

# An exploration of social support as a factor in the return-to-work process

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**Abstract.** Despite evidence that inter-personal relationships are important in human resource management, little is understood about the nature of workplace social support in a disability context, or what features of support are important to the success of return-to-work programs. The purpose of this qualitative study was to explore workplace disability support from worker and supervisory perspectives and to identify salient features for work re-entry. A total of 8 supervisors and 18 previously injured workers from a range of work units in a Canadian municipality were interviewed, and their views concerning supportive and unsupportive behaviours in work-re-entry situations were recorded and analyzed. A full range of social support dimensions were reported to be relevant, and were seen as arising from a variety of sources (e.g. supervisor, co-workers, disability manager, work unit, and outside of work). Respondents identified trust, communication and knowledge of disability as key precursors to a successful return-to-work process. Future research should explore the specific contributions of support to work rehabilitation outcomes as well as interventions to enhance available supports.

**Keywords:** Reemployment, employer-employee relations, occupational-related injuries

## 1. Introduction

Research findings of the past decade have produced a movement towards workplace-based return-to-work interventions, based on evidence demonstrating that comprehensive onsite programs involving modified work reduce the duration of work-related disability when compared with traditional programs [19]. This shift in the approach to rehabilitation has resulted in greater numbers of accommodated workers being present in the workplace, a situation that can pose challenges to both the injured worker and his or her colleagues. A recent systematic review [9] which examined the research on workplace-based return-to-work (RTW) programs disclosed the importance of interpersonal issues to the

success of these efforts [2,10,19,23]. Such actions as early and ongoing contact with workers, involvement of a return-to-work coordinator, education of supervisors and managers concerning work disability, and labour-management cooperation all show some level of effectiveness in reducing the duration of work disability and its associated costs [9]. Another review [19] revealed over a dozen studies detailing the negative impact of psychosocial factors on work disability, five of which indicated lack of support in the workplace as a key variable. These studies suggest that the “soft” features of workplace accommodation – such as interpersonal relationships, disability management practices, and workplace culture – merit further investigation as part of the RTW process.

## 2. Background

There are three essential approaches to dealing with physical or psychosocial stressors: reducing or elimi-

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nating the source of stress, enhancing the robustness of the individual to build better resilience, and reducing the impact of stress by applying techniques to mitigate or reverse its effects [16]. These principles have been well articulated and their relative merits argued with respect to physical and ergonomic stressors, and they are equally applicable to the emotional realm. Study of social support has shown it to have the ability to both enhance an individual's ability to maintain good mental health in stressful situations, and to reduce the impact of stress overall [24,27]. Social support includes any interaction between two people that is intended to produce positive results for the recipient [25]. Researchers distinguish between support that is believed to be available if one were to require it (perceived support), which relates to general climate and trust factors, and support that has actually been experienced or provided (received support) [28].

### *2.1. Support in the workplace*

Support is known to play a role in promoting successful work performance, and to contribute to organizational commitment [13]. Social exchange theory [3] suggests that there is a type of reciprocity that exists between employers and employees, such that when workers assume that they are being fairly treated, they are likely to respond by increasing their commitment to the organization. Lack of support in the workplace has the opposite effect, and in the case of workplace disability, may lessen the motivation of workers to persist in work efforts during times of physical or emotional hardship [17].

Research on workplace stress has identified lack of support as a key source of stress [26], and most measures of occupational stress include subscales or groups of items related to support. The literature describes two types of support in the workplace: organizational (income support, benefits, and recognition needs at the level of the institution) and social (relationships with supervisors, co-workers, and significant others in a worker's life) [5,6]. Research has revealed that social support serves as a moderator in the relationship between workplace stressors and strain responses in workplaces [11,13,17].

A number of dimensions of social support are identified in the literature, most derived from the work of House (1981) who described four dimensions of supervisory relationships: emotional support (includes concern, listening and caring), informational support (advice, suggestions, and information), instrumental sup-

port (money, labour, time) and appraisal or validation support (social comparisons, affirmation and feedback regarding performance) [28]. This model has potential relevance to situations involving work re-entry post injury, given the multi-dimensional role that supervisors play during this process. Supervisors are expected to communicate rules and guidelines concerning the return-to-work process, interpret these rules relative to the work unit, negotiate the duration and progression of the program, provide feedback on the work performed, and serve as a source of emotional support.

Co-worker relationships also buffer the relationship between stress and strain in work situations [13,16,17]. Paradoxically, high correlations are identified between co-worker support and distress, explained by the tendency of support to be greatest when pain or distress is high, and/or the reinforcing effects of attention and caring when one is reporting pain [8]. In one US government study, co-worker relationships were found to be equal to supervisory support in their ability to buffer the impact of stress on increasing or decreasing worker strain, measured in terms of mood, job satisfaction, and absenteeism. In certain situations, co-workers may provide emotional support typically associated with family and friends outside of the workplace, depending on the nature of the relationship, and the presence of even one close relationship may reduce distress [14]. Co-workers may also serve as a source of stress if the relationship is typified by conflict [14]. It is logical to assume that co-worker relationships would also play an important role in disability adjustment situations, but the nature of this phenomenon has not been studied.

Familial and other personal supports also have a role in workplace stress management. In comparison with co-worker and supervisor support, higher levels of emotional support are often identified as being received from sources outside the workplace [8,11]. While private sources of support are generally not the subject of workplace-based initiatives, they clearly have an impact on adjustment to stressful situations.

### *2.2. Support and the disability management process*

The notion of support is particularly relevant in the case of workers re-entering a workplace after injury. The injured worker may experience compromised job performance, uncertain job security, a reduced sense of self efficacy, and multiple sources of potential strain in the relationship with co-workers and supervisors [9, 10,12]. Supervisory relations are identified as being important to the adjustment process in a number of

studies [7]. Investigations of worker adjustment during the work re-entry process have revealed perceived problems with support and social isolation [18,21].

A qualitative study [13] that involved interviews with 104 employees with disabilities explored the perceived responsiveness of the workplace to their unique needs. Positive supervisory relations emerged as prerequisite to successful work adjustment for many respondents. Key supervisory behaviours identified were fairness, and inclusion of the worker in decision making regarding their work and accommodations. The sample for this study included workers primarily with illnesses or ongoing disability (i.e. cancer, hearing impairments and multiple sclerosis) rather than work-related injuries. Another qualitative study [2], conducted with Canadian service providers and injured workers, examined facilitators and barriers to return-to-work. Results revealed the importance of relationships in the workplace, and some interesting dichotomies. Workers in settings where supervisors and management were seen as being unsympathetic to their needs appeared less motivated to persist with difficult tasks when dealing with injuries, whereas the reverse was true in settings where managers were cooperative. For workers who were respected by colleagues, the quality of the relationship seemed to promote successful work re-entry, in contrast to situations where workers were perceived as manipulative or problematic. Many respondents indicated that proactive supervisory involvement, good communication and a climate of cooperation were key to success of a re-entry program. This study provides preliminary data on important issues in the work re-entry process for injured workers, and suggests the need for in-depth examination of the nature and function of supports for these workers.

### 2.3. Summary

Research on social support in the workplace over the past half decade demonstrates the important contributions of support to a worker's ability to manage stress. Research in the area of disability management has also demonstrated that interpersonal factors play an important role in the success of return-to-work interventions. The role of workplace support factors has received limited attention in rehabilitation, despite the saliency of support to the disability management process. Limited research has examined in detail the nature of workplace supports in the context of disability accommodation and onsite rehabilitation. Due to the potential potency of social supports in promoting or hindering the success of return-to-work efforts, it is important to build greater understanding of this phenomenon.

## 3. Methods

### 3.1. Design

This study used a naturalistic approach to eliciting and interpreting key elements of social support for persons who have direct experience of the return-to-work process. The overall goal was to identify features of received social support that are important to the success of disability management programs. Data were collected through individual interviews with workers and supervisors who had experienced or supervised a work re-entry event.

### 3.2. Participants

The research sample consisted of workers from a broad range of departments within a mid-sized municipality in Ontario, Canada who had experienced a workplace injury or disability within the previous 12 months and returned to work on modified duties or with modified equipment or other supports. The sample also included supervisors of modified worker(s) who had re-entered the workplace within the previous 12 months.

### 3.3. Procedures

Both groups were sent a cover letter from the human resources department explaining the purpose of the study, and inviting them to participate by submitting a confidential volunteer form to the return-to-work coordinator. Volunteers were contacted by a research assistant and met at a mutually agreeable time, either in a private room in their workplace or at the University, depending on the subject's preference. Interviews were recorded upon interviewee agreement, and were later transcribed and analyzed. The study was approved by the Research Ethics Board of the host institution.

Respondents were asked to identify key elements of support that stood out for them in their experience of the return-to-work process, and to describe aspects of support that would have ideally been there for them. The data collection process was structured to both evoke issues of key importance to the informants by beginning with the open, non-theory-driven questions, allowing them to direct discussion of what types of support had been most important to them in the re-entry process. To also ensure comprehensive discussion of the topic, the questions later moved to more specific probes to prompt respondents to consider the issue broadly. This part of the interview outline was based on the theoret-

ical framework for support developed by House [16]. One set of questions probed the four areas of appraisal, informational, instrumental and emotional support, and asked if they had experienced support of that type, what that support looked like, and if they felt that type of support had been important to their progress. Frequent member checks were used during the data collection to ensure that correct assumptions were drawn. This involved statement clarification, restating, and providing brief summaries of sections of discussion to verify response interpretation.

### 3.4. Analysis

Word processed interview data for each participant were analyzed by two separate readers using the theoretical framework as a guide. Worker transcripts were analyzed separately from supervisor transcripts, and later compared. Examples and perspectives that appeared to relate to a theoretical dimension such as emotional support were coded by that major category, and subcategories, or forms that type of support might take, were later identified. Additional concepts that were not consistent with the theory or did not fit clearly within a single category of support were considered as a separate category. Within each category, the emerging categories were analyzed across respondents, and key phrases or comments were pulled from each interview as exemplars of the category or sub-category. Following review and cross-analysis of the results of each analyst, the resulting list of categories, sub-categories and exemplars were peer-reviewed by the interviewer and by one of the co-investigators, and any questions concerning the suitability of the interpretation were resolved. The fit of the various categories to the original theoretical model were then considered, and a method for organizing the categories was developed that would help explain the mechanisms of support within the work injury context. The data summary was then presented to human resource personnel from the municipality to determine if the categories and ideas presented were plausible and likely in their interpretation based on their in-depth knowledge of the culture and practice of the organization.

## 4. Results

### 4.1. Participant demographics

Of the 69 employees who were invited to participate in the study, a total of 18 workers and 8 supervi-

sors volunteered to be interviewed. The worker sample consisted of 4 males and 14 females, with an average age of 47.7 years (range = 24–61 years). They had worked for the municipality for an average of 13.6 years (range = 5–34 years), and for their current work unit for 8.6 years (range = 5–33 years). All were full time workers, and 83% had experienced more than one workplace injury during their work history. Nine different departments were represented in the worker sample, ranging from administrative services to health care and waste removal. The supervisor sample consisted of 6 males and 2 females who had an average age of 44.6 years (range = 37–53). Their years of work experience with the city ranged from 1.5 to 28 years, with an average of 12 years. This group represented seven departments, and based on their estimates, they had supervised an average of 3.6 workers on modified work programs (range = 1–12). There was no indication as to whether there was a match between the worker and supervisor volunteers.

### 4.2. Emerging perspectives on support

Support was identified by both workers and supervisors as being important during the work re-entry process. Figure 1 provides an overview of the factors related to support that emerged through the interviews with workers and supervisors. As the diagram indicates, the four dimensions of support that were identified in the theoretical model [16] were substantiated in the data, and numerous examples were provided for what each type of support, or lack of that support, looked like. The relevance of support in the process is exemplified by one supervisor who said, “You know, any kind of negative support makes them not want to be here for modified work or getting back into the workplace” [CKS03]. In addition, we gained insight into sources of social support for workers, and factors that are critical to building support.

#### 4.2.1. Key elements

Before being directed to discuss the four dimensions of support identified in by House, workers identified support factors that stood out for them as central to their own return-to-work experience. They were first asked to identify elements of supervisory support they felt were important, whether or not they had experienced them. These factors were grouped into the following general areas:

- modification of work responsibilities to accommodate functional limitations

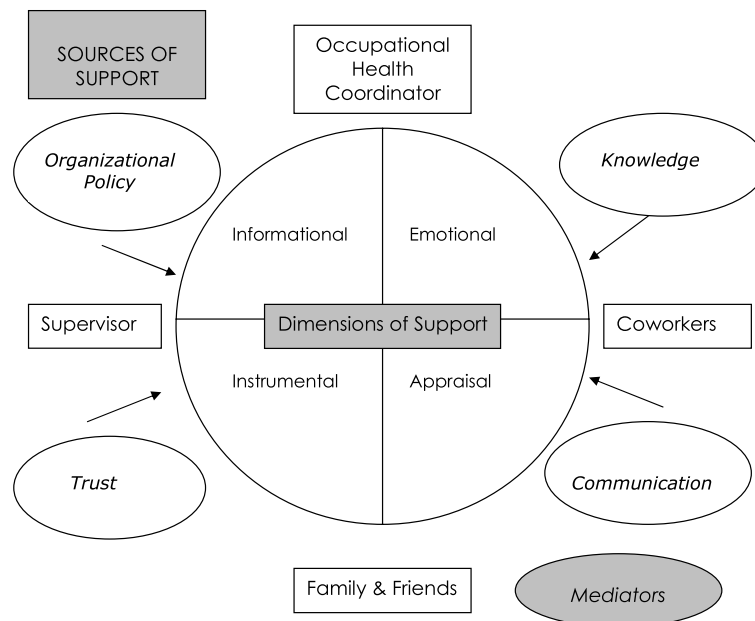


Fig. 1. Key factors contributing to social support in a return-to-work context.

- demonstration of empathy and understanding
- provision of time to attend appointments
- efforts to help them prevent further injury
- assistance with disability claim paperwork
- provision of equipment to accommodate restrictions or reduce risk
- reducing pressure and expectations during the work re-integration process

Support that was identified as being important from co-workers was:

- “moral support”, such as checking in to see if help was required, or calling the worker at home to see how he or she was doing
- assistance that co-workers provided with covering work responsibilities while the injured worker was away or on reduced duties
- understanding of their situation and the reasons for reduced contributions
- receiving assistance from their co-workers in knowing what paperwork to complete

Each of these reported aspects of support is consistent with at least one dimension of the theoretical model, although one dimension, appraisal support, was not spontaneously addressed. The predominating sources of support seemed to vary greatly between workers. Several of the workers indicated that they came from supportive work units, where the work team, including the supervisor, had provided the above-noted types of

support. Five workers who were interviewed reported that they had received little or no support from their co-workers, either because support wasn't feasible, or because the work unit itself is not very supportive in general. One worker stated that she felt ostracized by her co-workers, while another stated that she felt ignored and unsupported. Several indicated that supervisory support had not been there for them.

In describing what a supportive situation would look like to them, the workers said that:

- supervisors or managers would take their claim seriously and believe in the legitimacy of their injury
- modified tools and duties would be readily available
- others in the work area show compassion, including supervisors
- therapy should be available as necessary
- co-workers would not make one feel guilty for taking a lighter load
- procedures and forms for the injured worker to follow should be clear and provided directly to the worker
- return-to-work plans should be well delineated
- return-to-work plans should follow the physician recommendations

Several workers indicated that they had felt pushed to return to work or take on additional tasks before they

were ready, and that this had negatively affected their progress.

#### 4.2.2. *Emotional support*

As previously noted, workers were later prompted to talk in greater depth about support related to the four areas of support identified by House. Support of a personal or empathetic nature seemed to be most important to these workers. Whether discussing emotional support directly or describing other aspects of support, the need for empathy, trust, and a sense that others cared about them frequently surfaced. For most, this level of support was discussed as something that was absent for them, especially at the supervisory level. Co-workers were reported to be more supportive in this way, with support being described as “emotional” when coworkers asked about the worker’s welfare and health, showed that they trusted the worker, eased one’s mind about work demands by helping out, called them at home while they were off work, listened to their concerns, and included them in group activities even while off work.

Workers also provided examples of overt behaviours in the workplace that indicated the lack of emotional support. Examples of low support from co-workers was perceived through hostile comments, evidence that they considered the injured worker to be receiving “special treatment”, and co-workers turning the other way and/or ignoring their phone calls. Evidence of low supervisory support included the supervisor asking as to the worker’s welfare without listening for the answer, and verbal attacks by a supervisor. Many times workers had a sense that others were frustrated with their lack of ability, although no overt behaviours were associated with this sense, and it is unclear if the worker was projecting their own sense of inadequacy. One worker said, “They were supportive, but I always felt that they’re obligated to be supportive. . . . Not that they’re not, but, I’m sure they can’t say, ‘. . . are you going to be back soon?’” [CKW05].

#### 4.2.3. *Informational support*

Types of information that were seen as valuable by respondents were guidance as to the paperwork and procedures that were necessary relative to the injury claim and instruction on how to perform work duties in a safe manner. Several workers indicated that they felt there should be an information packet available to let you know what you are required to do when you have an injury, and information about what the return-to-work process entails. Several were given information or en-

couragement concerning how to perform work tasks. Eight respondents said that they had received no information or misinformation from their supervisors, while some stated that they had received procedural information from the occupational health nurse. A number of workers said that their main source of information concerning their injury and how they should modify their work duties came from the physiotherapist. This was problematic in some cases in which the information conflicted with what was being recommended in the workplace.

In terms of information from co-workers, little input was expected. Several received advice and input concerning injury care and practitioners to access. One received information about what forms to fill out from a co-worker, while another was advised as to benefits the employer could provide. Overall, co-workers as a source of information was not considered critically important, but suggestions offered were perceived as indicative of caring.

#### 4.2.4. *Instrumental support*

Assistance provided by supervisors that directly impacted work performance related to ergonomic assessment and provision of equipment, modification of or assistance with workload, allowing the worker more autonomy in managing workload, or allowing more breaks. Co-workers were also reported to have provided instrumental support, including taking on some of the injured worker’s workload, helping with heavy lifting, or covering some shared aspects of the work when the injured worker was not available. In some cases, no direct assistance with work tasks was perceived as necessary.

Almost half of the participants reported that they had received no support of this nature. Some of these felt that the supervisor should have at least demonstrated interest or asked if any assistance was needed. In five instances overall, it was felt there wasn’t anything that others could have done to help, but in all other cases, this type of support was seen as very important.

#### 4.2.5. *Appraisal support*

Most workers indicated that they had received little or no feedback on their performance from supervisors, and that this had been the case even before they were injured. This may be the reason that appraisal support was not mentioned during the first part of the interviews. Four workers mentioned they had received positive feedback, but one of these indicated that this was not received until late in the process, and that her

supervisor had been initially hostile when she returned to her duties. Three workers mentioned receiving only negative feedback from their supervisors. While several of the workers indicated that they had received positive feedback from co-workers, rarely had that feedback been performance related. Two of the workers indicated that the only positive comments they had received were from the return-to-work coordinator. Two workers also commented that they would appreciate receiving feedback on performance, even if it was negative.

When asked about the importance of feedback on performance, half of the workers indicated that this would have been important to them, although they had not identified this in the open-ended questioning. Several others had stated that feedback is important, but in providing examples, it became clear that they were speaking of emotional support – words or actions that show that their supervisor and/or co-workers cared about them. Only one worker stated that performance feedback was unimportant.

#### 4.3. Supervisor perspectives on support

##### 4.3.1. Key elements

In a similar manner to the worker interviews, supervisors were first asked to identify any aspects of support that stood out for them as being important to making the return-to-work process successful for injured workers. The elements identified were:

- providing encouragement and a positive attitude
- accommodation of disability needs
- co-operating with human resources personnel in developing a return-to-work plan
- providing leadership in the work unit regarding support

One supervisor indicated that support should not be any different than that provided to any employee – that the supervisor should make all workers feel welcomed and valuable, and encourage them to perform to their best ability. The leadership role was described as both modeling supportive behaviours for others in the work unit, or directly encouraging co-worker support of the injured worker. One stated, “You want to make them feel comfortable and part of a team, if that’s the environment they’re in” [CKS01].

#### 4.4. Emotional support

Four of the eight supervisors stated, without prompting, that a key element of support was to demonstrate support and caring to the injured worker. Quality communication between the supervisor and worker was identified as fundamental to a successful process by the majority of respondents. One supervisor expressed the view that when the worker enters a modified program the supervisor should welcome him or her, and demonstrate that the work unit as a whole is supportive.

Consistent with the workers’ views, supervisors stated that the key support role for co-workers should be provision of emotional support. This requires in some instances that co-workers give them the “benefit of the doubt” with regards to severity of the injury. It was noted that full understanding can be compromised by the need for confidentiality concerning the medical situation, and that it is up to the worker if they want to communicate details of their limitations. One supervisor stated that “it is difficult for some to come back . . . and sometimes the peers are not as nice to somebody who comes back” [CKS06]. This supervisor suggested that a co-worker performing parallel work duties can be “a friend on the line” and help to remind the injured worker of restrictions, using ergonomically correct procedures, etc. Assistance with performing work tasks was seen by three of the supervisors as another legitimate role for co-workers.

For emotional support to be legitimate and to emerge from the unit, one supervisor indicated that the worker him or herself needs to demonstrate commitment to the process. The importance of worker honesty was mentioned by one supervisor, while another indicated that it is important that the work provided to the returning worker be meaningful and motivating. Another comment on worker attitudes related to the willingness of the worker to persist through some tough spots to make things work.

##### 4.4.1. Informational support

When asked what types of information workers should receive, supervisors identified a number of items as important: information on what programs are available through the employer to assist in return to work, information about the job requirements if they have been assigned to a different job, and information about ergonomic features and hazards that should be avoided. In addition, two supervisors indicated that returning workers should be made aware that the supervisor is there to serve as a support for them. Supervisors stated

that it is important for information to be transmitted effectively on a one-to-one basis, for the supervisor to check that the worker understands what is being communicated, and that open lines of communication be maintained over the full course of the work re-entry process.

#### 4.4.2. Instrumental support

A number of specific methods for helping workers to perform work were identified. These included assigning another worker to assist with work tasks, allowing extra time to perform work, providing additional or adaptive equipment, modifying work duties, and allowing the worker to progress at his or her own rate. Provision of accommodations was seen by all respondents as a basic requirement, although one questioned the logic of this in cases of temporary disability.

#### 4.4.3. Appraisal support

Consistent with their views on the importance of open communication, feedback on performance was seen as being very important by most supervisors. One indicated that providing feedback can be difficult at times when the modified duties are not very meaningful, so that positive feedback can be interpreted as condescending. One reported that he is very careful in providing feedback, because all staff persons should be reinforced in the same way, not singling out the people on modified duties. Another stated that it is important to confront poor performance, and to find out why they are not trying hard, or doing the job to the expected level. Two talked about the importance of having feedback be a two-way street – with information flowing both directions, such that the worker gets feedback on performance, while also indicating what is working and what is not.

Three supervisors indicated that they believe feedback is important, but that they rarely provide it. Two of these indicated that it can be politically risky to provide negative feedback, while another said that his work group operates autonomously for the most part, so that it is difficult to know what each worker is doing. He also stated that it is difficult for him to provide negative feedback. In general, it seemed that most supervisors saw the value in feedback, but most were comfortable with providing only general, supportive comments rather than direct observations on performance.

## 5. Additional themes emerging from the data

### 5.1. Sources of support

While most of the focus in this study was on social supports within work units, workers and supervisors talked about additional sources of support that were important to the success of the work re-entry effort.

#### 5.1.1. Social support outside the workplace

Workers talked about three major sources of support from outside of the workplace: half of the workers mentioned support provided by a physical therapist, some spoke of supportive actions provided by their physician, and most described support from family and friends. Much of the support provided by the physical therapist was in the area of guidance and information as to how to reduce pain, but also how to approach work tasks differently. Support provided by the physician was also informational in nature, but in this regard, respondents talked most about validation – of their pain, of their need to restrict certain actions, and also the possibility of improvement. Some of this feedback might be classified as appraisal support, as workers described being reassured as to the normative progress they were making, a type of social comparison. The majority of support provided by family and friends could be classified as emotional, but over half of respondents also talked about instrumental actions, such as helping out with household responsibilities, providing ice or heat packs, and driving them to work and appointments. As one worker stated, “There is so much stress, and they helped to relieve it” [CKW07].

#### 5.1.2. Organizational factors impacting support

A number of supports at the organizational level appeared to be important to facilitate support within work units. One important factor is the organizational policies and standard procedures relative to disability management. Three supervisors endorsed the idea of having a standard system for managing return-to-work situations, including regular meetings with the whole return-to-work team, meaning the worker, supervisor, return-to-work coordinator, and any relevant health care personnel (or ensuring that their reports are available). A number of workers indicated that a primary support for them had been the return-to-work coordinator, and this had been especially important in cases where there was low support from within the work unit. The supervisors also seemed to look to the return-to-



work coordinator to help initiate the process and to be a source of information and support.

The degree to which the organization promotes and enforces return-to-work protocols was also a concern emerging from worker interviews. Despite the presence of an organizational policy detailing return-to-work procedures, several workers believed that their supervisors were not readily compliant with the policy, or that their awareness of it was low. One worker reported,

I was told that he couldn't accommodate me even though I knew he could. It's come to the point where when you say, 'You know what? I can't do this'. And you KNOW that there's shifts available, but their response to you is, 'Take a vacation day.' I don't think I should have to take a vacation day, because I'm hurt and I don't wanna hurt myself anymore" [CKW07].

Other worker concerns regarding workplace policy included the need in some instances to transfer to a different department, and policies requiring early return-to-work. Workers and supervisors both identified organizational factors that detract from the success of return-to-work programming, such as slow administrative procedures related to hiring substitute workers, lack of resources for adaptive equipment, and the need for support of co-workers when a unit has one or more workers on modified duties.

From the alternate perspective, some supervisors had concerns about the level of true managerial commitment to injured worker accommodation programs. Two supervisors commented on the need for the re-entry program to be supported at the organizational level and by the union in order for efforts to be successful. One reported concern was that the work units must bear the financial burden when disability accommodation programs are required. Although the importance of the process was acknowledged, the cost of modified work, both in terms of equipment and productivity losses is a concern.

### 5.1.3. *Trust as a mediator of support*

An overarching theme that emerged repeatedly was that of the bond of trust between worker and supervisor, and worker and co-worker. In reporting on positive situations where co-workers, a supervisor, or the return-to-work coordinator had made an extra effort on the injured worker's behalf, the respondent often qualified the response or description by talking about their sense that others believed that their claims of pain or reduced ability were true. There was a sense among some

workers that trust had been built as a type of currency in the past. One worker stated, "People here know me quite well and know that I work hard and I'm reliable and I don't abuse the system, so when I'm injured, I'm injured, despite whether the injury is 'invisible' or not." [CKW16]. Conversely, three of the workers commented on their lack of trust of their supervisor – that they didn't believe they had their best interests at heart. One said, "I don't look for any support from my supervisor because I don't trust him. I don't trust him to keep in confidence anything I tell him" [CKW07].

Supervisors also commented on the relevance of trust to the process, mostly when commenting on relationships between the injured worker and co-workers. One supervisor said,

"Some of their peers will think the individual's faking it – I guess that's the only way you could say it, by saying it blank out. And some fear on the injured worker's side is that they feel that same stress. They don't know what their colleagues are feeling about them and sometimes they want to do more to show that they can do it, that it isn't them faking it. I think knowledge would help the staff members, their peers, being aware of what injury is . . . overall." [CKS06].

### 5.1.4. *Knowledge and understanding*

Another factor that was mentioned both in the context of trust building and in terms of building support in general was the notion of knowledge and understanding on the parts of people surrounding the worker. Various aspects of knowledge were discussed, including disability awareness in general, knowledge of the work injury rules and regulations, and understanding of the processes that are followed in the workplace. Several workers noted that their supervisor did not have knowledge of the disability claims procedures, and was not able to serve as a support or guide concerning those matters. Some of that lack of knowledge was attributed to lack of experience, especially if there had not been previous injuries in that work area. More comments were received relative to general understanding of disability. One worker noted that her co-workers were all healthy and much younger than she was, and that they seemed to have little understanding or compassion relative to her incapacity. In that case, she said the supervisor told them, "It's because the doctor ordered it," and tried to explain to them that it was a medical thing and not a preference thing [CKW06], but her overall feeling was that they were resentful of accommodations provided to her. Another worker told a story about co-

workers not being supportive, and attributed their comments to their lack of knowledge about her disability, and the problems of communicating your problems to everyone.

“I think it had something to do with it being a larger office and no one really knowing what the story was. I’m very open, so I would tell my friend that I’d know would tell everybody so the story would be out there” [CKW05].

Several supervisors also noted that it is important at the supervisory level to have good knowledge of disability and the best ways to help injured employees. The value of having co-workers educated as to the impact of disability and work injury issues was also noted.

I think all staff need to be aware of conditions and resulting ailments that can happen in a workplace because they need to understand and be sensitive . . . that these things exist and these things happen, and it’s not the employee’s fault by any means. . . [CKS05].

Another supervisor said in reference to his work crews,

I think it’s important that the co-workers understand the disability. . . and the culture here. . . We’re outside workers, guys with work boots and . . . they’re like, ‘Oh yeah, so and so’s just saying that so he can get out of [work task] because he doesn’t like it,?’ [CKS07].

Confidentiality was reported as one barrier to full understanding. Several supervisors spoke to the need for workers to at least disclose the details of what accommodations and supports were recommended for them as both a means of helping others understand the legitimacy of their situation, and ensuring that appropriate accommodations are provided.

## 6. Discussion

While a full theoretical model has yet to be tested and the strength and location of relationships between the many variables identified, the emerging model as depicted in the schematic organizes the various components at a conceptual level, and helps to demonstrate the inter-relatedness of the factors. Trust, communication, knowledge, and organizational policy are factors that appear to impact the development of support from each source. For example, if trust is high, the likelihood of the supervisor providing emotional support will likely be higher than if trust is low. If knowledge is low, co-

workers may be suspicious and lacking in true empathy for the injured worker, which may impact emotional support and willingness to provide instrumental assistance. These factors both contribute to and arise from the culture of support for disability in the workplace.

A core feature of support that seemed to be important across work areas was the need for emotional support, meaning that others – supervisors and co-workers alike – demonstrate caring, interest, encouragement, and trust. There were several comments that related to the importance of an overall climate of support and caring within a work unit. The behavioural aspects of emotional support were situated in caring comments, willingness to listen, and statements that indicated belief in the veracity of the limitations associated with disability. A number of authors have noted the importance of trust, communication, and/or goodwill as relevant to the development of supportive relationships [2,10,12,22]. Trust has also been shown to play a moderating role in determining the quality of social exchange interactions between workers and supervisors [1]. Overall, one might conclude that supervisory communication skills are fundamental to building perceptions of fairness and support, and that much of trust building occurs at an interpersonal level.

Supervisors noted repeatedly that communication and frequent contact were important to the success of the return-to-work process. Despite this, most indicated some level of difficulty in providing honest feedback to injured workers. Provision of honest feedback is likely challenging in any supervisory situation, but may be particularly threatening when one feels that a worker is vulnerable, or when clear communication is impeded by a perceived need for political and policy correctness [4,15]. There is also evidence, both anecdotally and through research findings [20] that performance ratings for workers with disabilities are often inflated, most likely because performance exceeds their reduced expectations, or because raters feel benevolent or sympathetic toward these workers. Honest communication may be particularly challenged when supervisors are uncertain of their rights and responsibilities in what may be a novel situation for them. This again suggests the need for not only education, but ongoing support of supervisors in creating a positive work environment for workers. There is limited evidence that knowledge of supervisors concerning disability management is generally low, but can be enhanced by structured training programs [13,23]. Organizations may also wish to obtain legal input concerning the organizational rights and obligations relative to disability accommodation such that supervisors have a better understanding of their role and responsibilities.

### 6.1. Future research

Beyond the supports that are provided in the immediate work area, this research suggests that it is also important to examine support at an organizational level, including policies and procedures, supports that are in place for work units and co-workers when a worker is on reduced time or duties, and the coordination of return to work policies. In the organization studied here, workers made frequent reference to the importance of supports provided by the occupational health department, which is responsible for coordinating return-to-work efforts. The presence of an outside coordinator can be important, especially in cases where support is not forthcoming from within a work unit. In addition, the commitment of senior organizational personnel, and the overall climate of support within an organization appear relevant to actions at the unit level. Organizations may wish to study these issues, and address manpower and morale issues relative to injured worker programs.

The contributions of supervisory and co-worker training to building the types of supports identified through this study as being important are key areas to explore in terms of intervention. Further investigation of methods of supervisor training to identify best practices would advance work in this regard. Factors to examine include who should best provide the training (such as human resources, peers or an external source), training content, and most effective training strategies for producing behaviour change.

While all participants in this study indicated that support was or would have been important as part of the disability management process, there is no clear evidence here of the relative importance of support in terms of its ultimate impact on outcomes. The workers interviewed for this study had all successfully returned to their jobs, although they were in varying degrees of return to full duties. More research is needed to investigate the value added by supportive, collaborative approaches to disability management that go beyond measuring worker satisfaction. A variety of outcomes, including return-to-work rates, length of the re-entry process, long term employee retention, re-injury rates and the costs of disability management are all factors that could be impacted by the support climate of the workplace. To this end, a quantitative measure of social support would be of value, and development of such a measure is currently in progress.

### 6.2. Study limitations

This study was exploratory in nature, and had a number of limitations. First, it examined workers in a single organization, and although that organization includes a wide range of occupational groups, it did not systematically include workers from the full range of work categories identified through various occupational classification systems. Despite the evident variance in interpretation and application of organizational policy relative to return-to-work, this study includes workers from within only one type of disability management system. In addition, this is a volunteer sample, and thus may reflect a self-selection bias. The study examined support using one theoretical framework, and though effort was made to solicit impressions of social support that were not constrained by that theory, the interpretations of the researchers considered responses through that lens.

## 7. Summary

This study examined the phenomenon of social support in a return-to-work context from the perspectives of workers and supervisors. The four components of the theoretical model were supported as being relevant to this unique context. In addition, it was evident that support from a variety of sources should be considered, as well as factors that may influence the development of support. Future research should examine the impact of support on work rehabilitation outcomes, the differential importance and effect of the various dimensions of support, variances in support across organizational environments, disability management models, and job types, trust as a contributor to the development of social support, and the impact of various instructional interventions on levels of received support and organizational culture.

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