Do smoking, body mass and exercise affect sickness absence and job satisfaction?
Dr Mark Alan Critchley, 2006

ABSTRACT

Background: Many employers encourage staff to participate in regular exercise, avoid smoking and maintain a desirable weight as it is considered that a healthy workforce will have less sickness absence and perhaps have less stress associated with their work. There seems to be little evidence to support the investment required; indeed sporting injuries may be a cause of sickness absence.

Aim of study: To assess the health of employees, compared with UK data and government targets, and determine the effects of exercise, smoking and weight on employees’ sickness absence rates and job satisfaction, in order to advise management regarding the provision of facilities and support groups.

Methods: A questionnaire was sent to all 1,270 employees at a government physics research site to obtain data about individual’s health indices including smoking status, height and weight and levels of exercise participation. These indices were then compared with sickness absence and an index of job satisfaction.

Results: There was no difference in sickness absence between smokers and non smokers; however there was an increase in sickness absence with increasing Body Mass Index (BMI) (correlation coefficient 10.9% \( p=0.005 \)) and perhaps surprisingly there was an increase in sickness absence with increasing exercise participation (correlation coefficient 7.7% \( p = 0.045 \)). There was no difference in job satisfaction in relation to smoking, BMI or exercise participation.

Conclusion: It would be difficult to argue for more resources for the provision of exercise and sporting facilities as there is no evidence to suggest that sickness absence or job satisfaction would be improved. There is evidence that obesity can lead to more sickness absence so resources (perhaps including some exercise facilities and slimming groups) may be better spent on this area. Within this population, there is no evidence that smokers have a higher level of sickness absence and so there is little economic evidence to support investment in ‘Quit Smoking’ clinics.