

INTRODUCTION

- Evidence-based RTW practices exist, but guidelines remain conceptual → limiting operationalization
- Clear, actionable, and transferable programs → limits implementation
- Organizational diversity and complex stakeholder roles can also hinder implementation of sustainable return-to-work programs.
- Need for adaptations to local contexts → little is known about what promote feasibility of the program.

Research Questions:

- What is the acceptability ?
 - Fit with organizational context
- What are the required adaptations ?
 - Content, format, delivery modalities, involved actors
- What needs to be adapted to promote the feasibility of the program in a health care setting?



GOAL

Developing a Program for Sustainable Return to Work practices, tailored to healthcare sector based on evidence and expert-users experience

OBJECTIVES:

- Identifying the acceptability of the preliminary program based on contextual characteristics and user needs
- Identifying the adaptation to promote feasibility in a health care setting

METHODS

- Developmental research approach (Van Der Maren, 2014) and strategies from the Quality Implementation Framework (Meyer, 2012)
- Theoretical sampling of expert-users:
 - 6 Disability management (DM) Teams with ≥ 50% Best Practices (Audit) in Health care organizations (Champions)

- A DM team** = the head of service, an agent for medical and administrative management, a return-to-work coordinator (i.e. occupational therapist) and a supervisor.

DATA COLLECTION AND ANALYSIS

A preliminary program with 54 activities was developed following best practices from literature and the research team expertise;

Structured interviews were performed with 6 DMS teams of expert-users.

- Theme on fit assessment and adaptations of the program :
 - Does the program fit the setting? How well does the program match the needs of the organization? What is missing? What needed or needs to be adapted? To what extent it applies to all type of sick leave ?
 - Analysis: Matrix were generated to summarize fit and adaptations

A consensus method in 2 steps was used with DMS expert users for feasibility:

- individual consultation with an agreement questionnaire on 83 affirmations on components of the second program (including tools).
- Group consensus on components not reaching 85% consensus in the individual consultation: Two, 3-hour meetings with all experts. Experts analyses and determined the final version of the program.

RESULTS

Participants' characteristics

24 experts : 19 5 ages between 41 et 50 years-old; 4 to 10 years of experience

6 health care settings: 5 in urban region; 1 mixte (suburban and urban)

Fit with organizational context

- Fits with all types of "prolonged" absence (personal or work-related)
- All 54 activities are relevant

Main adaptations

- Rewording (n = 21); New activities (n = 13); Adding an actor (n = 24)
- Clarifying the contribution made by external stakeholders
- Defining who should be the acting manager/supervisor in a multi-level supervisory hierarchy?
- DM and manager's joint actions not always possible or desired

Adaptation to promote feasibility of the program in health care setting

- High feasibility ≥ 88% consensus
- Only 10/83 (12%) affirmations on the adequacy of the program had **NO CONSENSUS**
 - ½ disagreements → who is responsible for carrying out the activities?
 - Manager vs DM team
- Adapting activities to fit all contexts → DM provides support to manager
- Having a one pager of the whole program and then being able to navigate by cliquing to see more details
- Need to provide 6 additional tools to be used by manager and adapting 3
 - A total of 37 tools were integrated in the program to promote feasibility

Excerpt from a portion of the program:

Program for Sustainable Return-to-Work				
Activities Targeting the Worker				
1. Departure Announces	2. During Sick Leave	3. Planning Reintegration	4. 1 st Week Reintegration	5. Follow-up during RTW
Initial contact, ask if person wishes to maintain contact with DM team (M or DM)	Ensure commitment and collaboration in recovery (M or DM)	Propose a meeting to plan RTW (M or DM)	Welcome back on first day or designate significant person to do so (M).	Do periodic follow-up according to agreement, to see how work reintegration is going (M, DMS).
Explain process involved plus roles and responsibilities (DM)	Periodic follow-up and assess needs (M or DM)	Establish how welcome back process will take place (M or DM)	Meet to discuss how reintegration will take place. If needed, make adjustments (M, DM).	Identify factors hindering reintegration (M, DMS).
Name resources available to support recovery (DM)	Identify factors hindering and facilitating recovery	Ensure that conditions conducive to reintegration are in place (M or DM)	Do follow-up, according to agreement (DM).	Do follow-up on reintegration plan (M, DMS)
EXPECTED RESULTS Worker is informed of processes, resources available and stakeholders involved. W is informed of possible alternative measures to help keep them at work.				
Activities Targeting the Manager				
1. Departure Announces	2. During Sick Leave	3. Planning Reintegration	4. 1 st Week Reintegration	5. Follow-up during RTW
Inform of worker's sick leave and of agreement on how to maintain contact with person (DM).	Do periodic follow-up to discuss sick leave (DM).	Notify of reintegration date (DM).	Do follow-up to see how reintegration is going (DM).	Do follow-up on reintegration progress (DM).
Involve in analyzing work situation (DM)	Involve in coordinating action if sick leave related to workplace factors (DM).	Inform of terms and conditions of RTW (DM).	Discuss action plan if reintegration is impacting work atmosphere (DM, DM External or internal resources).	Provide support if reintegration impacting work atmosphere (DM).
Involve in follow-up on sick leave to enable them to support worker (DM)		Provide support in preparing key points to discuss in meeting with W (DM).		
Excerpt of EXPECTED RESULTS - Manager is informed of Worker's sick leave and of agreement on how to maintain contact. S drafts action plan with DMS, if needed.				

Activities Targeting the Workers' team/co-workers (T)				
1. Departure Announces	2. During Sick Leave	3. Planning Reintegration	4. 1 st Week Reintegration	5. Follow-up during RTW
Inform persons concerned about worker's sick leave and actions taken (M).	Inform people concerned by W's sick leave if it is extended (M).	Inform of W's reintegration date (M).	Assess difficulties and facilitators or successes (M).	Assess difficulties and facilitators or successes (M).
Document T's concerns about W's sick leave and find solutions (M).	Document needs and find solutions (M).	Ask about their concerns regarding worker's sick leave and reintegration (M).	Document needs and find solutions (M).	Assess whether task accommodations are impacting operations (M).
If worker is replaced, inform and clarify their roles and responsibilities regarding replacement; ensure integration of replacement (M).		Make aware of terms and conditions of RTW and of their evolving nature (M).	Address needs if reintegration impacting work atmosphere (M).	Document needs and find solutions (M).
EXPECTED RESULT Team's/co-workers' needs resulting from worker's sick leave are identified and addressed.				
Activities Targeting DM External Resources				
1. Departure Announces	2. During Sick Leave	3. Planning Reintegration	4. 1 st Week Reintegration	5. Follow-up during RTW
Inform various departments of sick leave and liaise with Payroll, etc. (DM).	Coordinate action with partners in Human Resources if sick leave related to workplace factors (DM or M)	Coordinate action with partners in Human Resources if sick leave related to workplace factors (DM, M).	Address internal partners' needs if reintegration impacting work atmosphere (DM, M).	Address internal partners' needs if reintegration impacting work atmosphere (DM, M).
	Seek attending physician's participation and collaboration (DM).	If applicable, seek participation and collaboration of external partners who play a role in reintegration (DM).		
	Provide attending physician with information about job and working conditions (DM).			
EXPECTED RESULT Various departments are informed of worker's sick leave				

DISCUSSION

- Using the champions in the fit assessment and required adaptation for contexts contributed to a perceived feasible program
 - For Meyer (2012) having a program deemed feasible by champions should contribute to one important step in implementation: buy-in
- All program activities were grounded in a person-centered support approach (Gensby et al., 2012; Palumbo, Hinna & Mansh (2025).
- Next step: Implementation upscale

- ✓ Need for a leading implementation team in DM team
- ✓ Upper management buy-in (allowing time for implementation activities)
- ✓ Evaluating implementation

CONCLUSION

By involving champions in assessing program

- the project directly addressed major barriers to implementation:
 - ✓ limited operationalization of evidence-based RTW guidelines,
 - ✓ lack of transferable programs,
 - ✓ need to tailor practices for diverse healthcare environments.
- This collaborative adaptation process enhanced feasibility of the program.
 - ✓ Supporting the goal of developing a sustainable, evidence-informed RTW program for the healthcare sector.
 - ✓ Fulfilling the objectives by identifying the adaptations required and the winnings conditions that promote feasibility in real-world healthcare contexts.

REFERENCES

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