

Fact sheet 1-B: “Illness absenteeism and presenteeism” indicator



Supplement to the Tool for Identifying Psychosocial Risk Factors in the Workplace

Indicators included in the tool

1- Work context and prevention measures in place

- A. Job and work context
- B. Illness absenteeism and presenteeism**
- C. Occupational health activities or policy
- D. Activities or policy against violence and harassment
- E. Return-to-work activities or policy
- F. Work/life-balance activities or policy

2- Key components of work organization

- A. Workload
- B. Recognition at work
- C. Social support of immediate supervisors
- D. Social support of colleagues
- E. Decision-making autonomy
- F. Information and communication

What are illness absenteeism and presenteeism?

Absenteeism and presenteeism can be considered indicators of the psychosocial safety climate within an organization, that is, the organizational policies, practices and procedures that are in place to protect the psychological health and safety of workers. Low rates of absenteeism and presenteeism may reflect a safe psychosocial climate within an organization, whereas high rates are usually associated with the presence of psychosocial risk factors.

Absenteeism: Absenteeism is a very common term, but it is hard to find a definition that everyone can agree on. There are several types of absence from work and not all of them can be attributed to illness absenteeism. For example, annual vacation, educational leave, and maternity and parental leave should not be included in illness absenteeism. According to Statistics Canada data, 8.1% of full-time workers were absent from work for personal reasons at some point every week in 2011, and of that proportion, 5.9% were absent because of illness or a disability. Illness absenteeism can be defined by various indicators, particularly frequency (i.e. the number of episodes in the past 12 months during which a person was unable to work on account of a health problem) and seriousness (i.e. the number of days a person was absent due to a health problem in the past 12 months).

Presenteeism: Presenteeism refers to a situation where workers are present at work even though they show symptoms of or have an illness that should lead them to stay at home and rest.

It manifests itself by illness-related symptoms or behaviour that affect productivity, such as growing irritability with co-workers or clientele, increased fatigue, more errors, punctuality problems or a reduction in the quality of output. People who work in emotionally demanding occupations and professions (e.g. in the health and social services sector or education), workers faced with job insecurity, people who work 50 hours or more per week and self-employed workers are at greater risk of presenteeism. This is partly because there is no one to replace them when they are absent from work.

Why be concerned about this?

Absenteeism is a social interest topic that has been written about extensively, particularly with regard to the costs it incurs. However, it must be borne in mind that illness absenteeism is not simply a question of economics; it is also a major public health issue. Often, absenteeism is just the visible aspect of a harmful work environment with high, but generally unknown presenteeism rates. Presenteeism can have serious consequences by not allowing workers to rest when they need to, thus increasing the risk of future absenteeism.

Mental health problems in the workplace lead to high rates of absenteeism and presenteeism, as well as high staff turnover. Depression and anxiety are associated with productivity problems and high absenteeism rates. The EQCOTESST survey found a significant association between presenteeism and a high level of psychological distress and work-related depressive symptoms. Coronary heart disease is reported to be twice as common among sick workers who display presenteeism than among those who display moderate absenteeism (Kivimaki et al., 2005).

Although some work absences are considered inevitable, such as those arising from personal or family obligations, others can be avoided, including certain illness-related absences. Presenteeism in general is also avoidable. However, workplaces must adopt practices to reduce the underlying psychosocial risk factors.

Some studies suggest that interventions that are focused on absenteeism while ignoring presenteeism underestimate the real scope of the impact of health on productivity. An approach that deals solely with the consequences of the problem through overly strict control of absenteeism, and that does not tackle the organizational factors behind it, may have a negative impact and even increase presenteeism.

What practices should be implemented?

Here are some examples of management and organizational practices that are likely to have a positive impact on the “illness absenteeism and presenteeism” indicator:

- Do assessments of absenteeism: absence rates, frequency (number of episodes), seriousness (duration), diagnoses, causes, employment sectors or job categories affected, etc.
- Put mechanisms in place to identify absences and presenteeism that can be attributed to work
- Implement measures such as training, reassignment and lighter workloads in order to act on the factors associated with absences and presenteeism
- Adopt practices (increased social support, recognition, autonomy and lighter workloads) to act on the psychosocial risk factors associated with presenteeism and absenteeism

References and useful links

1. Statistics Canada (2012). Work Absence Rates, No. 71-211-X. <http://www.statcan.gc.ca/pub/71-211-x/71-211-x2012000-eng.pdf>
2. Aronsson G., K. Gustafsson, M. Dallner (2000). *Sick but yet at work. An empirical study of sickness presenteeism*. Journal of Epidemiology Community Health. 54, 502–509.
3. Vézina, M., E. Cloutier, S. Stock, K. Lippel, É. Fortin et al. (2011). *Enquête québécoise sur des conditions de travail, d'emploi, et de santé et de sécurité du travail (EQCOTESST)*, Québec, IRSST – INSPQ – ISQ.