

Why do employees come to work when ill?

the work foundation



PPP HEALTHCARE

redefining / standards

An investigation into sickness presence in the workplace

Katherine Ashby and Michelle Mahdon

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AXA PPP healthcare (AXA PPP), the medical insurance business of AXA UK, employs around 1,600 employees who work in 248 line manager-led teams. Around 600 people work in customer service, 240 in our tele-business centres and 150 in corporate sales, with the remainder working in our commercial, medical, sales support/marketing and other teams.

At AXA PPP we pride ourselves on our modern employment practices and for the wide range of employee benefits available to our people. These include private medical insurance (PMI) and access to our employee assistance programme (EAP) and occupational health (OH) service, as well as generous sick pay backed up by income protection cover – all of which have been provided for some years.

Our attendance rates are, at 96.5 per cent, fairly typical of those organisations that accurately measure absence in our type of industry (finance/insurance). Our labour turnover levels are low and our employee engagement scores (from our annual employee survey) are generally high.

However, analysis of our absence data showed considerable variation in the number of spells of absence within the 248 line manager-led teams across the company. Spells of absence are arguably the one factor within absence performance most keenly affected by the attitude and behaviour of line managers and employees.

As a leader in absence management services provision we are aware of the many studies that seek to explain the causes of and offer solutions to the vexed question of absence management. Yet, in trying to explain the variations of attendance (a more positive word and therefore one preferred to absence within our organisation) we realised that little research was available into the reasons why people come to work when they are unwell. There is therefore nothing to explain the variation in attendance levels within our teams.

Knowing that we are little different from any of our peer organisations we decided to undertake an in-depth research study. Our aim was first to inform our own management thinking and second to assist our many corporate clients who experience the same issues. We therefore appointed The Work Foundation to carry out the research on our behalf. This report details their findings. We hope the outcomes will encourage employers to recognise that good management of their people is critical to reducing presenteeism and improving attendance.

Nick Groom
Distribution Director, AXA PPP healthcare

Box (a): Snapshot findings and implications

As one of the first studies investigating the links between sickness presence (attending work when self-perception of health justifies taking time off) and individual performance, a number of findings highlight the importance of better understanding and addressing the issue of sickness presence.

Key findings

- We found that, unlike sickness absence, sickness presence was significantly related to performance.
- Higher levels of sickness presence were associated with lower manager assessed performance, reduced psychological wellbeing and higher levels of sickness absence.
- Sickness presence was more prevalent than sickness absence: 45 per cent of employees reported one or more days of sickness presence compared with 18 per cent reporting sickness absence over the same period.
- Three factors, two of which were work related, were significantly linked with higher levels of sickness presence, including:
 - Personal financial difficulties;
 - Work-related stress;
 - Perceived workplace pressure (from senior managers, line managers and colleagues) to attend work when unwell.
- Employees with lower levels of perceived workplace pressure, lower work-related stress and fewer personal financial difficulties reported fewer days of sickness presence compared to those with higher levels of workplace pressure, work-related stress and greater financial difficulties.
- As well as reporting a higher number of days' sickness presence, employees who perceived pressure from managers and colleagues to work when unwell were also more likely to report that their performance was adversely affected by working when unwell.
- Employees who were *unable* to adjust their work around their health problem were also more likely to report that their performance was adversely affected by working unwell.
- Those employees who were finding it difficult to make ends meet, who were unable to save and who were worried a great deal about debt had a significantly higher number of sickness presence days than those without these problems.

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Key implications

- Taken as a whole the findings suggest sickness presence can act for employers as an important indicator of employee health and wellbeing and the underlying causes should be identified and addressed.
- Tackling the underlying causes of these symptoms, especially those that are work related, could have double benefit in reducing levels of absence and sickness presence.
- Employers may be at risk of underestimating employee ill health and missing warning signs by focusing on absence alone.

Key recommendations

- **Workplace culture:** How absence management policies are understood and applied by managers at all levels of the organisation requires attention. Are policies applied consistently? Do employees understand how the company's sickness absence management systems and processes can benefit them?
- **Line managers:** Line managers' capability to deal with work-related stress, including the managerial and organisational causes of reduced psychological wellbeing and stress, should be prioritised.
- **Ability to adjust work to health problems:** The fit note, with its emphasis on capability, should provide AXA PPP and other organisations with a constructive opportunity to review how managers and their teams currently work together to help adjust work for employees and accommodate their health problems.
- **Workplace financial support for employees:** We recommend further evaluation of the uptake and benefits of workplace financial education offered at AXA PPP. Is the right type of support reaching those who need it?
- **Further monitoring and evaluation:** Ongoing monitoring and evaluation will be required to assess the level of employee health and wellbeing and to evaluate the effectiveness of any targeted interventions.

About this project

This multi-method project, commissioned by AXA PPP, explored the organisational, managerial and employee characteristics that affect sickness presence, which is where employees attend work despite judging their health as such that sick leave could have justifiably been taken. This is one of the first UK studies to investigate the relationship between sickness presence, sickness absence and performance.

We conducted qualitative interviews with three teams of employees (25 interviews in total) where the teams had differing levels of sickness absence. These were followed by an online survey of 510 AXA PPP employees. Where data were available and permission given, employees' survey responses were matched with recorded absence data and individual performance scores based on line manager assessments.

Key findings

Sickness presence was positively related to sickness absence and was more prevalent.

Our survey revealed sickness presence was more prevalent than sickness absence. 45 per cent of employees self-reported one or more days of sickness presence over a four week period. Over the same period only 18 per cent reported one or more days of sickness absence. Additionally, there was a positive correlation between sickness presence and sickness absence. This indicated that employees with higher levels of sickness presence also had higher levels of absence and those with lower levels of sickness presence also had lower levels of absence. Sickness presence was significantly associated with self-rated anxiety and psychological wellbeing. Employees with a greater number of days of sickness presence reported higher levels of anxiety and lower levels of psychological wellbeing whilst those with fewer days of sickness presence reported the converse.

Unlike sickness absence, sickness presence was significantly related to performance.

Crucially, we found that sickness presence had a greater impact on manager-assessed performance scores than levels of sickness absence did. Employees with higher levels of sickness presence had significantly lower performance scores compared with those with lower levels of sickness presence. Sickness absence (self-reported or recorded by AXA PPP's sickness absence management system) was not significantly related to this performance measure.

Higher sickness presence signals poorer employee health and wellbeing.

We cannot establish causality from these findings. However, they do suggest that sickness presence can act as an indicator of employee health and wellbeing, with higher levels of sickness presence signalling poorer health and wellbeing. Furthermore, the association between sickness presence and performance provides support to the business case for employers addressing its underlying causes.

What factors are associated with sickness presence?

The qualitative study allowed us to explore the reasons why the employees interviewed said they came into work when they judged their health as such that they could have taken sick leave. Participants gave a range of reasons, including:

- The type and severity of ill health;

- Feeling a responsibility not to let their team down;
- Having no one to cover their workload;
- Feeling under stress at work;
- Feeling under pressure from senior managers and their line managers to come to work when unwell;
- Putting pressure on themselves to come in.

Experiencing personal financial difficulties, feeling under stress at work and perceived workplace pressure to come into work unwell.

Using the data from the survey we investigated the variables (relating to the employee and the organisation) that were significantly associated with the number of days' sickness presence. Three factors, two of which were work related, were significantly linked with higher levels of sickness presence, including:

- Personal financial difficulties;
- Work-related stress;
- Perceived workplace pressure (from senior managers, line managers and colleagues) to attend work when unwell.

Employees with lower levels of perceived workplace pressure, lower work-related stress and fewer personal financial difficulties reported fewer days of sickness presence compared to those with higher levels of workplace pressure, work-related stress and greater financial difficulties.

Exploring the factors associated with sickness performance.

We also explored the variables that were significantly associated with sickness performance; that is, employees' perceptions of how (if at all) their performance was impaired by working whilst judging their health such that sick leave could have justifiably been taken. Gender, the ability to adjust work around a health problem, perceived workplace pressure to attend work when unwell and putting oneself under pressure were all significant predictors. Female employees, those who were unable to adjust their work around their health problem, those who perceived they were under pressure from managers and colleagues to attend work when unwell and employees who put themselves under pressure were more likely to report their performance to be adversely affected by working when unwell compared with those male employees who were able to make adjustments and those with lower levels of perceived workplace or self-pressure.

**What are the
implications
of these
findings?**

Workplace culture and the presentation of attendance management policies.

Although the findings revealed many positive aspects about job quality in the organisation, just over 40 per cent of employees we surveyed perceived pressure from senior managers, line managers and colleagues to come to work when unwell. We recommend investigating how employees experience current sickness absence policies, including their presentation to employees by managers:

- Are policies explained and applied consistently throughout the organisation?
- Could the current sickness absence management system (including the reasons behind recording absence and return-to-work interviews) be conveyed differently to employees to ensure they feel managers and the organisation value their health and wellbeing?
- Do employees understand how the sickness absence management system and process can benefit them? Could this be conveyed more clearly to employees?

These considerations of sickness absence policies are also intrinsically linked to the support and training line managers receive in how to encourage and optimise employee health and wellbeing and manage ill health.

Line manager training around work-related stress and psychological wellbeing.

We recommend AXA PPP reviews the support and training it offers to line managers and uses the findings as an opportunity to refresh training around work-related stress and psychological wellbeing, including effective attendance management. Line managers have a pivotal influence on employees' perceptions of organisational culture and their day-to-day experiences at work. The way in which they help facilitate the management of work content and workload, communicate with employees and provide support can play a big role in the amount of work-related stress employees experience.¹

Our findings indicate that work-related stress combined with workplace pressure from managers and colleagues to come into work when unwell is associated with lower levels of performance. Sickness presence can be hidden because it is difficult to monitor and not captured by absence management systems. In order to help improve employee wellbeing it is crucial that line managers are:

- Aware of the organisational and managerial causes of work-related stress and ill health and the role they, as line managers, can play in minimising these risks to health and wellbeing;

¹ For further information see the work of the HSE: <http://www.hse.gov.uk/stress/roles/yourteam.htm>; and Donaldson-Feilder, E., Yarker, J. & Lewis, R. (2008). Line management competence: The key to preventing and reducing stress at work. *Strategic HR Review*, 7, 11-16

- Able to notice the signals associated with employees experiencing high levels of workplace stress, reduced psychological wellbeing and/or mental health problems;
- Feel they are able to have open and supportive conversations with employees about their health (their psychological wellbeing and mental health in particular). This will include considering how they can help employees experiencing health problems to make adjustments to their work.

Focusing on capability: adjusting work to accommodate health problems.

The ability to adjust work to accommodate health problems was significantly associated with self-reported sickness performance. Those employees who were unable to adjust their work around their health condition were more likely to report that their performance was adversely affected when working while unwell (compared with employees who were able to make adjustments).

We recommend AXA PPP reviews the level of control employees in different roles have to adjust the nature and pace of their work if they are unwell or experiencing health problems. Where it is found employees have little control we recommend introducing more dialogue between line managers and employees and, potentially, for occupational health to consider recommending any other types of work an employee could carry out when they are unwell but still willing and able to work. The introduction of the fit note, with its emphasis on employees' capabilities for work, might provide AXA PPP with a timely opportunity to address some of the cultural changes around absence and look at the way teams currently work together to help adjust work for employees around health problems.²

In light of the qualitative findings it is worth noting that managers and colleagues learning how to make adjustments for an employee's capabilities is particularly pertinent for employees struggling with psychological problems. Research shows that work can play a positive role in supporting recovery for mental health problems. As such, improving managers' awareness and understanding of mental health issues would be an important step.

Supporting employees experiencing financial difficulties: Is the right type of support reaching the right employees?

Experiencing personal financial difficulties was significantly associated with sickness presence. Those employees who were finding it difficult to make ends meet, who were unable to save and worried a great deal about debt had a significantly higher number of sickness presence days than those without these difficulties. Research on financial education in the workplace

² See <http://www.nhs.uk/chq/Pages/2584.aspx> for further information on the fit note and what it means for employers and employees

concludes that more work is needed to assess the value of this type of support, in addition to identifying the content and delivery methods that are most effective for employees. However, there is evidence to show that providing workplace education can have positive benefits for both employers and employees and it is described in a recent study (CIPD, 2009) as 'win-win'.^{3 4}

We recommend AXA PPP further explores the use, content and uptake of this type of financial education within its organisation⁵ in addition to other forms of support they could direct employees to (such as that provided by charities or government bodies).

Continuous monitoring of sickness presence and evaluation.

Organisations need to find a way of monitoring sickness presence and making line managers aware that attending work when unwell can be an important indicator of poor employee health and wellbeing, which in turn can adversely affect performance. The reasons for sickness presence need to be explored and interventions to address them should be monitored and evaluated.

Concluding remarks

This study is important in that it reveals key relationships between sickness presence and performance and identifies new factors associated with sickness presence, including workplace pressure to attend work when unwell and personal financial difficulties. Its implications and recommendations focus on targeting the potential underlying causes of poor employee health and wellbeing, especially those that are work related. They include recommendations for line manager training and addressing aspects of manager behaviour and workplace culture.

It is important to keep in mind that research into sickness presence is still in its infancy, especially when compared with the body of work on absence. Causality cannot be established from these findings and, as other researchers have highlighted, there are still many unknowns in this field.⁶ Further monitoring of sickness presence and the factors associated with it is needed in the UK. Longitudinal studies tracking the effects of sickness presence over time on wellbeing and performance are also required. We hope this research can raise the profile of sickness presence as an indicator of health and wellbeing and act as a point of departure for future exploration of these important issues.

³ CIPD. (2009). *Workplace financial education: A win-win proposition*. From: http://www.cipd.co.uk/subjects/pay/general/_wrkplfined.htm

⁴ Cox, A., Hooker, H., Marwick, C., & Reilly, P. (2009). Financial wellbeing in the workplace. *Report 464, Institute for Employment Studies*, from: www.employment-studies.co.uk

⁵ AXA PPP has My Budget Day, which is available for some employees. Please see: http://mybudgetday.axa.co.uk/employers_benefits.php

⁶ See Hansen, C. D. & Andersen, J. H. (2008). Going ill to work – What personal circumstances, attitudes and work-related factors are associated with sickness presenteeism? *Social Science & Medicine*, 27, 956-964

1. Setting the scene

Why do employees come to work when they are ill? What employee, organisational and managerial characteristics are associated with this decision? What are the relationships between attending work when ill, employees' health and wellbeing, their performance and absence levels? These are some of the key questions this project, commissioned by AXA PPP, will seek to address.

Box 1: About this report

This report presents the findings from a multi-method research project commissioned by AXA PPP to investigate why employees come into work despite judging their health as such that they could have justifiably taken sick leave. Crucially, this project explores relationships between attending work when ill and performance – both employees' own self-reported performance when they are unwell and their line managers' overall yearly objective ratings of their performance.

Structure of this report

- **Section 1** sets the context for the project, introduces the key aims and provides a brief overview of the literature on the factors that have an impact on sickness absence and whether employees go to work when ill.
- **Section 2** reports the key qualitative findings from 25 interviews with AXA PPP employees, exploring in-depth the factors they believe affect their decision to come to work when ill.
- **Section 3** reports findings from the quantitative survey and analysis, linking findings to objective and subjective measures of performance.
- **Section 4** discusses the key findings, including the implications of the results and recommendations.

1.1

What is presenteeism?

It is important to highlight that the concept of presenteeism has been understood in different ways. Presenteeism is not always associated with attending work when sick. Instead, it has also been used to describe those who are not unwell, but who come to work and seemingly intentionally or through disengagement do not perform to their best.

In this report we base our work on the former definition of presenteeism (also termed sickness presence or sickness attendance): attending work when self-perception of health justifies taking time off. Caverley, Cunningham and MacGregor (2007) report that ailments

commonly associated with sickness presence include: tension headaches, migraines, allergies, depression, gastrointestinal problems and asthma/breathing difficulties.⁷

Vingard, Alexanderson and Norlund (2004) stress that the definition of sickness presence as attending work when unwell can be problematic because many people of working age with various disorders continue to work 'since the problem does not affect their work ability. They do not think of themselves as being "sickness present"'.⁸ Additionally, whilst it may be advantageous to have periods of absence in some cases, especially if employees have a contagious disease or require rest, work can play a positive role in maintaining wellbeing during periods of ill health. People do not always need to be 100 per cent fit to continue to work or return to work. In many cases work plays a positive role in facilitating recovery.⁹

However, the nature and content of work and the ability an employee has to adapt or change work depending on their health can also be key factors in whether employees are able to work when unwell. Johansson and Lundberg (2004) maintain that employees with a high degree of control over their work – adjustment latitude – are more likely to go to work ill because they can modify their work tasks in such a way that they can manage their workload despite their health problem.¹⁰

In this study we focus on employees who perceive themselves as sickness present by defining sickness presence in terms of the number of days employees self-report that they have come into work despite judging their health as such that sick leave could have justifiably been taken. Following the work of Hansen and Andersen (2008) by using this definition we are focusing on the sociological and psychological aspects of sickness presence (those relating to sickness presence as a way of acting in a given context) rather than on the medical aspects.¹¹ In the qualitative phase of this study we also explore employees' understanding of what it means to be 'too ill' to come to work. People have different tolerances and perceptions of illness and when investigating sickness presence it is important to consider the impact of employees' existing health problems.

⁷ Caverley, N., Cunningham, J. B. & MacGregor, J. N. (2007). Sickness presenteeism, sickness absenteeism and health following restructuring in a public service organisation. *Journal of Management Studies*, 44, 304-319

⁸ Vingard, E., Alexanderson, K. & Norlund, A. (2004). Sickness presence. *Scandinavian Journal of Public Health*, 32, 216-221

⁹ Bevan, S., Passmore, E., Mahdon, M. (2007). *Fit for work?* London: The Work Foundation

¹⁰ Johansson, G. & Lundberg, I. (2004). Adjustment latitude and attendance requirements as determinants of sickness absence or attendance. Empirical tests of the illness flexibility model. *Social Science and Medicine*, 58, 1857-1868

¹¹ Hansen, C. D. & Andersen, J. H. (2008). Going ill to work – What personal circumstances, attitudes and work-related factors are associated with sickness presenteeism? *Social Science & Medicine*, 27, 956-964

1.2
Introduction to
the research
project

Employers are increasingly interested in the health and wellbeing of their employees, recognising both the moral argument for investment as well as the productivity costs of ill health. However, while many senior managers are recognising the importance of investing in the health and wellbeing of employees, establishing the business case and achieving internal support for investment can prove difficult. Returns on investment are rarely immediate and establishing direct cause and effect is complex outside of laboratory conditions.

Yet, the potential benefits are significant. The public policy agenda linking employee wellbeing to productivity has recently gained momentum following publication of the Black¹² review of ways to improve the health of the working age population in the UK and the subsequent Boorman¹³ review of health and wellbeing in the NHS. In the last two decades a core focus of employers, health practitioners, policy makers and researchers has been on understanding and accurately documenting sickness absence. The introduction of the fit note in April 2010 to replace the sick note marks a step change in the role of general practitioners and employers in recognising the capacity of people to work alongside health issues as well as the important part work can play in facilitating recovery from illness.¹⁴ However, in parallel to the discussions about reducing sickness absence is an emerging debate around presenteeism.¹⁵

During the 2009 swine flu pandemic many employers urged their staff to stay at home if they were unwell with flu-like symptoms. Outside of concerns related to contagious diseases such as this it is not entirely clear what employers' position on sickness presence should be. As touched upon above, work can play a positive role in the recovery from ill health.¹⁶ Additionally, not all workers with health problems will perceive themselves as sickness present if their ill health does not affect their ability to work. Much depends on the reasons behind sickness presence and the effect they have on employees' performance and health and wellbeing (in the short- and longer term). Additionally, as will be explored in more detail below, recent research has indicated that when levels of sickness absence are low, measures of sickness presence may provide a more reliable picture of an organisation's health-related productivity losses.¹⁷ Given that knowledge,

¹² Black, C. (2008). *Dame Carol Black's review of the health of Britain's working age population. Working for a healthier tomorrow*. From: <http://www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf>

¹³ Boorman, S. (2009). *NHS health and wellbeing final report*. From: http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108907.pdf

¹⁴ See <http://www.nhs.uk/chq/Pages/2584.aspx> for further information on the fit note and what it means for employers and employees

¹⁵ Cooper, C. & Dewe, P. (2008). Editorial wellbeing – absenteeism, presenteeism, costs and challenges. *Occupational Medicine*, 8, 522-24

¹⁶ See Black, C. (2008). *Dame Carol Black's review of the health of Britain's working age population. Working for a healthier tomorrow*. From: <http://www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf>; and Bevan, S., Passmore, E. & Mahdon, M. (2007) *Fit for work?* From: <http://www.theworkfoundation.com/research/publications/publicationdetail.aspx?oltemId=44>

¹⁷ Caverley, N., Cunningham, J. B. & MacGregor, J. N. (2007). Sickness presenteeism, sickness absenteeism and health following restructuring in a public service organisation. *Journal of Management Studies*, 44, 304-319

in the current economic climate where job insecurity is high and employees may be particularly wary of taking time off for ill health, gaining a better understanding of the causes and effects of sickness presence is crucial.

1.2.1 Aim of the study

The aim of this multi-method study was to explore the effect of different employee and work-related factors on sickness presence and critically to establish if sickness presence was associated with manager-assessed and self-reported levels of performance. To this end, this project begins to address a gap in UK data on sickness presence and its relationship to performance. The project explicitly explores AXA PPP employees' views on the factors that influence their decision to come to work when unwell, in addition to using statistical analyses to examine the relationship between different factors.

1.3 Causes of sickness presence and sickness absence

Ill health is influenced by a range of different variables, from genetic predisposition, lifestyle and social factors to workplace characteristics. Some of these factors individuals can control more than others. (In particular, individuals may have more control over the amount they exercise and their food choices than their genetic predisposition to certain conditions or their working environment.) Similarly, whilst employers may be able to exert some influence over individuals' health choices – through for example workplace programmes related to physical activity, smoking cessation or healthy eating – their scope to influence can be limited here.

However, employers can have a great deal of control over a number of workplace factors. This is important because a rich body of work on sickness absence has shown that a range of organisational and managerial characteristics, including employees' perceptions of work, can have an impact on ill health and absence from the workplace. The seminal work of Sir Michael Marmot, which examined the health of civil servants, identified key workplace factors that predicted employees' health outcomes.¹⁸ This work and subsequent research has helped to provide a clear indication of what constitutes a good job.¹⁹ These include:

- Employment security;
- Autonomy, control and task discretion;
- Appropriate balance between effort and rewards (beyond financial rewards);
- Appropriate work-life balance;

¹⁸ Marmot, M. (2004) *Status syndrome*. London: Bloomsbury; Marmot, M., Friel, S., Bell, R., Houwelling, T., Taylor, S. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health*. From: http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf

¹⁹ Coats, D. & Lekhi, R. (2008). *Good work: Job quality in a changing economy*. From http://www.theworkfoundation.com/Assets/Docs/good_work_final3.pdf; Waddell, G. & Burton, K. A. (2006). *Is work good for your health and wellbeing?* TSO

- Appropriate match between skills and work demands;
- Procedural fairness at work;
- Strength of workplace relationships (social capital).

Research has also revealed the critical role line managers have to play in:

- Sustaining employee health and wellbeing;
- Reducing the likelihood of stressful circumstances and situations arising for their staff;
- Successful return to work following ill health.²⁰

The Health and Safety Executive (HSE) and Chartered Institute of Personnel and Development (CIPD) management standards and guidelines specify the characteristics, or culture, of an organisation where the risks from work-related stress are being effectively managed and controlled.²¹ Work-related stress has been defined by the HSE as the process that arises where work demands of various types and combinations exceed the person's capacity and capability to cope.²² The six management standards are closely associated with the good work characteristics listed above. Investigations by Goldsmiths, University of London, are building on the CIPD guidance and HSE stress management standards, identifying the key competencies managers need to apply to ensure early and appropriate return to work and employee wellbeing.²³ Much of these revolve around so-called 'soft skills', yet these are central to being an effective manager.

While knowledge of absence, its causes and costs are relatively well established, the body of work on sickness presence, or presenteeism, is significantly smaller. However, this area of research is increasingly receiving attention (although currently much of the existing work on the subject comes from outside of the UK). The increased interest in presenteeism comes not least because of employer concern that at a time when job insecurity is likely to be high employees may be more inclined to come to work when they are ill, obscuring true levels of employee health and wellbeing as well as adversely affecting performance.²⁴

²⁰ Cooper, C. & Dewe, P. (2008). Editorial Wellbeing – absenteeism, presenteeism, costs and challenges. *Occupational Medicine*, 8, 522-24

²¹ See: <http://www.hse.gov.uk/stress/standards/index.htm> and http://www.cipd.co.uk/subjects/health/stress/_lnstrswrk.htm for further information.

²² See: <http://www.hse.gov.uk/STRESS/furtheradvice/wrs.htm>

²³ The findings from this work by Joanne Yarker, Fehmidah Munir, Emma Donaldson-Fielder and Ben Hicks are yet to be published. See the section on 'Return to work following sickness absence' for more information on this project: <http://www.gold.ac.uk/psychology/staff/yarker/>

²⁴ See for a further discussion of these issues: Caverley, N., Cunningham, J. B. & MacGregor, J. N. (2007). Sickness presenteeism, sickness absenteeism and health following restructuring in a public service organisation. *Journal of Management Studies*, 44, 304-319

Recent work has revealed that similar factors come into play in predicting sickness presence and sickness absence and that there is a strong relationship between the two. Hansen and Andersen (2008) found that work-related factors such as degree of control over work and relationships with colleagues were more important than personal circumstances or attitudes in determining sickness presence.²⁵ In a further study the same researchers examined the effect of sickness presence on long-term sickness absence and found that going to work ill repeatedly is associated with longer term sickness absence at a later date.²⁶ However, what is as yet missing from research in this area is an ability to relate sickness presence to objective measures of performance over and above self-reported impact on performance when unwell.

1.4

Costs of sickness presence and sickness absence

It is well documented that the costs of ill health to employers and society are high in the UK. Dame Carol Black has estimated the cost to be around £100 billion a year, equivalent to the GDP of Portugal.²⁷ The CIPD estimated the cost of absence to employers to be £692 a year per employee in 2008.²⁸ The primary reasons noted in the UK for long-term absence from work are mild to moderate mental health conditions (such as anxiety, stress and depression) and musculoskeletal disorders.²⁹ These figures represent primary disorder only and do not record underlying causes or secondary symptoms. Consequently, they do not take the impact of co-morbidity of other physical and mental health problems into account. The interaction between mental and physical wellbeing can affect the severity of conditions and recovery. Neither do the figures of absence from work tell the whole story of the impact of ill health on work. Wynne-Jones, Buck, Varnava, Philips and Main (2009) reported that using absence as a marker of a health-associated compromise in quality of work may lead to an underestimation of the impact of health on work.³⁰

According to the Sainsbury Centre for Mental Health the cost of ill health at work and presenteeism could be just as high or even higher. It estimates that presenteeism accounts for 1.5 times more working time lost than absenteeism with the costs to UK employers of mental health problems alone estimated at £15.1 billion per year.³¹

²⁵ Hansen, C. D. & Andersen, J. H. (2008). Going ill to work – What personal circumstances, attitudes and work-related factors are associated with sickness presenteeism? *Social Science & Medicine*, 27, 956-964

²⁶ Hansen, C. D. & Andersen, J. H. (2009). Sick at work – a risk factor for long-term sickness absence at a later date. *Journal of Epidemiology & Community Health*, 63, 397-402

²⁷ Black, C. (2008). *Dame Carol Black's review of the health of Britain's working age population. Working for a healthier tomorrow*. From: <http://www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf>

²⁸ See: http://www.cipd.co.uk/subjects/hrpract/absence/_absence_management_summary.htm?IsSrchRes=1 for further information

²⁹ Bevan, S., Quadrello, T., McGee, R., Mahdon, M., Vavrovsky, A. & Barnham, L. (2009). *Fit for work? Musculoskeletal disorders in the European workforce*. From: <http://www.theworkfoundation.com/research/publications/publicationdetail.aspx?oltemId=224>

³⁰ Wynne-Jones, G., Buck, R., Varnava, A., Philips, C. & Main, C. J. (2009). Impacts on work absence and performance: What really matters? *Occupational Medicine*, 59, 556-562

³¹ Sainsbury Centre for Mental Health. (2007) *Mental health at work: Developing the business case*. Policy Paper 8: London

A US study examining self-perceptions of performance when unwell identified that changes in psychological health risks was strongly associated with changes in self-reported performance when unwell at work.³² A change in each risk factor was linked with a 1.9 per cent productivity loss over time, estimated at \$950 per year per risk factor changed. It is noteworthy that the change could be positive or negative, suggesting that change itself in perceptions of health can influence performance at work. While the specific cost savings found within the US can only be indicative of potential impact elsewhere due to the nature of the health and insurance systems in the US, the findings highlight the important implications of presenteeism. Indeed, Collins et al³³ suggest that interventions that focus on absenteeism and ignore presenteeism not only underestimate the true magnitude of the impact of health on productivity, but also may not accurately characterise the financial return on various health interventions.

It is important to note, however, that productivity data are usually unavailable at an individual level and work performance data are often nonexistent and superficial.³⁴ In particular, the impacts of ill health on performance are typically only recorded as a self-reported impact on performance. The research presented in this report therefore makes a fresh contribution to our understanding of the connections between presenteeism and performance.

³² Burton, W. N., Chen, C., Schultz, A. B., Conti, D. J., Pramsky, G. & Edington, D. W. (2006). Worker productivity loss associated with arthritis. *Disease Management*, 9, From: <http://deepblue.lib.umich.edu/bitstream/2027.42/63221/1/dis.2006.9.131.pdf>

³³ Collins, J. P., Baase, C. M., Sharda, C. E., Ozminkowski, R. J., Nicholson, S., Billotti, G. M., Turpin, R. S., Olson, M. & Berger, M. L. (2005). The assessment of chronic health conditions on work performance, absence and total economic impact for employers. *Journal of Occupational and Environmental Medicine*, 47, 547-557

³⁴ Kessler, R. C. & Stang, P. E. (2006). *Health and work productivity: Making the business case for quality health care*. Chicago: University of Chicago Press

2. Employees' perspectives: Understanding why people come to work when they are ill – evidence from qualitative findings

This section presents the key findings from the interviews with 25 employees (including line managers) from three teams drawn from different departments within AXA PPP and with different demographic profiles in terms of age and gender.³⁵ The selected teams had different levels of absence, ranging from high to low (as recorded by AXA PPP's absence management system) and included those in both customer and non-customer facing roles.³⁶

This section therefore provides valuable qualitative data on the factors these employees and their line managers believe affect their decision to come to work when unwell (see Box 2 for a summary). As AXA PPP is a large organisation with a diverse range of teams and roles it is paramount to highlight that this section represents the range of views from this group of 25 employees only. The survey study, presented in Section 3, provided the opportunity to explore the generality of these findings with a larger group of AXA PPP employees.

Box 2: Key factors identified by employees that increase the likelihood of coming to work when unwell

- Type and severity of illness;
- Feeling under pressure from senior managers, line managers and/or the rest of the team to come into work when unwell;
- Self-pressure to come to work when ill;
- Ability to adjust work when unwell;
- Having no one to cover workload when away because of ill health;
- Feeling under stress at work;
- Feeling a responsibility not to let their team down;
- Being unable to rest at home because of family/living arrangements;
- Being concerned about commission and pay.

2.1

The meaning of health and wellbeing

Part of investigating employees' perceptions of how health and wellbeing are dealt with by management and the organisation involved gaining an understanding of what health and wellbeing meant to employees.

Among the 25-employee sample, understanding of health and wellbeing varied. Some employees had a more limited view of health as involving physical health (focused on exercise, eating the right foods and being physically well) whilst others had a wider understanding,

³⁵ In order to preserve the confidentiality and anonymity of participants, data are presented across all of the teams. Detailed demographic and role information is not provided

³⁶ See Box 3 in Section 3 for more information on the SAM system

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encompassing psychological wellbeing: 'Health and wellbeing is overall health, mental health, physical health, money health. Everything I guess.'³⁷

Wellbeing at work for AXA PPP employees also had a number of different meanings, including:

- Feeling that managers and the team cared about each individual's wellbeing and noticed when they were unwell or unhappy;
- Feeling work efforts were appreciated by the team and management;
- Being offered flexibility in terms of meeting commitments outside of work;
- Having the ability to fulfil potential and make progress;
- Having a voice – views listened to and having control over the way work is organised;
- Fairness – everyone being treated in the same way;
- Openness – being informed and kept up to date with any changes in the organisation.

These meanings overlap well with research evidence of the factors that create 'good work', which are strongly associated with positive wellbeing.³⁸ In the survey phase of this study we explored the relationships between these factors relating to job quality and sickness presence and absence.

2.2 What factors do employees think affect their decision to come to work when unwell?

Employees were asked a number of open questions to explore what influenced their decisions to come into work when feeling unwell. Different techniques were employed in the interview, including asking participants to imagine a scenario where they woke up feeling 'really ill' on a workday and then to talk through their decision-making process that morning. The factors considered by employees are summarised in Box 2 and outlined in more detail below.

2.2.1 Type and severity of illness

The type and severity of the illness was raised by many of the employees as an influencing factor. Employees felt they needed to have more than a common cold to take time off. Any of the following were felt to require time at home: flu, viruses, throat infections, any illnesses involving sickness and diarrhoea, a high temperature or 'the shivers', severe headaches, sinusitis and dizziness.

The employees also drew a distinction between psychological and physical health conditions, with employees saying they were more likely to come into work when suffering from mild to

³⁷ In this section of the report quotes represent extracts from employee interviews. Some information may have been slightly altered to protect confidentiality and anonymity

³⁸ Coats, D. & Lekhi, R. (2008). *Good work: Job quality in a changing economy*. From: http://www.theworkfoundation.com/Assets/Docs/good_work_final3.pdf; Waddell, G. & Burton, K.A. (2006). *Is work good for your health and wellbeing?* TSO

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moderate psychological distress.³⁹ Being asked to imagine a scenario when they were mentally run-down (stressed, anxious or depressed) and talk through their decision-making process in whether to come to work seemed to resonate with employees who had experienced (or whose family/friends had experienced) some form of stress, anxiety or depression.⁴⁰ Nearly all employees said that they would go into work in this situation, especially when their anxiety was related to issues outside work, as they felt seeing friends and colleagues within work would help to alleviate their worries.

When the source of anxiety/depression was related to work some employees also talked about coming in because they feared that otherwise their anxiety would increase in the time they were away. Some were also concerned that, if they did take time off, their colleagues would not understand the reasons why they were away from work and view them as 'pulling a sickie'. In the survey phase of this project we explore the relationship between self-reported anxiety, psychological health and sickness presence further.

It is also important to highlight that when psychological distress was more pronounced some employees mentioned not coming into work for fear of how they would react towards colleagues or customers (that is, being less in control of their emotions forced them to have time off work).

2.2.2 Pressure from senior managers, line manager, team and/or self to come into work when unwell

A number of employees said that they felt under pressure to come into work when unwell in order to 'prove' their illness to their manager and/or team. As one employee highlighted:

'There's a certain amount of pressure to come in. I think you have to be quite ill or you call up and think do I sound ill? Quite often, if it's not a physical thing especially, it's hard to prove to someone else that you're not feeling well if it's not something you can see.'

The extract above links to the distinction employees made between psychological and physical health problems. It also touches on another reason why employees with anxiety or depression may come into work unwell if they feel unable to 'prove' their ill health to managers and colleagues.

³⁹ Mild to moderate psychological health conditions are commonly defined in terms of the severity and extent of symptoms people experience. They include depression, anxiety- and panic-related disorders. More severe conditions, such as schizophrenia, are not included in this category. See <http://www.mind.org.uk> for further information

⁴⁰ It is important to clarify that we were asking employees to envisage a situation where their mental health was affected and asking them how they would react if they were experiencing mental health problems; not all the employees interviewed identified that they were experiencing mental health problems

The perception of pressure to come into work when unwell was linked to negative perceptions of how sickness absence management was dealt with by line managers and by the organisation as a whole. One employee who had particularly strong views on this said:

'You don't concentrate on getting better because they're so harsh on sickness here. You get put on sickness attendance targets and they have their say like you can't have more than two episodes in six months and if you do you get a disciplinary and stuff like that. So you are really sort of told you have to be here. Being sick isn't acceptable.'

Such negative perceptions of attendance management were also linked to the perceptions that managers and the organisation did not care about employees' health and wellbeing. In this way sickness absence management was perceived to be driven by the financial concerns of the organisation and line managers, rather than focused on the best interests of the employee. We explore these issues in more detail in Section 2.3 below.

It is also important to highlight that some of the employees viewed the pressure to come to work when unwell (and what they perceived as strict absence management policies) as being a consequence of other employees abusing the company's sickness absence and sick pay system. They felt that this abuse of the system by others who 'pulled sickies' and took sick leave when it was not justified had led to the strict system, which put pressure on those who were ill to prove their ill health.

In addition to work-related pressure a number of employees said they placed themselves under pressure to come to work when unwell because this was the 'type' of person they were. This finding has some resonance with Aronsson and Gustafsson's (2005) work on the personality characteristics associated with sickness presence.⁴¹ However, recent work has found personal factors to have less impact on sickness presence than workplace ones. This is something we explore in the survey study.⁴²

2.2.3 Responsibility towards the team

Related to self-pressure to come into work when unwell was the idea of 'not letting the team down'. For some pushing themselves to come to work when they felt ill enough to take time off was related to the responsibility they felt towards their team. In this context coming to work

⁴¹ Aronsson, G. & Gustafsson, K. (2005). Sickness presenteeism: Prevalence, attendance pressure factors and an outline for a model for research. *Journal of Occupational and Environmental Medicine*, 47, 958-966

⁴² Hansen, C. D. & Andersen, J. H. (2008). Going ill to work – What personal circumstances, attitudes and work-related factors are associated with sickness presenteeism? *Social Science & Medicine*, 27, 956-964

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when they felt they were really too ill was viewed in a positive light as showing their commitment to one another. As one employee explained:

'We can trust each other to try our best and we all know that if somebody's off sick then it really is that somebody's poorly. And then it doesn't matter does it? Nobody's thinking 'oh, they have pulled a fast one'. Nobody thinks that in our team because we have a good working relationship and understanding between us.'

However, even in this situation there was a tension between employees' desire to come in when they were ill and not wanting to pass their illness on to their colleagues. Overall, these findings are in line with those of Hansen and Andersen (2008) who found that relationships with colleagues, including working in a small group, having non-standard hours and a degree of co-operation between employees increased the likelihood of sickness presence.⁴³

2.2.4 Ability to adjust work when unwell

The extent to which the illness affected the employee's ability to carry out their specific role formed part of the decision as to whether to attend work or not. For example, employees who spent a lot of time talking to customers or colleagues commented that a really sore throat or chesty cough would make them unable to carry out their role. Employees who were able to adjust the work they did around their health problem reported being more likely to come into work.

2.2.5 No one to cover workload and feeling under stress at work

For some, a high workload was highlighted as a factor affecting sickness presence, especially by those who felt under a great deal of stress at work. These employees were worried their workload would build up in their absence, making it harder to manage when they returned. Linked to this, some employees said there was no one to cover their workload when they were away. Part-time workers were also hesitant to miss work because of sickness as they were aware that they had fewer hours in which to fit their workload. These findings resonate with past work on the impact of time pressures, including a lack of resources, on sickness presence.⁴⁴

2.2.6 Being unable to rest at home because of family and/or living arrangements

Home life has been identified in previous work on sickness presence as influencing people's decision to come to work when ill.⁴⁵ In our interviews employees with children pointed out that

⁴³ Hansen, C. D. & Andersen, J. H. (2008). Ibid

⁴⁴ Aronsson, G. & Gustafsson, K. (2005). Sickness presenteeism: Prevalence, attendance pressure factors and an outline for a model for research. *Journal of Occupational & Environmental Medicine*, 47, 958-966

⁴⁵ See Hansen, C. D. & Andersen, J. H. (2008). Going ill to work – What personal circumstances, attitudes and work-related factors are associated with sickness presenteeism? *Social Science & Medicine*, 27, 956-964

their existing routines meant it would be harder for them to rest at home if they were unwell and they were likely to prefer to come to work.

2.2.7 Commission and pay

Some employees who received commission in addition to their basic pay said they were reluctant to take time off when unwell because this could adversely affect their individual performance targets and financial rewards.

2.3 Employees' perceptions of managerial and organisational support for their health and wellbeing

Employees' views on managerial and organisational support for their health and wellbeing varied across and within teams and there was discussion of both positive and negative treatment of health and wellbeing.

Positive perceptions of managerial support were linked to line managers supporting the work-related conditions of workplace wellbeing (as discussed in Section 2.1). Managers were thought *not* to support employees' wellbeing when employees felt:

- They were not being listened to by managers;
- Their personal problems were not treated confidentially;
- Managers did not notice when they were unhappy or unwell;
- Opportunities for progression were not considered;
- Staff were not treated in the same way (including inconsistent rewards for good performance);
- Sickness absence was considered to be unacceptable and managed 'harshly'.

Positive perceptions of **organisational support** for employees' health and wellbeing were linked to the following factors:

- Provision of employee benefits packages and campaigns; even where employees said they did not use these benefits the fact they were there made them feel AXA PPP cared about them;
- Customer service awards;
- Good level of pay;
- Having a voice through the staff survey;
- Support for team development (funding for team away days);
- Opportunity to progress (clear job families for most roles);
- Procedures and rules – ensure everyone is treated in the same way.

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Negative perceptions of **organisational support** for employees' health and wellbeing were linked to the following factors:

- Lack of control – not being able to change or influence procedural/technical procedures that made their day-to-day job harder than they felt it should be (felt their views/ experiences not being valued by the organisation);
- Strict sickness absence management procedures in the organisation as a whole – some employees felt the hard line on absence was driven by desire to make money rather than the wellbeing of staff and this could adversely affect staff wellbeing;
- Aspects of the work environment, including lack of desk space and influence over office temperature, contributed to some feeling that staff wellbeing and health were not a priority.

2.4 Summary

Consistent with previous research showing the importance of work-related factors on sickness presence (relative to employee or health characteristics) the majority of factors raised by employees as having an impact on their decision to come to work when unwell were work related (including pressure from managers and colleagues, work-related stress and workload, ability to adjust work around a health problem, commission and pay, and feeling a responsibility to their team).

The focus on workplace culture – including pressure from managers and colleagues to come in when unwell – and the impact this has on sickness presence, together with employees' perceptions of the extent to which managers and the organisation cared about employee health and wellbeing, requires further investigation. In the survey findings presented next, we explore the prevalence and impact of these work related factors with a larger group of AXA PPP employees.

3. Sickness presence, sickness absence and performance: Relationships and predictions – evidence from the survey findings

This section is organised around the following key questions:

- How prevalent are sickness presence and sickness absence?
- What is the relationship between sickness presence and sickness absence?
- What is the impact of sickness presence and sickness absence on line manager-assessed employee performance?
- What is the impact of individuals' health and wellbeing on sickness presence and sickness absence?
- Which variables (including those relating to health and wellbeing, the individual employee and work-related factors) best predict sickness presence?
- What predicts employee perceptions of the impact of sickness presence on their own performance?
- Do the same variables also predict sickness absence?

Before addressing these questions we first describe who took part in the survey, including the health and background of employees and their perceptions of work at AXA PPP.

3.1 Who took part in the survey?

In total 510 AXA PPP employees took part in the online survey study. The majority were female (68 per cent) of white ethnic origin (98 per cent) and worked full-time (86 per cent). Employees were aged between 20 and 69 years, with a median age of 36 years. Just under half were married or in a civil partnership (45 per cent) and a further 24 per cent lived with their partner (unmarried). In total 33 per cent had caring responsibilities for children aged less than 18 years.

In terms of occupational levels almost half of our sample had customer service or sales occupations (49 per cent), 30 per cent were managers or professionals and 13 per cent had administrative or secretarial occupations. The majority worked at offices in Tunbridge Wells, but employees from offices in Leicester, Glasgow and Leeds were also included. Only 2 per cent (10 employees) said they were permanently home-based workers.⁴⁶ Just over a quarter of employees taking part (26 per cent) had a supervisory role. The majority worked days from 9am to 5pm, but 20 per cent worked rotating shifts (the remainder worked evening or nights).

3.2 Employee health and wellbeing

Overall, five employees (1 per cent) were registered disabled. However, 75 per cent of employees reported currently suffering from one or more health problem.⁴⁷ Table 1 below

⁴⁶ Due to the small numbers involved and the different issues they may face, home workers were excluded from the analyses

⁴⁷ These included: problems or disabilities with their hands, feet, arms, back or neck, skin conditions, breathing difficulties, digestive problems, sleeping difficulties, alcohol or drug-related problems, epilepsy, psychological disorders including depression and anxiety, migraines or recent headaches, diabetes, stroke, cancer or other

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shows the percentage of employees reporting different types of health problems. (Please note percentages do not add up to 100 per cent because employees could report more than one condition.) In terms of the co-prevalence of health problems, of the 75 per cent of employees reporting health problems, 34 per cent suffered from one condition, 28 per cent suffered from two, 19 per cent suffered from three, 7 per cent suffered from four and 12 per cent suffered from five or more health problems.

Table 1: Percentage of employees reporting they were suffering from health problems

Condition	Percentage of employees reporting they currently suffered from health problem (number of employees)
Skin conditions/allergies (including hay fever and eczema)	30 (149)
Difficulty sleeping	26.4 (132)
Migraines or frequent headaches	25 (126)
Problem or disability connected with arms, legs, hands, feet, back or neck (including arthritis and rheumatism)	20 (102)
Mental health disorders/problems (including anxiety-related disorders and depression)	19.2 (94)
Digestive problems (including acid reflux and IBS)	18.3 (92)
Chest/breathing problems (including asthma)	13.3 (67)
Other health condition not listed	10 (49)
Heart/high blood pressure or circulation problems	8.7 (44)
Difficulty in hearing	6.4 (32)
Difficult in seeing (other than needing reading glasses)	6 (30)
Problems with liver or kidneys	2.4 (12)
Diabetes	1 (5)

*Less than 1per cent of employees reported suffering from cancer, stroke, epilepsy or alcohol- and drug-related issues.
Note N varied for each health condition because of the varying number of missing responses.

As Table 1 shows, skin conditions and allergies were the most frequently reported health problems, affecting 30 per cent of respondents, followed by difficulty sleeping and migraines and frequent headaches. Mental health conditions were reported by just under 20 per cent. This is in line with the prevalence of mental health problems in the UK working population where

Sickness presence, sickness absence and performance: Relationships and predictions – evidence from the survey findings

evidence suggests that at any one time one worker in six will be experiencing depression, anxiety or another mental health condition.⁴⁸

In relation to their personal financial situation 36 per cent of employees reported some difficulties, including struggling to make ends meet, worrying a great deal about the amount of debt they are in and not being in a position to save money.

3.3 Perceptions of work

In the survey we asked AXA PPP employees to rate different aspects of their work, ranging from how they felt about their employer and working environment to how they were able to go about doing their day-to-day tasks. Here we present their perceptions of work (see Table 2 for a summary of the findings).

3.3.1 Job quality

As outlined in the introduction there are several aspects of job quality that evidence shows to be associated with employee wellbeing. These include: autonomy and control, support at work, a good match of skills to job demand, appropriate support at work, perceptions of fairness and justice and job security. In relation to autonomy at work (including control over order, speed and methods of work and autonomy to make decisions and apply own ideas) 64 per cent of employees agreed they had control over these aspects of work. This is in line with the European Working Conditions Survey (2007) where 65 per cent of employees reported being able to choose or change the speed of work and 63 per cent reported being able to choose or change the methods of work.⁴⁹ In relation to intellectual demands and skill use, 63 per cent of employees described their work as intellectually demanding and involving complex tasks and 43 per cent felt their skills were used best in their current role. Overall, 43 per cent agreed that they were well paid for the work they do.

Provision of support at work is an important part of a positive working environment and can help employees to manage stress. Indeed, measures of support form part of the HSE's Stress Management Standards.⁵⁰ We combined ten individual items on support to provide us with a more complete picture of managerial support at work (see Appendix A for full details) and found that 75 per cent of employees reported positive perceptions of their manager, including feeling

⁴⁸ Parsonage, M. (2007). *The impact of mental health on business and industry – an economic analysis*. Presentation by The Sainsbury Centre for Mental Health. From: http://www.scmh.org.uk/pdfs/nehin_mental_health_at_work_business_case_michael_parsonage.pdf

⁴⁹ Parent-Thirion, A., Macias, E. F., Hurley, J. & Vermeylen, G. (2007). *European Foundation for the Improvement of Living and Working Conditions: Fourth European Working Conditions Survey*. From: <http://www.eurofound.europa.eu/pubdocs/2006/98/en/2/ef0698en.pdf>

⁵⁰ See: <http://www.hse.gov.uk/stress/standards/index.htm> and <http://www.cipd.co.uk/subjects/health/stress/Instrswrk.htm> for further information.

supported and fairly treated. Similarly, team support was high: 73 per cent of employees said that they were able to get assistance from their team members and that they supported one another in their team.

Finally, we asked about perceptions of job security. Perhaps unsurprisingly given the economic context in which the survey was conducted perceptions of job insecurity were relatively high. The majority of employees (58 per cent) reported that they were concerned about the security of their job.⁵¹

3.3.2 Health and wellbeing at work

Alongside employees' perceptions of their general health and wellbeing we wanted to explore employees' perceptions of the relationships between work and their health and wellbeing, including the extent to which they perceived their work as having a positive, neutral or negative impact on their health and wellbeing.⁵² Overall, 31 per cent of employees reported that their work had a negative impact on their health. This figure is higher than the most recent *European Working Conditions Survey* where 21 per cent of employees in the UK reported that their work adversely affected their health. However, it is lower than the EU aggregate of 35 per cent.⁵³

In this context it is of interest to develop a picture of employee perceptions of AXA PPP and the extent to which the employees believed AXA PPP cared about the health and wellbeing of its employees. We asked them about their perceptions of AXA PPP and their teams. The majority of employees reported a strong sense of identity connected to working for AXA PPP. Overall, 65 per cent of employees reported that they were proud to work at AXA PPP and that being an employee of AXA PPP was important to them. A sense of belonging to their teams was even higher: 83 per cent of employees were proud to be a member of their team and that being a member of their team was important to them.

The majority (54 per cent) of employees agreed that as an organisation AXA PPP cared about the health and wellbeing of employees (21 per cent neither agreed nor disagreed). However, 24 per cent of employees disagreed and perceived AXA as *not* caring about employee health and wellbeing. This was according to composite measures that included the extent to which participants felt AXA PPP cared about its employees and the extent to which it cared about

⁵¹ Data were collected during the recession between mid-September and mid-October 2009

⁵² Unfortunately, this response does not provide any further detail on the aspect(s) of work that employees felt had a negative impact on health and wellbeing. However, it conveys a general perception of work as either being good or detrimental to health and wellbeing

⁵³ Parent-Thirion, A., Macias, E. F., Hurley, J. & Vermeylen, G. (2007). *European Foundation for the Improvement of Living and Working Conditions: Fourth European Working Conditions Survey*. From: <http://www.eurofound.europa.eu/pubdocs/2006/98/en/2/ef0698en.pdf>

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employees' psychological and physical wellbeing. These measures were combined because perceptions of the extent to which AXA PPP cared about employees' psychological and physical health were strongly related. Those who perceived AXA PPP as caring about employees' physical health were also very likely to perceive AXA PPP as caring about employees' psychological wellbeing and vice versa.

Table 2: Summary of perceptions of work

Source of pressure to come to work when unwell	Percentage in agreement
Job quality	
Positive perceptions of line manager*	75
Team are supportive*	73
Control and autonomy over work*	64
Work is intellectually demanding and involves complex tasks*	63
Skills are used and I am well paid*	43
Health and wellbeing and work	
I feel under a great deal of stress at work at present	41
I feel my work has a negative impact on my health and wellbeing	31
AXA PPP cares about the health and wellbeing of employees*	54

*These findings are based on composite measures; see Appendix A for details of measures used.

3.4 Work-related factors influencing why people come to work when ill

The qualitative findings revealed a number of reasons why people decide to come to work when they are unwell. To establish the relevance of the qualitative findings within AXA PPP we asked survey participants whether these personal and work-related factors affected them. The key descriptive findings are outlined below:

- 35 per cent of employees reported there was no one to cover their work if they were away because of sickness;
- 71 per cent said they were worried about placing an extra burden on their team when they take time off because of sickness;
- 41 per cent of employees reported that they felt under a great deal of stress at work at present;
- 27 per cent of employees said they put themselves under pressure to come to work when unwell;

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- 28 per cent reported feeling under pressure from senior managers, line managers and their team to come into work unwell;
- 43 per cent of employees were unable to adjust their work if they were unwell.

In Section 3.9 we explore the relationships between these factors and sickness presence in more detail.

3.5

Prevalence of sickness presence and sickness absence

In this study we measured sickness presence in two ways. First, by asking participants how many days they come into work when unwell, which we refer to as sickness presence. Second, by using a version of an already established scale, the Stanford presenteeism measure.⁵⁴ This is a self-report measurement that asks participants to rate the extent to which they believe their performance or productivity was affected while working when unwell. The measure includes six items (see Box 3 and Appendix A).

Box 3: Sickness performance items

Sickness performance

- Despite having my health problem I was able to finish hard tasks in my work;*
- At work I was able to focus on achieving my goals despite my health problem;*
- Despite having my health problem I felt energetic enough to complete all my work;*
- Because of my health problem the stressors of my job were much harder to handle;
- My health problem distracted me from taking pleasure in my work;
- I felt hopeless about finishing certain tasks due to my health problem.

*These items are reversed so that a high score on each item indicates performance was adversely affected.

To distinguish between the two measurements of sickness presence in the remainder of this report we refer to the Stanford presenteeism measure as 'sickness performance'.

3.5.1 Sickness absence

Self-reported sickness absence was low with only 18 per cent of employees reporting that in the last four weeks they had had one day or more off work because of ill health. The number of days' absence taken ranged from zero to 11, with a mean of 0.43 days' absence. The number of episodes of ill health this accounted for ranged from zero to 4.

Exploring recorded sickness absence over a longer period of time (derived from SAM – see Box 4) showed employees had been absent for between one to 116 days (mean 8.15 days and

⁵⁴ Koopman, C., Pelletier, K. R., Murray, J. F., Sharda, C. E., Turpin, R. S., Hackleman, P., Gibson, P., Holmes, D. M. & Bendel, T. (2002). Stanford presenteeism scale: Health status and employee productivity. *Journal of Occupational and Environmental Medicine*, 44, 14-20

median 4 days). The number of episodes of absence this accounted for ranged from one to 38 periods of ill health (mean 2.89 days and median 2 days).

Box 4: Information on SAM: AXA PPP's sickness absence management system⁵⁵

SAM is a low-cost, fully automated telephone-based absence recording and reporting service that AXA PPP developed in conjunction with BT. All AXA PPP employees are obliged to use SAM to call in when they know they are going to be off work sick.

SAM records and logs employees' calls then automatically notifies their line managers (and their HR business partners) of the impending absence, giving them an early opportunity to make arrangements to cover for absent employees.

Once the basic questions have been asked, including 'when do you think you'll be back to work?', the employee is given the option of being routed through to AXA PPP's employee assistance programme (EAP) or to its nurse-led health information helpline 'Health at Hand' if they wish. This approach keeps the cost as low as possible, which is reflected in what AXA PPP charges its clients for the service.

SAM identifies higher risk cases, thus helping line managers to concentrate on these rather than waste time micromanaging the vast majority of employees whose absence spells are due to short-term, self-limiting conditions and who can be trusted to return to work as soon as they are able.

Because it operates in real time SAM has proven to be a powerful enabler, providing actionable information on employee absence to line managers and their HR partners.

3.5.2 Sickness presence

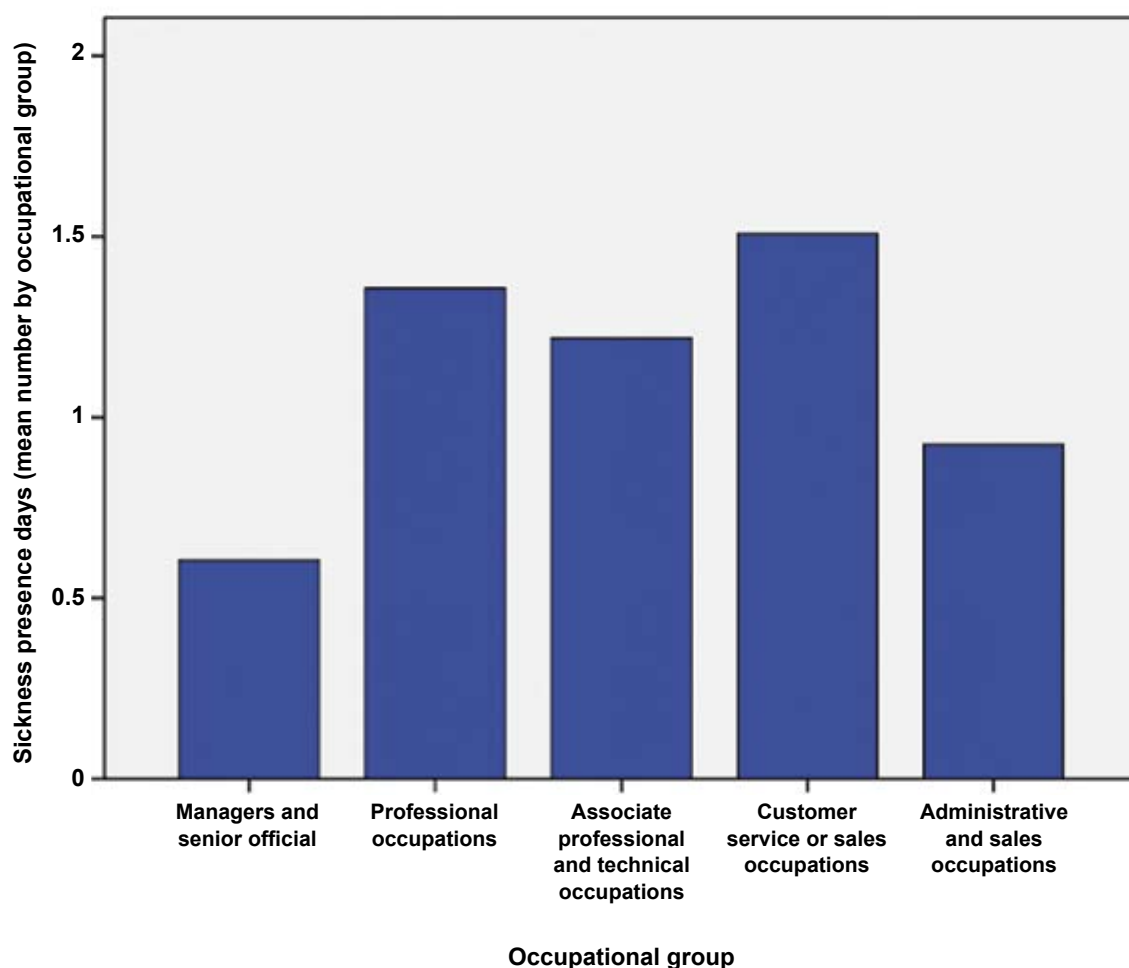
Self-reported sickness presence – the number of days employees had come to work despite judging their health as such that they could have taken sick leave – was considerably higher than self-reported absence over the same four-week period. Overall, 45 per cent of employees reported one or more day of sickness presence in the last four weeks. The number of days of sickness presence reported ranged from zero to 25 days, with a mean of 1.22 days.

⁵⁵ Information provided by Dudley Lusted, Head of Corporate Healthcare Development at AXA PPP

Sickness presence, sickness absence and performance: Relationships and predictions – evidence from the survey findings

Figure 1 shows the mean number of days' sickness presence by occupational group. Managers had the lowest sickness presence followed by those in administrative and secretarial positions. Sickness presence was highest for those in customer service or sales occupations followed by professional occupations. However, these groups are limited in that they do not differentiate between different levels of seniority in the customer service or professional group. Therefore, it is possible some customer service managers are captured in the customer service group rather than the 'manager' category, potentially underestimating the level of sickness presence amongst managers.

Figure 1: Days of sickness presence by occupational group



3.5.3 Employees' perceptions of how sickness presence affects their performance

Using the Stanford presenteeism measure of sickness performance to explore the extent to which employees judged their performance as affected whilst working when sick revealed that the majority of employees felt that their performance was slightly affected. Scores ranged from 1 to 7, where a high score indicated performance was impaired and the average (mean) score given by employees was 4.26.

3.6 The relationship between sickness presence and sickness absence	Investigating the relationship between sickness presence and sickness absence we found a significant positive relationship. ⁵⁶ These findings indicate that people with a higher number of days of sickness absence also had a higher number of days (or episodes) of sickness presence.
	Put another way, those reporting a lower number of days' absence also had a lower number of days' sickness presence.
	This finding is important because organisations may be wary of focusing efforts on reducing sickness presence if they think the alternative is sickness absence. However, the positive relationship between absence and presence in this sample and the low levels of absence relative to presence suggest sickness presence is a good indicator of employee health and wellbeing. Thus, efforts to tackle underlying causes of poor health or wellbeing could help to reduce both sickness presence and absence.

Box 5: Measuring performance

A key advantage of this study is that we had access to manager-assessed performance data provided by AXA PPP. With the permission of employees we were able to match their survey responses to their line managers' individual performance ratings. The performance rating, which is based on a four-point scale (partially successful, successful, excellent and outstanding), is arrived at following a mid-year and end-of-year performance assessment involving a formal review meeting with the line manager to explore progress against objectives and captured in an online performance management system called My Performance.

⁵⁶ Sickness presence and sickness absence (self-reported number of days) were positively correlated ($p = 0.23$, $p < 0.001$). Sickness presence and sickness absence (self-reported number of episodes) were also positively correlated ($p = 0.31$, $p < 0.001$), as were sickness presence and the objective sickness measures (SAM episodes, $p = 0.38$, $p < 0.001$ – SAM number of days, $p = 0.25$, $p < 0.001$)

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3.7 We were given permission by 164 employees to access their performance data. In terms of performance ratings 8 per cent of employees were rated as partially successful, 61 per cent were rated as successful, 27 per cent were rated as excellent and 4 per cent were outstanding (see Box 5).

What is the impact of sickness presence and sickness absence on manager-assessed performance? Analysis revealed that sickness presence was significantly related to performance and helped to explain a small proportion of the variance in performance ratings.⁵⁷ Crucially, we found that having a greater number of days at work when unwell – higher sickness presence – was significantly associated with a lower performance rating. Put another way, those with fewer days of sickness presence had a higher performance rating. This relationship is illustrated by Figure 2 on the next page, which shows the mean number of sickness presence days by performance rating and illustrates that those with lower performance (partially successful or successful) had higher sickness presence when compared with employees with the higher ratings (excellent or outstanding).

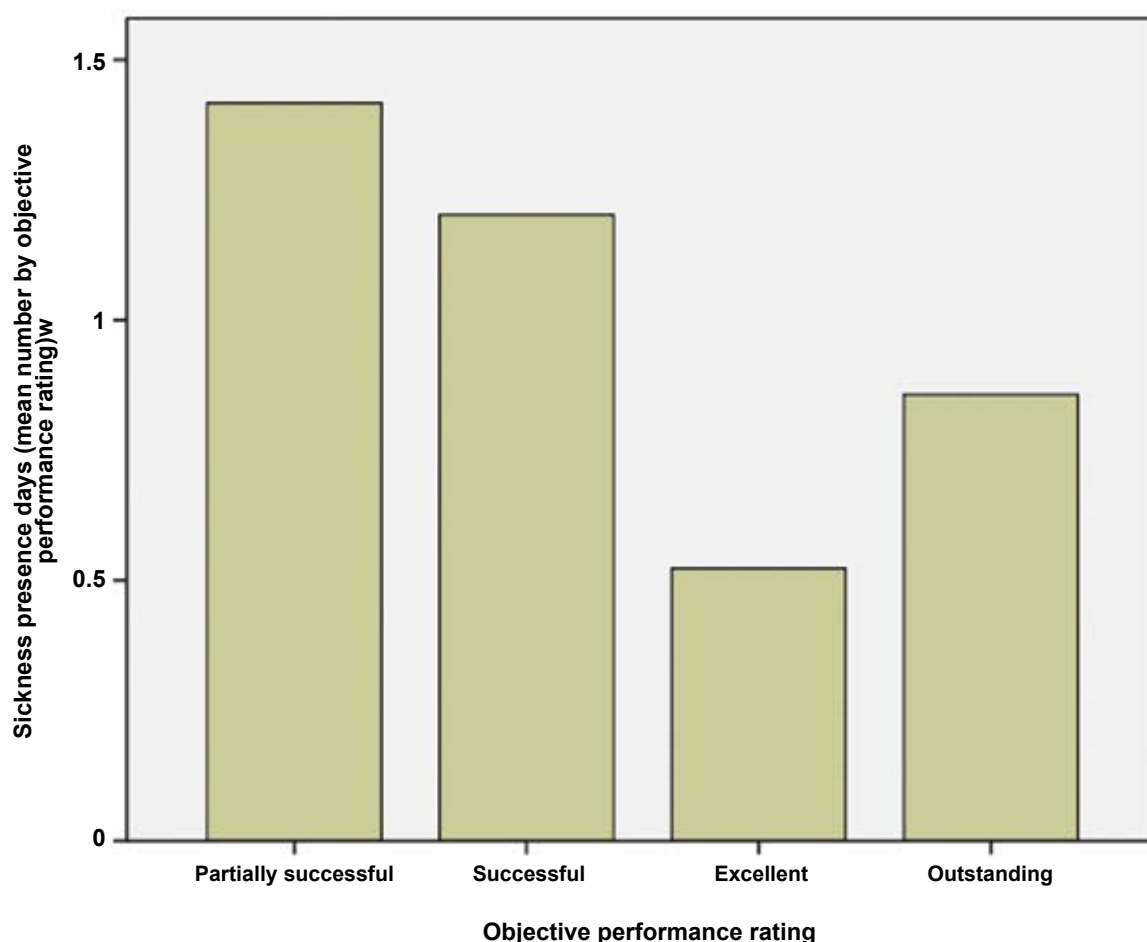
However, sickness absence was not significantly related to manager-assessed performance. We examined the relationships between self-reported sickness absence (number of days and number of episodes) and formal measures of absence provided by AXA PPP (as recorded by its absence management system, SAM), but none of these measures were significantly related to manager-assessed performance. These findings point to the importance of the sickness presence measure because, even with this single broad measure of performance, results reveal sickness presence has a bigger impact on overall performance than absence. However, given the predominance of sickness absence as a measure of employee health and wellbeing and as a useful comparator, we continue to report results for our analyses with reference to sickness presence and sickness absence.

3.8 The presence of both physical health problems and mental health conditions were significantly associated with the number of days off work (sickness absence) and the number of days at work when unwell (sickness presence). Overall, physical health conditions compared to mental health conditions were a slightly better predictor of days off work, whilst mental health conditions (relative to physical health) were a slightly better predictor of sickness presence. However, these models explained only a small amount of the variance in both sickness absence and sickness presence (see Appendix C further details).

What is the impact of health and wellbeing on sickness presence and sickness absence?

⁵⁷ See Appendix B for further details of the findings

Figure 2: Sickness presence by manager-assessed performance



Box 6: Measuring health and the use of self-report data

Please note that the variables mental health conditions and physical health conditions were based on self-reported information from participants. Participants were asked if they currently suffer from a range of health problems, which included a list of physical and mental health-related conditions. Mental health conditions included depression, anxiety-related disorders or any other psychological disorders. The full list of physical health conditions is included in Table 1.

Self-reported anxiety and psychological wellbeing was a composite measure including self-perceptions of anxiety and personal stress levels, combined with ratings of overall psychological wellbeing.

Sickness presence, sickness absence and performance: Relationships and predictions – evidence from the survey findings

Self-reported anxiety and psychological wellbeing explained the greatest proportion of variance in sickness presence (relative to other measures of health). Those experiencing higher levels of anxiety and poorer self-reported psychological health (in comparison to those with lower anxiety scores and good psychological health) were more likely to report a higher number of days at work when unwell.

Self-reported anxiety and psychological wellbeing (relative to other measures of health) also explained the greatest proportion of variance in the extent to which employees reported feeling unwell at work affected their performance. Those experiencing higher levels of anxiety and poorer self-reported psychological health were more likely to report that their performance was adversely affected whilst working when unwell. Put another way, those who reported better psychological health judged being unwell at work as having less impact on their performance.

Self-reported anxiety and psychological wellbeing was also significantly associated with the number of days off work unwell (sickness absence), but overall it was a better predictor of sickness presence and the extent to which performance was affected by attending work when unwell.

We examined the influence of employees' perceptions of whether their work adversely affected their health, their sickness presence and sickness absence. Employees who perceived their work as having a negative impact on their health (compared with those who did not judge their work as negatively affecting their health) were significantly more likely to have a higher number of days' sickness absence and presence.

Further analysis revealed that employees' perceptions of the impact work has on health were also significantly related to employees' judgement of the extent to which sickness presence affected their performance. Employees who felt their work had a negative impact on their health were more likely to report that going to work when ill adversely affected their performance.

Although it is not possible to establish cause and effect the nature of the relationships between self-reported anxiety and psychological wellbeing and (i) sickness presence, (ii) sickness performance and (iii) sickness absence indicate the importance to employers of paying attention to the psychological wellbeing of employees and considering how they can be helped to improve or maintain higher levels of psychological resilience and wellbeing.

Anxiety and psychological wellbeing are complex phenomena and can be affected by a myriad of factors, including those relating to the employee and those relating to the work environment. As will be explored later in this section, we find that feeling under pressure from line managers, senior managers and colleagues to come to work when unwell and work-related stress were two of the biggest predictors of sickness presence and sickness performance. Both work-related stress and pressure were significantly related to self-reported psychological wellbeing. Those reporting lower levels of psychological wellbeing (and higher levels of anxiety) were more likely to report higher levels of workplace pressure to come into work when unwell and higher levels of work-related stress.⁵⁸

3.9
What factors are
significantly
related to
sickness
presence,
sickness
performance
and sickness
absence?

In this section we report the results from a series of linear regression analyses we conducted to explore which combination of variables (including those relating to health, the employee and work-related factors) provided the best predictions of sickness presence, sickness performance and sickness absence. These analyses allowed us to explore the amount of variance in sickness presence explained by certain groups of variables. The higher the amount of variance explained, the better the model (group of variables) was at predicting the number of days of sickness presence. The variables included are summarised in Box 7.⁵⁹

Box 7: Employee, health and work-related variables included in analyses

Employee variables

- Sex;
- Age;
- Relationship status;
- Presence of children aged less than 18 years;
- Measure of social capital (social support);
- Personal financial difficulties;
- Unable to rest at home because of home/family situation.

Cont.

⁵⁸ There is a significant relationship between self-reported anxiety and psychological wellbeing and pressure to come to work unwell (Pearson = 0.3, p <0.001). There was also a significant relationship between self-reported anxiety and psychological wellbeing and work-related stress (Pearson = 0.59, p <0.001)

⁵⁹ As outlined in Appendix D only those variables found to be significant individual predictors following initial analyses were included in the final models

Cont.

Health-related factors

- Self-reported anxiety and psychological health and wellbeing;
- Presence of mental health conditions;
- Presence of physical health conditions;
- Perceptions of work as adversely affecting health.

Work-related factors

- Full-time or part-time work;
- Supervisory role;
- Commission received in addition to basic pay.

Perceptions of work

- Perceptions of line manager support;
- Team support;
- Job security;
- Control and autonomy over work;
- Complexity and intellectual demands;
- Ability to adjust work when unwell;
- Pressure from managers and colleagues to come to work when unwell;
- Self-pressure to come in when unwell;
- Work-related stress.⁶⁰

3.9.1 Predicting sickness presence

Three variables were significant predictors of sickness presence:

- Personal financial difficulties;
- Work-related stress;
- Pressure from managers and colleagues to come to work when unwell.

Employees who were experiencing personal financial difficulties, higher levels of work-related stress and who felt under workplace pressure (from senior managers, their line manager and colleagues) to come into work when unwell were significantly more likely to have a higher

⁶⁰ Work-related stress was a self-reported measure. Participants were asked the extent to which they agreed or disagreed that they were 'under a great deal of stress at work at present'

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number of days' sickness presence when compared with those with fewer financial difficulties, lower levels of work-related stress and less work pressure to come to work when unwell. Together with employee's age and self-reported anxiety and psychological health and wellbeing these factors explained 13 per cent of the variance in sickness presence. Please see Appendix D for more detailed statistical findings.

3.9.2 Predicting sickness performance

The perceived impact of sickness presence on performance was significantly predicted by four variables:

- Gender;
- Ability to adjust work around a health problem;
- Pressure from managers and colleagues to come to work when unwell;
- Self-pressure to come to work when unwell.

Female employees who were unable to adjust their work around their health problem, who felt under pressure from managers and colleagues to come to work when unwell and who placed themselves under pressure to come to work when unwell (self-pressure) were significantly more likely to report that their performance was adversely affected by their ill health. This is when compared with male employees who were able to adjust their work when unwell and those who felt under less pressure from their managers, colleagues and themselves to come to work when unwell.

Additional variables also remaining in this model explained 34 per cent of the variance in sickness performance and included: employee's age, financial difficulties, self-reported anxiety and psychological health and wellbeing, autonomy and job security.

3.9.3 Predicting sickness absence (self-reported)

Two variables were significant predictors of sickness absence (self-reported number of days):

- Presence of physical health conditions;
- Pressure from managers and colleagues to come to work when unwell.

Employees with a physical health condition and who felt under pressure from senior managers, line managers and the team to come to work when unwell were significantly more likely to report a higher number of days of sickness absence compared with those without a physical health condition and less pressure to come to work when unwell. This model also included the

presence of mental health conditions (although not a significant individual predictor in itself) and explained 6 per cent of the variance in self-reported absence.

3.9.4 Predicting episodes of recorded sickness absence

Two variables were significant predictors of sickness absence (episodes recorded by SAM):

- Presence of mental health conditions;
- Pressure from managers and colleagues to come to work when unwell.

Employees with a mental health condition and who felt under pressure from senior managers, line managers and colleagues to come to work when unwell were significantly more likely to report a higher number of episodes of sickness absence compared with those without a mental health condition and less pressure to come to work when unwell. This model explained 10 per cent of the variance in the number of episodes of sickness absence.

3.9.5 Summary of regression analyses

In line with the qualitative results, these findings indicate that pressure from senior managers, line managers and colleagues to come to work when unwell was a key predictor of sickness presence and of sickness performance. In addition, work-related pressure was also a significant predictor of sickness absence. As will be discussed below, these findings suggest workplace culture and wider strategic issues relating to attendance management need to be addressed to help reduce both sickness absence and sickness presence.

Although not a significant predictor of absence, work-related stress did help to predict both sickness presence and sickness performance. A greater amount of work-related stress was associated with a higher number of days of sickness presence and impaired performance when at work unwell. The implications of this will be discussed further in Section 4. Additionally, we will also consider the implications of the finding that experiencing personal financial difficulties was a key predictor of sickness presence. This is important because the descriptive findings revealed that just over a third of employees reported experiencing personal financial difficulties and it is possible that in the current economic climate this will persist.

When examining predictors of sickness performance (that is, employees' perceptions of the extent to which their performance was impaired whilst working when sick) we found that employees' ability to adjust their work around their health problem was a significant predictor of performance. The meanings and implications of this will be considered further in relation to the fit note in the next section.

4. Discussion and practical implications

Box 8: Snapshot findings and implications

As one of the first studies investigating the links between sickness presence (attending work when self-perception of health justifies taking time off) and individual performance a number of findings highlight the importance of better understanding and addressing the issue of sickness presence.

Key findings

- We found that, unlike sickness absence, sickness presence was significantly related to performance.
- Higher levels of sickness presence were associated with lower objective performance, reduced psychological health and wellbeing and higher levels of sickness absence.
- Sickness presence was also more prevalent than sickness absence: 45 per cent of employees reported one or more days' sickness presence compared with 18 per cent reporting sickness absence over the same period.
- Three factors, two of which were work related, were significantly related to higher levels of sickness presence, including:
 - Personal financial difficulties;
 - Work-related stress;
 - Perceived workplace pressure (from senior managers, line managers and colleagues) to attend work when unwell.
- Employees with lower levels of perceived workplace pressure, lower work-related stress and fewer personal financial difficulties reported fewer days' sickness presence compared with those with higher levels of workplace pressure, work-related stress and greater financial difficulties.
- As well as reporting a higher number of days' sickness presence, employees who perceived pressure from managers and colleagues to work when unwell were also more likely to report their performance was adversely affected by working when unwell.
- Employees who were unable to adjust their work around their health problem were also more likely to report that their performance was adversely affected by working when unwell.
- Those employees who were finding it difficult to make ends meet, who were unable to save and who were worried a great deal about debt had a significantly higher number of sickness presence days than those without these problems.

Cont.

Cont.

Key implications

- Taken as a whole these findings suggest sickness presence can act as an important indicator to employers of employee health and wellbeing and the underlying causes should be identified and addressed.
- Tackling the underlying causes of these symptoms, especially those that are work-related, could have double benefits in reducing levels of absence and sickness presence.
- Employers may be at risk of underestimating employee ill health and missing warning signs by focusing on absence alone.

Key recommendations

- **Workplace culture:** The way in which absence management policies are understood and applied by managers to employees at all levels of the organisation should be reviewed. Are policies applied consistently? Do employees understand how the company's sickness absence management systems and processes can benefit them?
- **Line managers:** Line managers' capability to deal with work-related stress, including the managerial and organisational causes of reduced psychological wellbeing and stress, should be prioritised.
- **Ability to adjust work around health problems:** The fit note, with its emphasis on capability, should provide a timely opportunity to review how managers and their teams currently work together to help adjust work for employees to accommodate their health problems.
- **Workplace financial support for employees:** We recommend further evaluation of the uptake and benefits of workplace financial education offered at AXA PPP. Is the right type of support reaching those who need it?
- **Further monitoring and evaluation:** Ongoing monitoring and evaluation will be required to assess the level of employee health and wellbeing and evaluate the effectiveness of any targeted interventions.

4.1 Key findings

This was one of the first UK studies to investigate the links between sickness presence and individual performance. Higher levels of sickness presence were associated with lower levels of manager-assessed performance, reduced levels of psychological health and wellbeing and higher absence. Sickness presence was also more prevalent than sickness absence. Taken together these findings suggest that sickness presence can act as an important indicator to

employers of employee health and wellbeing, for which underlying causes should be identified and addressed. Employers may be at risk of underestimating employee ill health and missing important warning signals by focusing on absence alone.

Although causality cannot be established the survey findings are supported by the qualitative results. The factors associated with sickness presence are all factors the organisation has the potential to influence. As outlined above these include experiencing personal financial difficulties, feeling under a great deal of stress at work and feeling under pressure from line managers, senior managers and colleagues to come to work when unwell (also a predictor of sickness performance and sickness absence). The latter two in particular are both work-related and could be targeted to help improve employee health and wellbeing. Further work could also be conducted around the support offered to employees vis-à-vis their personal financial situation. We summarise and discuss the meanings and implications of the key findings in more detail below.

4.1.1 Sickness presence was more prevalent than sickness absence

A key finding was that sickness presence was more prevalent than sickness absence; over a four-week period 45 per cent of employees self-reported one or more days' sickness presence whilst over the same period only 18 per cent reported one or more days of sickness absence.

There was a positive correlation between sickness presence and sickness absence. This indicated that employees with higher levels of sickness presence also had higher levels of absence and vice versa (employees with low absence also had low sickness presence). Furthermore, sickness presence was significantly positively related to self-reported anxiety and psychological wellbeing. Employees with a greater number of days' sickness presence reported higher levels of anxiety and lower levels of psychological health and wellbeing whilst those with fewer days' sickness presence reported higher levels of psychological wellbeing.⁶¹

The positive relationship between sickness absence and sickness presence, and the links between sickness presence, psychological wellbeing and sickness absence, indicate that successfully tackling their underlying causes could help improve employee wellbeing and thus reduce both sickness presence and absence. This is important because some organisations may be wary of attempting to reduce sickness presence if they think the alternative is an increase in sickness absence.

⁶¹ Sickness presence and self-reported anxiety and psychological wellbeing (self-reported number of days) were significantly positively correlated ($\rho = 0.24$, $p < 0.001$)

In relation to organisations considering how to reduce sickness presence it is important to keep in mind that for some employees, especially those who are supported in the workplace to adjust their work around their health problem, working when unwell can play a positive role in facilitating recovery and need not necessarily impede performance. As discussed above, those who are able to make adjustments may not perceive themselves as sickness present if their condition does not substantially affect their ability to work.

It seems that what is crucial is for organisations to recognise underlying work-related causes of sickness presence. Caverley, Cunningham and MacGregor (2007) maintain that sickness presence and sickness absence play complementary roles in estimating or predicting total sickness or health.⁶² Their research indicates that when sickness presence is high relative to sickness absence, as was the case in our study, sickness presence becomes a stronger predictor of employee health and wellbeing. On the other hand, when absence is higher relative to presence, they argue the former will be a better gauge of employee wellbeing. Given that in the current economic climate with its heightened job insecurity and increased work demands employees may be more likely to come into work when unwell. It seems even more timely for employers to recognise sickness presence as an indicator of employee health and wellbeing.⁶³

4.1.2 Unlike sickness absence, sickness presence was significantly related to performance

An innovative part of this project was the ability to link self-report survey data to individuals' manager-assessed performance scores. We found that sickness presence (coming to work when unwell) had a greater impact on these performance scores than levels of sickness absence. Employees with higher sickness presence had significantly lower performance scores compared with those with fewer days of sickness presence. This relationship reinforces the business case for employers investing in employee health and wellbeing.

4.2 Exploring the factors that could underlie sickness presence and sickness performance

The qualitative study allowed us to explore the reasons why the employees interviewed said they came into work when they judged their health as such they could have taken sick leave. A range of related reasons were given including:

- The type and severity of ill health;
- Feeling a responsibility not to let their team down;
- Having no one to cover their workload;

⁶² Caverley, N., Cunningham, J. B. & MacGregor, J. N. (2007). Sickness presenteeism, sickness absenteeism and health following restructuring in a public service organisation. *Journal of Management Studies*, 44, 304-319

⁶³ See Cooper, C. & Dewe, P. (2008). Editorial Wellbeing – absenteeism, presenteeism, costs and challenges. *Occupational Medicine*, 8, 522-24

- Feeling under stress at work;
- Feeling under pressure from senior managers, their line managers and/or colleagues to come to work when unwell;
- Putting pressure on themselves to come in.

These findings are in line with previous studies identifying factors that may influence sickness presence.

4.2.1 Experiencing personal financial difficulties, feeling under stress at work and perceived workplace pressure to come into work when unwell

As outlined above we found that those employees experiencing personal financial difficulties, who felt under a great deal of stress at work and who felt under pressure from senior managers, their line manager and colleagues to come into work when unwell had a significantly higher number of days of sickness presence. This was when compared with those who were not experiencing difficulties with their finances, less work-related stress and less pressure to come to work when unwell from managers and colleagues.

At the time the survey data were collected in autumn 2009, AXA PPP, like many organisations, was facing challenging economic times and employees were engaged in making a number of difficult decisions around pay and hours worked. It is therefore important to keep in mind that this could have affected employees' perceptions of the amount of pressure they were under at work.

In the first part of Section 3 we saw that 75 per cent of employees reported positive perceptions of their line manager, which included feeling they were treated fairly and received support (see the appendices for further details of the measures used). Although perceptions of line manager support were not a predictor of sickness presence, they were significantly negatively related to work-related stress.⁶⁴ Thus, employees who felt under a great deal of pressure at work were more likely to report less positive views of their line manager and the support they received. Those with more positive views of their line manager were less likely to report high levels of work-related stress. This is very much in line with previous studies that indicate line managers can play a pivotal role in employees' experiences of work-related stress.⁶⁵

⁶⁴ Work-related stress and perceptions of line manager support were significantly negatively correlated ($\rho = -0.27$, $p < 0.001$)

⁶⁵ See Donaldson-Feilder, E., Yarker, J. & Lewis, R. (2008). Line management competence: The key to preventing and reducing stress at work. *Strategic HR Review*, 7, 11-16; and Yarker, J., Donaldson-Feilder, E. & Lewis, R. (2008). *Management competencies for preventing and reducing stress at work: Identifying and developing the management behaviours necessary to implement the HSE Management Standards: Phase 2*. Norwich: HSE Books

Consistent with the qualitative findings suggesting workplace pressure to come to work when unwell affected sickness performance, those who felt under more pressure from managers and colleagues to attend work when unwell had higher levels of sickness presence. Although causality cannot be established, these results suggest that cultural issues around attendance management require attention.

4.2.2 Sickness performance

We explored the variables associated with sickness performance: that is, employees' perceptions of how (if at all) their performance was impaired by working whilst judging their health as such that sick leave could have been legitimately taken.

Female employees who were unable to adjust their work around their health problem and perceived themselves under pressure from managers and colleagues to attend work when unwell and who put themselves under pressure to come to work when unwell were more likely to report their performance was impaired by working when unwell. This was when compared with male employees, those who were able to make adjustments and those without perceived workplace or self-pressure to attend work when unwell. The finding that the ability to make adjustments to work is associated with performance is in line with Johansson and Lundberg's (2004) work on adjustment latitude (the ability to control and change work tasks).⁶⁶

The qualitative results indicate that employees who felt under more workplace pressure to come to work when unwell would have higher levels of sickness presence. However, these findings also suggest that those who feel under pressure from senior managers, line managers and colleagues to attend work when unwell also believed they *performed less well* at work. The implications of these findings are discussed further below.

The finding that female employees (compared with male employees) reported higher levels of impairment to their performance when working when unwell could be explained in a number of ways and requires further exploration. It is also worth noting that we did not find gender differences in levels of sickness presence. As this measure is based on perceived impairment to performance rather than on manager-assessed performance it is possible that female employees were likely to rate their performance more severely than were male employees. This is in line with recent work suggesting that women judge the work performance standards they need to meet as higher than those of their male counterparts.⁶⁷

⁶⁶ Johansson, G. & Lundberg, I. (2004). Adjustment latitude and attendance requirements as determinants of sickness absence or attendance. Empirical tests of the illness flexibility model. *Social Science and Medicine*, 58, 1857-1868

⁶⁷ Kmec, J. A. & Gorman, E. A. (2009). We (have to) try harder: Gender and required work effort in Britain and the United States. *Gender and Society*, 21, 828-856

4.3 The implications of these findings and specific recommendations for AXA PPP are outlined below.

The implications
of these findings

and 4.3.1 Workplace culture and the application of attendance management policies

recommendations
for AXA PPP

We recommend that AXA PPP reviews the way its current sickness absence policies are understood and applied by managers at all levels throughout the organisation. Although the findings revealed many positive aspects about job quality in the organisation, just over 40 per cent of employees we surveyed perceived pressure from senior managers, line managers and colleagues to come to work when unwell. As outlined above, this was linked to greater sickness presence, which was associated with poorer self-reported psychological health and wellbeing, higher absence and lower manager-assessed performance. In the qualitative findings this workplace pressure was also linked to feeling that the organisation did not prioritise the health and wellbeing of its employees.

We further suggest investigating how employees experience the current sickness absence policies and how managers implement them, including answering the following questions:

- Are policies consistently explained and applied throughout the organisation?
- Could the rationale for the current sickness absence management systems⁶⁸ (including the reasons for recording absence and conducting return-to-work interviews) be conveyed more effectively to employees to ensure they understand that their health and wellbeing *is* valued by managers and the organisation?
- Do employees and managers fully understand how the sickness absence management systems and process can benefit them? If not, could this be conveyed more clearly?

These considerations of sickness absence policies are also intrinsically linked to the training and support line managers receive in how to support and promote employees' health and wellbeing and manage ill health.

4.3.2 Line manager training on workplace stress and psychological wellbeing

We recommend AXA PPP reviews the training and support offered to line managers and uses these findings as an opportunity to refresh training around work-related stress and psychological wellbeing, including attendance management. Considering how to address work-related causes of ill health should be an essential part of this. Although supporting employees to improve their health and wellbeing is important it cannot replace interventions to address underlying organisational factors contributing to poor employee wellbeing.

⁶⁸ Please note that different parts of the company use slightly different systems

Line managers have a fundamental influence on employees' perceptions of organisational culture and their day-to-day experiences at work. The way in which line managers oversee/ supervise the management of work content and workload, communicate with employees and provide support can play a big role in the amount of work-related stress employees experience.⁶⁹ Furthermore, the way in which absence is managed can also have an impact on employees' perceptions of organisational support (as discussed above in relation to workplace pressure), their ability to adjust work around health problems and their wellbeing and performance.

Work-related stress was a significant predictor of both sickness presence and sickness performance. A greater amount of work-related stress was associated with a higher number of days' sickness presence and impaired performance when at work unwell. Work-related stress combined with pressure from managers and colleagues to come into work when unwell is a combination our analysis revealed adversely affects performance.

Sickness presence often goes undetected within organisations because it is difficult to monitor formally and is not captured by conventional absence management systems. In order to help improve employee wellbeing it is crucial line managers are:

- Aware of the organisational and managerial causes of work-related stress and ill health and the role they as line managers can play in minimising these risks to health and wellbeing;
- Able to notice the signals associated with employees experiencing high levels of stress, reduced psychological wellbeing and/or mental health problems;
- Feel they are able to have open and supportive conversations with employees about their health (their psychological wellbeing and mental health in particular); this will include considering how they can help employees experiencing health problems to make adjustments to their work.

4.3.3 Focusing on capability: adjusting work around health problems

The ability to adjust work around health problems was significantly associated with sickness performance. Employees who were unable to adjust their work around their health condition were more likely to report that their performance was adversely affected when working while unwell (compared with employees who were able to make adjustments). In the qualitative findings this was also raised as an issue with some employees reporting that they would

⁶⁹ For further information see the work of the HSE: <http://www.hse.gov.uk/stress/roles/yourteam.htm>; and Donaldson-Feilder, E., Yarker, J. & Lewis, R. (2008). Line management competence: The key to preventing and reducing stress at work. *Strategic HR Review*, 7, 11-16

be more likely to attend work when unwell if they were able to adapt the work they did. We recommend AXA PPP considers the amount of control employees in different roles have to adjust the nature and pace of their work if they are unwell or experiencing health problems. Where it is found employees have little control we recommend introducing more dialogue between line managers, employees and potentially occupational health of other types of work they could carry out when they are unwell but willing to work. The introduction of the fit note and its emphasis on capabilities provides a timely opportunity to address some of the cultural changes around absence management discussed above and to look at the way teams currently work together to help adjust work for employees around health problems.

Furthermore, as outlined above, part of the line manager training around work-related stress and psychological wellbeing needs to be focused on how line managers can help employees to adjust their work around their health conditions and the organisation's and team's needs. It is worth noting that managers and colleagues learning how to make adjustments to personal capabilities is particularly relevant for employees struggling with psychological issues in light of the qualitative findings. These suggest that some employees are concerned that absence due to mental health issues would not be understood by colleagues who may be unaware that the individual had mental health problems and saw them as physically fit. Research shows that work can play a positive role in supporting recovery for mental health issues. As such, raising awareness and understanding of mental health issues within AXA PPP would be an important step to take.⁷⁰

4.3.4 Raising awareness of mental health issues

This could include running awareness workshops with employees on the different types of mild to moderate mental health conditions commonly experienced by employees in the UK and the types of support available. For employees with mental health conditions this could help to reduce the stigma and misconceptions that exist around these and alert them to the workplace and other types of support available. In addition, for those with no experience of mental health conditions these types of awareness campaigns could play a role in helping them to be more understanding of their colleagues who experience these difficulties; it can be difficult for those with no experience or knowledge to appreciate the impact they can have on people's lives

⁷⁰ For example, see Bevan, S., Passmore, E. & Mahdon, M. (2007) *Fit for work?* From: <http://www.theworkfoundation.com/research/publications/publicationdetail.aspx?oltemId=44>

4.3.5 Supporting employees experiencing financial difficulties: is the right type of support reaching the right type of employees?

Experiencing personal financial difficulties was significantly associated with sickness presence. Those employees who were finding it difficult to make ends meet, who were unable to save and worried a great deal about debt had a significantly higher number of sickness presence days than those without these difficulties.

Existing research on financial education in the workplace concludes that more work is needed to assess the value of this type of support in addition to the content and delivery methods that are most effective for employees.⁷¹ However, there is evidence that providing workplace education can have positive benefits for both employers and employees and it is described in a recent study by CIPD as ‘win-win.’⁷²

We recommend AXA PPP further explore the use, content and uptake of this type of education within its organisation, in addition to other forms of support they could direct employees towards (such as that provided by charities or government bodies).

4.3.6 Need for measurement and continuous evaluation

What seems crucial is for organisations to monitor sickness presence alongside absence as a measure of employee health and wellbeing to determine whether interventions to address its causes are making a difference. As mentioned above, if the symptoms of underlying issues are transferred from absence to sickness presence, then employers may miss out on warning signs of underlying causes of ill health that may result in poor performance. There are a variety of ways to measure sickness presence and sickness performance although Collins et al (2005) argue that the decision about what instrument should be used to assess sickness presence is less important than whether work impairment is assessed.⁷³

4.4 This study is important in revealing key relationships between sickness presence and
Concluding performance and identifying new factors associated with sickness presence, including
remarks workplace pressure to attend work when unwell and personal financial difficulties. The

⁷¹ See Cox, A., Hooker, H., Marwick, C. & Reilly, P. (2009). Financial wellbeing in the workplace. *Report 464*, Institute for Employment Studies. From: www.employment-studies.co.uk; and Financial Services Authority (2008). *Evidence of impact: An overview of financial education evaluations*. From: <http://www.fsa.gov.uk/pubs/consumer-research/crpr68.pdf>

⁷² CIPD (2009). *Workplace financial education: A win-win proposition*. From <http://www.cipd.co.uk/subjects/pay/general/wrkplfin.htm>

⁷³ Collins, J. P., Baase, C. M., Sharda, C. E., Ozminkowski, R. J., Nicholson, S., Billotti, G. M., Turpin, R. S., Olson, M. & Berger, M. L. (2005). The assessment of chronic health conditions on work performance, absence and total economic impact for employers. *Journal of Occupational and Environmental Medicine*, 47, 547-557

implications and recommendations focus on targeting any potential underlying causes of poor employee health and wellbeing, especially those that are work related. We include recommendations for line manager training and addressing aspects of manager behaviour and workplace culture.

However, it is important to keep in mind that research into sickness presence is still in its infancy, especially when compared with the body of work on absence. Causality cannot be established from these findings and, as other researchers have highlighted, there are still many unknowns in this field.⁷⁴ Further monitoring of sickness presence and the factors associated with it is needed in the UK. Longitudinal studies tracking the effects of sickness presence over time on wellbeing and performance are also required. We hope this research can raise the profile of sickness presence as an indicator of health and wellbeing and act as a point of departure for future exploration of these important issues.

⁷⁴ See Hansen, C. D. & Andersen, J. H. (2008). Going ill to work – What personal circumstances, attitudes and work-related factors are associated with sickness presenteeism? *Social Science & Medicine*, 27, 956-964

This appendix outlines the items used to create a number of key variables, including the reliability of scales.

Perceived workplace pressure to attend work when unwell

Three items were averaged to create the perceived pressure to attend work when unwell measure ($\alpha = 0.83$) where a low score (1) indicated that participants strongly disagreed they felt under pressure to attend work when unwell and a high score (7) indicated that they strongly agreed.

Table A1: Perceived workplace pressure to attend work when unwell measure

Items
I feel under pressure from members of my team to come into work when I am unwell
I feel under pressure from senior managers to come into work when I am unwell
I feel under pressure from my line manager to come into work when I am unwell

Sickness performance: adapted 'Stanford 6' score

Six items were used to create the sickness performance measure, which is based on the Stanford 6 items ($\alpha = 0.83$).

Table A2: Sickness performance measure based on the Stanford 6 items

Items
Despite having my health problem I was able to finish hard tasks in my work*
At work I was able to focus on achieving my goals despite my health problem*
Despite having my health problem I felt energetic enough to complete all my work*
Because of my health problem the stressors of my job were much harder to handle
My health problem distracted me from taking pleasure in my work
I felt hopeless about finishing certain tasks due to my health problem

*These items are reversed so that a high score on each item indicates performance was adversely affected.

Before combining the items three were reversed (see Table A2 above) so that a high score (7) indicated participants strongly agreed that performance was adversely affected and a low score (1) indicated that they strongly disagreed.

Line manager support measure

Ten items were averaged to create the measure of line manager support ($\alpha = 0.95$). A high score (7) indicated participants strongly agreed that they perceived their line manager positively and viewed their line manager as supportive. A low score (1) indicated that they strongly disagreed.

Table A3: Line manager support measure

Items
My line manager treats me with respect
Overall, my line manager is a good manager
I get assistance from my line manager if I ask for it
My line manager supports my progression
I feel that I am treated fairly by my line manager
My line manager understands my role and the job that I do
My line manager keeps me informed of what is happening in the organisation
My line manager follows up any problems on my behalf
I feel that my line manager cares about my health and wellbeing
I would describe my line manager as a friend as well as a colleague

Team and colleague support measure

Four items were averaged to create the measure of team and colleague support ($\alpha = 0.73$) where a high score (7) indicated participants strongly agreed that team members were supportive of one another and a low score (1) indicated that they strongly disagreed.

Table A4: Team and colleague support measure

Items
I am able to get assistance from my colleagues or team members if I ask for it
In our team if one person has a high workload then we help each other out
I feel I could talk to members of my team about any problems I was having at work
I have very good friends at work

Good work factor: complexity and intellectual demands

Three items were averaged to create this measure of complexity of work ($\alpha = 0.81$) where a high score (7) indicated participants strongly agreed that their job involved complex and intellectually demanding tasks and learning new things. A low score (1) indicated that they strongly disagreed with these statements.

Table A5: Good work measures: complexity and intellectual demands

Items
Generally my job involves complex tasks
I find my job intellectually demanding
Generally my job involves learning new things

Good work factor: skills use and development

Four items were averaged to create this measure of skills use and development opportunities ($\alpha = 0.74$). A high score (7) indicated participants strongly agreed that their job was well paid and provided opportunities for them to learn and grow and do what they do best. A low score (1) indicated that they strongly disagreed with these statements.

Table A6: Good work measures: skills use and development

Items
Thinking about my current job I have the opportunity to do what I do best
At work I have opportunities to learn and grow
My job offers good prospects for career development
I am well paid for the work that I do

Good work factor: control and autonomy over work

Five items were averaged to create this control and autonomy measure ($\alpha = 0.89$). A high score (7) indicated participants strongly agreed that they had autonomy to make decisions and exert control over their work and a low score (1) indicated that they strongly disagreed with these statements.

Table A7: Good work measures: control and autonomy over work

Items
I am able to choose or change the order of tasks I do
I am able to choose or change the methods I use
I am able to choose or change the speed or rate of work
I am allowed to make a lot of decisions on my own at work
I am able to apply my own ideas at work

Self-reported anxiety and psychological wellbeing

As outlined below in Table A8 three items were averaged to create this measure ($\alpha = 0.75$).

Table A8: Self-reported anxiety and psychological wellbeing

Items
Overall, how would you rate your general psychological health and wellbeing at the moment? (Very poor; fairly poor; average; fairly good; very good)*
I feel under a great deal of stress in my personal life at present (strongly disagree – strongly agree)
I feel more anxious than usual at present (strongly disagree – strongly agree)

*This item was reversed so that a high score indicated lower self-reported psychological wellbeing in line with the direction of the other measures.

As Table A8 above shows the item on psychological wellbeing was reversed so that in line with the stress and anxiety items a higher score indicated lower psychological wellbeing and higher anxiety and personal stress. Additionally, as the items were on different scales (psychological wellbeing was on a scale ranging from 1–5 and the stress and anxiety items were on scales ranging from 1–7) the data for all three items were converted into Z scores and then averaged to create this measure. (Scores ranged from -1.01–4.35, where a higher score indicated a higher level of self-reported anxiety, personal stress and poorer psychological wellbeing.)

Experiencing financial difficulties

Four items were averaged to create this measure of the extent to which people were experiencing financial difficulties ($\alpha = 0.85$). Scores ranged from 1–7 where a high score indicated people were struggling financially and a low score indicated they were not experiencing these difficulties.

Table A9: Experiencing financial difficulties measures

Items
I worry a great deal about the amount of debt I am in
I am struggling to make ends meet
I am in a position to save some money*
I can only <i>just about</i> manage on my current income

*This item was reversed so that in line with the other items a high score indicated people were finding it harder to cope financially.

Social support – social contact

This was measured by combining two items exploring the extent to which people meet up with and/or spoke to their friends and family. Responses were coded as less than every month (0); once or twice a month (1); meet *or* speak once or twice a week (2); and meet *and* speak once or twice a week (3).

Perceptions of the extent to which the organisation cares for the health and wellbeing of its employees

Three items were averaged to make this measure ($\alpha = 0.94$), where a score of 7 indicated participants strongly agreed that AXA PPP cared about the physical and psychological wellbeing of employees and a score of 1 indicated they strongly disagreed.

Table A10: Perceptions of organisation caring for employee health and wellbeing measure

Items
As a company AXA PPP looks after its employees
AXA PPP cares about the physical health and wellbeing of its employees
AXA PPP cares about the psychological health and wellbeing of its employees

Appendix B

This appendix provides further details of the statistical analyses that explored the relationship between sickness presence, sickness absence and manager-assessed performance. Individual linear regression was used to assess the impact of self-reported sickness presence and sickness absence (self-reported and recorded using SAM – AXA PPP's sickness absence management system) on performance.

The relationships between sickness and performance are shown in Table B1. Only sickness presence was significantly associated with manager-assessed performance although it explained only a small amount of the variance in performance. As Table B2 shows having a greater number of days at work unwell (higher sickness presence) was associated with a lower performance score.

Interestingly, however, sickness absence (self-reported and episodes recorded by AXA PPP's absence management system) was not significantly associated with manager-assessed performance.

Table B1: The influence of sickness presence, sickness absence and sickness performance on manager-assessed performance scores

Variable	R	R adjusted	F change	DF1	DF2	Significant F change
Manager- assessed performance						
Sickness presence	2.3	1.7	3.7	1	160	0.056
Sickness absence (self-reported)	0	0.6	0.028	1	161	NS
Sickness absence (objective measure)	0.3	0.5	0.403	1	124	NS

Table B2: Key factors identified by employees that increase the likelihood of coming to work when unwell

Predictor	B	SE	t	Significance
Sickness presence (number of days)	-0.056	0.029	-1.92	0.056

This appendix provides further details of the statistical analyses that explored the impact of health (including mental and physical conditions and self-reported psychological health) on sickness presence, sickness performance and sickness absence.

As discussed in Section 3.9 of this report we used individual linear regression to assess the relative impact of the health variables on sickness presence, sickness performance and sickness absence. The table below provides more detailed findings on the amount of variance explained.

Please note the variables mental health condition and physical health condition were based on self-reported information from participants. Participants were asked if they currently suffer from a range of health problems, which included a list of physical and mental health-related conditions. Mental health conditions included depression, anxiety-related disorders or any other psychological disorders. The full list of physical health conditions is included in Table 1 in the main report.

Self-reported psychological wellbeing and anxiety was a composite measure involving self-perceptions of anxiety and personal stress levels combined with ratings of overall psychological wellbeing.

Table C1: The influence of different health variables on sickness presence, sickness performance and sickness absence

Model	R (%)	R adjusted (%)	F	DF1	DF2	Significance
Sickness presence						
Physical health condition	1.2	0.9	4.97	1	414	0.026
Mental health condition	2.1	1.9	10.18	1	469	0.002
Self-reported psychological health	5.6	5.4	29.06	1	487	<0.001
Perception of work negatively impacting health	4.6	4.4	22.97	1	478	<0.001

Table C1: The influence of different health variables on sickness presence, sickness performance and sickness absence (continued)

Model	R (%)	R adjusted (%)	F	DF1	DF2	Significance
Sickness performance						
Physical health condition						NS
Mental health condition	2.5	2.3	11.02	1	429	0.001
Self-reported psychological health	4.5	4.3	21.24	1	447	<0.001
Perception of work negatively impacting health	6.2	6	28.84	1	439	<0.001
Sickness absence						
Physical health condition	1.6	1.4	6.7	1	413	0.01
Mental health condition	1.5	1.3	7.19	1	471	0.008
Self-reported psychological health	0.9	0.7	4.26	1	490	NS
Perception of work negatively impacting health	1	0.8	4.85	1	481	0.028

This appendix provides further details of the linear regression analyses that we conducted exploring the predictors of sickness presence, sickness performance and sickness absence. Only data for the final models are shown.

As outlined in Section 3 of the main report, we conducted a series of linear regression analyses to explore the impact of different groups of variables including those relating to employee health, work characteristics, and those relating to the organisation, on sickness presence. Only those variables found to have a significant individual impact during these initial analyses were included in the final analyses, when stepwise analyses were conducted entering employee and health variables first, followed by work-related factors on later steps.

Sickness presence

Following the initial analyses on the first step we entered employee variables including age and financial difficulties. On the second step we included self-reported psychological health. On the third step we included perceived work-related stress and perceived workplace pressure to attend work when unwell. On the final step we included autonomy and control. The third model explained the greatest percentage of variance in sickness presence.

Table D1: Predictors of sickness presence

Model	R (%)	R adjusted (%)	F change	DF1	DF2	Significant F change
Model 1	6.3	5.7	9.72	2	288	<0.001
Age Financial difficulties						
Model 2	9	8	8.39	1	287	<0.001
Age Financial difficulties Psychological wellbeing						
Model 3	14.5	13	9.2	2	285	<0.001
Age Financial difficulties Psychological wellbeing Stress at work Perceived workplace pressure						
Model 4	14.9	13.1	1.35	1	284	<0.001
Age Financial difficulties Psychological wellbeing Stress at work Workplace pressure Autonomy						

Table D2: Predictors of sickness presence

Predictor	B	SE	t	Significance
Age	-0.017	0.01	-1.61	NS
Financial difficulties	0.128	0.06	2.14	0.033
Psychological wellbeing	0.126	0.15	0.84	NS
Work stress	0.150	0.058	2.39	0.002
Work pressure to come into work unwell	0.187	0.066	2.82	0.005

Sickness performance

Model 4 explained the greatest proportion of variance.

Table D3: Predictors of sickness performance (self-reported)

Model	R Square (%)	R Square adjusted (%)	F change	DF1	DF2	Significant F change
Model 1	9.5	8.4	8.86	3	253	<0.001
Financial difficulties Gender Age						
Model 2	12	10.6	7.01	1	252	0.008
Financial difficulties Gender Age Psychological wellbeing						
Model 3	13.1	11	1.55	2	250	0.214
Financial difficulties Gender Age Psychological wellbeing Autonomy Job security						
Model 4	36.6	34	22.84	4	246	<0.001
Financial difficulties Gender Age Psychological wellbeing Autonomy Job security Self-pressure Workplace pressure Work stress Ability to adjust work						

Table D4: Predictors of sickness performance – Model 4

Predictor	B	SE	t	Significance
Gender	0.43	0.13	3.29	0.001
Age				NS
Financial difficulties				NS
Psychological wellbeing				NS
Job security				NS
Autonomy				NS
Work stress				NS
Ability to adjust work	-2.53	0.04	-6.01	<0.001
Perceived workplace pressure	0.18	0.04	4.169	<0.001

Sickness absence (self-reported)

The second model explained the greatest proportion of variance overall.

Table D5: Predictors of sickness absence (self-reported)

Variable	R Square (%)	R Square adjusted (%)	F change	DF1	DF2	Significant F change
Model 1	3.1	2.7	6.47	2	400	0.002
Psychological disorder Physical disorder						
Model 2	6.1	5.4	12.72	1	399	<0.001
Psychological disorder Physical disorder Workplace pressure						
Model 3	6.2	5.2	0.11	1	398	NS
Psychological disorder Physical disorder Workplace pressure Autonomy						

Table D6: Predictors of sickness absence (self-reported) – Model 2

Predictor	B	SE	t	Significance
Physical health condition	0.31	0.14	2.15	0.03
Mental health condition	0.25	0.15	1.58	NS
Perceived workplace pressure to attend work when unwell	0.12	0.03	3.57	<0.001

Sickness absence (SAM – episodes)

The second model explained the greatest proportion of variance overall.

Table D7: Predictors of sickness absence (SAM episodes)

Variable	R Square (%)	R Square adjusted (%)	F change	DF1	DF2	Significant F change
Model 1	5	4.5	11.46	1	220	0.001
Psychological disorder						
Model 2	11.3	10.1	7.82	2	218	0.001
Psychological disorder Workplace pressure Work stress						
Model 3	11.5	9.9	0.45	1	217	NS
Psychological disorder Workplace pressure Work stress Autonomy						

Table D8: Predictors of sickness absence (SAM episodes) – Model 2

Predictor	B	SE	t	Significance
Psychological health condition	1.3	0.52	2.49	0.01
Workplace stress	0.17	0.12	1.39	NS
Workplace pressure	0.48	0.14	3.19	0.002

- Aronsson, G. & Gustafsson, K. (2005). Sickness presenteeism: Prevalence, attendance pressure factors and an outline for a model for research. *Journal of Occupational and Environmental Medicine*, 47, 958-966
- Bevan, S., Passmore, E., Mahdon, M. (2007). *Fit for work?* London: The Work Foundation
- Bevan, S., Quadrello, T., McGee, R., Mahdon, M., Vavrovsky, A. & Barnham, L. (2009). *Fit for work? Musculoskeletal disorders in the European workforce*. Accessed 31 March 2010 from <http://www.theworkfoundation.com/research/publications/publicationdetail.aspx?oItemId=224>
- Black, C. (2008). *Dame Carol Black's review of the health of Britain's working age population. Working for a healthier tomorrow*. Accessed 31 March 2010 from <http://www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf>
- Boorman, S. (2009). *NHS health and wellbeing final report*. Accessed 31 March 2010 from http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108907.pdf
- Burton, W. N., Chen, C., Schultz, A. B., Conti, D. J., Pramsky, G. & Edington, D. W. (2006). Worker productivity loss associated with arthritis. *Disease Management*, 9. Accessed 31 March 2010 from <http://deepblue.lib.umich.edu/bitstream/2027.42/63221/1/dis.2006.9.131.pdf>
- Caverley, N., Cunningham, J. B. & MacGregor, J. N. (2007). Sickness presenteeism, sickness absenteeism and health following restructuring in a public service organisation. *Journal of Management Studies*, 44, 304-319
- CIPD. (2009). *Workplace financial education: A win-win proposition*. Accessed 31 March 2010 from http://www.cipd.co.uk/subjects/pay/general/_wrkplfined.htm
- Coats, D. & Lekhi, R. (2008). *Good work: Job quality in a changing economy*. Accessed 31 March 2010 from http://www.theworkfoundation.com/Assets/Docs/good_work_final3.pdf
- Collins, J. P., Baase, C. M., Sharda, C. E., Ozminkowski, R. J., Nicholson, S., Billotti, G. M., Turpin, R. S., Olson, M. & Berger, M. L. (2005). The assessment of chronic health conditions on work performance, absence and total economic impact for employers. *Journal of Occupational and Environmental Medicine*, 47, 547-557
- Cooper, C. & Dewe, P. (2008). Editorial wellbeing – absenteeism, presenteeism, costs and challenges. *Occupational Medicine*, 8, 522-24
- Cox, A., Hooker, H., Marwick, C. & Reilly, P. (2009). Financial wellbeing in the workplace. *Report 464*, Institute for Employment Studies
- Donaldson-Feilder, E., Yarker, J. & Lewis, R. (2008). Line management competence: The key to preventing and reducing stress at work. *Strategic HR Review*, 7, 11-16
- Financial Services Authority (2008). *Evidence of impact: An overview of financial education evaluations*. Accessed 31 March 2010 from <http://www.fsa.gov.uk/pubs/consumer-research/crpr68.pdf>

- Hansen, C. D. & Andersen, J. H. (2008). Going ill to work – What personal circumstances, attitudes and work-related factors are associated with sickness presenteeism? *Social Science & Medicine*, 27, 956-964
- Hansen, C. D. & Andersen, J. H. (2009). Sick at work – a risk factor for long-term sickness absence at a later date. *Journal of Epidemiology & Community Health*, 63, 397-402
- HSE. (2010) <http://www.hse.gov.uk/stress/roles/yourteam.htm> Accessed March 31 2010
- Johansson, G. & Lundberg, I. (2004). Adjustment latitude and attendance requirements as determinants of sickness absence or attendance. Empirical tests of the illness flexibility model. *Social Science and Medicine*, 58, 1857-1868
- Kessler, R. C. & Stang, P.E. (2006). *Health and work productivity: Making the business case for quality health care*. Chicago: University of Chicago Press
- Kmec, J. A. & Gorman, E.A. (2009). We (have to) try harder: Gender and required work effort in Britain and the United States. *Gender and Society*, 21, 828-856
- Koopman, C., Pelletier, K. R., Murray, J. F., Sharda, C. E., Turpin, R. S., Hackleman, P., Gibson, P., Holmes, D. M. & Bendel, T. (2002). Stanford presenteeism scale: Health status and employee productivity. *Journal of Occupational and Environmental Medicine*, 44, 14-20
- Marmot, M. (2004) *Status syndrome*. London: Bloomsbury
- Marmot, M., Friel, S., Bell, R., Houwelling, T., Taylor, S. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health*. Accessed 31 March 2010 from http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf
- NHS. (2010) *What are fit notes?* Accessed 31 March 2010 from <http://www.nhs.uk/chq/Pages/2584.aspx>
- Parent-Thirion, A., Macias, E. F., Hurley, J. & Vermeylen, G. (2007). *European Foundation for the Improvement of Living and Working Conditions: Fourth European Working Conditions Survey*. Accessed 31 March 2010 from <http://www.eurofound.europa.eu/pubdocs/2006/98/en/2/ef0698en.pdf>
- Parsonage, M. (2007). *The impact of mental health on business and industry – an economic analysis*. Presentation by The Sainsbury Centre for Mental Health. Accessed 31 March 2010 from http://www.scmh.org.uk/pdfs/nehin_mental_health_at_work_business_case_michael_parsonage.pdf
- Sainsbury Centre for Mental Health. (2007) *Mental health at work: Developing the business case*. Policy Paper 8: London
- Vingard, E., Alexanderson, K. & Norlund, A. (2004). Sickness presence. *Scandinavian Journal of Public Health*, 32, 216-221
- Waddell, G. & Burton, K. A. (2006). *Is work good for your health and wellbeing?* TSO

- Wynne-Jones, G., Buck, R., Varnava, A., Philips, C. & Main, C.J. (2009). Impacts on work absence and performance: What really matters? *Occupational Medicine*, 59, 556-562
- Yarker, J., Donaldson-Feilder, E. & Lewis, R. (2008). *Management competencies for preventing and reducing stress at work: Identifying and developing the management behaviours necessary to implement the HSE Management Standards: Phase 2*. Norwich: HSE Books

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The Work Foundation
21 Palmer Street
London
SW1H 0AD

Telephone: 020 7976 3519

Website: www.theworkfoundation.com