KEY WORDS
FOR FOREIGN INVESTIGATORS OF SICKNESS
ABSENCE, INVALIDITY, WORKING CONDITIONS AND
HEALTH CARE

A. de Graaf & R. Prins NIA, Amsterdam, The Netherlands

First edition, June 1985 Second enlarged edition, August 1985 Third revised edition, March 1986 Fourth enlarged version, February 1987 Fifth revised edition, Oct. 1989 Sixth revised edition, August 1990

TNO ARBEID
BIBLIOTHEEK
POSTBUS 718
2130 AS HUDFDDORP
TEL. 023-5549 468

NR. 50281 plaats 61-241

| <u>where</u> | | rage |
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- I. Bibliography
- II. Correspondence
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- IV. Major diagnostic groups (ICD, 1980)

1 DEFINITIONS I

Sickness absence, of more precisely:
Absence from work <u>attributed to incapacity</u>
Incapacity <u>due to illness or injury</u>

Most studies failed to report the <u>specific absence measure</u> used

Voluntary/unvoluntary attendance behaviour

Sick absence

..... authors fail to <u>define</u> what is or what is not <u>being</u>
measured

.... periods of interruption of employment.....

absences of two or three days

The term covers a variety of.....

absence attributed to sickness.....

....a worker will "go off sick"

sickness absence within members of an industrial population

number of concluded cases of illness

"unavoidable" absence due to medical conditions
"avoidable" absence or attitudinal absence, not necessarily related to the presence of a medical condition

Absence taking in two mines (U.S.A.)

1 DEFINITIONS II

Legitimate nonsick absences (death in family, birthday)

(Most organizations) <u>distinguish</u> <u>among</u> various types of absences

(the average length of) absence events

<u>absence event</u>: any incident in which the individual is not at the expected location at a given time

absence taking behavior

.... an employee is ill and cannot attend work

.... notification occurs (before shift start)

..... at least six consecutive working days

the absentee

return to work
resumption of work

.... to <u>specify</u> the operational or diagnostic criteria <u>by</u> which cases are included or excluded

Work absence attributed to incapacity

resistance to sickness absence

short spells from one day upwards

1 DEFINITIONS III

absent for non-medical reasons

the never sick

employees with no (reported) illness

persons sicklisted

to stay off work

the number of absences which he incurred during.....

In essence, there are two types of absences: (U.S.A.)

- a. <u>scheduled absences</u>; days off, annual leave, study leave, maternity leave
- b. unscheduled absences: absence of staff members beyond their allotted (and paid) sick days
 - bl: non-certificated absence (the worker is not required to provide a <u>doctor's certificate</u>)
 - b2: certificated absence (the worker brings a <u>doctor's</u> note

Absenteeism: a <u>non-unitary variable</u> (certain types of absenteeism are completely unrelated to certain other types).

Absence behavior <u>may stem from</u> inability to attend, low motivation,

Conceptually distinct types of absence

Accidents: work related or domestic

1 DEFINITIONS IV

short term absence, i.e., failure to report for work on one or two consecutive days

absence from work taken in spells of two or three days

bona fide sickness

illness <u>lasting</u> for less than eight days

the decision to take a few days off the decision to stop work

4 days were taken <u>consecutively</u> and <u>resulted from</u> an accident on the line that W. <u>worked on</u>

Tardiness was more of an operation problem

"cavalier absences" Pseudosickness (is rare)

a <u>spell</u> of absence an <u>episode</u> of absence absence event

to stay away from work

a three - consecutive - day absence due to illness

persons temporarily absent owing to illness

genuine sickness other absences

1 DEFINITIONS V

long-term cases, regarded as a $\underline{\text{prelude}}$ to retirement $\underline{\text{on}}$ disability pension

workers having a poor health and attendance record

unambiguous

the chronic absentees

2 DATA COLLECTION I

Another source of information can be found in:

- records kept/maintained by employing organizations
- sickness benefit records (social security administration)
 (sickness benefit administration)

Important limitations to the data.....

Incapacity (of married women) is understated.....

A complex chain of events leads to the <u>production</u> of the figures:

- the population at risk
- the disease processes
- the patient's decisions to report his condition to a doctor
- the decision to stay away from work
- the necessity of obtaining a medical certificate
- the acceptance by the recording authority that the particu-

lar spell of absence <u>meets</u> the <u>legal and administative</u>

<u>requirements</u> for <u>inclusion</u> in the sickness absence

statistics (Taylor, 1972)

Data obtained from

- doorstep interviews of persons (currently holding jobs).
- household interviews

Strictly comparable data

Date of commencement

"General Household Survey" (G.B.)

Statistics of sickness absence <u>prepared</u> each year <u>from</u> the <u>records</u> of

2 DATA COLLECTION II

The statistically crude nature of the data available

Official statistics are <u>deficient in</u> short spells (for which no benefit is paid)

Separate statistics are kept about (industrial injury)

For each absence we required the <u>date of onset</u> and its duration in days

.... providing the number of absences, the reason for absences, and a running total of absent hours

.... recording the cause of a particular absence

absence reporting systems use 5 to 15 categories

the record provides information about

(recording for) - manpower planning

- pay purposes

- absence control

Reasons for absence (are noted on individual record cards)

pay roll data

Date of birth, enrolment, change of work

When a spell of sickness absence is completed

DATA COLLECTION III

Reasons to measure absence:

- payroll and benefits program administration
- planning manpower requirements for production scheduling
- identifying absenteeism problems
- measuring and controlling personnel costs

Data for the Netherlands <u>relate</u> to Dutch firms <u>and industries</u> participating in a voluntary reporting system. (NIFG)

Personnel records

Personnel files

Systems of continual reporting

A given source can furnish only partial data

Notification: mandatory reporting

methods of compiling data

the criteria used for inclusion of ... in the statistics

restrictions on the rates available

persons in continuous employment over the period of study

| 3 INDICES I |
|--|
| Our <u>sickness absence rates</u> are higher than those elsewhere |
| Sickness <u>benefit</u> figures (soc. verz.) |
| Brief <u>spells</u> of absences (lasting <u>up to</u> 3 days) |
| The <u>annual average sickness absence</u> is currently about <u>14</u> <u>calendar days</u> (m.a.w. geen % maar dagen op jaarbasis) |
| Similar variations apply to |
| - indices of mortality |
| - medical consumption rates |
| Days per man at risk |
| The latest figures for sickness benefit |
| The calculations inevitably involved various approximations |
| A <u>period</u> of incapacity |
| prolong the periods of sickness absence |
| Sick absences <u>lasting for</u> one week |
| High rates of sickness <u>in</u> men |
| Multiplication by 365 days |
| The specific absence measure used |

Spell frequency

Index/rate of absenteeism: absence

population at risk

3 INDICES II

Duration of absence

Number of work days lost

Number of days for which benefit is paid

Sick rates in women (are ofte found to be higher than) in men

Severity of duration (rises with age)

The two most important <u>indices of</u> sickness absence: <u>frequency</u> and <u>severity</u>

Lost time percentage

Specific absence measure used.....

..... workers <u>took</u> twice as many <u>days off with certified</u> <u>sickness</u> as.....

National rates of sickness absence <u>showed levels</u> not unlike those (in this country)

The <u>average number of calendar days of absence</u> due to sickness or injury, per person at risk (for the years....)

The <u>maximum duration</u> of spell of incapacity being one calendar year (Taylor, 1972)

The long term sick....exert a heavy bias on the.....

Adjustment (of the rates) by excluding absences that $\underline{\text{last}}$ more than one year (reduces....)

3 INDICES III

A small <u>increment</u> (is required) to allow for the <u>unrecorded</u> short spells of incapacity

numerator (which concerns the absence)
denominator (concerning the population at risk)

<u>Person-years</u> (a mean annual population derived from persondays for each individual employed for all of some of 365 days).

<u>Full-year persons</u> (which have been at risk throughout the year)

Those who join or leave (the company)

Four main types of index: prevalence, severity, spell frequency and frequency distributions (Taylor, IIO Encyclopedia on Occ. Health and Safety 1982).

Prevalence rates (are the simplest form of index)

- point prevalence rates: the number of people absent on a day expressed as a percentage of the total population who should have attended on that day
- period prevalence rates: the proportion away at any time during a defined period

Severity rates (are of two main forms):

- lost time percentage (expresses) the hours of working time due to sick and other types of absence as a percentage of the potential normal working hours.....
- average annual duration per person (most often used in occupational health literature) expresses total calendar days <u>lost</u> due to sick absence in a year as a rate per person at risk (and thus the enominator must be "personyears" at risk"

3 INDICES IV

<u>Spell frequency rates</u> (most often useed): the total number of new spells <u>commencing</u> in a year divided by person-years at risk

<u>Mean length of a spell</u> (can be obtained by) dividing the total number of days by the number of spells

<u>Frequency distribution of sick absence.</u> The population base must always be those employed throughout the year (<u>since</u> only the were at risk for the full period)

The skewed nature of the sick absence phenomenon

The duration of the spell: the timing of the workers return to his job (is influenced by non-medical considerations)

..... recording systems to <u>measure</u> both frequency and severity rates <u>in</u> groups of employees

employed population

wastage rate: the sum of deaths in service under the age of 60 and of medical retirements per 1.000 employed

Mean annual rates of absence (matched pairs of....) for 1968 and 1969

- Spells/man year
- Days/man year
- Average length of a spell

....increase in disability pension recipients <u>from</u> 1967 <u>through</u> 1977 ("tot en met")

3 INDICES V

(These rates are) <u>standardised</u> to the age distribution (of the population at risk).

Rate of incapacity:

- the number of <u>days</u> of incapacity experienced on average by persons during a year
- average days of incapacity per year per insured person

Inception rate:

 average number of <u>new</u> spells of incapacity in a year for each insured person

..... calculated as a percentage of.....

The total number of calendar days \underline{of} sickness absence \underline{taken} by each employee....

The type of absence being measured

Measures of <u>magnitude</u>
simple <u>frequency</u>
duration

Other anomalies exist in the data.

The denominator populations (are definable) ...

The <u>estimate for</u> the U.K. appears <u>diased downward</u> due to the focus on ..

The inherent weakness in the data

The ranges suggested are only "quesstimates"

3 INDICES VI

Data incongruities

Inherent disadvantages

Representativeness is often unknown

The populations to which such date refer ...

characteristics of the population must be <u>established</u> (eg. sex, age, occupation)

4 ANALYSIS I

A <u>substantial</u> rise of
The <u>steepest</u> rise
The steep <u>growth</u> in the number of

x and y have rates substantially higher than

can only partially be explained by

Marked <u>reduction in</u> (both spells and days due to)

Fall in rates due to

The index of days has risen appreciably more than (that for spells)

The latest figures have scarcely risen at all

Calculating and comparing age specific rates

Absence is powerfully influenced by factors other than (ill health)

Rates have increased steadily

Additional variables that may serve to <u>moderate</u> (matigen) or enhance (versterken) the relationship

The groups differ with respect to age, an important confounding factor ...

The <u>usual</u> relationship of absence with age

the pattern is identical to

4 ANALYSIS II

Absence has been found to be inversely related

The relationship is generally sustained by

Caution is in order here in interpreting these results

The relationship between is more tenous (vaaq)

Only 2 studies found a significant; 8 other studies found no such relationship

Potentially <u>spurious</u> variables (e.g. age, tenure) were <u>partialed out of the analysis</u>

..... the rise in sickness absence rates was <u>matched</u> by other indices of (social behaviour)

Matching was achieved for sex, age,

The rise (in Britain) had been exceeded relatively by the rises (in Sweden, \dots)

<u>Rising trend</u> in both frequency and severity of reported sickness absence rates

periodic peaks

identical = exactly the same"
similar = "weaker"

the frequency distributions (of one-day absences) are of a convenient form

4 ANALYSIS III

| The greatest rise has occurred in; next was |
|--|
| whilst |
| The biggest rise being noted in; in second place came |
| and <u>in third place</u> |
| this accounts for (not less than three quarters) |
| (There is usually a) <u>markedly inverse</u> relationship |
| five yearly groups |
| ten year groups |
| |
| When fewer than (100 people) are involved |
| |
| distinguish between those <u>up to 39</u> years and |
| those aged 40 or more |
| Another variable that always must be <u>considered</u> (is occupational status) |
| Three <u>primary variables</u> of sex, age and occupational status |
| Standardization of sick rates |
| The proportion of spells of sickness absence due <u>solely</u> to <u>unequivocal</u> and <u>total</u> incapacity |
| frequency <u>declines</u> with advancing age duration <u>increases</u> with |
| their relative position \underline{on} the "sickness absence scale" |
| D3 showing an excess of 60% |

4 ANALYSIS IV

| These differences are becoming more marked |
|--|
| a <u>straightforward</u> influence on |
| (Alienation) often goes with high rates of absenteeism |
| Labour turnover rates often relate directly to |
| (Shift work) is associated with (lower rates of) |
| The <u>overwhelmingly powerful relationship</u> between must always <u>be allowed for</u> |
| The <u>overriding influence of</u> (sex, age and occupational status) |
| (Age) <u>exerts</u> opposite effects <u>upon</u> (rates of spells and <u>of</u> days) |
| (Unskilled workers) have about <u>three times as much absence as</u> (managerial grades) |
| The trend has been consistently <u>upwards</u> |
| The differences <u>over</u> 1980 <u>to</u> 1981 |
| Wariables and their relationship to sickness |
| The worker who <u>falls ill</u> |
| Groups were reasonably <u>homogeneous for</u> factors |
| a <u>classification</u> <u>into</u> |
| Population changes <u>account for</u> most of the changes in |
| |

4 ANALYSIS V

.... the effects of shift work upon Variables such as sex, age and occupational status must be allowed for before the effects of other factors can be evaluated A comparison between (day and night workers) showed higher absence rates among night workers (The study explores the) scale and nature of differences The year 1980 has been selected as the base year, since (Index: 1980 = 100)(While comparisons between) require many approximations and <u>adjustments</u>, Time trends within each country the levels of unemployment have not significantly influenced the rates of The repertoire of variables used in the analysis Sickness absence co-varies with a number of factors The author shows a close association between Comparison of G and both its neighbour countries Dutch were absent for more days than ... On average ...

4 ANALYSIS VI

A drop in (birth rates)

... to make comparisons across

... repeaters

certain types of absence are <u>associated with</u>

are not greatly <u>influenced by</u>

Seasonal pattern

When men and women are compared grade by grade, the differences may not be great.

the rise (in Britain) has been exceeded by the rises in ...

The high percentages <u>are likely to</u> be in part <u>attributable to</u> ...

The estimate $\underline{\text{for}}$ the U.K. appears $\underline{\text{biased downward}}$ due to the focus on ...

... the rates moved in opposite direction

(one may wish to find out) where one country ranks vis-à-vis others on a particular ... statistic

shift work adversely affected the (expectation of life)

absence rates fall with increasing level of skill

average sickness absence rates $\underline{\text{vary from}}$ one group ... $\underline{\text{to}}$ another

4 ANALYSIS VII

variations in the course of time

rates are higher or lower according to age, sex, etc.

a marked increase in

Number of - awards of disability benefits

- recipients of disability benefits
- beneficiaries

Growth rate

5 SOCIAL SECURITY I

The medical profession

Social security agencies

Social security benefits <u>amount</u> to a great deal less than the normal wage

The <u>levels</u> if social security given during sickness

(The Dutch use) a <u>separate cadre</u> of <u>insurance doctors</u> who have no clinical responsibility

The first two weeks are <u>controlled</u> by <u>lay inspectors Surveil-</u> <u>lance</u> by sick fund officials

To take uncertified absence

Careful and effective monotoring

Requiring medical evidence

<u>Evidence of incapacity for work (is normally obtained by)</u> <u>doctor statements</u> (obtained by <u>claimants</u> from their <u>family</u> doctor)

The organization <u>operated a system</u> of <u>uncertificated leave</u> <u>privilege</u> whereby employees

... allowed to take up to ten days a year as uncertificated

the worker may be entitled to ...

abolition of the waiting period ...

5 SOCIAL SECURITY II

Procedure for supervision of claims for incapacity benefits by:

- a home visit by a lay member of social security office staff
- a <u>reference</u> to a medical officer for a <u>second opinion</u> on incapacity for work

(Claimants) are $\underline{\text{called for}}$ medical examination by $\underline{\text{medical}}$ $\underline{\text{officers}}$

Income <u>maintenance</u> programs to protect workers in case of disability

Income replacement programs

Work-related injury
Work injury benefit program

Criteria for evaluating incapacity

Minimum percentage of reduction of earning capacity

Evaluation of permanent disability

Exhaustion of sickness benefits

Duration of payment

every employer must affiliate to the fund

programs : English / USA programmes : English / UK

general practitioner

5 SOCIAL SECURITY III

Eliqibility requirements/conditions of entitlement

Waiting period requirements

The scheme establishes a fixed period of 52 weeks

Temporary vs. permanent work incapacity

(The worker has) exhausted his entitlement to sickness

benefits

Sickness : sickness benefit : short term illness
Disablement : invalidity benefit : long term illness

Independent adjudicating authority

The control of cases (of frequent) absence for work

The patient can transfer to

(The claiment is) incapable of <u>any</u> work Incapacity <u>for</u> work

Arrangement for rehabilitation
reintegration
re-entry into work

Sickness payment arrangement (of the company)

<u>Self-certification</u> by the patient (for the first week of absence)

The incapacity is reported by telephone

5 SOCIAL SECURITY IV

Medical certification (is the responsibility) of <u>insurance</u> company doctors

GP (General practitioner)

The first two weeks of incapacity (are) <u>authorized</u> by <u>lay</u> sick <u>visitors</u> employed by the insurance companies

(a medical certificate shall) <u>state</u> whether a person is <u>fit</u> or <u>unfit</u> for work

Sick pay, as <u>full normal wage</u>, is provided (from the first day of absence <u>for up to</u> (six months)

Sick pay (employer)
Sickness benefit (social security)

Disability pension program (U.S.A.)

Non-employment-connected medical impairments

After that, <u>should</u> the incapacity continue, the worker would be transferred to (the disability pension)

.... one benefit is substituted for another

statutory retirement age

disability benefits are <u>replaced with</u> an old age or retirement pension

the claimants vocational history

SOCIAL SECURITY V

| Upper age limit (at which a person no longer qualifies for a |
|---|
| disability pension) |
| workers are <u>covered under</u> the scheme |
| <u>Conversion</u> to old age pension |
| men over 65 years who already <u>draw a</u> national insurance retirement pension |
| (From 1971) benefit has <u>ceased</u> to be paid for (waiting days) |
| The worker may be in sickness pay status for 52 weeks |
| The physician's return-to-work-note (U.S.A.) |
| Types of incapacity Degrees of incapacity |
| (The fund may employ) <u>personnel with no medical training</u> to visit the sick |
| The system may completely <u>separate treatment from certification</u> |
| Claims may be <u>initiated</u> by telephoning |
| State of invalidity is <u>evaluated</u> by |
| Reduction of earning capacity necessary <u>to entitle</u> the <u>invalid to</u> a pension |

5 SOCIAL SECURITY VI

Dutch system amalgating work-connected and nonworkrelated benefits without regard to the origin of the incapacity

Systems that provide for only (one degree of incapacity)

The system may <u>measure</u> incapacity by <u>determining</u> (the actual percentage of earning reduction)

Retraining or resettling the insured in a different profession

Funds have the option of initiating rehabilitative measures

Measures to <u>maintain</u>, <u>improve</u> or <u>restore</u> (the insured capacity to earn)

Legislative provisions

Transfer from short-term to long-term incapacity

Adverse labor market conditions

(To measure the) economic impact of the insured's medical impairments

(The Dutch and German system do not require the insured to accept) any job of a lower status than his previous one

<u>Vocational factors</u> such as age, work history, education and job training (may lessen the changes of returning the disabled to work)

(A younger worker is generally) easier to place than

5 SOCIAL SECURITY VII

The insured with transferable or marketable skills

Beneficiaries under the programm

Recipients of benefits

Gross disability incidence rate

- " recovery/termination rates
- " death rates

Definition of statutory disability

(Segments of) the population covered (soc. verz.)

Comparatively high benefits

<u>Claimants</u> must <u>satisfy</u> the systems definition of invalidity (as well as a minimum period of) work or <u>insurance contributions</u>

Age may be a factor in determinating entitlement

Admission to social insurance (U.S.A.)

..... social security systems may <u>institute</u> rehabilitation and training programs

earning capacity reduction loss of work capacity

specifying a minimum degree

retroactive payment

the high level of cash benefits to which they are entitled

5 SOCIAL SECURITY VIII

maternity leave

(these measures) come within the province of social security

doctor's <u>certificate</u> doctor's <u>note</u>

supervising doctor

effective claim supervision

maximum period of benefit payment

After 12 working days of disability, <u>retroactive payment</u> of benefit for the waiting days follows

Sickness benefit claimants Invalidity benefit claimants

To require a medical certificate for spells of very short duration places a considerable burden on general practitioners, probably without <u>imposing</u> any really effective <u>determent on short-term</u> absence.

Persons actually drawing benefits

adjustment for price level changes

waiting days were abolished

mandatory (=) obligatory

5 SOCIAL SECURITY IX

wage worker salary worker (U.S.A.) self-employed

sick-leave plans continuation-of-pay-plans

short-term or temporary non-work connected disability

private - public employment

(In most cases) these benefits <u>begin</u> (after a waiting period of 3-5 days)

Protection against income loss <u>from</u> sickness (is <u>furnished</u> <u>through</u>)

Single \underline{lump} sum benefits (rather than) $\underline{full-term}$ $\underline{periodic}$ payments

<u>Maternity benefits</u>, 3 weeks before and 3 weeks after <u>termination</u> of <u>pregnancy</u>

(These countries have imposed) employment quotas (on private employers)

The extent of lost earnings capacity

Eligibility <u>for</u> this pension is based on a <u>medical determination</u> with an explicit role for <u>labor market conditions</u>

Sheltered employment system

5 SOCIAL SECURITY X

Specific disability (Berufsunfähigkeit) General disability (Erwerbsunfähigkeit) Continuation of Wage Payments Workman's Accident Insurance Program)) (BRD) Public Health Insurance Program Accidents benefits equal to 80 percent of lost wages An experience rated tax borne only by employers A rating is made of the reduction in capacity Employment quota for disabled persons: 6 percent of the jobs are to be reserved for ... Compliance of quota arrangements is not extensive. to comply with (the quota) Pay roll tax contribution for each quota position not filled by a disabled worker The relatively small costs of avoidance of the quota Unemployment insurance benefits Workers may have exhausted their right to ... benefits The worker can no longer engage in work activity owing to (impairments). A victum may be entitled only under the work-injury benefit

program

0000

5 SOCIAL SECURITY XI

A worker falls under the ... system ...

the population insured

medical assessment of work incapacity

Residual work capacity

Individual <u>vocational</u> factors such as age, education and <u>prior work history</u>

The body that <u>awards</u> invalidity <u>pensions</u> may also be involved in <u>instituting</u> rehabilitation programs <u>directed</u> at preventing (long-term incapacity in an early stage).

The worker, who suffers a financial loss

... attested by a medical certificate

... doctors ... not to perform <u>watchdog duties</u> for the social security scheme to prevent malingering

medical-social quidance

the onset of the incapacity

the funds medical inspection services

statutory sickness insurance funds

Compulsorily insured Voluntarily insured

5 SOCIAL SECURITY XII

... obstacles which used to stand in the way of taking sick leave

previous remunerations

... likely duration

social security doctors <u>employed</u> by or <u>contracted</u> to the funds

Take account of - working capacity of the <u>claimant</u> - the real chance of finding employment

(market conditions) have been taken into account <u>along with</u> (medical factors)

early retirees

changes in legislation the way in which the laws are interpreted.

disposable income

workers whose health has deteriorated

they are in receipt of a disability pension

... are in a disadvantageous position <u>as regards</u> public <u>assistance</u> provisions

he is transferred to an old-age-pension

under the Dutch (social security) system

5 SOCIAL SECURITY XIII

health care expenses

sickness insurance coverage

exclusion from working life

income deficiency

criteria which entitle persons to receive benefits

<u>relaxing</u> the criteria for (disability benefits) <u>broadening</u> of the eligibility criteria

Persons ... being <u>marginal</u> <u>in terms of</u> labour market opportunities

<u>Contributions</u> financing systems <u>tax</u> financing systems

Advanced and early retirement pensions

Abandoning traditional medical definitions

Expansion of disability programme applications

The recipient of a disabilibity benefit

<u>Boundaries</u> between unemployment and disability have <u>become</u> <u>fluid</u>

Disquised unemployment

Termination of service on grounds of ill health

5 SOCIAL SECURITY XIV

policy on the employment of disabled

medical enquiries

the sick worker need notify his employer by telephone

medical officers <u>employed</u> by and acting on behalf of employers

medical evidence of disability

the decision to take a few days off

to redeploy someone to a less demanding task

job insecurity

doctors are accused of <u>handing</u> them ("sick notes") out too freely

the holder of the medical certificate

grounds for questioning the presence of disabling illness

relatively generous pension and other social security schemes

criteria governing eligibility

receive benefits over a longer period

pensionable age

replacement ratio (the mean benefit/mean wage ratio)

5 SOCIAL SECURITY XV temporary lay-offs short-time working to carry out the tasks of an occupation to engage in work magnitude composition income transfer recipients disabled income support recipients disability transfer recipients labor force participation continuing in the labor market application for benefits work constraint characteristics access to stay within) social security programmes exit from accumulate claims against the pension system taxes being levied on wages persons who cannot afford to take early retirement

number of reckonable years of insurance

5 SOCIAL SECURITY XVI

administrative fines can be levied

people being marginal in terms of labor market opportunities

Long-term cases regarded as \underline{a} $\underline{prelude}$ \underline{to} retirement on disability pension

premature retirement

DSA : Disability Security Act. (WAO) 1.7.1967 GDIA : General Disablement Insurance Act. (AAW)

JMD : Joint Medical Service (GMD)

O.A.'s: Occupational Associations (Ind. Ass.). (BV'en)

6 HEALTH, HEALTH CARE SYSTEM I

Indices of mortality

Medical consumption rates

Broad diagnostic groups

It is argued that $\underline{\text{certification}}$ damages the $\underline{\text{doctor-patient-relationship}}$

A certificate for a few days is the safest course of action

The sanction of changing his entire family to the list of a more compliant doctor

When <u>in doubt</u> the doctor usually gives his patient a certificate

Occupational physician Occupational nurses

 \dots importance of <u>distinguishing</u> between <u>morbidity</u> and <u>sickness absence</u>

Changes in diagnostic pattern

Substantial changes in the main causes of certified incapacity

Medical conditions

Quite serious disease - the most trivial of ailments

(those) with <u>objectively serious</u> and <u>incapacitating</u> conditions

6 HEALTH, HEALTH CARE SYSTEM II

(Doctors are rarely trained) to assess fitness

annual periodic medical <u>overhauls</u> (of all personnel)

<u>Pre-employment medical examination</u>

medical examination <u>before entry</u> (into a pension)

<u>safequarding</u> of (their health)

protective measures hazards

the scope of application of (these measures)

prescribe rest

influenza virus vaccination

rivalry between family doctors

overall physical conditions

personal and social malfunctioning

description of current health status of a population

physical and mental <u>infirmities</u>
organic <u>complaints</u> and functional <u>disorders</u>
work connected / non-work connected <u>impairments</u>

General state of health

health services utilization

6 HEALTH, HEALTH CARE SYSTEM III

traditional methods to measure <u>population health levels</u> (are morbidity and mortality rates)

the relative health levels of a countries population

mortality conditions among cities in different countries

... to medicalise social and personal problems

... worker who claims to be suffering from

excessive use of alcohol

complaints about bad health

there may be loafers

hypochondriacs

lazy

sophisticated workers

who exploit their illness benefits for personal profit

psychosomatic complaints

etiological role of work in frequently occurring chronic diseases

general health surveillance of workforce

resettlement of sick and injured workers

6 HEALTH, HEALTH CARE SYSTEM IV

| occupation | al health nurse |) |
|-------------------|-----------------|------------------|
| " | physician |) |
| 11 | hygienist |) |
| clerical s | taff |) |
| | | |
| health che | cks | |
| regular in | spection | |
| | | |
| protective | clothing and e | quipment |
| | | |
| The employ | ee may be suffe | ring from |
| | | |
| an overall | alcohol addict | ion policy |
| | | |
| prescribed | medical therap | ies |
| individual | s' health-relat | ed decisions |
| 2 M2 / 2 MM2 | | Cu GOZDIOLD |
| the monito | ring physician | |
| | | |
| work-relat | ed diseases/job | related diseases |
| | | |
| healthy-wo | rker-effect | |
| <u>survivor</u> p | opulation | |

workers whose health has deteriorated

- 43 -

escapers

6 HEALTH, HEALTH CARE SYSTEM V

voluntary health behaviour:

- prevent illness at a asymptomatic stage (health behaviour)
- to obtain diagnosis (illness behaviour)
- to discover suitable treatment
- to undertake/receive treatment aimed at <u>restoration</u> of health or at <u>halting disease progression</u> (sick-role behaviour)

health behaviour within their <u>surrounding social and cultural</u> contexts

| symptom experience) | |
|------------------------------|-----------------------|
| assumption of the sick role) | Suchman's sequence of |
| medical-care contact) | medical events |
| dependent-patient role) | |
| recovery of rehabilitation) | |

the individual must <u>make</u> health-care <u>decisions</u> <u>undertake</u> health-related <u>behaviors</u>

lay-referral system

the individual diagnosed as ill

regaining good health

terminate medical care

reassume prior roles

<u>rehabilitation:</u> adopt a new role as chronically ill individual

vocational rehabilitation

the tolerance thresholds

6 HEALTH, HEALTH CARE SYSTEM VI

health-services utilization

health <u>beliefs</u> and <u>attitudes</u> about medical care, physicians and disease

self-reported general state of health

subjective <u>perceptions</u> of illness <u>clinical</u> evaluation of illness

equal access to the medical care system

psychological discomforts, disorder physical symptoms, illness behavioral responses

risk-taking behaviors
prevalence of excessive drinking, drug abuse, violence

(biol.) <u>Diseas</u>e: biol. med. funktie: ver. in lich. funktioneren

reductie v. capaciteiten

(psych.) <u>Illness</u>: subj. ervaring v. ziekte (voelen) (sociol.) <u>Sickness</u>: verwerven andere rol en status

The access of patients to the hospital system

general practitionner <u>referral</u> direct self-referral

chronic illnesses (that particularly affect the elderly).

(individuals) may experience considerable suffering from

6 HEALTH, HEALTH CARE SYSTEM VII

minor deviations from "good health" (are tolerated)

filtering process

the sick and the well

residual working capacity

7 OCCUPATIONAL AND ORGANIZATIONAL ASPECTS I

Leader style: behaviour of an employee's supervisors

Pressures to attend

The threat of <u>lay offs</u>
Fear of <u>reprisal</u> (represaille)

Incentive/reward system

The use of <u>primitive sanctions</u> by management in <u>controlling</u> absenteeism

Stringent reporting and control procedures e.g.:

- keeping detailed attendance records
- requiring medical evidence
- requiring medical verifications for reported illnesses
- strict disciplinary measures

Personal work ethic

Propensity to come to work ("neiging")

Organizational commitment

Personnel management

Employment policy

Occupational structure

Those who join or leave the organisation

7 OCCUPATIONAL AND ORGANIZATIONAL ASPECTS II

Occupational status: (groups, such as <u>managers</u>, <u>skilled</u> <u>manual</u>, <u>skilled non-manual</u>, <u>semi-skilled</u>, unskilled groups. (at the very least) distinction must be made between: white collar or "staff" employees, blue collar or "labour"

Type of industry

The economic situation and levels of unemployment

Health requirements which affect processed food factories

The organization of work:

- production line or batch process
- <u>round-the-clock</u> <u>shift</u> working or <u>discontinuous</u> <u>shift</u> systems

Improvements in the general work environment

The specific health related factor: "environmental hazards"

Industrial accidents

Accidents sustained away from work

Physical demands of the work

Workers on the shop floor

appropriate company personnel policies

... it was decided to employ a part-time <u>Sick Visitor</u> ("Sick Spy")

<u>Premature retirement</u> due to (disability) Medical retirement due to

7 OCCUPATIONAL AND ORGANIZATIONAL ASPECTS III

continuous process industry

organizations, firms, factories, companies

Manual employees ("blue collar") <u>drawn from skilled, semi-skilled</u> and <u>unskilled</u> occupations in the <u>production</u>, <u>service</u> and <u>maintenance</u> functions

manual workers - staff employees (non-manual workers)

blue collar - white collar

wage earners - salaried employees

Firms may be more selective in their employment practises

<u>Labor market conditions</u> may affect the availability of jobs

employee counseling and disciplinary action

<u>oral</u> or <u>written warning</u> (is given within one week of the violation)

Computerized attendance surveillance program

<u>control methods</u> for reducing absenteeism: <u>punishment</u>, warnings, suspensions and terminations

<u>aversive</u> control strategies
<u>affirmative</u> control strategies (positive reinforcement)

Pay incentives (reward good attendance)

7 OCCUPATIONAL AND ORGANIZATIONAL ASPECTS IV

Positive incentives for attendance in the form of <u>financial</u> reimbursement or vacation time

Personnel attendance was <u>monitored</u> (at the end of every calendar quarter)

Employees attendance record (was reviewed)

..... abuse and the accompanying detrimental impact

Actions: - informal oral consultation
- formal disciplinary action

Date of birth, date of enrolment, change in work

Short term contracts

Labour law

job security protection against dismissal

dismissal on grounds of (pregnancy, confinement, exercising the right to maternity leave)

right to reinstatement after confinement

the application for a job

(during the period of investigation) there was a <u>down-turn</u> in the company's business with <u>redundancies</u>

supervisory grade

7 OCCUPATIONAL AND ORGANIZATIONAL ASPECTS V

employment class ... denotes the two basic classes of employ-ee-staff and works-personnel

The <u>control mechanism</u> exacting sufficiently great <u>penalties</u> to discourage <u>cavalier absences</u>

individuals whose absence-taking behaviour

Absence policy

Increased <u>demand</u> might increase (perceived) job stress but it might also <u>tighten</u> management's absenteeism control system (types of absence) defined in a <u>collective-bargaining agreement</u>

seniority

Shift work has <u>in-built regulations</u> which often lead to increased loyalty in the work force

job classifications, pay levels, seniorities

60 new, <u>probationary</u>, employees employees <u>on probation</u>

bonus, compensatory rest days (shift work)

persons engaged in shift work

the transfer to another job ...

statutory works council ...

7 OCCUPATIONAL AND ORGANIZATIONAL ASPECTS VI

multi-national company

low-conflict countries

(many comparies) run <u>quota systems</u> in that <u>employees may take</u> a maximum number of days of uncertified absence per year

people out of work

Clerical staff

Foremen and supervisors, skilled manual, semi-skilled manual, unskilled.

repeaters

Staff - Workers

Industrial disputes

Steps in disciplinary procedures:

- oral warnings
- formal first warning
- formal final warning
- dismissal

jobs of greater responsability and less physical demand (such as <u>managerial</u> and <u>clerical</u> jobs)

jobs grade

clerical grades comprise ...

25 % of the employees work three shifts

79 % of the manual staff is employed on shift work

7 OCCUPATIONAL AND ORGANIZATIONAL ASPECTS VII

the employees <u>doing</u> shift work there <u>are</u> 1000 manual workers <u>on</u> shift work shift work <u>is undertaken</u> unvoluntary

Some economic penalty is imposed

Supervisory methods
Styles of supervision

Attendance behaviour indicated by tardiness, absenteeism, voluntary turnover, unvoluntary turnover

Labour management negotiations

Three cycle continuous shift work (being done by)

The scale of <u>female employment</u>

Participation of women in economic activity

manufactoring industry

semi-skilled occupations in the service functions unskilled maintenance

societal environment

wage hierarchy

foremen supervisory personnel supervisors

7 OCCUPATIONAL AND ORGANIZATIONAL ASPECTS VIII

new entrants in this group

date of <u>engagement</u> by the firm date of <u>entry into</u> the firm

resumption of work return to work

Hygienic requirements <u>preclude</u> staff working with heavy colds, stomach ailments, etc.

Absence policy Department level absence policies

Remedial action (can be taken)

Person-centered approach

Organizational variables: work climate, work related values, styles of supervision

Loyalty to the employing company

Supervisor subordinate

orientation toward (their company)

<u>Production</u>-oriented supervision <u>Employee</u>-oriented supervision

these firms maintain (continuous) production

7 OCCUPATIONAL AND ORGANIZATIONAL ASPECTS IX

non-stop production

pre-employment selection

higher mortality rates in semi-skilled workers

automated production methods

Women make up about 50 % of the work force

Absence policy

the employment relationship is maintained and not broken

reduced working (on a temporary basic)

where employees are partly idle

demand for)

supply of) labour

deteriorations in <u>employment levels</u> diminished <u>employment opportunities</u>

persons taking jobs for which they were ill-suited

reenter the labour market

receive benefits over a longer period

job satisfaction satisfaction in work

7 OCCUPATIONAL AND ORGANIZATIONAL ASPECTS X

employee motivation motivation to work

employee attitudes

industry commerce public sector

the organization's own employees

disruption of work

... measures should be understood in the context in which they used to be applied ...

plant physician company medical officer

Labour supply
Labour demand

protection against dismissal

supervisor of each group

management information systems

concern for the "genuinely ill"

<u>rudimentary jobs</u> which once served as quiet <u>retreats</u> (have now been eliminated by rationalization)

7 OCCUPATIONAL AND ORGANIZATIONAL ASPECTS XI

voluntary departures retirement death

"the golden handshake"

early retirement with <u>provision for</u> income maintenance until <u>entitlement to full pension</u>

early retirement with high-level income protection

internal transfer

Reduction in hours of work (Ned: ATV)

Employment office

breaking of the work contract suspending of the work contract contract of employment has been suspended

propensity to leave

turnover among female workers

tenure with an organization (length of service)

a combination of discipline and positive reinforcement

employees were counseled regarding their record of absence

the accompanying detrimental impact on fellow employees

7 OCCUPATIONAL AND ORGANIZATIONAL ASPECTS XII

<u>disadvantaged</u> categories of workers (those <u>with</u> <u>an</u> employment in <u>arduous</u> and <u>dangerous</u> work)

a full career insurance record

works council

notify the competent authorities

obtain the authorisation (of a public authority)

carry out a workforce reduction

collective dismissals

work sharing

cutting normal daily working hours reducing number of days worked

leadership behaviour

employee grievances

repetitive work

dissatisfaction

employee feelings about (fair treatment)

withdrawal from the work situation

employers use temporary <u>lay-offs</u>

7 OCCUPATIONAL AND ORGANIZATIONAL ASPECTS XIII

to cushion the impact of fluctuations in the production

seasonal and cyclical variations in productivity

labour shortage

job insecurity

disinvolvement

job loss

managers of production sections heads of personnel departments

dismissal for alleged misconduct
for economic reasons (redundancy)

the employer discharges employees

length of service length of engagement

industry commerce the public sector

the organisation's own employees

8 ARGUMENTATION, PRESENTATION I

This article <u>considers</u> (explores) the <u>scale</u> and nature of

Some <u>attribute</u> this <u>to</u> (the wellfare state)
Others <u>blame</u> (the conditions under which people work)

There is evidence to suggest that (broader factors are more important)

Some results from ... confirm these differences demonstrate similar ones

It may provide further clues towards (a solution)

Figures are set out in Table ...

Further analysis $\underline{\text{may cast more light on}}$ possible reasons for \dots

More light can be thrown on (such matters ...)

These observations merely indicate

International comparison of health statistics (are often difficult to make)

the belief, still widely held by, that ...

results should be viewed $\underline{\text{in conjunction with}}$ evidence from ...

previous evidence on the effects of x on y is conflicting, this being due to \dots

8 ARGUMENTATION, PRESENTATION II

| results <u>followed</u> the general <u>trend</u> |
|---|
| generalizations <u>about</u> are <u>bedevilled</u> by the wide variety of |
| Absence is <u>powerfully influenced</u> by many factors <u>others</u> <u>than</u> (ill health) |
| Different statistical criteria compound these problems |
| One study <u>avoided</u> <u>by</u> comparing |
| The (quality of management) <u>has been shown to influence</u> absence <u>behaviour</u> |
| <u>It is argued that</u> certification damages |
| There is no evidence to support the view that |
| The numerous factors known to influence |
| (Most researchers) have focussed primarily on |
| It is often stated in literature that |
| Of the 22 studies cited only 6 <u>found</u> Studies that <u>examined</u> (bivariate correlations) Factors <u>under study</u> <u>Investigators</u> of absenteeism <u>examined</u> |
| the present investigation was <u>designed</u> to |
| this investigation has two $\underline{\text{main objectives}}$: to $\underline{\text{assess}}$ and to assess |
| |

8 ARGUMENTATION, PRESENTATION III an attempt at interpreting results the third criterion Two basic assumptions permeate the work Current literature assumes that Hence, there appear to be How such variables fit together into a model This model incorporates both ... and ... The model attempts to examine in a systematic and comprehensive fashion the Briefly stated, it is suggested A <u>fundamental premisse</u> of the model <u>suggested</u> here is that The other factors will be dealt with subsequently Our first question concerns An examination of the available research yields a fairly consistent relationship between The finding are not unanimous, however The relationship is generally sustained by Taylor's study

a similar observation can be made regarding

| the need <u>for</u> preparatory study |
|---|
| the two year period |
| the problem was <u>confined</u> to |
| Results consistently show |
| largely <u>hearsay evidence</u> |
| What <u>remains to be demonstrated</u> is |
| When taken together these findings indicate |
| attempted to allow for the different but his estimates <u>made no allowance for</u> |
| x, who has <u>demonstrated</u> (substantial rises in) |
| There are two <u>aspects to</u> the preparation |
| This article will <u>indicate</u> some of the problems of |
| It is a matter that concerns <u>not merely</u> doctors <u>but also</u> managers and <u>as well as</u> and <u>thus</u> taxpayers |
| All the <u>studies undertaken point to</u> (a multifactorial aetiology) |
| These factors <u>are mostly concerned with</u> |
| on closer inspection their scope <u>may be seen to</u> differ considerably |

8 ARGUMENTATION, PRESENTATION IV

8 ARGUMENTATION, PRESENTATION V

| cros <u>s-s</u> ocial variations (in organizational phenomena) |
|---|
| societal variables macro-level variables macroscopic factors |
| low strike rates <u>have been reported</u> (where there is a lack of) <u>have been found</u> to (decrease with) |
| The balance of evidence shows that |
| people <u>under the age of</u> (40 years) |
| Morris <u>noted</u> a dramatic increase in |
| The stated aim was (to observe) |
| The trends are shown <u>in the accompanying figures</u> |
| The growth aroused considerable concern |
| Basic description of are presented as background (to help understand the analysis that follows) |
| Public attention has been <u>focussed on</u> |
| It is beyond the scope of this article, however, to |
| (The programm to which the worker turns) <u>in the event</u> of illness or injury |
| Brief <u>highlights</u> of (the chief provisions) |

most studies revealed some differences ... this trend is also apparent in ... there is a wide measure of disagreement about ... there is abundant evidence that ... this paper describs a mortality study of ... The major characteristics outlined are This article describes how a special enquiry into (the incidence of incapacity) To achieve this object ("daartoe") (29 organizations) satisfying the criteria set out below were selected it is necessary to consider those sources of bias that may have influenced the findings, and also may affect any interpretation. (The differences) were not substantial enough to allow firm conclusions to be drawn about Similar experiences have been noted in No agreement exists cross-nationally on (what constitutes a

8 ARGUMENTATION, PRESENTATION VI

total loss of work capacity).

ARGUMENTATION, PRESENTATION VII The study supports the view that on enquiry it transpired that ... the investigation has shown, which the limits imposed by the size of the sample the population comprises 1200 persons the need for may stem from ... There is no evidence to suggest that It seems reasonable to conclude Special conditions, nevertheless, may exist The most widespread approach to knowledge of previous studies ... summarizing our findings (i.p.v. resuming = fout) insofar as they have been studied conforming to the Dutch definition of ... findings are identical to those ... the phenomenon of sickness absence ...

a causal relationship between ... and ... is documented in

8 ARGUMENTATION, PRESENTATION VIII

to remedy this omission ...

Figure 1 contains a <u>block diagram</u> showing ... the broken-line arrow here indicates ...

however, in evaluating the system ...

... to overcome the limitations of ...

the study <u>directed to ...</u> the stringency in delimitation <u>enhanced</u> the validity

As depicted in this table

The theoretical <u>issues</u> and empirical <u>themes posed</u> in the previous section (provide a rich <u>problem set</u> for)

Any generalization to the larger group (of nurses) should be made cautiously, however, <u>since</u> our analysis was limited to a specific subgroup.

..... could hardly be <u>explained in terms of</u>, and must be due to

We have been asked by (the Ministery) to <u>carry out</u> a survey <u>of</u> (what is known about)

Comparatively high benefits

Sickness benefit claimants $\underline{\text{analysed by}}$ age and duration of $\underline{\text{spell}}$

8 ARGUMENTATION, PRESENTATION IX

The Table <u>overstates</u> (absence among men at work and)
<u>understates</u> (that among working women)

This chapter <u>is concerned with</u> the issues that <u>underlie</u> (the operationalization and measurement of absenteeism)

The problems \dots are of considerable importance to (both the researcher \dots

this paper reviews ...,

describes ...,
defines ...,
discusses ...,
examines ...,

researcher and the practitioner

For purposes of this study

The problems just <u>pre</u>viewed (are of considerable importance)
The methods that have become commonplace

One additional topic deserves comment

This notion is fully supported by studies of

The theoretical model underlying this comparison

According to this argument
This argument posits that
(Industries) become more alike than different

8 ARGUMENTATION, PRESENTATION X

| Figure 1 schematically presents (the research design). As shown in Table A \dots |
|--|
| Research studies that have been conducted by |
| control for <u>rival</u> hypotheses or <u>extraneous variables</u> |
| Comparisons are made between |
| the programme <u>under consideration</u> |
| The inquiry moves into the area of on the one hand and on the other hand |
| A first approximation of the <u>magnitude of the problem</u> |
| It is worth <u>emphasizing</u> , however, |
| The data available \underline{to} us do not permit conclusions $\underline{regarding}$ morale |
| In view of sharply rising costs |
| Description of serves as a basis for comparison within the province of |
| to the detriment of |
| the study <u>is to be directed at</u> (a better understanding of) the study <u>is to be concerned with</u> |
| (the benefits are) generally $\underline{\text{conditional upon}}$ a certain length of employment |

8 ARGUMENIATION, PRESENTATION XI

macroscopic level mesoscopic level microscopic level

may be <u>due to</u>
may be <u>attributable to</u>

preferably both sides should be taken into consideration

freedom, albeit <u>within the constaints of</u> the resources available

the question or problem to be examined <u>moving beyond</u> the description phase

.... danger that the reader will not see the wood for the trees

.... (the number of) conditions influencing

what the indicator purports to represent

An enquiry <u>carried out on behalf of</u> the Department

.... to undertake a survey to investigate

From the point of view of

Figures were adapted and derived from

allowance is made for

Two major conclusions emerge from this analysis

In addition to

8 ARGUMENTATION, PRESENTATION XII

It will be seen from the diagram that

One of the issues currently being considered

The "watchdog" function is undertaken by

to put it crudely

the institutional framework

this ... poses problems in the case of a worker

<u>Prolongation</u> of the individual duration of unemployment / work incapacity is <u>consistent</u> with <u>rational economic behavior</u>

social costs (loss of reputation, prestige, status, power)

<u>sanctions</u> (exclusion from the group and being the victim of stigmatisation)

the controversial evidence at reported studies

the role of age, sex, etc. have been <u>dealt with</u> in previous studies

... triggered off a discussion of (the definition and..)

the results obtained

to take account of

the decision.....is more <u>likely to be</u> influenced by

8 ARGUMENTATION, PRESENTATION XIII

theoretical frameworks which attempt to account for....

another attempt to understand...<u>from the social-context</u> <u>perspective</u> is the model developed by.....

the problems encountered in other countries....

explanatory note(s)

(the judiciary) exerts a significant impact on

most <u>field</u> research has <u>led to the conclusion</u>.....
....gives a valuable insight <u>into</u>.....

rival hypotheses

the first category comprises (factors)....

interest will primarily be concentrated on

a system exists whereby the employee.....

<u>elementary</u> analysis <u>introductory</u> analysis

international disparities

....exerts a small upward pressure on (the unemployment rate)

Appendix 13

Bibliography (see Chapter 7, page 82)

Following every academic written assignment you are required to give a bibliography. This is an alphabetical list of all the printed sources of material you have found useful while

preparing to write the assignment.

The ordering of items and the format of your bibliography are important. The style required may vary slightly from one discipline to another, so always check if there are any specific departmental instructions about the format which you must observe. Otherwise you can follow the pattern of bibliography used in any textbook for the course.

Here is an example of a bibliography which observes common practice. It is followed by a commentary on the points

to be noted in the format.

Bibliography

Birnbaum, N. (1953), 'Conflicting interpretations of the rise of capitalism: Marx and Weber', Br. J. Sociol., IV, pp. 125-41. Encyclopaedia of the Social Sciences, Vol. 3, 1930, 'Capitalism'. Hansard, 3 July 1959, cols. 1245-1247.

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- (1926), Religion and the Rise of Capitalism, London, Murray.

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Weber, M. (1976), The Protestant Ethic and the Spirit of Capitalism (tr. Parsons), London, Allen & Unwin (orig. Ger. edit. 1904-5).

Points to notice:

A Organisation of list

1 All books, articles and other sources are listed in alphabetical order by surname of writer (or organisation producing the source, see first two items in the above bibliography for examples). If more than one book or article is listed for the same writer (see Tawney example), they are arranged by date of publication. If they are both published in the same year, refer to them as 1926a and 1926b.

The alphabetical arrangement is a clear method of organising material and corresponds with the organisation of card catalogues and the arrangement of books, within sections, on the library shelves.

2 Some departments require you to make separate lists for books and for articles and government documents, or for primary and secondary sources.

B Books

1 The author's surname is followed by initials or first name (see Tawney example).

If you are referring to a chapter by a particular writer which is included in a larger book, list the chapter under the writer's name and follow this with the full details of the editor's name, book title, etc. (see Robertson).

2 The date of publication must be included, either as the final item in the reference, or immediately following the writer's name as in this bibliography.

If you have used a recent edition or translation in your reading, give details of the edition you have used and add the date of the original edition in brackets (see Weber). The date is important in placing the source in a time context.

- 3 The title of the book is underlined (see Tawney). (This is what you look for as you run your eye along the library shelf.)
- 4 The title is followed by the name of the publisher and the place of publication. Some departments require only one or the other item. Be consistent in the pattern you follow and in the punctuation you use (see Tawney). (This information can be useful in establishing whether the book is written for an American or Australian audience.)

C Articles

1 The title of the article or chapter is enclosed by quotation marks and followed by a comma. (Note: It is not underlined like the title of a book.)

- 2 The name of the journal (or book) is underlined. (This is what you look for on the library shelf.)
- 3 Full details of the journal are given, including (where relevant) the volume number, series number, date of issue, and the page references for the article being cited (see Birnbaum).

D Government publications, newspapers, reference books, reports, etc.

- 1 Official publications are usually listed with the department or institution as the writer (see Hansard).
- 2 Standard reference books, such as encyclopaedias, are listed by their titles (see Encyclopaedia of the Social Sciences).
- 3 Newspaper items which are not signed are listed by the name of the newspaper (see The Times).

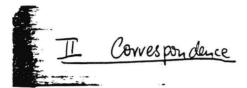
E Annotated bibliographies

Some departments require you to produce annotated bibliographies, that is, with a brief comment following each item which both summarises the scope of the book or article and indicates in what way it was of particular significance to your purposes in writing your essay.

Hart, C.M.W. and Pilling, A.R. (1960), The Tiwi of North Australia, Holt, Rinehart & Winston, New York

This is the standard monograph on the Tiwi comprising the earlier work of Hart on the ceremonies, social organization, economic system and daily life of this Aboriginal people, and the more recent description of the Tiwi in the 1960s by Pilling. It was particularly useful in providing an insight into the various forms of social control which operate in an island community.

Note: It is essential to head all the notes you take from printed materials with the full bibliographic information you might need if you later want to use material from the book or article in an essay or refer to the source in your own bibliography. Also remember to include page references for any major ideas or key quotations you include in your notes.



list of the structures and phrases used in the letters

model

- 1 We have pleasure in enclosing a copy of our latest catalogue and price list.
- 2 We thank you for your letter of 10th June, enclosing an invitation ...
- 3 We are interested in Importing Spanish furniture and would be pleased to receive a copy of your ...
- 4 We should be obliged if you would kindly send us details of your refresher courses ... We look forward to hearing from you.
- 5 We thank you for your letter of 11th June, requesting details ... We have pleasure in enclosing a copy ... brochure, together with our latest price list.
- 6 We should be obliged if you would kindly confirm the date ... and state whether you would like ... We look forward to your reply.
- 7 In receipt of your letter of 10th June, we write to confirm that ... We should be obliged if you would kindly book hotel accommodation ...
- 8 As we are particularly interested in having a stand at next year's ... Exhibition. We should be **grateful** if you would kindly send us a copy ... We look forward to hearing from you.
- 9 With reference to your enquiry of 29th April, we are pleased to advise you that we have resumed production ... and are now able to start accepting orders again. We enclose an order form for your convenience.
- 10 With reference to your order number 1048, dated 30th May, we regret that item 2 ... will not be available until September. We should be obliged if you would kindly Indicate whether you wish to wait or order an alternative model. We look forward to hearing from you.

- 11 As we are particularly keen to promote our ..., we are writing to ask if you would be prepared to display the complete range as shown in the enclosed catalogue ... In return for the above, we are willing to grant you highly favourable terms. We look forward to hearing from you.
- 12 We are keen to expand our exports to Africa... and are looking for suitable agents to represent us. If you are interested in having the Kenya agency..., we should be pleased to send you the draft agreement stating the terms and conditions of the agency. We enclose for your information a copy... We look forward to hearing from you and to receiving your references.
- 13 We thank you for your letter of 15th May, in which you offer us... We should be pleased to represent you... have pleasure in enclosing... together with ...companies with whom we have had dealings... We look forward to receiving the draft agreement...
- 14 We thank you for your letter ... We have read with interest the account of ... and have decided to take up your references. We enclose ... We look forward to your acceptance of ... and to the eventual signing of the provisional agreement.
- 15 We refer to our letter of 16th May, in which we offered you the agency ... Since we have had no reply, we conclude that you are not interested in representing us ...
- 16 We thank you for the above order, which is receiving our attention. In view of the increasing demand ... we have decided to step up production, which means that we shall soon be able to despatch orders on receipt. We trust that this decision will be to our mutual advantage.
- 17 We thank you for your order ... receiving our attention. with regard to item 4 ..., we regret that owing to a series of adverse factors we have been obliged, temporarily, to reduce production, which will mean a delay in delivery ... We trust that this will not unduly inconvenience you.
- 18 It is now over eight weeks since we sent in the above order, and we are still awaiting delivery. We regret that



unless you are able to give us an assurance of delivery ... we shall be obliged to cancel the order. Please treat this matter as urgent.

- 19 We are in receipt of your letter ... and regret the delay in delivering the above. When your order was received, our supplier was out of stock of the fabric ... with the result that we were obliged to suspend work ... We are pleased to advise you ... We apologise once again for any inconvenience suffered by the delay.
- 20 We thank you for your enquiry ... and have pleasure in enclosing ... We should like to draw your attention to ... This range is on a special introductory offer, the terms of which are set out ... If you wish to take advantage of this offer, please use the enclosed order form. We look forward to hearing ... and to receiving ...
- 21 We write to draw your attention to the fact that our statement of account dated 10th May is still awaiting settlement. As payment is now considerably overdue, we must ask you to remit the sum in question without delay.
- 22 We write to draw your attention to the fact that in spite of two reminders the above account remains unsettled. We regret that unless your remittance is received by 30th June, we shall be obliged to take legal action. Please treat this matter with the utmost urgency.
- 23 We are in receipt of your letter ... and regret the error ... When this statement was made up, it was not noticed that two items had been crossed off invoice L 903, with the result that you were overcharged ... We enclose our credit note for the above sum so that you may deduct it from the total before sending off your remittance. We apologise once again for the error.
- 24 We are writing to enquire if it would be possible to order ... Our customer is prepared to pay ... if you are willing to adjust ... in accordance with the enclosed specifications. As our customer is particularly keen to have a decision soon, a prompt reply would be appreciated.

III DISCUSSION GAMBITS

1. Connecting a personal anecdote to what the previous speaker has said

It's funny you should say that, I was just thinking about the time I...

A similar thing nappened to me when I...

That reminds me of the time I...

Yes, I remember when I...

Did you really? When I...

2. Agreeing with the previous speaker

I couldn't agree more.
That's exactly what I feel (about it).
I'm with you there.
I see exactly what you mean, the same thing has happened to me.

3. Disagreeing completely with the previous speaker's view

I'm sorry I'm afraid I don't agree there. I see what you mean but I'm afraid I can't agree. Oh, I'm afraid I couldn't go along with that. I'm sorry I'm afraid I think you're mistaken. I'm afraid that just isn't the case.

4. Disagreeing partly and introducing a new argument

I see what you mean but...
Yes, but surely you're forgetting...
That's all very well but...
That's true but we mustn't forget...
That's fine for... but what about...
Yes, but you can't get away from the fact that...

5. Avoiding expressing an opinion so as to avoid disagreeing

I'm afraid I don't really know much about it.
It's difficult to say.
I'd want to think about that for a while.
Mmm... I suppose it depends on your point of view doesn't it.
That might be a good idea, it's difficult to say.

6. Introducing your opinion

It seems to me that...
What worries me is...
Personally I'm more interested in (whether)...
Don't you think that...(nowadays)...
...(nowadays)
I think most people...
Well of course, they say that...
It said in the paper that...

7. Giving an opinion about today compared with the past

When I was young...
Nowadays people...
... but it didn't use to be like that when I was...
Things have changed for the better/worse.
It was different when (people) used to...
I think it was better/worse when...
Years ago...

8. Giving a negative generalisation

Don't you think they should do something about...

Something should be done about...

There's too much... about these days.

I think... is/are to blame.

I think society has become too...

9. Getting people to expand

What makes you think that? Where did you read/hear that? What did you do about it? Have you...

10. Other useful phrases in a discussion

It depends.
There's no point in ...-ing.
It's no use ...-ing.
I'm sorry to say that ...
You can't make generalisations but ...
There are exceptions but ...
Of course there are two sides to the question.
It's got something to do with ...
Surely it's a question of ...
I'm basically in favour of ... but ...
People often don't realise that ...
You can't get away from the fact that ...

- IV Major diagnostic groups of the 1980 International Classification of Diseases, Injuries and Death
- 1. Infectious and parasitic diseases
- 2. Neoplasms
- Endocrine, nutritional and metabolic diseases and immunity disorders
- 4. Diseases of the blood and blood-forming organs
- 5. Mental disorders
- 6. Diseases of the nervous system and sense organs
- 7. Diseases of the circulatory system
- 8. Diseases of the respiratory system
- 9. Diseases of the digestive system
- 10. Diseases of the genitourinary system
- Deliveries and complications of pregnancy, childbirth, and the puerperium
- 12. Diseases of the skin and subcutaneous tissue
- Diseases of the musculoskeletal system and connective tissues
- 14. Congenital anomalies
- 15. Certain conditions originading in the perinatal period
- 16. Symptoms, signs and ill-defined conditions
- 17. Injury and poisoning
- (18. Special admissions (including live births in hospital))