Project Title

Impact on Changing Social Structures on Stress and Quality of Life: Individual and Social Perspectives

Project Acronym/Logo

Work Package 6

Professional Study: The Netherlands

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Table of Abbreviations

GM	General Manager
GP	General Practitioner
HRM	Human Resource Manager
LE	Labour Experts
MHP	Mental Health Professional
OHP	Occupational Health Physician
RC	Reintegration Counsellors

Section 1: Overview and Commentary on the Professional Study

1.1 Overview of the Professional Study

The professional study is one of three interrelated studies within the Stress Impact Project- a pan European research study of long term absence from work due to stress related problems. The professional study has been designed to:

- Explore health care and employment professional's opinions and attitudes towards 'stress', long term sickness absence and work resumption,
- Identify their current policies for dealing with stress related long term absence,
- Explore and identify the interventions they use to support people back into the workplace, and
- Explore their experiences of dealing with long term stress related absence.

The findings of this research will highlight commonalities and discrepancies between and within professional health care and employment groups concerning long term stress related sickness absence and work resumption both in Ireland and across participating countries (Austria, Finland, Italy, the Netherlands and the UK). They will also be used to determine whether professional thinking on these issues is comparable to the experiences of those individuals who are, or have been, absent due to a stress related complaint. Ultimately these results and those of the other interrelated studies within the Stress Impact Project will be used to provide the basis for a theory of long term sickness absence and provide input in the future development of policies and guidelines of best practices for those professional groups.

1.2 Recruitment of Professionals

For this study we recruited General Practitioners (GPs), Occupational Health Physicians (OHPs), Return to Work Specialists, (Reintegration Counsellors and Labour Experts) Mental Health Professionals, HRM Professionals, and Managers. All professionals were approached by telephone. After giving them information on the professional study we asked them to participate. When professionals agreed to participate in the telephone interview we sent them an information brochure and a

summary of the various interview topics. The professionals did not receive payment for their participation. As a small incentive we sent them a scratch card.

The recruitment did not occur at random. We tried to approach professionals in our own network and professionals we knew from former projects. In addition, we asked interviewees whether they could refer us to other professionals. We also searched for professionals using the Internet. Only the OHPs and GPs were recruited otherwise: they were recruited through the LTA (Long-Term Absence) employees who participated in the WP5 study of the Stress Impact Project. We asked the employees to give information about their GP and OHP.

Given that many professionals were recruited from our network and that participation was voluntary, a selection bias may have occurred. This possible selection bias and the small number of interviewees in each professional category may weaken the representativeness of our data. However, since this is qualitative research project representativeness is not our most important goal. Rather, the data provide in-depth descriptions of the views of professionals regarding return to work in case of sickness absence due to stress-related problems. Nevertheless, we do believe that our results provide a good impression of the various views of the participating professionals.

For individual profiles of the participating professionals the reader is referred to Annex 1. For function descriptions, see Annex 2.

1.2.1 Recruitment GPs / OHPs

Initially, we approached the GPs of LTA employees who filled out the questionnaire for WP5. We asked the employees to give information about their GP and OHP. The GPs appeared quite reluctant to participate in the professional interview study. They felt that the interviews were too long and they did not want to participate without remuneration. Therefore, only one GP of the WP5 respondents wanted to participate. Because of this low response rate, we decided to find GPs in our own network. This way we could increase the number of participating GPs, which added up to a total of five participating GPs.

On the other hand, the OHPs were quite willing to participate. All of the OHPs that we approached were the OHP of an employee who filled out the WP5 questionnaire. We interviewed eight OHPs.

1.2.2 Recruitment RTW specialists

In the Netherlands both Reintegration Counsellors and Labour Experts are considered to be Return to Work (RTW) specialists. Therefore, we interviewed both of these professional groups. The RTW specialists that we approached were generally willing to participate in the interview. We interviewed five Reintegration Counsellors and five Labour Experts.

1.2.3 Recruitment Mental Health Professionals

We approached both psychologists and psychiatrists. Overall, most of the psychiatrists we approached did not want to participate. In the Netherlands it is not common to involve psychiatrists in the treatment of stress-related conditions. Psychologists, on the other hand, were quite willing to participate. Eventually, we interviewed four psychologists and one psychiatrist. The psychologists were mostly clinical psychologists: only one of them was an industrial and organizational psychologist.

1.2.4 Recruitment HRM professionals

The HRM professionals were quite cooperative. We hardly had any difficulties recruiting them. In total, five HRM professionals participated.

1.2.5 Recruitment Managers

For the interviews with the managers we wanted to recruit managers who are working closely with their employees. Managers whose distance with their employees is too large probably could not answer the questions asked in our interview. We recruited three supervisors and two general managers.

Professional	***Specified***	***Number of participants***
General Practitioners		5
Occupational Health Professionals		8
Return to Work specialists	Reintegration Counsellors	5

	Labour Experts	5
Mental Health Professionals	Psychologists	5
	Psychiatrists	1
Human Resources Manager		5
Managers	Supervisors	3
	General Managers	2

1.3 Commentary on the Professional Study

1.3.1 Adaptation of the interview schedule to the professional group

When necessary we changed the international format for the professional interviews in order to adapt the questions to the situation of the professionals. For example, the question 'In the case where a patient/client has a stress-related condition, do you investigate whether or not they are absent from work?' was omitted in the interviews with professionals who always know whether a person is absent from work (e.g., the RTW specialists and the OHP). In addition, the question 'If a patient has been absent from work due to a stress-related condition, do you get involved in assisting them to return to work?' was changed into 'If a patient has been absent from work due to a stress-related condition, how do you get involved in assisting them to return to work?' when it was precisely the professionals' job to help the employee to get back to work. Similarly, the question 'Have you ever been contacted by a patient's employer/ employer's representative with regard to returning them to work?' was adapted for those professionals who have contact with the employers at all times. The adapted version of the question was 'Could you describe the communication you have with patients'/clients' employers?'

1.3.2 Problematic Questions

The questionnaire combined open and closed questions. In general, the closed questions did not work very well. The professionals usually wanted to make subtle distinctions, which the answer categories did not allow. Another problem was that the answer categories of the closed questions did not always fit with the profession. Especially the question of what treatments or interventions the professional would recommend/prescribe gave difficulties. For example, it is known that only medical doctors are allowed to prescribe medication. Therefore, when we asked professionals whether they recommended medication, some might have answered 'never', because they are not allowed to prescribe medication. Additionally, some professionals had

difficulties answering this question because they usually do not refer to or recommend treatment.

Some questions in the interviews produced irritation or confusion. A question that sometimes provoked irritation was the question about the reason why professionals used a certain label or diagnosis most often. Participants thought it was quite obvious why they used that label most often: that specific disorder or complaint occurred most frequently.

Sometimes professionals got confused, because they thought they had already answered a certain question. The questions ‘What kind of treatments or interventions do you normally use in the case of a client presenting with a stress-related condition?’ and ‘what kind of specialist would you refer a client to who has presented with a stress-related condition?’, could elicit similar or overlapping answers. Professionals often referred to answers previous in the interview or they gave a shorter answer on the second question. A similar problem occurred with the questions for managers and HRM professionals about sickness absence policy and what the organization usually does when an employee reports sick.

Sometimes the interviewers had the impression that the interviewees responded to a question the interviewer did not ask. For example, when the professionals were asked what kinds of causal factors patients refer to when they are talking about stress, they sometimes appeared to answer what they, in their professional opinion, regarded as a causal factor. Another example comes from two questions in the managers’ interview about work arrangements and adaptations, one being ‘Please indicate if any of the following changes are made in the workplace by the organisation to prevent employees going out absent?’ and the other ‘Are you aware of any of the following work arrangements/adaptations being made by the organisation to assist an employee who has been out absent to return to work?’ We had the impression that managers did not always distinguish between these two questions.

Section 2: Description by Types/Categories of Professionals

2.1 Issues and Trends

2.1.1 Incidence of stress and reasons for increase/decrease

General Managers (GM)

According to four managers the incidence of stress has increased. The reason for the increase in stress according to one manager is the economic recession, which leads to downsizing and more demanding clients. Another managers pointed out that mergers and reorganization cause stress in his organization. The third manager mentioned the growing diversity and complexity of orders from clients as a reason for stress. The fourth manager attributed the increase in stress to an increased work pace. One manager stated that the incidence of stress has remained the same in her organization, but then again, another manager indicated that stress incidence decreased, as a consequence of a rejuvenation of staff and an improved training**.**

Human Resource Managers (HRM)

Three HRM professionals have the opinion that the incidence of stress in their organization has increased over the past five years. According to two of these professionals this increase is due to a planned or executed merger in their organisation. The third professional thinks this increase is caused by enduring changes in society, where the work environment is becoming more demanding (e.g. faster communication through e-mail; people expect you to respond on short notice).

According to one HRM professional the incidence of stress in the workplace has decreased over the past 5 years, as a result of increasing attention and activities concerning sickness absence due to psychological complaints (e.g. stress training for managers and employees). The company's absence figures and a company research on psychological factors in the workplace of this professional support this view.
The fifth professional believes that the incidence of stress in the workplace remained the same over the past 5 years.

Reintegration Counsellors (RC)

Most Reintegration Counsellors believe that the prevalence of stress has increased over the past five years. They state that one of the reasons for this increase is the growing pressure of workload. The overall tendency of today's society leans towards more production. Employers ask more from their employees, but then again, employees also challenge themselves by pushing their own limits in order to prove themselves. Another reason for the increase of stress prevalence is that they women experience more stress combining work and family life.

One Reintegration Counsellor does not believe that stress has increased. According to this counsellor, the observation of increasing or decreasing stress depends on the attention that is being paid to stress in organizations. Another Reintegration Counsellor notes that it has become easier to discuss stress. She is not sure, however, whether stress has really increased.

The percentage of clients across RCs with the principal diagnoses 'stress-related complaints' is diverse. One RC mentioned that very few of his clients have this principal diagnosis. The other estimations vary around 17% and 50%. Most clients get a stress-related diagnosis but their principal diagnosis is a personality disorder or a depression. One RC mentioned that 95% of his clients have stress-related complaints without the principal diagnosis stress.

Labour Experts (LE)

According to three Labour Experts (LEs) the incidence of stress has increased over the past five years. Reasons for this increase include changing job demands and work supply, which lead to an imbalance between workload and employees' capacity. This is particularly a concern among elderly and semi/unskilled workers. By automating and computerizing labour, work becomes increasingly difficult and people loose their affinity with the occupation that they once chose to do. Additionally, stress has become a major subject of discussion. In the past stress also existed, but it was often labelled as a physical problem.

One Labour Expert mentioned that the incidence of stress has stayed the same over the past five years. However, people are experiencing more stress, because they are

becoming too self-demanding. The fifth Labour Expert stated that she does not know whether the incidence of stress has increased or decreased.

General Practitioner (GP)

The GPs' patients vary in how often they mention stress when they describe their situation. One GP said that her patients hardly ever mention stress, while the patients of the other GPs mention stress sometimes to frequently. The percentage of patients across GPs with the principal diagnoses 'stress-related complaints' varies from 5% to 50%. Four GPs believe that stress has increased during the last 5 years and one GP thinks that stress prevalence has remained the same. Reasons for the increase in stress is an increase in pressure on people regarding personal relationships, work, children, income and workload. One GP mentioned that not having a job could also cause stress. Another GP ascribes the increase of stress to the fact that people are more aware of stress, and would therefore use the label 'stress' more often.

Occupational Health Practitioners (OHP)

Most OHPs indicated that stress has increased during the past five years. One of the reasons they identify for this increase is the use of guidelines by GP and OHP. When guidelines are used, stress is recognized in an earlier stage. Patients also attribute their problems to stress more often than in the past. A more demanding society is also viewed as a source of stress. Other reasons are mergers, reorganizations, shortage of staff and new supervisors.

The percentage of clients across OHPs who describe their complaints as stress-related varies from 20% to 50%.

Two OHPs believe that the frequency of stress-related complaints has remained stable. One of these OHPs thinks that our culture and societal demands do not allow sickness absence caused by stress. The other OHP noticed an increased problem solving capacity of individuals.

Mental Health Professionals (MHP*)*

The estimations of the incidence of stress vary to a great extent among Mental Health Professionals (MHPs). These percentages vary from 3% to 60%.

According to two Mental Health Professionals the incidence of stress has increased over de past five years. Two professionals believe that the incidence of stress has been the same over the past five years, and one MHP does not know whether there has been an increase or decrease.

One of the MHPs who believes there has been an increase in the incidence of stress attributes this to the poor economical situation; companies nowadays ask a maximum performance of their employees. Another factor is the rising number of American companies in the Netherlands. The high achievement orientation and the reward and punishment systems of these American companies would lead to a high workload for employees.

2.1.2 Models of Stress

General Managers

The organizations in which the interviewed managers are working do not use a specific model of stress. However, most managers had their own definition. The managers identified several causes of stress. One manager mentioned a combination of a demanding work situation and a demanding private situation. Another manager believes that stress occurs when individuals do not acknowledge their incapability: every now and then, individuals have to accept that they cannot succeed in all aspects of their jobs. In addition, an inability to cope with work-related pressure and a work-life imbalance are mentioned as stressors. Stress is also described as excessive psychological pressure that impedes with normal functioning: both in work performance and communication with colleagues.

Human Resource Managers

According to all HRM Professionals, their organization does not use a specific definition of stress. The professionals themselves describe stress as a situation of overworking or strain (physical or psychological), or an imbalance between workload and work capacity. They also stated that stress refers to an inability to deal with work or a work-related situation, or to the experience of pressure where one is unable to influence or change the situation. Signals of stress include complaints such as fatigue, lack of energy, concentration problems, headache, migraine, and influenza. Signals of

stress also include behavioural reactions such as an emotional imbalance, emotional reactions or outbursts, resistance, being curt with people, conflicts, absenteeism, breaking appointments, or making unclear appointments.

Three managers pointed out that an increase in absence-frequency is a stress signal. Furthermore, according to two managers, poor concentration and making mistakes are clear indicators for stress. Other stress signals are: low spirit, emotional eruptions, avoiding contact, cynicism, fatigue, not finishing work, and breaking engagements.

Reintegration Counsellors

In their definitions of stress, the Reintegration Counsellors identified various causes of stress. Some of these Reintegration Counsellors say that stress is caused by an imbalance between exertion and rest. Others mention an imbalance between the demands from an employer and the ability of an employee. Individuals suffering from stress feel as if they have too much work to do and that they are unable to finish their work. Another distinct feature of stress is that individuals fail to indicate and communicate the limitations of their capability to others. Stress manifests itself in the individual being agitated and tense. Other symptoms of stress are fatigue and poor concentration. The Reintegration Counsellors also mention that individuals suffering from stress get very emotional and say things they will regret later on. They also lose the ability of putting things into perspective.

Labour Experts

The Labour Experts describe stress in several ways: (1) an imbalance between workload and employees' capacity and inability to deal with this situation, and (2) inability to cope with work or pressure (3) being overworked or mentally overstrained and (4) experiencing pressure, for the reason that one does not succeed in finishing work within a given time. Stress manifests itself in panic attacks and resistance.

General Practitioners

Most GPs consider a situation in which a person cannot meet the demands he or she is faced with as a potential cause of stress. One GP thinks of stress as a situation in which people cannot handle negative experiences. Others pointed out that work pressure might convert into physical complaints of stress. Thus, physical complaints

of stress have a psychological or emotional cause. Moreover, among GPs stress is considered as an imbalance between workload and capability. Musculo-skeletal and psychological complaints were the most frequently mentioned manifestations of stress-related complaints.

Mental Health Professionals

Most Mental Health Professionals described stress as being or working under high pressure, which leads to the production of stress hormones, strain, and physical and/or mental complaints. One MHP described stress as an imbalance between (work) load en (work) capacity, and another MHP described stress as the inability to 'hold one's own', or the inability to cope with the situation. One professional mentioned that healthy stress also exists.

2.1.3 Most frequent diagnosis

Reintegration Counsellors

The most frequent diagnosis according to the Reintegration Counsellors is back pain, strain, burnout and depression.

Labour Experts

The Labour Experts mentioned psychological or emotional complaints, such as burnout, depression, overstrain due to work and home situations, as important stress-related conditions. Two professionals also mentioned physical complaints, such as back pain, shoulder pain, rheumatism, and chronic fatigue. One of the experts also mentioned personality-related complaints. The percentage of clients whose primary diagnosis concerns stress-related conditions is estimated at 20% to 50 %.

General Practitioners

Most GPs mentioned vague and multiple physical complaints, such as neck strain, headache and stomach ache, as 'diagnoses' of stress-related complaints. Common diagnoses mentioned by three or more GPs are depression, pain in the back, fear, (chronic) exhaustion and other stress-related complaints.

Occupational Health Physicians

The most frequent diagnosis made by the OHPs was psychological strain. Other, somewhat less frequent diagnoses were: injury by accident, musculo-skeletal complaints, cardiovascular complaints and respiratory complaints

Mental Health Professionals

According to two Mental Health Professionals the most common stress-related diagnoses are depression and anxiety. One Mental Health Professional explained that most patients have problems for the reason that they no longer see the meaning of their work. They feel as if everything has lost its sense. Two other Mental Health Professionals mentioned psychosomatic complaints and strain as stress-related diagnoses.

2.1.4 Problems and reservations in identifying stress

General Managers

The organizations in which the interviewed managers are working do not use a specific model of stress. However, most managers had their own definition. The managers identified several causes of stress. One manager mentioned a combination of a demanding work situation and a demanding private situation. Another manager believes that stress occurs when individuals do not acknowledge their incapability: every now and then, individuals have to accept that they cannot succeed in all aspects of their jobs. In addition, an inability to cope with work-related pressure and a work-life imbalance are mentioned as stressors. Stress is also described as excessive psychological pressure that impedes with normal functioning: both in work performance and communication with colleagues.

A problem in identifying stress, as brought forward by one of the mangers, is that the employee usually does not recognize stress signals as such mentioned above. Another manager underlined that not every type of stress has long-term effects.

Human Resource Managers

All five HRM professionals have experiences with employees with stress-related problems in their organisation. The most significant problems in identifying stress for

managers and employees are to recognise stress-related complaints or problems, discuss them, and immediately take action to solve them.

Labour Experts

None of the Labour Experts has any hesitation in describing complaints as ‘stress related’. The label ‘stress related’ has often been used by other professionals (e.g. occupational physician), therefore most employees are used to this expression. Furthermore, it is considered more helpful for clients if the professional openly shares his/her view and observation in a respectful manner.

General Practitioners

Three GPs do not have any difficulties in diagnosing stress. However, one GP said that when a patient is denying stress, it might take some time to figure out that the patient actually suffers from stress-related complaints. It helps when patient and GP have a trusting relationship. Usually patients trust the GP, but identifying stress with new patients can be difficult. Finally, one GP finds diagnosing stress complicated, as physical stress-related complaints can also indicate a severe physical disease.

Most GPs do not have any reservations in using the diagnosis stress, because stress-related complaints is truly a diagnosis. Therefore, one has to label it as such and talk about it. One GP does have reservations in using the term stress-related, because with some patients, it can end the conversation all at once. Additionally, some GPs report difficulties in communicating to patients that they have stress-related complaints. They find it difficult to convince patients that they suffer from stress, because most patients prefer to hear that they have a physical disorder, rather than an emotional problem. One GP added that GPs should carefully communicate the diagnosis “stress-related complaints” in order to convey to patients that they are taken seriously.

Occupational Health Physicians

Five out of eight OHPs indicate that they sometimes encounter difficulties when diagnosing stress. One OHP points out that culture and language can be a barrier. Another one has difficulties distinguishing between mild depressions and severe stress-related complaints. Another barrier is that OHPs do not have medical files as GPs do.

Half of the OHPs have reservation in labelling stress-related problems as such. One OHP believes stress is a fashionable term one should not use too often. Another OHP has reservations, because stress is difficult to objectify. The other half of the OHPs do not have reservations. They think patients should know it is stress when they suffer from stress-related complaints.

Mental Health Professionals

Two MHPs do not hesitate to label stress-related complaints as stress-related, because it can be expected that patients talk about stress with a psychologist. Another MHP finds it difficult to call complaints stress-related when patients somatize and do not want to know anything about their psyche. Yet another MHP calls problems stress-related only when patients first use the term stress. One MHP finds it difficult to describe problems as stress-related, as there is no unequivocal definition of stress.

2.1.5 Knowledge of stress

Human Resource Managers

The HRM professionals feel that they have sufficient knowledge and awareness of stress to deal with most situations that arise on behalf of their staff. All professionals acquire information on stress by learning from their experiences (or experiences of other parties involved). When they need more information, they consult other professionals (e.g. the Occupational Health Physician or the Health and Safety Service), read literature, or search on the Internet. They also visit conferences or participate in courses.

Three HRM professionals feel that they need more information of stress-related subjects. One professional stated that she always wants to learn more about new developments (but no specific subject at the moment). Two other professionals would like to learn more about work-related problems and aggression, which is considered as a serious problem in mental health care.

Reintegration Counsellors

Most Reintegration Counsellors feel that they have enough knowledge of stress, because they learnt about stress during their education. In addition, they attend

courses and read literature about stress. One Reintegration Counsellor says she does not need to have complete knowledge of stress, because the OHP has this kind of knowledge. The OHP treats the patient, whereas the Reintegration Counsellor only monitors the return-to-work process. This Reintegration Counsellor feels that good communication skills are sufficient.

Labour Experts

All Labour Experts feel that they have sufficient knowledge and awareness of stress to deal with most situations of their clients. They have learned about stress during their education and work experience. Additional information is acquired through training, courses, literature, the Internet, or through the Dutch Association of Labour Experts. There is not a particular subject they would like to learn more about.

General Practitioners

Two GPs believe they have enough knowledge of stress to deal with patients with stress-related complaints. The other three GPs think one never knows enough and can always learn more about stress. The GPs get their information from training and from consultations with psychologists. Also their experience throughout the years helps the GPs to deal with patients with stress-related complaints. One GP pointed out that in the past a GP had to do the whole treatment on his own, whereas now GPs can refer the patient with stress-related complaints to other, more specialized, caregivers. There are no specific topics the GPs want to know more about.

Occupational Health Physicians

Most OHPs feel they have enough knowledge of stress, because they have been taught about stress during education. Some of them used to be a GP or an insurance doctor before they started their career as an OHP. The OHPs are confident about their knowledge of stress, given their work experience and experience with guidelines. Some of the OHPs are being coached or participate in intervision. OHPs get their information from professional literature, seminars and courses, and from participating in research. One OHP recognized he does not have enough knowledge, but he believes that it is not his task to have this kind of knowledge. According to this OHP it is the task of caregivers like psychologists or psychiatrists.

Three OHPs would like to know more about stress. Especially about the effect of several methods that aim at reducing stress, about acute stress, and about the effects of recent changes in legislation on sickness absence and disability benefits.

Mental Health Professionals

All Mental Health professionals believe they have sufficient knowledge/awareness of stress to deal with most situations that arise on behalf of their clients. They acquire their information mainly by reading specialist/professional literature. Other ways to get knowledge are through work experience, meetings with colleagues, courses/training, conferences and symposia. One MHP mentioned that he is a member of a foundation for knowledge of experiencing workload.

The MHPs indicate they would like to know more about the role hormones (for example cortisol) play in stress-related complaints. They would also like to have more information on the relationship between stress and sleeping problems. Finally, one MHP mentions she would want to know more about good diagnostics for stress.

2.1.6 Factors causing stress

General Managers

The factors that were specified as causing stress by the managers' employees could be categorized into three clusters: work related, related to the employee, and related to the organization. Work-related factors were: pressure of work, high workload, high targets and demands, peak load and overstrain. On the other hand, a non-stimulating work environment may also be stressful. Another stressful aspect of work is dealing with difficult customers or colleagues.

Personal factors that provoke stress encompass the feeling of not being able to do enough, employee's insecurity of performance, poor satisfaction with the working conditions, and a lack of insight into one's own ambitions and drive. In addition, relationship problems and work-life balance problems can cause stress.

Organizational factors causing stress mainly concern an unpleasant organizational culture or climate. Some managers pointed out that the unpleasant climate is a result

of the commercialization of the organization. Poor working conditions, little attention or commitment from the employer, and insufficient training for new employees are other stressing organizational factors.

Reintegration Counsellors

The Reintegration Counsellors identified several causal factors for stress suggested by their clients, such as high workload pressure, problems and conflicts at work, and a negative organizational atmosphere. Supervisors can be a potential source of stress as well. Besides work, the private situation can also be a causal factor of stress. When asked to rate some possible causes for stress, the Reintegration Counsellors judged health problems, problems at work, and problems with partners as the most important causes. Sleeping problems are judged by some as a causal factor for stress, whereas others consider sleeping problems as a result from stress.

Labour Experts

The factors most commonly mentioned as a cause of stress by clients are problems at work, such as work pressure and relationship problems with managers and colleagues. The experience or threat of a reorganisation is also mentioned as a cause of stress. Other factors encompass health and sleeping problems, divorce, relationship problems with partner, loneliness, death/mourning and financial problems. Factors mentioned by single experts were future expectations regarding work, fear (in general), job content, workers' skills, mental capacities, and introversion (e.g. some workers do not discuss problems at home).

General Practitioners

The GPs identified a wide range of stressors. Patients most frequently mentioned problems at work and relationship problems when they describe their stress-related condition. Also sleeping problems and financial problems are common. All factors that the GPs mentioned can be summarized as follows:

1. Relationships problems;
2. Problems with children / child care;
3. Bereavement;
4. Financial problems;
5. High work load;

6. Work beneath/above own level;
7. High performance standards during the first few years;
8. No coaching;
9. Conflict with supervisor or colleagues;
10. Lack of appreciation at work;
11. Reorganization;
12. Poor working climate;
13. Personality factors: sub-assertiveness, anxiety, and low self-efficacy.

Occupational Health Physicians

The OHPs identified various causal factors for stress perceived by their clients. The OHPs indicated that stress is usually caused by a combination of work-related problems and private problems. Examples of work-related causes for stress are high work pace, conflicts at work, and bad relationships with colleagues or supervisors. Reorganizations and mergers are also a potential source of stress. When asked to rate some possible causes for stress, the OHPs stated that according to their clients' problems at work and relationship problems are the most frequent causes of stress. Other stressors were family problems, health problems and financial problems.

Mental Health Professionals

Factors most commonly suggested as causes of stress by the MHPs' clients are problems at work and relationship problems with partner, followed by sleeping problems, health problems, and problems with children. Death/morning and living conditions are also sometimes mentioned by employees as a cause of stress, as well as care for a significant other.

Work-related factors mentioned by clients encompass high workload, high work pace, too much responsibility, lack of social skills, incapable management, poor working relations or conflicts, little pleasure in work, and decreased affinity and involvement with work tasks. Employees sometimes question if their job is really what they wish for. One MHP believed that conflicts and bullying at work are important factors too. However, employees would rather mention work pressure and workload, because it is less confronting and it is something they can cope with.

Some clients also mention manifestations of stress, e.g. physical complaints, sleeping problems, worrying, mental strain, being overworked, and eating problems. According to one MHP, his clients often mention overstrain, while the MHP believes it is rather an inability to cope with problems.

2.1.7 Factors Promoting Return to Work

General Managers

All managers were asked to recollect a case in which an employee with stress-related complaints successfully returned to work. The managers identified a broad spectrum of factors that can contribute to a successful return-to-work process:

1. Early recognition of the problem and/or a quick intervention, for example psychotherapy;
2. A manager who pays attention, is understanding and who coaches the employee, while being clear on what is expected from the employee with regard to his/her work;
3. Good communication between employee and employer;
4. Effective treatment from the OHP;
5. Work adjustments (such as less or other tasks);
6. A stable private situation;
7. Self-reflection of client;
8. Acceptable workload for the rest of the team. When that workload is too high, the team members will show less understanding for the LTA employee and they will not have enough time to help the LTA employee with his/her return-to-work process.

Successful case: honesty and self-reflection

An employee suffered from severe migraine attacks whenever she was subjected to pressure at work, in her private life, or when she had her period. She worked full-time, but in the weekends she was not able to do anything, because she was recovering from her time at work. One day, the employee could no longer handle the pressure and reported sick. The management and the employee had open and honest conversations about the employee's sickness absence. Moreover, the employee was capable of self-reflection and recognized that she had her share in the absence situation. The employer reduced the employee's tasks and the employee changed her full-time contract for a part-time contract. This way, the employee could resume her work.

Human Resource Managers

All five HRM professionals were asked to recollect a case in which an employee with stress-related complaints successfully returned to work. They were asked what the most important factors were in assisting the individual return to work. The factors mentioned are summarized below:

1. An active and cooperative attitude of the employee;
2. Early recognition of the problem (e.g., by asking "Why can't you cope?");
3. Immediate consultation with a mediator;
4. Frequent meetings between the HRM professional and employee;
5. Good working relationships (if necessary assigning another manager).
6. The possibility and willingness to adapt work by employer; offering perspective by securing job;
7. To assure that the employee gets the right treatment;
8. A feeling of shared responsibility between supervisor and employee;
9. Maintaining contact with client, keep him/her involved in his/her work.

Successful case: positive relationship and willingness to adapt by employer and employee

A good example of a successful return-to-work process was a case in which the absent employee maintained contact with his/her colleagues and had a good relationship with his/her manager as well. These positive relationships contributed to a successful return-to-work. Additionally, the possibility and willingness to adapt work and the manager offering and the employee seeking help and support contributed to a successful return-to-work process. The manager did not wait to see what happened but referred the employee respectively to an OHP and a GP. Absence could have been prevented if the manager signalled the problems sooner and immediately came into action.

Reintegration Counsellors

All five Reintegration Counsellors were asked to recollect a case in which an employee with stress-related complaints returned to work successfully. They were asked what the most important factors were in assisting the individual returning to work. The factors mentioned are summarized below:

1. Good communication between the Reintegration Counsellor and the employer/supervisor of the employee;
2. The opportunity for the employee to do some sort of traineeship in which the client had the chance to regain his/her self-confidence and to gradually get back to his/her normal working hours;
3. Attention for the employee, the supervisor, the employee's home situation and the working conditions;
4. The client's determination to get back to work;
5. The employer's offer of other, more suitable work.

Successful case: strong will and assertiveness course

An employee experienced an imbalance of the job demands and the workload she could handle. She reported this to her supervisor, but the supervisor did not have time to listen to the employee's complaints. The employee reported sick. Nonetheless, she had a strong will to get back to work. Her employer offered more suitable work. In addition the employee did an assertiveness course to enable her to combat new imbalances in demands and capabilities.

Labour Experts

The Labour Experts were asked to recollect a case in which an employee with stress-related complaints returned to work successfully. They were asked what the most important factors were in assisting the individual in returning to work. The factors mentioned are summarized below:

1. The employer showed his appreciation, and was willing to critically evaluate the suitability of the employee's job;
2. The employee was willing to critically evaluate his/her own role in the situation and to admit that he/she was not the right person for the job;
3. The employee was given enough time to recover;
4. The employee had a strong desire to continue working;
5. Good intervention from the psychologist: assistance in the return-to-work process;

6. There was another job available within the organisation;
7. Good communication between employer and employee;
8. Good consultation of Labour Expert with employee and manager;
9. Employee's willingness to look at other reasons behind her physical problems and to face these problems with a psychologist.

Successful case: changing jobs
In one case an employee realised that he did not want to return to the same job anymore. They offered him an opportunity to participate in career research, and after that he decided to follow his heart. He changed his job from teacher to truck driver. The labour expert had a large client base and checked if the employee could do a dry run with another organisation. In this case sickness absence could have been prevented if the employer signalled the problems sooner, and if the occupational physician made this problem a subject of discussion. If things do not really work out between employer and employee, this could end up in a conflict when both parties have incompatible interests.

General Practitioners

Four GPs could recall a case in which a patient with stress-related complaints reported sick for a while and afterwards returned to work. One GP could not think of such a case, since she stopped seeing patients when they get well and go back to work. Listed below are the most important factors that helped the patient to return to work:

1. Employer was cooperative;
2. Patient was allowed to leave work for a while;
3. Conflicts at work were solved;
4. Employee adjusted her expectations;
5. Employee found a better work-life balance;
6. Employee had a financial incentive to go back to work;
7. Good contact between employee and employer;
8. Good counselling by OHP.

Successful case: strong will and persistence
Although policies and employer obstructed the return-to-work process, she managed to solve conflicts at work, to adjust expectations, and to find a work-life balance by herself. Her strong will made sure that she returned to work successfully. The GP tried to help her by contacting the OHP and employer but they did not seem too keen in assisting the patient to return to work.

Occupational Health Physicians

All eight OHPs were asked to recollect a case in which an employee with stress-related complaints successfully returned to work. They were asked what the most important factors were in assisting the individual return to work. The factors mentioned are summarized below:

1. Support from the supervisor, OHP and employee's social network;
2. Good communication between employee and employer/supervisor;
3. Active policy on sickness absence;
4. Motivation of employee to get back to work;
5. Employee's accurate self-perception;
6. Early recognition of stress-related problems;
7. Adequate and multidisciplinary care.

Successful case: commitment, communication and support
An employee was member of the works council and felt very committed to the personnel. A reorganization in the company with many forced dismissals caused stress-related problems to him and resulted in sickness absence. Good communication between the employee and the employer made a successful return to work possible, as well as advice and support from caregivers and the employee's social network

Mental Health Professionals

1. Support and recognition of complaints (by employer, Occupational Health Service, people in the environment);
2. Offering employee enough time to recover, respecting employee's limits;
3. Good relationship between employee and Mental Health Professional (MHP sympathising with employee);
4. Client's insight in own behavioural patterns.
5. Early intervention;
6. Building a social network;
7. Gradual return to work (e.g. by lowering number of tasks);
8. Gain insight into the problems and list all points.

Successful case: acknowledgement of problems by OHP and MHP
An employee reported sick with stress-related complaints. Both employer and Occupational Health Service acknowledged the employee's complaints; therefore the employee could negotiate with them on how much work/workload he could be coping with. The employer found it very important that the employee recovered, and at the same time it was the employee who was stimulated to return to work. The employee was assisted by a psychologist in his return-to-work process. The good relationship between psychologist and employee contributed to the success of the treatment.

2.1.8 Factors obstructing returning to work

Human Resource Managers

The HRM Professionals were also asked to recollect a case in which an employee with stress-related complaints did not return to work. They were asked what the most important factors were in hindering the individual in returning to work. The factors mentioned are summarized below:

1. Employee's attitude and personal characteristics (e.g. no self-reflection, perfectionism, need to prove oneself, fear of failure, fear of loosing status, passive attitude);
2. Private problems;
3. Poor relationship or conflict with manager and colleagues;
4. Insufficient professional treatment;
5. No possibilities of another job within the organisation;
6. Employee felt he was left on his own too long (lack of support);
7. The problem was recognised too late.

Unsuccessful case: misfit and conflict
An employee worked in an organization with little structure, while she had a high need for structure. In other words, there was a misfit between employee and organization. The employee got involved in a conflict with the direct manager. The conflict got out of hand to such an extent that the direct manager refused to have the employee back in his team. Also the employee's colleagues lost their goodwill towards the employee. Within the organization there was no suitable job for the employee, so the employee was offered a programme aimed at return to work with another employer.

General Practitioners

The GPs were also asked to recall a case in which a patient with stress-related complaints did not return to work. They were asked what the most important factors were in hindering the patient to return to work. The factors mentioned are summarized below:

1. Employee was bored with his/her job;
2. Employee worked beneath his/her level;
3. Employee was not appreciated; employer was only interested in production;
4. Personal factors involved;
5. Mourning;
6. Employer did not want the employee to work part-time;
7. Stagnation of recovery;
8. Insufficient work adjustments.

Unsuccessful case: unfair treatment of employer in combination with private problems
An employee was fed up with her job; it simply did not interest her anymore. She had been working beneath her level for years. Many promises had been made to her, but none of those ever came true. The employer was only interested in production, instead of his employees. The employee was not rightfully appreciated, while she did a lot of work. Moreover, she had private problems. Finally, the combination of her work-related and her private problems made that she could not succeed in the return-to-work process.

Occupational Health Physicians

The OHPs were also asked to recollect a case in which an employee with stress-related complaints did not return to work. They were asked what the most important factors were in hindering the individual in returning to work. The factors mentioned are summarized below:

1. Disrupted communication between employer and employee;
2. Employee's private circumstances;
3. Employee's disability;
4. Trauma caused by experiences at work;
5. Employee's relapsing depression;
6. Poor work climate;
7. Employee's unwillingness to cooperate.

Unsuccessful case: (too) late referral to OHP could not prevent conflict
An employee had an upsetting conversation with the employer, which turned into a conflict. The conflict situation led the employee to report sick. If the employee had been referred to the OHP in time, then the conflict and subsequently the sickness absence could have been prevented. The OHP would have prevented a conflict by organizing frequent meetings between employee and employer. A clear organizational policy on what to do in case of emerging conflicts would have been helpful.

2.1.9 Factors preventing sickness absence

General Managers

Managers in both cases brought the following factors forward:

1. Early recognition of stress;
2. Making stress a more discussable subject;
3. Assigning coaches (more experienced co-workers) to employees;
4. Providing more clarity about the content of the job;
5. Removal of work-related problems (although this would put a burden on co-workers);
6. Acceptance of professional help by employee;
7. Acceptance of a more suitable function in or outside the organization by employee;
8. Reducing the employee's working hours;
9. Active approach of the OHP promoting return to work.

Two managers believed that the absence could not have been prevented, because the employees had private problems.

Human Resource Managers

In regard to both cases the HRM professionals were also asked what factors in their opinion could have prevented the employee going absent in the first place. Factors mentioned were:

1. Providing the employee with a clear description of his/her role within the organisation (case manager instead of treatment);
2. More attention for emotional strain;
3. Absence of private problems (personal characteristics);
4. Concentrating on prevention;

5. Manager and employee should recognise problems sooner, discuss them, and immediately take action;
6. Stricter selection criteria.

Labour Experts

In regard to both cases the Labour Experts were also asked what factors in their opinion could have prevented the employee going absent in the first place. Factors mentioned were: (DE

1. Companies should offer the right training and support to employees to enable them to come up to the expectations;
2. Companies should learn from earlier experiences (prevention);
3. Employer should pay attention to the employee's complaints/problems;
4. Good communication between employee and manager (e.g., the employee should feel safe to talk about work, without the manager using this information against him/her during an assessment; the employee should have been given clear information on his/her poor performance by the employer);
5. Employee should have listened to his/herself and should have looked earlier at the reasons behind her problems (see above);
6. Manager's role; manager felt insecure and used employee to mask his/her own insecurity;
7. Occupational physician/health and safety service should discuss problems sooner;
8. Employee should not have been hired for this job.

General Practitioners

Three GPs believe that sickness absence of the cases could often not have been prevented. Factors that could have prevented absence were:

1. Interest of employer in employees' well-being;
2. A better relationship with employer;
3. Employee recognizing own problems;
4. Employer recognizing employee's problems in time;
5. Reliability employer with respect to meeting former agreements;
6. Appropriate work for employee;
7. Moderate workload.

Occupational Health Physicians

In regard to both cases OHPs were also asked their opinion on what factors could have prevented the employee going absent in the first place. Factors mentioned were:

1. Early consultation with the OHP;
2. Better and more frequent communication between employer and employee;
3. Better harmony between work and private life;
4. Timely action by supervisor;
5. Better monitoring of employee's functioning and more structured work environment;
6. Timely acknowledgement of the complaints and better knowledge of the illness;
7. Better coping by the employee;
8. Good coaching by the employer.

Mental Health Professionals

The MHPs mentioned similar factors in both successful and unsuccessful cases that could have prevented the absence:

1. Regular performance interviews (stress may result from a discrepancy between ambitions and possibilities at work);
2. Client's personality (less perfectionism);
3. Client's awareness and recognition of stress signals, 'listening' to one's body;
4. Better and earlier understanding of the problems and the factors that caused the problems;
5. Manager, OHP and employee should have made a better analysis of the problems;
6. One MHP mentioned that the absence could not have been prevented;

In one successful and one unsuccessful case, absence could not have been prevented

2.1. 10 Steps to return to work

General Managers

According to most managers, the steps in return-to-work process consisted of:

1. Keeping in touch with the employee;
2. Referring the employee to a OHP, (or sometimes to a HRM professional or welfare worker);

3. Designing an action plan for the return-to-work process with the OHP and the employee's supervisor.

Managers refer employees with stress-related complaints to the OHP, to a psychologist (through the OHP), (company) welfare work, and to the employee's supervisor. One of the managers gives counselling himself, however when necessary he refers the employee to a welfare worker.

Most managers believe that absence policies or steps in the return-to-work process are not different for people with stress-related problems. Only one manager reported that extra attention is paid to stress-related problems. In case of stress-related problems, manager and employee try to figure out what the employee needs to solve the problems and what agreements they can make to solve the problem.

All managers have ideas about how the return-to-work process could be improved. One of the managers believes that when a caring culture can be created, in which workers pay attention to one another, stress-related problems will be prevented. Two managers think that keeping close contact with the absent employee will improve the return-to-work process. This will also help in situations when there is a chance that stress can easily arise, for example when people start a new job. One manager believes that it would be helpful to make an analysis of stress factors, to discuss these stressors in the social medical team (team consists of representatives of the management, HRM, the OHPs and the company care givers), and to subsequently attack the stressors. Another manager stated that employees with stress-related problems should return to work on a therapeutic basis for a few hours a week in order to maintain a relationship with the work environment. Also more follow-up care by HRM and OHS after returning to work is important, in order to give employees the opportunity to evaluate work resumption with somebody other than their supervisor. Finally, one manager pointed out that absent employees should be more aware of the fact that their absence leads to a higher workload for their colleagues.

Human Resource Managers

Most frequently mentioned work arrangements and adaptations to assist LTA employees returning back to work indicated by the HRM professionals are changes are made in the work environment (e.g. improving the climate) and individual

interventions (e.g. life style training, mediator, personal coach, retraining). Additionally, changes are made in the work organisation (e.g. shorter working week, resume work on therapeutic basis) and employment conditions (e.g. changing of position or division, adapting workload). However, these changes are often temporary. Moving to another job within the organisation is offered as well, but sometimes these possibilities are limited. Also technical assistance and adaptations are offered by the organisations.

HRM professionals refer their employees to Mental Health Professionals (e.g. psychologist, psychotherapist, company welfare worker), Occupational Health Professionals (e.g. physician or health and safety service), and coaches or mediators. Furthermore, they mentioned the referral to other health professionals (e.g. physiotherapist, ergo therapist, back school) and workplace representatives (e.g. HRM, team manager).

According to one of the professionals it is important that employees with stress-related complaints return to work as soon as possible. Another professional mentioned that the Health and Safety Service visits employees who are absent due to stress at their homes to a greater extent to clarify the employee's problems and complaints.
Problems HRM professionals are faced with when trying to get employees to return to work are:

1. Lack of self-knowledge (e.g. fail to recognize that one is not fit for his/her job);
2. Not enough differentiation in jobs;
3. Managers differ strongly in dealing with employees with stress-related problems;
4. Communication problems;
5. When managers have lots of work to do they sometimes fail to offer absent employees proper attention and support;
6. Cooperation with Health and Safety Service and other external professionals (e.g. psychologists); poor communication about treatment.

With respect to the improvement of the return-to-work process for employees who are absent due to stress-related complaints all of the professionals have the opinion that manager and employee play an essential role in the process. It is important that there is a good relationship between the manager and the employee. Together, manager and

employee should recognise, clarify, and discuss the problems and complaints and look for solutions and possibilities. It also is important to clarify their responsibilities.

Reintegration Counsellors

The Reintegration Counsellors' treatment consists of counselling the client. First, Reintegration Counsellors investigate their clients' problems. When they have explored the problems, the Reintegration Counsellors try to help the client to realize what kind of work they would like to do and they would be able to do. Additionally, the Reintegration Counsellor facilitates contact and cooperation between employer and employee. They underline the importance of checking whether the employee wants to return to work, and whether the employer wants the employee to come back to work. When one of these outcomes is negative, the return-to-work process is doomed to fail.

Often Reintegration Counsellors refer the client to other caregivers, such as the OHP, labour specialist company welfare work or psychologist.

One Reintegration Counsellor noted that the stress-related return-to-work process does not differ from the non stress-related return-to-work process. One RC stated that in stress-related situations, gaining self-confidence is an important factor as well as the indication of one's work capacities and its limits. Another RC pointed out that non stress-related absentees usually have to learn to cope with a disease, whereas stress-related absentees do not. Another RC noted that in those situations, the recovery or acceptance of medical complaints is a central element in the steps to return to work.

Labour Experts

In general, Labour Experts take the following steps promoting work resumption of clients who have been long term absent from work:

1. Consultation with employee;
2. Consultation with manager;
3. Advise regarding the employee's capabilities and return to work;
4. An intervention, if necessary;
5. Evaluations during the return to work process (in some cases).

General Practitioners

Steps mentioned to initiate the return-to-work process differ greatly across GPs and there is no actual step-by-step plan among GPs. Steps frequently mentioned are:

1. Obtaining a clear problem indication;
2. Advising patient to take time to rest and think about his/her problems;
3. If the patient's situation has not changed after a period of rest; refer to another caregiver. In general, GPs refer mostly to paramedic interventions, psychotherapy, psychiatric interventions and other medication.

One GP mentioned that patients who have passive personalities need to be stimulated to work harder, while self-demanding patients need to be slowed down in their work pace. Another GP said that getting individuals back to work has now become a teamwork activity, rather than the sole responsibility of the patient. It should be noted that the GPs are usually not involved in the actual return-to-work process.

One GP noted that the return-to-work process does not differ much between stress-related absence and non stress-related absence. Another GP mentioned that when stress is involved, patients should be given extra confidence and support to get them back to work.

Occupational Health Physicians

First, most OHPs analyse the problems of their clients. Second, they make a plan for treatment and a return-to-work plan. One OHP said he shows understanding to his client as a general component of treatment. He also stresses that fast work resumption is important. The client is stimulated to maintain his/her daily rhythm and to undertake relaxing activities, such as sports. Additionally, the client is encouraged to restore or maintain good communication with the supervisor and family. For other return-to-work steps, some OHPs mention referral to a psychologist or work adjustments.

Three OHPs noted that the return-to-work process does not differ much between stress-related absence and non stress-related absence. The other OHPs however, did mention differences. When there is no stress-related situation, work adjustment is usually enough to assist individuals in returning to work. In stress-related situations,

OHPs should guard their clients' workload. Also, individuals in stress-related situations should be intensively watched by OHPs.

Mental Health Professionals

In general, Mental Health Professionals indicated three important steps in the return-to-work process.

1. Aim to get a clear picture of the situation of the client (e.g. make a diagnosis, discuss complaints and causes with employee, find out what is preventing clients from returning to work, or consult the Occupational Health Physician learn more about the client).
2. Focus on interventions, which solve the employee's problems.
3. Focus on the return-to-work process (e.g. designing strategies to return to work, guiding/coaching clients at work and evaluating the return-to-work process).

One of the MHPs starts treatment focussing on the primary problem and then addresses the additional problems. Another MHP first gives employees an exercise and relaxation assignment (stimulating recovery), then focuses on the employee's sleeping problems, followed by tackling the employee's personal problems (relevant to their work-related problems), and finishes with dealing with work-related problems.

All of the MHPs believe that there should be a difference in the return-to-work steps for stress-related complaints and non stress-related complaints. The main focus of the steps in stress situations is directed on the stress-related complaints. As well as concentrating on stress aspects, one must also focus on the organizational aspects, life-work balance and relaxation

2.1.11 Recommended interventions

Reintegration Counsellors

The interventions the Reintegration Counsellors mentioned most frequently were referral to a psychologist for psychotherapy, referral to a physiotherapist (or similar paramedic), and recommendation of psychiatric drugs. One Reintegration Counsellor

noted that psychotherapy could prolong the return-to-work process, because this therapy awakens old (not necessarily work-related) psychological problems.

Labour Experts

Labour Experts indicated that they recommend non-health interventions (e.g. application course) most frequently as a treatment for a stress-related condition. Three professionals indicated that they also recommend alternative interventions (e.g. yoga) and allied health interventions (e.g. physiotherapy). Most Labour Experts do not recommend mental health services or psychiatric interventions, for the reason that these interventions usually have already been done by others (e.g. Occupational Health Physician or General Practitioner).

General Practitioners

The interventions that are recommended by GPs are diverse. Referrals most frequently mentioned by the GPs are to psychologists, usually for long-term complaints. Furthermore, OHP (to solve practical work-related complaints), psychiatrists, haptonomists, physiotherapists, mental health services, social services, and a sporting club were also mentioned as referrals.

Occupational Health Physicians

The OHPs either give treatment themselves or they refer their clients to a psychologist, company welfare work or the GP. The intervention used most frequently is cognitive behavioural therapy or components of this therapy, such as psycho-education and homework assignments. One OHP also prescribes relaxation exercises. Most of the OHPs recommend or prescribe psychiatric drugs. In addition, paramedical and non-medical interventions are also sometimes referred to. OHPs hardly prescribe medication (other than psychiatric medication) or alternative interventions.

Mental Health Professionals

The MHPs mentioned several kinds of therapy, such as psycho education, cognitive therapy, bereavement counselling, conflict management, group therapy, coaching (supporting or helping employee to gain self-insight) and self-confrontation method.

The self-confrontation method consists of making a list of all positive and negative things one values in order to create guidelines for one's personal development.

MHPs indicated that they also recommend allied health interventions, mental health services, and non-health interventions. MHPs recommend alternative interventions not very often.

2.1.12 Salience of the return-to-work objective

General Managers

Some managers reported interventions that were very much focussed on a quick return to work. Especially an early referral to the OHP is used to promote work resumption. During consultations with the OHP, he/she and the employee's supervisor and the employee make an action plan to help the employee return to work as soon as possible. One manager mentioned that his organization has a tight protocol to promote work resumption, where the employee's supervisor keeps in touch with the employee from the first day of absence. Other managers reported absence policies that are less focussed on the return to work. For example, one manager reported that no particular intervention was done when an employee reports sick for the first time.

Human Resource Managers

Most interventions that are mentioned and described by the HRM professionals are concentrated on returning to work. One professional stated that for employees with stress-related complaints especially, it is important to return to work as soon as possible.

Reintegration Counsellors

Although this question was not directly asked, it can be concluded from the Reintegration Counsellors' answers that they are strongly focussed on early work resumption. They mention that they refer the client immediate to an OHP, labour specialist, psychologist or company welfare worker for treatment, in order to achieve a successful return-to-work process. One Reintegration Counsellor said that clients with stress-related problems should be returning to work as soon as possible, thereby following an individual scheme for gradually returning to work.

Labour Experts

Labour Experts were not directly asked how salient or important they thought return to work was in terms of intervention. However, it is their job to help individuals returning to work, so one might assume that they find this process of innermost importance. Furthermore, during the interviews there were several indications for the salience of the return-to-work objective. For example, one Labour Expert mentioned that it is ineffective to keep workers absent from work too long. Another expert underlined the function of work in preserving a daily rhythm. Another Labour Expert mentioned complete and early work resumption might improve the employee's sense of belonging. However, one expert also stated that employees should get enough time to recover and should gradually return to work.

Three Labour Experts have been contacted by a client's employer or employer's representative regarding the return of the client. Another expert mentioned that he/she always communicates with the client's employer or employer's representative.

A reason for employers to contact the Labour Experts is to find out what they can expect from the absence situation and what to expect from the expert's help. The expert uses this opportunity to agree on a plan regarding the return of the employer, to stimulate communication between employer and employee, or to make a follow-up appointment with the employer to meet face to face.

General Practitioners

The return-to-work process is not very salient in the GPs treatment, as it is not their primary duty to return patients to their jobs. GPs are usually not involved in the return-to-work process. They feel that assistance in this process is the job of the Occupational Health Practitioner. Two of the GPs feel that they should not play a role in the return-to-work process. Furthermore, GPs report that they are usually not able to prevent stress-related problems, as patients often consult the GP after problems have already arisen. One GP feels that patients who have work-related problems consult the GP to make their absence legal.

On the other hand, the GPs do seem to perceive the return-to-work process as important. When, after the consultations or/and medication, problems are not solved, the GP refers the patient to (for example) the OHP. And two GPs feel that when the stress-related complaints have a personal cause, they should play a role in the process.

Occupational Health Physicians

The importance of the return-to-work objective was apparent in investigatory procedures, interventions and referrals as mentioned by the OHPs. When a client has a complaint that could be stress related, almost all OHPs investigate the possibility of stress relatedness, especially when the patient has headaches, neck complaints, back pain. However, one OHP does not always examine possible stress relatedness, given that this examination can stir up many problems. Additionally, all OHPs emphasize the importance of the interventions assisting the client returning to work, because that is a core task of the OHP. The OHPs referrals to psychologists and (company) welfare workers suggest that they intend to refer their client to the most suitable caregiver, who can assist them in returning to work.

The OHPs perceive themselves as a key figure in the return to work process. They initiate the process and monitor it. They believe to have a function as a practitioner on the one side and as a process or case manager on the other side. One OHP adds that he functions as an intermediary between the client and the company.

Mental Health Professionals

Mental Health Professionals were not directly asked how important it is for them to see their clients actually getting back to work. However, during the interviews the Mental Health Professionals seemed to attach high importance to successful return to work.

2.1.13 Family interventions

Reintegration Counsellors

Three of the Reintegration Counsellors believe that a partner or family member who is involved in the counselling has the influence or the task to give some mental support to the LTA employee. They can stimulate and motivate their family members

and partners to go back to work. One Reintegration Counsellor mentioned that clients often have problems with their family member(s). In those situations, the Reintegration Counsellor can help solving the problems adopting a mediating role.

General Practitioners

Three of the GPs have never asked a family member to join consultations with the patient. One GP stressed that involving the family is not a GP's duty. However, they do inquire after the partner's opinion on the absence situation. The other GPs regularly involve members of the family.

Occupational Health Physicians

Most OHPs report that they have occasional sessions with an LTA client with stress-related problems and his/her partner. This way the partner can coach the LTA client and can take over some tasks in the household.

Mental Health Professionals

Three out of five MHPs have involved members of the client's family in the recovery or the return-to-work process. Two of these professionals sometimes involve the client's partner. The third professional uses the client's social network (not only family), because social support is important when returning to work.

2.1.14 Contact with employer

General Practitioners

The communication between employer and GP is limited. GPs can only give information with the consent of their patient because of their oath of secrecy. Only one of the GPs mentioned the role of the employer in the return-to-work process.

Occupational Health Physicians

OHPs generally communicate well with their clients' employers. However, some OHPs mention that this communication is not always good, depending on the company's policy. The OHP gives advice to the employer on how to rehabilitate the client by informing the employer about possibilities and hindrances in the return to work process. Both the OHP and the employer take the initiative for contact. OHP and

employer communicate for feedback at specific fixed moments or every time after the client's appointment with the OHP.

Mental Health Professionals

Three MHPs have been contacted by a client's employer or employer's representative with regard to returning them to work. In these contacts the MHP helps the employer to improve the client's workplace, informs on the progress and developments, and discusses the client's problems. Two professionals mention that they only have contact with the employer when employees agree with this. One professional mentions that he is content with these contacts and describes them as being of a cooperative nature.

2.1.15 Effectiveness of interventions

Reintegration Counsellors

The Reintegration Counsellors perceive psychotherapy, especially cognitive behavioural therapy, as an effective intervention, and when necessary this therapy can be combined with a psychiatric medication. Also the use of relaxation or haptonomic techniques, in combination with psychotherapy, is perceived as useful. Another effective intervention is referral to company welfare workers, who are considered to have a highly practical mentality and work method. Coaching from a company welfare worker can be especially effective at the beginning of the return-to-work process.

The Reintegration Counsellors also mention interventions that they consider as not helpful. Therapy from a psychologist can be counterproductive when the psychologist focuses too much on the past and too little on the present and the work-related problems of the client. Furthermore, a GP who advises the employee to rest or who does not make an adequate referral on time, is not contributing to the return-to-work process. Finally, prescribing antidepressants to clients without any therapy is seen as not helpful.

Labour Experts

Labour Experts differ with respect to the interventions they find effective for stress-related conditions. Effective interventions encompass treatment by a psychologist, social worker, or mental health care, overall assistance in returning to work, coaching, retraining, additional courses (e.g. time management), and work (place) organisation.
Ineffective interventions according to the Labour Experts are:

1. Physiotherapy or medication without attention on psychological aspects;
2. Doing nothing and leaving people at home;
3. Parapsychology;
4. Professionals who do not consult with other involved professionals.

General Practitioners

GPs regard paramedic interventions, psychotherapy, psychiatric and other medication as helpful interventions. Additionally, three GPs consider alternative interventions, such as acupuncture, homeopathy, yoga and Shiatsu to be effective. A short cognitive therapy to face certain fears, such as fear of failure, can also be effective, as well as talking about the problems while trying to understand them, playing sports, and attention and support from others.

Interventions that are considered to be ineffective are denial, doing nothing, medication without psychological treatment and physiotherapy without other treatment. One of the GPs regard homeopathy to be very ineffective for the reason that this treatment would only somatize stress-related complaints.

Occupational Health Physicians

The OHPs regard cognitive behavioural therapy as an effective intervention. One OHP adds that the intervention is especially effective when the CBT is given in an early stage. Psychiatric medication is also perceived to be effective. Although OHPs do not often refer to paramedic interventions, such as physiotherapy, or non-medical interventions, such as reintegration planning, they do think these interventions are effective. A combination of interventions is perceived to be effective as well, for example a combination of psychotherapy and medication, or treatment with the OHP and another caregiver. Finally, one of the OHPs underlines the importance of

demedicalisation, that is, professionals should avoid medical explanations of absence and should focus on non-medical solutions, if absence is due to non-medical causes.

Five OHPs think rest is an ineffective treatment for stress. They indicate that when the GP prescribes rest (and medication) the patient is allowed to adopt a passive attitude. One OHP finds it ineffective when the personal support provided by a psychologist takes too long.

Mental Health Professionals

MHPs mentioned various effective interventions/treatments: a combination of physiotherapy and fitness training, a combination of physical and mental interventions/treatments, self-confrontation method, psychotherapy and reintegration counselling (providing interventions that are appropriate for the nature of the problems). Sometimes the MHPs recommend psychiatric drugs. Only one of the MHPs believes that psychiatric drugs are not effective. Other interventions the MHPs recommend are non-medical interventions, such as workplace adjustment or rehabilitation projects. All think these non-medical interventions are effective, although one MHP does not recommend it very often.

Three of the MHPs believe that a purely medical treatment, which is only focussed on treating the symptoms rather than the causes, is an ineffective intervention/treatment. According to one MHP Occupational Physicians often prescribe antidepressants, while a clear and accurate diagnosis of clinical depression has not been made.

Other ineffective treatments/interventions mentioned by the individual MHPs are:

1. Short mental health care consultations with low frequency basis;
2. Not intervening in time;
3. Forcing too much pressure on employees to return to work;
4. Leaving people unaided (believing problems will be solved after a period of rest).

2.1.16 Perceived role of other professionals in return to work

Perceived role of OHP in return to work (GP)

All GPs agree that the OHP has a central role in the return-to-work process. When the cause of the complaints is work-related, the patient should be referred to the OHP.

Perceived role of GP in return to work (OHP)

The OHPs do not think that the GPs have active roles in the return-to-work process. However they do believe that GPs should cooperate with OHPs. It is important that the GPs and OHPs treatment are consistent with one another. When the GPs tell their patients that they can stay at home and take some rest, the OHPs become powerless and will not longer be able to do their jobs. The OHPs feel that the GP should ask their patient about work and refer the patient to the OHP. The GP can contribute to the return to work process by focussing on the patient's private problems, while the OHP focuses on work-related problems.

2.1.17 Factors hindering return to work

General Managers

Managers were also asked to recollect an unsuccessful case and to indicate what factors were hindering the return-to-work process. Managers brought up the following factors:

1. Refusal by employee to accept professional help, or to follow professional advice (e.g. to work less hours);
2. Lack of insight among employees of own functioning and capabilities (e.g. the job was not suitable, but the employee did not want another job);
3. Too much pressure of work in the team (see above);
4. Little trust among employees in a new organizational culture (after a reorganization);
5. Client's mental problems are too severe.

Two managers did not have any difficulties when trying to get employees back to work. Others however, did encounter difficulties. A lack of motivation to return to work (completely), the absence of a (new) suitable job for the employee, a manager

who does not want the employee to return, or team members who are not willing to invest in the employee's return-to-work process are counteractive to a successful return.

Labour Experts

The Labour Experts were also asked to recollect a case in which an employee with stress-related complaints did not return to work. They were asked what the most important factors were in hindering the individual in returning to work. The factors mentioned are summarized below:

1. The employee realised (s)he did not want to return to the same job in the same organisation; (individual chose another profession)
2. Lack of client's introspection;
3. Client was not receptive for supervision or coaching;
4. Conflict or disrupted working relationship between employer and employee;
5. Communication problems (employer was not clear to the employee about his/her poor performance or functioning).

Labour experts were also asked what problems they generally encountered while assisting individuals returning to work. One problem is that too many people are involved in the return-to-work process and give different, and sometimes controversial, advise. In these cases, employees can 'hide' behind wrong advice. Problems may also arise when colleagues do not cooperate in the return-to-work process, when the employee is scared or insecure, or when the employee's private situation is problematic. In addition, the manager sometimes does not want the employee to return to work (hidden agenda).

Unsuccessful case: disrupted working relationship and communication problems
In another case a disrupted working relationship and communication problems were important factors that prevented the employee from returning to work. An employee was not performing/functioning well for some years, but the employer did not talk about this with him. The employer kept a dossier on the employee, which enabled the employer to dismiss the him. Eventually, the employer started to question if the problems may have been caused by a disease/illness. There was no clear communication between the employer and the employee. The employee got conflicting advises from different professionals. What's more, the employer had already replaced the absent employee. Sickness absence could have been prevented if the employer was clear about the employee's poor performance and started his dismissal procedure.

Treatments and interventions that Labour Experts normally use when their clients have stress- related conditions are diverse:

1. Activating employees, focussing on possibilities instead of limitations;
2. Coaching;
3. Consultations with employers;
4. Discussing work capacity and workload of employee with employer and employee together;
5. Confront employees with problems (prevent employees from behaving like victims);
6. Finding practical solutions for problems with employer and employee together;
7. Trying to keep employees working (to keep them in a working rhythm).

Three Labour Experts mentioned different approaches for clients with stress-related, in contrast with non-stress-related, complaints. One expert carries out supplementary evaluations during the return to work process and concentrates on symptoms of stress. This expert also arranges that employees with stress-related absence receive more support at work. Another expert focuses more on the activation of the client itself when stress-related complaints arise, because these employees often feel they cannot cope and need some rest. A third expert focuses more on guiding managers, and making clear to colleagues and managers that it takes a while before the employee performs on its previous level.

Mental Health Professionals

1. Denial of complaints (by employee and supervisor);
2. Personality problems of the client (e.g., perfectionism, not respecting one's limits);
3. Depression;
4. Too much pressure on early return to work (e.g., by OHP);
5. Lack of understanding by manager and OHP with respect to the problems and the factors that caused the problems;
6. Offering unsuitable "adjusted" work;
7. Conflict at work;
8. Problems at home.

Unsuccessful case: denial and returning to work too quickly
An employee reported sick because of overstrain for the second time. At the first time, she had returned to work too soon and nothing had changed in her work situation. Both supervisor and employee denied complaints, although the supervisor could have recognized the stress-related signals of the employee. In addition, the OHP pressured the employee to return to work too quickly. This all added up to a failing return-to-work process.

2.1.8 Interventions to prevent sickness absence

General Managers

The managers reported a variety of interventions that their organizations accomplish in order to prevent employees from going absent. One manager mentioned work perception research, risk inventory and evaluation, and preventive referral by an OHP (usually to physiotherapy or psychotherapy). Moreover, it is important that a manager recognizes stress and, if necessary, reports it to a HRM professional. An open culture, in which problems are discussable and performance interviews are regularly held, can also prevent sickness absence. A similar point was brought up by another manager, who stressed the importance of good communication and a situation where individuals can count on their co-workers. Furthermore, it was mentioned that managers could motivate people to cope with pressure of work. And by giving employees with stress-related complaints extra attention, a manager can prevent stress-related absence.

Human Resource Managers

To prevent sickness absence the HR professionals mentioned that it is important to constantly monitor the workplace for problems. Specific interventions mentioned by individual professionals were: raising awareness among employees regarding a safe and healthy workplace, adapting work, offering support (e.g. coach, colleague, manager), talking about problems (e.g. regular meetings, workshop, performance interview), clearly defining responsibilities, promoting good relationships between manager and employees, careful selection of personnel, guiding new employees, replacing absent employees, workplace inspection at home-worker places, and discharging people from work.

When we listed several types of interventions professionals also indicated that their organisation adapts employment conditions (e.g. working less hours) and work environment (workplace adaptations), offers individual interventions (e.g. lifestyle training, mediation, coach, or a psychological treatment), and provides technical assistance or adaptations (e.g. footrest, other monitor) to prevent employees going out absent. Four professionals stated that their organisation offers redeployments to prevent employees from going absent. Three professionals mentioned that their organisation also changes the way in which work is organised (e.g. less/different tasks, clarify job descriptions).

Two HRM professionals mentioned that there are differences in preventing employees from going absent due to stress and going absent due to other reasons. One professional stated that when employees have serious stress-related complaints they (temporarily) are released from work in order to help them getting back their strength. Return to work is then gradually started. The other professional mentioned that different problems demand different interventions (e.g. in case of stress-related complaints attention should be given and regular meetings should be held; in case of unhealthy workplace changes in the workplace should be offered).

2.1.19 Absence policy

General Managers

The organizations of the managers all have an absence policy. The core of the policy is that employee and manager are responsible for the absence. Most organizations use an absence protocol. After reporting sick, the manager should contact the employee as soon as possible. Then employee, manager and OHP evaluate the possibilities for returning to work. HRM and OHS assist in the return-to-work process when necessary.

Human Resource Managers

According to all HRM professionals their organisation has a policy on sickness absence in which procedures of these situations are described. In general, employees need to report to their manager that they are absent or sick. The manager maintains contact with the employee, and tries disclose what the problems are, how long the employee will be absent, what actions are taken to improve the employees health and return-to-work process, and what the workplace can do to help. When employees are listed as being sick for a certain period of time, or when there is no progress in their situation, the Occupational Health Physician of the Health and Safety Service gets involved to support both manager and employee.

2.1.20 Other existing company policies

General Managers

(Almost) all managers indicated that policies on returning to work, sick leave, career break, pre-pension, bullying and harassment, health promotion programmes, and flexible time and work arrangements exist in their organisation. Most of the managers think that these policies are relevant regarding long-term absence and some of them think the policies are especially effective for employees who are absent because of stress-related complaints.

Policy on stress management, health education, work-life balance, and financial aid for employees with financial problems does not exist in most organisations, however

policy on work-life balance and stress management are seen as relevant regarding employees who are absent due to stress by most professionals.

Human Resource Managers

Almost all HRM Professionals indicated that policies on return to work, sick leave, leave of absence and career break, bullying and harassment, health education and promotion programmes, and flexible time and work arrangements exist in their organisation and that this is relevant regarding employees absent due to stress-related problems. However, one professional stated that policies on career break, and work arrangements should not be used to turn your back on problems. For example, offering sabbatical leave to an employee with burnout is not a structural solution.

Policies on stress management, work-life balance, pre-pension and financial aid for employees with financial problems do not exist in most organisations, but these policies are seen as relevant regarding employees who are absent due to stress by most professionals.

2.1.21 *Information on company policies*

General Managers

Five managers mentioned that their employees know how to access information on the company policies and health services/programmes. Usually the employees get the information on intranet or in brochures. One professional stated that this information is available, but only a few employees are familiar with these policies and services.

Human Resource Managers

Four of the HRM professionals believe that their employees know how to access information on the company policies and health services or programmes. One professional stated that this information is available, but that only a few employees are familiar with these policies and services.

2.1.22 Monitoring company policies

General Managers

In five organisations workplace policies are monitored and evaluated regularly to see if they are working properly. In one of these organizations performance indicators are used to measure the effectiveness. One manager mentioned that the effectiveness has to be evaluated since the OHS is ISO certified. In one organization the policies are only evaluated when something is not working properly, such as high absence figures in a certain department.

Human Resource Managers

In four of the organisations, workplace policies are monitored and evaluated to observe if they are working properly. In three organisations, policies are regularly evaluated by policy makers, HRM professionals or the National Association for Home Care. In one organisation, the organisation gathers figures and writes reports regarding specific company policies. Additionally, in one organisation there is an external screening to check if the organisation works by the rules every four years.

Unsuccessful case: refusal of help and changing of OHPs
An employee who was suffering from stress reported sick. Nonetheless, he refused to accept professional help. In addition, there was a change of OHP. The former OHP tried to stimulate the employee to get back to work. The new OHP however was very reticent regarding the return-to-work process. Moreover, the employee's team suffered from high pressure of work, which made it difficult for the team members to be understanding towards the employee. All these factors led to the failure of the return-to-work process.

2.1.23 Employer's role in return to work

Since enacting the Gatekeeper Act the employer has statutory obligations to play an active role in the return-to-work process. Most managers referred to this act when they were asked about their absence policy. The managers believe that the employer, more specifically the employee's supervisor, should keep close contact with the absent employee.

Section 3: Description by Themes

3.1 Incidence of stress and reasons for increase/decrease

The majority of the professionals believe that the incidence of stress has increased in the last five years. Society is becoming more demanding with respect to production and work. Moreover, sometimes individuals ask too much of themselves, for example with respect to children, income, or relationships. Furthermore, several professionals noted that stress nowadays is more easily recognized and discussed.

The percentages of the incidence of stress vary across and within the professionals. GPs mentioned a percentage of 5% to 50%, OHPs estimated a percentage of 20% to 50%, RCs 17% to 50% and the MHPs 3% to 60%.

3.2 Models of stress

In general, the professionals view stress as an inability to cope with demands, either external demands (e.g., organisation, employer) or internal demands (demands of the employee him/herself). Hence, stress is seen as an imbalance between coping resources and demands.

3.3 Problems and reservations in identifying stress

Professionals of various categories mentioned that it is sometimes difficult to recognize stress. Some professionals (GP, OHP, LE) were also asked to what extent they had reservations in labelling health complaints as stress related. Some professionals reported some hesitation in labelling stress, because employees may find it difficult to accept that their health complaints are stress related. Labour experts reported little reservation for the reason that the label ‘stress related’ has often been used by other professionals. Therefore, most employees are used to this label.

3.4 Knowledge of stress

In general, professionals believe that they have sufficient knowledge concerning stress and stress-related topics. Some professionals, in particular OHPs, HRM professionals and Managers, would like to know more about certain stress-related issues. Topics they brought forward include, among other things, aggression, RSI,

role of hormones, effects of changes in legislation concerning LTA, and diagnosing stress.

3.5 Factors causing stress

The professionals identified various factors that could cause stress. Work-related problems and family/relationships problems, often in combination, are seen as important causes of stress. Other causes concern personality problems, health problems and financial problems.

3.6 Factors influencing returning to work

Factors influencing returning to work, as put forward by the professionals, generally seem to converge. The main factors encompass:

1. Good communication between employee and employer;
2. Self-insight of employee;
3. Motivation of employee to recover/return to work;
4. Early recognition of stress;
5. Offering employee enough time to recover;
6. Offering work adjustments;
7. Adequate counselling by OHS;
8. Good communication between professional and employer;
9. No conflicting advice from different professionals;
10. Absence of private problems;
11. Absence of serious mental health problems (e.g. severe depression).

3.7 Factors preventing sickness absence

The factors mentioned above were considered important for preventing stress as well. Other factors relevant for the prevention of stress include:

1. Coaching of employees;
2. Adequate selection of personnel;
3. Conducting regular performance interviews.

3.8 Interventions

The specific interventions that professionals undertake depend on the precise task of the professional in the return-to-work process (see Annex 2). In general, most professionals start with analyzing the situation. Next, they make a plan for treatment or return to work. In the description of the interventions, all professionals underlined the importance of the return-to-work objective.

Professionals identified various interventions that they find effective. CBT, relaxation, work-place adjustments, and psychiatric drugs are generally the most recommended interventions in case of stress-related absence. Other effective interventions include, among other things, company welfare work, counselling by social worker, coaching, additional courses, redeployment, and alternative interventions (e.g. yoga).

Professionals generally agree on the interventions that they consider as ineffective. Ineffective interventions include:

1. Prescribing too much rest;
2. Forcing too much pressure on employees to return to work;
3. Providing psychiatric drugs without psychotherapy;
4. Psychotherapy, which focuses too much on the past, instead of on the current situation.

Professionals also pointed out various differences between interventions for stress-related complaints, compared with non-stress-related complaints. HRM professionals mentioned that, when stress-related complaints are at stake, fast work resumption and disclosing underlying problems are important. Labour experts underlined the importance of support at work, activation of the client, guiding of manager and colleagues, and additional evaluations during the return-to-work process. HRM professionals pointed out that manager and employee should be dealing with the problem together in particular when absence is stress-related. Therefore it is important to clarify the responsibilities of both manager and employee. Most managers believe that steps in the return-to-work process do not differ for employees with stress-related complaints and employees with non-stress-related problems. However, one manager reported that more attention is paid to stress-related problems.

While most GPs do not believe that steps to return to work differ between stress-related absence and non stress-related absence, most of the OHPs do believe that there should be a difference. OHPs feel they should guard their clients' workload. Also, individuals in stress-related situations should be intensively watched by OHPs. Most RCs believe that different complaints deserve individual return-to-work plans.

All of the MHPs believe that there should be a difference in the return-to-work steps for stress-related complaints and non stress-related complaints. The main focus of the steps in stress situations is directed on the stress-related complaints.

Some professionals (GP, OHP, MHP, RC, LE) were asked to what extent they engage in family interventions. OHPs occasionally have sessions with a LTA patient and his/her partner. Reintegration Counsellors, Labour Experts, and Mental Health Professionals also reported to engage in family interventions. Involving the partner may have positive effects, for example in a situation when the partner can coach the LTA employee. A Reintegration Counsellor reported that he/she sometimes functions as a mediator when problems exist with partners or other family members. A Labour Expert mentioned that involving a partner could also entail negative effects.

3.9 Salience of the return-to-work objective

For most professionals the return to work objective seems to be very important in the interventions for employees who are long-term absent due to stress-related complaints. An exception to this is the GP. Although GPs attach importance to work resumption, as apparent in the interventions they describe, they do not view this as a central element of their task. GPs believe that the OHP plays has a central role in helping individuals return to work, which is acknowledged by the OHPs themselves. However, OHPs also stated that GPs should play a more important role in the return-to-work process.

3.10 Company policies

The managers and HRM professional were also asked about the LTA policies and the perceived relevance of these policies for stress-related absence. All policies were considered relevant for stress-related absence. Some policies appeared to be used rather infrequent, such as policies concerning stress management, work-life balance,

and financial aid for individuals with financial problems. This is remarkable for the reason that the relevance of these policies for stress is clearly acknowledged.

Section 4: Discussion

4.1 Awareness of stress

In general, all professionals are well aware of the issue of stress and stress-related absence. The answers of the professionals generally reflect the importance that professionals attach to stress. This high level of awareness may have been fostered by the legislation in the Netherlands with respect to LTA and those related issues, such as disability for work. The goal of this legislation was to increase and identify the responsibilities of all parties concerned, such as the employer, employee, and OHS. It should be noted, however, that the high level of awareness might also reflect a selection bias: it may be that professionals who are interested in the topics of stress and LTA were more willing to participate in our interviews.

4.2 Salience of the return-to-work objective

For most professionals the return to work objective seems to be a very important objective in the interventions for LTA employees who are absent due to stress-related complaints. An exception to this is the GP. Although GPs attach importance to work resumption, as apparent in the interventions they describe, they do not view this as a central element of their task. GPs believe that the OHP plays has a central role in helping individuals return to work, which is acknowledged by the OHPs themselves. However, OHPs also stated that GPs should play a more important role in the return-to-work process.

4.3 GP Recruitment problems

It should be noted that the recruitment of the GP appeared to be highly problematic. Only with a great deal of effort, we were able to find sufficient GPs. This could signify that especially with respect to GPs a selection bias may have occurred. That is, the GPs who were willing to participate may have been those with particular interest in the topic of stress-related LTA. Moreover, the difficult recruitment of GPs may indicate that GPs generally have little interest in stress-related LTA and related issues.

4.4 Differences between professionals

Whereas we found quite some variation within professional categories, we found little differences between categories of professionals. When comparing the various

categories of professionals in this study, answers generally seemed to converge with respect to the incidence of stress, the models of stress, factors causing stress and influencing work resumption, and the effectiveness of interventions. An exception, as mentioned above, is the salience of the return-to-work objective: The GPs were different from the other professional categories in the sense that work resumption is a less central concept in their treatment.

4.5 Recommendations for professional development

This study identified various topics professional would like to learn more about. These topics refer to specific topics, such as aggression, RSI, and the role of hormones, but also to more general topics, such as diagnosing or reducing stress. The topics brought forward in this study could be addressed in both initial professional development and continuing professional development. Furthermore, these issues could be given attention in professional journals.

Annex 1: Summary of Respondent Profiles by Category

General Practitioners

Years of work experience in this field	Type or practice they work in	Patients' situation/population
25	Practice of 3 GPs and 4000 patients	700 immigrant patients. Male/female ratio is 50:50. Patients are mostly between the ages of 30 and 50
29	Practice of 1,5 GPs with 3500 patient	700/800 patients are over 65 years old. Many immigrants and low SES. Most complaints are musculo-skeletal
28	Practice situated in minority district	60% of patients are immigrants from the Caribbean. Many white elderly women, low SES, unemployed. Male/female ratio is 50:50. Most complaints are depression, respiratory, diabetes, pain in the back
25	Practice situated in minority district	Most patients are from minority groups, more unemployment, students, females
25	Practice of 2 GPs, situated in city centre	Higher SES, less immigrants than above

Occupational Health Practitioner

Years of work experience in this area	Type of organisation they work for	Clients' sector	Clients' situation
3	Various organisations, mostly trading businesses with 500 employees	Various sectors, mostly trading businesses	Mostly part-time working sales women
10	Various organisations	Various non-profit sectors,	Mostly (60-70%) welfare problems, intermediate education.
13	Various organisations	Various sectors	70% women, most men work fulltime, women part-time. Multiple education levels
12	Various organisations	Various sectors	Most complaints are musculo-skeletal, RSI, burnout
25	Mostly construction and industrial organisations	Construction and industrial sector	99% men; fulltime working; lower education. Most complaints are musculo-skeletal and posture.
6	Mostly judicature and social workplace	Judicature and social workplace	Mostly high educated men in judicature; low education in social workplace
10	Various organisations	Various sectors	Mostly fulltime working, low educated men. Women mostly work part-time
3	(Health) Care and industrial organisations	(Health) Care and industrial sector	(Health) Care: mostly part-time working women, intermediate education; Industry: mostly low-educated men

Reintegration Counsellors

Years of work experience in this area	Type of organisation they work for	Clients' sector	Clients' situation
3	Occupational Health Service	Agricultural sector	People on sickness absence
11	Rehabilitation organization as part of a large health insurance company	Various sectors	Only people on disability benefits, mainly because of mental problems
6	Rehabilitation organization	Various sectors	Clients who are in their first year of sickness absence
2	Occupational Health Service	Various sectors	Employees on sickness absence. Some employees return to the same employer; others return to work with another employer
2	Rehabilitation organization	Various sectors	Clients have a large distance from the labour market. The clients have a chronic illness or psychiatric disease

Labour Experts

Years of work experience in this area	Type of organisation they work for	Client base
3	Employee of an external national Heath and Safety Service	Client base is diverse with clients from education to wood industry
10	Self employed	Client base is diverse with clients varying in age, level of education and branches they work in
2,5	Employee of an internal Heath and Safety Service of a large academic hospital	Client base contains all employees who work for the academic hospital
3	Employee of a Heath and Safety Service of a large airline company	Client base contains clients from about 200 companies with about 500 employees each. They work for a variety of companies from commercial companies (e.g. ICT) to government (e.g. police)
1	Employee of a national external Health and Safety Service	Client base is diverse, such as the hotel and catering industry, local authorities, and installation companies. The only branch they do not work for is agriculture, stock breeding and fisheries

Mental Health Professionals

Job title	Years of work experience in this area	Type of organisation they work for	Clients' sector	Clients' characteristics
Clinical Psychologist	18	Own practice	Diverse	Mainly Spanish / Portuguese speaking clients. Various backgrounds and educational levels.
Psychologist/Psychiatrist	16	Academic hospital	Diverse	Clients suffer from psychosomatic complaints. Most clients have low SES.
Industrial and Organizational Psychologist	7	Own consultancy	Middle management	Most clients (80%) get coaching from this psychologist because the clients' employer has a contract with the psychologist. Most clients have a higher educational level.
Clinical Psychologist	3,5	Mental health institution	Diverse	Most clients function reasonably well. Their educational level varies, but it is usually intermediate level.
Psychologist/Psychiatrist	20	Practice	Diverse	Most clients are referred to the psychologist by the GP. Many clients have personal problems.

HRM professionals

Years of work experience in this area	Type of organisation they work for	Clients' sector	Clients' situation
7	Social Youth Organisation; 480 employees	Social Youth Work	Employees work from their homes; most have permanent contract.
30	Insurance Company	Insurance sector	Employees execute Health Law, WW and WAO
15	Domiciliary Care (homecare)	Domiciliary Care (homecare)	Mostly females (1350 out of 1400); most have permanent contracts (1250); most work parttime (1325)
15	College of Economics; 345 employees	Education	Distribution parttime-fulltime: 40-60%; most employees are between the ages 45 and 55; 84% have permanent contracts; sickness absence percentage was 5.2% in 2003; sickness absence frequency was 1.3 and duration was 16.1 days.
11	Residential Assistance; 170 employees	Residential Assistance in Psychiatric and Psychosocial Health Care	95% have permanent contract; 85% works parttime (between 80-100%)

Managers

Job title	Responsible for x persons	Type of organisation they work for	Number of people employed	Private, public or voluntary organisation	Location of the organisation (rural or urban)
Direct manager	30-35	Nursing/rehabilitation home		Semi public	Urban/rural
Manager	Indirect 79, direct 6	Occupational Health Service	800	Private	Urban/rural
Manager	35	Benefits agency		Public	Urban
Manager operations	350 indirect, direct 3 managers and staff	Rehabilitation company	500	Private	Urban
Managing director	27	School for children with learning disorders	27	Semi public	Urban
Deputy principal	120	Secondary school	120	Semi public	Urban

Annex 2: Roles and Responsibilities of Professionals

General Practitioner

The GPs primary duties are to diagnose and -when possible- treat patients. He/she holds a gatekeeper position. Unlike their colleagues abroad they do not certify sickness absence of their own patients. When the GP does not have the capacity to treat the patient, he refers the patient to another professional, such as a medical specialist. Because the occupational health physician knows more about the patient's work situation, GPs should ideally keep contact with the occupational health physician during treatment of employees. Unfortunately, contact between the General Practitioner and the Occupational Health Physician is still rather exceptional.

Occupational Health Physician

The OHP provides counselling to employees who are absent from work due to sickness with the goal to improve health and the return to work of the client. The professional maintains regular consultations with these employees to monitor their progress and activities. He/she also advises the employees' employer about work resumption. If necessary, the OHP contacts other professionals involved (e.g. the employee's General Practitioner, psychiatrist, or psychotherapist) to exchange information or to tune activities. Employees who are not absent, but who experience problems in their work situation can also consult the OHP. In these cases, the OHP advises on the prevention of sickness absence. This professional has a degree in medicine and has received a specialized occupational training for OHP. The OHP works for a Health and Safety Service.

Return to work specialist: Reintegration Counsellor

Their task is to help employees who are absent from work due to sickness, or employees who receive disability benefits, returning to work. Their main focus is to mediate in finding a proper and permanent job for these employees. These professionals have regular consultations with employees, and are coaching and training them in finding the right job. Often an employer or occupational physician of the health and safety service, or by the Insurance Administration Agency calls them in. During the course of the consultations the professional keeps in touch with the employer, occupational physician, the Insurance Administration Agency, and other

professionals involved (e.g. psychotherapist, or psychiatrist). The Reintegration Counsellor has obtained a qualification in Higher Vocational Education, and works for a reintegration office.

Return to work specialists: Labour Experts

The task of the Labour Expert is to help employees who are absent from work due to sickness, or employees who receive disability benefits, returning to work. The Labour Expert's main focus is to advise employee and employer on what tasks the employee still can perform and what adjustments in the workplace are necessary to make return to work possible. The specialists are often called in by the employer, the occupational physician of the health and safety service, or by the benefits agency. The Labour Expert has received a Technical College Education or a college degree in social studies, and works for a Health and Safety Service.

Psychologist

The psychologist's task is to treat the employee in order to facilitate returning to work. The psychologist's interventions give the employee tools to recognize stress signals and to deal with stress in order to make the return to work possible. The type of interventions that are given depends on the psychologist's preference and the employee's needs. Frequently used techniques are psycho-education, cognitive behavioural therapy and relaxation therapy. The psychologist keeps contact with the occupational health physician and/or General Practitioner. Some psychologists also inform and advise the employer on how to create an appropriate workplace for the employee. Psychologists have a degree in psychology, and are self-employed or work for a mental health institution.

Psychiatrist

Long-term absent employees with stress-related complaints do not usually consult a psychiatrist. The psychiatrist treats patients with stress-related complaints in combination with (other) complex psychiatric problems. When the psychiatrist treats employees with stress-related complaints, the psychiatrist teaches the employee to recognize stress signals and to deal with stress in order to make the return to work possible. The type of interventions that are given depends on the psychiatrist's preference and the employee's needs. Frequently used techniques are psycho-

education, group therapy and individual therapy. The psychiatrist communicates with the occupational health physician, General Practitioner and employer. Psychiatrists have a degree in medicine and a specialization in psychiatry. They are self-employed or work for a mental health institution or hospital.

HRM professional

This professional implements management policy with regard to the people who work in an organisation. The areas of operation usually include recruitment and selection, personnel administration (pay, working hours attendance, holidays, etc), implementing policy on employees' health, safety and welfare, and training facilities. The HRM professional plays a supportive and facilitating role in the return-to-work process. For example, he/she answers questions of employees and managers, provides assistance to managers and employees during the return-to-work process, and offers facilities, such as a refund of treatment costs, training, or workplace adjustments.

Managers

Managers are (partly) responsible for keeping their subordinates satisfied and healthy. The manager's role in the return-to-work process is dependent on the organisation's policy on absenteeism. In most organisations, however, it is the manager's task to keep in touch with the employee and to find out about the reason for his/her illness when an employee reports sick. If the employee consults an Occupational Health Physician and/or follows a return-to-work project, the manager usually consults the occupational health physician and Labour Experts to stay informed and to implement advise regarding work adjustments.