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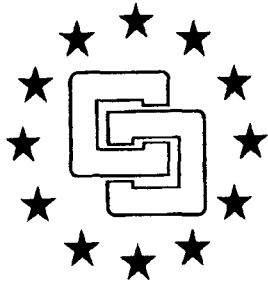
ABSENTEEISM IN THE EUROPEAN UNION

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## **ABSENTEEISM IN THE EUROPEAN UNION**

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## **1. WHAT THE STUDY INVOLVES**

### **1.1 Introduction**

Why would anyone be interested in workplace absenteeism? Different parties have different reasons to pay attention to workplace absenteeism. National governments have an interest in reducing costs of health services and medical consumption related to sickness absenteeism. Employers and employees pay for social security insurance against absenteeism and disability. Furthermore, high levels of absenteeism can decrease both the quality and the quantity of the production of companies, and absenteeism has a direct link to the quality of the working live and the health of the workers. Anyway, everyone should be interested in reducing absenteeism because it can be done! Governments can change legislation on working conditions. Employer organisations and unions can make collective agreements to tackle absenteeism at the workplace. Companies can take preventive actions to improve the quality of working live and to reduce the health risks at work. Individual workers can change their lifestyle and cope with ill health.

Absenteeism is strongly related to ill health. Workers with health problems are more frequently absent from work than workers without health problems. But ill health does not directly mean incapability for work, as is proved by numerous handicapped people who are working each day without problems. Besides, not all activities directed at absenteeism have effects on the workers' health. One can reduce employee absenteeism by changing the conditions of the social security system only. Also a company can reduce absenteeism by the tightening up of procedures and checks in relation to absences. However, in this project the emphasis lays on initiatives directed at combatting absenteeism by reducing the incidence of ill health and attacking the underlying causes in the workplace.

In the context of the 1993-1996 four-year programme of the European Foundation for the Improvement of Living and Working Conditions on the subject of 'Health and

Safety', TNO Prevention and Health has compiled a basic publication on absenteeism in the European Union. This publication consists of the following parts:

- a. A bibliography in which the most important books and reports on the subject of absenteeism are listed (Chapter 2);
- b. A review showing the chief characteristics of absenteeism and the legislation, along with a the chief characteristics of the labour force (Chapter 3);

## 1.2 Aim of the study

The aim of the project is to provide quantitative information on absenteeism and disability in the Member States of the European Union and to report and describe good examples of actions taken at work to reduce absenteeism. The information collected should give an understanding of the characteristics of absenteeism in the various Member States. It is not intended to make an integrated comparison of absenteeism and disability in the EU countries. It is doubtful whether any such comparison - in view of all the methodological footnotes - would be possible at this stage. Reference is made, *inter alia*, to the great differences which exist in the structure and organisation of social security in the various member states and the differing ways in which social security is applied in practice (see Chapter 2). The present study has therefore a more limited aim. Its chief purpose is to give an impression of the *patterns of absenteeism* in the various countries and the extent to which these coincide or diverge.

## 1.3 The definition of absenteeism

In this study absenteeism is generally defined as: *incapacity for work as a result of sickness or infirmity*. Absenteeism from work for other reasons is only included in this study when it can not be excluded from the absenteeism data, for example absenteeism in case of maternity leave. Absenteeism is taken in the broad sense, i.e. it deals both with temporary, long-term and permanent work incapacity and with

accidents at work and occupational diseases. The classification is related to the national social security systems. Short-term work incapacity refers to the first period of absenteeism; in most countries limited to the first 52 weeks of disability. Only Italy (26 weeks) and the United Kingdom (28 weeks) have a shorter period for short-term disability in the EU. Long-term or permanent disability are seldom distinguished from each other and refer to the social security regulations after the first absenteeism period, the first 26 to 52 weeks of disability. Benefits in case of work accidents and occupational diseases are strictly limited in most countries. In this study we follow the national definitions of these accidents and diseases.

#### **1.4 The information to be collected**

In the project information has been collected under the following headings:

- **Publications:** books and reports describing the background to absenteeism and disability as well as methods and instruments to reduce absences from work.
- **The social security system:** information on the main laws and regulations relating to absence due to illness and to disability in the various countries. This includes such aspects as definitions, conditions, benefits, maximum period etc.
- **Absenteeism and disability:** relevant statistical information such as percentage absenteeism, frequency of absences, average duration per spell and diagnosis; both at national level and subdivided according to gender, age and economic sector.
- **Population at risk:** information on the chief demographic characteristics of the working population which could influence the volume and scope of absenteeism and disability, such as the distribution of the working population by age, gender, economic sector etc.
- **Health promotion activities at work:** information on action at work to reduce absenteeism, the involvement of the various parties in this and the costs and benefits.

### **1.5 Method of collecting data**

In view of the fact that the project should be regarded as a first reconnaissance of absenteeism and disability in the Europe Union, it was begun by setting up a network of experts in the various countries. These were asked to provide the information required and to function as a sounding board for the interpretation of the data. In addition, a wider group was recruited to collect the relevant publications for the bibliography and to report on health promotion activities at work which would qualify for further description (examples of good practices). Finally, a literature search was also made in the major document data banks.

All information was collected via contacts by post, telephone and fax. No visits were made to the countries in order to obtain additional information. This is also one of the limitations of this study. From some countries, only a small amount of information for the study was collected. This was partly due to the fact that no experts could be traced in these countries (for example in Greece) and partly because in some cases the experts indicated that not all, or even any, of the information required was available in their country (e.g. Denmark and Belgium).

## **2. THE MAIN PUBLICATIONS ON ABSENTEEISM IN THE EU**

### **2.1 Introduction**

This chapter contains an overview of the main publications on the subject of absenteeism and disability in the countries of the European Union. An effort has been made to describe absenteeism and disability from four points of view, i.e. the statistical side, the results of empirical research, reviews of absenteeism and disability and actions taken by organisations to reduce these.

The information for these accounts came from two sources, viz. a literature search of the main data bases (such as Labordoc, Embase, HSE-line, Cisdoc, NIOSH etc.) and from contact persons in each country. From the study of the literature a list of titles on the subject was obtained while an attempt was made, through the contact persons, to discover information which was not available from the official published documents. This information was especially important when tracing projects aimed at reducing absenteeism. A contact person could not be found in every country, so that coverage of the subject is not equally good for all the countries involved.

How thoroughly or superficially has the material been treated? It is clear that an extensive study could be undertaken in each country. However this was not the intention. From the beginning the aim was to give an overview of the main features of absenteeism and disability in each of the countries concerned. The type of report is therefore a short and probably essentially not very thorough account which would quickly allow the reader to form an impression of the situation in the various EU countries. In this respect, one should not expect any detailed information. Although an effort has been made to provide a useful content this is sometimes rather abstract due to lack of space and/or because of the degree of abstraction reflected by the original publication.

The publications are dealt with in the following order: statistics, research, reviews and project descriptions. Chapter 3 contains more detailed statistical data.

## 2.2 Belgium

HEYLEN F, GOMPEL J VAN. De ontwikkeling van de werkloosheid en de inactiviteit in België (The growth of unemployment and inactivity in Belgium) (1970-1990). *Maandschrift Economie* 1992: 56(3); 159-270.

IDEWE. Ziekteverzuim, rugklachten, burn-out en arbeidsomstandigheden in de verzorgingssector (Absenteeism, back ailments, burnout and working conditions in the healthcare sector). Louvain, IDEWE 1993.

JACQUES P, MOENS G. Meting van het ziekteverzuim via een arbeids-geneeskundig registratiesysteem (Measuring absenteeism by means of an industrial health register). *Cahiers voor Arbeidsgeneeskunde* 1990: 27(2); 79-83.

KLARIC D. Raisons d'absence ou l'absence de raisons: l'absentéisme dans l'industrie (Reasons for absence or absence of reasons: absenteeism in industry). Brussels, Eds. de l'Université de Bruxelles, 1982.

MOENS GF, DOHOGNE T, JACQUES P et al. Rugklachten in de gezinshulp (Back ailments in the home help service). *Tijdschrift toegepaste Arbowetenschap* 1992: 5(3); 40-45.

ASSOCIATION FOR THE PREVENTION OF ACCIDENTS. Statistics for industrial accidents and occupational diseases. 1991. Brussels, National Vereniging tot Voorkoming van Ongevallen, 1993.

PROMOSAFE. Rugklachten (Back ailments). *Promosafe* 1993: 20(10); 339-341.

SAXER P, PEETERS R, MEHEUS A. Part-time work and sickness absenteeism in female workers. *Archives Belges de Médecine Sociale, Médecine du Travail et Médecine légale* 1985: 43; 1-2.

Eight sources have been included with respect to the situation in Belgium. These include one statistical publication (Association for the Prevention of Accidents, 1993), five research reports (Heylen & Van Gompel, 1992; IDEWE, 1993; Klaric, 1982; Moens et al., 1992; and Saxer et al., 1985). They also include one more general review (Promosafe, 1993) and a project description (Jacques & Moens, 1990).

No national figures for absenteeism or the numbers unfit for work were found for Belgium. The Association for the Prevention of Accidents (1993) provides specific figures for industrial accidents and occupational diseases in 1991. The consequent costs of industrial accidents are broken down as follows: fatal accidents 6.4%, temporary sick-leave 31.8% and permanent disability 61.8%. The costs of occupational diseases are broken down as follows: various causes 8.2%, physical agents 23.2% and

inhalation of substances 68.6%. The Association reports that in 1991 the numbers of industrial accidents and occupational diseases were declining.

Heylen and Van Gompel (1992) deal with the background to absenteeism in Belgium and place this in the perspective of unemployment, short-time and early retirement.

A report by IDEWE (1993) on a survey of absenteeism, back ailments, physical and mental job demands among almost 2,800 workers in the health services showed that annual absenteeism was 10 days on account of illness and 2 days on account of accidents. Among the diseases, those of the respiratory organs were first on the list, followed by disorders of the locomotor system. The incidence of back ailments and absenteeism appeared to be linked to unfavourable working conditions and burnout among workers.

Klaric (1982) gives definitions of various forms of absence, training breaks and maternity leave. He relates absenteeism to gender, status, age, occupational level, job satisfaction, health, accidents, style of management and the like.

Moens et al. (1992) researched back ailments among home helps. These are related to personal characteristics and medical certificates.

Saxer et al. (1985) reviewed a cohort of 68 women workers. They established that with the introduction of part-time work, the frequency of absences dropped by 51% and the number of days of sick-leave by 43%.

Promosafe (1993) described two research projects on the prevention of back disorders and the link between back ailments and absenteeism.

Jacques & Moens (1990) reported that the information on absenteeism in Belgium was very extensive and not very standardised. They therefore suggest methods for registering absenteeism via the industrial health services. The authors give an example

of the application of their method in the case of a coordinated industrial medical service where the strong and weak points of their registration system were examined.

### **Belgium: conclusion**

National figures for absenteeism and disability are lacking since Belgium has no comprehensive statistics. Only incidental attention is paid to this in the research. Against this, there is a tradition of registering industrial accidents and occupational diseases in Belgium. Figures are indeed available for these, showing a downward trend. The various types of publications (research reports and reviews) are also represented but no publications on the subject of company action taken to prevent absenteeism or disability were found.

## **2.3 Denmark**

DANMARKS STATISTIK. Dagpenge ved sygdom 1991. Danish Statistics 1992: 19; 1-3.  
 LINDBLAD BE, HØY K, TERKELSEN CJ et al. The socio-economic consequences of sports injuries in Randers, Denmark. Scand. J. Med. Sci. Sports 1991: 1; 221-224.  
 NORD-LARSEN M. Holdninger, normer of sygefravaer i P&T, Copenhagen. Social Research Institute, 1986.  
 NORD-LARSEN M. Det langvarige sygfravar. Copenhagen, idem. 1989.  
 NORD-LARSEN M. Langvarig sygdom: problemer og konsekvenser. Copenhagen. Idem, 1991.

Five publications on the Danish situation are available, including one statistical (Danmarks Statistik, 1992) and four research reports (Nord-Larsen 1986, 1989 and 1991 and Lindblad et al., 1991).

Danmarks Statistik (1992) includes an indication of the growth of absenteeism from 1987 up to and including 1991. It appears that absenteeism - both in cost and time - peaked in Denmark in the period from 1988 to 1989, after which it began to decline. This applied to both men and women.

Nord-Larsen (1986) relates attitudes and norms in respect to the workplace to absenteeism in the Danish Posts and Telegraphs. Nord-Larsen (1989) examines the

changes in long-term sick-leave on the part of certain population groups. Nord-Larsen (1991) deals with long-term absenteeism in terms of occupation, gender and age.

Lindblad et al. (1991) followed up all the sports injuries in one casualty ward serving an area of over 100,000 inhabitants. There were 1,839 such accidents registered, which works out at 61 accidents per 1000 of those engaged in sports each year, and 15 per 1000 of the population annually. By far the most accidents happen in the popular sports of football and handball and the most common injuries are sprains. As for the social consequences, the average length of sick-leave for sports injuries was five days. Under Danish social law, loss of income is hardly ever compensated; on average for all cases, an accident cost the sportsperson the equivalent of \$23, but in the group at a loss of income, this was \$270. Sixteen per cent of those affected still had health problems two years after the accident but for 93% the accident had no permanent affect on their ability to work.

#### **Denmark: conclusion**

Very few publications on the Danish situation regarding absenteeism are available and some of the information which is available is rather sketchy. It is therefore not really possible to give a satisfactory picture of absenteeism in Denmark. From the information of one of our contacts we learned that absenteeism is not regarded as a major problem in Denmark anymore. As a result of this, there is not much research into absenteeism going on and not many publications appear.

It is clear that absenteeism in Denmark is not as high as several years ago. In the case of sports injuries, there seems to be an average of 5 days sick-leave but loss of income must be borne by the sportsperson and the accident seldom has a lasting affect on ability to work.

## 2.4 Germany

- AOK-BUNDESVERBAND. Krankheitsartenstatistik 1991; Arbeitsunfähigkeits- und Krankenhausfälle nach Krankheitsarten, Alter, Dauer (Statistics for diseases 1991: Unfitness for work and hospital cases, distributed by types of illness, age and duration). Bonn, AOK-Bundesverband, 1993.
- BUNDESANSTALT FÜR ARBEITSSCHUTZ. Specimen for a company health report. Official Journal of the Federal Institute for Occupational Safety and Health, July 1991.
- IDEM. Qualitätszirkel, Gesundheitszirkel und andere Problemlösungsgruppen - eine vergleichende Darstellung der verschiedenen Konzepte (Quality circles, health circles and other problem-solving groups - a comparative study of various ideas). Official Journal of the Federal Institute for Occupational Safety and Health, May 1993.
- BUNDESVERBAND DER BETRIEBSKRANKENKASSEN. Krankheitsarten- und Arbeitsunfallstatistik 1991 (Types of diseases and industrial accident statistics, 1991). Essen, Bundesverband der Betriebskrankenkassen, 1992.
- EISSING G. Absenteeism: betriebliche Ursachanalyse und Massnahmen (Down time: analysis of industrial causes and measures taken). Applied Industrial Science 1991: 130; 44-104.
- INSTITUT FÜR GESUNDHEITS- UND SOZIALFORSCHUNG (IGES) et al. Betrieblicher Gesundheitsbericht für die Hamburger Betriebsstätten der Beiersdorf AG (Company health report for the Hamburg plants of Beiersdorf AG). Berlin, IGES/Bremen, University of Bremen, Dept. of Industrial Science/Bonn-Bad Godesberg, WIDO Scientific Institute of the Regional Health Funds, 1993.
- JAUFMANN D, PFAFF AB, KISTLER E. Einstellungen zur Arbeit und Arbeitsunfähigkeitzeiten im vereinten Deutschland (Regulations governing work and unfitness for work in a united Germany). Dusseldorf, Hans-Böckler-Stiftung, 1993.
- NIEDER P (Ed.) Fehlzeiten: ein Unternehmer- oder Arbeitnehmerproblem? ... (Absenteeism: a company or employee problem? Ways to reduce absenteeism). Bern/Stuttgart, Haupt, 1979.
- PRZYGODDA M, ARENTZ KP, QUAUST HH et al. Vorgesetztenverhalten und Fehlzeiten in Organisationen: eine Studie mit Rettungssanitätern im kommunalen Rettungsdienst (Attitudes and absenteeism in organisations: a study among workers in the community ambulance service). Zentralblatt für Arbeitsmedizin, Arbeitsschutz, Prophylaxe und Ergonomie 1991: 35(4); 179-186.
- SALOWSKY H. Fehlzeiten - eine Bilanz nach 20 Jahren Lohnfortzahlungsgesetz. (Absenteeism - a survey after 20 years of the workers' compensation act). Cologne, Deutscher Instituts-Verlag, 1991.

Ten German publications on absenteeism and disability are listed above. Two of these are in the nature of statistics (AOK-Bundesverband, 1993; Bundesverband der Betriebskrankenkassen, 1992), one is an empirical study (Przygodda et al., 1991). Five publications give reviews (Bundesanstalt, 1993; Eissing, 1991; Jaufmann et al, 1993; Nieder, 1979; Salowsky, 1991), and two describe projects to reduce absenteeism (Bundesanstalt, 1991; IGES, 1993).

The AOK-Bundesverband (1993) deals with the incidence of illnesses, the influences of gender and age, and geriatric diseases.

The Bundesverband der Betriebskrankenkassen (BKK) is the largest data base in Germany with statistics for workers, especially in large companies. The BKK report (1992), gives, after an introduction, information on the growth of absenteeism and details regarding industrial sectors, parts of the Federal Republic, age, gender, those with voluntary insurance and the period of sick-leave. There are three chapters on (a) industrial accidents, (b) hospital treatment and rehabilitation and (c) diagnoses.

Przyggoda et al. (1991) deal with absenteeism in an ambulance service. Absenteeism was found to be linked to three things, i.e. job motivation, the individual need for personal development and the style of management. The authors examined the relationship between absenteeism and the way management is given, and found that a high level of absenteeism occurred where managers had no interest in the results of the work or the needs of their workers.

The Bundesanstalt für Arbeitsschutz (1993) examines the methods ('circles') used for bringing problems of various kinds to light. The 'circle' approach is based on the belief that problems and weak spots in any organisation should be reported and corrected at the point where they arise. The report differentiates between quality, workplace and safety circles and also work stations for foreign workers and health circles. Conditions for the success of circles are (a) that the company must not cling to well-worn procedures and solutions but be open to new approaches and (b) that the solutions produced by the circles should be integrated in future management policy.

Eissing (1991) gives directions for reducing absenteeism by means of instituting a registration system which would enable a company analysis to be made of absenteeism figures. This in turn is a condition for drawing causal conclusions. The author lists possible measures and procedures to be implemented.

Jaufmann et al. (1993) report on a pilot study on the reunion of East and West Germany in conjunction with problems of job motivation and absenteeism. In the former East Germany there is more data on absenteeism than was expected. Attention is given to the importance placed on work and leisure, on the disappearance

of the right to work which the inhabitants of the former DDR enjoyed, who subsequently turned to absenteeism in both East and West.

A book by Nieder (1979) is a well-known reader, containing a collection of important articles on the subject of absenteeism. There are three parts, i.e. (i) absenteeism as an unsolved problem, (ii) the causes of absenteeism and its relationship with job dissatisfaction and (iii) for whom is absenteeism a problem? The book is somewhat dated, which is obvious from the large number of articles it contains on the idea of 'humanising' work.

Salowsky (1991) names a large number of factors which influence absenteeism. This is why absenteeism varies from 5.3% to 11.2% between one economic group to another. The author examines the costs which accompany absenteeism and objects to the law which obliges employers to continue paying wages for the first six weeks of absence.

The Bundesanstalt für Arbeitsschutz (1991) deals with the report on company health and gives an example of how a model report is implemented in one company (Euro-Metall). The chapters dealt with are the company and the workers, absenteeism in the company, the health of particular groups within the company and the company's health programme.

A report by the IGES et al. (1993) covers the evaluation of company actions to promote the health of their employees. Use is made of interviews with consultants, a survey of the workforce, an inspection of the workplace and an analysis of the absenteeism figures. The results led, *inter alia*, to the institution of working groups to suggest measures to promote health, the setting up of 'health circles', a programme of exercise and relaxation at work, courses on diet, stress management and stopping smoking. Employees who took part in this programme received a bonus from their health insurance company.

## Germany: conclusion

In Germany, a great many publications were available so that a selection had to be made. This was done on the basis of two criteria, i.e. the distribution of the publications over the various subjects and recency.

Anyone wishing to find statistics for absence due to illness or disability will be well served by the data supplied by AOK and BKK. The literature also gives the impression that in Germany there is a greater interest in methods for the prevention of absence due to illness or disability than in the more academic studies.

## 2.5 France

BITOUZE F, BREMENT F, CHEVALIER A et al. Evaluation des effets de la mutation pour raison de santé à Electricité de France - Gaz de France (An evaluation of the effects of sick leave at the French electricity and gas boards). *Archives des Maladies professionnelles de Médecine du Travail et de Sécurité sociale* 1991; 52(6); 401-408.

CHEVALIER A, LUCE D, BLANC C et al. Absence due to sickness at the French electricity and gas company. *British Journal of Industrial Medicine* 1987; 44(2); 101-110.

DODIER N. Maladie et le lieu de travail (Illness and the workplace). *Revue Française de Sociologie* 1983; 24(2); 255-271.

FOURNIER J-Y. Les absences au travail: 16 jours par an pour un ouvrier, 3,5 jours pour un cadre (Absence from work: 16 days a year for workers, 3.5 for management). *Economie et Statistique* 1989; 221; 47-53.

MINISTERE DU TRAVAIL, DE L'EMPLOI ET DE LA FORMATION PROFESSIONNELLE. Statistical Tables: work, occupation and vocational training in France. Service des Etudes et de la Statistique, Paris 1986.

IDEM. Les absences au travail en 1990 (Absenteeism in 1990). *Premieres informations* 1992; 304; 1-5.

VLASSENKO E, WILLARD JC. Absentéisme: le poids des facteurs collectifs (Absenteeism: the impact of the combined factors). *Economique et Statistique* 1984; 164.

Seven publications on absenteeism were studied: three statistical, two research, one review and one project description. The three statistical sources are Fournier (1989), the Ministry of Labour etc. (1986) and the Ministry of Labour etc. (1992); the two research publications are Chevalier et al. (1987) and Vlassenko & Willard (1984). The review is that of Dodier (1983) and a project description is given in Bitouze et al. (1991).

Fournier (1989) looks at the statistics on absenteeism and in this context examines the causes of absenteeism. Apart from maternity leave, women are absent only marginally more than men. Manual workers are absent five times as often as management but the total length of absence does not differ greatly. The length of absence declines in the following order: accidents at work, illnesses, personal reasons.

The French Ministry of Labour, Employment and Vocational Training (1986) offers a variety of statistical data including those on labour, the labour market and absenteeism. The same Ministry (1992) reviews absenteeism over a number of years, showing that absenteeism in 1990 was again at the level of the seventies (approx. 5.3%). It also shows links between the level of absenteeism and the level of the job, and for illnesses and accidents.

Chevalier et al. (1987) followed the patterns of sick leave of workers in the French energy industry. Absenteeism is described in accordance with the characteristics of the individual and the job. The chief influences on absenteeism were found to be: gender, type of work and level of salary. Absenteeism on the part of female workers could not be properly explained. The main causes of absence were also diseases of the respiratory system, accidents, disorders of the motor system and psychological disorders. The length of absence was found to increase with the seriousness of the ailment and the age of the worker.

Vlassenko & Willard (1984) give figures and links including for absenteeism, gender, age and level of education.

Dodier (1983) deals with the sociological aspects of occupational diseases in France. He examines the relationships between the attitudes of managers and workers towards their colleagues/workmates, absence due to illness and the status of the employee within the organisation. Dodier also considers the possible role of sick-leave in the occurrence of disputes at work.

Bitouze et al. (1991) describe a system operated by the French energy authority (Gaz/Electricité de France) for tracing and reintegrating employees with health problems. The effects of this were evaluated by means of a questionnaire for employees and their absenteeism statistics. They found that the employees were in favour of the operation of a monitoring system; this was confirmed by a lower level of absenteeism.

In addition, according to verbal information received from the Ministry of Labour, Employment and Vocational Education (1994), the French government has no active policy aimed at encouraging companies to take action to reduce absenteeism and disability.

#### **France: conclusion**

One limitation in two of the research publications is that they are both about the same organisation (Bitouze et al., 1991 and Chevalier, 1987, on the Gaz/Electricité de France). In this connection it should be noted that according to verbal information French government policy is not directed towards campaigns within companies for the reduction of absenteeism. The French literature, however, provides a broad impression of the situation in regard to absenteeism in France.

## **2.6 Greece**

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| No publications on the subject of absenteeism were found in Greece in the main bibliographical sources. An additional problem was that a Greek expert could not be traced. Probably both aspects are a reflection of a limited attention for absenteeism in Greece. |
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## 2.7 United Kingdom

- AUDIT COMMISSION. Managing sickness absence in London. London, Her Majesty's Stationery Office, 1990
- BALCOMBE J, REARDON-SMITH S. A study on absence rates and control policies. London, The Industrial Society, 1987 (new series; 8).
- BALCOMBE J, STRANGE N, TATE G. Wish you were here: how UK and Japanese-owned organisations manage attendance. London, The Industrial Society, 1993.
- CONFEDERATION OF BRITISH INDUSTRY. Managing for attendance. London, CBI, 1989.
- CONFEDERATION OF BRITISH INDUSTRY/PERCOM. Too much time out? Percom survey on absence from work. London, cbi. 1993.
- EDWARDS P, WHITSTON C. Attending to work; the management of attendance and shopfloor order. Oxford, Basil Blackwell, 1993.
- HEALTH AND SAFETY COMMISSION. Annual report 1992/1993. Sudbury, HSE Books, 1993.
- HUCZYNSKI AA, FITZPATRICK MJ. Managing employee absence for a competitive edge. London, Pitman Publishing, 1989.
- INCOMES DATA SERVICES LTD. Controlling absence. London, Incomes Data Services, 1992 (IDS Study 498).
- SARGENT A. The missing workforce; managing absenteeism. London, Institute of Personnel Management, 1989.
- WATTS DAVIES R. Absenteeism. London, The Industrial Society, 1989 (Notes for Managers Series).

The British literature on absenteeism is represented by eleven publications. One of these is of a statistical nature (Health and Safety Commission, 1993), there are five research reports (Audit Commission, 1990; Balcombe & Reardon-Smith, 1987; Balcombe et al. 1993; CBI/PERCOM, 1993 and Edwards & Whitston, 1993). There are also four reviews (CBI, 1989; Huczynski & Fitzpatrick, 1989; Sargent, 1989; Watts Davies, 1989) and one publication deals with projects to reduce absenteeism (Incomes Data Service, 1992). Projects to reduce absenteeism are also dealt with in the report by Balcombe et al. (1993).

The Health and Safety Commission (1993) concentrates upon safety as a determinant of absence. It gives information regarding general risks and risks which are specific to industrial sectors. It also reports on the progress which has been made in the area of safety.

The Audit Commission (1990) gives figures for absenteeism in local authority bodies in London and recommendations for monitoring and controlling absenteeism.

A report by Balcombe & Reardon-Smith (1987) is concerned with a survey of over 300 organisations and gives detailed information on absence levels, the aims of absence management, absence monitoring, interviews with employees and bonuses for good attendance.

Balcombe et al. (1993) carried out a survey of approx. 600 organisations and made a comparison of British and Japanese companies in the United Kingdom. The research is a repetition of a survey carried out by Balcombe & Reardon-Smith in 1987. The report gives detailed absenteeism statistics distributed by industrial sector, company size and location in the UK. It considers the subjects of monitoring and controlling absenteeism, sanctions for absenteeism, the role of the company health service and the influence of the economic recession, as well as describing the cases.

A report by the Confederation of British Industry/Percom (1993) gives an account of a survey of approx. 300 companies. It examines the level of absenteeism, causes and costs of absenteeism, absence management, factors which reduce it, level of sickness benefits and keeping records of absences.

Edwards & Whitston (1993) address themselves to the question of how absence from work can be controlled. They base their results on practice combined with literature on the management of absence. Their conclusions lie in three areas, i.e. the relationship between employee attitudes and their behaviour, the influence of norms in employee groups and the importance of the work ethos. The links were found to be weak; even the work ethos was not very strong. In addition, there were not many indications that policies to reduce absenteeism had much effect. A policy of this kind was more effective in helping management to act consistently and letting employees know who is boss. The absenteeism figures were less important than the general conviction within the organisation that management had absenteeism under control. In regard to taking action to reduce it, Edwards & Whitston state that urging self-discipline on workers has little effect, and that the usual sanctions (which have become more stringent in recent years) work better. The authors feel that if

management shows itself more disciplined, this will affect attitudes on the shopfloor at the same time.

The Confederation of British Industry (1989) provides guidelines for absence management, or rather the other side of the coin, i.e. attendance management. It deals with types of absence, monitoring and influencing absence, causes, training and health promotion at work.

Huczynski & Fitzpatrick (1989) give a list of the causes of absence on sick-leave. The authors discuss methods for the management of absence. They provide a model of absence management and illustrate this by applying it to an organisation.

Sargent (1989) gives a short, practical set of guidelines for managers. He outlines the problem of absenteeism, the role of line management and the personnel department, the role which the unions can play and makes recommendations on the subject of training. Cases are cited by way of illustration.

Finally a booklet by Watts-Davies (1989) contains advice for first-line managers on how to control absenteeism.

Income Data Services Ltd. (1992) provided a report on six case studies. On this basis, they examined what the organisation managers had attempted to do in order to promote a better attendance of workers on the shopfloor.

### **United Kingdom: conclusion**

Many publications were found on the subject of absence due to sickness or disability in the United Kingdom. In order to limit the selection, two criteria were used, i.e. (i) the coverage given the subjects and (ii) recency. The literature on the British situation was well organised both as regards statistics, random surveys of companies and as regards ideas and practical recommendations. The reader is left with a good impression of the amount of attention paid to absence due to sickness or disability in the United Kingdom.

## 2.8 Ireland

BLANNERHASSET E, GORMAN P. Absenteeism in the public service. Dublin, Institute of Public Administration, 1986.

BYRNE C. Ireland's missing workforce: a report on absenteeism in Ireland in 1992. Dublin, Irish Business and Employers Confederation, 1993.

HUGHES G. Social insurance and absence from work in Ireland. Dublin, Economic and Social Research Institute, 1982.

HUGHES G. Disability benefit reform: rationalisation or subsidisation. Dublin, Economic and Social Research Institute, 1988.

IRISH BUSINESS AND EMPLOYERS CONFEDERATION. Ireland's missing workforce; a report on absenteeism in Ireland in 1992. Dublin, IBEC, 1993.

O'KELLY KP. Attendance at work: a review of the problem. Industrial Relations New Report 1988: 14; 14-17.

In Ireland a total of six publications were available on the subject of absenteeism. No sources of purely statistical information were found. Three publications give research contexts, i.e. Blennerhasset & Gorman (1986), Byrne (1993) and IBEC (1993). Three other publications are more in the nature of reviews, i.e. O'Kelly (1988) and Hughes (1982 and 1988).

Blennerhasset & Gorman (1986) studied absence due to illness, measures to reduce absenteeism and the policies of a number of state bodies on the subject of absenteeism.

The Irish Business and Employers Confederation (IBEC, 1993) carried out a survey based on figures from hundreds of companies of absenteeism in Ireland, which is approx. 4.5%. IBEC indicates the main factors which are linked to absenteeism, including the size of the organisation, type of work, communications between management and workforce and the attention paid by the company to absence on sick-leave.

Byrne (1993) deals with the above-mentioned research done by IBEC (1992) in Irish companies; the basis for the study was a monthly questionnaire which was distributed during 1992. Apart from statistics (the employee is absent on average twice or three times a year, taking an average of 11 days off), it lists factors which are linked to

absenteeism. Factors which, certainly when combined, encourage absenteeism, are: large organisations with a great deal of manual work; organisations where the work is routine and morale is low, where communications between management and workforce which are not frank and businesslike and organisations where top management take no interest in absenteeism, do not monitor it, do not count its cost, where the measures taken to combat it consist of disciplinary measures only and where there is no feeling of a corporate effort for the good of the company.

O'Kelly (1989) gives a review of absenteeism which at that time began to be an acknowledged problem in Ireland. The author indicates that there are different definitions of absenteeism and of unacceptably high absenteeism. The main causes of absenteeism according to O'Kelly are job dissatisfaction, lack of interest in the job, attitudes of management to absenteeism (indicating clearly the limits of acceptable absence from work and a positive attitude to controlling absenteeism), financial factors (the amount of net wages and the balance between wages and sickness benefit) and the health of the employee. He recommends a policy to combat absenteeism which would have the support of both the employer and the employee representatives.

Hughes (1982) deals with social security, health insurance and absence on sick-leave in Ireland. He outlines the changes since 1954 in sickness and disability benefits, examines the costs of absence on sick-leave and the government's policy aimed at reducing absenteeism. The author also compares absenteeism in Ireland with that in other European countries.

Hughes (1988) gives a review of sickness and disability benefits. He reviews absenteeism in the conjunction with the views on this subject of employers, employees and the government.

### **Ireland: conclusion**

The subjects dealt with are the levels of, changes in, and cost of absence on sick-leave and permanent disability. The publications also review the causes of absenteeism and disability and, in conjunction with these, the policies and measures introduced and the

views of employees, employers and the government on the subject of absenteeism. A comparison with the IBEC list showed that the publications found include most of the major works available on the Irish situation.

## 2.9 Italy

BELLINI P, CAMPOSTRINI S. Morbidity indicators from labour force surveys. Bulletin of ISI, 49th Session. Florence, 1993A.  
 BELLINI P, CAMPOSTRINI S, MOCCI M. Indicatori di morbosita e stato di salute ottenibili dalla RTFL. Rome, Dipartimento di Scienze Statistiche, 1993B.  
 CARMIGIANI F. Assenteismo e presenteismo nell'industria Italiana. Milan, F. Angeli, 1984.  
 CONFINDUSTRIA. Rassegne di statistiche del lavoro, vol. 3 (July-September 1993).  
 INAIL. Statistiche per la prevenzione, Vol.1: Infortuni sul lavoro nell'industria e nell'artigianato. INAIL, 1990A.  
 INAIL. Statistiche per la prevenzione, Vol.4: Infortuni sul lavoro nell'agricoltura. INAIL, 1990B.  
 ISTAT. Statistiche sui trattamenti pensionistici el 31.12.1991. ISTAT Collezione d'..., 1993: 14.

The Italian literature on absence due to sickness or disability is represented by seven publications. Four of these are statistical sources (Confindustria, 1993; Inail, 1990A, 1990B and ISTAT, 1993.) Three publications are concerned with methodology and research (Bellini et al., 1993A and B and Carmigiani 1984).

In Italian industry, absence due to sickness rose from 7.4% in 1988 to 8.8% in 1990 (Confindustria, 1993). If we confine ourselves to 1990, considerable differences will be found between sectors of the economy, size of companies and to some extent between different parts of the country. As far as the economic sectors are concerned, the percentages for absenteeism vary widely, i.e. from 5.1% in the timber processing industry to 10.3% in the textile and clothing industry. The size of the company also has something to do with absenteeism. The larger the company, the higher the percentage absenteeism. This goes from 6.9% in companies employing less than 50 workers to 10.3% in those with over 500. The part of the country has much less influence. The lowest percentages are found in central Italy (7.9%) and southern Italy and the islands (7.9%), higher in the north-west and north-east of Italy (8.7% and 9.2% respectively). The causes of absenteeism (total 8.8%) are as follows:

occupational diseases and accidents 0.7%, non-occupational diseases 4.3%, parenting leave 0.1%, maternity leave 0.9%, special leave 1.0%, unmotivated absence 0.04%, military service 0.5% and strikes 1.2%.

In Italian trade and industry a total of 664,366 accidents took place in 1988. These are broken down according to gravity as follows: fatal 0.2%, permanent injury 3.3% and less serious 96.5%. (INAIL, 1990A). In Italian agriculture there were altogether 219,086 accidents. Of these, 0.2% were fatal, 5.9% resulted in permanent injury (at least 11% in unfitness for work) and the remaining 93.9% had no permanent effects. (INAIL, 1990B).

In Italy a distinction is made between pensions for disability and old age (Pensioni di invalidità, di vecchiaia e anzianità e ai superstiti, IVS) and those for occupational diseases or accidents (Pensioni indennitarie). In 1991 there were 15,844,000 people in receipt of disability/old age pensions (IVS) and 2,066,000 recipients of disability pensions in respect of occupational diseases or accidents at work. At that date the working population numbered 21,592,000 (ISTAT, 1993).

Bellini et al. (1993A, 1993B) deal with the sickness indicators based on surveys carried out among employees. They constructed indicators of ill-health on the basis of data which was generally available (labour force surveys) at regional and national level. Carmigiani (1984) gives a review of the results of sociological research in respect of absence due to illness in Italy.

Only the titles of the three last-named sources were found. The publications themselves were unavailable so that there is little of substance which can be reported in respect to them.

### **Italy: conclusion**

The situation in Italy with regard to absence due to illness or disability is fully detailed in the statistical information. The other types of publication (empiric research, reviews or company project reports) are unfortunately less conspicuous. Exceptions to this are

the articles by Bellini et al. (1993A and 1993B) and the study made by Carmigiani (1984). From information received from one of our contacts it appears that in Italy interest in the subject of absenteeism has flagged in recent years, which explains the small number of research publications.

## 2.10 Luxembourg

ASSOCIATION D'ASSURANCE CONTRE LES ACCIDENTS. Industrial section; 1992 report. Luxembourg, Imprimerie St-Paul, 1993.  
 ETABLISSEMENT D'ASSURANCE CONTRE LA VIEILLESSE ET L'INVALIDITE LUXEMBOURG. 1992 report. Luxembourg, Imprimerie St-Paul, 1993  
 MINISTERE DE LA SECURITE SOCIALE. Aperçu sur la législation de la sécurité sociale au Grand-Duché de Luxembourg (Review of social security legislation in the Grand Duchy of Luxembourg), Ministère de la Sécurité Sociale, Inspection Générale de la Sécurité Sociale, 1993A.  
 MINISTERE DE LA SECURITE SOCIALE. Rapport général sur la sécurité sociale au Grand-Duché de Luxembourg (General report on social security in the Grand Duchy of Luxembourg), Ministère de la Sécurité Sociale, Inspection Générale de la Sécurité Sociale, 1993B.

Four publications were available on the situation in Luxembourg in respect of disability and sick-leave, all four providing statistical data. The Association d'Assurance contre les Accidents (1993) gives figures for accident insurance, the Etablissement d'Assurance contre la Vieillesse et l'Invalidité Luxembourg (1993) gives these for various pension schemes. The situation regarding absence and disability in Luxembourg is also described in two publications, i.e. those of the Ministry of Social Security (1993B and 1993A). The first of these two sources gives statistical information and the second is concerned with the relevant legislation.

The Association d'Assurance contre les Accidents (1993) shows the various shifts which have taken place in the statistics. Since 1960 the number of employer-members has increased by 20%, while the income on which these premiums are based has increased twentyfold. In relation to the latter, account must be taken of the fact that the cost of living has risen by a factor of 3.8 since 1960. The number of accidents at work fell slightly from 21,511 in 1960 to 18,977 in 1992. Against this, the number of accidents occurring between home and work rose from 1,422 to 3,381 during the same

period. The number of occupational illnesses in this period showed a rise from 48 to 160. The number of accidents and occupational illnesses fell by almost one-third

between 1960 and 1983 but then rose again until in 1992 it had practically reached the 1960 level once more.

The Etablissement d'Assurance contre la Vieillesse et l'Invalidité Luxembourg (1993) showed that the number of those insured had doubled since 1960. While the numbers insured in agriculture declined (from over 10,000 to just 4,600), the numbers of blue- and white-collar workers, and the self-employed insured had continued to increase. The number of disability pensions rose from over 14,000 in 1984 to over 17,000 in 1992, with the group of those over 50 being naturally the largest.

The Luxembourg Ministry of Social Security (1993A) gives a review of the social security legislation in the Grand Duchy which has already taken into account the changes in health insurance which came into force on 1 January 1994. Following an introduction on the background and history of social legislation the subjects dealt with include the circle of those insured, care provided in case of illness, maternity, accidents at work, occupational illnesses and disability insurance. Finally, the funding and organisation of social security are discussed and related to international social security law. A review of the legislation enacted since 1 January 1992 is appended.

The Ministry of Social Security (1993B) provides figures showing the growth of social security which in some cases (see old age pensions) goes back as far as 1912. The cost of health insurance rose from 1970 to 1992 from 2.6% to 5.9% of the gross national product. The cost of accident and occupational disease insurance fell slightly during the same period, from 1.0% to 0.8%, but the proportion for disability rose from 1.7% to 2.8% of GNP. With regard to sick-leave and age in Luxembourg the general rule also applies, i.e. that the average length per case increases with increasing age (from 7 days for those under 20 to 19.4 days for the group of those over 60 years), whereby short absences are by far the majority (67% of all cases lasted less than six days).

### Luxembourg: conclusion

The information on the situation in Luxembourg is rather one-sided in two respects: these are all official publications and they deal only with the official regulations and statistics. What these publications contain in this respect is detailed and sound, but research publications and project reports are lacking. The picture of absence due to disability and illness in Luxembourg therefore remains abstract and unrelated to practice within companies.

### 2.11 The Netherlands

GRÜNDEMANN RWM, LOURIJSEN ECMP, VAAS S et al. Verbetering van de kwaliteit van de arbeid en de gezondheid bij de rijksoverheid (Improving job quality and health in the public service). The Hague, Ministerie van Binnenlandse Zaken, 1993.

GRÜNDEMANN RWM, NIJBOER ID, SCHELLART AJM. Arbeidsgebondenheid van WAO-intrede; een beschrijving van de opzet van een onderzoek en van enige resultaten ervan (Work-related aspect of a disability pension; a plan of research and some of the results). T. Verzekeringsgeneeskunde 1992: 30(2); 40-45.

HAMERS P, KAMPHUIS P, POPPEL J van. Relationship between occupational health care and absenteeism. Occupational Medicine 1992: 42(4); 188-192.

HEEMSKERK FPM, KLEIN HESSELINK DJ, KRUIDENIER HJ et al. Aanpak ziekteverzuim; beter inzicht in wetgeving, registratie, kosten en achtergronden van verzuim (An approach to sick-leave; a better understanding of the legislation, recording, cost and background relating to absence from work). Amsterdam, Nederlands Instituut voor Arbeidsomstandigheden (NIA), Amsterdam, 1993.

KLEIN HESSELINK DJ, KRUIDENIER HJ, VEERMAN TJ et al. Afwezigheid verklaard; literatuurstudie naar determinanten van ziekteverzuim en arbeidsongeschiktheid (Absence explained; a study of the literature for determinants of absence due to illness and disability). NIA, Amsterdam, 1993.

NEDERLANDS INSTITUUT VOOR PRAEVENTIEVE GEZONDHEIDSZORG TNO. Het ziekteverzuim in 1992; verkort jaaroverzicht NIPG-TNO verzuimstatistiek (Absence due to illness in 1992; NIPG-TNO condensed annual report of absence statistics). Leiden, NIPG TNO, 1993.

SMULDERS PGW, BLOEMHOFF A. De invloed van de economie op het ziekteverzuim en de arbeidsongeschiktheid in verleden en toekomst (The influence of the economy on absence due to illness and disability in the past and in the future). T. Arbeidsvraagstukken 1993: 9, 275-283.

SMULDERS PGW, VEERMAN TJ. Handboek ziekteverzuim; gids voor de bedrijfspraktijk (Absence on sick-leave; a handbook for the company practice). The Hague, Delwel, 1991.

SOCIALE VERZEKERINGSRAAD. Kroniek van de sociale verzekeringen; wetgeving en volumeontwikkeling in historisch perspectief (The story of social insurance; legislation and volume growths in historical perspective). Zoetermeer, SVr. 1993.

There is a variety of publications on the situation in the Netherlands. The TNO Institute for Preventive Health Care (1993) and the Social Insurance Council (1993) provide statistics. Hamers et al. (1992), Smulders & Bloemhoff (1993) and

Gründemann et al. (1992) have published results of empirical research and Klein Hesselink et al. (1993) carried out a study of the literature on absenteeism. Heemskerk et al. (1993) and Smulders & Veerman (1991) offer practical guides and Gründemann et al. (1993) describe actions to combat absenteeism in public service.

The absence statistics from the TNO Institute for Preventive Health Care (1993) show that, from a peak in 1978-1979, a fall in absenteeism has taken place. The percentage fell between that date and 1993 from 9.7% (males) and 12.0% (females) to 5.2% and 5.6% respectively.

The Social Insurance Council (1993) has also published an overview of the quantitative changes in social insurance since 1952. The numbers reporting sick have risen since that date from 1.5 million to over 7 million in 1991 and the number of benefit years from 39,100 to 293,500. The number of current benefits for disability rose from 163,500 in 1968 to 903,300 in 1991, involving sums of NLG 1,3 billion and NLG 19,2 billion respectively. The breakdowns according to age, gender and type of company, for example, are too detailed to be quoted here.

Hamers et al. (1992) studied absenteeism in 333 schools in order to measure the effect of the presence or absence of a medical officer. It was naturally expected that this medical care would cause a fall in absenteeism. But this expectation was not realised, for the group with medical care had at first less absentees than the group without it, but finished up with a higher percentage, as well as which the frequency of absences did not show clearly the difference anticipated.

Smulders & Bloemhoff (1993) established that there was a strong link between the economic situation and the level of absence due to illness or disability. They established that rises and falls in absenteeism preceded (and were therefore not the result of) rises and falls in the numbers of company failures. In theory, this can forecast the economic change anticipated, given the current level of absenteeism.

Gründemann et al. (1992) carried out a large-scale study - among a sample of 15.000 disabled persons - on the work-related factor in being registered as disabled. They distinguished between causal and conditional relationships (in the case of the latter an employee may as a result of a disorder become unable to satisfy the demands of the job). The authors established that there was a causal relationship in 30.3%, a conditional relationship in 10.7% and in 24.7% of cases both a causal and conditional relationship between work and disability. In the remaining cases (one third of all) there was no connection between the job and the incapacity of work.

Klein Hesselink et al. (1993) carried out a study of the literature on the determinants of absence due to illness or disability. One individual characteristic was found to have a definite connection, i.e. age. The older the person the more absence and disability occurred; the other individual characteristics had no clear or direct relationship with these. Of the personal characteristics, health was found to be the main direct link with absenteeism; lifestyles and medication usage were linked with short absences, personality traits had an effect on absences (especially short ones) and on a preference for a work-free existence. Of the staff characteristics, the travelling time between home and work had the effect of increasing absence frequency; other staff characteristics (status, length of service, hours worked, whether permanent or not and person-environment fit) had something to do with absenteeism but not directly. An indication was also given of the connection between absenteeism and the type of company, implementation of social insurance and social factors in the health care service.

Heemskerk et al. (1993) compiled a practical handbook for any company wishing to combat absenteeism. The handbook is constructed around a management cycle in which seven steps are outlined: striving for a consensus on the principle of absence management, monitoring absenteeism, establishing standards and company targets, evaluating the policy pursued, formulating guidelines for absence management and the implementation of measures.

Another practical handbook, but with more theoretical depth, is the Handbook on Absenteeism (Smulders & Veerman, 1991). In ten chapters, it explains the nature of absenteeism and the implementation of absence management. Following the introduction, definitions and statistics on absenteeism, theories of absenteeism, together with the main factors, are examined. Next, it deals with absence management in the company, monitoring absenteeism, the role of the various people concerned, research into absenteeism and measures and projects for dealing with it.

Gründemann et al. (1993) gives examples of actions taken by the Netherlands government to reduce absenteeism in the public service. The demonstration projects took place in a prison, in a directorate at the Ministry of Social Affairs and Employment and in the salary and personnel department of the Ministry of Agriculture, Environmental Protection and Fisheries. Measures were taken directed at the improvement of working conditions, the removal of health risks and the development of an absence policy. All these projects stem from a policy aimed at preventing absenteeism and getting those on disability back to work.

### **The Netherlands: conclusion**

From the Netherlands literature on absenteeism, a selection was made of the most important and most recent publications representing the various subjects (statistics, research, reviews and anti-absenteeism campaigns by organisations). In this respect, the Dutch literature has both scientific and practical sides. The figures show a decline in absenteeism but increasing costs of disability. The studies carried out indicate a search for ways of getting to grips with absenteeism and in this connection there are also publications containing practical advice and projects for reducing absenteeism.

## 2.12 Portugal

FARIA, M, SILVA SANTOS C. Some statistical data of interest in occupational health. Paço de Arcos, SO-Intervenção em Saúde Pública, 1993.

GRAÇA L. Absentismo e outros indicadores, de acordo com o balanço social das empresas Portuguesas (1990). Lisbon, Escola Nacional de Saúde Pública, Cadeira de Ciências Sociais e Humanas, 1993 (draft).

GRAÇA L, FARIA M, SOUSA UVA A. Study on employee absenteeism in the European Union, section 1: Reports and studies on employee absenteeism. Lisbon, Escola Nacional de Saúde Pública, 1994A.

GRAÇA L, FARIA M, SOUSA UVA A. Study on employee absenteeism in the European Union, section 2: Available statistical data. Lisbon, Escola Nacional de Saúde Pública, 1994B.

GRAÇA L, SOUSA UVA A, MENDES C, SILVA R, MONTEIRO R. Study on employee absenteeism in the European Union, section 3: Workplace initiatives to address employee absenteeism. Lisbon, Escola Nacional de Saúde Pública, 1994C.

GRAÇA L, FARIA M, SOUSA UVA A. Study on employee absenteeism in the European Union, section 4: National regulations. Lisbon, Escola Nacional de Saúde Pública, 1994D.

Six publications on the situation in Portugal were available, well distributed over the various subjects. There are two statistical sources (Faria & Silva Santos, 1993, and Graça et al., 1994B), one research report (Graça, 1993), two reviews (Graça et al., 1994A, and Graça et al., 1994D) and one describing projects (Graça et al., 1994C).

Faria & Silva Santos (1993) give no figures for absenteeism, only statistics for occupational health in Portugal. With regard to absolute figures for accidents, the two leaders were found to be the processing and construction industries. The number of accidents per year is the lowest in the service industries and other sectors. Between 1973 and 1988 the number of disability pensions awarded for occupational diseases quadrupled.

Graça et al. (1994A) gave a list of 17 publications on absenteeism in Portugal, but drew no conclusions from the available literature. Graça et al. (1994B) contained statistical data on accidents 1986-1991 and disability pensions 1990 and 1991, broken down according to injury and gender. The authors, however, drew no conclusions from the data collected. Graça et al. (1994D) described the Portuguese regulations governing absenteeism.

Graça et al. (1994C) described four initiatives to combat absenteeism: in a transport company, a local authority, a mine and a motor factory.

- The transport company offered an integrated health service. Absenteeism was analysed in order to discover the causes. The programme led to a substantial reduction in absenteeism in the company between 1986 and 1992.
- The local authority systematically analysed cases of long-term absence due to illness or accidents and offered a rehabilitation programme at work. The occupational health team followed the trends in absenteeism. They also had programmes of vaccinations and to reduce back pain, and committees to monitor employee health.
- The mining company concentrated on the causes of absenteeism; for this purpose the health and safety departments were integrated. Employees are subject to a medical examination on recruitment and anyone on protracted sick-leave is also examined medically. In addition, there is a vaccination programme, health and safety committees are appointed, work teams receive productivity bonuses and all employees receive training in health and safety. Finally, the company ensures good working and living conditions, including good pay.
- The motor factory has a six-point programme: ergonomic design of the work station, working units of 20 people with a foreman, forms of worker participation (suggestion box, training, work discussions, health and safety committee etc.), a multidisciplinary medical team, health insurance covering 90% of the costs and an individual bonus which depends on the company's annual results and the absences on sick-leave of the employee.

**Portugal: conclusion**

Each subject was found to be well represented in the Portuguese publications available. The material is nevertheless onesided in that the majority of the publications originated with Graça and his colleagues. In order to overcome this bias, additional Portuguese publications from different sources should be tapped.

### 2.13 Spain

AJUNTAMENT DE BARCELONA. Salud y ambiente de trabajo en Barcelona, 1992. Barcelona, Ajuntament de Barcelona, Area de Salut Pública, 1993.

ALCAZAR-SOLER J, MALDONADO-PEREZ-CASTEJON, MARTINES-MONTIEL MD et al. Absentismo laboral. *Medicina y Seguridad del Trabajo* 1992; 39(158); 46-62.

BENAVIDES FG, ARANAZ J, BOLUMAR F et al. Transitory labour incapacity, more than simply a health problem. *Rev. San. Hig. Púb.* 1990; 64; 749-757.

CARASOUER P, TORNIS T. Absenteeism in the hotel service staff of the Parc Tauli Consortium in Sabadell. Barcelona, Universitat Autònoma de Barcelona, Department of Sociology, 1992 (Working Paper 2, 1992).

ECHENAGUSIA VM, AURRECOECHEA JJ. Analisis del absentismo por enfermedad en una siderurgia integral. *Prevencion* 1991; 116; 42-46.

ESCRIBÁ V, PEREZ-HOYOS S, BOLUMAR F. Absenteeism of the nursing staff in Valencia hospitals. *Gac. Sanit.* 1992; 6; 239-244.

GARCÍA OLMOS L, ALONSO SALAZAR MT, PÉREZ DE LUCAS N et al. Analysis of sickness absence in a service enterprise; a proposal for coordination between occupational health services and primary health care professionals. *Rev. San. Hig. Púb.* 1990; 64; 785-794.

INSTITUTO NACIONAL DE ESTADISTICA. Tiempo de trabajo en España. Madrid, 1992.

MIRA JJ, VITALLER J, BUIL JA et al. Absenteeism as a symptom of occupational ill-health and its repercussions on quality assurance. *Quality Assurance in Health Care* 1992; 4(4); 273-287.

UNION GENERAL DE TRABAJADORES DE ESPAÑA. Incidencia de las drogo dependencias en el medio laboral. Madrid, 1992.

Ten sources were available on the subject of absenteeism in Spain, two statistical and eight in the nature of research. Instituto Nacional de Estadística (1992) and Union General de Trabajadores en España (1992) belong to the first group; the remainder in the second. Ajuntament de Barcelona (1993) also contains a project description.

The Instituto Nacional de Estadística (1992) gives current figures for labour, absence due to illness and labour costs, but the publication itself was not available.

The Spanish trades union, Union General de Trabajadores (1992) gives a review of the effects of addictions (drugs and alcohol) on behaviour at work and the consequences in terms of accidents, sick-leave and possible dismissal.

Echenagusia & Aurrecoechea (1991) found that young workers in particular were often absent, but that the longest periods of absence occurred in the case of employees over 50 years of age and those who had been under long-term medical treatment. Women were found to be absent often than men but this was partly explained by absences on maternity leave. The authors found no link between absenteeism and shiftwork.

Benavides et al. (1990) examined the effect of whether or not people were in permanent employment on absenteeism. They studied absence frequencies (calculated as incidence rates) in a medium-sized hospital (641 employees). The permanent staff exhibited three times the level of absenteeism of those in temporary employment. This difference was not found to depend on sex or occupational group (medical or non-medical) but on age. Among the group under 34 years of age the ratio of absenteeism of the permanent and temporary staff was 2:1, whereas in the older group this was over 8:1.

The following three publications are also concerned with absenteeism in a hospital. Carrasouer & Torns (1992) followed absences on sick-leave over a one-year period in the domestic service (hotel service staff) of a hospital. There were 233 employees in all, 93% of whom were women. The greatest absenteeism, measured as a percentage, was found to occur among the permanent employees with more than ten years' service and among employees over 55 years of age.

Escribá et al. (1992) carried out a cross-sectional research on one date on a random sample of the staff of seventeen hospitals in Valencian district. They studied the relationship between absenteeism and demographic factors, work planning and the health of workers. The last was established by means of a questionnaire. No differences were found between male and female employees as far as absenteeism was concerned. There was, however, a link between absenteeism and health, since women who had health problems were absent eleven times more than their female workmates who had no such problems, and in the case of the men the ratio was almost 4:1.

Mirá et al. (1992) described absenteeism among the hospital staff in the province of Alicante during the period from 1988-1990. Both the frequency and the average length of absence were calculated.

Garcia Olmos et al. (1990) examined the influence of the employees' characteristics and of the working environment on absenteeism in a private service industry. The clerical staff were found to be absent twice as much as the manual workers (52 and 28

days respectively). No connection was found between absenteeism and age, length of service or number of children.

Alcazar-Soler et al. (1992) established that in about 5% of absence cases the cause was not illness or an accident and that everyday ailments (chiefly colds) and accidents at work were the cause of about 50% of the absences. They also showed that the group most affected was that aged between 19 and 25 years.

A report from the city authority of Barcelona (Ajuntament de Barcelona, 1993) indicated changes in the nature of work and in the working population. These have meant fewer physical dangers but more combined exposures at a lower level and more psychosocial stress. At the same time there are fewer classical occupational diseases and more aspecific diseases. These changes necessitate a different method for monitoring health. More attention should be paid to occupational diseases, accidents, the health of the unskilled and increased risks to women (smoking, alcohol and overweight).

### **Spain: conclusion**

Statistics for absenteeism in Spain exist but could not be consulted in the time available. There were a good many research publications on the Spanish situation, even though it was found that most of these related to working conditions in hospitals and therefore gave a rather onesided picture. As an example of good practice, the report of the Barcelona local authority could be cited. It is apparent that the municipality takes the health of its employees seriously. No examples of action to reduce absenteeism in private businesses were found, which does not, of course, mean that such examples do not exist.

## 2.14 International, country-to-country comparisons

COMMISSION OF THE EUROPEAN COMMUNITIES. Comparative tables of the social security schemes in the Member States of the European Communities; situation at 1 July 1988, general scheme (employees in industry and commerce). Luxembourg, Commission of the European Communities, 1989.

EUROSTAT. Disabled persons; statistical data, vol. I: D, GR, F, L, NL, P. Luxembourg, Eurostat, 1991.

EUROSTAT. Disabled persons; statistical data, vol. II: B, DK, E, IRL, I, UK. Luxembourg, Eurostat, 1992A.

EUROSTAT. Labour force Survey, results 1990. Luxembourg, Eurostat, 1992B.

PIETERS DCHM, SCHELL JLM. Inleiding tot het sociale zekerheidsrecht van de landen van de Europese Gemeenschap (Introduction to the social security schemes of the member states of the European Community). The Hague, Ministry of Social Affairs and Employment, 1990 (COSZ Series, 21).

PRINS R. Sickness absence in Belgium, Germany (FR) and the Netherlands, Amsterdam, NIA, 1990 (Univ. of Limburg thesis).

PRINS R, VEERMAN TJ, ANDRIESSEN S. Work incapacity in a cross-national perspective; a pilot study on arrangements and data in six countries. The Hague, Ministry of Social Affairs and Employment, 1992.

SMULDERS PGW. Balans van 30 jaar ziekteverzuimonderzoek; de resultaten van 318 studies samengevat (Results of 30 years research into absence due to illness; a review of 318 studies). Leiden, Netherlands Institute of Preventive Medicine TNO, 1984.

US DEPARTMENT OF HEALTH AND HUMAN SERVICES. Social security programs throughout the world, 1989. Washington DC. US Dept. of Health and Human Services, 1990.

Nine publications deal with the international situation. Eurostat (1991, 1992A and 1992B) provides statistical data on the numbers of disabled persons and the working population respectively; the Commission of the European Communities (1989), Pieters & Schell (1990) and the US Department of Health and Human Services (1990) give summaries of the regulations on social security, in particular relating to illness and disability. Prins et al. (1992) examined to what extent the regulations and figures in six European countries could be compared. Prins (1990) is a comparative research of three countries and Smulders (1984) gives a review of the research literature.

Eurostat (1991 and 1992A) gives definitions and numbers of those unfit for work in the EU countries. It is clear that there are great differences between the definitions and hence between the figures and percentages for the disabled (see also Chapter 3).

Eurostat (1992B) gives the results of surveys in the twelve members states of the EU. The figures are based on random samples of the population. It is impossible to summarise the results of the report here. These are to be found in 84 tables which are

included in chapters on the population and working population, employment, working hours and unemployment and the labour market. The headings are further subdivided according to age, gender, marital status, nationality and economic sector. The main information is presented in Chapter 3.

The Commission of the European Communities (1989) provides a review of social security in the member states of the European Union. In addition to an indication of the organisation and funding of social security, all types of social insurance are discussed. Of these, only those against loss of income due to illness, disability, occupational diseases and accidents are of interest to us here. The health insurance against loss of income in case of illness is dealt with under the headings of legislation, membership, upper income limit for members, waiting period, level and duration of benefit. In the case of the disability schemes a review is given of the legislation, risks covered, groups of employees insured, minimum period of membership as a condition for benefit, minimum percentage disability, level of disability pension, upper income limit, adaptations to changes in welfare, accumulation with other benefits and prevention and rehabilitation. In respect of occupational diseases and accidents, it includes the legislation, risks covered, list of recognised occupational diseases, benefits (in kind or in money, insured's contribution, waiting period, earnings on which they are based), amounts of compensation, benefits to widows and orphans.

Pieters & Schell (1990) do not provide a comparative table for the twelve countries of the European Community but deal with the regulations country by country, keeping to the same sequence of topics. After an introduction on the nature of social security in each country, they deal with the organisation for its implementation, the employee groups covered, risks insured and performances, funding and the protection of rights. Under the heading of risks and performances, the risks of disability are discussed and a distinction is made between short-term (which is referred to in this report as absenteeism) and long-term (disability) unfitness for work.

The US Department of Health and Human Services (1990) follows a brief introduction with a number of tables showing national schemes including those for

disability and occupational injuries. The schemes are discussed throughout under a series of fixed headings: the legislation and schemes, the group insured ('coverage'), the funding, conditions of participation, benefits (whether for temporary or permanent disability and for surviving relatives) and the administrative organisation.

Prins et al. (1992) compare six countries (Belgium, Denmark, France, Germany, the Netherlands and the United Kingdom). The questions dealt with by Prins et al. are: which social insurance schemes exist to cover temporary or permanent disability, the quantitative data available on this subject and whether any standard of comparison can be found for disability in the six countries. The book indicates which of the national statistics are, and which are not, comparable but states that even the comparisons made are far from perfect, either in the numbers of those on disability benefit or in monetary terms (income from premiums/expenditure on benefits).

Prins (1990) compared absence on sick-leave in Belgium, the Federal German Republic and the Netherlands. At macro level, absenteeism varied widely. There were major differences in structure, implementation and levels of benefit between the three countries. Therefore, comparisons were also made at meso level (between companies). It was found that absenteeism here also showed systematic differences, from low to high: Belgium, Germany, the Netherlands. Prins also found a similar development in all three countries, however, i.e. a reduction in absenteeism since 1980. He concludes, *inter alia*, that absenteeism is a poor indicator of the health of the population and that many factors contribute to the differences between the three countries (e.g. management policy, the risk of dismissal, difference between earnings and benefits, opinions on health inspections, certification by the general practitioner).

Smulders (1984) gives a review of the results of 318 research studies on absenteeism from the literature internationally. Apart from the details, the main tendencies shown by the results are as follows: a positive, pleasant job content is linked to a low percentage and a low frequency of absenteeism. The larger the company, the poorer the physical working conditions, the higher the percentage, frequency and average length of absences. Good management is related to low absenteeism but the size of

the department has the opposite effect (compare size of company above). Satisfaction with remuneration is to a degree linked with a low frequency and percentage of absenteeism. As far as working hours are concerned, shift work, overtime and full-time work sometimes had the effect of reducing absenteeism but sometimes also of increasing it, but morning shifts increased it and a short working week tended to reduce it. The latter also applies to prompt, efficient checking on the absentees although high levels of sickness benefit tended to some extent to increase absenteeism. The role of the immediate environment (business in trouble, unemployment in the area) had no relation in any particular direction to absenteeism. Waiting for appointments with the doctor in charge tended to increase absenteeism. Then there were the demographic characteristics (age, length of service, gender, marital status, number of children, nationality) of the workers, which did not always have any clear relationship to absenteeism. Age, however, is often linked to a high percentage absenteeism. In the case of the other characteristics, there is a high percentage and high frequency of absenteeism in the case of neuroticism, urban residence and risky habits (smoking and drinking); similarly this applies to a stressful home situation or a long distance between home and work.

### **International comparisons: conclusion**

Various sources of information are available on the statistical side of absenteeism in the member states of the European Union. Although the figures therefore exist, it is doubtful to what extent these statistics can be compared with each other (see also Chap. 3). The regulations and their implementation were found to vary considerably, so that comparisons are justifiably dubious. Such doubts are confirmed by Prins et al. (1992) who showed that not only the official regulations but the implementation of the social security legislation varies greatly from country to country.

That there is nevertheless a community common denominator is shown by Smulders (1984) who gives a review of the factors influencing absenteeism shown by international comparison of the literature.

### **3. THE MAIN DATA RELATING TO ABSENTEEISM IN THE EU**

#### **3.1 Introduction**

This chapter discusses the main data relating to absenteeism in the member states of the European Union. It includes the characteristics of the social security systems, of the population at risk and of the data available. In this chapter the data will be discussed by country. In Chapter 4 the data from the twelve countries will be compared more closely and conclusions drawn.

In respect of the regulations on absenteeism, these will be divided into regulations governing temporary work incapacity due to illness or infirmity; regulations governing long-term or permanent unfitness for work and regulations governing occupational diseases and industrial accidents. This will include legal definitions of absence due to illness or invalidity, whether or not maternity leave comes under these regulations, the obligation to submit a medical certificate, waiting times, the level of benefit, the required minimum loss of earning capacity, maximum duration of benefit etc. It will also examine whether the same regulations apply to public service employees as apply to those in the commercial sector. In describing these, an attempt will be made as far as possible to indicate not alone the formal rules but also the way in which these are applied in day-to-day practice.

The statistics on the composition of the work population are necessary in order to gain a better understanding of absenteeism in any particular country. They are broken down by age, gender, professional status (employers and self-employed, employees and family workers) and economic activity (business sector). These are aspects which are considered to have an influence on the extent of absenteeism.

Finally, the main statistical data on absenteeism will be presented. Where available, this will include national absentee figures (percentage absenteeism, frequency and average duration) distributed by gender, age, job level, business sector and company

size; and data on long-term or permanent work incapacity such as the total numbers of those on invalidity benefit (including and excluding occupational diseases and industrial accidents) and distributed by age and gender.

## 3.2 Belgium

### 3.2.1 Characteristics of the social security system

**Temporary unfitness for work** is governed in Belgium by the 1963 **Illness and Infirmary Insurance** regulations. In order to be eligible under the regulations governing temporary unfitness, one must *have ceased all work as the direct result of the inception or aggravation of injuries or functional disorders recognised as reducing the earning capacity to work to one-third or less than one-third* (Article 56, 9.8.63 Act). During the first six months the reduction is measured in terms of the person's own occupation, thereafter - or earlier if no improvement can be expected - in terms of any occupation the person concerned would, with his/her qualifications, be able to fulfil. Maternity leave (14 weeks) also comes under the regulations for temporary unfitness for work.

A medical certificate is required from the first day of absence. In Belgium there is also a waiting period of one day (except in the case of maternity leave). The waiting day is waived when the absence lasts 14 days or more.

Manual workers officially received full remuneration for the first fourteen days and white collar workers for the first thirty days. In practice the employer makes up the manual workers' benefit to full pay for up to thirty days also. After thirty days, in Belgium one goes back to 60% of gross income. The maximum period of temporary sick-leave benefit is 52 weeks.

**Long-term or permanent unfitness for work** is governed by the same regulations, i.e. the 1963 **Illness and Infirmary Insurance** Act. In the case of long-term or permanent unfitness for work the same definition is applied as for temporary unfitness. The

minimum loss of earning capacity is 66⅓% in Belgium. The waiting time is one year, during which time one receives a benefit in the context of health insurance. Members of a couple (with two incomes) get a benefit of 40% of lost earnings; single people get 45%; and persons with dependents 65% of lost earnings. Benefit may continue up to the age of 60 for women or 65 for men.

**Occupational diseases are regulated by the Accident Insurance Act (1971) and industrial accidents by the Occupational Disease Insurance Act (1970).** Benefit is paid after an absence of at least 15 days. No minimum percentage loss of earning capacity is applied. The benefit may amount to 90% of the last year average earnings. There is no maximum period of benefit.

Employees in the **public service** in Belgium have more favourable regulations governing temporary, long-term or permanent unfitness for work. For every year of employment in the public service they receive one month's extra continued payment of salary in the context of temporary unfitness for work. Thereafter, just as employees in the private sector, they receive 60% of the last earned income. In the case of long-term or permanent unfitness for work, no minimum loss of earning capacity applies. There are two categories: more or less than 66⅓% loss.

### 3.2.2 Data on the composition of the work population

The figures for the composition of the work population in Belgium (see Tables 3.2.1 to 3.2.3) have been taken from the Eurostat report (1992). The total number of those employed together with those officially registered as looking for employment in Belgium was 3,908,000 in 1990. About six out of ten (61%) are men. About three-quarters fall into the 25-49 age group. This applies to both men and women. There are fewer women in the 50+ age group (10% as against 17%).

**Table 3.2.1 Belgium, labour force (1990) distributed by age and gender, in thousands (Source: Eurostat, 1992)**

| Age /<br>M/F | Males | Females | Total |
|--------------|-------|---------|-------|
| 14-24 years  | 254   | 235     | 489   |
| 25-49 years  | 1701  | 1146    | 2847  |
| 50-64 years  | 410   | 146     | 556   |
| 65 and over  | 11    | 5       | 16    |
| Total        | 2375  | 1533    | 3908  |

Men are more often self-employed (19% as against 11%) and less often employed in a family business (0.8% as against 6%) than women. In the case of both working men and women, four out of five are in paid employment. If we now look at the business sector, there will again be significant differences between males and females. About two-thirds of all workers are employed in the service sector. For women, the figure is over 80%, while for men it is 57%. Four out of every ten men are employed in industry. In the case of women, this applies to approximately one in seven workers. Only a small percentage of the Belgian population work in agriculture (4% of men; 2% of women).

The largest commercial sectors are the remaining services (23% of workers), trade (including hotel and catering; 19%) and the public services and other industries (each 10%). For men, the largest commercial sector is trade (including hotel and catering; 16%), other services (13%) and the metal industry (12%). For women, these are in order: other services (38%), trade (including hotel and catering; 22%) and the public services (10%).

**Table 3.2.2 Belgium, persons in employment (1990) distributed by professional status, sector of activity and gender, in thousands (Source: Eurostat, 1992)**

| Professional status/<br>Sector of activity/<br>M/F | Males | Females | Total |
|----------------------------------------------------|-------|---------|-------|
| <b>Employers and self-employed:</b>                |       |         |       |
| Agriculture                                        | 71    | 9       | 80    |
| Industry                                           | 89    | 6       | 95    |
| Services                                           | 276   | 132     | 408   |
| <b>Employees:</b>                                  |       |         |       |
| Agriculture                                        | 12    | (3)     | 14    |
| Industry                                           | 805   | 203     | 1008  |
| Services                                           | 996   | 920     | 1916  |
| <b>Family workers:</b>                             |       |         |       |
| Agriculture                                        | 6     | 19      | 25    |
| Industry                                           | (3)   | 7       | 10    |
| Services                                           | 10    | 59      | 69    |

**Table 3.2.3 Belgium, persons in employment (1990) distributed by economic activity and gender, in thousands (Source: Eurostat, 1992)**

| Economic activity/<br>M/F    | Males | Females | Total |
|------------------------------|-------|---------|-------|
| Agriculture and fisheries    | 88    | 31      | 119   |
| Energy and water             | 36    | 5       | 41    |
| Chemical ind.                | 158   | 25      | 183   |
| Metal ind.                   | 261   | 51      | 312   |
| Other industries             | 232   | 122     | 354   |
| Construction                 | 210   | 13      | 223   |
| Trade, hotel and catering    | 373   | 304     | 677   |
| Transport and communications | 215   | 42      | 257   |
| Banking and insurance        | 168   | 119     | 287   |
| Public service               | 222   | 132     | 355   |
| Other services               | 304   | 514     | 818   |
| Not known                    | -     | -       | -     |

### 3.2.3 Data on temporary and long term or permanent work incapacity

In Belgium, there is no national registration of data relating to temporary unfitness for work. There are also no known national research projects on this subject which might have offered an alternative source. One therefore has to rely on incidental research projects which include the subject of absenteeism. The most recent figures originate from a survey of absenteeism in the service sector for the Employers Inter-factory Occupational Health Service (IDEWE, 1993). The information is based on a survey of 2778 employees in 11 institutions. The average percentage absenteeism for the 12

months preceding the survey was 5.8%; the frequency was 0.7 and the average period of illness 13.6 days. The percentage may also be broken down by gender (males 3.6%, females 6.3%) and age (< 25 yrs. 3.2%; 25-34 yrs. 6.5%; 35-44 yrs. 5.0%; 45-54 yrs. 8.4%; 55-64 yrs. 5.8%). This is, however, *reported* sick-leave. The chance that cases of absence have been forgotten here is - certainly in view of the length of the period regarding which enquiries were made - fairly great. In this respect, the frequency of reporting is relatively low.

The statistics for long-term and permanent disability have been taken from the 1992 Eurostat publication. This shows that the number of those unfit for work long-term or permanently (including occupational disease and industrial accident cases) in Belgium in 1989 was approx. 260,000, or 6.6% of the work population. In view of the fact that several schemes have been taken together, there may be some duplication here. The numbers represent 70% males and 30% females. The majority (86%) of those entitled to benefit were over 40 years of age; one quarter were over 60.

### 3.3 Denmark

#### 3.3.1 Characteristics of the social security system

**Temporary unfitness for work** is regulated in Denmark under the Sickness and Pregnancy Act, 1989, amended in 1990. The act provides for benefit in the case of *total (or partial) unfitness for work due to illness*. Maternity leave (28 weeks + 2 weeks for the father) is included in this act.

The act requires no medical certificate. In Denmark, there is no waiting period either. Employers continue to pay wages during the first two weeks of absence. This is covered by the employers 'own risk'. Thereafter, depending on the degree of unfitness for work, benefit up to a maximum of 90% of gross pay (with a ceiling amount) is paid. The maximum duration of benefit for temporary unfitness is 52 weeks in Denmark. This does not include the (two-week) period at the employer's own risk or maternity leave.

**Long-term or permanent unfitness for work** is governed by the Social Pension Act, 1984, amended in 1990. This is a general pension insurance. In order to have entitlement under this act, *earning capacity must be permanently lost as the result of physical or mental infirmity*. Minimum loss of earning capacity is 50%. There is no waiting time under the act. Disability benefit is (early) payment of a pension of fixed amounts with an extra allowance for disability. This scheme can only be availed of when all the possibilities of work resumption have been exhausted. If rehabilitation activities take more than one year this may lead to an extended sickness benefit or rehabilitation allowance. The disability benefit can continue until pensionable age (67 years) is reached.

**Occupational diseases and industrial accidents** are governed by the 1979 Industrial Accidents Act. Benefit is paid from the first day of unfitness for work. The minimum loss of earning capacity is 15%. Benefit may be up to 100% of last-earned pay in the case of temporary unfitness and up to 75% in the case of permanent disability. There is no maximum duration for the payment of benefits related to occupational diseases or industrial accidents.

The above regulations (with the exception of that for long-term and permanent disability) apply equally to those in employment in the **public service** and in the private sector. In the case of long-term or permanent disability, public service employees have the benefit of a more favourable scheme.

### 3.3.2 Data on the composition of the work population

The statistics for the composition of the work population in Denmark (see Tables 3.3.1 to 3.3.3) are taken from the 1992 Eurostat report. The labour force (the total number of those employed together with those officially registered as looking for employment) in Denmark was 2,898,000 in 1990. A little over half (54%) the workers are male. About two-thirds (61%) of workers are between 25 and 49 years of age. About one in five is under 25 and approximately the same proportion is over 50. The age distribution for males and females runs practically parallel.

**Table 3.3.1 Denmark, labour force (1990) distributed by age and gender, in thousands (Source: Eurostat, 1992)**

| Age /<br>M/F | Males | Females | Total |
|--------------|-------|---------|-------|
| 14-24 years  | 293   | 262     | 555   |
| 25-49 years  | 931   | 835     | 1766  |
| 50-64 years  | 292   | 226     | 517   |
| 65 and over  | 44    | 16      | 59    |
| Total        | 1559  | 1339    | 2898  |

Men are more often self-employed (15% as against 3%) and less often employed in the family business (n.a. as against 4%) than women. In the case of both men and women, about nine out of ten are in paid employment. In regard to the sectors in which people work, there are significant differences between men and women. About two-thirds of all the employed work in the service sector. For women this means over 80% and for men over 55%. Over one-third of males (37%) work in industry. In the case of women this applies to about one in seven of the employed. Only a small proportion of the population (8% of the males and 3% of the females) are employed in the agri-sector in Denmark.

**Table 3.3.2 Denmark, persons in employment (1990) distributed by professional status, sector of activity and gender, in thousands (Source: Eurostat, 1992)**

| Professional status/<br>Sector of activity/<br>M/F | Males | Females | Total |
|----------------------------------------------------|-------|---------|-------|
| <b>Employers and self-employed:</b>                | 69    | (4)     | 74    |
| Agriculture                                        | 48    | (4)     | 52    |
| Industry                                           | 95    | 31      | 126   |
| Services                                           |       |         |       |
| <b>Employees:</b>                                  | 43    | 9       | 52    |
| Agriculture                                        | 483   | 180     | 663   |
| Industry                                           | 689   | 936     | 1625  |
| Services                                           |       |         |       |
| <b>Family workers:</b>                             | -     | 21      | 21    |
| Agriculture                                        | -     | 10      | 10    |
| Industry                                           | -     | 19      | 19    |
| Services                                           |       |         |       |

**Table 3.3.3 Denmark, persons in employment (1990) distributed by economic activity and gender, in thousands (Source: Eurostat, 1992)**

| Economic activity/<br>M/F       | Males | Females | Total |
|---------------------------------|-------|---------|-------|
| Agriculture and fisheries       | 113   | 34      | 147   |
| Energy and water                | 22    | (3)     | 24    |
| Chemical ind.                   | 37    | 14      | 51    |
| Metal ind.                      | 159   | 44      | 203   |
| Other industries                | 162   | 112     | 275   |
| Construction                    | 153   | 19      | 172   |
| Trade, hotel and catering       | 234   | 187     | 421   |
| Transport and<br>communications | 136   | 52      | 188   |
| Banking and insurance           | 133   | 113     | 246   |
| Public service                  | 87    | 89      | 177   |
| Other services                  | 195   | 543     | 739   |
| Not known                       | 7     | 6       | 14    |

The largest business sectors are the other services (28% of the employed), trade (including the hotel and catering industry, 16%) and other industries (10%). For men, the largest business sector is trade (including the hotel and catering industry, 16%), other services (14%) and the metal industry, other industries and construction (each 11%). For women, these are in order: other services (45%), trade (including hotel and catering, 15%) and banking and insurance and other industries (each 9%).

### 3.3.3 Data on temporary and long-term or permanent work incapacity

*Denmarks Statistik* provides national figures for absences due to illness and disability in Denmark. These figures are sourced from the social security statistics. The Danish Inspectorate of Labour combines the figures for temporary unfitness with other figures (including those from the public service) on the basis of which the national statistics for absence due to illness are calculated. These statistics show that the percentage for absence due to illness in Denmark in 1992 was 3.9% (males 3.5%, females 4.5%). The percentage absence is somewhat lower (a few tenths of one per cent) in the market sector than in the public sector. No national statistics are available in respect of the frequency or duration of absences. There are also no breakdowns of the figures for age or economic sector.

The data for long-term and permanent disability are taken from the 1992 Eurostat publication. This showed that the number of long-term and permanently unfit for

work in Denmark was 256,000 in 1990, or 8.8% of the work population. This percentage is, however, too high, in view of the fact that those on early retirement pensions are included. These are 39% for men and 61% for women. The majority (88%) of those entitled to benefit are over 40, and 40% are over 60 years of age.

### 3.4 Germany

#### 3.4.1 Characteristics of the social security system

**Temporary unfitness for work** in Germany is regulated by the Health Insurance Act, 1929. A condition of benefit is *unfitness for work due to illness in consideration of the current occupation*. Maternity leave (14 weeks) is included in this scheme.

Manual workers require a doctor's certificate from the first day of absence. This does not apply to white collar workers until the fourth day of absence. No waiting period applies in Germany. Employers continue to pay full remuneration for the first six weeks of absence. This is covered by the employers' own risk clause. Thereafter, benefit is paid at 80% of gross pay (up to a maximum amount). The maximum period of benefit for temporary unfitness due to illness is 78 weeks in Germany. This is relatively long compared with the other countries of the European Union.

**Long-term or permanent unfitness for work** is governed in Germany by the Pension Insurance Act, 1973. This insurance forms a part of the general pension insurance scheme. There are two categories of unfitness for work, i.e.:

- i) *Berufsunfähigkeit: a reduction of earning capacity, as the result of physical or mental illness or disorder, of at least 50% in relation to a person fit for work having the same qualifications, knowledge and skills.*
- ii) *Erwerbsunfähigkeit: total loss of earning capacity.*

The minimum loss of earning capacity in order to qualify for a long-term or permanent disability pension in Germany is thus 50% (i. above). There is no waiting period for benefit in either of the above cases. The benefit depends on length of

service. In general, one is awarded 1% per year worked for (i) above and 1.5% for total incapacity. Benefit may vary between 15% and 80% of the last-earned pay. There is no maximum period for this benefit.

**Occupational diseases and industrial accidents** are covered by the Accident Insurance Act, 1963. In the case of temporary unfitness, a person will be entitled under this insurance after 6 weeks. In the case of permanent disability, there is a waiting period of 13 weeks, dependent on the stabilisation of the complaint. For temporary unfitness there is no minimum loss of earning capacity; for permanent unfitness a minimum of 20% applies. Benefit may be up to 80% of last-earned pay for temporary disability or up to 66% for permanent disability. There is no maximum period of benefit under the schemes governing industrial accidents and occupational diseases in Germany, either.

Employees in the **public service** have a more favourable scheme covering temporary unfitness for work and disability in Germany. When absent due to illness they continue to receive full pay. Their disability pension is dependent on the number of years they have been employed in the public service. In the case of occupational diseases or industrial accidents, public servants receive a higher pension (approx. 20% more).

### 3.4.2 Data on the composition of the work population

Statistics for the composition of the work population in Germany (see Tables 3.4.1 to 3.4.3) have been taken from the 1992 Eurostat report. The labour force in Germany was 30,492,000 in 1990. About six out of ten (59%) are male. An equally large group is aged between 25 and 49 years. This applies to both men and women. In the female group there are more younger people (20% as against 15%) and fewer over the age of 50 (20% as against 25%).

Males are more often self-employed than females (11% as against 5%) and less frequently employed in the family business (0.5% as against 4%). In the case of both men and women, about nine out of ten are in paid employment. As regards

distribution of the employed per sector, there are significant differences between men and women. A little over half the total number employed (56%) work in the service sector; for women the percentage is 72% and for men 46%. Half the males are employed in industry. In the case of working women, this applies to about one in four. Only a very small proportion of the population work in agriculture in Germany (3% of men and 4% of women).

**Table 3.4.1 Germany, labour force (1990) distributed by age and gender, in thousands (Source: Eurostat, 1992)**

| Age /<br>M/F | Males | Females | Total |
|--------------|-------|---------|-------|
| 14-24 years  | 2618  | 2445    | 5062  |
| 25-49 years  | 10831 | 7510    | 18341 |
| 50-64 years  | 4394  | 2406    | 6800  |
| 65 and over  | 173   | 116     | 288   |
| Total        | 18016 | 12476   | 30492 |

**Table 3.4.2 Germany, persons in employment (1990) distributed by professional status, sector of activity and gender, in thousands (Source: Eurostat, 1992)**

| Professional status/<br>Sector of activity/<br>M/F | Males | Females | Total |
|----------------------------------------------------|-------|---------|-------|
| <b>Employers and self-employed:</b>                | 351   | 44      | 394   |
| Agriculture                                        | 464   | 68      | 533   |
| Industry                                           | 1145  | 520     | 1665  |
| Services                                           |       |         |       |
| <b>Employees:</b>                                  | 44    | 102     | 292   |
| Agriculture                                        | 68    | 2836    | 11032 |
| Industry                                           | 520   | 7639    | 14490 |
| Services                                           |       |         |       |
| <b>Family workers:</b>                             | 394   | 330     | 395   |
| Agriculture                                        | 533   | 49      | 54    |
| Industry                                           | 1665  | 125     | 145   |
| Services                                           |       |         |       |

The largest business sectors in Germany are the other services, trade (including hotel and catering) and the metal industry (each 17% of the work population). For men, the largest sectors are the metal industry (22%), trade (including hotel and catering) (13%), other services (10%) and the public service (9%). For women, these are in

order: other services (28%), trade (incl. hotel and catering) (22%), other industries and the metal industry (each 10%) and banking and insurance (9%).

**Table 3.4.3** Germany, persons in employment (1990) distributed by economic activity and gender, in thousands (Source: Eurostat, 1992)

| Economic activity/<br>M/F       | Males | Females | Total |
|---------------------------------|-------|---------|-------|
| Agriculture and fisheries       | 606   | 475     | 1081  |
| Energy and water                | 430   | 58      | 488   |
| Chemical ind.                   | 1052  | 336     | 1388  |
| Metal ind.                      | 3739  | 1159    | 4899  |
| Other industries                | 1702  | 1191    | 2893  |
| Construction                    | 1742  | 210     | 1952  |
| Trade, hotel and catering       | 2184  | 2613    | 4797  |
| Transport and<br>communications | 1256  | 438     | 1694  |
| Banking and insurance           | 1261  | 1101    | 2362  |
| Public service                  | 1618  | 875     | 2492  |
| Other services                  | 1699  | 3257    | 4956  |
| Not known                       | -     | -       | -     |

### 3.4.3 Data on temporary and long-term or permanent work incapacity

There are two national sources in Germany of statistics on temporary unfitness for work, i.e. the *Bundesverband der Betriebskrankenkassen* (BKK) (Federal Health Insurance Funds) and the *AOK-Bundesverband*, also a health insurance organisation, who insured 4,742,250 and 11,642,391 members respectively in 1991. Together, these statistics comprise all the data relating to the compulsorily insured in Germany. The reports of these bodies contain very detailed statistics from which, however, it is difficult to extrapolate the basic figures for absenteeism (total percentage, frequency and average length). The BKK's report gives statistics on frequency and average length of absences in 1991 distributed by gender and age, as shown in Table 3.4.4. Furthermore, the members of BKK are generally the larger and rather better companies, i.e. companies who pay more attention to working conditions.

**Table 3.4.4 Germany, Sickness absence statistics (frequency and average duration) distributed by age and gender (Source: BKK, 1992)**

| Age<br>M/F  | Males     |          | Females   |          | Total     |          |
|-------------|-----------|----------|-----------|----------|-----------|----------|
|             | Frequency | No. Days | Frequency | No. Days | Frequency | No. Days |
| < 20 years  | 1.7       | 6.3      | 1.4       | 7.0      | 1.6       | 6.5      |
| 20-24 years | 1.9       | 9.0      | 1.8       | 9.2      | 1.9       | 9.1      |
| 25-29 years | 1.6       | 11.2     | 1.5       | 11.5     | 1.6       | 11.3     |
| 30-34 years | 1.7       | 12.4     | 1.4       | 13.4     | 1.6       | 12.7     |
| 35-43 years | 1.6       | 14.1     | 1.4       | 15.1     | 1.5       | 14.4     |
| 40-44 years | 1.5       | 16.5     | 1.4       | 17.2     | 1.5       | 16.7     |
| 45-50 years | 1.5       | 19.9     | 1.4       | 20.2     | 1.5       | 20.0     |
| 50-54 years | 1.5       | 23.3     | 1.4       | 23.3     | 1.5       | 23.2     |
| 55-59 years | 1.5       | 28.8     | 1.4       | 28.2     | 1.4       | 28.6     |
| 60-64 years | 1.3       | 37.8     | 1.7       | 34.4     | 1.3       | 37.2     |
| Total       | 1.6       | 15.8     | 1.5       | 15.9     | 1.6       | 15.8     |

The 1991 Eurostat statistics show that the number of those who were long-term or permanently disabled (including occupational diseases and industrial accidents) in Germany in 1989 was nearly 2 million, or 6.5% of the total work population. Since several schemes have been lumped together, there may be some duplication here. Of these 46% were male and 54% female.

Under the age of 40, there were practically no beneficiaries. Only 2% of those entitled to benefit were under 40. Almost two out of three of those entitled (62%) were over 60. This is undoubtedly related to the fact that the scheme for long-term or permanently disabled workers in Germany is in the nature of a pension and has no limit as to duration.

### 3.5 France

#### 3.5.1 Characteristics of the social security system

In France, **temporary unfitness for work** is governed by the Assurance Maladie (Health Insurance) which is part of the Sécurité Sociale (most recent version, 1978). Benefit is paid in the case of *unfitness for work as the result of an illness*. There is a separate scheme covering maternity leave (16 weeks), under the Assurance Maternité.

From the first day of absence a doctor's certificate is required in France. There are also 3 waiting days except in the case of accidents at work. The benefit, depending on the family situation, is from 50% (standard) to 66⅔% (3 or more children) of gross pay. This (minimum) benefit is usually topped up under the terms of collective wage agreements. The maximum period of benefit in relation to temporary unfitness for work is normally 12 months in France. In exceptional circumstances, for example in the case of certain 'slow' illnesses, the benefit may be extended to a maximum of 36 months and, if the employee concerned is following a reintegration course, even up to a maximum of 48 months.

**Long-term or permanent unfitness for work** is covered by the Assurance Invalidité (Disablement Insurance) which is also a part of the Sécurité Sociale. The condition for entitlement to benefit is *long-term or permanent unfitness for work leading to loss of earning capacity of two-thirds of the normal income of a comparable employee with the same training and in the same region*. In France, a worker may be immediately entitled to benefit, in other words there is no waiting period. There are three levels of benefit. In the case of partial disability 30% of the last-earned pay is paid. For total unfitness for work this goes up to 50%. If, in the case of (total) disability, assistance is also needed, an additional benefit of 40% may be paid. In the case of a low income, benefit is topped up to a minimum level, which corresponds to the old age pension. The benefit related to long-term or permanent disability may be continued up to pensionable age (60 years).

**Occupational diseases and industrial accidents** are covered under the Code de la Sécurité Sociale. Benefits may be paid from the second day of absence as the result of an occupational disease or accident at work. No minimum loss of earning capacity is applied. Benefits may go as high as 50% (for the first 28 days) of the last-earned pay or 66.7% (after 28 days) in the case of temporary unfitness for work, to 100% of last-earned pay in the case of permanent unfitness for work. The regulations governing occupational diseases and industrial accidents specify no maximum period.

In France, the same conditions apply to employees in the **public service** as to those in the private sector.

### 3.5.2 Data on the composition of the work population

Statistics on the composition of the work population in France (see Tables 3.5.1 to 3.5.3) have been abstracted from the 1992 Eurostat report. The labour force (the total number of those employed together with those officially registered as looking for employment) in France was 24,133,000 in 1990. Over half of these (56%) are males. About two-thirds of the work population are aged between 25 and 49 years. About one in seven is under 25 and about one in six is over fifty. The distribution by age of males and females in France runs completely parallel.

**Table 3.5.1      France, labour force (1990) distributed by age and gender, in thousands (Source: Eurostat, 1992)**

| Age /<br>M/F | Males | Females | Total |
|--------------|-------|---------|-------|
| 14-24 years  | 1766  | 1628    | 3394  |
| 25-49 years  | 9324  | 7198    | 16522 |
| 50-64 years  | 2373  | 1695    | 4069  |
| 65 and over  | 93    | 55      | 148   |
| Total        | 13557 | 10576   | 24133 |

Males are more often self-employed than females (17% as against 7%) and less frequently employed in the family business (0.8% as against 5%). In the case of both men and women, about six out of seven are in paid employment. As regards distribution of the employed per sector, there are significant differences between men and women. A little over two-thirds of the total number employed (63%) work in the service sector; the percentage of women is 72% and of men 53%. Two out of five males are employed in industry. In the case of working women, this applies to about one in six. Only a very small proportion of the population work in agriculture in Germany (7% of men and 5% of women).

The largest business sectors in France are the other services (21% of the employed), trade (including hotel and catering) (17%) and the metal and other industries (each 9%). For men, the largest sectors are trade (including hotel and catering) (16%), the

metal industry, construction and other services (each 12%). For women, these are in order: other services (34%), trade (incl. hotel and catering) (19%), and banking and insurance and the public service (each 10%).

**Table 3.5.2** France, persons in employment (1990) distributed by professional status, sector of activity and gender, in thousands (Source: Eurostat, 1992)

| Professional status/<br>Sector of activity/<br>M/F | Males | Females | Total |
|----------------------------------------------------|-------|---------|-------|
| <b>Employers and self-employed:</b>                | 647   | 179     | 825   |
| Agriculture                                        | 542   | 44      | 586   |
| Industry                                           | 947   | 441     | 1388  |
| Services                                           |       |         |       |
| <b>Employees:</b>                                  | 188   | 64      | 252   |
| Agriculture                                        | 4439  | 1516    | 5954  |
| Industry                                           | 5657  | 6500    | 12157 |
| Services                                           |       |         |       |
| <b>Family workers:</b>                             | 78    | 238     | 316   |
| Agriculture                                        | (4)   | 85      | 89    |
| Industry                                           | 26    | 187     | 213   |
| Services                                           |       |         |       |

**Table 3.5.3** France, persons in employment (1990) distributed by economic activity and gender, in thousands (Source: Eurostat, 1992)

| Economic activity/<br>M/F    | Males | Females | Total |
|------------------------------|-------|---------|-------|
| Agriculture and fisheries    | 914   | 480     | 1394  |
| Energy and water             | 212   | 55      | 267   |
| Chemical ind.                | 506   | 166     | 671   |
| Metal ind.                   | 1573  | 449     | 2022  |
| Other industries             | 1163  | 829     | 1992  |
| Construction                 | 1531  | 146     | 1677  |
| Trade, hotel and catering    | 2045  | 1742    | 3787  |
| Transport and communications | 988   | 347     | 1335  |
| Banking and insurance        | 1001  | 963     | 1964  |
| Public service               | 1072  | 919     | 1991  |
| Other services               | 1524  | 3157    | 4680  |
| Not known                    | 56    | 37      | 93    |

### 3.5.3 Data on temporary and long-term or permanent work incapacity

Since the Second World War, the French Ministry of Labour, Employment and Vocational Education has commissioned five large-scale national surveys on

absenteeism. The most recent survey (of 62,000 companies) was carried out in 1991 and was concerned with absenteeism in 1990. This showed that absence due to illness in that year was 5.3% (males 4.8%; females 6.2%). Manual workers accounted for a significantly higher percentage absenteeism than white collar workers (see Table 3.5.4).

**Table 3.5.4** France, percentage absenteeism days per person 1990 (excluding maternity leave) distributed by type of work and gender (Source: Min. of Labour, Employment and Vocational Education, 1992)

| Type of work / M/F     | Males | Females | Total |
|------------------------|-------|---------|-------|
| - Manual workers       | 6.6%  | 8.3%    | 7.1%  |
| - White collar workers | 2.8%  | 5.1%    | 3.8%  |

In France, the sectors where there is a relatively high rate of absenteeism are the textile industry (6.6%), construction (6.4%), hotel and catering (6.4%) and retail trade (6.0%). The wholesale trade (3.4%), non-commercial services (3.5%) and the mining industry (4.1%) exhibit a relatively low rate of absenteeism.

The statistics on long-term and permanent disability have been abstracted from the 1991 Eurostat publication. This shows that the number of those long-term or permanently unfit for work in France in 1989 was approx. 500,000 (2.1% of the work population). The number of those receiving benefit as the result of an occupational disease or injury at work was almost 2.2 million (9.0% of the work population). Altogether, this accounts for 11.1% of the work population. Since several schemes have been lumped together here, there may be some duplication. In France, it is also possible to receive benefit more than once in respect of an occupational disease or injury. There are no other statistics available in regard to the ratio of males to females in the above, nor on the distribution by age of those entitled to benefit.

### 3.6 Greece

#### 3.6.1 Characteristics of the social security system

In the case of **temporary unfitness for work** in Greece this is defined as *being unable to work due to illness or infirmity*. Maternity leave (84 days) is included in the scheme covering temporary unfitness for work.

A doctor's certificate is required in Greece from the first day of absence. There are also three waiting days. If the absence lasts longer, the first three days are later included in the benefit. The latter amounts to 50% of income in the category in which one is employed, plus 10% for each person who is (financially) dependent on the absentee. Maximum benefit is 70% of the pay category. For the first month, the employer usually pays the difference between the benefit and original earnings. Thereafter, workers are usually dependent on the benefit. This is paid up to a maximum period of 360 days.

In the case of the schemes covering **long-term or permanent disability** in Greece, this is based on *physical or mental unfitness for work, whereby less than one-third of the normal earnings for an employee in the same category and with the same qualifications can be earned*. Where the percentage unfitness for work is over 67% a full disability pension (equal to the old age pension) is awarded. If the percentage unfitness lies between 50% and 66%, workers receive a 75% pension, and if it is between 33% and 50%, they receive a 50% disability pension. The maximum duration of benefit is up to the age of 65 for men and 60 for women (i.e. pensionable age).

In Greece there is no special legislation governing **occupational diseases and industrial accidents**. There are, however, special regulations under the acts governing temporary and long-term unfitness for work. In the case of temporary unfitness for work due to an accident at work or an occupational disease, sickness benefit is paid for six months. Then the normal disability pension is paid, in which case the minimum rate will be 60% of income in the relevant pay category.

The above regulations do not apply to employees in the **public service**. In Greece, the latter have their own scheme covering temporary, long-term and permanent unfitness for work. Whether or not the conditions of this scheme are more favourable could not be ascertained. In view of the practices in other member states of the Europe Union, it seems probable that they are.

### 3.6.2 Data on the composition of the work population

Statistics on the composition of the work population in Greece (see Tables 3.6.1 to 3.6.3) have been abstracted from the 1992 Eurostat report. The labour force in Greece was 4,001,000 in 1990. Almost two-thirds of these (63%) were males. About six out of ten of the work population are aged between 25 and 49 years. Over one quarter of the work force is over fifty years of age. This occurs more frequently in the case of males than females (30% as against 22%). Against this, there are slightly more younger people in the female group (17% as against 12%).

**Table 3.6.1 Greece, labour force (1990) distributed by age and gender, in thousands (Source: Eurostat, 1992)**

| Age /<br>M/F | Males | Females | Total |
|--------------|-------|---------|-------|
| 14-24 years  | 295   | 258     | 553   |
| 25-49 years  | 1475  | 895     | 2370  |
| 50-64 years  | 671   | 296     | 966   |
| 65 and over  | 76    | 36      | 112   |
| Total        | 2517  | 1484    | 4001  |

Males are more often self-employed than females (43% as against 20%) and less frequently employed in the family business (5% as against 28%). In the case of both men and women, just over half are in paid employment. As regards distribution of the employed per sector, there are relatively small differences between men and women. A little over half of the total number employed, both men and women, work in the service sector. About one in three males are employed in industry. In the case of working women, this applies to about one in six. Altogether, almost a quarter of the population work in agriculture in Greece (20% of men and 30% of women).

**Table 3.6.2 Greece, persons in employment (1990) distributed by professional status, sector of activity and gender, in thousands (Source: Eurostat, 1992)**

| Professional status/<br>Sector of activity/<br>M/F | Males | Females | Total |
|----------------------------------------------------|-------|---------|-------|
| <b>Employers and self-employed:</b>                | 397   | 121     | 518   |
| Agriculture                                        | 215   | 22      | 237   |
| Industry                                           | 415   | 122     | 538   |
| Services                                           |       |         |       |
| <b>Employees:</b>                                  | 24    | 10      | 35    |
| Agriculture                                        | 505   | 180     | 685   |
| Industry                                           | 736   | 489     | 1225  |
| Services                                           |       |         |       |
| <b>Family workers:</b>                             | 72    | 264     | 337   |
| Agriculture                                        | 15    | 24      | 39    |
| Industry                                           | 30    | 74      | 104   |
| Services                                           |       |         |       |

The largest business sectors in Greece are agriculture and fisheries (23% of the employed), trade (including hotel and catering) (19%), other services (13%) and the other industries (12%). For men, the largest sectors are agriculture and fisheries and trade (both 20%), other industries (11%) and construction (10%). For women, these are in order: agriculture and fisheries (30%), other services (20%), trade (incl. hotel and catering) (19%), and public industries (15%).

**Table 3.6.3 Greece, persons in employment (1990) distributed by economic activity and gender, in thousands (Source: Eurostat, 1992)**

| Economic activity/<br>M/F    | Males | Females | Total |
|------------------------------|-------|---------|-------|
| Agriculture and fisheries    | 493   | 396     | 889   |
| Energy and water             | 42    | 5       | 48    |
| Chemical ind.                | 71    | 15      | 86    |
| Metal ind.                   | 106   | 12      | 118   |
| Other industries             | 267   | 190     | 457   |
| Construction                 | 248   | (4)     | 252   |
| Trade, hotel and catering    | 473   | 251     | 723   |
| Transport and communications | 221   | 28      | 249   |
| Banking and insurance        | 111   | 73      | 184   |
| Public service               | 161   | 76      | 237   |
| Other services               | 215   | 258     | 473   |
| Not known                    | -     | -       | -     |

### 3.6.3 Data on temporary and long-term or permanent work incapacity

The only organisation which publishes data on temporary work incapacity in Greece is the Hellenic Social Security Institution (IKA). In 1992, IKA covered 1,8 million of employees who constitute almost 50% of the labour force in Greece. However the available IKA figures, as reported in the publication 'Identification and assessment of occupational human resources management strategies in Greece' (Sarafopoulos et al, 1994), do not look very reliable with a frequency rate (including industrial accidents) of 0.19 spells per person in 1992. That's why these data are not used in this report.

The 1991 Eurostat figures show that the number of long-term or permanently disabled (probably including occupational diseases and accidents at work) in Greece in 1988 was approx. 355,000, or 8.9% of the total work population. Of these, 56% were male and 44% female. The majority of those entitled to benefit were over 40 years of age; over half (58%) were over 60.

## 3.7 **The United Kingdom**

### 3.7.1 Characteristics of the social security system

In Britain, **temporary unfitness for work** is covered by the Social Security Act, 1992. This is defined as *physically or mentally unfit for work in one's current occupation*. In the UK, there is a separate scheme governing maternity leave (18 weeks).

In the case of absence for more than one week a doctor's certificate is required. There are also three waiting days. In Britain, benefit for temporary unfitness for work is at a fixed rate which is reviewed annually. Separate rates apply to lower and higher income groups. In 1993/1994, benefit for those in the lower group was at the rate of £46.95 per week and for those in the higher group, £52.50. Many employees have this - none too generous - benefit topped up by their employer. The maximum period of benefit for temporary unfitness for work in Britain is 28 weeks.

**Long-term or permanent disability** is covered by the same Social Security Act. It is defined as *physical or mental unfitness for work in one's current or other suitable*

*occupation.* No minimum loss of earning capacity applies. The waiting period is 28 weeks. During this time sickness benefit (see above) is paid. In Britain the benefits for long-term or permanent disability are also fixed and annually adjusted. They consist of a basic pension (in 1993/1994 £56.10 per week) and extra allowances depending on the age at which the unfitness started (in 1993/1994 £11.95 or £7.50 or £3.75 per week) and also for children cared for by the employee concerned. Some employees also receive an extra sum from the employer. The maximum benefit period is up to age 60 for women and 65 for men.

**Occupational diseases and industrial accidents** are also covered by the Social Security Act. Benefit for the former is awarded after 15 weeks of absence. No minimum loss of earning capacity applies. The amount of benefit may be up to £91.60 a week (1993/1994). There is no maximum period.

In the United Kingdom, no distinction is made between employees in the **public service** and those in the private sector. The same regulations apply to all.

### 3.7.2 Data on the composition of the work population

Statistics on the composition of the work population in the United Kingdom (see Tables 3.7.1 to 3.7.3) have been abstracted from the 1992 Eurostat report. The labour force (the total number of those employed together with those officially registered as looking for employment) in the UK was 28,790,000 in 1990. Almost six out of ten of these (57%) were males. An almost equal group are aged between 25 and 49 years. About one in five is under 25 years of age while the group of those over 50 is approximately the same. The distribution of males and females in the United Kingdom work population runs practically parallel.

**Table 3.7.1 United Kingdom, labour force (1990) distributed by age and gender, in thousands (Source: Eurostat, 1992)**

| Age /<br>M/F | Males        | Females      | Total        |
|--------------|--------------|--------------|--------------|
| 14-24 years  | 3229         | 2703         | 5932         |
| 25-49 years  | 9566         | 7322         | 16887        |
| 50-64 years  | 3291         | 2200         | 5491         |
| 65 and over  | 308          | 172          | 480          |
| <b>Total</b> | <b>16393</b> | <b>12397</b> | <b>28790</b> |

Males are more often self-employed than females (18% as against 7%). The remainder of the employed work in paid employment, since in the UK there is no separate group for those working in the family business. As regards distribution of the employed per sector, there are significant differences between men and women. Two-thirds of the total number employed work in the service sector. This is 82% in the case of women and 53% in the case of men. Just under half of males are employed in industry. In the case of working women, this applies to about one in six. Only a very small proportion of the UK working population are employed in agriculture (3% of men and 1% of women).

**Table 3.7.2 United Kingdom, persons in employment (1990) distributed by professional status, sector of activity and gender, in thousands (Source: Eurostat, 1992)**

| Professional status/<br>Sector of activity/<br>M/F | Males | Females | Total |
|----------------------------------------------------|-------|---------|-------|
| <b>Employers and self-employed:</b>                | 251   | 56      | 307   |
| Agriculture                                        | 1091  | 100     | 1190  |
| Industry                                           | 1354  | 702     | 2056  |
| Services                                           |       |         |       |
| <b>Employees:</b>                                  | 191   | 75      | 265   |
| Agriculture                                        | 5464  | 1889    | 7353  |
| Industry                                           | 6640  | 8655    | 15295 |
| Services                                           |       |         |       |
| <b>Family workers:</b>                             | -     | -       | -     |
| Agriculture                                        | -     | -       | -     |
| Industry                                           | -     | -       | -     |
| Services                                           |       |         |       |

The largest business sectors in Britain are the other services (22% of the employed), trade (including hotel and catering) (20%), and banking and insurance (11%). For men, the largest sectors are trade (including hotel and catering) (17%), the metal industry (14%), construction (13%) and other services (11%). For women, these are in order: other services (35%), trade (incl. hotel and catering) (25%), and banking and insurance (13%).

**Table 3.7.3 United Kingdom, persons in employment (1990) distributed by economic activity and gender, in thousands (Source: Eurostat, 1992)**

| Economic activity/<br>M/F       | Males | Females | Total |
|---------------------------------|-------|---------|-------|
| Agriculture and fisheries       | 446   | 131     | 577   |
| Energy and water                | 509   | 88      | 597   |
| Chemical ind.                   | 623   | 204     | 827   |
| Metal ind.                      | 2081  | 562     | 2644  |
| Other industries                | 1471  | 922     | 2393  |
| Construction                    | 1910  | 218     | 2128  |
| Trade, hotel and catering       | 2546  | 2857    | 5402  |
| Transport and<br>communications | 1264  | 378     | 1642  |
| Banking and insurance           | 1550  | 1449    | 2999  |
| Public service                  | 945   | 675     | 1620  |
| Other services                  | 1734  | 4033    | 5767  |
| Not known                       | 128   | 59      | 186   |

### 3.7.3 Data on temporary and long-term or permanent work incapacity

In Britain, there are no national statistics relating to absence due to illness or disability. Two large-scale projects on absenteeism, however, have recently been conducted. One was an investigation by the *Industrial Society* (Balcombe et al. 1993) of 543 British and 49 Japanese companies and the other was research conducted by the *Confederation of British Industry* (1993) on 305 companies.

These studies showed that the absenteeism percentage in the United Kingdom was between 3.5% and 4% (males 3.2% and females 4.2%). Manual workers (4.7%-5.2%) demonstrated a significantly higher rate of absenteeism than white collar workers (2.6%-3.3%). Managers had the lowest percentage absenteeism (1.7%). Table 3.7.4 shows the percentages per business sector. Sectors with a high percentage are the health services and metal industry (Metal goods/Engineering/Vehicles). In the hotel and catering trade, teaching profession and banking and insurance the percentage is actually low.

Public companies (4.6%) generally have a higher rate of absenteeism than private companies. Generally speaking, the percentage is also higher in large companies (1000 employees: 4.3%) than in medium-sized ones (100-999 employees: 3.9%) and in small businesses (under 100 employees: 3.9%).

**Table 3.7.4** United Kingdom, percentage absenteeism days per person in 1992 distributed by business sector. (Source: Balcombe et al. 1993).

| Sector                                   | percentage absenteeism days per person |
|------------------------------------------|----------------------------------------|
| Energy/Water supply                      | 3.4%                                   |
| Extraction/Chemicals/Pharmaceuticals     | 3.3%                                   |
| Metal goods/Engineering/Vehicles         | 5.5%                                   |
| Other manufacturing - eg. food, clothing | 4.7%                                   |
| Construction                             | 2.8%                                   |
| Wholesale/Retail/Distribution            | 3.2%                                   |
| Catering/Hotel/Repairs                   | 2.3%                                   |
| Transport                                | 3.8%                                   |
| Communication                            | 3.3%                                   |
| Banking/Finance/Business Service         | 2.7%                                   |
| Central/Local Government                 | 3.9%                                   |
| Housing                                  | 3.3%                                   |
| Education                                | 2.4%                                   |
| Health                                   | 5.9%                                   |
| Other Services                           | 2.9%                                   |
| Not stated                               | 2.8%                                   |

Data on the subject of long-term and permanent unfitness for work have been abstracted from the 1992 Eurostat publication. This showed that the number of long-term and permanently unfit for work (including occupational diseases and accidents at work) in the United Kingdom was approx. 1,600,000 in 1989, or 5.5% of the work population, 71% males and 29% females. The majority (87%) of those entitled to benefit are over 40, and almost 40% are over 60 years of age.

### 3.8 Ireland

#### 3.8.1 Characteristics of the social security system

**Temporary unfitness for work** in Ireland is covered by the Social Welfare Act, 1981. Under this Act, unfitness for work is defined as being *unable to work due to illness or infirmity*. There is a separate scheme covering maternity leave (14 weeks), under the Maternity Allowance.

In Ireland, no doctor's certificate is required. When absent due to illness, workers receive a fixed amount of benefit plus an income-related benefit. There is a waiting time of 3 days for the fixed benefit; the waiting period for the income-related benefit is 3 weeks. In 1992 the fixed benefit was approx. IR£53 per week, plus an allowance for adult family members of IR£34 and for children, IR£12.50. In Ireland, too, the rates are reviewed annually. The income-related benefit amounts to 12% of gross pay. Together, both benefits must not exceed 75% of gross pay. Many employers top up these benefits for their employees. In this manner many employees receive full pay for the first two weeks.

Provided 208 weeks' premiums have been paid, the fixed benefit is unlimited; otherwise benefit can only be paid for a maximum of 52 weeks. In the case of the income-related benefit the maximum period is 375 days.

**Long-term and permanent unfitness for work** is also covered by the Social Welfare Act. These benefits should be regarded as the continuation of benefit in respect of temporary unfitness. The criterion which applies is that *a person must have been unable to work for twelve months and not be expected to be fit for work for a further twelve months*. No minimum loss of earning capacity applies. The benefit is also a fixed amount (approx. IR£60 per week) which is revised annually. There is no maximum period for benefit.

**Occupational diseases and industrial accidents** are covered by the above Act as well. In theory there are 3 waiting days. But if a person is unfit for work for more than 3 days, benefit is paid from the first day. The amount of benefit is dependent on the degree of disability. The minimum disability is 1%. In the case of disability of less than 20% disability a lump sum is usually paid. For 20% disability or more a weekly pension is paid. Generally speaking, the benefits are higher than those in respect of temporary, long-term or permanent unfitness for work. In the case of benefits in respect of occupational diseases or accidents at work, too, there is no maximum period.

The above regulations do not apply to employees in the **public service**. In Ireland, the latter have their own scheme covering temporary, long-term or permanent unfitness for work. We were unable to discover whether this scheme is a more favourable one. In the light of experience in other countries of the European Union, this is, however, quite likely.

### 3.8.2 Data on the composition of the work population

Statistics on the composition of the work population in Ireland (see Tables 3.8.1 to 3.8.3) have been abstracted from the 1992 Eurostat report. The labour force (the total number of those employed together with those officially registered as looking for employment) in Ireland was 1,321,000 in 1990. Two out of three of these were males. Approx. six out of ten are aged between 25 and 49 years. About one in five is under 25 years of age while the group of those over 50 is approximately the same. This applies equally to males and females. The group of women contains more young people (30% as against 19%) and fewer employees over the age of 50 (13% as against 21%).

**Table 3.8.1** Ireland, labour force (1990) distributed by age and gender, in thousands (Source: Eurostat, 1992)

| Age /<br>M/F | Males | Females | Total |
|--------------|-------|---------|-------|
| 14-24 years  | 166   | 131     | 296   |
| 25-49 years  | 525   | 258     | 783   |
| 50-64 years  | 160   | 48      | 207   |
| 65 and over  | 28    | 7       | 34    |
| Total        | 878   | 443     | 1321  |

Males are more often self-employed (30% as against 8%) and less often in paid employment. As regards distribution of the employed per sector, there are also significant differences between men and women. Over half of the total number employed (56%) work in the service sector. This is 77% in the case of women and 46% in the case of men. About one-third of males are employed in industry. In the case of working women, this applies to about one in five. In Ireland, 15% of the work population are employed in agriculture (21% of the men and 4% of the women).

The largest business sectors in Ireland are trade (including hotel and catering) (19%), the other services (18%) and agriculture and fisheries (15%). For men, the largest sectors are agriculture and fisheries (20%), trade (including hotel and catering) (16%), construction (11%) and other industries (10%). For women, these are in order: other services (34%), trade (incl. hotel and catering) (23%), banking and insurance (11%) and other industries (10%)

**Table 3.8.2** Ireland, persons in employment (1990) distributed by professional status, sector of activity and gender, in thousands (Source: Eurostat, 1992)

| Professional status/<br>Sector of activity/<br>M/F | Males | Females | Total |
|----------------------------------------------------|-------|---------|-------|
| <b>Employers and self-employed:</b>                | 120   | 7       | 127   |
| Agriculture                                        | 33    | -       | 35    |
| Industry                                           | 72    | 21      | 93    |
| Services                                           |       |         |       |
| <b>Employees:</b>                                  | 22    | -       | 24    |
| Agriculture                                        | 221   | 69      | 290   |
| Industry                                           | 272   | 261     | 533   |
| Services                                           |       |         |       |
| <b>Family workers:</b>                             | 13    | 8       | 22    |
| Agriculture                                        | -     | -       | -     |
| Industry                                           | -     | (4)     | 6     |
| Services                                           |       |         |       |

**Table 3.8.3** Ireland, persons in employment (1990) distributed by economic activity and gender, in thousands (Source: Eurostat, 1992)

| Economic activity/<br>M/F    | Males | Females | Total |
|------------------------------|-------|---------|-------|
| Agriculture and fisheries    | 155   | 18      | 173   |
| Energy and water             | 13    | -       | 14    |
| Chemical ind.                | 32    | 7       | 39    |
| Metal ind.                   | 52    | 23      | 75    |
| Other industries             | 78    | 37      | 114   |
| Construction                 | 80    | (3)     | 83    |
| Trade, hotel and catering    | 125   | 86      | 211   |
| Transport and communications | 50    | 13      | 63    |
| Banking and insurance        | 51    | 42      | 93    |
| Public service               | 43    | 18      | 61    |
| Other services               | 77    | 127     | 204   |
| Not known                    | (3)   | -       | (4)   |

### 3.8.3 Data on temporary and long-term or permanent work incapacity

In Ireland, there are no national statistics relating to absence due to illness or disability. A large-scale project on absenteeism, however, has recently been carried out. This was the *Irish Business and Employers Confederation (IBEC)* project involving 343 companies. In the companies surveyed, the percentage absenteeism in 1992 was 4.5% (males 4.1%; females 5.3%), the frequency 2.5 (males 1.4; females 2.5)\* and the average length was 4.4 days (males 5.9; females 4.2) per absence. Here it should be noted that the relevant survey not only counted absence on sick-leave but also absence for other reasons. It should also be realised that the companies which took part in the survey - as the researchers themselves observe - are among the companies with the best policies for the control of absenteeism. About three-quarters of the companies reported that absenteeism had remained constant or decreased during the previous year. The figures are therefore not representative of the absenteeism figures for Irish companies in general and will give an underestimation of the national picture.

Manual workers (unskilled 6.6%, skilled 4.7%) have significantly higher rates of absenteeism than white collar workers (3.4%). Managers have the lowest rate of absenteeism (1.4%). Table 3.8.4 shows percentage absenteeism in the various business sectors. Those where absenteeism is high are the non-metallic minerals, other services and the food industry. In the electronics, banking/-insurance/finance, other distribution and energy (coal/oil/elec/gas) absenteeism is actually low.

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\* The figures given in the report do not make sense here. Either the frequency is lower or the male/female distribution is not correct.

**Table 3.8.4** Ireland, percentage absenteeism days per person in 1992 per business sector (Source: IBEC, 1993)

| Business sector           | Percentage absenteeism days per person |
|---------------------------|----------------------------------------|
| Coal/Oil/Elec/Gas         | 3.6%                                   |
| Chem/Pharm/Health         | 3.9%                                   |
| Non-Metallic Mineral      | 7.0%                                   |
| Metals/Engineering        | 5.0%                                   |
| Electronics               | 3.8%                                   |
| Food                      | 3.3%                                   |
| Drink & Tobacco           | 5.4%                                   |
| Textiles/Footw/Cloth      | 5.0%                                   |
| Paper/Paper Products      | 5.1%                                   |
| Rubber/Plastics           | 4.7%                                   |
| Other Manufacturing       | 4.3%                                   |
| Retail/Distribution       | 4.9%                                   |
| Transport/Communication   | 4.1%                                   |
| Banking/Insurance/Finance | 3.4%                                   |
| Other Services            | 5.5%                                   |
| Other Distribution        | 3.6%                                   |

**Table 3.8.5** Ireland, percentage absenteeism in 1992 distributed by company size (Source IBEC, 1993)

| Company size       | Percentage absenteeism days per person |
|--------------------|----------------------------------------|
| Up to 50 employees | 3.2%                                   |
| 50-99 employees    | 3.8%                                   |
| 100-249 "          | 4.5%                                   |
| 250-499 "          | 4.6%                                   |
| 500-999 "          | 5.0%                                   |
| Over 1000 "        | 4.5%                                   |

The statistics on long-term and permanent disability have been abstracted from the 1991 Eurostat publication. This shows that the number of those long-term or permanently unfit for work in Ireland in 1989 was approx. 31,000 (2.3% of the total work population) and the number of those receiving benefit as the result of an occupational disease or injury at work was almost 9,000 (0.7% of the work population). Altogether, this accounts for some 40,000 people, or 3.0% of the total work population. Of these, 69% were male and 31% female. There are no other statistics available in regard to the distribution by age of those entitled to benefit.

### 3.9 Italy

#### 3.9.1 Characteristics of the social security system

**Temporary unfitness for work** in Italy is defined as being *unable to work due to illness or infirmity*. Maternity leave (5 months with benefit equal to 80% of gross pay) and parental leave (6 months with a benefit equal to 30%) are also covered by this legislation. As a result of collective labour agreements most women receive a topping up allowance from their employer up to 100%.

In Italy, a doctor's certificate is required. There is a waiting time of 3 days except in cases of tuberculosis. Benefit amounts to 50% of last-earned pay and from the 21st day this is increased to 66~~2~~3%. Some employers top up this benefit for their employees. The maximum period of benefit for temporary unfitness for work is 26 weeks in Italy.

In Italy, the regulations governing **long-term and permanent unfitness for work** distinguish between 'invalids' (*those whose capacity for work has been reduced to less than 45%*) and the 'disabled' (*those who are permanently unable to work at all*). In the case of invalids a minimum loss of 74% of working capacity applies as a condition of payment and in the case of the disabled, even a loss of working capacity of 100%. Neither scheme has any waiting period. For every calendar year of service, the employee receives 2% of the income earned in the last five years. After three years there is a further medical examination. After three medical examinations, benefit is automatically paid up to pensionable age (60 years of age for men, 55 for women).

In Italy, **occupational diseases and industrial accidents** are governed by the Decree dated 30 June 1965. In the case of temporary unfitness due to an occupational disease or industrial accident, the employer pays 100% of gross pay for the first day and 60% for the second and the third day. After this waiting period, benefit amounts also to 60% for the first ninety days, whereafter it is 75%. Benefit continues to be paid until recovery or consolidation of the damage to health is established. In the case of permanent disability benefit is calculated on the basis of the average pay during the

year preceding cessation of work. Depending on the extent of the disability, a benefit percentage of 11-100% may be reached. The minimum loss of earnings for occupational diseases and industrial accidents is 11%. As a result of collective labour agreements most workers receive a topping up allowance from their employer up to 100 % of the original earnings.

The above regulations do not apply to employees in the **public service**. In Italy, the latter have their own scheme covering temporary, long-term or permanent unfitness for work. We were unable to discover whether this scheme is a more favourable one. In the light of experience in other countries of the European Union, this is, however, quite likely.

### 3.9.2 Data on the composition of the work population

Statistics on the composition of the work population in Italy (see Tables 3.9.1 to 3.9.3) have been abstracted from the 1992 Eurostat report. The labour force in Italy was 23,535,000 in 1990. Almost two out of three (63%) of these are males. Also two out of three are aged between 25 and 49 years. This applies equally to men and women. The group of women contains more young people (21% as against 14%) and fewer employees over the age of 50 (15% as against 24%).

**Table 3.9.1 Italy, labour force (1990) distributed by age and gender, in thousands**  
(Source: Eurostat, 1992)

| Age /<br>M/F | Males | Females | Total |
|--------------|-------|---------|-------|
| 14-24 years  | 2133  | 1831    | 3963  |
| 25-49 years  | 9209  | 5500    | 14710 |
| 50-64 years  | 3303  | 1174    | 4477  |
| 65 and over  | 277   | 108     | 385   |
| Total        | 14922 | 8613    | 23535 |

Males are more often self-employed (28% as against 17%) and less often in the family business (2% as against 7%). About two in every three males work in paid employment. In the case of working females this is actually three out of four. As regards distribution of the employed per sector, there are again some differences between men and women. About six out of ten employed work in the service sector.

This is over 67% in the case of women and 54% in the case of men. Over one-third of males are employed (37%) in industry. In the case of working women, this applies to about one-quarter (23%). Almost 10% of Italian males and females are employed in the agrarian sector.

The largest business sectors in Italy are trade (including hotel and catering) (21% of the employed), other services (20%) and other industries (12%). For men, the largest sectors are trade (including hotel and catering) (20%), other services (15%) and construction (13%). For women, these are in order: other services (31%), trade (incl. hotel and catering) (22%), public industries (16%).

**Table 3.9.2 Italy, persons in employment (1990) distributed by professional status, sector of activity and gender, in thousands (Source: Eurostat, 1992)**

| Professional status/<br>Sector of activity/<br>M/F | Males | Females | Total |
|----------------------------------------------------|-------|---------|-------|
| <b>Employers and self-employed:</b>                | 681   | 235     | 916   |
| Agriculture                                        | 885   | 146     | 1032  |
| Industry                                           | 2387  | 817     | 3204  |
| Services                                           |       |         |       |
| <b>Employees:</b>                                  | 496   | 322     | 818   |
| Agriculture                                        | 4237  | 1479    | 5717  |
| Industry                                           | 4969  | 3724    | 8693  |
| Services                                           |       |         |       |
| <b>Family workers:</b>                             | 57    | 122     | 179   |
| Agriculture                                        | 68    | 61      | 129   |
| Industry                                           | 182   | 352     | 534   |
| Services                                           |       |         |       |

**Table 3.9.3 Italy, persons in employment (1990) distributed by economic activity and gender, in thousands (Source: Eurostat, 1992)**

| Economic activity/<br>M/F    | Males | Females | Total |
|------------------------------|-------|---------|-------|
| Agriculture and fisheries    | 1234  | 679     | 1913  |
| Energy and water             | 212   | 23      | 235   |
| Chemical ind.                | 569   | 138     | 707   |
| Metal ind.                   | 1243  | 268     | 1511  |
| Other industries             | 1391  | 1156    | 2547  |
| Construction                 | 1776  | 101     | 1877  |
| Trade, hotel and catering    | 2794  | 1622    | 4416  |
| Transport and communications | 986   | 157     | 1143  |
| Banking and insurance        | 532   | 351     | 882   |
| Public service               | 1182  | 496     | 1678  |
| Other services               | 2044  | 2269    | 4313  |
| Not known                    | -     | -       | -     |

### 3.9.3 Data on temporary and long-term or permanent work incapacity

Until recently, statistics in respect to temporary absences from work were provided in Italy by *Confindustria* and refer to the industrial sector. The most recent statistics date from 1990. In that year percentage absenteeism was 8.8% (inclusive) and 7.6% (exclusive of strikes). The total number of hours lost per employee was 153 and 133 respectively. There is no breakdown of these figures into males and females or age groups. Information is, however, available relating to the absenteeism in each business sector (Table 3.9.4) and per company size category (Table 3.9.5). Industrial sectors showing a relatively high rate of absenteeism are the textile and metal industries. In the timber and food industries absenteeism is relatively low. There is also a higher rate of absenteeism in large companies in Italy.

**Table 3.9.4 Italy, percentage absenteeism days per person distributed by industrial sector and length of absence (Source: Confindustria, 1993).**

| Industrial sector                   | Percentage absenteeism<br>days per person | Average duration |
|-------------------------------------|-------------------------------------------|------------------|
| Food                                | 6.5%                                      | 110 hours        |
| Metal                               | 9.1%                                      | 160 "            |
| Chemical, pharmaceutical and rubber | 8.4%                                      | 142 "            |
| Mining                              | 8.4%                                      | 142 "            |
| Textiles and clothing               | 10.3%                                     | 180 "            |
| Printing                            | 8.0%                                      | 121 "            |
| Leather and hides                   | 6.4%                                      | 114 "            |
| Timber                              | 5.1%                                      | 102 "            |
| Other sectors                       | 6.9%                                      | 128 "            |

**Table 3.9.5 Italy, percentage absenteeism days per person and average length of absence in 1992 distributed by company size (Source: Confindustria, 1993)**

| Company size       | Percentage absenteeism days per person | Average duration |
|--------------------|----------------------------------------|------------------|
| Up to 50 employees | 6.9%                                   | 120 hours        |
| 50-199 "           | 8.3%                                   | 147 hours        |
| 200-499 "          | 9.8%                                   | 167 hours        |
| Over 500 "         | 10.3%                                  | 176 hours        |

The statistics on long-term and permanent disability have been abstracted from the 1991 Eurostat publication. This shows that the number of those long-term or permanently unfit for work (including occupational diseases and industrial accidents) in Italy in 1988 was approx. 1,350,000, or 5.7% of the total work population. The ratio of males to females of those receiving benefit in Italy is not known. The majority (86%) of those receiving benefit are over 40 years of age; over one-third (37%) are over 60.

### **3.10 Luxembourg**

#### **3.10.1 Characteristics of the social security system**

**Temporary unfitness for work** in Luxembourg is covered by **Assurance maladie et du secteur de la santé** (Health insurance). Benefit is paid when an employee is *unable to work due to illness or as the result of an accident outside of work*. Maternity leave (16 weeks) is included in the scheme covering temporary unfitness for work.

In Luxembourg no medical certificate is required in the case of sick-leave. There is also no waiting period. The benefit is equivalent to the gross pay that would have been earned if work had continued. The maximum period of benefit for temporary unfitness for work is 52 weeks.

**Long-term and permanent unfitness for work** in Luxembourg is covered by the Social Insurance Act dated 27 July 1987. The criterion which applies is that as the result of a continuing illness or injury a person has lost the ability to work so that the employee

concerned is no longer able to carry on his/her original occupation or any other occupation suited to his/her capacities. No minimum loss of the capacity to work applies. The waiting period is one year, which corresponds to the maximum length of benefit under the temporary unfitness scheme. The benefit is in the form of a pension and therefore dependent upon the accumulated fund (number of years for which premium has been paid). Benefit may be paid up to pensionable age only, which in Luxembourg is 65.

In cases of **occupational diseases and industrial accidents**, the Accident Insurance covers payment of benefit equivalent to gross pay. This benefit is paid for a maximum of three weeks, after which the employee is entitled to an allowance for the duration of total or partial unfitness for work. This amounts to 80% of income for total incapacity and decreases in cases of partial incapacity. No minimum level applies. Allowances of less than 10% are paid in a lump sum at the end of three years. Between 10% and 40%, the recipient may request a settlement amount.

The above regulations do not apply to employees in the **public service**. In Luxembourg, the latter have their own scheme covering temporary, long-term or permanent unfitness for work. We were unable to discover whether this scheme is a more favourable one. In the light of experience in other countries of the European Union, this is, however, quite likely.

### 3.10.2 Data on the composition of the work population

Statistics on the composition of the work population in Luxembourg (see Tables 3.8.1 to 3.8.3) have been abstracted from the 1992 Eurostat report. The labour force (the total number of the employed together with those officially registered as looking for employment) in Luxembourg was 160,000 in 1990. Almost two out of three (65%) of these are males. A slightly larger group (71%) is aged between 25 and 49 years. About one in seven is under 25 years of age while the group of those over 50 is approximately the same. The group of women contains more young people (20% as against 11%) and fewer employees over the age of 50 (11% as against 18%).

Males are more often self-employed (11% as against 6%) and less often in the family business (n.a. as against 4%). Approx. nine out of ten employed males and females are in paid employment. In the case of working females this is actually three out of four. As regards distribution of the employed per sector, there are significant differences between men and women. About two-thirds of all the employed work in the service sector. This is over 91% in the case of women and 56% in the case of men. Approx. one out of four males (41%) are employed in industry. In the case of working women, this applies to about one in twelve (23%). Only a small proportion of the working population is employed in the agrarian sector in Luxembourg (3% of the men; 2% of the women).

**Table 3.10.1 Luxembourg, labour force (1990) distributed by age and gender, in thousands (Source: Eurostat, 1992)**

| Age /<br>M/F | Males | Females | Total |
|--------------|-------|---------|-------|
| 14-24 years  | 11    | 11      | 22    |
| 25-49 years  | 74    | 39      | 113   |
| 50-64 years  | 18    | 6       | 23    |
| 65 and over  | (1)   | -       | (1)   |
| Total        | 104   | 56      | 160   |

**Table 3.10.2 Luxembourg, persons in employment (1990) distributed by professional status, sector of activity and gender, in thousands (Source: Eurostat, 1992)**

| Professional status/<br>Sector of activity/<br>M/F | Males | Females | Total |
|----------------------------------------------------|-------|---------|-------|
| <b>Employers and self-employed:</b>                | 3     | -       | 4     |
| Agriculture                                        | 2     | -       | 2     |
| Industry                                           | 6     | 3       | 9     |
| Services                                           | -     | -       | -     |
| <b>Employees:</b>                                  | -     | -       | -     |
| Agriculture                                        | 40    | 4       | 44    |
| Industry                                           | 51    | 44      | 95    |
| Services                                           | -     | -       | -     |
| <b>Family workers:</b>                             | -     | (1)     | 2     |
| Agriculture                                        | -     | -       | -     |
| Industry                                           | -     | (1)     | (1)   |
| Services                                           | -     | -       | -     |

**Table 3.10.3** luxembourg, persons in employment (1990) distributed by economic activity and gender, in thousands (Source: Eurostat, 1992)

| Economic activity/<br>M/F       | Males | Females | Total |
|---------------------------------|-------|---------|-------|
| Agriculture and fisheries       | 4     | 2       | 6     |
| Energy and water                | 2     | -       | 2     |
| Chemical ind.                   | 13    | (1)     | 14    |
| Metal ind.                      | 5     | (1)     | 5     |
| Other industries                | 9     | 2       | 11    |
| Construction                    | 13    | (1)     | 14    |
| Trade, hotel and catering       | 17    | 15      | 32    |
| Transport and<br>communications | 9     | 2       | 10    |
| Banking and insurance           | 11    | 9       | 20    |
| Public service                  | 9     | 4       | 13    |
| Other services                  | 13    | 18      | 31    |
| Not known                       | -     | -       | -     |

The largest business sectors are the other services (20% of the employed), trade (including hotel and catering) (20% of the employed), and banking and insurance (13%). For men, the largest sectors are trade (including hotel and catering) (16%), the chemical industry, construction and other services (each 12%). For women, these are: other services (33%) and trade (incl. hotel and catering) (27%).

### 3.10.3 Data on temporary and long-term or permanent work incapacity

The national statistics for temporary, long-term or permanent unfitness for work are provided in Luxembourg by the *Inspection Générale de la Sécurité Sociale* (General Social Security Inspectorate). The figures for temporary unfitness refer to the total number of cases of illness (118,282) and the total number of days of absence (1,192,058) in 1992. They also give the average duration per spell (10.1 days) and the number of persons insured (91,616). Using these statistics, it is possible to calculate an average frequency of reporting sick, i.e. 1.3. Finally, statistics are supplied in relation to the average duration per spell, broken down according to age (see Table 3.10.4). It can be seen that, generally speaking, older people have a longer average period of absence than younger people.

**Table 3.10.4 Luxembourg, average duration per spell in 1992, distributed by age**  
(Source: Ministry of Social Security, 1993)

| Age group (years) | Average duration per spell |
|-------------------|----------------------------|
| Under 20          | 7.0 days                   |
| 20-24             | 7.8 days                   |
| 25-29             | 8.3 days                   |
| 30-34             | 9.0 days                   |
| 35-39             | 10.2 days                  |
| 40-44             | 11.5 days                  |
| 45-49             | 14.3 days                  |
| 50-54             | 16.3 days                  |
| 55-59             | 15.7 days                  |
| Over 60           | 19.4 days                  |

The statistics on long-term and permanent disability have been abstracted from the 1991 Eurostat publication. This shows that the number of those long-term or permanently unfit for work (including occupational diseases and industrial accidents) in Luxembourg in 1988 was approx. 15,000, or 9.6% of the total work population, made up of 74% males and 26% females. The majority (95%) of those receiving benefit were over 40 years of age; almost half (48%) were over 60.

### 3.11 The Netherlands

#### 3.11.1 Characteristics of the social security system

In the Netherlands, **temporary unfitness for work** is covered by the 1931 **Ziektewet** (Sickness Benefits Act) (ZW) (amended on 1 January 1994 by the Reduction of Absenteeism Act). The law entitles the employee to sickness benefit in the case of *unfitness to perform his work due to illness or infirmity*. Maternity leave (16 weeks) included under this Act.

In the Netherlands, no medical certificate is required at the time of reporting sick. Officially no waiting period applies. In practice these waiting days were usually re-insured by the body paying benefit as the result of collective labour agreements, so that the majority of employees simply continued to receive normal pay. With the introduction of the new legislation on 1 January 1994, this re-insurance by the body paying benefit is no longer possible. The first two or six weeks of absence are now a

matter of the employer's own risk. The length of the period depends on the size of the company. Employers and employees may also agree not to pay the first two days of absence. We did not discover whether this type of agreement is actually made in practice.

Benefit in the Netherlands is officially 70% of gross pay. Until recently most employees had this benefit topped up to 100% of their original pay. This risk was usually covered on the basis of collective labour agreements by re-insuring with the body paying benefit. Since the introduction of employer's own risk for two or six weeks, such re-insurance is no longer possible. The employer is obliged to pay at least 70% of normal pay, but is still allowed to top this up. However, if the employer wishes to insure this risk, a private insurer must be found.

The maximum period of benefit in relation to temporary unfitness for work in the Netherlands is 52 weeks.

**Long-term or permanent unfitness for work** is covered by the 1967 **Disablement Insurance Act (WAO)** and the 1976 **General Disablement Benefit Act (AAW)** (amended from 1.8.1993 by the Reduction of Benefit Claims Act). The Disablement Insurance Act covers insurance for those in employment while the General Disablement Benefit Act governs insurance by the general public. Benefit is paid in a case where *as the result of illness or infirmity an employee is wholly or partially unable to earn by work the same amount as a healthy person with similar qualifications would normally earn.*

A minimum loss of earning capacity of 15% applies for the former Act and 25% for the latter. The waiting period is one year, during which period benefit is paid under the Sickness Benefits Act. Benefit is dependent on loss of earning capacity. Employee benefit (WAO) is 70% of last-earned

pay; the general benefit (AAW) is a maximum of 70% of the minimum wage. Since August 1993 the period for a 70% WAO benefit (maximum 6 years) has been age-related. After this period, a lower continuity benefit is paid, partly dependent on the

age at which the original benefit commenced and on loss of earning capacity. Benefit may be paid up to pensionable age (65 years) only.

In the Netherlands there is no special scheme for **occupational diseases and industrial accidents**. These cases are fully covered by the schemes for temporary, long-term or permanent unfitness for work.

Employees in the **public service** had until recently a more favourable scheme covering unfitness for work. Temporary sickness benefit was normally continued and could even be paid for a period exceeding 52 weeks. In the case of long-term unfitness for work, public service employees were eligible for an invalidity pension which would continue until pensionable age. Gradually, however, this was discontinued. The intention is that as of 1 January 1996 public service employees will be covered by the employee insurance acts (ZW and WAO).

### 3.11.2 Data on the composition of the work population

Statistics on the composition of the work population in the Netherlands (see Tables 3.11.1 to 3.11.3) have been abstracted from the 1992 Eurostat report. The labour force (the total number of the employed together with those officially registered as looking for employment) in the Netherlands was 6,763,000 in 1990. Approx. six out of ten are males. Approx. two-thirds of the labour force is aged between 25 and 49 years. This applies equally to males and females. The group of women contains more young people (26% as against 17%) and fewer workers over the age of 50 (11% as against 16%).

**Table 3.11.1 Netherlands, labour force (1990) distributed by age and gender, in thousands (Source: Eurostat, 1992)**

| Age /<br>M/F | Males | Females | Total |
|--------------|-------|---------|-------|
| 14-24 years  | 688   | 686     | 1373  |
| 25-49 years  | 2738  | 1686    | 4424  |
| 50-64 years  | 634   | 267     | 901   |
| 65 and over  | 51    | 13      | 64    |
| Total        | 4110  | 2652    | 6763  |

Males are more often self-employed (11% as against 8%) and less often in the family business (0.3% as against 5%). Almost nine out of ten employed males and females are in paid employment. As regards distribution of the employed per sector, there are significant differences between men and women. Over two-thirds of all the employed (69%) work in the service sector. This is 86% in the case of women and 59% in the case of men. Approx. one out of three males (36%) are employed in industry. In the case of working women, this applies to about one in nine. Only a small proportion of the working population is employed in the agrarian sector in Luxembourg (5% of the men; 3% of the women).

**Table 3.11.2 Netherlands, persons in employment (1990) distributed by professional status, sector of activity and gender, in thousands (Source: Eurostat, 1992)**

| Professional status/<br>Sector of activity/<br>M/F | Males | Females | Total |
|----------------------------------------------------|-------|---------|-------|
| <b>Employers and self-employed:</b>                | 121   | 11      | 132   |
| Agriculture                                        | 56    | 10      | 66    |
| Industry                                           | 256   | 159     | 415   |
| Services                                           |       |         |       |
| <b>Employees:</b>                                  | 81    | 28      | 109   |
| Agriculture                                        | 1309  | 238     | 1547  |
| Industry                                           | 2003  | 1787    | 3790  |
| Services                                           |       |         |       |
| <b>Family workers:</b>                             | 7     | 40      | 47    |
| Agriculture                                        | -     | 11      | 12    |
| Industry                                           | 5     | 57      | 62    |
| Services                                           |       |         |       |

The largest business sectors are the other services (26% of the employed), trade (including hotel and catering) (19% of the employed), and banking and insurance (11%). For men, the largest sectors are trade (including hotel and catering) (17%), other services (15%), banking and insurance (11%), other industries (11%) and the construction industry (10%). For women, these are: other services (47%), trade (incl. hotel and catering) (22%) and banking and insurance (12%).

**Table 3.11.3 Netherlands, persons in employment (1990) distributed by economic activity and gender, in thousands (Source: Eurostat, 1992)**

| Economic activity/<br>M/F       | Males | Females | Total |
|---------------------------------|-------|---------|-------|
| Agriculture and fisheries       | 209   | 79      | 289   |
| Energy and water                | 53    | 8       | 61    |
| Chemical ind.                   | 147   | 21      | 167   |
| Metal ind.                      | 349   | 52      | 401   |
| Other industries                | 412   | 146     | 557   |
| Construction                    | 405   | 34      | 439   |
| Trade, hotel and catering       | 666   | 502     | 1168  |
| Transport and<br>communications | 306   | 69      | 376   |
| Banking and insurance           | 431   | 263     | 694   |
| Public service                  | 280   | 103     | 383   |
| Other services                  | 581   | 1068    | 1649  |
| Not known                       | 36    | 17      | 52    |

### 3.11.3 Data on temporary and long-term or permanent work incapacity

The Social Insurance Council publishes national statistics for temporary, long-term and permanent absences in the Netherlands. These statistics are based on data received from the bodies paying benefits. From 1 January 1994, the figures for temporary absences will be less reliable, since not all companies will report absences taking place within their 'own risk' period (two/six weeks) to the benefit-paying body. No change is anticipated in respect of the other statistics upon the introduction of the new legislation.

The most recent figures relate to 1992. The percentage absence due to illness in that year was 7.7% (males 6.8%; females 9.1%), absence frequency 1.6 (no breakdown for gender) and the average length of absence 16.7 days (again no breakdown for gender). No further breakdown of these statistics into (gender) age and occupational group was available. For this, one must fall back on the small number of voluntary records of absence due to illness and on research projects. The NIPG-TNO absence statistics, based on figures supplied by companies, show for example that the percentage absence for white collar workers (5.4% in 1992) is significantly lower than that for production workers (8.5% in 1992). The national statistics contain absence statistics (percentages) per sector or benefit-paying body, however. Table 3.11.4 shows the most important of these.

**Table 3.11.4 The Netherlands, absences due to illness as a percentage per sector in 1992 (Source SVr. 1994)**

| Sector/benefit-paying body | Percentage absenteeism days per person |
|----------------------------|----------------------------------------|
| Agriculture                | 6.2%                                   |
| Dairy                      | 6.7%                                   |
| Construction               | 9.4%                                   |
| Wood & timber              | 8.8%                                   |
| Printing & publishing      | 7.6%                                   |
| Metal industry             | 7.9%                                   |
| Bakeries                   | 6.0%                                   |
| Cattle & meat              | 9.5%                                   |
| Retail distribution        | 8.0%                                   |
| Harbours                   | 6.3%                                   |
| Merchant services          | 5.1%                                   |
| Transport                  | 7.1%                                   |
| Hotels & catering          | 8.0%                                   |
| Health                     | 9.1%                                   |
| Banking & finance          | 5.2%                                   |

The 1991 Eurostat statistics show that the number of long-term or permanently unfit for work in the Netherlands in 1988 was approx. 814,000, or 12.0% of the total work population, 70% being males and 30% females. Those entitled to benefit are relatively young in the Netherlands. About three-quarters (75%) of those entitled to benefit are over 40; 20% are over 60 years of age. At the end of 1992 the number of long-term or permanently disabled was 912,400, or 12.6% of the work population (Social Insurance Council, 1993). The chief diagnosis categories were disorders of the motor system and mental illnesses (both responsible for approx. 30% of the total disabled).

### **3.12 Portugal**

#### **3.12.1 Characteristics of the social security system**

In Portugal, **temporary unfitness for work** is covered by the **Decree-Law 132/88**, dated 20 april 1988 (Illness Insurance regulation), as a development of the 1984 **Social Security Framework Act** (Law 28/84, dated 14 august 1984). Illness is defined as: *each and every morbid and evolutionary situation, causing temporary unfitness for work, but whose etiology can not be ascribed to occupation* (Art. 2). Maternity leave (90 days) is covered by a separate scheme in Portugal.

In Portugal, a medical certificate is required from the fourth day of absence. After 30 days of absence a fresh certificate must be submitted. A medical certificate is also required before work is resumed. In addition, there are three waiting days, except if the employee has been admitted to hospital or has tuberculosis. Daily benefit amounts up to 65% of medium-earned pay in the last 180 calendar days. In case of tuberculosis benefit amounts even up to 80% or 100%, depending on the size of the worker's family. The daily amount of illness benefit can not be less than 30% of the minimum daily wage paid by the worker's business sector. The benefit is sometimes topped up by the employer (including the first three days). The maximum period of benefit for temporary unfitness for work is 365 days for those in employment. The benefit may be extended to a maximum of 1095 days, in the case of permanent unfitness for work and if the worker is not yet eligible for an invalidity pension.

**Long-term or permanent unfitness for work** is covered by the **Decree-Law 323/93**, dated 25 September 1993 (Invalidity and Old Age Insurance Act), another regulation of the 1984 **Social Security Framework Act**. Benefit is based on *permanent incapacity - physical or mental - for the performance of one's occupation as the result of illness or accident for which no compensation has been awarded under the scheme for occupational diseases and accidents*. The minimum loss of earning capacity is 66⅔% after 1 year work incapacity and 50% after three years of work incapacity. In order to be eligible for benefit under the scheme, a worker must be unfit for work for one year (period of sickness benefit). Benefit is dependent on premiums paid and on the best earned pay in ten years from the last fifteen years (minimum 30% and maximum 80%). For every calendar year for which premium has been paid, 2% of last-earned pay is awarded. Dependent spouses are also entitled to an allowance. Benefit may be paid only up to pensionable age (65 years for men; 62 for women).

**Occupational diseases and industrial accidents** are covered by **Law No. 2127** dated 3 August 1965. Officially there is no waiting period. In the case of occupational diseases, however, it usually takes one year for the formalities to be completed and the diagnosis confirmed. No minimum loss of earning capacity applies. Benefit is calculated on the basis of 80% of income earned over and above the national

minimum wage. The employee received two-thirds of this; one-third during the first three days. The invalidity pension is calculated on the same basis. If disability is less than 50%, the basis for calculation is reduced to 70% of earned income over and above the national minimum wage for the sector. In the case of total permanent disability, an annuity pension of 80% of the calculation basis is awarded. In the case of (total or partial) disablement, there is no maximum period of benefit.

The above regulations do not apply to employees in the **public service**. The latter have their own scheme covering temporary, long-term or permanent unfitness for work in Portugal. They receive 83.35% of pay for up to 30 days. If absence is for longer than 30 days, public servants receive full pay (for a maximum of 18 months). After this period, the public service employee is eligible for an early pension.

### 3.12.2 Data on the composition of the work population

Statistics on the composition of the work population in Portugal (see Tables 3.12.1 to 3.12.3) have been abstracted from the 1992 Eurostat report. The labour force (the total number of those employed together with those officially registered as looking for employment) in Portugal was 4,878,000 in 1990. Over half of these (57%) are males. Also over half of the labour force (55%) is aged between 25 and 49 years. This applies equally to males and females. About one in five of the workers is under 25 years of age and a quarter are over 50. The group of women contains fewer persons over the age of 50 (21% as against 27%).

**Table 3.12.1 Portugal, labour force (1990) distributed by age and gender, in thousands (Source: Eurostat, 1992)**

| Age<br>M/F  | Males | Females | Total |
|-------------|-------|---------|-------|
| 14-24 years | 541   | 451     | 992   |
| 25-49 years | 1481  | 1203    | 2684  |
| 50-64 years | 644   | 373     | 1017  |
| 65 and over | 120   | 65      | 185   |
| Total       | 2786  | 2092    | 4878  |

In Portugal, approximately the same proportion of males and females are self-employed (26% of each) or in paid employment (72% as against 70%). Among

women, more work in the family business (4% as against 2%). As regards distribution of the employed per sector, there are relatively few differences between men and women. Almost half of all the employed (48%) work in the service sector. This is 53% in the case of women and 44% in the case of men. Four out of ten males are employed in industry. In the case of working women, this applies to about one quarter. In Portugal, 18% of the working population are employed in the in the agrisector (16% of the men; 21% of the women).

**Table 3.12.2 Portugal, persons in employment (1990) distributed by professional status, sector of activity and gender, in thousands (Source: Eurostat, 1992)**

| Professional status/<br>Sector of activity/<br>M/F | Males | Females | Total |
|----------------------------------------------------|-------|---------|-------|
| <b>Employers and self-employed:</b>                | 274   | 309     | 584   |
| Agriculture                                        | 148   | 40      | 188   |
| Industry                                           | 270   | 158     | 428   |
| Services                                           |       |         |       |
| <b>Employees:</b>                                  | 111   | 55      | 166   |
| Agriculture                                        | 924   | 459     | 1383  |
| Industry                                           | 900   | 849     | 1750  |
| Services                                           |       |         |       |
| <b>Family workers:</b>                             | 38    | 53      | 91    |
| Agriculture                                        | 7     | (4)     | 11    |
| Industry                                           | 13    | 25      | 38    |
| Services                                           |       |         |       |

The largest business sectors in Portugal are agriculture and fisheries (18% of the employed), trade (including hotel and catering) (17% of the employed), other industries (17%) and other services (13%). For men, the largest sectors are trade (including hotel and catering) (18%), agriculture and fisheries (16%), and the construction and other industries (each 14%). For women, these are in order: other services (24%), agriculture and fisheries (21%) and the other industries (21%).

**Table 3.12.3 Portugal, persons in employment (1990) distributed by economic activity and gender, in thousands (Source: Eurostat, 1992)**

| Economic activity/<br>M/F       | Males      | Females  | Total      |
|---------------------------------|------------|----------|------------|
| Agriculture and fisheries       | 423        | 417      | 840        |
| Energy and water                | 41         | (4)      | 45         |
| Chemical ind.                   | 132        | 43       | 175        |
| Metal ind.                      | 171        | 37       | 207        |
| Other industries                | 365        | 407      | 772        |
| Construction                    | 369        | 12       | 381        |
| Trade, hotel and catering       | 493        | 316      | 809        |
| Transport and<br>communications | 175<br>140 | 39<br>71 | 213<br>211 |
| Banking and insurance           | 220        | 138      | 358        |
| Public service                  | 156        | 468      | 624        |
| Other services                  | 10         | (3)      | 13         |
| Not known                       |            |          |            |

### 3.12.3 Data on temporary and long-term or permanent work incapacity

The national statistics for temporary, long-term or permanent unfitness for work are provided in Portugal by the Ministry of Employment and Social Security. These figures were obtained from medium-sized and large companies (equal to or over 100 employees) and are based on a corporate social audit yearly reported to the Department of Labour. The most recent statistics refer to 1990 (approximately 2.000 companies and 800.000 employees). In that year the absenteeism percentage was 8.0%. This includes, however, not only absence due to illness but also (paid and unpaid) absences for other reasons such as maternity or compassionate leave (maximum 12 days a year). These last reasons account for approximately a quarter of the absence volume. No information was available on the breakdown of the statistics for age or gender. Table 3.12.4, however, provides information on absenteeism in the various sectors and sizes of company.

**Table 3.12.4 Portugal, Percentage absenteeism days per person in 1990 distributed by business sector and company size (Source: Ministry of Employment and Social Security, 1992)**

| Sector                       | Company size | 100-199 employees | 200-499 employees | Over 500 employees | Total |
|------------------------------|--------------|-------------------|-------------------|--------------------|-------|
| Agriculture and fisheries    |              | 6.1%              | 3.9%              | 1.3%               | 3.9%  |
| Mining                       |              | 9.5%              | 7.3%              | 10.3%              | 9.0%  |
| Industry                     |              | 8.4%              | 9.4%              | 9.5%               | 9.2%  |
| Electricity, gas and water   |              | -                 | -                 | 10.4%              | 10.4% |
| Construction                 |              | 6.9%              | 7.2%              | 6.1%               | 6.5%  |
| Trade, hotel and catering    |              | 5.4%              | 6.7%              | 7.9%               | 6.7%  |
| Transport and communications |              | 6.3%              | 6.0%              | 7.5%               | 7.3%  |
| Banking and insurance        |              | 3.8%              | 3.7%              | 4.0%               | 4.0%  |
| Other services               |              | 4.9%              | 6.3%              | 8.4%               | 6.9%  |
| Total                        |              | 7.4%              | 8.4%              | 7.9%               | 8.0%  |

Absenteeism is highest in the energy boards, industry and mining. In the agricultural sector and in banking and insurance in Portugal, absenteeism as lowest. There is not much difference in absenteeism between the different company size categories. The highest percentage is in the medium-sized concerns. The lowest is in companies with between 100 and 199 employees.

The 1991 Eurostat statistics show that the number of long-term or permanently unfit for work in Portugal in 1988 was approx. 490,000 (10.1% of the total work population) and the number of those entitled to benefit as the result of an occupational illness or industrial accident was approx. 68,000 (1.4% of the total work population). Altogether, this accounts for almost 560,000 people, or 11.4% of the total work population. Almost half (46%) of those entitled to benefit are male; over half (54%) are female. The majority (88%) are over 40; almost one-third (31%) are over 60 years of age. According to Graça et al. (1994b) long-term and permanent work incapacity are underreported in the official statistics in Portugal. For example these statistics do not take into account the disability of civil servants.

### 3.13 Spain

#### 3.13.1 Characteristics of the social security system

In Spain, **temporary unfit for work** is covered by the 1974 **General Social Security Act**. In order to qualify for benefit one should be *unable to work as the result of illness, infirmity or accident*. Maternity leave (14 weeks) is also covered by scheme for temporary unfit for work.

In Spain, a medical certificate is required from the fourth day of absence. From the fourth to the twentieth day the employee receives benefit amounting to 60% of last-earned pay, after which it rises to 75%. Most workers, on the basis of a collective agreement, receive during a shorter or longer period a topping-up allowance from their employer for up to 90% to 100% of their last-earned pay (including for the waiting period). In Spain, the first 15 days of absence (except for the waiting days) are at the employer's own risk.

The maximum period of benefit for temporary unfit for work in Spain is 12 months with a possible extension of six months if it is anticipated that the employee will cease to be unfit for work within that period.

**Long-term or permanent unfit for work** is covered by the same **Social Security Act**. There are two variations in the legislation for long-term or permanent disability.

- a) Provisional disability (*the employee is unable to resume work after the period of temporary sick-leave but disability is not expected to be of a permanent nature*);
- b) Permanent disability (*serious anatomical or functional damage to the health which can be determined objectively and which may be expected to be permanent and which has considerably reduced or totally eliminated the person's capacity to work*).

The minimum loss of earning capacity is 33%. In addition there is a waiting period of one year, corresponding to the maximum period of benefit for temporary unfit. For provisional disability, a benefit of 75% of last-earned pay is paid. In the case of permanent disability, the employee receives - depending on the degree of disability

and the number of years for which premium has been paid - an invalidity pension. The employer usually tops this up as well. For provisional disability, benefit is paid up to a maximum of 6 years (including the period of sick-leave). In the case of permanent disability, there is no maximum period.

**Occupational diseases and industrial accidents** are covered by **General Social Security Act** dating from 1974. There is no waiting period. The minimum loss of earning capacity is 33%. Benefit for temporary unfitness for work is 75% of last-earned pay. If occupational diseases or accidents lead to permanent disability, the employee concerned receives a disability pension based on last-earned income. Benefit is also dependent on the degree of disability. If there is no permanent disability but some permanent injury, compensation is paid out in a lump sum. If disability is permanent, under the scheme for occupational diseases and industrial accidents in Spain, there is no maximum period of benefit.

The above regulations do not apply to employees in the **public service**. In Spain, the latter have their own scheme covering temporary, long-term or permanent unfitness for work. We were unable to discover whether this scheme is a more favourable one. In the light of experience in other countries of the European Union, this is, however, quite likely.

### 3.13.2 Data on the composition of the work population

Statistics on the composition of the work population in Spain (see Tables 3.13.1 to 3.13.3) have been abstracted from the 1992 Eurostat report. The labour force ((the total number of those employed together with those officially registered as looking for employment) in Spain was 14,990,000 in 1990. Almost two out of every three (65%) are males. Approximately six out of ten (59%) are aged between 25 and 49 years. This applies equally to males and females. About one in five is under 25 years of age and an approximately equal group are over 50. The group of women contains more young people (26% as against 17%) and fewer persons over the age of 50 (16% as against 24%).

**Table 3.13.1 Spain, labour force (1990) distributed by age and gender, in thousands (Source: Eurostat, 1992)**

| Age /<br>M/F | Males       | Females     | Total        |
|--------------|-------------|-------------|--------------|
| 14-24 years  | 1638        | 1364        | 3002         |
| 25-49 years  | 5720        | 3071        | 8791         |
| 50-64 years  | 2275        | 784         | 3058         |
| 65 and over  | 85          | 54          | 138          |
| <b>Total</b> | <b>9718</b> | <b>5272</b> | <b>14990</b> |

In Spain, males are more often self-employed (23% as against 16% females) and less frequently work in the family business (3% as against 11%). Almost three-quarters of both men and women are in paid employment. As regards distribution of the employed per sector, there are significant differences between men and women. Over half of all the employed (55%) work in the service sector. This is 72% in the case of women and 46% in the case of men. About one in four males are employed in industry. In the case of working women, this applies to about one in five or six. In Spain, 12% of the working population are employed in the in the agrisector (13% of the men; 10% of the women).

**Table 3.13.2 Spain, persons in employment (1990) distributed by professional status, sector of activity and gender, in thousands (Source: Eurostat, 1992)**

| Professional status/<br>Sector of activity/<br>M/F | Males | Females | Total |
|----------------------------------------------------|-------|---------|-------|
| <b>Employers and self-employed:</b>                | 568   | 166     | 734   |
| Agriculture                                        | 464   | 60      | 525   |
| Industry                                           | 946   | 411     | 1368  |
| Services                                           |       |         |       |
| <b>Employees:</b>                                  | 404   | 65      | 468   |
| Agriculture                                        | 2984  | 614     | 3597  |
| Industry                                           | 2913  | 2249    | 5162  |
| Services                                           |       |         |       |
| <b>Family workers:</b>                             | 117   | 174     | 290   |
| Agriculture                                        | 41    | 32      | 73    |
| Industry                                           | 97    | 216     | 313   |
| Services                                           |       |         |       |

**Table 3.13.3 Spain, persons in employment (1990) distributed by economic activity and gender, in thousands (Source: Eurostat, 1992)**

| Economic activity/<br>M/F    | Males | Females | Total |
|------------------------------|-------|---------|-------|
| Agriculture and fisheries    | 1091  | 405     | 1496  |
| Energy and water             | 132   | 9       | 142   |
| Chemical ind.                | 388   | 66      | 453   |
| Metal ind.                   | 840   | 103     | 943   |
| Other industries             | 962   | 491     | 1453  |
| Construction                 | 1175  | 39      | 1214  |
| Trade, hotel and catering    | 1687  | 1060    | 2747  |
| Transport and communications | 629   | 89      | 718   |
| Banking and insurance        | 472   | 204     | 676   |
| Banking and insurance        | 481   | 226     | 707   |
| Public service               | 696   | 1036    | 2003  |
| Other services               | -     | -       | -     |
| Not known                    | -     | -       | -     |

The largest business sectors are trade (including hotel and catering) (22% of the employed), other services (16%), agriculture and fisheries and other industries (both 12%). For men, the largest sectors are trade (including hotel and catering) (20%), construction (14%), agriculture and fisheries (13%) and other industries (11%). For women, these are in order: trade (including hotel and catering) (28%), other services (28%), other industries (13%) and agriculture and fisheries (11%).

### 3.13.3 Data on temporary and long-term or permanent work incapacity

So far, no statistical information has been found relating to temporary unfitness for work in Spain. From the bibliography (Chapter 1) it appears that the *Instituto Nacional de Estadística* provides current national statistics including those for absenteeism in Spain.

From the Eurostat figures for 1992 the number of 'provisionally disabled' persons in Spain in 1989 was approx. 45,000 (0.3% of the total work population) and the number of 'permanently disabled' over 1,440,000 (9.6% of the work population). In addition, that year another approx. 116,000 employees received benefit in respect of occupational diseases or industrial accidents (0.8% of the work population). Together, this adds up to over 1,600,000 workers, of 10.7% of the total work population. About two-thirds of these were male and one-third female. The majority (97%) of those entitled to benefit were over 40 years of age; about 70% were over 60, and 6% even

over 80. These high ages are due to a lack of any maximum period for benefit under most of the schemes.

## 4. CONCLUSIONS

### 4.1 Conclusions regarding the literature

What does the literature discovered say about absenteeism in the member states of the European Union? Countries clearly differ in their traditional attitudes to absenteeism.

In Greece there seems to be only a limited interest in absenteeism, reflected in the absence of Greek publications on this subject in the main bibliographical sources and the fact that no absenteeism experts could be traced in this project. In Portugal, little attention was paid in the past to absenteeism but in recent years interest appears to have been growing. The situation in Denmark and Italy is exactly the opposite: until recent years great attention was paid to absenteeism but interest has lately been waning. In the case of most of the other countries (Belgium, Germany, France, Ireland, the United Kingdom, the Netherlands and Spain), there has always been concern about absenteeism and in recent times this interest has not slackened. There are, however, differences in emphasis from country to country. The main peculiarities are as follows. There is a distinction made between statistical, research and review literature and descriptions of projects on the subject of absenteeism. In Belgium, for example, there are no national statistics on absences due to illness and no examples of projects to combat absenteeism were discovered. The German literature is representative of each of the subjects but the collective German sources nevertheless give the impression that their interest is chiefly in practical directions and in ideas for measures to be taken. The French publications give a broad overview but campaigns to combat absenteeism were found in only one state-owned organisation and in none of the private sector enterprises. The British, Irish and Dutch publications give a balanced picture of the situation in these countries. The situation in Luxembourg is gleaned only from government and other official publications and no anti-absenteeism projects were discovered. Thus, the view of the Luxembourg situation has been rather one-sided. In Portugal, the publications are practically all from the same source. The

Spanish research literature was found to concentrate mainly on hospitals and no examples of projects to reduce absenteeism in private companies were found.

#### **4.2 Conclusions regarding the social security systems**

Table 4.1 gives a summary of the main characteristics of the social security system in relation to absence through illness and disability in the member states of the European Union.

**Table 4.1: Summary of the main characteristics of the social security system relating to sick-leave in the various member states of the European Union**

|                                                                          | Belgium      | Denmark   | Germany   | France      | Greece      | U.K.        | Ireland     | Italy       | Luxembourg | Netherlands | Portugal    | Spain        |
|--------------------------------------------------------------------------|--------------|-----------|-----------|-------------|-------------|-------------|-------------|-------------|------------|-------------|-------------|--------------|
| <b>Regulations for temporary work incapacity:</b>                        |              |           |           |             |             |             |             |             |            |             |             |              |
| - certificate needed                                                     | Yes          | No        | Yes (3)   | Yes         | Yes         | Yes         | No          | No          | No         | No          | Yes         | Yes          |
| - waiting days                                                           | 1 day (1)    | None      | None      | 3 days      | 3 days (6)  | 3 days      | 3 days      | 3 days      | None       | 2 days (11) | 3 days      | 3 days       |
| - full pay                                                               | 14/30 d. (2) | 14 days   | 6 weeks   | n.a.        | n.a.        | n.a.        | n.a.        | n.a.        | 52 weeks   | n.a.        | n.a.        | n.a.         |
| - benefits level<br>(perc. of gross earnings)                            | 60%          | up to 90% | 80%       | 50-67% (4)  | 50-70% (7)  | fixed (8)   | fixed (9)   | 50/67% (10) | 100%       | 70% (12)    | 65% (13)    | 60/75% (15)  |
| - maximum duration                                                       | 52 weeks     | 52 weeks  | 78 weeks  | 12 mnth (5) | 360 days    | 28 weeks    | 375 days    | 26 weeks    | 52 weeks   | 52 weeks    | 365 d.(14)  | 12 mnth (16) |
| maternity leave included:                                                | Yes          | Yes       | Yes       | No          | Yes         | No          | No          | Yes         | Yes        | Yes         | No          | Yes          |
| - leave period                                                           | 14 weeks     | 28 weeks  | 14 weeks  | 16 weeks    | 84 days     | 18 weeks    | 14 weeks    | 5 months    | 16 weeks   | 16 weeks    | 90 days     | 14 weeks     |
| separate regulations for blue and white collar workers:                  | Yes          | No        | Yes       | No          | No          | No          | No          | No          | No         | No          | No          | No           |
| <b>Regulations for long-term or permanent work incapacity:</b>           |              |           |           |             |             |             |             |             |            |             |             |              |
| - waiting period                                                         | 1 year       | None      | None      | None        | None        | 28 weeks    | 1 year      | None        | 1 year     | 1 year      | 1 year      | 1 year       |
| - minimum loss of earning capacity                                       | 67%          | 50%       | 50%       | 67%         | 33%         | None        | None        | 67%         | None       | 15%         | 50/67% (18) | 33%          |
| - benefits level<br>(perc. of gross earnings)                            | 40%-65%      | pension   | pension   | 30%-90%     | pension     | fixed (17)  | fixed rates | pension     | pension    | max. 70%    | pension     | 75%/p. (19)  |
| - maximum age                                                            | 60/65 years  | 67 years  | unlimited | 60 years    | 60/65 years | 60/65 years | unlimited   | 55/60 years | 65 years   | 65 years    | 62/65 years | unlimited    |
| <b>Separate regulations for work injuries and occupational diseases:</b> |              |           |           |             |             |             |             |             |            |             |             |              |
|                                                                          | Yes          | Yes       | Yes       | Yes         | Yes         | Yes         | Yes         | Yes         | Yes        | No          | Yes         | Yes          |
| <b>Separate regulations for civil servants:</b>                          |              |           |           |             |             |             |             |             |            |             |             |              |
|                                                                          | Yes          | No        | Yes       | No          | Yes         | No          | Yes         | Yes         | Yes        | Yes         | Yes         | Yes          |

## Notes of Table 4.1:

- (1) The waiting period of one day is waived when the absence lasts 14 days or more.
- (2) Manual workers get full payment for the first 14 days and white collar workers for the first 30 days. In practice the employer makes up the blue collar workers' benefit to full pay for up to 30 days also.
- (3) Manual workers require a doctor's certificate from the first day of absence; this does not apply to white collar workers until the fourth day of absence.
- (4) The benefits level depends on the family situation; from standard (50%) to 3 or more children (66⅔%) of gross pay.
- (5) In exceptional circumstances, for example in case of certain 'slow' illnesses, the benefit may be extended to a maximum of 36 months and, if the employee is following a reintegration course, even up to a maximum of 48 months.
- (6) The waiting period of three days is not applied if the absence lasts longer than three days.
- (7) The benefit amounts to 50% of income in the category in which one is employed, plus 10% for each person who is financially dependent on the absentee, with a maximum of 70% of the pay category. For the first month the employer usually pays the difference between the benefit and the original earnings. Thereafter, workers are usually dependent on the benefit.
- (8) Many employees get an extra sum from their employer.
- (9) Workers receive a fixed amount of benefit plus an income related benefit. Many employers top up these benefits for their employees. In this manner many employees receive full pay for the first two weeks.
- (10) During the first three weeks benefit amounts to 50% of last-earned pay; after this period it is increased to 66⅔%. Some employers top up this benefit for their employees.
- (11) As result of collective labour agreements the majority of the employees receive a normal pay during the waiting period.
- (12) The official benefit is 70% of gross earnings, but most employees have this benefit topped up to 100% of their original pay until the maximum duration of 52 weeks.
- (13) The benefit of 65% is sometimes topped up by the employer.
- (14) The maximum period of benefit for temporary unfitness for work is 365 days. This period may be extended to a maximum of 1095 days, in the case of permanent unfitness for work and the worker is not yet eligible for an invalidity pension.
- (15) From the fourth to the twentieth day the employee receives a benefit of 60% of the last-earned pay; after this period the benefit rises to 75%. Most workers receive a topping up allowance from their employer up to 90% or 100% of their last-earned pay (including for the waiting period).
- (16) The maximum period of 12 months may be extended with six months if it is anticipated that the employee will cease to be unfit for work within this period.
- (17) Some employers receive an extra sum from their employer.
- (18) The minimum loss of earning capacity is 66⅔% after 1 year work incapacity and 50% after three years of work incapacity.
- (19) In case of provisional disability a benefit of 75% of gross earnings is paid; in case of permanent disability the employer receives an invalidity pension. The employer usually tops this up.

It may be seen that very great differences exist in the regulations governing absences due to illness and disability in the various member states. The European employee who has to interrupt work temporarily or for a long period due to illness or disability is - depending on the country in which he or she works - confronted by very diverse regulations. In one country a person unfit for work will be paid normally for a period (Belgium, Denmark, Germany, Luxembourg and the Netherlands), while temporary unfitness for work in another country will mean a halving of the person's income (France, Greece, Italy). Nor does this mean that countries which have a favourable system of benefits for temporary absences also have favourable regulations governing long-term or permanent sick-leave. Some countries with very favourable arrangements for temporary sick-leave (Denmark, Germany and Luxembourg) have a pension scheme to cover long-term or permanent disability. With such a scheme the benefit is (partly) dependent on the number of years for which one has paid the premium. If a person becomes permanently disabled at a young age, this is accompanied by a substantial decrease in income. If the illness concerned is the result of an occupational disease or accident at work, there is, in most of the EU countries, a more favourable arrangement. Civil servants have also, in most of the countries, more favourable arrangements than those employed in the private sector.

If the regulations are examined in more detail, beginning with the **regulations governing temporary unfitness for work**, the following may be observed. In eight of the twelve countries (Belgium, Germany, France, Greece, the United Kingdom, Italy, Portugal and Spain) a **certificate from a medical practitioner** is required in cases of temporary sick-leave, and in the other four countries (Denmark, Ireland, Luxembourg and the Netherlands) no such requirement applies. The requirement to produce a medical certificate in the case of temporary sick-leave is usually intended as a threshold in order to make 'reporting sick' less easy. In practice, a medical certificate does not seem to mean much. Employees will go to a doctor if they know that he/she will sign a certificate without too much bother. If the doctor will not cooperate, one can always go to another. Nevertheless, research shows that the duty to produce a medical certificate is generally linked to a somewhat lower incidence of absenteeism.

In regard also to the **waiting period** there are divergent regulations. In nine of the twelve countries the employee who is on temporary sick-leave can expect to have to wait one or more days, that is to say, no benefit applies to the first day(s) of absence. Only in Denmark, Germany and Luxembourg no waiting days are applied. In the other countries employees are not paid for the first day (Belgium), the first two days (the Netherlands) or the first three days (France, Greece, the United Kingdom, Ireland, Italy, Portugal and Spain) of absence. In some countries the waiting period is waived if the illness is protracted. In Belgium, for example, the waiting day is waived in the case of an absence of more than 14 days. In Greece, the waiting period of three days will later qualify for benefit if the illness lasts longer than three days. In other countries, there are official waiting periods but in practice these days are usually paid normally by the employer. In the Netherlands, for example, as the result of collective agreements, the two waiting days were, up to recently, usually re-insured by the organisation paying benefit (the industrial insurance board). This meant in practice that the employee was simply paid his usual wage. With the introduction of new legislation governing sick-leave and disability - on 1 January 1994 - it is no longer possible to re-insure with the benefit-paying body. The Netherlands legislator wishes to confront employers (and employees) more directly with the level of absenteeism in the company. Employers and employees can now agree that the first two days of sick-leave will not be paid. Waiting days are also often used as a type of threshold in absenteeism. The literature shows, too, that while it is true that waiting days are accompanied by a lower frequency of absenteeism, at the same time the average length of absence is greater, so that the ultimate effect on percentage absenteeism is practically nil.

In eight of the twelve countries there is a loss of income in the case of temporary sick-leave, in the sense that **salaries are not paid** or that the **benefit percentage** paid is less than 100% of the last wage earned (see Table 4.1). In this case, too, practice is usually less negative than the official rules would suppose. In most countries a lesser or greater number of employees receive a top-up from their employers for a shorter or longer period. In Greece, for the first month, the employer usually pays the difference between the benefit and the original wage. In Ireland, too, many employees receive

the extra from their employer. Thus, many Irish employees receive a normal salary for the first two weeks of their absence. In the Netherlands until recently the difference between the benefit and 100% of gross pay - for the whole period of sick-leave - was re-insured with the industrial insurance board. In Spain, most employees - on the basis of collective agreements - receive for shorter or longer periods the difference between the benefit and their last-earned wage (up to 90% or 100% of last-earned pay). In France, the United Kingdom, Italy and Portugal, too, the employer tops up the benefit to a greater or lesser extent. In the remaining four countries (Belgium, Denmark, Germany and Luxembourg) there is officially a shorter or longer period of full payment of salary which is partly linked to an own-risk period for the employer.

In Denmark and Germany the employer pays full salary during the first two and six weeks respectively of sick-leave. In Belgium, white collar workers receive full benefit for the first 30 days of absence and manual workers for the first 14 days. Manual workers, however, also receive a top-up to 100% from the employer for the next 16 days. Finally, in Luxembourg people receive benefit for 52 weeks amounting to the gross pay they would have earned if working.

After the first period of absence, in most countries the percentage benefit decreases. In practice, there is a continuation of full payment of wages in only two countries (Luxembourg and the Netherlands). In the other countries the percentage benefit is between 50% (France, Greece and Italy) and 90% (Denmark) of the last-earned wage. In the United Kingdom the amount of benefit is fixed and in Ireland there is a combination of fixed benefit and an income-dependent benefit (12%). In three countries (France, Greece and Ireland) it is possible to obtain additional benefit for dependent relatives. Lower benefits should be regarded as a form of 'own risk' for the employee and are often aimed mainly at shortening the period of absence. In a number of schemes, on the other hand, an extended period may mean that the percentage benefit is increased, such as in Italy and Spain. Research indicates that, generally speaking, higher benefits are linked to higher levels of absenteeism and lower benefits to lower levels. An increase in the benefit usually also leads to an increase in the period of absence.

Nine of the twelve countries operated with a **maximum period** of temporary unfitness for work of approximately one year (see Table 4.1). In some countries and under certain circumstances it is even possible to have this period extended. In Spain the sickness benefit may be extended after one year for a further six months if an end of the sick-leave is to be expected within this period. In Portugal the maximum period of benefit for temporary unfitness (365 days) may be extended to a maximum of 1095 days in the case of permanent unfitness for work and the worker is not yet eligible for an invalidity pension. In France, certain 'long-term patients' may receive benefit for up to 36 months. If they participate in a 'reintegration programme' the maximum period in France can even extend to 48 months. In Germany, the maximum period is 78 weeks. Two countries have a shorter maximum period: Italy and the United Kingdom with 26 and 28 weeks respectively. The maximum period of absence has an important influence on the length of the sick-leave. The Netherlands' statistics, for example, show that only 2% of absences due to illness last for more than six months. This group of absentees, however, account for about one-third of the total number of days lost through illness.

In most of the countries of the EU, regulations for **maternity leave** are a subsection of the regulations governing temporary sick-leave. In four countries (France, the United Kingdom, Ireland and Portugal) there are separate - although more or less comparable - regulations covering maternity leave. The duration of maternity leave varies greatly from country to country. The most favourable is the Danish system where the mother can take 28 weeks and the father another two weeks. Italy, too, has a relatively long period of paid maternity leave (5 months). The length of maternity leave in the other countries of the Union varies between 12 weeks (Greece) and 18 weeks (the United Kingdom). The percentage benefit in the case of pregnancy is generally a little higher than for temporary absence due to illness or disability. In comparing the data on absenteeism it is important to know whether maternity leave is included in the statistics. In particular, if many young women are involved in the group concerned, the maternity leave could account for a significant rise in the level of absenteeism. In the Netherlands health care system, an average of 1% to 1.5% of work-time is taken up by maternity leave.

In the regulations governing absence due to illness or disability in the European Union, there are hardly any **separate regulations for blue and white collar workers**. The exceptions are Belgium and Germany. In Belgium blue collar workers on sick-leave officially receive only 14 days full pay, while the period which applies to white collar workers is 30 days. In practice, however, this difference does not exist since the blue collar worker - due to topping-up by the employer - eventually also receives full pay for 30 days. In Germany the difference between blue and white collar workers is in respect of the medical certificate. Blue collar workers are obliged to provide a certificate from the first day of absence, while white collar workers need only provide one from the fourth day of absence. It is not known whether or to what extent employers differentiate between blue and white collar workers in topping up benefits.

In seven of the twelve countries (Belgium, the United Kingdom, Ireland, Luxembourg, the Netherlands, Portugal and Spain) the **regulations governing long-term or permanent disability** are linked, time-wise, to the regulations governing temporary sick-leave. In these countries there is a **waiting period** for the former which is equivalent to the maximum period applicable to the latter. In the remaining five countries (Denmark, Germany, France, Greece and Italy) it is not essential for the maximum period for temporary sick-leave first to have elapsed before a person is entitled to long-term or permanent benefit.

The **definitions and conditions of payment** are rather diverse. They are often based on the minimum loss of earning capacity or a minimum percentage unfitness for work. This varies between 1% (no minimum) and 74%. In eight of the twelve countries (Denmark, Germany, Greece, the United Kingdom, Ireland, Luxembourg, the Netherlands and Spain), the percentage is 50% or less. In Portugal, France, Belgium (all 66⅔%) and Italy (74%) the lower limits are the highest. In the United Kingdom, Ireland and Luxembourg no minimum loss of earning capacity is applied.

In six countries of the Union (Denmark, Germany, Greece, Italy, Luxembourg and Portugal), where it is a case of long-term or permanent disability an **invalidity pension** is paid. This scheme is generally unfavourable to employees who become disabled at a

young age since the level of pension paid is dependent on the number of years for which premiums have been paid. In three countries (Belgium, France and the Netherlands) the amount of the payment is a percentage of the pay already earned. In Belgium the **level of benefit** (40%-65% of the last-earned wage) is dependent on family circumstances. In France the level of benefit (30%-90%) is determined by the degree of unfitness for work (partially or completely disabled) and whether the person needs daily assistance with basic needs. In the Netherlands the level of payment (15%-70%) is dependent on the degree of disability (loss of earning capacity). Spain has both an income-dependent and a pension scheme. In the case of provisional disability - which means that the disability is not expected to be permanent - the employee concerned receives a benefit of 75% of the last-earned wage. In the case of permanent disability in Spain one is reliant on a disability pension, the amount of which depends on the degree of disability and the number of years for which premiums have been paid. Finally, in Ireland and the United Kingdom fixed amounts of benefit apply to long-term or permanent disability. In the United Kingdom the family situation is also taken into consideration in fixing the amount.

In general, the **maximum age** for benefit for long-term or permanent disability is tied to the age for receipt of the old age pension. In three countries (Germany, Ireland and Spain) the benefit also continues after this age.

#### 4.3 Conclusions regarding the structure of the work force

Table 4.2 gives a summary of the main characteristics of the work force of the European Union member states. It will be seen that great differences exist between the countries in this respect. The **proportion of women** in the workforce varies from 33% in Luxembourg to 46% in Denmark. In France and Ireland, too, relatively few women (34%) go to make up the work population.

If we look at the situation as regards **age structures** we find that in the United Kingdom and Ireland the number of young people (under 25 years), 21% and 22%

respectively, is relatively high. In Greece (27%), Portugal (23%) and Germany (23%), it is the proportion of older people (over 50 years) which is relatively high. In Belgium (15%), the Netherlands (14%) and Luxembourg (15%), however, the proportion of older people in the work population is relatively low.

In all the member states of the Union, the service sector is the most important **economic sector**. In the Netherlands, there are actually seven out of every ten workers employed in the service sector. The lowest score for this sector is in Portugal, where a little less than half the working population are employed in this sector. In that country a relatively high number of people (18%) are still employed in the agricultural sector. This applies even slightly more to the Greek population (24%). The industrial sector provides, relatively speaking, the most jobs in Germany. Four out of ten workers in Germany work in industry. The lowest percentages in this sector are in the Netherlands and Greece (both 26%).

As far as the **type of employment** is concerned, the Greek population is again the most diverse. A relatively large number of people in this country are self-employed (35%) or work in a family business (13%). Working in paid employment is a relatively rare occurrence in Greece (52%). In Denmark, Germany, the UK, Luxembourg and the Netherlands the percentage of those in paid employment is almost 90%. In these countries there are relatively few people self-employed.

**Table 4.2: Summary of the main characteristics of the work force in the various member states of the European Union (source: Eurostat 1992)**

|                               | Belgium | Denmark | Germany | France | Greece | U.K. | Ireland | Italy | Luxembourg | Netherlands | Portugal | Spain |
|-------------------------------|---------|---------|---------|--------|--------|------|---------|-------|------------|-------------|----------|-------|
| <b>Sex:</b>                   |         |         |         |        |        |      |         |       |            |             |          |       |
| - Male                        | 61%     | 54%     | 59%     | 56%    | 63%    | 57%  | 66%     | 63%   | 67%        | 61%         | 57%      | 65%   |
| - Female                      | 39%     | 46%     | 41%     | 34%    | 37%    | 43%  | 34%     | 37%   | 33%        | 39%         | 43%      | 35%   |
| <b>Age:</b>                   |         |         |         |        |        |      |         |       |            |             |          |       |
| - Under 25 years              | 13%     | 19%     | 17%     | 14%    | 14%    | 21%  | 22%     | 17%   | 14%        | 20%         | 20%      | 20%   |
| - 25 - 49 years               | 73%     | 61%     | 60%     | 68%    | 59%    | 59%  | 59%     | 63%   | 71%        | 65%         | 55%      | 59%   |
| - 50 years and over           | 15%     | 20%     | 23%     | 17%    | 27%    | 20%  | 19%     | 21%   | 15%        | 14%         | 23%      | 21%   |
| <b>Sector of activity:</b>    |         |         |         |        |        |      |         |       |            |             |          |       |
| - agriculture                 | 3%      | 6%      | 4%      | 6%     | 24%    | 2%   | 15%     | 9%    | 4%         | 5%          | 18%      | 15%   |
| - industry                    | 31%     | 27%     | 40%     | 30%    | 26%    | 32%  | 29%     | 32%   | 28%        | 26%         | 34%      | 33%   |
| - services                    | 66%     | 67%     | 56%     | 63%    | 50%    | 65%  | 56%     | 59%   | 66%        | 69%         | 48%      | 55%   |
| <b>Professional status:</b>   |         |         |         |        |        |      |         |       |            |             |          |       |
| - employers and self-employed | 16%     | 9%      | 9%      | 13%    | 35%    | 13%  | 23%     | 24%   | 9%         | 10%         | 26%      | 21%   |
| - employees                   | 81%     | 89%     | 89%     | 84%    | 52%    | 87%  | 75%     | 72%   | 89%        | 88%         | 71%      | 74%   |
| - family workers              | 3%      | 2%      | 2%      | 3%     | 13%    | -    | 2%      | 4%    | 2%         | 2%          | 3%       | 5%    |

Taken as a whole, it may be said that the structure of the work force in the various member states of the European Union differ from each other in essential ways and

Taken as a whole, it may be said that the structure of the work force in the various member states of the European Union differ from each other in essential ways and that, because of this, the extent of absenteeism in these countries - merely as a consequence of the demographic statistics - will be quite different.

#### 4.4 Conclusions regarding the availability of statistical data

It is not very easy to establish figures for absenteeism and disability in the European Union. As far as is known at present, national statistics for **temporary sick-leave** (see Table 4.3) exist in only six countries (Denmark, Germany, Greece, Luxembourg, the Netherlands and Portugal). In addition, these statistics are not always complete. In Portugal, for example, the statistics refer only to medium-sized and large companies ( $\geq 100$  employees). Some economic sectors, like agriculture and fisheries or other services (e.g. health, education) are insufficiently or not represented in these statistics. In Greece national statistics cover less than 50% of the working force. In some countries (France and Italy) national employer surveys are held, when absenteeism figures can also be collected. In other countries, one is dependent on large-scale research projects which usually only take place incidentally. In Ireland, for instance, the *Irish Business and Employers Confederation (IBEC)* carried out an absenteeism survey of 350 companies in 1992. Information on important features of absenteeism in Ireland became available in this way. It must, however, be realised that it is usually only the better companies which are willing to cooperate in research of this nature.

In the United Kingdom two national absenteeism surveys have recently taken place. One, of 543 British and 49 Japanese companies, was carried out by the *Industrial Society*, and the *Confederation of British Industry* carried out another of 305 companies. In Belgium there are actually no national research figures available and use must be made of the results of incidental research projects which include statistics on absenteeism. The most recent figures are the result of research on absenteeism in the care sector carried out by the **Employers Inter-factory Occupational Health Service (IDEWE)**. At present, no further information is available from Greece or Spain in relation to the figures for temporary sick-leave.

**Table 4.3: Summary of the available statistics relating to temporary and long-term or permanent work incapacity in the various member states of the European Union**

|                                                | Belgium                         | Denmark                    | Germany                    | France                     | Greece                     | U.K.                            | Ireland                    | Italy                              | Luxembourg                 | Netherlands                     | Portugal                        | Spain                      |
|------------------------------------------------|---------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------|----------------------------|------------------------------------|----------------------------|---------------------------------|---------------------------------|----------------------------|
| <b>Temporary work incapacity</b>               |                                 |                            |                            |                            |                            |                                 |                            |                                    |                            |                                 |                                 |                            |
| Available data:                                | Incidental research data (1992) | National statistics (1992) | National statistics (1991) | National survey (1991)     | National statistics (1992) | National research (1992)        | National research (1992)   | National survey of industry (1990) | National statistics (1992) | National statistics (1992)      | National statistics (1991)      | ?                          |
| distribution by:                               |                                 | Yes                        | Yes                        | Yes                        | ?                          | Yes                             | Yes                        | No                                 | No                         | Yes                             | No                              |                            |
| - Sex                                          | Yes                             | No                         | Yes                        | No                         | ?                          | No                              | No                         | No                                 | Yes                        | No                              | No                              |                            |
| - Age                                          | Yes                             | No                         | No                         | Yes                        | ?                          | Yes                             | Yes                        | No                                 | No                         | No                              | No                              |                            |
| - Position in company                          | Yes                             | No                         | No                         | Yes                        | ?                          | Yes                             | Yes                        | Yes                                | No                         | Yes                             | Yes                             |                            |
| - Sector                                       | No                              | No                         | No                         | No                         | ?                          | Yes                             | Yes                        | Yes                                | No                         | No                              | Yes                             |                            |
| - Company size                                 | No                              |                            |                            |                            |                            |                                 |                            |                                    |                            |                                 |                                 |                            |
| <b>Long-term or permanent work incapacity</b>  |                                 |                            |                            |                            |                            |                                 |                            |                                    |                            |                                 |                                 |                            |
| Available data:                                | National statistics (1989)      | National statistics (1990) | National statistics (1989) | National statistics (1988) | National statistics (1988) | National statistics (1989)      | National statistics (1989) | National statistics (1988)         | National statistics (1988) | National statistics (1988/1992) | National statistics (1988)      | National statistics (1989) |
| distribution by:                               | Yes                             | Yes                        | Yes                        | No                         | Yes                        | Yes                             | Yes                        | No                                 | Yes                        |                                 | Yes                             | Yes                        |
| - Sex                                          | Yes                             | Yes                        | Yes                        | No                         | Yes                        | Yes                             | No                         | No                                 | Yes                        | Yes                             | Yes                             | Yes                        |
| - Age                                          | No                              | No                         | No                         | No                         | No                         | No                              | No                         | No                                 | No                         | Yes                             | No                              | No                         |
| - Position in company                          | No                              | No                         | No                         | No                         | No                         | No                              | No                         | No                                 | No                         | No                              | No                              | No                         |
| - Sector                                       | No                              | No                         | No                         | No                         | No                         | No                              | No                         | No                                 | No                         | Yes                             | No                              | No                         |
| - Company size                                 |                                 |                            |                            |                            |                            |                                 |                            |                                    |                            | No                              |                                 |                            |
| <b>Work injuries and occupational diseases</b> |                                 |                            |                            |                            |                            |                                 |                            |                                    |                            |                                 |                                 |                            |
| Available data:                                | statistics (1991)               | ?                          | national statistics (1991) | national statistics (1988) | ?                          | national statistics (1990/1991) | national statistics (1989) | national statistics (1990)         | national statistics (1992) | n.a.                            | national statistics (1987/1988) | national statistics (1989) |

Recent publications from Eurostat give a summary of the available data on **long-term or permanent disability** and on **occupational diseases and industrial accidents** in the European Union. These publications show that in practically all the member states of the EU national statistics exist in relation to long-term or permanent disability (invalidity) and to occupational diseases/industrial accidents. It is, however, very difficult to compare these statistics because of the great differences in the legislation and regulations on which they are founded. In addition, in a number of countries, e.g. Belgium, Ireland, France, Luxembourg and the United Kingdom, the total number of long-term disabled cannot properly be ascertained because disabled employees may be included in different sets of statistics at the same time. In other countries the figures for disability are combined with other social security figures. In Denmark, for example, the statistics for disability benefits shown by Eurostat also include those who have taken early retirement. In the Netherlands, no distinction is made between the causes of disability. As a result, no separate regulations exist for occupational diseases and industrial accidents and the statistics for those on disability benefit include both those whose disability is work-related and those for whom it is not work-related. The project illustrates the urgent need for the development of better and more comparable data bases on social security data bases such as absenteeism and disability across the European Union.

#### 4.5 Conclusions regarding the scale of absenteeism

*In contradiction to the foregoing paragraph's the national figures on temporary and long-term or permanent work incapacity in the European Union will not be presented in an overall table in this chapter. Such a table could easily be misinterpreted. The nature of the information is rather diverse and the figures are not always very reliable. Besides national figures are not comparable without additional information on the regulations (including the way these are applied in practise) on absenteeism and on alternative benefit schemes, as unemployment and early retirement.*

The absence percentage for **temporary sick-leave** lies - as far as available - between 3.9% (Denmark) and 8.0% (Portugal). An unexpected score, in fact, for both countries. In Denmark there is a relatively favourable benefit climate (no medical certificate; no waiting days; 14 days continuation of full payment; and a benefit level up to 90% of gross earnings) and in Portugal this is significantly less favourable (medical certificate needed; 3 waiting days; and a benefit level of 65%). On this basis, just the opposite percentages had been expected for these countries. However, the Portuguese figures include not only absences due to illness but also absences for other reasons. These reasons account for about a quarter of the total number of days lost by absence.

Also the Italian figure (7,6%) is rather high, although it only refers to the industrial sector. The arrangements for temporary work incapacity are not very favourable in Italy (3 waiting days; a benefit level of maximum 66%; and a maximum duration of 26 weeks). The percentages for Belgium (5.8%, based on research in the care sector), the United Kingdom (4.0%) and the Netherlands (7.7%) are more in line with expectations. Germany (frequency of spells 1,6 per person and an average duration of 15,8 days per spell) scores relatively well, particularly if the maximum period of 78

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The figures for **long-term or permanent disability** also give a varied picture. If we concentrate on the figures which include occupational diseases and industrial accidents, the percentage of the work population unfit for work varies between 3.0% (Ireland) and 12% (the Netherlands). In view of the favourable benefit climate up to recently in the Netherlands, this is not an altogether unexpected percentage. The Irish percentage, in view of the existing regulations, is again surprisingly low. Other countries with a relatively high percentage of disability are Portugal (11.2%), France (11.1%), Spain (10.7%) and Luxembourg (9.6%). The percentages for Spain, Portugal and Luxembourg are, in view of the regulations (disability attracts a pension), on the

high side. The French figure is mainly determined by the high number of benefits related to occupational diseases and industrial accidents. Here, duplications may also take place. The United Kingdom (5.5%), Italy (5.7%), Germany (6.5%) and Belgium (6.6%) have relatively low percentages which is, however, in line with their practice of awarding benefits. This applies also to the more or less average level of the number of those on disability in Denmark (8.8%, including those on early retirement) and Greece (8.9%).

In spite of the differences in the extent of absenteeism and disability in the European Union, there are some **general patterns** to be found. In the case of **temporary sick-leave** these include characteristics such as age, gender, position in company and sector. Younger employees usually have a lower level of absences than older ones. This is usually linked to the health situation of workers and to long-term exposure at work. In addition, women are usually found to have higher levels of absences than men. There is also an indication that gender-related diseases affect more women as well as the double or treble burden (work/home/children) that women carry. Where position in the company is concerned, we usually find the following pattern: production workers generally have a higher level of absenteeism than desk workers and the higher the position, the lower is the level of absenteeism. The quality of working life is the main explanation for these differences. It is also an indication that those in higher positions have better chances of working on, even though ill. The differences between the sectors are closely linked with the differences according to company position referred to above. Sectors involving much physical work and a lower quality of working life (such as the mining and industrial sectors) often exhibit higher levels of absenteeism than sectors involving much administrative work and services (such as the trade, banking and insurance sectors).

The patterns in the case of schemes for **long-term or permanent disability** are closely linked - as far as information is available - to those for temporary sick-leave. Here too, there is more disability among older workers and in the sectors where the work is more physically burdensome and the quality of working life is worse. Only the difference between men and women is less systematic. This probably has something to

do with the fact that the greater participation of women in the production process is still a fairly recent phenomenon in many countries and that long-term or permanent disability occurs mainly among older employees. In most countries 80-90% of disability occurs in the group of over-40s, and 20-25% in the over-60s. In countries where under the regulations there is no maximum age for long-term or permanent disability, the last-mentioned percentage is even higher. In Germany 62% of those on disability are over 60 and in Spain 70%.



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