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RESEARCH ARTICLE

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How managers support capacity to work in employees experiencing common mental disorders: a focus group study

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ABSTRACT

Purpose: To explore Swedish managers' support for employees with reduced capacity to work due to common mental disorders (CMDs). Specifically, we aimed to explore (a) how managers become aware of employees experiencing CMDs, and (b) managers' strategies in supporting those employees.

Design: Managers from public and private sectors ($n = 31$) participated in 8 focus group interviews. We used inductive thematic analysis and we used storylines in presenting the analysis to synthesize and illustrate the participants' experiences.

Results: The analysis resulted in six themes, indicating that managers find out about CMDs through attentiveness to various sources of information, and they support employees' capacity to work through self-reflective, communicative, relation-oriented, accommodating, and psychosocial strategies. The storylines were as follows: The employee I know is not there, I have to trust my judgment, Playing the amateur psychologist, Keeping the employee in mind, Acting on individual needs, and Keeping the group together.

Conclusions: Managers need knowledge about how the early signs of CMDs can be expressed to be able to provide support to employees with CMDs. Changes in capacity to work can be one such indication. Managers support employees with CMDs through a variety of strategies, despite varying levels of knowledge and experience.

IMPLICATIONS FOR REHABILITATION

- To enhance managers' confidence in supporting employees with common mental disorders (CMDs), rehabilitation professionals should consider the diverse supportive strategies managers employ and address their concerns regarding their implementation.
- The findings provide rehabilitation professionals with a foundation for offering managers concrete recommendations on how to support employees with CMDs.
- The concept of cognitive ergonomics can serve as a framework for organizations to improve the work environment and for rehabilitation professionals to design interventions in return-to-work processes, ultimately enhancing employees' capacity to work.

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Introduction

Given managers' intermediary role between the individual and the organization [1], they have a unique possibility, as well as responsibility, to support employees with common mental disorders (CMDs). CMD is an umbrella term covering mild to moderate depression, anxiety disorders, and mental exhaustion, as well as subthreshold symptoms related to these conditions [2,3]. Due to their frequent interactions, managers have the opportunity to identify early changes in employees' behavior and capacity to work [4].

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Thus, managers can recognize warning signs of deteriorating mental health and capacity to work, engage in supportive behaviors, and suggest available resources to the struggling employee [5].

Providing support to employees with CMDs is not an easy task for managers. The capacity to work among these employees is affected negatively in several areas [4,6], which managers must take into account when providing support. Managers have described changes in employees' capacity to work regarding mental focus, continuity, independence, professional appearance and social interactions [4]. This reduced capacity to work can be difficult for managers to grasp [7,8], adding to their challenges, especially in light of research that has underscored the importance of adequate support to employees with CMDs to promote their work participation [9]. Studies investigating managers' strategies and supportive actions are still scarce, and previous qualitative studies have investigated managers' experiences of employees with CMDs generally [8] or limited to the emerging state of ill-health [10] or to return to work (RTW) [7,11–13]. Some studies have included more diagnostic groups than just CMDs [7], potentially masking CMD-specific aspects of managers' support.

Managers use a variety of strategies and work accommodations (WAs) when supporting employees with CMDs [11,14]. A systematic review identified strong evidence for an association between managers' WAs and employees' continued employment and RTW after work disability [15]. WAs in this review included providing the option for flexible and reduced work in remote locations as well as physical adaptations of the workspace. Qualitative findings on WAs in the RTW phase include adjustment of managers' supervisory style to be more supportive [11], showing empathic support and ensuring they understood their legal obligations and boundaries of their role as a supervisor [7]. In a longitudinal qualitative study, managers' supportive behaviors in RTW were centered around workload management, flexibility in organizing work hours and location, engaging in conversations about mental health and providing long-term support [13].

Managers' support is not limited to WAs and technical applications of changes at work; it is also closely linked to social phenomena at the workplace including interactions, communication, and relationships [1]. Research points to the importance of including the social context of coworkers in managers' strategies [16], and including and managing relationships with the employee's workgroup has been identified as one managerial strategy in cases of CMD [8]. During the covid-19 pandemic, many white-collar organizations reorganized their work practices, which made it more challenging for managers to maintain contact with employees in need of support due to CMDs [17].

Managers' support is also linked to the characteristics of individual managers. A survey study of Swedish managers found an association between carrying out WAs and individual manager characteristics; in particular, managers' feeling confident about how to support an employee and having received training on CMD issues seemed important [14]. A Swedish qualitative study showed managers' insecurities about what strategies to use when communicating with and accommodating employees with CMDs [18]. Only 25% of more than 3000 managers in a Swedish survey reported they felt confident about how to support an employee with a CMD [19]. Qualitative findings highlight the importance of managers' personal frame of reference, referring to personal experiences and attitudes around CMDs [10]. Having stigmatizing attitudes as a manager or working in an organizational context of stigmatization can be a barrier to creating a supportive and proactive work environment where adequate resources are used to support employees [14,20].

In summary, previous research shows the importance of managers' supportive actions toward employees when they have a CMD [1,7,8,11,15], but also that managers need more knowledge and guidance to be able to provide what they feel is adequate support [7,8,18,21]. Employees may remain at work despite experiencing discomfort due to mental health issues [22], therefore managers' support in promoting the employee's capacity to work is important. However, previous research has not specifically addressed managers' strategies in relation to employees' capacity to work. When handling cases of CMD, managers need to be aware of employees' altered capacity to work, because their support should help strengthen or maintain this capacity. In the design of this study, we have explored managers' strategies to support employees with CMDs in the context of their understanding of the employees' altered capacity to work [4]. To our knowledge, no previous study has investigated managers' concrete strategies for supporting employees with CMDs in the context of altered capacity to work.

Aim

The aim of this study was to explore Swedish managers' support to employees with reduced capacity to work due to CMDs. Specifically, we aimed to explore:

a. how managers become aware of CMDs among employees, and
b. managers' strategies in supporting employees experiencing CMDs and reduced capacity to work.

Methods

Study design, participants, and procedure

A qualitative focus group design was used in this study because of its interactive and explorative character [23,24]. Discussions in groups should result in a fuller discussion than separate interviews because participants query and have to explain themselves to each other [24]. The focus group setting gave the participants opportunities to share and discuss their experiences of providing support to employees with reduced capacity to work due to CMDs.

The inclusion criteria were (1) being a manager and (2) having professional experience in supporting an employee with a CMD. We recruited participants by approaching human resources departments in public and private organizations (e.g., municipalities, hospitals, universities, large companies) and employer networks. We informed them about the study and asked if they could forward the study invitation to their first-line managers. Interested managers sent an application of interest to the last author (MB), who contacted each person and checked that they fulfilled the inclusion criteria (excluded $n=8$). In total, 41 managers received information about the study and the themes to be discussed and were invited to one of eight focus group sessions. Of these, 10 managers were not available on the set date, canceled, did not show up, or withdrew, resulting in a final number of respondents of 31. Because we recruited at an organizational level, all but two focus groups were composed of managers from a single organization. Managers from small private enterprises participated in these two focus groups. Four of the sessions included five or six participants, three sessions included three participants, and one session included only two participants due to late cancellations. Four of the groups were comprised by public organizations and four by private enterprises; in total, managers from nine different organizations participated.

Before the start of each focus group session, participants signed a document ensuring their informed consent. They also filled in a form on demographic information (Table 1). They were encouraged to avoid naming individuals they were referring to or giving any information that could lead to the identification of any one employee. No incentives were offered other than reimbursement for travel expenses. The study was approved by the Regional Ethical Review Board in Gothenburg, Sweden (Dnr 165-17).

Data collection

The interview guide (Table 2) was piloted in a test focus group, which did not result in any changes. A total of 31 managers from the public and private sectors participated in eight focus groups between November 2018 and March 2019.

The interviews were moderated by the last author (MB) who has extensive experience in moderating focus groups. Another author (CS) participated as a co-moderator in three of the focus groups, and two other researchers participated in three other sessions. Co-moderators assisted in keeping the discussions lively, interactive, and focused on the study aim. In two sessions, only MB moderated because of the low number of participants. The discussions were audio-recorded and transcribed verbatim by a professional transcribing firm. Transcripts were checked for accuracy by MB.

The last interview question (Table 2) encouraged managers to identify their most important advice to other managers based on their own experiences of supporting an employee with a CMD and the focus group discussion. The data are presented in Supplementary Digital Content Table S1.

Table 1. Demographics of the study participants.

Characteristics	Number
Sex	
Women	21
Male	10
Age (years)	
Range	28–62 years
Mean	49 years
Level of education	
Upper secondary school	5
Degree from college/university[a]	23
Other post-secondary education	3
Sector	
Private	14
Public	17
Industry[b,c]	
Blue collar	7
White collar	11
Pink collar	15
Managerial position	
Senior manager	1
Middle management	7
Middle management/first-line manager	23
Years of managerial experience[d]	
<5 year	8
5–10 year	6
>10 year	16
Experience of employees with depression and/or anxiety disorders	
In the last 2 years	
None	1[e]
1–2 employees	13
3–5 employees	15
More than 5 employees	2
More than 2 years ago	
1–2 employees	7
3–5 employees	11
More than 5 employees	4
None/do not know	9

[a]Minimum 3 years.
[b]Blue collar, working with things; white collar, working with symbols; pink collar, working with people.
[c]Adds up to 33 (2 participants were categorized as working in both white collar (research) and pink collar (education) industries).
[d]Missing information $n = 1$.
[e]Had experience with employees more than 2 years ago.

Table 2. Main interview questions.

Opening questions	What are your experiences of employees with depression or anxiety?
	How do you notice an employee has this problem?
Key questions about support for employees	What strategies and skills do you use when supporting employees with CMDs and reduced capacity to work?
	In cases where you felt you were capable of supporting employees with CMDs and reduced capacity to work, what was done, why, and how?
	What specific challenges, dilemmas, and needs do you experience when you support employees with CMDs and reduced capacity to work?
	What happens in the work team when an employee's work capacity is reduced due to a CMD? How do you handle this?
	What advice would you give to a manager who just found out that one employee had a CMD?

CMD, common mental disorder.

Data analysis

An inductive thematic analysis [25] was carried out with the first author as the main analyst. All coauthors (experienced in qualitative analysis, mental health, sickness absence, and managerial research) took part in identifying content relevant to the study aim after reading the transcripts. This collaborative effort generated a broader analytical space than is achievable for a single author [26]. By using principles of thematic analysis aiming at finding patterns in data, the first author coded the selected content and sorted the data into preliminary themes that described managers' experiences related to the research questions. NVivo software version 1.6.1 (https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home) was

used in the process of coding and sorting the data. All the material was read, coding extracts that related to the study aim were identified, codes were collated into potential themes, the dataset was revisited to make sure the themes worked for the entire set, and the themes were refined and named [25]. The author group discussed the construction of the themes throughout the analytic process. The analysis was concluded when the group reached consensus that the themes were well-developed and underpinned by rich data, and further engagement served mainly to refine rather than to generate new themes.

We used storylines to synthesize and illustrate the participants' experiences; this format can be used to link together participants' experiences [27]. Each storyline included multiple narratives from different participants [cf. 28], however, not every sub-theme is represented in the storyline. The storylines served to give depth to typical experiences of each theme and do not provide a comprehensive description; the complete analyses of each theme are shown in the respective tables. In this way, we present the range of strategies used by managers. The themes represent the systematic outcome of the thematic analysis and are formulated as summaries of the concrete strategies that managers described. The storylines, in contrast, are narrative syntheses constructed to illustrate these themes in practice. Each storyline weaves together several managers' accounts to formulate a typical personal experience or thought process. In this way, the themes provide the analytical structure of the findings while the storylines bring the themes to life.

Setting

To better situate the findings, it is useful to consider the Swedish social insurance context. The Swedish Work Environment Act stipulates that employers are responsible for employees' health and safety, including the prevention of sickness absence in the workplace as well as obligations related to the return-to-work processes. Employees can initiate a sick leave for 7 days; from the 8th day of their sick leave, they need to show their employer a physician's certificate. The first 14 days of their sick leave are paid by the employer, and thereafter the social insurance agency (SIA) determines whether the employee has the right to further economic compensation from the SIA. Central to this procedure is the employees' capacity to work. The first 90 days of sick leave the capacity is assessed against the employee's regular work; after day 90 it is assessed against other work in the organization, and after day 180 against the labor market at large. The employers must prepare a return-to-work plan by day 30 if the employee is expected to be on sick leave for more than 60 days. They are also obliged to make work accommodations [29].

Findings

Six themes were identified and indicated that managers find out about CMDs through attentiveness to direct and indirect sources of information and that they support employees' capacity to work through self-reflective, communicative, relation-oriented, accommodating, and psychosocial strategies.

Overviews of the themes and detailed content are shown in Tables 3–8 and in the storylines. The first storyline and Table 3 relate to the first aim (how managers become aware of employees experiencing CMDs). Storylines 2–6 and Tables 4–8 relate to the second aim (managers' strategies in supporting employees experiencing CMDs).

Storyline 1: The employee I know is not there

This storyline is extracted from the theme How managers find out about employees' CMDs (Table 3). It is about how managers become aware that their employee has a CMD, which is characterized by experiences of a changed employee. Managers described how they noticed changes in the employee's behavior, emotional state, and appearance; the employee they were used to was not there anymore. Managers who knew their employees well could tell something was wrong just by observing body language and a less polished appearance. Repeated short-term sickness absence was also a warning sign and was often the start of a CMD. Another sign was sudden uncharacteristic behaviors, such as forgetting their stamp card, turning up late, or not carrying out work satisfactorily, without contacting the manager to

Table 3. How managers find out about employees' CMDs: the basis of storyline 1: the employee I know is not there.

Strategies used by managers	Examples of statements from focus group transcripts
From observations of the employee's changed behavior	The employee is repeatedly absent or sick-listed; the employee is going through changes in appearance; the employee avoids social contacts; the employee turns up late and forgets basic routines; the employee's work tasks do not get done or are not done satisfactorily; the employee forgets appointments; changing to working from home if this is possible; not handling stressful situations; the employee loses self-confidence; not managing deadlines
From the employee's colleagues	Colleagues are starting to react to the employee's behavior; e.g., mentally unfocused; colleagues inform the manager that the employee is reaching out to colleagues in their free time or using them as therapists; colleagues ask the managers to look into the employee's situation
From own initiatives	The manager has a gut feeling; pays attention to informal conversations at the workplace; asks the employee directly; retrieves more information in trustful conversations
From the employee's own disclosure	The employee tells the manager in a routine conversation; the employee calls the manager to inform them about the situation
Out of nowhere	The manager has seen no warning signs in the employee; the employee breaks down from one day to another; the manager could not imagine the employee would be hit that hard
From other sources	The manager receives information from a previous manager; the manager receives information from occupational health services; customers make complaints about the employee

Table 4. Strategies that managers use in their personal approach to cases of common mental disorders: the basis of storyline 2: I have to trust my judgment.

Strategies used by managers	Examples of statements from focus group transcripts
Taking a holistic approach to mental health issues	Make inquiries about the situation at home; take initiatives to support the employee outside of work; help the employee with external contacts; involve external professionals; acknowledge that work can balance a tough situation at home; take a more friendly and caring role; take responsibility for sustainability in the employee's situation; support the employee through life changes
Making a strategic plan	Set up checklists to support the employee's work performance; help the employee prioritize their work tasks; make a structured plan for bad days; make a plan for small steps back to work
Flying under the radar	Have the employee's needs in mind; use gut feelings instead of following policy; cover up one's individual solutions to authorities and organizational management
Do not shy away	Initiate conversations with the employee even though uncomfortable; act when problems are noticed; avoid sugarcoating one's concerns; address the elephant in the room
Involve others	Ask for help; discuss with colleagues; bring in organizational resources (e.g., human resources, occupational health services)
Educate oneself	Search the web for information; request information from expert functions in the organization; try to understand how policy around common mental disorders works in practice
Keep some distance	Avoid getting too personal with the employee; be clear about the boundaries for the managerial role; act more rigidly; stick to the facts

Table 5. Strategies for balancing between different supporting roles: the basis of storyline 3: Playing the amateur psychologist.

Strategies used by managers	Examples of statements from focus group transcripts
Avoiding acting as an amateur psychologist	Gain the employees' trust without crossing the line of a therapeutic relationship; do not dig too deeply into the employee's troubles; act to the best of one's knowledge; find the right level of conversation
Balancing between demands and compassion	Express empathy at the same time as expressing the need to get the work done; make demands without increasing the employee's anxiety; find a balance between supporting and pushing the employee
Being a friend and manager at the same time	Listen when employees need to talk about private troubles; act like a parent occasionally; make it clear when switching between the roles of manager and friend; be aware of the fine line between the roles
Trying to understand what the employee is going through	Tease out information about the situation; identify the employees' needs; establish a relationship with the employee

explain. When managers realized there was a pattern in these behaviors, they took action to understand why.

> I asked her myself when it started with her not clocking in and so on, so I asked her directly if she understood that it's not okay, that we need to keep track of our times and so on. Tell me, what's the problem, I said, I'm here to listen. (3 years of managerial experience) (FG6; private enterprise)

Noticing that the employee was involved in repeated conflicts was another sign, as was a sudden need for validation in the most obvious work tasks that were usually carried out routinely. On the other hand,

Table 6. Strategies for building trust and connection with employees with common mental disorders: the basis of storyline 4: Keeping the employee in mind.

Strategies used by managers	Examples of statements from focus group transcripts
Keeping in touch regularly	Call to check on the employee while absent; send flowers; have recurring conversations when the employee is at work; have short and recurring check-ins; text symbols of support
Communicating a sense of safety	Create a comfort zone where the employee feels comfortable; be personal; signal that it is okay to leave the problem to the manager; communicate availability; reassure the employee that they will keep their job
Highlighting the positive	Point out the employee's improvements at work; confirm that the work done lives up to the manager's expectations; make the employee feel seen
Adjusting when and where to communicate	Seize the moment when the employee wants to talk; have individual conversations with the employee; do not communicate if the employee is upset; try to communicate spontaneously; meet at places outside of the workplace; avoid initiating a discussion before days off work (e.g., on a Friday)
Being clear and direct	Call the employee to talk informally about their state of mind; be open and transparent about the manager's intention; play with open cards; text the notes about agreements so that the employee remembers

Table 7. Strategies used by managers to support and accommodate work: the basis of storyline 5: Acting on individual needs.

Strategies used by managers	Examples of statements from focus group transcripts
Recognize the employee's individual needs	Adjust to the employee's life situation; the phase of the illness; how much to keep in touch; the employee's preferences (e.g., locations to meet); the employee's need to be pushed versus being held back
Make visual inspections	Check whether the employee is at the office at the start of the workday; keep close to the employee during the workday to get feedback on how the work is going; make a habit of touring among employees; use chat messages if not working at the same office
Remove certain tasks from the employee	Reduce workload; estimate which tasks are more suitable for the employee; remove tasks that include more responsibilities and complexities; let the employee decide which tasks are most motivating
Adjust ways of working	Allow remote working; change schedules to better fit work times; let the employee switch between work units; adjust the work environment to the employee's needs; introduce focus time for the employee; hire substitutes to fill in for the employee
Hold the employee back	Remove performance-based bonus systems; limit work even though the employee wants to work as usual; remove tasks against the employee's will; acknowledge the employee's own preferences can be wishful thinking; going against the employee's self-image of being the star performer
Involve the employee	Check whether the employee can communicate about their needs; make sure the employee is on the same wavelength; involve the employee in how to solve the situation at work

Table 8. Strategies to support the workgroup: the basis of storyline 6: Keeping the work group together.

Strategies used by managers	Examples of statements from focus group transcripts
Acknowledge consequences in the whole workgroup	Make sure colleagues' workload does not increase too drastically; prevent the employee's state of mind from spreading; encourage the group to carry on as usual; arrange double staffing to compensate for the employee's reduced capacity to work
Setting ground rules for the group	Inform colleagues about what applies in the situation; remind colleagues not to act as therapists; direct colleagues to not emphasize the employee's illness/state of mind; avoid inappropriate acting from colleagues; set boundaries for colleagues who act suspiciously toward the employee; support colleagues who do not wish to be in touch with the colleague with a common mental disorder in their free time
Keeping social relationships between the employee and the group	Invite the employee to social activities; include social time in rehabilitation; support the employee back to being a team member
Support the employee through others in the group	Ask team leaders to keep the employee on their radar; assign colleagues as support persons to the employee
Handling integrity and privacy issues carefully	Make agreements with the employee on how much information to reveal to the group; direct colleagues to the employee with their questions; be mindful about how the employee's issues are addressed in the group
Encourage a social climate of trust	Communicate that it is ok to show emotions at work; talk about the employee's situation in the group; encourage feedback; react if someone appears not well

some employees increased their work effort and work tempo when they were experiencing mental health symptoms.

More direct ways of becoming aware included the employee disclosing the situation to the manager or the colleagues reacting to changes in the employee and alerting the manager.

> Some of my employees can come to me and say, 'I don't think this person is feeling quite alright, can you look into that a little bit?' (4 years of managerial experience) (FG4; public organization)

Managers also took the initiative to check in often or even daily with employees who did not seem quite right or were attentive to conversations during breaks as well as listening to their gut feeling when interacting with the employee.

Storyline 2: I have to trust my judgment

This storyline is extracted from the theme Strategies managers use in their personal approach to CMD cases (Table 4). It is about managerial reasoning around the task of handling and supporting employees with CMDs. They consider that CMDs are not like any other illness, especially when it comes to the underlying causes, which the managers often associate with the employee's private life. From the managers' perspective, the private life situation is most often the root cause of CMDs, e.g., family issues, economic problems, or lack of a supporting social network. These are things that managers cannot influence, even though they are spilling over into work. Some managers acknowledge that although it is not an employer's responsibility to fix private troubles, work is not isolated from private life and the boundary between the two spheres might not be clear cut.

> Manager 1: And I also think that as employers… even though we're not responsible for them having a wonderful home life, we still have a responsibility to ensure they have a sustainable life and a sustainable professional life. (13 years of managerial experience)

> Manager 2: Balancing the puzzle of life. (1,5 years of managerial experience)

> Manager 1: So, it becomes a bit difficult to draw the line between what's personal and what's professional, because it still affects the person. (FG1; public organization)

Some managers feel almost an obligation to interfere with their employees' private lives to support them because this will have a positive effect on work. They support the employee in organizing their private life and help them to get in contact with resources that can support them. When managers sense that the employee is left to cope on their own, they may accompany their employees to private appointments, make phone calls to authorities or health care services, or encourage them to seek professional help for their problems.

This holistic insight is not always shared by external actors involved in the case of CMD. One manager (FG5) described how occupational health services pointed out aspects of the job that the manager needed to change for an employee, whereas the manager knew that the changes that would matter to the employee needed to be done in life outside of work because the employee had huge demands and responsibilities. This left the manager with a sense of being the only one with knowledge about the full situation, while also feeling powerless.

One approach to support employees is to make a strategic plan. Managers describe how they have an idea and a thought process around how to handle each case of CMD. They lay out a plan to ensure that employees feel comfortable and secure and take measures to help the employee find focus. One manager explained that she aimed to create a comfort zone around the employee, adjusting her communication around work so that it would not be intimidating to the employee (FG7).

Managers must find ways to handle demands from actors who they feel interfere with their strategies to provide the employee with appropriate support. For instance, regulations from the SIA stipulate how the employee's RTW should be designed and may contradict managers' own analyses of the needs and capacity of the employee, which shows a potential ethical dilemma in the managers' strategies. Managers are aware of the directions they are supposed to follow but use their own reasoning in navigating their support to employees while 'flying under the radar' (FG6). Managers rather find their own solutions and hide the truth from authorities; they want to do what is best for the employee, not rigidly follow general guidelines about how employees' work time and tasks should be organized.

> Manager 1: To be honest, I have lied to my manager and to HR and I've bent the rules, just to make them fit what I want to do. (10 years of managerial experience)

> Manager 2: I fully support you; you must act based on the individual [the employee]. (25 years of managerial experience) (FG5; private enterprise)

Managers described a lack of CMD-specific knowledge as a challenge in relation to using their own approach. This caused feelings of insufficiency and the desire to continually try to learn more about CMDs and how to approach employees.

Storyline 3. Playing the amateur psychologist

This storyline is extracted from the theme Strategies for balancing between different supporting roles (Table 5). It includes accounts of managers' efforts to understand and support employees with CMDs from perspectives other than strictly the managerial one. These efforts put managers in a somewhat undefined position, where they are torn between the roles of supportive workmate, amateur psychologist, and responsible manager. It seems almost unavoidable for managers to support cases of CMD without finding themselves in somewhat of a therapist role. In this position, managers struggle as amateur psychologists or behavioral coaches for their employees, and they are aware that it is not their role. Managers find it difficult to know how to approach employees at an appropriate level so that they do not end up in this therapeutic role, and how forward they dare to be in their conversations.

> Manager 1: […] it is pretty difficult because we're not here to be therapists… (20 years of managerial experience)
>
> Manager 2: No no, of course. We're here to build cars. (3 years of managerial experience)
>
> Manager 1: …we're not educated in that area, so we really have to find the appropriate level in these conversations.
>
> Manager 3: It's interesting, what you are saying about therapists because there are a lot of managers who are pretty opposed to having to sit down and talk about these things with their employees. (2,5 years of managerial experience) (FG6; private enterprise)

It can be especially challenging to balance one's expression of empathy for the difficult situation with the requirements of sufficient work performance. Managers feel that too many demands could be detrimental to the employee's state of health; at the same time, they express that too much empathy could make the process too long. This balancing act is something the managers do not recognize from cases with other types of ill health, and they worry that they might be too frank in their conversations with their employees, possibly making things worse.

> Manager 1: It's a lot about being able to create time and actually talk and show interest in this person and really understand. Then it's quite difficult… you have to show empathy while also needing the workforce on site, and that's a huge balancing act. (13 years of managerial experience)
>
> Manager 2: And to make sure you don't get caught up in… reinforcing this as well. (13 years of managerial experience)
>
> Manager 1: No, no.
>
> Manager 2: To set some expectations [on the employee], not to set things up too much to make it work, but you need to deliver as well, you need to have your own strategy too. We can help with this, alleviate this, arrange this, but you also need to be involved. (FG1; public organization)

The boundary between being professional and friendly varied among the managers. Some managers take the time to listen when the employee calls them crying about private problems, show understanding, and try to guide them in how to act. One manager told the employee that he would listen as a friend, not as a manager, for the following hour (FG8). This made sense from a business perspective, the manager explained, because if he did not take this approach when the employee needed it, it would have much greater consequences for the company later on.

Storyline 4: Keeping the employee in mind

This storyline is extracted from the theme Strategies for building trust and connection (Table 6). It is about managers' efforts to build trust and connections with the employee with a CMD. When an employee is

absent from work, managers communicate with the intention of making the employee feel safe and validated; however, some employees do not want any communication from work until they themselves reach out. Managers' efforts to keep in touch with the employee include sending flowers and thoughtful text messages; they feel it is important that the employee knows they are supported by their workplace while absent. Managers take time to talk to the employee regularly, following up on their plan for supporting the employee and trying to prevent relapse into sickness absence. Managers want the employee to feel that they are supported and listened to and that they can share what has worked well at work and what has not.

Managers' efforts seem aimed at communicating a sense of safety to the employee with a CMD. This can be done by telling the employee not to worry about losing their job while being ill or emphasizing that the organizational consequences of the employee being absent due to illness is a managerial responsibility and not something that the employee has to be concerned about. Another strategy is to be explicit about the manager's availability and responsibility. One manager wanted his employees to understand he was available around the clock, 7 days a week; others told their employees to leave problems that could arise from their reduced capacity to work to the manager to handle.

In the managers' accounts, validating the employee's issues too much is seen as a potential problem. One manager described how she tries to find positive things to communicate to the employee about what functions regarding capacity to work, rather than ending up in a conversation about obstacles.

> It is important to identify moments of progress and attend to what is working. Acknowledging actions by saying, for example, 'It was good that you did that,' can help shift the focus toward constructive developments and recognize the individual's current capacity. It is easy to dwell solely on the difficulties instead of offering encouragement. (20 years of managerial experience) (FG2; public organization)

Managers describe how employees with CMDs need to know that they have done what was expected of them, and therefore managers are committed to making them feel appreciated and confirm that they are doing a good job.

Storyline 5: Acting on individual needs

This storyline is extracted from the theme Strategies used by managers to support and accommodate work (Table 7). It is about how managers support employees by accommodating and planning work according to the employee's individual needs and current capacity to work. Managers describe their attentiveness to employees, e.g., by observing employees at the workplace to be able to pick up any signals of distress. They are aware that they have to individualize their support to the employee depending on their needs. Some employees need clear directives, whereas others work better if they are left to their own initiative. Managers need to find ways to establish what the employee needs with communications that work well for the employee.

> Manager 1: With some people, it works best to let them take their own initiative and let them do something that will work for them. But with others, you have to be the one who pushes them in the right direction, you just have to push them. (2,5 years of managerial experience)

> Manager 2: […] I agree… both approaches work but in different contexts and sometimes you just have to say 'Now you need to do like this' because it doesn't work [for the employee] to make this choice… when it's gone so far that they can't make these choices by themselves. (20 years of managerial experience) (FG6; private enterprise)

Depending on the employee's capacity to work, managers had to revise work tasks; especially complex tasks associated with responsibility that could be challenging for employees. Managers designed accommodations to fit the employee's situation and preferences. This often meant removing certain tasks from the employee and adjusting the quantity of work as well as the level of complexity in the tasks. The amount and form of support that employees required to keep up with the accommodated work tasks varied, so managers needed to pay attention to the employee's needs.

Employees who usually work with several work tasks in parallel may need clear guidance from the manager regarding what was today's focus. It may be necessary to hold employees back if they want to work harder than their health state allows. One manager described how it had been necessary to remove

the company's performance-based monthly bonus system for one employee with a CMD so that she slowed down.

> Manager 1: My experience is that these individuals often want to do more and that we as their managers should not always listen to them, because they want to perform beyond their actual capacity. Instead, we should step in earlier to slow things down and say, 'No, let's take away that task or do it this way.' (13 years of managerial experience)
>
> Manager 2: More proactive work? (1,5 years of managerial experience)
>
> Manager 1: Yes, to dare to say no. I think we need to scale back [work] more [for employees with CMDs]. (FG1; public organization)

The accounts of this storyline describe that strategies for accommodation of CMD-related issues could turn out to be beneficial for the whole group. One manager arranged for the employee to focus on one single task at a time, instead of having to multitask. This way of working was later adopted in the team, which now worked much more effectively.

This storyline also implies that there are boundaries for managers' support. They put much effort into trying to accommodate the employee, but their commitment may have a negative economic impact, and less time can be spent on other managerial tasks. Sometimes they lack the knowledge needed to make adequate accommodations. In addition, organizational policy hinders adequate accommodation for the employee, e.g., decisions that the whole workplace should be an activity-based workplace, which can be a struggle for employees with CMDs. Another challenge identified may occur when the CMDs seem triggered by factors outside of work. Managers were still urged to accommodate at work, adjusting work tasks, work groups, schedules, or areas of responsibility, but without any positive response in the employee's health state. Managers then described frustration over the lack of results from the accommodation.

Storyline 6: Keeping the work group together

This storyline is extracted from the theme Strategies to support the workgroup when one employee has a CMD (Table 8). It is about how managers must observe the whole workgroup when the capacity to work for an employee is reduced due to a CMD. The workplace community can get disrupted around the employee, who may be absent from work or present but with reduced capacity to work. In either case, the employee often cannot carry on with the usual work tasks and routines, which in turn affects the colleagues. To best support the employee with a CMD, managers must handle questions and concerns from colleagues and inform colleagues about the needs of the employee and how to handle them. The employee's state of mind can spread to the rest of the group and managers have to communicate that the group should not pick up too much of the employee's emotions and become negatively affected by them. Sometimes the colleagues 'walk on eggshells', something that the manager wants to avoid.

> […] when a person with these disorders works in a team, it rubs off on the others in the team. They start walking on eggshells, terrified of doing anything that will make that person fall over the edge again. So they need support too, it's not just the individual with the illness. We need to support the whole team, [CMDs] affect a lot more employees than just the person with a CMD. (25 years of managerial experience) (FG8; private enterprise)

Managers' accounts in this storyline include observations of the impact on the work environment for colleagues in the group, especially in terms of increased workload. Managers must handle colleagues who are upset or begrudging about WAs for the employee with a CMD. They see the risk for more ill health in the workplace if this carries on long enough, and they are worried that the accommodations made will eventually lead to more cases of CMDs in the group due to colleagues' increased workload. Some managers plan for double staffing to keep the employee at the workplace despite the health issues but with negative economic consequences. Managers express this as a balancing act to support the employee with a CMD at the same time as they have to maintain the functioning of the workgroup.

The accounts show how managers communicate ground rules to the group regarding how to act with the employee. The team may need guidance in their relationship with the employee; e.g., managers remind their team that they should not take on a therapeutic role to support the employee. The

storyline also describes how managers must communicate boundaries to colleagues who, for example, follow the employee's social media and make inappropriate comments about their colleague's free time and economic situation.

> This kind of detective work… it has to be shut down. (19 years of managerial experience) (FG3; public organization)

Managers' stories emphasize the importance of maintaining social relationships between the employees and the workplace when working full-time, part-time or sick-listed. Sick-listed employees may be invited to social work gatherings by the manager, and when returning to work, it is important that the employee is present at work not just for work tasks, but to participate in lunch breaks and the social environment. One manager explained:

> Those two hours should not be between nine and twelve o'clock, they have to be scheduled over lunchtime so that [the employee] gets to be social with colleagues; at least have a coffee break, so that they don't lock themselves in their office and feel bad. (4 years of managerial experience) (FG5; private enterprise)

Challenges in this storyline include how to handle integrity and confidentiality; e.g., when it may appear to the team as if no actions are being taken in relation to the employee and they get frustrated. The managers express how they put much consideration into the rhetoric they use to interact with the team and how they balance between keeping the team informed and protecting the employee's privacy.

Discussion

This study explored (a) how managers become aware of employees experiencing CMDs and reduced capacity to work, and (b) their strategies in supporting these employees. Six themes were identified and brought to life by storylines (Table 9). This is one of the first studies to focus on managers' supportive strategies in relation to capacity to work in employees with CMDs.

Table 9. Overview of findings.

Storylines	Theme from which the storyline is extracted	Strategies used in the theme
Storyline 1: The employee I know is not there	How managers find out about employees' CMDs	From observations of the employee's changed behavior From the employee's colleagues From own initiatives From the employee's own disclosure Out of nowhere From other sources
Storyline 2: I have to trust my judgment	Strategies managers use in their personal approach to CMD cases	Taking a holistic approach to mental health issues Making a strategic plan Flying under the radar Do not shy away Involve others Educate oneself Keep some distance
Storyline 3. Playing the amateur psychologist	Strategies for balancing between different supporting roles	Avoiding acting as an amateur psychologist Balancing between demands and compassion Being a friend and manager at the same time Trying to understand what the employee is going through
Storyline 4: Keeping the employee in mind	Strategies for building trust and connection	Keeping in touch regularly Communicating a sense of safety Highlighting the positive Adjusting when and where to communicate Being clear and direct
Storyline 5: Acting on individual needs	Strategies used by managers to support and accommodate work	Recognize the employee's individual needs Make visual inspections Remove certain tasks from the employee Adjust ways of working Hold the employee back Involve the employee
Storyline 6: Keeping the work group together	Strategies to support the workgroup when one employee has a CMD	Acknowledge consequences in the whole workgroup Setting ground rules for the group Keeping social relationships between the employee and the group Support the employee through others in the group Handling integrity and privacy issues carefully Encourage a social climate of trust

The first storyline, The employee I know is not there, describes ways that managers find out about employees' mental health issues, e.g., through observing changed behavior in the employee or receiving signals from the employee's colleagues. These findings correspond to methods previously identified in both quantitative and qualitative studies [8,30]. Managers could proactively approach employees when they sensed something was wrong, unlike in Martin et al. [8], where managers regretted not acting sooner. This highlights the significance of fostering a communicative climate where mental health issues can be discussed openly. Organizations should raise awareness of the need for managers to have knowledge of warning signs in employees and subsequent communication and support [5]. Our findings showed the use of gut feelings and perceptions of informal talks at the workplace to decide on how to act in relation to an employee they suspect might have a CMD; requiring both personal knowledge, confidence, and a receptive psychosocial climate. However, managers' attitudes toward CMDs in this phase might be a barrier. A Swedish study found that managers who discovered CMDs themselves often held more negative views of depression, suggesting employee hesitation to disclose [30]. Conversely, understanding managers may encourage self-disclosure and, by recognizing signals, act more proactively. For managers to become aware of employees' problems to take subsequent action, they need to know what signals to look for in employees. This is enabled by small groups, proximity and close contact with the employee [31]. This can be more difficult in a post-pandemic context with more remote working compared with the period when the data for this study were generated (2018–2019).

The second storyline, I have to trust my judgment, includes managers' acts of loyalty to the employee and that they even hide their actions from human resources and authorities. To our knowledge, this act of consciously 'flying under the radar' is a new finding in research on managers' supportive actions in cases of CMDs. Managers seem motivated by a belief that the formal systems do not fully address the individual's needs. Liff et al. [31] investigated first-line managers' identification of employees' weak signals of ill health and found that organizational structures for handling these signals were missing, leaving managers to adopt a personal approach to the problem. Our findings indicate that managers may lack trust in some organizational structures, resulting in the manager placing their loyalty with the employee. In organizations, front-line managers are positioned to handle authoritative rules and regulations at the same time as they engage in supportive contact with the employee, and they tend to end up in situations where these interests collide. Our findings highlight this balancing of loyalties and that managers may choose to side with the employee rather than with formal demands. This raises questions about the boundaries of managerial responsibility, managers' emotional labor, and their navigation of ethical dilemmas when supporting employees with CMDs.

The second storyline also show how managers who struggle to see the work as a reason for employees' CMDs distance themselves from the health problems by claiming that CMDs have their origins in private life. This managerial approach has been seen in earlier studies [12,32,33], even though current knowledge shows many workplace factors contribute to CMDs [34]. Two qualitative twin studies explored reasons for sickness absence among young employees from both employee and manager perspectives. Employees emphasized work stressor [35], while managers pointed to non-work stressors [33]. Although managers suggested workplace improvements aligned with employees' concerns, they did not acknowledge these as causes of sick leave. However, work and non-work stressors seem to interact at the onset of disease [36]. Developing a more nuanced understanding of how these domains interact can enable managers to implement workplace measures that can support employees regardless of the origin of their CMDs.

The third storyline, Playing the amateur psychologist, describes that managers in their ambition to be empathic could end up supporting employees in a pseudo-therapeutic role outside of their expertise, in which they may be more or less comfortable. To our knowledge, this is a new finding that is in contrast to earlier research describing a more rigid approach from managers who support employees with CMDs [37]. At the same time, managers' emotional and social support is needed to build trustful relationships with employees with CMDs [9,38], and competencies such as empathy, acceptance and openness have been described by managers as important in the supporting role [7]. Such competencies are reflected in the pseudo-therapeutic relationships described by our managers, but our findings also show that the blurred lines between supportive roles come with frustration and insecurity. The description of managers

taking the position of 'the amateur psychologist' might reflect managers' lack of knowledge and confidence in how to approach employees' problems, and the need for organizational education and policy development.

Managers' balancing of demands and compassion (Table 5) was also related to the third storyline; managers want to come across as friendly and supportive but still acknowledge the consequences for the organization. This loyalty to employees mirrors Bertilsson et al. [39], where physicians emphasized individualized assessments, trust, and communication over formal procedures. Similarly, managers' relational approaches may evolve over time, as Norvell Gustavsson et al. [32] found that repeated sickness absences could shift managers' loyalty from initially sympathetic to increasingly controlling and formalized. This pattern can be interpreted as an expression of front-line managers' frustration with demanding working conditions, where they lack the mandate to make organizational changes but are still obliged to support the employee at the workplace with insufficient resources. Front-line managers are known to be exposed to role conflict and ambiguity [40], and managers' handling of loyalties enhance the difficulties that managers face in fulfilling conflicting demands around the support of employees.

The fourth storyline, Keeping the employee in mind, confirms previous knowledge about employees' perceived need for managerial communication, e.g., being heard about work-related problems [9], being acknowledged when reaching out for support [5], and receiving support developed from relationship-building [1]. This knowledge can be seen in light of systematic reviews indicating that low managerial support is associated with depressive disorders [34].

In the fifth storyline, Acting on individual needs, managers' implementation of WAs that were originally directed to an employee with a CMD but turned out to benefit the whole workgroup, was an important finding. Interruptions, disruptions, and multitasking are associated with cognitive strain, affecting cognitive functioning at work [41]. Our findings indicate that awareness of cognitive ergonomics at the workplace may be beneficial for capacity to work not only for employees with CMDs. Cognitive adjustments in work deserve attention because employees with depression are less likely to receive cognitive WAs compared with other chronic illnesses [42]. In the study by Bastien and Corbière [11], employee-level accommodations likely to benefit cognitive working conditions were described, such as avoiding job rotation and creating rest areas at work.

The sixth storyline, Keeping the workgroup together, shows how managers have to deal with coworkers' suspiciousness and worries, following WAs directed at the employee with a CMD. This phenomenon is known from earlier research from both manager [8] and employee [6] perspectives. The managers interviewed by Martin et al. [8] deliberately asked the employee's work group to help accommodate the employee's situation, e.g., by sharing the workload and assisting the employee when needed. When someone returns to the workplace after being absent with a CMD, it may activate stereotypes of someone with mental health disorders as incompetent or malingering [43], and managers and coworkers of a returning worker can perceive the needs in the situation very differently [44]. Managers must handle workplace relationships deliberately when accommodating the employee so that the employee has the prerequisites for sustainable work participation. It appears that social efforts from both coworkers and managers are needed to create sustainable RTW [44]. Our study extends earlier knowledge by highlighting specific social strategies related to CMDs (Table 8), e.g., acknowledging consequences in the workgroup and showing the complexities that managers may have to handle.

The sixth storyline also illustrates an awareness of the importance of encouraging employees with CMDs to maintain social relations at the workplace. Previous studies about the capacity to work with CMDs suggest that interpersonal aspects of work tend to be the most demanding type of work task for these employees [4,6] and they may shield themselves socially and emotionally at the workplace [45] as a way to uphold and preserve their capacity to work. This is problematic both for the dynamics of the workgroup and work tasks that involve other people. The current study shows how managers organize RTW in such a way that social time at the workplace is mandatory, e.g., by scheduling the employee's rehabilitation time over the lunch hour at the workplace. Previous studies have shown that managers use work time as a work accommodation [11,13,14], but not to maintain social relations at the workplace.

Methodological considerations

The storylines presented are built on a few sub-themes from each theme. Therefore, each storyline is accompanied by a table summarizing the entire theme. By doing so, we aim to provide a comprehensive overview of the entire material and offer an efficient means of identifying managers' strategies.

Data for this study were generated in 2018–2019, before the COVID-19 pandemic. The pandemic changed the way many organizations viewed employees' rights to work from home. A limitation of the study is therefore that some of the strategies presented might be relevant primarily to workplaces where employees work on site. Given this limitation, future studies should investigate managers' support to employees with CMDs who work remotely, especially as organizations now may have developed more adequate and sustainable structures for managers to maintain regular communication and interaction with remotely working employees. However, even post covid-19, most employees do not work remotely due to the nature of their work. CMDs are highly prevalent within the 'pink sector' (e.g., health care occupations) [46] where remote work is not a possibility. Given this, the study is likely to be valid for many organizations also in a post-pandemic context.

To facilitate the implementation of our study results in a practical context, the last interview question concerned what advice the participants would give to other managers who are new to supporting employees with CMDs. In their responses, they used the experiences that had been discussed during the focus group session and synthesized what they found most important (Supplementary Digital Content Table S1). This advice, based on thorough discussion and real-life experience, is an important additional contribution of the study.

The design of this study encouraged participants to discuss strategies to support employees and their understanding of these employees' capacity to work, as reported elsewhere [4]. This is a strength of the study because it tied supportive strategies directly to the capacities that managers understood as needing support.

A possible weakness of the data collection is that interview questions were not tied to specific phases of employees' CMDs. During the focus group discussions, managers touched on early actions, sick leave, and RTW, depending on their individual experiences. The results show data from all phases. In recruiting participants, we asked for managers with experience of supporting employees with anxiety or depression, but we did not ask whether the cases they referred to were based on confirmed diagnoses. Such information is confidential information and employees are not obliged to disclose it to their employer according to national regulations. It is possible that managers also included cases of for example mental exhaustion during the interviews.

It is likely that the managers who participated in this study were particularly dedicated to CMD-related managerial issues and wanted to share their own experiences and learn from others. Because our findings include some narratives of managerial experiences not previously described, such as bending the rules when designing support for the employee, it is likely that the focus groups promoted a safe and honest conversation climate among peers.

The trustworthiness of the study was strengthened by a collaborative analytical procedure, whereby the developing analysis was supplemented and contested by continuous discussion in the author group [47]. Qualitative findings have limited transferability because they are descriptions of phenomena applicable within a specific setting; however, we aimed for thorough descriptions of the participant demographics and study setting to enable the reader to judge the situations for which the findings might provide valid information [47]. The Swedish context and welfare system may limit transferability to other social systems.

Recommendations for future research

The findings of our study could be used to develop scales for collecting more nuanced quantitative data on the strategies used by managers. Future qualitative research should explore employees' experiences of managers' use of the strategies described here and what kind of strategies are perceived as useful. Future research should also explore the organizational resources that managers have access to in their support for employees, and how they can provide support in the managerial role. Managers' support for

employees with CMDs working remotely should also be explored, as this support is provided under different organizational prerequisites, making social interaction more challenging.

Recommendations for practice

Our study can be used to provide managers and organizations with knowledge and concrete guidance for supporting an employee with a CMD. The study provides a picture of managers' level of knowledge regarding support for employees with CMDs. This highlights certain areas that organizations can focus on in the training and education of managers, e.g., the relationship between work environmental issues and employees' development of CMDs. The study also indicates that managers need reasonable preconditions from their organization to avoid ending up in positions in which they are forced to 'fly under the radar' to support their employees. Managers' experience-based advice offers useful guidelines for managers who are new to supporting employees with CMDs.

Conclusions

This study explores how managers find out about employees' CMDs and their strategies for support and adds depth to existing literature by showing that support extends beyond technicalities and procedures, involving emotional labor, ethical considerations, and navigating organizational structures. Our findings demonstrate that managers find out about CMDs through attentiveness to both direct and indirect sources of information and that they support employees' capacity to work through self-reflective, communicative, relation-oriented, accommodating, and psychosocial strategies. The variation in strategies used by managers indicates that knowledge of CMDs and how to manage them varies and that supporting employees with CMDs requires flexibility from managers by adjusting to the needs of the specific situation. Requirements on managers are high, and organizations therefore need to provide managers with knowledge, support and guidance in situations where concerns are experienced.

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References

[1] Gates L. Workplace accommodation as a social process. J Occup Rehabil. 2000;10(1):85–98. doi: 10.1023/A:1009445929841.
[2] Rai D, Skapinakis P, Wiles N, et al. Common mental disorders, subthreshold symptoms and disability: longitudinal study. Br J Psychiatry. 2010;197(5):411–412. doi: 10.1192/bjp.bp.110.079244.
[3] Sanderson K, Andrews G. Common mental disorders in the workforce: recent findings from descriptive and social epidemiology. Can J Psychiatry. 2006;51(2):63–75. doi: 10.1177/070674370605100202.
[4] Tengelin E, Hensing G, Holmgren K, et al. Swedish managers' experience-based understanding of the capacity to work in employees with common mental disorders: a focus group study. J Occup Rehabil. 2022;32(4):685–696. doi: 10.1007/s10926-022-10029-8.

[5] Dimoff J, Kelloway K. Mental health problems are management problems: exploring the critical role of managers in supporting employee mental health. Organ Dyn. 2019;48(3):105–112. doi: 10.1016/j.orgdyn.2018.11.003.
[6] Bertilsson M, Petersson E-L, Ostlund G, et al. Capacity to work while depressed and anxious – a phenomenological study. Disabil Rehabil. 2013;35(20):1705–1711. doi: 10.3109/09638288.2012.751135.
[7] Johnston V, Way K, Long M, et al. Supervisor competencies for supporting return to work: a mixed-methods study. J Occup Rehabil. 2015;25(1):3–17. doi: 10.1007/s10926-014-9511-z.
[8] Martin A, Woods M, Dawkins S. How managers experience situations involving employee mental ill-health. IJWHM. 2018;11(6):442–463. doi: 10.1108/IJWHM-09-2017-0069.
[9] Van Hees S, Carlier B, Vossen E, et al. Towards a better understanding of work participation among employees with common mental health problems: a systematic realist review. Scand J Work Environ Health. 2022;48(3):173–189. doi: 10.5271/sjweh.4005.
[10] Claeys M, Van den Broeck A, Houkes I, et al. Line managers' perspectives and responses when employees burn out. J Occup Rehabil. 2024;34(1):169–179. doi: 10.1007/s10926-023-10117-3.
[11] Bastien M, Corbière M. Return-to-work following depression: what work accommodations do employers and human resources directors put in place? J Occup Rehabil. 2019;29(2):423–432. doi: 10.1007/s10926-018-9801-y.
[12] Lemieux P, Durand M, Nha Hong Q. Supervisors' perception of the factors influencing the return to work of workers with common mental disorders. J Occup Rehabil. 2011;21(3):293–303. doi: 10.1007/s10926-011-9316-2.
[13] Nielsen K, Yarker J. What can I do for you? Line managers' behaviors to support return to work for workers with common mental disorders. JMP. 2023;38(1):34–46. doi: 10.1108/JMP-09-2021-0500.
[14] Bertilsson M, Niederberger R, de Rijk A. Work accommodations for employees with common mental disorders and associated manager-related determinants: a cross-sectional study among Swedish managers. Disabil Rehabil. 2024;46(18):4256–4275. doi: 10.1080/09638288.2023.2269861.
[15] Jansen J, van Ooijen R, Koning P, et al. The role of the employer in supporting work participation of workers with disabilities: a systematic literature review using an interdisciplinary approach. J Occup Rehabil. 2021;31(4):916–949. doi: 10.1007/s10926-021-09978-3.
[16] Tjulin Å, Maceachen E, Stiwne E, et al. The social interaction of return to work explored from co-workers experiences. Disabil Rehabil. 2011;33(21-22):1979–1989. doi: 10.3109/09638288.2011.553708.
[17] Nordling P, Staland-Nyman C, Nwaru C, et al. Managers' support to employees with CMDs during the covid-19 pandemic: the importance of staying in touch. [conference abstract in Swedish] Sustainable HRM and Working-Life Practices, Gothenburg, Sweden, 2024. p. 17–19.
[18] Porter S, Lexén A, Bejerholm U. Employers' beliefs, knowledge and strategies used in providing support to employees with mental health problems. JVR. 2019;51(3):325–337. doi: 10.3233/JVR-191049.
[19] Hultqvist J, Zhang P, Staland-Nyman C, et al. Managers' influence on the prevention of common mental disorders in the workplace: a cross-sectional study among Swedish managers. J Occup Environ Med. 2023;65(12):1008–1016. doi: 10.1097/JOM.0000000000002950.
[20] Schuller S, de Rijk A, Corin L, et al. Mental health stigma in the workplace and its association with possible actions of managers to prevent sickness absence of employees with common mental disorders in the Swedish private sector: a video vignette study. J Occup Rehabil. 2025;35(3):533–546. doi: 10.1007/s10926-024-10220-z.
[21] Martin A, Woods M, Dawkins S. Managing employees with mental health issues: identification of conceptual and procedural knowledge for development within management education curricula. AMLE. 2015;14(1):50–68. doi: 10.5465/amle.2012.0287.
[22] Miraglia M, Johns G. Going to work ill: a meta-analysis of the correlates of presenteeism and a dual-path model. J Occup Health Psychol. 2016;21(3):261–283. doi: 10.1037/ocp0000015.
[23] Barbour R. Making sense of focus groups. Med Educ. 2005;39(7):742–750. doi: 10.1111/j.1365-2929.2005.02200.x.
[24] Morgan D. Focus groups. Annu Rev Sociol. 1996;22(1):129–152. doi: 10.1146/annurev.soc.22.1.129.
[25] Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006;3(2):77–101. doi: 10.1191/1478088706qp063oa.
[26] Malterud K. Systematic text condensation: a strategy for qualitative analysis. Scand J Public Health. 2012;40(8):795–805. doi: 10.1177/1403494812465030.
[27] Keady J, Clarke C, Wilkinson H, et al. Alcohol-related brain damage: narrative storylines and risk constructions. Health, Risk & Society. 2009;11(4):321–340. doi: 10.1080/13698570903015743.
[28] Cregård A, Corin L. Public sector managers: the decision to leave or remain in a job. Hum Resource Develop Inter. 2019;22(2):158–176. doi: 10.1080/13678868.2018.1563749.
[29] Swedish Work Environment Authority. The Swedish Work Environment Authority's provisions and general recommendations on systematic work environment management – fundamental obligations for employers. 2023, p. 1.
[30] Bertilsson M, Klinkhammer S, Staland-Nyman C, et al. How managers find out about common mental disorders among their employees. J Occup Environ Med. 2021;63(11):975–984. doi: 10.1097/JOM.0000000000002287.
[31] Liff R, Eriksson A, Wikström E. Attending weak signals: the prevention of work-related illnesses. NJWLS. volume. 2017;7(2):49–69. doi: 10.18291/njwls.v7i2.81599.
[32] Norvell Gustavsson I, Müssener U, Ståhl C. Acting the part: how social and organisational factors shape managers' actions towards employees with repeated short-term sickness absence. IJWHM. 2021;14(6):634–649. doi: 10.1108/IJWHM-09-2020-0162.

[33] Tinnerholm Ljungberg H, Olsson C, Jensen I, et al. Managers' experience of causes and prevention of sick leave among young employees with common mental disorders (CMDs)–a qualitative interview study with a gender perspective. PLoS One. 2023;18(9):e0292109. doi: 10.1371/journal.pone.0292109.
[34] Rugulies R, Aust B, Greiner B, et al. Work-related causes of mental health conditions and interventions for their improvement in workplaces. Lancet. 2023;402(10410):1368–1381. doi: 10.1016/S0140-6736(23)00869-3.
[35] Olsson C, Tinnerholm Ljungberg H, Björk Brämberg E, et al. A gender perspective on perceived causes of sick leave due to common mental disorders among young Swedish employees: a qualitative interview study. PLoS One. 2023;18(9):e0291551. doi: 10.1371/journal.pone.0291551.
[36] Hasselberg K, Jonsdottir I, Ellbin S, et al. Self-reported stressors among patients with exhaustion disorder: an exploratory study of patient records. BMC Psychiatry,. 2014;14(1):66. doi: 10.1186/1471-244X-14-66.
[37] Quinane E, Bardoel A, Pervan S. CEOs, leaders and managing mental health: a tension-centered approach. Int J Hum Resourc Manag. 2021;32(15):3157–3189. doi: 10.1080/09585192.2021.1925325.
[38] Gewurtz R, Harlos K, Tompa E, et al. Retaining and supporting employees with mental illness through inclusive organizations: lessons from five Canadian case studies. EDI. 2022;41(3):435–453. doi: 10.1108/EDI-06-2020-0174.
[39] Bertilsson M, Maeland S, Löve J, et al. The capacity to work puzzle: a qualitative study of physicians' assessments for patients with common mental disorders. BMC Fam Pract. 2018;19(1):133. doi: 10.1186/s12875-018-0815-5.
[40] Corin L, Björk L. Job demands and job resources in human service managerial work an external assessment through work content analysis. NJWLS. 2016;6(4):3. doi: 10.19154/njwls.v6i4.5610.
[41] Kalakoski V, Selinheimo S, Valtonen T, et al. Effects of a cognitive ergonomics workplace intervention (CogErg) on cognitive strain and well-being: a cluster-randomized controlled trial. A study protocol. BMC Psychol. 2020;8(1):1–16. doi: 10.1186/s40359-019-0349-1.
[42] Munir F, Jones D, Leka S, et al. Work limitations and employer adjustments for employees with chronic illness. Int J Rehabil Res. 2005;28(2):111–117. doi: 10.1097/00004356-200506000-00003.
[43] Tulk C, Mantler J, Dupré K. The impact of job accommodations on stereotyping and emotional responses to coworkers with anxiety or depression. Can J Behav Sci. 2021;53(2):138–151. doi: 10.1037/cbs0000224.
[44] Tjulin Å, MacEachen E, Ekberg K. Exploring workplace actors experiences of the social organization of return-to-work. J Occup Rehabil. 2010;20(3):311–321. doi: 10.1007/s10926-009-9209-9.
[45] Danielsson L, Elf M, Hensing G. Strategies to keep working among workers with common mental disorders – a grounded theory study. Disabil Rehabil. 2019;41(7):786–795. doi: 10.1080/09638288.2017.1408711.
[46] Björkenstam E, Helgesson M, Gustafsson K, et al. Occupational class and employment sector differences in common mental disorders: a longitudinal Swedish cohort study. Eur J Public Health. 2021;31(4):809–815. doi: 10.1093/eurpub/ckab091.
[47] Malterud K. Qualitative research: standards, challenges, and guidelines. Lancet. 2001;358(9280):483–488. doi: 10.1016/s0140-6736(01)05627-6.