

Supplementary Table S1

The rehabilitation guarantee

The responsibility for the Swedish health care is shared by national government, 21 county councils and 290 municipalities. The system is to a large extent funded by taxes. The government decides upon the political agenda, the principles and guidelines for the health care system and these are ruled by means of national legislation and/or agreements with the county councils and municipalities. Health care (both primary and specialized care) is provided and funded chiefly by the county councils.

Implementation of the RG was voluntary for the county councils. All 21 Swedish county councils agreed to participate. These were required to offer at least one of the treatments included in the RG. These treatments should be offered in primary or specialized health care.

To support and stimulate the implementation of the RG by healthcare units, project organizations have been established in all county councils under the guidance of at least one process leader. The process leaders have a disseminative role, developing guidelines and supporting the health care units with training and feedback. At clinical level, the county council health care units were responsible for delivering the treatments included in the RG.

Supplementary Table S2. CFIR domains, constructs, statements and scales included in the web survey of the RG process leaders.

Domain 1: Intervention characteristics
<p>Complexity: The perceived complexity and adaptability of the implementation</p> <ul style="list-style-type: none"> • How much do you agree that the RG 2015 policy specifying workplace interventions is clearly defined? <ul style="list-style-type: none"> ○ 4-point scale from “a very low extent” to “a very high extent”
Domain 2: Outer setting
<p>External policy and incentives: external strategies to disseminate the intervention including policy and external mandates etc.</p> <ul style="list-style-type: none"> • The county council’s management has made clear that workplace interventions are a priority. <ul style="list-style-type: none"> ○ 5-point scale from “completely disagree” to “completely agree”
Domain 3: Inner setting
<p>Implementation climate: refers to goals and feedback, relative priority, organizational incentives and rewards.</p> <ul style="list-style-type: none"> • Has your county council set goals for workplace interventions, for example number of interventions that should be implemented per year? • Does your county council provide incentives for the implementation of workplace interventions, such as financial incentives? • Has your county council adapted the rehabilitation process to make workplace interventions fit within your organization? <ul style="list-style-type: none"> ○ 3-point scale yes/no/do not know • My superior expects me to work with workplace interventions. <ul style="list-style-type: none"> ○ 5-point scale from “completely disagree” to “completely agree”
<p>Readiness for implementation - available resources: The existence of a system for monitoring a clinic’s work with workplace intervention, implementation strategy, implementation directives and routines and/or guidelines for the clinic’s work.</p> <ul style="list-style-type: none"> • The county council has a system for monitoring the clinic’s implementation of workplace interventions. <ul style="list-style-type: none"> ○ 5-point scale from “completely disagree” to “completely agree” • Does your county council have a strategy for the implementation of workplace interventions? • Does your county council have written directives for how workplace interventions are to be implemented? • Are there routines and/or guidelines for how the clinics should work with workplace interventions? <ul style="list-style-type: none"> ○ 3-point scale yes/no/do not know
<p>Readiness for implementation - leadership engagement: refers to the commitment, involvement and accountability of managers.</p> <ul style="list-style-type: none"> • My superior asks me how my work with the workplace interventions is progressing. • My superior is clear about why workplace interventions are important. <ul style="list-style-type: none"> ○ 5-point scale from “completely disagree” to “completely agree”
Domain 4: Characteristics of the individuals
<p>Knowledge and beliefs: The individual’s (involved in the implementation) attitudes and values in relation to the intervention</p> <ul style="list-style-type: none"> • I have made clear to the clinics that provide RG treatment that workplace interventions are a priority. • I explain to the clinics why it is important to work with workplace interventions. • I am open for discussions about how we can work with workplace interventions. • The clinics in my county council have the expertise to work with workplace interventions. <ul style="list-style-type: none"> ○ 5-point scale from “completely disagree” to “completely agree”
<p>Self-efficacy: The individual’s belief in their own ability to execute courses of action to achieve implementation</p> <ul style="list-style-type: none"> • I communicate to the clinics my confidence that we will succeed in implementing workplace interventions. • I initiate opportunities for the clinics that want to further develop their work with workplace interventions. <ul style="list-style-type: none"> ○ 5-point scale from “completely disagree” to “completely agree”

Supplementary Table S3. CFIR domains, constructs and statements included in the web survey of clinicians working with treatments within the rehabilitation guarantee. A 5-point scale from “completely disagree” to “completely agree” was used for rating the statements. The test-retest’s result is presented as weighted kappas (*k*).

Domain 1: Intervention characteristics	Weighted kappas (<i>k</i>)
Evidence strength and quality: the perceptions of the quality and validity of evidence supporting the belief that an intervention will have the desired outcomes. <ul style="list-style-type: none"> • There is evidence that workplace interventions increase RTW among patients in the RG. 	0.66
Complexity: the perceived difficulty of an intervention, reflected by disruptiveness <ul style="list-style-type: none"> • Working with workplace interventions entails major changes to working routines 	0.38
Domain 2: Outer setting	
External policy and incentives: external strategies to disseminate the intervention including policy and external mandates etc. <ul style="list-style-type: none"> • The county council has a clearly formulated aim with regards to workplace interventions. 	0.60
Patient needs and resources: the extent to which patient needs are accurately known and prioritized by the organization. <ul style="list-style-type: none"> • Patients want to discuss workplace interventions. • My patients are in general positive towards workplace interventions. 	0.61 0.73
Domain 3: Inner setting	
Networks and communication: the quality of social networks and formal and informal communications within an organization. <ul style="list-style-type: none"> • There are opportunities to discuss how to overcome the barriers that arise in connection with workplace interventions. 	0.72
Implementation climate: managerial expectations. <ul style="list-style-type: none"> • My manager expects me to work with workplace interventions. 	0.79
Compatibility: refers to capacity and shared receptivity to an intervention. <ul style="list-style-type: none"> • Working with workplace interventions is in accordance with our job-description as clinicians. 	0.61
Readiness for implementation – access to knowledge and information: refers to indicators of organizational commitment to implement an intervention. <ul style="list-style-type: none"> • At my clinic we are offered training in workplace interventions. • At my clinic there is expertise regarding workplace interventions. 	0.79 0.60
Readiness for implementation – available resources: refers to the access to knowledge and information about the intervention. <ul style="list-style-type: none"> • At my clinic there are routines and/or guidelines for workplace interventions. • At my clinic there are routines and/or guidelines for the monitoring of workplace interventions. • At my clinic there is a designated professional responsible for workplace interventions. 	0.78 0.76 0.82
Readiness for implementation - leadership engagement refers to the commitment, involvement and accountability of managers. <ul style="list-style-type: none"> • My manager asks me how my work with the workplace interventions is progressing. • My manager explains why workplace interventions are important. 	0.79 0.86
Domain 4: Characteristics of the individuals	
Knowledge and beliefs: The individual’s (involved in the implementation) attitudes and values in relation to the intervention <ul style="list-style-type: none"> • I have sufficient knowledge of workplace interventions and know how to apply it. • I am motivated to work with workplace interventions. 	0.76 0.65

<ul style="list-style-type: none"> • To facilitate rehabilitation, it is important for me/the MMR-team to be in contact with the employer. 	0.62
<ul style="list-style-type: none"> • To facilitate rehabilitation, it is important for the patient to be in contact with the employer. 	0.55
<p>Self-efficacy: The individual's belief in their own ability to execute courses of action to achieve implementation</p> <ul style="list-style-type: none"> • I can influence how we work with workplace interventions at my clinic. 	0.64