Could you explain what led to your interest in this area of research?

I am a professor in the Faculty of Nursing at the University of New Brunswick in Fredericton, Canada. In addition to my teaching responsibilities, I engage in research. My prior research related to parents caring for children who require complex home care. My interest in the experience of returning to work after an episode of depression developed after I witnessed a number of women struggle with this endeavour.

Depression affects twice as many women as men. What have your investigations uncovered on the way it impacts women’s health, wellbeing and work life?

My findings suggest that most women go back to work before they are completely healed, yet little attention is given to incorporating a recovering woman into the workplace. Once she goes back to work it is ‘full steam ahead’, often leading to additional stress. Women go back to work for a variety of reasons including financial worries and the need to combat social isolation.

A company’s policy for supporting employees’ return to work can have a big impact on the process of recovery.

What needs to change in order to help women reintegrate?

There needs to be more in-service on depression and mental health generally. There ought to be policies that support a gradual return to work with a lightened load. Workplaces are caught up with efficiency and productivity, but they really need to attend to the overall health of their employees. An employee wellness programme would be beneficial, where employers and employees can talk about depression. Employers must know that recovering women may have a poor memory and inability to focus, and take these factors into consideration when assigning workload. At the same time, women require some sort of workload when they return; being put at a desk with nothing to do is very demoralising.

What issues are associated with health insurance coverage, or lack of it, for women with depression?

Unfortunately, sick time health coverage or long-term benefits often run out before a woman has fully recovered. Lack of coverage creates a major problem as it results in women being back at work while still unwell, which can lead to less than optimal performance. If they can’t perform well, the women feel badly about themselves.

Dr Heather MacDonald and her team are carrying out research that aims to improve understanding of women’s experiences of workplace reintegration following depression, and develop a strategy to assist them in this often challenging transition.
What have been the project’s greatest successes and how are you planning to maximise their impact?

The greatest success at this point has been the opportunity to hear women’s voices about returning to work after depression. Women know what they require in order to be successful, but they need permission to share their ideas. We know there is a problem and we need to talk with human resource departments to encourage the ongoing dialogue. I plan to disseminate my findings to workplaces in New Brunswick. Hopefully this will get the dialogue going.

DEPRESSION IS a debilitating condition that affects individuals physically, emotionally, spiritually, cognitively and socially. Clinically, it is defined as a low mood that is sustained for the majority of the day for at least two weeks, and associated symptoms can include insomnia, weight loss or gain, reduced concentration, suicidal thoughts, and feelings of despair and worthlessness. Research has found that depression is the most common mental health problem among women.

With rates of depression rising, it is becoming increasingly common for individuals to take time off work and, for those who continue working during depression, productivity is decreased. In Canada, 58 per cent of the overall workforce are women, and yet very little is known about their experiences of depression and how to support them in returning to work after an episode. Furthermore, the literature and programmes currently available on the topic do not deal with gender-specific issues that are inextricably linked, such as managing childcare. Much is unknown about the scenarios and challenges that women face in this regard, and research is urgently needed.

INTERVIEWS WITH WOMEN

A research project currently underway at the University of New Brunswick in Canada is aiming to gain a greater understanding of women’s experiences of returning to work after depression. Led by Dr Heather MacDonald, outcomes from the research will inform policy and practice to improve the quality of care that women receive, and the findings will be used to develop a strategy to assist women’s re-entry into the workplace. “The study aims to provide a gendered perspective on women’s experiences; ultimately, the objective is to improve women’s health,” enthuses MacDonald.

There is an apparent level of secrecy surrounding depression within the workplace

Women in New Brunswick were invited to participate in a qualitative interview that explored their experiences with depression using a conversational approach, with the interviews recorded and subsequently transcribed verbatim. The principal investigator conducted in-depth interviews with 40 local women between the ages of 23 and 64 who had recently returned to work after a period of at least three months away due to depression. These women were employed in a range of organisations including universities, hospitals, government offices, retail businesses and schools.

FEMINIST-GROUNDED THEORY

In opposition to traditional social science research, the team is using a feminist-grounded theory methodology for the study. In this approach, data collection is a starting point, rather than a hypothesis. Furthermore, MacDonald and her colleagues are being guided by three principles that underlie feminist-grounded theory: the outcomes of the project will be useful to women, none of the processes used will be oppressive, and consideration of the influence of researchers, participants and processes will be permitted within the overall research process.

In keeping with grounded theory, the team supplemented the interviews with theoretical sampling that included individuals from human resource departments and different employers. Data collection and analysis took place concurrently; with the team coding data from the interviews grouping codes into similar categories, from which concepts were formed and became the basis for their findings. Hence, the specific research focus, or social problem, emerged and can be continually refined as analysis proceeds.

RECURRING THEMES

Although MacDonald is still immersed in data analysis, her initial findings have been insightful. During the interviews, women were asked about how depression affected them at work, their time off work and experiences of returning to the workplace. Responses to the latter ranged from: “I needed a gradual return” and “I had no support – if I had had a broken leg there would have been support,”
RETURNING TO WORK AFTER DEPRESSION: IMPLICATIONS FOR WOMEN’S HEALTH

OBJECTIVES
To more fully understand the experiences of women who have been off from work due to depression and have re-entered the workforce, and determine what would make their return to work more smooth.

KEY COLLABORATORS
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Dr Judith MacIntosh, University of New Brunswick, Canada
Dr Michelle Lafrance, St Thomas University, Canada

FUNDING
Canadian Institutes of Health Research
University of New Brunswick Research Fund

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HEATHER MACDONALD completed her MScN at the University of Toronto, Canada, and her PhD in Nursing at the University of Manchester, UK. She has been a professor at the University of New Brunswick in Fredericton, Canada, since 1990. Prior to her studies, she was the nurse manager of a general paediatric unit. In addition to having authored a number of publications, she has presented papers at various local, national and international conferences on the topic of parents for children with complex needs at home and on women returning to work after depression. In addition to working at the University of New Brunswick, MacDonald has a Parish Nursing Practice.

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Some of the identified benefits of women being able to efficiently and effectively re-enter the workplace include economic factors, the structure of work being a beneficial component of recovery, and social aspects of work helping combat isolation. Some of the barriers to women returning to work that are emerging from the data include stigma and discrimination, a fear of self-disclosing, and concentration and memory issues.

MacDonald has identified two recurring themes. The first is that of ‘battling adversity’, with women reporting a struggle against not only depression, but also the workplace and the healthcare system. The second is ‘the active practice of silence’, with women reporting that they have felt compelled to conceal their depression or disclose it strategically, and that there is an apparent level of secrecy surrounding depression within the workplace. “In the workplace there is a silence that shrouds depression,” laments MacDonald. “Colleagues don’t ask women how they are doing as they would if they had a fractured arm or a cancer. It seems that depression is to be kept a secret.”

CHANGING THE STATUS QUO
Once the study has been completed, MacDonald’s team will use innovative strategies to translate the knowledge gained to women in workplaces, employers and human resources professionals. With support from the project’s collaborators, MacDonald intends to ensure that her findings are also disseminated to and utilised by policy makers: “Their participation ensures that the study is relevant to their assessment of women’s needs, and that this important research will provide knowledge currently lacking to assist them in their work,” she adds.

First, however, the team will share a summary of their findings with all participants in the project. They will then use an already established network of relationships with service providers, government offices, research institutions, as well as policy makers, to communicate these findings in the health and social sectors. Furthermore, the research findings will be shared with lay audiences through a participant forum, newsletters and websites, and with professional, local, regional, and national audiences through publishing in peer-reviewed journals and conference proceedings. MacDonald already has plans to present her initial findings to international conferences in Chicago, USA, and Athens, Greece.

The study is a work in progress and over the coming months MacDonald will continue with data analysis and theoretical sampling. The new framework for women that she intends to produce is developing alongside this. Eventually, her research will help tailor interventions for women returning to work and improve their access to health and employment services. “Once I develop a framework and disseminate it to workplaces, we can change the status quo,” MacDonald concludes.

RETURNING TO WORK

BARRIERS
Stigma and discrimination
Fear of self-disclosing
Concentration and memory issues

BENEFITS
Economics
Structure helpful in recovery
Combats social isolation