Corporate Partners Research Programme

Attendance management

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the work foundation

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Attendance management – why the interest?

Employers across the UK have become significantly more concerned over the levels of sickness absence in their workforce. Paradoxically, this concern has grown during a period when the headline rate of sickness absence in the UK economy has been declining. Today, the average UK employee has just over seven days off work through sickness absence each year. This equates to about 3.5% of all available working days being lost to absence, at an estimated cost to the economy of over £11 billion. Despite recent evidence of a slight increase in absence rates – the first rise in six years – the overall picture has remained stable, at least on the surface.

In fact, as most employers are beginning to realise, there has been a quiet revolution in the hitherto sleepy world of sickness absence management. It is no longer a dull backwater at the 'welfare' end of personnel management. It now, perhaps surprisingly, tops the polls of the most pressing concerns of most HR directors. And, even more surprisingly, sickness absence is finding its way on to the national policy agenda as the health and wellbeing of the UK workforce becomes critical to labour productivity and organisational performance.

So why have employers, policy makers and even the Chancellor of the Exchequer woken up to absence as a key issue?

First, employers have a more explicit '**duty of care**' towards their employees than ever before. Both UK and EU legislation, together with case law, have made employers infinitely more aware of the need to safeguard the physical and psychological wellbeing of their employees. Health and safety legislation, for example, compels employers to conduct risk assessments of the 'psychosocial' wellbeing of their employees. In practice, this means that they have to assess the risks of workplace 'stress' and mental ill-health. To date very few employers have complied with this requirement. In addition, the Disability Discrimination Act (DDA) requires employers to make 'reasonable adjustments' for employees with a condition that falls under the scope of the Act. Fear of litigation is a growing pressure in the field of absence management, with employer liability for employee wellbeing now well-established in a number of prominent cases. As an indicator of employers' concern, some 7% of the UK workforce are now covered by Employee Assistance Programmes (EAPs),[1] and a growing number are conducting 'stress' audits. This kind of preventative measure is seen by some employers as a positive step towards improving employee health. Others, more cynically, hope that they will offer them some defence if they are taken to court or appear in a tribunal.

Increased **competitive pressures** on businesses have forced them to maximise every contributor to labour productivity. Achieving high levels of attendance has become a pre-requisite for such improvements especially when, in some sectors, absence accounts for up to 5% of available working time. In the public sector, where absence has always been higher than in other sectors, the Chancellor has set stiff targets for the improvement of attendance rates in his pursuit of efficiency gains. This has triggered a frenzy of activity in the Civil Service, the Police Service, local government, education and elsewhere. As a result, ill-health retirements have been drastically reduced (in the mid-1990s almost 40% of all retirements in the Civil Service and the Police were ill-health-related).

The balance of **short-term and long-term absence** is shifting. Although 89% of periods of absence are short-term, long-term absence accounts for 56% of working days lost. In addition, long-term absence can account for up to 70% of the costs of absence. Employers have improved their management of short-term absences, but long-term absence remains elusive and complex by comparison.

Increasing **workforce diversity**, (with more people with disabilities,[2] more women with domestic caring responsibilities and a rapidly ageing workforce), has complicated working and attendance patterns beyond all

1. Employee Assistance Professionals Association, 1999.
2. Between 1975 and 1995 the proportion of 16 to 44-year-olds with a long-standing illness rose from 16 to 23% (and from 34 to 41% among the 45 to 65-year-olds.

recognition. The challenge here is to ensure that attendance patterns are properly understood in the context of a growing concern to accommodate employees' needs for work-life balance and (from April 2003[3]) an increase in the number of reasons through which employees can legitimately be absent.

The increased **costs** which are incurred as a result of absence have also featured strongly in recent years. In the UK this is due, in part, to changes to the SSP regulations in the mid-90s, which reduced the amount that could be reclaimed from the National Insurance Fund. It is also due to greater awareness of the direct costs associated with absence itself, together with an acknowledgement of the hidden, indirect, costs of absence caused by organising cover, reduced sales and damaged customer relationships.

Finally, incapacity and job retention have become big macroeconomic and policy issues. Each week in the UK, 3,000 people move from long-term sickness absence to incapacity benefit. Of these, fewer than 30 will ever get back to work. Not only does this cause problems for the wider economy (there are 2.7 million people on incapacity benefit who are, *de facto*, economically inactive), but the human cost is considerable, as is the potential impact on UK competitiveness.[4] Economic activity rates for men over 50 in the UK have dropped dramatically, just as the depth of the pensions crisis is becoming clear and at a time when there is serious talk of extending retirement ages.

Why this report?

This report is intended to inform and to guide employers as they seek to understand and manage employee absence more effectively. Its primary emphasis is on providing an informed overview of the current absence 'territory'. It should also be seen as a companion to the research that The Work Foundation regularly produces as part of its *Managing Best Practice* publications and to the consultancy support that The Work Foundation offers to employers.

3. New rights to special leave, paid paternity leave, and time off for family emergencies all come into force on 1 April 2003.

4. Recent data suggests that UK absence rates are broadly comparable to those in other developed economies. For a comparison see T Barmby, MG Ercolani and JG Treble (2002) *Sickness Absence: An International Comparison*, IRISS working paper.

1. Quantifying and costing absence

This chapter focuses on measurement, monitoring and costing. Research consistently shows that employers – with a few exceptions – are generally poor at recording, monitoring, analysing and costing absence. It is little wonder that many struggle to reduce absence levels as quickly as they would like.

We will cover two main areas:

1. Measuring and monitoring absence
2. Costing absence.

The aim is not to go into undue technical detail – other sources provide this guidance more than adequately. Rather, the objective is to encourage intelligent and discriminating collection and use of absence data.

1.1 Measuring absence[5]

Bizarrely, there are at least 44 different ways to calculate sickness absence rates, with 14 in common use. One reason for this is that no single measure can adequately reflect the very variable patterns of absence that organisations experience. In particular, most 'headline' figures mask patterns of absence which, while dominated by sporadic or short-term absences, are skewed by a growing amount of long-term absence. Thus, the national average of just over seven days per employee per year does not explicitly reflect the fact that, in many organisations, 30-40% of employees have no absence at all during the year. Nor does it reveal that some employees are into their third, fourth or even fifth *year* of long-term sickness absence.

Most employers, at the very least, calculate the number of days lost per employee each year, or the 'lost time' rate – ie, the percentage of available days lost per year. These give a view of the 'average' position, but do not reveal much about the extremes of absence. At the very least, these formulae should be applied to absences by:

- function
- location
- occupation
- job level
- gender
- age group.

The most recent figures from The Work Foundation[6] show that, in 2002, there was considerable variation by sub-groups in the percentage of available time lost. Table 1 illustrates this point.

Table 1: UK absence rates by staff group and sector, 2002

Staff groups	Absence rates	Sector	Absence rates
Managers	1.63%	Public/Voluntary	7.86%
Non-managerial	2.63%	Manufacturing	3.12%
Manual workers	3.95%	Utilities	1.54%
Full-timers	2.79%	Financial	2.11%
Part-timers	2.60%	Services	2.23%
Women	3.04%	IT	1.57%
Men	2.35%		
Overall average	**4.12%**		

Source: The Work Foundation, 2002

In addition, data from previous studies shows that, in the UK, absence is higher in:

- unionised organisations
- the North of England
- call centres

One measure, the Bradford Index,[7] is the only measure that deliberately measures the irregularity of attendance – that is, the extent to which the overall picture is being influenced by a small number of long-term absences or a large number of short-term absences. The advantage of the Bradford Index is that it can be used by organisations to define and apply 'trigger' points to help invoke elements of wider absence policy such as return-to-work interviews, reviews of individual attendance records, referral to occupational health professionals, capability procedures

5. For a more detailed account of the key formulae, see L Wustemann (ed) *Managing Absence and Leave*, IRS LexisNexis, 2002.

6. *Maximising Attendance*, Managing Best Practice No. 96, The Work Foundation, 2002.

7. The Bradford Index formula is SxSxD, where S is the number of spells of absence and D is the number of days of absence during the relevant period.

etc. The disadvantage is that it is frequently regarded with suspicion by trade unions and that line managers can mistakenly regard it as a way of absolving them from responsibility.

Whatever formula is chosen, the basic principles employers need to adhere to when measuring and monitoring absence are:

- Use measures that allow the patterns of both short-term and long-term absence to be established and understood. While there is no universally used threshold that distinguishes between short-term and long-term absence, many employers use 10 days, and others use 4 weeks. In any case, it is a good idea to be consistent within the organisation.
- Use measures that allow intelligent analysis of the patterns of absence the organisation is experiencing. The key here is to use data to identify 'hot-spots'. For example, one organisation found that some line managers were presiding over above-average absence rates even when location, occupational mix and gender mix were controlled for. It concluded that management style, employee commitment or wellbeing in those departments were likely to explain much of the difference.
- Use measures that allow line managers to be held accountable for the absence of their staff. Absence is not the responsibility of the personnel department. Many organisations suffer from under-recording of absence – indeed only 22% are confident that all their absence is being recorded. This can seriously affect the seriousness which the problem is afforded at senior levels and, as a result, the resources made available to tackle it.
- Make sensible use of IT. Almost a third of organisations still use manual, rather than computerised records of absence, and almost a quarter believe that their records are inaccurate. An increasing number of those with computerised records are requiring their line managers to enter the data locally. However, few organisations operate incentives or sanctions to ensure compliance with these procedures.

Effective measurement and monitoring of absence can ensure that policies and practices to prevent or reduce it can be effectively and economically targeted.

1.2 Costing absence[8]

Despite growing concern over sickness absence among employers, virtually no robust data exists on its direct or indirect costs. The CBI reports that only 25% of UK employers calculate their absence costs (The Work Foundation puts this figure at 43%). Various other bodies have sought to estimate the costs of absence at aggregate level. For example, the CBI estimates the total annual costs in the UK at £11 billion.

The majority of the published cost data, however, is based solely on estimates of the direct salary costs of employees off sick. While some include wider employment costs, and others seek to estimate temporary replacement costs and overtime payments, these are rare.

At the current level of aggregation, such large numbers (eg, £11 billion) have little impact on the perceptions or behaviour of individual employers. They just seem very big but, paradoxically, remote from the everyday experiences of most employers. Using aggregate cost data also means that the indirect costs of absence are often ignored or understated. These include the costs of organising and paying for temporary cover, management time, reduced productivity and reduced customer retention. Aggregate cost data are not sufficiently sensitive to gender, sectoral, occupational or regional differences in absence patterns and costs and very little is known about the factors affecting variations in the costs of absence and, therefore, their susceptibility to measurement, monitoring, prediction, management and control. It is also rare to find data that adequately differentiates between short-term and long-term absence costs. In addition, they fail to differentiate

8. For more detailed guidance on how to cost absence see WF Cascio (2000) *Costing Human Resources* (4th edition), Ohio: South-Western College Publishing; and S Bevan and S Hayday (2001) *Costing Sickness Absence in the UK*, IES Report 382, Brighton.

between 'casual' absence, absence attributable to domestic caring responsibilities, and absence caused by genuine illness or injury.

Data from The Work Foundation shows that, among the 57% of employers that do not cost their sickness absence, the primary reasons given are as follows:

- Too time-consuming – 33%
- No computerised personnel records – 30%
- No accurate attendance records – 23%
- Not worthwhile (though absence a problem) – 19%
- Absence no problem – 19%
- Don't know how to cost absence – 11%
- Other/don't know – 25%

(out of 223 survey respondents, from data collected by The Work Foundation in 2002).

These findings are worrying because they suggest that many employers have neither the data nor the insight required to establish even the most basic costs associated with absence. If so many organisations have inadequate absence records, it is also likely that they will be unable to assess the extent of their absence problems, or to monitor patterns or trends.

Accurate absence costing is vital for the following reasons.

- Low levels of absence do not always equate to lower costs. Employers make the mistake of assuming that they do not need to know the costs of absence because the average number of days lost per employee is low. As up to 70% of absence costs can be attributed to long-term absences, it can be dangerous to draw complacent conclusions from averaged data. Even a few long-term absences can increase the annual cost of absence per employee.
- Even rudimentary costing can help to highlight where in the organisation a problem may be emerging, allowing speedy remedial action. One business found that 65% of its absence costs could be attributed to absence among support staff in one of its three locations. On further investigation, it was found that local managers had failed to manage long-term absence effectively and that the consequent costs were out of control.
- As some absences can be reduced quickly, costing can help to identify the savings that can be achieved by managing them effectively.
- Cost data can be a powerful way of grabbing the attention of senior managers. Some organisations have carried out comprehensive absence reviews sanctioned by senior managers whose concern has been heightened by costing exercises – especially where these included an assessment of the costs of legal cases related to stress at work.

An average 9% of annual salary costs is believed to be spent on absence by large UK employers.[9] It is likely that as little as half of this amount can be attributed to the gross employment costs of those who are absent. The remainder of the costs are determined by choices the employer makes about issues such as how to cover for absent employees and enforcing absence management policies. So it seems reasonable to conclude that up to half of the costs of absence are directly within the control of the employer.

Among the factors that seem to affect the variability of absence costs in organisations are the following:

- **Part-time staff** – the treatment of part-time staff in absence statistics is often inconsistent. In many cases this can lead to an inflation of absence levels, especially if part-timers' working time is measured in days rather than hours.
- **Organising cover** – employers' choices over the way they organise cover for absent employees can have an impact on costs. Using informal, internal cover by colleagues on a temporary basis can be the least expensive. Paid overtime or 'acting-up' allowances can increase these costs. The use of external agency or contract staff can be the most expensive.

9. Bevan and Hayday (2001) op cit.

- **Workforce age profile** – the evidence to date suggests that a young age profile is associated with higher levels of short-term absence, while an older age profile is associated with higher levels of long-term absences. The UK workforce is set to age over the next 20 years.
- **Balance of short-term and long-term absence** – staff groups with a high proportion of bouts of long-term absence are most likely to incur significant absence costs.
- **Occupational mix** – research has found that employee groups with a higher proportion of long-term absence, and where cover for absences is likely to involve formal, paid internal replacement or the use of external agency staff, have higher absence costs.
- **Enforcing absence management policies** – ineffective absence management can lead to increased casual, short-term absences and more costly long-term absences where such absences are left unmanaged for too long.

With so few employers getting to grips with the costs of absence, it is unlikely that many are in a position to argue for resources to reduce absence, or to quantify the savings which might be accrued if reductions are achieved.

Quantification and management – starting from a low base

In a small survey of 51 employers, The Work Foundation and UNUM Provident (an Income Protection insurance provider) sought to assess the extent to which organisations were confident that they had data and policies in place to measure and manage absence.

Table 2 shows the percentage of respondents who were confident that their organisations had a series of absence policies and practices in place. Only where 40% or more of respondents indicated that they were confident are findings presented. Thus, 92% of respondents were confident that their organisation had a formal, written staff absence policy. Indeed, most of the areas where employers feel confident that they are compliant with good practice are in areas of policy and procedure, rather than in areas of data or practice.

Table 2: Percentage confident that these policies and practices exist in the organisation

Policy	%
Formal written staff absence policy	92.2
Sick pay rules explained and accessible to all staff	77.8
Access to stress counselling services	61.2
Effective occupational health/EAP referral procedures	60.8
Regular reports of absence data to line managers	51.0
Regular reviews of absence policy	50.9
Access to rehabilitation services for long-term absentees	49.1
IT-based absence recording	45.1
Training for line managers in absence management	44.9
Trade unions/staff reps consulted on absence policy	44.0
Absence 'trigger' points specified	41.2

N = 51. Source: UNUM Provident/The Work Foundation, 2003

Table 3 shows the list of policies and procedures least likely to be present in the responding organisations. While many of these relate to the existence of cost and other data, others relate to practices such as return-to-work interviews, the use of case management for long-term absentees, and the use of absence levels as key performance indicators (KPIs) for line managers. More than 40% report that their line managers receive no training in the management of sickness absence.

Table 3: Percentage confident that these policies and practices *do not* exist in the organisation

Policy	%
Costs of management time attributable to managing absence	58.8
Data allows targeting of 'high risk' groups	56.5
Costs of lost productivity/sales/customers attributable to absence	56.0
Recruitment and training costs of cover	54.0
Return-to-work interviews conducted after each absence	49.0
Return-to-work interviews conducted after each 3-day absence	47.1
Long-term absentees allocated specific case managers	46.2
Costs of internal cover (overtime/acting-up)	45.1
Fees of external temporary cover	44.9
Absence levels used as line manager KPI	44.2
Costs of benefits for absent staff (cars, health cover, allowances)	44.2
Training for line managers in absence management	40.8

N = 51. Source: UNUM Provident/The Work Foundation, 2003

It seems reasonable to conclude, therefore, that while measurement, monitoring and costing are critical to the development and delivery of effective absence management policies and practices, many UK employers fall seriously short.

In the next section, we will look at the factors that underpin absence.

2. Causes of absence

This section looks at what is known about the factors most strongly associated with sickness absence. The aim is to focus on the causes of absence that might be within the influence of organisations. The causes of absence which have been identified are presented in four distinct clusters:

1. **Workplace factors**: do some characteristics of the working environment influence sickness absence levels more than others? Do particular work patterns or workplace hazards contribute more to sickness absence?
2. **Attitudinal and workplace stress factors**: is absence higher among the least satisfied employees? Do people use sickness absence as a means of escape from unpleasant working conditions? Does excessive workload or stress lead inevitably to increased sickness absence?
3. **Health and lifestyle**: to what extent does the general health of employees or aspects of their lifestyle (their consumption of cigarettes or alcohol, their patterns of exercise, etc) contribute to their risk of having periods of absence. Are some individuals with a combination of lifestyle characteristics particularly at risk?
4. **Domestic and kinship factors**: to what extent do the conflicting demands of domestic responsibilities make attendance difficult or undesirable for some groups of employees?

Within each, results from previously published work are presented.

2.1 Workplace factors

While not providing a comprehensive review of organisational causes of absence, this section discusses the effect of some workplace factors on levels of sickness absence:

- travel time
- excessive hours
- working patterns
- workplace risks
- other factors.

We examine each in turn, summarising the evidence and strength of any links with sickness absence.

2.1.1 Travel time

Some studies have shown that the time taken to travel to work can be related to the risk of sickness absence. Others have suggested that the mode of transport used, as well as an individual's position in the organisational hierarchy, can also be related. Thus, it has been possible to suggest that those employees in less senior jobs, who have longer journey times to work and who rely on public transport have a higher risk of absence (Haccoun and Dupont, 1987).

Here the medical and psychological views of absence both have explanations. The medical view can be that those with longer to travel are less likely to do so if facing a minor infection or ailment than those with shorter journey times. This may be influenced by their seniority. The psychological view would supplement this with the fact that those who are dissatisfied with some aspect of their work will be similarly reluctant to attend if their journey to work is more arduous than average.

These findings suggest that travel time may be a powerful factor in determining whether employees attend work, given a range of other circumstances. Therefore, this may be considered as a priority for some organisations to develop and implement healthy transport plans.

2.1.2 Excessive hours

It might be expected that few people could consistently work significantly beyond their contracted hours without there being some psychological or physiological impact which manifests itself as absence.

There is a strong link, among employees who work more than their contracted hours, with absence (ie, whether they reported any absence in the previous six months). However, among specific sub-groups, the number of absences is lower among those working an excess of

actual over contracted hours – notably medical staff and senior managers. It could be that, in these instances, some employees in particularly senior or responsible positions feel compelled to attend when perhaps they should not.

2.1.3 Working patterns

Working patterns have not featured strongly in absence research until relatively recently. The results have been contradictory. Some studies have found that part-timers, for examples, have higher absence than full-timers. Others have found the reverse (Whiston and Edwards, 1990; Paringer, 1983; Smulders, 1983).

Some studies (Bevan and Seccombe, 1997) have found that there was a link between being 'on call' and the periods of sickness absence employees reported in the last six months, with more periods of absence among those on call.

2.1.4 Workplace risks

A growing body of research is beginning to emerge which suggests that absence is used, for some employees, as a mechanism for avoiding specific workplace factors which they perceive as unpleasant or harmful (Robinson, 1987; Hackett, 1989). Examples include:

- The work itself: studies among groups such as abattoir workers have shown that the nature of the work and its inherent unpleasantness was related to absence.
- Risk of physical injury: studies among police officers and others (including nurses and those using potentially dangerous equipment) have suggested that non-attendance can result when employees fear physical harm.
- Stressful situations: again, avoidance of emotionally demanding work situations (in health or personal social services settings) have been shown to be related to some absence behaviour.

In addition, two further two groups of factors seem to be have a similar impact on attendance:

- Environmental 'ambience': this includes concerns over the quality of air, temperature, noise, lighting and the workspace. Those employees expressing more concern with these factors also report more periods of absence.
- Work area hazards: these include fire and electrical hazards, general mess in the work area as well as a concern over the lack of safety training in relation to these hazards. Again, those reporting more concern over these factors are more likely to report more frequent periods of absence.

It is possible, therefore, that a proportion of absence is contributed to by unresolved concern about hazards in the workplace. These may, in turn, be affected by more generic concerns, or by previous experiences. Nonetheless, these data lend support to the view that the perceived suitability of the working environment itself can influence the attendance patterns of some employees.

2.1.5 Other factors

One workplace factor mentioned in a number of studies is the composition of workgroups. More specifically, there is some evidence that absence diminishes the more individuals work in small, interdependent teams. For example, among teachers and social workers, some studies have found that close collective working arrangements help reduce the impact of occupational stress and reduce sickness absence levels (Price and Mueller, 1986; Brooke and Price, 1989).

2.1.6 Summary: workplace factors

From this section we can see that some employees' sickness absence levels can be affected by a number of workplace characteristics. It shows that excessive working hours can be related to absence, though not for all groups, and that concern over workplace hazards can inhibit attendance among some employee groups.

We now look at a number of attitudinal, morale and motivation factors that may affect absence.

2.2 Attitudinal and workplace stress factors

This section assesses the evidence of links between sickness absence and the following factors:

- job satisfaction
- career satisfaction
- intention to leave
- perceived openness of management
- commitment to the organisation
- stress
- the existence of an absence 'culture'.

2.2.1 Job satisfaction

The relationship between job satisfaction and sickness absence has been the subject of considerable (though esoteric) debate among psychologists for some years. Some believe that reduced job performance, absence, quitting and workplace sabotage can all be placed on a 'withdrawal' continuum (Youngblood, 1984; Hackett and Guion, 1985; Dwyer and Ganster, 1991; Van Yperen *et al*, 1996). This means that the more dissatisfied you become, the more likely you are to:

- reduce your work inputs or quality, thereby reducing your job performance
- temporarily withdraw from the workplace, by taking periods of absence
- permanently withdraw from the workplace, by quitting
- inflict damage on work, the workplace or on individuals through sabotage.

In this way, many researchers have examined the extent to which a proportion of sickness absence can be said to result from poor morale and motivation in the workforce, and the extent to which it might be a precursor to other, more serious behaviour.

Other work (though far fewer studies) has found that the link between job satisfaction and absence is far weaker or even neutral. Some have suggested that high sickness absence can have a negative impact on job satisfaction.

2.2.2 Intention to leave

As mentioned above, some researchers have characterised sickness absence as a 'withdrawal' behaviour, with a number suggesting that high absence can be a precursor to resignation. Coincidentally, much of the research carried out in this specific field has been conducted among nurses and other health workers. Overall, there is considerable evidence to support the view of a link (Price and Mueller, 1986; Firth and Britton, 1989; Hackett *et al*, 1989; Hackett and Bycio, 1990). They have found, for example that:

- those with high absence are at higher risk of subsequently resigning
- those with high absence are more likely to express an intention to leave
- those with high absence, who also perceive that they have skills which are marketable, are more likely to be disposed to resign.

It has long been established by those researching the causes of resignation that an expressed intention to leave is a powerful predictor of subsequent resignation decisions.

These studies show that there is frequently a correlation between those employees with higher absence and a higher reported intention to leave. Indeed, intention to leave can be linked with the total number of days that respondents had been absent during the preceding six months.

2.2.3 Commitment to the organisation

A related idea is that of organisational commitment. This term describes the extent to which employees identify with the mission, values and purpose of the organisation within which they work. It is a measure increasingly being used in organisational research, often providing more insights than traditional measures of job satisfaction.

Previous research has found quite strong links between organisational commitment and the frequency of absence. Some studies have suggested that commitment, together

with a feeling of being involved in decision-making, can improve attendance (Farrell and Stamm, 1988). One study found that absence was lower among employees who felt that the organisation was committed to them as employees (Eisenberger *et al*, 1986).

Some research in the NHS (Bevan and Seccombe, 1997) revealed employees have generally higher than average levels of organisational commitment. This is unsurprising given the strong loyalty that exists to the ideals of the NHS. The data shows that there is, also, a strong link between commitment and absence, with those employees reporting lower levels of organisational commitment also having more days absent.

2.2.4 Stress

If one thing is clear in the area of stress, it is that attempting to conduct research on it is a minefield. There are several reasons for this:

- The distinction between stress as a psychological phenomenon or a series of physiological symptoms is extremely complex and not the subject of much consensus.
- Because it has no agreed definition or measure, it is a difficult concept to apply consistently.
- Relying on self-reported measures of stress can be troublesome: because of their inherent subjectivity, it is never possible to be sure everyone is describing the same thing in the same way.
- There is no agreement on whether all stress is bad: many feel that a certain amount of stress can be positive.

Some studies that have examined the relationship between stress and absence have taken both psychological and physiological measures. Others have made the distinction between:

- stress: 'a perception of failure to cope with job demands'
- strain: 'feelings of anxiety and tension'
- heavy workload: 'conflicting or excessive work demands'.

It should be said that studies which show a link between absence and stress are in the majority in most of the available (and growing) literature (Hendrix *et al*, 1989; Karasek, 1990; Dwyer and Ganster, 1991; Barley and Knight., 1992).

2.2.5 An absence 'culture'

A good deal of absence research shows a 'leniency' effect: that is, if employees perceive management to be indifferent to, or tolerant of, absence, then absence increases. This managerial leniency, together with what might be characterised as perceived 'malingering', can add to the view that an organisation has an absence 'culture'.

Some studies have asked questions about employees' views about absence. These covered such issues as:

- whether they felt guilty about having time off
- whether they felt entitled to take days off sick
- whether they could take days off sick if they were not really ill.

Among respondents as a whole, the vast majority demonstrated a consistent and strong predisposition to attend. It was only among male employees under 25 years old, in non-professional or technical jobs that we found significant evidence of a belief that sickness absence days were an 'entitlement'.

2.2.6 Summary: attitudinal and workplace stress factors

This data, in summary, suggest that an employee's risk of being absent can be affected strongly by his/her attitudes to certain aspects of their work and the way they are managed. We have shown that aspects such as job and career satisfaction, commitment to the organisation and intention to leave all play a part in helping us to understand how experiences and reactions to events, change and organisational culture can affect an individual's propensity to attend work. These findings affirm the

importance of taking an organisational approach to understanding causes of absence and managing attendance.

2.3 Health and lifestyle factors

This area includes the following aspects:

- smoking
- use of alcohol
- general health
- physical activity
- body mass index
- other factors.

We examine each in turn, summarising the evidence and strength of any links with sickness absence.

2.3.1 Smoking

Smoking is undeniably damaging to health. The proportion of adults over 16 in the UK who smoke has fallen to 25% (ONS, 1999), with a higher proportion of smokers being:

- between 20 and 24 years old
- in unskilled manual jobs.

It might naturally be assumed, therefore, that smokers will be more prone to sickness absence than non-smokers. Indeed, the evidence supports this view. The Dow Chemical Company in the USA found that smokers had, on average, 5.5 more days off each year than non-smokers. Virtually all academic studies (Parkes, 1987; Bush and Wooden, 1995) demonstrate the link between smoking behaviour and absence, with some interesting subsidiary findings:

- Some suggest that different levels of tobacco consumption can also affect the periods of absence or the duration of each period of absence.
- Some suggest that smoking due to perceived stress can increase absence.
- Others suggest that sickness absence decreases if individuals are helped to give up smoking.
- One or two studies agree, but point out that the painful process of giving up smoking might temporarily *increase* absence.

Almost 40% of smokers say they had tried to give up during the last year. Half said they intended to give up in the next year. This is an area where organisations can support staff in improving their individual health.

2.3.2 Use of alcohol

Almost 90% of employees report that they drink alcohol. The impact of alcohol on health is now well understood, particularly among those with high levels of consumption. Again, most of the research shows a strong relationship between alcohol use and absence. However:

- Some studies only look at drinkers versus non-drinkers.
- Others look at the extent to which alcohol is used as a means of relieving workplace stress and anxiety.

In addition, all these measures rely on self-reports, which we can be confident have a tendency to understate actual consumption figures.

The HEA study among NHS employees (Bevan and Seccombe) confirmed the link between alcohol use and absence. Indeed, it found that those who do not drink alcohol have half the absence of those who do drink. It also found that those with higher consumption levels also had more periods of absence. In addition, these data show that:

- Those who report drinking more because of stress also have more periods of absence.
- Those most likely to report stress-related drinking were:
  - medical and dental staff, and general and senior managers
  - shift workers
  - younger employees.

The data revealed that almost 90% of drinkers felt that the amount of alcohol they consumed would have no detrimental impact on their health. Overall, fewer than one in five NHS employees who drank reported that they intended to reduce alcohol consumption in the next year.

In a similar vein to some findings on smoking cessation, there is some evidence (OPCS, 1996) that there can be more ill-health among ex-drinkers once they stop. Thus, the impact of abstinence on sickness absence may not always be immediate.

2.3.3 General health

When looking at previous research, the notion that employees take time off from work because they are genuinely ill appears not to be universally acknowledged. Among some psychologists, it seems, the aim has been to discover which aspects of an individual's morale or motivation has most impact on their absence. Perhaps because they see the medical causes of absence as, to some extent, unavoidable, they have focused their efforts on explanations that can appear to downplay the significance of genuine sickness.

Data taken from the insurance industry[10] shows the pattern of claims now being made under income protection policies. Table 4 shows how the pattern of claims has changed since 1996.

Table 4: Income protection claims, 1996-2001

Condition	% of claims	% change
Mental & nervous	23.4	+ 50.7
MusculoSkeletal	13.0	- 15.5
Cancer	12.5	+ 18.5
Cardio/circulatory	11.9	- 25.8
Injuries	10.5	+ 46.9
Arthritic	8.4	- 14.7
Gastro-intestinal	3.4	+ 53.2
Others	16.9	

Source: UnumProvident Claims database 2002

By the same token, medical researchers who have looked at absence can generally be said to have taken little notice of the view that it can have causes other than illness.

As we will see, for other groups non-medical factors can be equally important causes of absence, suggesting that absence management policies could be more discriminating.

2.3.4 Physical activity

Some researchers have identified physical activity as a factor which, through its indisputable links with general health, can help explain some aspects of sickness absence. Indeed, one of the more tangible actions employers can take is to improve and encourage access to facilities for staff who walk or cycle to work.

2.3.5 Body Mass Index (BMI)

The BMI is an expression of the ratio of weight to height. It is a measure that is now widely used in clinical practice and in nutritional research to estimate an individual's level of body fat. Given the relationship between being overweight or obese with a range of health problems, it might reasonably be expected that there would be a link between a high BMI and sickness absence. In fact there is rarely a direct correlation, although those with a high BMI are considerably more susceptible to conditions such as diabetes and hypertension.

2.3.6 Other factors

It should be noted that certain other factors have been shown by researchers to have an impact on sickness absence levels (Gruber and Widman, 1987; Waddell *et al*, 1993; Lissovoy and Lazarus, 1994; Kryst and Sherl, 1994). Those of particular relevance include:

- back problems, particularly lower back pain among nursing staff
- migraine headaches, suffered from to a greater extent by women
- severe pre-menstrual and menstrual symptoms.

UNUM Provident UK, 2002.

2.3.7 Summary: health and lifestyle factors

Employee health and lifestyle can clearly have a significant impact on absence levels. Only a proportion of these factors, however, are capable of being influenced by employers. In assessing the 'risk' of high absence among specific groups of employees, however, and targeting initiatives aimed at influencing lifestyle, employers can use these findings to supplement information about the particular workplace health needs of staff to determine where preventative action might be most fruitful. (See section 3.3 for practical examples of preventative measures).

2.4 Domestic and kinship factors

Most studies of sickness absence identify clear gender differences, with women consistently having higher absence than men. Many of these studies find little or no differences in health, so attention has consequently been paid to other factors which might affect women's capacity to attend which might explain the difference (Kossek, 1990).

The notion of 'kinship responsibility' has begun to feature more prominently in these studies. It refers to the extent to which employees have distinct and significant domestic care responsibilities for members of their close and immediate family.

Perhaps surprisingly, the evidence of a link between such domestic responsibilities and sickness absence is not clear cut. Some researchers have failed to find strong evidence that problems with childcare, for example, are related to absence. Others have found that a higher proportion of women's absence than that of men is explained by their need to attend to domestic caring responsibilities. Among the studies that have found a link with domestic responsibilities, factors such as the number of children under 16 and the availability of informal support networks have also been shown to be significant (Smulders, 1993; Geurts *et al*, 1994).

Some of the research has demonstrated that the availability of flexible working arrangements and a tolerance by organisations of flexibility of hours adds to a sense among women employees that they can cope with short-term domestic problems, thereby reducing the likelihood that they will need to use absence as a coping mechanism.

2.5 Conclusions

This review of the evidence about the range of factors which has been shown to be linked to sickness absence suggests the following:

- A complex range of influences combine to bring about absence from work.
- These influences comprise a mix of individual characteristics and behaviours, attributes of the working environment, the attitude of individuals or groups, and a range of non-work factors which may combine to make attendance difficult.
- This mix looks different for different employee groups. In particular, female employees, those with domestic caring responsibilities, those prone to stress, those with specific lifestyle health risks and those with low psychological attachment to the organisation.
- If the causes of absence are so specific to particular groups, the strategies which employers adopt to manage absence should also be specific to these groups.

This final point is addressed in the next chapter.

3. Attendance management in practice

This chapter discusses several practical ways in which managers can approach attendance management based upon the findings of the previous section. However, this review of strategies does not provide comprehensive guidance about how to manage attendance. Nevertheless, it gives the reader insight into current practice in this area.

Four approaches to managing attendance are examined:

- management policy
- managing long-term absence
- preventative measures
- rewarding attendance.

We begin by examining elements of each approach in turn.

3.1 Management policies

There are a number of importance elements of a basic attendance policy. These include:

- clear procedures
- a communication strategy
- return-to-work interviews
- recruitment and screening procedures
- line manager training.

Each of these will now be described briefly.

3.1.1 Procedures

These should include the following:

- Employees should be clear that it is their responsibility to report that they are unable to attend, to estimate the likely duration of their absence and to provide a reason for their absence.
- In cases of medium-term or long absences, line managers should maintain regular contact with the absent employee.
- Informal discussion between the line manager and the employee on return to work, irrespective of the duration of absence.
- Formal review if an unacceptable pattern or level of absence continues, with possible reference to occupational health professionals or, in extreme cases, recourse to established disciplinary procedures.
- Setting of individual attendance targets, reviewing alternative working patterns, or moving employees to alternative duties.
- Clear procedures and guidance for self-certification of sickness absence.

Many employers with such procedures have found that their very existence and consistent application can have an immediate effect on sickness levels. This lends support to the notion of a 'leniency' effect, suggested in the previous chapter.

3.1.2 Communication

Any attendance policy should be clearly communicated to all staff so that they are aware not only of what is required of them, but also what support may be available to them (for example, occupational health or counselling services).

Again, clarity of communication can be key to employees understanding that attendance is under scrutiny. In some organisations, absence procedures fall under the scope of formal consultation arrangements. It is often the case that trade unions are as concerned as management over unwarranted sickness absence levels, though they will also have obvious concerns over consistency in the application of procedures, especially where these lead to disciplinary action.

3.1.3 Return-to-work interviews

These interviews, held immediately on the day of returning to work by line managers, emphasise the point that the period of sickness absence which has just finished (no matter how brief), has not gone unnoticed. It also provides the employee and their manager with an opportunity to discuss, informally (unless there is a recurrent problem), any

ongoing or underlying problems.

These interviews are well-developed in some organisations. The London Borough of Lewisham has invested considerable effort, for example, in training its line managers in how to conduct them. The basic structure which is used is broadly as follows:

1. **Line manager preparation**: allows them to collect information about whether the employee complied with the procedures, about previous absence patterns etc.
2. **Welcome**: setting an informal and non-confrontational tone to the interview. Communicating the purpose of the discussion.
3. **Review of the absence period**: discussion of employee's current health, whether and when medical advice was sought, briefing the employee on how their work was covered during their absence (both to emphasise the consequences of the absence and to help them pick up the work again), and probing any underlying causes of absence which may be individually important.
4. **Reminder of previous absence record**: in cases where absence is potentially concerning, demonstrating that these data are held and regularly monitored can impress upon them that their attendance is under close scrutiny.
5. **Action and timescales**: where action is needed, it is important that there is agreement between line manager and employee, clarity over responsibility for these actions, agreement over when they are to be reviewed, and clarity over the consequences if they do not result in improvement in attendance. Such actions should be put in writing.

3.1.4 Recruitment and screening procedures

Research has shown that previous sickness absence records are a reliable indicator of future attendance behaviour. Absence risk can be assessed during recruitment by:

- requesting absence data from previous employers
- asking about absence record in interviews
- engaging in health screening for specific posts.

However, the 1998 CBI survey concluded that pre-recruitment screening had the least impact as a determinant of attendance in the selection procedure. Employers may also be well advised to seek legal advice before refusing to appoint candidates who are felt to have lifestyles likely to render them a serious absence risk (for example, excess alcohol consumption). At the very least, employers must show that the characteristics for which they are screening are related to core job requirements. They must also check whether previous absences are due to a disability which falls under the scope of the Disability Discrimination Act (DDA).

3.1.5 Line manager training

The role of line managers is crucial to developing good practice in managing attendance since they have the closest contact with the individuals concerned. Action taken by other parties (such as the personnel department) is likely to be less timely, more formal and out of touch with the detail of the circumstances.

Line managers should receive appropriate training and guidance in a number of areas. These include how to implement agreed procedures, how to influence factors that contribute to absence (such as working environment, aspects of morale, access to flexible working arrangements, etc), and also how their actions can affect the health and attendance of staff.

3.2 Managing long-term absence

As we have seen, over half of all days of absence are accounted for by long-term absence, and it can account for up to 70% of the costs of absence. It is also the area that most line managers find most difficult and awkward to get to grips with. There are a number of reasons for this:

- Employers do not provide sufficient guidance to either line managers or to employees (or unions) about their roles and accountabilities.
- Organisations do not train enough line managers in long-term absence management procedures. The frequent churn among line managers, together with pressure on the time they have available for training on 'non-operational' issues, often make practice in this area patchy and inconsistent.
- Line managers themselves often feel ill-equipped to manage long-term absence. They find aspects of mental ill-health and workplace stress awkward and embarrassing. They are concerned about making home visits or telephoning staff at home through fear of being accused of harassment. They are also fearful of falling foul of the law and landing themselves and their organisation in a tribunal.
- Line managers are frequently unsure about the stage at which long-term absence becomes a disciplinary issue. Many would prefer to dismiss employees after a period of long-term sickness rather than resolve the issue more positively.
- Line managers are invariably more than happy to accept the word of GPs in most cases. This takes responsibility for decision-making away from them in an area in which they feel poorly equipped.
- Where there is access to occupational health advice they are often unsure about when and how to access it. If it means getting advice that may challenge the GP's diagnosis they fear that conflict will result.
- They are uncomfortable with the idea of rehabilitation. Although the Disability Discrimination Act (DDA) requires employers to make 'reasonable adjustments' to accommodate employees with long-term illness or injury, most line managers find job redesign difficult, irritating and disruptive.

There are clearly problems of skill, time, disposition, confidence and awareness among many of the line managers in many organisations. The fact that line managers have such difficulty in managing long-term sickness goes some way towards explaining why it is increasing at a time when sickness rates overall have come down slightly.

Employers often recognise that they have a problem with the management of long-term absence, but frequently do not make it a priority to resolve because:

- They see it primarily as a compliance issue.
- Their unions often seem disinterested or primarily concerned to avoid bullying.
- There are plenty of other, more pressing, business issues to resolve.
- The costs of training line managers in all these procedures is prohibitively high (as is the opportunity cost).

·Some make the judgement that their written policies are sufficiently up to date to provide protection if challenged in an IT or an EAT.

Among employers who have been more successful in tackling long-term absence, rehabilitation and 'return-to-work' programmes are felt by many to be the key, along with early intervention, to job retention. A recent survey of employers conducted by the *Occupational Health Review* (2002) found that:

- 68% of employers have a written policy which includes rehabilitation
- 52% report a significant increase in the number of employees being offered rehabilitation compared with 2000
- 75% take a 'case management' approach

There are important differences in the approaches taken to long-term absence which are advocated by occupational health professionals and HR professionals. The OHR survey showed that 69% of OH professionals (compared to only 30% of HR professionals) favoured early intervention '*to prevent acute conditions becoming chronic*', whereas most (52%) HR professionals favoured '*keeping in*

touch with the absent employee', compared with only 42% of OH professionals.

3.3 Preventative measures

Clear and consistently applied procedures play an important part in managing attendance. However, these mechanisms do not easily address some of the underlying causes of sickness absence discussed in the previous chapter. It is in some of these areas where prevention may, indeed, be better than cure.

Specific areas for preventative action discussed here include the following:

- improving individual health
- flexible working arrangements
- help with travel
- improving the physical working environment
- job design
- managing career expectations
- rebuilding trust and loyalty.

Each of these is discussed, briefly, below.

3.3.1 Improving individual health

Health promotion measures represent steps which can be taken, over the medium- to long-term, to create a healthier workplace. Where there is evidence that specific groups of employee are more prone to sickness absence than others, it may be that certain health promotion measures might be taken. For example:

- smoking cessation initiatives
- healthy eating campaigns
- provision of exercise or recreational facilities
- weight control programmes
- health screening
- provision of counselling or stress management support.

Effort in providing such initiatives to support employees who have expressed an intention to change their behaviour or lifestyle may well bear fruit through reduced sickness absence. Positive organisational approaches to health promotion in the workplace, targeted at key groups, might be expected to yield returns by way of reduced sickness absence. Annex A contains a review of the effectiveness of workplace health promotion initiatives.

3.3.2 Flexible working arrangements

These can range from mechanisms to allow individuals to have more flexible start or finish times, to job-share, to have term-time contracts or to convert from full- to part-time.

They can also involve greater flexibility in shift rostering, providing carers' leave and so on, where employee circumstances suggest they would be beneficial, particularly in helping them to attend work.

Flexible working arrangements may make the organisation more attractive to prospective and existing staff, and as a result have a positive impact on recruitment and retention.

3.3.3 Help with travel

Some employers recognise that employee travel arrangements can be less than ideal. As we have seen, long travel times can sometimes inhibit attendance among less senior staff. Employers are more frequently making provision for these circumstances by developing a healthy transport plan. This is a package of practical measures to make it easier for staff to arrive at work by walking, public transport, bicycle or car sharing.

3.3.4 Improving the physical working environment

As we have seen, concern over workplace hazards can affect employees' attendance. They may have the effect of exacerbating the effects of poor morale or dull and routine work content. Therefore, paying attention to the ambience of the working environment, should result in changes to layout, heat, lighting, noise etc, where these are felt to cause problems, such as preventing violence towards staff.

3.3.5 Job design

If aspects of job satisfaction and morale affect sickness absence levels to a greater degree among some employee groups than others, then there may be scope for adopting one or more of a number of job design techniques to improve their job interest and involvement. These include:

- Job rotation: moving individuals between tasks in order to provide variety.
- Job enlargement: building extra tasks into jobs to increase variety and responsibility. These methods carry the danger of worsening morale problems if not carried out with care.
- Job enrichment: giving individuals greater control over a related sequence of tasks – these techniques are frequently among the most successful.

Job design and redesign should always attempt to improve factors such as control over work content and pace, use of skills and training, challenge, variety and sense of purpose. These are common components of job satisfaction, and can be easily overlooked in the drive for greater efficiency.

3.3.6 Rebuilding employee trust and loyalty

Sickness absence, like staff turnover, can be a useful morale barometer – measuring the pressure in the 'system'. While there may be many other reasons to rebuild employee trust and loyalty where they have been judged to have been eroded, reducing sickness absence can be a tangible benefit. Improvements in communication, consultation and involvement in decision-making can often contribute greatly to this process.

3.3.7 Rewarding attendance

It is worth mentioning, albeit briefly, the diminishing practice of paying attendance bonuses. Some organisations (often in the manufacturing industry, or those employing large numbers of manual workers) continue to pay attendance bonuses. Recent surveys suggest that no more than 15% of employers pay them. These are often linked to plant-level agreements which determine, for example, the payment of collective bonuses provided that absence does not rise above a certain level. The prevailing view of these practices is that they rely on paying employees twice for fulfilling what they are already contracted to do.

3.4 Conclusions

Aside from ensuring that effective and clear absence policies and procedures are in place and being used, many of the approaches to attendance management discussed here need to be tailored and applied where they will have most impact. This can only be done effectively on the basis of good data about prevailing patterns and causes of absence among key groups in the workforce. 'Blanket' approaches are unlikely to work as effectively as well-conceived and targeted measures.

Future challenges

Looking forward, organisations face a number of significant challenges as they seek to improve attendance management.

- The growth in long-term illness and injury in the UK workforce is set to continue. In particular, mental ill-health and stress-related illnesses look likely to grow as the UK fails to make inroads into long-hours working, and only marginally improves work-life balance for the majority. This means becoming more proactive in risk assessment and preventative steps. Conducting stress audits and psychosocial risk assessments in the workplace should become the norm rather than the exception.
- Much of the burden of managing sickness absence falls on line managers. This has several consequences. The first is the need for consistency, especially if employers are at risk of falling foul of an increasing number of legal requirements. The second is cost control, especially if lack of capability or support means that line managers continue to fail in their obligations to manage long-term absence effectively. The third is 'bandwidth'. With all the other pressures and obligations which line managers have, their scope for taking on or extending their roles (and the receive and internalise all the training they need to keep them up to date) is likely to diminish rapidly. We estimate that a typical long-term absence policy contains at least 90 decision-points for line managers. The growing complexity of this subject increases the risks of error or adverse impact on certain groups in the workforce.
- Employers will need to become much more adept at managing attendance among atypical workers. We already have legislation requiring that part-time workers and those on fixed-term contracts should not be treated any less favourably than their full-time and permanently employed colleagues. But what of remote workers, or those who work partly from home? How should attendance be thought of in these circumstances? At one level it raises fundamental questions of the adequacy of attendance as a performance input in these circumstances. Remote workers are often valued for what they produce rather than the hours they spend doing it (although payment by the hour is still commonplace). If we want to encourage and support a more flexible definition of 'place' in our evolving conception of work, holding onto rigid ideas of attendance and performance inputs will not move us forward very quickly.
- It is likely that the regulatory frameworks which govern the duties which employers have to protect and promote the physical and psychological wellbeing of the workforce will become more, rather than less, complex. Even if the flow of new legislation slows down – and there is no sign of this yet – case law is likely to keep employers on their toes and employment lawyers in clover.

Most employers have only just reached base camp in their attempt to manage attendance in an ever-more complex environment. Instead of congratulating themselves unduly, they need to ready themselves for the final assault on what will be a difficult climb.

Annex A: Workplace health promotion

Workplace health promotion is a subject with which HR professionals are finding themselves involved more frequently these days. It has often been seen as the exclusive preserve of occupational health professionals, but with increasing concern over sickness absence and stress problems among employees, it is an area in which HR staff now need to have more than a passing knowledge. Indeed, there are several reasons for the greater prominence of health promotion on the HR agenda:

- **A legal duty of care**: both UK and EU legislation in the field of health and safety has had increasing impact in recent years.
- **Resourcing and performance pressures**: evidence is growing which demonstrates that healthier employees have better retention, attendance and performance records.
- **The 'psychological contract' and employer 'branding'**: expectations among an increasing number of recruits and employees are that employers should provide healthy workplaces and demonstrate measures aimed at employee wellbeing. As employers compete for labour, ensuring they can promote a positive image or 'brand' to potential recruits is an increasingly important part of the 'deal' they can offer new and existing employees.

UK employees spend up to 60% of their time in the workplace. As the workforce ages, and as social class differences in health grow wider, some argue that the workplace has a greater role to play in both general health education, and in the more proactive promotion of healthy lifestyles.

Models of workplace health promotion

There have been at least two recent reviews of UK employer practice in the field of workplace health promotion. The first, conducted by the Health Education Authority (HEA, 1993) examined the practices of over 1,300 workplaces and found that 40% had undertaken at least one health-related activity during the previous year. Overall, the likelihood of employer involvement in health promotion was higher in:

- larger organisations
- foreign-owned companies
- unionised employers
- the public sector.

The study also found that few employers had a budget for workplace health promotion, and that there was virtually no formal evaluation of either the health or economic benefits of health promotion initiatives.

A more recent, though smaller, review by Industrial Relations Services (IRS, 1998) examined the practices of 114 UK employers. The review found, among other things, that:

- Most employers saw workplace stress as the most important health-related issue they faced, though few had policies or practices in place to manage stress.
- Most practices involved the provision of written guidance and advice, rather than proactive interventions.
- A quarter of employers in the review had been involved in an industrial tribunal where employee health issues had been core to the case. Employers also reported that concern to comply with legal requirements, or fear of litigation, were factors influencing decisions to introduce health promotion initiatives in the workplace.

The review also identified that HR professionals were now more likely than occupational health professionals to initiate action under the workplace health promotion banner. This finding highlights a growing awareness of the relationship between health promotion and HRM.

UK employers are adopting workplace health promotion initiatives that fall into one of three main categories. These are:

- **Awareness-oriented programmes**: these initiatives are intended to raise individual and collective awareness among employees and line managers of specific health areas or risks. They can include general promotion of

factual information, or diagnostic approaches such as forms of health screening. They are based on the expectation that increased awareness will lead to behavioural or lifestyle changes.

- **Lifestyle change interventions**: these initiatives are more specifically targeted at making changes to individual health behaviour or lifestyle. They may be based on previous diagnosis, or on individuals' decision to seek support in making a lifestyle change. Their focus is often remedial.
- **Ongoing support measures**: here, organisations engage in activities or initiatives which are intended to promote, encourage and sustain a healthy working environment and lifestyle. These approaches may focus on the general health 'climate' of the organisation, or may be aimed at prevention of specific health risks or hazards.

Each of these approaches is illustrated in Table 1, opposite.

Problems and issues

In examining the pattern of workplace health promotion activity among UK employers, it is clear that a number of problems and issues frequently arise in either the design or implementation of initiatives. These are discussed below.

Voluntarism vs paternalism

An important cultural issue in many organisations surrounds the question of voluntarism. While, at one level, most people would agree that healthy workplaces and healthy lifestyles are undoubtedly 'good things', few would agree with approaches to workplace health promotion which even implied compulsion. At one level, the more paternalistic approaches taken by some North American employers may be more acceptable given the health insurance costs that they have to bear. But in the UK employers have been understandably reluctant to force the issue of health promotion too hard, and have (aside from issues such as smoking and issues covered by legislation) left choice over participation resolutely to the individual. Inevitably, this libertarian approach has knock-on effects in terms of take-up and an individual behaviour change. UK employers are becoming ever more sensitive to the need to manage the boundaries between work and life with care. Health promotion remains firmly in the domain covered by individual freedom of choice.

The 'Inverse Care' law

Of course one consequence of voluntarism is that those individuals who choose to engage and participate in health promotion activity may not necessarily be those with the greatest need to participate. This is known as the 'Inverse Care' law, and it is supported by evidence from several academic studies which have shown that:

- Smokers, those employees with hypertension, those with high cholesterol and those who take little or no exercise are the least likely to participate in workplace health promotion activities.
- Most likely to participate include young, well-educated, females, non-smokers in white-collar jobs.
- Those who are often missed completely by such initiatives include low earners and those on temporary contracts or who are self-employed.
- In addition, studies have shown that women will join weight loss programmes whether they need to lose weight or not.

The practical implications of the 'Inverse Care' law are, first, that using crude measures of take-up of health promotion initiatives can be misleading and, second, that evaluation of health outcomes from such initiatives needs careful planning and interpretation. The key problems may be that, in many cases, those employees who stand to benefit most participate least.

Table 1 Main approaches to workplace health promotion

Awareness programmes	Lifestyle change interventions	Ongoing support measures
Written advice These approaches can involve the circulation of guidance notes promoting awareness of specific health advice, or targeted poster campaigns (eg, smoking awareness, HIV/AIDS awareness, nutrition/healthy eating).	**Smoking cessation** Here, employers may run specific sessions aimed at supporting employees who have expressed a desire to stop smoking. These sessions may take the form of formal presentations, group support or monitoring – often a combination of each of these.	**Healthy eating options** With greater awareness of the links between diet and health, more employers with on-site eating facilities are seeking to provide healthy eating options for employees. These are often accompanied with improved information about diet to enable employees to make informed choices. The provision of healthy eating options has been made easier as employers have sought to buy in catering services from third party suppliers and contract caterers.
Participation in national initiatives Some employers choose to participate in or promote wider health-related initiatives. These might include 'National No-smoking Day', or the broader intention to support the 'Look after your Heart' campaign. Health promotion awards, such as the HEA's 'Health at Work' scheme may also be actively sought.	**Stress management** Either individual or collective support, by trained counsellors, for those employees in stressful occupations or who have had significant role or workload changes likely to increase their susceptibility to work-related stress. The focus is both to support the individual and to provide them with coping and self-management strategies. Some organisations provide specialised support for employees with Post-traumatic Stress Disorder (PTSD).	**Sport and exercise facilities** Many employers offer employees access to sport or exercise facilities as an explicit benefit. These facilities can either be on-site or, more commonly, through subsidised or free access to external facilities.
Health screening Employers may choose to provide either temporary or permanent access to health screening facilities for all or some of their employees. Examples include screening for coronary heart disease, cholesterol screening, breast screening, tests for diabetes, osteoporosis, prostate cancer and testicular cancer. Others include skin care advice and cervical screening.	**Alcohol, drug/substance abuse** Some organisations support, sponsor or fund employee access to specialist support for alcohol or drug dependency. Support may also be provided, through training, for line managers of these staff.	**Complimentary therapy** Some employers offer access to complementary therapies to employees. These include massage, aromatherapy and reflexology.

Table 1 Main approaches to workplace health promotion (continued)

Awareness programmes	Lifestyle change interventions	Ongoing support measures
Health education Specific health promotion initiatives or screening programmes may be supported by health education provision. These may take the form of class-based instruction or awareness raising or the use of 'well women' and 'well men' clinics or facilities. **Risk analysis and audit** Either as part of their statutory obligation under health and safety legislation, or as good practice, employers can raise awareness of workplace health issues through regular risk analyses or audits. Examples include audits of the physical working environment (covering aspects such as lighting, temperature, workplaces, workstations/VDUs, noise, hand/arm vibration) and of psychological wellbeing, including actual or potential sources of workplace stress. **Policy development and dissemination** An increasing number of employers, some under pressure from trade unions, are formulating policy documents on a range of health-related topics. These include stress management, smoking, alcohol, drug and substance abuse, HIV/AIDS, violence at work and bullying/harassment at work. While some employers are motivated to have written policies mainly for defensive reasons, others use them as the basis for the design of proactive initiatives and workplace health interventions.	**Work-related upper limb disorders** For employees susceptible to, or suffering, disorders such as repetitive strain injury (RSI), employers provide medical support, workstation redesign and job redesign, as well as wider risk analysis as part of their health and safety obligations. **Advice, support and counselling** Aside from measures specifically designed to address aspects of workplace stress, some employers provide supplementary support to employees through (often sub-contracted) advice/counselling services. These are more generic in nature and are sometimes branded as 'Employee Assistance Programmes' (EAPs). They are influenced to provide support and guidance on a range of issues including personal financial difficulties, family or legal problems. **Manual handling** As a significant cause of sickness absence is back injury, many employers whose employees are at risk of back injury (or have had back problems), provide specific training support aimed at improving manual handling and lifting skills. In some cases work or job redesign interventions or the use of specialised lifting equipment may supplement this. **Weight loss programmes** Some employers sponsor or support employees who wish to lose weight. This may be through allowing attendance at external programmes, or internal support by occupational health staff, etc.	**Smoking ban** Organisations are increasingly coming to a clear position over smoking in the workplace. The number of workplaces with either total smoking bans or with partial bans (and designated smoking areas) is on the increase. Part of their aim is to improve the health of the working environment.

Integrating workplace health promotion with HRM

As we have seen, there is a growing tendency for HR professionals to be the prime movers behind workplace health promotion initiatives in large organisations. This is because health promotion offers to strengthen and enhance aspects of HRM, which are often key priorities for employers. These include:

- **'Branding', attraction and retention**: the current vogue for 'branding' or seeking to be 'the employer of choice' is part of a trend in which organisations are presenting themselves favourably to both potential and current employees. For some, this favourable image can be enhanced if the company can be seen to be offering access to sports and exercise facilities, health screening and a pleasant and healthy working environment.
- **Benefits, recognition and reward**: on a related topic, as employers strive to emphasise the 'non-pay' aspects of their reward package, they will also draw attention to the range of health-related benefits they offer, particularly if they feel they are of specific value to key employee groups.
- **Reducing sickness absence**: as the costs of sickness absence rise for employers, it becomes more and more important to keep absence levels to a minimum. Health promotion measures which are either preventative or curative are important weapons in the battle against absence – accountability for which often resides with the HR function and with line managers.
- **Stress and psychological wellbeing**: a growing body of case law, together with the EU Directive on 'Working Time', has begun to concentrate minds in most UK organisations. Together with the requirements of health and safety legislation, HR professionals are increasingly taking responsibility for initiatives that embrace employee welfare and wellbeing – including their physical and psychological wellbeing. In these areas especially, HR and occupational health professionals are learning to work more closely together than has hitherto been the case.
- **Morale, motivation and performance**: an important principle of HRM is that motivated and committed employees are the most likely to perform well. In an era when the maximisation of employee performance is seen by many businesses as an important element of competitive advantage, measures that can be taken to improve productivity, innovation and service quality are being grasped eagerly. Thus, if health promotion initiatives in the workplace are capable of having a positive impact on morale, motivation and performance – even among only small groups of employees – HR professionals are keen to ensure maximum benefit is extracted from them.

In many ways, therefore, it is difficult to argue that the historical divide between workplace health promotion and human resource management is justified. But while HRM may provide a framework within which health promotion can legitimately be presented as part of the psychological contract organisations have with their employees, it also imposes a set of expectations about the likely outcomes and benefits of health promotion activity. This means increased pressure to demonstrate that health promotion yields a return on investment. At the same time, this raises questions about the overall effectiveness of health promotion initiatives in the workplace and, indeed, the ease with which they can be evaluated. This question of evaluation is addressed below.

Does workplace health promotion work?

As we have seen, a number of claims are made for workplace health promotion. These are expressed in terms of both the health and lifestyle benefits for employees, and the economic benefits for employers. In this chapter we will examine the evidence of any benefits of workplace health promotion, and discuss the role that evaluation plays in the way such initiatives are designed and implemented.

Evaluating impact

There are two primary outcomes typically sought by those promoting workplace health. The first is behavioural change on the part of employees which reduces the incidence of:

- smoking
- obesity
- unhealthy eating
- alcohol consumption
- stress/burnout
- back injury
- work-related upper limb disorders (RSI etc)
- sedentary lifestyle.

The other focuses on the needs of employers, and places emphasis on:

- reducing sickness absence
- improving attraction and recruitment
- improving commitment
- reducing litigation costs.

The evidence from published evaluation studies on these dimensions has focused on behavioural change among employees. In summary, this work shows moderate success in affecting lifestyle (smoking, drinking, diet, weight loss and exercise) and ergonomic conditions (RSI, lifting, etc). The evidence on stress is more ambiguous.

Nor is the evidence on the organisational benefits clear cut. Research on absence, attraction and retention is not extensive (and is dominated by work on absence/rehabilitation). Attempts at establishing a robust 'cost-benefit' case for investing in workplace health promotion have not been conclusive.

Evaluating workplace health promotion: the 'Bear Traps'

In reviewing the available evaluation research in this field, a number of important methodological issues arise that, taken together, call into question the credibility of the majority of studies which have been conducted.

- Poor design: many of the published evaluation studies fail to include control groups, have imprecise success criteria, and test the outcomes of interventions over too short a time frame.
- Using 'take-up' as a measure: in several of the studies the 'take-up' or participation rates of employees in workplace initiatives is too frequently the dominant measure of success. However, participation (for example, in a smoking cessation initiative) does not necessarily equate with either behavioural change or lead to a reduction in sickness absence. Indeed, the 'Inverse Care' law suggests that a significant proportion of participants in such initiatives may be those least in need of support.
- Workplace-only initiatives: one of the limitations of workplace health promotion initiatives aimed at changing lifestyle behaviour is that they are restricted to the workplace. In reality, of course, tobacco consumption, obesity, diet, exercise, etc are all aspects of lifestyle which are more likely to be facets of behaviour away from the workplace. Thus, it might be possible to reduce or eliminate tobacco consumption at work, but there are no guarantees that consumption outside work will not continue or even increase. Few studies account for this dimension which, in some contexts, might explain the often weak link between improved workplace behaviour and outcomes such as sickness absence levels.
- Attribution: in any study that uses an experimental design, an important issue is that of attribution. Thus, an initiative to reduce back injury may appear to lead to reductions in long-term absences. However, it is important to take full account of other factors which might also contribute to this effect before drawing firm conclusions. For example, changes in absence policy, earlier referral to occupational health specialists, use of attendance bonuses etc, may all contribute to a reduction in absence levels. Many studies restrict their evaluations to only a limited

range of explanatory variables, making it difficult to draw definitive conclusions about 'cause and effect'.

- **Dead-weight effect**: even if changes in behaviour are observed, there is still the problem of determining whether some of these changes would have happened anyway, regardless of the health promotion intervention. For example, a post-Christmas weight-loss programme may precede a measurable reduction in obesity. However, determining the extent to which this loss would have been registered in any case (in the absence of a programme) would be difficult to estimate.
- **Lagged effects**: one area where the literature suggests a problem, but is less good at providing solutions, is the time-lag between interventions and any measurable behaviour change.
- **Sustainability**: even if a workplace initiative is successful in changing employee behaviour, evaluation studies only rarely conduct systematic analysis of how long these changes are sustained. It might reasonably be expected that only sustained behavioural change will lead directly to tangible bottom-line outcomes such as a reduction in absence levels. If, however, a significant proportion of employees who take up regular exercise subsequently lapse back into a more sedentary lifestyle, the real impact of the initiative will be diminished.

So where does this leave us?

On the basis of this review, it seems fair to conclude that:

- There is still only patchy evidence of the 'success' of workplace health promotion initiatives, however they are measured.
- However, it remains part of employers' duty of care.
- Engaging in practices which promote employee wellbeing is still important in tight labour markets.

But, in the absence of any compelling evidence of success, workplace health promotion activities remain largely an act of faith.

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