



Henner
Here to care

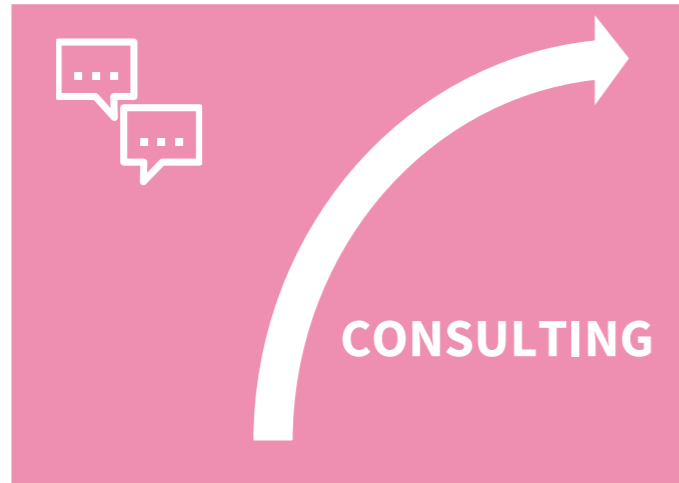
ABSENTEEISM IN THE WORKPLACE : GLOBAL OVERVIEW AND CHALLENGES

How do companies approach the problem of absenteeism in the workplace
& how to become full players in the change process?



HENNER, A FRENCH INDEPENDANT GROUP DEDICATED TO PERSONAL INSURANCE

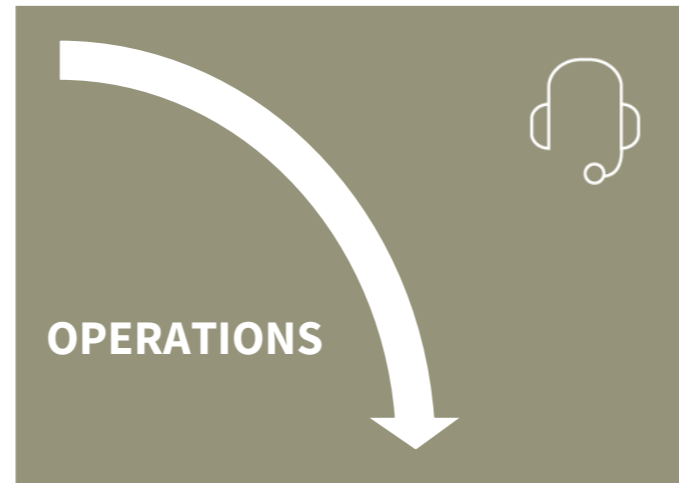
4 AREAS OF EXPERTISE



CONSULTING

Icon: Two speech bubbles

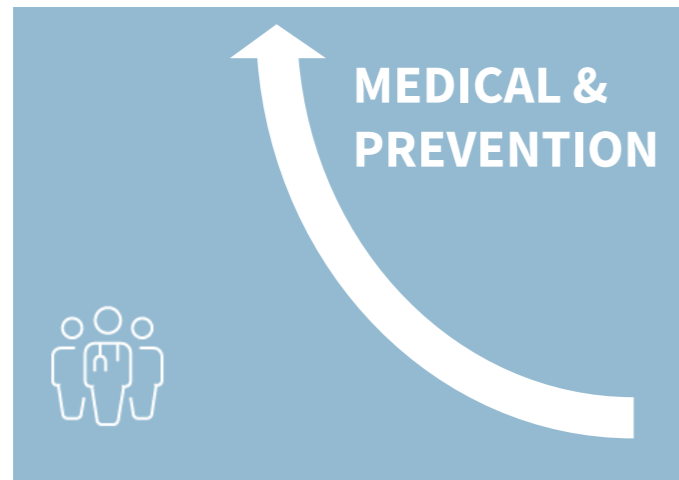
Arrow: Curved arrow pointing right



OPERATIONS

Icon: Headset

Arrow: Curved arrow pointing down



MEDICAL & PREVENTION

Icon: Three stylized human figures

Arrow: Curved arrow pointing up



BROKERAGE

Icon: Two hands shaking

Arrow: Curved arrow pointing left



Healthcare



Life & Disability



Global Benefits Management



Employee saving plans & Employee stock ownership



Retirement



HENNER MEDICAL DIVISION

HENNER MEDICAL DIVISION : A BROAD SCOPE OF INTERVENTION



Dr Bruno Juquel,
Head of Henner Medical Division



Dr Léonard POIREE
Head of Medical Department

- **Medical analysis of claims** (relevance of treatment vs pathology)
- **Medical control and negotiation**
- **Orientation of policyholders** in case of sensitive medical situations
- **Coordination of medical evacuations** with the assistance provider
- **Death & Disability case follow-up**

+90 medical experts located in our offices around the world



Marie SICAUD
Medical prevention coordinator

- **Promotion and implementation of medical prevention programs**
- **Monitoring of health checkup programs** for executives and internationally mobile populations
- **Development of new partnerships** in the field of prevention



Anne-Gaëlle CLAUDE
Head of Henner International Network

- **Building and strengthening of our existing network** of in and outpatient medical providers
- **Development of Henner's network** based on our clients' needs
- **Negotiation of discounts** for both inpatient and outpatient

+ 1.8 million professionals in 183 countries



Marine JORE
Head of Quality & Projects

- **Monitoring the deployment of internal transformation & IT projects**
- **Quality monitoring** through centralized incident handling
- **Setting up internal processes**



ABSENTEEISM IN THE WORKPLACE : OVERVIEW AND TRENDS



ABSENTEEISM : DEFINITION

Absenteeism does not include :

- Trainings
- Union activities
- Maternity leave
- Paid vacations
- ...
- These absences are foreseeable

IT DOES NOT
INCLUDE

Absenteeism includes :

The following may be considered as absenteeism:

- Stoppages due to ordinary illness ; accidents at work ;
 - Occupational diseases
 - Unjustified absences
- These absences are unforeseeable

IT DOES INCLUDE

ABSENTEEISM
DEFINED

▪ Absenteeism can be expressed :

▪ As a proportion :

- **Of total employee volume** (nb of people reporting a prescription for sick leave out of the total nb of employees, over a given period)
- **Of days supposed to be worked** (nb of days spent off work over a given period as a proportion of the total nb of calendar days over the period)

▪ As a volume :

- **In days** : total days not worked over a given period

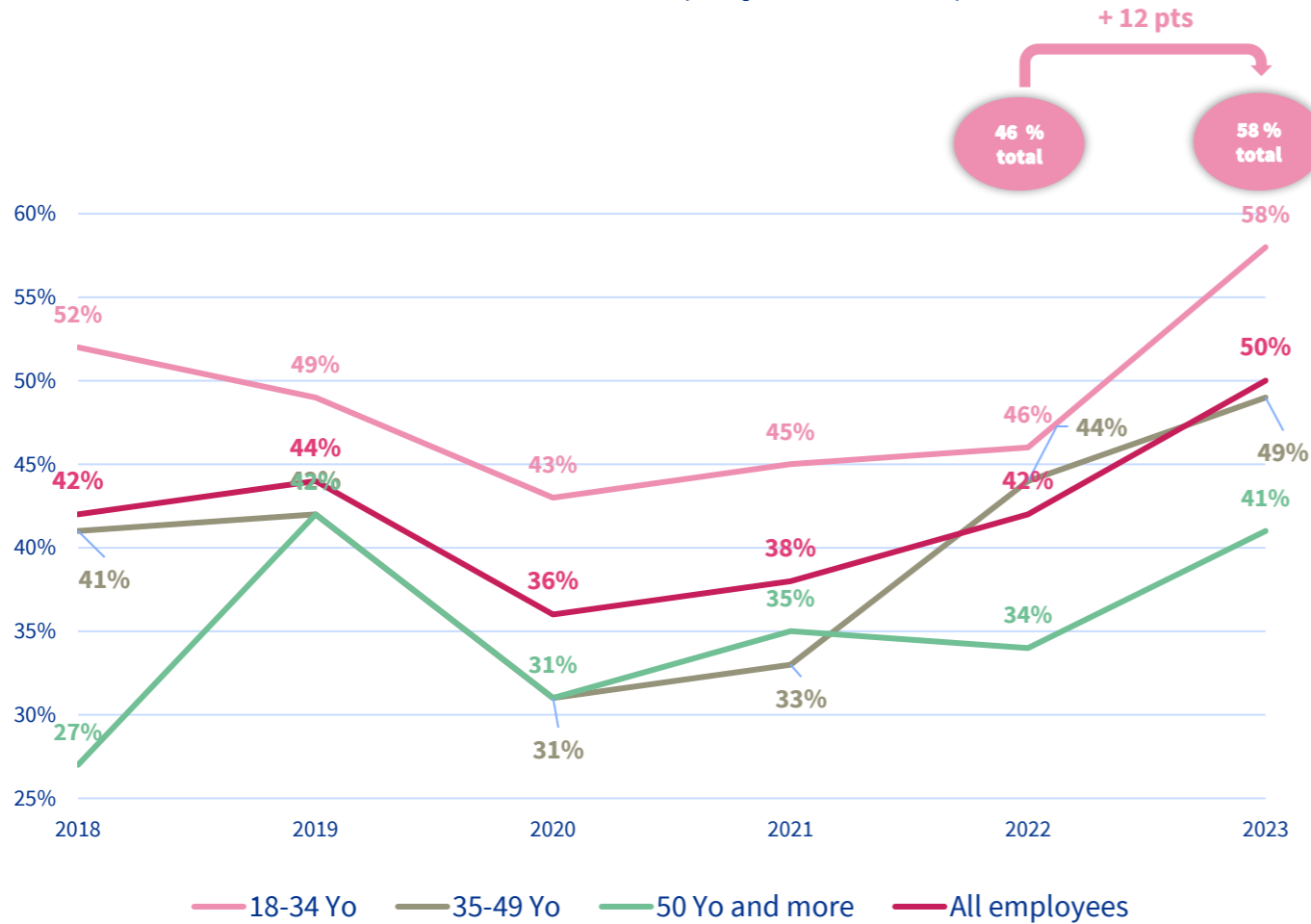


WHY ABSENTEEISM MATTERS ?



ABSENTEEISM PEAKS IN FRANCE IN 2023

Number of people reporting a prescription for sick leave in the last 12 months (respected or not)



TRENDS



Absenteeism has grown steadily over the past 6 years (+8 pts)

< 34 Yo



A significant increase in the number of work stoppages was observed among **the youngest populations** vs 2022 (+ 12 pts vs 2022)



Seniors are less likely to be subject to sick leaves



Multiplication of multiple sick leaves over time

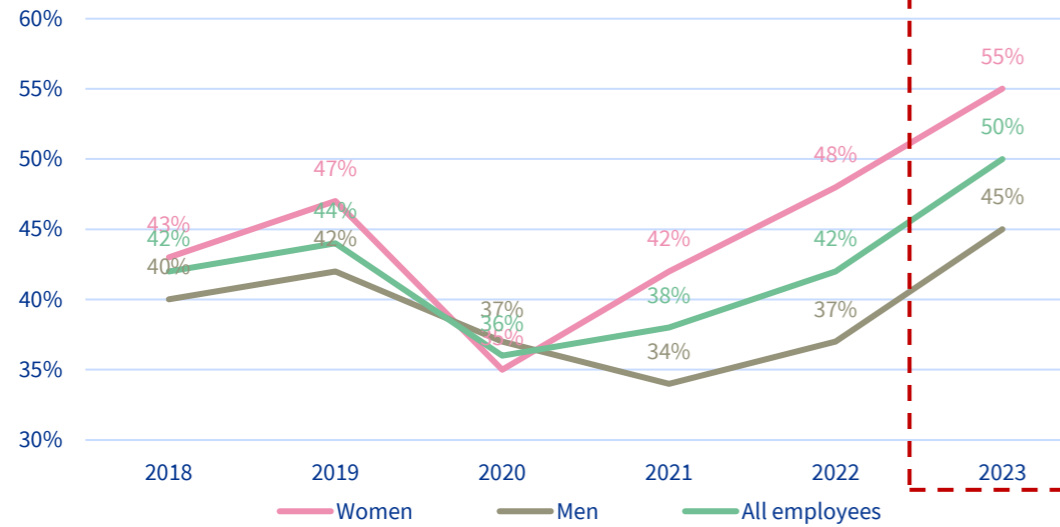
- **45% of people reported 2 prescriptions for sick leaves** during over the last 12 months
- **18% of people reported 3 sick leaves**

WORK STOPPAGE PROFILE



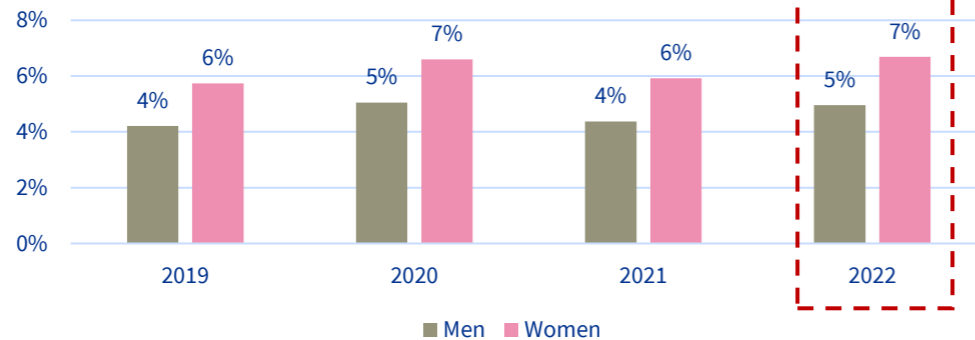
Women are more likely to be absent than men

Number of people reporting a prescription for sick leave in the last 12 months, by gender*



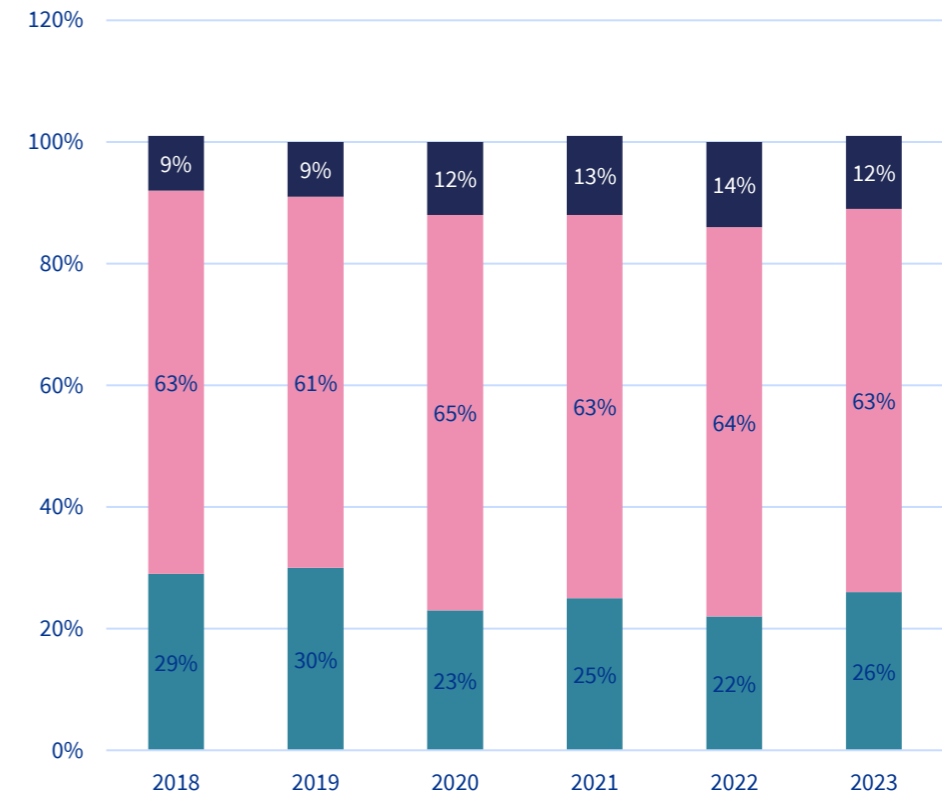
Absenteeism rate by gender

(in relation to the total number of days supposed to be worked) **



Long term stoppages have risen in proportion compared to 2022

Proportion of work stoppages broken down by duration*



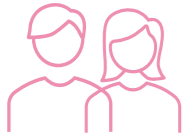
- Long work stoppages (> 30 days)
- Medium-term work stoppages (from 4 to 30 days)
- Short work stoppages (from 1 to 3 days)

Sources : *Malakoff Humanis. 2023. Baromètre annuel de l'absentéisme. 2023-06-COMPLET MalakoffHumanis. Absentéisme 2023_Presse.cleaned (7).pdf : Study carried out on a sample of 400 managers and 2,000 employees in the private sector in 2023.

**DIOT SIACI. « Observatoire de l'absentéisme ». April 2023. https://57509bd8-8590-4f19-83eb-dfad69be0b29.usrfiles.com/ugd/57509b_6188fe9cf02e46e9876e9ad98535e2c7.pdf : Study covering the 4-year period from 2019 to 2022 on a constant perimeter of an average of 470,000 individuals per year.

WORK STOPPAGE PROFILE

< 34 Yo



Young people are more likely to be absent but for a shorter time



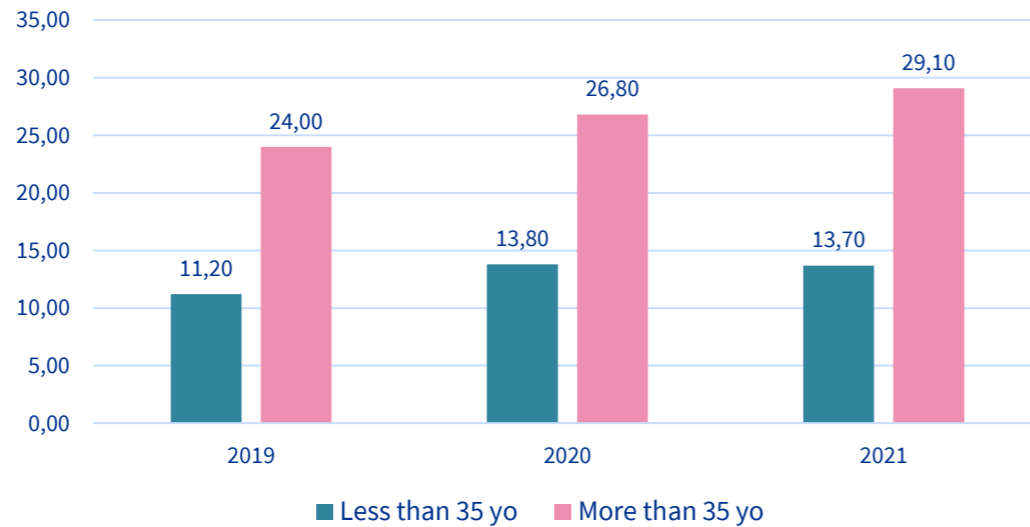
A significant increase in the number of work stoppages was observed among **the youngest populations** during the last 2 years (+ 12 pts vs 2022)*



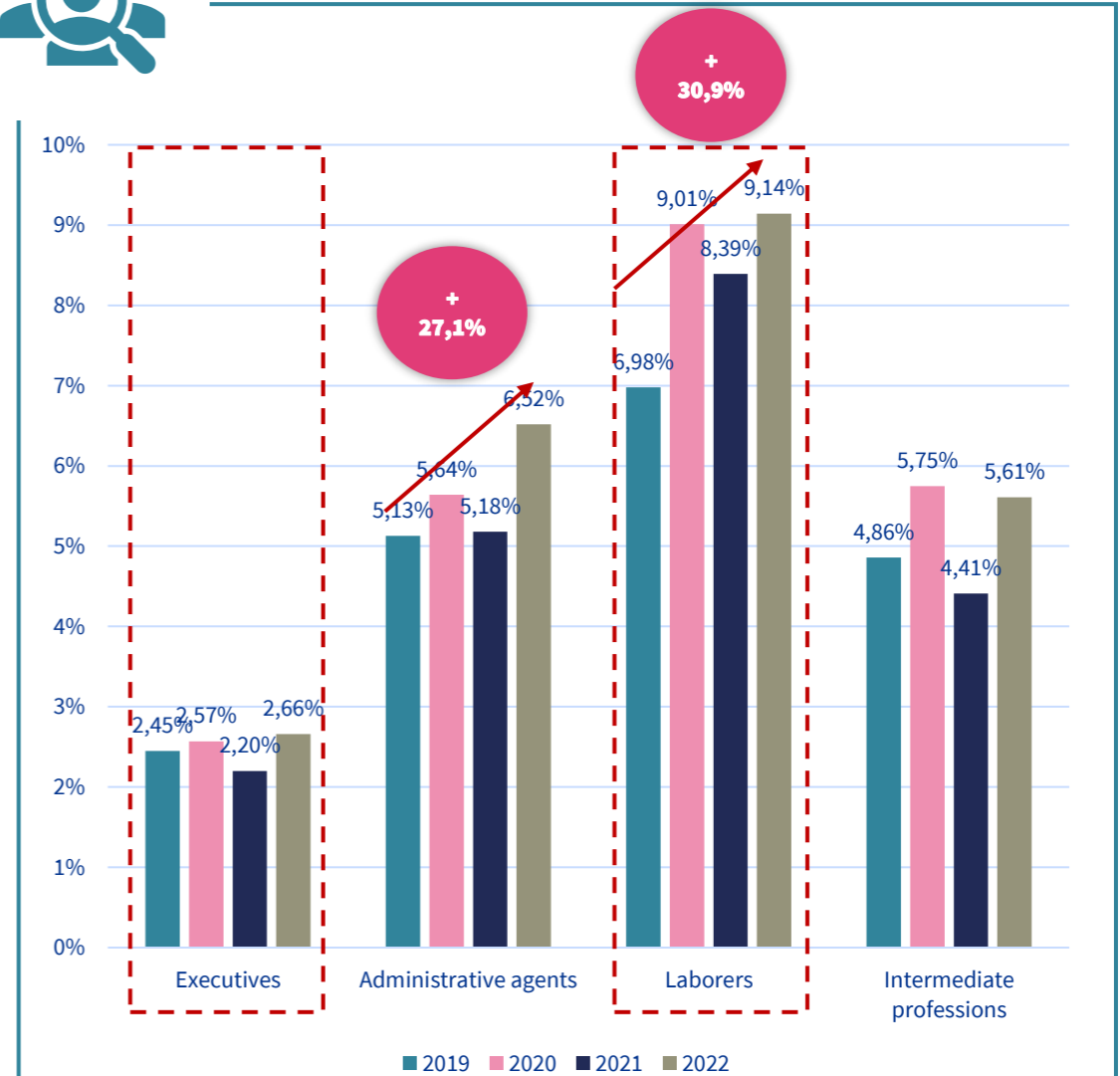
> 35 Yo

Older people are less likely to be subject to work stoppages, yet they last longer**.

Average length of work stoppages (in days, from 2019 to 2021)**



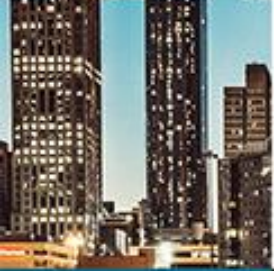
Absenteeism rates by socio-professional category***



Sources : *Malakoff Humanis. 2023. Baromètre annuel de l'absentéisme. 2023-06-COMPLET MalakoffHumanis_Absentéisme 2023_Presse.cleaned (7).pdf : Study carried out on a sample of 400 managers and 2,000 employees in the private sector in 2023.

**DIOT SIACI. « Observatoire de l'absentéisme ». Mars 2022. https://www.ifop.com/wp-content/uploads/2022/03/syntheseobservatoireabsenteisme_2022.pdf : Study covering the 4-year period from 2019 to 2021 on a constant perimeter of an average of 470,000 individuals per year.

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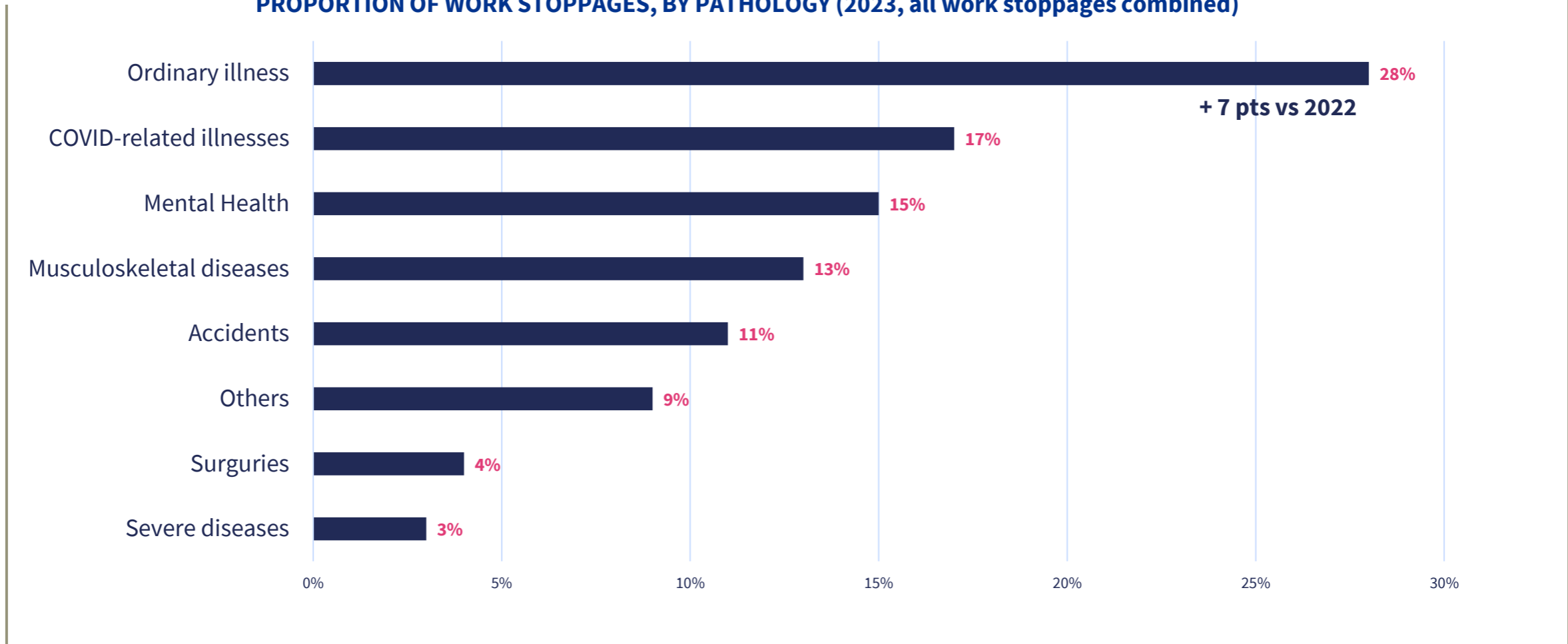
THE SPECIFIC PLACE OF PSYCHOSOCIAL RISKS IN THE PHENOMENON OF ABSENTEEISM

ORDINARY ILLNESSES ARE STILL THE LEADING CAUSE OF WORK STOPPAGE ; PSYCHOSOCIAL ILLNESSES HAVE OVERTAKEN MUSCULOSKELETAL DISORDERS



PSYCHOSOCIAL ILLNESSES HAVE OVERTAKEN MUSCULOSKELETAL DISORDERS

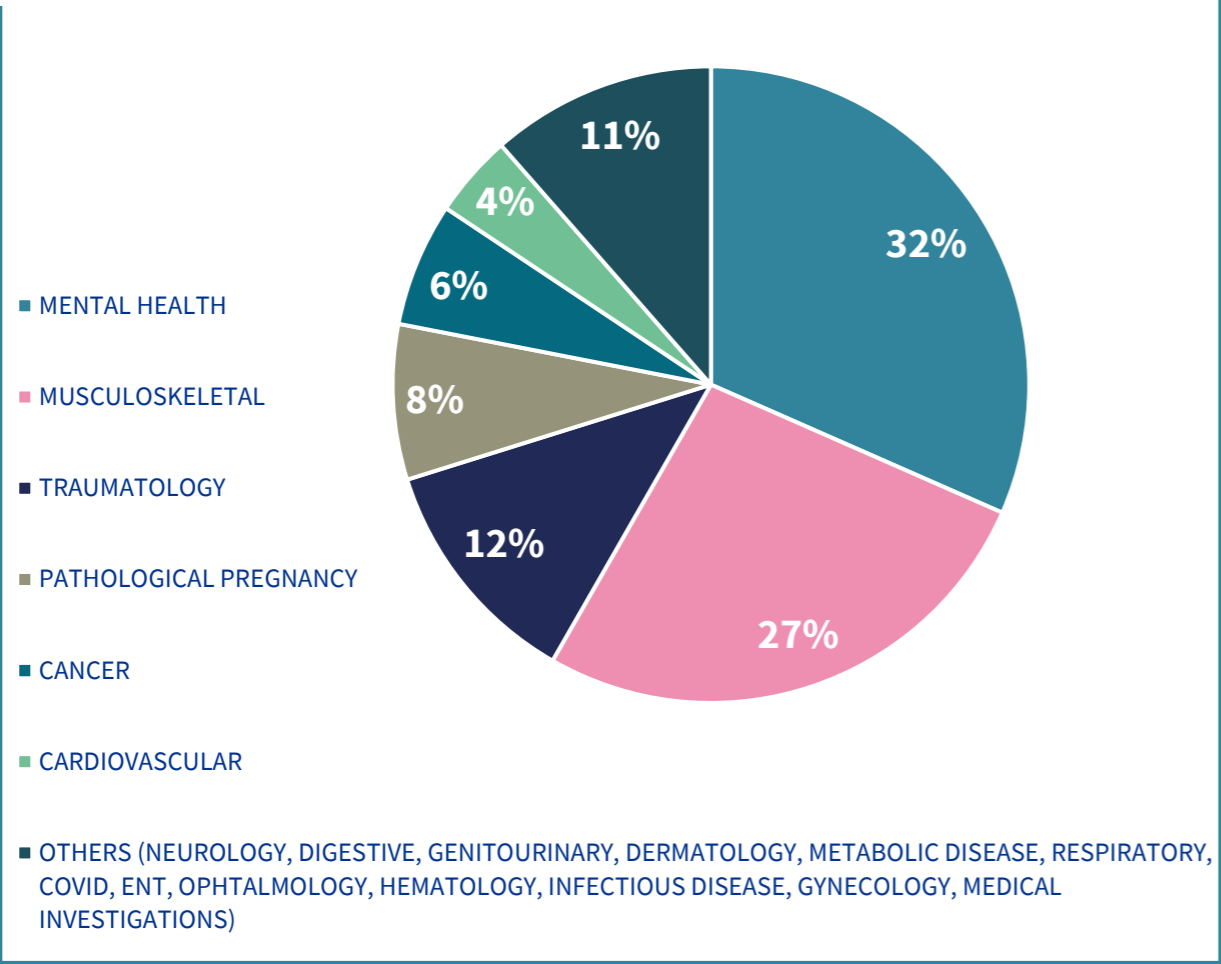
PROPORTION OF WORK STOPPAGES, BY PATHOLOGY (2023, all work stoppages combined)



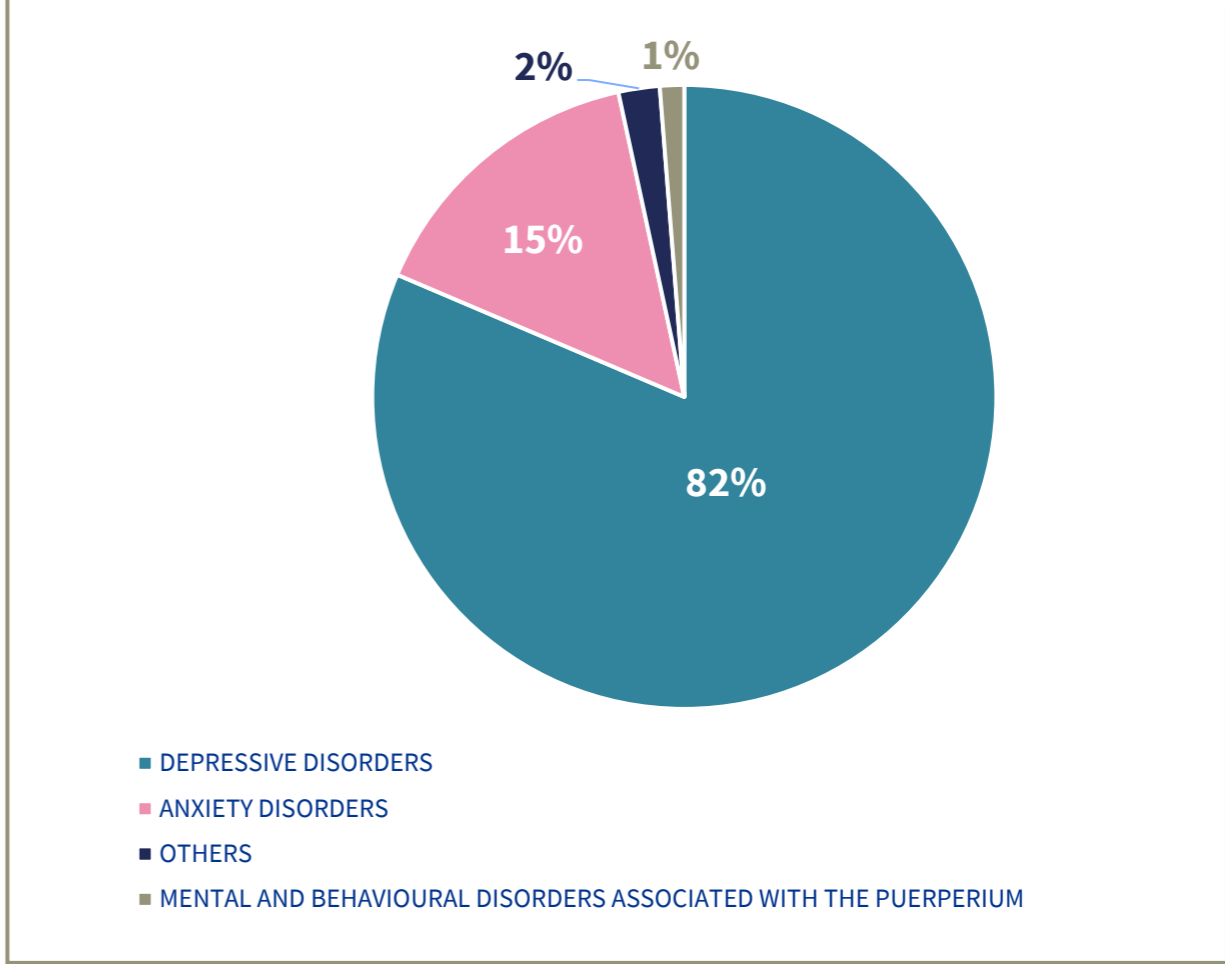
VOLUME OF WORK STOPPAGES LINKED TO PSYCHOLOGICAL DISORDERS IN THE HENNER PORTFOLIO



PROPORTION OF WORK STOPPAGES, BY DIAGNOSTICS
(2023, Henner portfolio)



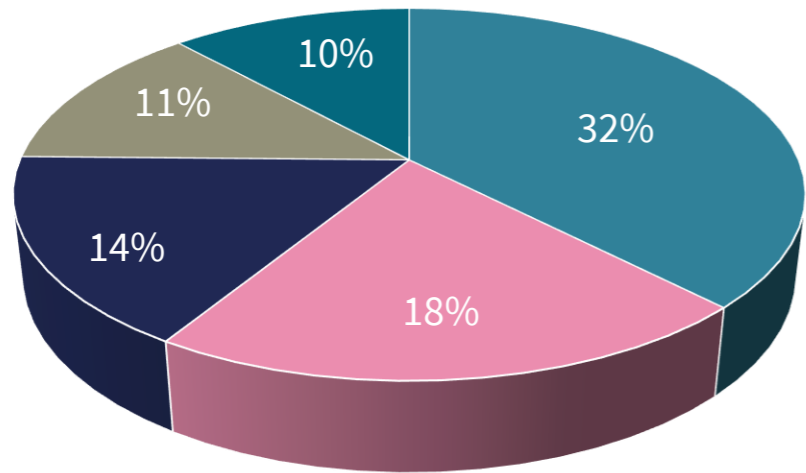
BREAKDOWN OF PSYCHOSOCIAL PATHOLOGIES
(2023, Henner portfolio)



PSYCHOSOCIAL ILLNESSES ACCOUNT FOR A SIGNIFICANT PROPORTION OF LONG STOPPAGES

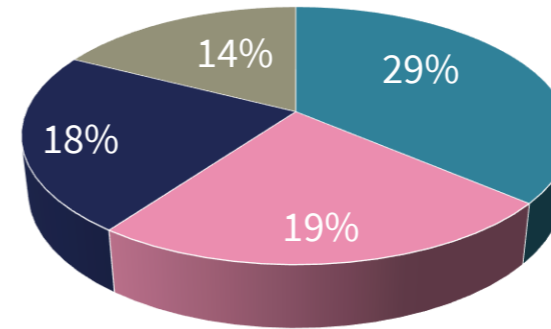


LONG STOPPAGES (> 30 DAYS)



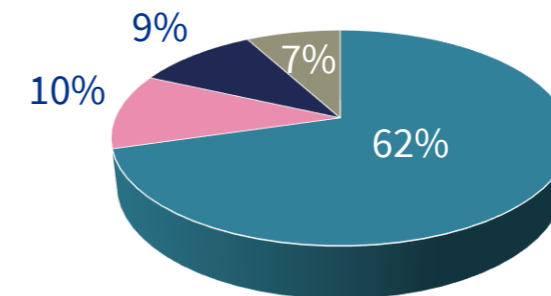
- **Mental health**
- Musculoskeletal diseases
- Surgeries
- Accidents
- Severe conditions

MEDIUM TERM STOPPAGES (> 4 DAYS ; < 30 DAYS)



- **Ordinary diseases**
- Mental health
- Musculoskeletal diseases
- Accidents

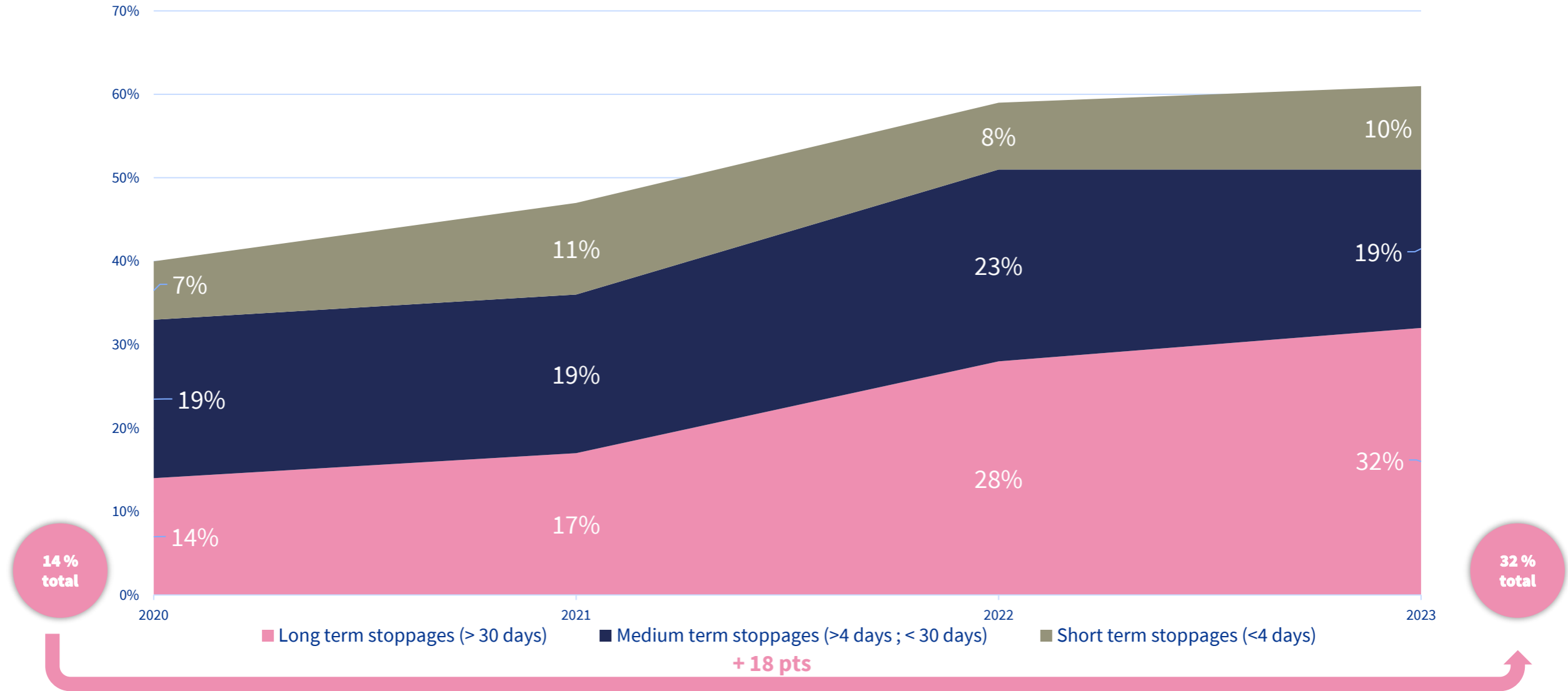
SHORT TERM STOPPAGES (< 4 DAYS)

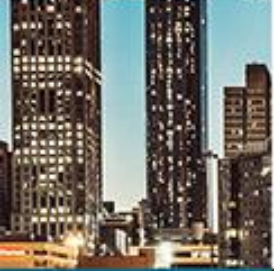


- **Ordinary diseases**
- Mental health
- Musculoskeletal diseases
- Accidents

THE PROPORTION OF LONG STOPPAGES LINKED TO MENTAL HEALTH DISORDERS HAS RISEN IN RECENT YEARS

PROPORTION OF LONG STOPPAGES LINKED TO MENTAL HEALTH DISORDERS, 2020-2023





THE CHALLENGES OF ABSENTEEISM IN THE WORKPLACE: HOW TO BECOME AN AGENT OF CHANGE ?

ABSENTEEISM, A MAJOR CHALLENGE OF ATTRACTIVENESS AND LOYALTY



EMPLOYEES

79 % of employees look at the actions implemented by the company to take care of employees' health when choosing their company*

95% of employees think it would be useful to have a **budget allocated to employee health/wellbeing***

68 % of employees feel that their **managers in their company are not sufficiently aware of psychosocial risks. ****



EMPLOYERS

Only 11% of companies have set up actions to **protect their employees' health** → Taking care of employees mainly involved working conditions and work organization

Only 24% of companies have a budget dedicated to employee health/wellbeing* .

58 % of managers would be interested in training to help them detect weak signals and support employees in sick leaves*

Acting on absenteeism means increasing attractiveness and improving employee loyalty.

HOW TO BECOME AN AGENT OF CHANGE ? DETECTING AND ACTING ON WEAK SIGNS OF ABSENTEEISM

Employees who have experienced one of the following situations in the last 2 years before their long term stoppage



Some ideas for consideration :

- **Implementing diagnostic tools to analyze the state of employee health** enables early detection of fragile situations that could lead to absenteeism
- **The introduction of training programs for managers** helps to identify sensitive cases requiring support.
- **Implementing a prevention program tailored to employees' risk factors** can help prevent the onset of pathologies in the long term.



HOW WE ACCOMPANY OUR CLIENTS ?

DIAGNOSTIC

Implementing diagnostic tools to analyze the state of employee health enables early detection of fragile situations that could lead to absenteeism (tools for monitoring and diagnosing absenteeism, health checks to detect potential health problems...).

HEALTH AUDIT



Through the detailed analysis of health and demographic data, and interviews with resource persons, the audit provides a clear **map of your employees' risk & protection factors** and a **detailed analysis of absenteeism issues**.

DIGITAL HEALTH CHECKUP



Based on a self-assessment, the digital check-up enables companies to:

- **Map risk factors**
- Determine the prevalence of groups of pathologies
- Enable people at risk to benefit from **medical follow-up**
- Set up a **targeted medical prevention program**



SOLUTIONS

Implementing a prevention program tailored to employees' risk factors can help **prevent the onset of pathologies in the long term**.

MEDICAL PREVENTION PROGRAMS



Support is available on the following **risk factors** :

- Musculoskeletal disorders
- Psychosocial risks
- Cardiovascular diseases
- Chronic respiratory diseases
- Serious diseases that can be detected early (Skin cancer, breast cancer..)
- ...

DATA ANALYSIS

(work stoppage mapping, analysis of healthcare consumption, analysis of internal occupational medicine reports and existing prevention plans, etc.).

INTERVIEWS WITH RESOURCE PERSONS

DIGITAL CHECK-UP

IDENTIFICATION OF CERTAIN RISK FACTORS

- MSD ++
- CV+
- RPS ++

IMPLEMENTATION OF A TAILORED PREVENTION PROGRAM



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