

Evidence Synthesis – Return to Work

Factors that would encourage health professionals to go back to work included:

- The availability of part-time posts (Sanders, Barnes, du Plessis, Muller, & Mostert, 1990) (Williams, Stotts, Jacob, Stegbauer, & et al., 2006) (Joanne C. Langan, Tadych, & Chia-Chan, 2007)
- Flexible working hours (Lancaster, 1999) (Grout, 2000) (Durand & Randhawa, 2002) (Williams et al., 2006) (Joanne C. Langan et al., 2007) (Usui & Miura, 2015)
- Shorter shifts (Williams et al., 2006)
- Job-sharing (Lancaster, 1999)
- Refresher courses (Lancaster, 1999) (Joanne C. Langan et al., 2007)
- Regular updating on recent developments (Lancaster, 1999)
- Higher wages (Anonymous, 2000) (Durand & Randhawa, 2002) (Joanne C. Langan et al., 2007)
- Lower child-care costs (Anonymous, 2000)
- Being better-educated (Anonymous, 2000)
- Having had – at the age of 14 – a female role model who worked (Anonymous, 2000)
- An employer demonstrating it values its staff (Durand & Randhawa, 2002)
- Positive relationships with managers (Joanne C. Langan et al., 2007)
- Opportunities for professional growth (Joanne C. Langan, Tadych, Kao, & Israel, 2009)
- Location (Usui & Miura, 2015)
- Sufficient work staffing (Gangl & Ziefle, 2015)
- Greater safety in the work environment (Gangl & Ziefle, 2015)
- Re-entry preparation programmes (Gangl & Ziefle, 2015)

Factors discouraging a return to work included:

- Higher income earned by a spouse or partner (Anonymous, 2000)
- Higher local unemployment rates (Anonymous, 2000)
- Child-care costs (Durand & Randhawa, 2002)
- Lack of recognition of one's work and achievements (Joanne C. Langan et al., 2007)

Problems encountered by inactive health professionals included:(Williams et al., 2006)

- Keeping up with current practice (Sanders et al., 1990)

Ways of encouraging people to come back to work and helping them when they do so include:

- Return-to-nursing roadshows (Duguid, 2000)
- Telephone help-lines
- Refresher courses
- In Germany RWE Net offers employees the opportunity to take up to three years' parental leave with the guarantee of re-employment at least in an equivalent position afterwards and the option of working part-time with the flexibility to choose the hours they wish to work (Jones, 2003)

- Tennessee State University School of Nursing ran a self-directed refresher course to help inactive nurses return to work (McLean & Anema, 2004). The course allowed inactive nurses **autonomy in scheduling their individual study and their clinical experiences** and a survey, sent to nurses who completed the course, revealed that the **flexible schedule** was the key factor in their ability to return to practice
- Formal mechanisms for keeping in touch during career breaks (Beagrie, 2004)
- Satisfactory child-care arrangements (Killien, 2005)
- Supportive relationships in the workplace (Killien, 2005) (Miles, 2010) (Parcsi & Curtin, 2013)
- A specific e-mail address for return-to-work candidates and dedicated recruiters (Shellenbarger, 2006)
- Making jobs physically easier (Dougherty, 2008)
- Training needs include: review of medicines, intravenous skills and new technologies (Joanne C. Langan et al., 2009)
- Face-to-face time (Miles, 2010)
- ‘Returnships,’ short-term, non-binding arrangements (Cohen, 2012) (Wells, 2016)
- Nottinghamshire Healthcare NHS Trust developed a programme to support nurses in returning to practice. Applicants got the opportunity to meet people from the Trust face-to-face so they could be supported with the recruitment and returning process. Potential returners were asked what they saw as the barriers they needed to overcome to make a successful transition back to nursing. They were offered the **opportunity to ease back into work via a band 3 post** and a **set of competencies** were created for staff to work through. Staff were given a training contract including supported learning experiences to help them work towards re-registration and competence while working as part of a team, with the aim of increasing their sense of team and belonging. The difference between a band 3 and a band 5 post was used to pay the candidates’ course fees. The Trust also arranged **shadowing opportunities** for candidates keen to consider community working on re-registration to help them understand the particular skills required for this area of care (“What can I expect from a return to practice nursing course?,” 2014)

Psychological factors included:

- Women playing down the achievements they accomplish when they are raising children and doing voluntary work (Davidson, 2000)
- Women having a crisis of confidence as they believe they’ve been “out of the loop,” too long (Davidson, 2000)
- Self-efficacy beliefs and self-regulatory strategies predict better adjustment to returning to work over time (Wiese & Heidemeier, 2012)
- Women who return from maternity leave later have fewer regrets (Wiese & Ritter, 2012)
- Women don’t always go back to their original careers due to negative experiences in family-inflexible occupations, skill depreciation and perceived age discrimination (Lovejoy & Stone, 2012)
- A move to more caring professions after having had children (Lovejoy & Stone, 2012)

- Women's perception of their work as rewarding is the strongest predictor of resuming employment (Wallace & Saurel-cubizolles, 2013)
- Women of higher socio-economic status or with greater resources have greater odds of returning to work
- Being in a relationship was associated with a higher likelihood of post-retirement work for men but a reduced likelihood for women (Settels & McMullin, 2017)

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