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# Employee research Phase 1:

## Understanding the experiences of employees who have had a sickness absence

Qualitative research

Grace Jacobs and Sarah McHugh (Ipsos MORI)

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## Executive Summary

The Work and Health Unit (WHU) (which is jointly sponsored by DWP and DHSC), commissioned mixed methods research with employees and the self-employed. The research was designed to explore experiences of health, disability, and work, through two phases of quantitative and qualitative research.

In December 2020 Ipsos MORI conducted 30 in-depth qualitative telephone interviews with employees identified to have had a sickness absence in the past 12 months. This sample of employees was taken from the sample of 2,167 participants gathered from the Ipsos MORI access panel for the quantitative survey for phase 1 of this research. Each interview lasted between 45 minutes – 1 hour.

- Participants were vocal about the mental and physical benefits of working, such as having a routine, interaction with others and exercise during shift work. Negative impacts such as stress were also mentioned, although prevalence of this largely depended on whether the individual had a pre-existing health condition.
- Of those with a long-term health condition, some believed the support their employer provided was inadequate and that employers were more understanding of physical health conditions compared to mental health conditions. Large companies appear to be more pro-active in engaging occupational health compared to small. Some had experience of workplace adjustments, such as a different type of chair or flexible hours, all of which they found beneficial.
- Of those who had experienced a sickness absence (not long-term) employers generally took participants at their word. Participants were largely aware that medical evidence/a fit note would be required after 7 days. For those who had a long-term sickness absence, a fit note was either presented on their first day off work or after they had enough sickness absences to recognise they would need to be off work for longer.
- Participants understood the source of the statutory sick pay (SSP) or occupational sick pay (OSP) that they received. Whilst some participants returned to work when they were happy to, others who received SSP returned to work before they felt they were ready due to financial reasons and struggling to meet their financial commitments.
- Of those who experienced a long-term sickness absence, there were varying responses about how well supported they were by their employer on their return to work. Whilst for some the return to work was straightforward and they picked up where they left off, for others their return hadn't been given consideration by their line manager and they were unsure what to do. The majority of participants felt nervous and anxious about their return to work.
- Whilst some participants did not have a return to work plan, those who did found them useful and the involvement of occupational health beneficial. Additionally, some individuals received workplace adjustments such as a phased return to work or taking extra breaks. A few participants commented that as a result of having to work from home due to COVID-19 their health had significantly improved, but this was not related to a workplace adjustment or occupational health.

## **Understanding the experiences of employees who have had a sickness absence: qualitative research**

- Participants experiences with OH, when in work, were largely positive. They found that OH suggested useful ways for their work to be adjusted in order to successfully manage their health condition at work.

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## Glossary and abbreviations

<b>Human Resources (HR)</b>	HR is a department within an organisation with responsibility for managing and developing employees. Key roles may include recruitment, payroll and providing employment and legal advice.
<b>Long-term sickness absence (LTSA)</b>	An instance of sickness absence from work lasting four or more weeks. <sup>1</sup>
<b>Large employers</b>	Employers with 250 or more permanent employees.
<b>Medium employers</b>	Employers with 50-249 permanent employees.
<b>Small employers</b>	Employers with 2-49 permanent employees.
<b>Occupational health (OH)</b>	OH are advisory and support services that help to maintain and promote employee health and wellbeing through the provision of direct support and advice to employees and managers.
<b>Occupational Sick Pay (OSP)</b>	OSP is a form of sick pay provided by employers that is above the statutory minimum (i.e. Statutory Sick Pay).
<b>Statutory Sick Pay (SSP)</b>	SSP is the minimum amount that employers must pay their staff who are too ill to work. At the time of writing, SSP was set at £92.05 per week for up to 28 weeks <sup>2</sup> .
<b>Self-certification</b>	This refers to the period of time lasting less than seven consecutive calendar days when an employee does not need to provide medical evidence to their employer for sickness absence.
<b>Long-term health condition (LTHC)</b>	A physical or mental health condition or illnesses (including any intermittent conditions or illnesses) lasting, or expected to last, for 12 months or more.

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<sup>1</sup> DWP, Sickness absence and health in the workplace: Understanding employer behaviour and practice, 2019,

<sup>2</sup> For more information, see: <https://www.gov.uk/statutory-sick-pay>

# 1 Summary and background

## 1.1 Background to report

The Work and Health Unit (WHU) (which is jointly sponsored by DWP and DHSC), commissioned two phases of quantitative and qualitative research, with employees and self-employed individuals to get an up-to-date assessment of workers' experiences of sickness absence of sick pay. This report will focus on the qualitative findings from Phase 1 of the research (Phase 2 commenced April 2021).

This research updates information last collected in 2014 and explores the relationship between work and health, managing health conditions in work, sickness absence, medical evidence and sick pay.

## 1.2 Research aims

This research study explores the experiences of employees who have had a sickness absence. In particular, this research aims to explore:

- Employees' experience of sickness absence;
- Medical evidence of availability to work;
- Employees' sick pay arrangements, in terms of timing, rate, type (SSP, OSP, none), length of provision and whether these have changed as a result of the COVID-19 pandemic;
- How employees are supported in-work, or to return to work following a long-term sickness absence, including the effectiveness of support received from employers such as workplace adjustments;
- The extent to which employees understand their employers' legal responsibilities and the right of employees under the Equality Act;
- How employees perceive the role of the employer and of the state during sickness absence; and
- Employees' experiences of occupational health services.

## 1.3 Methodology

The quantitative fieldwork for Phase 1 took place in September/October 2020. At the end of this survey, participants had the option to agree to be re-contacted for further qualitative research. All participants spoken to in this research were recruited from the quantitative survey.

In December 2020, Ipsos MORI conducted 30 in-depth qualitative telephone interviews with employees. Each interview lasted between 45 minutes – 1 hour.

**Table 1.1: A breakdown of participants**

<b>Primary quotas</b>		<b>Achieved</b>
<b>Sickness absence</b>	Long term sickness absence	19
	Sickness absence	11
<b>Long term health condition</b>	Yes	22
<b>Employer size</b>	Small	7
	Medium	4
	Large	19
<b>Sick pay</b>	Statutory sick pay	10
	Occupational sick pay	15
	None	2
	Both	3
<b>Secondary quotas</b>		
<b>Working status</b>	Full-time	17
	Part-time	13
<b>Type of contract</b>	Permanent	25
	Non-permanent	5
<b>Occupation</b>	Manager/professionals	9
	Skilled trades/Associate professionals/Technical occupations	7
	Lower skilled occupations (admin/secretarial; personal service; sales/customer service and elementary occupations)	14
<b>Monitoring quotas</b>		
<b>Occupational health</b>	Used OH	16
<b>Workplace adjustments</b>	Have had workplace adjustments	9
<b>Age</b>	16-34	9
	35-49	13
	50+	8
<b>Gender</b>	Male	13
	Female	17
<b>Ethnicity</b>	Ethnic Minority	4
<b>Location</b>	North	11
	Midlands	6
	London and South	13

## 1.4 Interpretation and representation of qualitative data

Qualitative approaches explore the nuances and diversity of views and experiences, the factors which shape or underlie them, and the ideas and situations that can lead views to change. In doing so, it provides insight into a range of views that, although not statistically representative, nonetheless offer important insight into overarching themes.

Verbatim quotes have been included in this report to illustrate and highlight key points and common themes. Where verbatim quotes are used, they have been anonymised and attributed according to key characteristics of the participants, i.e. type of sickness absence.



## 2 The relationship between working and health

Participants went into their role for various reasons, with few of these reasons being health related. Of those who had a LTHC, many described “falling into” their job rather than it being a conscious choice because of their health.

One participant, who suffered from arthritis, had previously worked as a baker but became unable to lift heavy loads of dough. Due to this they changed to a role that was less labour intensive, but with the same employer. Another participant, who suffered from IBS and depression, changed departments at their company as they felt their previous line manager did not understand their mental health conditions. Apart from these two participants, no others had chosen their job for health-related reasons.

### 2.1 Impact of working on health

Participants were vocal about the positive impacts that working has on their health, both mental and physical. Common impacts cited were the structure and routine that work provides, the social interaction with colleagues or customers and for some the exercise involved with walking around a shop floor or warehouse.

*“[Work] gives me a routine, which for anyone who’s got any kind of mental health issues is a really good thing anyway.”*

(Full time employment, long term sickness absence, has a long-term health condition)

However, participants were also vocal about the negative impacts working has on their health – with stress being a common effect of working. Other negative impacts included back pain from sitting in the same position or from heavy lifting, and increased screen time giving headaches. Whilst participants recognised overall that they ‘needed’ (and wanted) to work for their health, the negative impacts of working on their mental health were prominent.

For participants with a LTHC there were also some more individual instances of how their condition affects their current job. For example, a participant with a bowel condition felt very anxious about working in an open plan office. Another, who suffers from chronic headaches which can be triggered by lots of screen time, commonly experienced problems because of their office-based role.

One participant with a LTHC described work as a positive distraction from the daily pain they experience. A common feeling many expressed was one of guilt, in that living with their LTHC meant they either felt guilty for missing work or not performing at work, or for sacrificing their health in order to prioritise work.

*“When I was first diagnosed, or before I was diagnosed should I say sorry, I think it was just quite stressful because I’m not someone who likes to take off work sick so I think it was me putting pressure on myself not to be off.”*

(Part time employment, sickness absence, has a long-term health condition)

## 2.2 Role of the employer and state during sickness absence

When participants were asked *“In your opinion, whose responsibility is it to ensure workers are healthy (e.g. self, employer, government, all three parties)?”* the general consensus was that it is the responsibility of all three. The government is seen to have responsibility for setting appropriate guidelines and practices, the employer is responsible for following these and the employee is responsible for speaking up when their health is falling. When quizzed on this further, many felt that the overall responsibility lies with the individual themselves as they know what triggers and improves or worsens their health, especially if they have a long-term health condition.

*“You’ve got a personal responsibility not to do anything stupid, but I think without any one of those three then the whole thing falls down. There’s no point in having a good sense of personal responsibility if you’re going to lose your job because you followed through on it, and equally there’s no point in setting a law if nobody’s going to follow it.”*

(Full time employment, sickness absence, no long-term health condition)

## 3 Managing long-term health conditions at work

This chapter is based on the 22 participants we spoke to with a LTHC.

### 3.1 Support or adjustments provided by the employer

All but one participant who had a LTHC had informed their employer of their LTHC. The participant who had not informed their employer did not feel they needed to know as they could manage their condition day-to-day.

There were numerous examples of support and adjustments being provided by employers, for those with a LTHC, these included:

- Flexible hours or reduced hours
- Increased break times
- Orthopaedic chair or change in workstation equipment
- Portable heater near to workstation
- Working from home (prior to COVID-19)
- Change of duties
- Change in shift patterns.

Many participants were satisfied with the adjustments they received, with some commenting that employers offered to make changes, but they declined them as didn't feel they were needed. One participant with a thyroid condition was offered lighter duties as an adjustment, for example sitting down as a cashier, but they declined this as thought it would be 'boring' and went back to their previous role with the employer.

One participant, who has a mental health condition, was allowed to work from home for 1 day per week (prior to COVID-19) as a result of their occupational health assessment, which they commented really helped them.

*“Beginning of Jan 2019 I had adjustments made to work from home 1 day a week to relieve stress because I was getting pretty bad by then. It was definitely a much better scenario for me just not having to get up so early. I was just burnt out really”*

(Full time employment, long term sickness absence, has a long-term health condition)

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However, many participants felt the support provided by their employer was inadequate and reflected a lack of understanding of their medical condition. One participant, who has fibromyalgia and arthritis, described how his employer added handles onto items to make them easier to pick up. However, in practice this made little difference and they would have preferred to have been offered an office-based role at the company instead. Another participant, with ADHD, was advised by their GP to take time off work due to stress but did not want to due to working in a care home and having concern for the residents. They used their annual leave to go down to 4-day weeks, but when their annual leave was used up their employer did not understand their need for time away and did not support them in ensuring they had regular breaks despite a doctor's note advising of this.

*“Because of my ADHD and stress being diagnosed and memory, working until 8 o'clock on Thursdays, I was finding it too much. So [my employer] said ‘right okay, instead of going off sick, you've got loads of annual leave, why don't you use your annual leave and take Thursdays off?’”*

(Full time employment, sickness absence, has a long-term health condition)

There was one instance where the employer had not followed through and implemented the advice provided by OH. An individual with a mental health condition had been referred to OH after a stress-related sickness absence, and OH gave advice on their return to work for how to reduce stress (namely having a phased return to work and more support with the projects that were causing them stress). Their manager ignored this advice and did not know how to deal with it, as a result causing further stress and anxiety for the employee.

*“The manager who was in charge didn't [care at all]. He knew he had done wrong, but the organisation didn't want to acknowledge it as work related. It was very much pushed back on myself that I needed to be more resilient. It was very much a blame culture, in terms of blaming the individual opposed to acknowledging much more widely the organisational issues...OH effectively sent them [the Manager] a letter saying that ‘basically you need to make this change or they will go off again’ and that was just ignored which was awful”*

(Full time employment, sickness absence, has a long-term health condition)

One participant, who has MS, was nervous to tell their employer and was worried for their job (they are a care worker). In support of her condition, the employer changed her hours but have not supplied her with the equipment they initially said they would. The participant's MS nurse offered to run a training session with the participant's employer and colleagues, but the employer declined this offer. This participant felt that despite their employer changing their shift patterns, further support never materialised and their employer lacked interest in fully understanding their condition.

### 3.2 Mental health and physical health

Whilst there were some instances of participants feeling that employers did not understand their physical condition, this was also common regarding mental health conditions and more prevalent. There was a consensus that employers are better when dealing with physical health problems, that they can see, and often struggle to understand mental health conditions and how they affect the individual in question. Some mentioned that line managers who had their own mental health struggles were best in these situations, and more empathetic, compared to those who had not experienced their own mental health problems.

One participant, who suffered with depression and anxiety, felt they were too unwell to go into work and informed their employer accordingly. They were encouraged to speak with their GP, but their employer did not put them in contact with OH or make any workplace adjustments, and they had to use their annual leave to attend counselling sessions. This participant has since transferred departments (within the same organisation) as they felt the support they received from their previous line manager was inadequate. Another participant, who had a LTSA due to their mental health, was regularly pressured by their employer for a return date despite OH advising they were not ready to return. Due to this the participant found employment elsewhere.

*“The check-ins weren’t particularly helpful, you kind of need to do them a bit more regularly and because I wasn’t particularly comfortable with my manager anyway, having him come over and say ‘you alright?’ it didn’t do anything, you know? It felt more like a tick box exercise rather than someone actually caring about your wellbeing”*

(Full time employment, long term sickness absence, has a long-term health condition)

However, it is important to note that this was not consistent across all interviews and there were instances of employers being understanding of mental health conditions.

### 3.3 Experiences with small employers and large employers

When speaking with participants, there were indications that those who worked for a small employer had different experiences than those with a large employer. One participant, who suffers from back pain, worked for a small employer who was unwilling to make workplace adjustments or to pay for OH. Due to this the participant left the employer and found work elsewhere. The participants with a LTHC working for a small employer had not visited OH through their employer, whereas those with a LTHC who worked for a large employer were more likely to have been referred to OH (although experiences with OH differed).

*“I was a dough maker which means I was making all the bread doughs and putting them through... its very physical. I can do some of this work but I cannot do all of it and I needed some help, but [my employer] could not provide this,”*

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(Part time employment, long term sickness absence, has a long-term health condition)

## 4 Sickness absence and medical evidence

This chapter focuses on participants who had taken time off work due to illness or self-isolation in the past 12 months

### 4.1 Contact between employer and employee

The majority of participants informed their employer of their sickness absence directly, either verbally over the phone or via text. For those who had a LTSA, some individuals were able to present a fit note straight away to their employer, but others started off with having a few days off work before they visited their GP after realising that they would need longer out of work. For those who presented a fit note prior to their LTSA, a verbal conversation with their employer accompanied this.

For participants who had short term sickness absence, their employer took them at their word and did not require evidence. This was also the case for those with a COVID-19 related absence (none of the participants had a LTSA due to COVID-19).

The frequency of contact during a sickness absence varied greatly between participants and was largely influenced by the personal relationship they had with their line manager. Of those who had a short sickness absence (with no fit note), they tended to communicate daily via text about how they were feeling. For those who had a LTSA or had a fit note, they would communicate occasionally throughout their sickness absence via email or text, and then have a phone call closer to their fit note expiry date.

One participant, who had a LTSA and provided their employer with a fit note, commented that towards the end of their sickness absence they received weekly calls from their line manager asking when they were returning to work. This made them feel pressured about returning to work quickly, rather than seeking an extension to their fit note if required.

*“I wanted to go back to work but it doesn’t help when [the managers] are calling you at least once a week asking ‘when are you coming back? when are you coming back?’”*

(Full time employment, long term sickness absence, has a long term health condition)

### 4.2 Fit notes

Participants were aware that their employer would require a fit note after their self-certification period of 7 days ended, and found the process of getting a fit note from their GP straightforward. For those who had sickness absences during COVID-19, participants commented that this was arranged over the phone with their GP as opposed to having an appointment.

Of the participants we spoke to, five had a fit note which included recommendations for how their employer could support them. This section should be considered indicative only given the small sample size. The recommendations included:

- A phased return to work

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- Lighter duties
- A referral to OH
- Working from home more often
- Reduced hours

Participants commented that these recommendations, when implemented, were useful.

One participant, who had a sickness absence lasting 2.5 weeks, had a fit note recommending a phased return to work and going down to part-time hours. Their employer was not willing to accommodate these changes, and so they left and found employment elsewhere.

*“On my fit note it suggested doing a phased return to work and then after my phased return, put my hours down to part time hours. [The discussion with my employer] did not go well. They were not able to give me the phased return nor the part time hours. After that I was like you’re not going to support me, so I wrote my resignation.”*

(Part time employment, sickness absence, has a long-term health condition)

Another participant had a fit note which recommended lighter duties after they had surgery on their back. Their employer was reluctant to do this, and so the employee engaged OH (who the manager listened to and adapted their duties accordingly).



## 5 Sick pay

Of the 30 participants we spoke to, 15 had received OSP, 10 had received SSP, 3 had received both SSP and OSP and 2 had received neither SSP nor OSP.

### 5.1 Type of pay received, and financial support during a sickness absence

Participants understood the source of their sick pay and COVID-19 did not impact the type of sick pay that participants received.

Of those who received SSP, the majority understood that it was SSP although a few were a little confused by the breakdown on their payslip.

For participants who received OSP or got paid their normal salary during their sickness absence, they did not need to draw on any additional financial support. However, for those who received SSP many did draw on other sources of financial support, such as:

- Use of savings
- Relying on their partner's savings
- Making a claim for universal credit
- Borrowing money from family
- Use of annual leave.

### 5.2 Those who did not receive sick pay

We spoke to 2 participants who did not receive any sick pay. One of these participants took a LTSA due to cancer treatment and was informed by their employer that they did not earn enough to qualify for SSP (they worked part-time in a supermarket). This individual did not return to their employment after their sickness absence and found employment elsewhere.

Another worked for a care agency and suffered chronic migraines, and they claimed Carers Allowance for caring for a family member. They were unsure if they could claim Carers Allowance and receive SSP and did not believe their agency would pay SSP. Not receiving any sick pay did not influence their decision to return to work, as they were already in receipt of Carers Allowance and (despite being a LTSA) their sickness absence was not long enough for it to be a financial concern for them.

*“I don't qualify for sick pay at all because I can't work more than 14 hours...if you earn over the amount of money that Carers Allowance set for you, they take it off you basically.”*

(Part time employment, long term sickness absence, has a long term health condition)

### 5.3 Influence of sick pay on the decision to return to work

Participants broadly fell into two categories here: those whose pay whilst absent from work did impact their decision to return, and those who it did not. For those where the amount and duration of sick pay did not impact their decision to return to work, they were more likely to have had a short-term sickness absence and to be receiving full pay or OSP. They could survive financially on the money they were receiving during their sickness absence, and so the decision to return to work was not related to their finances.

*“When you were asking about going back to work, I think kind of the societal pressure of not letting everybody down and having great big gaps in the rota was a much bigger influence than any financial concerns.”*

(Full time employment, sickness absence, no long-term health condition)

However, others returned to work before they felt fully well again due to financial reasons – these participants were more likely to have had a LTSA. One participant, who had a LTSA related to their diabetes, had their salary greatly reduced by going onto SSP and had very little disposable income left after paying their bills. They used their savings and borrowed money from family to tie them over but were unclear what exactly they were entitled to and returned to work for financial reasons.

*“I’ve had to pretty much clear out my savings and I’ve borrowed money off my parents...I’d say [finances] are influencing me quite strongly. It seems to me that every step I go down I seem to be getting less and less money so I’m thinking I need to get back into work.”*

(Full time employment, long term sickness absence, has a long-term health condition)

For those who returned to work early due to financial reasons, they felt they did not have a choice in this matter and that the quality of their health could not be a factor.

## 6 Returning to work after a long-term sickness absence

This section will cover the 19 participants who had a LTSA. Of these 19, 3 had not yet returned to work from their LTSA and 2 of these 3 were looking for alternative employment.

### 6.1 The choice to return to work

Participants who had returned to work returned for various reasons, these included: their fit note expiring, generally feeling better and wanting to go back. One participant mentioned they were worried no-one else would be covering their work in their absence and this was one out of a number of factors that made them decide to return to work. As discussed in Chapter 5, there were also occasions where sick pay influenced the decision to return to work. One participant, who received full pay during their LTSA, felt they had to return to work as if they had any longer off work they would have gone down to half pay. There were a few instances of participants feeling pressured by their employers to return, but this usually occurred closer to the date of their fit note expiring due to increased contact from the employer.

*“My main drive was literally just to get back to work because I felt like a lazy bum, it was very odd for me to be sat around and I got to the point where I didn’t like it and it was driving me insane.”*

(Full time employment, long term sickness absence, has a long-term health condition)

There was a spectrum of feelings from participants about choosing to return to work. Some felt nervous and anxious about what they might have missed whilst absent from work, and how COVID-19 may have impacted their job role. They also felt concerned about re-joining their team virtually, and how their role may have changed to be able to work from home e.g. any changes to systems to better suit remote working. Some were worried that their employer may struggle to understand their condition – one participant, who had a back condition, commented on how scared they were about managing the on-going pain associated with their LTHC when in work.

*“I was very scared about coming back to work quite frankly because I was just thinking it took me so long to get recovered and able to get walking again and be a little bit normal. I was so terrified I was going to rip something in my back you know, all these thoughts go through your head because it was so hard to adjust to normal life again because I couldn’t even sit up without sweating.”*

(Full time employment, long term sickness absence, has a long-term health condition)

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However, other participants felt they needed to return to work for their mental health, as they were struggling being at home without the focus that work provided them with. They were looking forward to returning and to getting back in the swing of things.

*“I started speaking to people from work and you know what I mean that kind of motivates you, and I live on my own as well so that can be a bit lonely.”*

(Full time employment, long term sickness absence, has a long-term health condition)

Most participants did not have a return to work plan, and just had a conversation with their line manager about when they would return. They commented that a return to work plan was not needed for them, or that they had been referred to OH and the employer used OH's advice as guidance (see Chapter 7).

A handful of participants had a “return to work” meeting with their employer. A common aspect of this plan was a phased return to work, starting with part-time hours and building up to their previous hours. Participants commented that this was helpful for them. There was one instance of a participant who was offered a phased return to work over 3 weeks, but they declined this and found employment elsewhere as they felt they could not return to full-time hours.

Additionally, 3 participants had a fit note which recommended a phased return to work. There were also a few instances of when participants returned to work after their LTSA being required to work from home due to COVID-19, which many felt had improved their health (mental and physical) as otherwise they would have been anxious about returning to the office.

## 6.2 Those who have not returned to work

Three participants had not yet returned to work from their LTSA and 2 of these 3 were looking for alternative employment.

One participant chose not to return their role and decided on early retirement instead. Another, who worked for an agency, is seeking a permanent role with an alternative employer to provide them with more stability. The third participant who had not returned to work was planning to when their health allowed, however they were concerned that they may not be able to continue with their role due to their illness and could need to find alternative employment. They had not discussed this with their employer, as it was a recent realisation that they would bring up during their next review meeting.

## 7 Experiences of occupational health (OH)

### 7.1 Experiences with OH when in work

This section will focus on the 22 participants who have a LTHC.

Participants experiences with OH, when in work, were largely positive. They found that OH suggested useful ways for their work to be adjusted in order to successfully manage their health condition at work. Some suggestions from OH included working from home for part of the week, reduced hours and changes in role e.g. no heavy lifting.

One participant, who has ADHD, had struggled with their line manager understanding the stress they were under and allowing them regular breaks. They had a note from their GP advising of workplace adjustments (regular breaks), but their employer ignored this. This participant contacted OH themselves, who contacted their manager, advising that they need to have regular breaks, and that the participant was at risk of a breakdown if not. Once OH had informed their employer of this the changes were implemented, so despite the participant needing to be pro-active themselves they praised OH as doubted whether changes would have been implemented if they were not involved.

*“OH rang me and I told them the whole story of what was going on at work and what they expected and I think they were a bit shocked and they actually wrote a whole letter to work saying ‘this is unacceptable’.”*

(Full time employment, sickness absence, has a long-term health condition)

However, one participant, who has gastric motility disorder, commented that they were offered an occupational health appointment, but did not feel their manager took it seriously. OH suggested they work flexible hours (which they were doing already and found useful), but nothing more came out of it.

*“It was a while ago now but for me I got the impression it was more ‘ticking a box’. The actual person doing [the assessment] was very professional, he took it very seriously, but when I got referred I got the impression they didn’t take it very seriously.”*

(Full time employment, sickness absence, has a long-term health condition)

There was also a participant who was referred to OH by her employer but did not attend the meeting as she felt her health condition was already manageable. They also commented that their employer and line manager were very supportive, and so they did not feel OH was necessary.

### 7.2 Experiences with OH when returning to work after a LTSA

This section will focus on the experiences of 19 participants who have a LTSA.

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Use of occupational health when returning to work after a LTSA was less common compared to OH appointments when already in work about managing the condition. Those that spoke to OH when returning to work after a LTSA were given the following recommendations:

- A mental health plan and things for line managers to look out for
- Advising that an individual was not ready to return to work
- A phased return to work
- Confirming that an individual was ready to return to work

One participant, who had a LTHC and who had previously spoken to OH about their LTHC, was especially nervous about returning to work after their absence. They spoke to OH before returning to work after their LTSA, OH recommended working from home 1 day per week, however the participant would now be working from home full-time due to COVID-19.

OH suggested to one participant that they have a phased return to work, which they did, however the individual still found this very tiring. They did not want to go to OH or their manager and inform them that they were struggling as wanted to continue working – but would have preferred if OH had checked in with them more regularly, or suggested lighter duties upon their return to work.

*“When [OH] were talking about getting me back, there was talk of an initial phased return which would last around 3 weeks where I would do shorter hours then be back on my normal rota. But my normal rota was more than full time hours anyway so from my perspective, it was never going to be easy. It wasn’t the most ideal situation, there could have been better ways it should have been dealt with.”*

(Part time employment, long term sickness absence, has a long-term health condition)

# 8 Appendix

Below, we have included the topic guide used for all interviews.

**Table 8.1: Topic guide**

1. Introduction	2-3 mins
<ul style="list-style-type: none"> <li>• <b>Thank participant for taking part.</b> Introduce self, and explain nature of interview: informal conversation; gather all opinions; all opinions valid. Interviews should take around 45 minutes.</li> <li>• <b>Introduce research and topic</b> –DWP has commissioned Ipsos MORI to conduct research with employees who have had a sickness absence to understand their experiences.</li> <li>• <b>Role of Ipsos MORI</b> – Independent research organisation (i.e. independent of government), we adhere to the MRS Code of Conduct.</li> <li>• <b>Confidentiality</b> – reassure all responses anonymous and that identifiable information about them will not be passed on to anyone, including back to DWP or any other government department.</li> <li>• <b>Consent</b> – check that they are happy to take part in the interview and understand their participation is voluntary (they can withdraw at any time).</li> <li>• <b>Ask for permission to digitally record</b> – transcribe for quotes, not detailed attribution. Only non-identifiable information will be passed back to DWP.</li> <li>• <b>Any questions before we begin?</b></li> </ul>	<p><i>Orientates interviewee, prepares them to take part in the interview.</i></p> <p><i>Outlines the ‘rules’ of the interview (including those we are required to tell them about under MRS and GDPR guidelines).</i></p>
2. Context	5 mins
<p><b>To start with, can you tell me a bit about yourself?</b></p> <ul style="list-style-type: none"> <li>• What is your current job? How long have you been doing it for, have you always been employed in same line of work?</li> <li>• PROBE: job role (e.g. manual, office based, mixed), type of contract (permanent/casual/temporary) and sector and <b>size of the employer</b></li> <li>• PROBE: any change to their job role as a result of Covid-19 (e.g. have they been furloughed/had their hours or benefits reduced; have they been working from home or not)?</li> <li>• <b>Why did you choose to do this job? PROBE to for health-related reasons.</b></li> </ul>	<p><i>Warms up participant and provides contextual background information about the participant and their employer.</i></p>
3. General Health	5 mins
<p><b>Now I’d like to find out a bit about your general health.</b></p> <ul style="list-style-type: none"> <li>• How would you describe your general health?                         <ul style="list-style-type: none"> <li>○ TAKE ANSWER FROM SURVEY Q9/Q9A, IF NOT SPONTANEOUSLY MENTIONED: You mentioned in the survey you had a condition or illness that you expect to last 12</li> </ul> </li> </ul>	<p><i>Exploring the relationship between work and health</i></p>

<ul style="list-style-type: none"> <li>○ months or more if appropriate: which affects your ability to carry out day to day activities can you tell me about this?</li> <li>○ Do you consider yourself to be disabled?</li> <li>● What impact does working have on your health and/or disability?             <ul style="list-style-type: none"> <li>○ Probe positive impact: sense of routine, accomplishment, purpose</li> <li>○ Probe negative impact: stress, burnout, pain from office work/discomfort from manual work</li> <li>○ In your opinion, whose responsibility is it to ensure workers are healthy (e.g. self, employer, government, all three parties?)</li> </ul> </li> <li>● IF HAVE A LONG-TERM HEALTH CONDITION (q11): In the survey you mentioned that you have a long-term health condition. How does your health condition affect your day-to-day activities including your current job?</li> <li>● EVERYONE ELSE: Do you have any long-term health condition that affects your day-to-day activities including your current job? If yes, ask how?             <ul style="list-style-type: none"> <li>○ Probe: when did your health condition first develop?</li> <li>○ ASK IF HAVE A LONG-TERM HEALTH CONDITION (q11) OR A DISABILITY (above): Is your employer aware of your health condition? How and when did they become aware – when interviewed for job, when you raised it with them?</li> <li>○ If employer not aware – why have you not raised it with them? How has your employer not knowing affected your work and health?</li> </ul> </li> </ul>	
<p><b>4. Managing health conditions in work</b></p>	<p><b>10 mins</b></p>
<p>This section will focus on employees who have a long-term health condition that affects their current job <b>and</b> their employer is aware of their condition.</p> <p>What, if any, support or adjustments has your employer provided to help you manage your health condition at work?</p> <ul style="list-style-type: none"> <li>○ PROBE: Have you received support from Access to Work?</li> <li>○ PROBE: Have you had an assessment with Occupational Health and/or been referred to other specialists/health professionals? If no, why not?</li> <li>○ If yes: What advice did the health professional/specialist give to you and your employer? What advice were followed by you and your employer? For example:             <ul style="list-style-type: none"> <li>▪ <b>Phased return to work</b></li> <li>▪ Reduce/change your hours</li> <li>▪ Adjust the nature of your work</li> <li>▪ Work more from home</li> </ul> </li> </ul>	<p><i>This section explores how employees manage existing long-term health conditions at work and the support provided to them by their employer to enable them to remain in work</i></p> <p><i>Use of OH is explored in this section.</i></p>



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<ul style="list-style-type: none"> <li>▪ Provide equipment – chairs, desks, modifications to buildings etc</li> <li>▪ Seek specialist advice</li> <li>○ And was this support effective/helpful?</li> <li>○ If not all of the advice given was followed:             <ul style="list-style-type: none"> <li>▪ Which was not followed by whom and why?</li> <li>▪ What was the impact of not following the advice / not getting support / not having all of the recommended adjustments on (i) your health and wellbeing; (ii) your sickness absence and (iii) your ability to do your job?</li> </ul> </li> </ul>	
<p><b>5. Sickness absence and medical evidence</b></p>	<p><b>5 mins</b></p>
<p><b>I would now like to ask you some questions about your sickness absence from work in the past year.</b></p> <p>In the survey you mentioned that you have been sick on [INSERT] number of occasions in the past year [ADD IF RELEVANT: including at least one time when you were off for more than four weeks].</p> <p>Have you had a sickness absence due to COVID-19?</p> <p>On these occasions, how did you inform your employer about your sickness absence? What evidence did you have to provide to your employer? IF RESPONDENT HAD EXPERIENCED BOTH SHORTER AND LONG-TERM ABSENCE, probe for differences in what they provided and their employer’s response.</p> <ul style="list-style-type: none"> <li>• Probe if not mentioned: Did your employer ask for a fit note and were you able to provide one?</li> <li>• If off with Covid-19: What evidence did you have to provide your employer with e.g. did you have to provide an isolation note?</li> </ul> <p>If had a fit note:</p> <ul style="list-style-type: none"> <li>• Fit notes can sometimes make recommendations for how the employer could support the employee. Did your fit note(s) contain this information? What did it recommend/suggest?</li> </ul> <p>Did you and your employer discuss the recommendations in the fit note?</p> <ul style="list-style-type: none"> <li>• If no: did your employer follow the advice in the fit note? If they followed the advice: what support/measures did your employer put in place, If some why not all of them/any of them? How useful was the advice in the fit note? If employer did not follow advice on fit note, why not?</li> </ul>	<p><i>This section explores use of medical evidence</i></p>

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<ul style="list-style-type: none"> <li>• If yes: What happened as the result of the discussion - what support/measures did your employer put in place, if any? If some/none, why not all of them/any of them? How useful was the advice in the fit note?</li> </ul> <p>Interviewer examples of changes that may have been made:</p> <ul style="list-style-type: none"> <li>▪ A phased return to work</li> <li>▪ Altered hours</li> <li>▪ Amended duties</li> <li>▪ Workplace adaptations</li> </ul> <ul style="list-style-type: none"> <li>• How regularly did you correspond or keep in touch with your employer during your absence from work? Did you agree a plan with your employer on the frequency of contact with them during your sickness absence?</li> </ul>	
<p><b>6. Sick pay</b></p>	<p><b>10 minutes</b></p>
<p><b>You mentioned in the survey that you:</b></p> <ul style="list-style-type: none"> <li>• <b>Received {employee: statutory sick pay/occupational sick pay/mixture of the both (q16)}</b></li> <li>• <b>Did not receive any statutory sick pay/occupational sick pay during your longest spell of sickness absence in the past 12 months. Can I check this is correct?</b></li> </ul> <p><b>FOR THOSE THAT RECEIVED SSP/OSP, use survey responses to prompt recall in terms of what they received, how much they received and how long they received it for.</b></p> <ul style="list-style-type: none"> <li>• Explore the extent to which they understood how much they received <b>and from what sources</b>. How different was this to your usual income?</li> <li>• Did you draw on any other financial support during your sickness absence (e.g. using up annual leave, savings, loans, Universal Credit etc)?</li> <li>• To what extent, if at all, did the <b>amount and duration</b> of sick pay you received influence your decision:             <ul style="list-style-type: none"> <li>○ (i) to continue working even though you may not have felt fully recovered</li> <li>○ (ii) on when to return to work?</li> </ul> </li> </ul> <p><b>FOR THOSE THAT DID NOT RECEIVE ANY SICK PAY:</b></p> <p>Do you know why you did not receive any sick pay? How did you find out? If don't know: have you tried to find out – who from? And with what result?</p> <ul style="list-style-type: none"> <li>• What sources of income did you draw on instead (e.g. savings, loans, using up annual leave, claimed other benefits etc)?</li> <li>• How, if at all, did not having any sick pay influence your decision             <ul style="list-style-type: none"> <li>○ (i) to continue working even though you may not have felt fully recovered</li> </ul> </li> </ul>	<p><i>This section explores employees' understanding of sick pay and the extent to which the amount and duration of sick pay affect their behaviours</i></p>

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<ul style="list-style-type: none"> <li>○ (ii) on when to return to work?</li> </ul>	
<p><b>7. Return to work (ask those who have experienced a LTSA only)</b></p>	<p><b>10 mins</b></p>
<p><i>I'd now like to talk about your most recent long-term absence of 4+ weeks from work.</i></p> <ul style="list-style-type: none"> <li>• Have you returned to work? How long were you off work?</li> </ul> <p><b>IF HAVE RETURNED TO WORK:</b></p> <ul style="list-style-type: none"> <li>• How was the decision made on your return to work (e.g. if you had a fit note, did your fit note expire? Or did a GP issue a new fit note which said you 'might be fit for work' with recommended adjustments? Or did you/your employer contribute to this decision?)</li> <li>• How did you feel about coming back to work?             <ul style="list-style-type: none"> <li>○ Probe: nervous, anxious, excited?</li> <li>○ Was there any pressure to come back to work? Who from – employer, family, themselves?                 <ul style="list-style-type: none"> <li>▪ Probe: financial pressure, concern for career prospects, encouraged by family</li> </ul> </li> </ul> </li> <li>• Explore whether they returned earlier than the doctor/fit note advised?</li> <li>• What conversations, if any, did you have with your employer about returning to work?</li> <li>• Did you and your employer draw up a return-to-work plan? What was in the plan?</li> <li>• Did you have a phased return to work?             <ul style="list-style-type: none"> <li>○ Did your employer arrange for you to see a health or rehabilitation professional (e.g. OH) to assess and provide support for your return to work? If yes, what did they recommend?</li> <li>○ Did you/ your employer follow their advice completely? If yes, how useful was the advice given? If no, why did you/your employer not follow their advice to the full/at all? What advice was followed by you and your employer? For example:                 <ul style="list-style-type: none"> <li>▪ Reduce/change your hours</li> <li>▪ Adjust the nature of your work</li> <li>▪ Work more from home</li> <li>▪ Provide equipment – chairs, desks, modifications to buildings etc</li> <li>▪ Seek specialist advice</li> </ul> </li> <li>○ Are you happy with what was put in place?</li> <li>○ Did you and your employer have any follow-up conversations/ongoing support once you had returned to work?</li> <li>•</li> <li>○ If not all of the advice given was followed: which were not followed by whom and why? What were the impact of not</li> </ul> </li> </ul>	<p><i>This section explores the effectiveness of the support received to enable employees to return to work</i></p> <p><i>Use of OH is explored in this section</i></p>

<p>following the advice / not getting support / not having all of the recommended adjustments on (i) your health and wellbeing; (ii) your sickness absence and (iii) your ability to do your job?</p> <ul style="list-style-type: none"> <li>•</li> <li>• Did you take sick leave again, fairly soon after returning to work? If so, what was the reason behind this?</li> </ul> <p><b>IF HAVE NOT RETURNED TO WORK</b></p> <ul style="list-style-type: none"> <li>• Do you know when you will be returning to work?             <ul style="list-style-type: none"> <li>○ What are the most influential factors in deciding when you return to work e.g. financial pressure, concern for career prospects, encouraged by family</li> </ul> </li> <li>• What conversations, if any, are you having with your employer about returning to work?</li> <li>• Have you and your employer drawn up a return-to-work plan? If not so far, will they? What is in the plan?</li> <li>• Will/has your employer arrange(d) for you to see a health or rehabilitation professional (e.g. OH) to assess and provide support for your return to work? If yes, have you had this appointment? If yes: what did they recommend? What advice was given? For example:             <ul style="list-style-type: none"> <li>▪ Reduce/change your hours</li> <li>▪ Adjust the nature of your work</li> <li>▪ Work more from home</li> <li>▪ Provide equipment – chairs, desks, modifications to buildings etc</li> <li>▪ Seek specialist advice</li> </ul> </li> <li>○ What did your employer think about the recommendations given?</li> </ul>	
<p><b>8. Summing up</b></p>	<p><b>2-3 mins</b></p>
<p>We are coming to the end of the interview, but I would just like to ask if there anything else you would like to mention that we haven't had the opportunity to discuss?</p> <p><i>Thank participant for their time and reiterate confidentiality. As discussed on the phone with our recruiter, we will be sending them a £30 BACS payment from Ipsos MORI, as a thank you for their time and contribution to the research.</i></p> <p><i>Explain next steps for the research and close.</i></p>	<p><i>Brings the conversation to a close, and allows participants time to mention anything that has not already been covered.</i></p>