



# Work Programme 2008–2016

Programme  
Programme on Sickness Absence Research  
and Exclusion from Working Life

# **Work programme 2008 – 2016**

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**Programme on Sickness Absence Research  
and Exclusion from Working Life**

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# *Programme on Sickness Absence Research and Exclusion from Working Life*

## Work Programme

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## Summary

Norway has a high rate of employment. This is due in part to the high participation in the workforce of women in general as well as of older workers of both genders, to a well-organised working life and to the existence of well-established health services. The rates of long-term sickness absence and disability-based retirement are, however, high as well. The rise in these rates that has occurred in the period up to 2007 cannot be explained by corresponding changes in public health.

In 2007 the Research Council of Norway was charged with the task of launching a new 10-year research programme on sickness absence and exclusion from working life. The overall objective of the programme is to enhance knowledge about causes of sickness absence and exclusion from working life and to procure research-based knowledge about effective instruments for preventing and reducing sickness absence and disability. More knowledge will make it possible to develop effective measures to reduce sickness absence and prevent exclusion from working life, and will also strengthen the framework for more research-based teaching in relevant disciplines.

The objectives of the programme will be achieved by promoting relevant, high-quality research. Participation in and exclusion from working life emerge from an interaction between social, workplace-related and individual factors. Causes of sickness absence must be sought in individual and collective perceptions of health and illness, the working environment and changes and development trends in the working environment, the labour market, factors outside of working life, and the manner in which benefit schemes are practiced and their effects. This has been confirmed by sickness absence research conducted in Norway and the other Nordic countries.

The programme will focus on individual, workplace-related and social causes of sickness absence, exclusion and disability-based retirement. Research activities will focus on four thematic priority areas and the interface between them:

- Health, socio-economic status and particularly vulnerable groups
- Health-related social insurance schemes
- The workplace, the working environment and health in the workplace
- Sickness absence and exclusion as a social and an individual process

The programme will seek to ensure that research on causes of sickness absence and exclusion from working life receives greater focus, and takes place in an effective, cohesive framework. The programme will promote interdisciplinary research by fostering collaboration across disciplines and institutions. Research that combines qualitative and quantitative approaches

will be encouraged. The programme will also work to strengthen comparative research at the Nordic level and promote collaboration with leading international researchers in the field.

## 1. Background

The Norwegian economy is booming: the unemployment rate has reached a historic low in 2008, and a number of sectors have a substantial need for labour. Given the composition of the population, in which the proportion of elderly people is growing, the full exploitation of accessible labour resources is vital. Few countries have greater workforce participation rates than Norway. This is due in part to the high participation of women in general and of older workers of both genders. At the same time a large – and rising – proportion of the potential workforce is receiving social insurance benefits. There is, however, little indication that the overall health status of the population has deteriorated, even though a number of diseases are becoming more prevalent, including musculoskeletal disorders, certain types of cancer, and mental health problems, particularly among young people<sup>1</sup>. Norway's medical health indicators for life expectancy and infant mortality are among the best in the world. Causes of sickness absence and exclusion from working life must therefore be sought in factors beyond medical diagnoses and disease.

In its inaugural declaration the present Government defined the mapping of causes of sickness absence and disability as a priority task<sup>2</sup>. In response, the Ministry of Education and Research, the Ministry of Health and Care Services, and the Ministry of Labour and Social Inclusion drew up a document that serves as the starting point for the initiative to conduct research on causes of sickness absence and exclusion from working life. In the view of the Government, this new initiative is a continuation of previous research initiatives in the area of work and health<sup>3</sup>.

The allocation letter for 2007 from the Ministry of Education and Research charged the Research Council of Norway with the task of launching a new, comprehensive 10-year research programme on sickness absence and exclusion from working life. The Research Council appointed a planning committee to draw up the framework for the initiative. The framework document was completed in late summer 2007<sup>4</sup>, and the Programme on Sickness Absence Research and Exclusion from Working Life was established that autumn. This work programme has been drawn up by the programme board on the basis of the framework document.

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<sup>1</sup> Statistics Norway – health and social conditions statistics.

<sup>2</sup> The inaugural document of the current Government (“Soria-Moria” declaration), 2005.

<sup>3</sup> Report No. 9 (2006-2007) to the Storting relating to work, welfare and inclusion. Ministry of Labour and Inclusion.

<sup>4</sup> Programme on Sickness Absence Research. Planning Committee Report. Research Council of Norway, 2007.

## 2. Objectives of the programme

The overall objective of the programme is:

- To promote more cohesive knowledge about causes of sickness absence, disability and exclusion from working life;
- To procure research-based knowledge about effective instruments for preventing and reducing sickness absence and disability;
- To create conditions that promote increased research-based teaching in relevant disciplines.

This objective will be achieved by promoting relevant, high-quality research that focuses on individual, workplace-related and social causes of sickness absence, exclusion and transition from work to disability benefits.

## 3. State-of-the-art review and challenges facing this field

Although Norway has a well-organised working life and well-developed health services, the national rates of long-term sickness absence and disability-based retirement are considered to be high. Participation in and exclusion from working life emerge from an interaction between social, workplace-related and individual factors. It is crucial to identify the factors in working life that lead to health problems and exclusion, as well as the mechanisms that trigger sickness absence, exclusion and disability at the different levels and how these mechanisms influence, and are influenced by, the players in working life. This is particularly significant in light of the rise in sickness absence and the number of persons retiring on disability pensions that has occurred in the period up to 2007, a trend that cannot be explained by a corresponding increase in health problems alone. Causes of sickness absence must therefore be sought in individual and collective perceptions of health and illness, the working environment and changes and development trends in the working environment, the labour market, factors outside of working life, and the manner in which benefit schemes are practiced and their effects. This has been confirmed in state-of-the-art reviews on sickness absence research published in Norway and the other Nordic countries.

### *The relationship between health status, work capacity and sickness absence*

Musculoskeletal disorders, mental health disorders and complex conditions are the primary causes of long-term sick leave and disability retirement. The treatment provider responsible for granting sick leave is expected to provide adequate treatment and function as the patient's advocate, while at the same time playing a gatekeeping role in the administration of health-related social insurance benefits. These various tasks and roles can easily come into conflict with one another. Insight into the assessments and decisions made by treatment providers may generate vital knowledge about causes of sickness absence and exclusion from working life.

Assessments of functional ability have been introduced as a tool for measuring the degree to which an individual's health status affects his or her work capacity. Research that generates and utilises new approaches to examining the relationship between health status, work capacity and sickness absence is of relevance under this programme.

Greater insight into sickness absence and exclusion as a social and an individual process is also needed. This applies to such processes both in the workplace and in connection with the individual's social environment. A deeper understanding of the interplay between the individual and his or her treatment providers in the health services and his or her case officers at the Norwegian Labour and Welfare Organisation (NAV) is important as well. Too little is known about which of the therapeutic strategies employed by treatment providers and routines followed by case officers best promote the autonomy and independence of the individual.

#### *Social inequalities in health*

Social inequalities in health and socio-economic status have an impact on the work situation of the individual. Poor health may be both a cause and a consequence of exclusion from working life. There is a well-documented link between socio-economic status and health status, sickness absence and disability, and the mechanisms at play in this context must be further investigated. Another topic of interest is the impact of the mounting demand for expertise and skills in working life on sickness absence and exclusion among various groups of employees. This includes research on the relationship between poor reading, writing and problem-solving skills and participation in/exclusion from working life.<sup>5</sup>

#### *The role of working life*

There have been substantial changes in working life as a result of greater national and international competition, more rapid restructuring and increasing demands for flexibility and adaptability. This may affect the individual's working environment and participation in working life, and more research on the impact of workplace restructuring on sickness absence and exclusion is needed. As a result of the introduction of the Inclusive Working Life Agreement (IA Agreement) the workplace has become the main arena for dealing with issues relating to sickness absence and an inclusive working life<sup>6</sup>. Employers and employees alike have been made more responsible for creating the framework for optimal participation in working life. Requirements for establishing the necessary framework and for following up persons on sick leave have been clarified in the IA Agreement and the sick leave committee's

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<sup>5</sup> Report No. 20 (2006–2007) to the Storting, Recommendations for a national strategy to reduce social inequalities in health. Ministry of Health and Care Services.

<sup>6</sup> [www.nav.no](http://www.nav.no)



report of autumn 2006<sup>7</sup>. Although these represent major changes, few systematic studies have been carried out on the required cooperation between the partners in working life (employer, employee, and treatment provider/NAV) that is stipulated in the IA Agreement.

#### *Factors that promote participation in working life*

Knowledge about how to best prevent or reduce long-term sickness absence in enterprises is needed, as is research to identify the factors that enable persons on sick leave or receiving disability benefits to return to work-related activity. These comprise workplace-related factors, such as the working environment (organisational, psychosocial and physical/chemical conditions) and management, as well as factors outside of working life. The latter encompasses treatment programmes available for persons on sick leave, as well as the individual's overall family and life situation. Little is known about the significance of the individual's family situation (for example, problems with partners or spouses, divorce or care-related tasks for children/partners/parents) or the interaction between the individual's family situation and work situation for long-term sickness absence. Likewise, little is known about the relevance of these factors for participation in adequate treatment in the health services.

Increasing participation in working life as outlined in the IA Agreement and Report No. 9 (2006-2007) to the Storting relating to work, welfare and inclusion may entail some contradictory goals in terms of reducing sickness absence while at the same time including a larger proportion of the potential workforce. The demographic composition of Norway's workforce includes a considerable number of older male and female employees and an overall high percentage of women. Women as a group have higher rates of sickness absence than men, and older men and women have higher rates of sickness absence in relative terms. Greater knowledge about gender differences in sickness absence and exclusion processes is vital to preventive measures and the development of effective methods for avoiding exclusion from working life<sup>8</sup>. Very little is known about the health situation of minorities, or their relationship to sickness absence and exclusion. Research should therefore also seek to incorporate minority perspectives when this is relevant.

#### *Fluctuations in sickness absence levels*

Comparisons of sickness absence and unemployment over time have shown that when unemployment rises, sickness absence declines, and, conversely, when unemployment declines, sickness absence rises. Two competing hypotheses have been proposed to explain

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<sup>7</sup> Proposition No. 6 (2006-2007) to the Odelsting, On amendments to the Working Environment Act and the Social Services Act. Ministry of Labour and Inclusion.

<sup>8</sup> The importance of giving adequate account to gender perspectives when this is relevant is emphasised in the Guidelines for inclusion of women in medical research, issued by the National Committee for Medical Research Ethics (NEM) in 2001.

this phenomenon: the discipline hypothesis and the composition hypothesis. According to the discipline hypothesis, when unemployment increases, employees make a disciplined effort not to be away from work because there is a greater risk of losing their jobs. According to the composition hypothesis, the composition of the workforce is different when unemployment is high as opposed to low, as employees with health problems have a tendency to leave the workforce during periods of downward economic trends and may return when economic conditions improve. Although both hypotheses account for variations in sickness absence over time, their implications for policy differ. The reasons why sickness absence fluctuates with economic shifts, also in sectors that are not affected by such downward or upward trends (such as the health and education sectors), remain to be explained. Developments in sickness absence and unemployment in recent years appear to be following a new pattern in which sickness absence climbs when unemployment climbs, and drops when unemployment drops. New explanations are called for, and the question of whether the two traditional hypotheses remain valid needs to be raised.

#### *Structure of sickness and disability benefit schemes and the manner in which they are practiced*

Sickness and disability benefit schemes are structured differently in countries which Norway often uses for comparison. Nevertheless, a general picture has emerged indicating that there is a correlation between the structure of benefit schemes and the extent of sickness absence and disability retirement. Sickness benefit schemes, rules underlying granting of sick leave and criteria for granting of disability pensions serve as instruments to prevent social, economic and health-related differences from arising. The rules governing the granting of sick leave, benefit rates and the potential to obtain additional benefits may have an impact on the number of persons seeking benefits as well as on the length of sick leaves granted. Variations in relevant framework conditions, such as employers' financial and formal responsibilities, follow-up by treatment providers and NAV, and additional individual framework conditions, indicate that the structure of the benefit scheme itself may affect sickness absence. It is essential to investigate whether, or to which degree, the design and implementation of these rules contribute to a rise in sickness absence and disability retirement rates. In this context, it will also be important to compare Norwegian benefit schemes with schemes in other countries, where this is possible.

#### *Improved access to empirical data*

The difficulty in comparing the scale of sickness absence among countries is compounded by the fact that health-related benefit schemes in different countries are based on different rules and are tied to other types of welfare schemes in different ways. Moreover, sickness absence is measured in a variety of ways. There is room for considerable improvement in the

presentation and interpretation of statistics on sickness absence, and there is a need to implement standardised measures, particularly for use within the Nordic countries. Improvements are called for in Norway as well. Breaking down national statistics on the extent of sickness absence over time into narrower categories, such as the length of sick leave and the type of sick leave (graded sick leave, sick leave in connection with pregnancy, etc.), may yield much more useful data, as may examining sickness absence according to occupation, industry and sector. Use of more detailed statistics may facilitate analysis of the amount of sickness absence, and at the same time provide greater insight into the health-related and social phenomena that it reflects.

#### **4. Priority thematic areas**

The reasons why individuals employ sickness benefit schemes are numerous and complex, and fluctuations in sickness absence levels are difficult to explain. Although comprehensive research has been carried out in this area, there is still a need for a clearer, overall understanding of the interaction between the various causal relationships and their significance for the formulation of effective welfare policy instruments. The aim is both to identify causal relationships that can be influenced and to demonstrate the instruments that have a positive effect. Research that examines the causes, course and outcome of long-term sick leave is needed.

Research on sickness absence and exclusion from working life is carried out in several research environments in Norway. The programme will promote research projects that bring together research groups with different disciplinary perspectives, and will encourage innovation and creative research design. Research that combines qualitative and quantitative approaches is encouraged, as are comparative studies, particularly at the Nordic level. Comparative studies across occupations, enterprises and countries, gender-specific studies, and studies that utilise existing health registers and population-based studies are also of interest when thematically relevant to the research questions. There is a general need to increase international cooperation.

Sickness absence and disability-based retirement may also be analysed as phenomena at the level of the individual. It is ultimately individuals who, with varying degrees of freedom and latitude for action, leave their work situation on the basis of their own decisions and assessments provided by medical and social insurance experts. In order to gain insight into all aspects of sickness absence it is just as important to understand why individuals return to work as it is to understand why they seek sick leave. Studies on how individuals perceive and explain the relationship between various causes of their absence from – or return to – working life are also relevant in this context.

In order to obtain research-based knowledge about instruments that effectively prevent sickness absence and disability and to achieve the objective of an inclusive working life, it is crucial to follow up studies that map causal factors with intervention studies that address presumed causal factors and generate new knowledge.

The ability to influence causal relationships is essential to reducing sickness absence and increasing presence in working life. Any effects of interventions must be followed over time, both in cases where the initial effect is expected to be major and in cases where it is expected to be minor. Such follow-up also includes the evaluation of measures to prevent long-term sick leave and transition from work to disability benefits, as well as of back-to-work measures. The effects of physical/chemical, psychosocial, organisational and ergonomic measures need to be explored. Many interventions are designed to influence the lifestyle and change the perceptions and motivation of the individual. Intervention studies that can alter the course of and reduce sick leave are vital to generating further knowledge about how to prevent exclusion from working life. When relevant, the programme will provide support to intervention studies that generate knowledge about instruments that are effective at the level of the individual and of the workplace. Studies may address the effects of preventive measures and interventions such as work-oriented rehabilitation measures.

Research activities under the programme will focus on four thematic priority areas and the interface between them:

- Health, socio-economic status and particularly vulnerable groups
- Health-related social insurance schemes
- The workplace, the working environment and health in the workplace
- Sickness absence and exclusion from working life as a social and an individual process

#### **4.1 Health, socio-economic status and particularly vulnerable groups**

A relatively large proportion of the working-age population does not participate in working life due to health problems. Individuals suffering from musculoskeletal disorders constitute the majority of persons receiving sickness and disability benefits. However, mental health disorders (depression, exhaustion, fatigue) and subjective health problems are also common grounds for long-term sick leave. Their causes are often complex and non-specific. More knowledge about sickness absence associated with complex and non-specific health problems, and about effective preventive measures is needed.

Lifestyle-related conditions and diseases such as overweight and obesity, diabetes II and COLD (Chronic Obstructive Lung Disease), as well as complex disorders, are making up an increasingly larger part of the illness panorama in Western countries. In particular, the incidence of complex disorders that are subjectively reported by the patient is creating a need for new interpretation and action on the part of treatment providers. Little is known about the relationship between diagnosis, patients' experience of their own illness and sick leave at the level of the individual, and what impact this has on the individual's absenteeism. Studies on patients' understanding of their own illness and the treatment provider's role in setting the parameters for when sick leave is granted are needed to illuminate aspects of these issues.

Studies on how the interaction between various diseases and health problems influences sickness absence are also of interest. In Norway, recent data indicate that complex disorders do not fall under the most common diagnostic categories. As a result, health problems leading to a high level of absenteeism are inadequately represented in statistics on health and social insurance, providing an incomplete picture of major causes of sickness absence and exclusion from working life. Other underlying or partially hidden health problems may also be of vital significance in this context. For example, alcohol and drug abuse may be an underreported cause of absenteeism and non-participation in working life. Research efforts in these areas need to be intensified. Greater knowledge is also needed about the interaction between health problems and other conditions, both in working life and in private life. This interaction may vary significantly, depending on the individual's family situation, place of residence, type of work/industry, lifestyle, gender and age. There is a growing awareness of social inequalities in health in Norway in relation to disease occurrence, mortality, sickness absence and disability-based retirement. It is necessary to gain a deeper understanding of why socio-economic status appears to play such an important role in exclusion from working life.

In addition to research on the most common causes of sickness absence in the largest occupation and diagnosis groups, there is a pressing need for research on causes of sickness absence among vulnerable groups such as adolescents, minorities and older workers. Mental health disorders are a growing problem, particularly among young adults, and it is especially worrying that the number of young people with weak or nonexistent ties to working life is rising. Too little is known about the factors that trigger what may be the start of years of reliance on the system of benefits. For the individual concerned, such reliance often results in a poor financial situation and reduced quality of life. For society at large, an increase in the number of young people receiving disability benefits means a loss of labour resources, and thus represents a socio-economic problem. Research is needed to determine the reasons why sickness absence and disability retirement are so high among older members of the workforce and why sickness absence among minorities from non-Western countries is higher than

among other employees. Little is known about the cultural and environmental factors that promote presence in working life in these groups. Likewise, knowledge about causal relationships in these groups that can provide a basis for measures is lacking.

#### **4.2 Health-related social insurance schemes**

Norway's health-related social insurance schemes are rights-based and cover absence from working life. There is a need for greater knowledge about the manner in which these schemes are practiced and how they function in relation to stipulated objectives, as well as the degree to which this influences sickness absence and exclusion from working life. To what degree are employees, employers, enterprises and companies affected by these schemes? Are there differences in patterns of absenteeism and exclusion mechanisms in Norway compared to other countries where employees and employers shoulder more of the financial burden of sickness and disability benefits? Do various groups of employees respond differently to the economic incentives in these social insurance schemes? How are these schemes handled by treatment providers responsible for granting sick leave in clinical practice? In what way do these schemes and other rules and conditions in society influence the manner in which employers deal with issues relating to prevention, creation of a suitable workplace and rehabilitation?

Research on the effects of changes in the health-related social insurance schemes has not provided clear explanations for variations in sickness absence levels. Some research findings indicate that a cut in benefits gives a short-term reduction in sickness absence, but may in the long term ultimately lead to an increase. A more detailed understanding of the impact of such changes is needed, particularly in light of the new rules for the granting of sick leave in Norway and corresponding schemes in other countries. In this context, studies on the potential impact of these changes in the schemes' structure on equitable distribution are encouraged.

The connection between fluctuations in the economy and sickness absence is also unclear. Developments over time have shown that there are variations in sickness absence levels among industries, and that these levels fluctuate with the economic situation in industries that both are and are not linked to economic shifts. A deeper understanding of the significance of unemployment for sickness absence in various sectors and industries – and of how different types of unemployment influence absenteeism – is needed. Research that can help to explain why the pattern of sickness absence in Norway is more sensitive to economic shifts than it is in most other countries is also needed.

### **4.3 The workplace, the working environment and health in the workplace**

In order to draw conclusions about causal relationships and create a basis for preventive measures, it is crucial to promote more comprehensive, long-term research on the factors that shape a healthy workplace and the working conditions that lead to health problems, absenteeism and exclusion. Psychosocial, physical/chemical and biological aspects of the working environment all have an impact on sickness absence. The mechanisms that encourage people to continue to work despite health problems need to be identified. Studies on the significance of organisation, creation of a workplace suited to the individual's capacity, and a supportive working environment for preventing health problems and absenteeism are of interest here. In addition to factors relating to the working environment, there are individual differences in, for example, perceptions of health and coping skills, which also affect how individuals function in working life. Research that examines the interaction between the requirements of working life and the individual's situation and functional ability is essential.

A thorough understanding of the influence the various players in working life (social partners, relevant authorities, occupational health services, etc.) have on presence and absence in working life, as well as of how these players interact, is needed. This is crucial for assessing the effects of strategies and measures implemented under the IA Agreement. Studies are needed to investigate whether the frameworks put in place by enterprises truly help to shorten the duration of an illness/sick leave and prevent employees on sick leave from permanently withdrawing from working life.

With regard to the psychosocial working environment, it is of interest to further explore the factors that lead to sickness absence, such as the individual's lack of control over his or her own tasks, rigorous demands and limited decision-making authority, as well as the lack of social support from colleagues and superiors. The impact of leadership, work organisation, the psychosocial environment and work routines on various types of absenteeism and presenteeism need to be examined as well. These factors have been shown to be associated with musculoskeletal disorders and mental health problems, and several studies have also revealed links to cardiovascular disease.

Organisational changes such as more rapid restructuring, downsizing, technology development, time pressure, and demands for efficiency and expertise may have an impact on absenteeism. More knowledge about these perspectives and about how to prevent such changes from leading to absenteeism and exclusion from working life is needed. It may be beneficial to investigate the relationship between health, work time schemes (including shift work and part-time employment), salary and sickness absence in specific groups, such as parts

of the public sector where sickness absence levels have traditionally been high. This should be considered in relation to gender differences in absenteeism and working conditions for women and men. Greater insight into gender-specific differences in working life and the relationship between work-related factors, health, and family and life situation is vital.

The workplace, working environment and health impacts of negative factors in the working environment all contribute to exclusion from working life. Research on the significance of organisational, psychosocial and physical/chemical conditions in the working environment for health and sickness absence is relevant in this context. Gender-specific problems must also be examined here. Issues to be given priority in this context include:

- The impact of organisational factors such as new work demands, working hours and organisational changes on health and exclusion
- The effects of physical strain and chemical exposure on health
- The relationship between health, participation in working life, follow-up/facilitation of work within the enterprise and exclusion
- Measures addressing musculoskeletal disorders, chronic pain, subjective health problems and complex problems/illnesses
- Attitudes and conceptions that promote sickness absence, presenteeism and unnecessary absenteeism
- The effect of preventive measures and interventions

#### **4.4 Sickness absence and exclusion as a social and an individual process**

Research on sickness absence is often based on implicit or explicit consideration of the relationship between illness, work capacity and absenteeism. There is a gray area in which the individual's health status makes it difficult, but not necessarily impossible, for him or her to work. Depending on various factors in society, at the workplace, in the health services and at the individual level, a given health problem may lead to a shorter or longer-term sick leave or, alternatively, to continued working despite the loss of health. Factors that may influence the course of events include results of medical treatment, rehabilitation, opportunities to adapt work load or work content, the employer's attitude toward the employee, social support from colleagues and managers, social exclusion mechanisms, the individual's work motivation, family situation and leisure interests, financial incentives for employers and employees, the existence of cultures of absence and/or presenteeism in working life, social inheritance, the treatment provider's attitude, and the role played by trade unions. Little is known about the often-complex and dynamic interaction between these factors.

More research on sickness absence/presenteeism and exclusion as a social and individual process as outlined above is needed. This will require the use of non-traditional – preferably



multi- or interdisciplinary – approaches that synthesise and incorporate a combination of different scientific perspectives. It is of interest here to explore how the various stakeholders, including individuals who find themselves in the gray area described above, perceive of their opportunities and latitude for action, as well as to study the factors that influence their actions. To gain a comprehensive understanding of these phenomena, it is crucial for researchers to refrain from moralising and stigmatising assessments of the motivation of and choices made by individuals and the various players. It is also essential to examine the conflicts of interest that may arise between employees and employers, between the individual and society at large, and between various social objectives.

In addition to larger-scale interdisciplinary research efforts, in-depth studies focusing on specific aspects of sickness absence as a process may be used within this thematic area.

Relevant topics of study include:

- Local absenteeism/presenteeism cultures
- Development of the mass media's discourse on sickness absence
- Sickness absence as a gendered social construction
- How individuals who are on sick leave or who are participating in working life despite health problems understand their health or their work in existential terms
- How the economic incentives of benefit schemes work for men and women in various social groups and different geographical locations
- How political considerations and special interests influence changes in benefit schemes, etc.

A considerable amount of research has been carried out on phenomena relating to exclusion of members within social groups. Little is known, however, about the mechanisms that promote integration of minorities, or employees from other vulnerable groups, into working life. For example, it has been found that the attitudes toward older employees expressed by company management and younger colleagues may encourage an exclusionist personnel policy. There are few, if any, longitudinal studies following processes of exclusion and inclusion and vulnerable individuals over time. The identification of predictors at the individual, team/department and organisational level is important here, with an eye to implementing intervention at the earliest possible point in time.

## **5. Programme organisation**

### **5.1 The programme board**

The programme is run by a programme board appointed by the Research Board of the Division for Strategic Priorities at the Research Council for a four-year term (2007-2011). The framework, tasks, responsibilities and rules of procedure for the programme are set out in the mandate for the programme board. In accordance with this mandate, the programme board is administered under the auspices of, and reports to, the Research Board of the Division for Strategic Priorities via the Director of the Department for Society and Public Policy. The programme board is comprised of nine members: five experts from the research sector and four representatives from government ministries and the social partners. This ensures that the programme can build scientific expertise and safeguard user interests.

The tasks of the programme board involve strategy development, programme organisation, long-term funding and recruitment within the field. It is the core task of the programme board to oversee the Research Council's initiative within the field of research covered by the programme, and to help to realise relevant aspects of the Research Council's overall strategy.

A programme secretariat assists in implementing the decisions of the programme board and carrying out the day-to-day tasks of the research programme. The activities shall at all times be in compliance with the overall principles and guidelines for research programmes as set out by the Research Council.

### **5.2 Instruments**

One of the key instruments employed by the programme is the awarding of grants to researchers/research groups at universities, university colleges and independent research institutes to fund researcher-initiated projects.

Grant applications are expected to describe how the proposed project fulfils the objectives of the programme and to specify the thematic area of the work programme the project will address. Applicants must specify and indicate how the anticipated project results will contribute to knowledge of significance for policymaking relating to sickness absence and exclusion from working life. High standards will be set for scientific merit, and project findings are expected to be presented in recognised scientific fora and published in both domestic and international publications.

Funding under the programme will be generally concentrated on specific, established

researcher communities. Doctoral fellowships will only be funded as part of more comprehensive projects. Grant proposals must contain detailed plans for dissemination of project findings. Funding for developing expert networks and for conferences, research stays abroad and support for publication will be available under the programme. All such activities must be specified in the grant application.

### **5.3 Coordination with other programmes**

Research on sickness absence and exclusion from working life is being carried out in several research environments in Norway. Other programmes at the Research Council provide funding to projects relevant to sickness absence research, including the programmes on working life research, welfare research, public health, mental health, alcohol and drug abuse research, and clinical research.

The Programme on Sickness Absence Research and Exclusion from Working Life aims to ensure that research on sickness absence and exclusion from working life takes place in an effective, cohesive framework. The programme will foster a more comprehensive approach to sickness absence research by strengthening the existing research community in this area and recruiting new groups of researchers. The programme will encourage greater interdisciplinarity and improved collaboration between researchers from different scientific backgrounds. It will also contribute to creating conditions that promote increased research-based teaching in relevant disciplines.

### **5.4 Timeframe and funding**

Proposition No. 1 (2006-2007) to the Storting from the Ministry of Labour and Inclusion and Proposition No. 1 (2006-2007) to the Storting from the Ministry of Education and Research state that the research programme on causes of sickness absence and exclusion from working life will be allocated NOK 10 million per year from the annual yield of the Fund for Research and Innovation as from 2007 and that the programme will run for a 10-year period. The programme has been granted an additional NOK 20 million per year by the Ministry of Labour and Inclusion as from 2008. The total allocation for the programme is NOK 280 million for the period 2007-2016.

## **6. International cooperation**

The current strategy for the Research Council of Norway, *Research Expands Frontiers*, cites increased internationalisation of Norwegian research as one of its six primary goals<sup>9</sup>.

International research cooperation is also of fundamental importance for improving the quality, and ensuring the renewal, of research on sickness absence and exclusion from working life.

The Sickness Absence Research Programme will promote international collaborative projects, publication in international journals and presentations at international conferences.

Researchers are encouraged to apply for funding under EU programmes and proposals involving EU-financed projects will be eligible for funding over the programme.

## **7. Communication, information and dissemination activities**

The programme aims to foster a more cohesive approach to research on causes of sickness absence and exclusion from working life. Effective communication activities and dissemination to the authorities, other financial stakeholders, the social partners in working life, organisations and other users are essential if the research programme is to fulfil its strategic objectives. Researchers are encouraged to participate in public debate, and projects are expected to incorporate an active dissemination approach. This is stipulated as the responsibility of the project manager. The Research Council will contribute to communication activities for the programme at an overall level.

To promote more cohesive research on causes of sickness absence and exclusion from working life, it is also vital to ensure satisfactory dissemination to the research community and facilitate communication among researchers. Dissemination through articles published in international journals is an important quality criterion.

The programme will help to create meeting-places for researchers. Information will be conveyed by means of seminars and conferences both during the research process and when the projects have drawn to a close. The programme's webpages will be updated regularly. As more and more research findings are published an electronic newsletter may be called for. The programme will assess relevant communication, information and dissemination measures on an annual basis.

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<sup>9</sup> *Research Expands Frontiers*: Strategy for the Research Council of Norway. Oslo: Research Council of Norway, 2004.

## **7.1 Target groups**

In addition to the research community, the target groups for research findings are politicians, social welfare and public health administrators, social workers, health professionals, employers, employees and the public at large. Efforts will be made to provide support for popularisation of research findings to make these more easily accessible to the media and the public at large. Greater focus on the dissemination of research findings and specific measures as well as increased participation in public debate is essential for enhancing knowledge among the general population.

## **7.2 Events**

The programme will help to create meeting-places for researchers, and will organise seminars and conferences for researchers and users within the field.

## **7.3 Researchers' responsibilities**

Researchers who receive funding under the programme are expected to disseminate findings from their scientific activities. Topics related to sickness absence and exclusion from working life are closely linked to labour and health policy, and figure regularly in the media. There is thus a great need for wide-ranging dissemination in this area.

## **7.4 Publication**

It is essential that findings from projects funded by the Research Council are published in international, scientifically refereed journals or in edited anthologies published by internationally recognised publishing houses. Researchers are encouraged to participate in international projects, and disseminate their research findings at international conferences.

## **8. Performance targets (success criteria)**

The Sickness Absence Research Programme seeks to:

- Generate new, socially significant insight into causes of sickness absence and exclusion from working life.
- Enhance the basis for political decision-making and give the players in working life a better basis for creating a satisfactory inclusive working life.
- Establish long-term research activities, develop sustainable research environments and adequately fulfil recruitment needs within all the fields encompassed by the programme.
- Foster new perspectives within the programme's priority thematic areas by, for example:
  - encouraging interdisciplinary research, particularly between the social sciences and the medical/health sciences;

- promoting research that combines qualitative and quantitative methods;
- improving access to empirical data for use within the field;
- examining the phenomena of sickness absence and exclusion in greater detail;
- enhancing reflexive research;
- supporting comparative studies.
- Enhance internationalisation by, for example:
  - encouraging Norwegian researchers to cooperate with leading international researchers in the field;
  - promoting publication in international journals;
  - organising a Nordic, or an international, conference in Norway during the programme period.
- Facilitate adequate contact between researchers and relevant user groups by creating meeting-places for researchers themselves and, ultimately, players in working life may be included as well.
- Create conditions that promote increased research-based teaching in relevant disciplines.
- Draw up a summary and analysis of research on causes of sickness absence and exclusion from working life.

## Selected key documents

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The report may be ordered at:  
[www.forskningsradet.no/publikasjoner](http://www.forskningsradet.no/publikasjoner)

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