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Return-to-Work Coordinators' Practices for Workers with Burnout

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Abstract

Introduction Return-to-work (RTW) coordinators facilitate RTW of workers with work disabilities. However, little is known about RTW coordinators' practices for workers with burnout. The aims of this study were to describe RTW coordinators' activities in supporting workers with burnout during the RTW process, and their experiences with factors influencing the support. *Methods* Interviews and essay assignments were conducted with 15 RTW coordinators employed in universities and central hospitals in Finland. Data were analyzed using qualitative content analysis. *Results* RTW coordinators were involved in the RTW process during early intervention, off-work, and work resumption phases. Seven groups of activities were identified: monitoring staff well-being; initiating RTW process; planning RTW; providing tools to support recovery; monitoring progress of the RTW process; supporting re-engagement with work; and monitoring coping with work. RTW coordinators' activities depended on their institutional positions. Factors influencing the support included common understanding about burnout syndrome: co-occurring illnesses, dimensions of burnout, unpredictability of the recovery, personality characteristics, private life psychosocial factors, conflicts within the work community, and openness about burnout and its causes. *Conclusions* Complexity of the burnout problem challenges the support from the RTW coordinators. Understanding the causes and the consequences of burnout is important for the RTW coordinators to provide adequate and timely support for the workers with burnout in collaboration with the other stakeholders involved in the RTW process. Burnout-, individual-, and work-related factors should be considered in the RTW coordination to prevent and to reduce the negative consequences of burnout.

Keywords Finland · Occupational stress · Organizational policy · Return to work · Sick leave

Introduction

Burnout research has primarily focused on prevention, and studies of factors associated with return to work (RTW) are scarce [1]. According to recent studies, burnout syndrome is prevalent among university staff [2, 3] and hospital staff [4–7]. Vulnerability to burnout accumulates from working conditions where staff experience chronic occupational stress with dimensions of exhaustion, cynicism and a sense of inefficacy [8]. Workers with burnout experience overwhelming exhaustion. They tend to distance themselves

emotionally and cognitively from their work and develop a negative, excessively detached response to other people and aspects of the work. The sense of inefficacy relates to their feelings of being professionally incompetent and unable to achieve personal accomplishment or productivity at work [8, 9]. Personality characteristics [4] and psychosocial factors [10] predispose burnout. A recent literature review [11] summarized that burnout predicts impaired physical and psychological health, absenteeism, and a new disability pension. Therefore, it is important to find ways to prevent and reduce the negative consequences of burnout for the workers with burnout as well as for employers and for society [12].

RTW policies and practices vary between European countries. An analysis report on European Union member states' policies indicates that Finland focuses on prevention and early intervention [13]. Early notification of prolonged sick leave has been regulated by legislation since 2012. According to the Finnish Occupational Health Care Act [14], employers must inform occupational health care (OHC) when the worker has been on sick leave for 30 days. If the

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sick leave exceeds 90 days, the employer, OHC, and the worker should evaluate the possibilities of RTW together.

Previous research has documented RTW coordinators' central role in RTW [15–25]. RTW coordinators conduct both functional and interpersonal activities [15]. Functional activities have been especially beneficial in injury-related claims and interpersonal activities in psychosocial factor-related claims [15]. The functional activities of the RTW coordinators include assessing workplace [16–18], contacting the worker during sick leave [19, 20], identifying barriers and negotiating accommodations [19], planning RTW [20] and adjusting the RTW plan when necessary [19], and possibly finding a transitional duty [18]. Furthermore, RTW coordinators clarify roles and liabilities, give medical advice [16], and apply laws, policies and regulations for work absences and RTW [20]. Collaborating with the different stakeholders who are involved in the RTW process is part of RTW coordinators' work [21, 22]. RTW coordinators need communicative and interpersonal skills [21, 23] specifically when they facilitate communication and agreement among the stakeholders [18], provide conflict resolution/mediation and social problem-solving [16, 17], or reassure and support the disabled worker [19]. Although workplace-based RTW interventions that include the presence of an RTW coordinator [24] or an RTW coordinator model of care [25] have been found to be effective, a recent meta-analysis did not find evidence of the benefit of RTW coordination programs on RTW outcomes [26]. These contradictory findings indicate that more research is needed regarding RTW coordination.

Although RTW coordinators' central role in the RTW process is well documented, there is a lack of knowledge about RTW coordinators' practices for workers with burnout. The aims of this study were therefore to describe RTW coordinators' activities in supporting workers with burnout during the RTW process, and to describe RTW coordinators' experiences with factors that may influence the support.

The research questions were:

1. What are the activities of RTW coordinators in supporting workers with burnout during the RTW process?
2. What factors may influence the support for workers with burnout?

This study does not present primary preventive activities of the RTW coordinators.

Methods

A qualitative, descriptive study was conducted with RTW coordinators in universities and central hospitals in Finland. The managers of the human resources (HR) departments in 15 universities, 5 university central hospitals and 16 central

hospitals in Finland were contacted and asked for permission to recruit their staff. Inclusion criterion was that the participants had to be professionals involved in absence management and RTW processes of workers with burnout at least in a part-time position. All the participants were employed in the universities or the central hospitals that were evaluated in this study. The responsible managers appointed the participants to this study and gave signed consent. The Research Ethics Committee of the Northern Savo Hospital District approved this study. Following the ethical principles of the World Medical Association Declaration of Helsinki [27], we asked participants to give signed consent after they were informed about the purpose of the study, voluntary participation, confidentiality, and the opportunity to withdraw from the study at any stage.

Participants

Fifteen RTW coordinators participated, of whom seven were from six universities and eight were from six university central hospitals and central hospitals. 11 of the 12 organizations were large, with approximately 2000–8000 workers. The institutional positions of the participants were HR manager, HR development manager, HR specialist, HR designer, occupational safety manager, head of occupational well-being, work coach, work ability coordinator and senior nursing officer (Table 1). The RTW coordinators were located within HR divisions, occupational safety and health teams, occupational well-being units and nursing management. In line with international studies, we refer to the participants in this study as RTW coordinators. 14 of the 15 participants were female. The participants were aged 35–62 years. Their working experience of absence management and RTW

Table 1 Study participants

Work organization (n)	Number of participants	Institutional positions
University (6)	7	HR manager
		HR development manager
		HR specialist
		HR designer
		Occupational safety manager
Hospital (6)	8	Occupational safety manager
		Head of occupational well-being
		Work coach
		Work ability coordinator
		HR specialist
		Senior nursing officer

HR human resources

processes, including their previous positions, varied from 3 to 33 years.

Data Collection

Data were collected between March and June 2017 through open-ended, semi-structured interviews [28, 29] and open-ended essays. The participants obtained the interview schema beforehand to become familiar with the topics. Nine participants were interviewed individually and three dyadic interviews [30] were conducted with two participants in each interview. The dyadic interviews were conducted if the responsible manager appointed two RTW coordinators to participate. Two participants were interviewed via Skype, others were interviewed face-to-face at their workplaces. One of those Skype interviews was a pre-interview to develop the interview schema and essay assignment [28]. Because the pre-interview succeeded, the data were included in the analysis, with the permission of the participant. Both the individual and dyadic interviews produced detailed and in-depth data [30]. The pairs in the dyadic interviews were close colleagues who preferred to share information with each other. The interviewer, who is the first author, experienced the atmosphere both in the individual and in the dyadic interviews as open and approving.

Before starting the interviews, the interviewer clarified the purpose of the study to the participants and explained that the topic under discussion was the support they provided to workers with burnout. The participants were assured of confidentiality in the data processing and were asked for permission to use a recorder. The interviews lasted approximately 1 hour and were all recorded. Participants filled out a demographic questionnaire, including size of the employer's organization and the employee's institutional position, gender, age and duration of the involvement in the absence management and RTW processes.

RTW coordinators' activities in supporting workers with burnout were identified through the following question: "What kind of role do you have in the RTW support for workers with burnout?" To find which factors that might influence the support the following question was asked: "Describe the potential factors that may obstruct/facilitate the RTW support for workers with burnout." The researcher asked probing questions, gave the participants time to think about their answers in silence, repeated the participants' descriptions and encouraged them to provide more in-depth descriptions [28, 29]. The interviews were conducted in Finnish and the statements used in this article were later translated into English. In the essay assignments, the participants were asked to describe their experiences about the RTW support for the workers with burnout. The participants received the essay assignment via an encrypted e-form. Four participants responded to the essay assignment before the interviews were conducted. The length of the essays varied from one-half to four A4-sized sheets.

Data Analysis

Interviews and essays generated 235 pages of data. An inductive qualitative content analysis method was used [31–33]. The first author was the researcher who analyzed the data and the second and the third authors reviewed the analysis. The researcher read the data repeatedly to become familiar with content and obtain the sense of the whole. Data obtained from the essays supplemented data from the interviews. Words, sentences and sentence portions of pages containing information related to the research questions were selected as the units of analysis [31, 32]. Analysis proceeded as an interpretive process [33, 34] through open coding, creating categories, and abstraction [31]. First, the researcher coded the data subcategories consisting of the RTW coordinators' descriptions of their activities. Second, the researcher grouped generic categories from subcategories containing similar activities. Third, the generic categories were grouped as main categories, including the early intervention phase, off-work phase, and the work resumption phase. Finally, the RTW process demonstrating RTW coordinators' activities in each phase of the process was abstracted. An example of the analysis process is presented in Table 2. In addition to the described analysis, an inductive approach was used to identify factors influencing the support. During the analysis process, the researcher used continuous self-reflection to avoid influencing the analysis with her pre-understanding [29].

Table 2 Examples of units of the analysis, subcategories, generic category and the main category

Units of the analysis	Subcategories	Generic category	Main category
"We also monitor the staff well-being surveys"	Monitor the staff well-being surveys	RTW coordinators' activities to monitor staff well-being	Early intervention phase
"When a certain number of sick leave days has been exceeded we send the supervisor a message"	Monitor sick leave statistics		

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Results

Return-to-Work (RTW) Coordinators' Activities in Supporting Workers with Burnout During the RTW Process

The RTW coordinators described their activities before prolonged sick leave, during the sick leave and when the workers returned to work. The researcher grouped the activities into an early intervention phase, an off-work phase and a work resumption phase. The RTW coordinators' practices for workers with burnout during the RTW process are presented in Table 3.

Early Intervention Phase

The RTW coordinators' activities during the early intervention phase were monitoring staff well-being and initiating the RTW process.

Monitoring Staff Well-Being

Staff well-being surveys in the organizations were conducted every 2 years and the RTW coordinators monitored results to detect possible occupational health risks. RTW coordinators also monitored sick leave statistics through an electronic software program. Discussions between RTW coordinators and the OHC were regularly held regarding occupational health risks that had occurred in the organization. Those discussions were conducted at the general level within the limits of the obligation of professional secrecy. RTW coordinators mentioned cooperation with occupational safety actors in the case of bullying in the work community. Additionally, an RTW coordinator mentioned having contacted supervisors in the work communities from whom the RTW coordinator had no recent communication in order to monitor the situation. As stated: "Where it is quiet does not always mean that there is nothing that needs my support or that there are no issues that need my input…one should every now and then ask how you are doing" [Participant 9b, hospital].

Initiating RTW Process

When the results of the staff well-being surveys indicated occupational health risks in a work community, RTW coordinators provided work community-level interventions, including conflict resolution and work counseling. An RTW coordinator stated that in burnout cases the work community should also be supported, as follows: "If the results show that several workers in the same work unit are not feeling well, then we will, in the longer term, introduce

work community-level actions…" [Participant 12, hospital]. When the sick leave statistic showed an increase in sick leave of a worker, the RTW coordinator contacted the supervisor to assess compliance with organizational absence management and RTW policies and practices. The RTW coordinators advised the supervisors to discuss the situation with the worker, to encourage the worker to seek help from OHC, and to ask OHC to assess the worker's ability to work. The RTW coordinators also advised the supervisors in how to prepare themselves for the forthcoming joint meeting. The joint meeting was arranged between the worker, the supervisor, the OHC representative and the RTW coordinator regarding the worker's work ability and RTW. Also, RTW coordinators could contact OHC and suggest a joint meeting.

Off-Work Phase

The RTW coordinators' activities during the off-work phase included planning the RTW, providing tools to support recovery, monitoring progress of the RTW process, and supporting re-engagement with work.

Planning RTW

The RTW coordinators were involved in planning RTW in a joint meeting. In those meetings, RTW coordinators informed the worker, the supervisor and the OHC representative about the organizational absence management and RTW policies and practices: "To explain the employer's policies about what is possible at our workplace and what is not …it is important to define the rules of the situation when making a plan…" [Participant 5, university]. RTW options were discussed, including full-time or gradual RTW and return to a modified work with reduced working hours. The RTW coordinator might seek alternative work for the worker within the organization. Alternatives of vocational rehabilitation, including a work trial or retraining to a new profession could also be discussed. If none of the supportive activities succeeded, the RTW coordinator might end up discussing the termination of the employment contract, if this was the RTW coordinator's responsibility. In eligible cases, the workers were supported to stay on a work disability pension. Furthermore, the RTW coordinator informed the worker and the supervisor about payment terms during the RTW option. According to the RTW coordinators' experiences, to succeed in the RTW the worker had to have trust in the employer's willingness to support the RTW. The RTW coordinator built up the worker's trust in the employer by telling them that it was in the employer's interest that the worker returned to work and that the employer would try to ensure that the RTW would succeed. One RTW coordinator stated that she adjusted her communication with the worker with burnout to avoid negative communication: "We have

Table 3 Return-to-work (RTW) coordinators' practices for workers with burnout during the RTW process

RTW process	Early intervention phase	Off-work phase	Work resumption phase
RTW coordinators' practices for workers with burnout	*Monitor staff well-being* Monitor staff well-being surveys Monitor sick leave statistics Discuss occupational health risks with OHC and occupational safety actors Contact supervisors in the work communities from whom they have no recent communication *Initiate RTW process* Provide work community-level interventions Support the supervisors to support the workers with burnout in compliance with the organizational absence management and RTW policies and practices Suggest joint meeting	*Plan RTW* Inform other stakeholders about the organizational absence management and RTW policies and practices Discuss RTW options Inform about payment terms Build up the worker's trust in the employer Adjust own communication with the worker *Provide tools to support recovery* Permit the use of additional OHC services Guide the worker on strategies to manage stress Offer individual work counseling *Monitor progress of the RTW process* Keep in contact with the worker during his/her sick leave Monitor progress of the RTW process in insurance companies and in OHC *Support re-engagement with work* Facilitate communication between the worker and the supervisor Enhance RTW self-efficacy of the worker Guide the supervisors on how to inform the co-workers about worker's RTW and modified work	*Monitor coping with work* Call the worker and ask how he/she is doing Discuss additional work modifications in a joint meeting

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to handle them with kid gloves if we know that they have burnout, so that we don't cause any negative reactions. A bit of caution is needed, of course…" [Participant 1, university].

Providing Tools to Support Recovery

RTW coordinators could be entitled to permit the use of additional OHC services by the workers, including extended consultations with a psychologist, a social worker, or a work life consultant. Furthermore, RTW coordinators guided the workers regarding strategies to manage stress, as stated: "I have provided tools for workers for managing their work, for managing time, that kind of support. So that they could then learn to recognize the signs [of burnout] and prevent it…" [Participant 8, university]. RTW coordinators also offered individual work counseling to workers with burnout to support them in processing their relation to the work.

Monitoring Progress of the RTW Process

RTW coordinators explained that they had kept contact with the workers during their sick leave, either meeting the workers face to face or calling them. The RTW coordinators assisted workers in completing applications from the pension insurance companies for vocational rehabilitation and monitored the progress of the workers' RTW processes as follows: "I received information that the worker had not submitted the application, which then of course helped us to send a letter to the worker and ask what was going on…" [Participant 9b, hospital]. Furthermore, the RTW coordinator monitored whether workers continued to be followed by OHC even in the case of there being a turnover of professional staff in the OHC unit.

Supporting Re-engagement with Work

According to the RTW coordinators, sometimes the worker and the supervisor needed a neutral third party to facilitate communication with each other. At a joint meeting, the RTW coordinator supported the supervisor in eliciting from the worker any problems the worker was experiencing in their work and discussing possible work modifications to assist the worker upon return. An RTW coordinator stated: "Work itself can rehabilitate, when it has been modified to suit the worker. The supervisor can support that in many ways. An HR representative can bring up possible work modifications and other ways that can help the exhausted worker to cope at work" [Participant 2a, university]. Moreover, RTW coordinators enhanced the RTW self-efficacy of workers by encouraging them to RTW and trusting in their ability to cope at work. Lastly, the RTW coordinators guided the supervisors on how to inform the co-workers about the worker's RTW and modified work. Informing the co-workers

was regarded as important by the RTW coordinators to help them to understand the situation and support the worker.

Work Resumption Phase

The RTW coordinators' activity during the work resumption phase was to monitor the workers' ability to cope with work.

Monitoring Coping with Work

The RTW coordinators called the workers a few days after their RTW and asked how they were doing. The RTW coordinators could also meet the workers and discuss any further work modifications needed in a joint meeting. An RTW coordinator stated: "I have a lot of discussions with the workers at the beginning of their return to work, we evaluate whether the return to work was timely or whether the worker needs some extra support…" [Participant 3, university].

Factors Influencing the Support

The RTW coordinators described burnout-, individual-, and work-related factors influencing the support as presented in Table 4.

Burnout-Related Factors

Common Understanding About Burnout Syndrome RTW coordinators saw burnout as a complex problem. Skepticism about work-related factors being the cause for burnout was expressed. The skepticism arose from their experiences of workers with severe burnout often having depression and/or private life-related stressors. That created room for uncertainty about the employer's opportunities to support RTW. The lack of understanding about burnout syndrome is reflected in the following statement.

Table 4 Factors influencing the support according to the 15 return-to-work (RTW) coordinators

Burnout-related factors
Common understanding about burnout syndrome
Co-occurring illnesses
Dimensions of burnout
Unpredictability of the recovery
Individual-related factors
Personality characteristics
Private life psychosocial factors
Work-related factors
Conflicts within the work community
Openness about burnout and its causes

I think it is so complex an issue, all that. Is it really a matter of burnout or is it recurring depression? What is it? Is it the person's private life situation that causes problems with coping at work? What significance does work have in it? How much can the employer influence things in these cases? [Participant 8, hospital].

Supervisors' understanding of burnout was essential for preventing the recurrence of burnout. According to the RTW coordinators, supervisors should understand the importance of making changes for the worker who is returning after burnout. RTW coordinators supported the supervisors in making changes at work.

Cooperation with the supervisor…that the supervisor has an understanding about burnout has, in my opinion, a very, very big role, so that one does not begin to burden the worker again with the same situation, you know, from which the worker just has had to stay on sick leave… [Participant 12, hospital].

Co-occurring Illnesses According to the RTW coordinators' experiences, burnout often appeared together with other physical and/or psychological illnesses. RTW coordinators had faced situations in which concurrent physical illness had obstructed the RTW because the workers were not capable of returning to their original positions due to their physical condition.

Where should the person return to when returning to one's own position is often impossible also due to his/her physical condition…? [Participant 2a, university].

Psychological illness challenged the support from the supervisor and the co-workers, because they might not understand the changed behavior of the colleague and might not cope with the situation.

When there is not only the person with exhaustion and depression but also mania, then it is [difficult] for not only the supervisor but also for the work community… how to act in that situation? …no one has received training for this situation… [Participant 4a, hospital].

Dimensions of Burnout Exhaustion, cynicism and a sense of professional inefficacy were mentioned as potential barriers to the support. RTW coordinators described that workers with burnout might lack motivation to RTW and did not want to receive support.

I have also had clients who do not want treatment. As if they want to become even more deeply exhausted so that they would not need to go to work or return to any work…it is known that if one is burned out, he/she has become cynical and then there is also professional inefficacy…but in a way that little spark of motivation

needs to be found in the worker for an RTW to be possible… [Participant 9a, hospital].

Unpredictability of the Recovery RTW coordinators expressed that it was difficult to make a long-term plan for the RTW as it was not possible to predict recovery from burnout. Unpredictability of the recovery from burnout made it difficult to evaluate measures to support timely RTW.

These cases can be like where we discuss that in two months we will try return to work, so then we should immediately send the applications for the work trial to the insurance company, but then what if the worker says that he/she does not know whether he/she is ready to return to work in two months… [Participant 1, university].

Individual-Related Factors

Personality Characteristics RTW coordinators described that sometimes burnout was sustained by workers' over-commitment to their work. RTW coordinators observed that work modifications may not be effective if the workers do not change their relation to their work.

Even if you could modify their work and you said, "hey don't stress, work at your own tempo", so that they can change their way of thinking, we cannot do that here in HR [Participant 6, university].

Private Life Psychosocial Factors RTW coordinators reported that workers' private life influenced their well-being at work. Worries related to issues with children and the burden of being caregivers for their aged parents were mentioned by the RTW coordinators. RTW coordinators described that they had limited possibilities to support the workers with their private psychosocial issues.

It is very difficult for us to help the overall situation because it does not belong to us. We cannot intervene in the life of the person's adult children, except of course by for example, giving him/her advice to make contact with some other actors [Participant 3, university].

Work-Related Factors

Conflicts Within the Work Community RTW coordinators described how workers with burnout were often involved in conflicts within the work community. Uncertainty about the timing of the conflict resolution is expressed in the following statement.

It is not unique that some worker who is in conflict resolution is also burned out. It is a bit confusing – you know, then you have to ask yourself should we treat the burnout first and provide a resolution after that… [Participant 12, hospital].

Openness About Burnout and Its Causes RTW coordinators expressed that openness about burnout and its causes is important for providing adequate support for the worker. To maintain professional secrecy, only the worker can speak about burnout to other people. RTW coordinators expressed that the workers do not always want that their supervisor knowing that they have burnout. Burnout was thus not always mentioned by name and the causes of burnout were not discussed openly in the joint meeting. According to the RTW coordinators, the supervisor was then less capable of making suitable work modifications and the RTW coordinator was less capable of supporting the supervisor in them.

Sometimes the process can go on so that the person does not say what the problem is and occupational health care is not allowed to tell the cause of the person's burnout, so then the supervisor has a lot more difficulty in finding out what measures to take and to think about the right solution…it is important that the supervisor knows the cause, then he/she can give support in the best possible way and we can then also support the supervisor in making the right measures… [Participant 2b, university].

According to the RTW coordinators, knowing about burnout and its causes would make it possible to tailor the support individually. The importance of open communication about the causes of burnout at the beginning of the RTW process was emphasized in order to conduct adequate measures at work early enough to prevent prolonged sick leave. Sometimes this information only came after a prolonged sick leave and was much more challenging to deal with because many issues may have arisen that would obscure the root cause.

Discussion

Our study seeks to extend previous research on the attributes, behaviors and practices of RTW coordinators [15–25] by specifically focusing on RTW coordinators' interactions with workers with burnout during the RTW process. The findings of this study provide insight into the unique aspects of burnout that influence the support. In the RTW coordinators' experiences, burnout is a complex phenomenon. The RTW coordinators questioned whether burnout was a problem induced by depression or a private life psychosocial stress [10] rather than a problem caused by work

[8]. Personality characteristics also determine who develop burnout [4], and in our study RTW coordinators mentioned overcommitment as a factor they were not able to influence. Workers with burnout often have co-occurring physical and/or psychological illnesses [11]. Based on these factors, burnout can be understood as an individual's own problem and not a problem in a work environment. Another factor influencing the support provided by the RTW coordinators is that they might not always be aware that a returning worker needing RTW support has burnout. Openness about burnout as a reason for the work disability seems important. Not knowing about burnout and its causes in the work environment makes it more difficult for the RTW coordinator to provide the worker tools for supporting recovery and to support the supervisor in planning and implementing adequate work modifications. The dimensions of burnout—exhaustion, cynicism, and sense of professional inefficacy [8, 9]—challenge the support because the workers may need extra motivation to RTW and encouragement in their ability to cope at work. Also, the negative and detached attitude of the workers with burnout towards their work and their co-workers/supervisors [8, 9] should be considered in the support especially in case of a conflict situation in the work community. In those situations, the RTW coordinators facilitated communication and provided conflict resolution, which are activities supported by the previous research [16–18, 21, 23]. Communication may be of specific importance in burnout cases related to psychosocial aspects at work [see 15]. Previous research has shown RTW coordinators' involvement in the RTW process during off-work and work resumption phases [19]. In this study, an additional early intervention phase was introduced. This is not surprising, as early interventions are legislatively regulated in Finland [14]. RTW coordinators' involvement during the RTW process depended on their institutional positions. RTW coordinators collaborated with the workers, supervisors and OHC during the RTW process, some of them more closely with the workers and others with the supervisors. The collaborative case management style emphasized in this study is also common in other countries [21, 22]. RTW coordinators followed the organizational absence management and RTW policies and practices and supported the other stakeholders to implement them. RTW coordinators monitored staff well-being, initiated the RTW process, planned the RTW, provided tools for supporting recovery, monitored the progress of the RTW process, supported re-engagement with work and monitored coping with work. Contacting workers with burnout during sick leave and planning an RTW are similar activities to the previous studies [19, 20]. The RTW coordinators were involved in discussions about different RTW options. Making exact RTW plans, however, was difficult in burnout cases because of the unpredictability of the recovery from burnout. RTW coordinators supported supervisors in making

work modifications and they sought alternative work for the workers within the organization, as documented previously [18]. To make work modifications or find other work for the worker with burnout was not easy due to the complexity of the burnout problem. Workers with burnout may need a different approach compared with some other types of psychological work disabilities because of the focus being on burnout-, individual-, and work-related factors. Sometimes changing the workplace or even profession were seen as alternatives to enable the workers with burnout to RTW.

Study Strengths and Limitations

As we could answer the research questions based on the collected data, the semi-structured interviews and essay assignments can be considered appropriate data collection methods. One pre-interview was conducted to determine the suitability of the interview questions and the essay assignment in order to gain more quality in data collection [28]. The participants were given the interview schema and essay assignment beforehand to become familiar with the topics, which may also have contributed to appropriate data being obtained. On the other hand, we do not know whether knowledge of the interview schema obstructed the participants from describing other relevant topics outside the interview schema. We do not know whether the existing colleague relationships of the participants in the dyadic interviews affected the data that were produced [see 29, 30]. Recall bias is possible, as the RTW coordinators may not have accurately remembered whether the worker had burnout or, for example, depression. Social acceptability bias may have had an influence as RTW coordinators may have given responses that they thought were expected of them. The sample consisted of RTW coordinators working in universities and central hospitals, therefore the results may not be entirely transferable to other work sectors. The sample was homogeneous regarding participants' involvement in the absence management and RTW processes, however, there was heterogeneity in the institutional positions. Replication of data occurred indicating that data saturation was reached with all the 15 participants [34]. More participants might have produced more replication in categories and verified and ensured comprehension. Finally, the trustworthiness of the results was ensured by two other researchers reviewing the analysis process [32].

Conclusions

This study described RTW coordinators' practices for workers with burnout in universities and central hospitals in Finland. Moreover, we provided an insight into the unique aspects of burnout that influence the support. The results of this study indicate that RTW coordinators have a particular role in the timely implementation of the organizational absence management and RTW policies and practices in the RTW process and their involvement in the RTW process depends on their institutional positions. A collaborative case management style was prevalent in the organizations evaluated. This study identified the complexity of the burnout problem which challenges the support from the RTW coordinators. It is important to the RTW coordinators to understand the causes and consequences of burnout to provide adequate and timely support. Considering burnout-, individual-, and work-related factors in the coordination of RTW is recommended to prevent and to reduce the negative consequences of burnout.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

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