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Hansen, Claus D.

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Sickness absence practices – an undertheorised concept in the context of presenteeism research

The concept of sickness absence practices is developed most carefully in Virtanen and colleagues' paper on the way employees take and justify their spells of absenteeism in the context of a number of Finnish companies (Virtanen et al., 2000). The concept takes Bourdieu's theory of practice (Bourdieu, 1977) at the point of departure and examines how sickness absence and the decisions involving this is influenced by the preferences or 'taste' for taking absenteeism e.g. taking into account what are the consequences and implications of the absence taking.

In this paper I first (A) elaborate on the concept of sickness absence practice and try to connect it to competing conceptualisations of 'workplace attendance behaviour' and similar concepts often used in the literature of organizational psychology (see e.g. (Johns, 2008, 2010; Ruhle et al., 2020). I try to highlight the key similarities and differences in order for the field to accumulate knowledge about the phenomenon emphasizing how the idea of 'decisions' might be somewhat unrealistic because the practice related to especially minor episodes of illness or disease is likely to be something that can only be uncovered retrospectively when reflecting upon the behaviour and not something that is actively or 'strategically' guiding how the behaviour is actually carried out (see e.g. (Giddens, 1984). In the second part of the paper (B), I use data from a Danish blue-collar company to illustrate how the concept of sickness absence practices can be studied using linked attendance and absence data and studying these as sequences of work place attendance and absenteeism utilizing sequence analysis (Aisenbrey & Fasang, 2010). While this approach has quite specific requirements to the data needed this should become more readily available given the digitalization of workplaces and the abundance of information available ('big data') to study not only absenteeism but actual attendance as well (see e.g. (Shah et al., 2017). In the third and final part of the paper (C), I examine the work attendance behaviour of blue-collar workers with different health and self-reported sickness absence practices. I show how the trajectories of work attendance and absence differ when stratifying these by health status and prior sickness absence practices such as going ill to work or taking absenteeism as a way of coping with work environment exposures.

A. The concept of sickness absence practices and its relation to other conceptualisations of attendance behaviour

Important works on sickness presence discuss this concept as pertaining to 'behaviour of working in the state of ill-health' (Ruhle et al., 2020) and elaborates how this act often involves 'a complex decision-making process by the ill person to either attend work or stay at home.' While this may in some cases be a plausible way of looking at the presenteeism phenomenon it raises two important questions that might be better answered using alternative theoretical concepts such as e.g. Bourdieus concept of habitus or Giddens equivalent concept of practical consciousness. In situations where a person falls ill to an infectious disease for instance it may very well be the case that a 'complex decision-making process' is initiated. The illness behaviour of the person experiencing symptoms will be influenced by the severity of them, the persons prior experience with these symptoms, the context in which the person carries on her everyday life and the reactions and interactions by others when they encounter and become aware of the illness behaviour. However, in other situations where the symptoms relate to more chronic conditions or are not necessarily related to a disease (with a distinct medical diagnosis) but is instead the outcome of e.g.,

prolonged exposure to demanding physical work environment exposures the behaviour of working in the state of ill-health may not involve a 'decision-making process' in the same way. In an interesting paper, (Ajslev et al., 2017) shows how pain is habitualised among construction workers and is discursively constructed as a natural and preferred consequence of earning a lot of money in these types of jobs. 'Trading health for money' may in an abstract sense of the word be the outcome of this decision-making process however drawing on Bourdieu, Ajslev and colleagues argues that this process is largely unconscious or as Giddens would term it conscious only at a practical level. While (Ajslev et al., 2017) does not discuss the concept of sickness absence or presenteeism directly they touch upon it in their empirical analysis where they clearly illustrate one of the points that (Virtanen et al., 2000) refers to in the paper where they introduce the concept of sickness absence practices: *'The sphere of work also has a major impact on the standards and norms of individuals' ways of being ill. People have become used to perceiving and constructing their health problems in the context of paid work. Sickness Absence (SA) is the most prominent manifestation of this connection of illness to the social order of modern employment society... Is it relevant to study SA as a commodity which has economic and symbolic values, and which is purchased in the social fields of health care and consumed in the social fields of work? May we hypothesise that SA also embodies the ways of life, the styles and tastes of being ill in the workplace and in the labour market?'* (Virtanen et al., 2000, p. 28) When the construction workers prefer 'trading health for money', i.e. having an attendance behaviour that normalizes and naturalizes working despite having substantial pain sometimes to the extent that the workers take medication in order to keep working this can not necessarily be seen as part of a 'decision process' because this way of practicing sickness absence is embedded in a class culture that takes for granted this way of acting. It is of course possible to reconstruct the reasoning behind a certain way of acting as Giddens explain in *Constitution of Society* (Giddens, 1984) making the 'practical consciousness' available discursively through reflection on it. It would, however, be an error to think of this as implying that the practice is driven by conscious 'decision-making' – the question is what this means for studying presenteeism?

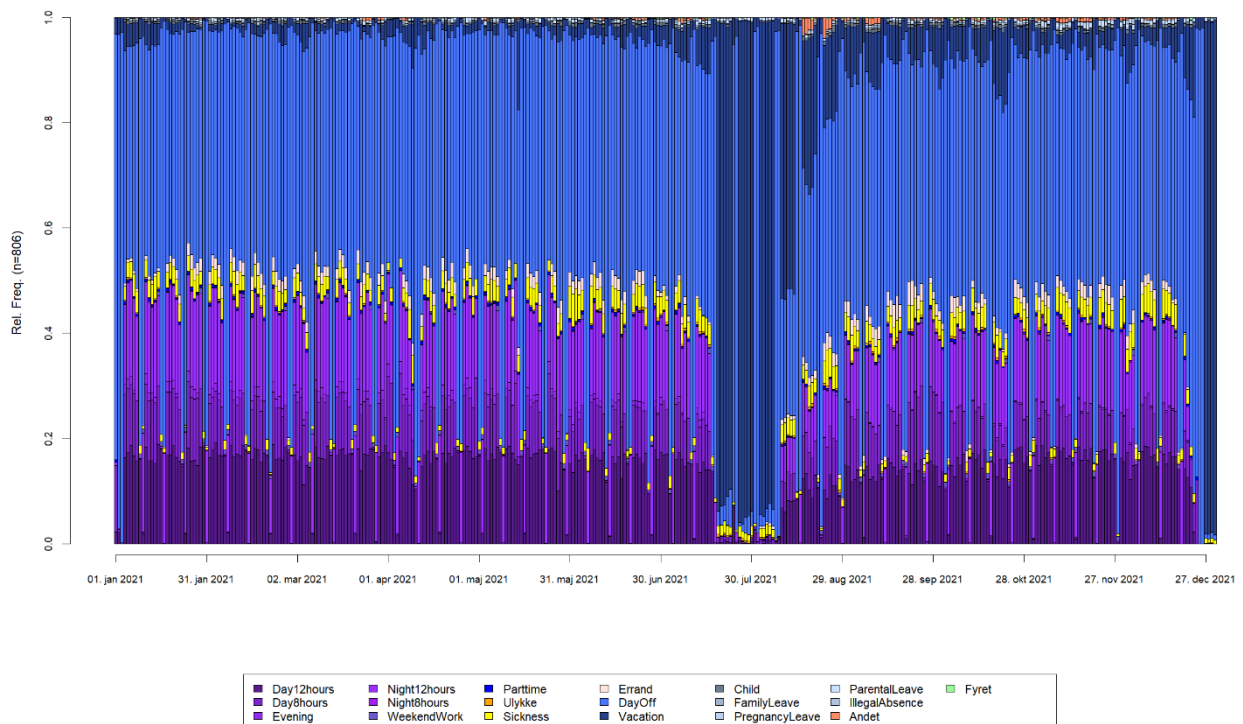
B. Studying sickness absence practices using sequence analysis

One of the difficulties in studying presenteeism is the fact that only absenteeism is routinely registered leaving the reports of presenteeism to rely solely on scarce, infrequently self-reported data (for a discussion see (Ruhle et al., 2020). As presenteeism to a large extent is a subjective phenomenon, i.e. the threshold with which different people would report symptoms as signs of disease or illness vary substantially making it difficult to make an assessment of presenteeism that would be independent of the person in question. Because different people will 'substitute presenteeism for absenteeism' with different degrees, it is not fruitful to compare rates of absenteeism between different individuals without at the same time taking into account their propensity to practice presenteeism (Caverley et al., 2007). The propensity to substitute presenteeism for absenteeism is one crucial dimension of the concept of sickness absence practices while another would be differences in thresholds for when symptoms become so prominent that they require some kind of attention from the person experiencing them. In order to, study sickness absence practices, we would thus need to rely on more than simply information about the number of sickness absence episodes or the percentage of possible working days lost to sickness absence as are some of the most common measures of absenteeism used. Instead, I propose that we could use sequence analysis to study entire trajectories of attendance and absence behaviour over a longer period of time e.g. 3 months or 1 year. While this approach will not solve the lack of data on presenteeism, it will nevertheless contribute to a more nuanced description of the patterns of attendance and absence that an employee takes part in over the course of a study period. (Aronsson & Gustafsson, 2005) find that some employees

use their vacation instead of taking sick leave which means that we should study attendance behaviour with all types of absenteeism from work and not only absence due to illness.

Sequence analysis has been used in the social sciences for the last couple of decades often in the context of studying transitions between school and work or between becoming retired (Abbott & Tsay, 2000). The approach, however, has rarely been used to study sickness absence (for an exception see (Villar et al., 2019) and to my knowledge never to patterns of attendance behaviour and short-term sickness absence. One reason for this might be that this requires more extensive data than is the case when studying only the number of absence episodes or the time until the first occurrence which is commonly used approaches. The advantage of employing sequence analysis is the emphasis on whole trajectories and patterns of attendance and absence instead of only counting the number of absenteeism or presenteeism occurrences over the study period or focusing only on single episodes of sickness absence. Episodes of sickness absence and presenteeism are embedded in trajectories of work attendance patterns and should be analysed as a whole. When constructing such sequences of attendance and absence the distribution of states over the study period can be presented as is done in Figure 1 below. Each vertical line represents one calendar day from January 1st till 31st December 2021 and the different colours refer to individuals being in different 'state spaces'. For each day I have information about the employees divided into 19 state spaces: 7 types of attendances (e.g. 12 hour night watch, 8 hour day watch, weekend work etc.) and 12 types of absenteeism (e.g. accident, sickness absence, errand, day off, vacation etc.). The yellow ones represent absence due to sickness while the blue are other types of absence (e.g. regular days off and vacation) whereas the purple represents days with attendance.

Figure 1. Sequence analysis of attendance and absence. State distribution plot. (n = 806)

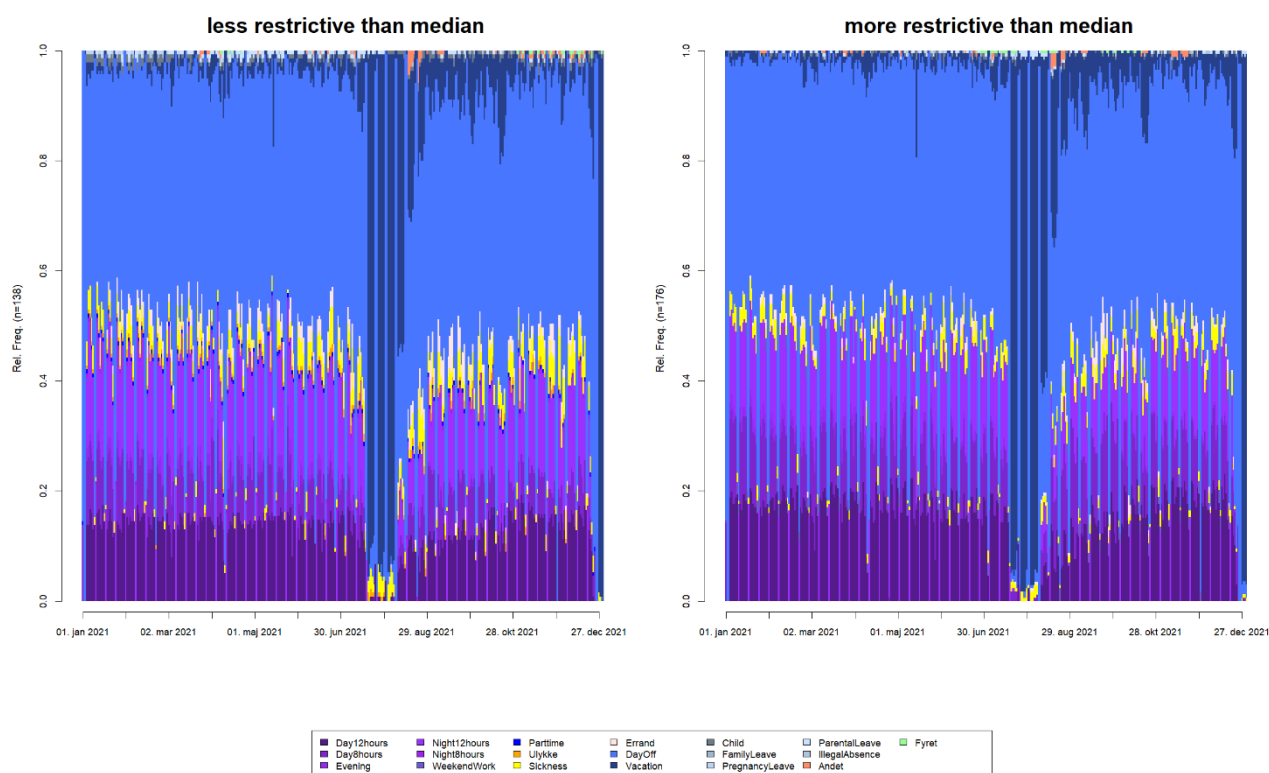


C. Differences in work attendance trajectories by health and sickness absence practices

The data used in this paper and in the above example is administrative data from a Danish production company on their employees' spells of absence as well as information about their work schedule. This gives us the opportunity to construct sequences of attendance and absenteeism in order to examine to what extent it is possible to discern distinct patterns in these that could be interpreted as types sickness absence practices. In total, information about 1,274 employees were obtained from the administrative databases in the company covering one of their worksites for at period of several years (2017-2021). The blue-collar workers employed at the company in mid-December 2020 (n= 742) was invited to complete a questionnaire about their work environment, self-rated health and various questions about sickness absence including attitudes towards absenteeism. All in all, 372 persons returned the questionnaire yielding a response rate of 50%.

In figure 2 I have plotted the state distribution for those scoring above and below the median on a scale measuring the restrictiveness of absence taking in different situations. In the plot to the left it is easy to see that spells of sickness absence (the yellow state spaces) is more pervasive than is the case in the plot in the right hand.

Figure 2. State distribution plot by restrictiveness of attitudes towards taking sickness absence.



Another way of analysing the sequences is to conduct cluster analysis of the sequences in order to categorise those blue-collar workers that have the most similar work attendance trajectories (for an elaboration of different ways of comparing sequences see Elzinga & Studer, 2019). When the optimal matching algorithm is applied to the distance matrix derived from the pairwise comparison of sequences among the participants in the study 5-8 clusters emerge that have quite distinct patterns of work

attendance and where especially two of the clusters diverge substantially from the others when focusing only on aspects of their health or sickness absence practices. Apparently, sickness presence (SP) due to being called in to a sick talk is more prevalent in cluster 3 compared to clusters 1 and 2 which could be a consequence of the higher number of episodes of sick leave and their worse self-rated health status.

Table 1. Description of clusters derived from analysis of sequences.

	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5
Age (mean)	41.1	40.2	40.9	50.4	34.5
% Women	9.0	11.7	6.1	0.0	13.3
% under 30	14.0	16.0	6.1	0.0	40.0
% with spell of 1 day duration	40.0	34.0	46.8	33.3	60.0
% with spell of 10+ days duration	0.0	1.1	27.7	100	26.7
Spells of sick leave (mean)	0.95	0.96	2.55	4.33	1.8
Bradford factor	27	34	4468	32050	1088
Sick days / work days	3.2	3.2	20.8	73.7	23.8
% Not-good self-rated health	29.5	31.0	47.8	%%	%%
% sickness presence (SP) with headache	61.4	66.7	73.9	%%	%%
% SP with fever	25.0	21.4	26.1	%%	%%
% SP with musculoskeletal pain	68.2	57.1	73.9	%%	%%
% SP due to honor	29.8	34.1	43.4	%%	%%
% SP due to sick talk	8.5	6.8	21.7	%%	%%

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