1 **Supplementary File 1 - Search strategy**

Search terms	(“Chronic pain” (MeSH) OR (Chronic adj5 pain) OR “Pain”)and (“Return to work (MeSH) OR Employment (MeSH) or Employer OR Supported Employment” OR “Return-to-work” OR “Back to work” OR “Back-to-work” OR “Reemployment” OR “Re-employment” OR “Job” or “Work” OR “Reentry” or “Re-entry” or “Back” or “Return” OR “Employment, Supported” (MeSH) OR “rtw”) and “Qualitative”
Databases searched	AMED; ASSIA; CINAHL; EMBASE; IBSS; MEDLINE; PsycINFO; Social Services Abstracts; Sociological Abstracts; Web of Science; Westlaw Forwards and backwards citation tracking using SCOPUS Plus Social Care Online, PEDRO and OT Seeker
Parts of journal searched	Key words in abstract and title
Years of search	Inception to 25th April 2017
Language	English
Types of study to be included	Qualitative peer reviewed studies using face-to-face interviews and focus groups
Inclusion criteria	Studies exploring perception of obstacles to return to work in off work, sick-listed and employer populations of people with chronic pain. Studies of people on disability benefits.
Exclusion criteria	Non-English language texts.

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4 **Supplementary File 2 – Critical Appraisal Skills (CASP) scores – yes =3, can't tell = 2, no=1**

	CASP questions (question 10 is not scorable)									
Article authors	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**Total score**
Ahlstrom *et al.* 2017	3	3	3	2	3	1	3	3	2	24
Andersen *et al.* 2014	3	3	3	3	3	1	3	3	3	27
Angel *et al.* 2012	3	3	3	2	3	1	3	2	3	23
Ashby *et al.* 2010	3	3	3	2	3	1	3	2	3	23
Brooks *et al.* 2013	3	3	3	3	3	1	3	3	3	25
Buus *et al.* 2015	3	3	3	3	3	3	3	3	2	26
Coole *et al.* 2010	3	3	2	3	3	2	3	2	2	23
Coutu *et al.* 2010	3	3	3	3	3	1	3	3	3	25
Coutu *et al.* 2011	3	3	3	2	3	1	3	3	3	24
Coutu *et al.* 2013	3	3	3	3	3	1	3	3	3	26
Crooks 2007	3	3	3	2	3	1	3	3	3	24
Dionne *et al.* 2013	3	3	3	2	3	1	3	3	3	24
Edén *et al.* 2007	3	3	3	3	3	1	3	3	2	24
Fassier *et al.* 2015	3	3	3	2	3	2	3	2	3	24
Gard & Sandberg 1998	3	3	3	2	3	1	1	2	3	21
Glavare *et al.* 2012	3	3	3	2	3	3	3	3	3	26
Grataloup *et al.* 2016	3	3	3	3	3	1	3	3	3	25
Hansson *et al.* 2001	3	3	3	2	3	1	3	3	3	24
Hansson *et al.* 2006	3	3	3	3	3	1	3	3	3	25
Johansson *et al*. 1997	3	3	3	3	3	3	1	3	3	25
Juuso *et al.* 2016	3	3	3	3	3	2	3	3	3	26
Kalsi *et al.* 2016	3	3	3	2	3	1	3	3	3	24
Kvam *et al.* 2013	3	3	3	3	3	3	3	3	2	26

Kvam & Vik 2015	3	3	3	3	3	1	3	3	3	25
Liedberg & Henriksson 2002	3	3	3	2	3	2	3	3	3	25
Magnussen *et al.* 2007	3	3	3	3	3	2	2	2	3	24
McCluskey *et al.* 2011	3	3	3	3	3	1	3	3	3	25
McCluskey *et al.* 2014	3	3	3	3	3	2	3	3	3	26
Nilsen & Anderssen 2014	3	3	3	3	3	1	3	3	3	25
Nordqvist *et al.* 2003	3	3	3	3	3	1	1	3	3	23
Patel *et al.* 2007	3	3	3	3	3	1	2	3	3	24
Rydstad *et al.* 2010	3	3	3	3	3	3	3	3	3	27
Saunders *et al.* 2015	3	3	3	3	3	2	3	3	3	26
Scheermesser *et al.* 2012	3	3	3	3	3	3	3	3	3	27
Shaw & Huang 2005	3	3	3	2	3	2	3	2	2	23
Sjöström *et al.* 2011	3	3	3	3	3	2	3	2	3	25
Soeker *et al.* 2008.	3	3	3	3	3	2	3	3	3	26
Soklaridis *et al.* 2010	3	3	3	2	3	2	3	3	2	24
Svensson *et al.* 2010	3	3	3	3	3	1	3	2	3	24
Williams-Whitt *et al.* 2016	3	3	3	2	3	1	3	3	3	24
Wynne-Jones *et al.* 2011	3	3	3	3	3	1	3	3	3	25

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7 **Supplementary file 3**

8 The remaining 13 conceptual categories that underpin the three key categories described in
9 the main paper and summarised in Table 2 are now explained.

10 **Societal expectations**

11 Many people living with chronic pain felt that society, institutions, family, friends and the
12 media expected them to work and that those who did not do so were portrayed negatively
13 and perceived as a burden.[47] This contributed to them feeling they were outsiders who were
14 judged and discriminated against and for some this motivated them to return to work so they
15 could contribute and belong.[36 59]

16 **Meaning of work**

17 The meaning of work for each individual plays a part in whether they return or not. For some
18 work provides financial security and independence[45] but for others there is a strong moral
19 work ethic influenced by their upbringing or it is a way of strengthening self-esteem[36] and
20 achieving fulfilment in life.[48] A lack of meaning in work when combined with a chronic pain
21 condition can lead to demotivation in relation to work return[59] whereas for some work was
22 central to their identity and purpose and loss of this aspect of their lives was perceived as
23 devastating.[39 42 44 52] Social contact and relationships with others and feeling needed and
24 valued are an important aspect of work for some people.[48 61]

25 A number of conflicts were highlighted in this conceptual category. One was the differing
26 perceptions of employees with low back pain and those of their employers. Some employers
27 felt that employees perceived sick leave as a right and this formed part of a culture of
28 entitlement they perceived was encouraged by the unions which made employees
29 demotivated about returning to work.[60] However this was a view strongly contested by the
30 employees in the same study who reported they would often accept modified jobs in order to
31 return to work, even if not appropriate to them, due to the tough economic climate and fear
32 of losing their livelihood.[60]

33 Another conflict was that of balancing the demands of work with those of family life.

34 Competing priorities sometimes meant that some chose to focus on family rather than paid

35 work as they were unable to balance the two.[46]

36 **Autonomy**

37 Concepts in this category focus on the individual's ability to have control or agency in

38 relation to their pain and their work situation. There was a sense that if they had control over

39 their pain then this was the key to having autonomy in other areas including return to work.[45]

40 Being allowed some control and flexibility at work, for example in the hours they worked, was

41 seen as a pre-requisite by some for returning.[36] Psychological distress, including anxiety and

42 depression, was linked with a perceived lack of control over pain and as a result return to

43 work became a secondary issue[12] whereas opportunity for job control was a motivating

44 factor in relation to returning to work.[38]

45 **Self-belief/ self-efficacy**

46 Some studies indicated that people with chronic pain had low self-esteem and a pessimistic

47 outlook about their ability to handle work[49] and this related to concerns about their ability to

48 meet the job demands, obtain help from others and manage their pain.[57]

49 **Health and illness and pain representations impact on return to work**

50 The way people think about their pain and the mental representations they form in relation to

51 beliefs about it's cause and their perception of its impact on their lives [29] are seen as very

52 important in relation to their pain experience and return to work. A clear distinction was made

53 between those who perceived themselves as disabled by the pain and therefore unable to

54 work [28 31 32 44 50] and those who accepted the pain as part of their lives but something they

55 could exert some control over and therefore felt able to work.[31 39 54] There was a perception

56 amongst some employers that attitudes were influenced by family and the community in

57 which people grew up.[60] However, among people with pain, there was a resistance to and

58 even rejection of the idea of psychosocial influences on pain.[31 56] Some studies asserted

59 that the way people with pain, often incorrectly visualised their injuries and formulated
60 explanatory models led to a fear of movement and this had negative implications for their
61 work life.[27]

62 **Influence of pre-return to work support and rehabilitation**

63 A number of studies in the review were evaluating the impact of return to work interventions
64 and rehabilitation programmes.[26 29 33 39 54] Participants were largely positive about the
65 intervention received and the strategies for managing pain and life they had developed but
66 those who did not return to work experienced anxiety, disappointment, loneliness [39] and
67 some felt useless[56] or a sense of powerlessness and guilt.[26]

68 **Not being understood**

69 The concept of not being understood mainly arose when participants were describing
70 difficulties in relationships with health professionals, for example physicians not
71 understanding their work situation[59] or not listening or taking them seriously in relation to
72 their pain.[52] However, the same phenomenon occurred even with people's closest relatives,
73 leaving them with a sense of abandonment.[54]

74 **Being believed**

75 People with chronic pain often struggled with not being believed or trusted and this was
76 evident when employers talked about people taking sick leave that was not perceived as
77 legitimate.[63] This feeling of being judged and doubted and having to justify absence or
78 limitations became an obstacle to returning to work.[37 59] The pursuit of authenticity also
79 became apparent from the perspective of people claiming benefits.[50] These individuals felt
80 the need to stress their desire to work but also to emphasise how the severity of their pain
81 condition was preventing them from doing so.[50]

82 **Impact of and on family**

83 People with chronic pain often rely on family members for practical support[56 59] which leads
84 to a renegotiation of roles and responsibilities[54] and financial difficulties are prevalent.[27]

85 Significant others are also seen to be highly influential in terms of their beliefs and thinking in
86 relation to pain and return to work. Some studies have highlighted sceptical views of
87 significant others in relation to treatment received and pessimism about return to work and
88 support that would be offered[50 51] and sometimes their well-intentioned support reinforces a
89 position of disability and legitimacy and this reduces the possibility of gaining employment.[28]

90 The conflicting demands of family and work were also reported as a challenge for people
91 with chronic pain with women sometimes choosing to prioritise family.[48 47]

92 **Mismatch between employee and employer expectations of return to work**

93 Participants expressed a fear of letting employers down and not being able to fulfil work
94 expectations.[12 58] Some were also fearful of re-injury.[57] Finding modified work was difficult
95 and some felt the employer would rather dismiss them than find them a suitable job.[58] High
96 demands for effectiveness and productivity made it difficult to return to work[49] as people with
97 pain were concerned they would not be able to achieve the required quality, quantity or
98 speed of work.[57] Information given to employers about health problems or limitations was
99 perceived as insufficient or incorrect which led to misunderstandings and distorted employer
100 expectations.[53] Difficulties arose in relationships with colleagues especially where
101 expectations of employees with health problems were lower than for other employees doing
102 the same job.[53] Participants felt they would want to do as much as their colleagues and not
103 be a burden on them.[30 38 61]

104 **Social isolation as a consequence of pain**

105 One of the consequences of chronic pain was a withdrawal from social networks and this
106 was partly linked with financial and physical restrictions.[27 48] This led to loneliness and a
107 sense of being abandoned by those around and therefore lacking the support needed to
108 enable return to work.[52 54]

109 **System factors (healthcare, social security and workplace systems)**

110 System factors influencing return to work were within healthcare, social security and
111 workplace systems. Delays in accessing appropriate healthcare, for example waiting lists for
112 specialists, diagnostic testing and rehabilitation programmes, interfered with the return to
113 work process.[12 55 60] Another issue was that employers did not always feel they could
114 accommodate injured workers hospital appointments in work time and so preferred that they
115 remained off sick until they were able to fulfil their work hours.[60]

116 Social security authorities were sometimes seen as unhelpful and inflexible benefits
117 arrangements caused economic uncertainty for people wanting to make a gradual transition
118 into work.[49] Interactions with social insurance personnel were perceived as difficult with
119 conflict arising when staff put pressure on people with pain to complete training or enter
120 employment that was deemed unsuitable or not in line with their interests.[49 55]

121 Finally workplace systems delayed work return through inadequate policies[37] and a
122 perceived lack of education on disability management procedures.[59] There also appeared to
123 be a lack of trust in occupational health who were seen to be on the side of the employer
124 and more concerned with absence management than supporting people to return to work.[30]

125 **Finance and benefits**

126 Many people with chronic pain had serious concerns about their finances.[41 43 56] For some
127 this was linked with social security and disability benefits and the economic insecurity of
128 moving back into work.[12 49] Some receiving state support struggled with shame whereas
129 others felt they were entitled to it[43] or saw no alternative.[41] Some argued there should be
130 greater flexibility for people with fluctuating musculoskeletal diseases to allow them to make
131 a gradual return to work without incurring financial hardship.[34]

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133 **Supplementary File 4 - Concepts within each conceptual category**

Conceptual category	Concepts
Managing pain	1. Adaptions via new knowledge of how to manage daily occupations 2. Being out in nature – pain management facilitator 3. Controlling pain 4. Coping with pain 5. Coping with symptoms 6. Developing individual strategies to deal with pain 7. Fatigue 8. Fluctuating work status 9. Keeping pain at bay 10. Knowledge of limits and listening to body 11. Learning to manage whiplash associated disorder - a rehabilitation process 12. Management of back pain 13. Previous management of back pain 14. Mastering life despite pain 15. New knowledge about how to manage daily life 16. Pain management linked with RTW 17. Pain management strategies 18. Pain representations underpin strategies to manage condition 19. Passive coping strategies 20. Patients' coping strategies 21. Physical activity 22. Strategies for managing long-term pain 23. Pain representations underpin strategies to manage condition 24. Passive coping strategies 25. Patients' coping strategies 26. Physical activity 27. Strategies for managing long-term pain 28. Strategies to prevent pain 29. Treatment for pain 30. Use of sick leave 31. When no treatment helps self-care management strategies develop 32. Working to control the pain 33. Being under control of pain and fear of pain 34. Commuting (as an obstacle to work) 35. Difficulties caused by back pain 36. Fear of reinjury 37. Impact of back pain on ability to work (for those at work and those not at work) 38. Impact of health on work 39. Impact of pain medication on ability to work 40. Impact of pain on doing work in a satisfactory way 41. Living with uncertainty 42. Negative impact of chronic pain on ability to work 43. Negative impact of pain on wellbeing and daily activities 44. Pain and somatic symptoms 45. Painful condition is a barrier to working 46. Persistent pain is an important obstacle to return to work

	47. Return to employment and fear of movement 48. The body as an obstacle to working (pain and fatigue) 49. Unpredictable pain difficult with respect to work
Managing relationships	1. Active engagement of supervisor 2. Asking for help is problematic for people with chronic pain 3. Attitude of employer in the workplace 4. Attitudes towards presenteeism (managers and employees perspectives) 5. Being needed at work 6. Colleague support important 7. Communication and contact (between managers and employees) 8. Co-workers and employers attitudes, disbelief and lack of understanding 9. Earlier negative workplace experiences 10. Employers limited understanding and support 11. Fear of disclosing pain to employer 12. Gap in work history and disclosure 13. Harassment from colleagues due to modified work 14. Impact of employees with job restrictions on supervisors and managers 15. Impact of sickness absence on others 16. Individuals (workers, colleagues, managers) barriers 17. Individuals facilitators (collaboration with colleagues support empathy problem solving mutual trust) 18. Interpersonal conflict with colleagues; being judged, justify the pain 19. Lack of collaboration and understanding from employer is an obstacle to return to work 20. Lack of communication between manager and the team about RTW 21. Lack of support and communication with line manager 22. Lack of support from line manager for injured workers 23. Lack of understanding from employer 24. Line manager role important 25. Maintaining contact with absent employee 26. Managerial attitude and effort 27. Managerial autonomy 28. Mutual distrust between employees and their managers and colleagues 29. Negative response from employer 30. Peer conflict 31. Physical barriers not significant obstacle to maintaining employment 32. Psychosocial environment (at work) 33. Psychosocial factors at work influence RTW management 34. Reassignment of workers to other areas due to physical demands of job causes tension with supervisors due to perceived injustice 35. Relationship between managers and employees 36. Relationship with employer 37. Relationships with supervisors and colleagues important to work satisfaction 38. Reluctance of employer to take on injured worker with gaps in employment history

	39. Responsibility for workmates 40. Social tensions in the workplace 41. Stigmatisation and blame 42. Struggling interactions with stakeholders 43. Support from employer and workmates 44. Supportive work environment 45. Supportive work environment and manager key to RTW success 46. Sympathy from manager if fellow back pain sufferer 47. Treatment from line manager inequitable 48. Understanding from an employer 49. Work relationships influence RTW 50. Working relations 51. Workmates attitudes
Making workplace adjustments	1. Being marked out as different in the workplace Austerity and economic climate 2. Competitive economic climate with restructuring and workforce reduction is a barrier for RTW 3. Economic climate impacts on ability to take sick leave and make work adjustments 4. Fast management turnover, lack of latitude in decision making and fear of increasing costs and claims for better working conditions are barriers to RTW 5. Job availability and competitive job markets 6. Work restructuring (labour market) Flexible working 7. Flexibility from employers re hours facilitates RTW 8. Flexible working a pre-requisite for RTW 9. Impossibility of a gradual return to work is an obstacle to return 10. Modified hours of employment 11. Policy and programme recommendations 12. Flexible work hours 13. Job sharing and work-from-home 14. Work place adjustments Involve managers and colleagues 15. Communication quality 16. Maintaining routines for sharing information about work accommodations with colleagues Manager knowing options 17. Absenteeism destabilises work organisation and makes work accommodations challenging 18. Accommodation demands 19. Job aptitude restriction certificates 20. Lack of pre-planning for RTW makes job accommodations and communication with colleagues challenging 21. Poor matching of the worker and the work 22. Process of accommodation of back injured workers Resources for decision making about accommodations 23. Information - Accommodation options 24. Information - Employee abilities 25. Information - Job demands

	26. Information - Medical restrictions 27. Organisational support 28. Supervisors return to work experience 29. Size of workplace and difficulties of modified duties 30. Support from line managers over-cautious 31. Work modifications - assistance from Occupational Health 32. Work organisation and the challenges of work accommodations Not consulted or involved in decision making. 33. Modified duties 34. Perceived lack of choice and control in relation to modified duties 35. Possibility of work adaptations and confidence and ability to negotiate adaptations with employer 36. Stakeholder perspective 37. Psychosocial stressors 38. Work modifications - patient control Personal factors 39. Age and educational status - perceived as obstacle to finding work by people with back injury 40. Personal obstacles - qualifications and experience 41. Personal obstacles to RTW - older age 42. Resistance to change Reducing demands of job or physical adjustments 43. Adjustment of work demands upon return to work 44. Challenges to work participation (to different type of work and work adjustments) 45. Change to less physically demanding job 46. Impossibility of being assigned lighter duties and working at one's own pace is an obstacle to return to work 47. Improvement of work environment and working conditions 48. Physical accommodations 49. Provision of appropriate modified work can be challenging and complex 50. Work modifications influence RTW possibilities 51. Working conditions - physical work Type of job influences RTW 52. Benefits of self-employment 53. Physical stressors (working at lower surface areas and different weights) cause constant pain 54. Sharing staff over different departments makes work accommodations and assessment of work demands difficult 55. Type of job- profession influences RTW
Autonomy	1. Autonomy 2. In the hands of the professionals - reduced control over life situation 3. Increased job control and contact with supervisors 4. Influencing factors for RTW - internal and external 5. Lack of agency 6. Locus of control influences return to work 7. Making sense of intervention - regaining control of situation 8. Own agency is important

	9. Own power and resources 10. Perceived lack of control influences ability to work 11. Psychological barriers to return to work (lack of control, anxiety, depression, loss of confidence, frustration) 12. Taking control of and responsibility for work and life situation
Self-belief/ self-efficacy	1. Being needed at work 2. Changed self-image 3. Controlling RTW interactions with stakeholders (employer, health care, social insurance system, union, public employment service) 4. Low self- evaluation of work ability and low self esteem 5. Obtaining help at work 6. Patient identity (when working and not working) 7. Positive coping linked with RTW self-efficacy 8. Positive self-identity a beneficial consequence of employment 9. Psychological effects of chronic pain affect RTW confidence 10. Relationship with family influences self-confidence and esteem 11. Satisfaction with self-image; confidence 12. Self-confidence through working 13. Self-efficacy 14. Self esteem 15. Self-image in relation to work 16. Self-identity 17. Unintended consequences - physical bodily changes post-injury like weight gain affect emotional readiness to return to work 18. Work morale
Being believed	1. Being judged by colleagues 2. Disbelief from physicians 3. Distrustful attitude of the medical profession 4. Feeling doubted 5. Having to justify pain condition in the workplace 6. Legitimacy of absence and perceptions of others 7. Legitimising back pain 8. Legitimacy 9. Not being believed 10. Personally and socially legitimate explanations of LBP important 11. Pursuit of authenticity 12. Rights and responsibilities 13. Stigmatisation
Impact on and of family	1. Being a 'good' significant other 2. Cultural differences in family support between women and men 3. Family support 4. Impact of family 5. Loss of social roles 6. Participation in work - a family matter 7. Relationship changes 8. Re-negotiation or loss of work role 9. Return to work is dependent on a cure (significant other viewpoint)

	10. Role of significant others is important in return to work 11. Unpaid work (home, family, carer responsibilities) 12. Waiting for an answer (diagnosis, treatment, cure) (significant other viewpoint) 13. We have come to the end of the road (treatment options exhausted) (significant other viewpoint)
Not being understood	1. Communication in rehab - cultural differences cause problems 2. Language barriers 3. Talking at cross purposes with health professionals 4. Congruence between clinicians understanding of workers representations and actual worker's representations during work rehab 5. Cultural factors influence RTW - family attitudes, language barriers, cultural beliefs 6. Differences between clinical judgement and workers representations during work rehab 7. Difficult to explain the pain 8. Lack of client centredness 9. Medical discourse of work participation - focus on pain rather than RTW
Finance and Benefits	1. Finances 2. Financial concerns 3. Financial - job security 4. Interaction with benefits organisation 5. Permitted work 6. Limited staff skills in benefits organisation 7. Looking for a different way of living - transition to disability pension 8. Need for financial security 9. Part-time work by people receiving disability income assistance 10. State as supporter
Health and illness and pain representations	1. Acceptance challenges - Difficulties in acceptance of pain and limitations impacts on participation in work 2. Acceptance of chronic pain as a long term disability is a barrier to return to work 3. Acceptance of limitations 4. Acceptance of pain as part of life facilitates RTW 5. Accepting the inability to work 6. Barriers to rehabilitation 7. Cultural influence on psychological factors 8. Beliefs about causality of back pain 9. Beliefs about course of illness and the sick role 10. Beliefs about treatment and effective management of LBP 11. Cause and meaning of back pain 12. Crystallising the abnormal pain representation 13. Cultural factors influence RTW - family attitudes, language barriers, cultural beliefs 14. Cultural factors influencing return to work (language and passive coping strategies)

	15. Explanatory models of illness 16. Illness beliefs coherent 17. Impact of pain representations on return to work 18. Integrating explanations into daily life 19. Loss of ability 20. Loss of hope 21. Need to construct their own models of pain 22. Resignation to permanent effect of back problem on employment status in those not working and their significant others
Meaning of work	1. Competing priorities mean work not necessarily prioritised 2. Effort to remain in or return to pre-injury jobs 3. Effort to return to employment following job loss 4. Employee motivation 5. Family orientated considerations take priority over working 6. Fulfilment in a work role 7. Goal orientated participation (work related achievements and values) 8. Importance of work 9. Lack of meaning and satisfaction in work 10. Meaning of work 11. Meaningful job- highly needed by others 12. Mentality (outlook) in relation to determination to RTW 13. Moral aspects of absence and presenteeism 14. Moral stance - importance of work 15. Motivation and entitlement 16. Motive for RTW 17. Organised time structure difficult to maintain without work 18. Participation constantly changing (feminine perspective) 19. Positive perceptions of work 20. Prioritising of work and home is an issue 21. Regaining identity (as a worker) 22. Sense of coherence 23. Sense of coherence and involvement in work, friends and family 24. Social aspects of work 25. Work as a source of security and independence 26. Work on hold
Mismatch of expectations	1. Ability to do as much work as others 2. Fear of letting employers down 3. Fear of re-injury 4. Insufficient or incorrect information about health problems of the returning employee 5. Meeting job demands 6. Not able to fulfil work requirements 7. Own expectations in relation to RTW (optimistic or pessimistic) 8. Participating at before (masculine perspective) 9. Support expectations 10. Workplace productivity demands 11. Workplace support

Social isolation as a consequence of chronic pain	1. Abandoned by those around (family, friends and colleagues) 2. Feeling on their own 3. Impact on social relations - many women with fibromyalgia fail to maintain social network due to demands of work and family 4. Loneliness in pain 5. Paid work - the struggle for social capital 6. Social isolation
Influence of return to work support and rehabilitation	1. "A light at the end of the tunnel"; support, hope, new knowledge 2. A light in the tunnel - experience of work rehab programme 3. Hope of returning to work through rehab 4. Support 5. Believing in the intervention - effectiveness of exercise to manage LBP 6. Close social network – family, rehab team 7. Difficulty accessing worker representations and problem targeting in work rehab 8. Feelings about outcome of rehab 9. Function-centred treatment 10. Patients' expectations of treatment 11. Goals of rehabilitation - patient's perspective 12. Goals of rehabilitation - return to work 13. Joining a physical exercise programme 14. Lack of access to information or support groups is an obstacle to return to work 15. Mismatch of goals - patient and programme 16. Rehabilitation by activity and exercise 17. Specialised vocational rehab support needed 18. Support is important 19. Unsuccessful responses to intervention (rehabilitation)
System factors	*1. Health care system* 2. Healthcare barriers 3. Lack of communication, lack of coordination and fear of communication within compensation and health care systems is a barrier to RTW 4. Lack of knowledge in primary care and no support from social insurance office 5. Slowness of health care system is an obstacle to return to work *6. Social security, insurance, unemployment office system* 7. From Social Insurance Office 8. From unemployment office 9. Inefficiency of the insurance companies 10. Lack of support from social security authorities *11. Workplace system* 12. Inadequate workplace policy 13. Lack of education on disability management procedures by employers and rehabilitation professionals 14. Occupational health is for employers not employees 15. OH employer orientated - unequal relationship 16. Organisational policies - Return to work policies

	17. Poor communication between stakeholders (doctors and employers about back condition and lighter duties duration) 18. Systems factors - workplace and union policies compensation system and healthcare system are barriers to RTW process 19. Wage support programmes awarded to employee 20. Workplace system barriers 21. External context barriers 22. Workplace barriers 23. Workplace system facilitators 24. External context facilitators 25. Workplace facilitators
Societal expectations	1. Experiences of societal expectations of participation in work 2. Feeling of being outsider in society; work part of natural life 3. Unsupportive society

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