

Absenteeism

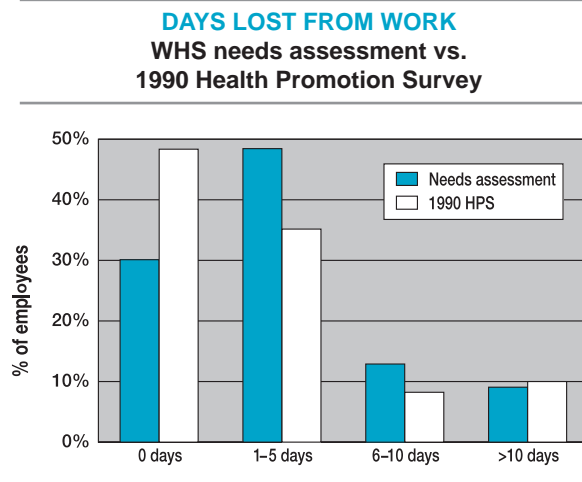
In 1990, almost one in five workers missed over one week of work as a result of sickness, injury, or disability.¹ One-third of these employees, or 6% of all workers, missed in excess of five weeks away from work. In addition to the reduced quality of life experienced by these employees, absenteeism impacts the productivity of Canadian business and, by extension, Canada's Gross Domestic Product. Replacement labour is used about 75% as effectively, leading to reduced productivity.² Indeed, employers view higher productivity and lower absenteeism as two of the key benefits of health promotion programs at work.³

Absenteeism was one of the topics probed in a needs assessment completed by about 50,000 employees of companies that implemented the Workplace Health System—a comprehensive approach developed by Health Canada to promote health. These needs assessments were completed by employees in companies that had programs in place and that tended to be larger, and are therefore not representative of Canadian employees generally. They do shed light on the relationships between absenteeism and factors related to work and home, however, and are therefore a source of valuable information.

Days away from work

About two-thirds of employees report days lost from work due to ill health in the previous year. Most report absenteeism of short duration: 25% of employees missed up to two days off work, 24% report three to five days,

Figure 1



13% lost six to ten days, and the remaining 9% were away from work for over two weeks.

While there are differences between the needs assessment and national survey data obtained in the 1990 Health Promotion Survey, there are notable similarities, as shown in Figure 1. While the needs assessment shows a higher overall rate of absenteeism, the absences are generally of short duration; that is, at most five days. Both data sets indicate longer-term (more than two weeks away from work) absenteeism rates of about 10%.

As might be expected from traditional role distribution among the sexes, absenteeism is higher among women than among men (78% versus 63%)—the reverse of that found in the 1990 survey (42% versus 53%). When more than 10 days off work are considered, however, men and women show comparable



absenteeism, a finding common to both studies.

Socioeconomic factors tend to be related to morbidity and mortality, even when individual and environmental conditions are taken into account.⁴ The relationships found between absenteeism and education and between absenteeism and professional group in the needs assessment are consistent with this. As shown in Table 1, people with higher education levels are less likely to report absences totaling more than 10 days. On the other hand, they are more likely than employees with less than secondary education to have taken one to five days away from work in the previous year.

Table 1

SOCIOECONOMIC DISPARITIES IN ABSENTEEISM
% reporting days off by education level and occupation

	1–5 days	≥10 days
Education level		
university	53%	7%
college	50%	9%
secondary	42%	11%
< secondary	32%	18%
Occupation		
management	53%	7%
professional	53%	9%
clerical	50%	10%
sales, service, trades	41%	11%

A similar disparity occurs with the type of job held by the employee (Table 1). Compared with employees in sales, service, or trade jobs, managers are more likely to report short-term absences of one to five days as a result of ill health.

Physical environment at work

The majority of employees are concerned with the physical environment at work, and this is related to their perceptions of their health. When each aspect of the physical

work environment is considered independently, an association is found between absenteeism and two of these aspects: unpleasant work conditions and safety issues.

Table 2 shows that employees who are either somewhat or very concerned with unpleasant work conditions or safety issues at work are less likely to report a perfect record of attendance compared with unconcerned employees. For unpleasant working conditions, the highest difference in absenteeism between concerned and unconcerned employees shows up primarily in reports of employees missing three to five days of work.

Table 2

PHYSICAL ENVIRONMENT AND ABSENTEEISM
% of concerned and unconcerned reporting days off

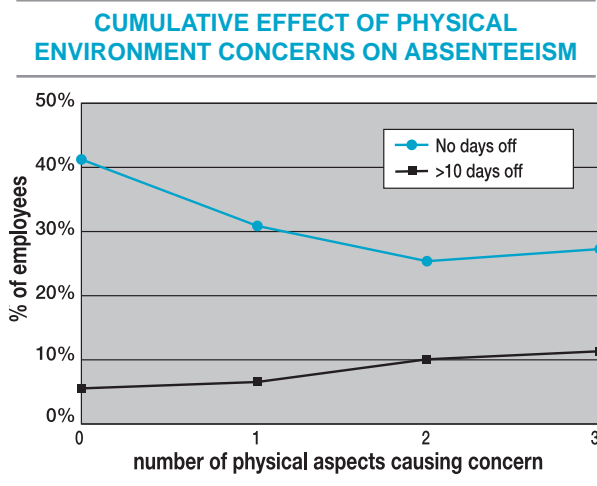
	0 days	1–2 days	3–5 days	6–10 days	≥10 days
Work conditions					
concerned	27%	24%	25%	14%	10%
unconcerned	39%	26%	19%	10%	7%
Safety issues					
concerned	28%	24%	24%	14%	10%
unconcerned	34%	27%	22%	11%	7%

When considered collectively, stressors in the physical environment at work yield a stronger relationship with absenteeism. The number of sick days reported increases as the number of environmental aspects causing concern increases.

Figure 2 shows that the likelihood of missing more than 10 days from work increases as the number of sources of concern increases, with those concerned with all three aspects being twice as likely as those unconcerned with any aspect to report time off (11% versus 6%).

The relationship between absenteeism and concern with the physical environment parallels that between health and the physical environment. The greater the degree of con-

Figure 2



cern with the physical environment at work, the greater the likelihood that employees rate their health lower on the scale. Similarly, a greater degree of concern with the physical environment is linked to a greater likelihood that the employee will be absent from work for six or more days.

Social environment at work

The majority of employees are stressed by various aspects of the social environment at work. Absenteeism rises with every aspect of the social environment that was probed in the needs assessment. Employees who report the following sources of stress are more likely than others to be absent for six or more days, as shown in Table 3:

- interpersonal relations;
- job control; and
- management practices.

Conversely, employees who do not indicate stress from the following sources are more likely to report a perfect record of attendance:

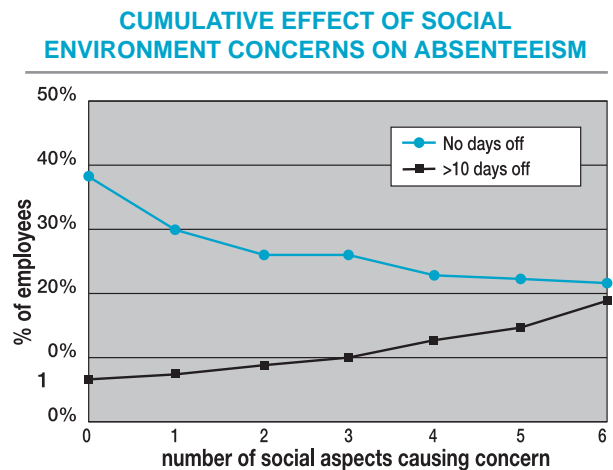
- interpersonal relations;
- job demands;
- job control;
- management practices; and
- job changes.

Compared with other age groups, relatively few adults over the age of 60 report stress arising from difficult interpersonal relations. Older workers are nevertheless more likely than their younger counterparts to miss work when they experience difficult interpersonal relations (46% miss more than six days compared with 29% in younger age groups).

Table 3

SOCIAL ENVIRONMENT AND ABSENTEEISM		
% of concerned and unconcerned reporting days off		
	0 days	6 days
Interpersonal relations		
concerned	23%	29%
unconcerned	31%	21%
Job control		
concerned	25%	28%
unconcerned	31%	20%
Management practices		
concerned	25%	28%
unconcerned	32%	20%
Job demands		
concerned	26%	24%
unconcerned	33%	20%
Job changes		
concerned	26%	25%
unconcerned	31%	21%

Figure 3 shows that the greater the number of sources of stress reported in the social environment at work, the greater the likelihood of reporting more than 10 days off as a result of ill health. The needs assessment data also



ronment at work, the greater the likelihood of reporting more than 10 days off as a result of ill health. The needs assessment data also

show that when there are more aspects of the social environment causing stress, employees are more likely to rate their health lower on the scale.

Home life

Absenteeism is also directly related to every stressor of home life. Employees free from home-related stresses are less likely than others to miss days from work as a result of ill health (61% versus 73%). As shown in Table 4, employees reporting the following home-related stresses are more likely than others to be absent for six or more days:

- high-risk behaviours of the employee or other family member;
- financial worries;
- death or illness in the family; and
- relationships.

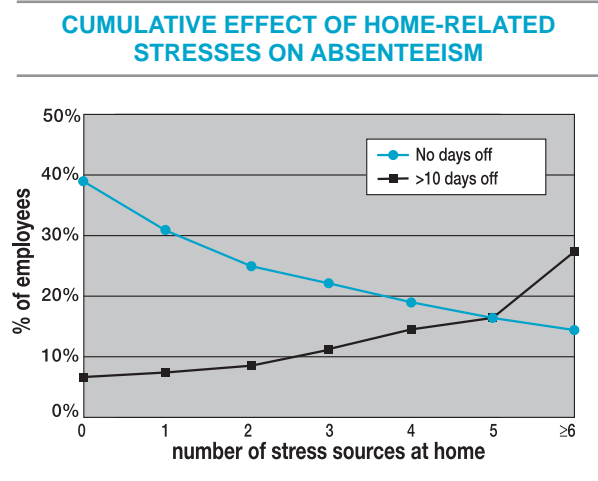
Conversely, employees who do not indicate home-related stress are more likely to report zero work-loss days.

Table 4

HOME ENVIRONMENT AND ABSENTEEISM		
% of stressed and not stressed reporting days off		
	0 days	6 days
High-risk behaviours		
stressed	21%	32%
not stressed	30%	21%
Finances		
stressed	24%	26%
not stressed	33%	19%
Death or illness		
stressed	24%	27%
not stressed	31%	21%
Relationships		
stressed	25%	26%
not stressed	32%	20%
Children		
stressed	23%	26%
not stressed	30%	22%
Living arrangements		
stressed	25%	25%

not stressed	30%	22%
Demands		
stressed	23%	25%
not stressed	31%	21%

Figure 4



The more diverse the sources of home-related stress, the more likely employees are to be absent for more than 10 work days (Figure 4). The reverse is also true: employees who experience few types of home-related stresses are more likely to report no work-loss days.

These findings for absenteeism and home-related stress are similar to those found for the physical and social environment at work. Furthermore, there is no difference between men and women in the proportion missing more than 10 days off work, regardless of the number of physical, social, or home-related aspects causing concern.

Women, however, are more likely than men to take one to ten days off work in the year, but this difference occurs even without any source of stress in the physical, social, or home environments, suggesting that absenteeism among women is due to other factors such as illness in young children.

VandenHeuvel found the “absence behaviour of women more sensitive to pressures external to the workplace such as stressful life

events, while the absence behaviour of men is more responsive to factors internal to the workplace, such as job satisfaction.¹⁵

As might be expected, absenteeism has a similar relationship with home stress as do lower ratings of health. Employees who report excess worry or stress due to home-related situations are more likely to rate their health lower on the scale and more likely to report higher numbers of work-loss days.

Health practices

Personal health practices such as regular physical activity, non-smoking, moderate alcohol use, and non-drug use are associated with better health. This leads to the question of whether or not less favourable lifestyle practices are associated with increased absenteeism. In the needs assessment, only medication use and smoking appear to be linked to absenteeism. Contrary to expectations, heavier alcohol use and physical inactivity do not seem to have a bearing on absenteeism in this study (Table 5).

Table 5

HEALTH PRACTICES AND ABSENTEEISM		
% reporting days off by adherence to health practice		
	0 days	6 days
Medication use		
takes medication	22%	29%
doesn't take medication	36%	17%
Alcohol use		
heavy	30%	23%
light or none	30%	22%
Activity		
< 3 times weekly	27%	23%
3 times weekly	32%	22%
Smoking		
smoker	28%	27%
non-smoker	30%	21%

Medication use is accompanied by increased absenteeism. Individuals who report taking medication for pain, nerves, or sleep are more likely than those not taking medication to have lost six or more days

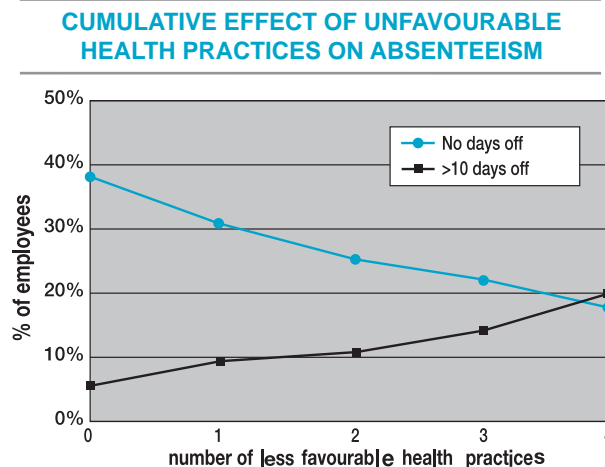
from work in the previous year. In contrast, infrequent users are more likely than frequent users to have a perfect record of attendance. These results likely reflect the fact that employees taking these medications are experiencing nerves, worries, or stress resulting in absenteeism.

Smoking is a known risk factor for diseases such as heart disease and lung cancer, which typically show up later in life. From this knowledge, a positive relationship between smoking and absenteeism might be expected, and this is confirmed by a small positive association in the data (Table 5).

Previous analyses have shown that smokers (people who have ever smoked) report higher levels of absenteeism than never smokers, and rake up absenteeism costs as high as \$2 billion a year. By far, most absenteeism due to smoking occurs among women aged 15–25 and 35–44,⁶ the first group of which is underrepresented in the current sample, thereby potentially lowering absenteeism rates among smokers. In addition, the impact of smoking on many health problems, namely heart disease, emphysema, and lung cancer, may not manifest itself until later in life.

Despite the lack of relationship in these data between physical inactivity and increased absenteeism and between heavy alcohol use and increased absenteeism, less favourable health practices appear to take a

Figure 5



cumulative toll on work-loss days. As shown in Figure 5, the greater the number of less favourable health practices reported by an employee, the greater the likelihood that the employee was absent for more than 10 days in the previous year. This reinforces the importance of encouraging favourable health practices among employees.

Personal resources

Feeling in control of one's health, having an influence over things that happen at work, and having someone to count on for help all reduce the impact of workplace stressors and enhance health perceptions.⁷ But do these personal resources play a similar role in mediating workplace and home stressors to help reduce absenteeism?

Results show that feeling in control of one's health decreases the likelihood of reporting absences totaling six or more days in the previous year (Table 6).

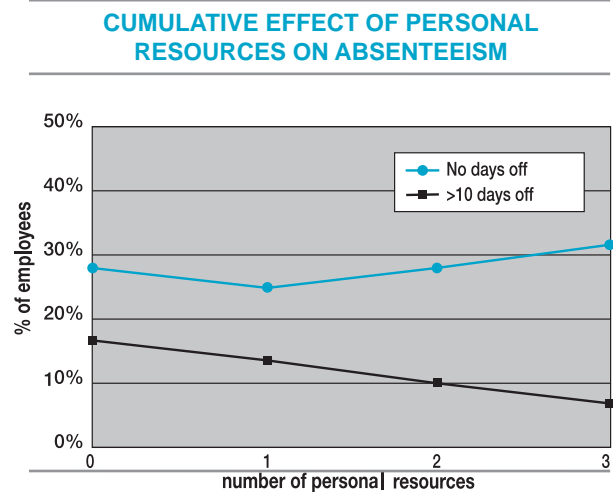
The same relationship holds among employees reporting control over things that happen to them at work. These employees are more likely than others to report no absenteeism in the previous year and less likely to report absences totaling six or more days.

In contrast, while employees with a support network report better health, they report more or less the same absenteeism pattern as employees without a support network.

Table 6

PERSONAL RESOURCES AND ABSENTEEISM % reporting days off by type of resource		
	0 days	6 days
Control over health		
no/unsure control	24%	33%
have control	31%	21%
Influence over work		
can't influence/unsure	26%	27%
can influence	32%	19%
Support network		
no support network	32%	25%
1 person	29%	22%

Figure 6



The *number* of personal resources available to a person seems to have a bearing on the number of work-loss days in the previous year. Figure 6 shows that employees who report all three types of personal resources—having influence over their work, feeling in control of their health, and having someone to count on—are half as likely as employees without these personal resources to miss more than 10 days from work.

The reduction in work-loss days with increasing personal resources suggests that these personal resources may indeed play a mediating role in reducing the impact of workplace and home stressors on absenteeism.

Reducing time lost from work

Absenteeism rises with the diversity of concerns with the physical and social environments at work, stress arising from home life, and less favourable health practices. It goes down with the number of personal resources reported by employees. A comprehensive approach to reducing absenteeism would arguably attempt to reduce workplace stressors, assist employees to cope with home-related stress, encourage appropriate health practices, and foster perceived control and social support. Among other actions, work-sites can adopt the following initiatives:

Identify needs

- Understand employees' issues related to the work environment, home pressures, and lifestyle.
- Involve employees, unions, and management in exploring the identification of needs and planning a comprehensive approach to dealing with needs.

Enact supportive policies

- Review workplace policies and programs to identify how employees can participate in decisions about their jobs and their health.
- Emphasize team building and other ways to expand employee support networks at work.
- Bridge the work and home lives of employees by including access to health promotion programs by family members.
- Provide detailed feedback to employees about attendance and absences. Institute a management program to boost employee commitment to the organization. Workers who are strongly committed to the organization or highly satisfied with their jobs show up at work more often than those with weak commitment and low satisfaction.⁸

Sample initiatives

- Identify resources available through existing programs and in the community with a view to reduce the causes of stress in the workplace: no control of job or work, repetition, under-utilization of employee skills, increased workloads, poor training, inadequate supervisors, job insecurity. (A survey of employees found that 26% of absenteeism is believed to be related to stress—both job-related and lifestyle-related.⁹)
- Manage workplace stress, including burnout, by offering individual interventions such as cognitive restructuring (thinking differently about a stressful situation). Individual interventions remain an important component of effective stress interventions, in addition to organizational interventions targeting stressors.¹⁰
- Take a pro-active position to safety training, ergonomics, working conditions, schedules and shifts, flextime, fitness programs, employee assistance programs, job control and input from employees, and daycare programs. Make sure to obtain employee acceptance and understanding prior to introducing attendance programs.
- Move to flexible hours as a method to achieve a lower absence rate, especially for lowering absences for workers with small children. Being a mother with small children ranks as the most important predictor of absenteeism among workers' personal characteristics.¹¹

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Caveats for the reader

1. The results presented in this bulletin apply to the Workplace Health System sample only.

Although the sample is made up of about 50,000 employees nationwide, it is not a random sample. Only companies interested in implementing Health Canada's Workplace Health System took part in the needs assessment, so we can't generalize the findings to the general working population. The results may however provide useful insights and an indication of what may be in store for the rest of the workforce.

2. No significance testing can be done on these data.

Because the data are not random, we can't do significance tests, only discuss relationships where substantial differences (i.e., 5 percentage points) appear.

3. This type of study cannot yield cause-and-effect relationships.

If we say, for example, that employees with a higher degree of home stress are more likely to report more days off, we may *not* conclude that home stress causes the absenteeism (or that the absenteeism causes home stress), simply that the two appear together *more often than by chance alone*. To prove cause and effect, a strong theoretical framework supported by the weight of empirical evidence is needed. When you see these words:

- associated with;
- related to;
- linked to;
- more likely to;

do not replace them with "caused by"!