Employer approaches to recognizing and managing intermittent work capacity

Rosemary Lysaght and Terry Krupa

School of Rehabilitation Therapy, Queen's University, Kingston, Canada, and

Allan W. Gregory

Economics Department, Queen's University, Kingston, Canada

Abstract

Purpose – This study explored how intermittent work capacity (IWC) presents in workplaces in order to advance conceptual understanding of this phenomenon and establish a set of initial principles to assist in its management.

Design/methodology/approach – The study followed a grounded theory approach in a multi-stage data collection process. In total, 25 employers representing diverse employment sectors were recruited with a goal of exploring their experiences with IWC. The first phase of the study comprised individual interviews with all employers. A subset of these employers later participated in two focus groups organized by company size. Finally, in-depth case studies were conducted with two information rich organizations to understand their approaches to managing IWC. Analysis methods consistent with grounded theory were used.

Findings – Although employers have a variety of positive motivations for supporting employees with IWC, they are challenged by the uncertainty arising from the unpredictable work patterns associated with IWC. Five distinct expressions of uncertainty were identified. Negotiation of this uncertainty involves attention to a range of factors, including intrapersonal factors, workplace relations and morale, specific job demands, communication processes, and structural and organizational factors.

Research limitations/implications – The findings of this study advance understanding of the expression of IWC, and factors that influence its impact. This paper presents a series of workplace strategies that both enable the well-being and capabilities of employees who experience IWC, and ensure productive and diverse workplaces.

Originality/value – The findings of this study advance understanding of the expression of IWC, and factors that influence its impact. This paper presents a series of workplace strategies that both enable the well-being and capabilities of employees who experience IWC, and ensure productive and diverse workplaces.

Keywords Employment, Chronic conditions, Episodic disability, Disabled workers, Organizational culture

Paper type Research paper

Introduction

A diverse workforce is broadly acknowledged to hold a number of advantages and is an unavoidable reality due to changing demographics in most modern societies (van Knippenberg and Mell, 2016; Yadav and Lenka, 2020). The changing demographics in many businesses and industries of all sizes demands assertive actions by employers to manage diversity well (Yadav and Lenka, 2020), yet many social identity groups, including people with disabilities, continue to experience discrimination and exclusion (Shore *et al.*, 2018). Several authors note that diversity and inclusion in the workplace are not synonymous

concepts; however, while diversity focuses on issues of workplace entry for those in marginalized groups, inclusion addresses issues related to involvement in meaningful participation, decision-making and career development (Mor Barak *et al.*, 2001; Shore *et al.*, 2018). Failure to address either of these issues risks a number of damaging outcomes, including reduced cohesion in the workforce, high rates of turnover and overall reduced organizational performance (Shore *et al.*, 2018).

Disability as a unique identity group has received limited attention in the research literature (Yadav and Lenka, 2020) despite its growing relevance. The Centre for Disease Control in the US reports that 90% of that country's $3.5tn in healthcare expenditures relates to services provided to people with chronic physical and mental health conditions (National Centre for Chronic Disease Prevention and Health Promotion, 2021), and statistics of this type are emerging worldwide (Chronic Disease Prevention Alliance of Canada, 2017; Hajat and Stein, 2018). Beyond healthcare costs, the economic burden of chronic disease is also reflected in workplace productivity losses, making this a broad social concern. For example, a 2014 international study calculated the direct costs of disability or illness in the United States at 8.1% of payroll and the cost of overtime and replacement workers to compensate for absence at 7.3% (Society for Human Resource Management, 2014).

There is growing evidence that workers with disabilities bring many advantages to workplaces. Past studies have demonstrated productivity benefits, as well as reductions in absenteeism, contributions to workplace cohesion and reputational benefits (Kalargyrou, 2014). This is true for workers with physical and intellectual disabilities (e.g. Lysaght *et al.*, 2011), cognitive or sensory disabilities (Fisher and Connelly, 2020), as well as mental health disability (Gewurtz *et al.*, 2018). A resounding message in all related research is the need for appropriate accommodations, and efforts to create a welcoming workplace in terms of psychological and physical safety (Kalargyrou, 2014).

Working age people with chronic conditions who present with intermittent work capacity (IWC), sometimes referred to as episodic disability, are particularly challenged with respect to maintaining their attachment to a workplace. Statistics Canada data show that 61% of the 6.2 m adults with disabilities in Canada experience dynamic patterns of activity limitation. Further, individuals with fluctuating and progressive limitations are less likely to be employed than those with continuous or recurrent limitations (Morris *et al.*, 2019). For them, the workplace transaction regarding disability adds a level of complexity beyond that experienced by persons with more static conditions. Similarly, employers face a unique challenge in attempting to effectively manage the needs of workers who may present with varying levels of capacity over the course of their employment and to keep them attached to the workforce.

IWC is a distinct situation among working age adults with chronic conditions that involves periodically diminished capacity relative to usual or expected workload. It may also involve frequent or extended workplace absences because of a disability or chronic health condition (Fowler, 2011). IWC is associated with a variety of physical and mental health conditions, and wide ranging patterns of exacerbation and remission (Solomon *et al.*, 2018). The list of episodic health conditions is long and diverse; 27 different episodic health conditions have been identified (Furrie, 2010), including a broad spectrum of chronic diseases such as arthritis, diabetes and mental health disabilities, as well as conditions such as cancer and HIV-AIDs that may persist for an extensive portion of adult life. While some distinct patterns of IWC might be associated with certain health conditions, broad variations in how health disruptions emerge and the complexity of the contemporary workplace make IWC a particular challenge for all stakeholders (Gignac *et al.*, 2021a).

Presenteeism, defined as either the behaviour of attending work while ill, or the lost workplace productivity associated with those who present for work while ill (Gosselin and Corneil, 2013), is a highly relevant concept due to its frequent association with reduced work capacity. Presenteeism is also associated with substantial financial loss to industry, often

greater than the impact of absenteeism (Gosselin and Corneil, 2013). A number of antecedent factors are associated with presenteeism, including physical and mental health issues; work characteristics, such as deadlines and heavy workloads; social factors, including financial stress, availability of sick leave and family conflict; and personal factors such as conscientiousness and neuroticism (McGregor *et al.*, 2018). A recent meta-analysis found that presence of a pre-existing chronic condition had a significant moderating effect on rates of presenteeism in the workplace, resulting in an increased tendency to show up at work while ill (McGregor *et al.*, 2018). From these findings, we can conclude that not only is presenteeism a major concern for workers with chronic health conditions, but that chronic health challenges heighten the influence of the usual predictor variables.

Absenteeism is the other predominant issue associated with IWC and is defined as physical absence from work despite a social expectation of attendance (Patton, 2011). While being absent might be viewed as a more advanced state of dissociation from work, it has been found to be a significant correlate of presenteeism (Miraglia and Johns, 2016), and persons with chronic conditions may, in fact, choose presenteeism over absenteeism more than other workers (McGregor *et al.*, 2018). There is a growing literature base on absenteeism which asserts that while illness is perceived as the most legitimate reason for work absence, and the most likely to elicit sympathy and support from others, a variety of factors can predict the emotional response of supervisors and coworkers to absences (Patton, 2011). The complexity of the factors influencing the experience of workers with IWC emerged in a review of literature on co-worker response to disability accommodations, which concluded that attitudes are wide ranging, and influenced by many factors that are both within and beyond the control of the worker with disability (Dunstan and MacEachan, 2014).

Researchers in recent years have examined the workforce issues associated with IWC in a variety of ways. There are well-documented challenges with employment maintenance for working age people with chronic conditions (Holland and Clayton, 2020; Schuring *et al.*, 2007) which are associated with both inability of the worker to keep pace with work demands, as well as difficulties in identifying and securing needed changes in work schedules and responsibilities. Disclosure of the condition has emerged as a key issue, this being a precursor to open communication and negotiation of appropriate accommodation, yet saddled with perceived risks by many workers (Bosma *et al.*, 2020; Gignac *et al.*, 2021a, b). From a worker perspective, self-stigma or doubt and uncertainty in one's capabilities can serve as a major barrier to work maintenance, as can failure to gain the support of employers and coworkers (Antao *et al.*, 2013; Holland and Clayton, 2020). Worker autonomy, defined as control over one's work schedule and tasks, can help preserve self-image as a worker despite fluctuations in capacity (Holland and Clayton, 2020; Jammaers *et al.*, 2016). Bosma and colleagues (Bosma *et al.*, 2020) conducted an intervention mapping exercise designed to identify logical interventions to improve work outcomes for workers with chronic health conditions. Their qualitative synthesis of the literature related to worker self-control revealed four main worker-side approaches to job maintenance: disclosure, finding a healthy balance (of work), requesting job accommodations and support, and management of symptoms in the workplace. Received support in the workplace may be determined through formal channels or negotiated informally with a direct supervisor (Gewurtz *et al.*, 2018). The importance of a good job match and a receptive and supportive job environment emerges in the literature as key to successful job maintenance (Holland and Clayton, 2020; Restall *et al.*, 2016; Schuring *et al.*, 2007).

Several studies have also considered employer concerns, and the internal workplace processes required to accommodate workers with IWC. A qualitative Swedish study explored the challenges managers experienced in executing their various managerial roles when addressing labour demands associated with repeated short-term absences. The ultimate response observed was manager efforts to control or modify worker behaviour, with

resulting frustration, and in many cases, anger on both sides (Moldvik *et al.*, 2021). Other studies of organizational response emphasize the need for a structured process that helps the workplace manage worker capacity and attenuate periodic deficits and absences, often with a gatekeeper to assist with process and supports (e.g. a human resources specialist or disability manger as found in North American settings (Gignac *et al.*, 2021a), or in the European context, an occupational health physician to guide both worker health behaviours and prevention programs (Bosma *et al.*, 2020).

Overall, the research to date has exposed the myriad challenges associated with IWC based on differences in the patterns of incapacity that may present with different people and different conditions, the effects of stigma and worker uncertainty related to disclosure, and the varied capacity of workplaces and managers to respond to accommodation needs. All researchers have highlighted the particular challenges associated with IWC, and the need for continued investigation to better understand the disability accommodation process in this unique and variable context.

Building on this notion that IWC eludes simplistic interpretations and stereotyped actions, this study was conceptually grounded in dynamic systems theory in parallel with complexity theory. The latter is a perspective originating in the field of mathematics, but later applied to social systems analysis as a means of understanding how systems evolve over time and grow in complexity and nuance (Gear *et al.*, 2018). Consistent with this framework, the study used a qualitative methodology as a means of gaining insight into a complex situation in hopes of identifying novel solutions.

The present study used a constructivist grounded theory approach (Charmaz, 2006) to advance conceptual understanding of the processes by which IWC impacts successful workforce attachment, the varied conditions that influence employer responses to IWC and promising practices in supporting worker retention. Consistent with grounded theory, there was an effort to use a range of data collection methods, strategic forms of theoretical sampling and to ensure contextualized data.

Methods

Data collection for this qualitative study was conducted in three phases, with each phase organized to further develop ideas and concepts emerging in previous phases (see Figure 1),
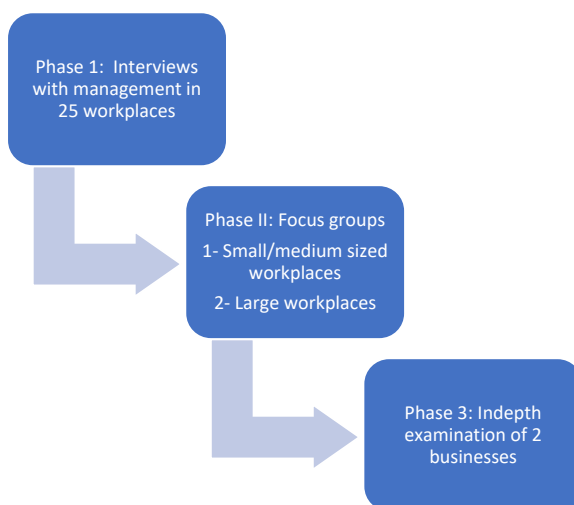

Figure 1.
Data collection process

Phase 1: Interviews with management in 25 workplaces

Phase II: Focus groups
1- Small/medium sized workplaces
2- Large workplaces

Phase 3: Indepth examination of 2 businesses

aligned with principles of theoretical sampling. Ethical clearance was obtained from the Queen's University General Research Ethics Board, and participants in all phases of the research provided informed consent.

Recruitment
We used a stratified purposeful approach to sample recruitment (Creswell, 2007) resulting in a broad respondent base of employers ($n = 25$) from across Canada that was varied on three dimensions: company size, industry type and geographical region. The distribution of respondents is shown in Table 1. Employers were recruited through outreach to human resource (HR) management professional organizations, direct requests to HR representatives in a range of sectors (cold calling by the research assistant) and through snowballing. Recruitment was challenged due to the reported reluctance of some employers to volunteer due to concerns of exposing failures in appropriately accommodating workers with disabilities, while other potential participants likely believed the study was not relevant to them. The latter point was identified when some participants who had reluctantly agreed to an interview despite claiming they had not employed workers with this type of issue later discovered an array of pertinent cases. This type of recruitment challenge is common in employment studies, and may result in samples which are more heavily weighted towards motivated and exemplary employers (Lysaght *et al.*, 2015). While recruitment challenges may have led to participation biases, we believe that on balance the views documented here are

NOC primary category	Large business (>500)	Medium business (100–500)	Small business (<100)	Micro business (<5)	Total
Business, Administration and Finance	Quebec/Ontario		Ontario		2
Natural and Applied Sciences	Saskatchewan/ National				1
Health	New Brunswick (2)				2
Social Science, Education and Government	British Columbia Saskatchewan Alberta		Northwest Territories		4
Art, Culture, Recreation and Sport		National/ Ontario (2)			3
Sales and Service	Ontario	British Columbia/ National	Ontario (3)		5
Trades, Transport and Equipment	National		British Columbia Ontario	British Columbia Ontario	5
Primary Industry Processing, Manufacturing and Utilities	National/North National/Ontario				1 2
Total	12	4	7	2	25

Note(s): Industry sectors listed are the nine skill type classifications provided in the National Occupational Classification (NOC) occupational structure. Company sizes reflected in the table are based on Industry Canada's designation of four organizational size categories: Large business (>500 employees); medium business (100–500 employees); small business (<50 employees in service-based industries, <100 employees in goods-producing); micro business (<5 employees, including self-employment)

Table 1.
Individual interviews by NOC industry sector, size and province

valid and shed light on issues that are pertinent for many employers in a range of contexts. In addition, from the perspective of elucidating promising best practices, any tendency for participants to include engaged and willing employers was more likely to identify honest reporting of challenges and thoughtful discussion of potential solutions.

Data collection procedures

The first study phase involved individual interviews with company owners and managers, HR managers and supervisors concerning their experiences of employing workers with IWC. The individual interview protocol used in Phase 1 explored experiences with IWC, and also workplace practices and policies that may have impacted employers' ability to hire and support workers with intermittent capacity. The questions solicited employer perspectives on the central questions, but also explored their attitudes and ideas through the presentation of hypothetical situations and examples. Informants were also asked for suggestions as to how they might be supported to promote successful employment of workers with intermittent capacity. Interviews lasted between 30 and 60 min, and all were audiotaped and transcribed.

The second phase consisted of two employer focus groups held via teleconference. Participants were recruited from Phase I interviews that were particularly information rich. The focus groups were conducted by the primary investigators and the interviewer from Phase 1. Focus groups lasted about 60 min. The first group ($n = 3$) was comprised of individuals from the large employers in the healthcare, manufacturing and government sectors, while the second ($n = 3$) included individuals from small and medium-sized businesses. The focus groups were used to evaluate assumptions drawn from the individual interviews and add greater depth of understanding to emerging issues.

The third phase of the study involved in-depth case studies of two workplaces identified in Phase 1 as examples of exemplary workplaces with respect to supporting inclusion of workers with IWC–one a regional hotel, the other a regional holder of several franchises of a national fast food restaurant chain. For logistical reasons, both were also within the geographical location of the investigators. Data collection at both sites comprised multiple forms and sources including: interviews with a range of key individuals in the organization (e.g. management, healthcare personnel, workers, front-line supervisors, HRs personnel, etc.); observation of the day-to-day structure and operation of the organization; and document analysis, including those related to key organizational, policy and procedural practices that describe and govern employment in the workplace such as the corporate profile (from website), the workplace organizational chart, benefits plans documents, annual reports and company stories. Given the focus of this paper on employer perspectives, only data related to organizational management (managers, owners or HR personnel) are included.

Analysis

Data analysis across phases was conducted using methods consistent with constructivist grounded theory (Charmaz, 2006). The research team met frequently to address various components of the analytic strategy. The first meetings involved a discussion of early findings from employer interviews, and included strategic decision-making relative to the sampling strategy and the need for updates to the interview protocols. Later meetings involved group analysis based on individual review of the interview transcripts and decisions as to when data saturation had been achieved. Subsequent sessions were used to construct the interview protocol for the focus groups and the data collection protocol for the case studies. For example, for the case studies, the interviews were developed as the primary data source with observational and document data being used to further an understanding of context and examine the operation of ideas in practice. Final meetings consisted of group

analysis of all the data, including transcripts from the individual, focus group and case study interviews.

Interview transcripts and field notes were read by the investigators and subjected to initial line-by-line coding to identify, name and categorize phenomena found in the data and to identify new insights emerging from each interview. Group analysis involved discussion of initial codes and the development of categories, and efforts to reconcile and build those into a central core group of themes that could then be further developed and inter-related. Both observational data and documents were subject to this analytic process, using the coding structures that evolved from the interviews across all three phases. A large and complex array of factors contributing to the expression of IWC emerged, as well as the workplace responses.

Results

The focus of this paper is on findings related to employer perspectives on the expression and meaning of IWC in the workplace, conditions that influence the employer response to IWC, and practices that lead to successful workforce attachment. The findings are presented in three sections. The first positions uncertainty as a particularly salient challenge for employers of workers with IWC. The second section reports briefly on the motivations underlying employer efforts to retain workers with IWC. Finally, the third section develops five distinct, but related, social processes that influence the expression of IWC and its impact, and describes how employer negotiation of this uncertainty can involve juggling a range of variables. This section provides examples of employer responses that may be considered emerging best practices.

Uncertainty and IWC–a critical challenge
From the employers' perspective, IWC in the context of health conditions is expressed in the workplace as disturbances in both attendance and productivity. Attendance and productivity issues associated with IWC are compounded by their uncertain course. This uncertainty compromises the ability of employers to meet the HR needs of their organizations, and can also have considerable influence on social relations in the workplace by impacting the work demands of other employees and affecting the social climate.

The uncertainty associated with IWC has five distinct forms:

(1) The rapid and unexpected emergence of disruptions in work capacity.

The exacerbation of health-related issues that compromise attendance and productivity can happen quickly and with limited warning. While this rapid emergence of disruptions was typically described as affecting attendance, workers can also experience rapid changes in their capacity to manage work demands while on the job and address these demands in a manner considered behaviourally appropriate in the workplace. For example, one HR manager described how a worker's capacity for frustration tolerance varied, and when his tolerance was low, he would abruptly leave work situations. This unexpected interruption often leaves the work unit with a temporary productivity or coverage void in navigating presenting demands.

(2) Uncertainty with respect to the duration of work incapacity.

Employers described difficulties related to the inability to predict with any certainty whether the disruption in capacity will be of a short or long duration. An HR professional with an insurance firm cited a situation that required ongoing adjustments around expectations of return to work as the duration of the disruption associated with IWC was extended, stating

". . . the challenging part from an employer's standpoint is that we never get told the amount of time that they are going to be off for. Initially this person was going to be off for two weeks; that turned into a month and a half, that turns into two months and a half, three months and a half and now we're on four months" (Int 8).

(3) Uncertainty with regards to the frequency of disruption in work capacity.

In the context of IWC, disruptions in work performance can occur occasionally or frequently, extending over time. One employer noted that in some cases, as in the case of migraines, the disruption can be frequent, but typically lasting a day or two, whereas in other cases disruptions are characterized by both high frequency and no predictability with respect to the nature and length of the disruption. The frequency of work incapacity has the potential to tax plans for coverage and undermine workplace morale. The course of some health conditions was considered to be highly uncertain, creating a "wait and see" situation with respect to expectations and planning.

(4) Uncertainty about the course of IWC over time.

In some situations, IWC may involve a progressive decline in work-related function. In such situations, an employee's work function was viewed as potentially being on a downward trajectory, whether or not there was a return to a reasonable level of work performance following an episode of diminished capacity. One employer illustrated the gradual decline in performance using the analogy of a staircase. He said, "Because it just seems like it's a little bit of staircase where the employee goes along and then they get worse and worse and they go down the stairs and they get on a new medication and they come back up the stairs, but not all the way to the top and then it happens again. And they go down a few more stairs until finally they're near the bottom of the staircase and they just cannot return to work. I've had several of those employees" (Int 25).

(5) Unexpected separation by employees.

In situations where there were ongoing issues related to leaves or absences, or if in the context of a health-related condition the employee experienced ongoing difficulties in managing work expectations, unexpected separation from employment by the employee could be the outcome. This employer described being taken aback by the unexpected loss of an employee where he perceived the employer–employee relationship as positive and helpful: "And I was really surprised. I thought it was very – I thought it was going very well. And then he just left one day and sent a letter in and it was a real apology and 'sorry I just find it too stressful' – and we were not even – somehow we could not even contact him after that" (Int 4).

Employer motivations for response
Employers identified a range of motivations for their commitment to retention of workers with IWC despite the inherent frustrations and challenges associated with the process. Several participants had personal experiences that they described as sensitizing them to and increasing their compassion for workers with IWC. For example, one CEO with a non-profit organization stated "It's been both me and my husband's family, a lot of challenge with mental health. But I think once you've lived with that, you become more empathic to the challenges" (Int 1). Others perceived supporting good workers with IWC as a rational position for meeting workforce demands, particularly in industries that face recruitment challenges because of a limited or transient labour pool. Replacing workers with IWC was not a particularly favourable option compared to preserving the value of existing workers. The need to comply with labour regulations with respect to accommodations was cited frequently as an employer obligation.

The response to IWC also related to corporate culture and perceived lines of responsibility. One employer expressed that it was the employer's job to create an environment where workers felt cared for, particularly in situations, such as service industries and small business, where the employment situation provided few formal benefits such as paid sick leave and other financial benefits. Where the mission of the organization was oriented to the ideals of social justice, supporting workers with intermittent capacity was described as consistent with the goals of the organization. One HR specialist highlighted the benefits to the work environment in proactively recruiting and supporting workers with IWC: "I think it makes for a more balanced work environment when you have diversity of skills and abilities and try to develop a culture of acceptance and collaboration when, you know, everybody is different, everybody brings something different to the table. And so getting everybody's best skills to the table and getting and using their gifts and their abilities only enhances a work environment. If you're too narrow in who you hire, then you do not have what you need to move forward. You limit yourself I think". (Int 12)

Negotiating the uncertainty of IWC to enable successful employee retention
Uncertainty related to IWC places employers in a tenuous situation. From a productivity perspective, unexpected employee absences could compromise the ability of the employer to ensure adequate HR allocation to carry out the essential work of the organization in an effective and timely manner. From a HR management perspective, failure to manage uncertainty effectively could also impact the social fabric of the work unit as a whole, creating situations where employees are unfairly judged by co-workers and even other levels of management as being unreliable, of not being a team player, or even intentionally manipulating work policies. One HR manager from a regional airline noted,

> You're going to have ten, twenty percent of people who sort of take advantage of what they can . . . Most cases are legitimate and most cases you know, they cooperate and, you know, they work with the company, they work with the union. We get the accommodation the way it needs to be and like I said, 80 percent of the cases, but you've got those 20 percent . . . (Int 19)

Thus, middle-level managers were sometimes in a position of needing to support an individual worker and build workforce cohesion and harmony while at the same time struggling to comply with existing policies and unit productivity expectations.

Overall, a broad array of environmental factors were identified that together influence the nature of workplace response to IWC. These factors, which include person-level elements of the individual and work group, structural aspects of the job and the organization and communication between all elements, are summarized in Figure 2. In addition, IWC is experienced and managed within organizations that have both formal structures and processes that guide HR management operations, and those that do not. In both large and small organizations, there also seems to exist potential for flexibility in the actions and interactions that transpire in day-to-day operations.

Five distinct but related social processes of uncertainty negotiation emerged through analysis of data across all three phases of the study. There are detailed below, with examples of employer practices utilized in different situations.

Creating a culture of flexibility and mutual support
Particular patterns of uncertainty can impact the social functioning of the workplace. For example, the extent to which unexpected absences are construed by work colleagues as an unfair advantage or lack of responsibility on the part of the worker with IWC (what one employer referred to as the "whiff of being taken advantage of" [FG 2]) has the potential to impact workplace climate and morale, and necessitating proactive strategies to ensure open communication.

In addition, when the expected length of absence is uncertain, the response becomes more complicated. One HR manager from a mid-sized company described the dilemma posed by the lack of predictability related to duration of work absence with respect to both scheduling and workplace social relations:

> It becomes very hard to manage, because you never know exactly what, you know. If somebody came to me and said I'll be off for five months and are off for five months, that becomes very easy to manage … It becomes hard to manage from a work perspective and from a staff morale who continuously, you know, think that they are taking on workload for two weeks and then becomes a month and then becomes very hard to plan for and to replace it adequately. (Int 8)

Some aspects of the benefits structure in particular workplaces could be disadvantageous to some workers with IWC, and participants noted that management needs to recognize this with a view to supporting workers in their efforts to sustain both their productivity and their health. For example, employment policies requiring a medical note to legitimize time off can disadvantage those workers with brief and unpredictable health issues who are unable to secure timely access to their doctors. This situation led some employers to revisit their policies, while some larger employers brought on occupational health nurses to avert such problems. Another employer noted how they implemented a flexible process for evaluating absences that was more understanding of the nature of IWC:

> So, they complete this form saying I missed these dates, or these hours due to my medical condition. And then we ask them to take it their physician, and have their physician complete another page to the form, you know endorsing that yes, this person has a valid medical condition and been into miss, you know this much time from work. And what we do is we – we, you know combine their sick incidents. So, you might have 30 sick incidents. And we would normally consider that, you know the class of absenteeism and – and maybe a performance issue. But, what – what would happen with the form is it would – we would combine those 30 incidents into one, and it would pretend you were – it's almost like pretending that person was sick only one day in the whole year, because it was all related to that one medical condition that required intermittent absenteeism. (Int 17)

The productivity issues that can emerge with IWC can have major implications for the capacity of the workplace to conduct its core business. Variations in stamina, energy and drive, particularly when experienced for longer periods of time, impact the quantity of work that can be expected from the individual and ultimately the work unit, and compromise the financial bottom line. For example, one employer from a small business described a circumstance where an unexpected change in staff productivity had led to reductions in product output that necessitated cutting back on business contracts, an action that had negative ramifications for everyone in the work unit.

Figure 2.
Factors contributing to the negotiation of uncertainty associated with intermittent work capacity

Intrapersonal Factors	Workplace relations and morale	Communication	Organizational structure	Specific job
• Nature of the health condition • Self management capacity • Lifestyle choices • Work identity • Emotional response • Motivation for employment	• Perception of legitimacy • Impact of frequent or prolonged coverage for work incapacity • Demonstrations of flexibility by all workers • Branding of work incapacity as a universal condition	• Clear information from health professions • Expectations of stigma • Flexibility of communication processes • Collaborative planning processes • Trust, empathy, respect in communication processes	• Health and sickness benefits • Size of organization • Presence of union • Presence of a human resources department • Organizational mission • Local control of work process	• Work schedule • Time sensitivity of job functions • Job qualifications • Nature of product/services • Connection to other workers • Impact of job on worker health

To address workplace relations and morale, some employers cautioned against defining challenges associated with uncertainty in the workplace as emerging solely from IWC associated with health-related conditions. Instead, they highlighted that uncertainty in the workforce was a basic part of doing business, and extended to all workers managing difficult but typical life situations. One manager of a small family-owned business described it in this way:

> If you have a fulltime person working for you, at any point of time an issue can come up where they're going to leave work. Maybe a death in the family, they may want to change the job. And you'd be – you'd be left short-handed in the position – and it may take some time to fill that position. And so, the interruption is part of life, of learning business anyway, you know, with employees, that any of these can leave at any time. So I do not take the factor that these people that are handicapped or challenged in a way, it's a little harder on your business. So, in other words, I just accept it as part of running a business. (Int 4)

In this way, the employer engaged in leadership strategies meant to directly shape workplace attitudes related to workers with IWC. For example, one manager's explicit message to workers on the job was. "Everybody has something" or "It can happen to everybody" and so "We all help each other" (CS 2). By associating the uncertainty of IWC with other common life circumstances such as divorce, family caregiving, loss and other universal conditions such as changes in work capacities associated with ageing, management built the expectation for a spirit of team work and cooperation. For workers who demonstrate these characteristics, whether or not they live the experience of IWC, the workplace can be experienced as demonstrating compassion, trust, flexibility and sensitivity.

Supporting anticipatory planning
Employers described proactive strategies that were undertaken on an individual basis with employees that allowed them to anticipate, prepare for or in other ways reduce the impacts of uncertainty which was described as a strategy to reduce negative impacts in the workplace. Self-management was identified as an important factor in a worker's ability to mitigate both the frequency of work incapacity and to actively engage with employers in workplace planning. The shape of the plan varies based on the nature of the condition, its course and predictability factor. For example, certain health conditions were described as particularly likely to disrupt function with little warning. One employer described how his workplace had collaborated with an employee to create advanced coverage planning for times when migraines came on suddenly and left him unable to work. Others provided examples of workers with diabetes or kidney disease to illustrate the ability of some workers to know and manage their health conditions in the workplace and even to proactively enlist the support of managers and coworkers when challenges arose. Instances where employees were perceived to be less proactive in managing their conditions were also cited. For example, there were concerns raised that the lifestyle choices of some employees (e.g. using drugs or alcohol, or not getting adequate rest during days off work) could compromise their health status and ultimately, consistency in work capacity. When attendance and productivity issues were perceived by the other workers as related to poor lifestyle choices, this was considered to have a particularly negative impact on workplace social dynamics by raising questions around the legitimacy of the capacity issues.

Some issues related to attendance and productivity were perceived as tied to the difficult financial circumstances that workers with IWC can find themselves in. Presenteeism, for example, was associated with workers feeling financially pressured to come to work when their work capacity was compromised because of limited health and sick benefits. This, in turn, was seen as possibily leading to a worsening of the health condition and, ultimately, work incapacity because the worker was compromised in their ability to take care of

themselves and proactively attend to their health needs. From a management perspective this requires employers to attend to the health and well-being needs of employees, for example, by encouraging them to take time off when needed. It also requires close attention to where and how financial well-being of workers may be compromised within work structures such as sick leave policy, particularly in work sectors that lack paid benefits for sickness related absences. One employer highlighted that the organization was flexible with regards to the interpretation of "sick days" for people impacted by IWC and worked closely with employees to develop options to make up absences with a view to ensure that arrangements to receive maximum income were in place.

Identifying vulnerable job structures and functions

The impact of uncertainty can vary depending on the nature of specific job demands. For example, with jobs that require 24 h coverage or have very early shifts, it becomes particularly challenging for employers to secure coverage when short notice is provided for an absence or shift in capacity. Similarly, as this small business manager suggested, jobs may have time sensitive responsibilities that can be compromised by unexpected coverage shortages: "I mean, this is the person running payroll and if they are going to be missing any payroll days, making sure that somebody else is ready to do that" (Int 15).

Repeated or frequent unexpected absences in the context of jobs that require special qualifications tax the employer's ability to ensure coverage. For example, an employer from a healthcare organization described how securing backup for licensed health professionals is complicated by the lack of "the financial resources to replace them and then the physical bank of people out there who are able to come in" (Int 6). This was in striking contrast to employment situations where the functions of jobs were easily interchangeable and efforts such as cross-training employees for a variety of jobs buffered challenges associated with ensuring adequate workforce coverage.

Some types of positions emerged as more difficult than others relative to worker replacement. Health and social services experience particular challenges around IWC given the importance of the bond between service provider and service recipient in defining service quality. Even in the case of school boards, which have a sophisticated structure for providing rapid coverage for absent teachers, problems with perceived educational quality and fidelity can emerge when developing a strategy to accommodate persistent health conditions with repeated or frequent impact on attendance and productivity:

> What does become evident in some situations is, if it is a teacher, let's say, it's a grade three classroom teacher and they have a chronic condition and it means that, you know, they missed two weeks, they're back for a week, they missed three weeks, they're back for a month, they missed another week. That becomes very, very disruptive to children in learning and it becomes very difficult for the parents, who are in essence our clients, to accept that after a certain point in time . . . (Int 4).

In some cases, the nature of the specific job was seen as having the potential to worsen the health of workers, and thus contribute to uncertainty associated with IWC. For example, jobs with close proximity to children, who frequently carry viruses, may further compromise the immune status of individuals undergoing treatment for cancer. An employer in a large manufacturing business acknowledged a link between substance use and the lack of autonomy and repetitiveness of production-line work–a recognition that led the company to address addictions issues in a positive and proactive manner through no cost, no questions asked access to a 30-day treatment program.

The varied manifestations of uncertainty associated with IWC oblige employers to innovate a range of work accommodations to support worker retention. For example, while graduated work responsibilities is a common accommodation when a worker re-enters the workplace, a more long-term and proactive strategy may be required in instances where there is potential for

incremental decline in functional capacity over time. In situations where changes in work capacity could happen quickly with little notice, some employers engaged with workers in a kind of anticipatory coverage planning, identifying specific work colleagues and notification processes to reduce crisis responses to unexpected work situations. One employer highlighted how modifications made to the type of job held by an individual can be a positive strategy in meeting both worker and employer needs in the workplace:

> . . . the only time we look at it, perhaps differently is if it becomes a situation where it's because of their position – it becomes disruptive to the work operations. We would sit down with them at some point and look at, you know, what's the best placement for you within the organization to reduce the stress of your absences both from the organization point of view but also the personal point of view? (Int 2)

Facilitating clear communication

Based on the many stakeholders involved in the disability management process, communication issues arise at multiple points of contact. An issue frequently noted by employers was communication received from disability/health professionals about the nature and expected course of the work disruption. When information was unclear or uninformative, this was problematic for workplace planning and support. For example, workplace HR planners could be frustrated by doctors' notes identifying needed work accommodations that were perceived as beyond the realm of the expertise of the physician. One employer from a large, unionized environment described their efforts to improve communications in the disability management process in this way:

> What we do is, we do not approach the medical professionals directly, we go through the employee, and we tell the employee, "You go to your physician, or psychiatrist, or whoever you are seeing, and you provide us this information". We will send the employee a questionnaire with maybe five questions, or ten questions, whatever we need. And then we tell the employee, "You take this to you doctor, and send this back to us". (Int 17)

Family doctors were described by employers as often less likely to communicate fully about expectations related to the course of work disruption, whereas professional reports from insurance companies were perceived as more likely to provide useful information to enable efficient planning. Such limitations in information sharing may relate to worker privacy, but serve to limit understanding of the problem.

In addition, some health conditions were associated with more limited communication about the expected course of the work disruption than others. Mental illness was identified as a category of health condition for which there were frequently problems with receiving clear communication about expectations related to the course of work capacity. Communication in such cases can be impacted by concerns that negative judgements related to the stigma of mental illness may compromise the fairness of the employer response. One employer noted that for people with mental illness the stigma was so problematic that "They'd rather be fired than admit they've got a problem." (FG 2).

One employer in a medium-sized service-industry organization described how perceptions of stigma and subsequent feelings of disempowerment associated with mental illness in the workplace led to the development of accommodations related to communication, such as the use of advocates, identified in advance, who could communicate with work supervisors on behalf of the worker. This assisted employees with mental health concerns to voice their concerns and needs, contributed positively to clarity in communications, and minimized the employer's experience of uncertainty related to attendance and productivity. The manager from this company expressed the view that a standardized response to work performance challenges in the case of mental illness is not generally effective, instead requiring open

communication and an individualized approach that is sensitive to the needs of the particular worker at that point in time. She said, "It's still the rules, the rule book is the rule book, but I could talk to John over here about the same issue as Joe, but I may have to do it in two separate ways" (CS 1).

It was noted that difficulties in communication and planning related to the uncertainty of IWC could arise because workers with IWC were themselves at a loss as to what to expect. There was the sense that well-intentioned employees with a strong desire to work could be inclined to under estimate the nature of their work challenges and potential, and then find themselves unable to meet their own expectations. An employer described, for example, how workers diagnosed with cancer may underestimate the impact of treatments on their work capacity over time: "For the most part they're like 'Wow, I'm going to come back throughout my chemo … I'll be off for a day and then I'll be back in'. What usually happens is they normally make it for about a month and then that's when it starts to go a little bad" (FG 1).

Developing strong communication patterns with employees helped to build mutual trust and transparent planning when capacity to work was compromised. For example, communication patterns that were characterized as generally encouraging, collaborative and solution focused were viewed as having the potential to support positive communication processes during uncertain or difficult periods. Employers in large organizations frequently looked to disability management processes (e.g. disability case managers, HR professionals) to provide them with knowledge and advice to minimize the disruptions associated with the uncertainty of IWC.

Localizing control of work and accommodation processes
Complications related to coverage are highly dependent on the size and structure of the organization. Small businesses are highly vulnerable to losses in production in response to absences that are not covered, while larger organizations are more likely to have some staffing flexibility. For example, a small automotive repair business may struggle to keep pace with a day's schedule of booked vehicles when they find themselves down an employee, whereas a large manufacturer can typically reassign work to another employee in a parallel position. Large organizations also typically have HR departments that enable problem-solving and proactive planning. Collective agreements within unionized environments were described as limiting the extent to which flexibility across the job demands and functions of workers is possible, given the reality that access to jobs is protected by a structured application process intended to add procedural fairness. For example, one employer noted that the unionized environment would undermine the ability of workers to help a co-worker out with particular tasks that were causing individual difficulties, even for a short time. One employer noted that absences related to IWC in his organization were problematic because of the organization's complex budgetary structure that made it exceedingly difficult to account for costs related to doing business at the departmental level:

> So then it causes a problem for me at the end of the month because when I do my payroll I have to say, "OK, this worker is actually in this department but did this amount of work for this department, and this amount of work for this department". So we split it up so that it shows properly where they are supposed to be. So for me, it is a serious pain at the end of the month . . ..I do not just leave it, and then, my one department is like $3,000 over. I make sure that it's reflected properly in the financial statements. (CS 1)

The extent to which budgets are controlled and monitored at departmental or unit levels was described as having considerable impact on the acceptance of workers with IWC in the immediate workplace. It was noted that the challenges of IWC are best addressed at a local workplace level, where problem-solving and solutions sensitive to the workplace context and supervisor–employee relationship can be accounted for. One employer from a large

manufacturing business provided the poignant example of how a well-accommodated and highly-valued employee with fluctuating levels of productivity came to be perceived as having insurmountable productivity issues when a global buy-out of the business led to increasing demands for production, and changes in the organizational structure that depended on global rather than local policies:

> We had been bought by a global company and, you know, we're being held more accountable to our workforce planning . . . you know we had to uncover these employees who had been accommodated, possibly for many years, to say, "We no longer have any work for you," because it's almost like the occupational bond was broken. (FG 1)

That said, businesses with organizational structures that provide managers and direct supervisors with access to advice and consultation from specialists with experience in negotiating complex HR issues reported less anxiety and disruption. One focus group participant identified the benefits of an HR consulting agency that is available to support small business owners with complex accommodation issues, including providing training on how to interpret the law and respond to employees in an equitable manner. Other small employers endorsed the need for this type of support, as well as opportunities to learn from other workplaces about how to understand and manage IWC.

Discussion

The overarching theme emerging in this study was the dominant role that uncertainty plays in navigating the many intersecting features associated with IWC. Westhorp (2012) identifies uncertainty as one of two central elements of complexity theory, along with the notion of random emergence. Our findings underscore the salience of complexity theory to consideration of IWC and its meaning in workplace settings. Earlier studies have identified uncertainty as a major challenge for people with chronic, episodic conditions which was associated with the unpredictability of their symptoms, and caused concerns relative to work participation and income (Conyers, 2018; Solomon et al., 2018; Vajravelu et al., 2016). This uncertainty also creates a series of tensions for employers, who are caught between the desire to create a harmonious and supportive work climate for all workers, the moral imperatives of good corporate citizenship in supporting struggling workers, and the reality of needing to ensure sound business outputs and customer responsiveness. In our data, the experience differed somewhat for different types of employers–but whether the owner of a small company, a middle manager in a large corporation or an HR specialist in the public sector, employers confronted many conflicting demands, and were challenged to respond in fair and effective ways to the unpredictable circumstances they often faced. The varied responses observed in some cases reflect the differences in resource availability across settings, but may also relate to the ability of employers to provide informal supports in flexible and person-centred ways. Differences in response capacity clearly have multiple origins, ranging from the personal skills and experience of the manager to the relative rigidity or flexibility of the HR management structure at an organizational level. Knowledge of and access to current advancements in organizational administration is also an issue for businesses. For example, contemporary innovations in budget reporting could help businesses to better understand unit level costs associated with implementing flexible approaches to scheduling and coverage related to IWC.

The participants in this study, while likely socially committed employers inclined to be sympathetic to worker needs, were also acutely aware of the importance of addressing these competing demands to ensure acceptable outcomes for all stakeholders. The findings of this study highlighted the view that it was simply "good business" to retain workers, particularly those in whom the organization had invested training time, and who were strong

contributors. This point, and employer comments about the few employees who were perceived to shirk responsibility for their own health maintenance and work responsibilities, raise the probability that social capital is a critical concept in motivating managers and co-workers to accommodate workers with IWC (Lindsay *et al.*, 2019). Where fear of stigma is likely influencing the communications and behaviours of workers with IWC, the employer response needs to be directed to understanding how even seemingly fair and equitable workplace policies and procedures may not be experienced this way by workers themselves. The notion of workplace perceptions and social stigma in the workplace also reflect the centrality of communication as a cornerstone of successful management of IWC. The importance of disclosure is discussed in detail by Gignac and colleagues (Gignac *et al.*, 2021a); what is less clear, however, is how to build an organizational climate that operates with appropriate attention to privacy rights, but encourages sufficient trust as to foster open discussion of anticipated worker needs.

The relevance of systems theory to the management of IWC is clear, based on the multi-dimensional nature of the contemporary workplace (Turner and Baker, 2019). A broad array of intrapersonal, workplace climate and structural factors that influence the response to IWC were highlighted in our findings, and are consistent with findings from previous studies that document the complexity of the context, and the need for highly sensitized response (Bosma *et al.*, 2020; Gignac *et al.*, 2021a). The number of possible variations at the intersection these factors, overshadowed by the uncertainty of the situation as it progresses over time, highlight the complexity of addressing IWC challenges in an organizational sense. Complexity theory suggests that because of the non-linearity of systems, unpredictability is inevitable, and unlikely to be addressed using traditional, replicable interventions (Turner and Baker, 2019).

Despite the inherent challenges, a number of promising practices were identified through this research which may help employers develop proactive strategies in supporting workers with IWC. These practices in a broad sense speak to the notion of gaining control over an uncertain situation, building predictability from unpredictability. Bosma *et al.* (2020) discuss control theory in relation to worker actions and self-care, and the need for organizations to create a climate that allows workers to exercise needed controls; however, ways in which employers may reduce uncertainty through such measures as implementation of universal design principles in the context of rapidly changing circumstances and demands has received limited attention. For example, one qualitative study focused more on the deleterious effect of efforts of employers to exert various forms of control in terms of rules and regulations in order to reduce sickness absence (Moldvik *et al.*, 2021), while Gignac *et al.* advocate for more collaborative efforts to build understanding between employees with disabilities and their employers. This latter approach is certainly evident in this study.

The range of experiences described in the current study also highlights the extent to which the varied expressions of uncertainty are associated with some health conditions more than others. For example, the changing nature of some mental health issues in particular can present issues that are especially difficult to reconcile for a range of reasons. Disclosure and stigma are particularly salient issues in this regard, as is the heightened sense of unpredictability for employers when they have limited understanding and openness of communication concerning worker needs. Addictions also emerged as a concern that may merit creative strategies. Research on interventions to effectively support mental health issues in the workplace is limited, but the findings of one exploratory study on the topic support the notion that solutions can be found in employers being responsive to worker needs, and creating an overall climate that promotes open dialogue (Gewurtz *et al.*, 2021). While this study did not focus on any specific worker populations, and insufficient data were collected on a particular disability to provide condition-specific strategies, future studies in the area of managing uncertainty with respect to mental health and addiction in particular would be extremely relevant and helpful.

Implications for practice
The study findings suggest the need to move beyond conventional management systems towards interventions that build greater certainty and predictability for all stakeholders. Guiding questions that might enable employers and those involved in disability management to process and respond to concerns related to uncertainty include, for example:

(1) How integral is certainty of attendance/performance to a particular job? Is certainty an essential job function for the individual worker's position, or a historical artefact of the way the job has traditionally been done?

(2) What is the influence of particular patterns of work capacity uncertainty on workplace relations and functioning? Does the structure of work processes contribute to sustaining absence or productivity loss patterns in any way? Do these patterns suggest potential solutions?

(3) How can the workplace support individual worker's rights to privacy about their health issues while actively enabling self-management of health conditions to ultimately diminish uncertainty?

(4) How can communication be used to mitigate issues of uncertainty? In what ways can all invested stakeholders, including health professionals, disability management professionals, employees with IWC and co-workers be better informed in ways that respect privacy yet build acceptance, inclusion and ultimately, full work participation?

(5) How do the organization and its policies and practices contribute to the expression of uncertainty associated with IWC? What barriers need to be removed to support the development of individualized solutions? What knowledge and resources are needed and available to support workplace problem-solving to reduce the uncertainty associated with IWC?

Limitations
There are specific limitations to this study that should be acknowledged. The time demands on employers, funding limitations and recruitment issues limited our ability to connect with most employers on more than one occasion, impacting our ability to return to emerging themes at a later time. Although we mitigated this issue by conducting a phased approach that allowed us to follow-up on emerging issues and ideas more broadly with a number of participants, only two small focus groups were held, and information-rich case studies were largely organized based on convenience.

There are a number of questions arising from this study that should be addressed through future research. First, while theoretical saturation was achieved for some processes, others require further focused study. For example, the data were mostly aligned to uncertainty related to productivity and attendance, both short and long-term, but there was little specific data related to how unexpected terminations were experienced by employers, the impact on the workplace of absent workers and the potential mitigating responses. This study also did not explore differences in employer responses or interpretations of IWC with respect to different individual characteristics, such as gender, race and sexual orientation. These issues merit further consideration. In addition, future research would be warranted to identify the extent to which the principles and best practices extracted from the data are considered transferable across employment settings.

Conclusions
IWC is a growing reality that has a significant impact on workplaces and the employees who experience it. It is likely that issues related to IWC will become even more prevalent in a post-

COVID-19 world, where post-COVID syndrome is likely to be added to the list of conditions associated with IWC. Strategies that can help maintain workforce attachment for workers with IWC are critical to maintaining a diverse and robust labour force, retaining the unique knowledge and skills of workers with IWC, and ensuring a fair and inclusive community.

More research is needed to better understand and disseminate knowledge relative to this phenomenon, build adaptable tools and resources for employers, and to systematically assess the impact of selected strategies on employee retention and satisfaction, as well as on workplace climate and productivity. This research might best be conducted using collaborative methods that build on the knowledge and perspectives of both workers with disabilities and employers.

The findings of the current study advance understanding of the expression of IWC, and factors that influence its impact. This paper presented a series of workplace strategies that both enable the well-being and capabilities of employees who experience IWC, and ensure productive and diverse workplaces. This research identified uncertainty as a major concern for employers, and profiled five expressions of this uncertainty along with realities associated with uncertainty that make accommodation of IWC challenging. It also highlighted the complexity of IWC based on a myriad of individual, job-related and workplace factors that construct a unique experience of IWC in each situation. Some emerging best practices for addressing IWC in ways that reduce the impact on the organization and assist in employee retention were identified, and serve as a foundation for building organizational knowledge and capacity to respond.

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About the authors
Rosemary Lysaght is Professor at School of Rehabilitation Therapy at Queen's University, Kingston, Canada. She conducts research and training in the areas of inclusive work practices for people with disabilities. Rosemary Lysaght is the corresponding author and can be contacted at: lysaght@ queensu.ca

Terry Krupa is Professor Emeritus, School of Rehabilitation Therapy at Queen's University. Her research has focused on enabling the full occupational and community participation of people with disabilities, in particular those who experience mental illness. This has included the study of the lived experience of people with mental illness in important domains of daily life – work, school, home and family.

Allan W. Gregory is Professor of Economics, Queen's University. He is a researcher in the areas of econometrics, labour, health, education and welfare.