

In sickness and in work

Sickness absence rates are the lowest on record and a TUC survey shows we have the unhealthy habit of working when sick. So why is the employers' body CBI calling for a clampdown on "malingerers"? And why is a visit to the doctor portrayed as shirking? It's a sick trend, says Simon Pickvance.

Latest figures from CBI show sickness absence at work is at its lowest since its surveys began in 1987. CBI found the number of working days lost fell by 5.7 per cent, down from 176 million days in 2001 to 166 million in 2002⁽¹⁾.

Impressed? Not the CBI. John Cridland, CBI deputy director general, said many firms worry that up to 15 per cent of absence is not genuine, adding: "Though employers believe most absence is caused by genuine minor sickness, there are serious concerns about the number of staff 'throwing sickies'."

In fact, we are not a nation of malingerers. TUC's January 2004 survey found nearly half the workforce turned in to work last year when too ill (see right). They didn't want to let down their colleagues. They couldn't afford the time off. And they couldn't afford to be on the wrong end of punitive sickness absence policies (Hazards 66).

Present incorrect

In a sensible world, workers would feel free to keep their germs at home. Instead, productivity is compromised not by absences, but by the under par efforts of the working wounded. Forget absenteeism; the scourge of the modern workplace is "presenteeism."

A major study in the *Journal of the American Medical Association* found one in eight US workers is in pain and loses an average of five hours a week in productivity as a result⁽²⁾.

The November 2003 study found threequarters of these lose productive time due to reduced performance, not due to absence.

A study of sickness absence in UK civil servants, published in August 2003 in the *British Medical Journal*, concluded "short term absences may represent healthy coping behaviours," with workers less likely to end up on the long-term sick list⁽³⁾.

The job is often the cause of sick leave (Hazards 79). In 2003, CBI put sickness absence for 2002 at 166 million days. The Health and Safety Executive estimated 32.9 million days were taken off work that year because of work-related ill-health⁽⁴⁾. If these estimates are correct, then about 20 per cent of all sickness absence from work is because of work-related ill-health.

An October 2003 survey

by *Personnel Today* and the Health and Safety Executive suggested 11 per cent of the UK's total sickness absence is due to stress alone.

Signing off

There is lots of pressure for reform. Employers want maximum attendance, GPs don't want to write piles of sicknotes and the government wants to get workers off benefits and into work.

A pilot scheme designed to pave the way for GPs to give up sicknote certification by 2006 could begin by mid-2004, according to the British Medical Association (BMA).

It says the pilots could lead to company doctors and occupational health professionals becoming the first port of call for sick employees. A number of large motor manufacturers are thought to be interested in participating in the pilot, along with a police force, an NHS Plus organisation and at least one other multinational.

Many GPs recognise they are not in a position to determine exactly what a patient's job entails. In most cases, they have neither the time nor the skills. But GPs have a great deal to lose if they relinquish the sicknote role. They may no longer be able to prevent a patient having to work when this could be detrimental to his or her recovery.

And the worker loses an independent health advocate from outside the workplace whose sole concern is their health and well-being, not production schedules, staff shortages or unhealthy industrial relations.

GP or not GP?

In April 2003, TUC warned that any shift to company doctor issued sick notes, would only work if staff believed there was "unbiased and independent advice on treatment" - and that means unions have to be involved in selecting, managing and running workplace occupational health services.



Artwork: TUC - www.workSMART.org.uk

Unions are concerned that some company doctors have closer links to the personnel department than the workforce.

The move would be problematic, anyway. Only 1-in-7 workers has access to comprehensive occupational health support at work and only 3 per cent of companies get top marks for their provision, according to a 2002 study for HSE⁽⁵⁾. For many workers, coverage amounts to an occupational health nurse at company HQ, a hundred miles away or more.

The current proposals for occupational health support, produced as part of the government's occupational health strategy, amount to a telephone helpline for firms and individuals and a small firms advice service, but recognise there are no more than 2,000 trained occupational physicians and 7,500 occupational health nurses in the UK – compared to a network of over 38,000 GPs.

One solution could be more resources in GP surgeries. The use of occupational health advisers alongside GPs can lead to dramatic reductions in GP workload.

A January 2003 survey by Leeds Occupational Health Advisory Service found GP referrals to surgery-based occupational health advisers led to 55 per cent of patients saying they made fewer visits to their GP, 30 per cent saying it helped them return to work earlier and over 30 per cent saying it led to "positive action" to improve health and safety at work⁽⁶⁾.

Going Dutch?

Workers have a great deal to lose if responsibility for signing sicknotes shifts to employers. Holland tried it in 1997 and it was a disaster, with occupational health staff finding sicknote work supplanted preventive occupational health service activities.

A 1999 review of the Dutch system concluded: "In some occupational health services, sickness absence consultation even takes almost 100 per cent of the occupational physician's working time. In comparison with a few years ago occupational physicians spend less time on periodic health examinations, workplace surveys and recommendations regarding work organisation and working conditions."⁽⁷⁾

The move away from workplace based preventive services landed Holland in the European Court last year⁽⁸⁾.

The UK government has also failed to meet one of the minimum legal requirements of the Framework Directive, to ensure all workplaces have preventive occupational health services. Making the occupational health services that do exist switch their focus to sicknote certification will be a step further from compliance.

Making work better

Trade unions and workers should see the current arguments about sickness absence as a way of raising again the complete lack of expertise – and action – on ill-health caused by work in most workplaces.

Policing sickness absence will lead to presenteeism, putting workers' health at further risk and placing responsibility for any damage to health firmly with employers.

Meanwhile the cause of a large part of workers' ill-health, working conditions themselves, needs dedicated time and resources from services guided and monitored by workers and their representatives.

The European Court ruling on the Dutch occupational health services system said internal workplace-based services allow much greater participation by employees in prevention work and that this was the intention of the Framework Directive.

References

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Working when sick is infectious

Are you a mucus trooper, a stoic, a model patient, a walking epidemic or a shirker? A January 2004 TUC poll has found three out of every four staff have been to work when ill.

The TUC findings, based on a telephone poll of 1,001 people, found that as many as one in five say they have been to work when too ill in the previous month, and nearly half say they have in the last year.

TUC says that too many people may now be going to work when they would be better off recovering at home, rather than infecting their colleagues.

The most common reason people soldier on when ill is that "people depend on the job I do, and I don't want to let them down" (42 per cent). The poll found 1-in-6 dragged themselves into work because they "would have lost pay, and couldn't afford it" (16 per cent).

"We are not the nation of malingerers that some paint," commented TUC general secretary Brendan Barber, "in fact we struggle into work even when we are too ill to do so because we don't want to let people down. It's all part of our long hours culture. Indeed long hours, stress and increasing workloads make people sick.

"Of course employers will want to deal with malingerers, but they should also make sure that people who are genuinely ill stay at home. The rest of us don't want to do extra work for those pulling a 'sickie', but nor do we want to pick up germs from colleagues or those with whom we share overcrowded public transport.

"The TUC's message is don't be a mucus trooper. Look after yourself properly."

Resources

TUC workSMART sickness absence guide. www.worksmart.org.uk
Sickness absence: www.hazards.org/sickness
Rehabilitation: www.hazards.org/rehab
Work symptoms guide: www.hazards.org/detective
Overwork: www.hazards.org/workedtodeath
Work-life balance: www.hazards.org/getalife