Challenges to Remaining at Work with Common Health Problems: What Helps and What Influence Do Organisational Policies Have?

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Abstract

Introduction: Common health problems have a significant impact on work productivity (presenteeism), and sickness absence. The aim of this study was to examine the attitudes and beliefs of employees in the public sector about common health problems and work using the Flags system as a conceptual framework to identify problems and potential solutions. *Method*: 63 employees took part in 14 focus groups in two public sector organisations. Discussions were audio-recorded, transcribed, and analysed thematically using NVivo. *Results*: The study confirmed the importance of heath-focused clinical factors (Yellow flags), perceptions of work (Blue flags), and more objective characteristics of work and organisational policies (Black flags), which emerged as major themes. The social and moral norms surrounding sickness absence and presenteeism were frequently discussed, including the impact of absence on colleagues, guilt, legitimising illness, and trust. There were interactions between the different Flags, often mediated by managers via their relationships with employees and their role in implementing organisational policy. *Conclusions*: The Flags system was useful as a conceptual framework in this context for identifying a number of obstacles to working with health problems, many of which were potentially modifiable on worker, workplace, or wider systems levels.

Keywords:

Common health problems – Flags – Work – Presenteeism – Absenteeism

Introduction

Far from being the exception, the vast majority of people are likely to experience common health problems, such as musculoskeletal pain or low mood, at some point in their working lives [1]. The impact of common health problems on work can broadly be categorised under the headings of 'absenteeism'—absence from the workplace, and 'presenteeism'—attending work despite being unwell [2–5]. When common health problems interfere with work, this can have negative implications for the health and well-being of an individual—particularly where long term sickness absence or loss of work ensues—as well as coming at a high economic cost to individuals, governments and employers [6–9].

Presenteeism, sickness absence and loss of work are interlinked in a dynamic process that is not yet fully understood [10]. In general, remaining at work or returning to work as soon as possible is typically advocated, but work can vary widely in its quality and nature [11]. Furthermore, 'presenteeism' can encompass a whole range of scenarios which need to be managed in different ways; it includes those who are well enough to attend work but are not working at full capacity as well as those who attend work when they are too unwell to do so [10, 12]. For employees, presenteeism can impair the quality of working life, potentially leading to social difficulties and impressions of ineffectiveness at work because of reduced productivity [13]. It may pose a risk to health due to inadequate recuperation in some circumstances, although there is limited empirical evidence supporting this [14]. For employers, issues such as infectious illness and difficulty in identifying people whose work is affected by health problems can be problematic [13]. However, a staged return-to-work, whilst still falling under the heading of presenteeism, may be a useful part of managing the return-to-work process [15]. While reducing sickness absence and promoting return to work require attention, the appropriate and effective management of presenteeism is an equally important issue.

Making sense of how common health problems impact on work and how this can best be managed is challenging due to the complex and multi-factorial nature of this issue. Workers are part of a complex system, comprising interactions with their immediate work environment, the organisation, healthcare and other services, and socio-economic context on a micro and macro level [6, 10, 16, 17]. People's beliefs, attitudes, and social norms as well as more objective contextual factors are important in understanding presenteeism, absenteeism, and return-to-work behaviour [14, 18, 19].

Kendall et al. [20] recommended the early identification and management of psychosocial obstacles to recovery known as 'Flags' in tackling musculoskeletal problems. The Flags system was developed originally for the identification and management of potentially modifiable risk factors for musculoskeletal problems using interventions on a worker, workplace or wider systems level [21]. However, there is an emerging literature that indicates that similar factors are relevant to the understanding of other common health problems, particularly common mental health problems [1, 7, 12, 18, 22].

Yellow Flags [23] are primarily psychological in nature and clinical in focus. They encompass people's beliefs about their health problem, although they include some

consideration of work issues. The occupational flags are differentiated into individually centred Blue Flags, which refer primarily to *perceptions* of work (e.g. relationships with managers, control over workload), and "contextual" Black Flags which refer to more *objective* features of workplace, such as working conditions and sickness absence entitlements/policies [16, 24]. Black Flags also refer to wider contextual features, such as socio-economic climate and government policy functioning at a societal level [20] (Table 1). Kendall et al. [20] proposed that Yellow, Blue and Black Flags are all relevant to the understanding of sickness absence, presenteeism, and return to work.

Table 1 Key themes; challenges and facilitators in working with health problems within the flags framework

Flag	Description	Challenges	Facilitators
Yellow	Primarily psychological in nature and clinical in focus and encompass people's beliefs about their health problem	Impact on range, quantity, or ability to attend work; consequences for employee, colleagues and managers	Access to timely and appropriate health-care services to manage the condition
Blue	Refer primarily to *perceptions* of work (e.g. relationships with managers, control over workload)	Relationships with managers/colleagues, workload issues, flexibility/control, need for adjustments to work	Support from managers/colleagues, modified or reduced duties, flexible working, reduced hours, graded re-entry to work, redeployment
Black	Refer to more *objective* features of workplace, such as working conditions and sickness absence entitlements/policies	Implementation of policies/services on a local level, potential negative effects of policies designed to reduce non-legitimate absence for people with genuine need for absence	Awareness of support/options available, communication, support from line managers

The present study formed part of a mixed-methods project designed to investigate how common health problems impact on work. The health economics component of the project highlighted the importance of contextual Black Flag factors, such as government policy and access to healthcare services [7]. A quantitative cross-sectional survey indicated that perceptions, beliefs and attitudes relating to health and work (Yellow and Blue Flags) were more closely associated with presenteeism and absenteeism than more objective features of work [12, 22]. Perceived health and perceptions of work were also found to be associated with each other [22], suggesting that the Flags are interlinked rather than being independent. Finally, in a qualitative study, one-to-one interviews were carried out with managers and employees with musculoskeletal pain to investigate their attitudes towards absenteeism and presenteeism. This study focused predominantly on Blue Flags and highlighted the importance of the quality of relationships between managers and employees. The moral aspects of illness, primarily issues relating to trust and establishing the

legitimacy of sickness absence, were identified as important areas where conflict could arise between managers and employees [*30*].

The aim of the present study was to take a broader whole-systems approach to examining attitudes to working with health problems that encompass Yellow, Blue and Black Flag issues. The Flags system was adopted as a conceptual framework for identifying problems and potential solutions based on the themes emerging from the qualitative data (see Table 1).

Methods

Research Design

Focus groups were used to interview participants. A particular strength of this method is to facilitate the exploration of a range of associated issues and to investigate the degree of consensus and disagreement around key issues and themes which emerge following discussion [*25*]. The use of a qualitative focus group approach was selected firstly to enable a more detailed investigation into the beliefs and attitudes of employees relating to the impact of common health problems on work than had been possible using quantitative methods, and secondly to tap into socio-cultural norms and sources of consensus and conflict which are not necessarily as prominent when using one-to-one interviews.

Group composition is critical in focus groups in encouraging disclosure and generating productive free-flowing discussions that contain useful data. Therefore, the focus groups were divided based on gender and managerial responsibilities. The size of the focus groups (mean of 4.5 participants per group) was formulated to maximise the amount of time for each participant to contribute, as well as providing enough individuals to generate balanced discussions [*26*].

Sample and Recruitment

Sixty-three volunteers participated in a series of 14 focus groups, conducted between April and June 2007. Demographic characteristics are shown in Table 2. A purposive stratified sampling approach was used to represent a range of people by gender and age, which can influence people's perspectives, beliefs and knowledge [*27*]. Participants were recruited from two large public sector employers; a local authority and an NHS Trust. The employees included a variety of occupations with differing characteristics and demands, allowing for a range of views and experiences in different contexts to be captured. Volunteers were recruited primarily through the distribution of leaflets and by word of mouth. Researchers were situated in the organisations with an information stand, posters and leaflets were posted in busy areas of the buildings (e.g. reception areas and staff canteens). A web-site was set up and a launch was held to raise awareness of the project. Refreshments and a small gift voucher (£10) were offered as recompense for participants' time. Participants in the study were voluntary and therefore self-selected.

Table 2 Demographic characteristics of the focus group participants

	Focus group participants
Gender (M:F)	17:46
Mean age (SD)	38.9 SD 11.3
% in a supervisory role	39.3%
% with degree or equivalent professional qualification	62%
% in NS-SEC groups 1–3 (managerial, professional, higher or intermediate clerical and administrative roles)	95.2%

Data Collection

A team of three researchers carried out the data collection in this study. All had prior experience of carrying out qualitative research and were provided with further training and supervision. A researcher facilitated each group along with a co-facilitator/note taker.

Short vignettes were given on cards at the start of each session to focus and promote discussion [*28*]. These were scenarios where three individuals with health problems and their work were briefly described, and participants were asked to discuss. Following the vignettes, a flexible topic guide was used, which centred around three key themes:

1. When employees have health problems, what are the challenges that they face in relation to work?
2. What do people find helpful in remaining at work or returning to work when they have health problems?
3. What are employees' views about organisational policies on sickness absence and return to work?

Each of these key themes and the vignettes were centred on the Flags concepts, such that the vignettes centred on commonly experienced health problems which encompassed Yellow Flag psychosocial issues, points one and two of the topic guide examined issues associated with Blue Flags and point three of the topic guide examined issues associated with Black Flags. Participants were encouraged to develop discussion around these topics and elicit 'mutual self-disclosure' [*26*] about common health problems. A series of open questions and prompts were included in each section to further guide and elicit discussion around the three Flags concepts. The facilitator moved the discussion on from one topic to another as themes were exhausted, i.e. nothing new was being added. Before the end of each focus group, the co-facilitator summarised the main themes of the discussion back to the group for them to confirm and clarify their views.

Analysis

Group discussions were audio-recorded and transcribed. The NVivo software package was used to facilitate data analysis. The coding framework was developed by creating

codes, discussing these, and collapsing them into categories, as is common in qualitative analysis [29]. The analysis incorporated a combination of categories derived initially from each of the Flag concepts incorporated in the topic guide; these categories were supplemented and refined with those that arose in the group discussions. The Flags concepts were used to provide a structure to the analysis of the data, allowing categories to be placed within a pre-defined framework. This framework contributed to ensuring consistency of coding of the data. Consistency and quality of coding was regularly reviewed throughout analysis. This process added to the rigor of the findings, as it provided opportunities to discuss and challenge ideas, and consider different interpretations of the data.

Ethical Approval

Ethical approval for the study was granted on 19.12.06 by the Bro Taf Local Research Ethics Committee. Written informed consent was obtained from all participants.

Results

The main themes arising from the focus groups are presented under the headings of the flags system, as summarised in Table 1. These are discussed in more depth below, with salient quotes extracted from the transcripts to highlight the themes that emerged with focus group number and individual ID codes provided for each quote.

Yellow Flags

Yellow Flags relate primarily to the individual and their health problem(s). This encompasses beliefs and attitudes about the health problem itself and its potential physical and psychosocial consequences, with some consideration of work issues.

The Impact of Common Health Problems on Work

It was widely acknowledged that employees who felt unwell would simply not be able to work to their full ability;

> If you are fully functional, your day is a lot easier than if you are being dragged back with an ailment of some description, so throughput would obviously be affected **[**Focus group 11, employee 3O]

The perceived impact of common health problems on work, and mild to moderate mental health complaints in particular, was frequently discussed. The effect of subjective aspects of health problems, rather than any specific impairment associated with disease or injury, was typically described in these groups. A combination of factors could be in play in determining the impact of health on work, as illustrated in the following quote;

> You lose your ability because you do your job - you can't walk around and that without the pain. I was off for six months. I didn't call it depression, I called it anxiety and I had a couple of things wrong. It wasn't just work. There was lot in work, but I had extra things as well, and it is a difficult thing to overcome. [Focus group 11, employee 2N]

This individual describes how both musculoskeletal and mental health problems had affected them, combined with work pressure and other factors. The reluctance to report mental health problems described in this extract emerged as a salient theme in these focus groups. Mental health problems were not typically openly discussed in the workplace and people would find alternative labels for depression or stress where possible. The reasons for this often included the stigma attached to mental health problems or feeling that the individual would not be believed by their colleagues and managers.

Managers commonly reported feeling under pressure when someone was absent and were aware of the impact upon the wider staff. Employees also recognised that their health problems had implications for colleagues, particularly in terms of workload and working hours. The health problem itself could also affect relationships with colleagues, as described by this individual in the context of stress and fatigue;

It could also affect your relationship with other people in the same office if you are sort of suffering…

> … they are a gonna feel as if they are walking on eggshells, because they think you could snap at any time if you are suffering with lack of sleep [Focus group, employee 4P]

The employees, including those with managerial responsibilities, widely acknowledged that health problems would impact on work in a variety of ways, including performance, colleagues' work, and inter-personal relationships in the workplace and there was a high degree of consensus on these issues.

Social and Cultural Norms

Presenteeism appeared to be the social norm in these organisations. Taking time off work was considered acceptable only in specific circumstances; namely for infectious illnesses (so as not to spread these to others) or for 'serious' illnesses (such as cancer). People often gave examples of other people taking time off when they didn't really need it, and this was typically viewed in a negative light;

> …because we get 6 months full-pay you see, someone makes a miraculous recovery after the 6 months is up. All of a sudden they are back in work and they look fine. I think 'well if you were genuinely that ill, how is that you can be off for 6 months and you can come back to work like that?', you know? I think it is down to the individual. I think some do take advantage, some don't. Because the (sick leave) allocation is there. They think 'Oh, there's 6 months', so they might as well use it and go on vacation whether they need it or not. [Focus group 7, employee 3P]

However, they did not report doing these kinds of things themselves. Individuals typically reported having a stoical attitude towards working with health problems;

> I know if I went off sick, I'd be worried. And I'd be thinking 'Oh God, I should be in work' and I, just me personally, I'd feel guilty. Even if I was ill,

> I'd be in the house thinking 'Oh no. I should be in work [Focus group 7, employee 1A]

Guilt about taking time off work for illness was commonly discussed, particularly in relation to colleagues having to cover or when the individual felt that no-one else could carry out their role. The following quote provides an example of this;

> No, just guilt I felt. I need… I just wanted to get back. I shouldn't have, but I… that was the main thing for me. I telephoned work every single day, which I shouldn't have done. I should have just switched off. And then when they (colleagues) said they couldn't do this, this, and this, I was thinking "I can do this, this and this". A bit silly really. [Focus group 5, manager 2B]

Perceptions of others were important in influencing absenteeism and presenteeism behaviour. Participants in two groups discussed specific examples of how worries about what other people would think if they left the house if they were off sick. This is illustrated in the following extract;

> And I think if you're off for an illness staying in can make it worse. You might not be well enough to work but it doesn't say…you feel like you've got to stay in. But I think that puts pressure on you again - 'Oh, I can't be seen out because I'm on the sick. Someone from work may see me. [Focus group 7, employee 3C]

There was a perception in both groups discussing this issue that there was a difference between being fit enough to go down to the local shops, for example, and being in work. Nonetheless, in both groups employees stated that they would not leave the house if they were on sick leave in case they were seen and others would view them negatively. This linked in with the theme of establishing the legitimacy of health problems, which was salient in these groups. Concerns about being believed and being considered to be 'really ill' were frequently discussed and could act as powerful drivers to engage in presenteeism. For example;

> There are loads of times that I have been ill on a Monday morning and I have come in just so I can show them that I am ill so I don't feel bad about going home. [Focus group 10, employee 1I]

In summary, Yellow Flags featured strongly in these focus group discussions, with beliefs about the health problem, how it would impact on self and others at work, and how it would be perceived by others reported to influence illness behaviour.

Blue Flags

Blue Flags refer to individually centred occupational factors, or perceptions of work. These encompass issues such as relationships with managers and colleagues, demands, control and flexibility. These were typically discussed in relation to managers, whose role in driving absenteeism and presenteeism was frequently and intensively discussed.

People had very mixed views of the role that management played. Some people felt supported, while others felt that management could be 'heavy handed' or that there was a lack of trust. Employees' comments suggested that sickness absence could be reduced when managers created a pleasant and supportive working environment and it was generally felt that issues should be openly discussed.

Communication

Being able to report problems to managers and discuss difficulties with tasks was a salient issue, as highlighted by the following quote;

> I think that's why your line managers or your managers are important because like - you know - I hope anyone in my team would be able to speak to me. Our manager is very approachable and sympathetic, but I don't know what other departments are like. [Focus group 11, manager 2N]

However, the following exchange highlights some employees' perception that management were generally ill equipped to deal with interpersonal issues and staff sickness;

Employee 1I	Don't the managers have enough training though to sort out staff with illness and how to deal with them? Because they can be very funny is the best way to put it
Employee 4L	But the thing is most managers don't have people skills in the first place. They haven't got any man management. They can't say "you look terrible go home, your eyes are down here {pointing to cheeks}, your nose is dripping"'… …most managers haven't got any people skills and they don't know how to deal with things [Focus group 10]

Trust and Sanctioning Absences

In a supportive environment, employees felt that they were trusted, able to take sickness absence when they needed it, and believed that they would be supported in returning to work after a period of absence. Some managers and employees felt that as part of their role, managers should ensure that people were fit to work and endorse absences when necessary, as illustrated below;

> But that is then down to the managers to spot that isn't it? To say 'come on now - this is ridiculous, you need to be at home [Focus group 10, employee 2J]

Managers were seen as having a role to play in sanctioning absences and reducing the burden of guilt and perceived pressure felt by staff to attend work when they are unwell (as described in the Yellow Flags section). For example;

> I think that's the crux of it - your relationship within the team and the manager, and… because 1.) if you are poorly you have to feel like they trust you that you are ill, and 2.) you wouldn't want to milk it if you like, and you

> want to come back as soon as you can, and they know that if you are off and you are ill - then you are genuinely unwell - so the guilt then is taken out if it [Focus group 10, employee 4L]

Blue Flags were important in understanding people's accounts of sickness absence and presenteeism, typically hinging upon the quality of relationships and communication with managers.

Black Flags

The Black Flags refer to contextual features, including objective work characteristics (e.g. working hours and organisational policies). As well as being important for people with common health problems, these were considered to have a direct influence on sickness absence, independently of health status.

Physical Demands of the Job

The physical demands of the job were seen as an important factor, particularly for musculoskeletal complaints. A manager commented;

> Our staff, well possibly some of them, would not be able to do their jobs at all if they've got back problems. Like porters for instance - they are responsible for the heavy duty cleaning and deliveries and so on and so forth. So where as maybe I would be able to come back to work and think 'Oh well', as I can sit with a cushion or whatever, I can manage, and I won't stop for too long and I'll go back or whatever, they possibly couldn't do that. [Focus group 3, employee 3X]

In some roles, physical demands were difficult to avoid and therefore people would choose to be absent rather than be at work where they would be expected to carry out tasks that could be impaired by—or could exacerbate—their pain. Nursing was a classic example of this, as illustrated in the following quote;

Employee 2P	I'm from a nursing background and the bad backs - it's huge really. You can be off work.
Interviewer	Because you always use your back then?
Employee 2P	Yeah. It does. Bending, lifting… we shouldn't be lifting but you do.

[Focus group 4]

Organisational Policies

The organisations involved in this study had a range of policies and procedures in place to manage sickness absence and return-to-work. Perceptions of these policies amongst employees were divergent, where some policies were viewed as being in place to support staff, while others were thought to be unhelpful and complex.

Tackling the Health Problem Itself

The organisations were seen to have an important role to play in addressing the health problem at hand via on-site services (e.g. physiotherapy, counselling). These services were generally viewed positively by staff;

> Within obviously this [organisation], there's a counselling service. So I mean if someone is obviously stressed or depressed they have got - there is help out there before actually going onto the sick. [Focus group 7, employee 2B]

Different Types of Absence

There were a number of policies relating to authorised absences at the organisations, including annual leave, sickness absence, absence for carers, and compassionate leave. However, the distinction between these types of absence, particularly to deal with pressing issues outside work such as care of dependents, was somewhat blurred. This concerned managers, particularly where relevant policies were in place but were not being used, as illustrated in the following example;

> They won't necessarily take advantage that we have flexible working policies that people are allowed carers' leave. So rather than phone up and say, erm, 'look I've got my child off ill today - I can't come into work. Can I take some carers leave?', people will phone up and say 'I'm sick'. So what happens then? Our sickness absence data becomes some what exaggerated… [Focus group 2, manager 3H]

Conversely, employees would take annual leave in some cases to avoid taking sickness absence, particularly if this meant they would avoid having to have interviews with HR in relation to sickness absences. While the organisation viewed the interviews as a means of communicating with employees and providing appropriate support, employees often saw these as disciplinary action.

Reluctance to Take Sickness Absence

A number of individuals were reluctant to take sick leave due to concerns about how this would affect them at work—particularly with regards to career prospects;

Some people have concerns about their record, don't they? And how it affects getting other jobs if they've got too much like that. [Focus group 7, employee 1A]

Other members of staff cited social attitude and upbringing as a reason for refusing to take time off as annual leave when ill;

Employee 1R	Cos that's the way I am, and I don't want to take sick and it's the way you were brought up. It was drummed into you. My father was the same, my mother. I don't want sick for that, I will take one day of my annual leave
Employee 2S	It doesn't matter if take one day or three months - its one mark against you

[Focus group 12]

Return-to-Work Interviews

Policies and procedures at an organisational level that focussed on reducing absenteeism were sometimes seen by employees as 'enforcing' presenteeism in the sense of working when too unwell to do so. Return-to-work interviews were frequently and intensively discussed by employees. These were often viewed as unhelpful and intrusive, as illustrated in the following exchange between two employees:

Employee 3A	Yeah, I don't think the system helps because you get the new thing of you ring in on the first day, second day, whatever. Then when you return, you have to have a back to work interview with your line manager. Now, if you have personal problems that you don't really want to speak to him, you know, you have to give him an explanation. So do you say 'I have some personal problems' or - you know – 'it's personal', you don't want to? So if you had a back to work interview with a nurse rather than somebody who is in the next room…
Employee 1F	Most people think of those interviews more as giving you a slap on the wrist for being off sick. I'm not saying that they are, but also as well they give the manager who is perhaps a bit 'nasty', for want of a better word, the chance to say "well try not to go off - your work has piled up here" and use it for that, incorrectly. [Focus group 9]

Both these extracts illustrate the problems that can occur with implementing an organisational policy in an employee's local work environment, and again these often hinge upon individual managers. These issues can be particularly problematic in the case of mental health problems due to the aforementioned concerns about stigma and legitimising the complaint. Relationships with managers and the issue of trust arose again in this context;

Employee 3M	I know with me every back to work interview I felt like the managers were saying to me 'You're lying'
Interviewer	Really?
Employee 3M	Every single interview. And that's normal.
Interviewer	Would that make a difference in you calling in sick or…?
Employee 3M	Well, yeah. Yeah. You think to yourself "well if you've got that attitude, why would we want to come to work"'?

[Focus group 3]

In this case, the return-to-work interview had the opposite of its desired effect, making the individual more inclined to take sickness absence.

Absence Reporting Procedures

A newly introduced system of phoning into line managers daily at the beginning of absences was particularly negatively viewed by employees;

> …this sickness procedure was brought in quite rightly and our full time officer agreed it without our knowledge and we are not happy about it. Basically, you have got to ring in everyday for the first 5 days. If you don't speak to your line manager, you have to arrange a time for them to ring you back if they are not there each day for the first 5 days and the last thing you want if you are feeling a bit off is to get out of bed and have the phone ringing and then you have to speak to your line manager two hours later or something like that [Focus group 9, employee 1F]

Return-to-Work Policies

Conversely, graded re-entry and flexible working after a period of absence were cited as important policies in enabling people to return-to-work, as described by this individual;

> You are back in your role, you know. And very gradually within 2 weeks you're back doing what you used to do, you know. So that's what I did. [Focus group 3, employee 3M]

Likewise, people felt more able to return-to-work when they knew they would be able to make necessary adjustments to work, such as modifying their duties. However, there were a number of cases where people were unable to take advantage of organisational policies due to local difficulties, which could force them into taking sickness absence. For example, some individuals found that although flexible working was officially available, they were not able to take advantage of it due to the nature of their work or the willingness of individual line mangers to implement the policy on a local level.

Socio-Cultural Factors

Wider contextual features, including socio-cultural norms and economic factors also fall within the Black Flags heading. As emphasised in the above text, themes of morality, including legitimising health problems, trust, and doing the 'right thing' were salient throughout the discussions, colouring beliefs and attitudes under each of the Yellow, Blue and Black Flag headings. Beliefs about health and the perceived legitimacy of health conditions are very much based on individuals social perceptions and experiences, these beliefs form an individual's moral position on absence and attendance at work and ultimately influence their decision making in relation to absence and attendance. Wider economic and political context were not salient themes within the group discussions. However, this may have been a result of this being a working population, since these issues may be more relevant to those who have left the labour market where availability of appropriate employment opportunities or state benefits would be more of an issue.

Interactions Between the Flags

The interactions between the different Flags were apparent in the discussions, particularly in relation to the interplay between the nature of the health problem, relationships with managers, and organisational policy.

In general, policies that focused on supporting people in returning-to-work (e.g. graded re-entry or modified duties) were more positively received than those focussed on reducing non-legitimate sickness absence (e.g. return-to-work interviews, calling in daily), which were associated with mistrust and inconvenience. It was felt that there should not be a rigid application of policies regardless of individual circumstances and relationships with managers played an important part in the successful implementation of policies.

Managers have a crucial role to play in acting as the bridge between employees and senior managers who make changes at an organisational level;

> But it comes back to your manager and your relationship with them again then doesn't it, I think [name] and I share the same manager and regardless of what it is, we wouldn't have any qualms about going to her or self referring (to onsite health services) and she would know if we had done that, then there is a reason for it. It all comes back to the relationship again, doesn't it [Focus group 10, employee 4F]

It was considered important that managers could be flexible in the way that they applied organisational policies based on their knowledge on the individual employee, as highlighted in this quote;

> It depends on each individual circumstance, which I think the manager can assess for themselves anyway. It can depend on, for example, there may be a policy that says that it's 1 day bereavement for a grandparent, whereas that grandparent might have brought you up like a father. So obviously it's up to the manager really. [Focus group 5, employee 2B]

However, it was recognised that in some cases, the lack of support from management was seen as an organisational issue, rather than being attributable to individual managers (e.g. where staff cover was not available).

It was evident in the focus group discussions that Blue, Black and Yellow Flags were all important factors in influencing absenteeism and presenteeism. However, it was very difficult to consider these components of the system in isolation due to the level of interaction between them, further highlighting the need for a whole systems approach to understanding and managing these issues.

Discussion

Overarching Findings

This study set out to uncover in more detail the attitudes and beliefs of employees using a qualitative approach, and to consider these using the Flags system. Two general findings emerged. Firstly, appraisal of the themes which emerged indicated that Yellow, Blue and Black Flags are all relevant in understanding the issues surrounding absenteeism, presenteeism and return-to-work for employees. Secondly, our study revealed important interactions between the different Flags, highlighting the need for a whole-systems approach [*7*]. Several of the themes emerging during a previous study using one-to-one interviews with managers and employees with

musculoskeletal complaints [30] were also salient themes in the current study, namely; the importance of the quality of relationships with managers, the manager's role in implementing organisational policy, and issues relating to trust and how 'legitimate' illness is. A number of other findings, however, emerged which are discussed in more depth below.

The Importance of Mental Health and Musculoskeletal Problems

The issues raised in these focus groups were largely consistent with those described in previous research [5, 12–14, 18, 19]. Mental health (particularly stress and depression) and musculoskeletal complaints were the most commonly discussed problems. While the physical demands of the job could make working with musculoskeletal pain difficult, it was stigma and worries about establishing legitimacy of sickness absence that were most salient with mental health problems, which is consistent with previous qualitative work in a UK community setting [18]. Communication with employers, colleagues, and health professionals are common challenges associated with mental health complaints [31]. Mental health has been found to be more closely associated with performance than absence in public sector workers [12], suggesting that people are often at work despite being unwell with these complaints.

Presenteeism as a Facet of Socio-Cultural Norms

Research on Yellow Flags has focused predominantly on fear and avoidance beliefs in recent years, which are consistently found to have a strong association with disability [1, 32]. However, there is growing evidence that socio-cultural norms are salient issues in driving absenteeism, presenteeism, and long-term incapacity [18]. This ties in with the concept of the 'sick role', which introduces the rights of an individual who is sick to be exempt from social norms and not be blamed for their illness, while they have obligations to try to get well—for example by seeking professional help [33]. Socio-cultural norms would fall under the heading of Black Flags using the Flags system, i.e. the wider contextual factors. The social aspect of work and working with health conditions is an underlying theme throughout each of the Flags constructs, as beliefs about health (Yellow Flags), perceptions of work (Blue Flags) and features of the workplace (organisational Black Flags) are all underpinned by social influences either at an individual level (for example a family members experience of the same health condition) or at a wider societal level (for example eligibility for statutory sick pay).

In the present study, a culture of presenteeism was found to be the social norm in this population. The moral stance that working through illness is the 'right thing to do' acts as a driver to presenteeism. In a community setting, the discussion surrounding morality and health centres around working vs. not working, with work being an important part of being seen as a 'worthy' and 'moral' person [18]. However, in this workplace setting, it was primarily the perceived impact on colleagues and associated feelings of guilt that discouraged absence. Demonstrating that an illness was legitimate was important in this context, which can be difficult with 'unseen' complaints and this was associated with issues of trust between employers and employees. These issues can be a significant source of conflict between managers and employees with health problems, and improving communication and building trust in

relation to absenteeism and presenteeism and important issues in enabling people to remain at or return to work [*30*].

Socio-cultural factors were evident in the themes falling under each heading of the Flags system, influencing people's beliefs about appropriate illness behaviour, what other people's perceptions of them would be, and the quality of their interaction with managers. Socio-cultural factors can act as a strong motivation to stay at work or return-to-work quickly [*18*]. However, they may also act as barriers to remaining at work in situations where people feel that they shouldn't take absence or reduce their workload when in fact it is appropriate for them to do so, or where worries about 'proving' the legitimacy of their complaint, trust and/or guilt may contribute to their psychological distress, thus exacerbating the problem. There is potential for psycho-educational interventions and organisational policies/guidance to incorporate these socio-cultural issues, which may help gain clarity over rights and responsibilities of the employees and the organisation and thereby reduce the conflict that currently surrounds these issues.

The Influence of Organisational Policies

Organisational policies were widely discussed in the groups, with the role of managers in implementing these being key to their success or failure. Support from management was highly valued and policies allowing flexibility in work, graded re-entry, and providing onsite health services were generally positively received. Conversely, policies that were perceived to be directed towards 'checking up' on staff and placing pressure on people to work when too unwell to do so, such as the return-to-work interviews and sickness absence reporting procedures, as well as poor relationships with managers were viewed in a negative light by employees.

The Specific Challenge of Return to Work After Long-Term Absence

The longer someone is out of work, the further removed they become from the labour market [*9*], and this was recognised by the focus group participants. Graded re-entry to work and flexible working were particularly positively received by individuals who had returned to work after a period of absence, and provided a positive view of presenteeism allowing those who are well enough to work, but not at full capacity, to contribute in the workplace. Managers who implemented these policies effectively 'eased' individuals back into work allowing them to gradually build their functioning and confidence. Again, good relationships with managers were vital in the effective implementation of these policies. There was also a need to improve awareness and understanding of policies that were already in place (such as carers' policies), as well as providing a safe means for employees to communicate their views and needs to their employers so that these can be fed into future policy development.

The Significance of Interaction Amongst Flags

It quickly became apparent during analysis that there was extensive interaction between the Flags, often making it impossible to consider the individual parts of the system in isolation. In the context of accessing on-site health services, for example, the illness and management of an individual's condition (Yellow Flags) could be helped by discussing problems with a line manager (Blue Flag), who could signpost

towards relevant services provided via Occupational Health (Black Flag), who in turn could recommend changes in the work environment or working practices to be implemented on a local level (Blue and Black Flags). This highlighted the need for a whole-systems approach to understanding these issues. The issue of understanding the systems and the priorities of the stakeholders in the return to work process has been explored by MacEachen et al. [*34*] who found that there are two fundamental points to consider when attempting to ensure a whole systems approach is firstly feasible and secondly undertaken. The first point is that there needs to be good communication between all stakeholders, there needs to be a harmonious working environment and employees need to be able to engage with the return to work process [*34*]. This first point relates to the Blue Flags identified in the current paper, where employees and employers perceptions of the workplace are paramount in starting the return to work process. The second point raised by MacEachen et al. [*34*] highlights that systematic challenges in the return to work process are often located in seemingly mundane processes, such as correct completion of paperwork and timely access to healthcare and timely communication, these issues relate to the Black Flags identified in the current paper, where objective features of the workplace and working conditions need to be understood and appropriately managed. However, ensuring all stakeholders are "on side" is a challenge when each has differing priorities and tensions may arise as a result of divergent perspectives on work ability and differing approaches to cooperative work [*35*]. Assessment of employees' ability to work often becomes a negotiation between stakeholders [*35*], and if clear communication and timely intervention is lacking [*34*] it is unlikely that the return to work process will be swift leading to further complications associated with longer term absence from work.

Limitations of the Present Study

This research was carried out in large public sector organisations. Different issues may apply in the private sector and in SMEs, particularly in relation to systems level issues (e.g. access to Occupational Health & the presence of relevant policies).

Practical Implications

This study confirmed the relevance of the Flags system in understanding absenteeism and presenteeism in the public sector. The themes emerging related primarily to Yellow, Blue and Black Flags issues, which were often inter-related, providing further evidence that a whole systems approach is required in understanding and managing absenteeism and presenteeism. However, the degree of interaction and overlap between the different Flags highlighting potential difficulties in using the Flags framework to 'classify' different types of issue as the Flags do not constitute mutually exclusive categories. Nonetheless, the Flags system has important theoretical and practical utility and is being continuously developed and refined. Following an international conference (*The Decade of the Flags*), work has been underway to develop an integrated system of Flag identification and management of relevance to healthcare and occupational settings, including the development of a practical monograph for using this system and an evidence-based appraisal of Blue Flags [*20*, *24*].

Conclusions

The Flags system can provide a useful framework for identifying risk factors and developing practical strategies to address these. With an ageing working population, the impact of health on work is likely to become an increasing burden in developed countries over coming years. In light of the current focus of organisational and government policies on reducing absence and encouraging return-to-work, there is a pressing need for further research into presenteeism. Interventions that aim to maximise attendance and enhance performance in the absence of genuine work accommodation may in fact prolong sickness absence and delay return-to-work, and this needs to be investigated. This is particularly pertinent for mental health problems, where people may be engaging in presenteeism for some time, unwilling to disclose their problems, and therefore unable to access appropriate support. The role of line managers appears to be key; further research is required to identify the barriers to successful communication between managers and employees as well as barriers to implementing organisational policies.

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Conflict of Interest
None.

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