Return to work with chronic pain: employers' and employees' views

Abstract

Background

The sickness certification and return to work (RTW) of people with chronic pain are important health and economic issues for employees, employers, taxpayers and the UK government. The 'fit note' and a national educational programme promoting RTW were introduced in 2010 to curb rising rates of sickness absence.

Aims

To investigate employers' and employees' experiences of managing RTW when someone has taken sick leave for chronic pain, and to explore the perceived efficacy of the fit note.

Methods

A qualitative study, comprising semi-structured interviews with employers who had managed sick leave cases and employees who had experienced sick leave for chronic pain. Interviews were recorded, transcribed and the data analysed using constructivist grounded theory principles.

Results

Five themes were elicited. Firstly, frequent enquiry after health status was seen as intrusive by some employees but part of good practice by employers and acknowledging this difference was useful. Secondly, being able to trust employees due to their performance track record was helpful for employers when dealing with complex chronic pain conditions. Thirdly, feeling valued increased employees' motivation to return to work. Fourthly, guidelines about maintaining

contact with absent employees were useful if used flexibly. Finally, both parties valued the fit note for its positive language, interrogative format and biomedical authority.

Conclusions

The fit note was perceived to be helpful if used in combination with other strategies for managing sick leave and RTW for people with chronic pain. These strategies may be applicable to other fluctuating, long-term conditions with medically unexplained elements.

Key words

Return to work; chronic pain; fit note; fitness for work; sickness absence; employer-employee relationship

Introduction

There is good evidence that “safe and accommodating” work is beneficial for health and well-being (1). Sickness absence is a major issue in the United Kingdom (UK), because sick leave rates have risen sharply since 1970, costing an estimated £100 billion per annum (2). (“Sickness absence” or “sick leave” may be referred to as “absence attributed to sickness” as the former terms imply that sickness is the cause for absence whereas it might not be. Here, we use “sick leave” for brevity and because participants stated their absence was due to ill-health.)

In the UK employees can self-certify for up to seven days, after which sick leave must be validated, usually by a primary care practitioner (general practitioner (GP) in the UK). Minor mental health disorders followed by musculoskeletal problems are the most common grounds for sick leave (3). Chronic pain is often musculoskeletal in origin and has negative psychological effects, making sufferers a useful exemplar for the purposes of our study. Whilst sick leave can be entirely appropriate to allow recuperation, if not carefully managed it can extend the sick role unnecessarily, increasing incapacity (4).

The UK government has responded to the socio-economic costs of sick leave with several policy interventions, including a national education programme for GPs, patients, occupational health (OH) professionals, employers (especially line managers and human resource (HR) personnel) and employees. This programme summarises the evidence that work promotes healthy outcomes for most individuals and describes negotiation strategies to change how stakeholders conceptualise ill-health and how work may be adapted to suit e.g. via flexible working time (5). The ‘fit note’ note (strictly a statement of fitness for work) was introduced in April 2010, originally in a paper format, now being replaced by an electronic version (6). This

statement focuses on what people can do, rather than what they cannot, aiming to return more employees to work via temporarily limited or revised duties. GPs can still declare patients unfit for work, but the alternative classification of 'fit for work' now states patients 'may be fit for work taking account of the following advice'. There are four advice options: phased return, altered hours, amended duties, and workplace adaptations.

The research reported here follows an earlier study of doctors' and patients' views of the sickness certification consultation; doctors' views on the fit note have been published elsewhere (7). This research suggested that employers play a significant role in managing sick leave and RTW, warranting further enquiry into the process. We conducted a qualitative study with employers and employees about formal RTW conversations, following Cohen et al (9), but also researched wider processes, such as keeping in contact with employees on sick leave and managing daily interactions once they were back. We also asked for participants' views on the fit note in RTW processes.

Qualitative research enables in-depth explorations of experience and was judged suitable for this study of stakeholders' views of RTW.

Methods

Semi-structured interviews were conducted with 13 employers and 13 employees. We recruited by two methods, firstly from meetings between our university and businesses, designed to encourage research collaboration on research into work, health and well-being as part of university/business 'Knowledge Escalator' initiatives. Secondly, we placed advertisements on the websites of four pain charities and one chamber of commerce. Ten

participants in each group (employers and employees) were unknown to each other; there were three line manager/employee pairs. Each participant was interviewed separately, but pairs knew that interviews would discuss the same case of sick leave. This made it especially important to anonymise data and we have therefore removed or changed identifying features (see Tables 1 and 2).

Participants had to be at least 18 years old and able to provide informed consent and were screened by telephone or email to ensure they met the inclusion criteria. Employees had to be in employment and have needed a sick or fit note within the last year, or be on current sick leave; to have consulted their GP in the last year; to have experienced pain lasting over 3 months within the last year and to consider chronic pain to be the major reason for sickness absence. Employers had to have some experience of managing sick leave for an employee with chronic pain. This was assessed simply by asking them on the participant information sheet if they had such experience. We wanted to study individual managers' views, not those of corporate spokespeople. Our wide inclusion criteria meant we recruited some senior managers who were responsible for most people within in a company. However, our inclusion criteria clearly stated that all managers had to have direct experience of line-managing sick leave for an employee with chronic pain.

Participants were sent information packs at least a week before interview. Participant queries were reviewed and informed consent was obtained. Saturation sampling was used, in which interviews are conducted until no new themes emerge from sequential data analysis (10). Saturation often occurs at 12 interviews (11), the reason for our choice of a sample size of 13 subjects per group.

Interviews were conducted from January to April 2011. Three employers chose to be interviewed in person, and ten by telephone. Two employees were interviewed in person and eleven by telephone. Two employers withdrew citing lack of time after consenting but no employees did so.

The interview schedule covered views on sickness absence and RTW for chronic pain patients, including the fit note. Interviews were audio-recorded, transcribed, and coded. Constructivist grounded theory principles were used to analyse the data. This process approaches the research by proceeding with interviews and data collection in the absence *of a priori* theoretical models or intention to test formulated hypotheses. Major tenets are that: 1) individuals' realities have categories which we can comprehend and broadly group; 2) the research, as a social situation, will generate as well as collect data; and 3) as investigators we can only offer an interpretation of the resultant data (12). Grounded theory uses coding activities to analyse data; a code is simply a conceptual label applied to one or a set of phenomena indicated by the data. Initial codes are closely examined to discern those which serve to make the data most coherent; these become focused codes, essentially thematic headings (10). Here, one researcher produced prospective codes, displayed with verbatim quotations. Codes were investigated and arranged into analytical hierarchies, until core categories were ascertained. A second researcher took a proportion of the quotations and categorised them into the previously identified core concepts. Variations in interpretation were discussed until broad consensus among the research team was established. NVivo 9 software was used to organise the analysis. We recorded participants' characteristics which literature reviews suggested might be salient such as company size (8). We did not analyse these data quantitatively as in this study we were

interested in whether participants spontaneously discussed the role of characteristics (such as time in a particular job) in relation to sickness absence. Aggregated data are presented below. Ethical approval was given by our university's Research Ethics Approval Committee for Health.

INSERT TABLE 1 HERE

INSERT TABLE 2 HERE

Results

Five main themes were identified. Firstly, many participants felt that there must be clear, regular communication between parties, and the need to make assumptions explicit was often reported as an important part of the RTW process. For example, one employee wanted:

'*Proper understanding, not just asking me how I am and then not really caring about the answer'* Employee 11.

This had initially been seen as a source of tension for both employer and employee, until they discussed it. The employer then reported:

'*I've had long conversations with [X] saying "d'you want me to ask if you are in pain or d'you want me to ignore it?" You know, we come in and say, "hi, how are you today?" and if [X] isn't feeling well, I understand that, so I say "would you prefer me not to say that?" and [X] says "no, it's fine, it's okay to talk about it", so we try and normalise it as much as possible'* Employer 9.

Having this conversation made the employee believe that her boss was not merely asking how they were as a rhetorical device, but really cared about the answer. Both parties reported this eased previous tension around their verbal exchanges.

The second theme was that managers used holistic knowledge of an employee to assess the authenticity of illness claims:

'I know that person would certainly have taken the maximum amount [of leave]… *you kind of get the idea of their work ethic, you base your judgements assessing how they act in all their work behaviour not just when they're sick'* Employer 2

Employers also referenced employees' track records to decide how much to trust people's accounts of often subjective conditions like pain:

'It's partly adjusting his hours but also making sure that if he felt he couldn't do two hours, if after one hour 40 minutes he said "that's enough" then he could go home. I know he'll do his best, he always does. For that particular problem of pain I think that helps, but I think the most important thing is that he knew that he could say, and we'd believe him' Employer 10

The third theme mirrored employers' reports of the value of trust, as employees stated that physical adjustments to workstations, flexi-time, and sometimes taxis to work, were important in enabling them to work, not just practically but also as symbolic gestures of trust and value:

'I've got a different chair…and I don't have to twist and turn at all…they [the company] *just agreed without question, which really helped me feel valued, and that's really made a huge difference'* Employee 1

Physical support from colleagues was valued, but again, knowing that it was alright to ask for help was symbolically important.

The fourth theme was that both parties reported being flexible with procedures was useful. One employee discussed how he encouraged his supervisor to telephone with work queries, although the supervisor was initially unsure:

'He wasn't too comfortable with doing that, because, in his eyes I'm signed off sick, and so I shouldn't be doing anything work-related, which I understand, but from my point of view, that helps me dread less the return to work. I knew that these things were being taken care of in my absence' Employee 9

When discussing these calls, employee 9's supervisor reported feeling some unease, but found it very helpful from a business perspective and also because he knew they reassured his employee:

'I just think you need to stick to the rules but you also need to have some compassion. It's not just getting the business done, people have got feelings' Employer 7

This employer also realised over time the value of his employee contributing when less than 100% fit.

The fifth theme was that both parties were positive the fit note woud assist behaviour change. Employers focused on its positive language:

'You get certain people, don't you, in companies, who are always off, and when it was called a sick note that was a negative connotation…so I think calling it a fit note just in itself might bring out a more positive connotation' Employer 4

Employers also liked the fit note's format, which they thought encourages conversation between stakeholders:

'I believe the well note [sic] *is better because it opens things up and is more transparent for us'* Employer 1

Employees also liked the fit note. Several discussed in detail how its format, relative to the old sick note, had benefited RTW negotiations. Firstly, this was because being considered in terms of fitness not sickness was beneficial to how participants saw their capacity:

'I think psychologically it makes a difference, because you feel like you're getting somewhere. I mean, with the old sick note, wasn't it just you're sick and can't go to work, or not sick and can go to work? That's pretty categorical, and doesn't appreciate the grey areas. I don't think it's as simple as that. And I think for me, it was nice to see on the back of that note, "fit for work"

because it felt like a little bit of a victory, because I'd been unfit for such a long time and that kind of spurred me on to get back to work' Employee 9

Secondly, the fit note summarised more detailed conversations between employees and GPs, relative to participants' experiences of the sick note, and was also symbolic of the care that had been put into these discussions:

'My own idea about sick notes is that they're not really interrogative - they just sort of say, ok sign, here you go…that doesn't really actually work when you've got to take that to your employer. This note [fit note] *reflects that you've had a conversation with your GP, and your GP's agreed these things with you…I know I felt more comfortable knowing that there'd been these conversations going to my employers, because I felt I had more to tell them, more than just, oh, I'm off sick… I'm sick because the doctor says I'm sick'* Employee 9

This linked with the notion that GPs' privileged biomedical knowledge, hence its power, helped with employer-employee interaction:

'Someone that my employer trusted [her GP]*, had agreed this with me, and agreed it with them; it helped because then it didn't feel like I was trying to convince my employer of all these things.* Employee 4

These elements of the fit note made employees feel that a clearer case for how and when they wanted to return to work was presented to employers.

Discussion

For employers, knowledge of employees' track records is vital for trusting employees' illness claims, particularly for conditions like chronic pain which may not be accompanied by objective pathology (13) (14). Employees value having illness claims validated through the symbolic meaning of workplace adaptations and social support, which strengthen motivation to work. Employers and employees mirrored each other in claiming that trust, and the flexible application of processes, can be as important for successful RTW as physical adjustments. Both parties found it helpful to discuss the management of social interactions like "how are you?"; sickness changes socially agreed rules on when to ask this question and the often expected "Fine, thanks" response. They also agreed on the positive psychological effects of changing from sick to fit note. The research literature suggests that other variables, such as company size and OH resources might be important factors in RTW, but our participants did not report that they were as important as workplace relationships.

This was a small study; its size and recruitment strategy limit the transferability of findings: results from a small non-random sample cannot be generalised; volunteers have certain characteristics which may lead to systematic bias (15). We have provided a description of participants and their contexts, so that readers can assess if the findings apply to populations in which they are interested (16) (17). We did not explore the demographics collected in detail, which could be done with a larger, more representative study. These preliminary findings may be transferable to other contexts, such as RTW for people with other chronic, non-specific health complaints (18) (19) (20). Our exploratory study suggests that there would be utility in further qualitative and quantitative work, to see if similar experiences were reported in different contexts.

We provide further evidence that employees found the fit note empowering in discussions with employers, as previously reported (21). However, this earlier study found that the fit note had more impact in smaller organisations with less OH input. Here, participants reported that having positive stakeholder relationships was the most important factor in facilitating RTW, whatever the organisation's size.

Our findings are consistent with previous research showing that if managers use shared decision-making styles rather than focusing on process and instruction in RTW interviews, participants report less conflict and more effective use of workplace processes (9). We also found that most employees valued their employers' efforts to manage health issues at work, in agreement with previous research (22). This is a positive finding for managing challenging fluctuating conditions, like chronic pain, at work.

Researchers and policy-makers agree RTW needs good stakeholder communication (2) (23); our study suggests one important facet of this is to be open about discussing often unspoken issues, such as how employees would like to be questioned over their health status.

Both employers and employees appreciated being flexible about the guidance that exists on how to keep in contact when someone is on sick leave, an element of managing sickness absence which often causes concern (24). This is especially difficult for employers managing employees with chronic illness (25). Policy-makers could further highlight best practice guidance that exists on this topic (26).

The finding that the fit note was highly valued in different arenas (positive language and biomedical authority) may assist in fostering further behaviour change. Fit note guides for employees (27) and employers (28) could highlight these types of benefits, as previous research shows that multifaceted strategies are needed to change back pain beliefs and behaviours (29).

We need to know more about positive strategies used by employers and employees on a wider scale, conducting similar research with larger samples. It would be useful to research case studies in which difficult situations were turned around, as in this cohort, participants either reported on protracted difficulties (8), or as in the results presented here, largely discussed how positive cultures which existed prior to sick leave were then utilised. We need to research the effects of the forthcoming Independent Assessment Service, designed to provide better OH resources for stakeholders (23).

The burden of chronic pain in the workplace is considerable (30) and the positive strategies presented here may help others. Trusting employees to try as hard as possible and employers to do the best possible was the most important element of successful RTW. This arose from knowing each other. We need to research how to foster this trust when stakeholders do not know each other so well and do not have positive workplace environments to build on.

Key points

- Trust in other stakeholders, as well as physical adjustment processes, were helpful for return to work in patients with chronic pain

- The fit note was highly regarded by employers and employees for psychological as well as practical reasons

- Thinking about how to manage the process and the content of enquiries about health status were useful as sick leave can disrupt social norms around this interchange

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Conflicts of interest

None declared.

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Table 1 – Summary data of recruited employers' characteristics (n = 13)

Gender	F = 4 M = 9
Part of a pair?	3 yes 10 no
Type of organisation	Schools (3) Universities (2) Airline (1) Army (1) Health and safety consultancy (1) Insurance (1) Library (1) Manufacturing (1) NHS (1) Retail (1)
Size of organisation 1-9 micro (Mc) 10-49 small (S) 50-249 medium (M) 250+ large (L)	 Mc = 1 S = 0 M = 5 L = 7
Profession or job title	HR manager = 3 Line manager = 10
Years in role	Mean (normally distributed data): 7.7 Range: 2 - 15

No. people managed (either as direct line manager or senior manager responsible for a large section of the company)	Median (data not normally distributed): 9 Range: 4 - 2,587
Recruited by Knowledge Escalator event (KE) or internet (I)	KE = 10 I = 3
Telephone (T) or face-to-face (F) interview	T = 10 F = 3

Table 2 – Summary data of recruited employees' characteristics (n = 13)

Gender	F = 5; M = 8
Part of a pair?	3 yes; 10 no
Type of organisation	Schools (3) IT services (2) NHS (2) Airline (1) Army (1) Civil service (1) Insurance (1) Nuclear decommissioning (1) University (1)
Size of organisation 1-9 micro (Mc) 10-49 small (S) 50-249 medium (M) 250+ large (L)	 Mc = 0 S = 1 M = 1 L = 11
Profession or job title	Teacher (2) Academic (1) Administrator (1) Behaviour support assistant (1) Contract manager (1) Executive officer (1) Major (1)

	Manager (1) Nurse (1) PA (1) Software developer and engineer (1)
Years worked for organisation	Mean (normally distributed data): 13.9 Range: 3 - 31
No. in team	Median (not normally distributed data): 6 Range: 2 – 48
Works full-time (FT), part-time (PT), on sick leave (SL)	FT:9; PT:2; SL:2
Years with pain	Median: 4 (range 0.75 – 15)
Chronic pain condition (some participants had multiple morbidities)	Fibromyalgia (5) Back (4) Joint hyper mobility syndrome (2) Osteo-arthritis (2) Sciatica (2) Neck (2) Hip (1) Knee (1) Spine (1) Undiagnosed general (1)
Recruited by Knowledge Escalator event (KE) or internet (I)	KE = 7 I = 6

Telephone (T) or face-to-face (F) interview	T = 11; F = 2