Applied Nursing Research 30 (2016) 187–193

Contents lists available at ScienceDirect

Applied Nursing Research

journal homepage: www.elsevier.com/locate/apnr

Social support outside work and return to work among women on long-term sick leave working within human service organizations

Ann-Charlotte Dalheim Englund, RN, PhD [a,*], Ingela Rydström, RN, PhD [a], Lotta Dellve, MScPH, PhD [b], Linda Ahlstrom, RN, PhD [a]

[a] Department of Caring Science, Work Life and Social Welfare, University of Borås, 501 90 Borås, Sweden
[b] School of Technology and Health, KTH Royal Institute of Technology, 100 44 Stockholm, Sweden

ARTICLE INFO

Article history:
Received 22 May 2015
Accepted 11 June 2015

Keywords:
Sickness absence
Social attachment
Social capital
Vitality
Work ability
Cohort

ABSTRACT

Aim: To investigate the relationships between return to work and social support outside work among women on long-term sick leave from human service organizations.
Background: Work is an important part of life and is, in general, considered to be supportive of health and wellbeing. Few studies have thoroughly investigated the importance of aspects of social support outside work for return to work.
Methods: A cohort of women on long-term sick leave was followed with questionnaires from 2005 to 2012.
Results: The availability of social attachment increased the women's work ability, return to work, and vitality significantly more over time. There were positive relationships between return to work and seeking support in terms of emotional support and comfort and expressing unpleasant feelings.
Conclusions: Important resources to increase return to work can be found in factors outside work, such as close social relationships and support seeking. Thus, it is important to take the woman's whole life situation into account and not focus solely on aspects related to the workplace.

1. Background

Work is an important part of life and is, in general, considered to be supportive of health and wellbeing (Waddell & Burton, 2006). However, absence of work in terms of sick leave is increasing. Long-term sick leave is a major challenge that brings suffering to individuals and their families as well as to society. Besides working conditions, health status, and motivation, a recent review also identified home-related conditions as important determinants for duration of sick leave (Beemsterboer, Stewart, Groothoff, & Nijhuis, 2009). However, few studies have thoroughly investigated the importance of aspects of social support outside work. This study contributes knowledge about the return-to-work process by focusing on aspects of individuals' life situation outside work and in particular on how the degree and kind of supportive conditions contribute to the return-to-work process.

There is an international trend of higher prevalence of long-term sick leave among women compared to men (Arreyes, Arvidsson, Bengtsson, Jönsson, & Sjögren Lindquist, 2014). This have partly been explained by a segregated labor market with different working conditions (Bekker, Rutte, & van Rijswijk, 2009), and by women's overall higher load due to larger responsibility for domestic work (Larsson, Normark, Weigelt, Åhlgren, & Åkerström, 2014). Further, the most common causes of women's sick leave are mental health disorders and musculoskeletal diseases (Dellve, Karlberg, Allebeck, Herloff, & Hagberg, 2006; Larsson, Normark, Oldertz, & Tezic, 2011). Qualitative studies describe women's lived experience of being on long-term sick leave as the loss of independence and a constant questioning from authorities and society (Lannerstrom, Wallman, & Holmstrom, 2013). Individuals' personal resources for coping with and handling the process have been described as crucial for their return to work (Ahlstrom, 2014). The process of returning to work is described as a challenging personal transition that benefits from a supportive environment (Jansson & Bjorklund, 2007). However, today's society requires the individual to take more and more responsibility for their return-to-work process, and there is reason to believe that more vulnerable individuals need increased support from both within and outside the workplace (Ahlstrom, 2014; Ahlstrom, Hagberg, & Dellve, 2013a).

Research indicates that social relationships at work (Tjulin, Maceachen, & Ekberg, 2010) and at home are important factors in the process of returning to work (Jansson & Bjorklund, 2007). Although few studies have been conducted, there is reason to believe that emotional support is one important aspect (Stenlund, Nordin, & Jarvholm, 2012). In general, emotional support in terms of social attachment and close relations contributes to comfort and has the potential to increase wellbeing among people with different illnesses (Bergsten, Petersson, & Arvidsson, 2005; Henricson, Segesten, Berglund, & Maatta, 2009; Lamas, Graneheim, & Jacobsson, 2012) and to reduce stress and negative emotions such as aggression, pain, and anxiety (Billhult & Maatta, 2009; Falkensteiner, Mantovan, Muller, & Them, 2011; Lindgren,

* Corresponding author at: University of Borås, 501 90 Borås, Sweden.
E-mail address: lotta.englund@hb.se (A.-C.D. Englund).

http://dx.doi.org/10.1016/j.apnr.2015.06.007
0897-1897/

Jacobsson, & Lamas, 2014; Suzuki et al., 2010). Thus, it is reasonable to believe that emotional support and closeness should also be important for return to work.

Taking a broader perspective on social support, an individual's access to social ties, social interaction, and trusting relationships can be conceptualized as the social capital in a social environmental context (Putnam, 1995). Social capital can be seen as an "umbrella concept" with key factors including social support, trust, recognition, and reciprocity (Adler & Kwon, 2002; Bourdieu, 1985; Coleman, 1988; Putnam, 1995), and social capital seems also to be an important aspect of relationships (Robinson, Lockett, Gordon, & Jack, 2010). Hanifan described social capital as "goodwill, fellowship, mutual sympathy, and social intercourse among a group of individuals who make up a social unit" (Hanifan, 1916). Social capital has also been conceptualized in relation to closer relationships, and defined as the extent of interpersonal trust, reciprocity (Coleman, 1993), and support (Putnam, 1995). However, social support mainly provided by a partner may not be of the highest importance for perceived social capital today (Kaasa & Parts, 2008). This is also indicated in one cohort study that found no associations between partner relationship quality and return to work, either as a resource or as an obstacle (Ahlstrom, Hagberg, & Dellve, 2013b; Dellve & Ahlborg, 2012). An individual's social capital is an important condition for maintaining and regaining health and wellbeing (Kawachi & Kennedy, 1997; Martensson & Hensing, 2012; Nahapiet & Ghoshal, 1998; Robert, 1993) and work ability (Kiss, De Meester, Kristensen, & Braeckman, 2014). Women on sick leave living in an area characterized by low social capital could reasonably experience lower prospects of return to work than those living in a context with strong social capital (Lindstrom, Merlo, & Ostergren, 2002). There is a lack of knowledge about the importance of social capital and how and when aspects of social support outside work have importance for return to work.

2. Objectives

The aim of this study was to identify associations between return to work and social support outside work among women on long-term sick leave.

3. Methods

3.1. Design

The participants consisted of a cohort of women who were working within human service organizations and on long-term sick leave at the start of recruitment in 2005. Questionnaire data were collected at baseline and at follow-ups after 6 months, 1 year, and 6 years. The variables of interest were analyzed longitudinally.

3.2. Sample

The participants were employed by one of Sweden's three largest metropolitan cities. The inclusion criteria were being female, aged 35–65 years, and currently on long-term sick leave (at least 60 days) to a degree of at least 50%. The employer identified 633 individuals fulfilling these criteria at the start of the study. Individuals who replied and chose to participate received the baseline questionnaire (n = 324). They also received follow-up questionnaires at 6 months, 1 year, and 6 years; non-respondents were sent reminder letters. For the present study, those who were retired due to age or disability pension at the 6-year follow-up (n = 41) were excluded, thus leaving 283 participants. The inclusion rates were 68% (n = 192) at 6 months, 54% (n = 153) at 1 year, and 51% (144) at 6 years.

Only one in five participants was younger than 45 years at baseline (Table 1). About half of the participants (n = 121; 54%) had children living at home. The majority were married or living with a partner. They worked within elderly care and home care (n = 69), preschools (n = 52), schools (n = 41), social care (n = 16), care of the disabled (n = 15), administration (n = 12), and a cleaning/cooking service (n = 8). Almost half (45%) had a university degree. One third (33%) had both a musculoskeletal disorder and a mental disorder, and two thirds had reported pain in the neck (65%) and current stress (68%) respectively.

Table 1
Descriptive statistics of the study group at baseline.

Variable	Description	Percent
Age group	35–44 years	19%
	45–54 years	39%
	≥55 years	42%
Civil status	Single	26%
	Married/Partner	64%
	Living alone, in a relationship	6%
	Divorced (recently)	4%
Education	Primary school	18%
	Secondary school	37%
	University	45%
Working degree	Not working (0%),	73%
	Working part time (25/50/75%)	18%
	Working full time (100%)	8%
Neck pain	≥3 von Korff Pain Index	65%
Stress	Current stress	68%
Work ability score	Poor (0–5)	67%
category	Moderate (6–7)	26%
	Good (8–9)	6%
	Excellent (10)	1%
		Mean (standard deviation)
Work ability score	Single item	3.9 (2.8)
	Index	40.2 (21.3)

3.3. Outcome variables

Work ability score was assessed by a single item from the Work Ability Index (WAI), responded to on a scale of 0 to 10: "How is your current work ability, compared to your lifetime best work ability?" The single-item score has been validated and found to be sensitive for prospective analyses (Ahlstrom, Grimby-Ekman, Hagberg, & Dellve, 2010; Roelen et al., 2014).

Working degree was measured by items on current status (degree and type) and date of changed status. Current status was reported as 0% to 100%; that is, from total leave from work through partial return to complete return to work. Date of changed status was the date of change from full-time to part-time working or from part-time to full-time working.

Vitality was measured using an index of four items from the Copenhagen Psychosocial Questionnaire (COPSOC): "Did you feel full of pep?", "Did you have a lot of energy?", "Did you feel worn out?", and "Did you feel tired?" (Kristensen, Hannerz, Hogh, & Borg, 2005). Each item on this scale is responded to in relation to the situation over the past 4 weeks, using five graded responses which are then recalculated to 0–100 points.

3.4. Independent variables

Seeking support was measured using five items from the Brief COPE index (Carver, 1997): "I've been getting emotional support from others", "I've been saying things to let my unpleasant feelings escape", "I've been getting help and advice from other people", "I've been getting comfort and understanding from someone", and "I've been trying to get advice or help from other people about what to do". These were analyzed as single items to get a deeper knowledge about the situation. Items are responded to using four graded responses, which were split into "often" and "never/rarely" when the data were dichotomized.