

The feasibility of comparing sickness absence surveys and the Labour Force Survey

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The feasibility of comparing sickness absence surveys and the Labour Force Survey

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The purpose of this research was to corroborate the Labour Force Survey statistics on incidence of work-related ill health, workplace injuries and average number of days absent across a broad range of employer organisations from 2003 to 2007. While the original aim had been to combine all the data collected by the employer organisations, it became apparent that there were too many differences in study design for this to be feasible. Instead published surveys from six employer organisations were reviewed and compared as a whole. There is wide variability in the published sickness absence rates. This is likely to be due to a combination of factors, notably differences in target population, how the data are summarised, differences in the demography of the samples and random variation. Determining the contribution of each factor to the differences was not possible. In conclusion, none of the surveys considered were directly comparable with the LFS and the complexity of differences between the other surveys made it difficult to draw any comparison with the LFS. However, some conclusions on general trends in absence from the employer sources are given.

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EXECUTIVE SUMMARY

Objectives

The Labour Force Survey (LFS) is a survey of households in the UK and includes two questionnaire modules on workplace injuries and work-related illness sponsored by the Health and Safety Executive.

The statistics and trends resulting from the LFS differ from sickness absence surveys published by employer organisations such as the CBI, CIPD and EEF.

This feasibility study was conducted to establish whether data on sickness absence from 2003 to 2007 could be collated from a variety of sources to corroborate the LFS results and facilitate comparisons between surveys.

Main Findings

A review of the published survey reports revealed that the surveys differed in terms of the populations sampled (e.g. employees, companies, public sector organisations), response rates and, crucially, data collected (e.g. number of days absence for an employee due to a particular work-related illness, average number of days absence per employee in a company). None of the sources considered work-related ill health in a way which was comparable with the LFS. While many summarised the amount of time lost to sickness absence and the average length of absence per employee, the methodologies were such that it would be impossible to combine such data to calculate overall estimates of absence rates. Instead statistics published in the past 5 years were reviewed and compared.

There is wide variability in the published sickness absence rates. This is likely to be due to a combination of factors notably - differences in target population, whether number of days absence or an average are collected, differences in the demography of the samples and random variation. Determining the contribution of each issue would not be possible. Charts of absence rates and days lost from the different surveys showed little evidence of any trends between 2003 and 2007.

Absence management systems require information on causes of absence to be effective. In the surveys considered, methods of measuring incidence of different causes of absence are also inconsistent. Only the LGE and Cabinet Office collect data on proportions of time attributable to different causes of sickness absence. The LFS asks respondents about only the most serious illness and/or accident. Other surveys estimate the rates of particular causes of absence by asking respondents to identify the most common ones in their companies.

Conclusion

The surveys considered in this study all had the common aim of establishing the extent of sickness absence for their population of interest. However, none were directly comparable with the LFS due to differences in survey design. Also the complexity of differences between the other surveys made it difficult to draw any general conclusions for direct comparison of the absence rates between surveys.

1 INTRODUCTION

Health and Safety statistics published by the Health and Safety Executive (HSE) on work-related ill health and accidents differ from those published by employer organisations. Also trends are often contradictory. It is unclear whether these differences are related to under-reporting in particular sectors, industries, jobs, types of illness or due to other factors.

The main aim of this study was to corroborate HSE statistics in the Labour Force Survey (LFS) published between 2003 and 2007 on incidence of work-related ill health and average number of days absent, across a broad range of employer organisations in the public and private sectors.

In addition, collation of data from a variety of sources could enable HSE to:

- Identify any improvements made to health and safety demonstrated as decreases in absence rates, highlighting any particular areas of success (e.g. different sectors or industries).
- Check for evidence of increasing incidence of ill health and calculate absence rates for different sectors, industries, size of company, and type of illness/injury.
- Explore any discrepancies between the data sources and the LFS, facilitating a better understanding of future statistics.
- Finally, provide employer groups with a report which may allow them to gain insight into the data collection processes of other groups and assess whether they could make improvements to their surveys.

This report summarises the survey reports available from the different employer organisations and advises on the feasibility of collating company-level or employee-level data from these surveys.

2 SURVEY METHODS

In the initial stage of the study, contact was made with individuals at the Confederation of British Industry (CBI), Chartered Institute of Personnel and Development (CIPD), Engineering Employers' Federation (EEF), and Local Government Employers (LGE). Suitability of data from the National Health Service (NHS) and Cabinet Office, which was available online, was also considered. A brief description of each of these employer organisations is given in Appendix 1. During this stage, two main issues arose:

- Determining data ownership was not always clear. Some contacts were interested in our study and would have liked to participate but had access to summary data only. Also some organisations use an independent organisation to conduct their sickness absence surveys, again raising issues of data ownership.
- There is very little consistency between the surveys in terms of information recorded.

As a result the rest of the study explored further the similarities between the surveys and the statistics published from them rather than pursue data collection.

Our aim was to investigate absence during the period 2003-2007. Most sources conducted surveys annually. Some of the surveys covered financial years and some reports were labelled as "Absence report 2007" on data collected in 2006. Table 1 briefly describes the data collected by each source and the number of annual surveys available.

Table 1 Data collected and number of surveys available for each source

<i>Source (Area covered)</i>	<i>Data collected</i>	<i>No. of surveys available</i>
LFS (UK)	Survey of self-reported work-related illness on selected households.	4 (2003/4 to 2006/7)
Cabinet Office (UK)	Reports on sickness absence of all Civil Service departments.	4 (2004, 2005, 2005/6, 2006/7)
LGE (England and Wales)	Sickness absence surveys of all local authorities	3 (2003/4, 2004/5, 2006/7)
NHS (1) (England)	Survey of staff, including questions on self-reported work-related illness.	5 (2003 – 2007)
NHS (2) (England)	Sickness absence survey of all NHS trusts.	4 (2003 – 2005, new method 2006)
EEF (UK)	Sickness absence surveys of selected companies	4 (2005 – 2008)
CBI (UK)	Absence surveys of selected companies.	4 (2004 – 2007)
CIPD (UK)	Sickness absence surveys of selected companies 2003 - 2005, Absence surveys 2006 –2007.	5 (2003 – 2007)

There are problems with compatibility between the survey reports produced by the different sources. A pictorial representation of this is given in Figure 1. The key points to note are:

- The Labour Force Survey (LFS) is concerned only with *workplace* injury and *work-related* illness. Detailed questions on type of injury/illness, such as length of absence from work, are only asked regarding “the most severe” injury and/or illness. The NHS staff survey (labelled “NHS (1)”) asked if individuals have experienced five particular health and safety events at work, e.g. work-related stress. These data do not provide information on the length of any absence from work or number of absences.
- Surveys carried out by the Cabinet Office, CBI, CIPD, EEF, LGE and NHS (labelled “NHS (2)”) are interested in absence from work, not specifically work-related absence. Most of these quantify *sickness* absence. However the CBI asks about all absence, not just illness-related. The CIPD reported on sickness absence in earlier surveys (2003 to 2005) but more recent surveys have considered all absence (2006 and 2007).
- In some surveys, employees complete questionnaires about their own absence (LFS, NHS (1)). Others are summarised for employees by an appropriate representative within companies (CBI, CIPD, EEF), local authorities (LGE), NHS trusts (NHS(2)) or Civil Service departments (Cabinet Office). This may affect both the response rate and the accuracy of the data collected. In table 2, the number of responses and the approximate response rate are given where known.

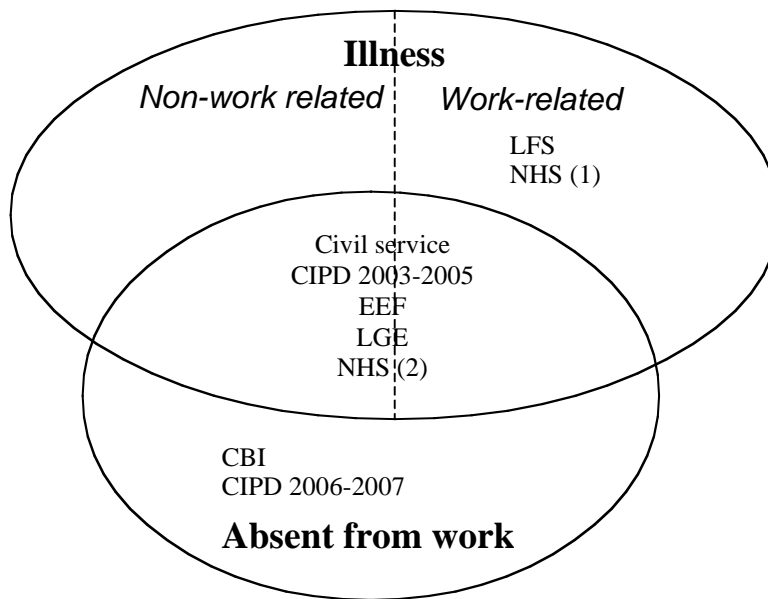


Figure 1 Diagram representing type of data collected by different sources.

Table 2 Number of responses and response rate for each source

<i>Source</i>	<i>Approx. number of responses</i>	<i>Approx. response rate in targeted respondents</i>
Labour Force Survey	50,000 responses from households	65% of target sample of households
Cabinet Office	Departments submit data on 500,000 employees	All departments requested to return data but no data for Inland Revenue in 2006/7.
LGE	140 responses from local authorities (representing 700,000 employees)	34% of all local authorities
NHS (1)	150,000 responses from employees	54% of target sample of NHS employees
NHS (2)	Data submitted by all NHS trusts	Not known
EEF	600 responses from employers (representing 120,000 employees)	18% of target sample of member companies.
CBI	500 responses from employers (representing 1.1m employees)	5% of target sample of senior managers and HR practitioners in private sector companies and public sector organisations.
CIPD	1000 responses from employers (representing 2m employees)	10% of target sample of people management specialists.

Table 2 shows varying response rates for the surveys. However, irrespective of the response rate, it is important to establish the representativeness of the responding sample. Many of the organisations discuss the potential for reporting bias within their reports.

While the overall aim of each survey is to assess sickness absence, the methods used and the response rates achieved are different between the sources.

The following sections attempt to extract areas of similarity but interpretation of the collated statistics must be considered carefully.

3 ABSENCE RATES AND DAYS LOST

3.1 METHODS

Most survey reports quote two key statistics – the overall absence rate and the average number of days absent per employee. The absence rate is an estimate of the overall working time lost due to absence. The days lost value gives an indication of average absence per employee. Table 3 describes what information is requested and what is reported for each source.

Table 3 Description of absence rate and days lost calculations

<i>Source</i>	<i>Information requested</i>	<i>Absence rate</i>	<i>Days lost</i>
LFS	Yes/No response to experience illness/injury. Choose one of ten categories to summarise number of days absent from work	Percentage of workers with a new or existing work-related illness (prevalence) <i>and</i> Percentage of workers with new work-related illness (incidence) <i>and</i> Percentage of workers with workplace injury (incidence)	No. of FTE working days per employee <i>and</i> No. of FTE working days lost due to most serious work-related illness or workplace injury
Cabinet Office	For each department, amount of time lost due to sickness absence and amount of time available.	Percentage of working days lost to sickness absence	Average working days lost per employee to sickness absence
LGE	For each local authority, number of employees and number of days lost to sickness absence.	-	Average FTE days lost per employee due to sickness absence
NHS (1)	Yes/No responses to experiencing particular work-related health issues	Percentage of staff reporting particular work-related health issues	-
NHS (2)	Amount of time lost due to sickness absence and amount of time available.	Percentage of working time lost through sickness absence	-
EEF	In the respondent's organisation: number of employees in company and number of days lost to sickness absence	Percentage of working time lost due to sickness absence (assumes all full-time staff) per employee	Average days lost per employee due to sickness absence
CBI	In the respondent's organisation: number of employees, average number of days absent and average percentage time lost.	Average of percentage working time lost due to absence per employee	Average of average days per employee lost due to absence
CIPD	For the respondent's organisation: either the percentage of working time lost or the number of working days lost per employee.	Average of percentage working time lost due to (sickness) absence per employee	Average of average days lost per employee due to (sickness) absence

3.2 RESULTS

Figures 2, 3, 4 and 5 summarise the collated data for absence rates and days lost. Since the LFS is the only survey to report the rates (prevalence and incidence) of self-reported work-related illness, Figures 2 and 3 show these respectively for the four most recently published years. Figures 4 and 5 show absence rates and days lost respectively for the CIPD, CBI, EEF and Civil Service, with the LGE and NHS(2) included where appropriate. Note that the NHS staff survey (or “NHS (1)”) is not directly comparable with any of the other sources. The horizontal axis in these figures is the year of employment, which is either the reference year for the data or the year of the first three quarters in the financial year as appropriate (e.g. the “Year of employment” is 2006 for data from financial year 2006/7.)

In Figure 2, the absence rate due to work-related illness is between 4.5% and 5.5%. The difference between the incidence and prevalence rates for the LFS may suggest that many work-related illnesses persist for over a year. Figure 3 illustrates that the estimated average number of days absence for the most serious work-related illness is about 1.1 days per employee.

From Figure 4, depending on the sources, sickness absence rates are estimated at being between 3% and 5%. In Figure 5, for employer organisations, the average days lost varies between 6.5 days and 11.5 days per employee. For the LGE and Cabinet Office, changes to survey design and definition mean that the statistics are not comparable over time. Also surveys by the CIPD have included all absence, as well as sickness absence, in the latter two years. Even with these issues, there seems to be little evidence of any trends in absence rate or days lost over this time period.

The differences between the LFS and other sources (i.e. Figures 3 and 5) will be due to individuals having more than one reason for absence in a year and having absences which are not work-related. But it is impossible to determine from the data what the contributing proportion is of each factor.

None of the statistics in Figures 4 and 5 have been presented with confidence intervals. It would have been useful to illustrate the extent to which random variation may explain differences between the rates.

It is also worth considering differences in how the average number of days is calculated. The Cabinet Office and LGE averages are calculated using the total number of days absence divided by the total number of employees. The aggregate CIPD and CBI figures will give the same result as the overall average if the distribution of length of absence is symmetrical and if small-, medium- and large-companies are appropriately represented. An average of an average calculation gives the same weight to all companies – small, medium and large. This tends to give a greater weight to small companies than they would have in a calculation based on the size of the company and resulting volume of absence. For example, large companies may account for 1 or 2% of all companies but they will account for much more than 2% of all absence because of their size. In 2007 the CIPD reported that 70% of all employee absence are spells of absence of up to 7 days. Averages of such a positively skewed distribution will over-estimate the middle of the distribution and be heavily influenced by large values. Again it is difficult to measure the impact of this on the results but should be acknowledged as an issue.

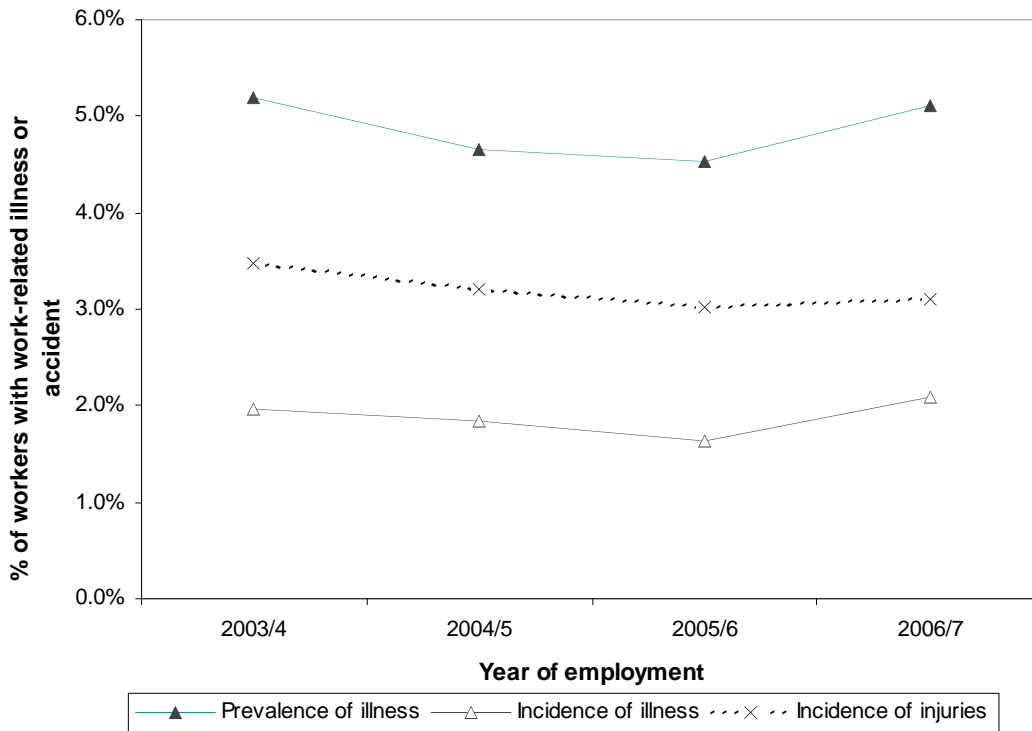


Figure 2 Percentage of employees who had work-related illness or accident, LFS only

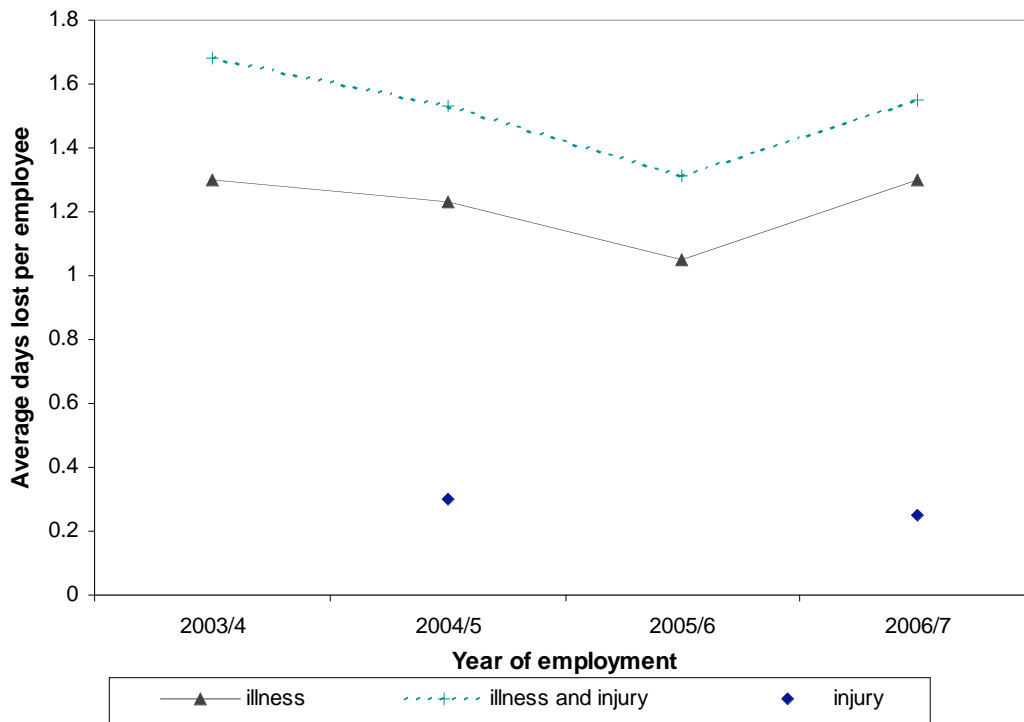


Figure 3 Average days lost due to work-related illness or accident, LFS only

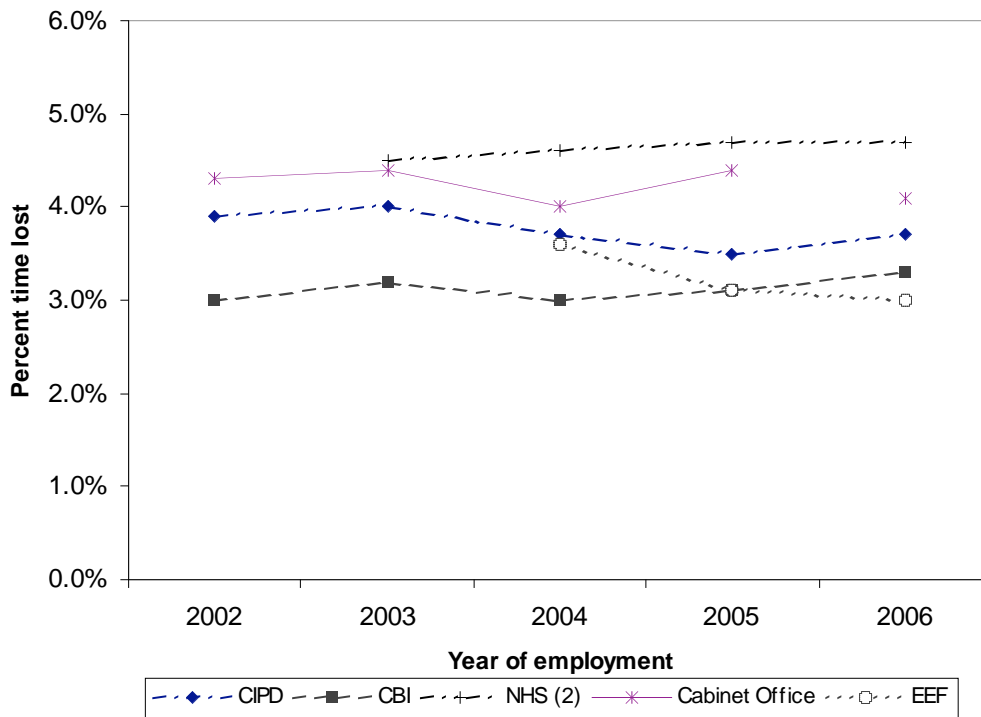


Figure 4 Percentage time lost due to (sickness) absence, by employer organisation

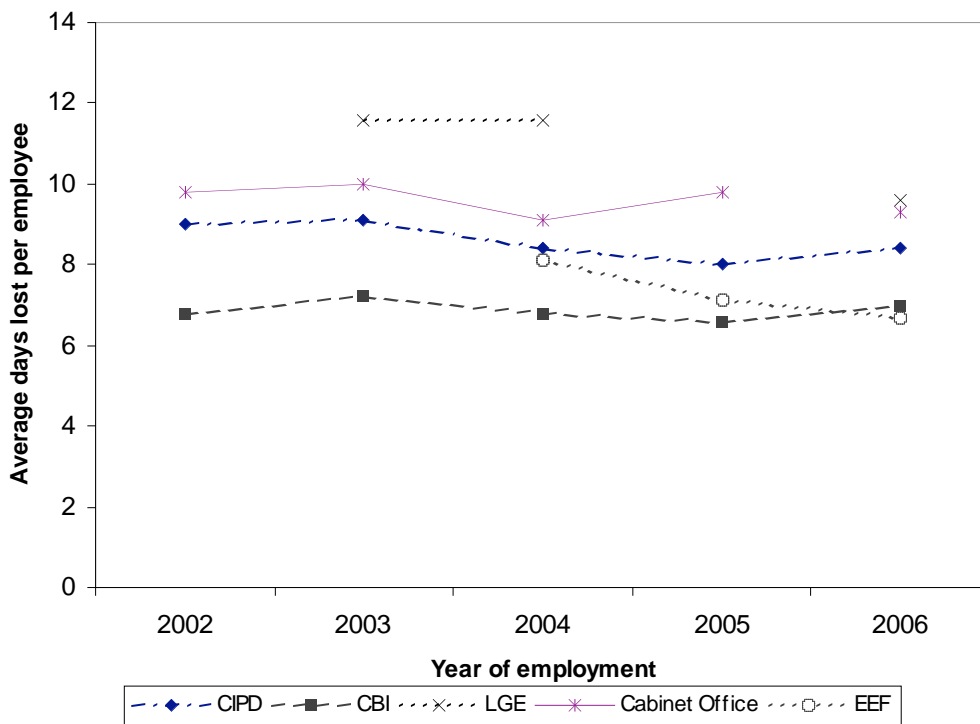


Figure 5 Average days lost due to (sickness) absence, by employer organisation

3.3 DEMOGRAPHY AND SURVEY POPULATIONS

At an individual- and company-level, both the rate and days lost are influenced by many factors. Some of these differences will be due to demographic variables (age, sex, etc), while others depend on the type of organisation responding. Quantifying these differences is difficult but some are described below referencing some example surveys:

Demographic factors known to influence absence rates:

- Women are more likely to be absent than men (Red Scientific Limited “Analysis of Sickness Absence in the Civil Service 2006-07 Report”)
- Younger staff have more spells of absence but these are shorter than for older staff (Red Scientific Limited “Analysis of Sickness Absence in the Civil Service 2006-07 Report”)
- Sickness absence levels are higher for full-time staff than part-time staff (LGE “Local Government Sickness Absence Levels and Causes Survey 2006-2007”).
- Manual workers have higher absence rates than non-manual workers (CBI “Absence and labour turnover 2007”, EEF “Sickness absence and rehabilitation survey 2007”)
- Some differences are observed between regions but are usually inconsistent over time (CBI “Absence and labour turnover 2007”, EEF “Sickness absence and rehabilitation survey 2007”)

Organisation factors known to influence absence rates:

- The size of company appears to have some relationship with absence rates, with smaller companies tending to have lower rates than large ones. (CBI “Absence and labour turnover 2005”, EEF “Sickness absence and rehabilitation survey 2008”)
- Absence rates are higher in the public sector than in the private sector (CBI “Absence and labour turnover 2005”) although this may be in part due to demographic factors (see SWASH (2005) and Section 5).

4 CAUSES OF ABSENCE

It is reasonable to assume that absence management will be most effective when there is knowledge about causes. Here, again, there are a wide variety of approaches to obtaining that information:

- The LFS asks for details regarding the most serious injury and most serious illness. Tables are reported summarising incidence and prevalence of work-related stress, musculoskeletal disorders (MSDs) and accidents.
- The NHS staff survey asks, “During the last 12 months have you been injured or felt unwell as a result of the following problems at work? a) moving and handling, b) needlestick and sharps, c) slips, trips or falls, d) exposure to dangerous substances, e) work related stress.” These are particular health and safety issues for many NHS employees. No other information is collected on number of absences (if any) or length of any absence.
- The LGE and Cabinet Office categorise sickness absence and report percentage spells for each. Doctors’ certificates and employees’ own assessments provide the bases for this information. This informs managers within local authorities and Civil Service departments of the relative frequencies of causes of absence.
- The CBI, CIPD and EEF have used various approaches. Most recently all give a list of possible causes of sickness absence and ask respondents (an appropriate representative from each company) to tick the most common ones. Reporting the overall frequency that each cause is selected should reflect the prevalence, which may be difficult to assess within companies, particularly small ones.

Since the aim of the study is to corroborate statistics from the LFS, the following subsections consider reporting of stress, MSDs and accidents.

4.1 STRESS

Table 4 summarises absence due to stress and other mental health problems as reported by the LFS, NHS (1), LGE and Cabinet Office; these are the surveys which report incidence/prevalence.

The incidence of work-related stress for NHS staff is high. It should be noted that this is a self-reporting survey and the amount of absence taken is unknown. For comparison, LFS statistics for those in the “Health and social work” profession are given and are higher than the overall rates.

The differences between the reported rates may be due to a variety of different factors, e.g. classifications of “stress”, self-reporting bias, work-related vs. non-work-related, severity of illness.

Table 5 summarises the reporting of stress in the CBI, CIPD and EEF. Since there is little evidence of strong changes in rates over time in Table 4, Table 5 considers only reports for data in 2007. For each questionnaire, the respondent was asked to tick the most common reasons for absence. Data from the EEF will be predominantly based on manual workers. On their survey forms, the EEF define short-term and long-term absence as continuous absence of 1 week or less and 4 weeks or more, respectively. Published reports by the CBI and CIPD suggest broadly similar categories.

The surveys give similar findings, that stress is a more common reason for absence for long-term than short-term absence, and more common in non-manual workers than manual workers.

Table 4 Absences due to stress by year

<i>Organisation and measure</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
LFS – stress, depression or anxiety that was caused or made worse by work. Prevalence	1.3%	1.2%	1.0%	1.2%
LFS – stress, depression or anxiety that was caused or made worse by work. Incidence	0.9%	0.8%	0.7%	0.8%
LFS – stress, depression or anxiety that was caused or made worse by work.- Health and social work – prevalence			1.4%	2.2%
LFS – stress, depression or anxiety that was caused or made worse by work.- Health and social work – incidence			0.8%	1.3%
NHS – % employees who experienced work-related stress.	39%	35%	35%	33%
LGE - % absences due to stress, depression, anxiety, mental health or fatigue	21.8%	20.7%		22.6%
Civil service - % absences due to mental disorders		5.1%	5.1%	5.5%

Table 5 Percentage of respondents who chose stress as a common cause of absence in 2007

		<i>Short-term</i>	<i>Long-term</i>
CBI (5 out of 12 causes)			
Work-related stress	Manual	26%	37%
	Non-manual	37%	51%
Non-work related	Manual	52%	63%
	Non-manual	56%	72%
CIPD (5 out of 13 cases)			
Stress	Manual	41%	55%
	Non-manual	56%	68%
EEF (3 out of 11 causes)			
	All	16%	
Stress	All		31%
Other mental health problems	All		20%

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4.2 MUSCULOSKELETAL DISORDERS

Table 6 summarises absence due to musculoskeletal disorders (MSDs) as reported by the LFS, NHS (1), LGE and Cabinet Office. It is not known what proportion of NHS staff had an MSD as a result of moving and handling or slips, trips and falls in the survey but it was thought to be a useful comparison with the LFS.

Again differences between the reported rates may be due to a variety of different factors, e.g. areas affected by pain, self-reporting bias, work related vs. non-work related, severity of pain.

Table 7 summarises the reporting of MSDs in the CBI, CIPD and EEF in 2007. MSDs appear to be more common among manual workers than non-manual workers. Although there are some differences between long-term and short-term absences, it is clearly a cause of absence that has a highly variable length of absence spell.

Table 6 Absence due to MSDs by year

<i>Source and measure</i>	2004	2005	2006	2007
LFS – musculoskeletal disorder that was caused or made worse by work. Prevalence	2.6%	2.4%	2.4%	2.6%
Mainly upper limbs or neck	1.0%	0.9%	0.9%	1.0%
Mainly lower limbs	0.5%	0.4%	0.5%	0.5%
Mainly back	1.1%	1.1%	1.0%	1.1%
LFS - musculoskeletal disorder that was caused or made worse by work. Incidence	0.6%	0.7%	0.6%	0.8%
Mainly upper limbs or neck	0.3%	0.3%	0.3%	0.4%
Mainly lower limbs	0.1%	0.1%	0.1%	0.1%
Mainly back	0.2%	0.3%	0.2%	0.3%
NHS – % employees who were injured or felt unwell as a result of moving and handling at work. (proportion resulting in MSDs unknown)	13%	12%	11%	11%
NHS - % employees who were injured or felt unwell as a result of slips, trips or falls at work (proportion resulting in MSDs unknown)	5%	4%	4%	4%
LGE - % absences due to back and neck problems	8.8%	9.2%		8.7%
LGE - % absences due to other musculoskeletal problems	12.8%	13.3%		13.8%
Civil service - % absences due to diseases of the musculoskeletal system and connective tissue		6.7%	6.5%	7.4%

Table 7 Percentage of respondents citing MSDs as common cause of absence in 2007

		<i>Short-term</i>	<i>Long-term</i>
CBI (5 out of 12 causes)			
Back pain	Manual	75%	69%
	Non-manual	62%	54%
Other musculoskeletal	Manual	59%	60%
	Non-manual	48%	55%
CIPD (5 out of 13 cases)			
Back pain	Manual	62%	58%
	Non-manual	46%	42%
Other musculoskeletal injuries	Manual	58%	56%
	Non-manual	50%	46%
EEF (3 out of 11 causes)			
Back pain and other joint/muscular problems	All	50%	
Back problems	All		35%
Other musculoskeletal disorders	All		21%

4.3 ACCIDENTS

Table 8 summarises the incidence of accidents and injuries as reported by the LFS, NHS (1) and Cabinet Office. In the NHS staff survey it is not known what proportion of NHS staff were “injured” and what proportion “felt unwell”, so the same percentages are given as those in Table 7. Again differences between the reported rates may be due to a variety of different factors, e.g. Cabinet Office categorisation includes poisoning, self-reporting bias, work related vs. non-work related.

Table 9 summarises the reporting of injuries and accidents in the CBI, CIPD and EEF in 2007. Not surprisingly work-related accidents are more common among manual workers than non-manual. Also non-work-related accidents are often cited as a common cause of sickness absence for all workers.

Table 8 *Absence due to accidents and injuries by year*

<i>Source and measure</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
LFS – estimated annual incidence rate of all workplace non-fatal injuries to workers.	3.5%	3.2%	3.0%	3.1%
LFS – estimated annual incidence rate of reportable non-fatal injuries to workers.	1.3%	1.2%	1.1%	1.0%
LFS – 3-year averaged estimated incidence rate of reportable non-fatal injuries to workers – Health and social work				0.98%
NHS – % employees who were injured or felt unwell as a result of moving and handling at work.	13%	12%	11%	11%
NHS - % employees who were injured or felt unwell as a result of slips, trips or falls at work	5%	4%	4%	4%
Cabinet Office - % absences due to injury and poisoning		4.4%	5.0%	5.4%

Table 9 Percentage of respondents citing accidents and injuries as common cause of absence in 2007

		<i>Short-term</i>	<i>Long-term</i>
CBI <i>(5 out of 12 causes)</i>			
Injuries from work-related road traffic accidents	Manual	3%	6%
	Non-manual	2%	2%
Other work-related injuries	Manual	20%	22%
	Non-manual	5%	6%
Non-work-related injuries	Manual	53%	44%
	Non-manual	47%	39%
CIPD <i>(5 out of 13 cases)</i>			
Work-related injuries/accidents	Manual	27%	28%
	Non-manual	8%	9%
Injuries/accidents not related	Manual	31%	34%
	Non-manual	28%	32%
EEF <i>(3 out of 11 causes)</i>			
Work related accidents and injuries	All	9%	16%
Non work related accidents and injuries	All	20%	26%

5 OTHER SOURCES

There are other sources of information on sickness absence and some of these are discussed below.

The Survey of Workplace Absence Sickness and (Ill) Health (SWASH) was carried out in 2005, with interviews of over 10,000 employees. There was particular interest in the effects of employment sector and size of employing organisation and the sample was chosen to include reasonable numbers in each group. The survey found an average sickness absence of 6.4 days and observed differences in absence rates with respect to age, sex, size of employing organisation and employment sector.

The European Agency for Safety and Health at Work collate information on absenteeism. Information published on their website uses statistics from the European Survey of Working Conditions, the Labour Force Survey (and other HSE publications), CBI and CIPD.

The European Foundation for the Improvement of Living and Working Conditions conducts a survey every five years to study working conditions in Europe. The Fourth European Working Conditions Survey (2005) questioned around 30,000 workers in 31 European countries, with each country, including the UK, being represented by about 1,000 respondents. The survey included questions on the impact of work on health and on health-related leave. Levels of reported impact of work on health did not appear to be correlated with levels of health-related leave. The average number of health-related days absence was 4.6 days, with an average of 0.4 days being attributed to leave as a result of accidents at work and 1.8 days attributable to health problems caused by work. Respondents from the UK had an average of 3.7 days health-related absence which was ranked sixth lowest.

The Health and Occupational Reporting network (THOR) runs a number of voluntary occupational health surveillance schemes in the UK and is partially funded by HSE (www.medicine.manchester.ac.uk/coeh/thor/). Data are collated from about 400 consultant occupational physicians on occupational disease and work-related conditions. Estimated incidence of conditions such as MSDs are compared with the LFS: the LFS may be biased due to self-reporting, whereas THOR schemes rely on specialists who will only see the more serious cases.

6 CONCLUSION

Sickness absence rates are reported by a variety of sources and the main aim of this study was to corroborate HSE statistics in the LFS through consideration of data published by these sources. Such data would also have the potential to enable examination of trends in incidence of ill health.

This report reviews absence survey reports from eight different sources. The lack of consistency between them restricts the ability to draw general conclusions from the various survey reports:

- Apart from the LFS and NHS staff survey, limited information is collected on work-related illness. This may be due to difficulties in determining a definition, or, for companies responding to surveys from employer organisations, data on work-related illness may simply not be flagged differently to any other absence as overall levels of absence will be of more general interest. Management of absence will be different dependent on work- or non-work related but that is beyond the scope of this study.
- The validity of the absence rates and days lost estimates will be reliant on a representative sample of the population responding to the surveys as well as good data quality. Response rates to some of the surveys are low and there are differences in how the absence rates and days lost are calculated.
- Assessing the proportions of absence from various causes requires a comprehensive absence management system. The Cabinet Office and LGE collate data on proportions of time attributed to causes of absence which enables assessment of the impact of absence from different causes at department/local authority level. The LFS asks about only the most serious illness (determined by the respondent), while the NHS staff survey asks specific questions about known causes of illness. The EEF, CIPD and CBI ask respondents to choose the most common causes of absence but these may be simply perceptions rather than based on actual data.

The results of this feasibility study indicate that collating individual- or company-level data is not practicable due to the differences in the suppliers of information (employees or employers), the data collected (number of days absent, number of absences, summary statistics) and different populations sampled (varying proportions in public/private sectors, small/large organisations).

7 APPENDIX 1

A brief description of each source of data and organisation listed in section 2 is given below.

The Labour Force Survey (LFS) is a survey of households living at private addresses in the UK and is managed by the Office for National Statistics. There are two HSE-sponsored questionnaire modules attached to the LFS – the Workplace Injury survey module and the Self-reported Work-related Illness survey module.

The Cabinet Office is a department of the UK Government. One of its responsibilities is to ensure that the Civil Service is organised effectively and has the capability to deliver the government's objectives. The Cabinet Office organises sickness absence surveys of all Civil Service departments. (<http://www.cabinetoffice.gov.uk/>, <http://www.civilservice.gov.uk/about/statistics/sickness.asp>)

The CBI (Confederation of British Industry) is the UK's largest employer organisation, representing some 240,000 businesses that together employ around a third of the private sector workforce. The companies cover a broad range of UK businesses in terms of size and sector. (<http://www.cbi.org.uk>)

The CIPD (Chartered Institute of Personnel and Development) is the professional body for those involved in the management and development of people. They have approximately 130,000 individual members. (<http://www.cipd.co.uk>)

The EEF (Engineering Employers' Federation) are an employers' organisation, with over 6000 company members in the manufacturing, engineering and technology industries. (<http://www.eef.org.uk>)

The LGE (Local Government Employers) was created by the Local Government Association. The LGE work with local authorities, regional employers and other bodies to negotiate on pay, pensions and the employment contract. (<http://www.lge.gov.uk>)

The NHS (National Health Service) is the publicly funded healthcare system in the UK. It has approximately 1.3 million employees. (<http://www.nhs.uk>)

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The feasibility of comparing sickness absence surveys and the Labour Force Survey

The purpose of this research was to corroborate the Labour Force Survey statistics on incidence of work-related ill health, workplace injuries and average number of days absent across a broad range of employer organisations from 2003 to 2007. While the original aim had been to combine all the data collected by the employer organisations, it became apparent that there were too many differences in study design for this to be feasible. Instead published surveys from six employer organisations were reviewed and compared as a whole. There is wide variability in the published sickness absence rates. This is likely to be due to a combination of factors, notably differences in target population, how the data are summarised, differences in the demography of the samples and random variation. Determining the contribution of each factor to the differences was not possible. In conclusion, none of the surveys considered were directly comparable with the LFS and the complexity of differences between the other surveys made it difficult to draw any comparison with the LFS. However, some conclusions on general trends in absence from the employer sources are given.

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