SWEDISH NATIONAL AUDIT OFFICE

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Gender-equal sickness absence – are men and women assessed equally in the sicklisting process?

Audit background and purpose

Sickness absence in Sweden shows a clear pattern where women have a higher sickness absence rate than men. The gap has grown steadily since the first half of the 1980s up to now, when the sickness absence rate for women is almost twice as high as for men. Not only do the differences in sickness absence have consequences for lifetime earnings and future pension, they also risk having an impact on health.

Men and women must be treated equally in the sickness insurance system. Sick leave must be based on an assessment of work capacity. Determining work capacity is complex, not least because work capacity is neither objective nor measurable in absolute terms. This is a particular problem in the case of patients suffering from mental ill health, where objective findings are often lacking and where the patient's own description of symptoms and problems weighs heavily in the assessment. So for patients with these diagnoses, there is a particularly high risk of arbitrary assessments and of unjustified differences among patients. Unjustified differences here refer to differences in sick leave that cannot be explained by differences in work capacity.

Doctors play a key role in the sicklisting process. Their task is both to establish a diagnosis and provide medical treatment, while also assessing work capacity and issuing medical documentation. Based on the documentation from the doctor, case officers at the Swedish Social Insurance Agency make a decision on the right to benefit. Since in most cases, the Social Insurance Agency follows the doctor’s recommendations, in practice the doctor is of crucial importance for whether the individual can receive benefit.

In the light of the above, the Swedish National Audit Office (Swedish NAO) has examined to what extent unjustified differences in doctors’ assessment of the patient’s need for sick leave may contribute to women having more sick leave than men. The purpose was to investigate to what extent there are signs of deficiencies in the sickness insurance system’s ability to achieve a consistent assessment of the insured person's right to benefits, based on the health and medical care services' assessments of men's and women's work capacity.

In the audit, information about the patient's assessed disability and activity restriction has been linked to data on receipt of sickness insurance benefits and other metrics regarding health. The sample includes some 60,000 individuals in Skåne County who, between 2010 and 2016, consulted a doctor and were then diagnosed with either mild or moderate mental ill

health or with pain problems and who were treated for this. It is probable that these findings are generally applicable to patients with similar diagnoses throughout Sweden, these being 15 per cent of all commenced sickness cases and 20 per cent of all ongoing cases over one year (2018).

Audit findings

The audit revealed clear differences in sick leave between men and women at the same level of assessed work capacity. The results in brief:

- Women who are diagnosed with mild or moderate mental ill health are sicklisted 30 per cent more than men, where the assessment of work capacity is the same. Nothing in the results indicates that the difference can be explained by women having worse health than men or that men and women often work in different professions and in different sectors.
- The unjustified gender differences are particularly apparent among patients aged 31 to 40, without children, with higher education, who have a relatively high income and who predominately work in male-dominated sectors.
- No unjustified gender differences are reported among patients with a pain diagnosis. A contributory reason is probably that there is less uncertainty regarding assessment of work capacity among these patients.
- Women who are diagnosed with mild or moderate mental ill health are sicklisted just over 20 per cent more than men, where the assessment of work capacity is the same.

The audit does not answer the question of whether the unjustified differences are due to women being sicklisted more, or men less, than the social insurance regulations permit. Both alternatives are possible, or a combination of the two.

There may be various reasons why women are sicklisted more than men, despite the same assessment of work capacity. One possible explanation may be that women on average are more open to being sicklisted than men and that men prefer different treatment to a greater extent. Research has also shown that on average women have more preventative health behaviour than men. With the uncertainty that exists in the assessment of work capacity, this may have an impact in the form of more sickness absence for women, even though the doctor makes the same assessment of men's and women's work capacity. Another possible explanation may be norms among doctors, who perhaps on average are more inclined to sicklist women than men, despite the same work capacity. A third possible explanation is that healthcare providers underestimate men’s disability and activity restrictions, and are unable to detect signals of men’s mental ill health in the same way as for women.

The Swedish NAO’s recommendations

The Swedish Riksdag has expressed its positive view of the Government’s operational targets for gender equality policy, stating that the differences in sickness absence between women and men, measured as sickness benefit rate, must decrease.

Several previous governments have drawn attention to the risk of unjustified gender differences occurring in the sicklisting process. The Swedish Social Insurance Agency, the National Board of Health and Welfare and the Swedish Association of Local Authorities and Regions have all in various ways investigated and taken initiatives to minimise the occurrence of unjustified differences in assessments and decisions. However, due to measurement problems, it has been difficult to detect and measure the extent of these.

The findings and conclusions of the audit show that more initiatives should be taken to reduce the occurrence of unjustified differences in the sicklisting process. The proposed recommendations have two objectives: to reduce uncertainty in the assessment of the patient's work capacity and to strengthen drivers for the health and medical care services to issue medical certificates of high quality.

The Swedish NAO's recommendations to the Government:

- The Government should task the Swedish Social Insurance Agency with regular follow-up of issuance of medical certificates for men and women at various health care providers. With better follow-up and analysis of medical certificates, it would be easier to identify systematic differences between doctors' issuance of medical certificates, for example, with regard to gender and various diagnoses.
- The Government should set up an enquiry with the purpose of proposing:
  - *how the incentive structure in the health and medical care system can be developed to reduce the possibility of unjustified gender differences arising*. It should be possible to influence the quality of medical certificates and the extent of unjustified gender differences by means of the design of incentives for health and medical care services to act in accordance with the objectives of the sickness insurance system. An inquiry should therefore make proposals regarding how the health and medical care services' incentives in the sicklisting process can be further strengthened.
  - *how the quality and consistency of medical certificates can increase in order to reduce the occurrence of unjustified differences*. An inquiry should investigate the conditions for a rule where a decision on extending sick leave that has lasted for a long period of time must always be based on documentation from a doctor or medical team with special competency in the field of insurance medicine, or be based on special work capacity investigations.
  - *how doctors' knowledge of the patient's work situation could be improved in order to reduce uncertainty regarding assessment of work capacity*. There are many indications that doctors have limited knowledge of the demands of various areas of working life. An inquiry should make proposals on how doctors are to be given better opportunities to assess the requirements of the work the patient must carry out, and in so doing improve the quality and reduce the arbitrariness in the assessment of work capacity.