Acting the part: how social and organisational factors shape managers' actions towards employees with repeated short-term sickness absence

Isa Norvell Gustavsson and Ulrika Müssener
Department of Health, Medicine and Caring Sciences, Linköping University, Linköping, Sweden, and

Christian Ståhl
Department of Behavioural Sciences and Learning, Linköping University, Linköping, Sweden and
HELIX Competence Centre, Linköping University, Linköping, Sweden

Abstract

Purpose – The aim of the study was to understand the social and organisational factors in the workplace that shape managers' actions and attitudes towards workers with repeated short-term sickness absence.

Design/methodology/approach – This was a qualitative interview study. Semi-structured interviews were conducted with 19 managers at 15 different workplaces. The analysis had an abductive approach, using thematic analysis which focused on the latent content of managers attitudes towards employees with repeated short-term sickness absence.

Findings – Results indicate that the managers' views of people on short-term sick leave shift and move through several phases, which was analysed as they were acts in a play, where their given roles are prescribing which actions to take given the available resources for acting these parts. These acts depict an increasingly controlling attitude, where the sick leave is ultimately seen as an individual problem best managed by repressive tactics.

Originality/value – Role theory offers the possibility to analyse managers' attitudes and behaviours by considering the workplace and the manager-employee relationship as regulated by norms and organisational factors.

Keywords Managerial perspective, Sickness absence, Social norms, Organisational factors, Role theory, Social performances

Paper type Research paper

Introduction

Previous research has shown that return to work (RTW) interventions implemented at the workplace level are beneficial compared to interventions directed only towards the individual, such as purely medical interventions (Cullen *et al.*, 2018; Franche *et al.*, 2005; Nieuwenhuijsen *et al.*, 2014). Repeated short-term sickness absence has been identified as a risk factor for long-term sickness absence (Boot *et al.*, 2017; Dekkers-Sanchez *et al.*, 2008; Hultin *et al.*, 2012; Koopmans *et al.*, 2008a, b; Roelen *et al.*, 2011; Taylor, 1968; Wallman *et al.*,

2009). The association between frequent short-term sickness absence and the increased risk of long-term sickness absence indicates the need for workplaces to pay attention to employee's sick leave patterns in order to prevent long-term sick leave (Hultin *et al.*, 2012), and promote early interventions (National Institute for Health and Care Excellence, 2019). Employer practices related to sick leave and RTW have been explored from various perspectives, e.g. how employers' attitudes affect the possibilities of RTW, and highlights good practices as well as problems. Seing *et al.* (2015) found that employers' perspectives of the rehabilitation process were mainly economic and dominated by business needs. The willingness of employers to take social responsibility for the RTW-process depended to a great extent on how valuable the managers viewed the employee to be. Strunin and Boden's (2000) study on injured workers path of re-entry to the workplace found various responses from employers, ranging from good practices where the employer welcomes the employee back and they are given a sense of being valued as a worker, to excluding the employee and leaving them feeling left out, undervalued and discarded. A Canadian study investigated managers' perceptions of RTW and found good practices where they were willing to help returning employees; however, they experienced frustration when the employee could not manage their work tasks and in some cases found the employee to be lacking in work ethic (Maiwald *et al.*, 2016). Ladegaard *et al.* (2019) investigated how line managers experienced and handled the RTW-process of employees with work-related stress and found that managers' tendency was to focus on work-related stress, at least partly, as an individual weakness. The managers were also prone to blame the individual to avoid turning the blame on themselves. It has been suggested that managers turn the focus on individual rather than work-related factors and making them reject the need of organisational interventions (Daniels, 1996; Kinman and Jones, 2005).

It is likely that employers' attitudes have an impact on employees with repeated short-term sickness absence and for the development into longer sickness absence. It has been suggested that managers might feel reluctant to address employees on sick leave or someone who shows signs of poor health (Larsen *et al.*, 2018; Milligan-Saville *et al.*, 2017; van de Voort *et al.*, 2019). Considering these issues, it is clear that managers experience several difficulties addressing issues related to sickness absence and RTW. A way of understanding this is to view managers as actors who are operating within an organisational context, where their actions are influenced by certain procedures and expectations. We view managers within workplace settings as expected to fulfil specific tasks that go with their managerial role, where this role reflects organisational norms and where specific behaviours are expected, which the manager has to comply with in order to fulfil this role. Similarly, employees act within normative expectations related to their roles in the organisation.

To make sense of the manager-employee relationship, it is therefore useful to identify which roles they act upon, and how the organisational setting influences these actions. Roles can be conceptualised as structurally defined, both fulfilling specific functions within a structure, and serving as vehicles for peoples' social identities through which they become actors (Archer, 1995). Metaphors are useful tools for understanding the world, where a messy empirical context can be made more tangible. A useful metaphor for conceptualising the interplay between actors within a structure is that of the theatre (Goffman, 1959), which views human interaction as performances, where individuals are viewed as actors on a stage who inhabit different roles. Workplaces are governed by rules and regulations, which both workers and managers need to adhere to, just as actors in a play need to stick to the script. In a performance, the boundaries of the stage and the script guide the actors' performances and their actions. In this situation, the workplace constitutes the stage, containing props and settings to guide the actors, in this case the managers and employees. Hence, we consider the theatrical metaphor to be illustrative for understanding the interactions and relationships

between employees and managers as occupying different social roles. In the present study, we view the managers' actions and attitudes as a "play", where applying the theatrical metaphor helps to conceptualise how the managers' play their parts, making their actions and attitudes more relatable.

Theoretical framework

The present study theorises that managers are acting within a structure which limits their choice of actions and also shapes their attitudes. A workplace is a regulated environment, both with respect to laws and policies, and to norms of appropriate behaviour. Role theory (Goffman, 1959) was applied in this study to analyse the workplace context, and how actors interact within this context. The managers and employees, i.e. "the actors", are given or choose a role to play, and when interacting with others, they need to mobilise their activity in order to express what they wish to convey. The actors try to present a certain image of themselves by controlling the impressions others get from their performance: for example, the desire to be viewed as a competent leader or a highly valued worker. The goal of impression control is not merely to present oneself in a favourable light but also to present oneself in a manner, which is in line with norms and rules that apply to the situation at hand and the role currently adopted. Actors play different roles in different social situations, for example, we do not present ourselves in the same manner to close friends as we do towards colleagues, our managers or subordinates (Goffman, 1959). When the actor interacts with others, a "line" is chosen, through which actions express the individual's view of the situation. The actor needs to be aware that other participants will assume that this line is chosen by the actor, and in order to manage others' responses to the person, he/she needs to take in to account the impression others have formed of him/her (Goffman, 1982). An individual may be said to be in "face" or to "maintain face" when the chosen line effectively presents an image of the person, which is internally consistent and is supported by other participants. Being in "face" is usually associated with feelings of confidence. The actor is certain of the chosen line and is able to hold his/her head high and openly present oneself to others. A person can be "out of face" or "lose face" when information is being conveyed that cannot be integrated with the line that is being sustained. This is likely to cause feelings of shame and inferiority because of what happens during the interaction, as well as what might happen to the person's reputation. To save one's face refers to the process by which the individual maintains the impression that he/she did not lose their face. During interactions with others, the individual is also expected to "save the face" and feelings of the other participants (Goffman, 1982).

Aim

The aim of the study was to understand the social and organisational factors in the workplace that shape managers' actions and attitudes towards employees with repeated short-term sickness absence.

Materials and methods

Participants

The study is a qualitative interview study. Participants were recruited by purposeful sampling (Patton, 2015) through HELIX, an interdisciplinary research centre which conducts interactive research through a partnership approach which involves the university working in close collaboration with companies, public sector and labour market organisations. The data collection was carried out in a project focussing on employers' sick leave and return to work practices, involving three municipalities in south-east Sweden

which had expressed interest in participating. Representatives of these municipalities were asked to identify workplaces that could be included in the study and provided the researchers with a list of people to interview. All representatives on the list were included in the study. A total of 19 managers are from care- and social services, education departments and service- and technology departments across the three municipalities participated in the study. A total of 14 participants were female and five were men. How long they had been managers varied between 1.5 years–18 years, with an average of 8 years. Most of the managers had approximately 35–40 employees, although some stood out with 75–80 employees.

Data collection
Semi-structured interviews were conducted with 19 managers at 15 different workplaces. The data collection was conducted between August 2018 and May 2019 and consisted of semi-structured face-to-face interviews that took place at participants' workplaces. An interview guide was used. The themes focused on local practices of systematic work environmental work, management of the sick leave and rehabilitation process, processes for preventing sickness absence, managers' knowledge about prevention and rehabilitation, and actions to prevent sickness absence and facilitate the return to work process. The interviews ranged from 40 min to 1 h and 35 min. The first author conducted the interviews, which were all recorded and transcribed verbatim by a professional transcriber.

Analysis
The analysis had an abductive approach (Awuzie and McDermott, 2017). The first phase of the analysis was inductive and data driven (Patton, 2015). The recorded interviews were listened to and read through several times to identify topics relevant to the overall research question on management strategies, approaches and attitudes towards employees with repeated short-term sickness absence. In the initial analysis, the managers' views of employees with repeated short-term sickness absence emerged as an important topic. The managers were not specifically asked about their views on these employees, but related aspects became evident when analysing the material. The fact that managers felt a need to express their opinion on this issue, even when not explicitly asked about it, indicated that this was an important topic and were considered to be the latent content. The initial analysis also served to identified role theory as a relevant theoretical framework. In the next phase, thematic analysis was used and followed the steps as described by Braun and Clarke (2006). First, the interviews were read repeatedly to deepen researchers' understanding of the content and to search for meaning and patterns. Initial ideas and thoughts were noted and generated a list of interesting areas to explore. In the next step, the data were organised into meaningful groups by labelling interesting features with a code. This generated a list of codes which were then used to search for themes, by sorting the different codes into potential themes. This involved consideration of the codes and how they could be combined to form overarching themes. In the next step, the potential themes were reviewed. First, the text used to the extracted codes for each theme was read through to consider whether they appeared to form a coherent pattern. If not, the themes were revised. Thereafter, the entire data set was read again to make sure the themes worked for the entire material. This also gave researchers the opportunity to discover additional codes that were missed at an earlier coding stage. The last step consisted of defining and naming the themes. Three themes were identified, which are represented here as acts in a 'play' of managing short-term sickness absence: (1) *commitment*, (2) *concern* and (3) *control*. These themes are analytical simplifications and are described as typical trajectories of managerial actions, although individual managers could also act in ways that did not correspond to these.

Ethics
The study was approved by the regional ethics board (Dnr, 2017/427-31). Participants received both written and verbal information about the study. Written consent was obtained from participants.

Results
In this study, the workplace is viewed as a stage were the managers, the employees as well as the senior management all take on, or are given, a role to play. The story being played out is that of the employee with repeated short-term sickness absence, how she/he is viewed by the manager and the different roles the managers take when handling these issues. The three acts described below depict the managers' role within each act, and how the social setting and organisational factors shape their attitudes and action towards their employees. The acts can be viewed as different steps and courses of actions that the managers need to take in order to handle repeated short-term sickness absence. These acts also reflect the settings within which they are played i.e. the conditions at the workplace. Throughout the "play", the managers wanted to take on a supportive role and tried to convey the impression of a caring and present manager. However, the roles changed over time as the play progressed, and the managers' roles needed to be adapted to the settings which also varied across the different acts.

Act 1 – commitment
The managers' role in the first act is characterised as supportive, committed and enthusiastic. At this stage of the play, the repeated short-term sickness absence is not addressed as a problem, which offers the managers the opportunity to control the impression they wish to convey. In this act, the managers spoke of their preventative actions, their responsibility to ensure their employees' health and well-being and to make sure that there are good working conditions.

> I'm very concerned about my employees as well, like I do not want them to feel bad, I would rather be a support for them. Manager 8

Most of the managers expressed concern about their employees and their health and well-being. It was not uncommon for them to talk about how they care for their staff and wants to ensure that employees have what they need in order to do a good job and remain healthy, especially in terms of productivity.

> If we are to think in economic terms, 80% is the employees' salaries, so I have to take care of them. Manager 10

The managers described some issues that could relate to the struggle of maintaining the chosen "line" and "face" of a committed and supportive role. For example, it was not uncommon for the managers to manage large groups of employees, and in some cases, they were spread out over quite large geographical areas. Not being present among the employees made it challenging to practice close leadership, which can make it difficult to detect early signs of a decrease in well-being. They expressed a desire to be there for their employees; but in order to justify their inability to be present at all sites regularly, they were eager to speak of their employees' trust in them as managers and that they will reach out to them if they need to, in an attempt to maintain the impression of the chosen 'line'. The managers believed that they had developed ways of maintaining connections with the employees, even though it can be challenging.

> We have large working groups. So, that is what we struggle with, to be . . . absent yet present, or how to put it. Manager 7

Managers who are absent from the workplace place a large responsibility on employees to signal if something is not right in the workplace or with their health. This requires a lot of trust and confidence in the manager, which may be hard to retain when the manager is not regularly present. A manager gave examples of efforts to reduce short-term sickness absence, by increasing the understanding of each other's roles. The manager joined the workers at their workplace on a couple of occasions which the manager believed would make the employees less likely to call in sick the next time he/she felt a bit extra tired in the morning.

> [When I] put on their work uniform and take part in their job, I believe that it contributes to a mutual understanding. / . . . / Perhaps that can make it more difficult [for employees] to stay home from work that morning when they are a bit extra tired. Manager 7

The managers described their work situation as demanding. Their work entails various assignments such as overseeing daily operations, responsibilities regarding budget, work environment and managing sick leave and cases of rehabilitation. Prioritising is a necessity when balancing numerous areas of responsibility. One manager expressed that his job is to provide the employees with the prerequisites needed to perform their assignments, and that it is their managerial responsibility to ensure the health and well-being of their staff. Even though viewing this as a main responsibility, this manager also described that the sick leave and rehabilitation process was not his first priority.

> It is an important issue, but it is not, perhaps it is not the one you prioritise . . . Because there are other things that are more fun to focus on. / . . . / it is a question of priority; how much focus should be put here and how much focus should be put there. Manager 12

This view was present with several of the managers who expressed different areas of interest when it came to prioritisation of work, for example daily operations or development issues. None regarded the sick leave and rehabilitation processes as their main priority, even though they all acknowledged it as important. "The stage is set" based on priorities higher up in the organisation, which also affects how the managers prioritised and addressed these issues. Some managers expressed that senior management did not feel that these issues were the main priority, and therefore, it was hard for them to prioritise these as much as they might have wanted to.

> Of course it is of high importance for me who my senior manager is, and she is not interested in this issue. So clearly it affects us / . . . / she should not be involved in this, but then again, she is . . . quite controlling, so she wants to be involved in the decisions. So, it is not that easy . . . at times. Manager 16

This example shows the struggle of balancing the demands of the organisation and the desire to do good for the employee. Several managers also felt that they had a certain standard to live up to, i.e. a "part to act". They wanted to do a good job in terms of delivering the service they are tasked to provide while also maintaining budgets and keeping their staff healthy and happy. This is an example of an intra-role conflict, where there exist different expectations on the same role, which are difficult to combine. In some cases, this results in not using the support systems that are in place for managers, for example the HR-department, when handling rehabilitations cases. Even though these managers believe that they have improved their ability to ask for help, they still have a feeling of being able to handle these situations by themselves.

> I was worse before, like 'No, I am doing this, I need to, I have to be able to manage on my own. Manager 14

It is evident that the managers see a connection between healthy employees and productivity; however, the efforts made to strengthen the employees' health are mostly directed at

changing individual behaviours, such as counselling, stress management or an exercise regime. Actions and possible solutions do not involve changes in the workplace, or the organisation of work, which indicate that these types of actions lie outside the boundaries of 'the stage' and hence are not available for the managers to use in playing their roles. Consequently, the managers commonly view the causes of sick leave as stemming from personal reasons and not related to factors in the workplace, or at least as being a combination of personal- and workplace factors.

> The cause of ill health does not have to be here at work, it can also be personal. Manager 6

This also has an impact on how the managers view the individuals on sick leave. The managers recognise that they have a responsibility for optimising the work environment and assisting the rehabilitation of their employees; but as they believe that the causes are mainly personal, they tend to expect the employees to take responsibility for their own health and well-being.

Act 2 – concern
The managers' role in the second act can be described as that of expressing concern. At this point, the short-term sickness absence has been acknowledged as a problem and the managers need to take action. All workplaces had a "script" consisting of formalised policies and routines to manage repeated short-term sickness absence, which starts with the manager being notified by the computer system when an employee has been absent six times within a 12-month period, followed by a health conversation between the manager and the employee. During these health conversations, the managers maintained their supportive role. They expressed concern over the employees' health status and discussed possible solutions. If the managers viewed it as necessary, the employee was referred to another "actor on the stage", the occupational health service (OHS). The health conversation with the managers might, to some employees, be viewed as offensive. They might feel that it is not the concern of the manager and that they are entitled to get sick and be absent from work.

> I think rehabilitation is very tense, also for the employee who feels 'there is nothing wrong with me, I do not need rehabilitation'. So, I think, the employee perceives it as negative when you open a rehabilitation case. Manager 3

Several of the managers expressed that the employees' views of their own absenteeism often differed from theirs as a manager. The managers tried to maintain their supportive and concerned front; however, it became harder to uphold when the same employees started to call in sick over and over again. This illustrates the struggles of maintaining the "line" and "face" chosen by the managers and the need to adjust their role. The concerned front is accompanied by a hint of suspicion: the managers start to question whether there is actually something wrong with the employee or if they are just lazy. Several managers spoke of the 'Mondays-and-Fridays-illness', indicating systematic and illegitimate sickness absence and that the managers think that the employee is not really sick but just cannot be bothered to go to work. This group was viewed by managers as lazy and with a tendency to feel sorry for themselves.

Some expressed that the employees sometimes took a step back by not participating in the rehabilitation process and, for example, not showing an interest in seeing whether they were able to perform different work tasks instead of being on sick leave. Some managers emphasised that the employees needed to take actions in their spare time in order to be healthy and to be able to stay at work.

> Sometimes you cannot manage something at a certain point in time, but at other times you can. The employees are sometimes quite poor at signalling that they can manage, instead they fall back on their sickness certificate, but again that is my [opinion] . . . Manager 7

A frustration of not knowing how to address these issues started to build up among the managers, after having tried to be attentive to the employees' needs and not getting any results. One strategy at this point was to refer employees to the OHS. The referral appeared to have a dual purpose, not only to help the employee but also to relieve themselves from the burden of addressing these issues. One manager described that he refers employees to the OHS as quickly as possible as he believes that it is not his responsibility/duty as a manager to handle these issues.

> A boss should never manage rehab. I mean a rehabilitation case should go to the OHS / . . . / I have used them a lot, by doing so I feel . . . not that I can let it go, but that I am doing something Manager 15

Act 3 – control
The managers expressed that it was common for employees to go through the process described above without there being any change in employees' sickness absence. Sometimes, they saw an initial improvement but usually the sickness absence pattern reoccurred. The frustration that was beginning to stir underneath slowly creeps up to the surface when the efforts to help the employee and reduce their sickness absence fail. Being supportive and expressing concern did not achieve the desired results, which prompts managers to change their line of action and take on a different role. The role adopted in this act can be described as controlling. A common strategy was to demand a certificate from the first sick leave day (in Sweden, a sickness certificate is not required until the eight day of absenteeism).

> You do not use a health dialogue again, rather it is like "Stop, this repeated short-term absence, if it does not stop I will require a sickness certificate from the first day, because I do not know what else to do for you". Manager 15

The certificate was viewed as helpful from the managers' perspective, and some managers expressed that they had increased their usage of demanding a certificate from the first sick leave day. The suspicion towards the employee is confirmed by the use of the certificate. Adopting this strategy deprives the managers of the opportunity to take on a more supportive role as it is no longer possible to hide the fact that the manager believes that the reasons for being absent are not legitimate. Of course, it is possible to express concern, but the actions will contradict each other and most likely the employee will not trust the impressions of the supportive manager that the manager wishes to convey. Changing roles may be viewed by the managers as an inevitable development since the previous role of caring and supportive proved to be fruitless. It also offers the opportunity to not be held liable for the employee's sickness absence, and thereby saves face since they have done everything in their power to keep the individual at work. The workplace can be seen as a hierarchical structure where managers need to implement rules and regulations, and relate to senior management. Aside from the desire to perform a good job in the eyes of the senior management, there is also the question of what kind of authority and power the managers actually possess. As described above, the managers have different responsibilities that are regulated from higher places within the organisation, which limits the possible actions that the managers are able to take. With a lack of mandate to perform changes in the workplace and major organisational changes, all that is left for managers is to take individual actions such as offering counselling.

> You are not allowed to say this, but I really do not know if they are really sick or if it is just convenient. Manager 12

Several of the managers expressed that repeated short-term sickness absence was more troublesome to manage than long-term sick leave. The quotation above illustrates the struggle described and the perception of these employees. It also illustrates an awareness that it is not an acceptable view for the managers to have of the employees and should not be

expressed. Even though this example is unusually straightforward, this view of the employee on sick leave was commonly implied in the interviews.

Discussion

The results indicate that the managers' views of people on short-term sick leave go through several phases, which were analysed as acts in a play. The managers' given roles are prescribing which actions to take, and which resources they have available for acting these parts. These acts describe an increasingly controlling attitude, where the sick leave is ultimately seen as an individual problem best managed by repressive tactics.

In the following sections, *the performance, the script, the stage* and *the director* the managers' movement within and between the different acts of the play will be discussed, along with conditions, such as work conditions and social norms, that influence and shape their actions towards employees with repeated short-term sickness absence. Social norms are highly present throughout the play, which is reflected in our reference of norms as the "director". Hence, several aspects in the following discussion will touch upon social norms.

The performance

Application of the theatrical metaphor offers the opportunity to conceptualise managers' actions and attitudes in an understandable and relatable way. The acts described are analytical themes; in practice, this is not necessarily a linear progression, and all managers do not go through every act. For example, several of the managers described that they were taking preventative actions and showing concern to their employees while at the same time acting in the third, controlling act. It is possible that managers who are well-accustomed to the play and have played these parts on a number of occasions may arrive faster to act three. In such cases, the preceding acts become almost ritual performances, where they have to live up to the part of the supportive and concerned manager which is expected of them. One example of this is a manager who spoke of actions to decrease the distance and increase the understanding between superiors and subordinates while also implying that the employee perhaps is not really sick but just cannot be bothered to go to work. Here the manager fell out of character, where the suspicion from the third act showed while the manager was trying to give the impression of being in the first act. On the other hand, not all managers arrive at the third act. At workplaces where the managers do not perceive short-term sickness absence as a problem, there is no need to change character and play the controlling part. One manager expressed that she believed that her employees wanted to work, and when being absent, they wanted to return to their work and colleagues, and because of this did not experience managing rehabilitation cases as hard. In these cases, however, employees were absent for a specific reason, such as a broken leg, and the manager did not experience a general problem with repeated short-term sickness absence at her workplace.

The script – playing the blame game

To some extent, people choose the role and the impression they wish to convey, but norms and expectations from others also have a large impact in the roles people play (Goffman, 1959). The roles individuals inhabit have their set of rules and norms attached to them it that create certain interests in the person performing the role; these are examples of structures conditioning the actor, but since actors also have agency, people will act differently while occupying the same role (Archer, 1995). This may serve as an explanation as to why some managers do not follow the trajectory of the "screenplay" and does not go through all of the acts, along with having or not having a problem with short-term sickness absence mentioned

above. Alexander (2004) elaborates on the dramaturgical perspective in analysing social performances where cultural representations, such as the work norm, are interpreted and translated in to different "scripts". Resources such as policies and guidelines as well as the managers' own actions serve as "screenwriting". The more coherent the various parts of the performance are, the more elements of the social performance are fused. When the different elements are incoherent, the performances become de-fused. There are many expectations and social norms about how a manager is supposed to act and what kind of qualities they should have. For example, there is an expectation that a manager should be supportive, present and responsive to their employees' needs (Sveningsson and Alvesson, 2014). The problem occurs when the senior management has a different view on which role they should adopt. The policy documents and courses of actions are directed at controlling rather than supporting employees, which is an example of where the elements of the performance are de-fused and to some extent prompt the managers to switch roles from supporting to controlling at a specific point to create a coherent performance (Alexander, 2004). Presenting oneself as a caring and supportive manager would place you in a favourable light from the employees' perspective, while taking on a more controlling role may result in negative attitudes towards you as a manager. Considering this, you might think that the managers would choose a more supportive role. However, if the managers acknowledge that the employee really is sick, and also that the reason for the sickness absence are at least partly in the workplace, it will place the manager in a less favourable light as they are responsible for the work environment. Thus, managers are to choose, in their eyes, the lesser of two evils. When all of their best efforts fail, it might be easier to blame the employee and view them as lazy and not wanting to go to work. If the employee has not done anything wrong, then the other option is to acknowledge problems in the workplace, and by extension blame themselves, which implies admitting failure in one or several areas. This is supported by previous research, which has found that managers tend to shift their focus to individual factors instead of workplace factors to avoid blame, and thereby reject the need for organisational changes (Daniels, 1996; Kinman and Jones, 2005; Ladegaard *et al.*, 2019).

Another explanation regarding managers' changing roles might be that the managers become unmotivated when their supportive actions do not result in a positive outcome. Every case of sickness absence can be viewed as a source of possible failure for the manager if they do not manage to decrease the absenteeism and keep the individual at work. In order to turn the blame from themselves, the managers construct an image of the lazy worker (van Hal *et al.*, 2013) and turn the blame in the direction of the individual employee. Also, the managers might feel that this is a legitimate stance when they have worked through all their supportive actions and possible solutions; they have tried to help in every way they can, which has not resulted in any change, and might contribute to the blame turning to the individual. When supportive actions fail, the managers often can no longer maintain the line of the committed manager their behaviour transforms to show concern and/or become controlling. This can be viewed as a strategy to "save face" (Goffman, 1982).

The strategies used by the managers, both regarding preventing sickness absence as well as controlling behaviours, are paved with good intentions; however, it is possible that these are not perceived as such by the employees. Regarding the example of the manager who changed into the uniform of employees and joined them at work, the employees might view this as offensive and enforcing the view of employees as lazy and in need of being shown "how it is done". Demanding a certificate from the first sick day was described as a frequently used strategy and considered helpful for the manager to keep the employees at work and increase the difficulty of staying at home. This type of certificate may send signals to the employee that they are not trusted by the manager, which might affect their relationship negatively, and in turn decrease the level of trust the employee has for the manager.

The stage – managers' work conditions

The work conditions for managers in the public sector have changed over the years. Additional work tasks have been added, and administrative duties and documentation have increased at the expense of the opportunity to practise close leadership and engage in long-term operational development (Corin and Björk, 2017). Most of the managers addressed these issues during the interviews and described balancing all these different work tasks as troublesome, forcing them to prioritise tasks. Even though employers in Sweden have a legal responsibility to manage the sick leave and rehabilitation process, regulated in the Work Environment Act (SFS, 1977, p. 1160) and the Social Insurance Code (SFS, 2010, p. 110), none expressed that sick leave and rehabilitation were their main priority. For most managers, the daily operations were the highest priority on their lists. If the senior management do not prioritise these issues, it poses an even bigger obstacle for the managers to make the management of sick leave and rehabilitation an area of priority. Most organisations are hierarchical, where managers have limited power over decisions, and priorities are set higher in the hierarchical structure (Acker, 2006). In the present study, the managers' views of their employees with repeated short-term sickness absence might be explained by the hierarchical structure of the workplace, where the managers do not possess the mandate to make organisational changes. The managers are caught in a role conflict between the rules and regulations from higher up in the organisation and the desire to do the best for the employee, which can cause stress and frustration for the manager. It is evident that the frustration of not being able to control the situation and change the sickness absence pattern influence how the managers view these employees. As the managers are above the employees in the hierarchical structure of the workplace, it is perhaps not surprising that the blame and the actions to come to terms with the absenteeism become directed at the individual.

The director – social norms

Social norms are typically defined as "rules and standards that are understood by members of a group, and that guide or constrain social behaviors without the force of law" (Caldini and Trost, 1998, p. 152). Social norms are present in all societies and can be viewed as the informal understanding of how to behave in certain situations and the social pressure to act a certain way or to engage or not engage in specific behaviours (Dempsey *et al.*, 2018). Caldini *et al.* (1991) distinguishes between descriptive norms, what is commonly done or normal, and injunctive norms, what is commonly approved and thus, socially sanctioned. Different norms exist depending on situations, for example there are work norms, family norms and norms in professional circumstances. One important aspect that needs to be addressed in order to understand the managers' views of employees with repeated short-term sickness absence is the status that work holds in our modern society. Work is highly valued and is not only the way that people get access to necessities such as food and housing but also the way individuals gain status (Frayne, 2015; Korhonen and Komulainen, 2019; Sage, 2018; Weeks, 2011). We raise our children to become working citizens, schools prepare us for work-life and welfare policies are all directed at making people capable of work (Weeks, 2011). The work norm can be viewed as both descriptive and injunctive since most people are engaged in work, and through socialisation, it is also what most people believe ought to be done (Caldini *et al.*, 1991). In contrast to the work norm, there has been a longstanding view of workers as lazy, and given the opportunity, they would do as little as possible (McGregor, 1997; Taylor, 1911). When managers have an underlying perception of the employees as lazy and not willing to work, it is perhaps easy to draw the conclusion that the employee with repeated short-term absence is not really sick, and they just cannot be bothered to go to work.

Apart from the work norm, there are also normative expectations on how to perform the role of a manager. You are supposed to be supportive and caring (Sinclair, 2011; Sveningsson and Alvesson, 2014), which explains why this is the front that the managers wish to convey.

The managerial norms include which behaviours are considered appropriate when dealing with issues relating to sickness absence and rehabilitation. This became apparent in the present study as managers in the same field and the same organisation described similar problems with similar solutions compared to other organisations. The status work holds in our society make the social norm of work very strong, and although some individuals choose not to participate in working life, most of the population in developed countries are influenced by the work norm (Frayne, 2015). Most individuals believe that one should work and contribute to society, and a person who differs from what society defines as normal, in this case the norm is working, can be considered a less worthy citizen (Korhonen and Komulainen, 2019). As previously mentioned, the managers are exposed to various norms, both the work norm and a professional norm, how to act as a manager. While they may feel that they ought to be supportive and caring towards the employees on repeated short-term sickness absence, it is possible that they view the work norm as more salient than the professional norm and thus take on a more controlling role. Another important aspect are the rewards associated with acting a certain way and in accordance with a norm. Being caring and supportive may result in approval from their employees, while acting in accordance with policies, rules and regulations from management not only result in approval from their superiors but can also result in rewards such as increased responsibility, promotions and a raise in salary. Theories on stigma are useful for explaining both how individuals who are not engaged in work are perceived as inferior, and the consequences of such socially determined inferiority. According to these theories, people take on discriminatory measurements of different kinds to alienate these individuals from the social community (Goffman, 1990). Individuals who for some reason do not work have been found to experience stigmatisation (Frayne, 2015; Weeks, 2011). Employees with repeated sickness absence can be viewed as people who do not fit into normative expectations of the worker and may be subjected to stigmatisation (Kirsh *et al.*, 2012). Managers who handle situations differently from their peers' risk losing the acceptance of the other managers and senior management, exposing themselves to differ from what is "normal" and to be at risk of stigmatisation from their peers. Managers are influenced by factors at the workplace as well as society as a whole, and the perception of people who are not working, which in turn influence how managers view employees with sickness absence and how they handle the sick leave and rehabilitation process.

Methodological considerations
Role theory (Goffman, 1959) offers the possibility of analysing managers' attitudes and behaviours by considering the workplace and the manager-employee relationship as regulated by norms and organisational factors, not as individual actions. It served as a useful tool in the interpretation of the data. It is however important to understand that the participants play a part, not only in their everyday lives but also during the interviews. Participants were not specifically asked about their views on employees with repeated short-term sickness absence, but this issue was still expressed in all interviews. This indicates that this is a matter of importance to managers, and that they were free to express their true feelings about the issue without worrying about if it was an acceptable view, which might have been the case if they were explicitly asked about their views regarding individuals on sick leave. The theatrical metaphor serves as tool for thought. Role theory, and this metaphor in particular, has a solid history, mainly within sociology. Using this tool as an analytical grid makes it possible to structure and make sense of the results. Theoretically, the metaphor makes it possible to conceptualise managers' work in an understandable way, however, with the potential disadvantage that the metaphor is interpreted literally. As previously mentioned, the acts are described as typical trajectories which the theatrical metaphor helps to tease out, while in practice, individual variation may exist.

The municipalities provided the researchers with a list of managers that could participate in the study; therefore, it is not possible to rule out that the sample was biased. However, the managers came from different departments such as care- and social services, education departments and service- and technology departments. They also varied in age, background and years of managerial experience, which resulted in a diverse sample group.

Trustworthiness in qualitative research is related to credibility, dependability, confirmability and transferability (Patton, 2015). The study does not claim to be transferable to all organisations. However, the analysis was presented at a HELIX-partnership seminar, with representatives present from the public and private sectors who expressed agreement with the themes and did not challenge the ideas. Thus, the study can be considered to have credibility in the studied context, and the results appear to be transferable to other organisations. The metaphor of a theatre play proved to be useful in the presentation of this study as it is highly relatable. To facilitate a systematic process, the analysis followed the steps as described by Braun and Clarke (2006), supporting the study's dependability. Furthermore, all authors, with experience in the qualitative field, participated in the analysis by reading the interview transcripts, discussing findings and reviewing the themes, which strengthens the study in terms of credibility.

Conclusion

Role theory offers the possibility to analyse managers' attitudes and behaviours by considering the workplace and the manager-employee relationship as regulated by norms and organisational factors. Social norms, along with conditions within the organisation, influence how managers deal with sickness absence and have an impact on how they view employees with repeated short-term sickness absence. Great responsibility is put on managers without enough scope for decision-making to handle the sick leave and rehabilitation process, leaving them with the option of focussing on individual actions. This study highlights the need for organisations to become aware of the organisational climate and the prevailing norms and standards within the organisation. Furthermore, it highlights the importance of giving the managers enough decision latitude to make organisational changes that can affect the sick leave and rehabilitation process in a positive direction. The results indicate that controlling strategies does not result in reducing the short-term sickness absence, and managers should focus on supportive strategies along with organisational change. The study is focused on the managers' experience of managing short-term sickness absence and would benefit from further research which focuses on the employees' experiences of short-term sickness absence and their experiences of how this is managed, what actions and support they receive from their organisation.

References

Acker, J. (2006), "Inequality regimes: gender, class, and race in organizations", *Gender and Society*, Vol. 20 No. 4, pp. 441-464, doi: 10.1177/0891243206289499.

Alexander, J.C. (2004), "Cultural pragmatics: social performance between ritual and strategy", *Sociological Theory*, Vol. 22 No. 4, pp. 527-573, available at: www.jstor.org/stable/3648932.

Archer, M.S. (1995), *Realist Social Theory: The Morphogenetic Approach*, Cambridge University Press, Cambridge.

Awuzie, B.O. and McDermott, P. (2017), "An abductive approach to qualitative built environment research: a viable system methodological exposé", *Qualitative Research Journal*, Vol. 17, doi: 10.1108/QRJ-08-2016-0048.

Boot, C.R.L., van Drongelen, A., Wolbers, I., Hlobil, H., van der Beek, A.J. and Smid, T. (2017), "Prediction of long-term and frequent sickness absence using company data", *Occupational Medicine*, Vol. 67 No. 3, pp. 176-181, doi: 10.1093/occmed/kqx014.

Braun, V. and Clarke, V. (2006), "Using thematic analysis in psychology", *Qualitative Research in Psychology*, Vol. 3, pp. 77-101, doi: 10.1191/1478088706qp063oa.

Cialdini, R.B. and Trost, M.R. (1998), "Social influence, social norms, conformity and compliance", in Gilbert, D.T., Fiske, S.T. and Lindzey, G. (Eds), *The Handbook of Social Psychology*, McGraw-Hill, New York, NY, pp. 151-192.

Cialdini, R.B., Kallgren, C.A. and Reno, R.R. (1991), "A focus theory of normative conduct: a theoretical refinement and reevaluation of the role of norms in human behavior", in Zanna, M.P. (Ed.), *Advances in Experimental Social Psychology*, Academic Press, Vol. 24, pp. 201-234.

Corin, L. and Björk, L. (2017), *Chefers Organisatoriska Förutsättningar I Kommunerna [Managers' Organizational Conditions in the Municipalities] in Swedish*, SNS Förlag, Stockholm.

Cullen, K.L., Irvin, E., Collie, A., Clay, F., Gensby, U., Jennings, P.A., Hogg-Johnson, S., Kristman, V., Laberge, M., McKenzie, D., Newnam, S., Palagyi, A., Ruseckaite, R., Sheppard, D.M., Shourie, S., Steenstra, I., Van Eerd, D. and Amick, B.C. III (2018), "Effectiveness of workplace interventions in return-to-work for musculoskeletal, pain-related and mental health conditions: an update of the evidence and messages for practitioners", *Journal of Occupational Rehabilitation*, Vol. 28 No. 1, pp. 1-15, doi: 10.1007/s10926-016-9690-x.

Daniels, K. (1996), "Why aren't managers concerned about occupational stress?", *Work and Stress*, Vol. 10 No. 4, pp. 352-366, doi: 10.1080/02678379608256813.

Dekkers-Sanchez, P.M., Hoving, J.L., Sluiter, J.K. and Frings-Dresen, M.H. (2008), "Factors associated with long-term sick leave in sick-listed employees: a systematic review", *Occup Environ Med*, Vol. 65 No. 3, pp. 153-157, doi: 10.1136/oem.2007.034983.

Dempsey, C.R., McAlaney, J. and Bewick, B.M. (2018), "A critical appraisal of the social norms approach as an interventional strategy for health-related behavior and attitude change", *Frontiers in Psychology*, Vol. 9 No. 2180, doi: 10.3389/fpsyg.2018.02180.

Franche, R.L., Cullen, K., Clarke, J., Irvin, E., Sinclair, S. and Frank, J. (2005), "Workplace-based return-to-work interventions: a systematic review of the quantitative literature", *J Occup Rehabil*, Vol. 15 No. 4, pp. 607-631, doi: 10.1007/s10926-005-8038-8.

Frayne, D. (2015), *The Refusal of Work. The Theory & Practice of Restitance to Work*, Zed Books, London.

Goffman, E. (1959), *Presentation of Self in Everyday Life*, Doubleday, New York, NY.

Goffman, E. (1982), *Interaction Ritual. Essays on Face-To-Face Behaviour*, Pantheon Books, New York, NY.

Goffman, E. (1990), *Stigma: Notes of the Management of the Spoiled Identity*, Penguin Books, Harmondsworh.

Hultin, H., Lindholm, C., Malfert, M. and Möller, J. (2012), "Short-term sick leave and future risk of sickness absence and unemployment - the impact of health status", *BMC Public Health*, Vol. 12 No. 1, p. 861, doi: 10.1186/1471-2458-12-861.

Kinman, G. and Jones, F. (2005), "Lay representations of workplace stress: what do people really mean when they say they are stressed?", *Work and Stress*, Vol. 19 No. 2, pp. 101-120, doi: 10.1080/02678370500144831.

Kirsh, B., Slack, T. and King, C.A. (2012), "The nature and impact of stigma towards injured workers", *Journal of Occupational Rehabilitation*, Vol. 22 No. 2, pp. 143-154, doi: 10.1007/s10926-011-9335-z.

Koopmans, P.C., Roelen, C.A. and Groothoff, J.W. (2008a), "Frequent and long-term absence as a risk factor for work disability and job termination among employees in the private sector", *Journal of Occupational and Environmental Medicine*, Vol. 65 No. 7, pp. 494-499, doi: 10.1136/oem.2007.034322.

Koopmans, P.C., Roelen, C.A. and Groothoff, J.W. (2008b), "Risk of future sickness absence in frequent and long-term absentees", *Occupational Medicine (London)*, Vol. 58 No. 4, pp. 268-274, doi: 10.1093/occmed/kqn040.

Korhonen, M. and Komulainen, K. (2019), "The moral orders of work and health: a case of sick leave due to burnout", *The Sociology of Health and Illness*, Vol. 41 No. 2, pp. 219-233, doi: 10.1111/1467-9566.12816.

Ladegaard, Y., Skakon, J., Elrond, A.F. and Netterstrøm, B. (2019), "How do line managers experience and handle the return to work of employees on sick leave due to work-related stress? A one-year follow-up study", *Disability and Rehabilitation*, Vol. 41 No. 1, pp. 44-52, doi: 10.1080/09638288.2017.1370733.

Larsen, A.K., Falkenstrom, S., Jorgensen, M.B. and Rod, M.H. (2018), "The role of managers in addressing employees with musculoskeletal pain: a mixed methods study", *International Archives of Occupational and Environmental Health*, Vol. 91 No. 3, pp. 361-372, doi: 10.1007/s00420-017-1284-1.

Maiwald, K., Meershoek, A., De Rijk, A. and Nijhuis, F.J.N. (2016), "Policy on professional support in return-to-work: occupational health professionals' experiences in a Canadian setting", *Work*, Vol. 53 No. 1, pp. 143-156, doi: 10.3233/WOR-152141.

McGregor, D. (1997), "Theory X and theory Y", in Pugh, D.S. (Ed.), *Organization Theory: Selected Readings*, 4th ed., Penguin Books, London.

Milligan-Saville, J.S., Tan, L., Gayed, A., Barnes, C., Madan, I., Dobson, M., Bryant, R.A., Christensen, H., Mykletun, A. and Harvey, S.B. (2017), "Workplace mental health training for managers and its effect on sick leave in employees: a cluster randomised controlled trial", *Lancet Psychiatry*, Vol. 4 No. 11, pp. 850-858, doi: 10.1016/s2215-0366(17)30372-3.

National Institute for Health and Care Excellence (2019), *Managing Long-Term Sickness Absence and In-Capacity for Work*, NICE Guideline No. 143, available at: https://www.nice.org.uk/guidance/ng146.

Nieuwenhuijsen, K., Faber, B., Verbeek, J.H., Neumeyer-Gromen, A., Hees, H.L., Verhoeven, A.C., van der Feltz–Cornelis, C.M. and Bültmann, U. (2014), "Interventions to improve return to work in depressed people", *The Cochrane Database of Systematic Reviews*, Vol. 12, Cd006237, doi: 10.1002/14651858.CD006237.pub3.

Patton, M.Q. (2015), *Qualitatitve Research and Evaluation Methods*, California Sage Publications, Thousand Oaks, Vol. 4.

Roelen, C.A., Koopmans, P.C., Schreuder, J.A., Anema, J.R. and van der Beek, A.J. (2011), "The history of registered sickness absence predicts future sickness absence", *Occup Med (Lond)*, Vol. 61 No. 2, pp. 96-101, doi: 10.1093/occmed/kqq181.

Sage, D. (2018), "Unemployment, wellbeing and the power of the work ethic: implications for social policy", *Critical Social Policy*, Vol. 39 No. 2, pp. 205-228, doi: 10.1177/0261018318780910.

Seing, I., MacEachen, E., Ekberg, K. and Stahl, C. (2015), "Return to work or job transition? Employer dilemmas in taking social responsibility for return to work in local workplace practice", *Disability and Rehabilitation*, Vol. 37 No. 19, pp. 1760-1769, doi: 10.3109/09638288.2014.978509.

SFS (1977), *1160 Work Environment Act*, Swedish Ministry of Labor, Stockholm.

SFS (2010), *110 Social Insurance Code*, Swedish Ministry of Social Affairs, Stockholm.

Sinclair, A. (2011), "Being leaders", in Bryman, A., Collinson, D., Grint, K., Jackson, B. and Uhl-Bien, M. (Eds), *The SAGE Handbook of Leadership*, SAGE, London, Vol. 1, pp. 508-517.

Strunin, L. and Boden, L.I. (2000), "Paths of reentry: employment experiences of injured workers", *Am J Ind Med*, Vol. 38 No. 4, pp. 373-384, doi: 10.1002/1097-0274(200010)38:4<373::aid-ajim2>3.0.co;2-y.

Sveningsson, S. and Alvesson, M. (2014), *Chefsliv - Det Ska Fan Vara Chef. [Managerial Life – it Should Be the Boss] in Swedish*, Studentlitteratur, Lund.

Taylor, F.W. (1911), *The Principles of Scientific Management*, Harper & Row, New York, NY.

Taylor, P.J. (1968), "Personal factors associated with sickness absence. A study 194 men with contrasting sickness absence experience in a refinery population", *British Journal of Industrial Medicine*, Vol. 25 No. 2, pp. 106-118, doi: 10.1136/oem.25.2.106.

van de Voort, I., de Rijk, A., Hensing, G. and Bertilsson, M. (2019), "Determinants of managerial preventive actions in relation to common mental disorders at work: a cross-sectional study among Swedish managers", *Journal of Occupational and Environmental Medicine*, Vol. 61 No. 10, pp. 854-862, doi: 10.1097/jom.0000000000001629.

van Hal, L., Meershoek, A., Nijhuis, F. and Horstman, K. (2013), "A sociological perspective on 'the unmotivated client': public accountability and professional work methods in vocational rehabilitation", *Disability and Rehabilitation*, Vol. 35 No. 10, pp. 809-818, doi: 10.3109/09638288. 2012.709303.

Wallman, T., Wedel, H., Palmer, E., Rosengren, A., Johansson, S., Eriksson, H. and Svardsudd, K. (2009), "Sick-leave track record and other potential predictors of a disability pension. A population based study of 8,218 men and women followed for 16 years", *BMC Public Health*, Vol. 9, p. 104, doi: 10.1186/1471-2458-9-104.

Weeks, K. (2011), *The Problem with Work. Feminism, Marxism, Antiwork Politics and Postwork Imaginaries*, Duke University Press, Durham and London.

About the authors
Isa Norvell Gustavsson has a background in public health and is currently a PhD-student at Linköping University, Department of Health, Medicine and Caring Sciences. Her research focuses on social norms and working life, work disability prevention and work environment. Isa Norvell Gustavsson is the corresponding author and can be contacted at: isa.norvell.gustavsson@liu.se

Ulrika Müssener, an occupational therapist and associate professor at the Department of Health, Medicine and Caring Sciences at Linköping University. Her research focuses on the interaction between people regarding lifestyle, health and changing habits. She has studied the importance of a good encounter between health care professionals and people on sick leave for their return to work.

Christian Ståhl is a sociologist and associate professor at Linköping University, Department of Behavioural Sciences and Learning. His research focuses on social insurance, work disability prevention, and work environment. He is a research leader in the HELIX Competence Centre, which conducts research under the heading "sustainable development in organisations".