

SOCIAL AND PSYCHOSOCIAL DETERMINANTS OF ILLNESS AND WORK ABSENTEEISM: AN INTEGRATED ANALYSIS OF HEALTH AND ORGANIZATIONAL INFLUENCE

DETERMINANTES SOCIAIS E PSICOSSOCIAIS DA DOENÇA E DO ABSENTEÍSMO NO TRABALHO: UMA ANÁLISE INTEGRADA DA INFLUÊNCIA DA SAÚDE E DA ORGANIZAÇÃO

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Abstract

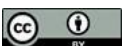
This article examines the social aspects of illness and sickness absence, focusing on the interaction between employees' health status and psychosocial workplace factors. The determinants of health - including individual, social, cultural, and economic factors are analyzed for their influence on morbidity levels and the frequency of sickness absence. Both modifiable and non-modifiable risk factors are discussed. Special attention is given to psychosocial risks related to workload, organizational structure, workplace conflicts, and family responsibilities, which significantly affect the duration and frequency of absenteeism. The article reviews findings from multiple international studies, including data from the European Agency for Safety and Health at Work (EU-OSHA), emphasizing the economic and social implications of sickness absence and the need for a comprehensive preventive approach to managing psychosocial risks. Based on the review, it concludes that effectively reducing sickness absence requires integrated workplace health promotion policies encompassing prevention of risk factors, support for mental health, and promotion of a balanced lifestyle. Such an approach positively impacts both employee well-being and organizational productivity and sustainability.

Keywords: Sickness Absence. Social Determinants of Health. Psychosocial Risks. Workplace Health Promotion. Stress. Gender Differences.

Resumo

Este artigo examina os aspectos sociais da doença e do absentismo por doença, com foco na interação entre o estado de saúde dos funcionários e os fatores psicossociais no ambiente de trabalho. Os determinantes da saúde – incluindo fatores individuais, sociais, culturais e econômicos – são analisados quanto à sua influência nos níveis de morbidade e na frequência do absentismo por doença. São discutidos tanto os fatores de risco modificáveis quanto os não modificáveis. Dá-se especial atenção aos riscos psicossociais relacionados à carga de trabalho, à estrutura organizacional, aos conflitos no local de trabalho e às responsabilidades familiares, que afetam significativamente a duração e a frequência do absentismo. O artigo revisa os resultados de múltiplos estudos internacionais, incluindo dados da Agência Europeia para a Segurança e Saúde no Trabalho (EU-OSHA), enfatizando as implicações econômicas e sociais do absentismo por doença e a necessidade de uma abordagem preventiva abrangente para a gestão dos riscos psicossociais. Com base na revisão, conclui-se que a redução efetiva do absentismo por doença requer políticas integradas de promoção da saúde no local de trabalho, que englobem a prevenção de fatores de risco, o apoio à saúde mental e a promoção de um estilo de vida equilibrado. Essa abordagem impacta positivamente tanto o bem-estar dos funcionários quanto a produtividade e a sustentabilidade organizacional.

Palavras-chave: Absenteísmo por Doença. Determinantes Sociais da Saúde. Riscos Psicossociais. Promoção da Saúde no Local de Trabalho. Estresse. Diferenças de Gênero.



1 INTRODUCTION

Illness and absence from work represent significant social and economic challenges in modern societies. Diseases are not only medical issues but also important social phenomena that affect the employability and quality of life of a large portion of the population. In the contemporary context of globalization, dynamic labor processes, and increasing psychosocial risks, understanding the social determinants of health and the factors influencing sickness absence is of critical importance for effective human resource management and the prevention of health problems (WHO, 2023; Saborido & Zamora-Bonilla, 2024). Sickness absence has a complex and multifaceted nature. It is determined not only by an individual's health status but also by working conditions, work organization, the social and family environment, as well as the availability of support and access to healthcare services (Benavides, 2006; EU-OSHA, 2022). Various social and psychosocial factors - including stress, role conflict, work overload, job insecurity, and lack of support - may contribute to work absences and increase the risk of chronic illnesses and mental health disorders among employees (Atz & Remor, 2024; Cheng et al., 2022).

The purpose of this article is to examine the social dimensions of illness and sickness absence, analyzing the individual, organizational, and societal factors that influence workers' health. The paper pays particular attention to psychosocial risks, gender differences, and the impact of social support and organizational environment on the frequency and duration of absences. By integrating contemporary research and recent data, the study aims to propose effective strategies and policies for the prevention and management of sickness absence, ultimately enhancing the health and productivity of the working population (López-González & Artazcoz, 2021; WHO, 2023).

2 EXPOSITION

Every illness, whether infectious or chronic, represents not only a medical but also a social phenomenon, as it affects large segments of the population and requires a coordinated response from society and institutions (WHO, 2023). Diseases are recognized as socially significant problems that are medically identified and classified under specific names - such as tuberculosis, hypertension, schizophrenia, and others. Although each

illness has a shared etiology and a relatively consistent clinical course, the experience of illness is deeply subjective and varies from person to person. Society's response to disease manifests through complex and coordinated actions by multiple institutions - healthcare, social, economic, and political - encompassing medical professionals, patients, their families, employers, financial organizations, governments, and insurance companies. This multilayered social framework underscores that illness is not merely an individual issue but a broader social and institutional matter that necessitates a systemic approach. The main distinction between illness and other social problems - such as poverty, unemployment, or social isolation - lies in the fact that diseases are primarily categorized and addressed within the medical domain, while other social phenomena tend to be analyzed through economic, political, or cultural lenses (Saborido & Zamora-Bonilla, 2024).

Sickness absence is a key indicator of workplace health and safety, reflecting both the actual health status of employees and the effectiveness of social protection systems (Benavides, 2006). The causes of absence may vary, including accidents and injuries, preventive measures to curb the spread of infectious diseases, or a range of health conditions from mild ailments to severe and chronic disorders (Eurofound & EU-OSHA, 2022).

Health is shaped by a complex interplay of factors, commonly referred to as the determinants of health. These encompass a wide spectrum, including:

- Biological and natural factors – such as age, sex, genetic predisposition, and ethnicity.
- Behavioral and lifestyle factors – including smoking, alcohol consumption, physical activity, and dietary habits (Karimi & Monteiro, 2024; Smith et al., 2022).
- Physical and social environment – encompassing working conditions, housing quality, urban infrastructure, and access to green spaces.
- Access to healthcare services – including preventive care, treatment, medical assistance, and public health campaigns (López-González & Artazcoz, 2021).

Social determinants of health - such as income, education, social support, working conditions, and access to social services - are fundamental to the overall health and productivity of the population (WHO, 2023). Health inequalities arise both from natural biological differences and from the socio-economic structure of society. Certain factors,

such as gender, age, and genetics, are non-modifiable, whereas others can be influenced through policy measures, education, and targeted health interventions (Rohova, 2014; Karimi & Monteiro, 2024).

3 RISK FACTORS FOR WORK ABSENCE

Numerous studies have demonstrated a relationship between modifiable risk factors - such as physical inactivity (Lahti et al., 2010), obesity (Bernaards et al., 2007), unhealthy diet (Wolf et al., 2009), and smoking (Laaksonen et al., 2008) - and sickness absence. Some research reports a higher incidence of absence associated with obesity (Robroek et al., 2011) and lack of physical activity (van Amelsvoort et al., 2006). Other studies, however, deny a significant association between obesity, physical inactivity, and work absence due to illness (Alavinia et al., 2009). It remains unclear whether these contradictory findings result from other variables, particularly gender differences, type of occupation, working conditions, and the interaction between personal and professional life.

An unhealthy lifestyle - including smoking, alcohol use or abuse, low physical activity, and obesity is increasingly recognized as a risk factor for a wide range of physical health disorders. However, the scientific literature lacks consensus on which of these factors are directly linked to deteriorated health leading to sickness absence. Irish researchers, based on a large-scale study, found that improving modifiable health and lifestyle characteristics including obesity, physical activity, and dietary quality among employed individuals significantly reduces morbidity and, consequently, sickness absence (Fitzgerald S., Kirby A., Murphy A., & Geaney F., 2016). Finnish researchers conducted a ten-year follow-up study on alcohol consumption and subsequent diagnosis-specific sickness absence among individuals with varying levels of alcohol use, including lifetime abstainers, former drinkers, and those diagnosed with alcohol use disorders. They found that 56.0% of participants experienced at least one period of long-term sickness absence. Compared with light drinkers, those with alcohol use disorders had an increased risk of absence due to any somatic disease and mental disorder. Individuals who abused alcohol or were former drinkers were also more likely to have long-term absences caused by mental disorders. Interestingly, lifetime abstainers did not differ significantly from light or moderate drinkers (Kaila-Kangas L. et al., 2018). Brazilian researchers explored

the impact of nonmodifiable factors (such as gender and age) on sickness absence and gender differences in absenteeism. Their results indicated that younger employees, those with lower educational levels, and individuals with higher stress levels were more likely to take sick leave. After adjusting for sociodemographic variables, smokers and former smokers showed a higher likelihood of taking 10 or more sick leave days. Women were more likely than men to take 10 or more sick leave days. The gender gap decreased mainly after adjustments for occupation (15%) and educational level (7%). Thus, the higher frequency of sickness absence among women compared to men can be partly explained by occupational type and education level (Rabacow F.M. et al., 2018). In several European countries, women consistently show higher rates of sickness absence compared to men (Gimeno D. et al., 2004; Laaksonen M. et al., 2012). Laaksonen and colleagues (Laaksonen M. et al., 2010) demonstrated that the type of employment accounts for about half of all sickness absences lasting more than 60 days among women, and approximately one-third of absences shorter than 60 days. The main causes identified include mental and behavioral disorders, musculoskeletal conditions, and respiratory diseases. The study highlights the type of occupation as an important mediating factor in gender differences in sickness absence.

The health status of employees and the level and quality of their professional performance have a bidirectional relationship. Working under harmful conditions - whether environmental, physical, or psycho-emotional negatively affects health in terms of injuries and illnesses, which are usually easily noticeable. Less obvious, however, is that poor health, whether work-related or not, can adversely affect job performance, leading to absenteeism and reduced productivity. Sickness absence thus reflects this complex relationship. Deteriorated health and the need for home treatment are typically certified by a physician. Consequently, sickness absence serves both as an indicator of the health status of the employed population and as a measure of workplace health and safety conditions within organizations (Benavides F.G., 2006).

The level of morbidity among employees in an organization should not be assessed solely based on the number of days of absence from work. By considering the natural course of any illness, it is possible, by analogy, to determine the natural course of sickness-related absences. A deteriorated health condition, for example due to a common cold or various types of colic, may or may not lead to a period of sick leave. There is substantial evidence that home-based treatment often results in a faster and more effective

recovery. Whether an employee chooses home treatment with sick leave depends on the working conditions (e.g., exposure to adverse weather conditions or heavy physical workload) as well as on personal characteristics (e.g., advanced age or comorbidities). A third determining factor is the social protection system, such as the percentage of compensated benefits. Sick leave often impacts the employment status of workers. For this reason, employees frequently prefer to continue fulfilling their professional duties despite a deterioration in their health condition. A study conducted by Danish researchers indicates that over 70% of employees reported going to work while in poor health at least twice in the past year (Claus D. Hansen & Johan H. Andersen, 2008). For these reasons, it is not possible to precisely determine the level of morbidity among employees in a specific organization, within a particular industry, or more generally among the workforce in a given country.

4 PSYCHOSOCIAL RISKS AND MENTAL HEALTH

There are health determinants that are more or less under the control of the employee, such as psychosocial risks associated with their work. Psychosocial risks include occupational stress, role conflict, adverse physical conditions, and social difficulties in the workplace (Atz & Remor, 2024). These risks are related to the characteristics of the employee's tasks, the organization, their employment, and the time spent at work. Analyses show that they can have a negative impact on workers' health, as is the case with occupational stress, which is associated with sickness absence. A significant correlation has been established between the number of sick leave days and various dimensions of occupational stress, including workload, role conflict, physical environment, and overall stress. Psychosocial risks and their consequences for mental and physical health represent some of the most pressing issues in occupational safety and health. They negatively affect individual health and have adverse consequences for organizational performance and national economies. The presence of psychosocial risks in an organization is usually associated with poor work planning, organization, and management, as well as an unfavorable social context at work. Such risks can lead to negative psychological, physical, and social outcomes. Examples of work conditions that may give rise to psychosocial risks include: excessive workload; conflicting demands and lack of clarity regarding roles; lack of participation in decision-making affecting the

employee; lack of control over how work is performed; poor management of organizational changes; job insecurity; ineffective communication; lack of support from management or colleagues; psychological or sexual harassment; and working with challenging clients, patients, or students. The negative impact of psychosocial risks within any organization manifests at the level of the individual (employee), the organization, and the national economy.

Studies indicate that over 27% of European workers experience work-related stress, anxiety, or depression (EU-OSHA, 2022). These conditions can lead to mental disorders, cardiovascular diseases, musculoskeletal disorders, and presenteeism (attending work while ill). The causes are associated with adverse work schedules and high work intensity; excessive demands that exceed an individual's coping capacity; and occupational burnout, which may manifest as anxiety, depression, and even suicidal tendencies. Employees subjected to prolonged stress often develop serious physical health problems, such as cardiovascular disease or musculoskeletal disorders. The negative consequences for organizations manifest through poor overall performance, increased absenteeism or presenteeism (employees attending work while ill but unable to work effectively), higher staff turnover, and a greater number of accidents and injuries. Absences related to deteriorating mental health are typically longer than those arising from other causes, and work-related risk factors are an important contributor to early retirement. The impact of psychosocial risk factors at the national level is directly linked to their effects at the organizational level (industry sectors), which, in turn, are interconnected with their effects at the individual level. Research shows that estimates of the costs borne by enterprises and society are substantial, amounting to billions of euros (European Agency for Safety and Health at Work, n.d.).

Brazilian researchers have demonstrated through their study that job insecurity, extended working hours, unclear employment relationships, work overload, insufficient funding, excessive institutional control, and poor infrastructure are key factors contributing to the deterioration of mental health and the high prevalence of burnout syndrome. These factors, in turn, lead to increased sickness absence among professionals engaged in intellectual work (Campos T., Vérias R.M., Araújo T.M., 2010).

Experts indicate that a preventive, comprehensive, and systematic approach to managing psychosocial risks is the most effective. A European survey of enterprises regarding new and emerging risks (ESENER) conducted by EU-OSHA examined how

psychosocial risks are perceived and managed in European workplaces, identifying key factors, obstacles, and the need for support. The results show that psychosocial risks are considered a greater challenge and are more difficult to manage compared to “traditional” occupational health and safety risks. A more detailed analysis reveals that micro- and small-sized enterprises are more likely to underestimate psychosocial risks and often fail to implement appropriate preventive measures. The findings suggest that across all enterprises in all European countries, there is a need to raise awareness and provide sector-specific, practical tools to manage work-related psychosocial risks (European Agency for Safety and Health at Work, 2025).

Publications in the scientific literature indicate that the influence of work organization and relationships among employees at different levels of the organizational hierarchy on mental and physical health, and consequently on absenteeism, has been a focus of research interest over the past decades. Authors generally agree that, to understand how social context affects sickness absence, it is important to consider how identities and relationships are formed through interactions with others. Mental disorders have been increasing in European countries (Järvisalo J., 2005), and global trends point to rising stress levels and deteriorating workplace health (Dollard M., 2007). Work organization is a significant, but not the sole, factor affecting employee health. The quality and value of social relationships are also important determinants of mental disorders. Family-related problems that cause anxiety among employees constitute additional factors that may independently, or in combination, lead to sickness absence. A study investigating the causes of work absence due to anxiety-related mental health issues, conducted at the end of the 20th century, found that for 12% of individuals, the source of anxiety was work-related, while for 7%, the anxiety arose from issues occurring during leisure time (Tellnes G., 1990).

Norwegian researchers reported in their 2013 publication the results of a study examining the influence of social factors on sickness absence lasting more than 31 days. The findings demonstrate the impact of the interaction between working conditions and personal life burdens on the development of illnesses and sickness absence. The researchers also describe some common and gender-specific characteristics in the formation of individual risk factors and in the motivation to cope with them. Common mechanisms for mitigating the adverse effects of psychosocial factors include established social networks at work and/or in personal life, and engagement in preferred activities

(e.g., hobbies). It is emphasized that a combination of different activities provides a holistic sense of well-being for both men and women, which can positively influence self-efficacy and strengthen their coping abilities. The study found that women exposed to relational problems and conflicts often experienced mental health issues and illnesses over time. For men, organizational or structural changes and workplace conflicts played a significant role in the onset or worsening of mental health problems. Both genders employed different strategies to cope with the situation. Women most commonly used reading, gardening, painting, and other creative arts and crafts, as well as close contact with pets or other animals as therapeutic methods. Men reported that walks in nature and engaging in outdoor sports or hobbies were their preferred strategies for alleviating psychosocial stress (Batt-Rawden K.B. & Tellnes G., 2013). In addition to gender, other factors significantly affecting the individual impact of psychosocial risks include age, level of social support, and prior life experience in coping with difficult situations. Researchers note that the more frequent sickness absence observed among women is partly due to so-called “double exposure” to psychosocial risk factors—both in the personal sphere, related to household responsibilities and care for children and elderly relatives, and in the professional sphere, involving the same factors that affect men (Engstrøm L.G. & Eriksson U.B., 2001). Despite efforts to achieve gender equality in recent years, men and women still perform traditional family roles. Recent studies indicate that family conditions, such as cohabitation and the presence of children, increase workload and stress levels (Johansen V. & Rønning R., 2011).

Table 1 presents a summary based on a synthesis of research, showing the observed frequency of sickness absence and gender differences for some of the most common risk factors.

Table 1: Observed Frequency of Sickness Absence and Gender Differences for Some of the Most Common Risk Factors

Risk Factor	Impact on Absences	Gender More Strongly Affected	Source
Stress and Overload	High, with moderate duration	Women	EU-OSHA, 2022
Chronic Diseases	High frequency of absences	Both men and women	Laaksonen et al., 2008
Lack of Social Support	High frequency	Women	López-González & Artazcoz, 2021
Excessive Physical Workload	High duration	Men	EU-OSHA, 2022; Laaksonen et al., 2008

Risk Factor	Impact on Absences	Gender More Strongly Affected	Source
Mental Health (Depression)	High frequency and duration	Both men and women	EU-OSHA, 2022; Laaksonen et al., 2010

Prevention and mitigation of psychosocial risks are crucial for maintaining good mental health in the workplace. Effective mental health strategies focus on prevention, support, and inclusion. They address workplace stressors, provide support to employees facing challenges, and foster an inclusive environment that enables all individuals to thrive. Coping strategies vary by gender and social context: women often engage in creative activities and maintain close contact with pets, whereas men tend to prefer sports and outdoor activities (Batt-Rawden & Tellnes, 2013). Social support, work–life balance, and the presence of social networks play a significant role in reducing the negative effects of psychosocial risks (Johansen & Rønning, 2011).

Work organization is a key factor, though not the only one: clear roles, participation in decision-making, effective communication, and support from both management and colleagues are essential. Poor organization can lead to burnout syndrome, high staff turnover, and increased absenteeism (Campos et al., 2010; EU-OSHA, 2025).

Effective workplace interventions include:

- Promoting physical activity and healthy nutrition;
- Stress and mental health management programs;
- Support and inclusion of employees;
- Access to social protection and medical services.

These measures reduce morbidity and sickness-related absenteeism, while improving employee productivity, job satisfaction, and overall quality of life (Cheng et al., 2022; WHO, 2023).

5 CONCLUSION AND RECOMMENDATIONS

Illness and absenteeism represent a complex social phenomenon, in which individual, organizational, and societal factors interact. Health determinants, including social, cultural, and economic conditions, directly influence the health status of the workforce and, consequently, the frequency and duration of sickness absence. Psychosocial risks in the workplace - including stress, role conflict, poor work

organization, job insecurity, and lack of support - significantly increase the likelihood of absenteeism and have long-term consequences for employees' mental and physical health. The influence of gender, age, and social support underscores the need for an individualized approach to the prevention and management of psychosocial risks.

Effective management of sickness absence requires a comprehensive and systematic approach, including:

- **Preventive workplace health policies** – promoting physical activity, healthy nutrition, and stress and mental health management programs.
- **Organizational measures** – clear allocation of responsibilities, participation in decision-making, support from management and colleagues, effective communication, and change management.
- **Individual strategies** – development of personal stress-coping skills, promotion of social networks, and engagement in hobbies that support mental health.
- **Social protection and regulation** – ensuring adequate sickness benefits and access to healthcare services.

Prevention of psychosocial risks and promotion of a healthy lifestyle have the potential not only to reduce morbidity and sickness-related absenteeism among employees, but also to enhance productivity, job satisfaction, and overall quality of life.

An integrated approach to the social, individual, and organizational determinants of health is essential for maintaining a healthy and sustainable workforce, while simultaneously supporting the achievement of equity and efficiency within organizational and national systems.

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Authors' Contribution

Both authors contributed equally to the development of this article.

Data availability

All datasets relevant to this study's findings are fully available within the article.

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