

Returned to Work Employees: Predictors of their Well-being

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Abstract

Due to fast changing working environment leading to potential strains among employees, chronic health problems (CHP) become more prevalent especially among aging employees regardless of working sectors. By 2019, Public Service Department (PSD) reported 4,677 public service employees (PSE) with CHP. The organization has suffered losses due to the long-term medical leave taken by the CHP PSE, particularly when it involves talents. Organization has to bear greater losses if they do not take into account the well-being of returned to work (RTW) employees. To date, there are unavailable studies conducted on well-being of RTW PSE with CHP in Malaysia. Therefore, this study aims to determine predictors of well-being among PSE with CHP after returning to work at Ministry of Health Malaysia (MOH) which focuses on three (3) predictors identified: work adjustment, work environment and perceived organizational support (POS). This study was conducted based on quantitative, non-experimental and cross-sectional research paradigm. Specifically, this study employed descriptive and correlational research designs to entertain the research objectives. Based on findings of data collected among 125 respondents, the most dominant predictor of well-being among RTW employees is work adjustment and followed by work environment. This study contributes significantly to the Theory of Work Adjustment and Job Demands-Resources Model. Recommendations for future research are also provided.

Keywords: Returned to Work, Chronic Health Problems, Well-Being, Public Service Employees

Introduction

It is crucial for organizations to include returned to work (RTW) employees in their effort to address employees' well-being (EWB). EWB should be given considerable attention as it may affect overall organization's performance. The prominent role of EWB is undoubtedly important in augmenting organizational future effectiveness. EWB also has been highlighted as a nationally critical health concern by the National Academy of Medicine and the Occupational Safety and Health Administration (Adams, 2019). EWB in general, refers to the condition of employees being comfortable, healthy, or happy in their work, expectations, and environment, all of which have an impact on their productivity, performance, and morale.

Due to fast changing working environment leading to potential strains among employees, chronic health problems (CHP) become more prevalent especially among aging employees (Leijten, et al., 2015; Varekamp & Van Dijk, 2010). CHP can be defined as any health problems that require ongoing management over a period of years, which include non-communicable disease (e.g., cardiovascular disease, cancer), long-term mental disorders (e.g., depression and schizophrenia), ongoing impairment (e.g., amputation, blindness, joint disorders), and certain communicable diseases (e.g., RB, HIV/AIDS). Organizations has to bear the cost of losing their talents due to long medical leaves taken. According to report published by National Center for Chronic Disease Prevention and Health Promotion (2020), CHP has cost US employers USD36.4 billion a year because of employees missing days of work. In Malaysia, CHP has become the principal causes of death (Department of Statistics Malaysia (DOSM), 2021).

It was recorded that employees in the Malaysian public service contribute 1.6 million in the year 2020 (Prime Minister's Office of Malaysia, 2020), which is 10.5% of the total workforce and 4.9% of the total population in Malaysia. By 2019, there are about 4,677 public service employees (PSE) with CHP (0.3% of the total public service workforce) (Public Service Department Malaysia (PSD), 2019). PSD (2019) reported types of chronic health-related problems faced by PSE to include permanent disability, mental illness, kidney and heart failure, cancer, and genetics. These PSE need long-term medical leave due to CHP.

The organization has suffered losses due to long medical leave, particularly when it involves talents. However, organization has to bear greater losses if it does not take into account the well-being of returned to work (RTW) employees. Even though RTW employees might or might not be able to perform his duty as usual due to their health condition, however, with appropriate adjustments (e.g., lighter duty), approaches, and continuous medical treatments they are still able to contribute significantly to the organizations. Employers, therefore, need to look into the well-being of RTW employees as well.

For private sector, RTW policy has been promoted and managed by Social Security Organization (SOCISO) since 2007. This scheme handles only for insured employees and applies to SOCISO insurance. SOCISO's methodology is systematic by using case management techniques to support employers by coordinating compensation management, medical and occupational rehabilitation to support disabled or sick employees to work (Awang et al., 2016). However, in public service, there has not been any RTW policies currently in effect. Improper management of the RTW employees resulting in many circumstances that the employees faced because of unavailable policy on RTW to date.

Less attention was given to RTW EWB before particularly to those working in public sector. Various categories of CHP encountered by RTW employees had affect them physically and mentally in which it may hinder them to perform tasks as usual. In addition to that, due to the improper management resulted from the absence of RTW-related policy in Malaysian public service can detriment both employers (e.g., employees take advantage of the weaknesses of this management system, refused to perform job, organization lack of manpower but still need to pay monthly salary, overworked and workload burden by other employees) and employees (e.g., socially and professionally isolated, lack of appropriate resources and social

support structures). Therefore, a systematic guideline is needed. A study on factors associated to RTW EWB is urgently needed to provide insights on the development of the guideline.

Through literature searching from several academic search systems (e.g., Google Scholar, ResearchGate, Sci-Hub, Semantic Scholar, and PubMed), majority of the empirical studies on RTW EWB focused mostly on Western countries. Example of those recent studies include by (Gragano et al., 2018; White et al., 2019; Bostjancic and Galic, 2020; Figueredo et al., 2020). It has been found out that there are limited studies conducted on RTW EWB in Malaysia especially in Malaysian public service. However, there were four recent studies on EWB in Malaysia focused to private workers (e.g., Daud, 2017) and public sector employees (e.g., Johari et al., 2018; Tambol et al., 2020; Daud et al., 2021), but none of them focused to the RTW employees from both sectors. While eight recent studies on work-related injury and RTW employees in Malaysia focused on examining the factors associated to successful RTW following multidisciplinary rehabilitation (e.g., Awang et al., 2017), examining the factors related with returning to work after cardiac event (e.g., Mustafah et al., 2017), examining the influence on intention to stay among employees who have undergone RTW program (e.g., Johari et al., 2019) and examining the factors affecting the quality of life and social support of insured patients in the RTW program (e.g., Edul et al., 2021), but none of them focused on the EWB (Appendix II). As a consequences, information regarding the level of RTW EWB especially in Malaysian public service are unknown and deserves further scrutiny.

Besides, past studies examined several factors on RTW EWB (e.g., work demands and resources, self-efficacy, social support, work ability). However, there were still scarce that look into the potential influence of work adjustment, work environment, and perceived organizational support (POS) on RTW EWB especially in Malaysian public service. Further studies therefore, urgently needed.

According to Theory of Work Adjustment (TWA), to retain the well-being of RTW employees, job satisfaction (both intrinsic and extrinsic) through work adjustment, an interactive and reciprocal process between the individual and the work environment, may well contribute to their well-being. While according to Job Demands-Resources (JD-R) Model, to retain the well-being of RTW employees, balancing both job demands (e.g., work overload, time pressure, role conflict and poor relationship) and job resources (e.g., support from others, job control and performance feed-back) are needed.

Recent studies indicated that returned to work EWB is associated with organizational, work-related, individual and context levels. Example of organizational factors include workplace conditions (Adams, 2019), work environment (Giorgi et al., 2018) and work-related factors comprises employment arrangement and pressures (Ray et al., 2017). Meanwhile, example of individual factors includes social connectedness (Shanafelt & Noseworthy, 2017). Lastly, example of context factors includes degree of autonomy and flexibility, adaptability, boundaries, cohesion, individual worth and contributions, as well as diversifying performance evaluations (Walker et al., 2022). The purpose of this study therefore to determine factors associated to well-being among PSE with CHP after returning to work.

Conceptualizing Well-Being of PSE with CHP after Returning to Work

According to Warr (1987), EWB is the overall quality of an employee's experience and functioning at work. Effective functioning of employees occurs when they experience satisfaction and positive working environment. European Working Conditions Observatory (2011, p. XX) stated that "well-being at work means safe, healthy and productive work in a well-led organization by competent workers and work communities who see their job as meaningful and rewarding and see work as a factor that supports their life management". Another definition of well-being at work by Tehrani et al. (2007, p. XX) is 'creating an environment to promote a state of contentment which allows employees to flourish and achieve their full potential for the benefit of themselves and their organization'. Table 2 are list of several definitions of EWB from scholars.

Table 1

Definitions of EWB

Scholar	Definition
Warr (1999)	An employee's whole experience and function in terms of both physical and psychological characteristics.
World Health Organization (WHO) (2013)	"A state of every individual employee to understand his own capability, to manage with the normal stresses of life, to work productively and is able to make a contribution to her/his community."
Van der Vaart et al (2015)	"Refers to the physical, mental and emotional well-being of employees and assumes that a positive evaluation of one's work experience is conducive to one's well-being."
Krishantha (2018)	"The active state of pursuing good health and life skills with the aim of achieving sound physical and emotional health as well as financial security. It's the confidence that a person possesses and the ability, tools, and support to sustain individual good health and productivity."
Armstrong & Taylor (2020)	"Well-being is defined as the state of being comfortable, healthy, or happy. But well-being at work is a much broader concept than happiness. For people in work the level of well-being is also related to how satisfied they are with their job and how the company deals with them and treats them, especially in the area of their health care."

From the variation of EWB definitions by previous scholars, EWB can be seen entails more than employees' happiness and contentment with employee's life. EWB can be characterized as how employees feel positive about themselves and their life. It can be related not just on a psychological level, but also physically, which could be portrayed in how they interacts with their surroundings. EWB can be concluded as employees' self-reflections on his/her psychological, social, workplace and subjective well-being.

Theorizing Well-Being of PSE with CHP after Returning to Work

Theory of Work Adjustment (TWA)

Theory of Work Adjustment (TWA) as developed by Dawis and Lofquist (1984) has outlines how people adjust to their work surroundings and why they do so. Adjustment is seen as a

person's (P) interaction with their environment (E). Dawis and Lofquist (1984) defined work adjustment as a "continuous and dynamic process by which a worker seeks to achieve and maintain correspondence with a work environment" (p.237). This correspondence is the reciprocal process between the employee's satisfaction and the employer's satisfactoriness (Eggerth, 2008). Two major components to the prediction of work adjustment: a) Satisfaction: satisfied with the work one does; and b) Satisfactoriness: employer's satisfaction with the individual's performance.

P and E are described in TWA in simultaneous and complementary terms. P requirements are referred to as needs, and E requirements are referred to as tasks. Needs are prerequisites for certain reinforcers, such as remuneration and the opportunity to succeed. Tasks are requirements that must be met to create a product or conduct an activity. The significance of needs varies, whereas the complexity of activities varies. P has response capabilities, referred to as skills, to fulfill E tasks, and E has reinforcement capabilities, referred to as reinforcers, to satisfy P requirements.

Job Demands-Resources (JD-R) Model

According to JD-R Model, to retain the well-being of RTW employees, balancing both job demands (e.g., work overload, time pressure, role conflict and poor relationship) and job resources (e.g., support from others, job control and performance feed-back) are needed. If the job demands are high, organization should pay attention to increase job positive to encourage job motivation and engagement and reduce stress among employees which reflect on their well-being. The model is frequently used to examine how the workplace influences EWB and productivity (Bakker & Demerouti, 2017).

Factors Associated to Well-being among PSE with CHP after Returning to Work and Hypotheses Development

Work Adjustment and Well-Being

Dawis and Lofquist (1984) defined work adjustment as a "continuous and dynamic process by which a worker seeks to achieve and maintain correspondence with a work environment" (p.237). In general, task suitability refers to the job being done and the capability of the person doing it (Ritonga et al., 2019). The feasibility of someone handling a job in terms of aspects of employment and the person who handles the work is specifically the suitability of the task (Carless, 2007). Work suitability is done through workplace adjustment or modification, which is a change to a work process, practice, procedure, or environment that allows employees with a disability to perform their job. Adjustments or modifications might vary, but the most frequent is related to the work such as hours and expectations of the job or the location. It is also connected to assigning employees to light duties. In general, "light duty" refers to a temporary or permanent job that is physically or mentally less demanding than normal job tasks.

Previous studies relating to work adjustment and EWB include by Biswas, Makela and Andresen (2021) stated that well-being is positively anteceded by work adjustment ($r = .420$, $\check{r} = .347$). Besides that, Samadifard and Narimani (2018) found that there is a positive relationship between spiritual well-being ($r = .053$) with job adjustment of nurses. While according to Hakanen, Perhoniemi and Toppinen-Tanner (2008), well-being at work is a personal resource that allows resource investments and acquisition to improve one's

adjustment and performance. Another study by Vojnovic et al (2014) mentioned that workplace well-being is related to adjustment, and social adjustment is related to work adjustment. Accordingly, this study proposed that:

Ha₁ : There exists a positive and significant relationship between work adjustment and well-being of PSE with CHP after returning to work.

Work Environment and Well-Being

According to Oluyedi (2015), the work environment may be defined in its simplest form as the settings, situations, conditions and circumstances under which people work. While Briner (2000) stated that the work environment features various qualities, components, or variables that might impact employees' physical and psychological well-being. Employees' well-being is a driver for productivity, and the consequences of changing work environments are linked to employees' well-being (Palvalin, 2017). According to Chandrasekar (2011), the connection or relationship between the work, workplace, and work tools had become the most important aspect of their work. EWB is reinforced by a conducive working environment, which allows them to put out greater effort in completing tasks with the higher motivation required for increased productivity (Akinyele, 2007). Assuring a comfortable working environment and the well-being of their staff is one of the important tactics that may be employed to boost productivity (Foldspang et al., 2014).

Previous studies relating to work environment and EWB according to McGuire and McLaren (2009), stated that physical environment are positively related to EWB, indicating the existence of a significant positive relationship ($\beta = .58, p < 0.05$). Another study by Ibrahim and Ohtsuka (2013), also stated that psychosocial work environment (psychological job demands, job control and social support) as predictors of EWB, which accounted 17% of the variance in EWB, $F(3, 1161) = 77.77, p < .001$. This is supported by Barnett et al (2010) who mentioned that support offered by supervisors and co-workers, overall organizational climate, and workplace conflict and stress are among the workplace culture factors affecting return-to-work. For RTW employees, more comprehensive health services can be provided in each workplace while focusing more specifically on specific population targets (Samsuddin & Ismail, 2018). This is supported by Johari and Nazir (2015) who reported that PSE in Malaysia who experienced a favorable and meaningful work environment demonstrated a higher level of the organizational commitment. As a result, this study proposed that:

Ha₂ : There exists a positive and significant relationship between work environment and well-being of PSE with CHP after returning to work.

Perceived Organizational Support (POS) and Well-Being

POS is defined as employees' perceptions of how much their organization cares about their well-being and appreciates their contributions (Eisenberger et al., 1986). Research by Arslan (2018) shows that social acceptance and social connectivity were substantial and favorable determinants of subjective well-being. Supervisors can provide encouragement which leads to an increase in the employee's self-confidence. Further to that, Chandrasekar (2011) said that support given by supervisors to their employees is not limited to just resources but also motivation and encouragement. Employees' RTW after being absent due to illness is a critical

time to support success. Employees experience a strong need to be accepted at work because work provides social structure.

Previous studies relating to POS and EWB according to Roemer and Harris (2018), stated that POS is positively correlated to well-being ($r = .42, p < .01$). Another study by Ahmed, Zhao and Xi (2018), also stated that POS is positively related to EWB ($r = .54, p < .05$). While Panaccio and Vandenberghe (2009) reported that POS was significantly correlated to EWB ($r = .45, p < .01$). Research by Gillet et al (2012) found out POS predicts EWB. This is supported by Shaw et al. (2013) who mentioned that employees with high POS, are less stressed at work and are more likely to RTW sooner after an injury. Awang and Mansor (2018) also mentioned that there is a need to increase employer commitment to early and intensive intervention, which will result in improved RTW outcomes. Therefore, it was proposed that:

H_{a3} : There exists a positive and significant relationship between POS and well-being of PSE with CHP after returning to work.

Research Framework

Based on TWA and JD-R Model and supports from literature, the research framework of the study is illustrated as in Figure 1.

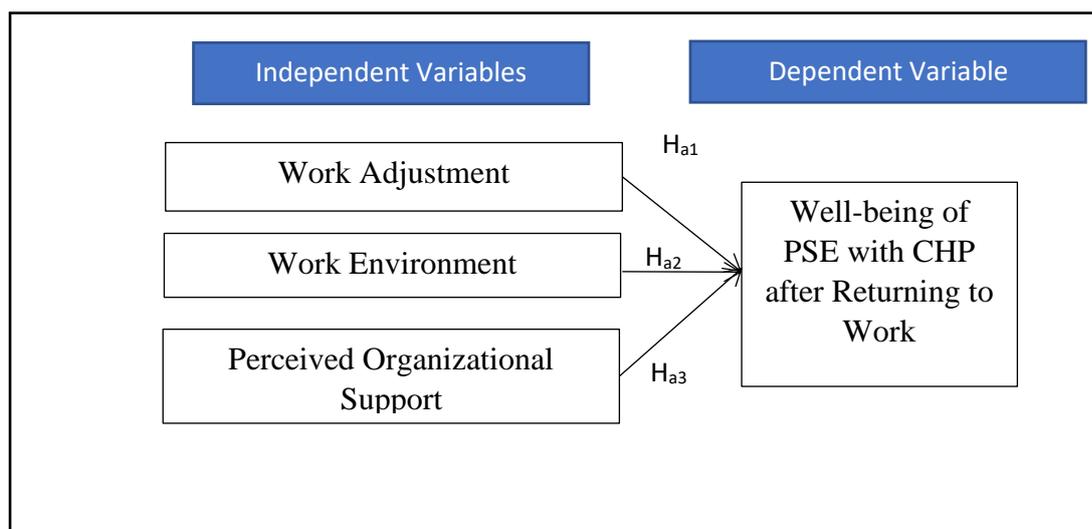


Figure 1. Research Framework

Methods

Study Design, Population, Sample Size and Sampling

This study has been conducted based on quantitative, non-experimental and cross-sectional research paradigm. Specifically, this study employed descriptive and correlational research designs to entertain the research objectives. This study has been conducted among MOH employees with CHP that have been returning to work. According to the statistics, there were a total of 1,140 employees from MOH that were reported in both categories of health problems: physical and mental. However, from the total, this study only focused on employees with CHP which was categorized under the physical health problems (N = 963) as those with mental health problem may have difficulties answering the questionnaire without assistance.

This study focused on PSE who are still serving MOH by 2022 and have been returning to work for at least three (3) months. The three (3) months duration of RTW was based on study by Etuknwa et al (2019) which mentioned RTW for at least three (3) months with no reported incidence of relapse and subsequent absence is a sufficiently long enough to demonstrate the sustainability of return for employees. Unit of analysis for this study is the individual PSE with CHP after returning to work at MOH.

Sample size of the study has been determined based on G* Power software Version 3.1.9.4 by (Faul et al., 2009). From the G*Power software, the total sample size required is 119, which represents 12.36% of the population. This study however has been accomplished through convenience sampling due to:

- i. majority of respondents were still not well but have already returned to work. Randomization for this study was not possible as it resulted to very low respond rate among respondents;
- ii. to obtain a high number of interested respondents based on their voluntary participation (Leiner, 2014); and
- iii. despite the fact that convenience samples are not representative in any way, their participation was highly valuable because at least there are insights related to them to attract more studies in the future.

The final collected sample of the study is 125 useable responses.

Instrumentation

Data collection of the study has been accomplished through instrument adapted from past studies. The questionnaire was prepared in bilingual, in English and Malay languages. The questionnaire was divided into five (5) sections.

Section 1 - Instrument Measuring Well-Being of PSE with CHP after Returning to Work

EWB in this study has been operationalized as employees' self-reflections on his/her psychological, social, workplace and subjective well-being. The instrument that consists of 33 items has been adapted from EWB Scale developed by Pradhan and Hati (2019). The reliability value of the instrument ranging from .72 to .96 which indicated a satisfactory level of internal consistency. An example of item in this section is 'I easily adapt to day-to-day changes of my life and able to manage my responsibilities well.'

Section 2 - Instrument Measuring Work Adjustment

Work adjustment in this study has been operationalized as employees' adaptation towards work context and work capacity. The instrument used was adapted from Illinois Work Adjustment Scale (IWAS) developed by (Strauser et al., 2021). The reliability value of the instrument is .95. There are 18 items in this section, an example of item in this section is 'I am confident in my ability to follow basic work rules.'

Section 3 - Instrument Measuring Work Environment

Work environment in this study has been operationalized as the work setting (e.g., job demands), social features (e.g., interpersonal relations) and employee's satisfactions on his/her organization. The instrument used was adapted from Danish Psychosocial Work Environment Questionnaire (DPQ) developed by (Clausen et al., 2019). This section consists

of 38 items and the reliability value is .95. An example of item in this section is 'I often do not have time to complete all my duty tasks.'

Section 4 - Instrument Measuring Perceived Organizational Support (POS)

POS in this study has been operationalized as employees' perceptions of how much the organization values their contributions and is concerned about their well-being. The instrument that consists of 9 items used was adapted from POS Scale developed by (Burns, 2016). The reliability value of the instrument is .88. An example of item in this section is 'The benefits that I receive at this organization meets my needs.'

Section 5 - Demography

This section collects data on gender, age group, marital status, ethnicity, highest education, service group, workplace and categories of health problems. There were also items regarding their returning to work. Examples of question in this section are "What would you say about your health now?" and "By returning to work, does it hinder your health recovery?"

Validity and Reliability

This study provides two evidences of validity which include face validity and content validity. For face validation, this study started with the searching processes of the instruments by researchers from previous studies that related with the operational definitions of variables understudied. As a result, the instrument was chosen that on "its face", represent the element stated in the operational definitions. In addition to that, the quality of the instrument was also considered by choosing those with high reliability values. Peer review is also done to help checking the items' plausibility. For content validation, this study employed three panel of judges from various background were identified. They are representing the academicians (from *Universiti Putra Malaysia* (UPM)), policymaker and employer from public service (from PSD) and industrial or private sector (from SOCSO). The selection of panels is based on their expertise and experience in the field of study. Both representative from PSD and SOCSO were exposed to the RTW processes at their respective workplaces. All comments and feedbacks were cautiously considered to refine the items.

Table 2 shows the reliability of variables from data obtained from pilot study and actual study. For the pilot study with $n = 12$, the coefficient's alpha for all variables are between .812 to .967, indicating a good degree of internal consistency among the items on the scale. The resulting Cronbach's alpha values are greater than the original instruments' values. For the actual study with $n = 125$, the coefficient's alpha for all variables are between .939 to .965, indicating a good degree of internal consistency among the items on the scale. Overall, the resulting Cronbach's alpha values are greater than the pilot study's values.

Table 2

Reliability of variables

Variables	Pilot study (n = 12)		Actual study (n = 125)	
	No. of items	Cronbach's alpha	No. of items	Cronbach's alpha
EWB (DV)	33	.889	20	.962
Work Adjustment (IV1)	18	.967	12	.965
Work Environment (IV2)	38	.812	18	.939
POS (IV3)	9	.895	7	.957
Total	98		57	

Pilot Study and Data collection Procedure

A pilot study was conducted prior to actual data collection. It was conducted for 12 days from January 23 to February 3, 2022 through online using the Google Form platform. A total of 12 employees were involved. Based on the feedback received, the original questionnaire that consists of 98 items has been reduced to 57 items as the items were similar and redundant to another items. An example of item on the EWB, "I can freely share my problems with my colleagues" was deleted as it is seen similarly to the item "My team is a great source of social support".

In this study, data collection period was about three (3) weeks commenced from April 18 until May 9, 2022. This study employed an online questionnaire that was developed using Google Form platform as the method of data collection.

Data Analysis

Data were analyzed using IBM SPSS software Version 26.0. Referring to the Residuals Statistics Table, the results showed that the Cook's Distance minimum and maximum values obtained were between .000 to .240 where the values were not exceed 1. Therefore, no cases of outliers in the data. The Skewness values obtained were between -.556 to -.663 where the values were within the range of -2 to +2. Therefore, the data meets the normality assumption for all variables. The results of tolerance values obtained were between 0.246 to 0.406 where the values were not less than 0.10. Meanwhile, the values of VIF showed between 2.465 to 4.064 which the values did not exceed the value of 10. Therefore, there is no problem with multicollinearity in the analysis conducted.

To fulfill the objectives determined, descriptive and inferential analyses were employed. Descriptive analysis was used in this study to describe the demographic and to describe the level of EWB, work adjustment, work environment and POS among PSE with CHP after returning to work. Inferential analysis was used in this study to answer the main research objective which to determine the relationships between work adjustment, work environment, POS and well-being of PSE with CHP after returning to work and to determine the best predictor of well-being among PSE with CHP after returning to work. Interpretations of correlation coefficient values are based on Guildford's rule of thumb.

Findings and Discussion

Demography

The demographic characteristics and health status of study respondents are summarized in Table 3. Respondents were 43.34 years old on average ($SD = 5.951$, range = 31 - 55), with 58.4% female and 41.6% male. 83.2% of the respondents were married, 12.8% were single and 4.0% were other status. A total of 84.0% identified as Malay, 8.0% as Indian, 4.83% as Chinese and 3.2% as other ethnicities. Individuals in the sample had the highest level of education with 48.8% having a STPM/Diploma, 24.8% Bachelor's Degree, 20.8% PMR/SPM, 4.0% Master/PhD and 1.6% having other qualifications, with 80.8% of the sample coming from the support service group while 19.2% from the management and professional service group. Respondents worked at 88.8% of state level MOH facilities, 4.0% at MOH headquarters and 7.2% at other locations. Finally, 24.0% of respondents chose physical disabilities, 19.2% cancer, 17.6% genetic, 13.6% kidney and heart failure, and 25.6% other categories of health problems.

Aside from their demographic characteristics, there were also items regarding their returning to work. At the time of the study, 42.4% of respondents had a fair health status, 27.2% good, 19.2% very good, 9.6 excellent and 1.6% poor, with 71.2% still working for the same employer and 28.8% having changed employers. 82.4% said yes and 17.6% said no when asked whether their employer provided them modified or alternative duties to assist them come back to work, and 95.1% of yes responders accept the offer, while 4.9% refuse it. Finally, when asked if returning to work hindered their health recovery, 88% agreed that it did not while 12% disagreed.

Table 3

Distribution of respondents by demographic characteristics and regarding their returning to work (n = 125)

Demographic Characteristics	Frequency	Percent
Gender		
Male	52	41.6
Female	73	58.4
Age Group (Years) (Mean: 43.34, SD : 5.951)		
31 - 35	12	9.6
36 - 40	37	29.6
41 - 45	33	26.4
46 - 50	25	20.0
51 - 55	18	14.4
Marital Status		
Single	16	12.8
Married	104	83.2
Others	5	4.0
Ethnicity		
Malay	105	84.0
Chinese	6	4.8

Demographic Characteristics	Frequency	Percent
Indian	10	8.0
Others	4	3.2
Highest Education		
PMR/SPM	26	20.8
STPM/Diploma	61	48.8
Bachelor's Degree	31	24.8
Master/PhD	5	4.0
Others	2	1.6
Service Group		
Top Management	0	0
Management and Professional	24	19.2
Support	101	80.8
Workplace		
MOH Headquarters	5	4.0
MOH facilities at state level	111	88.8
Others	9	7.2
Category of Health Problems		
Physical Disabilities	30	24.0
Kidney and Heart Failure	17	13.6
Cancer	24	19.2
Genetic	22	17.6
Others	32	25.6
Items regarding their returning to work	Frequency	Percent
What would you say about your health now?		
Poor	2	1.6
Fair	53	42.4
Good	34	27.2
Very Good	24	19.2
Excellent	12	9.6
Is your current employer the same employer at the time you experience health problems before?		
Yes	89	71.2
No	36	28.8
Does your current employer offer you modified or alternative duties to help you get back to work?		
Yes	103	82.4
No	22	17.6
If yes, do you accept the offer? (<i>n</i> = 103)		
Yes	98	95.1
No	5	4.9

Demographic Characteristics	Frequency	Percent
By returning to work, does it hinder your health recovery?		
Yes	15	12.0
No	110	88.0

*SD = Standard deviation

**PMR = Lower Secondary Evaluation Certificate

***SPM = Malaysian Certificate of Education

****STPM = Malaysian Higher School Certificate

From the findings of age group of the respondents, it is seen that majority of the respondents were in younger category which between 36 to 40 years old (29.6%) and followed by 41 to 45 years old (26.4%) if compared to 46 to 50 years old (20.0%) and 51 to 55 years old (14.4%).

Level of EWB, Work Adjustment, Work Environment and POS

Table 4

Distribution of respondents by level of variables (n = 125)

Variable	Frequency	Percent	Mean	SD
EWB			4.40	.58
Low (1.00 - 2.33)	-	-		
Moderate (2.34 - 3.66)	14	11.2		
High (3.67 - 5.00)	111	88.8		
Work adjustment			4.44	.59
Low (1.00 - 2.33)	-	-		
Moderate (2.34 - 3.66)	11	8.8		
High (3.67 - 5.00)	114	91.2		
Work environment			4.35	.61
Low (1.00 - 2.33)	-	-		
Moderate (2.34 - 3.66)	14	11.2		
High (3.67 - 5.00)	111	88.8		
POS			4.18	.78
Low (1.00 - 2.33)	3	2.4		
Moderate (2.34 - 3.66)	24	19.2		
High (3.67 - 5.00)	98	78.4		

*SD = Standard deviation

Table 4 presents the distribution of respondents by level of variables ($n = 125$). From the findings in Table 4, for EWB ($M = 4.40$, $SD = .58$), work adjustment ($M = 4.44$, $SD = .59$), work environment ($M = 4.35$, $SD = .61$), and POS ($M = 4.18$, $SD = .78$) indicating a high level of satisfaction on the stated constructs.

Relationships between Work Adjustment, Work Environment, POS and Well-being of PSE

The results of the correlational analysis between predictors and EWB are presented in Table 5. Findings for correlational analysis were used for the hypothesis testing purposes.

Table 5

Results of Correlational Analysis between Predictors and EWB

Independent Variables	<i>r</i>	<i>p</i>
Work adjustment	.865**	.000
Work environment	.841**	.000
POS	.764**	.000

From the analysis in Table 5, results indicate there is positive and high relationship between work adjustment ($M = 4.44$, $SD = 0.59$) and EWB ($M = 4.40$, $SD = 0.58$) among MOH PSE with CHP after returning to work. There is a significant relationship between work adjustment and EWB ($r(123) = .865$, $p = .000$). Therefore, H_{01} is rejected. From the findings, it is in line with the previous studies which found positive relationship between work adjustment and EWB. According to Biswas et al (2021), stated that well-being is positively anteceded by work adjustment ($r = .420$, $\check{r} = .347$). Besides that, Samadifard and Narimani (2018) found that there is a positive relationship between spiritual well-being ($r = .053$) with job adjustment of nurses. While according to Hakanen et al (2008), well-being at work is a personal resource that allows resource investments and acquisition to improve one's adjustment and performance. Another study by Vojnovic et al. (2014) mentioned that workplace well-being is related to adjustment, and social adjustment is related to work adjustment.

Results indicate there is positive and high relationship between work environment ($M = 4.35$, $SD = 0.61$) and EWB ($M = 4.40$, $SD = 0.58$) among MOH PSE with CHP after returning to work.. There is a significant relationship between work environment and EWB ($r(123) = .841$, $p = .000$). Therefore, H_{02} is rejected. From the findings, it is in line with the previous studies which found positive relationship between work environment and EWB. According to McGuire and McLaren (2009), stated that physical environment are positively related to EWB, indicating the existence of a significant positive relationship ($\beta = 0.58$, $p < 0.05$). Another study by Ibrahim and Ohtsuka (2013), also stated that psychosocial work environment (psychological job demands, job control and social support) as predictors of EWB, which accounted 17% of the variance in EWB, $F(3, 1161) = 77.77$, $p < .001$.

Results also indicate there is a positive and high relationship between POS ($M = 4.18$, $SD = 0.78$) and EWB ($M = 4.40$, $SD = 0.58$) among MOH PSE with CHP after returning to work. There is a significant relationship between POS and EWB ($r(123) = .764$, $p = .000$). Therefore, H_{03} is rejected. From the findings, it is in line with the previous studies which found positive relationship between POS and EWB. According to Roemer and Harris (2018), stated that POS is positively correlated to well-being with the r value was 0.42, $p < 0.01$. Another study by Ahmed, Zhao and Xi (2018), also stated that POS is positively related to EWB with the r value was 0.54, $p < 0.05$. While Panaccio and Vandenberghe (2009) reported that POS was significantly correlated to EWB ($r = .45$, $p < .01$).

Best Predictor of Well-being among PSE with CHP after Returning to Work

Table 6

Results of MLR analysis between Predictors and EWB

Variable	Unstandardized Coefficients		Standardized Coefficients	t	p
	B	Standard Error	β		
Constant	.346	.173		2.000	.048
Work adjustment	.505	.057	.517	8.808	.000
Work environment	.327	.072	.343	4.554	.000
POS	.093	.050	.125	1.873	.063

$F = 198.493$, $\text{Sig-}F = .000$, $R = .912$, $R^2 = .831$, $\text{Adj. } R^2 = .827$

For testing the regression model, the study's analysis revealed a value of $\text{Sig-}F (.000) < \alpha (.05)$, indicating that the regression model fits the data at the .05 level of significance. These results also show that at least one (1) or more predictors can have a substantial contribution on EWB. For testing the individual slope for work adjustment, from the analysis in Table 6, the value of $\text{Sig-}t, p (.000) < \alpha (.05)$ can be concluded that work adjustment contributes significantly towards EWB at the .05 level of significance. Besides that, the significance also can be accessed from the lower and upper bound of the confidence interval. For 95% confidence interval for work adjustment [.391, .618], since 0 is outside the confidence interval range, therefore it can be concluded that the predictor contributes significantly towards EWB at the .05 level of significance.

From the findings, work adjustment is consistent with the TWA and JD-R Model, as it fulfills employees' adaptation process towards work context and work capacity. The interactive and reciprocal process between the individual and the work environment were proven contribute to their well-being. The TWA relates to working a job successfully once a job/task is given. Meanwhile, the JD-R Model mentioned that positive aspects of a job can help to mitigate the consequences of high workloads and increase motivation and engagement.

Meanwhile for testing the individual slope for work environment, from the analysis in Table 6, the value of $\text{Sig-}t, p (.000) < \alpha (.05)$ can be concluded that work environment contributes significantly towards EWB at the .05 level of significance. Besides that, the significance also can be accessed from the lower and upper bound of the confidence interval. For 95% confidence interval for work environment [.185, .469], since 0 is outside the confidence interval range, therefore it can be concluded that the predictor contributes significantly towards EWB at the .05 level of significance.

From the findings, work environment is also consistent with the TWA and JD-R Model, as it involved the work setting (e.g., job demands), social features (e.g., interpersonal relations) and employees satisfactions on his/her organization. Balancing both job demands (e.g., work overload, time pressure, role conflict and poor relationship) and job resources (e.g., support from others, job control and performance feed-back) were proven contribute to their well-being. The TWA relates to working a job successfully once a job/task is given. Meanwhile, the JD-R Model mentioned that positive aspects of a job can help to mitigate the consequences of high workloads and increase motivation and engagement.

Finally, for testing the individual slope for POS, from the analysis in Table 6, the value of $t, p (.063) > \alpha (.05)$ can be concluded that POS did not contribute significantly towards EWB at the .05 level of significance. While for 95% confidence interval for POS $[-.005, .192]$, since 0 is within the confidence interval range, therefore it can be concluded that POS did not contribute significantly towards EWB at the .05 level of significance.

From the findings on POS that did not contribute significantly towards EWB, this was explained by Panaccio and Vandenberghe (2009) who mentioned that the influence of POS on EWB may be partially achieved through influencing employees' perceptions of the work environment. However, there is a high and positive relationship revealed between POS and EWB as it is related to employees' perceptions of how much the organization values their contributions and is concerned about their well-being. This finding is not in line with Gillet et al (2012) that found out POS predicts EWB. These new findings were difference from past research maybe because of the PSE setting which job security and pension scheme were bounded to the employees that made POS did not contribute to their well-being. As at their current health conditions, POS maybe unimportant for their well-being as they did not emphasize on their performance but only celebrated on their self-efficacy as they are struggling to be as healthy as they could. As mentioned by Kurtessis et al (2015); Rhoades and Eisenberger (2002), performance is linked to a high POS.

In conclusion, EWB is significantly predicted by work adjustment ($\beta = .517, t (123) = 8.808, p = .000$) and work environment ($\beta = .343, t (123) = 4.554, p = .000$). On the other hand, POS ($\beta = .125, t (123) = 1.873, p = .063$) did not significantly predict EWB. Together these three (3) predictors explained a significant proportion of variance in EWB, $R^2 = .831, F (3, 121) = 198.493, p = .000$. Further analysis on the influence/effect size (Cohen's f^2) revealed that the influence/effect size is large ($f^2 = 4.91716$).

The unstandardized prediction/regression equation resulting from the findings given in Table 6 is $\hat{Y} = .346 + .505X_1 + .327X_2 + .093X_3$ which can be interpreted as:

- a) For every one (1) unit increase in work adjustment, EWB will increase by .505 unit;
- b) For every one (1) unit increase in work environment, EWB will increase by .327 unit; and
- c) For every one (1) unit increase in POS, EWB will increase by .093 unit.

Meanwhile, a standardized beta coefficient compares the strength of the influence/effect of each individual IV to the DV. The higher the beta coefficient's absolute value, the larger the influence/effect. The standardized prediction/regression equation derived is $\hat{Y} = .517X_1 + .343X_2 + .125X_3$ which can be interpreted that work adjustment contributes the highest to the EWB, followed by work environment and POS. This indicates that work adjustment is the most important factor in the EWB, followed by work environment and POS.

Meanwhile, the R^2 value of .831 indicates that work adjustment, work environment and POS explained for around 83.1% of the variance in EWB. However, the adjusted R^2 value of .827 revealed that work adjustment, work environment and POS explained for only 82.7% of the variance in EWB. The R value is .912.

Conclusion and Recommendations

Based on the findings of the study, it can be concluded that MOH RTW EWB were highly predicted by work adjustment which comprises of work context and work capacity. Followed by work environment which comprises of work setting (e.g., job demands), social features (e.g., interpersonal relations) and employees satisfactions on his/her organization. While POS is proven that is not a predictor for well-being of MOH RTW employees, although it has high relationship with the EWB. It can be concluded that employees' perceptions of how much the organization values their contributions and is concerned about their well-being did not predict their well-being.

Thus, these findings were important to MOH that it offers insights into the predictors of RTW EWB and supports both theories used in this study. The level of work adjustment can be further increased over time for the long term by establishing or offering promotional and preventive strategies, in addition to efficient management and rehabilitation services, while placing priority on the less fortunate groups. The cooperation of all parties in taking early prevention by identifying the cause of CHP due to work can reduce the increase in PSE suffering from CHP from year to year.

Implications of the Study

This study aid policymakers in developing, laying down guidelines, and implementing complete policies that enhance RTW employees' welfare and individual well-being while not jeopardizing Government resources and allowing for better management by managers. The identification of well-being predictors among RTW employees is necessary for the development of successful RTW programs. First, understanding predictors will aid RTW and health experts in identifying employees who are at high risk after returning to work. Second, while certain variables, such as age and ethnic, cannot be changed, identifying these factors can aid physicians and RTW managers in generating job capacity tests and RTW-diagnoses. Finally, modifiable factors such as offering job adjustment and retaining the same employer can be targeted with focused interventions and treatments in improving their well-being.

This research had make a substantial contribution to the area of research by adding empirically to the current literature of all understudied fields. Previous researchers had used Social Exchange Theory, Job Characteristics Model, and Broaden and Build Theory on studies on RTW employees in Malaysia. While this study had confirmed of the applicability of TWA and JD-R Model on RTW employees in Malaysian public service. New theoretical framework and perspective was also developed for this study. This study contributes to filling the theoretical gap by integrating both theories. It is also viewed as being highly advantageous for future study inquiry.

As this study is the first study conducted on well-being of RTW employees especially for PSE in Malaysia, MOH had the privilege to be the first study sample. Before performing this study, MOH would not know how is their RTW employees' level of well-being and the predictors of their well-being. Therefore, in terms of practical implications, the findings would assist MOH managers in taking the required steps by focusing at the respective predictors to guarantee the well-being of their RTW employees while they continue their rehabilitation. As a ministry that hold on objective to help individual to achieve and maintain a standard of health to enable him/her to lead a productive economic and social life, this study would provide

significant insight and serve as a reference for their managers and practitioners looking to enhance their management of RTW employees.

Recommendations

From the results of the study, it is revealed that MOH RTW employees' well-being were predicted mostly by work adjustment and followed by work environment. Thus, these predictors were important to MOH in ensuring their well-being. For practical recommendations, it is suggested that MOH ensure their RTW employees are well taken care of their psychological, social, workplace and subjective well-being in terms of their work context and work capacity adjustments and also work setting environment. The results revealed that employees need special adjustment for them returning to serve in the original occupation and employers or other employees and employers such as performing lighter duties or modified tasks. RTW employees might or might not be able to perform his duty as usual due to their health condition. They need different approaches, treatments and adjustments in performing the nature and type of work to be carried out that need to be suited to their abilities and capabilities. They could not perform at usual job descriptions at equivalent grade or service scheme. Their skills or disabilities had changed them. As a result on lack of attention given on the importance of promoting EWB, can occur stress, bullying, conflict, alcohol and drug abuse, and mental health problems. Therefore, a proper guideline and policy are needed to increase the affected employees' well-being. Employers shall increasingly developing global health promotion policies that address a wide variety of lifestyle concerns, particularly well-being. Possible solutions such as leadership, communication, and a focus on learning and development are important for anyone committed to making the workplace a more decent and satisfying environment.

From a TWA viewpoint, successful work adjustment is contingent on the organization making modifications to meet the demands of RTW employees. Theorizing about the demands of RTW employees necessitates a holistic approach to organizational assistance that incorporates incentive, information, navigation, and stabilization functions. As a result, it may be stated that organizations shall foster a culture that encourages RTW employees to acclimatize to their new jobs. An organization's dedication to keeping RTW employees employed will be reflected in a culture of transparent communication and early, holistic action. An integrated health promotion program shall be developed to promote the effective job transition of the RTW employees to demonstrate such a supportive culture.

Knowing the RTW situation in Malaysia, particularly in the public service, more future research into RTW employees is required. Given that there are some constraints when conducting the study could potentially limit the findings of the study, other approaches and strategies can be considered so that future studies able to improve existing studies. The following recommendations can be considered:

- a) This study prompts more empirical research to examine other predictors of well-being among RTW employees. Other predictors contributing to EWB such as employees motivation and engagement, effective leadership, training and performance also can be explored. Besides that, predictors may also vary on different categories of health problems. Thus, with different variables might result in other probable pattern of

relationship or can involve mediator or moderator. Therefore, other possible patterns of relationship may occur that may be studied in the future;

b) Additionally, the variables also can be extended to the respondent demography such as gender, age, categories of health problems, service group, length of service, workplace, duration having health problems and duration after returned to work which may also related to the well-being among RTW employees;

c) Since this study integrates between TWA (individual perspective) and JD-R Model (work related perspective), looking from other perspective (e.g., psychological, social) also can be applied for RTW employees' studies to expand the empirical knowledge. Previous researchers had used Social Exchange Theory, Job Characteristics Model, and Broaden and Build Theory on studies on RTW employees in Malaysia. The variety of perspectives can be explored related to the studies;

d) The study can be replicated in other public service organizations involving more diverse samples as this study population is on RTW MOH employees which were known for their technicality of services schemes and complexity of job scopes. Differences in terms of service schemes and job scopes, may vary the results for other Government's Ministry/Department/Agency. Accordingly, the findings may be vary for other population;

e) Because this study employed a convenient sampling approach, the findings may not be applicable to other public service populations outside of MOH. Because of this constraint, therefore, the study can be replicated by using random sampling methods. Accordingly, the findings may be generalized to a broader population;

f) It is useful to understand the requirements on the part of the employers for managing and keeping an eye on the activities of RTW employees with CHP. It will be interesting to do research on how organization manage their RTW employees from their point of view and perspective as a source of information for policy development; and

g) The study can be expanded by employing qualitative research paradigm through interviews focusing on the same respective samples to explore their capability with the adjustable work/task given. Exploration on their real needs, experiences, challenges and whether they are doing work/task that is rate for the job. The findings will be beneficial to the organization in entertaining their real needs and to ensure it is worth for the Government's return of investment (ROI).

h) Due to this limitations, this study is only applicable to the studied sample and does not provide a representative result to the whole population as its inability to generalize the study findings to the entire population.

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