

## Workshop of the EUPHA Section on Social Security and Health 2002:

### **Research on sickness absence in different countries**

**Introduction:** Sickness absence is in many countries both a large and increasing public health problem. There are few international studies in this area and the theoretical and methodological aspects warrants development. Researchers from established research groups in this area will present data as a bases for discussions on methodological and theoretical aspects.

**The aim** of this workshop is to discuss study designs, data analyses and possible cooperation in this area.

**Chairperson:** Associated professor Kristina Alexanderson

#### **Presentations**

1. Psychosocial work environment, mental health and sickness absence: the Whitehall II study. Senior Lecturer Jenny Head, Great Britain.
2. Sickness absence among employees of a large national French company: understanding the social gradient. Maria Melchior, France.
3. Recorded sickness absence as a measure of health: prospective evidence. Proff Mika Kivimäki, Finland.
4. Sickness absence with psychiatric disorders - gender differences and the choice of measures. Ass Prof, Gunnel Hensing, Sweden.

#### **Discussion**

1. Similarities and differences in sickness absence research in different countries.
2. What methodological aspects are in need of development?
3. Which theories do we use, what type of development is needed?
4. Which areas are most urgent to focus on?
5. Which areas can we cooperate on? How?

### **Sickness absence among employees of a large national French company: understanding the social gradient**

Maria Melchior<sup>1,2</sup>, Isabelle Niedhammer<sup>2</sup>, Lisa F. Berkman<sup>1</sup>, Marcel Goldberg<sup>2</sup>

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#### **Abstract**

*Background.* Sickness absence, a general indicator of health status, is a reflection of disease as well as illness behavior. Various aspects of the work environment, including physical and psychosocial factors have been shown to affect health and work absenteeism. Social support available outside of work is also predictive of numerous health outcomes, but may promote sickness absence, particularly among men.

Psychosocial work and home characteristics are associated with socioeconomic status, and it has been suggested that they constitute one of the pathways explaining social health inequalities. Yet, to date, little research has simultaneously studied the impact of these factors on sickness absence, to determine whether their effects are independent. Furthermore, few studies have investigated the contribution of psychosocial and physical work and home factors to the socio-economic gradient in sickness absence.

*Objectives.* The first aim of this project was to evaluate the association between psychosocial work factors and social relations with incident sickness absence over 6 years of follow-up. A second objective was to quantify the contribution of psychosocial work factors, social relations, physical work constraints, socio-economic conditions and health behaviors to the social gradient in absenteeism.

*Methods.* Prospective cohort study of 9,631 male and 3,595 female employees of a large national French company.

*Results.* As expected, the incidence of sickness absence was highest among women and individuals in the lowest occupational groups. A lack of decision latitude or personal social support predicted a 20 to 30% increase in men's and women's sickness absence rates, social relations dissatisfaction an excess 10 to 20%. Among men, low social support at work lead to a 20% excess in sick leaves. There was no confounding between psychosocial work and home factors. Preliminary findings confirm that psychosocial work factors, as well as socio-economic factors and physical work constraints, significantly contribute to the excess sickness absence among workers and clerks, compared to managers.

*Conclusions.* Improvements in the work environment and access to social support can reduce the incidence of sickness absence and contribute to reducing social health inequalities.

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## **Psychosocial work environment, mental health and sickness absence: the Whitehall II study**

Head, J.

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Background: Previous research has shown that there are marked social inequalities in sickness absence and that factors both at work and outside work are important predictors of sickness absence.

Aims: to examine the associations between work environment, mental health and sickness absence; to explore the contribution of change in work characteristics and change in mental health status to changes in sickness absence rates; to illustrate some methodological aspects of sickness absence research.

Methods: Prospective sickness absence data over 15 year period for participants of the Whitehall II study. Employment grade, psychosocial factors, mental health (GHQ) and other risk factors measured on five occasions.

Results: Poor mental health is an important predictor of both overall sickness absence and also sickness absence due to psychiatric illness. Work characteristics, social supports outside work and material problems appear to mediate some of these associations. Changes in mental health status are related to changes in sickness absence rates. There are also differences in sickness absence rates among civil service departments which are not explained by age and employment grade differences but may be related to differences in psychosocial work environments.

Conclusions: Psychosocial work characteristics are both predictors of sickness absence and are also important factors related to duration of time off work in those with illness. Workplace interventions to improve the psychosocial work environment may reduce sickness absence.

### **Sickness absence with psychiatric disorders - gender differences and the choice of measures**

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### ***Introduction***

Psychiatric disorders are an increasing public health problem with consequences on work capacity and with high economic costs for society. The sex ratio in these disorders depends on type of psychiatric disorder but more common disorders such as depression and anxiety are twice as common in women than in men.

### ***Aim***

The aim of this presentation is to discuss the effect of the use of the different measures incidence and duration of sick leave for how conclusions regarding gender differences are drawn.

### ***Discussion***

Incidence is an often used measure in epidemiologic research with great relevance in studies of disease occurrence. The incidence of psychiatric sick-leave is higher among women than among men irrespective of the length of the sick-leave spells. However, the sex differences in the duration of sick-leave measured as mean number of sick-leave days are small. If there are any differences it is in the opposite direction with a higher duration among men than among women. Several possible explanations for this will be discussed such as differences in diseases or symptoms, differences in co-morbidity between psychiatric disorders and alcohol dependence or abuse, differences in rehabilitation actions taken, a higher acceptance of psychiatric disorders in women and at female work places. It has been discussed whether depression is a disorder with female symptoms as

the norm, which might lead to fewer men being diagnosed and treated. It is possible that there are similar mechanisms in rehabilitation measures taken.

### ***Conclusion***

Psychiatric disorders are increasing in the whole world and they have a great impact on work capacity. There are large differences in sickness absence between men and women but there is a need to discuss the impact of different measures of sickness absence on such data.