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The Impact of Employer Sympathy on Women's Labour Market Prospects: A Focus on Thyroid Conditions

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The Impact of Employer Sympathy on Women's Labour Market Prospects: A Focus on Thyroid Conditions

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Abstract

Understanding the impact of employer sympathy on women's productivity and labour market prospects is crucial for fostering inclusive workplaces. Despite the evidence on the adverse labour market effects of thyroid dysfunctions, predominantly on women, a gap exists in understanding the role of employer sympathy in supporting women with these conditions. Using unique UK questionnaire data on thyroid patients, this study is the first to explore this relationship. The results confirm that employer sympathy mitigates the adverse effects of thyroid dysfunctions on employee engagement, subsequently improving labour market prospects. This research provides valuable insights at the intersection of health conditions, gender, and work performance, offering guidance for employers and HRM professionals to enhance workplace support for women with thyroid conditions, ultimately enhancing well-being and productivity.

Keywords

Thyroid dysfunctions; employer sympathy; employee engagement; workplace policies; labour market prospects; chronic health conditions

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1. Introduction

This paper aims to investigate the impact of employer sympathy on women's labour market prospects, with a specific focus on individuals with thyroid conditions.

The literature shows that caring human resource management (HRM) practices can positively affect employee engagement. Caring HRM practices are rooted in HRM policies that prioritise employees' fundamental needs, growth opportunities, and their physical and mental well-being. These practices form a comprehensive system of caring HRM, designed to help employees fulfil their psychological needs, enhance their overall health and interests, and support their development and success. In essence, these practices convey the organization's genuine care and concern for the well-being of all its members (Houghton et al., 2015; McAllister & Bigley, 2002). Employees typically expect that their employers will provide support to foster their physical and mental health and well-being (Bernier, 2015), and are likely to reciprocate to caring employers by exerting positive attitudes and being more engaged at work (Jiang et al., 2013).

Saks (2022) develops a model to explore the mechanisms that underpin the links between HRM and employee engagement. Saks finds that a system of caring HRM practices, by creating an organizational climate of care and concern for the employees, will increase the commitment of employees to the organisation and results in higher engagement. Rees et al. (2013) find that employees' perceptions of voice increases their engagement by strengthening both employee trust in senior management and the employee-line manager relationship.

Among the aspects included in Saks' model are health and wellness programmes that provide employees with resources and support to manage physical and psychological health. Typically, health and wellness programs are designed to offer resources and support to help employees manage their physical and mental health. These programs are structured to help individuals reduce specific health risks such as high blood pressure, smoking, and obesity, while also encouraging better physical activity, dietary choices, and stress management (Erfurt, Foote, & Heirich, 1992). The key objective is to enhance the well-being of employees, and research shows that these programs can lead to positive outcomes such as reduced cardiovascular disease risk and the improvement of stress-related issues (Harrison & Liska, 1994).

Our paper relates to this literature but points to the importance of extending this area of HRM intervention to include support for specific health conditions. Specifically, we focus on the effects of employers' attitude towards women suffering from thyroid dysfunctions on their labour market outcomes.

According to recent ONS data (April to June 2023), in the UK 15.64 million women aged 16 and over were in employment (ONS, 2023). Based on the prevalence rate of thyroid dysfunctions among women (Tran et. al, 2021), potentially over 1.5 million women at work may suffer from the condition.

Thyroid dysfunctions, including both hypothyroidism and hyperthyroidism, can have a significant impact on women's overall well-being and work productivity. A recent UK nationally representative study (Montagna and Zangelidis, 2023) highlighted the productivity losses associated with thyroid dysfunctions; specifically, women suffering from yet undiagnosed hypothyroidism were found to be experiencing a 5% wage penalty, compared to women with no thyroid conditions, thus experiencing a further widening of the existing gender pay gap. Evidence from Spain and Denmark also highlighted the link between both thyroid dysfunctions and adverse labour market outcomes, such as low-income (Brand et al., 2015; Díez and Iglesias, 2023; Thvilum et al., 2014).

Thyroid dysfunctions, although affecting people of all ages, are more prevalent during women's midlife (for example the American Thyroid Association (Ladenson *et al.*, 2000) recommends screening for thyroid dysfunctions at 35 years of age, and every 5 years thereafter), potentially compounding the adverse effects of gendered ageing. The literature on gendered ageing within the context of the workplace (Riach, Loretto, & Krekula, 2015; Thomas, Hardy, Cutcher, & Ainsworth, 2014; Itzin and Phillipson, 2003; Jyrkinen and McKie, 2012; Jyrkinen, 2014) highlights a key finding: older women experience a "double jeopardy" of discrimination based on the intersection of their age and gender. This significantly affects the employment conditions and career prospects of women, casting a substantial impact on their professional trajectories. The impact of gendered ageism can be further accentuated by thyroid conditions, which have a higher tendency to affect women in their 40s and 50s.

These potential repercussions should not be underestimated, especially given the growing trend of older women to either re-join or continue their work until later in life. According to UK data (ONS, 2023) between 1992 and 2023 (April to June), the rate of women aged 50–64 engaging in work increased by approximately 20 percentage points. In contrast, the corresponding rise for women aged 35–49 was approximately 8 percentage points. The comparative increase for men was around 9 and 3.5 percentage points for the respective age groups. These demographic trends suggest that more women encounter these issues while actively employed, often during a phase in their careers when they are transitioning into or pursuing higher-ranking positions (Atkinson, Ford, Harding, & Jones, 2015). Crucially, this underscores the importance for HR practitioners to address thyroid dysfunctions in the workplace alongside other gender and age specific conditions.

The intersection between gendered ageing and thyroid conditions holds significant implications for women in their professional lives. The diagnosis and treatment of thyroid dysfunctions do not mark the end of patients' journeys, as symptoms often persist beyond treatment (Montagna and Zangelidis, 2023). Consequently, women dealing with thyroid dysfunctions require continuous support within the workplace to manage the ongoing physical and mental effects of the condition. Therefore, providing assistance to women grappling with thyroid conditions ought to assume a central role in the HR agenda and is critical to developing and maintaining fair and inclusive workplaces.

Given the limited research on attitudes towards thyroid conditions in the workplace, we can draw on the broader literature on supporting employees with chronic conditions at the workplace to understand the relevant issues. Chronic conditions potentially have a detrimental effect on individuals' employment prospects, negatively impacting their quality

of life, even though employment enhances the overall wellbeing of individuals grappling with chronic diseases, improves their financial situation and restores a sense of normality, self-perception, and identity (for a systematic review: de Jong *et al.*, 2015). Employers are also affected when their employees suffer from chronic health conditions. There are financial implications due to reduced productivity and frequent extended sick absence, and challenges to maintain a trained and skilled workforce (Strömberg *et al.*, 2017; European Chronic Diseases Alliance, 2017). Employee-employer relationships and HR policies can contribute significantly and play a pivotal role in sustaining employment (Palstam *et al.*, 2013; Gignac *et al.*, 2021). A supportive work environment opens channels of communication between employees and employers and empowers employees with chronic conditions to communicate their situations, request assistance or adjustments, and create conditions for long-term employment (Bosma *et al.*, 2020; Bosma *et al.*, 2019).

Understanding the influence of employer sympathy on women's productivity and labour market prospects is crucial for promoting inclusive and supportive work environments. However, despite evidence of the adverse labour market effects associated with the thyroid dysfunctions, they have been overlooked by the literature on supporting employees with chronic conditions: to our knowledge, no study has so far explored the role of employer sympathy in supporting women with thyroid conditions and its subsequent impact on their productivity. This study aims to fill this research gap by investigating the relationship between employer sympathy and the labour market prospects of women with thyroid conditions. Using novel data from a purpose-built questionnaire, this study shows that the adverse impact of thyroid dysfunctions on employees' engagement at work is more limited when employers are sympathetic, which subsequently improves employees' labour market prospects. The findings contribute to the body of literature on the intersection of health conditions, gender, and work performance, providing insights for employers, policymakers, and healthcare professionals that can enhance workplace support for women with thyroid conditions and ultimately results in both wellbeing and productivity improvements.

The article is structured as follows. The next section develops a conceptual and analytical framework that is used to formulate the testable hypotheses on employers' sympathy and workers' labour market prospects. The data are then presented, and descriptive statistics are provided, followed by the empirical analysis where we test the hypotheses derived from our framework. The paper concludes with implications for human resource management.

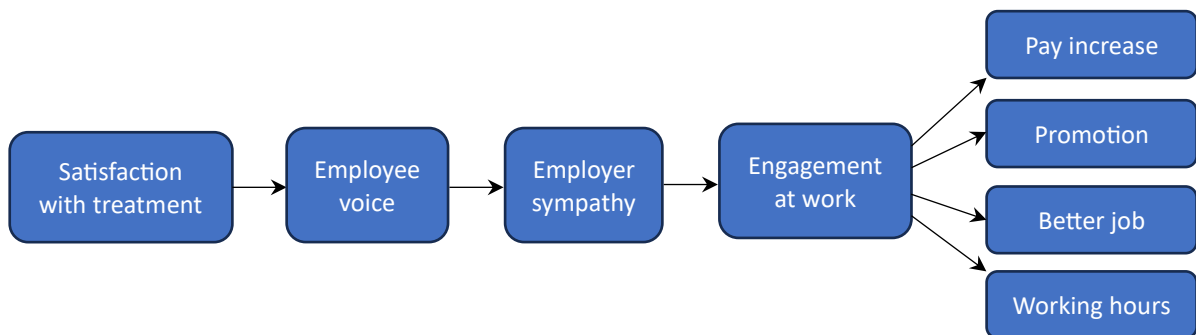
2. Framework

This study aims to assess the effect that the sympathy employers show to their employees' thyroid condition has on workers' labour market prospects. In order to shed light on the underlying pathways we develop a conceptual and analytical framework, which is summarised in Figure 1, where:

- (i) We first establish a link between workers' satisfaction with the treatment they receive for their thyroid condition and the likelihood of informing their employer about their condition (Employee Voice Model); our prior is that workers who are dissatisfied with their treatment are more likely to continue to experience more severe symptoms and are therefore more likely to be vocal about their condition.

- (ii) We then assess whether, when employers are informed, their sympathy has an impact on the extent to which the condition affects workers' engagement at work (Employer Sympathy Model); our prior is that when employers are sympathetic towards an employee's thyroid condition, the adverse effects of the latter on the employee's engagement are mitigated.
- (iii) Finally, we explore the importance of the extent to which the condition affects workers' engagement at work on labour market prospects (Labour Market Prospects Model).

Figure 1: Conceptual framework



Based on the framework outlined above, we set the following testable hypotheses:

- H1: Workers who are not satisfied with their thyroid treatment are more likely to talk to their employer about their condition and how it may affect them at the workplace (Employee Voice Model).
- H2: When employers, who are informed about their workers' thyroid condition, are sympathetic, the impact of the condition on employee's engagement at work is reduced (Employer Sympathy Model).
- H3: Workers have better labour market prospects when the impact of their thyroid condition on engagement at work is reduced (Labour Market Prospects Model).

These three hypotheses are tested empirically using multivariate regression analysis, where we utilise data collected from a purpose-built questionnaire presented in the next section.

3. Data

The study utilises data from the "People's experience with thyroid disease" survey, a national online survey conducted over a month (6 March to 7 April 2023) in the UK. The purpose of the survey was to collect information on thyroid patients' experience from the onset of symptoms to diagnosis and treatment and focussed on the implications of thyroid disease, before and after diagnosis/treatment, on patients' wellbeing and labour market engagement. The survey was fully anonymous and was circulated via the British Thyroid Foundation, the Thyroid Trust, Thyroid UK, Thyroid Patient Advocacy UK, Improve Thyroid Treatment Group,

and Miscarriage Support (MISS). Appropriate ethical approval (application ID: 646381) was obtained from the University ethics committee (ethics liaison: CREGASSB Triage). Participants had to be UK residents, aged 18 or above and diagnosed with a thyroid condition. Participation in the survey was voluntary and individuals could withdraw from the study at any time during survey completion and were free to omit any question. A total number of 1,176 people participated in the survey. The majority of respondents (95%) were women, which is consistent with the evidence of a high prevalence of the disease among women. In addition, around 60% of the respondents in the overall sample were employed when diagnosed, with 28% of those working part-time and the remaining 72% being in full-time employment (Table 1).

The sample used in this study is restricted to female individuals who, at the time when their thyroid condition was diagnosed, were 18 to 50 years of age and employed, either part-time or full-time (but excluding the self-employed). Hence, the total sample of observations utilised in this study is 508 observations. This strategy is informed by the following considerations. First, given the small number of male respondents in the survey, it is not feasible to make statistically significant gender comparisons. It is also difficult to assess whether the observed patterns are evident across both male and female workers or are driven exclusively by female workers. For this reason, male workers were excluded for the analysis. Given that the aim of this paper is to assess how employer sympathy may affect workers' labour market prospects post diagnosis, the analysis is restricted to people who are employed but not self-employed and who are likely to remain in the labour market for some period of time after diagnosis of their thyroid condition. This is the reason why people over 50 were excluded from the analysis. However, the results presented in the paper are also confirmed when lifting this restriction to include people up to the age of 65 at the time of diagnosis.

According to the demographic profile of this study's sample (Table 1), around 76% of the participants were married or cohabitating, 11% were either divorced or separated, and the remaining were single. On average, respondents reported having a child currently living in their household. Furthermore, a significant proportion, 59% had a university degree (undergraduate or postgraduate). In addition, the majority of people, 79%, resided in England.

With respect to the thyroid related variables used in this study, the average age individuals were diagnosed with a thyroid condition is around 37. In line with stylised facts from the medical literature, 65% of the respondents were diagnosed with hypothyroidism, highlighting the prevalence of hypothyroidism among the various types of thyroid dysfunction (Vanderpump, 2011). Respondents in the survey were asked to report their level of satisfaction with the treatment they received for their thyroid condition. Responses ranged from "not at all" (reported value 1) to "very much" (reported value 5). A binary indicator "Dissatisfied with treatment" was subsequently constructed¹, taking the value of one for those not satisfied with their thyroid treatment (values 1 or 2), and zero otherwise. Over one third of the respondents in the study sample were not content with their treatment.

¹ In the study, for ease of presentation, a number of ordinal variables were transformed to binary indicators. The results were not altered when the original ordinal variables were employed in the analysis.

People in the survey were asked if they had informed their employer about their thyroid condition and subsequently if the employer was sympathetic to this. The majority of people, 80.5%, chose to inform their employer. Individuals reported their employers' sympathy using a scale from 1 (not at all) to 5 (very much). Based on this, a binary indicator was constructed taking the value of one for those where the employer was not sympathetic (reported values of 1 or 2), and zero otherwise. Out of those individuals, around 40% reported that their employer was not sympathetic.

Table 1: Study sample descriptive statistics

| Variable | Observations | Mean | Standard deviation |
|-------------------------------------|---------------------|-------------|---------------------------|
| <i>Demographics</i> | | | |
| Married or living as a couple | 508 | 0.764 | 0.425 |
| Divorced or separated | 508 | 0.110 | 0.313 |
| Number of children in the household | 508 | 0.902 | 1.117 |
| University education | 508 | 0.594 | 0.491 |
| England | 508 | 0.787 | 0.410 |
| <i>Thyroid related</i> | | | |
| Age when diagnosed | 508 | 37.106 | 8.242 |
| Hypothyroidism | 508 | 0.648 | 0.478 |
| Dissatisfied with treatment | 493 | 0.365 | 0.482 |
| <i>Employment related</i> | | | |
| Part-time employed when diagnosed | 508 | 0.283 | 0.451 |
| Employer informed | 508 | 0.805 | 0.397 |
| Employer not sympathetic | 410 | 0.395 | 0.489 |
| Little impact on work engagement | 496 | 0.337 | 0.473 |
| Received pay increase | 428 | 0.336 | 0.473 |
| Got promoted | 412 | 0.197 | 0.398 |
| Moved to a better job | 428 | 0.271 | 0.445 |
| Increased working hours | 439 | 0.248 | 0.433 |

Respondents also commented on the extent to which their thyroid condition affected their engagement at work post treatment. Answers ranged from 1 (not at all) to 5 (very much). This variable was transformed into a binary variable, taking the value of one for those who the thyroid condition had a little impact on their engagement at work (values 1 or 2), and zero otherwise. For only one third of the study sample the condition had limited impact on work engagement. Finally, participants were asked whether, after they have been treated for their thyroid condition, they received a pay increase, got promoted, moved to a better job or increased their working hours after they started to receive treatment. These four questions capture changes in labour market prospects post diagnosis. Around 34% of the people received a pay increase, 20% got promoted, 27% moved to a better job and 25% increased their working hours.

4. Results

In this section, we estimate the employee voice, employer sympathy and labour market outcomes models to test empirically the three hypotheses set out above, respectively. The outcome variables across all three models are binary, hence for the purpose of the analysis we employ a Linear Probability Model (LPM) and a Probit model, with heteroskedasticity robust standard errors. In the case of the LPM we report the regression coefficients, whilst in the case of the Probit estimator we calculate and present the average marginal effects. The reported coefficients and marginal effects have a straightforward intuitive interpretation as they refer to percentage point changes in the probability of achieving the outcome (dependent variable). The specifications used in all models estimated and presented in this section include control variables for demographic characteristics, such as marital status, number of children living in the household, education, region workers live in, along with individual characteristics at the time of diagnosis, such as the age of the individuals and whether they were working part-time, and also the type of thyroid condition diagnosed.

The employee voice model is formally given as:

$$\text{Employee voice} = \alpha_0 + \alpha_1 \text{Satisfaction with Treatment} + \mathbf{Z}\boldsymbol{\delta} + u \quad (1)$$

The dependent variable, employee voice is a binary variable taking the value of 1 for those workers who, at the time of diagnosis, informed their employer about their thyroid condition, and 0 otherwise. The key variable of interest here is the workers' satisfaction with their thyroid treatment. \mathbf{Z} denotes a vector of other demographic characteristics, thyroid-relevant variables, and employment-related variables.

The aim of the employee voice model is to establish whether workers who are dissatisfied with their thyroid treatment are more likely to talk to their employer about their health condition. The findings (Table 2) confirm our priors that dissatisfied workers are more likely to be vocal about their condition (H1). Specifically, our estimates suggest that when employees are dissatisfied with their thyroid treatment, the probability of informing their employer increases by around 9 percentage points. The estimates are robust to the choice of estimator.

Table 2: Employee voice model

| | Employer informed | |
|-----------------------------|--------------------|--------------------|
| | LMP | Probit |
| | b (se) | dy/dx (se) |
| Dissatisfied with treatment | 0.092** (0.037) | 0.091** (0.038) |
| Observations | 493 | 493 |
| R ² | 0.049 | 0.050 |

Notes: b refers to the LMP coefficients, and dy/dx to the average marginal effects obtained from the Probit estimates. Heteroskedasticity robust standard errors are reported in parentheses. Level of statistical significance at 1%, 5% and 10% is denoted by ***, ** and *, respectively. Pseudo-R² is reported with the Probit estimates.

In the next step of our analysis, we focus on the cases where workers informed their employers about their condition and explore the relationship between employers' sympathy and the extent to which thyroid condition affected their employees' engagement at work. The employer sympathy model is given as follows:

$$\text{Impact on work engagement} = \beta_0 + \beta_1 \text{Employer sympathy} + \mathbf{Z}\boldsymbol{\theta} + v \quad (2)$$

where, as discussed in the data section, the dependent variable (little impact on work engagement) is a binary variable. The key explanatory variable of interest here is employer sympathy. The regression estimates (Table 3) provide supportive evidence for hypothesis 2. Specifically, when the employer is not very sympathetic, the probability that the thyroid condition has little impact on employees' engagement at work reduces by around 13 percentage points. A plausible interpretation of this finding is that when employers are sympathetic to employees' thyroid condition, supportive policies and practices may be adopted in the workplace that limit the adverse effects of the condition.

Table 3: Employer sympathy model

| | Impact on work engagement | |
|-------------------|---------------------------|----------------------|
| | LMP | Probit |
| | b (se) | dy/dx (se) |
| Employer sympathy | -0.131*** (0.047) | -0.132*** (0.047) |
| Observations | 401 | 401 |
| R ² | 0.037 | 0.030 |

Notes: b refers to the LMP coefficients, and dy/dx to the average marginal effects obtained from the Probit estimates. Heteroskedasticity robust standard errors are reported in parentheses. Level of statistical significance at 1%, 5% and 10% is denoted by ***, ** and *, respectively. Pseudo-R² is reported with the Ordered Probit estimates.

In the final step of our empirical analysis, we estimate the labour market prospects model to test hypothesis 3 and explore how the impact of thyroid conditions on engagement at work affects labour market prospects. The labour market prospects model is given as:

$$\text{Labour market prospects} = \gamma_0 + \gamma_1 \text{Impact on work engagement} + \mathbf{Z}\boldsymbol{\mu} + \omega \quad (3)$$

Specifically, we examine four different outcomes, whether employees: received a pay increase, got promoted, moved to a better job and increased their working hours. The results across all four outcomes confirm hypothesis 3 (Table 4). When the thyroid condition has little impact on work engagement, this increases the likelihood of receiving a pay rise increases by around 18 percentage points. Similar patterns are observed with promotions, where the probability of getting a promotion increases by around 17 percentage points. The probability of moving to better job also increases by 8 percentage points. Finally, workers are also found to have a higher probability of working more hours, with the probability increasing by around 12 percentage points.

Table 4: Labour market prospects model

| | Pay increase | | Promotion | | Better job | | Working hours | |
|----------------------------------|---------------------|---------------------|---------------------|---------------------|-------------------|-------------------|--------------------|---------------------|
| | LMP | Probit | LMP | Probit | LMP | Probit | LMP | Probit |
| | b (se) | dy/dx (se) | b (se) | dy/dx (se) | b (se) | dy/dx (se) | b (se) | dy/dx (se) |
| Little impact on work engagement | 0.181*** (0.051) | 0.173*** (0.045) | 0.169*** (0.046) | 0.157*** (0.038) | 0.081* (0.048) | 0.080* (0.044) | 0.118** (0.048) | 0.113*** (0.043) |
| Observations | 422 | 422 | 406 | 406 | 420 | 420 | 431 | 431 |
| R ² | 0.057 | 0.045 | 0.062 | 0.075 | 0.046 | 0.041 | 0.034 | 0.031 |

Notes: b refers to the LMP coefficients, and dy/dx to the average marginal effects obtained from the Probit estimates. Heteroskedasticity robust standard errors are reported in parentheses. Level of statistical significance at 1%, 5% and 10% is denoted by ***, ** and *, respectively. Pseudo-R² is reported with the Probit estimates

5. Discussion and conclusion

Understanding the influence of employer sympathy on women's productivity and labour market prospects is crucial for promoting inclusive and supportive work environments. Thyroid dysfunctions represent a significant challenge to women's overall well-being and can exert adverse effects on their labour market outcomes and labour productivity. Using novel data from a purpose-built questionnaire, this study is the first to investigate the relationship between employer sympathy and the labour market prospects of women with thyroid conditions.

Our results confirm our initial conjectures. Specifically, this study demonstrates that the detrimental effects of thyroid dysfunctions on employees' engagement at work are mitigated when employers exhibit sympathy towards the challenges posed by the medical condition. Moreover, our findings unveil an interesting facet wherein employees who are dissatisfied with their thyroid treatment are more inclined to discuss their condition with their employer. Consequently, our results highlight the importance of enabling employees to openly discuss

their thyroid condition and its impact on their work with employers. This is crucial, as a key result of the paper is that when employers are made aware of their workers' thyroid condition and respond with sympathy, the condition's adverse impact on employee engagement is diminished, leading to improved labour market prospects for affected individuals.

The implications of this analysis resonate across various policy domains. Firstly, it highlights the need to raise awareness about thyroid conditions, given their important implications in the workplace. Increased awareness can serve as a catalyst for creating a more informed and empathetic work environment. Furthermore, it emphasizes the necessity of establishing structured workplace processes and supporting mechanisms that empower employees to feel comfortable initiating open conversations with their employers about their thyroid conditions. A culture of openness can pave the way for a more empathetic and accommodating workplace. In addition, our results call for the development of concrete workplace and HRM policies outlining organisations' approach to supporting employees experiencing thyroid-related symptoms. These policies should outline the types of assistance and accommodations that affected employees can expect to receive, ensuring a consistent and fair approach across the workforce. By formalising these policies, organisations can make tangible strides towards creating inclusive, supportive, and understanding work environments that benefit all employees, especially those facing health-related challenges like thyroid dysfunctions.

In summary, this study illuminates the nexus between employer sympathy and the labor market prospects of women with thyroid conditions, offering insights that have far-reaching implications for both workplace practices and public policy. It advocates for a more compassionate and accommodating work environment, one that recognises and addresses the unique challenges faced by individuals dealing with thyroid dysfunctions, ultimately promoting a more equitable and productive workforce.

References

- Atkinson, C., Ford, J., Harding, N., & Jones, F. (2015). The expectations and aspirations of a late-career professional woman. *Work, employment and society, 29*(6), 1019-1028.
- Bernier, L. (2015). "Take care of me": Majority of workers expect employers to take care of their physical, psychological health: Survey. *Canadian HR Reporter, 28*(21), 1–6.
- Bosma, A. R., Boot, C. R. L., De Maaker, M., Boeijs, H. R., Schoonmade, L. J., Anema, J. R., & Schaafsma, F. G. (2019). Exploring self-control of workers with a chronic condition: a qualitative synthesis. *European Journal of Work and Organizational Psychology, 28*(5), 653-668.
- Bosma, A. R., Boot, C. R. L., Schaafsma, F. G., & Anema, J. R. (2020). Facilitators, barriers and support needs for staying at work with a chronic condition: a focus group study. *BMC Public Health, 20*(1), 1-11.
- Brandt, F., Thvilum, M., Hegedüs, L., & Brix, T. H. (2015). Hyperthyroidism is associated with work disability and loss of labour market income. A Danish register-based study in singletons and disease-discordant twin pairs. *European journal of endocrinology, 173*(5), 595-602.
- de Jong, M., de Boer, A. G., Tamminga, S. J., & Frings-Dresen, M. H. (2015). Quality of working life issues of employees with a chronic physical disease: a systematic review. *Journal of occupational rehabilitation, 25*, 182-196.

- Díez, J. J., & Iglesias, P. (2023). Prevalence of thyroid dysfunction and its relationship to income level and employment status: a nationwide population-based study in Spain. *Hormones*, 1-10.
- Erfurt, J. C., Foote, A., & Heirich, M. A. (1992). The cost-effectiveness of worksite wellness programs for hypertension control, weight loss, smoking cessation, and exercise. *Personnel Psychology*, 45, 5–27.
- European Chronic Diseases Alliance. (2017). Joint Statement on “Improving the Employment of People with Chronic Diseases in Europe”. Retrieved from:
- Gignac, M. A., Bowring, J., Jetha, A., Beaton, D. E., Breslin, F. C., Franche, R. L., ... & Saunders, R. (2021). Disclosure, privacy and workplace accommodation of episodic disabilities: organizational perspectives on disability communication-support processes to sustain employment. *Journal of Occupational Rehabilitation*, 31, 153-165.
- https://eurohealthnet.eu/wp-content/uploads/documents/2017/171213_Statement_CalltoActionEmploymentPeopleChronicDiseases.pdf
- Harrison, D. A., & Liska, L. Z. (1994). Promoting regular exercise in organizational fitness programs: Health-related differences in motivational building blocks. *Personnel Psychology*, 47(1), 47–71.
- Houghton, J. D., Pearce, C. L., Manz, C. C., Courtright, S., & Stewart, G. L. (2015). Sharing is caring: Toward a model of proactive caring through shared leadership. *Human Resource Management Review*, 25(3), 313–327.
- Itzin, C., & Phillipson, C. (2003). Gendered ageism: a double jeopardy for women in organizations. In *Gender, culture and organizational change* (pp. 84-94). Routledge.
- Jyrkinen, M. (2014). Women managers, careers and gendered ageism. *Scandinavian Journal of Management*, 30(2), 175-185.
- Jyrkinen, M., & McKie, L. (2012). Gender, age and ageism: experiences of women managers in Finland and Scotland. *Work, employment and society*, 26(1), 61-77.
- Ladenson, P. W., Singer, P. A., Ain, K. B., Bagchi, N., Bigos, S. T., Levy, E. G., ... & Daniels, G. H. (2000). American Thyroid Association guidelines for detection of thyroid dysfunction. *Archives of Internal Medicine*, 160 (11), 1573-1575.
- Montagna, C., & Zangelidis, A. (2023). Labour market implications of thyroid dysfunctions. *Economics & Human Biology*, 50, 101247.
- ONS (2020). Dataset: A05 SA: Employment, unemployment and economic activity by age group (seasonally adjusted). Retrieved from: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/employmentunemploymentandeconomicinactivitybyagegroupseasonallyadjusted/a05sa>
- Palstam, A., Gard, G., & Mannerkorpi, K. (2013). Factors promoting sustainable work in women with fibromyalgia. *Disability and rehabilitation*, 35(19), 1622-1629.
- Rees, C., K. Alfes, M. Gatenby (2013). Employee voice and engagement: connections and consequences. *The International Journal of Human Resource Management*, 24:14, 2780-2798, DOI: 10.1080/09585192.2013.763843
- Riach, K., Loretto, W., & Krekula, C. (2015). Gendered ageing in the new economy: introduction to special issue. *Gender, Work & Organization*, 22(5), 437-444.
- Saks, A. M. (2022). Caring human resources management and employee engagement. *Human Resource Management Review*, 32, Issue 3, 100835 .

- Strömberg, C., Aboagye, E., Hagberg, J., Bergström, G., & Lohela-Karlsson, M. (2017). Estimating the effect and economic impact of absenteeism, presenteeism, and work environment–related problems on reductions in productivity from a managerial perspective. *Value in Health, 20*(8), 1058-1064.
- Thomas, R., Hardy, C., Cutcher, L., & Ainsworth, S. (2014). What's age got to do with it? On the critical analysis of age and organizations. *Organization Studies, 35*(11), 1569-1584.
- Thvilum, M., Brandt, F., Brix, T. H., & Hegedüs, L. (2014). Hypothyroidism is a predictor of disability pension and loss of labor market income: a Danish register-based study. *The Journal of Clinical Endocrinology & Metabolism, 99*(9), 3129-3135.
- Tran, T. V. T., Maringe, C., Benitez Majano, S., Rachet, B., Boutron-Ruault, M. C., & Journy, N. (2021). Thyroid dysfunction and breast cancer risk among women in the UK Biobank cohort. *Cancer medicine, 10*(13), 4604-4614.
- Vanderpump, M. P. (2011). The epidemiology of thyroid disease. *British medical bulletin, 99*(1).