A Case of Tightrope Walking: An Exploration of the Role of Employers and Managers in Supporting People with Long-term Conditions in the Workplace

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Purpose: Given that current policy in the UK is focused on encouraging individuals with long-term health conditions (LTCs) to work wherever possible, this study explored employer's and manager's perspectives of supporting those with LTCs as any successful workplace engagement will largely be influenced by their readiness to be supportive.

Design/Methodology/Approach: 40 semi-structured in-depth interviews were conducted with employers' and managers' from a range of organisations in the North West of England during the period March 2011 to January 2012. Comparative analysis of the data was guided and informed by Grounded Theory principles.

Findings: All bar one participant typified their role as one of a difficult 'balancing' act of additional and often incompatible demands, pressures and feelings. It was evident that coping with this ambivalent situation incurred an emotional consequence for participants.

Practical Implications: Employers' and managers' response to ambivalent feelings may serve to undermine their capacity to translate supportive intentions into tangible action and are thus reflected in employee's perceptions of unsupportive relations. Developing an intervention to raise awareness of the potential for this situation and subsequent impact on the return-to-work (RTW) process would be beneficial for all stakeholders - the Government, employees and employers alike.

Originality/value: This in-depth study gives voice to employers and managers whose experiences and perceptions of supporting people with LTCs is largely unknown and emprically under-researched. Findings add to the wealth of research from the employee perspective to provide a more nuanced picture of the workplace for those working with and/or supporting those with LTCs.

Keywords: Qualitative Research, Workplace Health, Long-term Conditions, Workplace Social Support, Ambivalence, Employers/Managers

1. Background

The successful retention and rehabilitation of workers with long-term conditions[1] (LTCs) is dependent upon the employers and managers who employ them and on their capacity to be supportive. Given this, surprisingly little research has been conducted which explicitly explores this fundamental aspect of the 'back to work' journey for those with LTCs.

The realisation that the prevalence of LTCs in the UK is set to rise by 23% over the next 25 years (Black and Frost, 2011) has prompted Government action, accelerated in a climate of austerity (Summers, 2009), to introduce measures to mitigate the longer term economic impact to health, social and welfare provision (Department for work and Pensions, 2010). Ongoing policy initiatives by the UK Government (Department for work and Pensions, 2008) focus on moving those with LTCs back into the labour force and off incapacity welfare benefits where the cost savings to the UK economy of ill-health related benefits are substantial. Given that work may have benefits for health and wellbeing (Waddell and Burton, 2006) it is relevant to explore how this impacts employers and managers as they have power to influence how work and health are experienced. However, Amir *et al.* (2009, p73) note that much of the focus on workplace rehabilitation is on the 'supply-side' (i.e., from the point of view of the employee with the condition) rather than examining the 'demand characteristics' (i.e., the point of view and experiences of the employer/manager).

This significant gap in knowledge is contrasted with literature from the employee perspective which cites the supportive nature of workplace managerial relations as being influential in enabling them to work and to manage their condition at work (e.g. Westmorland *et al.*, 2002; Gallant, 2003, Lysaght and Lamour-Trode,

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[1] LTCs are defined by the UK Department of Health [1] as 'a condition that cannot, at present be cured; but can be controlled by medication and other therapies' (p4).

2008; Munir *et al.*, 2009). Unsupportive relations are cited as barriers to successful return to work and subsequent sustained employment, such that support is at the heart of a successful working life for those with LTCs (e.g. Frienson *et al.*, 2001; Lysaght and Lamour-Trode, 2008; Aas *et al.*, 2008; Lysaght *et al.*, 2012;, Dunstan and Maceachen, 2013). Aas *et al.* (2008, p344) go as far to say that 'social support is crucial' (p344) for those who are vulnerable returning to work after long-term sick absence, further asserting that 'social support might be the most important characteristic of a supervisor'.

There is both a paucity of qualitative literature exploring employers' and managers' views and experiences of managing employees with LTCs, and their perceptions of the socially supportive context of the work environment on which employees suggest they depend. Cartwright and Holmes (2006) argue that the social aspect of working life is often overlooked by employers who perceive their role as providing employment and nothing more. However, given that line managers are crucial (BOHRF, 2013) in the return to work (RTW) process, little research exists which examines how this can be facilitated. The importance of the research reported here lies in understanding how LTCs are perceived and managed at work where the employer's role is key (Waddel *et al.*, 2008) and upon which the success of RTW policies and interventions are reliant (Frank *et al.*, 1996). The objective of this research was therefore to interview employers' and managers' in order to contribute their perspectives to existing stakeholder knowledge.

2. Methods

The research procedures and principles of constructivist Grounded Theory (GT) methodology (Charmaz, 2006) were chosen for the purposes of this study. GT methodology gives precedence to the development or discovery of theory (Glaser and Strauss, 1967) as a product of data analysis (Charmaz, 2006) in that constructing a 'grounded theory' about the phenomenon of interest (in this case what are employers' and managers' views) is the stated aim of the research journey. Theory is generated from the data as it is analysed i.e. from the ground up (Pope and Mays, 2006) rather than imposing an a priori hypothesis on the data to be tested from the outset. Charmaz (2006) further emphasises the interpretative nature of reality, which is co-constructed during the research process between the researcher and the participants (where the researcher's role/perspective is part of the process and not separate from it). Researcher reflexivity is therefore an important aspect for Charmaz (2006).

Elements considered salient to a GT study are: concurrent data collection and analysis; memo writing; 3 stages of coding and categorizing data (initial, focused and theoretical), with constant comparative analysis of data between codes, incidents and categories; theoretical sensitivity (researcher reflexivity) and sampling; and theoretical integration (Charmaz, 2006). Because GT methodology focuses on generating a theory 'of a social process, action or interaction shaped by the views of a large number of participants' (Cresswell, 2009, p13), it was considered a good fit for exploring the meanings and actions ascribed to the 'how' and 'what' of employers' and managers' experiences and perceptions of supporting those with LTCs in the workplace.

In keeping with GT methodology, data were collected using semi-structured in-depth interviews with employers and managers (n=40) from organisations in the North-West of England. A large maximal variation of management experiences was sampled to ensure a breadth of perspectives. This included management of a mix

of different LTCs, working roles, industry types, sector, company sizes and workplace settings. Sampling was mixed, being both purposeful and snowballing. Purposive sampling occurred by contacting a range of organisations to satisfy the sampling criteria. Snowball sampling occurred via individuals within the researchers' own networks, who in turn identified suitable participants.

The final study population comprised a mix of middle (n=17) to senior (n=12) managers with the remainder (n=11) being company owners or directors (Table 1). All managers were over 30, 15 female participants were interviewed and 25 male. Interviews were conducted from March 2011 to January 2012 and varied in length from 20 minutes to 74 minutes. These were digitally audio recorded following informed consent, and transcribed verbatim. Demographic information such as age, position and level in organisation was also collected. Interview questions aimed at exploring the underlying social processes of the managerial role in relation to support, social relations, perceptions and experiences of employing and working with employees with LTCs. Questions were loosely formulated and revised on an iterative basis following constant comparative analysis of the interview transcripts. Atlas.ti software was used to collate transcribed interviews, capture field notes and memos and conduct initial coding and focused (intermediate) coding (Charmaz, 2006).

Table 1. Details of participants and industry types sampled

Sector	Size	Manual No. Co's (Units)	Non-Manual No. Co's (Units)	Mixed No. Co's (Units)	M	F	
Private	Small	2	3	0	1	5	
	Med	3	1	1	5	0	
	Large	3	7	1	8	2	
Public	Small	0	4	2	2	4	
	Med	1	2	0	2	1	
	Large	3	1	2	4	2	
3rd		0	3	1	3	1	
	Total	**12**	**21**	**7**	**25**	**15**	**40**

Company Size:	Age		
Small >50 employees	30-39	9	5
Medium >250 employees	40-49	11	5
Large < 250 employee	50-59	5	5
		25	**15**

Recruitment for this study was initially difficult, with purposive sampling yielding only 10 participants. A reason for this could be the sensitive nature of the subject area (Lee, 1993), where prospective participants were wary of discussing organisational sickness absence procedures and individual employee cases for fear of possible ramifications, including contravening discrimination legislation.

2.1   Data Analysis

Data analysis techniques were chosen and utilised in line with GT methodology and followed the three stages of analytical coding noted above. Tentative categories identified from the initial line-by-line open coding process (including memos and field notes) were grouped and integrated into more selective categories (Saldana, 2009). Here, the aim was to consider which of the initial codes made the most explanatory and analytical sense. Finally, the remaining substantive categories from the focused coding stage were synthesised and linked in a process of conceptualising and hypothesising how they related to one another, leading to an integrated theory of the topic under exploration (Glaser, 1978). Thus, participants' feelings of balancing multiple needs and demands (described below) and the resultant emotional consequence arising from feelings of conflict and incongruence was deemed theoretically salient (Donovan and Sanders, 2005).

3. Results

Most participants (see Table 1) reported experiences of managing employees with LTCs. Mirroring the UK trend (CBI, 2013), mental health and stress-related conditions were the most frequently mentioned. These conditions (which are primary causes of long-term sickness absence and applications for incapacity benefit), were followed by types of cancer, diabetes and musculoskeletal conditions.

The key finding, regardless of participants' industry type, sector or organisational size, was that managing those with LTCs is a difficult balancing act. All participants (bar one) felt they were balancing differing needs; treading a difficult line between the demands of their roles as managers and the needs of their employees. They were also balancing their own personal feelings, values and interests. Hence, the conceptualisation of participants as Tightrope Walkers – a metaphor also alluded to by Holmgren and Ivanoff (2007) - to indicate that supporting those with a LTC presents additional demands and burdens for the manager:

> *'I think it's a really fine line, let's say, when you're a manager walking between supporting somebody in work because you appreciate that work is a good place for somebody to be, but also making sure that you can still meet your targets and do your business, and you're also fair to the rest of the team.'* (P20, F, public org.)[2]

Participants spoke of conflict and frustration which are perceived as coming from competing and often incompatible interests, values and obligations. These findings resonate with several theories of emotion and work which provide a useful conceptual and interpretive framework. Two key theories were drawn upon; Hochschild's (1983) theory of 'feelings rules' and Merton and Barber's (1963) theory of Sociological Ambivalence. This work provided a bridge to the development of an overarching theory based on the substantive categories identified and which managers express are the source of ambivalent feelings:

a) External pressures – elements associated with the professional role of being a manager. These include conflicting demands of the needs of the employee versus the economic and bureaucratic needs of the business/organisation, fear of (disability) law and the needs of other staff/co-workers.

b) Internal pressures - interpreted as private, sensitive and emotional elements categorised as Getting Personal. Refers to the influence of the employee's personality, evaluations about the tangibility and

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[2] Bracketed participant characteristics attached to quotations are abbreviated as follows: Participant number = P*, participant gender = M/F (Male or Female), participant employed in = Public, Private or 3rd sector organisation (org.).

genuineness of certain conditions, the need to 'do the right thing' and the reluctance to have difficult conversations on managers' supportive role.

3.1   External Pressures: Conflicting Demands

The requirement to balance the needs of the employee with those of the business was the most frequently cited external pressure. Participants felt pulled in multiple directions by their responsibility to meet business objectives whilst acknowledging a duty of care to employees. Managers are tasked with facilitating productive output from the employee by ensuring that they are capable of doing their job and have the correct material and socio-emotional support to do so. Material support for employees included providing workplace adaptations, specialist equipment, reduced working hours and re-assigning job duties. Non-material support expressed under the umbrella term 'support', encompassed a broad range of socio-emotional needs for re-integrating into the workplace after periods of absence. Many participants expressed the difficulties that these demands present for example:

> *'So I had to balance giving her the support whilst also making sure that the business was you know, like considered as much as possible in that situation, but yeah, that was a difficult period'* (P31, M, private org.)

Some participants rationalised their perceptions about balancing employees' needs with those of the business by focussing on the latter as a priority. Others were more ambivalent:

> *'Is there always that clear cut balance? No, there's not. Sometimes the balance is in favour of the individual. Sometimes it balances in favour of the organisation depending on your view.'* (P30 M, public org.)

3.1.1   Fear of the Law

All participants appeared conscious of the law and aware that failure to uphold disability discrimination (OPSI, 1995 and 2010) could result in employees taking organisations to tribunal, a costly and potentially reputation damaging exercise. P30 (M, public org.) expressed what was omnipresent in the majority of interviews by saying that managers are *'frightened that they're going to do something wrong.'* Participants were concerned to do everything to the letter of the law, *'and make sure we do everything by the book'*, (P15, private org.) in what they see as today's litigious 'claim culture'. Others such as P3 (M, private org.) termed it the '*sue, sue culture*' where individuals seek financial gain from situations such as accidents and claims of discrimination. Participant 14 (F, private org.) characterised her role as '*treading on egg shells*', constantly being mindful of her words and actions.

3.1.2   Other (Co)-Workers' Needs

Balancing the above needs with those of other employees in the workplace appears to be another significant area of tension for participants. Here, they acknowledged the difficulties of balancing the needs of other team members whilst supporting the employee with a LTC:

> *'So I think managing sickness is a very tricky thing because it's trying to be caring to those other people who are working and not just the sick people.'* (P16, M, private org.)

Co-workers were portrayed as resentful of employees with conditions and/or dubious about their legitimacy and need for work absence, especially when frequent or lengthy requiring co-workers to cover the workload. The fact that managers cannot disclose why an employee is absent is another source of tension:

> *'Funnily enough, it's a bigger problem is where somebody has got restrictions and other members of staff can be, 'why am I always having to lift this heavy stuff, why can't they do it?' And you can't explain to them, you can't freedom of information or protecting their thing, you can't tell 'em what's gone on, so it sometimes causes a bit of bitterness.'* (P36, M, public org.)

Co-workers were also discussed in the light of their relationship with the employee with the LTC and many participants suggested that co-worker support is dependent upon whether the employee is liked or not. A phenomenon also described by employers and managers categorised as Getting Personal as follows.

3.2   *Internal Pressures: Getting Personal*

This category encapsulates the 'personal' elements integral to participants' perceived balancing act, where they feel the pressures of private, personal evaluations, thoughts, feelings and emotions towards those with a LTC commensurate with their role as an individual rather than as a manager.

3.2.1   *Employee Personality*

Here the influence of the employee's personality was pervasive, with the majority of participants describing the connection between this, the closeness of interpersonal relationships and the type of support managers and co-workers purported to offer.

> *'whether they're well liked is vital as well, because that goes back to it's a social interaction, so…and that will make a difference.'* (P21 M, private org.)

Participants were often positive about a well-liked employee with whom they had personal affinity and feelings of compassion, empathy and goodwill were evident across interviews. Many suggested that they were keen to '*bend over backwards'* (P4, private org.) to help employees manage their condition and retain them in the workplace and often compared cases between liked and disliked employees as the following illustrates:

> *'We miss him terribly and he is good and that's the difference. So if a guy is a good, great attitude, great man, then you want him back, we miss him, I love him to bits. This lady…, we don't love her to bits - she is okay, she is one of, you know, so there is no real emotional attachment there.'* And went on to say *'...you know, we miss [name] because he is funny - we don't miss [name] because she wasn't particularly funny...we actually physically love him you know, emotionally love him.'*
> (P30, M, private org)

Conversely, some participants expressed frustration arising from not wishing to retain an employee in the workplace but being organisationally and legally bound to. This was especially in those cases where there appeared to be less sympathy for the employee based on lack of affinity to them and/or questions about the genuineness of their condition.

3.2.2   *Discerning Tangibility and Questioning Legitimacy*

The majority of participants recounted their perceptions and confusions about what they perceive to be a 'serious' tangible condition, which also crossed over into their experiential descriptions of legitimacy and genuineness. Many participants expressed their interpretation of what 'tangible' constitutes by framing it in terms of those conditions they consider to be 'serious' and/or 'real' such as cancer or a physical disabilities. As

such, perceived tangibility was very much evaluated on the visibility (presence) or absence of physical symptoms (or obvious impairment) which is also implicated in questioning legitimacy as encapsulated by the following quotation from P19:

> P19: *'You have much more sympathy if you've got cancer or you've had an operation or you've got MS (multiple sclerosis) than if you've got anything... any mental illness.'*
> DLB: *So it's having the visible symptoms versus...?*
> P19: *'I think people understand if it's something you can put your finger on. Whereas I think if they don't understand it they can either be sceptical or just scared actually not knowing what to do.'*
> (P19, F, private org.)

The ambiguity caused by those conditions perceived as less tangible such as stress, mental health conditions or those with medically unexplained symptoms, aroused scepticism. Five participants spontaneously used the phrase 'swinging the lead' and/or 'playing the system' to indicate their thoughts about those employees considered to be acting speciously:

> *'...it upsets me is that there are people who will swing the lead, and there are people who are genuinely ill, and so what you have to do…and the people swinging the lead are usually the ones who are quite vague about what's wrong with them,'* (P20, F, public org.)

Personal thoughts around the employee's motives for presenting with non-genuine illness were prevalent both verbally and non-verbally through these accounts. A proportion of participants expressed their frustrations at having to support employees within organisational and legal frameworks whilst suspecting them of having alternative agendas (either financial gain or not wanting to do a particular job).

3.2.3 Having Difficult Conversations

Participants described either their own or other managers' reticence to engage in conversations or to avoid communicating with employees about their condition. Reasons included reluctance to talk about sensitive matters, fear of contravening discrimination legislation and/or shying away from confrontation when legitimacy was in question. Participants also reported discussing sickness absence policies, which they find personally and emotionally uncomfortable and, as Participant 20 (F, public org) expressed, '*a bit unpalatable for everybody*.' This stands in contradiction to participants' expressed need for openness and honesty and perceived importance of communication as an enabler to a supportive relationship. As Participant 31 (M, public org) remarked, '*and it's challenging things to talk about, so I think there's a barrier straight away*.'

The anxiety of saying the wrong thing to the employee and/or fear of contravening discrimination legislation/employment law or just generally getting the conversation wrong was also a key reason cited for reluctance in having conversations with employees as Participant 23 illustrates:

> *'...and I think that's very unfair sometimes that people will just avoid things because of the difficult nature or fear of recrimination or they're going to have a grievance put in against them if they get it wrong or if they suggest anything, and it festers and the problem gets worse, and the further down the line you're in a more difficult situation.'* (P23, F, public org.)

3.2.4 Doing the Right Thing

> P26:   *'There was quite a lot of mental torture…'*
> DLB: *On your behalf?*
> P26:   *'On my behalf, yes.'* (P26, private org.)

In this case emotional distress arose from wanting to get the balance right between the manager's own personal feelings towards morally 'doing the right thing' for the employee, whilst being pulled to achieve organisational objectives regardless. This highlights the ambivalence felt by many when organisational requirements are incongruent with participants' own private philanthropic feelings towards those who are ill (Hochschild, 1983). This contradiction between the demands of the managerial role and personal feelings was replete across interviews with many expressing discomfort and guilt at the position this places them in. In some instances, participants rationalised difficult decisions made in favour of organisational bureaucratic and commercial demands while experiencing moral emotions (Tangney, 1995) such as guilt and shame. They did this by telling themselves that these decisions were made for the benefit of the employee although as Particpant 29 (M, public org) said: '*it sticks in your throat.'*

Conflicts and emotions were often conveyed via non-verbal gestures, facial expressions or eye movements to indicate topics of a sensitive or uncomfortable nature. In off the recorder discussions participants wanted to counter impressions that they were '*heartless'* (P37, M, 3rd sector org.), or '*you must think I'm terrible'* or *'it's horrible isn't it,'* (P5, M, public org.). Expressing guilt when having to enforce absence management procedures imposed by the organisation counter to their own moral compass, together with the presentation of self in the interviews, suggested the need and presence of emotion management in the workplace including the inhibition of feelings necessary to render them appropriate to public scrutiny [Hochschild, 1979].

4. Discussion

This study has responded to evidence from the employee perspective which indicates that the employer's and manager's role is a pivotal yet empirically under-researched determinant of workplace success for those with LTCs. Findings suggest that participants tasked with providing a key supportive role perceive it as one of a difficult 'balancing act' of often contradictory and incompatible demands and pressures concomitant with both their managerial and individual social roles. Adopting a qualitative approach to this research revealed complex and often emotional challenges facing participants in needing to be supportive, which is reflective of existing work into the role of managers and the RTW process for those with LTCs (e.g. Frienson *et al.* 2001; Amir *et al.* 2010, Haafkens *et al*, 2011, Coole *et al.* 2012). By acknowledging the emotional challenge to managers, this study further extends previous research into workplace emotions (Ashforth and Humphrey, 1995; Bolton, 2005 ; Brotheridge and Lee, 2008) and provides a detailed insight into how the response to this is enacted within managers' supportive role.

In essence, participants expressed what are normative role expectations of their managerial position in that they are required to act 'as agents of the employer who are accountable for the performance of the workers they manage' (Bellaby, 1990; p58) and retain authoritative control over employees in order to achieve organisational goals and objectives - whether commercially or bureaucratically driven. Structural antagonisms were therefore evident between the functions of the management role in being managers of both people and productivity (Martins, 2009), which participants perceived as often incompatible in the case of LTCs. Amir *et al.* (2010) identified this pressure when examining employer support of employees recovering from cancer, which demonstrated line-manager burden as a significant deleterious factor in the rehabilitative process. Employers and managers expressed conflict in responding to the material needs of the employee, for example by reducing

their contracted working hours or providing phased returns, with the need to meet the responsibilities of their management role.

The resultant feelings of conflict are therefore brought about by both role ambivalence and emotional incongruence felt at the personal level as perceived by participants in this study. In explaining this, Merton and Barber's (1963) theory of sociological ambivalence was used to interpret conflicts and contradictions between and within the external demands of their professional 'public' role as a manager, and the internal personal values and obligations of their personal 'private' social role associated in supporting those with illness. At the personal level, Hochschild's (1983) theory of emotional labour was utilised to explore the perceived incongruence between private feelings and those feelings prescribed by the demands of the organisation and the normative expectations of the management role. This is similarly reported by Nettleton, Burrows and Watt (2008) in their study of GPs' feelings which identified ambivalences between their professional role as a doctor and personal feelings associated with treating patients. This was expressed as the GPs' need to strike 'a balance between the rational and the emotional self.' (p34).

However, the matter of emotions is generally considered non-normative to the management role (Ashforth and Humphrey, 1995) and outside of traditional behavioural expectations which eschew emotions in favour of rationality. Although as Brotheridge and Lee (2008) proffer, the stereotyped vision of the traditionally detached manager is slowly being replaced but vestiges still remain. Managers are increasingly expected to be able to be many things to many people and accordingly manage their emotions arising from this diversity in roles (Brotheridge and Lee, 2008). Indeed Bolton (2005) builds on the notion of Goffman's (1961, p139) 'juggler and synthesiser' to explain the skill and ability of individuals to mix and manage occasions where contradictions occur through the 'blending of different roles and blurring of boundaries' (Bolton, 2005; p101). However, findings from this study indicate that when supporting those with LTCs, participants find it difficult to manage the emotions commensurate with their multiple identities of manager and individual (Van Kleef *et al.*, 2012). Participants find it difficult to 'juggle and synthesise', resulting in ambivalence as reported and do not find it emotionally easy to be many things to many people. Indeed, emotion has a role in the organisation of actions and it is through actions that social relations are generated and structured (Lyon, 1996). One can therefore perceive of the negative impact managers' emotions have on their actions (Van Kleef *et al.,* 2012) and thus on the socially supportive nature of the workplace.

It is therefore suggested that 'emotional reactions to emotional experiences' (Barbalet, 2002; p23) experienced by those in this study is a characteristic from the 'demand-side' that facilitates or hinders the provision of social support in the workplace. Beatty and Joffe's (2006) proposal that organisations should view chronic illness in the workplace as a unique phenomenon in its own right, implementing policies and procedures specific to the management of LTCs, would therefore seem sensible in light of these findings. Whilst managing emotions and conflict is considered intrinsic to the management role, participants in this sample perceive those arising from supporting people with LTCs as a particularly difficult challenge. Participants expressed that ambivalent feelings foster reticence in dealing with the situation rather than confronting it but that this is also bound up in personally sensitive evaluations. In this context it is easy to see that the social context of work may be

overlooked in favour of mitigating emotional consequence to the manager, and of more pressing demands driven by the commercial and bureaucratic needs of the organisation and the law, co-workers and so forth.

Future research could therefore explore ways in which employers and managers can talk about their tensions and difficulties in supporting those with LTCs, giving them safe 'space' in which to express their feelings of ambivalence, away from potential repercussions of damaging their integrity or risking harm to their job. Managers are expected to control their emotions in response to an emotive situation, which those in this cohort express is difficult to achieve. Therefore there is a need to raise awareness to employers and managers through training, of the socio-emotional impact to managers of being Tightrope Walkers, which has the potential to influence the socially supportive context of the workplace. This would be beneficial to employees, employers and the Government alike.

Strengths and Limitations

This research complements that conducted from the employee perspective by identifying potential areas of future research to examine the incongruence between employee and manager perceptions of supportive relations, and indeed the consequence of experiencing ambivalence on social support. Additionally, this research will be of benefit to employees and employers in understanding their role in the supportive relationship and the broader RTW process, and to the Government in highlighting areas which it is anticipated, will contribute to RTW and rehabilitation initiatives which seek to successfully retain people with LTCs in the labour force. Despite this, this study is limited from a number of aspects. Firstly, participants were self-selecting and therefore the potential for response bias must be considered. Participants often came with specific experiences to discuss and therefore the notion of rehearsal effect or representational decisions must be factored into the reports of their experiences and the subsequent analysis (Reissman, 1993). This is a small-scale qualitative study and as such generalisability of the findings to the wider population of employers and managers is cautioned. Whilst sampling was conducted socio-demographically and devised so as to include a wide range of demographic attributes and experiences, the sample did not include experiences from those of diverse cultural backgrounds or from a complete range of industry types. Findings may therefore be idiosyncratic to the participants in this cohort. The study was also geographically limited to the North West region of England and therefore does not account for, but may be indicative of, the perceptions and experiences of employers' and managers' support for LTCs nationally across the UK.

Conclusion

Overall these findings accord with studies from the employee perspective which emphasise the importance of managerial supportive workplace relations for those with LTCs. Despite this shared aspiration, employees with a LTC frequently feel this support is lacking, presenting a barrier to workplace success. This study confirms other findings (MacEachen *et al*., 2006) that managers struggle to translate intentions to provide support into tangible action for the employee. Analysis revealed that this incongruence between intention and action is influenced by factors such as the extra burden and ambivalence presented by managing an employee with a LTC. Inferred from participants' responses is the complex intersection of social roles and feelings between the professional social role of the manager and their private world as an individual in dealing with such an emotive

situation. Consequently the resulting negative emotional response to managing this potentially ambivalent

situation undermines managers' intentions to be supportive - and may thus be reflected in employees' perception

of unsupportive social relations.

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