Editorial: The role of social dialogue in return to work after chronic conditions

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Introduction

Chronic health conditions, or those that '…last a year or more and require ongoing medical attention and/or limit activities of living' (Anderson and Hovarth, 2004, p. 263), affect a growing number of people worldwide. More than one-third of people aged 16 and over reported living with a longstanding illness or health problem on average across 26 OECD countries in 2019 (OECD, 2023). In the US, an estimated 129 million have at least one major chronic illness as defined by the US Department of Health and Human Services (Benavidez et al., 2024). This increasing number of people living with chronic conditions represents a public health issue of growing importance. The challenges posed by chronic health conditions are well documented with regard to healthcare specifically (Roncarolo et al., 2017). However, the importance of supporting people living with chronic conditions is also critical to our economic systems and society more broadly. Chronic illnesses are shown to have significant societal costs as they depress wages, workforce participation, and labour productivity, as well as increase early retirement and high job turnover. At the organisation-level much attention has focused on employee health costs which include the direct cost of any health plan, costs due to employee absenteeism, and costs due to reduced productivity among employees not working at full capacity (McGonagle et al., 2024). For individuals, working with a chronic illness may lead to poor quality of working life, high levels of absenteeism and/or presenteeism (McGonagle et al., 2020). Much of the current focus around research and practice in this area is focused on preventing chronic disease and supporting employees with chronic illness and disabilities to enter the labour market (Nazarov et al., 2019; Bosma et al., 2021). However, a key concern is also how employees who develop a chronic illness while already in the workplace are supported in their return to work (RTW).

Many countries ratified the UN Convention on the Rights of People with Disabilities covers a broad range of areas including job retention measures and vocational rehabilitation (UN, 2006) in order to support the retention of chronically ill workers in the workplace. Central to this is the effective management of RTW for individuals with long-standing or chronic health conditions through well-designed rehabilitative RTW policies and practices (Dibben et al., 2018; Shaw et al., 2008). Returning to work after a medium- to long-term sickness absence is a complex process, however. How to deal with this phenomenon, given employees are working longer and surviving illness due to improvements in healthcare, is a pressing issue for those involved in all aspects of people management and employment relations. The ability to successfully return to work depends, not only on the health condition of the employee but also, more importantly on a person's physical, social, attitudinal, and political environment (Foitzek et al., 2018). Therefore, there is a need for a better understanding of how these factors either impede or facilitate a sustainable RTW for workers with and after chronic illness by engaging with a range of actors within and outside the workplace. This complexity was the primary motivation for proposing this Special Issue.

Return to work supports for workers with chronic health conditions.

Return to work refers to measures and programmes "designed to facilitate the workplace reintegration of persons concerned, who experience a reduction in work capacity as a result of either occupational or non-occupational diseases or injuries (International Social Security Association, 2023, p. 2). Return to work rates vary significantly across countries, depending on factors including the type of chronic illness, legislation, and resources and supports that are available. For example, post-stroke RTW rates range from 19-73 percent (Treger et al., 2007), while for cancer patients the RTW rate in Asian countries was 57 percent and 52 percent in European countries (Tavan et al., 2019). The pooled estimate of the RTW rate for people with back pain ranged from 68 percent at month one and 93.3 percent at six months or more, as shown by a systematic review and meta-analysis (Wynne-Jones et al., 2014). Although differences in study settings and methodologies partly explain this RTW variation, it also highlights that numerous factors influence RTW. This underscores the necessity of thoroughly investigating these factors, particularly those that have been less commonly studied.

Existing studies on return to work have widely explored employees' experience of returning to work and the role of the organisation in supporting this process (Haafkens et al., 2011; Tiedtke

et al., 2017). To date, much of the focus on employee experiences regarding return to work after a chronic illness has highlighted areas such as stigma and discrimination, work ability and wellbeing, and unsupportive workplaces (Fragoso and McGonagle, 2018; McGonagle et al., 2020). More recently, several studies have emphasised the need to shift research focus towards understanding the role of employers as critical linchpins in the success of the RTW process (Amir et al. 2018, Popa et al. 2020, de Rijk et al. 2020). At the organisational level, McGonagle et al. (2024) highlight the need to shift from reactive, individual-focused efforts in supporting RTW to more systemic, organisation-focused efforts. Critical factors previously identified include work design, reasonable accommodations at work, phased return to work, a supportive work environment and line manager, formal policies, provision of access to worker representation and communication and cooperation between healthcare professionals, health insurance and employers to facilitate planning a successful return to work (James et al., 2006; Grunfeld et al., 2008, Steenstra 2017). Exploring both employee and organisational perspectives has been fruitful in understanding the RTW journey. To develop a more comprehensive understanding of the factors impacting successful RTW, we propose shifting beyond the organisational and individual focus to include contextual factors. Specifically, we introduce social dialogue and industrial relations climates as crucial elements for gaining a deeper understanding of the existing structural RTW frameworks that exist.

The focus of the special issue

This special issue seeks to explore the role of key potential actors such as HR professionals, trade unions, and employee representatives in influencing the provision of RTW and take account of broader contextual factors including legal frameworks, vocational rehabilitation and welfare systems, and industrial relations systems. Specifically, we aim to understand what social processes and systems within both organisations and national settings influence work participation and retention of workers returning to work with a chronic illness.

The role of social dialogue actors such as Governments, trade unions, employer bodies, and NGOs in the relevant legislation in return to work should be explored given the limited evidence on this topic (James et al., 2006). Social dialogue is both an objective and a working principle of the EU Commission and in the recent Nahles Report *Strengthening EU Social Dialogue* (2021), it proposed means and ways to develop labour market policies with a well-functioning labour market. The aims of social dialogue in the workplace and national labour markets can be described as wide in intention, covering a multitude of areas from collective

bargaining, career development, equality, work-life balance, innovation in workplace environments, the creation of a sustainable green economy and especially workplace health and safety and wellbeing (De Prins et al., 2020). Therefore, in contemporary workplaces, many workers returning to work with a chronic illness need to witness the benefits of social dialogue reflected in policies and practices that are made holistically. In this issue, Armaroli and Akgüç describe the impact of RTW social dialogue in Belgium and Italy, Holubová, et al. outline and contrast centralised RTW policies developed through social dialogue in Norway with a fragmented decentralised process in Slovakia, while Popa, et al. (2024) provide an overview of differing national industrial relations systems and the constraints and limitations on the wide range, or non-existence, of RTW policies and regulations that exist in European workplaces. The papers in this issue, based on detailed empirical research, highlight the need to create systematic RTW ecosystems. These ecosystems should replace the often fragmented and ad hoc supports currently in place in many countries and organisations. Developed through social dialogue mechanisms involving all partners, these ecosystems can offer solutions and pathways to address the real challenges that employers and workers face when dealing with critical illnesses during their working lives.

Overview of Special Issue Papers

Based on the aforementioned research questions, the primary goal of this special issue is to advance scholarship in the area of return to work after or with chronic illness and add to our understanding of how social dialogue in particular shapes return-to-work policies and frameworks. The intention is to both rejuvenate and integrate cross-disciplinary fields of employment relations, disability and rehabilitation, and public health by embracing a wider focus on return to work. The papers in this issue explore the various social dialogue arrangements at national, cross-national and workplace level, be they formal or informal, and explore the variety of processes that exist and their impact on different ER systems, traditions, and structural endowments on how they shape policy.

Without any intention on our part, the papers published here can be split evenly into two broad areas. The first set of papers are concerned with comparative studies of how different systems of workers' representation and industrial relations facilitate RTW across a number of EU countries. The second set of papers focuses on organisational-level practices, specifically the role of HR practices as a critical enabler in supporting chronically ill workers back to work.

The first paper “Bridging return to work after diagnosis of chronic disease with social dialogue: a conceptual and analytical framework” by Popa et al. makes a conceptual contribution by intersecting two strands of literature (return-to-work following health issues and industrial relations) to facilitate our understanding of how social dialogue can support RTW. Drawing on the theory of actor-centred institutionalism, the paper puts forward a framework to study complex interactions between various actors that may engage in the RTW process. The framework proposes a continuum of RTW facilitation outcomes, ranging from poor facilitation (involving limited actors) to good facilitation (involving a variety of actors including unions, employer bodies, medical staff and NGOs). The interactions between these actors are shaped by the existing RTW policy frameworks and industrial relations systems. The situation regarding RTW facilitation is explored in six EU countries to highlight these differing industrial relations systems: Belgium, Estonia, Ireland, Italy, Romania, and Slovakia.

Armaroli and Akgüç’s paper “The role of social partners in facilitating return to work: a comparative analysis for Belgium and Italy” employs the framework of actor-centred institutionalism in their comparative case study of Belgium and Italy. These two countries are characterised by well-developed industrial relations systems but differing institutional and policy frameworks on RTW. The paper explores how social partners at national, local and company level interact with each other to develop RTW policies and procedures. It also examines the impact of each country's legal and policy framework on RTW. They find that institutional factors significantly affect the type and degree of social partners’ commitment and contribution to RTW. In particular, RTW approaches differ between Belgian and Italian social partners due to different degrees of institutional integration in public policy making.

Holubová et al. investigate the integration of people with disabilities in the workplace. Titled “Institutional constraints to social dialogue in work integration of persons with disabilities: Slovakia and Norway compared”, this paper adopts a social ecosystem perspective to explore the role of social partners in the work integration of people with disabilities within a larger ecosystem of actors and processes. The paper explores this in the context of two countries with differing industrial relations systems: social democratic (Norway) and embedded neoliberal (Slovakia). The paper concludes that the overall ecosystem of actors, policies, and norms in the two countries enables (Norway) and constrains (Slovakia) the role of social partners in the successful work integration of persons with disabilities.

The final two papers focus on supporting workers with chronic illness at the company level – with a specific focus on HR as a key actor and HR practices. "Engaging chronically ill employees at work: The relationship between bundles of HR practices, perceived illness discrimination and work engagement" by Innocenti et al. aims to examine the role that four distinct bundles (developmental, utilisation, maintenance and accommodative) of HRM practices play in enhancing work engagement among chronically ill employees. Drawing on a sample of 669 chronically ill employees in Italy, the paper finds both the utilisation and developmental HR bundles had a positive influence on work engagement. They also find that perceived discrimination on the grounds of illness may hinder the otherwise positive effects of HRM practices on the engagement of workers suffering from chronic illness.

Finally, Islam et al.'s paper "Coming to work with an illness: the role of high-involvement work systems and individual competence on presenteeism" examines the relationship between High Involvement Work Systems (HIWS) and two dimensions of presenteeism by identifying competence as a mediator using the job demands-resources model (JD-R model). Presenteeism is defined as continuing to work despite health concerns. Using the JD-R model in a study of 343 Bangladeshi bank employees, they found that a conducive psychosocial work environment fostering increased autonomy and decision-making control can assist employees in dealing with the consequences of health difficulties and performance demands, facilitating improved work adaptation.

Conclusion

The major aim of this special issue was to advance scholarship in the area of return to work with a chronic illness and add to our understanding of the ways in which social dialogue in particular shapes return to work policies and frameworks. The intention here is to both rejuvenate and integrate the fields of employment relations, human resource management, disability and rehabilitation and public health research by embracing a wider focus on return to work. There is still much to explore on improving the lives of workers as the indications are that workers will be spending longer doing paid work than their predecessors experiencing employment regimes that are constantly changing under the impacts of technologies, competition, and innovations. As a result, we envisage that the topics under consideration in this special issue will become even more prominent in the future. We suggest that future research could attempt to further theorise how and why interactions work contextually in different countries that will facilitate both the investigation of comparative and contrasting

social dialogue frameworks, legislation, RTW policies and structures that may offer best practice examples. Overall, however, ensuring that the lived experiences of people at work are characterised by dignity and respect, while also developing HR systems capable of handling atypical health conditions, is a significant challenge for policymakers and researchers across various disciplines.

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