



# Shaping return-to-work policy: the role of industrial relations at the European, national and workplace levels

## Perspectives of managers and workers

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**Negotiating Return to Work in the Age of  
Demographic Change through Industrial Relations (REWIR)  
Project No. VS/2019/0075**

### **Deliverable 4.3**

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## Introduction

The aim of this workplace-level report is to analyse the experiences of workers and managers with returning to work after chronic diseases. The workplace perspective is described along with the European and national-level specifics. We use two surveys conducted as part of the REWIR project that are most suitable for capturing the workplace perspective from both managers and workers: (a) a survey among employees who returned to work after a chronic disease and (b) a survey among managers about their experiences with supporting returning workers.

The managers' survey gathered 164 valid responses from 6 EU member states. The topics covered in the survey included managers' views on the division of responsibilities in the return-to-work (RTW) process, the support needed and the resources they considered to be lacking when dealing with returning workers.

From the workers' survey, the REWIR team collected 927 responses, including those from 622 respondents who had been diagnosed with a chronic disease in the past or recently, from 11 EU member states. Workers described their experiences in a range of areas: the response of their employer when they announced the need for sick leave, the support received and their satisfaction with it, who the contact person was, who coordinated their RTW at the company and whether they planned to return to the same job as before the disease. All of these individual responses help us to better grasp the functioning and potential problems of the RTW process in practice.

## Basic data description

Looking at the **manager's survey**, the number of respondents varied by country and by type of management position. There were 47 responses from Italy, 44 from Romania, 37 from Belgium, 19 from Ireland, 18 from Slovakia, 16 from Estonia and 3 from other countries not included in the analysis. Managers in the category of human resource management were most represented in the survey (78), followed by general management (44), immediate management, team leader or line manager (37). Dedicated committee managers (8) were least represented in the survey.



**Figure 1. Managers' position types, by country**



Source: REWIR managers' survey (N = 184). Answers shortened to ease reading.

In terms of the size of enterprises, most of the responses were from firms with 250+ employees (76), followed by the categories of those with 50-249 employees (58) and 10-49 employees (31); the lowest number of responses were from the category of 1-9 employees (19). With minimal variations, this order applied to all countries.

In terms of sectors, manufacturing (36) and financial services (26) were most represented, with the third most frequent option being 'other' (21) followed by public administration (15). Due to the detailed list of sectors included, with 22 options, the rest of the sectors had fewer than 10 observations. When looking at the type of ownership, manager respondents were relatively equally distributed among workplaces: domestic private ownership (66), domestic public organisation (51) and foreign private ownership (67).

Respondents worked at companies where the predominant types of workers were administrative workers/office clericals (60) and highly skilled specialists (41), followed by low-skilled manual (26) and medium and skilled manual (25). Other numbers were significantly lower.

The **workers' survey** gathered 927 responses; however, 305 respondents had not been diagnosed with a chronic disease and were therefore excluded from the sample. The survey



was divided into two sections, each with a set of common and unique questions, depending on whether the respondent “was diagnosed in the past and underwent treatment” (499) or whether the respondent “was diagnosed only recently and the treatment has started or is starting shortly” (123).

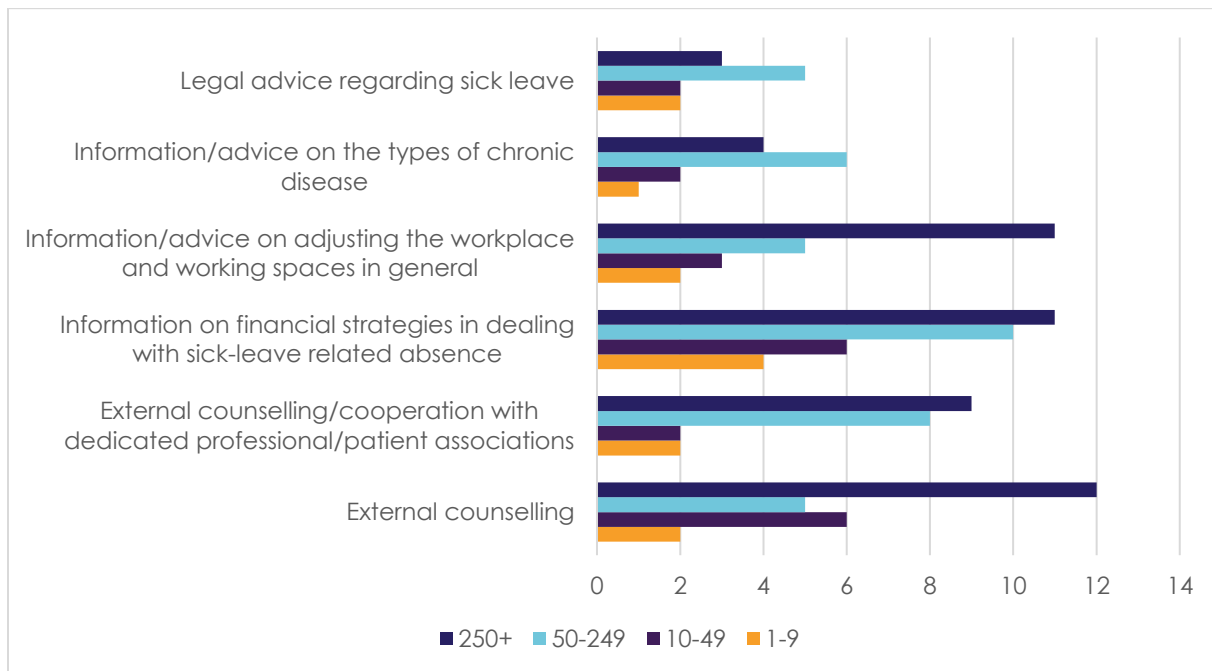
Most of the respondents were workers with university education (388), followed by those with upper secondary education (210). Those with professional or tertiary education (120) and post-secondary vocational education (119) were represented almost equally. The categories of workers with lower secondary education (69) and no education (17) were least represented.

## Managers’ attitudes towards RTW

In this section, we analyse the perceptions and attitudes of managers towards RTW, the resources needed and missing, the division of responsibilities and agency in the whole process.

First, we focus on the resources that the organisations and managers would consider supportive in dealing with workers on sick leave. Then, we contrast these findings with what they found to be lacking.

**Figure 2. Resources that are lacking, by firm size**



## REWIR Comparative Report



Source: REWIR managers' survey (N = 123). Answers shortened to ease reading.

External consultation with doctors or therapists was considered to be the most supportive by the largest number of managers (32), followed by external consultation with professional or patient organisations dealing with the subject (24). Thus, managers seemed to most welcome external support for RTW. At the same time, they would also welcome support in the form of information and advice: (a) on adjusting the workplace and working spaces in general (23), (b) on the types of chronic diseases (18), (c) on financial strategies in dealing with sick leave-related absence (15) and (d) legal advice regarding sick leave (18). There is no specific variation in the responses related either to firm size, above the overall overrepresentation of larger companies in the sample, or to country. Interestingly, there does not seem to be a big disparity between responses on the supportive measures and those that were deemed to be lacking. Among all the responses, there is a similar number favouring a certain measure and an opinion that the measure is missing – except for information on financial strategies, for which there are many more responses by managers signalling that it is missing.

Besides the question related to resources for the RTW process, there was an important question related to agency in returning to work. We discuss who, in the managers' view, holds the initiative, who is in charge of the RTW process and who should be more involved.

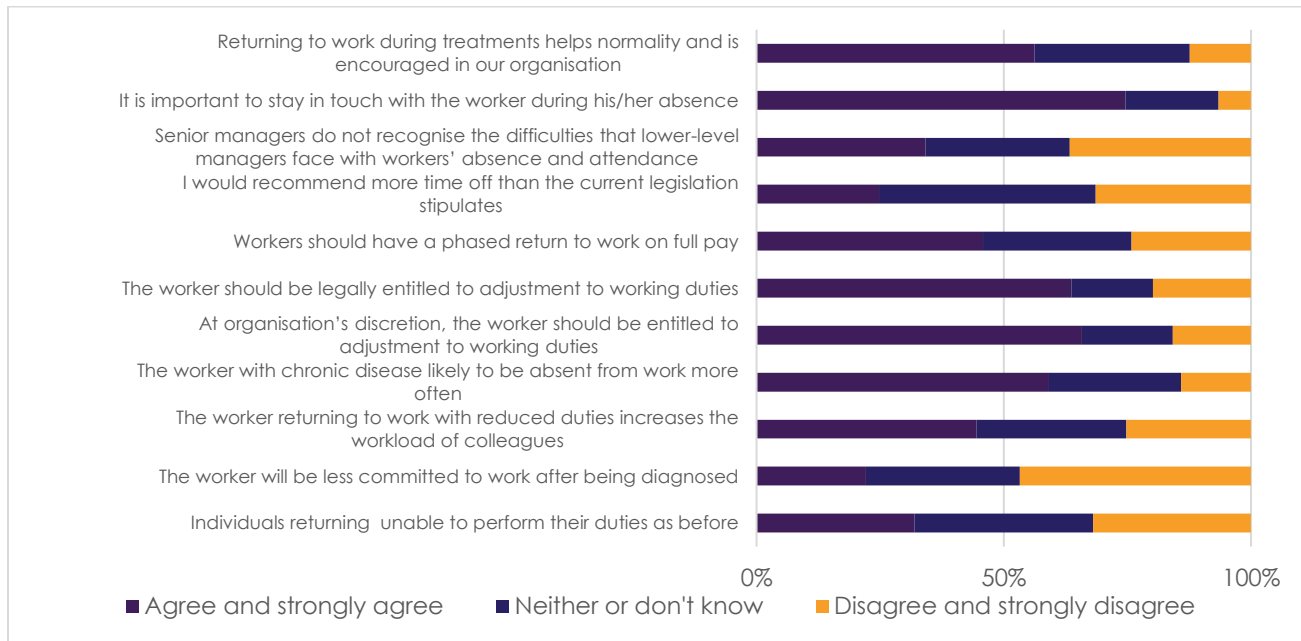
With regard to taking initiative, the results for this question seem relatively straightforward: workers with chronic diseases were perceived as the most proactive (87). Yet, some managers stated that the organisation – management and employers (25) – took the most initiative. By country, in Italy and Ireland there seems to be the least difference in the number of responses choosing between these two answers – whereas in others, workers were most often mentioned. Doctors and therapists (8), support specialists (3) and trade union representatives (2) were mentioned by only a few managers. The size of the company did not make a difference in responses.

As to the question of who is in charge of the RTW process on behalf of the company, human resource management (68) was clearly most often mentioned by managers, followed by the line manager/team leader (28) – the managers who are closest to the employee. General management was mentioned only rarely (13). The analysis by company size shows that the



involvement of general management occurs mainly at smaller firms. When asked who else in the organisation should be responsible for handling the RTW process, managers most often answered the closest manager to the worker concerned (52). There seems to be some discrepancy between who is actually responsible and who they think should be responsible. There is a reasonably higher number of those who mentioned human resource management (28) or a dedicated health and safety committee (20).

**Figure 3. Level of agreement with RTW statements**



Source: REWIR managers' survey (N = 120 observations).

In the survey, there was a series of 11 statements where the respondents expressed their level of agreement on a five-point scale. These statements help us to better understand the perceptions of the RTW process by managers. For the purposes of a graphical representation, the answers were merged into a three-point scale.

Managers tended to agree the most with the following statements: "it is important to stay in touch with the worker during his/her absence" (75%), "at [the] organisation's discretion, the worker should be entitled to adjustments to working duties" (66%) and "the worker should be legally entitled to adjustments to working duties" (64%).



The respondents expressed most disagreement with these statements: “the worker will be less committed to work after being diagnosed” (47%) and “senior managers do not recognise the difficulties that lower-level managers face with workers' absence and attendance” (37%).

For three statements – “I would recommend more time off than the current legislation stipulates”, “individuals returning are unable to perform their duties as before” and “the worker returning to work with reduced duties increases the workload of colleagues” – the level of agreement, disagreement and the number of “don't know” answers seem to be relatively equally distributed.

### Workers' perspectives

This section of the report focuses on workers' personal experiences with the RTW process – what works and what should be improved. Even though the workers' survey was divided into two sections based on the question of whether the worker was diagnosed in the past or only recently, some questions were comparable, while there was also a unique set of questions for each of the two options.

From the point of view of employees, the most important person in the process of their return to work was clearly the team leader/line manager (139). This corresponds to the results of the managers' survey. Workers thus tended to primarily turn to their closest supervisor.

The second most important body was the HR department (81). Surprisingly, the boss of the company came in third (49); however, this could be explained when looking at the firm size. These findings are especially valid for smaller firms with fewer than 20 employees and for those with between 50 and 500 employees. Workers also mentioned a professional association working with patients (45), which was the fourth most frequent answer. The option of a “psychologist/occupational therapist outside my company” was mentioned by 41 respondents, while the same possibility, but “in my company” had 22 responses. Trade unions were the least frequently mentioned (20).





**Table 1. Most important person/organisation in RTW**

Response	Diagnosed in the past	Diagnosed recently
My team leader/line manager	122	17
The HR department in my company	74	7
The boss of my company	43	6
A professional association working with patients like myself (League against Cancer, League for Mental Health, etc.)	40	5
Psychologist/occupational therapist outside of my company	37	4
Don't know	25	-
Psychologist/occupational therapist in my company	22	-
A rehabilitation institute	18	2
A trade union	17	3
Labour market authority	8	-
I don't need support and will not contact any of the above persons or organisations	-	7

Source: REWIR workers' survey (N = 457).

When asked about who they will contact for support to make their return to work easier (Q24), the most common answer was the “team leader/line manager” (16). The options that followed were “will not contact any of the above persons or organisations” (7), “the boss of my company” (7) and “HR department” (6).

When workers who had been diagnosed recently were asked about the support they had received from their employer after announcing the need for sick leave, the responses were slightly negative in terms of real help. Most of them had experienced a generally supportive response, but with no help or support offered during the sickness leave (17). A supportive response with help and support being offered during leave had been experienced by 15 workers. But 10 workers thought that the company cared only about its business and not about the wellbeing of employees. A large share of workers (76) who had been diagnosed in the past and had already completed the process of returning to work during the research assessed the experience with the employer as not satisfactory at all. Still, 60 of them were moderately satisfied, noting that the support offered had not been extensive but they had not expected more. There were 54 satisfied employees and 23 very satisfied employees, whose expectations had been exceeded.

## REWIR Comparative Report



**Table 2. Support received**

Diagnosed recently		Diagnosed in the past	
A generally supportive response, but no help or support offered during my sickness leave	17	Moderately satisfied – the support offered was not extensive but I did not expect more	60
A supportive response, help and support offered during my sickness leave	15	Not satisfied at all	76
An indifferent response, the company only cares for its business but not for wellbeing of employees	10	Partly satisfied – limited support offered	47
Don't know	4	Satisfied – I received the kind of advice and support I expected	54
I did not announce my need for a long-term absence as I feared losing my job	5	Very satisfied – the advice and support that I received exceeded my expectations	23

Source: REWIR workers' survey (N = 311).

Despite the relatively reserved reaction to the support received, a majority of the workers recently diagnosed intended to return to the same job; more than two thirds of those who had been diagnosed in the past did so.

**Table 3. Intentions to return to the same job**

Do you intend to return to your current job after treatment?		Have you returned to the same job position?	
Don't know yet	7	I don't know	6
No	6	No	46
Yes	21	Yes	106
Yes, and I will continue working during treatment if possible	20		

Source: REWIR workers' survey (N = 212).

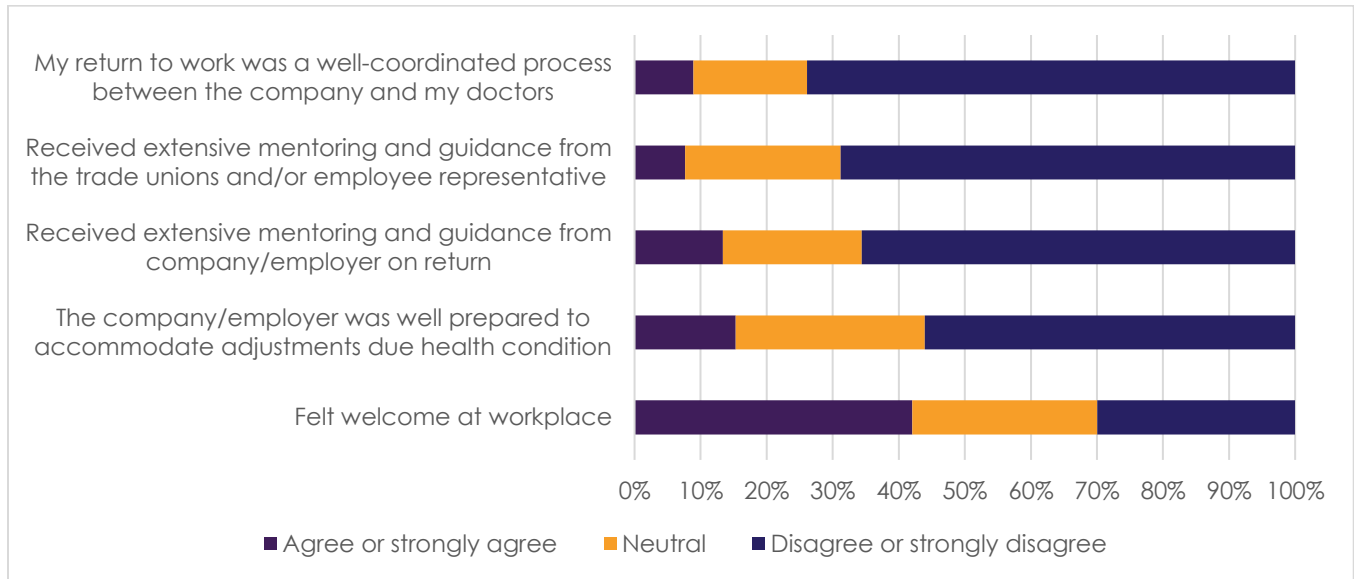
### *Perceptions of workers diagnosed in the past*

When looking at the responses related to the return to work, workers felt negatively about the support received. A majority of workers disagreed with statements that the extent of support was satisfactory. Most did not think their RTW process was a well-coordinated process between the company and doctors (74%), nor that they had received extensive mentoring from trade unions (69%) or the company (66%). More than half disagreed with the statement that the company was well prepared to accommodate the adjustments required due to health



conditions, while 29% were neutral and only 15% agreed. The workers felt most positive about being welcome at the workplace, with 42% agreeing.

**Figure 4. Coordination and mentoring while returning to work**

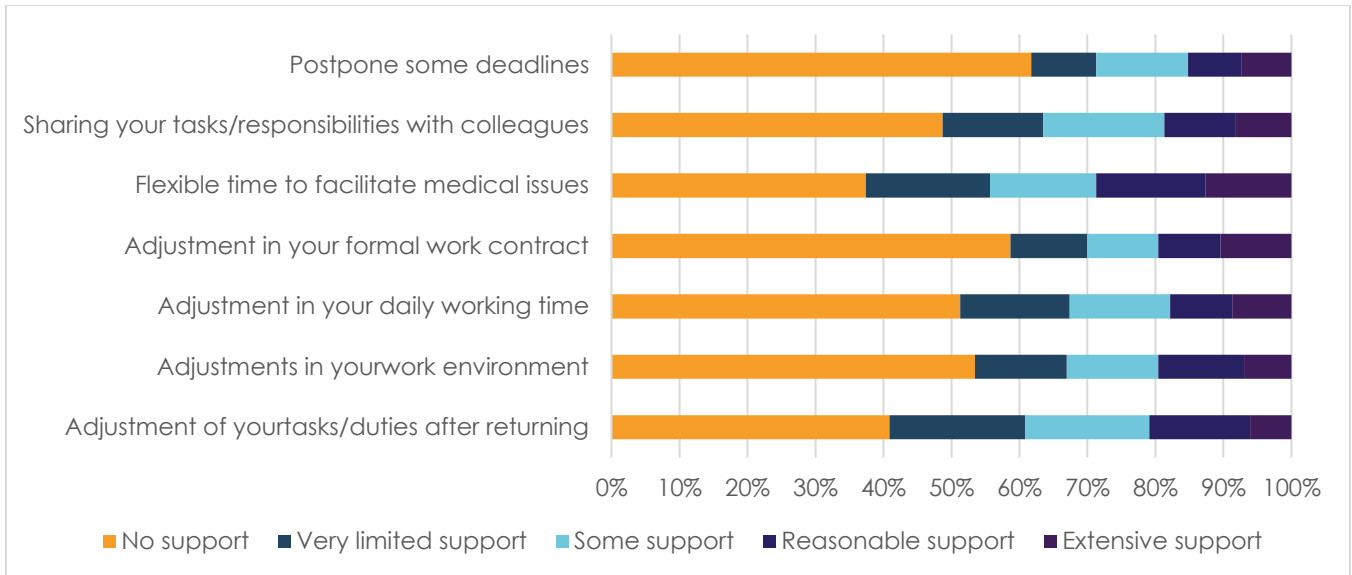


Source: REWIR workers' survey (N = 157). Answers shortened to ease reading.

When looking at Figure 5 on perceptions of the support received, the results suggest that a majority of workers who had been diagnosed in the past felt that there had been no support in adjustments for health conditions or very limited support. Less than a fifth of workers felt they had received either reasonable or extensive support upon their return to work.



**Figure 5. Perceptions of the support received**

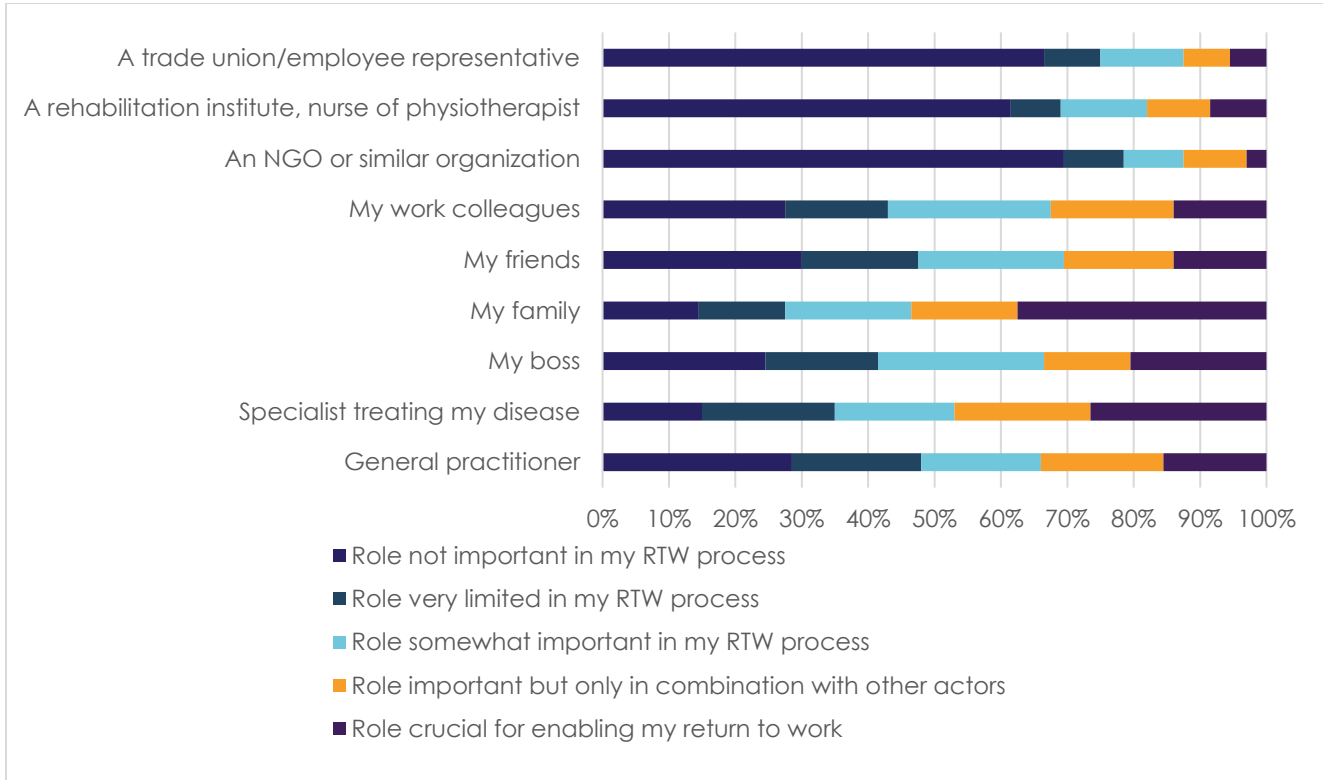


Source: REWIR workers' survey (N = 230). Answers shortened to ease reading.

According to answers given to the question of who the most important people or organisations are in facilitating return to work, workers diagnosed in the past clearly identified family as the most important, followed by the specialist treating the disease and then the boss at their company. They perceived the role of a rehabilitation institute, an NGO or similar organisation dealing with the type of disease affecting the worker, a trade union or employee representative as less important in facilitating return to work after sickness leave.



**Figure 6. Importance of people or organisations in facilitating return to work, for workers diagnosed in the past**



Source: REWIR workers' survey (N = 200).

## Conclusions

In this report, we have analysed the workplace perspective on employees returning to work after a chronic disease, considering the views of both workers and managers. Based on two surveys conducted for the project, we have presented findings regarding the support received, the resources that appear to be lacking, the importance of specific groups and organisations in the process and the personal experiences of people who have gone through it. The findings suggest that managers lack information about the return-to-work process and that they would welcome more external support as well. There is no significant disparity between what managers consider to be supportive and what they consider to be missing. The responses seem to be distributed equally by company size and country of origin.



With regard to taking initiative in the RTW process, workers with chronic diseases were perceived as the most proactive.

Human resource managers, line managers and team leaders are usually in charge of RTW on behalf of the company. The analysis by company size shows that the involvement of general management occurs mainly at smaller companies. This is in line with the fact that managers most often responded that the closest manager to the worker concerned should be responsible for handling the RTW process.

From the point of view of employees, the most important person in the RTW process is clearly the team leader or line manager. At smaller companies, and not to a negligible extent, it can also be the boss of the company. This corresponds with the results of the managers' survey. Trade unions were the least frequently mentioned.

In terms of support from their employers, workers experienced a generally supportive formal response, but with no real impact. A majority of workers disagreed with statements that the extent of support had been satisfactory. Most of them did not think their RTW process had been well coordinated between the company and doctors, nor had they received extensive mentoring from trade unions or the company. Therefore, there is ample scope for improving company-level policies on the RTW process.