

Does Your Job Make You Sick?

- Organizational Climate, Work Commitment and Sickness Absence -

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Background

As the U.S. slowly emerges from the recession, employers appear to be adding jobs after near-record unemployment rates over the past several years.¹ With continuing stiff global competition, employers need to find ways to maximize the performance and productivity of their growing workforce. While improving health for workers has become part of this strategy, employers need to broaden their view of what is under their control to improve the productivity of their organizations.

Broadening the Conversation about Workplace Absence

One of IBI's research projects (see IBI's [January Research Insights](#) for an overview of the research program for 2011) now underway addresses the link among chronic health conditions, productivity (measured by work hours and employee performance) and organizational setting (measured as work climate through an employee engagement survey). This research work – along with several other presentations on organizational climate, employee engagement and work outcomes – was presented at the recent IBI/NBCH Health & Productivity Forum in San Francisco. IBI's research will be published later this spring. To set the stage for IBI's work in this area, this Research Insights summarizes recent work in Sweden² on the relationship among sickness absence, organizational climate and work commitment.

Swedish researchers surveyed employees from the general working population (sample size=2,763) and from a sick-leave cohort (sample size=3,044) in an area of Sweden with 1.6 million inhabitants (both rural and urban) to test the relationship between sickness absence and broader organizational and work factors.

Researchers defined “organizational climate” by four survey items: (1) supervisors considering your views, (2) being involved in conflicts at work, (3) feeling uneasy going to work, and (4) presence of bullying at work.

“Work commitment” was defined by four survey items: (1) engaging in work, (2) putting high demands on oneself at work, (3) hard time setting limits and (4) taking too much responsibility for one's work.

Based on employees' responses to these questions, the authors sorted them into groups representing the organizational climate of their workplace (poor or good) and their own work commitment (high or fair). Poor “organizational climates” are those with high levels of conflicts, a feeling of uneasiness in going to work, presence of bullying at work and the feeling that the supervisor does not consider one's views. High individual “work commitment” is characterized by over-engagement, putting high demands on oneself,

¹ See “[Big Jump in Private Jobs Bolsters Recovery Hopes](#),” New York Times, March 4, 2011, page A1.

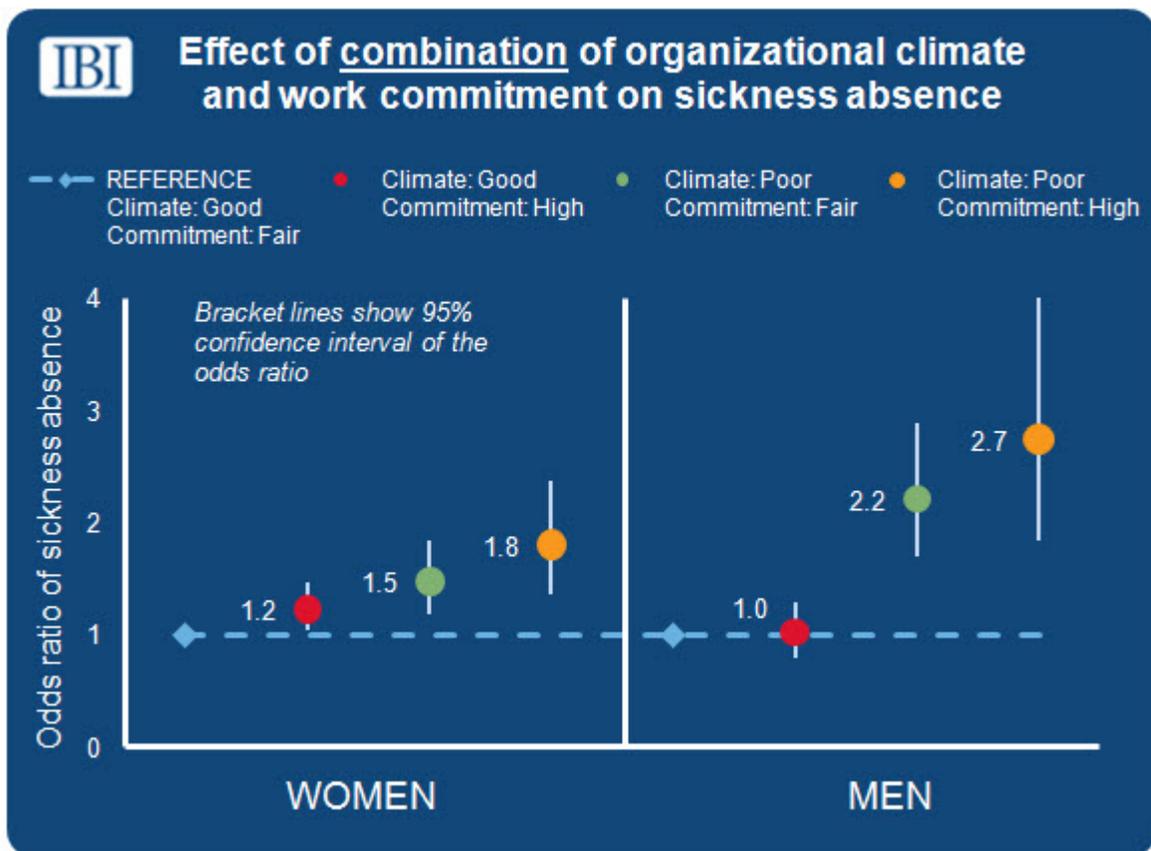
² K Holmgren, G Hensing and L Dellve, *The Association between Poor Organizational Climate and High Work Commitments, and Sickness Absence in a General Population of Men and Women*, JOEM Volume 52, Number 12, December 2010.

having difficulty setting limits and taking too much responsibility for one's own work. The authors use membership in these groups to explain differences in sick day absences controlling for age, income, land of birth (Nordic countries vs. other), educational level, occupational class and employer. The researchers had a particular interest in examining gender differences because previous research has suggested women are more likely than men to report more stressful work and higher workload, and these factors have been associated with sickness absence.

In their analysis of individual impacts of organizational climate and work commitment, the researchers found:

1. Among women, poor organizational climate is associated with an increased likelihood of sickness absence compared to women in a positive organizational climate.
2. Women with high work commitment are more likely to have sickness absence than women with "fair" work commitment.
3. Among men, poor organizational climate is associated with sickness absence, while work commitment has no effect on sickness absence.

The most interesting analysis in this research centers on the joint impact of organizational climate and work commitment. We expect that individuals in the best organizational climates (good, not poor) with the healthiest work commitment (fair, not high) would have the least sickness absence. Accordingly, the referent group for the joint impact analysis is this "best" group (individuals in good organizational climates with fair work commitment). The blue dashed line in the exhibit below represents this "best" referent group.³



³ The logistic regression analysis used in the study models whether individuals with all other combinations of organizational climates and personal work commitment levels are more likely (>1), equally likely (=1) or less likely (<1) to file a sickness absence claim compared to the referent group (good organizational climate and fair work commitment). The white vertical lines are the 95% confidence intervals surrounding these likelihood values or "odds ratios". When the vertical lines pass through the referent value of 1.0, there is no statistical difference between the odds ratios.

Women with fair work commitment in good organizational climates (the reference group) had the lowest likelihood of sickness absence. By comparison, women with high work commitment in poor environments were 1.8 times as likely to have a sickness absence, followed by women with fair commitment in poor organizational climates (1.5 times as likely) and, women with high commitment in good organizational climates (1.2 times as likely).

Men showed a slightly different pattern. Men in good climates are less likely to have a sickness absence than men in poor climates, but work commitment seems to matter only among men in poor climates. Compared to men in good organizational climates, men in poor organizational climates are 2.7 times as likely to have a sickness absence if they have high commitment, and 2.2 times as likely if they have fair commitment.

For both men and women, being in poor organizational climates and having high work commitment is associated with the highest probability of going on sick leave compared to good climates with fair work commitment.

Commentary

This research helps broaden the conversation about how to improve health-related productivity outcomes – in this case, sickness absence. The research provides evidence that the combination of organizational climate and work commitment can have an independent effect. IBI's analysis in this area also brings a second productivity metric into the discussion – performance or "presenteeism" – and suggests that there may be a tradeoff between the number of hours worked (a factor related to work commitment) and on-the-job performance.

Better cooperation between supervisors, case managers, care providers and the individual on sick leave or work disability could help identify those with a tendency toward high work commitment, a factor which would exacerbate an early return-to-work or a recurrence of absence. The earlier employers can identify individuals in these high work stress situations, the greater likelihood an episode of sick leave or work disability could be prevented through early intervention. Employers should also have a better sense of work climates across their organization. If individuals from certain departments, units or locations are experiencing unusually high sick leave volumes, further inspection of the organizational climate is warranted. Perhaps those climates have high levels of conflict, supervisors that don't consider worker's views or even bullying at work.

Over the past decade, the "health model" in the employer setting has undergone significant evolution. It wasn't long ago that employers equated health with health care costs – and focused on how best to shift cost and risk – both internally across programs and to their supplier partners – to minimize the financial impact on their businesses. That strategy changed as employers came to understand that health interventions were necessary and their value extended well beyond health care costs into lost time and lost productivity. However, as the health and productivity link has gained in importance, employers recognize that other organizational factors also play a key role and need to be examined, particularly as they relate to creating a "culture of health." Only by understanding how this broader set of effects play a role, can employers design effective strategies and align their activities across organizational units.