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Perspectives of HRM professionals and managers on what policies and practices are needed within an organization to enable sustained employability for chronically ill employees

Working paper

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Abstract

Background: To promote employability of the growing number of chronically ill people in the work force, EU policy measures were introduced. Chronic disease is, however, a neglected dimension at the work-place. HRM professionals and managers have a role in the prevention of job-related problems and early job-continuation among this group. Chronic diseases management models are lacking. To develop such models the input of stakeholders is relevant.

Aim: To explore and compare the perspectives of HRM professionals and managers on what an organization could do to enable sustained employability (job retention) for their chronically ill employees.

Method: Qualitative study, using 2 concept mapping sessions with 27 HRM professionals and managers.

Results: Each professional group identified 6 themes. Common themes were: There is a need for “clear company policy”, “employees who take their own responsibility”, “more knowledge among HRM/managers about chronic disease and it’s prevalence in the company”, “work adaptations”. One theme was only mentioned by managers: “good cooperation between the manager and employee”. Themes only mentioned by HRM professionals were: “a culture of trust, openness and communication within the organization” and “support within the organization”.

Conclusion: There is a need for greater knowledge and awareness of the impact of chronic disease on work. The identified themes can be useful as items for evaluating current organizational policies and practices and as elements of a new framework for future policies and practices.

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1. Introduction

Chronic diseases are diseases of a long duration and, generally, with a slow progression. They may result in some limitations in what a person can do and often require ongoing treatment and medical care. The prevalence of chronic diseases is rapidly increasing worldwide. Examples include cardio-vascular diseases, pulmonary diseases (asthma, COPD, chronic bronchitis), musculoskeletal disorders, diabetes mellitus, chronic intestinal disorders, mental health problems, hearing disorders, epilepsy or chronic progressive diseases (HIV). These conditions can occur at any age. They affect a substantial proportion of the people of working age. In the European Union, 31% of the people between 15-and-65 years old are reported having a long-standing illness or health problem, 11.0% in the youngest age group (15-and-24-years) and 43.9% in the oldest age group (55-and-64-years).

Incapacitating morbidity as a result of chronic diseases is decreasing, due to new medical technologies. This means that more individuals with a chronic disease are potentially able to work. Nevertheless, the labour participation of this group is still lagging behind that of the general population. In the Netherlands, labour participation was 39% for people with a chronic disease as compared to 63% of the general population.

One reason for the reduced labour participation in among chronically ill employees is that they are less likely to continue their work as healthy workers. Many leave the labour force at a relatively early age. For example, high rates of early work-discontinuation were reported for employees with diabetes, rheumatoid arthritis, MS, and COPD. Evidence suggests, that around 30% -to-40% of the employees with a chronic disease experience work-related problems, such as meeting physical job demands, psychosocial work demands or environmental work demands (i.e. functioning well within the work environment). If such problems are not addressed, they may eventually lead to prolonged periods of sick leave, productivity loss and subsequently the discontinuation of work. It has been demonstrated that work-adjustments can improve and prolong the employability of chronically ill workers. However, evidence suggests that work-adjustments are only implemented for a limited number (16% -30%) of chronically ill employees who report work-related problems. The limited use of work adjustments at the work-place has been attributed to a lack of knowledge and awareness about the availability of such instruments among employers, negligence, but also to the hesitance of employees themselves to disclose the fact that they are ill to their managers or colleagues, for example for fear of stigmatization.

Current legislation and social and public health policies in the European Union promote the prevention of unnecessary job loss among employees with chronic health conditions. It has been recognized that this requires an active approach at from employers. It is thought that line managers and human resource managers are in good position to develop and implement such policies and practices, because of their close knowledge of the work situation of the employee. Line managers are generally responsible for organizing and supervising the employee’s work and productivity. Human resource managers may be involved in other relevant aspects of the employee’s career such as performance appraisal, training and career
development, rewards systems, employee rights and their protection, the interaction between employee management, and also retirement, firing, and job termination. Given the prevalence of chronic illness in the workforce, it is quite surprising, however, that current handbooks for HRM professionals and managers provide little information on how these professionals may support chronically ill employees in managing their work effectively. There are some published instruments that may be useful for managers and HRM professionals in identifying work-related problems experienced by employees with chronic health conditions. There is also an instrument for measuring organizational behaviour relevant to the prevention and management of health problems, but this instrument focuses on occupational diseases which people acquire as a result of their work, and not on common chronic diseases. There are also some information about good practices regarding the management of chronically ill employees at company level.

Nevertheless, a comprehensive framework for organizational policies and practices relevant to prevent unnecessary or premature work disability among employees with a chronic disease is still lacking. The present research is part of a more general project that aims to develop such a framework.

Disability researchers have noted that the development of any new tool or strategy to improve the work situation of ill workers requires information about the direct experiences and ideas of the immediate stakeholders themselves. In a number of previous studies we investigated the views of chronically ill employees and (occupational) physicians on what employees with various chronic diseases may need to cope at work. The present study extended this work by focussing on the perspectives of other important stakeholders: managers and HRM professionals. The specific aim of the study was to explore and compare the perspectives of these two groups on what an organization could do to enable sustained employability (job retention) for their chronically ill employees. The results were used to develop a list of issues which organizations may have to address if they want to take initiatives to enable sustained employability for chronically ill employees.

2. Materials and methods

We used a method known as “concept mapping” to collect information from two groups of HRM professionals and managers. Concept mapping is a structured methodology for eliciting, organizing and aggregating the ideas of groups of diverse stakeholders on a certain focus question. It uses qualitatively collected data from group members and results in quantitatively derived graphic maps (concept maps) displaying the interrelationships among ideas expressed by the group and its sub-groups.

2.1 Selection of participants

Convenience sampling was used to select two groups of maximally 15 HRM professionals and managers. The inclusion criteria for both types of professionals were that they should currently work in a HRM or line management function in a medium sized or large company and that they would be available for a 4-6 hour discussion session.
For the first group, participants were recruited in a Dutch institution for higher professional education. A staff member of the HRM department selected a sample of 24 potentially suitable candidates within the organization.

For the second group, participants were recruited though a Dutch organization that provides occupational health services to about 100 different companies. A staff member of the management team of this organization selected a sample of some 20 potentially suitable candidates from different companies.

In both organizations the staff member invited the selected individuals by mail, explaining the purpose and the programme of the meeting.

2.1 Concept-mapping

Concept mapping starts with a focus statement to elicit ideas from the participants. In this project we formulated the following focal question: Generate short phrases or sentences that describe your ideas (as a manager or a HRM professional) on what would be needed in your organization to enable sustained employability (job-retention) for chronically ill employees. Two separate concept mapping meetings were held.

Both meetings were chaired by a facilitator, who was assisted by a typist. Special software was used to support data entry and analysis. The first session took place in April 2007 and lasted six hours including breaks. It started with a collective brainstorm session, in which the participants were asked to formulate statements to complete the focal question. Each participant was allowed to submit more than one statement. The facilitator encouraged the participants to clarify unfamiliar terms or jargon, and helped to edit the statements so that they did not contain multiple ideas. The facilitator also made sure that statements expressing similar ideas were submitted only once. Each statement was typed out on the computer and then printed on a card. The brainstorm session lasted about 45 minutes. After a break, each participant received a complete stack of cards and was asked to rate how important they considered each statement for policies and practices that aim to enhance sustained employability of chronically ill workers within an organization on a Likert scale of 1 (not important) to 5 (extremely important). Following this task, they were also asked to sort the statements logically according to themes or clusters, using at least two – but no more than ten – themes or clusters. These rating and sorting tasks were performed individually by each participant. They recorded the results of these tasks on a special form. These forms were entered into the computer during a second break of the concept mapping session. After this break, preliminary results of the concept mapping session that were generated with the computer software were discussed in the group.

The session for the second group took place in June 2007. It lasted 4 hours, including breaks. In this session, the participants were not asked to generate new statements. They were only asked to rate and sort the statements that were generated by the first group according to the procedure described above. After a break, the preliminary results of the rating and the sorting tasks were discussed with the group.

Additional data consisted of transcriptions of the major comments made in the final group discussions, reflecting on the method, the topic and the data.
2.3 Data analysis

The results of the rating and sorting tasks were aggregated at the group level using the concept-mapping computer software. First, the computer program calculated the arithmetic mean scores per statement and standard deviations to indicate the priority of statements at the group level. Second, it used a multi-dimensional scaling technique and cluster analysis to calculate how often statements were grouped into the same cluster. This resulted in a two-dimensional cluster map in which statements that were more often placed in the same cluster are located closer to each other. The average scores of the statements in these clusters were also calculated. For each cluster, the computer program also recorded all the names proposed by the participants. The themes were briefly discussed with the groups. The final names of the clusters were selected by the researcher (JH) based on the names proposed by the group members and the underlying statements.

To identify similarities and differences between the perspectives of the HRM professionals and managers, the clusters and ratings produced by both groups were compared and interpreted, using content analysis.

3. Results

3.1 Participants

Twenty-seven professionals participated in the concept-mapping sessions, of whom 17 (63%) were HRM professionals and 10 (37%) managers. (Table 1) Thirteen professionals attended the first meeting. Twelve professionals attended the second meeting and 2 professionals, who were not able to participate in this meeting, performed the rating and the sorting of the statements by mail. Seventy percent of the participants had not received any training regarding work disability prevention and management at the workplace. Only thirteen professionals reported any direct experience in attending issues concerning chronically ill employees, and 11 of them had encountered difficulties in addressing these issues. Most respondents indicated they did not know very much about chronic diseases and their impact on work, beyond experiences in their private lives. Many of them regarded the meeting as a manner to inform themselves about the topic. (data not shown)

3.2 Statements

The participants in the first concept-mapping session generated 35 statements expressing their thoughts on what may be needed in their organization to enable sustained employability for chronically ill employees. Table 2 lists the 10 statements that had the highest importance for each professional group (managers and HRM professionals). Both groups considered “basic trust between supervisor and employee” as the most important statement. Six of the 10 statements on the lists of the two groups were the same.

3.3 Clusters (common themes)

The 10 managers sorted the 35 statements into six common clusters or themes. Table 3 presents an overview of these themes and the mean scores they assigned to the themes and the statements for importance. The first theme reveals that the managers regard “a good cooperation between the employer/supervisor and the chronically ill employee” as the most important condition for enabling chronically ill
employees to continue working. The statements grouped under this theme indicate that this involves mutual trust, good contact, the possibility for the employer to demand things from the employee, attentive supervisors and responsible behaviour from both parties. Managers also assigned a high priority to the role of employees themselves (theme 2). For instance, they should take their own decisions, have an eye for the limitations and possibilities of their colleagues and be open about their condition. Theme 3 indicates that managers also find it important that the employer and supervisors have sufficient knowledge about the nature of the employee’s illness and how this may affect work. They view this as an enabling factor to prevent problems and to facilitate good job-performance. Almost just as important was the theme that the job should be accommodated to the condition and needs of the employee, within the possibilities of the organization (theme 4). Theme five contains four statements, indicating what managers perceived as a task for HRM and personnel officers: facilitating contacts between supervisors, occupational physicians and employee, having knowledge of chronic diseases and the employees who suffer from them, and making sure that the company’s first aid team knows those employees. Theme six, consisting of 7 statements, concerns the need to develop a company policy with respect to chronically ill employees. Although this theme has the lowest average score (3.14), a relatively high score was assigned to one of the individual statements: an organization should reflect on what it means to be a good employer for the chronically ill employee. Managers saw attention to best practices regarding the management of chronically ill employees also as an area of company policy.

The 17 HRM professionals sorted the 35 statements also into six themes (Table 4). The first theme, consisting of 8 statements, indicates that HRM professionals assigned a very high priority to “company policy” as a means to facilitate sustained employability for chronically ill employees. The statements that are grouped under this theme exemplify issues that might be taken into consideration in such a policy: that the employee can not continue to work in an unhealthy situation, that the work must be matched to the condition of the employee, but also that employers should be allowed to demand things from the chronically ill employees and that supervisors must evaluate the consequences of decisions regarding these employees for their colleagues. Other policy issues are that the organization must reflect on what it means to be a good employer and agree upon its norms with respect to chronically ill employees. A second almost equally important theme identified by the HRM professionals is that there must be “a culture of trust, openness and communication” within the organization. This theme contains statements regarding trust and contact between supervisors and employees. The third theme indicates that HRM professionals found it also important that the chronically ill employees take their own responsibility for work continuation, although this must also be facilitated by the organization, for instance, by removing the employee’s fears for repercussions or by creating more openness about chronic illness related issues. The fourth theme contains seven statements indicating that HRM professionals find it important that supervisors and personnel officers have sufficient knowledge about chronic illness and the impact on work. The fifth theme, consisting of 4 items, concerns the importance of work accommodations, one of which refers to the fact that an organization should consider best practices in this area. The sixth theme, “support for chronically ill employees within the organization”, was given the lowest average priority by the HRM professionals. However, only three items were grouped under
this theme, of which the statement that chronically ill employees need to be given guidance was rated as the most important.

The managers and the HRM professionals rated and sorted the same statements. A comparison between the themes the two groups created reveals that they mentioned a number of common themes. These were: company policy (theme 6 managers, theme 1 HRM professionals), the employee must take responsibility (theme 2 managers, theme 3 HRM professionals), managers/supervisors and HRM/personnel officers have knowledge about chronic disease and the employees who are ill (theme 3 and 5 managers, theme 4 HRM professionals) and work adaptations (theme 4 managers, theme 5 HRM professionals). One theme was only mentioned by managers: good cooperation between the managers and chronically ill employees (theme 1). Two themes were only mentioned by HRM professionals: a culture of trust, openness and communication within the organization (theme 2) and support within the organization (theme 6) Yet, with few exceptions, there are differences between the two groups with respect to the statements they included under these themes. For instance, while most managers assigned the high rating item “basic trust between supervisor and employee” to the theme “good cooperation between manager and employee”, most HRM professionals assigned this item to the theme “culture of trust openness and communication within the organization”. Another example is the statement that the work should be matched to the employee’s condition, which was seen as an item of company policy by the HRM professionals and as an item of work accommodations by the managers. Both groups feel that employees themselves play an important part in staying at work. However, while the managers mainly mention activities that should undertaken by the employees themselves, HRM professionals also mention a number of conditions that are needed to facilitate this (e.g., openness) under this theme. The managers ranked “good cooperation between manager and employer” and “responsible and communicative behaviour of the employees” as the most important conditions by which an organization can enable chronically ill employees to sustain at work. The HRM professionals, on the other hand, ranked “company policy” and “a culture of trust, openness and communication within the organization” as the most important conditions. However, the latter theme includes many statements that the managers had sorted under “cooperation”.

4. Discussion

Elaborating a framework for the role of employers in creating a healthy work situation for chronically ill employees is a new challenge. In this study concept mapping has proven to be a useful method to elicit ideas from line-managers and HRM professionals on what would be needed in an organization to enable sustained employability (job-retention) for chronically ill employees.

Because the method did not depart from a theoretical model of work-place health or disability management, but built on the ideas of the participants, it provides an understanding on what professionals themselves perceive as important. The clustering procedure made it possible to distinguish common themes, and the rating procedure made it possible to identify the importance the participants assigned to these themes.
This study revealed HRM professionals and managers are similar in some aspects and differ in other aspects with respect to what they perceive as important for enabling sustained employability of chronically ill employees in the work-place. Both groups perceive it as important that managers and HRM professionals have knowledge of chronic diseases and of the prevalence of these diseases among employees. A closely related issue is that the employees themselves must take action by disclosing their situation and their needs to their supervisors, personnel officers, and colleagues. Two other common themes were “the provision work adaptations by the organization” and the “development of a company policy that allows for attention to the needs of the chronically ill employees and the company”.

Differences were that managers saw “good cooperation between the managers and chronically ill employees” as a specific condition. HRM professionals created two distinct themes: a “company culture that allows for trust, openness and communication between workers and management” and “a supportive organization”. These variations may not be surprising, because managers and HRM professionals have different tasks within the organization and therefore different interpretative frameworks to address problems. The former have closer and more frequent contact with employees. For that reason they may put more weight on the nature of the relationship between management and employee. The latter have a more distal relationship to individual employees, but a wider view of company values regarding worker’s health and development. For that reason they may put a greater emphasis on what an organization may do to facilitate cooperation in terms of its policy and its culture.

This study has a number of limitations. As is the case for most qualitative methods, only a limited number of participants were included. Our selection was limited to line managers and HRM professionals from a limited number of organizations, who volunteered to participate. This may be a potential source of bias. Furthermore, the list of statements that were rated and grouped by the participants in this study, were generated by a limited group, the participants of the first group session. For these reasons, caution should be exercised when generalizing on the basis of the results.

Nevertheless, a number of themes that emerged from this study as potentially facilitating factors for an organizational approach to the employability of chronically ill workers also emerged in some other studies of disability management in organizations. In a study of organizational perspectives on the effectiveness of attendance management policies for chronically ill employees, Munir 44 found that professionals identified knowledge of chronic illness, early recognition, disclosure by chronically ill employees, and the development of flexible attendance policies as themes that must be attended to by organizations. A study that aimed to develop a measurement scale 28 for organizational factors that may promote work disability prevention and management for people with occupational illness also identified some factors and dimensions that were quite similar to the themes and items that were put forward by the participants in this study. For instance, the degree in which a company has a people oriented company culture, where there is trust between management and employees and openness to share information in a cooperative work environment, was one of the dimensions for measuring organizational behaviours with respect to occupational health and safety. Moreover, many of the themes and sub themes that
were mentioned by the participants in this study, are not unique to the professionals in question. Previous studies revealed that also on the part of chronically ill employees themselves insight into their own illness and own capabilities, and assertiveness, as well as the need to get support from managers and colleagues are seen as important for being able to go on working.\textsuperscript{37,38}

Chronically ill employees represent a sizable proportion of the work force. Given the problems they face at work, it is relevant for organizations to develop a framework for early interventions to facilitate the sustained employability of this group. This may be beneficial for the employee and the employer. The 12 themes that were identified in this study can be seen as a first step towards the development of such a framework. They can be used as items for evaluating current organizational policies and practices, but also as elements of a framework for the design of future policies and practices.

### Tables

Table 1. Characteristics of the participants

<table>
<thead>
<tr>
<th>Gender</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>By Function</td>
<td>HRM</td>
<td>17 (63%)</td>
</tr>
<tr>
<td>Manager</td>
<td>10 (37%)</td>
<td></td>
</tr>
<tr>
<td>Years of experience</td>
<td>Average</td>
<td>8.76 years, SD 7.43</td>
</tr>
<tr>
<td></td>
<td>in function</td>
<td></td>
</tr>
<tr>
<td>Sector of work</td>
<td>Higher education</td>
<td>15 (56%)</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>12 (44%)</td>
</tr>
<tr>
<td>Any prior training in dealing with chronically ill employees</td>
<td>Yes</td>
<td>8 (30%)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>19 (70%)</td>
</tr>
<tr>
<td>Any previous professional experience in dealing with chronically ill employees</td>
<td>Yes</td>
<td>13 (48%)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>14 (52%)</td>
</tr>
<tr>
<td>Experienced obstacles in dealing with chronically ill employees</td>
<td>Yes</td>
<td>11 (41%)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>3 (26%)</td>
</tr>
<tr>
<td>Not applicable</td>
<td>13 (33%)</td>
<td></td>
</tr>
</tbody>
</table>


Table 2. Top 10 statements managers and HRM professionals according to importance and mean ratings

**Managers**

<table>
<thead>
<tr>
<th>Mean</th>
<th>Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.40</td>
<td>basic trust between supervisor and the employee</td>
</tr>
<tr>
<td>4.20</td>
<td>the organization should reflect better on what it means to be a good employer for chronically ill employees</td>
</tr>
<tr>
<td>4.10</td>
<td>chronically ill employees must take their own decisions</td>
</tr>
<tr>
<td>4.10</td>
<td>the employer is allowed to make demands on chronically ill employees</td>
</tr>
<tr>
<td>3.90</td>
<td>good contact between supervisor and employee</td>
</tr>
<tr>
<td>3.90</td>
<td>the supervisor must know the difference between chronic illness and sick leave</td>
</tr>
<tr>
<td>3.90</td>
<td>supervisors also consider the consequences of the (employee’s) illness for colleagues.</td>
</tr>
<tr>
<td>3.80</td>
<td>the work/job is matched to the (employee’s) condition</td>
</tr>
<tr>
<td>3.80</td>
<td>a supervisor and the employee who take shared responsibility for (employee’s) employability</td>
</tr>
</tbody>
</table>

**HRM Professionals**

<table>
<thead>
<tr>
<th>Mean</th>
<th>Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.47</td>
<td>basic trust between supervisor and the employee</td>
</tr>
<tr>
<td>4.41</td>
<td>good contact between supervisor and employee</td>
</tr>
<tr>
<td>4.35</td>
<td>the employer realizes that the employee should not continue to work in a situation that is no longer healthy</td>
</tr>
<tr>
<td>4.29</td>
<td>there must be a good contact between supervisor, occupational physician and employee</td>
</tr>
<tr>
<td>4.29</td>
<td>the work/job must be matched to the (employee’s) condition</td>
</tr>
<tr>
<td>4.24</td>
<td>a supervisor and the employee who take shared responsibility for (employee’s) employability</td>
</tr>
<tr>
<td>4.18</td>
<td>the employer is allowed to make demands on chronically ill employees</td>
</tr>
<tr>
<td>4.13</td>
<td>supervisors also consider consequences of the (employee’s) illness for colleagues</td>
</tr>
<tr>
<td>4.12</td>
<td>the supervisor must know what work-related risk factors are for the employee</td>
</tr>
<tr>
<td>4.06</td>
<td>the supervisor must know what options s/he has facilitate good job performance</td>
</tr>
</tbody>
</table>

Lengthy sentence structures have been rephrased. Statements that are similar on the lists of managers and HRM professionals are printed bold.
### Table 3. What is needed in my organization to enable sustained employability for chronically ill employees? Clusters and priority ratings by line managers (n=10)

#### Theme 1. Good cooperation between a manager and a chronically ill employee (mean 4.00).

Mean Statements (5 in total)
- **4.4** basic trust between supervisor and the employee
- **4.1** the employer is allowed to make demands on chronically ill employees
- **3.9** good contact between supervisor and employee
- **3.8** a supervisor who creates time and space to listen to chronically ill employees
- **3.8** a supervisor and an employee need to take shared responsibility for (the employee’s) employability

#### Theme 2. Employee must take their own responsibilities and communicate with managers and colleagues (mean 3.66)

Mean Statements (8 in total)
- **4.1** chronically ill employees must take their own decisions.
- **3.9** supervisors must also be concerned with the consequences of the (employee’s) illness for colleagues.
- **3.8** chronically ill employees must not set their limits one-sidedly
- **3.8** chronically ill employees do not need to be ashamed to talk about the topic.
- **3.6** one has to take the possibilities and limitations of the employee’s colleagues into account
- **3.5** chronically ill employees do not hide that they are ill
- **3.3** chronically ill employees are open about their condition towards colleagues
- **3.3** chronically ill employees must realize that privacy is not always possible

#### Theme 3. Supervisor/manager must have knowledge of chronic illness and the employees who are chronically ill (mean 3.63)

Mean Statements (7 in total)
- **3.9** the supervisor must know the difference between chronic illness and sick leave
- **3.7** the supervisor must know what work-related risk factors are for the employee
- **3.7** one should remove the fear of chronically ill employees for negative consequences
- **3.7** the employer realizes that the employee should not continue to work in a situation that is no longer healthy
- **3.7** the supervisor knows what options s/he has to facilitate good job performance
- **3.5** the supervisor has knowledge about the disease to be able to act proactively
- **3.2** a supervisor must be aware of the meaning of the medical diagnosis.

#### Theme 4. Work accommodations (mean 3.63)

Mean Statements (4 in total)
- **3.9** the work/job must be matched to the (employees) condition
- **3.6** suitable work is being sought
3.6 one tries to do as much as possible to meet the needs of the employee, taking into account the possibilities within the organization.

3.3 chronically ill employees need to be given guidance.

Theme 5. HRM must have knowledge of chronic illness and the employees who are chronically ill (mean 3.15)

Mean Statements (4 in total)

3.5 there must be a good contact between supervisor, occupational physician and employee

3.4 the personnel advisor (officer) must know the difference between chronic illnesses and sick leave

3.0 personnel advisors (officers) must know the employees who have a chronic disease

2.7 the company assistance service must know the employees who are ill

Theme 6. Company policy (mean 3.14)

Mean Statements (7 in total)

4.2 our organization should reflect better on what it means to be a good employer for chronically ill employees

3.3 there must be more openness about this topic within our organization

3.1 our organization needs to create an information desk with specific knowledge regarding chronic illness

3.0 our organization needs to pay attention to best practices in this area

2.9 the personnel and organization department needs to take care of adaptations for chronically ill workers (elevator, wheelchairs)

2.9 the organization needs to come to a clear agreement about its norms regarding chronically ill employees

2.6 our organization needs to create a focal point with specific expertise regarding chronically ill employees.

Lengthy sentence structures have been rephrased.
**Table 4. What is needed in my organization to enable sustained employability for chronically ill employees? Clusters and priority ratings by HRM professionals (n=17)**

**Theme 1. Company policy (mean 4.02)**
Mean Statements (8 in total)
4.4 the employer realizes that the employee should not continue to work in a situation that is no longer healthy
4.3 the work/job must be matched to the (employee’s) condition
4.1 the employer is allowed to make demands on chronically ill employees.
4.1 supervisors must also be concerned with the consequences of the (employee’s) illness for colleagues
4.1 our organization should reflect better on what it means to be a good employer for chronically ill employees
3.9 the organization needs to come to a clear agreement about its norms regarding chronically ill employees
3.7 one tries to do as much as possible to meet the needs of the employee, taking into account the possibilities within the organization.
3.6 one has to take the possibilities and limitations of (the employee’s) colleagues into account

**Theme 2. Culture of trust, openness and communication in the organization (4.01).**
Mean Statements (6 in total)
4.5 basic trust between supervisor and the employee
4.4 good contact between supervisor and employee
4.3 there must be a good contact between supervisor, occupational physician and employee
3.9 a supervisor who creates time and space to listen to chronically ill employees
3.6 chronically ill employees do not hide that they are ill
3.4 chronically ill employees are open about their condition towards colleagues

**Theme 3. The employees (can) take their own responsibilities (3.75)**
Mean Statements (7 in total)
4.2 the supervisor and the employee need to take shared responsibility for (the employee’s) employability
3.9 one should remove the fear of chronically ill employees for negative consequences
3.8 chronically ill employees must take their own decision
3.8 chronically ill employees do not need to be ashamed to talk about the topic
3.7 chronically ill employees must not set their limits one-sidedly
3.5 there must be more openness about this topic within our organization
3.3 chronically ill employees must realize that privacy is not always possible

**Theme 4. Managers and personnel officers must have knowledge of chronic disease and its impact on work (3.61)**
Mean Statements (7 in total)
4.1 the supervisor must know what work-related risk factors are for the employee
4.0 the supervisor must know what options s/he has to facilitate good job performance
3.6 the supervisor must know the difference between chronic illness and sick leave
3.5 the personnel advisor (officer) must know the difference between chronic illnesses and sick leave
3.5 the supervisor has knowledge about the disease to be able to act proactively
3.4 a supervisor must be aware of the meaning of the medical diagnosis.
3.1 the personnel advisor (officers) must know the employees who have a chronic illness.

**Theme 5. Work accommodations (3.56)**
Mean Statements (4 in total)
3.8 suitable work is being sought
3.6 the company assistance service must know the employees who are ill
3.5 the personnel and organization department must take care of adaptations for chronically ill workers (elevator, wheelchairs)
3.3 our organization needs to pay attention to best practices in this area

**Theme 6. Support within the organization (2.86)**
Mean Statements (4 in total)
3.4 chronically ill employees need to be given guidance.
2.7 our organization needs to create a focal point with specific expertise regarding chronically ill employees.
2.5 our organization needs to create an information desk with specific knowledge regarding chronic illness

*Lengthy sentence structures have been rephrased.*
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