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What can be learned from the impact of the COVID-19 crisis on work participation among people with work disabilities? A qualitative practice & policy perspective approach

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Abstract

Background Previous studies among people with work disabilities (WD) showed that during the COVID-19 pandemic they were at risk for negative outcomes on work participation and health. These studies focused on people's own accounts of their difficulties to work and did not include the policy and practice perspective. The aim of the present study was to explore the policy and practice perspective on what can be learned from the impact of the COVID-19 crisis, and what is needed to enhance work participation among people with WD, in times of crisis and beyond.

Methods We used a multi-stakeholder perspective qualitative approach. Between March 2021 and September 2022, twenty-five semi-structured in-depth online interviews were conducted with occupational health professionals (13), employers (7) and policymakers (5). Participants were asked to share their experiences about employees or job seekers with work disabilities on (re)gaining and maintaining paid employment, barriers and facilitators for work participation during the Covid-19 crisis and what is needed to enhance work participation among people with WD in times of crisis and beyond. Data were analysed using thematic content analysis.

Results The results indicated that, although employers rapidly implemented new working arrangements, people with WD had a vulnerable labour market position during the COVID-19 crisis, especially those with temporary contracts. Job loss and detrimental effects on mental health were identified. Other barriers to work participation included hampered collaboration between stakeholders during lockdowns and fewer job opportunities due to workplace shutdowns. Nevertheless, employers and occupational health professionals noticed that some employees were surprisingly flexible and capable with regard to performing alternative work tasks. We also identified ways to improve work participation for people with WD, including simplifying legislation and establishing sustainable policies on employment, investing in career development, creating an inclusive organizational culture and increasing accessibility to information and support assistance.

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Conclusions People with WD had a vulnerable labour market position during the COVID-19 crisis. The introduction of new working arrangements became widespread during the COVID-19 crisis, which had both positive and negative consequences for people with WD. Our results showed that improving work participation for people with WD requires a multifaceted approach, which can be achieved by the practical and policy recommendations offered by this study.

Keywords COVID-19 pandemic, Disability, Employment, Qualitative study, Needs, Occupational health services

Introduction

Working is a significant part of people's lives. Having a paid job offers a range of benefits, such as financial independence, societal participation and better health [1]. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the Sustainable Development Goals (SDGs) promote sustainable and inclusive employment for all, including people with a work disability (WD) [2, 3]. In the context of this paper we use this term to refer to people who have a physical, psychological, intellectual and/or social limitation, but despite these limitations have an ability to work. Work participation among people with WD remains challenging and their risk of job loss is higher compared to the general population [5]. Although employment rates of people with disabilities have improved globally, the disability gap in employment remains large. Employment rates across OECD countries were about 25% for those with high support requirements and 50% with moderate support requirements in 2019, which is about 27 percentage points lower than the non-disabled population [6]. In the Netherlands (the setting for this study), approximately 50% of people with WD were employed in 2021, compared to 76% of the total Dutch population [7].

Globally, the COVID-19 pandemic led to an economic contraction which had significant consequences for labour, income and employment among the general working population. This economic shock was the result of the restrictive and preventive measures taken to control the spread of the virus. Several studies have found subsequent increases in employment insecurity and reduced income [8, 9]. At the same time, the pandemic has changed the way we work and has led to an acceleration of the existing trends in remote work. The world of work is rapidly changing and this exacerbates structural labour market challenges, such as those related to inclusive employment. It has been suggested that the tight labour market in the Netherlands and measures taken by the Dutch government mitigated the impact COVID-19 had on the labour market [10]. However, it is very likely that this impact varied among subgroups of the population.

It has been found that job loss and reduced working hours during the COVID-19 crisis were substantially higher among people with WD [11]. During this period,

a widening of the disability employment gap has been observed in several countries [12, 13]. In our previous study among people with WD, we found that the majority of study participants experienced no change in work status during the COVID-19 crisis [15]. Nonetheless, people at work and in search of work encountered barriers to maintaining or (re)gaining employment. In addition, people with WD who lost their job during the crisis appeared to be most affected in terms of health. Furthermore, we identified several negative consequences of the COVID-19 pandemic, including not feeling safe at work because of the virus, changes in work tasks, barriers to working from home, and difficulties communicating with colleagues and attending online meetings, which is in line with other studies among workers with disabilities or chronic health conditions [14, 15]. In addition, we concluded that interpersonal and internal barriers (such as self-stigma, social isolation, and conflicting relationships) became not only more visible, but were also aggravated during the pandemic in times of social distancing and reduced social support [16].

While our previous study and other literature learned about the perspectives of people with WD, it also stressed the need to explore the lessons learned during the COVID-19 pandemic of other stakeholders, such as occupational health professionals, employers and policymakers. These perspectives have not been previously incorporated in a qualitative study focusing on employment among people with WD during the COVID-19 pandemic. These stakeholders had a broad view on what happened during the COVID-19 pandemic with respect to (the availability of) work, changes to work tasks and environments and guidance of people with WD. Moreover, they could also influence these aspects and thus play an important role in increasing chances for sustainable work participation in work for people with WD. Therefore, the aim of the present study is to explore from a practice and policy perspective what can be learned from the COVID-19 crisis about improving work participation among people with WD and how to translate these lessons into steps that can be taken to improve work participation for people with WD. The following research questions are central in order to achieve this aim: 1. How has COVID-19 impacted (re)gaining and maintaining employment among people with WD according to

occupational health professionals (OHP), employers and policymakers? 2. What are barriers and facilitators for work participation during and beyond the COVID-19 crisis? 3. What is needed to improve work participation among people with WD in times of crisis and beyond?

Methods

Design

Semi-structured in-depth interviews were held among OHPs (vocational rehabilitation coaches who help clients prepare for, secure, retain or regain employment), employers and policymakers to gather experiences and perspectives on the topic of maintaining and (re)gaining employment among people with WD during the COVID-19 crisis. Facilitators and barriers for employment were explored and needs for the future were identified and discussed. We used the COREQ criteria to comprehensively describe the qualitative method and to report our qualitative findings [17].

Context

The Dutch Social Security Institute (SSI) is responsible for providing assistance in (re)gaining work for people with WD who receive social welfare benefits from the SSI. Anyone with labour capacity, but inability to earn minimum wage in the labour market without support, who does not receive social welfare benefits from the SSI, falls under the Participation Act (Participatiewet in Dutch). The Dutch Participation Act was set up in 2015 to guarantee everybody's right to access work (MSAE, 2022).

The municipality is responsible for ensuring that everyone who is able to work can start working, and that everyone can receive support where necessary. In order to achieve this, municipalities receive a budget from the central government and aim for paid employment in regular companies instead of social enterprises, where regular companies refer to companies where everyone can work, both people with and without WD and social enterprises referring to companies which receive subsidies from the municipality for employing people with WD and where the majority of the employees has a WD.

According to the Dutch Participation Act, employers have the obligation to supply jobs for work-disabled people. In return, employers can get support and receive subsidies if they hire employees who fall under the Participation Act. Examples of such supportive instruments for employers comprise wage subsidies that compensate for the reduced productivity of the employee, trial placements while retaining social benefits for the employee and the no-risk policy which compensates the wage cost in the event of illness. Other facilities that assist the employer in offering job security for people with WD

include support in workplace adjustments and an external vocational rehabilitation coach in the workplace.

Recruitment

We have used purposive sampling and the snowball technique to recruit key stakeholders (i.e., employers, occupational health professionals and policymakers), and in addition used convenience sampling to include more employers. To maximize variation, study participants were invited using different network connections within the research team in order to be representative of a variety of geographical regions and organizations. In total, over 65 potential candidates were approached by email, of which 27 candidates actually participated in the study. The following were the inclusion criteria for the three stakeholder groups:

- Occupational health professionals guiding workers or job seekers with people with WD;
- Employers from regular firms and social enterprises; and
- Policymakers working in the field of social security and employment.

Participants

In total, 13 OHPs, 7 employers and 5 policymakers participated in this study (see Table 1). Nine of the OHPs were working in psychiatric rehabilitation, seven of whom were affiliated with the Individual Placement and Support intervention (IPS), and thus mainly guided workers and jobseekers with mild to severe psychiatric conditions [18]. Three OHPs were working for the municipality and one OHP was employed by the Dutch SSI. People with WD who are guided by the municipality or SSI concern people with WD due to a wide variety of disabilities; physical, psychological, intellectual and/or social limitations. They also often experience multiple additional problems such as housing or financial problems [4, 19]. Municipalities and SSI can offer different interventions to increase the chances of finding and maintaining paid employment, such as the earlier mentioned Individual Placement and Support intervention, job coaching, job interview training or wage subsidies [4, 20]. Concerning employers, two were associated with large regular companies with over 500 employees and four employers were affiliated with social enterprises that have a main focus on providing jobs, training and support for people with vulnerabilities and chronic conditions, such as people with WD, of which many received support from the municipality or SSI. All policymakers worked in the public sector and were concerned with work participation among people with people with WD.

Table 1 Characteristics of the OHP, employers and policymakers that were interviewed

<i>OHP</i>	<i>Gender</i>	<i>Job</i>	<i>Sector</i>	<i>Tenure (years)</i>
1	F	Job coach	Municipality (Amsterdam)	≥ 10 years
2	M	Job coach	Municipality (Rotterdam)	≥ 10 years
3	F	Job coach	Municipality (Amsterdam)	≥ 10 years
4	M	IPS coach	Psychiatric rehabilitation	1–5 years
5	M	IPS coach	Psychiatric rehabilitation	1–5 years
6	F	Labor expert	Social Security Institute	≥ 10 years
7	M	Job coach	Psychiatric rehabilitation	1–5 years
8	M	IPS coach	Psychiatric rehabilitation	≥ 10 years
9	F	IPS coach	Psychiatric rehabilitation	1–5 years
10	M	IPS coach	Psychiatric rehabilitation	≥ 10 years
11	F	Labor coach	Psychiatric rehabilitation	1–5 years
12	M	IPS coach & job coach	Psychiatric rehabilitation	1–5 years
13	F	IPS coach	Psychiatric rehabilitation	≥ 10 years
<i>Employers</i>				
1	M	Director	Social enterprise: Production, technology, logistics & landscaping	5–10 years
2	F	HR	Hospital	5–10 years
3	M	HR & job coach	Courier service	5–10 years
4	M	Manager	Social enterprise: Bicycle storage	≥ 10 years
5	F	HR	Housing corporation	5–10 years
6	M	Director	Social Enterprise: Retail	≥ 10 years
7	M	Director	Social enterprise: Logistics	≥ 10 years
<i>Policymakers</i>				
1	F	Policy secretary	Industry advocacy	5–10 years
2	F	Advisor	Government	1–5 years
3	M	Manager	Foundation	≥ 10 years
4	M	Policy officer	Government / Ministry of Social Affairs & Employment	1–5 years
5	F	Policy officer	Labor Union	< 1 years

Data collection

Data was collected through semi-structured in-depth interviews. Preliminary interview guides were designed for each stakeholder group specifically and discussed by the research team. The final interview guides were checked by researchers with a lived experience of a disability from an external company. Topics were assessed using open-ended questions with follow-up probes, and included the following:

- (Re)gaining and maintaining employment among people with WD during the COVID-19 crisis;
- Barriers and facilitators in work participation among people with WD during the COVID-19 and beyond; and
- Steps needed to improve work participation among people with WD in a time of crisis and beyond.

A short version of the translated interview guide can be found in Supplementary File 1. The individual interviews

were conducted online in Dutch by two researchers (MV and one external researcher), both of whom had interview experience and were trained in qualitative research. The interviews lasted approximately one hour, were audio recorded, transcribed verbatim and de-identified. Interviews concerning occupational health professionals took place from June 2021 to July 2022. The interviews with employers and policymakers were conducted between March 2022 and September 2022. The data were collected online at the workplace or at home, depending on the preferences of those involved. Field notes were made during the interview by the second researcher and a detailed summary was drafted after every single interview. Thereafter, the summary was shared with the interview participant to provide the opportunity to remark on our findings. After every conducted interview, the research team discussed the themes that emerged from the interviews. Data saturation had occurred after 27 interviews, as no new themes emerged based on discussions and the iterative data analysis.

Data analysis

Audio-recorded interviews were sequentially transcribed by an external transcription agency that complied with privacy regulations. Thematic analysis was used to analyse the collected data [21]. First, data familiarization occurred by reading the transcribed interviews and discussing interview findings. To ensure coding consistency, from each stakeholder perspective, three transcribed interviews were analysed independently by the first author (MV), the second (TJ), and third author (AB). Several discussion meetings were organized to reach agreement on codes. The remaining transcribed interviews were analysed and coded by the first author. All transcribed data were analysed in Dutch using MAX-QDA software to facilitate code management. An initial codebook according to the stakeholder level was iteratively built and refined through discussions with the first author and authors 5 and 6. Codes derived from the data were discussed and collated into categories. Similarities and discrepancies among stakeholder perspectives were discussed and connections between codes were drawn. Then, overarching themes were identified through discussion and by returning to the data to ensure emerging themes accurately reflected the original data. The themes were discussed with the research team (MV, MH, MZ and HA) and agreed on interpretation. Several meetings with the research team led to consensus on the final themes. Quotes representative for the findings were selected and translated from Dutch to English and were checked for accuracy by an external researcher and native English speaker.

Ethics

Written or audio-recorded informed consent was obtained from all interview participants. Oral and written information was provided on the confidentiality and anonymity of the results of the study. The Medical Ethics Review Committee of the VU University Medical Center declared that the Medical Research Involving Human Subjects Act ('Wet Medisch-wetenschappelijk Onderzoek met mensen') did not apply to this study, yet research ethics were assessed (reference no. 2021.0120).

Results

The analysis resulted in seven main themes, each consisting of several subthemes: (1) A vulnerable labour market position during the COVID-19 crisis for people with WD; resulting in Enhanced employer support in response to employee needs, losing jobs especially for those in flexible contracts or sectors that were affected, and having more difficulty in starting and regaining employment, due to hesitancy of employers to recruit new employees

in times of crisis, (2) New working arrangements; during the COVID-19 crisis work could not always be performed as before, leading to alternative work tasks and the possibility to work from home, both revealing new possibilities for workers with WD, (3) The impact of social distancing; the risk of social isolation and reduced selfcare among some workers with WD and both a better and worse mental health depending on how workers perceived a more quiet workplace, (4) The burden of the unknown; due to fear of an unknown virus, ever-changing policies, either too high or too low motivation and employer's concerns about (costs of) absenteeism of employees, (5) Offering and receiving OHP support remotely; alternative and remote ways for support were initiated during the COVID-19 crisis which had benefits such as more clients could be helped in a day, and challenges due to difficulties in connecting to the candidate and employee, especially with new candidates, (6) Changes in collaboration between stakeholders, like new dynamic between employer and candidate with online communication, but also less candidates being mediated by the municipalities during the COVID-19 crisis, and the last theme: (7) Steps needed to improve work participation in times of crisis and beyond.

The themes and subthemes are described in more detail below. Additional quotes can be found in table A (Supplementary material).

Theme 1: A particularly vulnerable labour market position during the COVID-19 crisis

Enhanced employer support in response to employee needs

All the employers we spoke with emphasized that they felt the responsibility to take several actions to support the employee and to create appropriate conditions in which the employee was able to work. For employees with cognitive impairments working in a social enterprise, this included paying close attention to individual needs and providing clear communication about COVID-19 measures in the workplace. For instance, one employer provided posters with easy-to-understand icons and explained all measures one by one to avoid free interpretation of the COVID-19 measures.

So we took over all measures one by one and explained them and we hung the simple posters with many pictograms. (Employer 16)

But there were also employees who needed to work in the office and required approval from their employer. This was the case, for example, for an employee with hearing difficulties. This employee became too isolated while working from home.

However, according to OHPs, this extra effort was not always enough for employees to retain work. It was also

mentioned that support was sometimes not in place, especially during lockdowns, because for job coaches it was not allowed to visit the workplace and also supervisors were less frequent at the workplace. One OHP stated that if support in the workplace, such as from a job coach or a supervisor, had continued during the lockdowns, job loss might have been prevented for some employees, because issues would have been earlier detected.

It was that kind of change he couldn't deal with, that employee, when he finally reached out to me, he said that he would leave the company. This is just something, this could have been prevented if he had been supported. (OHP 2).

Higher job insecurity

According to some policymakers, the vulnerable position of people with WD became particularly clear from the high rates of job loss among this group. They explained that employees with WD often have temporary contracts or work in sectors that were disproportionately affected by the pandemic, such as the catering industry.

What we noticed was that people with a work disability were more affected [by the COVID-19 crisis] and the decline in work participation was bigger [than the general population]. And that this was mainly caused by them having mainly flexible contracts... And that is what you see, even though the labour market has recovered, they are left behind. So, they do not start in work again as quickly as the rest of the labour market. That was an important insight for us: ah, look how sensitive these flexible contracts are. (Policymaker 3).

Starting and regaining employment

Furthermore, people with WD encountered problems with starting or regaining employment. Several policymakers stated that providing job-to-job assistance was complicated during workplace shutdowns, which resulted in negative outcomes for job seekers and employees.

Other OHPs experienced that the start of a job was postponed during lockdowns for some of their candidates. One policymaker added that people with WD experienced many challenges in their way towards work and that takes much more time and effort for them as compared to the general population to start in employment after losing a job. He explained that for people with WD, asking for assistance from authorities can be a significant obstacle and this became even more problematic during the COVID-19 crisis due to remote communication.

Another obstacle to start in employment, as expressed by some OHPs and policymakers, was the employers'

hesitation to hire people during the COVID-19 pandemic. They explained that due to workplace shutdowns on the one hand and anxiety about spreading the virus on the other hand, employers were hesitant to offer placements for new employees. Some employers explained that they were reluctant to hire new employees, especially those with WD because they felt they were not able to train and guide them optimally, especially since the hired workers with WD often require additional guidance or workplace accommodations.

Well, employers were surviving. If you are in doubt whether your company will still be here within a month, you don't have any room for employing people. Let alone people who have extra needs, do you get it? Sounds a bit blunt and harsh, but I think it works that way. Because an employee who has issues, that is extra complex and complicated. (OHP 8).

On the other hand, some policymakers stated that the current tight labour market could be a promising turning point to improve work participation among people with WD. The majority of the OHPs noticed a growing interest among employers, who were eagerly looking for new employees, to reconsider employee requirements.

Theme 2: New working arrangements

Inventing alternative tasks

Governmental restrictions led to the advice to work from home or to close facilities. Most employers mentioned that, although in some cases work continued as before, the COVID-19 crisis often led them to adopt new working arrangements, like inventing alternative work tasks. As regular work tasks were temporarily stopped, alternative work tasks would keep people employed and gave them something else to do.

So, on the one hand some work tasks disappeared, but on the other hand new work tasks arose, which pleasantly surprised us, because we did not expect this. They [people with WD] started with continuously filling hand dispensers [with disinfectants] throughout the hospital, handing out face masks and asking people to keep their distance. In that way there was actually more work for our employees. (Employer 2).

Adapting to changes in the workplace required much flexibility both from employers and employees. Several employers mentioned that, against expectations, the necessary work(place) adjustments went smoothly in most cases. Simultaneously, they observed that some employees were increasingly annoyed because they felt the alternative work tasks, as part of the work adjustments, were

pointless. Yet, employers and policymakers pointed out that overall many employees with WD were much more flexible and capable of performing alternative tasks than previously thought.

One policymaker stated:

Under pressure, in this case Corona, you see that some changes can be made sooner than expected. Sometimes it was also a necessity... people who do certain work tasks that could not be done, such as in catering. Then, they had to do something else, in which they also succeeded. And people turned out to be capable of doing something else....it appeared that people could do more and are also more flexible than you think. (Policymaker 2).

Working from home

Besides inventing new work tasks, working from home became another new work arrangement. One employer described that he enabled his employees to work remotely from home. However, several other employers explained that working remotely was not even an option due to the nature of the work and the capabilities of the employee. Another employer added that employee's living situation could also hinder working from home due to a lack of space and proper working conditions.

"Where she lives turns out to be a 4 by 4 room with everything in it. So she was sitting on her bed working on her laptop. And well, that's just bad according to occupational health and safety regulations." (Employer 11).

Besides, some employees needed the actual office environment to motivate them to start working and focus on work tasks.

Yes, he totally lost his life-rhythm. He did not set his alarm clock. He could not bring himself to start up his computer and to start working from home. He could have, right, yes, he could work quite independently, but one way or the other, his home environment had nothing to do with work, that he did not start working at all. (Employer 5).

An employer with a deaf employee encountered completely different problems in working from home. The employer noticed that other colleagues were either unable or unwilling to contact this deaf colleague by phone while working from home. As a result, this employee ended up in social isolation, according to the employer.

"But what we really noticed with her is that no one would approach her via Teams or WhatsApp. When people had questions, they would always call a colleague, just call. But you couldn't call her. And then,

for many people, and still for some, it was quite a high threshold to contact her via Teams without an interpreter." (Employer 5).

Yet, according to some policymakers, working remotely could offer a lot of advantages to employees during the pandemic, such as more autonomy in organizing work and working from a preferred location. According to them, this might especially be beneficial for people who are sensitive to overstimulation or people living with reduced mobility.

On the other hand, some OHPs argued that working from home was extremely difficult for new employees, as they had not yet acquired any skills at the office.

Theme 3 The impact of social distancing

The risk of social isolation and reduced self-care

According to many of the OHPs and employers, for part of the people with WD engaging in social activities and taking care of themselves is an ongoing challenge. For those, social isolation and reduced self-care was a high concern during the COVID-19 crisis, especially during lockdowns. People with WD who lived alone were especially at risk according to the OHPs and employers because there were times they would not see anyone and did not feel the need to get dressed or refresh themselves. Even in the workplace, some employees seemed more withdrawn and asked for less assistance.

There is a large group of people, who had problems motivating themselves to become active, to get dressed, to go outside. That is yes, that is quite a large group. (OHP 9)

According to some OHPs, for many people with WD a clear daily schedule was very important to structure their day and to prevent them from relapse into addiction and a disrupted day-night rhythm. Some OHPs pointed out that they unfortunately were not always able to prevent the negative outcomes of social distancing.

Mental health: two sides of the same coin

Furthermore, some employers noticed that absenteeism substantially increased during the COVID-19 crisis due to negative mental health outcomes among their employees. One employer assumed that the threshold for sickness absence among employees in general lowered during the pandemic. One employer suspected that reporting sick among employees increased because employees felt less involved in their work and experienced less work satisfaction in their alternative work routine.

And she also became sick, because she felt like, I'm just sitting here alone and the content of her work became less and less interesting. So, she did

more and more routine work. So, she became really exhausted, like, yes I can do much more, this work is too boring. (Employer 5).

Nevertheless, some of the OHPs and employers noticed that some employees experienced more peace and less stress in their work. They stated that a quiet workplace with fewer colleagues substantially improved comfort at work. In addition, one OHP explained that people who just had started their employment could slowly integrate into their work without all the hustle and bustle at the workplace.

Theme 4: The burden of the unknown

The fear of an unknown virus

At the start of the pandemic, some OHPs had the feeling that some of their candidates were afraid to start working and to go to a new (work) location, because of not knowing the risk of getting infected by the COVID-19 virus. This was particularly true for employees with chronic conditions. According to some policymakers, employers had difficulties dealing with this because they did not know how to deal with employees experiencing vulnerabilities and their fears.

I think that at the beginning of Corona, many people didn't want to or didn't even dare to work. It was a huge obstacle for many people making that first step towards work, and if indeed everyone is becoming sick and you don't know what it [COVID-19] exactly is, you will rather think I'm staying at home. (OHP 13).

Ever-changing policies

As described by both OHPs and employers, constantly changing COVID-19 measures and returning to 'normal' were difficult to deal with for a substantial percentage of employees. They also noticed that these changes resulted in uncertainty and caused concerns among employees about how to comply with the regulations and which rules were in effect at any given time.

And if other people did not comply with the rules, for example the one-and-a-half-metre distance, they were constantly frustrated, and they also had a bit of trouble with, yes, what exactly are the rules that I have to adhere to and what not? (OHP 9).

Too little or too much motivation

Some OHPs had the idea that lockdowns caused motivational issues among their candidates. They explained that some of their candidates could not motivate themselves to look for a job or to start educational trajectories without having long-term perspectives. On the other hand,

both OHPs and employers expressed their concerns about newly hired employees who were too motivated and did not set boundaries. According to them, employees were extremely happy about the fact that they managed to find a job, resulting in overexerting themselves to keep that job. OHPs and employers mentioned that this required extra attention of job coaches or employers to make sure that employees did not exceed their limits.

At the moment, we see that they all want to work so badly and to prove themselves so badly, that they go faster than they can manage, so we have to slow them down. We feel that the quality of work is more important than the speed. We'd rather have you work accurately and precisely than have you work fast. But because they are so happy to have a workplace that they want to keep, they want to prove themselves and forget to take a break or they keep going and going. (Employer 2).

Employers' concerns about absenteeism of employees

According to some policymakers, many employers worried about the, to-be-expected high absenteeism among employees. One policymaker stated that the payment of wages during quarantine and whether or not employees were vaccinated were particularly of high concern among employers. The employers argued that they already had a disproportionate responsibility regarding absenteeism of their employees. Under Dutch employment law, an employer is responsible for sick pay for the first two years of illness of an employee. This sick pay must be, at a minimum, 70% of the employee's current wage. Furthermore, employers must play an active part in their employee's rehabilitation. According to employers, the COVID-19 crisis brought an additional burden for them in terms of sickness absence.

Theme 5: Offering and receiving support remotely

Finding new approaches for support

Offering remote support required new (creative) approaches. In some cases, OHPs increased the frequency of their guidance because online contact saved traveling time. One policymaker added that the use of video calls could also be beneficial to facilitate job seekers' first contact with authorities. Several OHPs expressed that it was, despite new approaches, difficult to reach out to their candidates, and in some cases lost contact. In order to stay connected with candidates and keep them motivated, some OHPs mentioned that they came up with creative ideas, like games to activate their candidates. Sometimes these ideas were just to ensure that candidates dressed up and got out of the house.

I made a bingo card, which they had to complete

once a week [...]I had listed twelve things of which they had to take a picture. They had to send that to me, and then I sent a small token of appreciation to their home address as some sort of motivation to make them get out of their house. (OHP 9).

Difficulty connecting to the candidate or employee

Some OHPs experienced that the transition to remote support was easier for candidates they were familiar with, compared to new candidates. Moreover, most OHPs experienced frustration regarding assisting their candidates remotely in finding a job. Some OHPs had the feeling that, due to the absence of facial expressions and non-verbal signals, they could not totally grasp the main barriers and specific needs of the candidate. As a consequence, they had to make decisions based on insufficient information, which in some cases resulted in a mismatch between the job and the candidate.

Furthermore, some OHPs and employers had the feeling that candidates or employees were trying to hide from governmental authorities. (Context; Authorities, such as the municipality and SSI, expect people with a WD who receive social benefits that they are cooperative in the services they receive to find paid employment. However, not all candidates are intrinsically motivated to work or may be anxious to start working). According to them, some candidates and employees were using the pandemic as an excuse to stay at home.

Theme 6: Changed collaboration between stakeholders

New dynamic between stakeholders

The transition into online communication has changed the workplace communication dynamic between the employer and the candidate, according to OHPs. One of the OHPs explained that online contact resulted in more distance between employers and candidates and lack of commitment from employers towards new candidates. Besides this change in dynamic, most OHPs and employers experienced that cooperation between OHPs and employers was easier in existing partnerships. For example, one OHP had the feeling that employers wanted to make that extra effort for their employees to keep them at work during the COVID-19 period. Another OHP added that employers consulted the OHPs more frequently about whether the new working arrangements were suitable for their employee.

Lack of mediation services from municipalities

Like the OHPs, most of the employers also noticed the reduced influx of new employees due to stagnated mediation between organizations. Due to limited communication channels during the COVID-19 crisis, most OHPs experienced difficulties contacting and consulting

municipalities about services and instruments for their candidates. Both OHPs and employers stated that they were diligently looking for assistance from municipalities. According to many of the employers, there was absolutely no mediation from government authorities, which resulted in new employee placements being postponed.

That was because during the lockdowns, officials could also only work from home, so nobody [people with a work disability] was mediated towards work. And nobody was seen. So, also the number of people that could be mediated towards work declined. (Employer7).

Theme 7: What is needed to improve work participation beyond COVID-19

Simplifying legislation and establishing sustainable employment policies

Several stakeholders emphasized the complex bureaucracy and lack of uniformity between municipalities that hinders employers from hiring people with WD. According to most OHPs, employers and policymakers, understanding all the complex rules and legislations was challenging for them, let alone for employees. They all stated that regulations should be simplified by making them (more) uniform for the different groups of people with WD, so that employers do not have to deal with different conditions for employees within different benefit schemes and employees have the same rights and obligations and are entitled to the same instruments.

That sort of stuff. Just making the legislation easier, that it does not come with so much administration hassle, from an equality point-of-view and treat everyone the same. (Employer 11)

Most of them also stressed the need for long-term instruments, such as wage subsidies, the entitlement to job coaching or the no risk policy (in which the employer does not have to pay the employee in case of sickness absence) to reduce uncertainty and hesitation among employers to hire people with WD. Policymakers added that employers need to be extensively facilitated in requesting governmental instruments and services. They also thought that employers needed additional support from OHPs with regard to hiring and supporting people with WD.

Investing in career development, including financial prospects

Most policymakers highlighted the importance of increasing the employability of people with WD by providing life-long learning in a work context, especially in times of crisis. Policymakers explained that preventing

job loss and absenteeism by investing in career development improves employability and contributes to job-to-job transitions. Preferably, OHPs added, this will be accompanied by improved financial prospects for employees and financial security. OHPs and policymakers emphasized that guaranteeing that everyone receives basic services and support in terms of finances, housing, and access to health care is an essential step toward equal access to employment.

So, I think it is important for people to stay active, and that they are working on their employability. So that they can move into employment more easily, especially in times of crisis. (Policymaker 4).

Creating an inclusive organizational culture

The organizational culture needs to be more inclusive, stated OHPs, policymakers and employers. OHPs explained that employers could accomplish this by focusing more on what skills are needed for certain jobs rather than on educational level when recruiting new employees. Employers noted that it is important that employees disclose their needs in the workplace. According to one policymaker, employers need to know how they can facilitate their employees, as they often have difficulties identifying people's capabilities and needs.

Employers often have difficulties estimating someone's capabilities. Is he able to do this or that? And if someone is not able to indicate what he or she can do, you know. If an employee can say: I have difficulties with this, but if I can do it like that, then I can do my work. And if you can offer me a workplace without stimuli, or if you can give me a break a little bit more often, or if I can indicate that my day is not so great. (Policymaker 2).

Most policymakers stated that dividing work activities into smaller job tasks is one way employers can make their organization more inclusive. Then, these smaller job tasks can be done by people with WD, provided that the work also suits that person. This way of working requires support from all other employees, as it also affects their work. One employer explained that organizing workshops for employees about diversity was an activity they planned to raise understanding and awareness regarding employees with WD. The majority of policymakers emphasized that it is important that employers share with their peers the positive experiences they have had hiring people with WD. Sharing experiences may reduce 'cold feet' among employers who have no experience with employees with WD. In addition, some policymakers explained that social firms could play an important

role by facilitating employers through secondment of employees.

Increasing accessibility to information and support assistance

Both employers and OHPs strongly emphasized the need for one clear single point of contact for employers and employees regarding services. According to OHPs, some people with WD are hesitant or even anxious to ask for advice because of the fear that asking questions could have consequences for their social benefit income. Besides, policymakers explained that not all people with reduced work capacity have access to support assistance. The eligibility criteria to receive support differs among vulnerable populations at the labour market, which has a substantial risk on labour rivalry among this vulnerable groups.

If you depend on a social benefit. Yes, you will always feel nervous when you go to that organization [Social security institute]. Sometimes, it even goes so far that some people indeed do not even dare to call the SSI if they have a question. Like, I don't understand this, could you explain it to me? Because they are afraid that they are asking the wrong question and that it may have consequences for their social benefit. (Policymaker 3).

Discussion

This qualitative study explored experiences from a practice and policy perspective on work participation for people with WD during the COVID-19 crisis. We also investigated facilitators, barriers and ways to improve work participation among people with WD in times of crisis and beyond. Interview findings indicated that people with WD had a vulnerable labour market position during the COVID-19 crisis. According to the policymakers we spoke with, this vulnerable position became particularly clear from the high rates of job loss among those with temporary contracts and in sectors particularly affected by the crisis. Moreover, as many workplaces had to close during lockdowns and most employers rapidly implemented new working arrangements such as working remotely from home, the resulting social isolation, reduced self-care and mental health issues among people with WD were mentioned as reasons for concern. At the same time, the possibility to work from home provided a positive shift in health and well-being for some. Additionally, the realization that some people with WD demonstrated greater flexibility than previously recognized could open up possibilities for the future. Nonetheless, OHPs experienced that finding a job for their candidates was much harder due to workplace shutdowns and lack

of mediation services from municipalities. To improve work participation among people with WD during the COVID-19 crisis and beyond, OHPs, employers and policymakers suggested several options, including simplifying legislation and establishing sustainable employment policies, investing in career development, creating an inclusive organizational culture and increasing accessibility to information and support assistance, on which we will elaborate below.

From our qualitative findings, we identified both positive and negative consequences of the COVID-19 crisis on employment and health among people with WD. We found that work continued for many workers and some of them had positive experiences of accommodations in work tasks, such as the possibility to work from home, leading to more comfort and less stress at work. These positive aspects were also mentioned by workers with WD in our previous study [15]. In contrast, also job loss and detrimental effects on mental health of people with WD were identified, despite the efforts of employers and OHPs. Especially those who lost their job reported the highest deterioration of health [15]. This differential impact, with both positive and negative consequences on work and health, was also described in other studies and were most likely due to differences between sectors, type of job, type of contract and/or type of disability. So there is not one story that captures what happened during times of COVID-19. It has been suggested that workers in precarious employment were among the most affected by the COVID-19 crisis, whereby those with low income and low-skilled jobs were likely to be most vulnerable in terms of maintaining work, regardless of whether people were disabled [22, 23]. We also found that finding new jobs for people with WD was hampered during the COVID-19 crisis, which is in line with other studies that found reduction of health services and limited opportunities for starting employment among people with WD [24, 25]. The present study indicated that this was often due to work places being shut down, but also because employers were hesitant to hire new employees during the crisis because they were not able to train and guide them properly. The above suggests that all workers in precarious employment, often having fixed contracts, were at risk for losing their job, but that in particular people with WD have problems finding a new job. This suggests that people with WD are vulnerable at the labour market in times of crisis and could benefit from more protection. It is recommended in future studies to further explore what factors determined finding work, maintaining work and job loss among people with WD, in comparison to the general population, and to seek for potential protective factors.

Our results revealed that new working arrangements were accelerated during the COVID-19 crisis and became widespread, such as the provision of alternative work tasks, working remotely from home and a flexible work schedule. This was in line with other studies, which reported that individualized workplace accommodations became more common for all workers during the COVID-19 crisis [31, 32]. The more widespread implementation of workplace accommodations contributed considerably in reducing the hesitation to reveal individual needs in the workplace and to request for specific accommodations [12, 26]. Previous studies from the pre-COVID-19 era described that such accommodations were helpful to improve work participation for people with WD, but were not commonly provided to people with WD [27–33]. The experiences during the COVID-19 pandemic learned that workplace accommodations had again both advantages and disadvantages. For example, where working remotely from home was not always an option due to the nature of work that many people with WD do, it was suggested to be beneficial for workers who are sensitive to overstimulation or have reduced mobility. At the same, challenges were mentioned, such as the risk of social isolation, difficulty focussing on work tasks (due to missing the work environment) and lack of proper working conditions at home. Moreover, employers mentioned that for them it was also often difficult to see how employees were doing, which was considered especially important for those with mental problems. These challenges were partly in line with the perspectives of people with WD, who mentioned that working from home hampered the separation they needed between work and private life, feeling connected to colleagues and the risk of miscommunication in online meetings [15]. However, since working remotely from home can offer benefits as well for some of the workers with WD, it is important to further explore for whom this is a welcome workplace accommodation and what is needed to guarantee the worker's health and wellbeing, for example an ergonomic workplace and proper guidance. The same holds true for other workplace accommodations, such as flexible scheduling dividing job functions into separate work tasks. Redesigning work was described elsewhere as an innovative strategy to create feasible job opportunities for people with WD [28, 34]. For future research, we recommend evaluating the working arrangements induced by the COVID-19 crisis, as this is essential to better understand how changes in the workplace impact employees and how these arrangements contribute to the work functioning of people with WD. In addition, it should be investigated what work arrangements and support worked for whom in the post-pandemic period, so

that employers and professionals can integrate this into their provided support and accommodations.

In line with other studies, our findings illustrate that the organizational culture, the workplace and the organization of work could be significantly improved to enhance work participation among people with WD and to protect them from job loss [35–37]. Besides reasonably accommodating workers with WD, employers and policymakers also argued that employers need to be extensively facilitated in creating an inclusive organizational culture. This includes a culture that encourages employees to disclose their needs and an infrastructure in which employees can be reasonably accommodated. For instance, our stakeholders emphasized that understanding and awareness regarding employees with WD must be increased among employers and co-workers and that there should be one centralized service point for expertise on accommodation issues. This consideration and the associated de-stigmatization of workers is especially required in the case of invisible disabilities, such as psychosocial conditions, as people with these disabilities face specific challenges when it comes to work participation [38, 39]. Furthermore, our stakeholders highlighted the importance of investing in career development for people with WD, including financial prospects. Other studies in a systematic review have highlighted the need to revisit legislation taking into account the lessons learned from the COVID-19 crisis [26]. Most of these studies focused on workplace accommodations, such as making working remotely from home permanently available for people with WD, yet under the condition as described above. Based on our results, we further recommend simplifying the legislation regarding the social system for both employers and employees. Making legislation (more) uniform for the different groups of people with WD makes the process of hiring someone with WD easier for employers and facilitates the administrative process. It is also expected to contribute to equity of people with WD within different benefits schemes in that they have the same rights and obligations and are entitled to the same instruments. In addition, employment should be rewarded with substantial (financial) benefits compared to not working.

Additional efforts from employers are also needed to create job opportunities for people with WD. Therefore, policy responses are urgently needed in order to improve work participation among people with WD. Remarkably, most of the suggestions made by our interview participants for improving the work participation of people with WD were not related specifically to the COVID-19 crisis, but had already been put forth in the public debate in the Netherlands for some time. Stakeholders from different perspectives agreed that employers could take

more responsibility in offering opportunities for people with WD. At the same time, employers could also receive much more support with regard to providing job opportunities for people with WD and should be extensively facilitated throughout the process of hiring people with WD. In addition, long-term support should be provided by the government. Ideally, ongoing support should also be available for employees and people in search of work to help them gain or maintain employment. Moreover, most of the stakeholders described the COVID-19 crisis as a potential turning point for achieving disability-inclusive employment. In combination with the current tight labour market, this could considerably contribute to higher employment opportunities for people with WD.

Strengths & limitations

The present study has several strengths. First, our approach included a multi-stakeholder perspective, which provided broad and rich data and enabled us to compare perspectives in order to gain a clear understanding of barriers, facilitators and ways to improve work participation for people with WD. Second, interviews were conducted over a reasonably long period, wherein we were able to gain a clear picture of the different phases and (consequences of) measures taken during the COVID-19 crisis. Lastly, multiple researchers with a diverse range of expertise were largely involved during both the data collection and data analysis, which ensured that the findings and interpretations were extensively discussed.

A limitation in our study was the small sample size of employers and policymakers. Despite the small sample size, this study provides critical insights into participation of people with WD in the workforce during the COVID-10 crisis. Inclusion of our participant perspectives is important to understand lessons learned, including barriers and facilitators for enhancing work participation. Another limitation was the relatively low willingness among employers to participate in an interview. This was especially the case for employers affiliated with regular companies (instead of social firms), who may have found it difficult to make time for an activity that did not directly contribute to their organizational goals. This, unfortunately, forced us to use convenience sampling and kept us from interviewing employers who were less familiar or less experienced with this topic. Consequently, most of the employers who participated in our study were highly concerned with employees with WD and dedicated to improving work participation for this population. It is likely that employers not familiar yet with employing people with a WD have specific barriers for employing people with a WD and have a different view on what is needed to

enhance work participation for people with WD. We also found that changes at the workplace due to governmental measures to prevent spread of the virus differed quite substantially in different sectors and the employers interviewed in the present study did not cover all sectors. Therefore, in future studies it is important to further include regular employers, preferably covering all sectors to come up with more specific recommendation to increase the number of workplaces for people with a WD.

Conclusions

The results of this study showed that people with WD were vulnerable in the labour market during the COVID-19 crisis. Stakeholders therefore highlighted the importance of improving their labour market position in times of crisis and beyond. Comprehensively facilitating employers on the one hand and reasonably accommodating employees on the other hand seems to be essential to enhance the position of people with WD in the labour force. Our results showed that improving work participation for people with WD required a multifaceted approach, which can be guided by the practical and policy recommendations this study offered. To strengthen the position of people with WD in the labour force, strategies to achieve disability-inclusive policies need to be further explored.

Abbreviations

WD	Work disability
OHP	Occupational health professional
SSI	Social security institute

Supplementary Information

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Supplementary Material 1.

Supplementary Material 2.

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Authors' contributions

MV, MZ, MH, and JRA conceived of and designed the study. MV collected the data. MV, AB and TJ analysed and interpreted the data. MV drafted the manuscript. AB and TJ revised the concept version of the manuscript and contributed equally to this paper. All authors reviewed the final version of the manuscript. MV, AB, TJ and MH contributed to the revision of the final manuscript. All authors approved the final version of the manuscript.

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Data availability

The qualitative data generated and analysed during the current study are not publicly available due privacy regulations but are available from the corresponding author on reasonable request.

Declarations

Ethics approval and consent to participate

This research was approved by the Medical Ethical Committee of Amsterdam UMC. Informational letters were sent to all participants which gave them the opportunity to consider their participation and allowed them to give informed consent. Interview participants gave their audio-recorded informed consent prior to interviews.

All methods were carried out in accordance with the Declaration of Helsinki.

Consent for publication

Not applicable.

Competing interests

MV and AB have no conflict of interest. The chair of JRA is supported by the SSI. MZ is employed at SSI. MH and TJ are partially paid by SSI. SSI had no role in the design and completion of the study.

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