Is it masculine to turn up ill at work?

A study on the association between traditional male role norms and sickness presenteeism amongst Danish ambulance workers

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Is it masculine to turn up ill at work?

Results from MARS – Men, Accidents, Risk and Safety

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Background

Sex differences in absenteeism and relevance of studying sickness presence

Men are less frequent sick-listed and have shorter spans of sickness absence than women.

Normally this is assumed to be caused by an excess sick-leave on part of women.

But could higher rates of sickness presence amongst men maybe explain some of the sex differences in sickness absence?

Sickness presence may be detrimental to your health in the long run
Masculinities
Studying differences between men

Masculinities and femininities as social constructions of gender. Everyone is ‘doing gender’ as part of the routines they take part in through their everyday living (West & Zimmerman, 1987). Doing gender is enacted by a diversity of practices e.g. ‘gender displays’ (Goffman, 1976). The consequence of this is that being a man or a woman is not something singular – there are different ways of doing ‘man’ and ‘woman’. It is not a question of being masculine or feminine. It is a question of which masculinities or feminities are enacted through a person’s actions (Connell, 2005).

"There is no such thing as masculinity; there are only masculinities, and the view of ‘all men’ as a single, large category in relation to ‘all women’ is misleading.” (Sabo 2005, p. 336)
Example
Ronaldo in the World Cup Final 1998

“"I could have been a chicken and pulled out, but I wanted to help the team.""

Sickness presence amongst sports stars as a gendered way of behaving.
Hypotheses

Men more in line with traditional ideals of masculinity would be more prone to go sick to work than men who are in opposition to these views.

Hypotheses:
1) The more traditional masculinity ideals a man adheres to the less episodes of sickness absence will he report (because sickness absence is seen as a sign of weakness).
2) The more traditional masculinity ideals a man adheres to the more episodes of sickness presence will he report (because sickness presence is seen as a sign of masculine behaviour that defies pain, and does not rely on help).
3) The more traditional masculinity ideals a man adheres to the larger to ratio of sickness presence to sickness absence will he have, i.e. he will more often take sickness presence than take sickness absence.
Methods and Materials (1)

Cohort study of ambulance workers in a Danish firm covering 85% of all emergency dispatch calls in Denmark (N = 3,888)

62% (n = 2,426) completed questionnaires in autumn/winter 2010/11.

Outcome measures:
1. Self-reported spells of sickness absence (‘How many times have you been off sick from work in the last 12 months?’)
2. Self-reported spells of sickness presence (‘How often within the last 12 months have you gone to work, even though you could reasonably have reported in sick?’)
3. Sickness presence to sickness absence ratio calculated as: spells of sickness presence / spells of sickness absence (higher values indicate that the person more often go ill to work than take sickness absence)
Methods and Materials (2)

Traditional masculinity ideals measured by items taken from Male Role Norms Inventory-Revised (Levant et. al. 2007)

Sample items include (US-version):

<table>
<thead>
<tr>
<th>MRNI-Total Scale (Cronbachs $\alpha = 0.83$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. The President of the US should always be a man.</td>
</tr>
<tr>
<td>13. Men should have home improvement skills.</td>
</tr>
<tr>
<td>42. It is important for a man to take risks, even if he might get hurt.</td>
</tr>
<tr>
<td>50. One should not be able to tell how a man is feeling by looking at his face.</td>
</tr>
</tbody>
</table>
Methods and Materials (3)

The analyses were adjusted for the following confounders:

Sex, age, self-rated health, psychosocial work environment (all subscales from COPSOQ) and job function.

The analyses were carried out in SPSS. Poisson and Ordinary Least Squares regressions were used.
Results (1)
Masculinity and Sickness Absence

Association between sickness absence and traditional masculinity ideals

Spells of sickness absence vs. MRNI: Traditional masculinity ideals (mean = 34)

- 95% CI
- Ipoly smooth: predicted value of mean of response
Results (2)

Masculinity and Sickness Presence

Association between sickness presence and traditional masculinity ideals

- Spelling of sickness presence
- MRNI: Traditional masculinity ideals (mean = 34)

95% CI
Ipoly smooth: predicted value of mean of response
Results (3)
Masculinity and Presence to Absence Ratio

Association between presence to absence ratio and traditional masculinity ideals

- 95% CI
- lpoly smooth: predicted value of mean of response
Conclusions

Scoring higher on Male Role Norms Inventory-Revised leads to:

1) More episodes of sickness presence
2) Fewer spells of sickness absence
3) A higher ratio of sickness presence to sickness absence

In other words – adherence to traditional (hegemonic) masculinity ideals leads to a preference for sickness presence over taking sickness absence.
Implications and limitations of the study

1. Can the results be generalised beyond the (narrow) context of ambulance workers? To other occupations? To other countries? Can we assume gender differences between men translate into gender differences between men and women?

2. Is the sickness absence practices caused by differences in masculinity ideals or do differences in sickness absence practices result in adherence to different masculinity ideals? (reverse causality and limitations of cross-sectional study)

3. Are this way of ’doing gender’ (partly) responsible for lower life expectancy among men? Is sickness presence related to lack of help-seeking more generally?