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REVIEW

Stakeholders' Role and Actions in the Return-to-Work Process of Workers on Sick-Leave Due to Common Mental Disorders: A Scoping Review

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Abstract

The lack of knowledge regarding the roles and actions of return to work (RTW) stakeholders create confusion and uncertainty about how and when to RTW after experiencing a common mental disorder (CMD). *Purpose* The purpose of this scoping review is to disentangle the various stakeholders' role and actions in the RTW process of workers on sick-leave due to CMDs. The research question is: *What is documented in the existing literature regarding the roles and actions of the identified stakeholders involved in the RTW process of workers on sick-leave due to CMDs? Methods* In conducting this scoping review, we followed Arksey and O'Malley's (Int J Soc Res Methodol 8:19–32, 2005) methodology, consisting of different stages (e.g., charting the data by categorizing key results). *Results* 3709 articles were screened for inclusion, 243 of which were included for qualitative synthesis. Several RTW stakeholders (n=11) were identified (e.g., workers on sick leave due to CMDs, managers, union representatives, rehabilitation professionals, insurers, return to work coordinators). RTW stakeholders' roles and actions inter- and intra-system were recommended, either general (e.g., know and understand the perspectives of all RTW stakeholders) or specific to an actor (e.g., the return to work coordinator needs to create and maintain a working alliance between all RTW stakeholders). Furthermore, close to 200 stakeholders' actions, spread out on different RTW phases, were recommended for facilitating the RTW process. *Conclusions* Eleven RTW stakeholders from the work, heath and insurance systems have been identified, as well as their respective roles and actions. Thanks to these results, RTW stakeholders and policy makers will be able to build practical relationships and collaboration regarding the RTW of workers on sick leave due to CMDs.

Keywords Return to work · Common mental disorder · Stakeholder · Role · Action · System · Scoping review

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Introduction

In industrialized countries, work disability due to common mental disorders has significantly increased over the last decade and is now the leading causes of sickness absence, and long-term work disability [1–4]. Common mental disorders (CMDs) are defined as mood, anxiety, and stress-related disorders [5] that are prevalent in the workforce, affecting 20–25% of the adult population [6–8]. All work absences considered, common mental disorders represent between a third and a half of all absences, depending on the sector of activity [9, 10]. Workers with CMDs who are on sick leave typically go through the process of returning to work within the same organization [6, 11]. Although working is considered as the cornerstone of one's mental health recovery, if the return to work (RTW) is initiated too quickly or if the remission is partial when the person returns to work, the risk of relapse increases [12, 13]. Relapses typically occur within 3 years of a first sickness absence due to CMD [8] and can take the form of intermittent work disability (e.g., being unable to perform some work tasks, taking brief but frequent leaves) [14].

In addition to costs for organizations, CMDs in the workplace have negative economic consequences for society, given the indirect costs due to sickness absence, medical appointments, early retirement, and at times, early death [15]. Workers on sick leave due to CMDs are often not replaced, and consequently colleagues have to absorb additional tasks and workload [16]. Individuals with CMDs in the workplace are a growing concern for employers and society in general [17]. The World Economic Forum estimated that, by 2030, global costs of mental disorders are projected to reach six trillion US dollars; about two thirds of these costs will be attributed to lost productivity related to disability [18]. Given these astronomical costs, it is not surprising that policy makers and politicians consider CMDs as a serious public health issue and are fervently seeking solutions and strategies to implement [3, 19].

Tjulin and colleagues [20] suggested the RTW process comprises three distinct phases: off work, back to work and post-RTW sustainability. Similarly, Corbière et al. [21] suggested three phases in RTW after CMDs: (1) beginning of sickness absence and involvement of disability management team (Phase 1); (2) involvement in treatment and rehabilitation with health professionals, and preparation for RTW (Phase 2); (3) gradual return to work and follow up (Phase 3). Considering these crucial phases, sickness absence due to CMDs as well as return to work after CMDs involve a series of complex interactions and interventions enacted by multiple stakeholders. These processes take place within various environments and systems such as the workplace and the healthcare system [7, 22–27].

Even if all stakeholders have an interest in the worker achieving a safe, timely, and sustainable return to productivity, the collaboration remains difficult because each stakeholder's role and expected actions regarding RTW after CMDs are not well defined or understood [27–30]. The literature on RTW reports that the lack of communication and coordination between the stakeholders interacting during the RTW process negatively affects the RTW and is a transversal barrier throughout the process, particularly in the case of CMDs [14, 25, 27, 31–35]. As the RTW process is complex and includes multiple stakeholders [19], several authors suggested categorizing them into groups based on a system theory perspective, with which the worker on sick leave interacts with: employers (work system), insurers (insurance system), and healthcare providers (health system) [30, 31]. Of note, this categorization becomes very complex when we consider that each system includes a number of different stakeholders. For instance, employers (work system) can include immediate supervisors, human resources managers, unions, and coworkers. With respect to the category of healthcare providers, general physician, occupational physicians, occupational therapists, psychiatrists, and psychologists are included [30]. Adding to the complexity, the list of stakeholders involved in the RTW depends on the context or setting. For instance, an occupational physician is often present in the RTW in European countries but optional in North of America. Unions are unavoidable in public organizations, but scarcer in the private sector.

The meta-synthesis of qualitative research on RTW of workers with CMDs conducted by Andersen et al. [36] points to a lack of coordination between stakeholders stemming from the above-mentioned systems. For instance, the health system tends to address only factors related to the mental health condition without considering potential barriers in the workplace, whereas the insurance system tends to encourage an early RTW, neglecting eventual risks of relapses due to the medical condition or psychosocial risk factors at work. The lack of coordination and knowledge regarding the roles of RTW stakeholders can cause confusion and uncertainty about how and when to return to work, with the worker at times receiving contradictory recommendations and demands regarding his health condition and RTW [36].

Clarity and consistency in RTW stakeholders' role and actions are therefore critical for effective RTW, particularly when considering the number of stakeholders belonging to diverse systems. However, to our knowledge, in practice this information is scarce, scattered or diffused into different documents without a clear description of RTW stakeholders' role and actions that would enable stakeholders to coordinate efficiently their efforts and evaluate the impact of their interventions. RTW stakeholder's role was defined as attitudes to adopt in the RTW process, whereas RTW

stakeholder's actions are concrete and practical behaviors to put in place during the RTW phases. The purpose of this scoping review is to disentangle the various stakeholders' role and actions in the RTW process of workers on sick-leave due to CMDs. To guide and build the scoping review, we seek to answer the following research question: *What is documented in the existing literature regarding the roles and actions of the identified stakeholders involved in the RTW process of workers on sick-leave due to CMDs?*

Methods

In order to better document the RTW stakeholders' roles and actions regarding workers on sick leave due to CMDs, we conducted a scoping review of peer-reviewed research articles published and of the grey literature between January 1990 and January 2018, while considering systems and general RTW phases as these were inclusive to all stakeholders [21, 30, 31]. As Arksey and O'Malley [37] stated, scoping reviews aim at mapping key concepts underpinning a research area such as stakeholders' roles and actions regarding the RTW of workers with CMDs, especially when the research area is complex or has not been reviewed comprehensively before. Furthermore, Arksey and O'Malley [37] suggested to use scoping reviews in order to visualize the range of material or results, summarize them, and disseminate these findings to policy makers, health professionals, and other stakeholders interested by the topic, while identifying gaps in the literature.

To conduct this scoping review, we followed Arksey and O'Malley's [37] methodology. Their five-stage framework, now considered as a reference in qualitative health research and used in multiple scoping reviews in this domain [38–40], consists of: (1) identifying or formulating the research question; (2) identifying relevant studies by using a search strategy (e.g., electronic databases); (3) selecting the studies by creating inclusion and exclusion criteria; (4) charting the data (data extraction) by categorizing key results; and (5) collating, summarizing and reporting the results through tables. Finally, Arksey and O'Malley [37] recommend an optional stage to inform and validate findings in the retained articles, a 'consultation exercise' with stakeholders directly concerned by the topic. In the following paragraphs, we present how we have included this five-stage framework plus the consultation exercise in our study.

Identifying Relevant Articles

We used the main databases in the field of work disability studies—Pubmed/Medline, Cinahl, Cochrane, Embase, Ebsco, PsychInfo, and Scopus—with the syntax (available on demand) and the following keywords : (i) key person*, actor* or stakeholder*—e.g., "worker" OR "employee", "coworker" OR "colleague", supervisor* OR manager*, (ii) return-to-work*—e.g., "return to work" OR "back to work", and (iii) Common mental disorder—e.g., mental disorder* OR anxiety* OR adjustment disorder* OR burnout*. The search strategy was developed with the assistance of a librarian in order to identify relevant articles published in the six selected databases mentioned above. A total of 4359 articles were identified through this database searching. Arksey and O'Malley [37] argue for the importance of combining electronic data bases search with hand-search to avoid (1) missing relevant literature (e.g., available Best Practices Guidelines on RTW programs, book chapters) and (2) publication bias. We systematically checked the bibliographies of systematic and literature reviews. When the studies were not in our list, we included them in the scoping process (e.g., Reavley et al. [41]). To ensure a comprehensive coverage of the literature, we hand-searched journals specialized in occupational health (more specifically mental health and work), the bibliography of articles, as well as the grey literature. This exercise leads us to add 22 articles and guidelines that met inclusion criteria. We used Zotero as a data management tool to process the study's screening, selection, and extraction, and to follow up on the analysis of the articles.

Study Selection

After the initial search was completed, titles and abstracts were screened for relevance by four of the authors (MC, MMC, MFB, EW), using the following inclusion criteria: (1) language (English, French, or Spanish), (2) population or participants and conditions of interest (stakeholders involved in the RTW process of workers on sick-leave due to a CMD, any age or gender, any country), (3) interventions (stakeholders involved at any stages of the RTW program for workers on sick-leave due to a CMD, in or outside the organization), (4) timeframe of the intervention (people involved in the follow-up of sick-listed workers for CMDs, from the beginning of their absence until their RTW), (5) outcomes of interest (stakeholders' roles and actions), (6) setting (large organization disability management/policies, RTW programs), and (7) study design (qualitative, quantitative, and mixed). We focused on stakeholders' role and actions in the RTW programs for workers with CMDs. Therefore, RTW programs for workers with musculoskeletal, cancer and cardiovascular disorders as well as severe mental disorders were excluded. Also, members from the family/circle of friends of the sick-listed worker considered as stakeholders were not considered since RTW programs do not include them. Two authors (MMC and MFB) independently applied the inclusion and exclusion criteria to all citations. When they did not reach a consensus (< 20% of records) a third reviewer (MC),

was included for discussion, revision of the full article and decision until full agreement between reviewers.

Charting the Data (Data Extraction)

From the identified relevant articles, articles were organized into a table to read and extract the data (Figure 1 and Table 1). The research team read all the articles, extracted and synthesized the information. Secondary data extracted included information on stakeholders such as their role, actions as well as interactions between several key persons involved in the RTW process.

Collating, Summarizing and Reporting the Results

The first four authors of the team examined and carefully compared the retained articles to facilitate the mapping of RTW stakeholders' roles and actions. We applied a sequential thematic analysis to gather information and identify the roles and actions, prior to summarizing and reporting the results in tables. To do so, we followed a three-stage the thematic analysis process: (1) extracting findings and coding findings for each article, (2) grouping findings (codes) according to the topical similarity to determine whether findings confirm, extend, or refute each other; and (3) abstraction of findings (analyze group findings to identify additional patterns, overlaps, comparisons, and redundancies to form a set of concise statements that capture the content of findings) [38]. First, we organized all information from the retained articles using an Excel table comprising four columns: (1) RTW stakeholders' general role and actions in regards to the RTW process; (2) RTW stakeholders' role and actions from a specific system, transversal to the three phases of the RTW process (3) RTW stakeholders' actions belonging to a specific system, for each RTW phase i.e. Phase 1: beginning of sickness absence and involvement of disability management team; Phase 2: involvement in treatment and rehabilitation with health professionals, and preparation for RTW; and Phase 3: gradual return to work and follow up [21].

Then, we created tables in which we organized and summarized the information pertaining to the roles and actions of each stakeholder. The two first authors then systematically double-checked each role and action to ensure it corresponded to the ideas presented in the articles. We presented results for these 11 RTW stakeholders in Tables 2, 3, 4 and 5: worker, employer/HR, manager, co-worker, union representative (work system stakeholders, Table 2), family/general physician, psychiatrist/psychologist/psychotherapist, rehabilitation professional (e.g., occupational therapist, social worker), occupational physician/nurse (health system stakeholders, Table 3), insurer (insurance system stakeholders, Table 4), and return to work coordinator (Table 5).

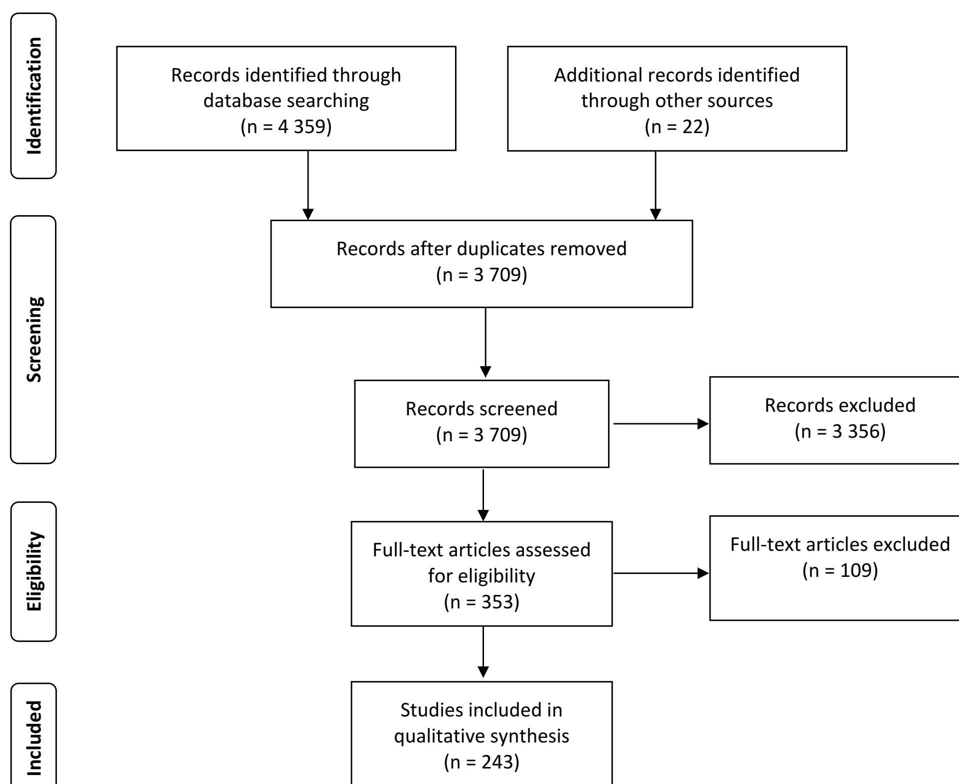

Fig. 1 PRISMA flow chart

Table 1 Description of retained articles

Authors	Country	Stakeholders of the organization system					Stakeholder of the health care system				Stakeholder of the insurance system	Return to work coordinator
		Worker	Employer	Manager	Co-workers	Union	Family physician	PSY	Rehab. prof.	OP/ON	Insurer	RTW-Co
Accordino et al. [42]	United States of America	✓	✓		✓				✓		✓	
Ahola et al. [43]	Finland	✓								✓		
Akiyama et al. [44]	Japan	✓			✓			✓	✓			
Alexis [45]	United Kingdom	✓	✓	✓						✓		✓
Andersen et al. [46]	Denmark	✓						✓			✓	✓
Andren [47]	Sweden	✓	✓	✓	✓		✓	✓		✓	✓	
Anema et al. [48]	Netherlands	✓	✓	✓	✓		✓			✓		
Arends et al. [49]	Netherlands	✓		✓						✓		
Arends et al. [50]	Netherlands	✓		✓			✓	✓	✓	✓		✓
Arends et al. [51]	Netherlands	✓		✓						✓		
Arends et al. [52]	Netherlands	✓		✓						✓		
Arends et al. [53]	Netherlands	✓		✓						✓		
Bakker et al. [54]	Netherlands	✓					✓	✓	✓	✓		
Bakker et al. [55]	Netherlands	✓					✓					
Baynton [56]	Canada	✓	✓		✓		✓			✓		
Baynton [57]	Canada	✓	✓	✓						✓		
Beyondblue [58]	United Kingdom	✓	✓	✓								
Bilsker et al. [59]	Canada	✓	✓	✓	✓		✓	✓		✓	✓	
Black et al. [60]	Australia	✓		✓	✓		✓				✓	✓
Boštjančič and Koračin [61]	Slovenia	✓		✓	✓		✓					
Bramwell et al. [62]	United Kingdom	✓	✓	✓	✓							
Brenninkmeijer et al. [63]	Netherlands	✓	✓									
Briand et al. [63]	Canada	✓	✓	✓	✓			✓	✓			
Brijnath et al. [65]	Australia	✓	✓				✓				✓	
Brouwers et al. [66]	Netherlands	✓					✓		✓			
Brouwers et al. [67]	Netherlands	✓	✓	✓			✓		✓	✓		
Brouwers et al. [68]	Netherlands	✓					✓		✓			
Bryngelson et al. [69]	Sweden	✓	✓								✓	
Burton and Conti [70]	United States of America	✓	✓	✓						✓		
Burton and Conti [71]	United States of America	✓		✓			✓	✓		✓		✓
Cameron et al. [72]	United Kingdom	✓	✓	✓	✓				✓			
Cameron et al. [73]	United Kingdom	✓	✓	✓	✓		✓	✓				

Table 1 (continued)

Authors	Country	Stakeholders of the organization system					Stakeholder of the health care system				Stakeholder of the insurance system	Return to work coordinator
		Worker	Employer	Manager	Co-workers	Union	Family physician	PSY	Rehab. prof.	OP/ON	Insurer	RTW-Co
Canadian Standards Association [74]	Canada	✓	✓	✓								
Cancelliere et al. [75]	Canada	✓	✓	✓						✓		✓
Caveen et al. [76]	Canada	✓	✓	✓			✓		✓	✓		✓
Claudi Jensen [1]	Denmark	✓			✓			✓				
Claudi Jensen [2]	Denmark	✓		✓								
Coduti et al. [77]	United States of America	✓	✓	✓					✓			
Cohen and Kinnersley [78]	United Kingdom	✓					✓					
Corbière et al. [21]	Canada	✓	✓	✓	✓	✓						
Corbière et al. [79]	Canada	✓	✓	✓	✓	✓	✓					
Corbière and Shen [80]	Canada	✓		✓	✓		✓	✓	✓	✓	✓	
Corbière et al. [81]	Canada	✓	✓	✓	✓	✓	✓				✓	
Cornelius et al. [82]	Netherlands	✓		✓						✓		
Cowls and Galloway [83]	Canada	✓	✓						✓		✓	
D’Amato and Zijlstra [84]	Perú	✓	✓	✓								
Danuser [85]	Switzerland	✓	✓				✓	✓		✓		
De Bono [86]	United Kingdom	✓								✓		
De Clavière et al. [87]	France	✓						✓		✓		
De Vries et al. [88]	Netherlands	✓	✓	✓	✓					✓		
De Vries et al. [89]	Netherlands	✓		✓						✓		✓
De Vries and Schene [90]	Netherlands	✓	✓				✓	✓	✓			
De Vries et al. [91]	Netherlands	✓	✓	✓	✓				✓	✓		
De Weerd et al. [92]	Netherlands	✓	✓	✓				✓		✓		✓
Dell-Kuster et al. [93]	Switzerland	✓					✓	✓			✓	
Demou et al. [94]	United Kingdom	✓	✓	✓						✓		
Dewa et al. [95]	Canada	✓	✓	✓								
Dewa et al. [96]	Canada	✓	✓									
Dewa et al. [97]	Canada	✓						✓	✓	✓		
Dewa et al. [98]	Canada	✓	✓	✓								✓
Dhaliwal [99]	United States of America	✓	✓									
Durand et al. [100]	Canada	✓	✓	✓	✓	✓	✓					✓
Durand et al. [101]	Canada	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓

Table 1 (continued)

Authors	Country	Stakeholders of the organization system					Stakeholder of the health care system				Stakeholder of the insurance system	Return to work coordinator
		Worker	Employer	Manager	Co-workers	Union	Family physician	PSY	Rehab. prof.	OP/ON	Insurer	RTW-Co
Eguchi et al. [102]	Japan	✓	✓	✓	✓							
Ekberg et al. [103]	Sweden	✓	✓	✓								
Eklund et al. [104]	Sweden	✓	✓						✓		✓	
Endo et al. [105]	Japan	✓	✓	✓				✓		✓		
Endo et al. [106]	Japan	✓	✓					✓		✓		
Ernstsen and Lillefjell [107]	Norway	✓	✓				✓		✓		✓	
Ervasti et al. [108]	Finland	✓										
Finnes et al. [109]	Sweden	✓		✓				✓				
Flach et al. [110]	Netherlands	✓	✓	✓				✓		✓		
Flach et al. [111]	Netherlands	✓	✓	✓								
Fleten and Johnsen [112]	Norway	✓	✓				✓				✓	
Foley et al. [113]	United Kingdom	✓					✓					
Frank and Thurgood [114]	United Kingdom	✓	✓	✓				✓	✓	✓		
Freeman et al. [115]	Canada	✓	✓	✓	✓	✓				✓		
Friesen et al. [116]	Canada	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Gabbay et al. [117]	United Kingdom	✓					✓					
Gilbert and Samra [118]	Canada	✓	✓	✓	✓							
Gjesdal et al. [119]	Norway	✓					✓					
Glozier et al. [120]	Australia	✓	✓	✓	✓							
Gouin et al. [121]	Canada	✓	✓	✓		✓		✓	✓		✓	
Grossi and Santell [122]	Sweden	✓		✓			✓		✓		✓	
Hansen et al. [123]	Sweden	✓										
Hara et al. [124]	Norway	✓									✓	✓
Harder et al. [125]	Canada	✓	✓	✓	✓	✓			✓		✓	
Harvey and Henderson [126]	United Kingdom	✓	✓					✓				
Harvey and Williams [127]	United Kingdom	✓								✓		
Haugli et al. [128]	Norway	✓	✓						✓			
Haukka et al. [129]	Finland	✓		✓						✓		
Haveraaen et al. [130]	Norway	✓		✓	✓							
Hayashi et al. [131]	Japan	✓			✓			✓	✓			
Hees et al. [132]	Netherlands	✓						✓	✓			
Hees et al. [133]	Netherlands	✓	✓	✓	✓				✓			

Table 1 (continued)

Authors	Country	Stakeholders of the organization system					Stakeholder of the health care system				Stakeholder of the insurance system	Return to work coordinator
		Worker	Employer	Manager	Co-workers	Union	Family physician	PSY	Rehab. prof.	OP/ON	Insurer	RTW-Co
Hees et al. [134]	Netherlands	✓		✓	✓					✓		
Heijbel et al. [135]	Sweden	✓	✓			✓				✓	✓	
Hellman et al. [136]	Sweden	✓		✓	✓				✓		✓	
Henderson et al. [137]	United Kingdom	✓	✓	✓	✓		✓	✓		✓		
Hobson [138]	United Kingdom	✓	✓							✓		
Hoefsmit et al. [139]	Netherlands	✓	✓				✓	✓	✓	✓		
Hogelund and Falgaard Eplov [140]	Denmark	✓	✓					✓	✓		✓	✓
Houlihan and Reynolds [141]	United States of America	✓	✓	✓				✓				
Huijs et al. [142]	Netherlands	✓		✓	✓							
Huijs et al. [143]	Netherlands	✓	✓	✓								
Inoue et al. [144]	Japan	✓						✓		✓		
Institute for Work & Health [145]	Canada	✓	✓	✓	✓	✓	✓					
Jakobsson et al. [146]	Sweden	✓	✓	✓					✓	✓	✓	
James et al. [147]	Australia	✓	✓	✓	✓		✓					✓
James [16]	United Kingdom	✓	✓	✓	✓		✓	✓	✓			
Johnston et al. [148]	Australia	✓	✓	✓								
Joosen et al. [17]	Netherlands	✓	✓	✓			✓	✓	✓	✓		
Joyce [149]	United Kingdom	✓	✓	✓	✓		✓					
Karlson et al. [150]	Sweden	✓		✓								
Karrholm et al. [35]	Sweden	✓	✓	✓					✓	✓	✓	
Kendrick et al [151]	United Kingdom	✓					✓					
Kessler et al. [152]	United States of America	✓	✓									
Kosny et al. [153]	Canada	✓	✓				✓			✓	✓	✓
Kroger et al. [154]	Germany	✓	✓					✓	✓		✓	
Laaksonen and Gould [155]	Finland	✓									✓	
Ladegaard et al. [19]	Denmark	✓	✓	✓	✓			✓		✓		
Larsen et al. [156]	Denmark	✓										
Leahy et al. [157]	United States of America	✓	✓	✓	✓	✓	✓		✓			
Lecomte and Savard [158]	Canada	✓	✓	✓	✓		✓		✓			
Lecomte and Corbière [159]	Canada	✓						✓				
Lemieux et al. [160]	Canada	✓	✓	✓			✓				✓	

Table 1 (continued)

Authors	Country	Stakeholders of the organization system					Stakeholder of the health care system				Stakeholder of the insurance system	Return to work coordinator
		Worker	Employer	Manager	Co-workers	Union	Family physician	PSY	Rehab. prof.	OP/ON	Insurer	RTW-Co
Lewis and Thornbory [161]	United Kingdom	✓	✓	✓						✓		✓
Lippel et al. [162]	Canada	✓	✓				✓				✓	
Lloyd et al. [163]	Australia	✓							✓			
Lloyd et al. [164]	Australia	✓							✓			
Lokman et al. [165]	Netherlands	✓	✓					✓	✓	✓		
Martin et al. [166]	Denmark	✓	✓				✓	✓	✓	✓	✓	
Martin et al. [167]	Denmark	✓	✓				✓	✓	✓		✓	
Martin et al. [168]	Denmark	✓	✓	✓			✓	✓	✓	✓	✓	
Martin et al. [169]	Denmark	✓	✓				✓	✓	✓	✓	✓	
McAnaney and Wynne [170]	Ireland	✓	✓	✓	✓		✓	✓	✓	✓		✓
McDowell and Fossey [171]	Australia	✓	✓	✓	✓				✓			
McFadzean [172]	United Kingdom	✓	✓	✓	✓					✓		
Mikkelsgard et al. [173]	Norway	✓							✓		✓	
Milligan-Saville et al. [174]	Australia	✓	✓	✓								
Moll and Clements [175]	Canada	✓							✓			
Morrison [176]	United Kingdom	✓	✓				✓					
Mortelmans et al. [177]	Belgium	✓	✓							✓	✓	
Muijzer et al. [178]	Netherlands	✓	✓									
Muschalla et al. [179]	Germany	✓		✓	✓							
Myette [180]	Canada	✓	✓	✓	✓	✓		✓		✓	✓	
Negrini et al. [181]	Canada	✓	✓	✓		✓	✓					
Netterstrom and Bech [182]	Denmark	✓	✓				✓	✓		✓		
Netterstrom et al. [4]	Denmark	✓	✓				✓	✓		✓		
Nevala et al. [183]	Finland	✓	✓		✓							
Neves Rda et al. [184]	Brasil	✓	✓	✓	✓	✓	✓			✓		✓
Nielsen et al. [185]	Denmark	✓	✓	✓	✓	✓	✓	✓			✓	
Nielsen et al. [186]	Denmark	✓					✓			✓	✓	✓
Nieuwenhuijsen et al. [187]	Netherlands	✓							✓			
Nieuwenhuijsen et al. [188]	Netherlands	✓	✓	✓				✓	✓	✓		
Nigatu et al. [10]	Canada	✓					✓	✓	✓	✓		
Nilsing et al. [189]	Sweden	✓	✓				✓			✓	✓	
Noordik et al. [24]	Netherlands	✓		✓						✓		

Table 1 (continued)

Authors	Country	Stakeholders of the organization system					Stakeholder of the health care system				Stakeholder of the insurance system	Return to work coordinator
		Worker	Employer	Manager	Co-workers	Union	Family physician	PSY	Rehab. prof.	OP/ON	Insurer	RTW-Co
Noordik et al. [190]	Netherlands	✓	✓							✓		
Noordik et al. [5]	Netherlands	✓	✓							✓		
Noren et al. [191]	Sweden	✓										✓
Norlund et al. [192]	Sweden	✓		✓	✓				✓			
Nowland [193]	Australia	✓	✓			✓	✓		✓			
Nystuen and Hagen [194]	Norway	✓	✓				✓	✓			✓	
Nystuen and Hagen [195]	Norway	✓	✓				✓	✓			✓	
Olsheski et al. [196]	United States of America	✓	✓	✓		✓			✓			
Otsubo [197]	Japan	✓	✓	✓	✓		✓			✓		
Paton [198]	United Kingdom	✓	✓		✓		✓		✓		✓	
Pedersen et al. [199]	Denmark	✓					✓	✓	✓			
Perski et al. [200]	United Kingdom	✓	✓				✓	✓	✓			
Petrie et al. [201]	Australia	✓	✓	✓	✓				✓			
Pomaki [202]	Canada	✓	✓	✓	✓		✓	✓	✓		✓	✓
Pomaki et al. [203]	Canada	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Post et al. [204]	Netherlands	✓	✓	✓	✓					✓	✓	
Raderstorf. [205]	United States of America	✓	✓	✓	✓		✓	✓				✓
Raderstorf and Kurtz [206]	United States of America	✓		✓				✓		✓		
Raderstorf and Kurtz [207]	United States of America	✓	✓	✓	✓		✓	✓		✓		
Raffaitin et al. [208]	France	✓						✓				
Ramano et al. [209]	South Africa	✓	✓						✓			
Rasmussen and Andersen [210]	Denmark	✓					✓		✓		✓	
Reavley et al.[41]	Australia	✓	✓									
Rebeiro-Gruhl and Laporte [211]	Canada	✓	✓					✓	✓			
Rebergen et al. [212]	Netherlands	✓	✓				✓	✓		✓		
Rebergen et al. [213]	Netherlands	✓	✓				✓	✓		✓		
Rigaud and Flynn [214]	United States of America	✓	✓					✓				
Robdale [215]	United Kingdom	✓	✓	✓			✓	✓	✓	✓		
Russell and Kosny [25]	Canada	✓	✓				✓	✓	✓			
Saint-Arnaud et al. [216]	Canada	✓	✓	✓	✓		✓	✓			✓	
Sairanen et al. [217]	Canada	✓	✓	✓		✓	✓	✓	✓		✓	
Salkever et al. [218]	United States of America	✓	✓	✓		✓			✓		✓	

Table 1 (continued)

Authors	Country	Stakeholders of the organization system					Stakeholder of the health care system				Stakeholder of the insurance system	Return to work coordinator
		Worker	Employer	Manager	Co-workers	Union	Family physician	PSY	Rehab. prof.	OP/ON	Insurer	RTW-Co
Sallis and Birkin [219]	United Kingdom	✓	✓	✓	✓		✓	✓				
Salomonsson et al. [220]	Sweden	✓	✓					✓			✓	
Schafft [221]	Norway	✓	✓	✓	✓				✓		✓	
Schene et al. [222]	Netherlands	✓	✓	✓	✓			✓	✓	✓		
Schreuder et al. [223]	Netherlands	✓	✓	✓	✓					✓		
Schultz et al. [224]	Canada	✓	✓	✓					✓			
Schultz and Rogers [225]	Canada	✓	✓	✓	✓	✓		✓	✓		✓	
Secker et al. [226]	United Kingdom	✓	✓	✓	✓							
Shamberg [227]	United States of America	✓	✓						✓			
Simpson et al. [228]	United Kingdom	✓					✓		✓			
Singh and O'Hagan [229]	Canada	✓	✓			✓	✓				✓	✓
Slebus et al. [230]	Netherlands	✓									✓	
Slebus et al. [231]	Netherlands	✓									✓	
Soklaridis et al. [232]	Canada	✓	✓				✓					
St-Arnaud et al. [233]	Canada	✓	✓	✓	✓	✓	✓					✓
Stahl and Edvardsson Stiwne [234]	Sweden	✓	✓	✓	✓		✓				✓	
Steenbeek [235]	Netherlands	✓	✓				✓	✓		✓		
Stigmar et al. [236]	Sweden	✓	✓				✓		✓	✓		
Strauser and Lustig [237]	United States of America	✓	✓	✓	✓				✓			
Sylvain et al. [238]	Canada	✓					✓	✓	✓		✓	
Sylvain et al. [239]	Canada	✓	✓		✓		✓	✓			✓	
Thornbory [240]	United Kingdom	✓	✓	✓	✓		✓			✓		
Timm et al. [241]	United States of America	✓	✓	✓				✓		✓		
Tsipra et al. [242]	Greece	✓						✓	✓			
Van Beurden et al. [243]	Netherlands	✓	✓	✓	✓					✓		
Van Beurden et al. [244]	Netherlands	✓	✓	✓	✓		✓			✓		
Van der Feltz-Cornelis et al. [245]	Netherlands	✓					✓	✓		✓		
Van der Klink et al. [246]	Netherlands	✓	✓							✓		
Van der Klink and van Dijk [247]	Netherlands	✓		✓	✓		✓	✓	✓	✓		
Van Doren [248]	United States of America	✓	✓									
Van Oostrom et al. [9]	Netherlands	✓		✓			✓			✓		✓

Table 1 (continued)

Authors	Country	Stakeholders of the organization system					Stakeholder of the health care system				Stakeholder of the insurance system	Return to work coordinator
		Worker	Employer	Manager	Co-workers	Union	Family physician	PSY	Rehab. prof.	OP/ON	Insurer	RTW-Co
Van Oostrom et al. [249]	Netherlands	✓	✓	✓		✓				✓	✓	✓
Van Oostrom et al. [250]	Netherlands	✓		✓						✓		✓
Van Oostrom et al. [251]	Netherlands	✓		✓						✓		✓
Van Oostrom et al. [252]	Netherlands	✓		✓			✓	✓		✓		✓
Victor et al. [253]	Norway	✓					✓	✓				
Vierling [254]	United States of America	✓	✓									
Vlasveld et al. [255]	Netherlands	✓	✓				✓	✓		✓		
Vlasveld et al. [26]	Netherlands	✓	✓				✓	✓		✓		
Volker et al. [256]	Netherlands	✓	✓					✓		✓		
Volker et al. [257]	Netherlands	✓						✓		✓		
Volker et al. [258]	Netherlands	✓						✓		✓		
Volker et al. [259]	Netherlands	✓		✓	✓							
Walker and Fincham [260]	United Kingdom	✓	✓	✓	✓			✓		✓		
Warren [261]	United States of America	✓	✓					✓	✓			
Woodall et al. [262]	United Kingdom	✓	✓						✓			
Wright [263]	United Kingdom	✓		✓						✓		
Yoshitsugu et al. [13]	Japan	✓		✓			✓			✓		
Young [30]	United States of America	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Young et al. [27]	United States of America	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Anonymous [264]	United States of America	✓	✓				✓		✓			
Anonymous [265]	United Kingdom	✓	✓	✓								
N articles = 243												
	Number of articles that have mentioned the stakeholder	243	164	131	78	27	100	89	85	101	63	33
	Percentage	100.0	67.5	53.9	32.1	11.1	41.2	36.6	35.0	41.6	25.9	13.6

PSY psychiatrist/psychologist/psychotherapist, *Rehab. prof.* rehabilitation professional, *OP/ON* occupational practitioner/occupational nurse, *RTW-Co* return to work coordinator

Table 2 Stakeholders of the work system (worker, employer/HR, manager, co-worker, union): role and actions of the return to work process

A. Worker's role and actions		
Transversal		
• Provide the occupational health and safety department with all supporting documents relating to your absence • Take an active role in your recovery (e.g., changing certain lifestyle habits) • Develop new skills in connection with your health condition (e.g., understanding the effects of stress) • Reflect upon the stress associated with your work environment, family and/or personal and social life • Disclose any conflicts in your workplace or problematic working conditions in order to receive the required assistance and support • Take note of organizational policies and procedures regarding your sick leave to the extent of your means		
Phase 1	*Phase 2*	*Phase 3*
Beginning of sickness absence and involvement of disability management team	Involvement in treatment and rehabilitation with health professionals, and preparation for RTW	Gradual RTW and follow up
• Consult health professionals (family physician and possibly one or more specialists) • Transmit the medical certificate to the occupational health and safety department • Notify your manager of your absence • Maintain contact with your manager or any other representative of the designated employer • Actively collaborate with all the different actors in order to facilitate the analysis of your file	• Participate actively in the various medical and rehabilitation interventions • Share your perceptions relating to the return to work with the stakeholders concerned (e.g., perceived barriers and reflections on different strategies to overcome them) • Take part in the development and validation of your return to work plan with the stakeholders concerned • Think about which information you would like to share with your manager and your colleagues in regards to your sick leave (i.e. making decision regarding disclosure of your health condition) • Commit yourself to seeking means to recover and return to work • Participate in the identification of work accommodations	In consultation with the relevant stakeholder(s): • Ensure that the terms of your return to work plan are respected • Apply the strategies and work accommodations that were identified in the previous phase. When necessary, revise these strategies • Do a follow up about the individual and organizational factors that could affect your job retention • Actively participate in follow-up meetings with the manager, the return to work coordinator and the other health professionals
B. Employer's role and actions		
Transversal		
• Promote workers' awareness of work discrimination regulations • Normalize mental health disorders, do not create labels, break taboos and avoid judgment • Maintain a clear position on the organization's values and directions regarding the support and the return to work of workers on sick leave • Be aware of the organization's depersonalized data related to its workers' disabilities. Ensure that the confidentiality of the worker's personal information is respected • Ensure that the values and directions of the return to work program are translated into the organization's management practices and those of its managers • Contribute to the implementation of solutions that meet the needs of the human resources and disability management services		
• Inform staff of the organization's commitments to the return to work of the workers on sick leave • Prepare as well as possible each actor to act in favour of the worker's return to work • Ensure the smooth functioning of each phase of the worker's return to work process and of all the actions implemented by the actors • As part of a continuous improvement approach, ensure that the return to work practices are concretely evaluated and improved		
• Understand the function and the importance of work accommodations and their potential application in each department of the organization • Inform managers of the potential accommodations that can be implemented in their department • In collaboration with the work team, consider the particularities of each department's work environment to facilitate the implementation of work accommodations • Ensure the implementation of work accommodations that could facilitate the worker's return to work		
Phase 1	*Phase 2*	*Phase 3*
Beginning of sickness absence and involvement of disability management team	Involvement in treatment and rehabilitation with health professionals, and preparation for RTW	Gradual RTW and follow up

Table 2 (continued)

• Ensure that all the relevant stakeholders apply and implement the actions related to the start of the invalidity procedure, such as initial contacts with the worker, explanation of each other's roles, and administrative aspects related to worker compensation; Refer to the role of the stakeholders	• Ensure that all the stakeholders involved apply and implement actions supporting the worker's recovery, notably the assessment of the worker's abilities, preparation of the return to work plan, and identification of the potential work accommodations. Refer to the role of the stakeholders	• Ensure that all the stakeholders involved apply and implement follow-up actions towards the worker who is returning to work, notably the organization the first day of return to work, implementation of the work accommodations, and the monitoring of the health and productivity of the worker and his colleagues; Refer to the role of the stakeholders
C. Manager's role and actions		
Transversal		
• Learn about the organization's attendance management procedures and return to work program • Take note of the organizational management model and its associated values. Implement them • Follow organizational policies and procedures regarding sick leave while maintaining a certain flexibility depending on the worker's situation • Notify specific working conditions or workplace conflicts in order to receive the required assistance and support from the organization • Consider, if necessary, organizing work climate monitoring meetings with the entire team (e.g., workload, communication, interpersonal relationships)		
• Monitor the evolution of work attendance for the workers of the team, especially for those who have already been on sick leave • Prepare team members to support the worker in the return to work process by providing them with the necessary resources (both material and human) • Support the worker and his colleagues by listening to them throughout the return to work process		
Phase 1	*Phase 2*	*Phase 3*
Beginning of sickness absence and involvement of disability management team	Involvement in treatment and rehabilitation with health professionals, and preparation for RTW	Gradual RTW and follow up
• In the case of a work accident, ensure the safety of the site and verify the need for intervention with other workers of the team or of the organization • Conduct an investigation and analysis of the accidental event • In collaboration with the occupational health and safety department, undertake an analysis of the work environment factors that could be related to the worker's sick leave, while respecting the confidentiality of his medical information • Inform the worker of the supporting documents relating to his absence from work that he needs to provide, as well as of the services that are available to him • If the worker agrees to maintain contact during his sick leave, confirm with him which types of communication should be prioritized (means of communication, frequency)	• In accordance with the decision that has been taken in the previous phase, contact the worker - to see how he is doing. Listen to him, take an interest in his state of health without being intrusive, ask open-ended questions rather than closed ones • Identify the potential barriers to return to work in collaboration with the worker and the other stakeholders • Evaluate with the worker and the organization's occupational health and safety department the possibility of implementing work accommodations • Ask the worker how he wishes to be welcomed by his colleagues and agree with him on the information that will be shared with them	• Ensure that you will be available to greet the worker on the first day of his return to work. In case of *force majeure*, designate someone to welcome him, and inform this person of the elements agreed in the return to work plan • If applicable, designate a colleague who will guide and support the worker during the first few days of his return to work • Follow the return to work plan that was validated with the worker, his family physician and the organization • Ensure that the work environment of the worker is appropriate (e.g., interpersonal relationships, workload, flexibility, workspace - workstation and environment, computer access, telephone, etc.)

Table 2 (continued)

• Inform the occupational health and safety department of the worker's absence and of any special conditions (e.g., labour conflict, productivity, recurrent absenteeism) • Inform team members of the worker's absence while respecting the confidentiality of his personal information • Inform team members and any other persons concerned of the redistribution of tasks or the replacement of the worker on sick leave • Listen to the team members' concerns and needs related to the impact of the worker's sick leave	• Prepare the terms of the return to work plan with the worker and take into consideration the legal/medical/organizational obligations in cooperation with the various stakeholders involved in the process • Inform team members of the worker's return to work process (i.e., disability extension, work accommodations, gradual return to work, regular return to work) while respecting confidentiality • Remind team members that the return to work of the worker on sick leave is part of the recovery process and that they have a role to play in the success of his reintegration • Following the reorganization of the workload (redistribution of tasks or replacement), be attentive to the work climate and to the health status of the other team members. If necessary, take corrective actions • Organize/participate in the return to work preparation meetings with the worker and the other stakeholders concerned	• Organize regular follow-up meetings to evaluate the work accommodations and adjust them if necessary • Encourage the worker to identify the obstacles he faces when returning to work, and encourage him to raise the issue with the relevant stakeholders when necessary • Communicate with team members regarding the evolution of the worker's work accommodations • Be attentive to the worker's evolution and progress, notably in terms of occupational health and productivity, and communicate any issues with the designated representative of the organization's occupational health and safety department • Maintain knowledge and skills relating to potential relapses following a common mental disorder
D. Co-worker's role and actions		
Transversal		
• Know your own work objectives during the worker's absence and clarify your responsibilities with the manager if necessary • Assess with the manager the potential effects of work accommodations following the worker's sick leave on the professional activity of team members (tasks, schedules, deadlines, etc.) • Take note of the organization's attendance management procedures and return to work program • Notify the manager (or any other relevant actor) of any conflict or work environment issue that might have led to the worker's sick leave		
Phase 1	*Phase 2*	*Phase 3*
Beginning of sickness absence and involvement of disability management team	Involvement in treatment and rehabilitation with health professionals, and preparation for RTW	Gradual RTW and follow up
• If applicable, inform his manager of any concerns related to the worker's departure • In the case of a work accident and if necessary, ensure the safety of the site, and participate in the investigation and analysis of the event, as well as in the correction of the cause • Participate in the redistribution of tasks with the manager	• Contribute to the proper functioning of the service during the worker's absence • Inform the manager of any difficulties encountered when reorganizing the work tasks (e.g., delays, temporary responsibilities) and propose solutions • Express to the manager any concerns related to the return to work of the absent colleague and the implications on the workload • When necessary, support the manager in preparing the return to work	• Welcome the worker in accordance with his needs • Allow the worker who has been absent to quietly resume his position on the team while respecting his pace and being discreet about his situation • Share with the worker information on the key events that have occurred during his absence • As needed, offer assistance to the worker (e.g., performance and re-appropriation of tasks) • Encourage the worker in his reintegration efforts

Table 2 (continued)

E. Union's role and actions		
Transversal		
• Ensure the protection of the worker's (member) rights • Know the regulations related to the management of work attendance, temporary assignments and work accommodations available within the organization • Know the collective agreement related to the return to work of the organization's workers; Ensure compliance with its application • Make any procedure regulating the return to work available to the workers • Inform the worker of his rights, responsibilities and obligations in accordance with the collective agreements in effect • Know the laws relating to the confidentiality of personal information and know strategies to reduce the stigmatization of certain medical conditions • Support and advise the worker in his efforts throughout the return to work process (information on the management of the medico-administrative file: arbitration procedure, expert opinions, etc.) • Provide information to the worker regarding the available resources depending on his situation • If necessary, accompany the worker to his meetings with the organization's stakeholders (e.g., manager, occupational health and safety department, organizational development or family physician to provide information on the worker's organizational context)		
Phase 1	*Phase 2*	*Phase 3*
Beginning of sickness absence and involvement of disability management team	Involvement in treatment and rehabilitation with health professionals, and preparation for RTW	Gradual RTW and follow up
• Contact the worker on sick leave in order to present your role and the return to work program that will support him in the process • Introduce yourself to the organization's occupational health and safety department and do the follow up while respecting confidentiality requirements	• Understand the risk factors related to the organizational context and communicate possible improvements/actions to the other stakeholders (e.g., labour relations, health professionals, occupational health and safety department, manager) in order to prevent potential relapses • Monitor the worker's return to work process, as well as all actions that have been taken • Promote a sustainable and satisfactory return to work, take part in the preparation of the worker' return to work with other relevant stakeholders (e.g., family physician, manager) while taking into account the worker's particular situation • If the worker requests it, participate in the reintegration planning meeting • Discuss possible work accommodations with the organization (e.g., temporary assignments) in order to facilitate the worker's return to work under the best possible conditions • Encourage the worker to be actively involved in the implementation of his reintegration plan and provide the necessary support for him	• If necessary, accompany the worker on his first day back to work • Do the follow ups with the worker in order to ensure compliance with the terms and conditions and a smooth return to work • Provide any information relating to obstacles to a sustainable return to work to the relevant stakeholders

Even though all workers' roles and actions are recommended by the literature, workers on sick leave and other RTW stakeholders should adopt/recommend them with caution (e.g., considering the level of severity of the worker's symptoms)

Table 3 Stakeholders of the health system: role and actions of the return to work process

A. Family physician's role and actions		
Transversal		
Care and evaluation • Assess the worker's needs in order to decide if his health condition requires a sick leave. Ensure that the health of the worker is prioritized: sick leave certificates are used to enable the worker's recovery process according to his medical condition. Whenever possible, indicate a specific period of sick leave • Adopt a preventive approach by offering a treatment and prompt assistance • Assess the worker's symptoms and functional limitations and carefully monitor their evolution. Refer the worker to another health specialist if necessary (psychiatrist, psychotherapist or rehabilitation professional) • If necessary, prescribe drugs and actively monitor their effects (improvement, deterioration, side effects) • Know and assess the worker's responsibilities and his work environment (e.g., work conditions and workload, staff relations) • Be familiar with the procedures required by insurers and employers, and provide the documents required within a reasonable time frame		
Caregiver relationship • Foster a stable and lasting relationship with the worker (e.g., if possible, avoid referring the worker to other generalists) • Know that an overprotective attitude can have a negative impact on the worker's mood and interfere with his return to work process • Know that only recommending rest may be detrimental to the worker's recovery • Take the worker's interests and motivations into consideration when making decisions about his health • Encourage and support the worker's self-determination and highlight the importance of the worker's active role in the recovery and return to work process		
Consulting and teaching • Promote the worker's therapeutic education about health problems and possible psychosocial causes • Help the worker navigate the health system • Encourage the worker's gradual reactivation to facilitate his recovery and return to work process. Suggest for instance planning daily activities and resuming social activities while balancing recovery needs and rest • Encourage the worker to deal with problems encountered and to use problem-solving strategies, be they work-related or not		
Therapeutic follow-up • Value social supports they can protect the worker from the negative effects of work-related stress • Encourage the worker to think about the possibility and conditions of a gradual return to work even before his full recovery • Suggest or prescribe workplace accommodations and return to work procedures • Monitor closely the worker's health in order to ensure the evolution of the treatment towards rehabilitation		
Phase 1	*Phase 2*	*Phase 3*
Beginning of sickness absence and involvement of disability management team	Involvement in treatment and rehabilitation with health professionals, and preparation for RTW	Gradual RTW and follow up
• Listen to the worker and systematically assess the intensity of his symptoms as well as the extent of his functional limitations	• Meet with the worker on a regular basis (suggestion of once a month) to reassess his symptoms, functional limitations and work ability. When deemed necessary, initiate, adjust or modify the treatment. Prolong the absence of illness accordingly	• Ensure that the duration of the gradual return to work is adequate considering the duration of the sick leave

Table 3 (continued)

• Focus on stressors and underlying issues by taking into account work-related psychosocial risk factors (e. g., workload, labour relations) • Review the duties and responsibilities of the worker's position • Communicate to the worker the prognosis or diagnosis of his health condition and suggest solutions adapted to the professional and personal contexts. If necessary, provide a sick leave certificate • Take into consideration the influence of a mental disorder on the worker's interactions with others, particularly when designing a treatment plan • In case of a relapse, meet with the multidisciplinary team (especially with its coordinator) which monitored the worker, and implement treatment effectively	• At the very beginning of the rehabilitation process, assess the worker's intention to return to work • Inform the worker that taking medication is not a sign of illness only • In the same spirit, encourage the worker to cultivate his professional identity. Self-identifying as a sick person could prolong the sick leave • Talk about the influence of mental disorders on self-perceptions (e. g., self-stigmatization) with the worker • Be aware that the worker's feeling of self-efficacy in overcoming identified barriers to the return to work predicts his readiness to return to work • Encourage the worker to participate gradually in activities that can lead to his recovery. In a timely manner (suggestion of the first 6 weeks), prioritize multidisciplinary and action-oriented rehabilitation interventions that help the worker develop and implement strategies during his recovery and after his reintegration in the workplace • Talk with the insurer or employer (e.g., via forms) to inform them of the worker's functional limitations and clarify the required work accommodations to be implemented in the workplace to meet his needs • Consider the resources (both human and material) offered by the organization and the insurance company when preparing the return to work plan	• Identify with the worker the situations that might trigger a relapse. Raise awareness among mental health workers • Re-evaluate the worker's coping mechanisms and workplace accommodations to support recovery • In the event of a relapse, refer the worker to appropriate mental health professional resources (e.g., a psychotherapist) or to a specific rehabilitation program (e.g., a rehabilitation clinic) that specializes in this type of situations
B. Psychiatrist/psychologist/psychotherapist's role and actions		
Transversal		
• Be aware that the psychiatrist, the psychologist and the other health professionals are not the only actors that take action in order to improve the worker's well-being and mental health (e.g., the employer and the insurer are also important actors in this process) • Support the worker during his sick leave and throughout the rehabilitation process and his return to work • Know the functions of the worker's position in order to ensure a proper evaluation • Be aware of the workplace environment and the possible work accommodations		
Phase 1 Beginning of sickness absence and involvement of disability management team	*Phase 2* Involvement in treatment and rehabilitation with health professionals, and preparation for RTW	*Phase 3* Gradual RTW and follow up
• Assess the worker's functional abilities and the extent of his limitations with respect to the position • If applicable, identify activities that the worker can no longer perform without endangering his well-being, his safety, or that of others • Base the worker's assessment on the symptoms that he reports orally and that the validated tools highlight	• Meet with the worker for an update of their current medical history and symptoms • Identify the stressors he encounters in his professional and family environments. Talk about his objectives and assess the resources that are available to the worker • Suggest the worker to change the coping strategies that have been proven ineffective or even harmful. If necessary, prescribe psychotherapy, relaxation or stress management treatment • Encourage the worker to listen to his body sensations, emotions and thoughts and progressively develop a state of full awareness (mindfulness) • Encourage the worker to adopt or maintain regular physical activity	• Collaborate with the family physician, worker, employer and union representative (if applicable) to monitor the implementation of the work accommodations. Make recommendations for adjusting the return to work plan if necessary • Encourage the worker to use cognitive-behavioural techniques in his work environment (e.g., self-esteem building, stress management, conflict management)

Table 3 (continued)

• Take note of the worker's responsibilities and the tasks of his position, notably in terms of the cognitive abilities required to perform his work. If necessary, request access to his work description • Know the worker's insurer's disability criteria (e.g., form to be completed) and ensure that they are consistent with the psychiatric or psychological assessment • During consultations with the worker, complete the forms that will be sent to the insurer or employer. When requested by employers and insurers, provide an estimate of the duration of the worker's sick leave	• Adopt a positive attitude by focusing on the search for solutions by inviting the worker to define his personal values and the activities that bring him joy. Recommending the practice of these activities when symptoms appear • Introduce the worker to self-management strategies of the mental disorder, and thereby promoting worker empowerment and progressive autonomy • Provide knowledge about stress to the worker and teach him cognitive-behavioural techniques to better manage it. If focus and support groups targeting rehabilitation and return to work are available near the worker's place of residence, refer the worker to these types of interventions when needed • Prescribe interventions to improve the worker's cognitive (e.g., cognitive-behavioural therapy) and physical skills, including a re-familiarization with his work tasks • Contact the insurer to see if the planned interventions and treatments are reimbursed by the latter. Be aware that any misunderstanding in this regard could negatively impact the worker's health and your bond of trust with him • If the worker on sick leave is monitored by a multidisciplinary team, stay in regular contact (e.g., suggestion of 4-week) with them in order to review the worker's health status and make changes to the return to work plan if necessary • Depending on the worker's health status and the workplace context, offer him to gradually return to work even if all the symptoms related to the worker's mental disorder have not disappeared. Based on the worker's information and his observations/evaluations, define a list of possible work tasks to be performed • If the worker is unable to consider a return to work because of certain work tasks or interaction difficulties (e.g., conflicts) with his manager or colleagues, ask the manager to identify barriers and to consider strategies that will enable him to deal with them (e.g., communication of emotions and needs). Adopt a collaborative approach that takes into account workplace factors while focusing its intervention on finding solutions	• Continue to provide support throughout the reintegration period and beyond
C. Rehabilitation professional's role and actions		
Transversal		
• If the worker is under the care of a multidisciplinary team, divide the tasks among the different professionals (e.g., the psychologist could focus on the personal issue(s) while the occupational therapist focuses on functional limitations). Each actor carries out assessments individually, then a decision is made collectively • In the case of a multidisciplinary team, prioritize the active participation of each stakeholder and find a consensus on the objectives and modalities of the treatment and return to work plan • Attest the worker's functional abilities and limitations to the other stakeholders • Support the worker: listen to him, show him gratitude (e.g., do not force the worker to make changes he or she is not open to) • Be aware that work can represent a source of support (especially emotional support) for the worker. In this case, a rapid return to work could be highly beneficial to the worker • Encourage the managers and the colleagues to adopt a sensitive and empathetic approach • Be a resource for the employer (e.g., manager). Recognize the workers' symptoms of distress and assess their ability to perform the duties associated with their position		

Table 3 (continued)

Phase 1 Beginning of sickness absence and involvement of disability management team	*Phase 2* Involvement in treatment and rehabilitation with health professionals, and preparation for RTW	*Phase 3* Gradual RTW and follow up
• Review the file when it is referred to you • Analyze the organizational environment and psychosocial factors associated with the sick leave	• Meet with the worker and explain your role as a rehabilitation professional, as well as the content and objectives of your interventions • Give the worker time to tell his story and provide a listening ear. Assess his attitude towards his job, his motivation to return to work and his coping skills • As soon as possible, clearly communicate that the main objective of the treatment is the return to work. Ensure that the worker has the same objective • Respect functional limitations and understand that the willingness to change must come from the worker first • When worker resistance is observed, question him in a respectful manner and offer new insights • Communicate with the employer and assess the workplace requirements (e.g., physical and cognitive demands), as well as the barriers faced by the worker (favor a visit of the workplace) • Talk openly about the perceived barriers to returning to work (e.g., apprehension of potential workplace conflicts, pressure and/or anxiety related to returning to their position, guilt related to the time spent on sick leave). Develop new coping strategies with the worker in accordance with the identified barriers • Teach the worker how to recognize warning signs of distress, implement relaxation techniques, and encourage him to resume regular physical activity. Teach him that there is a strong link between mental and physical health • Offer interventions that are adapted to his state of health and the difficulties encountered in the workplace and family (e.g., a cognitive and physical capacity development program that includes a re-familiarization with their work tasks, additional training, and the establishment of a support network) • Help the worker not to limit him to a role defined by his disability. Invite the worker to perform more and more regularly the tasks associated with his various roles • Consolidate the worker's feeling of self-efficacy and encourage him to take control of his work situation. Do not hesitate to give him homework from one session to the next so that the worker can take responsibility for his actions gradually and gain self-confidence • Do not wait until all the symptoms associated with the worker's mental disorder have disappeared before considering the return to work. Favor an approach that values a quick return to work followed by a period of training/improvement of coping skills • In order to best prepare the worker for the return to work, recommend a progressive training to tasks that are more cognitively demanding (e.g., interactions with others, computer work) • Assess the worker's abilities to return to work, including his concentration and communications capacities, motivation and emotional balance • Provide accommodations that are suitable to the worker in his work environment (e.g., modification or reduction of work tasks, equipment changes, and flexible work schedule). Following a significant reduction in symptoms, create a return to work plan which takes into consideration residual symptoms. Highlight his ability to return to work if accommodations are made in his workplace. Ensure that the worker gives his consent before implementing the return to work plan (e.g., his fear of returning to work can be an obstacle)	• Ensure a follow up with the worker once the return to work (gradual or not) has begun. Talk about the issues the worker might have encountered since returning to work and recommend adjustments to the return to work plan when necessary • Help the worker maintain his productivity at work and support his decision to increase the number of work hours • Promote the worker's presence at work and the maintenance of a healthy / balanced lifestyle

Table 3 (continued)

D. Occupational physician—nurse's role and actions

Transversal

- Position yourself ethically between the worker's situation and the needs of the organization. Take into account their interactions and interdependencies
- Inform occupational health and safety staff about health conditions (e.g., warning signs) and give them advices on how to support a worker in his return to work process
- Support the worker in understanding his health status and encourage him to participate actively in the recovery process
- Center his interventions on the worker's recovery while respecting the confidentiality of the worker's personal information
- Monitor the medical treatment and the evolution of the worker's health status
- Take into account the worker's psychological and physical situation as well as his work history
- Monitor the worker's health status while taking into consideration his working conditions
- Discuss working conditions with the worker and take into consideration any conflict or other stressors from the organizational environment. Know that interpersonal conflicts (especially those between the manager and the worker) can compromise the worker's return to work within the team. Work on solutions with the stakeholders involved
- Use an intervention based on the resolution of identified problems to help the worker apply the strategies developed together
- Ensure that the worker has access to the necessary resources for his recovery (e.g., medical resources, rehabilitation, and work accommodations)
- Support the worker in understanding his health problem
- Regularly assess the worker's lifestyle (e.g., sleep, activities of daily living) and his physical, cognitive and psychological symptoms
- Have a good knowledge of the different diagnoses in order to be able to distinguish them and explain them to the worker when necessary
- Identify potential triggers for sick leave (e.g., work environment, personal life)
- Maintain a relationship with the worker based on trust and a good working alliance
- Take note of the organization's attendance management procedures and return to work program
- Participate in the prevention activities that promote occupational health and safety

Phase 1	*Phase 2*	*Phase 3*
Beginning of sickness absence and involvement of disability management team	Involvement in treatment and rehabilitation with health professionals, and preparation for RTW	Gradual RTW and follow up
• Get acquainted with the file of the worker who is recently gone on sick leave • Make sure that the medical evaluations are performed • Contact the worker to explain the advisory role of internal or external health professionals (e.g., consultation) to the organization • Understand the worker's situation (e.g., symptoms, triggers), identify any conflict that may come from the organizational environment and participate in the search for solutions towards a healthier work environment and better work relationships	• Assess the worker's symptoms and functional limitations • Identify the barriers to the worker's return to work • Monitor therapeutic and organizational interventions (e.g., cognitive-behavioural therapy, job change) • Examine the worker's work accommodation needs, based on an assessment of the potential barriers to returning to work • Discuss possible adjustments and modalities for returning to work • Participate in return to work preparation meetings with the worker and the other stakeholders involved • Assess the worker before his first day back at work • Inform the family physician of any obstacles to the worker's recovery process (e.g., deterioration of the worker's condition, adjustment of the required dosage)	• Ensure compliance with the return to work plan and propose adjustments if necessary (work accommodations) • Encourage the worker to develop workplace coping strategies while considering his health status • Continue therapeutic follow-ups with the worker for at least the first 3 months after his return to work. Beyond that period, remain available depending on the worker's needs

Even though all workers' roles and actions are recommended by the literature, workers on sick leave and other RTW stakeholders should adopt/recommend them with caution (e.g., considering the level of severity of the worker's symptoms)

Table 4 Stakeholders of the insurance system: role and actions of the specific to a phase of the return to work process

Insurer's role and actions

Transversal

Organization and planning: coordination, collaboration, support and follow-up

- Determine if the worker meets the disability criteria of his contract and if he can receive benefits. Determine the interventions to which the worker is entitled by taking into account his file and the cost associated with these interventions. Assess whether the latter are relevant and whether they are intended to promote the worker's return to work and preserve his employment relationship
- Ensure that treatment costs, as well as sickness benefits and the interventions required are covered (depending on what is permitted by the insurance contract)
- Be in regular contact with the worker, especially if there is a risk of long-term sick leave. Update your file according to the medical, social and professional information collected
- Provide clear and factual explanations to the worker
- Adopt an integrated approach to managing the worker's health issues, while taking into account the worker's particularities and working with the employer
- Draft a return to work agreement with the workers on long-term sick leave in collaboration with other key stakeholders (employer, union)
- Be aware of the factors predicting the worker's return to work

Phase 1 Beginning of sickness absence and involvement of disability management team	*Phase 2* Involvement in treatment and rehabilitation with health professionals, and preparation for RTW	*Phase 3* Gradual RTW and follow up
• Listen to the worker and show interest in his story, notably during the first contact • Review the list of symptoms and functional limitations identified by the worker and his family physician. Use the expertise of a psychologist or psychiatrist (or medical expert) if necessary. Take into account the duration of the absence prescribed by the worker's family physician • Depending on the opinion of the health professionals, refer to the insurance contract • Conduct an analysis of the situation and determine if the worker is entitled to sick leave benefits or if another medical expertise is required • Specify that sick leave is regulated and must be justified	• Inform the worker of any information relating to the insurer's accompaniment. Remind him of the terms and conditions of the insurance contract (e.g., phases and types of disability) • Meet with the worker and do follow ups on a regular basis, either alone or in the presence of the employer and health professionals, or their representatives • Provide support and offer advices to the worker on sick leave (e.g., assistance with administrative procedures). Reassure the worker that his cognitive and functional abilities will restore themselves during the recovery process • Discuss the possibility of implementing work accommodations as early as the first few weeks of sick leave with the worker and the employer • Encourage the worker to gradually take over tasks of his daily and domestic life • Encourage the worker to develop coping strategies that are pertinent to his situation and offer him to consult mental health professionals • Contact health professionals to gather information about the nature, duration and cost of the planned interventions. Take these information into consideration so that the work rehabilitation plan is not abandoned during its implementation • Propose a work rehabilitation plan if necessary • Ensure that the work rehabilitation plan meets the criteria and the regulations of the insurance company • Offer, when appropriate and if necessary, a meeting at the workplace with the worker, the employer and the rehabilitation counsellor. Share the information relating to the conditions of a return to work plan and the potential work accommodations • Transmit, if necessary, the information collected from the worker to his psychotherapist (e.g., medical history, previous medical reports) as authorized by the worker • When the worker's condition improves, consult a health professional to assess the worker's functioning and his barriers to returning to work • Identify the barriers to the worker's return to work and the strategies that could help overcome them	• Promote communication between the stakeholders of the return to work, notably for the flow of the information relating to his functional limitations and the work accommodations requests

Table 4 (continued)

• Consider assessments of the worker's health status when thinking about extending the sick leave • When functional limitations of the worker persist, propose a return to work with possible work accommodations, or ask the employer if another position is available within the organization (relocation process) • If the worker is considered fit to return to work, contact the employer to find out if the former position is still available so that the potential work accommodations can be implemented. The decision-making process must be carried out collaboratively and must take into consideration the work accommodations from a medical point of view. The insurer then acts as an intermediary between the health professional and the employer • Make any decision regarding the worker's return to work in consultation with the other stakeholders involved in the case (e.g., health professionals, employer, manager). After this consultation phase, compare the prognosis, the functional limitations and the symptoms with the nature of the worker's position, the responsibilities that are attached to it and the proposed work accommodations. Based on the results of this analysis, initiate the worker's return to work (gradual or not), or extend the sick leave • In case of permanent limitations and if necessary, facilitate and finance vocational reorientation interventions

Even though all workers' roles and actions are recommended by the literature, workers on sick leave and other RTW stakeholders should adopt/recommend them with caution (e.g., considering the level of severity of the worker's symptoms)

Consulting Exercise

This scoping review was conducted within a participatory research project, and included a consultation exercise, as recommended by Arksey and O'Malley [37]. The consultation exercise involved the RTW stakeholders involved in the participatory research project (i.e., HR, workers, managers, family physicians, rehabilitation professionals, RTW coordinators, insurers, and union representatives) who were asked to review all RTW stakeholders' statements (roles and actions). During the course of two three-hour-long meetings, stakeholders provided valuable insights about issues relating to the RTW process of workers with CMDs. The only changes suggested by contributors were specific to the Canadian occupational environment in which they worked (e.g., they are usually no occupational physicians in Canadian organizations), and the need of clarity for some stakeholders' statements. Since information collected in this scoping review has the potential to influence decision makers and other RTW stakeholders regarding the implementation of future RTW programs in the workplace or the community in most Western countries, we kept the description of the role of occupational physicians, given their described usefulness and common representation in many European countries. As for the wording of statements, some stakeholders found some statements pertaining to their own role and actions to be 'basic'. However, they may not perceived as such by other stakeholders. For this reason, we decided to keep them in the scoping review. A clear description of roles and actions of each stakeholder should allow all those involved in the RTW process to have a better understanding of each other's roles. Finally, all statements were systematically reviewed by a RTW coordinator (RB) and her team participating in the public-sector research project with the two first authors (about 3-h meeting for each stakeholder) to polish the statements and propose an accessible language for all stakeholders (Tables 2, 3, 4, 5).

Results

In the following paragraphs, brief descriptive results on papers retained in this scoping review, and results on RTW stakeholders' roles and actions, are presented under basic/transversal across systems, and system-specific results. Finally, stakeholders' actions for each RTW phase are briefly summarized.

Descriptive Results

In total, 4 359 abstracts were retrieved from the bibliographic databases, to which we added 22 articles from the grey literature (Figure 1). Once duplicates were removed,

Table 5 Return to work coordinator: role and actions of the return to work process

Return to work coordinator's role and actions

Transversal

- Ensure that the stakeholders involved in the return to work have a good knowledge of the procedures to be followed and the actions to be taken
- Support the worker in the rehabilitation process by assessing his abilities and needs
- Assess the workplace factors that could hinder the return to work
- Know the mental health resources accessible to the worker
- Know the regulation regarding the management of work presence and possible work accommodations within the organization; Ensure compliance with their application
- Know the needs of the organization and of its various departments
- Monitor the evolution of worker's condition regularly in order to achieve the objectives of a sustainable return to work

Phase 1 Beginning of sickness absence and involvement of disability management team	*Phase 2* Involvement in treatment and rehabilitation with health professionals, and preparation for RTW	*Phase 3* Gradual RTW and follow up
During the first contact with the worker on sick leave: • Present the return to work program and the role of the return to work coordinator to the worker • Clarify mutual expectations and explain the nature of your relationship with him • Initiate an assessment of the worker's work environment (e.g., position and employment relationship) • Assess the support the worker receives (family, friends and community)	• Within the first 8 weeks of the sick leave, contact the worker (i.e., face-to-face, by telephone) to identify the elements that can facilitate or hinder his return to work • (e.g., those related to physical and mental health, the work environment and the worker's position) • Based on these information, clarify the roles and expectations of each of the stakeholders involved in the return to work • Identify psychological issues (e.g., depression, suicidal thoughts) that require a prompt consultation or a referral to a specialist • Identify the worker's apprehensions relating to the rehabilitation • Continuously inform the other stakeholders of the new prognosis for the return to work and initiate interventions • Ensure a safe environment during the exchanges between the worker and the other stakeholders of the return to work • Encourage the worker to engage in activities that are oriented towards the progressive recovery of cognitive functions (e.g., through daily tasks during the sick leave) and clearly define the benchmarks for returning to work (e.g., by offering household or volunteer activities related to the cognitive functions of his position) • Accompany the worker so that he notices and appreciates his strengths • Consider the worker's personal circumstances when preparing the return to work (e.g., personal situation, distance and commute between the worker's home and the workplace) • Consider the medical diagnosis and functional limitations when planning the worker's return to work • Work with the worker on the concept of the disclosure of the mental disorder, consider the benefits that can be associated to it (e.g., access to work accommodations) • Contact / prepare a meeting in order to develop the return to work plan after discussing the terms and conditions with the worker, manager, family physician, colleagues and unions • Prepare and support the discussion about the work accommodations between the manager and the worker. Analyze the workload with the worker and the manager (e.g., list the usual tasks according to the job description)	• Ensure the presence and availability of the manager (or of a representative) during the first day of the worker's return to work • Be attentive to the worker's health when he or she returns to work and offer support when necessary • Monitor the return to work plan with all stakeholders involved and adjust it according to the worker's evolution (e.g., work accommodations). Re-evaluate the worker's needs upon return to work (e.g., workload) • Remain available for the worker and the manager by proposing meetings to evaluate the worker's reintegration (e.g., resumption of duties, productivity) and discuss any concerns that may have arisen upon the worker's return to work • Do a follow up with the worker (suggestion of 3 weeks) after his return to work on a full-time basis • Accompany the worker and the manager by using available organizational resources (both material and human) if necessary

Table 5 (continued)

- Analyze work accommodation needs and identify those that are possible/feasible (e.g., according to the worker's abilities and position, analyze the cognitive abilities required at the worker's position). Identify tasks that are appropriate to the worker's abilities
- Verify the feasibility of the work accommodations with the manager
- Coordinate the work accommodations with the human resources, the manager and the worker (if necessary, contact/meet each stakeholder separately)
- Ensure the consistency of the information communicated to the various stakeholders in regards to the date of the worker's return to work
- Organize preparatory meetings a few days before the date of the return to work that was decided in agreement with the worker and the family physician:

– with the worker, only to discuss his (potential) concerns;
– with the manager only (if necessary);
– with the worker and the manager to ensure the implementation of the return to work plan

Even though all workers' roles and actions are recommended by the literature, workers on sick leave and other RTW stakeholders should adopt/recommend them with caution (e.g., considering the level of severity of the worker's symptoms)

3709 articles remained and were screened for inclusion, of which 243 were included for qualitative synthesis. The main characteristics of the included studies are presented in Table 1 (i.e., author, country, targeted RTW stakeholders). Based on the location of the lead author of studies, articles mainly originated from the Netherlands (23.9%) and other European countries (23.8%), Canada (18.9%), the United Kingdom (13.2%), the United States (9.5%), Australia (4.9%) and Japan (3.3%). The most frequently cited RTW stakeholders were workers on sick leave due to CMDs (100%), employers/HR (67.5%), managers (53.9%), occupational/nurse physicians (41.6%), family/general physicians (41.2%), psychiatrist/psychologist/psychotherapists (36.6%), rehabilitation professionals (35.0%), co-workers (32.1%), insurers (25.9%), return to work coordinators (13.6%), and unions representatives (11.1%).

RTW Stakeholders' Roles and Actions—Basic/Transversal Results Across Systems

After reading all 243 papers, *basic and transversal components, regardless of the type of RTW stakeholders*, related to roles and actions emerged, namely: (1) Know and understand the role and perspectives of all stakeholders involved in the worker's RTW process depending on the context of that workplace; (2) Favour a work climate oriented towards mutual support and good communication between various RTW stakeholders (e.g., insurer, worker, union, family physician, employer), and more specifically within the team (e.g., manager, co-workers, worker), by adopting a collaborative approach in the RTW process; (3) Demonstrate empathy and take a positive approach toward the worker's recovery and offer support at each stage of the RTW process, considering potential detrimental effects of stigmatisation; (4) Adopt a respectful attitude toward the worker regarding confidentiality of personal information, and consequently avoid disclosing such information (e.g., details regarding the individual's treatment or diagnosis) unless the individual has given written consent, and finally; and (5) Demonstrate openness, flexibility and creativity in offering work accommodations that facilitate the RTW since the returning worker may experience functional limitations (e.g., difficulty concentrating), either temporarily or permanently.

With respect to *interactions and communication between RTW stakeholders*, overall the results highlight the importance of maintaining exchanges between RTW stakeholders as well as a regular contact with the worker on sick leave. This not only ensures the continuity of workers' recovery (e.g., needs, capacities, and limits to be respected), but also promotes the RTW process using communication channels established by stakeholders (e.g., email, telephone, in person). Regarding the RTW, various RTW stakeholders should be informed of the evolution of the treatment and of the

worker's situation. Adopting a multidisciplinary and multisector approach supported by a regular and high-quality communication between RTW stakeholders, remains the approach of choice in the literature to facilitate workers' recovery and the RTW process.

The *utilization of organization or community services and interventions* is strongly encouraged to facilitate the recovery and RTW of workers on sick leave (e.g., Employee Assistance Programs, peer helper program). Authors suggest favoring EAPs over public mental health services in order to avoid long waiting lists that can have a negative impact on workers' recovery. Specific tools validated in the domain of the RTW after a sick leave are also recommended as ways to help health professionals evaluate and monitor workers' therapeutic interventions, particularly regarding clinical symptoms, perceived barriers to RTW and self-efficacy to overcome them, and available work accommodations. Finally, most articles suggest ensuring that the necessary training and resources (material and human) for RTW are deployed, such as training for supervisors and other workplace stakeholders (e.g., HR, unions) regarding management of workers' RTW, prevention of relapses, warning signs detection, and the demystification of mental health problems. Continuing education and training on a regular basis (e.g., psychosocial risk factors, drug treatments) is recommended for rehabilitation professionals in order to provide workers with the best possible care.

RTW Stakeholders' Role and Actions—Transversal Results Within a Specific System

Results also revealed roles and actions that were constant across phases, within each system (Tables 2, 3, 4 and 5). Regarding the transversal role of *each stakeholder of the work system*, first the worker is invited to take an active role in the RTW process, learning about symptoms (psychoeducation), building self-management skills, as well as providing information and seeking support from relevant stakeholders as needed (e.g., occupational health and safety). Second, the employer/HR, among the most documented stakeholders in the literature, should: (a) ensure the implementation in the organization of values and clear positions regarding the support offered to workers on sick leave while respecting workers' confidentiality, (b) inform, prepare and evaluate the actions of each stakeholder in the RTW process of the worker on sick leave, and (c) focus on work accommodations and their implementation in collaboration with the manager and team. Third, the literature informs us on the manager's role, summarized in the procedures and policies regarding the RTW, and underlines the importance to monitor and support the members of the team in regards to the worker's sick leave. With the worker's consent, the manager could maintain contact with the worker on sick leave, and thus maintain or reinforce his feeling of belonging to the organization. As needed, the manager could consult the designated occupational health and safety representative on questions regarding the worker's RTW. Managers and Co-workers should encourage a climate of respect within the team and towards the colleague on sick leave (e.g., address any inappropriate or stigmatizing comments about his condition or the work accommodations granted). Fourth, with respect to co-workers in particular, key activities are clarifying the work objectives during the worker's sick leave, and sharing issues related to work accommodations and potential psychosocial risk factors in the work environment with the manager. It is also recommended that co-workers stay in contact with the worker during the sick leave and continue to invite him to join the team's social events and activities (i.e., Christmas party, after work get-together, recognition activities, etc.) without expectations. Fifth, union representatives should know the rules, procedures, and collective agreements related to sick leaves and RTW in order to inform, support and protect their members. The union representative could also encourage the worker to contact his occupational health and safety representative on questions regarding his sick leave.

As for *stakeholders from the health system*, the family physician and rehabilitation professionals should act as key resources for the other actors involved in the RTW process (e.g., insurer, employer), producing progress reports, and encouraging the worker's involvement in the communications with other RTW stakeholders (e.g., by giving copies of the correspondence to the worker). The role of the family physician comprises four pillars: (a) Care and evaluation of the health condition of the worker on sick leave while considering the work environment; (b) Caregiver relationship by offering a secure and stable relationship attuned to the worker's needs; (c) Consulting and teaching worker health management by suggesting appropriate interventions/services; and (d) therapeutic follow-up (e.g., gradual return to work, work accommodations). As for psychiatrist/psychologist and psychotherapists (PSY), their role is to support the worker during the sick leave and RTW while considering the actions put in place by other stakeholders stemming from diverse systems. Rehabilitation professionals often work in multidisciplinary teams and consequently should share information about the worker's health condition (e.g., functional abilities and limitations) with professionals in other disciplines. They are essential resources for workplace stakeholders (e.g., employer and manager) and the insurance system to facilitate the worker's RTW. Occupational physician/nurse have a specific position since they work in the organisation (a model, more often present in Europe), and consequently need to make explicit their double 'status' with the worker (i.e. belonging to the work system and playing the role of the healthcare provider). They adopt an orientation and values

similar to other health professionals, but they are also able to more precisely identify psychosocial risk factors that may be present in the work environment (e.g., conflicts) and to work directly with the occupational health and safety team to initiate preventive interventions.

The review's results suggest that *the insurer* maintains positive relationships, collaborates and exchanges information on an ongoing basis with workers, employers and health professionals involved in the workers' medical follow-ups (e.g., family physician). The insurer's role as described in the literature is to ensure regular contacts with the worker to prevent an eventual long-term sick leave. The *insurer* should consider disability criteria and associated benefits in order to determine the most relevant and cost-effective interventions for the worker on sick leave. This role highlights the power dynamic that exists between the insurer and the worker since the former has a determining influence on the worker's financial situation and professional reintegration. The insurer should increase communication efforts with the worker's medical team should the worker be at risk of prolonged sick leave. If necessary, the insurer can contact stakeholders outside regular insurance-delivered services for certain psychiatric assessments or rehabilitation services that may not be offered by the company.

The *RTW coordinator* can be attached to the workplace as well as to the insurance or health system, and therefore needs to create and maintain a working alliance with various stakeholders involved in the worker's RTW process. The *RTW coordinator* is responsible for the involvement of all RTW stakeholders and is knowledgeable about rehabilitation and mental health services, organizational procedures and management values, worker's and organization's needs. This role should involve encouraging direct exchanges between different stakeholders in order to establish a common vision of sustainable RTW for the worker, and sometimes intervening as a mediator in cases of workplace interpersonal conflicts. The RTW coordinator should also support the other RTW stakeholders in identifying the needed resources and procedures for the worker's RTW. Finally, the RTW coordinator monitors the evolution of worker's health condition to reach the objective of a sustainable RTW.

All transversal roles and actions for each stakeholder are summarized in Tables 2, 3, 4 and 5. Furthermore, all RTW Stakeholders' actions are also detailed for each phase of the RTW process—Phase 1: beginning of sickness absence and involvement of disability management team; Phase 2: involvement in treatment and rehabilitation with health professionals, and preparation for RTW; and Phase 3: gradual return to work and follow up. In total, regardless of the RTW phase and system, we count from 15 to 27 recommended actions for key RTW stakeholders (i.e. worker, manager, family physician, PSY, rehabilitation professionals, occupational physician/nurse, insurer, and RTW coordinator) and less than 15 actions for others (i.e. employer, co-worker, and union representative). Interestingly, Phase 2 of the RTW seems the most detailed in terms of stakeholders' actions (Tables 2, 3, 4, 5), and the most detailed RTW stakeholder's actions belong to the RTW coordinator (Table 5).

Discussion

RTW for people on sick leave due to common mental disorders (CMDs) is a complex process, requiring actions from several RTW stakeholders. Several authors have criticized the scarcity of available information, specifically in regard to RTW stakeholders' role and actions in the RTW process following workplace sickness absences due to CMDs [14, 24]. The objective of this scoping review was to document the roles and actions of RTW stakeholders involved in the RTW process of workers on sick-leave due to CMDs. Most of the screened papers (nearly 90%) came from Europe or North of America. Results of this scoping review highlighted the plethora of stakeholders involved in RTW. In total, we count eleven RTW stakeholders spread out on three systems: work, health, and insurance systems. RTW stakeholders' roles and actions were presented according to the system to which they belong, either work, health or insurance (with the exception of the RTW coordinator, who can work in either one of these systems). These RTW stakeholders' main roles and actions were described according to the three main phases of the RTW.

Across the results of this scoping review, we see that the active role of the worker regarding his own recovery and RTW is highlighted in all the papers screened, through regular contacts with all RTW stakeholders, more particularly with the RTW coordinator, the manager and health care providers [81, 239]. Heath care providers (e.g., general physicians), on their own, are considered advocates and gatekeepers for the worker on sick leave by providing medical opinions to determine the duration of the work absence [55, 84, 119, 162]. Health care providers—general and occupational physicians, and rehabilitation professionals—are required to communicate regularly with the insurer to determine the eligibility and duration of benefits; there is also an expectation by all these stakeholders to communicate with and advise workers who are on sick leave and their employers [153]. Interestingly, all RTW stakeholders from the health system (e.g., general physicians, rehabilitation professionals) were often mentioned in this scoping review's results—35% to 42% of articles, depending on the specific professional, mentioned at least one of them. This scoping review offers clarification on the specific roles of each health care provider, with for instance general physicians and PSY supporting the worker's recovery, whereas rehabilitation professionals promote quick RTW using appropriate work

accommodations. General physicians assess the workers' symptoms and functional limitations when the health condition of workers is critical, occupational physicians primarily focus on relapse prevention, always having in mind worker's job descriptions, job demands and the availability of work accommodations [177]. Both types of physicians play an important role in facilitating the RTW of the worker on sick leave [177, 250, 252].

As for employers, they are responsible for providing and establishing a supportive work climate for workers by communicating their expectations to immediate supervisors and by giving them appropriate training [79]. The employer, in consultation with the worker, is responsible for assessing the rehabilitation requirements as well as other needed health services, and for initiating measures to promote an effective rehabilitation [135]. Although there are many stakeholders in the RTW process stemming from the workplace, the manager is recognised as having a pivotal role and plays an important role in the interface between upper management, rehabilitation, and health care providers, coworkers, and the injured worker [148]. Furthermore, managers are the stakeholders who are most familiar with the requirements of the job; they are the first to communicate with workers about return to work, and they usually have the authority to implement accommodations in working conditions. Managers are in a position to facilitate workers on sick leave in their RTW process, and at the same time, to identify the accommodation measures that they could put in place to enable workers with such disabilities to perform their job [19]. However, managers tend to focus on accommodation related to strict aspects of work (e.g., schedule and tasks modification) and less on accommodation to reduce psychosocial risk factors at work (e.g. pre-existing conflicts, job strain, lack of social support, etc.), which are highly related to CMDs [266].

Several authors have mentioned that co-workers often seem invisible in the RTW process of workers on sick leave [20, 32], yet their roles and actions were described in over one third of the retained papers for this scoping review. Tujlin et al. [20] found that co-workers navigate informally through the entire RTW process, and therefore they tackle RTW issues in an ad hoc manner by trying to do what is required to 'make it work' for themselves and the re-entering worker, such as by offering strategic support or by re-organizing schedules. Thanks to this scoping review, we can now apprehend potential actions that they can put in place such as *Participate in the redistribution of team tasks with the manager (Phase 1) and Express to the manager any concerns related to the return to work of the absent colleague and the implications on the workload (Phase 2)* and thus avoid a domino effect regarding work absences in the team. Their unrecognised and invisible contribution to the eventual success of the RTW of their colleague as well as to the work climate is now better detailed in this scoping review. Even if employers do not need to formalize the roles of the co-workers in the RTW policy of the organization, a formal role with specific actions is now given to this RTW stakeholder [20, 32].

Given the high prevalence of common mental disorders in organizations, the role and involvement of union representatives have become crucial, particularly regarding their interactions in terms of negotiations with other stakeholders of the work system (e.g., employers, managers) [79]. Although scarcely mentioned in terms of rate of citations in this review (close to 11%), this scoping review allowed to clarify their roles and actions in the RTW of workers on sick leave due to CMDs. For instance, during Phase 3 of the RTW, it is suggested that follow ups with the worker be planned to ensure compliance with the terms and work conditions, particularly regarding the implementation of work accommodations [79].

Another central RTW stakeholder is the insurer, who facilitates the connection between all parties involved in the treatment and rehabilitation services [202], and has both a controlling and a supportive function [135]. Even though this RTW stakeholder is cited in only one quarter of papers, this scoping review allowed us to describe the insurer's role and actions in great detail. For instance, almost 20 specific actions are suggested only for Phase 2, which fall in either the controlling (e.g., ensure that the work rehabilitation plan meets the criteria and the regulations of the insurance company) or the supporting function (e.g., provide support and offer advices to the worker on sick leave such as assistance with administrative procedures), as Heijbel et al. [135] suggested.

While the RTW coordinator is cited in less than 15% of reviewed articles, it is noteworthy that more than two thirds of them were published since 2010. There is a steady increase in interest around this RTW stakeholder, suggesting the coordinator's role is critical in the RTW process. Indeed, the RTW coordinator increasingly plays a pivotal role by ensuring communication and a joint understanding of the expectations of all RTW stakeholders [267], and coordinates actions among supervisors, insurers, and healthcare providers to achieve sustainable RTW and recovery [268]. Kärkkäinen et al. [269] highlighted this central role in RTW in terms of functional (e.g., identifying RTW barriers and negotiating accommodations) and interpersonal activities (e.g., clarifying roles and liabilities of RTW stakeholders as well as collaborating). Furthermore, the RTW coordinator is not associated with a specific discipline and can therefore have different professional designations, belonging to the work, insurance or health system [203]; this lack of professional specificity may also explain why this stakeholder has only rarely been mentioned in older articles retained in this scoping review.

This scoping review aimed at providing a foundation for future studies by documenting and summarising the

roles and actions of each stakeholder involved in the RTW process, in order to ultimately develop better coordination between RTW stakeholders, and better inform policy makers. Recent systematic reviews conducted on RTW workplace interventions [270] and employers' best practice guidelines reviews [98] as well as the best evidence synthesis of systematic reviews on the environmental factors associated with positive RTW outcomes [75], all tend to identify similar and complementary components to facilitate the RTW of workers with CMDs and other types of work disability (e.g., musculoskeletal disorders). These components are: well-described organizational policies for the roles and responsibilities of all stakeholders participating in the RTW process, RTW coordination, provision of health services and work modifications/work accommodations. These authors all stress the importance of better detailing these components [75, 98, 270]. Knowing the roles and actions of each stakeholder, in the following paragraphs, we will try to see how these can interact and come together in the RTW of a worker with CMD.

As mentioned above, the RTW process consists of multiple interacting components supported by RTW stakeholders [271, 272] intertwined in a dynamic process [27]. As highlighted in the results of this scoping review, the choice and implementation of work accommodations are crucial, and should involve all stakeholders in a coordinated effort, particularly during Phases 2 and 3 of the RTW process. Below, we provide an illustration which demonstrates the crucial place of work accommodations in the RTW, showing how all roles and actions of RTW stakeholders are intertwined within Phases 2 and 3. As such, this illustration, in the context of selection and implementation of work accommodations to support a sustainable work resumption of the worker on sick leave due to CMDs, offers a good example of the sequential actions attached to the RTW process. Each stakeholder has a specific role to play and actions to put in place within each phase of the RTW process, particularly in Phases 2 and 3 (Phase 1 being more related to the beginning of sickness).

Phase 2: Involvement in Treatment and Rehabilitation with Health Professionals, and Preparation for RTW—Roles and Actions' Stakeholders Regarding Work Accommodations

- *The general physician* talks with the insurer or employer (e.g., via forms) to inform them of the worker's functional limitations and ideally clarify the required work accommodations to be implemented in the workplace to meet his needs.
- *Rehabilitation professionals* suggest accommodations that are suitable to the worker and the work environment (e.g., modification or reduction of work tasks, flexible work schedule). Following a significant reduction in symptoms, create a RTW plan considering residual symptoms. Highlight ability to return to work if accommodations are made in the workplace.
- *The insurer* discusses the possibility of implementing work accommodations as early as the first few weeks of sick leave with the worker and the employer.
- *The employer* informs managers of the potential accommodations that can be implemented in his department. In collaboration with the work team, the employer considers the particularities of the work environment of each department.
- *The RTW coordinator* prepares and supports the discussion about work accommodations between the manager and worker. Analyzes the workload with the worker and manager (e.g., list the usual tasks according to the job description).
- *The worker* participates in the identification of work accommodations and prioritize them considering his needs.
- *The manager* evaluates with the worker and the organization's occupational health and safety department the possibility of implementing work accommodations.
- *The union representative* discusses possible work accommodations with the organization (e.g., temporary assignments) to facilitate the member's RTW under the best possible conditions.
- *The RTW coordinator* analyzes work arrangement needs and identifies those that are possible/feasible (e.g., according to the worker's abilities and position, analyzes the cognitive abilities required at the worker's workstation). Identifies tasks that are appropriate to the worker's abilities. Verifies the feasibility of the implementation of the work accommodations for the worker's RTW with the manager. Coordinates the work accommodations with the human resources, the manager and the worker (if necessary, meet/contact each stakeholder separately).
- *The manager* informs the team members of the worker's RTW process (i.e., disability extension, work accommodations, gradual RTW, regular RTW) while respecting confidentiality.

Phase 3: Gradual RTW and Follow Up—Roles and Actions' Stakeholders Regarding Work Accommodations

- *The employer* ensures the implementation and application of follow-up actions towards the worker who is returning to work by all the stakeholders involved, particularly when organizing the first day of RTW, implementing the work accommodations, and monitoring the health and productivity of the worker and the team.

- *General and occupational physicians* re-evaluate the worker's coping mechanisms and workplace accommodations to support recovery. Ensure compliance with the RTW plan and propose adjustments if necessary.
- *The PSY* collaborates with the family physician, worker, employer and union representative (if applicable) to monitor the implementation of the necessary work accommodations for a sustainable RTW that promotes recovery. Makes recommendations for adjusting the RTW plan if necessary.
- *The worker* applies the strategies and work accommodations that were developed/targeted in the previous phase and revises them with the relevant stakeholders when necessary.
- *The manager* organizes regular follow-up meetings with the worker to evaluate the work accommodations and adjusts them if necessary. Communicates with team members regarding the evolution of the worker's work accommodations.
- *The insurer or the RTW coordinator* promotes communication between the stakeholders of the RTW, notably for the flow of the information relating to his functional limitations and the work accommodations requests.
- *The RTW coordinator* monitors the RTW plan with all stakeholders involved and adjusts it according to the worker's evolution (e.g., work accommodations). Re-evaluate the worker's needs upon RTW (e.g., workload).

There are both *strengths and limitations* to this scoping review. The proposed framework includes roles and actions of key stakeholder groups belonging to three systems—work, health and insurance—and the assumption that sharing perspectives of others is useful for all RTW stakeholders. The operationalization of the roles and actions of diverse RTW stakeholders at given RTW phases should facilitate the communication between them and improve the RTW of the worker on sick leave due to CMDs. The scoping review provides a rigorous and transparent method for mapping the RTW process, offering useful information for policy makers. However, it must be noted that a scoping review's aim is to document an area of research, and as such it does not address research questions (for instance, of efficacy) or assess the quality of retained studies, nor does it emphasizes significant over non-significant results [37]. Consequently, the roles and actions' of RTW stakeholders in this scoping review are not necessarily related to significant results that we could eventually disentangle from a systematic review. Furthermore, roles and actions of RTW stakeholders need to be analysed according to contextual factors such as work and economic values as well as country-specific compensation policy and health systems, but also according to the different sectors of activities (e.g., private or public) where the presence of some RTW stakeholders can be optional. Also, role and actions recommended at each RTW phase, and more specifically for the worker on sick leave due to CMD, should be carefully analyzed before being implemented since the severity and scope of clinical symptoms can vary from one worker to another.

According to the type of stakeholder and the system to which they belong, the synthesis of these results could be translated differently. For example, in the workplace system, the employer, HR with the support of unions (depending on the sector of activity) could suggest organizational policies for the RTW process, and thus clarify the expectations for each RTW stakeholder's role and actions. Furthermore, the worker could feel supported by other stakeholders since clear expectations are defined for one another (i.e. workers can feel less discriminated). From the insurance system, the insurer could translate this synthesis into preventive actions and invite other stakeholders to apply them in order to facilitate a sustainable RTW. In the health system, the research coordinator belonging to the health system could use this synthesis to create more synergy with other health professionals reflecting the role of each other, and thus avoiding a hierarchical and paternalistic structure. To conclude these stakeholders' role and actions could eventually structure and facilitate the communication and coordination between stakeholders within the organization and more largely to other systems.

Future studies are warranted regarding the effectiveness of the roles and actions of RTW stakeholders presented in this scoping review. Moreover, the definition and operationalization of the complex roles and actions of each RTW stakeholder should be investigated, for instance by paying closer attention to specific subphases included in the three main phases of the RTW process. Consequently, we call on researchers to test a sequence of actions supported by roles of RTW stakeholders as suggested above. In this scoping review, stakeholders' skills linked to their particular roles have not been studied, and consequently should also be targeted in future studies. To develop validated tools and training, managers and RTW coordinators' skills should be investigated more thoroughly, as they can potentially have crucial roles to play in this area of research. For instance, studies have shown the importance of communication skills in RTW work coordinators [33, 202, 273, 274] and managers [148] in order to establish and monitor the RTW plan successfully.

Also, a better understanding of the views of different stakeholders regarding what is or is not a successful RTW would be useful. As roles and actions can lead to different work and health outcomes, future studies should use a variety of indicators to measure RTW success (e.g., sick leave duration, recurrence, job tenure, recovery) are needed [96, 275]. Finally, several studies mentioned the importance of considering actors from the community system, or at times

called 'non-work-related social networks' of workers on sick leave due to CMDs, such as friends and family members, since they can potential influence the RTW process [31, 80, 276]. Future studies are warranted regarding the roles and actions in the RTW context of these potential RTW stakeholders. In addition to these avenues of research, there is a need for a theory-based approach in the field of work disability to better understand interactions and relations between stakeholders in regards to the RTW of workers on sick leave due to CMDs (e.g., to explain the individual, cultural, social and institutional influences of coordinated actions of the stakeholders during the RTW process). Given that this scoping review highlights the importance of principles such as sharing knowledge (e.g., stakeholders' actions interrelated with the whole RTW process), mutual respect (e.g., respecting all stakeholders' role and actions) and sharing goals (e.g., sustainable RTW of the worker), the relational coordination theory could be of interest to this field [277].

In conclusion, safe, sustainable, and timely RTW can be maximized through a better understanding of each stakeholder's roles and actions. In this scoping review, eleven RTW stakeholders have been identified and spread out across the work, heath and insurance systems, from which practical roles and actions for each RTW stakeholder have emerged. Our findings add to the growing body of literature emphasizing the importance of ensuring effective communication between RTW stakeholders by establishing a common view of the roles and actions regarding RTW. We hope that this scoping review's results will enable RTW stakeholders and policy makers to learn from each other, and eventually build practical relationships and collaboration, supported by a collective responsibility, regarding the RTW of workers on sick leave due to CMDs.

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Compliance with Ethical Standards

Conflict of interest Authors declare that they have no conflict of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the Centre Intégré Universitaire de Santé et Services Sociaux de l'Est-de-l'Île de Montréal (human research ethics committee).

Informed Consent Informed consent was obtained from all participants included in the study.

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