

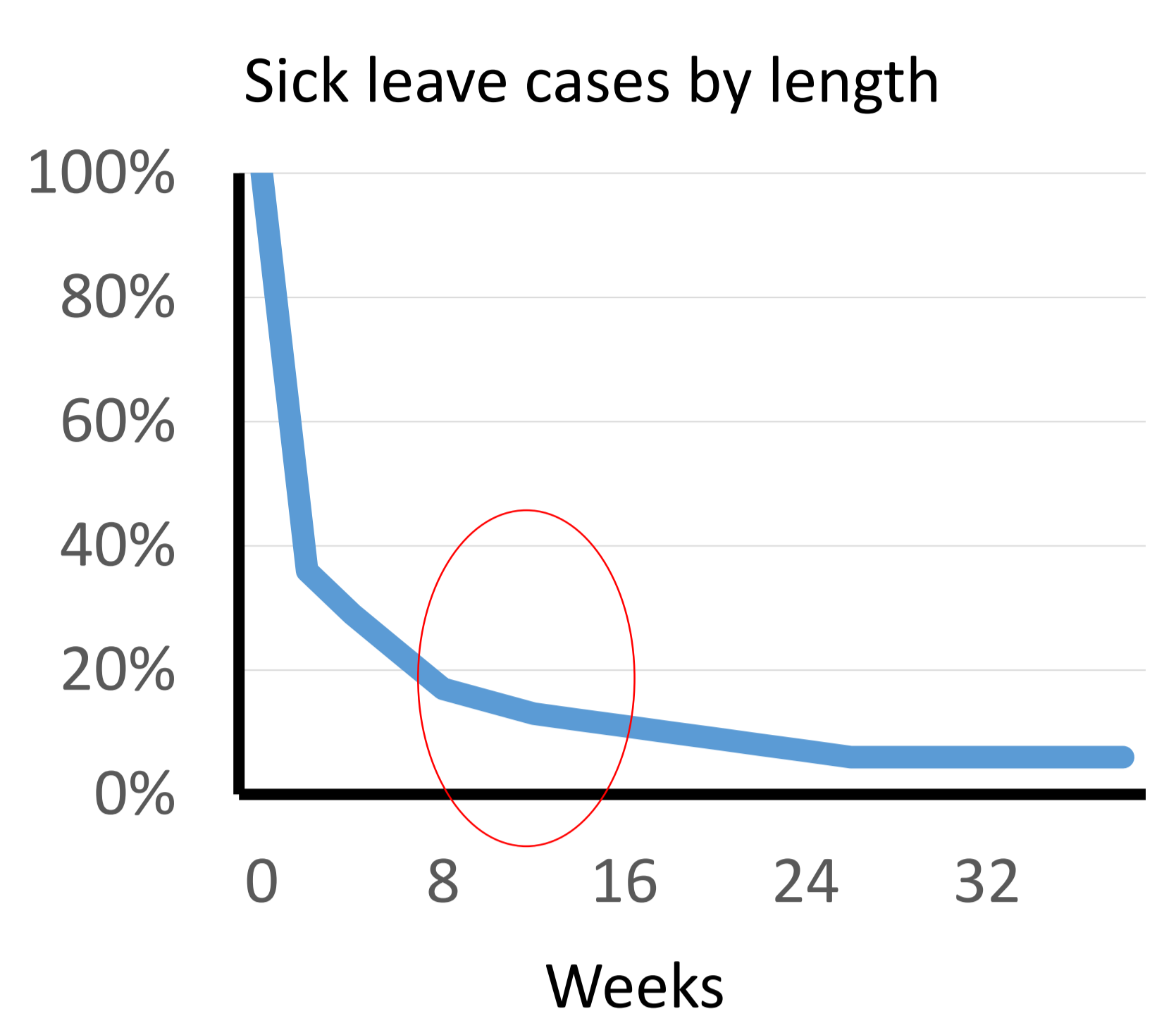
Describing the first two months of sickness absence: Experiences from the sick listed in a Norwegian context

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Background:

The relative return to work rates are low after eight weeks of sick leave (NAV, 2018). Lengthy sick leave is costly to the individual, surroundings and society (Waddell & Burton, 2006), and early interventions are important (Black, 2008). Return to work is influenced by individual motivations and beliefs (Waddell & Burton, 2006).

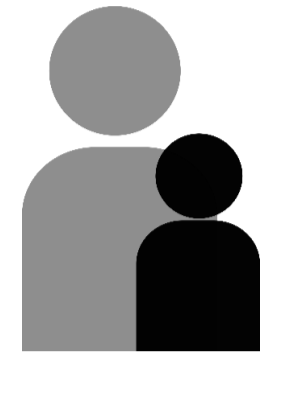



Aim: Describe how individuals sick listed for eight weeks experience their situation, and their thoughts toward returning to work.



Methods:

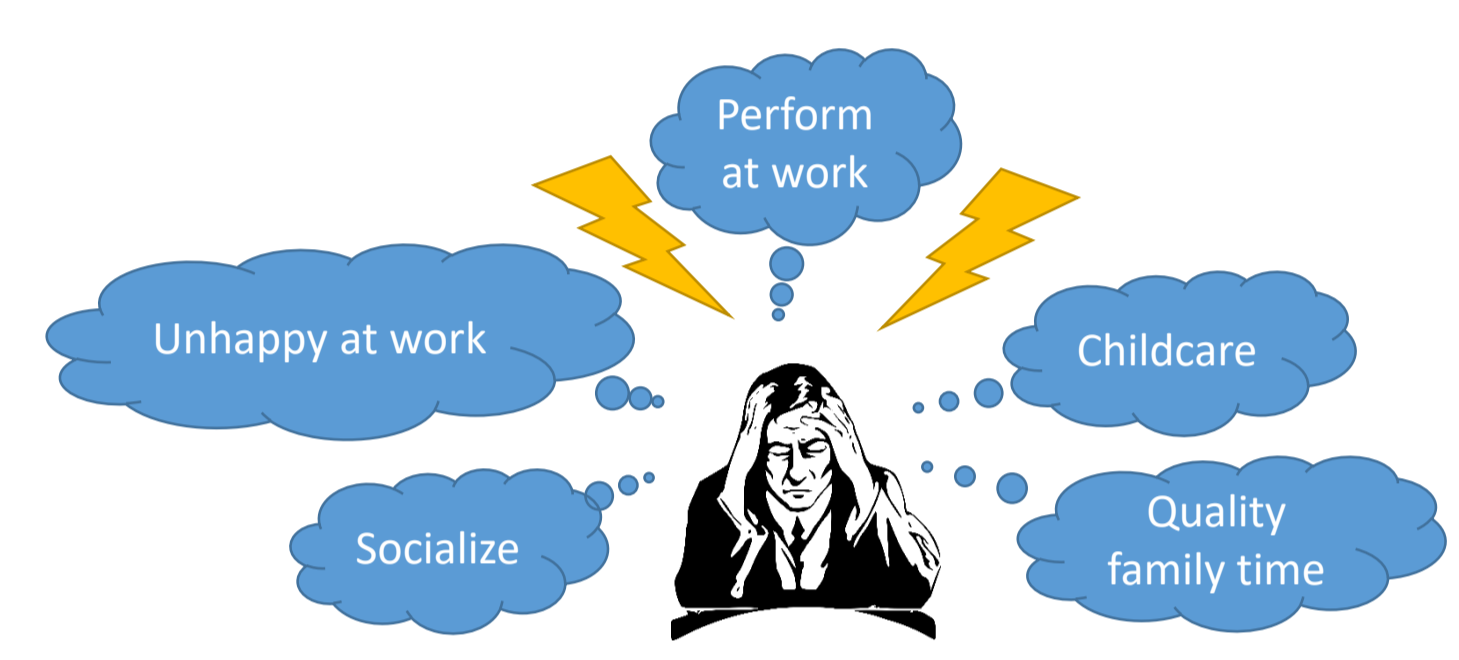
Semi-structured qualitative interviews

Unselected diagnosis.

			
Age	♀	♂	Sick leave length
33-59	13	3	9-13 weeks

Giorgi descriptive phenomenology (Giorgi, 2009)

Results



Work-life imbalance

- Health issues (e.g. diagnosis or symptoms)
- Work stressors (work load, new roles)
- Family challenges
- Sick leave necessary to prioritize energy.

F 39: "... this time I'm to a larger degree on leave because of my daughter, who is struggling mentally, [...] and as I've had an episode of burnout a few years ago I've arranged with my GP that I can use that diagnosis to be able to be home."

Loss of normal life

- Losing identity as a contributing member of society
- Losing social life through losing work as social arena and social avoidance behavior
- Uncertainty in diagnosis or prognosis challenging.

M 38: "I'm thinking, I have to be home. I'm sick. I can't go out and have a burger and a beer with a buddy, because that might look bad. Those from work may not understand that I'm generally not well, but I might have a good day. [...] "if you're well enough to go out, you're well enough to be at work". [...] this is one of the reasons why I want to be on graded leave, because then I can live more normally."

Needing assistance

- Healthcare assistance (diagnosis, treatment)
- Employer assistance (adjusted work, graded sick leave)
- Welfare services contact expected, but not present.
- Fear of worse situation if too fast return to work.

F 50: "When I'm going to start 100% again, I think I need a deal with my employer and my GP that if I'm coming home from work exhausted and can't do anything ... then I think it's too early to start 100%. Because I'm going to have a life outside of work too ... and we need to see how we can work that out."

Conclusion

Participants (n=16) experienced a combination of health, work, and family challenges that made working incompatible with functioning to their own expectations with regards to health, work or home. The descriptions are in accordance with current biopsychosocial models of disability (Schultz et al., 2007). Sick leave is thus used to prioritize energy to the most important arenas and restoring a work-life balance.

Needing sick leave contributes to losing identity and social isolation. Expectations of the sick role and stigma toward medically unexplained symptoms may contribute to harmful behavior (Charmaz, 1983). Reducing uncertainty and developing coping strategies may be beneficial (Giammanco & Gitto, 2016).

Assistance to find a solution is needed to make progress. Healthcare may assist through a diagnosis while employers may assist through facilitating adjusted work or graded sick leave.

Graded sick leave is used to normalize the situation, and test work capacity, while also having energy left to improve the work-life balance. Graded leave has previously been suggested to improve return to work and sustainable work participation (Markussen, Mykletun, & Røed, 2012).

Return to work may be secondary to resolving other issues. The benefits of fast return to work (normalizing life) was weighed against the benefits of continuing sick leave (health recovery, prioritizing family, needing sick leave to regain energy) creating ambivalence about return to work. Being challenged on self-understanding and awareness may be key to changing behaviors and managing a successful return to work (Haugli et al., 2011), and those without a solution to progress and experience uncertainty and may benefit from more early caseworker involvement.

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