

Sickness absenteeism at an all-time low

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Absenteeism in the Netherlands rose steadily in the 1960s and 70s, driven by legislation that made it attractive for employees to take long-term sick leave. Changes in laws on absenteeism and disability seem to have been a driving force behind the fall in rates since the early 1980s and employers have become more active in encouraging workers to return. The workplace itself seems to be a cause of sickness, so more measures are needed to make the working environment healthier.

Background

The absenteeism rate in the Netherlands has fluctuated strongly with the development of social security legislation for employees, rising for 20 years and then dropping back since the 1980s.

In 1929 the Sickness Absenteeism Law came into force, insuring all employees against the financial consequences of sickness. In 1967, the law was supplemented by the Law on Disability, which stated that after one year of sick leave employees would receive a disability benefit equivalent to 80% of their last earned income.

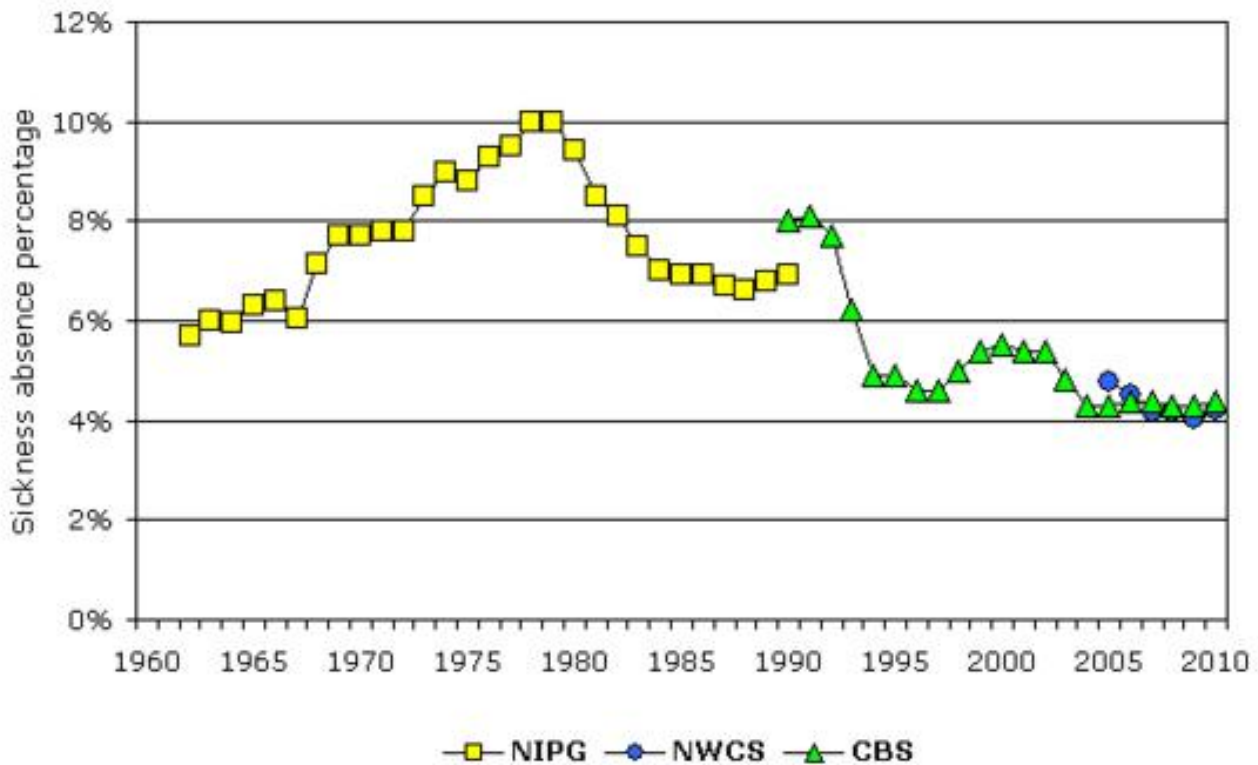
This combination of laws appeared to be easy for employers to abuse, using them as a way to dismiss employees, and so between 1967 and 1978 absenteeism rose to 10% (see Figure 1).

Disability becomes less profitable

In the early 1980s disability benefit was reduced from 80% to 70% of an employee's last earned income. Some years later the automatic transition, after a year of partial disability supplemented by a partial unemployment benefit, to a full disability pension was dropped and becoming disabled became considerably less profitable.

Employers also began to intervene to prevent absenteeism. This resulted in a drop in the absence rate to around 7% in the 1980s, but the Dutch government felt this was still too high.

Figure 1: Development of absenteeism in the Netherlands since 1960, recorded by three registration systems



Note: NIPG = Dutch Institute for Preventive Medicine (Nederlands Instituut voor Preventieve Geneeskunde); NWCS = National Working Conditions Survey; CBS = Statistics Netherlands.

Sources: NIPG: Vrijhof and Prins, 1990; CBS: Houtman, 1997; Houtman et al, 1999; Smulders et al, 2001) and CBS Statline; NWCS: Koppes et al, 2011

Recent changes to policy

Sickness absence policy in the Netherlands changed between 1992 and 2004. Employers were obliged to pay wages during an employee's sick leave. In 1994 this was for two to six weeks, and by 2004 had culminated in a requirement to pay for up to two years' of sickness absence. Workers without an employer were granted benefit for two years under the Sickness Benefit Act.

According to the provisions of the Health and Safety Law ('ARBO') and the 2002 Gatekeeper Improvement Act, employers are obliged to pursue an active absenteeism management policy, including the offer of counselling. The employer has to ask a certified company doctor or occupational health physician or the official Occupational Health Service for advice.

Employees have to actively cooperate with their employer and make an effort to resume work as soon as possible. They are encouraged to resume part-time work.

According to figures from Statistics Netherlands (CBS), the absenteeism rate in 1990 was 8%. In 2000 it had fallen to 5.6%. In 2004, the absenteeism rate showed a further decline to 4.3% and has remained relatively stable since. In 2009, the Dutch sickness absence rate was 4.0% – historically the lowest percentage for decades.

Lower absenteeism mainly due to shorter periods of absence

The absence rate is determined by both the number of periods of absence and the length of those absences. The table below shows that even though the average absenteeism rate has remained rather stable in recent years, it still declined slowly up until 2009. This was mainly due to a decline in the average duration of periods of absence. In 2010, sickness absence appears to rise again slightly.

Core figures for sickness absence in the Netherlands

2005

2006

2007

2008

2009

2010

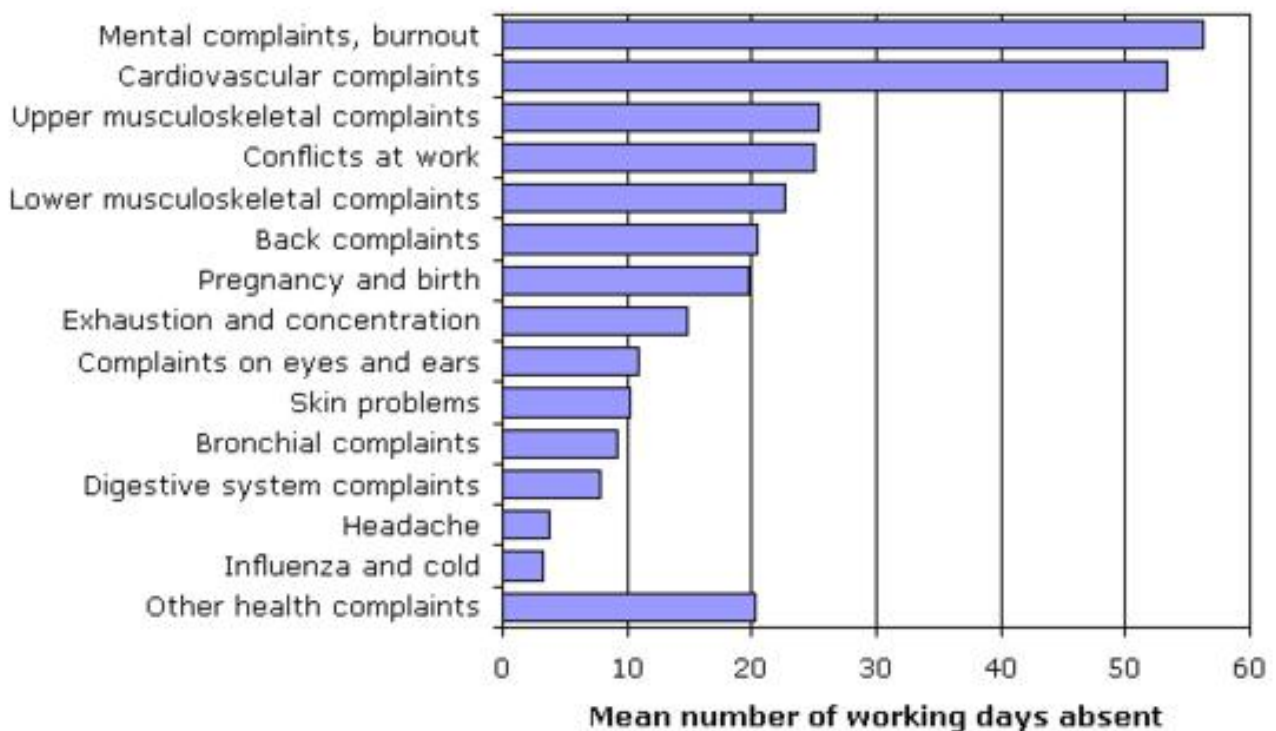
All employees:						
- absent in last 12 months (%)	54.0	51.8	49.6	52.1	51.7	49.9
- frequency of absences	1.3	1.2	1.1	1.2	1.1	1.1
- number of days absence per year	8.7	8.1	7.7	7.5	7.2	7.6
- absence rate (corrected for part-time work)	4.8	4.5	4.2	4.1	4.0	4.2
Only employees absent in last 12 months:						
- absent in last 12 months (%)	100	100	100	100	100	100
- frequency of absences	2.4	2.3	2.3	2.3	2.2	2.2
- number of days absence per year	16.4	16.0	15.7	14.6	14.1	15.3
- absence duration (average per spell)	6.8	7.0	6.8	6.3	6.4	6.8
- absence rate (corrected for part-time work)	9.0	8.9	8.6	8.1	7.9	8.5
Total number of employees in survey						
	23,405	24,103	22,759	22,025	22,768	23,788

Source: NWCS 2005–2010

Absence duration linked to health issues

An employee's health problem is strongly related to the duration of their absence. Figure 2 gives the mean number of working days for which an employee is absent, grouped by 15 types of health problem. Mental complaints and burnout are linked with the longest periods of absence, followed closely by cardiovascular complaints. Influenza and cold and headache have the shortest absence periods.

Figure 2: Mean number of working days absent, by type of health problem, 2005–2010



Source: NWCS 2005–2010 (Koppes et al, 2011)

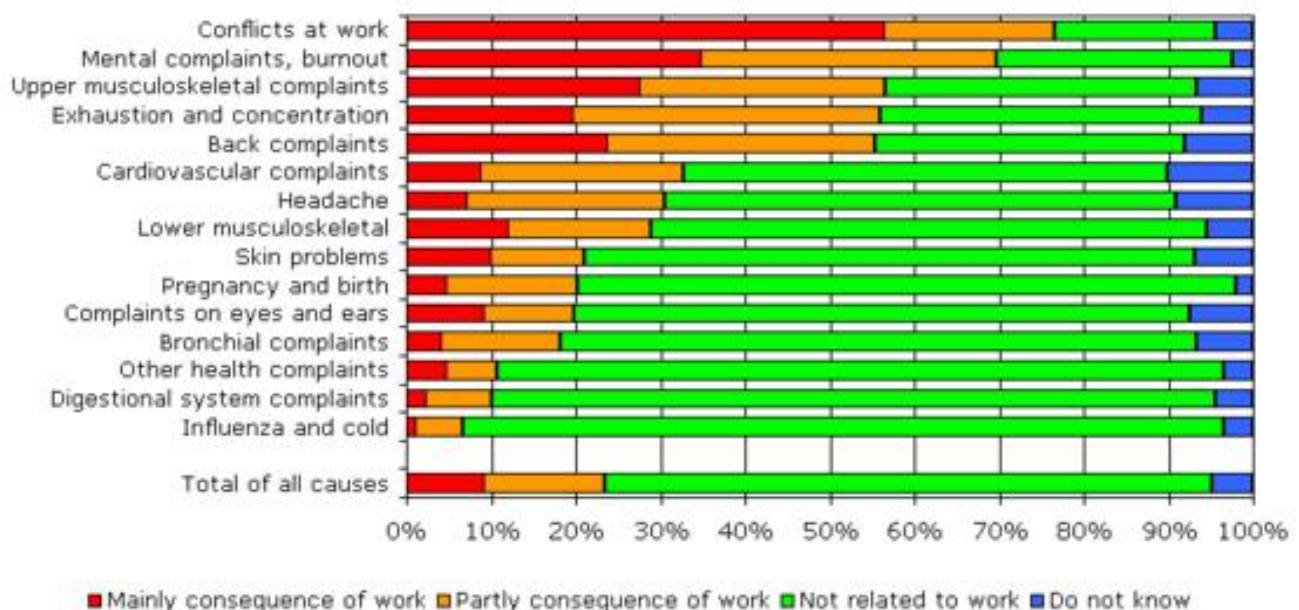
Work is a cause of sickness

The Netherlands Working Conditions Survey (NWCS) is a periodic survey on working conditions that was carried out among about 10,000 employees in 2003 and then every year among 23,000 employees from 2005–2010.

In the survey employees are asked if they have the impression that the health complaint that caused their most recent sickness absence was related to the work they do. Some 23.5% of all employees blame their work as mainly (9.1%) or partly (14.4%) the cause of their most recent sickness absence.

Conflicts at work, mental complaints, musculoskeletal complaints and exhaustion or concentration problems rank highest. The health problems that appear to be mostly work-related as perceived by the employees also appear to be the health complaints with a relatively long duration (see Figure 3).

Figure 3: Perceptions of employees about whether the health complaint behind their most recent sickness absence is related to work



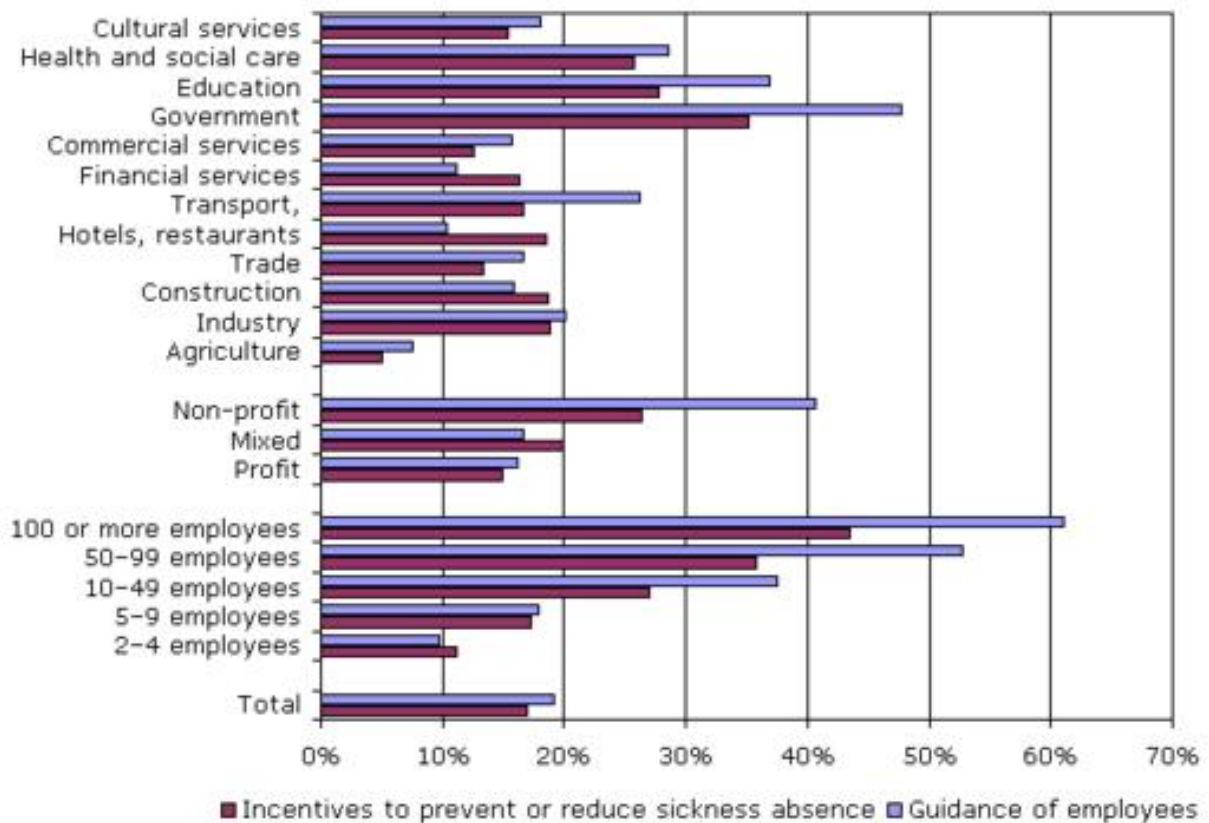
Source: NWCS 2005–2010 (Koppes et al, 2011)

Preventive action aimed at reducing absenteeism

Figure 4 indicates how organisations have tried to cut sick leave in the past two years, either by introducing incentives to prevent or reduce absence, or by offering guidance to employees. Organisations that are not recorded as having implemented these types of interventions in the last two years may have already done so.

These two types of intervention are most often implemented by small organisations and non-profit organisations such as government bodies, health and social care units and educational institutions. Guidance to help reintegrate absent employees is used more often than the offer of incentives to prevent or reduce sickness absence.

Figure 4: Organisations introducing either guidance or incentives to end or prevent absenteeism in the past two years



Source: NEWS 2010 (Oeij et al, 2011)

Commentary

Sickness absence was extremely high in the Netherlands some decades ago. Due to much governmental action and the growing involvement of employers and employees, the sickness absence rate has dropped to about 4%. About 20% of sickness absence is work related, indicating that measures introduced in the workplace may reduce the absence rate further.

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John Klein Hesselink, TNO Work & Employment