Depression-related presenteeism: Identifying the correlates, estimating the consequences, and valuing associated lost productive time.

by

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Declaration of originality

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This thesis includes papers for which Fiona Cocker (FC) was not the sole author. FC conceptualised the papers, analysed the data and wrote the manuscripts, and where relevant, participated in data collection. The contributions of FC and co-authors are detailed below.

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3. The paper reported in Chapter 5:


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Abstract

Background: Employed individuals reporting depression can take a sickness absence (absenteeism) or continue working when ill ("presenteeism"); either decision has potential benefits and harms. Whilst absenteeism has received considerable attention from researchers, presenteeism is a newer concept. Understanding of its causes and consequences, particularly amongst individuals reporting depression, is less established.

Aims: This thesis aimed to determine the socio-demographic, financial, work and health-related correlates of depression-related presenteeism, in the Australian workforce generally and in the under-researched small-to-medium enterprise (SME) sector. It systematically compared the costs and health outcomes of depression-related presenteeism and absenteeism. Finally, it explored managers’ understanding of sickness presenteeism, and validated the “Team Production Interview” method for valuing related productivity loss.

Methods: Population-based data was used to identify correlates of presenteeism amongst employed Australian adults reporting lifetime major depression (Chapter 3), and used in state-transition Markov models to estimate the costs and health outcomes of depression-related absenteeism versus presenteeism (Chapter 6). A systematic review aimed to determine the prevalence and correlates of depression, psychological distress, related absenteeism and presenteeism, and the associated health and economic outcomes, in SMEs (Chapter 4). Baseline data from a RCT designed to evaluate a mental health promotion program for SME owner/managers was used to identify the proportion reporting high/very high psychological distress, the prevalence and correlates of associated absenteeism and presenteeism, and estimate the subsequent productivity loss (Chapter 5). Cognitive interviewing data with managers was used to validate the “Team Production Interview” (Chapter 7).

Results: Work and health factors had little influence on presenteeism behaviour over and above socio-demographic and financial factors. Significant factors were marital status, housing tenure and co-morbid mental disorders (Chapter 3). The systematic review found a dearth SME-specific information regarding the prevalence and
correlates of depression, related absenteeism and presenteeism, and the associated health and economic outcomes (Chapter 4). Approximately 30% of SME owner/managers reported high/very high psychological distress, of which 90% reported past month presenteeism and reduced productivity. No SME-specific factors were associated with presenteeism (Chapter 5). Absenteeism was more costly than presenteeism and offered no improvement in health (Chapter 6). Finally, managers misunderstood concepts of presenteeism and chronic disease, and reported an inability to answer Team Production Interview items due to perceived inexperience managing workers with chronic disease, or difficulty applying questions to their workplace (Chapter 7).

Conclusions: Presenteeism reporters may be milder cases of depression, and benefit from arrangements that allow absence for treatment and recovery whilst maintaining work attendance and the potential benefits of social support. As better self-rated health was associated with presenteeism amongst SME owner/managers, flexible work arrangements may also benefit the SME sector. Employers benefit from continued employee productivity and reduced long-term sickness absence. The finding that absenteeism costs more than presenteeism and offers no additional health benefit provides support for such measures. Modifying the Team Production Interview will improve managers’ understanding of chronic illness and presenteeism, and ensure precise valuation of presenteeism-related lost productive time to inform employers, and relevant decision makers, of the relative efficiency of the aforementioned strategies.
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