figure 2. Workers' evaluation of the role of different actors in facilitating return to work after sickness leave (Q48)



Source: REWIR workers' survey, own calculations; number of respondents: 68.

Several respondents shared their individual experiences and suggestions for changes to the system. One respondent with an oncological disease suggested increasing limits on paid doctor's visits (so-called sick-days), due to their increased frequency related to the nature of the disease. Another respondent pointed to the fact that each experience with return to work is different, influenced by the company, supervisor, and many other factors.

Some experiences were negative:

> After returning to work, one seems to be sitting on an express train. Everyone expects that I will manage the whole amount of work. Nobody talks about surviving the diagnosis and the limitations resulting from it. My work pace is monitored and occasionally corrected by my husband or I try to refuse the work that exceeds normal working hours. I have problems with being on time. I refuse to work unpaid overtime and take my work home for the night.

> After returning to work, I was under pressure from my superiors and colleagues to quit my job and be replaced by a healthy worker.

The question on the response by unions and workers' representatives to an individual's announcement of the need for sick leave was influenced by the fact that half the respondents did not announce their need for long-term absence to the trade union/works council/shop steward (N=10). Of those respondents who discussed their sick leave with trade unionists, they confirmed a supportive response with help and support offered to 20% of the respondents, while an equal number of respondents reported no help or support during the sickness leave.

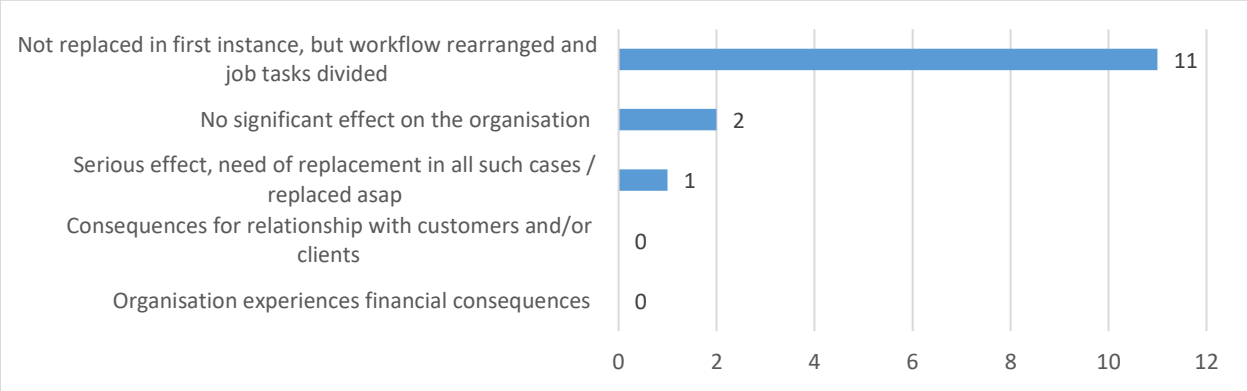
Although our sample (N=93) was split into equal groups of unionised (55%) and non-unionised workers (45%), the majority of respondents have a trade union or employee representatives at their workplace (73%). Of those respondents who were not members of unions, 72% responded that they did not think about joining the trade union at their workplace in order to support or facilitate their RTW process. This corresponds to previous findings and confirms that workers do not consider trade unions and employee representatives to be important actors in RTW.

4.2 Perspectives of managers and other relevant company actors on return to work at the company level

Investigating how employee absence due to a long-term medical condition affects the organisation, the vast majority of the managers responded that the employee is not replaced in the first instance, but the workflow is rearranged and job tasks divided between other employees. Notably, 15% (out of 13 respondents) claimed that there is no significant effect on the organisation.

Managers considered external counselling to be supportive, e.g. from doctors and therapists (5 out of 12 respondents) along with legal advice regarding sick leave (3 out of 12 respondents) in dealing with workers on sick leave. On the other side, managers revealed that all the recourses that might be supportive in dealing with workers on sick leave are equally lacking: legal advice regarding sick leave, information on financial strategies in dealing with sick leave-related absence and external counselling (e.g. from doctors and therapists and external counselling/cooperation with dedicated professional associations and/or patient organisations, such as the League against Cancer).

Figure 3: Perceived effect of an employee absence on the organisation (Q12)



Source: REWIR managers' survey, own calculations; number of respondents: 13 (multiple choices).

The managers mostly agreed that the worker should be entitled to adjustment to working duties at the organisation's discretion, and it is crucial to stay in touch with the worker during the absence. At the same time, the managers mainly disagreed that the worker would be less committed to work after being diagnosed with a chronic disease. But they would not recommend more time off than the current legislation stipulates.

Most of the managers stated that there is trade union or employee representation at the organisation. Still, the company-level collective agreements do not address RTW. The practices that best apply to the organisations are as follows: (i) the interaction between management and unions regarding RTW policy and practice is ad hoc and not regular, and (ii) they find it important and plan to include a workers' representative as a part of a committee addressing occupational health and safety. The barriers the managers see in cooperating with trade unions and other employee representatives in facilitating RTW at their organisation is that management of and responsibility for the RTW process become unclear. The most prevalent outcomes that they find beneficial from engaging with unions/employee representatives on RTW are (i) training sessions for managers/team leaders directly exposed to interaction with workers

with chronic conditions and (ii) training sessions for unions and/or employee representatives exposed to interactions with workers with chronic conditions.[6]

4.3 Interactions between the employer and employee in facilitating return to work

Workers' perspective

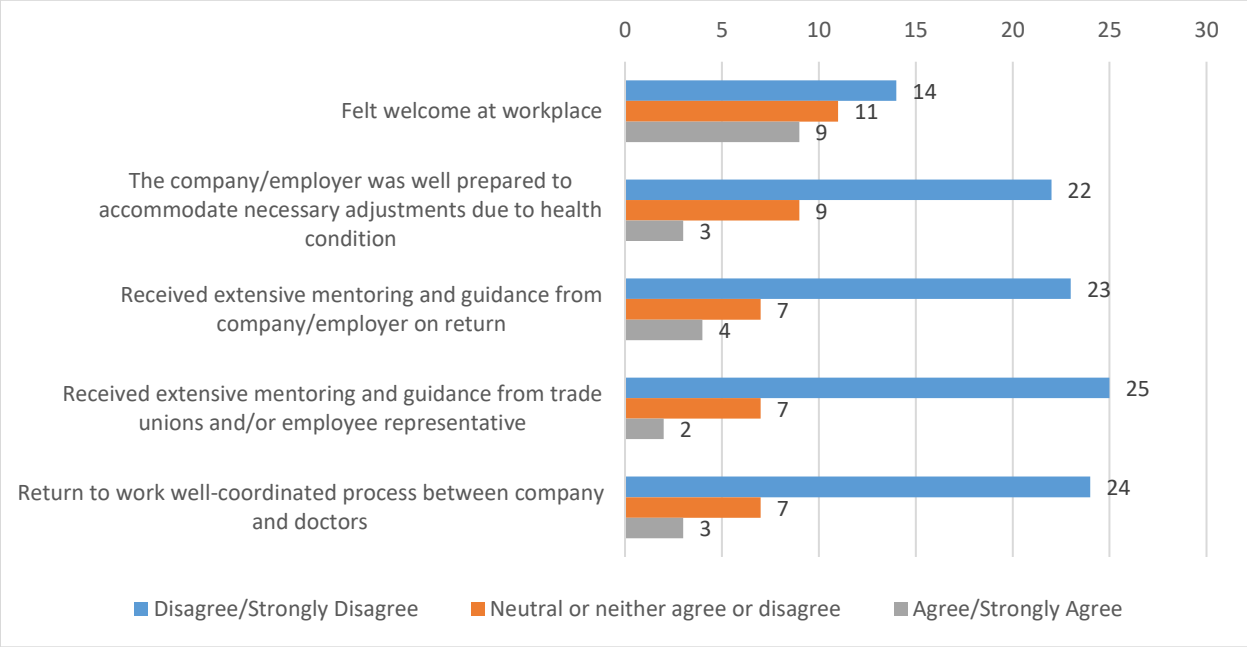
Workers taking part in the survey revealed that their employers were generally supportive after the workers announced their need for sick leave, but at the same time, the respondents felt that their employers did not offer any help or support during their sickness leave (36%; N=11).

We asked the workers also about their real experience with return to work. Figure 4 shows how many workers disagreed, agreed or were neutral in assessing their experience. Most of the respondents agreed with none of the options, meaning that they did not receive any mentoring or experience coordination between the company and doctors. If they agreed, they felt welcome at the workplace.

The level of satisfaction with the help and support received from employers and trade unions at the company level varies. Although most of the respondents were satisfied with both employers and unions, more than one-third of respondents expressed strong dissatisfaction with the support and help (or lack of) from trade unions (N=85).

More than two-thirds of respondents (N=34) stated that there were no negotiations between their employer and trade union/employee representatives about adjustments to their work tasks and responsibilities after returning to work.

Figure 4. Workers' experience with the return-to-work process (Q44)



Source: REWIR workers' survey, own calculations; number of respondents: 34.

[6] For more details, see the appendix.

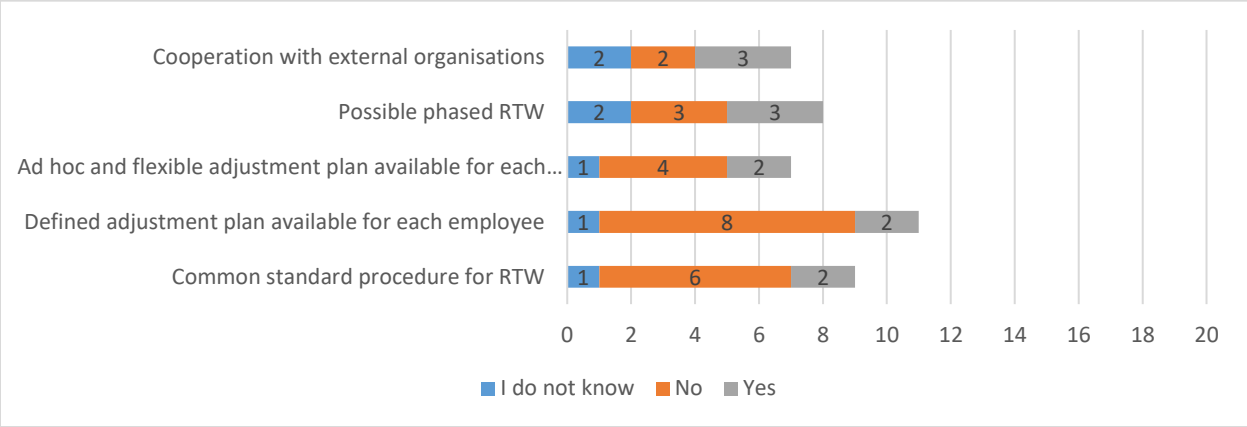
Managers' perspective

Most managers from our sample (N=13) described the type of interactions with workers during their sick leave as irregular (62%) and mostly informal (62%).[7]

As answers among the managers suggest, workers on sick leave have no updates on work-related issues during their sick leave. Managers admitted that they neither keep the worker informed about work-related issues (62%) nor involve the worker in work-related matters (such as asking for that person's opinion, advice or involvement in planning or in decisions) during the worker's absence from work (55%). According to the managers, return to work is initiated mostly by the workers (67%). This agrees with the workers' responses explored in the previous section.

Regarding RTW procedures that might be available at the company level, the few managers (N=9) admitted that there are mostly no specific procedures or the managers do not know about them. If any RTW procedure is available, then there is (i) a possibility for a phased RTW at the organisation and/or (ii) the organisation cooperates with other external organisations, e.g. the occupational health service. Figure 5 reveals more detailed information about the RTW procedures at the company level.

Figure 5. Availability of return-to-work procedures at the company (Q20)

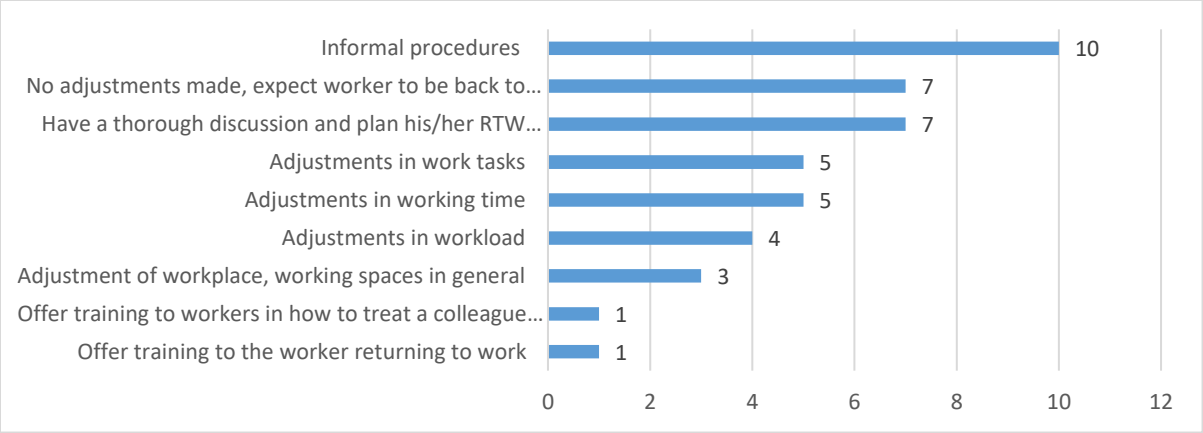


Source: REWIR managers' survey, own calculations; number of respondents: 9.

As shown in Figure 6 and corresponding to the previous findings, the most frequently offered types support to an employee returning to work are informal procedures (10 out of 12 respondents). Another aid is that before the worker's return, there is a thorough discussion to plan the worker's RTW process (7 out of 12). To the same extent, the managers also expected the worker to be back to regular productivity upon returning to work, with no adjustments are made (7 out of 12).

Figure 6. Support offered by the company to the employee returning to work (number who agreed/strongly agreed) (Q16)

[7] The information from managers is limited due to the small sample size (N=18), which varies from question to question.



Source: REWIR managers' survey, own calculations; number of respondents: 12.

4.4 Experience with and good practices in facilitating return to work at the company level

In the context of lacking a formalised RTW policy at the national level beyond disability policies, **companies deal with the return to work of their workers individually and behind closed doors**. HR departments deal with an individual's RTW on a case-to-case basis and most probably, have **no formalised processes or policies at the company level**. Nevertheless, several good practices and experiences were identified by our respondents and/or research.

Several participants of the roundtable discussions pointed to **sector-specific needs**: in their experiences, sectors such as IT, which regularly has a shortage of workers, appears to have the ability to involve workers with health conditions (after or during their sickness leave) more easily than others due to the nature of IT work. While computer-based work allows for greater flexibility, workers can, for instance, perform smaller tasks or work from home.

One of the most cited companies for examples of good practice is Profesia.sk – an online job vacancies portal. Profesia.sk has been known for its promotion of integrating workers with health disabilities – either by information exchange on its web portal or via direct cooperation with the employers to whom it offers technical cooperation, own research, and various programmes and platforms. One such programme is "Help with the heart" (Výpomoc so srdcom), which matched people with health conditions to companies. The company also manages a specific webpage, dielne.sk, which provides a list of so-called sheltered workshops and enterprises that employ people with disabilities and focus on their job integration (Poláčková, 2020).

The respondents also cited McDonalds Bratislava as a company that regularly employs people with disabilities. What is important to note, however, is the fact that good examples of companies with experience in the integration of people with disabilities are not the same as good company-level return-to-work programmes. While Profesia.sk includes both people with health conditions with or without prior work experience in their broader scope of attention, more research would be needed to identify good examples of experiences with the separate process of reintegration and return to work.

Asking managers in the survey (N=9) about improvement in the RTW process at their organisation revealed that most of them called for better cooperation with external stakeholders, e.g. medical doctors,

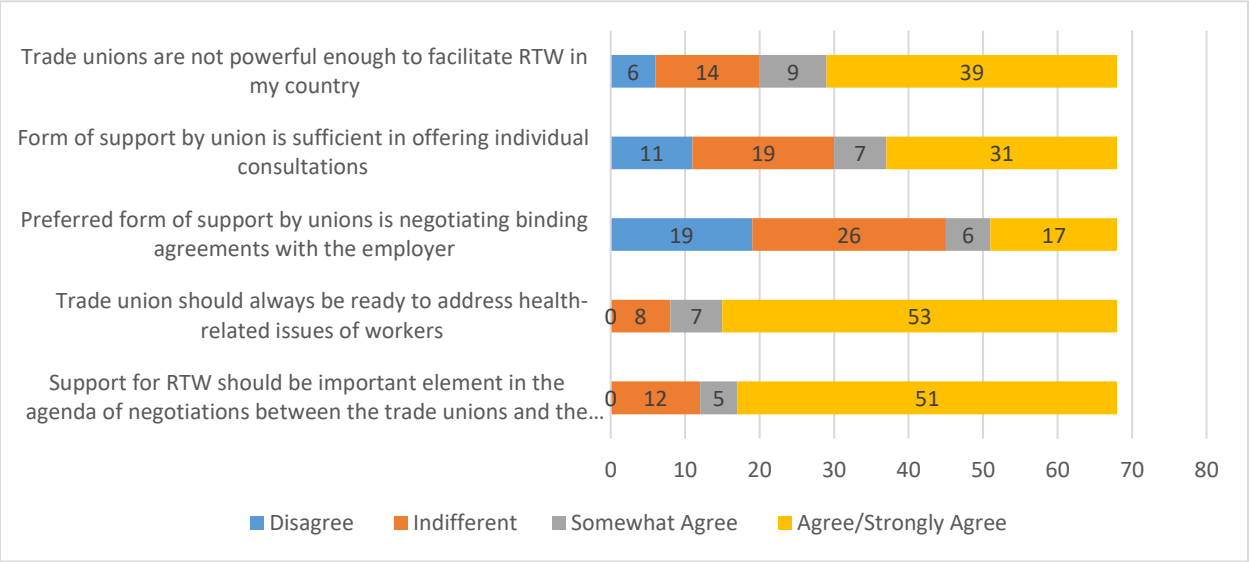
therapists and patients' organisations, in facilitating RTW. Another suggestion for improvement was a demand for better organisation-wide policies and activities.

Managers' views on changes to the current RTW legislation to make it more helpful for their organisation were as follows: they would welcome more specific provisions to guide the organisation in its RTW approach (4 out of 8 respondents) as well as legislation becoming more flexible, leaving more space for company-level management decisions on RTW issues (4 out of 8 respondents).

4.5 Views on the future potential for social dialogue to support the development and implementation of return-to-work policies at the company level

More than 88% of **workers were unaware of cases in which a trade union proved helpful for facilitation of RTW** (N=68). The workers' lack of knowledge on trade unions' work, together with their opinion that trade unions should always be ready to address the health-related issues of workers (51%) and that support for RTW should be an element of negotiations between the trade unions and the employer (53%), present great potential for social dialogue as a tool to address RTW processes. Figure 7 illustrates more detailed information on the workers' opinions of the role of social dialogue in facilitating RTW. For example, 31% of respondents perceived trade unions as not powerful enough to facilitate RTW in Slovakia and 26% were not sure if the preferred form of support should be binding agreements with the employers.

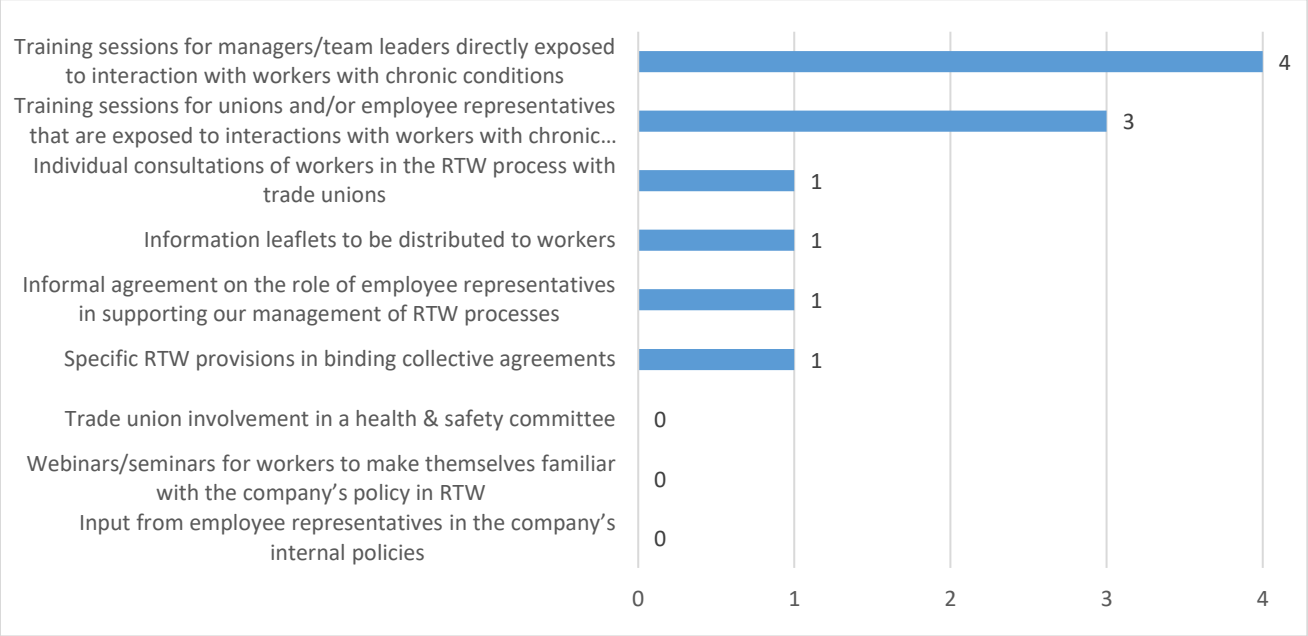
Figure 7. Workers' opinion on the role of unions and their dialogue with employers in facilitating return to work (Q49)



Source: REWIR workers' survey, own calculations; number of respondents: 68.

From the employers' perspective, although based on a small number of answers, the managers preferred training sessions for team leaders who are directly exposed to interaction with workers with chronic conditions (4 out of 5). Such training was viewed as the most beneficial outcome from trade unions and employee representatives on return to work. Figure 8 displays more details.

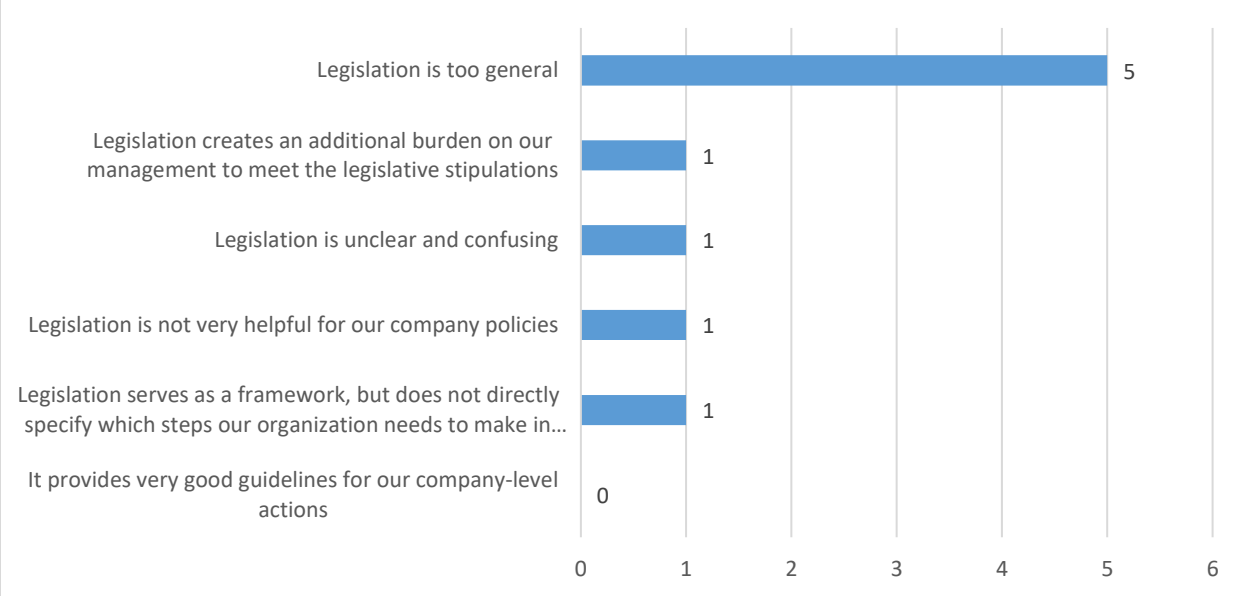
Figure 8. Perceived beneficial outcomes from interaction with unions/employee representatives on return to work (Q28)



Source: REWIR managers' survey, own calculations; number of respondents: 5.

According to the managers, the legislation is too general in managing returns to work after chronic illness, and thus does not offer sufficient support for companies. As shown in Figure 9, the legislation has more shortcomings, such as it is unclear, creates further burdens and is not very helpful.

Figure 9. Perceived support offered by legislation to organisations in managing return to work after chronic illness (Q29)



Source: REWIR managers' survey, own calculations; number of respondents: 8 (multiple answers).

Still, based on a few responses from social partners, two organisations were satisfied with their current extent of involvement and did not expect changes. Another two organisations strove for more active participation in RTW policy implementation. One organisation responded that RTW policy implementation was not their priority, and they were trying to decrease their involvement. There is obvious room for improvement in cooperation between social partners – both unions and employers – at the company level so that their performance and participation in RTW processes meet the expectations of workers.[8]

[8] For more details, see section 3.

5 Conclusions

This section summarises the main findings presented in the study, followed by responses to questions raised in the introduction and policy recommendations.

First, in terms of the legislative framework, Slovak legislation is biased towards those people with chronic conditions who receive a formal status of disability or are entitled to receive invalidity benefits from the state. The vast majority of policies and policy implementation experience focuses on this subgroup, leaving those undergoing RTW without a formal disability status at the individual discretion of employers and general sickness-benefit policies.

Second, the actors involved in policymaking and implementation relevant for RTW (including disability policies) include stakeholders at the state level, social partners and also NGOs, charities and patients' organisations. Out of these, RTW policies were identified as a 'core business' of governmental and employment offices, patients' organisations, NGOs and charities, while the role of social partners as currently supportive or even marginal.

Third, **awareness of EU-level RTW policies remained low** among Slovak social partners, while the survey discovered social partners' support for more active EU-level policies promoting RTW in the member states. At the same time, some respondents maintained that RTW policies should be addressed exclusively at the national level due to the European diversity of policy frameworks and industrial relations. In contrast, **Slovak social partners were well aware of national RTW policies** (related to formal disability status) but not actively involved in policy design as this is not the core priority of their organisations. Slovak social partners lack a coherent national strategy towards the RTW of persons with chronic illnesses.

Fourth, despite obstacles identified in section 3.3, most social partners evaluated the **cooperation** between trade unions, employers' associations, government, labour market institutions, medical organisations, rehabilitation centres, and NGOs as **potentially important for facilitating a sustainable and feasible RTW policy framework**. There is general interest in increasing social partners' participation in both RTW policy *design* and *implementation*. Suggestions for improving the role of social dialogue include better integration of the RTW agenda in collective bargaining, more systematic data collection, and reforms of the present system and quota for employers to employ workers with disabilities.

Fifth, at the company level, workers experiencing the RTW process were mostly afraid that their **employer lacked a transition period** and workers would be expected to resume working right at full productivity. The real experience indeed showed that this was the case for most employers, since a national-level policy on RTW is lacking and employers normally do not have even company-level policies stipulating the exact RTW process. In the few cases where concessions were granted, these referred to **flexible time arrangements and task sharing with other colleagues** at the workplace. Workers were **not aware of the potential trade union roles for facilitating their RTW process**. Nevertheless, several **examples of good practice** were identified at the company level where employers successfully managed to integrate workers with health conditions and/or disabilities.

These overall findings are presented below in a more structured way referring to the research questions raised in the introduction.

- What role do **trade unions and employers' associations in particular national contexts** play in the current practice of RTW policy implementation across the EU?

  Despite lacking a dedicated framework of national RTW policies beyond disability, most social partners thought that Slovakia has an elaborate policy framework and proper implementation and even

enforcement of RTW practices. Regarding RTW policymaking and its implementation, the involvement of employers' associations was perceived as sufficient, while there was greater demand for more active trade union involvement.

RTW policies are not a priority for the trade unions at the national level due to the low capacity and focus on other workers' interests. Nevertheless, trade unions are involved in commenting and consulting on the relevant legislation and provide legal consultation if needed for their members. Besides this, trade unions are mostly engaged in individual assistance to individual workers at the company level, which was viewed as more beneficial than unions supporting an agenda on RTW in national-level social dialogue. On the other hand, social dialogue resulting in specific agreements could be a valuable tool to make the RTW policy more visible and to raise awareness of all the involved stakeholders on the potential role of trade unions in the RTW process.

The top-level employers' association, as a regular member of the national tripartite council, can submit various proposals for RTW policy amendment; however, it does not see any demand from its member base for such activity. Even though the RTW topic is not only an economic issue but also a matter of social responsibility for them, employers resist stricter regulation and call for more work flexibilisation in general and for addressing the RTW agenda individually at the company level.

- (From a **comparative perspective)**, what opportunities emerge for trade unions, employers' associations, governments and other stakeholders to negotiate better design and implementation of RTW policies across different industrial relations systems and different RTW policy frameworks?

  All the involved stakeholders agreed that cooperation between various types of actors is lacking and there is a space for improvement. The collaboration could expand to involve other stakeholders, such as labour inspectorates or the employment promotion agencies, rehabilitation centres and others. At the same time, the prevailing cooperation should be intensified and become a platform for specific discussion of topics related to RTW.

  Collective bargaining and collective agreements at the sectoral or company level are seen as potential and practical tools to stipulate obligations for employers in terms of RTW policies. There is also room for legislative improvement of the present disability policy and its implementation procedure. This includes, for example, an amendment to the law on sheltered workshops whereby people with disabilities are relocated, but this step is not followed by their transition to the open labour market.

- How do **company-level** interactions between employers and employee representatives enhance the RTW of people having experienced chronic diseases through information, consultation and co-determination across six EU member states with different industrial relations systems and different RTW policy frameworks?

  The findings from the workers' survey indicate that despite being in touch with colleagues and partly with the direct manager during their treatment, most of the respondents felt ambivalently welcome at their workplace after returning. The majority of respondents did not think that the company or the employer was well prepared to accommodate necessary adjustments due to their health condition. If any adjustments at all were received, it was mostly flexible time, the sharing of tasks with colleagues and postponement of some deadlines that were provided.

  The level of satisfaction with the help and support received from employers and trade unions at the company level varies. Most workers were satisfied, but one-third expressed strong dissatisfaction with the support and help (or lack of) from trade unions.

The managers admitted that interactions with workers during their sick leave are irregular and informal. Mostly, no specific RTW procedures are available at the company level, or the managers do not know about them.

- How do **workers** facing chronic health conditions and undergoing RTW perceive the relevance (or role) of social partners to help **prevent their risk of marginalisation, discrimination and the threat of poverty**?

  The role of trade union/employee representatives was perceived as not important in their process of returning to work. This might, however, be influenced by the fact that the relevant respondents did not consult with employees' representatives on the need for a long-term absence. Additionally, most of the workers were unaware of cases in which a trade union proved helpful for facilitation of RTW. Despite some workers regarding the trade unions as not powerful enough to facilitate RTW, they expected that trade unions would always be ready to address the health-related issues of workers. On top of that, the support for RTW should also be an element of negotiations between the trade unions and the employer. These opinions present potential for social dialogue as a tool to address RTW processes.

- How does the documented and potential **role of industrial relations help the (re)definition of concepts prioritised in the Europe 2020 agenda**, including '*intergenerational fairness*', '*longer labour market involvement'*, '*job performance'*, '*presence at work'*, and *'fitness for work'?*

  The RTW research in Slovakia shows that there is a missing link between the EU-wide strategic concepts, their integration into national RTW policies (which are currently restricted to persons with formal disabilities), and actual implementation at the company level. Companies lack policies on workforce diversity, with insufficient elaboration of the concepts of an ageing workforce, fitness for work, and an overall concept of workforce diversity, including workers with health conditions. A better connection between the EU-, national- and company-level use of those concepts can be facilitated via the European Semester, but also via articulation of social partners' interests to their EU-level organisations and social dialogue committees.

Policy recommendations

Based on the analysis presented, the policy recommendations refer to the roles, strategies or particular actors at various levels where RTW policies and their implementation need attention, and to a conceptual understanding of RTW.

First, the Slovak study points to the **need for more systematic data collection** on persons with chronic conditions and their working life trajectories. This is lacking at this time and thus complicates policymaking and the implementation of RTW policies.

Second, in conceptual terms, the **RTW policy should clearly distinguish between people with and without a formal disability status**. Today, the focus is on the latter, with an almost non-existent dedicated policy mix for the former group.

Third, given the need for more effective RTW policy implementation, **closer cooperation of the stakeholders involved** is desired, in terms of expert group discussions but also the practical steps, including more coordinated management of the RTW process at the national level (e.g. integrating this agenda into a single umbrella organisation rather than decentralising it across various stakeholders that lack cooperation).

Fourth, the **greater involvement of trade unions** is demanded at the national, sectoral and company levels. At the national level, unions could build on their priority of workforce protection, which is shared by state stakeholders, while at the sectoral and company levels opportunities for including RTW provisions in collective bargaining may be explored.

Fifth, **at the company level**, despite the employers' long-standing preference for addressing RTW on an individual basis, a **systematic approach to RTW** would be welcome by the workers undergoing RTW. This would add to the transparency of employment policies and help their interaction with national-level policies. Trade union involvement in framing 'diversity policies' at the company level more broadly but also in including RTW stipulations are areas for further exploration and analysis as well.

Finally, the study identified a **gap between relevant EU-level policies** (not only in the narrow sense of RTW, but the broader sense of an ageing population, fitness for work, and labour productivity), **national-level policies and the decentralised implementation level**. Comparative experience from various EU member states would be essential in order to facilitate better articulation between these levels to address RTW policies in the EU from a multi-level governance perspective.

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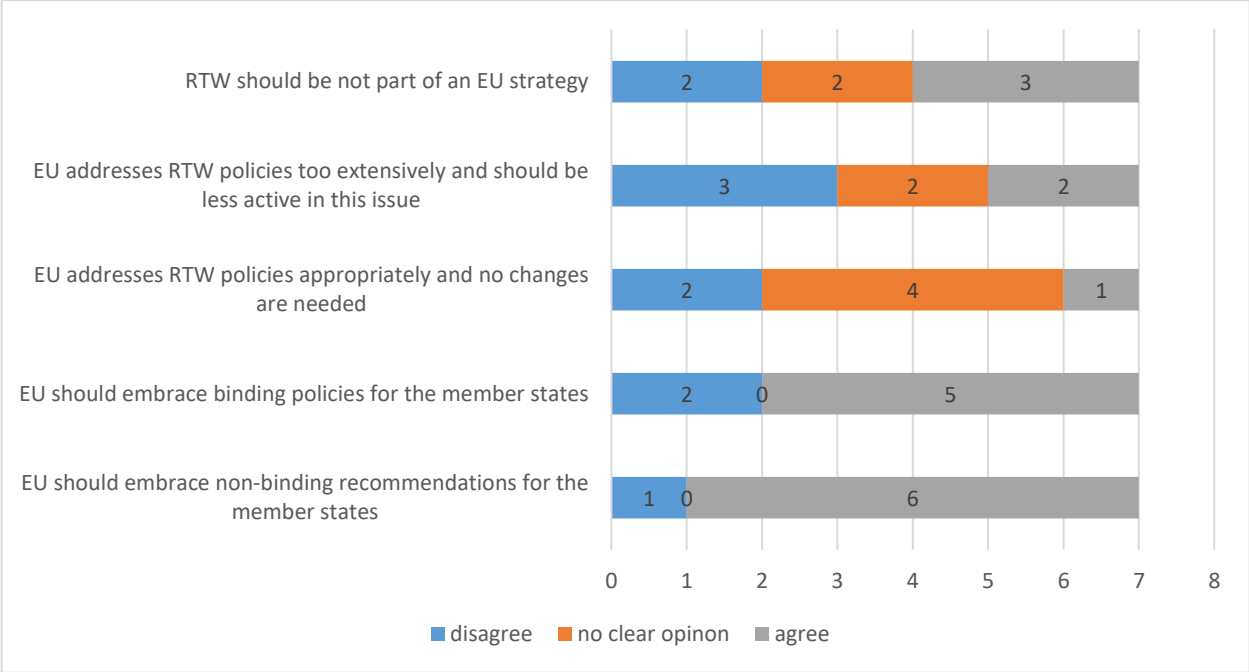
Appendix

Table A 1. List of interviews with stakeholders and interview codes

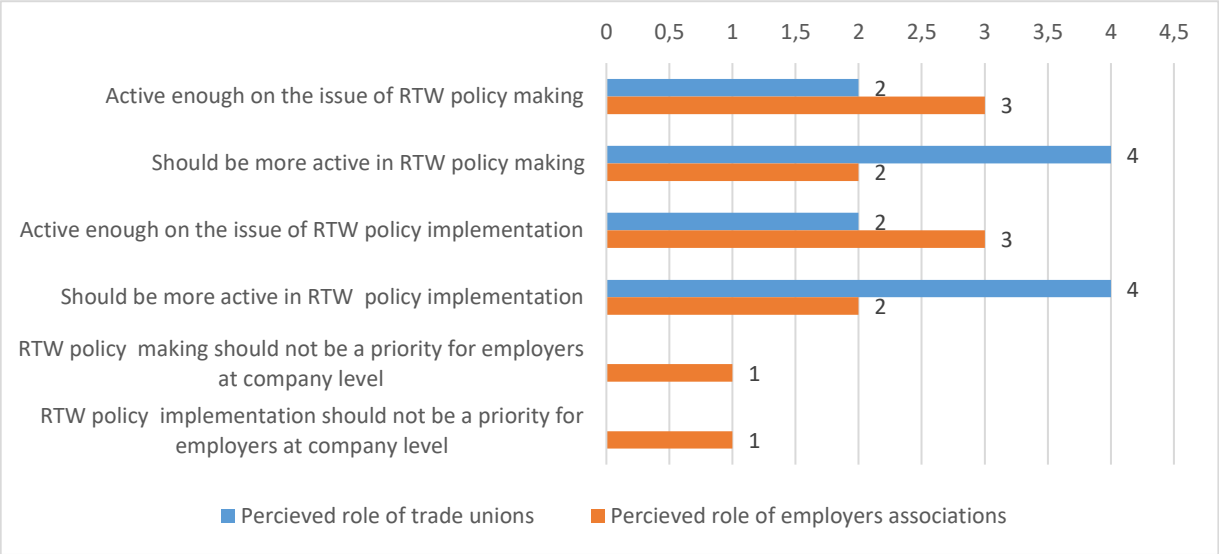
Code	Type of organisation	Name of the organisation	Name of the organisation in the national language
INT1	Patients' organisation	Union of the Blind and Visually Impaired of Slovakia	Únia nevidiacich a slabozrakých Slovenska
INT2	Government	Office of the Commissioner for Persons with Disabilities	Úrad komisára pre osoby so zdravotným postihnutím
INT3	Employment offices	Central Office of Labour, Social Affairs and Family	ÚPSVaR
INT4	Patients' organisation	Mental Health League	Liga za duševne zdravie
INT5	Government	Ministry of Labour, Social Affairs and Family	MPSVR SR
INT6	Social security authority	Slovak Insurance Agency	Sociálna poisťovňa
INT7	Patients' organisation	League Against Cancer	Liga proti rakovine
INT8	Charity	EPIC	EPIC
INT9	NGO	Supported Employment Agency	Agentúra podporovaného zamestnávania
INT10	Government	Institute for Labour and Family Research	Inštitút pre výskum práce a rodiny
INT11	Trade unions	Confederation of Trade Unions of Slovakia	Konfederácia odborých zväzov Slovenska
INT12	Employers' association	The National Union of Employers	Republiková únia zamestnávateľov

Figure A 1. Opinion of the social partners on the involvement of the EU in RTW policies (Q8)



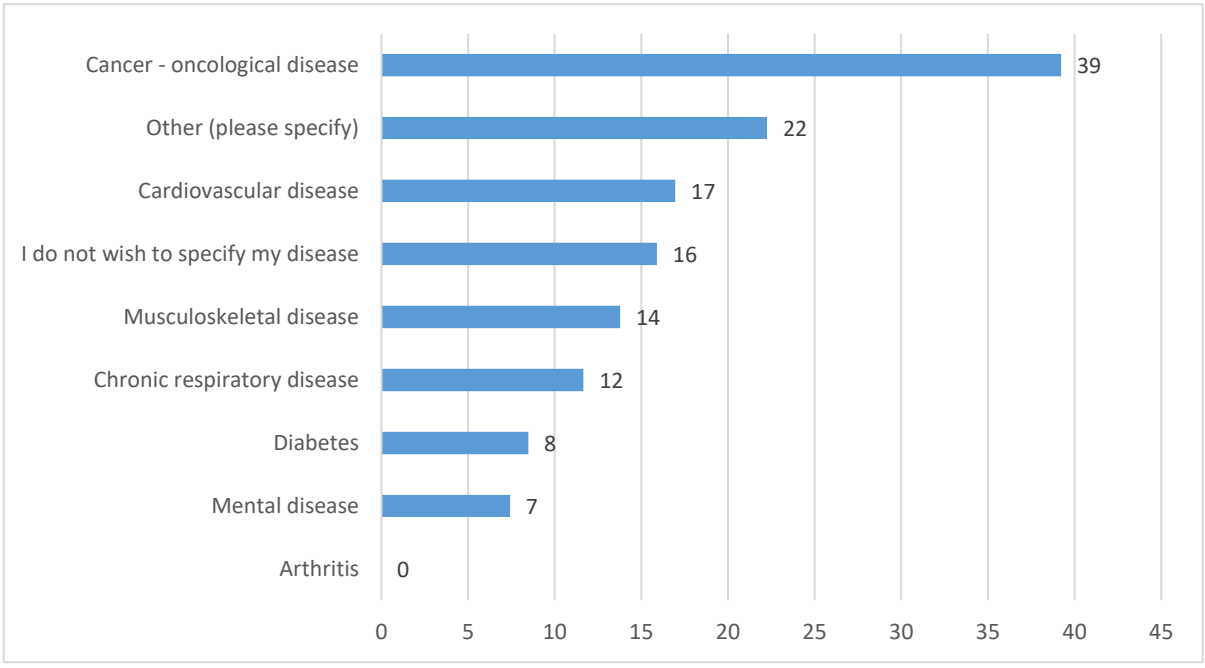
Source: REWIR social partners' survey, own calculations; number of respondents: 7.

Figure A 2. Perception of the role of trade unions and employers' associations in RTW policymaking and implementation (Q13, Q14, Q17, Q18)



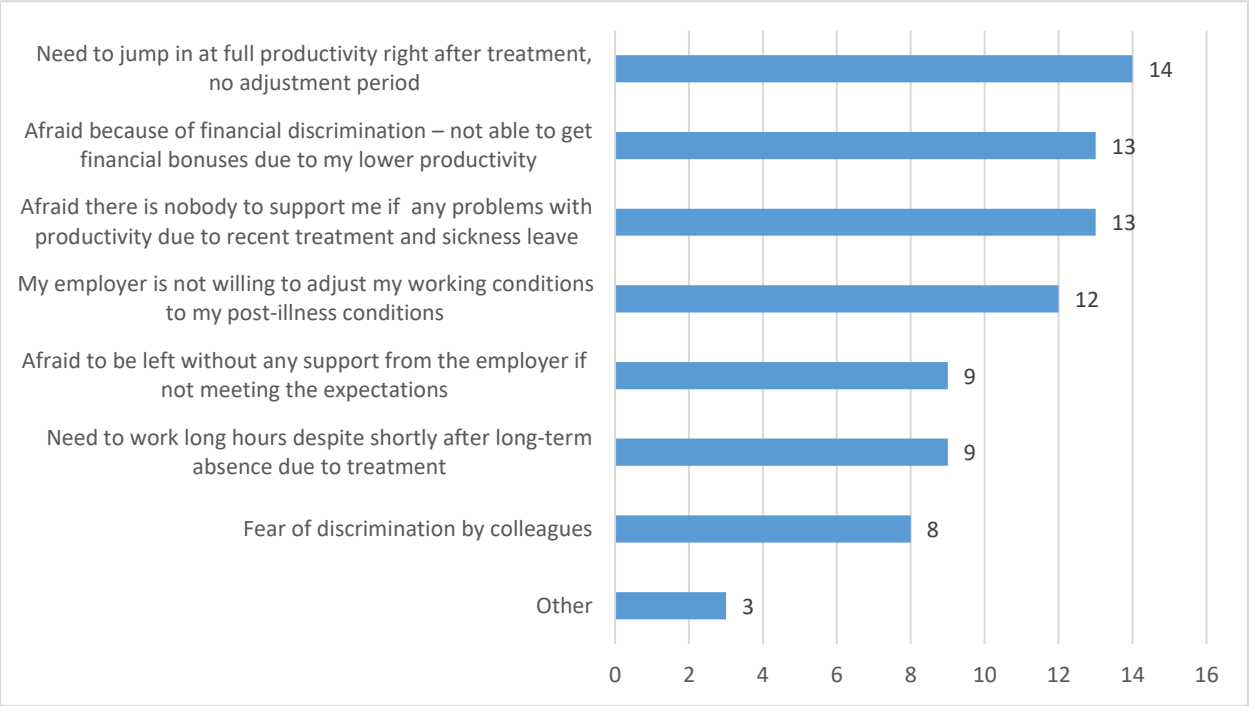
Source: REWIR social partners' survey, own calculations; number of respondents: 6.

Figure A 3. Share of workers according to type of disease (Q7 + Q25) (%)



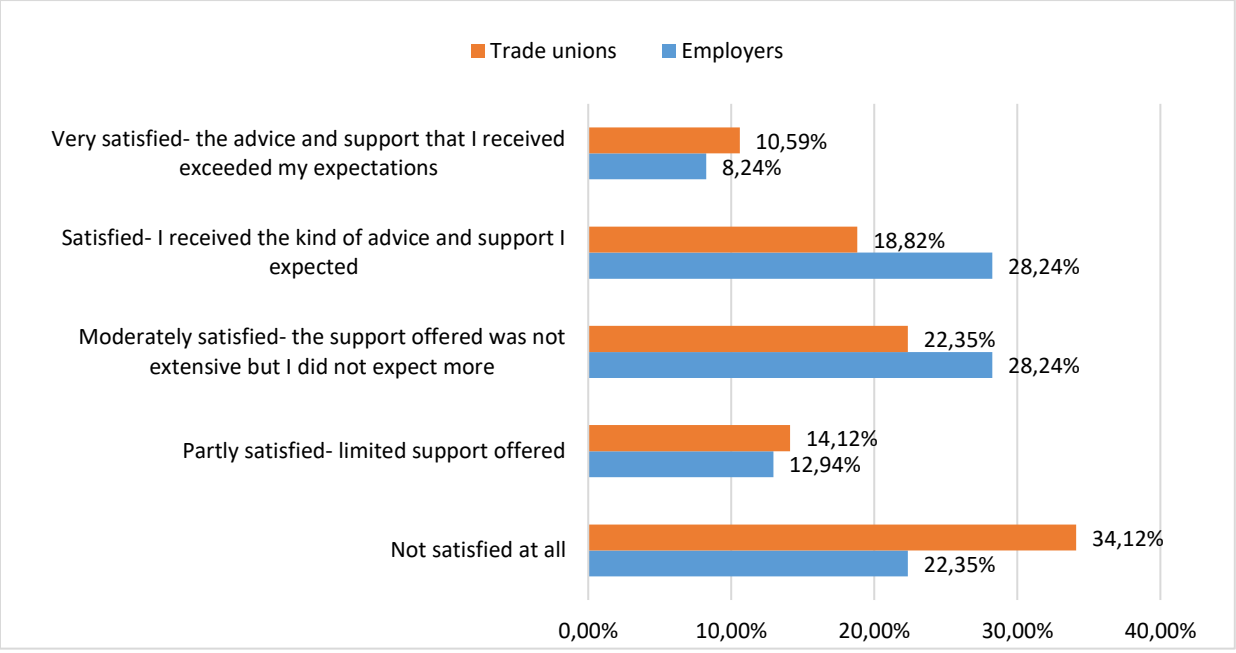
Source: REWIR workers' survey, own calculations; number of respondents: 106 (multiple choices).

Figure A 4. Reasons for workers' concerns about returning to work (Q42 + 43)



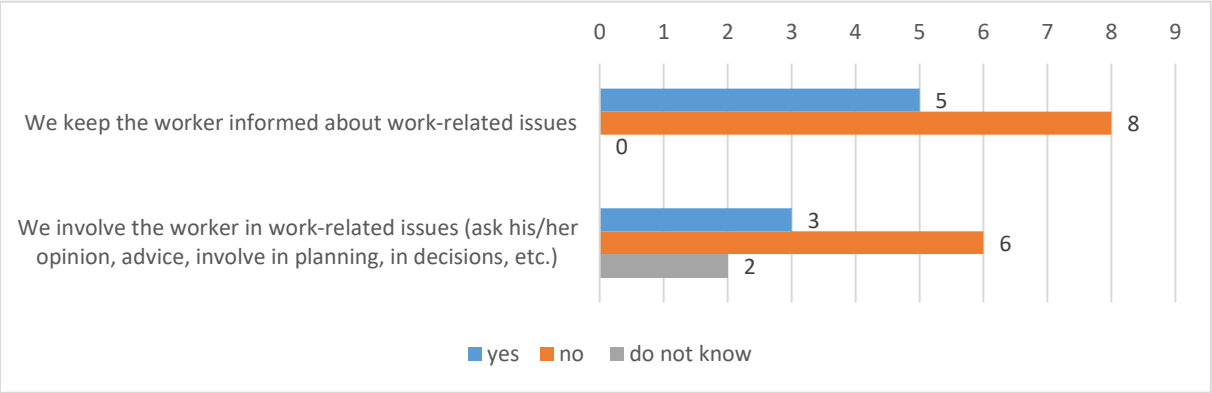
Source: REWIR workers' survey, own calculations; number of respondents: 34 (multiple choices).
Note: 34 respondents out of 85 were concerned about their return of work.

Figure A 5. Workers' satisfaction with the help and support from employers and trade unions in RTW (Q40 + 41)



Source: REWIR workers' survey, own calculations; number of respondents: 85.

Figure A 6. Managers' perception of the nature of interaction between the organisation and workers during their sick leave/absence from work



Source: REWIR managers' survey, own calculations; number of respondents: 13.