Job satisfaction and short sickness absence due to the common cold

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Abstract. Objective: This study investigated whether short episodes of sickness absence were associated with job satisfaction.
Participants: 199 wage earners who reported sick due to the common cold between January 2003 and April 2003.
Methods: Job satisfaction was assessed on the first day of sickness absence and associated with the duration of sickness absence using a multiple logistic regression model to which demographics, working conditions, and the week day on which sick-leave was taken were stepwise added as covariates.
Results: Workers with low job satisfaction scores had higher odds (odds ratio [OR] = 3.85; 95% confidence interval [CI] 1.74 to 8.51) of being > 3 days absent from work due to the common cold compared to satisfied workers. However, the duration of sickness absence due to the common cold was more strongly related to the day of taking sick-leave with workers who reported sick on Monday or Tuesday being longer absent (OR = 5.36; 95% CI 1.44 to 9.90) than those who reported sick on Friday.
Conclusions: When having a common cold, dissatisfied workers are longer absent from work although the duration of short episodes of sickness absence seems to be determined by the week day on which sick-leave is taken rather than working conditions or perceptions about work.

Keywords: Absenteeism, sick-leave, job satisfaction, short sickness absence, the common cold, day of sick-leave

1. Introduction

Sickness absence is increasingly seen as a public health problem and the reduction of sickness absence levels has top priority in European countries [8,32]. Sickness absence is multifactorial in origin consisting of medical (physical impairments), psychological (subjective ill health) and social (sick role and sickness absence benefits) determinants [1]. Most studies have investigated medical and social factors, but little is known about the psychological aspects of sickness absence. Sickness absence is not simply the result of physical impairments, but reflects a conscious choice of the employee based on factors that encourage or discourage absence from work [1,14,21]. Hackett and Guion (1985) assessed the behavioural attitudes in sickness absence [9]. Their results provided tentative support for a voluntary – involuntary absence distinction, and they proposed to take the perceptions of workers about their work into consideration when studying sickness absence. Job satisfaction is particularly suited to study such perceptions, as it is defined as the positive emotional feelings and attitudes of individuals towards their job. Job satisfaction can be regarded as a global concept [24], but it can also be considered as being composed of facets of satisfaction with various aspects of a job [28]. Facet measures of job satisfaction should be separated from overall satisfaction, as they are conceptually different [26,28].

Job satisfaction has been investigated extensively in the health care sector. A wide variety of satisfaction and dissatisfaction sources has been identified, but lit-
tle is known on their relative importance [17]. The key findings suggest that work stress and leadership issues influence job satisfaction and job turnover among nurses. The levels of education and pay were also found to be associated with job satisfaction, but the results were not consistent [5]. Among health care managers, the span of control, organizational support, and empowerment were found to be positively related to job satisfaction. [16]. The diversity of work, relations and contact with colleagues, and being involved in teaching medical students increased job satisfaction of general practitioners. Factors decreasing job satisfaction were low income, too many working hours, administrative burdens, heavy workload, lack of time, and lack of recognition [10]. In a study among 822 employees, working in various companies and economic sectors, task variety and relations with colleagues were found to be related to job satisfaction. Together with working conditions and workload, these factors explained up to 45% of the variance in satisfaction [26].

The few studies that investigated the relationship between job satisfaction and sickness absence reported inconclusive results, but concentrated on long episodes of sickness absence while attitudinal factors are thought to be associated with short episodes of sickness absence [10,12,20,25]. Kristensen stated that short absences should be regarded as a coping behaviour that reflects an individual’s perception of his/her health and is a function of a number of factors, primarily the combination of job demands and coping opportunities in the job [14]. Marmot et al. reported that job satisfaction was related to sickness absence with higher rates in those who reported low job satisfaction. After adjusting for health status, however, the association remained for one to two day absences and was greatly reduced for absences longer than three days [19]. Thus, job satisfaction seems to play a role in short rather than long episodes of sickness absence.

The common cold is the most prevalent cause of short sickness absence in the Netherlands. Mohren et al. found that low commitment to work and low job satisfaction levels increased the chance of being absent with the common cold and concluded that absence during a common cold is partly influenced by motivational factors at work [21]. However, the authors did not study the duration of sickness absence due to the common cold. If both job satisfaction and short sickness absence are determined by attitudes towards work, then not only the chance of being absent from work due to the common cold will be higher among dissatisfied workers, but also the duration of absence will be longer than in satisfied workers. Therefore, we studied the association between job satisfaction and the duration of sickness absence due to the common cold.

2. Methods

In 2003, the registry of ArboNed Occupational Health Services contained the sickness absence data of 986,340 Dutch wage earners working in different economic sectors. The primary sector including agriculture, forestry, fishery, and mining which constituted 4% of the Dutch workforce in 2003 was not represented in the ArboNed registry; 22% of workers covered by ArboNed worked in the industrial sector (compared to 23% of the total Dutch workforce) and 78% in the service sector (compared to 73% of the total Dutch workforce).

The study population was retrieved from the ArboNed registry of the Dutch province Friesland, containing 42,195 wage earners of whom a total of 1908 workers had at least one sickness absence episode between January 2003 and April 2003. From these 1908 persons, a sample of 898 workers was drawn using random numbers [23,26]. The sample of workers received a questionnaire by post on their first day of sickness absence. Inclusion criteria for this study were:

- At least one sickness absence episode between January and April 2003
- Sickness absence due to the common cold
- Age 18 to 65 years
- Employed in the years 2002 and 2003

The questionnaire scores of workers who reported to be absent from work due to the common cold were linked to the recorded sickness absence data. Ethical approval was sought from the Medical Ethics Committee of the University Medical Center Groningen, who advised that ethical clearance was not required. All workers agreed to the use of their results for scientific research.

While many different job satisfaction instruments exist, only a few have adequate reliability and construct validity [27]. The multidimensional Job Satisfaction Survey (JSS) is one of them. Dolbier et al. correlated the results of a single question: “Are you satisfied with your job as a whole?” with those of the JSS in a population of public agency employees [6]. A minimum reliability was estimated using the formula: \( r_{xy} = r_{xy}/\sqrt{(r_{xx} * r_{yy})} \) where \( r_{xy} \) is the expected correlation between the single question (x) and the results of the
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JSS \( (y) \), \( r_{xy} \) is the measured correlation between \( x \) and \( y \), and \( r_{yy} \) is the reliability of \( y \) \[31\]. When \( \hat{r}_{xy} \) was set at 1.0, a reliability \( r_{xx} \) of 0.90 was found. When \( \hat{r}_{xy} \) was set more conservatively at 0.90 the reliability \( r_{xx} \) was 0.73. The questionnaire used in our study assessed overall job satisfaction with Dolbier’s single item scored on a seven-point Likert-type scale, ranging from 1 (i.e. very dissatisfied) to 7 (i.e. very satisfied). Specific satisfaction with workload, work pace, task variety, work conditions, work times, salary, career perspectives, supervisor, co-workers, and work briefings were investigated accordingly \[26\].

The questionnaire also assessed physical workload and mental workload (both scored on a seven-point Likert-type scale ranging from 1 = low to 7 = high), support by supervisor and co-workers (both scored on a seven-point Likert-type scale ranging from 1 = low to 7 = high), job autonomy (defined as being able to organize one’s work; range 1 = never to 7 = always) and decision authority (defined as being able to take decisions concerning one’s work; range 1 = never to 7 = always).

The registration system of ArboNed Occupational Health Services records the first and last day of sickness absence. The duration of an episode of sickness absence was defined as the number of calendar days between these dates, irrespective of someone’s contracted hours. The number of days of sickness absence due to the common cold is discrete data with a non-normal distribution pattern (Fig. 1) even after logarithmic transformation. We dichotomized the study sample into a reference group with 1 to 3 days of sickness absence (\( n = 74 \)) and a group with 4 to 15 days of sickness absence (\( n = 125 \)) based on Marmot et al. \[19\].

The relationship between job satisfaction and the dichotomized duration of absence with the common cold was analyzed using forward stepwise logistic regression analysis in SPSS for Windows version 15, in which job satisfaction was included as a categorical variable (categories based on the frequency distribution of responses: score 1 to 4 = low; score 5 = medium; score 6 and 7 = high). To this crude model, the demographics age, gender and education were added in the first forward step (model 1). The age at the moment the questionnaire was completed was inserted as a categorical variable (categories: \( \leq 30 \) years; 31–40 years; 41–50 years; \( \geq 51 \) years) based on the frequency distribution of ages. Gender was inserted as a dichotomous variable (men relative to women), and the educational level as a categorical variable distinguishing between low (i.e. primary education and vocational training), medium (i.e. senior secondary education and pre-university education) and high (i.e. college and university) education. To model 1, working conditions were added in a second forward step (model 2). Physical workload, mental workload, supervisor support, co-worker support, job autonomy and decision latitude as categorical variables with the scores of 1 to 4 defined as low, the score = 5 as medium, and the scores 6 and 7 as high, based on the frequency distribution of responses. The final model (model 3) included the variables of model 2 to which the week day of taking sick-leave was added as a categorical variable: Monday+Tuesday, Wednesday+Thursday relative to Friday.

In a separate multiple logistic regression analysis, specific satisfaction with workload, work pace, task variety, working conditions, work times, salary, career perspectives, supervisor, co-workers, and work briefin-
Table 1

Characteristics of the study population (n = 199) of workers who were sickness absent due to the common cold. The table shows numbers (column %) as well as means with their standard deviation (SD). Differences between workers who were 1 to 3 days absent and those who were 4 days or longer absent were analyzed using the non-parametric Mann-Whitney U test.

<table>
<thead>
<tr>
<th>Workers absent ≤ 3 days</th>
<th>Workers absent &gt; 3 days</th>
<th>Mann Whitney test</th>
<th>Total population</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>74</td>
<td>125</td>
<td>199</td>
</tr>
<tr>
<td>Men</td>
<td>54 (73%)</td>
<td>81 (65%)</td>
<td>135 (68%)</td>
</tr>
<tr>
<td>Women</td>
<td>20 (27%)</td>
<td>44 (35%)</td>
<td>64 (32%)</td>
</tr>
<tr>
<td>Age (SD)</td>
<td>37.2 (9.4)</td>
<td>39.2 (10.0)</td>
<td>p = 0.157</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td>38.5 (9.8)</td>
</tr>
<tr>
<td>Low</td>
<td>21 (29%)</td>
<td>51 (41%)</td>
<td>73 (37%)</td>
</tr>
<tr>
<td>Medium</td>
<td>38 (53%)</td>
<td>61 (49%)</td>
<td>100 (50%)</td>
</tr>
<tr>
<td>High</td>
<td>13 (18%)</td>
<td>12 (10%)</td>
<td>26 (13%)</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Absence days (SD)</td>
<td>2.0 (0.8)</td>
<td>6.8 (2.5)</td>
<td>p = 0.011</td>
</tr>
<tr>
<td>Job satisfaction (SD)a</td>
<td>5.5 (1.2)</td>
<td>5.1 (1.3)</td>
<td>5.3 (1.3)</td>
</tr>
<tr>
<td>Physical workload (SD)a</td>
<td>3.6 (1.7)</td>
<td>3.9 (1.9)</td>
<td>p = 0.207</td>
</tr>
<tr>
<td>Mental workload (SD)a</td>
<td>4.3 (1.5)</td>
<td>4.2 (1.7)</td>
<td>4.2 (1.6)</td>
</tr>
<tr>
<td>Supervisor support (SD)a</td>
<td>4.9 (1.5)</td>
<td>4.8 (1.5)</td>
<td>p = 0.850</td>
</tr>
<tr>
<td>Co-worker support (SD)a</td>
<td>5.7 (1.1)</td>
<td>5.6 (1.1)</td>
<td>p = 0.505</td>
</tr>
<tr>
<td>Job autonomy (SD)a</td>
<td>5.4 (1.3)</td>
<td>5.6 (1.1)</td>
<td>p = 0.278</td>
</tr>
<tr>
<td>Decision latitude (SD)a</td>
<td>4.9 (1.5)</td>
<td>5.1 (1.5)</td>
<td>p = 0.354</td>
</tr>
<tr>
<td>Taking sick leave on</td>
<td></td>
<td></td>
<td>5.0 (1.5)</td>
</tr>
<tr>
<td>Monday + Tuesday</td>
<td>23 (31%)</td>
<td>74 (59%)</td>
<td>97 (49%)</td>
</tr>
<tr>
<td>Wednesday + Thursday</td>
<td>41 (55%)</td>
<td>44 (35%)</td>
<td>85 (43%)</td>
</tr>
<tr>
<td>Friday</td>
<td>10 (14%)</td>
<td>7 (6%)</td>
<td>17 (8%)</td>
</tr>
</tbody>
</table>

*a* scores assessed on a 7-point Likert-type scale ranging from 1 (= low) to 7 (= high).

3. Results

Of the 898 posted questionnaires, 518 (58%) were returned. The 380 non-responders were 35.9 years of age (standard deviation [SD] = 10.5 years) and they were 9.3 days (SD = 16.3 days) absent. Responders were older (38.1 years; SD = 10.2 years), but had a similar number of days of sickness absence (10.9 days; SD = 14.4 days). Among the responders there were 199 workers (135 men and 64 women) who reported to be absent due to a common cold and their results were eligible for this study. Their mean level of job satisfaction was 5.3 (SD = 1.3). The mean duration of sickness absence due to the common cold was 5.0 days (SD = 3.1 days) with a range of 1 to 15 days. Ninety-three workers reported themselves sick on Monday, 4 on Tuesday, 50 on Wednesday, 35 on Thursday, and 17 on Friday. Workers who took sick-leave on Monday or Tuesday were 6.2 days (SD = 3.2 days) absent. Workers who took sick-leave on Wednesday were 4.5 days (SD = 3.2 days) absent, and those who reported sick on Thursday were 3.5 days (SD = 3.3 days). Workers who took sick-leave on Friday were 3.2 days (SD = 1.8 days) absent.

Table 1 compares the characteristics of workers with 1 to 3 days of sickness absence to those who were longer (> 3 days) absent. Workers with low education were overrepresented in the latter group, as were dissatisfied workers and workers who took sick-leave on Monday or Tuesday.

Job satisfaction was inversely related to the duration of sickness absence due to the common cold. Workers with low satisfaction levels had the highest odds (odds ratio [OR] = 3.85; 95% confidence interval [CI] 1.74 to 8.51; p < 0.01) of being > 3 days absent from work due to common cold. Workers with medium job satisfaction levels also had higher odds (OR = 2.27; 95% CI 1.09 to 4.73; p = 0.03) of being > 3 days absent compared to workers with high satisfaction levels. The crude regression model explained 9% (Nagelkerke pseudo R² = 0.09) of the variance in sickness absence duration. The Hosmer-Lemeshow test for model fit, however, was not significant (p = 0.29), indicating that the model fitted the data. The addition of demographics age, gender and education (model 1) did not affect the relationship between job satisfaction and the duration of sickness absence due to the common cold, but...
improved the regression model, which now explained 17% (Nagelkerke pseudo $R^2 = 0.17$) of the variance in sickness absence duration and was a better fit for the data (Hosmer-Lemeshow $p = 0.54$). The addition of working conditions (model 2) neither affected the relationship between job satisfaction and the duration of sickness absence due to the common cold nor improved the regression model (Nagelkerke pseudo $R^2 = 0.20$; Hosmer-Lemeshow $p = 0.59$). When work conditions were adjusted for, workers aged 31–40 years had lower odds (OR = 0.25; 95% CI 0.13–1.33; $p = 0.27$) of being $> 3$ days absent compared to workers aged $\geq 51$ years.

The day of taking sick-leave was significantly associated with the duration of sickness absence due to the common cold, with workers who reported sick on Monday or Tuesday having higher odds (OR = 5.36; 95% CI 1.44 to 9.90; $p < 0.01$) of being $> 3$ days absent due to the common cold compared to those who reported sick on Friday. When the day of taking sick-leave was added to the regression model (model 3), the explained variance increased to 34% (Hosmer-Lemeshow $p = 0.73$) and the regression model improved with a $-2\text{LogLikelihood}$ change of 221–198 ($\chi^2$ distributed with df = 2 results in $p < 0.01$).

To study motivational factors that might play a role in the duration of sickness absence due to a common cold in more detail, we investigated the relationships with specific facets of satisfaction. These results are presented in Table 3. Workers who were dissatisfied with their supervisor had higher odds (OR = 2.53; 95% CI 1.09 to 4.73; $p < 0.01$) of being $> 3$ days absent compared to workers who were satisfied with their supervisor. Satisfaction with feedback and information about work, which is a proxy for feedback and information about work, was also significantly associated with the duration of
sickness absence due to the common cold. Workers who were dissatisfied about the feedback and information on their work had higher odds (OR = 2.24; 95% CI 1.06 to 3.92; p = 0.03) of being >3 days absent from work due to the common cold.

4. Discussion

We studied the association between job satisfaction and the duration of sickness absence due to the common cold, which is the most prevalent cause of short sickness absence in the Dutch workforce. The results confirmed our hypothesis that dissatisfied workers are longer absent when they have a common cold than those who are satisfied with their work. Although significant, the relationship between job satisfaction and short episodes of sickness absence was not strong and only explained 9% of the variance in sickness absence duration. The addition of demographics (age, gender, education) improved the regression model, but did not affect the relationship between job satisfaction and the duration of sickness absence. This is in agreement with the findings of Bos et al. who found differences in job satisfaction and work characteristics between age groups in 1,112 university employees, but reported the differences to be rather small [4].

Mohren et al. compared workers who were absent from work due to common infections with those working through an infection [21]. Among the group who stayed at home were more workers a feverish illness and fewer workers with good job satisfaction. Low levels of commitment to work, job insecurity, shift work, and being fatigued also increased the chance of staying at home in case of a common cold, but not when employees suffered flu-like illness or gastroenteritis. The authors assumed that the severity of symptoms explained the differences in the contribution of non-medical factors on being absent from work due to sickness. Psychological job demands, decision latitude,
and the work situation were not found to be associated with the chance of staying at home with a common cold, which is in agreement with our results. It was concluded that absence during a common cold is partly influenced by motivational factors. Actually, Mohren et al. described motivations to take sick-leave or stay at work when having common infections. Earlier, Kristensen reported high job satisfaction to be one of the positive presence factors [14]. Our results showed that once absent from work due to the common cold, the duration of sickness absence was inversely related to overall job satisfaction levels. Specific satisfaction with the supervisor and specific satisfaction with work briefings were also significantly related to the duration of sickness absence due to the common cold, with dissatisfied workers having higher odds of being >3 days absent from work compared to satisfied workers. Supervisors may be able to shorten the duration of sickness absence by showing their concern about the wellbeing of their workers. Persons with an experience of sickness absence specifically stressed the need for communication between manager and sick-listed employee [22]. We advise managers to contact workers on the first day of sickness absence to express concern and offer assistance in arranging work adjustments and informing colleagues of temporary changes in task assignments. This may motivate workers to return to work sooner.

In work briefings, feedback is given on how the work is done and workers are informed about the results of their work. The mean satisfaction with work briefings was relatively low (4.4 on a 7-point Likert-type scale ranging from 1 = very dissatisfied to 7 = very satisfied). Improved work briefings with better feedback and information about the work may motivate workers to return to work sooner. However, it should be acknowledged that other factors besides the ones investigated may also play a role. For instance, organizational justice was not investigated in our study, but was recently reported to account for a high percentage of the variance in job satisfaction [15].

Notenbomer et al. studied the relationship between job satisfaction and short-term sickness absence due to all causes [23]. They found overall satisfaction to be unrelated to the duration of sickness absence. However, they considered episodes lasting up to 42 days irrespective of diagnosis, resulting in a heterogeneous group of workers suffering from different illnesses. Besides, motivational aspects are thought to play a role in shorter episodes of sickness absence [14,19,21]. Marmot et al. reported that low job satisfaction was related to higher rates of one to two day absences among civil servants aged 35 to 55 years [19]. Our results confirmed a significant relationship between job satisfaction and the duration of short episodes of sickness absence, but raised doubt about the clinical relevance of this relationship, as job satisfaction only explained 9% of the variance in the duration of sickness absence due to the common cold.

The duration of short episodes of sickness absence was determined more strongly by the week day on which workers took sick-leave. Workers who reported sick on Monday or Tuesday were longer absent (OR = 5.36; 95% confidence interval 1.44 to 9.90) than those who reported sick on Friday. The high odds ratio indicates a strong relationship between reporting sick in the beginning of a work week and the duration of sickness absence. However, the broad confidence interval also indicates a low precision of the odds ratio, which is due to the small group of workers ($n = 23$) absent $\leq 3$ days who reported sick on Monday or Tuesday. Nevertheless, the duration of short episodes of sickness absence seems to be determined by the day on which a worker reports sick rather than the working conditions and the worker’s perceptions about work. Böckerman and Ilmakunnas showed that the prevalence of harms at the workplace is associated with job dissatisfaction and dissatisfaction with sickness absence [3]. The policy lesson is that the improvement of work conditions should be an integral part of any scheme aimed at decreasing sickness absence. Böckerman and Ilmakunnas measured the number of self-reported sickness absences during the past 6 months, while we measured the recorded duration of short episodes of sickness absence due to the common cold. Possibly, improving working conditions and increasing job satisfaction will decrease the number of absences in a certain time window, but our results show that investment in better working conditions will not shorten the duration of sickness absences due to the common cold.

We observed that the longer duration of sickness absences among workers, who report sick on Monday or Tuesday, is caused by the fact that most workers returned to work on Monday. The habit to return to work on Monday was particularly observed in workers performing day work during office hours. Dutch sickness absence benefits may contribute to habitual return to work on Monday as sickness absence is fully compensated by the employer from the first day of sick-leave. Financial compensation of sickness absence has been reported to increase the risk of a negative rehabilitation outcome [18]. A Swedish study showed that economic incentives, i.e. differences in benefit levels, explained
differences in sickness duration [7]. Although economic incentives for return to work do exist, their effect was reported to be small [7,8,29]. Employers must adhere to national sickness compensation rules, but they can adjust organizational sickness absence policies and may consider a company rule that sickness absence on Thursday and/or Friday is at the employee’s expense in the first week of absence. This may stimulate workers to return to work within the same week as they took sick-leave. On the other hand, it may provoke taking a shorter time to recover from illness resulting in later long-term sickness absence [2]. We assume, however, that these effects will be limited when penalizing measures are restricted to the first week of sickness absence.

Managing work attendance is a line management responsibility. Usually, organizational sickness absence policies define, for managers and staff, what sickness absence is, when it can be taken, and when and how it should be reported and recorded, and what steps should be taken to manage attendance at an individual level [32]. Such policies play a pivotal role in managing sickness absence and are often aimed at what an employee can do despite his/her health complaints. Organizational policies and practices that are heavily focused on attendance despite illness oblige employees to turn up for work. Such strict and inflexible attendance management may have adverse effects, because going to work when ill without appropriate support or work adjustments was recently reported to result in sickness absence on the long-term [2]. Instead, organizational policies and practices should facilitate managers to take into account the needs of sick-listed employees, offer assistance in arranging work adjustments and inform colleagues of temporary changes in task assignments.

The fact that we relied on the common cold as self-reported diagnosis, which was not medically verified, is a weakness of the study as was the moderate response rate of 58%. It is conceivable that persons who are dissatisfied with their jobs are less inclined to return their questionnaire, herewith potentially underestimating the association between job satisfaction and the duration of absence due to the common cold. Questionnaire results are often qualified as ‘subjective’, because the responses may be colored by how someone feels. This was just what we wanted to measure: how someone feels about one’s job. Shared response effects might have overestimated our results, as people who complain about everything are also likely to have higher sickness absence levels [6].

The results of this study confirm our hypothesis that dissatisfied workers are longer absent from work when they have a common cold. The day of reporting sick, however, was more strongly associated with the duration of sickness absence due to a common cold. We assume that the habit of returning to work on Monday plays a more important role in the duration of short sickness absence than workers’ perceptions about work. Frequent short sickness absences result in understaffing and workers with repeated short absences are at risk for future long-term sickness absence and job termination [13,30]. Therefore, more research on short sickness absence is urgently needed. Based on our results, we advise to include the effects of sickness absence compensation, financial incentives, and organizational policies and practices in studies of short sickness absence.

References


