Self-reported and employer-recorded sickness absence in doctors

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Background
Doctors’ sickness absence reduces the quality and continuity of patient care and is financially costly.

Aims
To compare self-reported with recorded sickness absence in doctors in a UK National Health Service hospital trust.

Methods
A retrospective questionnaire study. The main outcome measures were self-reported and trust-recorded sickness absence episodes of 4 days or more in two consecutive 6-month periods.

Results
The response rate was 82% (607/736). Self-reported sickness absence rates were 1.2% compared with a rate of 0.6% from trust-recorded data. There were 38 matched pairs of self-reported (mean duration: 18 days, standard deviation: 22 days) and trust-recorded (mean duration: 10 days, standard deviation: 17 days) sickness absence episodes of 4 days or more in the 12 months studied. A matched pairs t-test determined that the difference between the two means was significant (t = 2.57, P < 0.05).

Conclusions
Doctors’ sickness absence was significantly under-recorded in this study population.

Key words
Doctors; doctors’ health; NHS; recorded; self-reported; sickness absence; sick leave.

Introduction
Sickness absence has been defined as absence from work attributed to illness or disease by the employee and accepted as such by the employer [1]. Sickness absence in UK National Health Service (NHS) doctors reduces the quality and continuity of patient care and is financially costly [1–3]. In 1999, the UK government concluded that reducing sickness absence in the NHS would improve service delivery [4]. Doctors have less sickness absence than other healthcare workers [2,5–17]. There is good evidence for an inverse association between sickness absence and employment grade; the higher the grade the lower the rate of sickness absence [18]. Doctors may genuinely have less sickness absence than other occupational groups, or their sickness absence may be unreported or unrecorded. Doctors may not be asked to provide sickness certification or may be unaware of the requirement to do so. This study aimed to compare trust-recorded with self-reported sickness absence in doctors in a UK NHS hospital trust.

Methods
The study was undertaken at a large NHS acute district general hospital trust in the south of England in 2000 and 2001. At the time, the trust employed around 3500 staff and had 750 beds on two separate sites. There were 365 doctors (305 whole-time equivalents) employed on 21 September 2000 and 371 (311 whole-time equivalents) on 1 March 2001. Of the 365 doctors employed on 21 September 2000, 30 (8%) were female and the mean age was 40 (range: 23–67). The largest specialties were anaesthetics (42 doctors), paediatrics (30) and obstetrics and gynaecology (29), and smallest were clinical biochemistry, microbiology, psychiatry and plastic surgery with only one doctor each. There were 12 different grades of doctor, the largest groups being consultants (114), senior house officers (74) and specialist registrars (54). The gender, age and grade profiles of the doctors employed on both dates were almost identical.
A questionnaire was designed, piloted and modified before being posted with a covering letter to every doctor employed by the trust at the end of September 2000 and again at the beginning of March 2001. Non-responders were sent reminders after 2 and 4 weeks. Doctors were asked to provide their name and sickness absence taken (numbers of days and episodes and duration of each episode) in the previous 6 months (study period one: 1 March to 31 August 2000 and study period two: 1 September 2000 to 28 February 2001). Those employed <6 months at the trust were asked to provide details only of sickness absence during current employment. Doctors were also asked to rank their own health on a four-point scale (excellent, good, average or poor) and whether they would take sick leave given a particular scenario (‘If you had been up in the night with three episodes of vomiting and then developed diarrhoea at 7 a.m., would you take the day off work?’), with four possible responses: definitely yes, probably, possibly, definitely no). Finally, there was a space for comments. The questionnaire is available as Supplementary data at Occupational Medicine Online.

Trust-recorded sickness absence for all doctors eligible to participate in the study was obtained from records held by the payroll department (self-certificates and general practitioner certificates). The trust’s sickness absence policy [19] required a self-certificate for sickness absence lasting from 4 to 7 days (including Saturday, Sunday and public holidays), and a doctor’s certificate for sickness absence lasting >7 calendar days. For each certificated absence, the start and end date and the duration in calendar days were recorded by payroll on computer.

Data were analysed using Microsoft Excel. Pairs of self-reported and trust-recorded sickness absence episodes of 4 days or more (ensuring a comparison of like with like) were matched for individual doctors, where such episodes of sick leave were identified from either self-reported or trust-recorded data. A matched pairs t-test was used to determine the significance of the difference between the two means.

Permission to undertake the study was obtained from the trust, and ethical approval was obtained from the local research ethics committee.

Results

The response rate was 83% (304/365) for the first 6-month study period and 82% (303/371) for the second period. The overall response rate was 82% (607/736). The mean age of responders for both study periods was 35, and 72% were male. The mean age of non-responders was 35, and 72% were male. One hundred and forty-eight doctors (24%) said they had taken sickness absence during the previous 6 months, with 125 reporting one episode, 21 reporting two, one reporting three and one four episodes. Overall doctors reported 174 episodes (mean duration: 5 days, range: 1–90 days) and 916 days of sickness absence over both 6-month study periods. Thirty-four (20%) episodes lasted 4 days or more and totalled 689 (75%) days. The sickness absence rate based on self-reported data was 1.2% (916/76 700 calendar days of contracted time during the 12-month study period for the 607 responders to either questionnaire).

Trust-recorded sickness absence for all doctors eligible to participate in the study included responders and non-responders to the questionnaire. Thirty-seven (5%) doctors had at least one recorded episode during the two 6-month study periods and 28 were responders to the questionnaire. Of the 28 responders, 24 had one recorded episode and 4 had two recorded episodes. Overall there were 32 episodes (mean duration: 12 days, range: 1–81 days) and 391 days of trust-recorded sickness absence over both 6-month study periods. Nineteen (59%) of these episodes lasted 4 days or more and totalled 375 (96%) days. The sickness absence rate based on trust-recorded data was 0.6% (558/94 070 calendar days of contracted time during the 12-month study period for all doctors employed by the trust on 21 September 2000 and 1 March 2001). The numerator (558 days) was the total days of all trust-recorded sickness absence from 1 March 2000 to 28 February 2001, including 167 days of recorded sickness absence in 9 doctors who were among the 129 non-responders to the questionnaire.

Thirty-eight matched pairs of self-reported (mean duration: 18 days, standard deviation: 22 days) and trust-recorded (mean duration: 10 days, standard deviation: 17 days) sickness absence episodes of 4 days or more were identified. This included absence episodes for four doctors who had trust-recorded episodes but who reported no absence. The difference between the two means was significant using an alpha level of 0.05 (t = 2.57, P < 0.05).

Most doctors (89%) rated their health as excellent or good. Five (1%) rated their health as poor (Table 1). A quarter (151) of responders said they would definitely take the day off after a night of diarrhoea and vomiting, whilst 8% (50) said they would definitely not do so (Table 2). Many added comments to explain that taking sick leave would depend on clinical commitments that

<table>
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<th>Table 1. Doctors’ self-rated health</th>
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<td>How would you rank your own health on a four point scale—excellent, good, average or poor?</td>
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<tr>
<td>Response</td>
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A worrying proportion of doctors said they would not take sick leave even when their health may not represent actual behaviour, but it is worrying that so many doctors say they would not take sick leave when their own symptoms might be an infection risk to patients. As in this study, qualitative data from junior doctors in a previous study revealed difficulties in taking sick leave [26]. This highlights a paradox that sickness absence in doctors can be both good and bad for patients. Sickness absence may reduce the quality and continuity of patient care, but inappropriate work attendance when doctors are unwell may pose risks to patients.

In this study doctors reported sick leave that was not recorded by their employing trust. Accurate sickness absence recording is important for its successful management [1]. Difficulty managing sickness absence in doctors may be associated with weak organizational structure and ambiguity about the responsibility for day-to-day management of consultants and junior doctors in NHS trusts [27]. Some doctors may have been unaware of sickness absence reporting procedures. This, and the trust’s policy not to require the systematic recording of sickness absence episodes of fewer than 4 days (even though some was recorded), would have contributed to lower trust-recorded sickness absence [19].

This study provides evidence for true under-recording of sickness absence in doctors. Repeating this study may show whether doctors’ sickness absence behaviour and recording of their sickness absence have changed. Absence culture in the NHS and the organizational obstacles for doctors taking sick leave when they are unwell are important areas for further research.

### Key points
- Doctors’ self-reported sickness absence was significantly higher than that recorded by their employing trust, suggesting that trusts under-record doctors’ sick leave.
- Most doctors rated their own health as excellent or good.
- A worrying proportion of doctors said they would not take sick leave even when their health may pose risks to patients.
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Conflicts of interest

None declared.

References