How shall I explain this to my boss? Experimental study on return-to-work consultation variants in mental health problem

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Abstract
The aim of this study is to find out whether occupational reintegration consultations (§ 84 SGB IX in German Social Law) lead to better outcome or not when the returning employee receives support by a medical expert. The outcome is operationalized as perceived social distance of team members towards the returning employee. 200 employed persons were randomly assigned to one of four vignette conditions. The vignette presented a return to work consultation in which the study participant should take the role of a team member. In the first condition, a returning employee with a mental health problem performed an understandable explanation of her problem herself, without assistance. In the three other conditions, either an occupational physician, or social worker, or psychotherapist is present and gave the explanation. The study participants were asked to give ratings of their perceived social distance towards the returning employee, first before and then after the reintegration consultation. Social distance decreased pre-post reintegration consultation in all four conditions. There was no stronger decrease in conditions with expert-assistance.
In clinical and occupational practice however, the decision whether a person needs expert´s support during the reintegration process must be an individual decision. It must be based on the capacities of the patient/employee and the concrete occupational conditions. Furthermore, a reintegration process should be done together with the occupational physician and the primary physician who certified sick leave.

Keywords
Workplace, mental health, mental disorders, return to work, occupational reintegration

„Wie sag ich's meinem Chef?" – Eine experimentelle Untersuchung zur Akzeptanz von Menschen mit psychischer Erkrankung bei Wiedereingliederung am Arbeitsplatz

Kurzfassung
Im Rahmen einer experimentellen Vignettenstudie wurde untersucht, ob betriebliche Wiedereingliederungsgespräche für Menschen mit psychischer Erkrankung besser mit oder ohne Unterstützung durch Experten – Betriebsarzt, Psychotherapeut oder Sozialarbeiter – stattfinden. Die Studie wurde mit einem Online-Fragebogen durchgeführt. 200 teilnehmende berufstätige Personen wurden nach dem Zufallsprinzip einer von vier Vignetten-Bedingungen zugeteilt. Alle Vignetten beschrieben ein Rückkehrgespräch einer psychisch kranken Kollegin. Sie unterschieden sich darin, ob einer der drei Experten zusätzlich anwesend war und anstelle der Kollegin deren Gesundheitsproblem erklärte oder nicht.
In allen vier Bedingungen nahm die soziale Distanz der Beurteiler gegenüber der wiedereinzugliedernden Kollegin im Verlauf (vor dem Gespräch und nach dem Gespräch) ab. Es fanden sich keine statistisch bedeutsamen Unterschiede zwischen den Bedingungen ohne oder mit anwesenden Experten. Auch persönliche Merkmale der Beurteilenden (Eigeninitiative und eigene Betroffenheit von psychischen Beschwerden) erwiesen sich nicht als statistisch bedeutsam. In dieser hier durchgeführten Studie zeigte sich, dass bei grundsätzlich adäquater Problem- und Lösungsbeschreibung ein anwesender Experte im Wiedereingliederungsgespräch keinen Mehrwert bringt im Hinblick auf eine Akzeptanzerhöhung bei den Kollegen. In der Praxis ist jedoch immer im Einzelfall zu entscheiden, ob und welche Experten-Unterstützung für den wiedereinzugliedernden Mitarbeiter überflüssig, hilfreich oder erforderlich ist. Aus sach-

lichen Gründen sollte Betriebliches Eingliederungsmanagement (BEM, § 84 SGB IX) auch in Abstimmung mit dem arbeitsunfähigkeitsattestierenden ambulanten Arzt erfolgen.

Schlüsselwörter
Betriebliches Eingliederungsmanagement (BEM), psychische Erkrankung, Akzeptanz, Distanz

1. Mental disorders and vocational reintegration

Mental disorders are frequent: they can be found in about 30% of the general population. They are often associated with problems in the workplace (Baer, 2013; Kessler et al., 1995; Mendel, Hamann & Kissling, 2010; Sanderson & Andrews, 2006; Vaez et al., 2007; Wittchen et al., 2011). Dealing with mental health problems of employees is a key aspect in present and future personnel psychology. Especially under changing working conditions, exclusion of personnel with mental health problems may increase in form of sickness absence and early retirement. More than 40% of incident early retirements in Germany are due to mental disorders (DRV, 2016). There is often low tolerance for personnel with mental disorders, as they are thought to be less productive or less competent and cannot fulfill nowadays work requirements (OECD, 2012).
In case a coworker is on sick leave for a longer time, the company might initiate the reintegration process. Thereby reintegration consultation (Ramm et al., 2012) is an often used instrument: Supervisor or also team colleagues, and the employee with a handicap come together. Together, they elaborate what the health problem and especially the work performance problem is, and how it can be solved for the employee with handicap may return to work. Solutions may be a temporary reduction of work amount, adjustment of work surrounding, or work tasks, or counselling at work (Rothermund et al., 2016). However, there is little knowledge on the effectiveness of workplace interventions (van Vilsteren et al., 2015).
A positive outcome in a reintegration consultation, i.e. the willingness of the employer and team colleagues to support reintegration, depends on the reaction of the supervisor and the team colleagues towards the handicapped employee. Although the supervisor is formally responsible for the reintegration process (e.g. SGB IX § 84 in German law), especially the reaction of the team colleagues is important, because in fact it is them who work together with the handicapped employee on a daily basis. Thus, successful reintegration requires that the team colleagues support the reintegration and are willing to come in contact with the handicapped employee. This can be best observed and explored in terms of social distance. An open empirical question is which factors lead to lower social distance in the team colleagues and thus might support reintegration of an employee with mental health problems.
From a previous reintegration scenario study we have learned that a proactive performance of the person with a handicap herself is of importance (Muschalla, Fay & Seemann, 2016). Beside proactive behavior of the reintegrated person, also the chosen channel of communication may be relevant, i.e. *who* communicates the mental health handicap. Physicians and other therapists might be helpful in explaining the mental health problem and the solution to the supervisor (Baer, 2015). The communication of the handicap and the suggestion for solution might be more fruitful when an accepted expert is giving this explanation as compared to the handicapped person herself (Baer, 2015).
The present study examines within an experimental design whether a reintegration consultation with or without assistance of a therapeutic expert leads to better acceptance for the health problem in team colleagues. Acceptance is thereby expressed in terms of low social distance.

1.1 Social distance

Social distance is a concept often used in stigma research. Social distance is based on a sociologist approach within which social distance has been operationalized first (Bogardus, 1933). Social distance expresses how near a person feels to another emotionally and mentally or in behavior. It thus reflects an interpersonal distance in contrast to spatial distance. Social distance is operationalised with allday situations as anchors, e.g. whether one would have a person as a neighbour or colleague (Holzkamp, 1962). Social distance has been used in different fields, also in research on attitudes towards persons with mental disorders (Angermeyer & Matschinger, 1997; Muschalla et al., 2016).

1.2 Persuasion by experts

Due to their credibility, experts have a high persuasive effect (Hovland, Janis & Kelley, 1953; Kelman, 1961). Especially medical professions, i.e. physicians and also psychotherapists, are highly valued in the general population (Piel, 2008; Sydow, 2007). Also social workers (Röckelein, Lukasczik & Neuderth, 2011), who work together with physicians and psychotherapists in multidisciplinary teams in vocational rehabilitation, are seen as persons who do an important job (Nodes, 1999). However, they are not so much valued as they are thought to work with marginal groups (Seithe, 2012).

1.3 Personal factors

Beside the aspect of expertise in the situation of handicap-explanation, also personal factors of the supervisors or colleagues may influence the acceptance of the handicapped person. In this context identified as specifically relevant are the self-perceived level of personal initiative, as well as the familiarity with mental health problems: In case a person with mental health problem does actively explain his/her problem to the colleagues, s/he demonstrates personal initiative (Frese & Fay, 2001). This is often seen as a positive work behavior. According to similarity theory (Montoya, Horton & Kirchner, 2008), colleagues who see themselves as highly initiative might feel more attracted when the handicapped person explains her situation by herself without support of a therapeutic expert. A similar aspect is the familiarity with mental health problems: Empirical research shows that persons who have colleagues with mental health problems rather support employment of persons with mental disorders (Peters & Brown, 2009). Angermeyer and Matschinger (1997) conducted representative general population surveys in which they presented a case vignette of a mentally ill person and asked for the evaluating persons social distance perception towards that fictive person. They found that the degree of social distance was lowest in case the evaluating persons had a mental health problem themselves: 23 (or 30) % of those who had never been confronted with mental illness refused having a person with depression (or schizophrenia) as a coworker, while only 11 (or 17) % of those who were affected from a mental disorder themselves did so.

1.4 Question of research

Beyond what is known in general on the social distance towards persons with mental illness, this present experimental study is directed to a concrete situation at work, i.e. reintegration consultation. The study aims to find out whether

1) assistance by different therapeutic experts, and
2) personal factors of the colleagues

have an influence on change of social distance towards a colleague with mental health problems in a situation before and after a return to work consultation.

From the existing literature we know that persons with mental health problems have problems at work, and colleagues show social distance towards them (e.g. Muschalla et al., 2016). The aim of reintegration consultation is to overcome this social distance. From the literature we know on the one hand that medical *experts are valued* and may be persuasive (Piel, 2008; Sydow, 2007; Röckelein, Lukasczik & Neuderth, 2011). Thus their presence in a reintegration consultation may animate team colleagues decrease their social distance towards the handicapped employee. On the other hand, we also know that *initiative behavior* of a handicapped employee herself is fruitful and associated with lower social distance of colleagues (Muschalla et al., 2016). Thus both perspectives might be fruitful: an expert may be persuasive, but also the handicapped person explaining her problems by herself may be valued by the colleagues. It is an open question which variant will be better for the outcome of social distance. Thus, in our reintegration scenario in which either medical experts (physician, social worker, psychotherapist) or the handicapped employee herself explain the health problems, we will not give a directed hypothesis at this early stage of research, but formulate an open question of research:

Question of research: The question is whether reintegration consultations *with* expert support (by either a physician or psychotherapist or social worker) lead to a stronger decrease of colleagues´ social distance from pre to post reintegration consultation, in comparison to a consultation with no support.

Furthermore, since a direct comparison of physicians, or psychotherapists or social workers role in reintegration consultations has not been done before, we will not state a directed hypothesis which of the professions will lead to the best result (strongest decrease

in colleagues´ social distance). Similarly, the question whether personal initiative may have a moderating effect is a very special in this concrete setting and therefore we regard this as an open exploratory question.
With integrating both the personal factors (evaluating colleagues´ personal initiative, experiences with mental health problems) and the setting (experimental vignette manipulation: reintegration consultation with or without support by a medical or health expert), this study goes beyond earlier studies which focused on single aspects (e.g. explanative value of own experiences with mental health problem, Angermeyer & Matschinger, 1997).

2. Method

2.1 Setting and procedure

The study has been done with an online questionnaire which was distributed in online forums which target the topic work and reach different professional fields. Data were collected from October 2015 to May 2016. Requirement for participation was being presently employed. The study was done in accordance with APA ethical standards.
Participants were asked for socio-demographics, their own perceived personal initiative and experiences with mental health problems (being affected themselves or knowing a person who is affected).
Then a description of a fictive work situation with a team member with a mental health handicap is given and respective problematic work behavior of this colleague is described (vignette part 1). Participants are then asked for their social distance perception towards the described team member. In a next step (vignette part 2) the reintegration consultation is described in four randomly assigned variants, with either assistance of the company physician, a psychotherapist, a social worker, or without any expert as assistance person. Then participants are again asked for their perception of social distance towards the handicapped team member.

2.2 Participants

Two hundred ninety eight persons participated. 200 of them completed the questionnaire with full data. The average age was 38.95 years (*SD* = 10.56, range 16-66); 116 (58%) were women and 84 (42%) were men. 52% of the participants had a team work job, 35% had a leading position. Most of the participants (87.5%) had any experience with mental health problems (in themselves or near-standing other persons), 41% have had a mental health problem themselves at any point in their life, which is near the life time prevalence in general population epidemiology (Kessler et al., 1994). Participants´ characteristics were equally distributed over the four randomized vignette conditions.

2.3 Instruments

2.3.1 Social distance

Social distance is assessed with the social distance scale which has already been used in another study (Muschalla, Fay & Seemann, 2016). Items of the scale cover work-related social distance (example: „I would rather ask someone else for advice than Mrs. K", general distance "Mrs. K. is unlikeable to me."), or concerning the reintegration process ("In case I had a say in personal decisions, I would suggest taking Mrs. K. out of the team"). Each item is rated on a visual analogue scale from *1 = do not agree at all* to *10 = completely agree*. Items build upon well established psychological concepts (e.g. Baumann, 2007; Ensher, Grant-Vallone, & Marelich, 2002) and showed good internal consistency (Cronbachs α = .92, in this present study .92 / .94).

2.3.2 Person characteristics

Self-perceived *personal initiative* was measured with the self-rating questionnaire for personal initiative (Frese, Fay, Hilburger, Leng & Tag, 1997). Seven items describe behavior of initiative ("I actively attack problems", "Whenever something goes wrong, I search for a solution immediately", Usually I do more than I am asked to do"). Internal consistency was good (Cronbachs α = .84, in this present study .81), as well as construct validity (e.g. need for achievement r = .58 and problem-focused coping (r = .35).
Additionally, participants were asked whether they (had) suffered by themselves presently (or earlier in their life) from a *mental health problem*.

2.3.3 Vignettes

In the vignette part 1, a work situation with a colleague with mental health problems and problematic work performance is described as follows: Mrs. K´s behaviour and mood at work was instable. Mrs. K had made different (and divergent) arrangements with different colleagues, which lead to irritations and con-

flicts in the team. In spite of her interpersonal performance problems, her objective achievement outcome as such was very good. Mrs. K. was presently off from work for a rehabilitation program. There is rumor this might be because of mental health problems. Vignette part 2 describes the return to work consultation with Mrs. K, a colleague and supervisor. Here the manipulation has been done as follows: each participant randomly received one of four versions of this vignette: in the first condition, Mrs. K herself explains her mental health problem. She reports that she suffers from a an affect regulation disorder. She wants that her colleagues know what the problem is and asks for understanding that possible behavioral irritation may sometimes occur and that the colleagues should not take this personal. They should give Mrs. K feedback in case of inappropriate behavior. She says that she has installed memos with behavior instructions at her workplace.
The other three variants of the vignette part 2 have the same content and the same text of explanation, but in each case a different expert is present in the reintegration consultations and instead of Mrs. K. gives the explanation of her problem and the solution.

2.3.4 Statistical analysis

Effects were tested with a multivariate analysis of (co)variance (MANCOVA, SPSS version 23) with repeated measure. In order to explore other potentially influencing factors, personal initiative and personal experience with mental health problems were included as covariates.

3. Results

In all four conditions, the social distance before the reintegration consultation was higher and became lower after the explanation of the mental health problem and solution ideas. However, there was no difference between the four performance variants who explained the mental health handicap: Mrs. K herself, the company physician, the psychotherapist, or the social worker (Table 1).
There were no significant influences of the two covariates, i.e. the perceived own initiative behavior of the evaluating person, and his/her own experience with mental health problems.

Table 1

Comparison of degree of perceived social distance over the course (t1, t2) and under different conditions of expert assistance (company physician, psychotherapist, social worker, alone). Means (standard deviations) are reported (N = 200). Analysis of variance with repeated measurement, test of significances for main and interaction effects (MANCOVA).

		Social distance t1[1] (α = .924)		Social distance t2[1] (α = .938)	
Conditions	*n*	*M*	*SD*	*M*	*SD*
Assistance by company physician	50	4.29	2.27	3.33	2.18
Assistance by psychotherapist	49	4.16	1.69	3.39	1.70
Assistance by social worker	50	4.61	2.16	3.74	1.97
No assistance by any medical expert	51	3.93	1.97	3.17	1.86

MANCOVA effects	value	*F*(1, 192)	*p*
Repeated measurement	.024	4.69	.031
Repeated measurement * Gender[3]	.012	2.34	.128
Repeated measurement * Age	.017	3.35	.069
Repeated measurement * Personal experience of mental health problems[4]	.010	1.95	.164
Repeated measurement * Personal initiative[2]	.008	1.59	.209
		F(3,192)	
Repeated measurement * Condition	.003	0.18	.910

Note: [1] = Mean from eight items which constitute the social distance scale. Items were rated from *1 = I do not agree at all* to *10 = I fully agree.* [2] = Personal initiative items were rated from *1 = not at all* to *5 = extremely* [3] = Gender: *1 = female, 2 = male.* [4] = Own experience of mental health problem: *1 = yes or 2 = no.*

4. Discussion

According to the results, the presence and support of a medical expert in a reintgration consultation does not lead to a higher increase of social acceptance in the evaluating team colleagues than a well-performed self-explanation by the handicapped person.
However, in practice it must be decided from case to case whether support is necessary: Is a person with a mental health handicap able to give a well-performed self-explanation, or would s/he profit from support by a medical expert? Thereby the advice to consider the expert as potential helpful mean should be kept in mind as an option (Baer, 2015).
There were no differences between the developement of social distance in dependence of the type of expert. Therefore it seems that the profession of the supportive expert (physician or psychologist or social worker) does not play a dominant role. Although the professions as such might be valued differently in general (Sydow, 2007), it may be that in a concrete reintegration consultation rather the (well-performed) explanation as such might be the key to success.
The self-perceived personal initiative of the evaluating persons did not show a moderating effect. This adds to the – until now rather unclear – effects of initiative behavior: Initiative behavior may be valued as positive (Thompson, 2005), but under certain conditions also appear with negative effects (Giardini & Frese, 2011).
Similar, possible own mental health problems are not systematically influencing the social distance process. This fits to the divergent findings in the literature: On the one hand, according to the similarity phenomenon persons with own mental health problems show lower social distance towards other persons with mental health problems (Angermeyer & Matschinger, 1997). On the other hand, especially in the professional setting colleagues or supervisors might on the one hand react with distance in case of earlier negative experiences (Baer, 2013), but on the other hand with acceptance in cases of positive experiences and knowledge on the phenomena (Peters & Brown, 2009).

5. Limitations and outlook

Future studies might concentrate on the performance aspect of the explanation of the mental health problem. In this present study, the explanation can only be evaluated on the basis of the vignette text. Affect and other aspects of mimic and gesture (Hüttner & Linden, 2017), which may be cause of irritation when persons with mental health problems express themselves in unfavorable way, can be varied with experimental in-vivo-scenarios or situational interviews (Frese & Fay, 2001).
In this present study, we only focused on the outcome (perceived social distance). However, it is until now not clear which intrapsychical cognitive or which social processes lead to decrease of social distance towards the handicapped employee. Open questions seek for further research: Is decrease of social distance rather associated with a persuasive explanation as such (i.e. the content and plausibility of the explanation, independent from the sender)? Which other contextual factors may be of importance, such as the history of the working team, openness of the company for health issues and positive attitude towards reintegration in general?

6. Conclusion

In a scenario based experiment, expert assistance did not lead to stronger improvement in acceptance of employees with mental disorders as an outcome of reintegration consultation. Similarity, aspects of the evaluating colleagues (own personal initiative or own affectedness with mental health problems) did not show significant influence on the acceptance of the colleague with mental health problem.
In occupational practice however, it must be decided from case to case whether a person is able to well-perform his/her self-disclosure and explanation of mental health problems. In cases the handicapped person is interactionally impaired (Linden & Vilain, 2011), an expert support should be considered (Baer, 2013).

Conflict of interest statement:
There are no conflicts of interest.

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