Research on Career Reformation in Return-to-work Support

(Research Report No. 183) Summary

[Keywords]

Return-to-work support

Career development

Company

Support provider

Mental illness

Developmental disability

Higher brain dysfunction

[Abstract]

This research aimed to clarify the following three points: (1) the impact of support provided by return-to-work support providers on career development for employees who returned to work from leave due to mental illness (including secondary disability in developmental disability) or higher brain dysfunction; (2) the content of support provided by companies and return-to-work support providers; and (3) the returned employees' perceptions of the support and the changes in their career perspectives.

The results of this research show that rework programs seem to play a certain role in supporting career development of those who take a leave of absence due to mental illness. In addition, for persons with higher brain dysfunction, developing a deeper awareness of their disability during the return-to-work support process is considered important for supporting the continuation of their career in the workplace.

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2 Research period

FY 2023 to 2025

3 Composition of the research report

4 Background and purpose of the research

"The Act on Employment Promotion etc. of Persons with Disabilities," which was amended in 2022 and came into effect in April 2023, requires employers to more proactively implement appropriate employment management, including career development support, in order to improve the quality of employment. Return-to-work support for employees with mental disability who took a leave of absence is part of this and plays an important role in their career development and stable working life. However, according to the survey by the Ministry of Health, Labour and Welfare (MHLW), only 23.1% of business establishments provide support for employees returning to work (including the formulation of return-to-work support programs). Under such circumstances, support utilizing the rework program and the job design supporting program developed by the National Institute of Vocational Rehabilitation is provided at Local Vocational Centers for Persons with Disabilities (hereinafter referred to as "Local Center")

nationwide. In order to contribute to the establishment of more effective support systems, this research investigated the impact of return-to-work support on career development for employees who returned to work from leave due to mental illness (including secondary disability in developmental disability) or higher brain dysfunction. It also clarified the content of support provided by return-to-work support providers and companies, and how employees who returned to work (hereinafter referred to as "employees returning to work") perceived the support provided and how their career views changed as well.

This research defined "career" as "how individuals face and engage in work and society throughout their lives, or life career." It also used the term "career reflection" to describe a reflection of the career views of employees (their own values such as work views, satisfaction, life, and interests), who returned to work through "re-work" support (return-to-work support for persons with mental disabilities) (In cooperation with a doctor in charge and other persons concerned, support is provided including coordination for return to work, improvement of daily rhythm, preparatory work experience (called "rehabilitation work"), and development of the workplace environment to accept a disabled worker).

5 Methods

(1) Support provider survey

In order to clarify the actual status of return-to-work support provided by support providers and the impact of the support on the "career reflection" of the employees returning to work, a questionnaire survey and a hearing survey were conducted.

(2) Company survey

In order to clarify the career development support provided by companies with the employees who returned to work, using the "re-work" support (return-to-work support for persons with mental disabilities) of local centers and the return-to-work support of rehabilitation centers, a questionnaire survey and an interview survey were conducted.

(3) Interviews with employees who returned to work

An interview survey was conducted to clarify the changes in the career perspectives of employees who returned to work, the factors that influenced those changes, and their perceptions of efforts by companies and support providers.

6 Summarized results of the study

(1) Support provider survey

A. Questionnaire survey

The survey of medical institutions found that support for "self-insight" and "self-management of medical conditions" influenced "career reflection" at a high rate, suggesting that promoting self-understanding and understanding of illness leads to reevaluation of career. From the items that affected

career reflection other than support and the cases related to career reflection, it was found that "communication" in addition to "self-insight" and "self-management of medical conditions" had an impact. The local centers survey also found that "career support" and "disability-specific support" account for a large percentage as support that affected career reflection, indicating that deepening understanding of illness and self-insight affect career reflection.

The local centers survey found that "support for improving basic physical fitness" (41.7%) influenced career reflection. It does not seem to be directly related to career, but this support includes life management using a life rhythm chart. In vocational life after returning to work, it is important to stabilize the life rhythm such as sleep and eating habits, and the disruption of daily rhythm due to long overtime work, etc. may be a factor in mental disorder. Therefore, it is assumed that this support is necessary to reflect on work style thus far and career review, cited as influencing support.

B. Hearing survey

The hearing survey clarified the actual situation of support for "career reflection" through case studies on return-to-work support at medical institutes, local centers, EAP institutes, and rehabilitation institutes. In each case, support was provided according to individual disability characteristics, work experience, and sense of values, and it was considered that these support activities could promote "career reflection."

By type of disability, it was confirmed that employees with mental illness changed their traditional sense of career and values regarding working style through the support process. For employees with developmental disability, a shift in perspective regarding disclosing their disabilities and an improvement in their sense of self-affirmation through the support process changed their working styles. Since it can be difficult for employees with higher brain dysfunction to recognize their own condition due to the influence of their disability, the process where they form a sense of satisfaction with actual work through a trial return to work was emphasized.

(2) Company survey

A. Questionnaire survey (actual support for returning to work and career development by companies)

The "occupational health staff, administrative divisions, employee management departments, etc." collaborated to support employees who returned to work. Approaches to the leave of absence, in many cases, included "Provision of information on available leave periods, compensation for absence from work, and return to work (economic security such as compensation for injury and illness, and the maximum period of absence from work)," and "Recommending employees to consult an industrial physician and seek medical care." Approaches during the leave of absence included "Giving employees opportunities to have regular contact with company personnel such as supervisors, occupational health staff, and personnel during the leave period," "Encouraging employees to use external support programs such as 're-work' support (return-to-work support for persons with mental disabilities) and rework day

care program," and "Seeking the understanding and cooperation among coworkers in matters to consider after returning to work."

Among the approaches taken by companies to employees returning to work, the most effective and frequently cited ones were as follows: "Recommending employees to consult an industrial physician and seek medical care" during the period leading up to the leave of absence; and during the preparation period toward return to work, "Encouraging the employee to use external support such as 're-work' support (return-to-work support for persons with mental disabilities) and rework day care program." As for the accommodations after return to work, "Arranging regular meetings with supervisors, occupational health staff, personnel, etc." had a high implementation rate and was considered particularly effective.

Regarding the review of reasonable accommodation after return to work, more than half of the respondents chose to continue accommodations in many items within the categories of "employment management" and "working environment."

Looking at the implementation rate for each item of measures to support career development, the most common among employees returning to work was "Scheduled meetings, 1-on-1 meetings" followed by "Target management system" and "Skill development training." It also showed high implementation rates in the similar items for regular employees. On the other hand, the implementation rate was lower for employees returning to work in those items than that for regular employees.

B. Interview survey

The survey was conducted for 13 companies to understand the details of approaches and accommodation given to employees returning to work, regarding their career development from their leave of absence to return to work (Table).

(a) Career development system

All companies had various training programs and target management systems in place with a view to developing human resources. In addition, there were no institutional differences in the career development mechanisms between rank-and-file employees and returned employees, and similar training programs and target management systems were also applied to returned employees.

(b) Career development support for returned employees

Although there were differences in the procedures for taking leave of absence and returning to work, personnel, immediate supervisors, and occupational health staff cooperated to interview the employees and share their information, before and after return to work. Specifically, there were cases in which the health counseling office functioned as a "buffer" between the returned employees and personnel. Personnel qualified as career consultants listened carefully to their opinions and reflected them in their work. In addition, regular interviews and career meetings after return to work were held relatively closely in time. Companies intended to adopt "re-work" support (return-to-work support for persons with mental disabilities) for using external support providers, so that they can encourage the employees

to review their career by grasping the factors that led to leave of absence and viewing themselves objectively.

Table: List of companies surveyed

Basic Information				Example of Employees Returning to Work	Types of disabilities
Company Name	Industry Classification	Company Size	Interviewee		
Company A	Electricity/Gas/Heat Supply/Water Service	Large corporation	Public health nurse	Junior employee	Mental illness/Developmental disability characteristics
Company B	Manufacturing	Large corporation	Personnel/Nurse	Mid-level employee	Mental illness
Company C	Manufacturing	Large corporation	Personnel manager	Mid-level employee	Higher brain dysfunction
Company D	Manufacturing	Large corporation	Public health nurse	Non-managerial employee	Mental illness
Company E	Finance, Insurance	Large corporation	Dedicated Occupational Health Physician/Public Health Nurse	Mid-level employee	Mental illness
Company F	Manufacturing	Large corporation	Personnel manager	Managerial employee (non-line manager)	Meniere's disease, Mental illness
Company G	Services (not elsewhere classified)	Large corporation	Human Resources Office, Health Promotion Department	Managerial employee	Higher brain dysfunction
Company H	Construction	Large corporation	Public health nurse	Managerial employee	Mental illness
Company I	Manufacturing	Large corporation	Human Resources Department, Health Promotion Department	Junior employee	Mental illness
Company J	Manufacturing	Large corporation	Manufacturing Department Manager	Junior employee	Higher brain dysfunction
Company K	Manufacturing	Medium-sized business	General Affairs Division	Mid-level employee	Mental illness
Company L	Manufacturing	Medium-sized business	General Affairs & Accounting Dept.	Mid-level employee	Mental illness
Company M	Manufacturing	Medium-sized business	General Affairs Division Manager	Managerial employee	Mental illness

(c) Actual support for return to work (career-related)

According to the questionnaire survey, 86.1% of companies provided the returned employees with "Regular discussions with supervisors, occupational health staff, and personnel" for assisting them after return to work, which was evaluated as particularly effective. These opportunities seemed to function not only to confirm their situation but also to stabilize their symptoms and adjust the gap between their positions and responsibilities. Eleven out of 13 companies changed their places of assignment or departments, and priority was given to their transfer to departments where they could make use of their experience. The change in job responsibilities was also handled flexibly in accordance with their disability characteristics. Moreover, there were some cases of demotion. While paying attention to their wishes, reduction of their responsibilities and position adjustment were conducted, according to the employee's condition.

(d) Companies' awareness of challenges for career development support

Regarding mental illness, company managers cited "Difficulty of evaluation in the target management system," "Balance between relapse risk and career development," and "Dealing with individual differences" as challenges. In cases of employees with higher brain dysfunction, "Assessment

of aptitude" and "Gap between company expectations and current situation" were pointed out. Occupational health staff identified as challenges "Determination based on the employee's disability characteristics and career progression," "Empathize with returned employees," "Complexity of their career development support after return to work," and "Preventive measures against mental disorders."

The survey revealed that both institutional and individual aspects of career development support for employees returning to work need to be addressed. There were no institutional differences in the career development mechanisms for rank-and-file employees and returned employees, and training programs and target management systems were applied in common for them. On the other hand, support after return to work was mainly offered individually, and occupational health staff, personnel, and supervisors cooperated to provide support according to the employee's condition through interviews and work coordination. In particular, immediately after return to work, adjusting the workload and job responsibilities was focused on.

In addition, all of the companies surveyed in this study utilized "re-work" support (return-to-work support for persons with mental disabilities) before the return to work. The program included efforts to encourage the employees, especially those with mental illness, to understand themselves and reflect their careers, so that the employees can prepare for return to work. On the other hand, although the number of applicable cases was limited, there were some cases where it was difficult to reconcile the company's career development policy with the characteristics of employees with developmental disability or higher brain dysfunction, showing difficulty in evaluating their aptitude and setting their jobs.

Work coordination and interviews conducted in the context of support for return to work demonstrated a significant trend of respecting the wishes and independence of the employees. There were many efforts to listen carefully to their wishes and reflect them in support of their career development. This type of support is considered to be an important approach because stable employment after return to work serves as the starting point for career development support, as well as promoting independent career development for the future.

(3) Interviews with employees who returned to work

A. Changes in career perspective and what influenced those changes

(a) Employees who took leave due to mental illness

Among the nine employees, differences were observed between the eight employees in their 30s or older and the one employee in his 20s in terms of both the direction of changes in career perspectives and the factors influencing those changes.

Eight employees in their 30s or older described a shift in their perspectives on work and life, placing greater emphasis on health, interpersonal relationships, and communication, and prioritizing life satisfaction and emotional stability over success at work. These changes were influenced by "re-work" support (return-to-work support for persons with mental disabilities) provided by local vocational

centers for persons with disabilities. Four of the eight employees specifically mentioned aspects of the "re-work" support program that they found influential, with three referring to career-related workshops and two referring to assertiveness training. In addition, the seven employees aged in their 40s or older described certain career-related values and perspectives that had remained unchanged.

One employee in his 20s described beginning to find value in work beyond financial rewards. Influenced by a department transfer and the presence of a supportive supervisor, he shifted from feeling that work was something he had to do merely to earn a living to wanting to gain job-related knowledge and skills.

(b) Employees who took leave due to higher brain dysfunction

All three employees described a shift in their values following their illness. Influenced by their own reflections and the words of their family members, they moved from a work-centered way of life toward one that prioritized health and family over the course of their leave of absence. For one employee, exposure to the perspectives and systems of other companies through rehabilitation further influenced this change. Although work had become a lower priority in their lives, all three expressed their desire to contribute to and support their companies.

B. How returned employees perceived their company's efforts

(a) Employees who took leave due to mental illness

All nine employees had regular meetings with their companies during their leave of absence, and had the opportunity to express their wishes regarding the department in which they would return to work, job responsibilities, and accommodations in the meeting before return to work. For the eight of them, the work environment after return to work was in line with their wishes, and they had a positive view of their departments, duties, and accommodations after returning to work. According to the results of the questionnaire survey (Chapter 2) for companies, the companies of the eight employees responded that the department transfer, changes in job responsibilities, and adjustments in workload at the time of reinstatement were effective for the employees. Therefore, these adjustments to workplace accommodations that reflected the wishes of employees who had returned to work appeared to be appropriate from the companies' perspective as well.

Five of the eight employees referred to their supervisors understanding of them and the ease of communication with them, while three referred to the ease of communications with their colleagues. In addition, three described significant changes in the workplace environment between the periods before their leave of absence and after their return to work, including greater ease of communication and more efficient work practices, which were attributed to department-wide efforts such as work-style reforms.

According to the results of a questionnaire survey for companies (Chapter 2), all business establishments carried out the following accommodations: "Have regular contact opportunities during the employees' leave of absence" and "Seek understanding in the workplace." Those results showed

that the companies grasped the condition and needs of employees on leave through regular meetings before return to work through the “re-work” support (return-to-work support for persons with mental disabilities) led to the adjustment of the accommodations needed by the employees and the support from supervisors and colleagues. In some companies, the synergistic effect of organizational initiatives to improve work practices and to promote mental health influenced the positive perceptions of the employees who returned to work.

(b) Employees who took leave due to higher brain dysfunction

The two employees who had been back at work for one year described a period of anxiety and conflict regarding their job responsibilities and the attitudes of those around them following their return to work. However, at the time of the interview, both viewed their department and job responsibilities positively. Through participation in support programs during their leave of absence, they appeared to develop a deeper understanding of their disabilities and learn how to communicate their own condition to their employers. These experiences may have provided a foundation for disclosing their condition to the companies when facing anxiety or conflict. Such disclosure may have facilitated access to sources of support in the workplace after returning to work, including supervisors, occupational health professionals, and human resources personnel. In turn, organizational responses by the employer, such as department transfer and meetings with human resource personnel, may have contributed to employees' positive perceptions of their return-to-work experience.

(4) Summary

This research shows that rework programs seem to play a certain role in supporting career development of employees who take a leave of absence due to mental illness. Hearing surveys with supporters revealed that some supporters coordinated with the companies of returning employees through support providers for their return to work. This showed that the support provider’s ability to provide expert advice tailored to the disability characteristics was utilized. The companies conducted consultations before return to work, made adjustments at the time of return, and had regular interviews after return. In particular, the interviews provided an opportunity for the employees to reflect on their careers by talking about their condition and how they perceived their duties.

With regard to employees who took leave of absence due to higher brain dysfunction, from the perspective of forming a career according to their position, it is difficult to set job responsibilities in light of the impact of their disability. However, since employees who returned to work conveyed their situation to the company, which led to getting the support of those around them, it is important to deeply understand the disability in helping them continue their career in the workplace.

The significance of this research lies in summarizing the efforts made by supporters to promote career reflection and the effects, as well as the responses of companies and how employees returning to work perceived the responses. On the other hand, the number of interview participants was not sufficient, and it was not possible to examine trends such as differences by attribute or by company size and business

type. Furthermore, the survey focused on occupational health staff and officers handling reinstatement, and company-wide policies were also limited to the perspectives of those personnel. It is important to continue to collect case studies in the future by developing improved approaches to survey participants and methods.

7 Relevant research outputs

• Survey Research on the Status of Return-to-Work Support, Research Report No. 156, 2021