

## ABSENTEEISM DUE TO ILLNESS

Absence from work due to illness takes on considerable dimensions in some countries. Sweden tops the list, with 26 working days lost per employee per year, followed by the Czech Republic, Norway and Spain. At the lower end of the scale are the Netherlands and the United Kingdom. The 26 lost working days in Sweden must be seen in relation to the average annual working days (around 250). There are, thus, large differences across countries in terms of work days lost. But there also are quite different tendencies to be observed. In Austria, Hungary and the Netherlands, sickness absence rates have been declining over the long term but they have been increasing in Sweden, the Czech Republic and Slovakia. In several cases the short-term trends differ from the long-term trends.

Unfortunately, the data provided by OECD Health Data and WHO Health for all Database contain

many gaps and disparities. Recent as well as earlier information is often lacking. Some countries seem to report to the OECD but not to the WHO and vice versa. Many countries do not report regularly. If both sources provide information, it is in most cases identical – but not in all. Large differences occur in the case of Slovakia for the 1990s and in the case of France for the 1970s and 1980s. Some countries do not report at all to either of the international organisations. These are Australia, Canada, Ireland, Japan, New Zealand, Switzerland, and the United States. Italy reported only in the 1970s and then stopped.

The disparities stem partly from difficulties with the definition of the variable. In principle the definition is clear: compensated working days lost per employee and per year due to sickness or injury. But it seems not to be totally certain that the reporting countries respect this definition – or are able to respect it. For example, the German figures relate only to those employees covered by statutory health insurance (90 percent of all employees). Moreover, full coverage of absences is only guaranteed when

Absence from work due to illness, in working days per employee, 1970 – 2005

		1970	1975	1980	1985	1990	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Austria	WHO	18	16.8	16.7	14.8	13.4	13.2	12.9	12.4	12.6	12.5	12.6	12.4	12.2	12.0	12.1	11.5
Belgium	OECD	5.4	6.5	7.3	7.8	7.2	7.1	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Czech Rep.	WHO	18.5	14.8	16.5	16.3	17.5	22.5	22.1	22.8	21.2	21.7	23.6	24.6	24.7	24.9	21.4	22.4
Denmark	WHO	n.a.	n.a.	n.a.	n.a.	n.a.	7.0	n.a.	8.9	8.2	8.2	8.3	8.7	8.5	8.2	8.0	n.a.
Finland	WHO	n.a.	n.a.	8.4	9	8.3	7.6	7.5	7.5	7.4	8.0	8.5	n.a.	n.a.	n.a.	n.a.	n.a.
France	OECD	9.8	12.0	9.7	8.5	7.6	7.8	n.a.	7.4	7.6	7.8	8.0	8.5	9.0	9.2	8.8	n.a.
France	WHO	13.3	18.3	14.9	17.6	7.6	7.8	n.a.	7.4	7.6	7.8	8.0	8.5	9.0	9.2	8.8	n.a.
Germany	OECD	n.a.	n.a.	n.a.	n.a.	n.a.	19.2	18.7	16.9	16.2	17.1	16.5	n.a.	n.a.	n.a.	n.a.	n.a.
Germany	WHO	12.8	14	14.2	11.3	n.a.	19.2	18.7	16.9	16.2	17.1	16.5	16.4	16.3	15.6	n.a.	n.a.
Greece	OECD	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4.5	4.6	4.8	5.1	5.3	n.a.	n.a.	n.a.
Greece	WHO	5	4.9	5.8	n.a.	n.a.	n.a.	n.a.	n.a.	4.5	4.6	4.8	5.1	5.3	n.a.	n.a.	n.a.
Hungary	WHO	16.4	18.6	17.8	14.3	21.9	19.1	15.3	15.4	14.9	15.6	14.7	14.9	15.4	15.6	13.8	13.4
Italy	WHO	12.7	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Luxembourg	OECD	11.0	15.0	11.3	10.3	10.2	9.8	10.3	10.5	10.1	10.2	10.5	12.1	10.8	11.1	11.2	n.a.
Netherlands	WHO	7.7	8.8	9.4	6.9	6.8	4.9	4.6	4.6	5.0	5.4	5.5	5.4	5.4	5.3	4.7	4.6
Norway	WHO	11.4	11.5	n.a.	14	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	18.0	18.6	19.3	17.4	16.8
Poland	WHO	n.a.	n.a.	4.9	5.3	5.6	6.9	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Portugal	WHO	3.5	4.5	4.4	4.4	n.a.	15.7	15.1	13.6	12.0	9.4	10.6	11.8	12.4	10.4	n.a.	n.a.
Slovak Rep.	OECD	19.2	17.9	18.2	18.5	19.1	23.3	24.0	23.3	23.5	23.5	26.7	27.5	29.1	29.2	n.a.	n.a.
Slovak Rep.	WHO	n.a.	n.a.	n.a.	n.a.	n.a.	18.9	19.8	20.4	18.4	18.8	19.3	18.4	18.3	18.0	12.1	11.6
Spain	WHO	n.a.	n.a.	n.a.	n.a.	n.a.	10.1	n.a.	12.9	n.a.	n.a.	n.a.	13.8	n.a.	18.6	n.a.	n.a.
Sweden	OECD	19.9	21.4	21.2	20.6	24.1	16.0	15.0	15.0	16.0	19.0	22.0	25.0	27.0	26.0	n.a.	n.a.
Sweden	WHO	19.9	21.4	21.2	20.6	24.1	15.7	15.0	15.0	16.0	19.0	22.0	25.0	27.0	26.0	n.a.	n.a.
UK	OECD	n.a.	n.a.	n.a.	n.a.	8.9	n.a.	8.2	8.4	8.5	7.8	7.8	7.1	6.8	7.2	6.8	n.a.
UK	WHO	16.7	n.a.	20	n.a.	8.9	n.a.	8.4	8.4	8.5	7.8	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

Sources: OECD Health Database; WHO, Health for all Database; recent issues.

the sickness exceeds three days. In case of a shorter sickness, there is no obligation for the employer to report; it is only voluntary. Or take Sweden. Until 1991, as the WHO reports, the Swedish statistics contained all cases of absence due to sickness. Since then, sickness spells of less than 14 days (!) are no longer reported. The effect of this redefinition can easily be seen in the table. The value for 1995 is much lower than that for 1990. However, after the redefinition, the figures have been on the rise again and are now higher than ever before.

Regarding the reasons for sickness absence, there is a sociology and health literature that examines mainly the firm level and the conditions under which employees work. The conclusion often drawn (at least implicitly) is that work causes illness. Economists have also examined the reasons for the large absence differences across countries. They have plausibly suggested that generosity in granting sick leave is a major determining factor (Osterkamp and Röhn 2007). Economic studies have also long since demonstrated that sickness absence is a pro-cyclical phenomenon in most countries (e.g. Askildsen et al. 2002).

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## References

Askildsen, J. E., E. Bratberg and Ö. A. Nilsen (2002), "Unemployment, Labour Force Composition and Sickness Absence: A Panel Study", *IZA Discussion Paper* 466.

OECD, Health Data.

Osterkamp, R. and O. Röhn (2007), "Being on Sick Leave – Possible Explanations for Differences of Sick-Leave Days Across Countries", *CESifo Economic Studies* 53 (1), 97–114.

WHO, Health for all Database.