Short-term Sick Leave is a Big Deal: Determinants of Sick Leave in Retail.

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Abstract

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Introduction: Previous research has looked at the social gradient on taking sick leave. It was suggested that short-term sick leave is caused by various social factors that are not necessarily connected to poor health. However, there is a research gap when it comes to examining the determinants of calling in sick among retail employees. The aim of this research is to explore the determinants of taking short-term sick leave among retail employees in Sweden using a quantitatively-driven mixed method approach. In this study, various psychosocial aspects concerning the organizational and social work environment and their effect on employee sick leave quantity are investigated. It also examines whether COVID-19 pandemic, as a crisis event, has changed front-line retail employees' health attitudes which could challenge organizational determinants of sick leave.

Theory: Psychosocial theory (Montano, 2020) and Job Demand Control Support Model by Karasek & Theorell (1990) aim to explain different psychosocial and organizational factors that could affect the occurrence and length of sick leave. Becker's (1974) Health Belief Model (HBM) is a theoretical framework for understanding health behaviors and predicting health-related outcomes linking attitudes and behaviors (Becker, 1974).

Method: This thesis used a case study approach to the empirical data collection. The case concerned eleven stores from a retail company located in Sweden. A sequential quantitatively driven mixed method design with a principal quantitative survey and supplementary qualitative semi-structured interviews was conducted. The semi-structured interviews were conducted as preliminary research and were used to inform the content of the survey and to provide complementary data. The preliminary results from the interviews were analyzed using thematic coding. The survey was used as the data collection for quantitative analysis. Statistical tests and bivariate analysis were used to analyze the data.

Results: From the qualitative research 5 themes emerged concerning the fast-paced and high demanding workload, well-functioned social support and problem-causing nature of sick leave. In addition, managers reported high levels of responsibility and autonomy.

From the quantitative analysis, psychosocial factors were found to mitigate job strain factors of sick leave. Commitment and age have the significant explanatory power of short-term sick leave in retail. COVID-19 pandemic has changed front-line retail employees' attitudes concerning their health and infecting others. Changed attitudes' relation to sick leave variance can be explored further.

Foreword

We would like to express our appreciation to all the people involved in this master thesis. We want to say special thanks to Freddy Hällstén and Anna Hedenus for guidance and support in supervising this thesis project. This research would not be possible without all the participants & Company X representatives, who we thank.

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1. Introduction

Whether a person takes or does not take sickness absence is a complex matter that is highly influenced by factors other than health-related reasons. Poor health does not always manifest in sickness absence, contrary to general assumption (Aronsson et al., 2000). Sickness absence is defined as "...absence from work that is attributed to sickness by the employee and accepted as such by the employer" (Whitaker, 2001, p. 420). A person can experience sickness without taking sick leave, as well as take sick leave without experiencing sickness. Two terms or conditions, which are important to consider with sick absence in mind are absenteeism and presenteeism. Absenteeism refers to when a person is absent from work, regardless of their health status (Mastekaasa, 2020). Presenteeism refers to working despite poor health (Aronsson et al., 2000). The levels of sick leave has varied over time in Sweden and it is due to multiple factors, on both individual, organizational and societal levels (Allebeck & Mastekaasa, 2004). The variations have been discussed in research and in public debate, within areas such as work environment, work attitudes, the social insurance systems, unemployment, and generally, the labor market.

Earlier research has looked at various work-related risk factors impacting employee health, however research has also focused on the characteristics or factors that affect whether people report being sick when ill. The psychosocial work environment has been researched in association with sick leave (e.g. Montano, 2020; Roelen et al., 2008), whereby two different interpretations can be made. Firstly, suggestions of psychosocial factors affecting the risk of being ill and secondly, how these factors affect whether a person reports being sick when ill (Kristensen, 1995). Further, Montano (2020) indicates that whether individuals take sick leave can reflect predictors and determinants beyond the underlying health problems of a person, those that can be found within organizations. Montano (2020) defines this as the "social gradient" of sick leave, accepting a significant effect of individual health status on whether an employee takes or does not take a sick leave. With this context in mind, this study

is interested in sickness absence by investigating the absence-inducing or reducing aspects of work, regardless of illness.

A distinction is usually made between long- (absence for more than 7 days) and short-term sickness absence (absence for less than 7 days). Although long-term sickness absence usually indicates more serious health issues and can have more severe financial consequences (Blank & Diderichsen, 1995), short-term absences can be an indicator of future long-term sick leave (Hultin et al., 2012) and absences organizations can influence (Schaufeli et al., 2009). Short-term sickness is a part of the overall picture of sickness absence and additionally may have different causes and prevention possibilities than that of long-term sick leave (Thorsen & Kausto, 2015). Short-term sick leave has tended to be explained through behaviors such as a way to alleviate work demands (Nielsen et al., 2006) or expressing a lack of commitment (Sagie, 1998), rather than as a consequence of poor health (Blank & Diderichsen, 1995). Further, Hultin et al. (2012) argues that paying attention to short-term sick leave is of high importance as it can predict the future sick leave beyond the effect of poor health.

Employee attitudes as a reflection of sickness absence has been a central assumption to research within organizational psychology and theories within cultures of absence (Allebeck & Mastekaasa, 2004). To operationalise the COVID-19 pandemic as another factor connected with presenteeism and absenteeism behaviors, the COVID-19 pandemic can be seen as a crisis event that might have changed individuals perception of health leading to a change in attitudes and behaviors (Dyregrov et. al., 2021; Johnson et. al., 2021). Health attitudes are defined as beliefs about health, illnesses, medical system, etc, that correlate with specific health behaviors (Becker, 1974).

The context of the study was situated within the retail sector in Sweden. To explore this, a contextual background will be provided, whereby the patterns of sickness absence, the legal formalities in Sweden, the organizational impact of sick leave and characteristics of the retail sector are detailed below.

1.1 Patterns in Sickness Absence in Sweden

The sick leave among employees has increased during the last decade in Sweden, according to Försäkringskassan, the official social insurance agency of Sweden (2023). Försäkringskassan (2023) reports that, generally, women take more sick leave than men and the rate has reportedly been higher for women since 1980. Between 2019 and 2020, Försäkringskassan (2022) state that women's sick leave (121-154 cases per 1000 employees)

was twice as high as men (65-89 cases per 1000 employees), however during this period the increase in sick leave for men (increase of 36%) was higher than that of women (increase of 27%). Försäkringskassan (2023) open statistics shows that the number of sick leave in Sweden gradually increases from February 2020 to February 2023.

The Swedish national reports concerning sick leave, however, do not provide a precise picture of the sick leave for all employees. It is rather a measurement of the sick leave that exceeds 14 days and therefore usually neglects the short-term sick leave. The days prior are not recorded by the national insurance statistics, as these days are paid by the employer and therefore it is difficult (or impossible) to analyze the recorded short-term sickness spells. However, prior to 1992, the financial responsibility for the first days of sick leave were covered by the social insurance agency and therefore one can access data concerning the short-term spells (i.e. <7 days) prior to this, but not after. During the period 1988-1990 the short-term sick leaves represented 85% of the total sickness spells (Andren, 2005). Further, the context of this study is situated in Sweden and therefore the national-specific formalities and labor laws of sick leave are relevant to consider.

1.2 Sick Leave Formalities in Sweden

In Sweden, employees are required to report to their employers when sick (Försäkringskassan, 2023). If the sickness absence reaches seven days, the employee must provide a doctor's note to their employer on the eighth day. Additionally, the employee is entitled to 14 days of compensation ("sick pay") from the company. The sick pay can vary between companies, but in the case company in this study, the employees are given 80% of their usual salary, which is a common percentage (Försäkringskassan, 2023). Following 14 days, the employee needs to apply to Försäkringskassan who grant and administer sick pay benefits. During the COVID-19 pandemic, Försäkringskassan demanded a doctor's certificate on the 22nd day, but usually it is required on the 14th day. The doctor's certificate is used by employers and Försäkringskassan to assess the employee's right to benefits.

As a part of the law in Sweden, employers are also required to act towards preventative measures to reduce their employees' possibilities of becoming sick or any injuries caused in work (Arbetsmiljöverket, 2022). The purpose of this is to firstly work with preventative measures concerning the work environment, and secondly, to make it possible for employees who have been absent from work due to sickness, to return as soon as possible (Arbetsmiljöverket, 2022).

1.3 Sick Leave Impact on Organizations

Absenteeism can be considered one of the most common workplace problems (Johns, 2003). A loss of four percent in organizational productivity, or an average of 10.4 days lost per employee per year is caused by sickness absenteeism, which represents the main cause for absence from work, according to an analysis combining medical administrative reports, data related to absences, and self-reported surveys conducted in the USA by Goetzel et al. (2004). Additionally, research has also highlighted how unplanned or unscheduled absences are associated with lower levels of organizational productivity (Harrison & Price, 2003), which can be particularly true for labor intensive sectors, such as retail, where there are mandatory positions needing to be filled. Due to the difficulty in predicting short-term absenteeism it can cause additional difficulties in the coordination of work (Van Yperen et al., 1994). Similarly, not reporting ill when sick, referred to as presenteeism, influences productivity and work ability negatively in the long-run because of its harmful consequences on health and burnout (Bergström et al., 2009; Chen et al., 2021; Dellve et al., 2011). Additionally, other costs of sick leave can be found in overload and lower morale amongst the employees who remain at work (D'Souza et al., 2005). Short-term sick leave, from an organizational perspective, may additionally be more promising to examine as it is arguably more impacted by work and organization-related factors (Schaufeli et al., 2009).

An event that has complicated work absence, is the COVID-19 pandemic, which had long-term and immense effects for persons & families, the economy, public health, and the health of insurance systems (Barua, 2021). Organizations within all sectors in Sweden have experienced an increase in sickness absences during the pandemic (Försäkringskassan, 2022). As stated by the ILO (2020), food retail and grocery store workers became categorized as new frontline workers during the pandemic, at high risk of exposure to infection and essential to providing food safety. Statistics from numerous countries indicate that frontline workers, who were expected to work in close proximity to other people, unable to work from home, were more likely to be infected with COVID-19 (OECD, 2022). Expectedly, there was a significant increase in sick leave within the service sector in Sweden, where many companies have faced economic hardship (Försäkringskassan, 2022).

Given the aforementioned financial and organizational issues, retail organizations have an interest in identifying the potential determinants for short-term sick leave. Despite this interest, there is limited empirical research examining the antecedent to long- and short-term sick leave within retail.

1.4 Background on Retail Sector

The retail sector makes up for a major part of the world economy as it contributes to almost 5% of GDP and employs one in twelve workers (OECD, 2020). In Sweden, about 19% of the total population aged 20-64 work within retail (Statistics Sweden, 2022). Retail employees today have a workplace environment that is often characterized by what Boxall & Purcell (2022) describe as a "scripted model of HRM". The frontline workers complete the majority of the labor cost and their roles usually involve basic "know-how". Moreover, the strategy within retail usually involves a Taylorist practice of deskilling work as a central way to reduce costs for standardized and simple services (Boxall & Purcell 2022). The sector also includes non-standard forms of employment, whereby around 70% of workers in retail are in this category (Andersson et al., 2011). The workforce is young, employing many entering the labor force. Moreover, among the 16-24 year olds who are working in Sweden, 18% are employed by the retail sector (Arbetsförmedlingen, 2021). It is also dominated by women, whereby 60% of specialty store sellers and 65% of grocery store sellers are women, two jobs among the top 10 most common professions for women (SCB, 2021).

Work within the retail sector often involves manual labor for the major part of the employees, such as repetitive movements, heavy lifting and standing positions with constant upper body movement, exposing workers to potential injuries. Earlier research, by Zeytinoglu et al. (2004) identified stress as the primary occupational health issue within retail. Stress can have organizational effects within workers, affecting higher turnover, absenteeism, and increased tensions in the workplace (Cooper et al., 2001).

To conclude, there is a lack of research concerning short-term sick leave in the retail sector. Few investigations have attempted to identify the work-related reasons behind absenteeism in this sector. Additionally, little is known about how the COVID-19 pandemic, as a crisis event, has changed employees' health attitudes overall, and whether it may impact the variance of sick leave. As retail is a new frontline job, with high interaction risk, this sector is an interesting context of study concerning how COVID-19 has potentially changed employees' relationship to health.

2. General Aim and Research Questions

The aim of this study was to explore the determinants of taking sick leave among employees in a Swedish retail company using a quantitatively driven mixed method

approach. To explore the aim, the subsequent research questions were intended to be answered.

Qualitative Questions:

How do the employees experience taking sick leave?

How do the employees perceive the prevalence of sick leave at company?

How do employees experience their psychosocial work environment? Specifically, their work tempo, workload, commitment, and social support (from colleagues & managers)

Quantitative Questions:

How does position, work tempo and workload, commitment, social support (psychosocial environment) affect short-term sick leave variance of retail workers?

How do demographic factors (age and gender) mediate this relationship?

How has retail workers' health attitudes been impacted by COVID-19 as a crisis event (before the pandemic, in the beginning of the pandemic and the past 12 months)?

2.1 Case Company

The aforementioned research questions were analyzed within the context of a case company. The case company (Company X) is a leading retail store in Sweden that specializes in food and health products. The company has international branches in Baltics under different brand names, pharmacies and financial services. The study focused on 11 grocery stores of this company located in the Västra Götaland & Halland region, Sweden. Further information cannot be disclosed due to the agreement with the organization.

3. Earlier research

Numerous efforts have been made to identify the sickness inducing factors related to absenteeism in organizations, which will now be discussed. Studies have highlighted the importance of considering different factors that contribute to sick leave duration and the use of those factors, such as demography patterns, job stressors (work tempo, working hours, responsibility), job demands or external factors, when strategizing employee sick leave management. In consideration of absenteeism in organizations, short- and long-term sickness absence can paint very different pictures of sickness absence.

3.1 Short- and Long-term Sick Leave in Organizations

Earlier research differentiates between short- and long-term durations of sick leave as they reflect two different forms of absenteeism (Mastekaasa, 2020). Based on research conducted in the Nordic countries, short-term sick leave constitutes the majority of sick leave instances (Thorsen & Kausto, 2015; Duchemin et. al., 2019). Researchers have made the reasonable assumption that health has a greater impact on long-term absences and short-term absences (i.e., < 7 days) have been generally linked to minor illnesses, reasons not related to health, and as a mechanism used for coping with high work demands (Allebeck & Mastekaasa, 2004; Blank & Diderichsen, 1995; Harrison & Marocchio, 1998). Nielsen et al. (2006) demonstrated the effects of various psychosocial work environment factors on short- and long-term sick leave, which effects also differed by gender. Testing seven psychosocial factors, support from supervisors and the predictability of work were both associated with effects of short- and long-term sick spells. Short spells were predicted by meaning of work (among men) and discretion (among women), and as suspected, long-term sickness absence was strongly associated with subjective health. A small number of short-term spells were also associated with subjective health, however short spells were stated to be mainly affected by working conditions and factors outside of work. Moreover, the researchers suggest short-term spells can be a way of alleviating the effects on health from harmful work demands. In accordance with previous research, the current thesis study makes a distinction between possible determinants of short-term (<7 days) and long-term (>7 days) sickness absence, focusing on short-term sickness absences in an organization.

3.2 Demographic & Socio-economic Characteristics of Sick Absence

Age and gender have been dominantly mentioned as risk factors for sick leave (Flach et. al., 2008; Bekker et al., 2009). Research has attempted to explain gender differences as due to family characteristics, workplace conditions, and health factors (Allebeck & Mastekaasa, 2004; Ostby et al., 2018). In a review article conducted by Bekker et al. (2009) the authors concluded that the relationship between gender and sickness absence is a complex phenomena, whereby similar findings were not found in all countries, ages, or professional groups. Moreover, the difference between genders in sickness absence remains largely unexplained, when assessing health-, work- and family-related factors (Ostby et al., 2018). Research regarding presenteeism presents similar unclarity. For example, research conducted by Aronsson et al. (2000) using a labor market survey, found that women tend to attend work while sick more often than men, however using the same labor market survey base five years

later, gender did not provide any significant results (Aronsson & Gustafsson, 2005). Contrarily, Flach et al. (2008) research does suggest that women had an increased chance of extended spells of sickness, in a university environment not dominated by neither women or men, however where women were underrepresented in the positions with higher salary. In this case, women were nearly three times more likely to have extended spells of sick leave than men. As research (Nielsen et al., 2006) has emphasized, the impact of age on sickness can be explored in two ways regarding duration (number of days absent) and frequency (number of absence periods). Blank & Diderichsen (1995) found that among 13 828 participants in Sweden, repeated short-term *instances* were more common among younger employees. Further, Frick & Malo (2008) & Bierla et al. (2012) found that younger employees are more likely to take shorter *durations* of sick leave compared to older employees.

3.3 Psychosocial Work Environment and Sick Leave

A different research branch focuses on the relationship between psychosocial work conditions and sickness absence. The psychosocial work environment refers to the individual's experiences with relation to or from their surroundings (Magnusson et. al. 2023). The psychosocial work environment, as a holistic concept including numerous factors, was developed by Montano (2020) whose theory is detailed further in this paper. Parts of the psychosocial work environment were used to explain sick leave long before, in the model on job control, job demands and social support introduced by Karasek & Theorell (1990). The body of research concerning the impact of psychosocial factors on sickness absence was reviewed in this research. Aforementioned, the interpretations of its association with sick leave are twofold, whereby one can discuss how psychosocial factors affect the risk of *becoming* ill and how they affect whether a person *reports* being ill (Kristensen, 1995). Consequently, research concerning both interpretations will be presented, although the current thesis research will examine the psychosocial factors related to sick leave reports, *regardless* of illness. Specifically previous research concerning factors like job control, workload, work tempo, social support, and commitment are given.

Research by Roelen et al. (2008) suggests that there is a connection between work conditions and absence, on the individual level and the workplace level. Examining psychosocial factors the research focused on job demands, control and support. Job control refers to the ability to adjust the work of an employee, which is often connected to a position. In this research, job demands referred to work pace, complexity of work, time pressure, and

conflicting tasks, and job support referred to support from managers and colleagues. Roelen et al. (2008) concludes that low control and high demand lead to a higher number of long-term sick leave absence episodes with depression and mental health as reasons. Moreover, the authors found that low support from coworkers was associated with more sickness absences, however the study did not confirm the effect of support from managers. Importantly, the study did not find significant results when job demands and control was self-reported.

Additional research concerning job control also concludes that employees with higher control at work take fewer sickness absences. Bierla et al. (2012) suggested that managers who have more job control were more unlikely to be absent from work. Moreover, the authors described the importance of having an equal hierarchical colleague in being able to take a sick leave, arguing that without it, employees would prefer to attend work regardless of sickness (presenteeism). Furthermore there are considerable findings suggesting that employees with higher wages generally demonstrate less absenteeism (Johns, 1997).

Higher work tempo has been associated with increased sickness absence. Much of the research concerning work tempo is based on the idea that a high work tempo is related to symptoms of stress and a relatively high sickness absence (Berthelsen et al., 2020). Physical effects, such as problems with elbows and shoulders are common, leading to higher sickness absence, where work involves repetitive movements in high work pace environments (Berthelsen et al., 2020). Work pace has also been seen as a risk factor for sick leave due to musculoskeletal issues, and workload was a significant predictor of sick leave due to back disorders (Hartman et. al., 2006). Research (Ose et al., 2022) conducted among hospital nurses in Norway examined the determinants of work-related sick leave, and found that among the most common reasons was high work pace (others factors included: high physical workload, sleep problems, catching viral or bacterial infection from patients or colleagues and low staffing). Rehkopf et al. (2010) found that among 6997 employees, those who reported higher levels of a fast work pace, also reported higher rates of short-term sickness absence.

Workload has been associated with short-term and long-term sickness absenteeism in organizations (Hakanen et al., 2006; Hults & Geurts, 2001; Kristensen, 1995), however similar to other psychosocial factors, the relationship is not straightforward. Hakanen et. al. (2006) conducted research with 2 719 Finnish employees with different occupations where the results indicated workload as one of the strongest predictors of absenteeism, however, that this relationship was partially mediated by burnout. Additional research (D'Souza et al.,

2005) suggests the workload may predict long-term sick leave rather than short-term spells of sick leave. Higher workload was associated with sick leave exceeding 3 days, but not with sick leave spells lasting 1-3 days (D'Souza et al., 2005). Kristensen (1995) found that occupations with higher demands and lower coping possibilities were associated with higher absence rates, among women and men. Boedeker (2001) examined sickness absence rates in relation to workload in retail. They found that high physical demands and low control were associated with higher sickness. However, when it comes to psychological work demands, the results indicated an inverse relationship.

Social support from one's direct supervisor has been suggested to lead to less absence from work among subordinates (Thraneou, 1993). Van Dierendonck et al. (2001) similarly suggests that the quality of the relationship between supervisors and subordinates affect short-term absenteeism taken by subordinates. Moreover, support from colleagues may be less important than that from supervisors when predicting short and long-term absences (Nielsen et al., 2006). The Whitehall II study conducted by Rael et al. (1995) with a sample of 10 308 civil servants in London, examined social support as a predictor of sick leave and the potential explanation of a socioeconomic gradient to sick leave. The findings suggest increased sickness absences were associated with higher emotional support at work.

Organizational commitment is arguably related to absenteeism by suggesting that the employees who are often absent, are expressing negative attachment to the organization, consciously or unconsciously (Sagie, 1998). Sagie's research (1998) differed between voluntary and involuntary absence, whereby organizational commitment was strongly related to the duration of voluntary absence. Moreover, the author states that workers who are strongly committed to their organization had higher attendance at work (unless a situation that makes it impossible, i.e. the case of an involuntary absence). Similarly, job satisfaction and work commitment might specifically be associated with shorter sick leave spells, as indicated in a Swedish study of service workers (Dellve et. al. 2007). Contrary to the aforementioned research, Jacobson & Fjeldbraaten (2020), explored whether part-time employment was linked to absenteeism through two phenomena: affective organizational commitment and work-family conflict. Although part-time employment was shown to directly impact absenteeism, organizational commitment was not found to be linked to absenteeism. Measuring commitment using "job challenge" "independent thought and action", and "recognition", Hausknecht et al. (2008) showed that organizational commitment and job satisfaction are related to lower absenteeism. Despite this, researchers (Caverly et al., 2007) have also associated these factors with more presenteeism and arguably variables that

lead to “over-commitment”. According to Hansen & Andersen (2008), over-commitment is the most important factor of presenteeism. As shown, the relationship between commitment and sick leave may be complicated and in need for further clarification.

To conclude, the psychosocial work environment is arguably an important consideration when examining the determinants of sick leave within companies. Importantly, the literature on psychosocial determinants of absenteeism are not straightforward and studies lack representation within sectors such as retail. To attempt to clarify and investigate the links between psychosocial determinants and work-related sickness behavior in retail, the current research will examine specific factors and their association with short-term sick leave.

3.4 COVID-19 Pandemic and Sick Leave

COVID-19 pandemic is arguably a crisis event that might change the associations of sick leave variance. The subsequent (limiting) research is presented of how the pandemic has arguably influenced employees' attitudes towards their and others health and, therefore, contributed to the “social gradient” of absence. COVID-19 pandemic has changed working conditions in a lot of ways and naturally impacted sick-related absenteeism with regulations and recommendations from the government and with the overall negative effects on physical and mental state (Barua, 2021). Researchers have examined how COVID-19 has impacted the attitudes to sickness and morality of sickness presenteeism. As Rudolph et. al (2021) states, the current body of research lacks in understanding behavior that lies somewhere in the continuum between absenteeism and presenteeism with connection to the COVID-19 pandemic.

Johnson et al. (2021) studied changes in Americans’ attitudes towards work during illness after the onset of the pandemic. The authors found that the decision to go to work when sick is recognized by people as more risky and difficult from a moral point of view. Therefore, suggesting COVID-19 as impacting the way employee’s relate to the decision of attending work (Johnson et al., 2021). Similarly to that, Dyregrov et. al (2021) describes the change of how young people in Norway view social contacts in general and work during illness in particular. Moreover the researchers state that the general anxiety due to the pandemic, has impacted the fear of infecting others and made individuals rethink the moral side of work during illness (Dyregrov et. al., 2021). Corresponding findings were made by Tilchin et al., (2021), who examined the relation between demographic and socioeconomic factors, and presenteeism among American employees in March of 2020. The authors found that roughly 30% of respondents (with 39% of sales and service workers) reported working

while having symptoms of a cold. They discovered three characteristics of an employee who reported higher presenteeism during the beginning of the pandemic: lack of sick leave cover; younger in age; lower income; in fear of not having enough food; less likely to have an adolescent in the household (Tilchin et al., 2021). The COVID-19 pandemic as a crisis event is associated with how employees relate to presenteeism, which therefore suggestively can relate to how employees take or do not take sick leave.

3.5 Sickness Presenteeism

To explore a more complete picture of sickness absence, presenteeism needs to be discussed. Absenteeism and presenteeism lead to different consequences for an organization (Aronsson et al., 2000; Gosselin et al., 2013). Absenteeism and presenteeism are both concepts originally coming from the same employee decision point: to go or not go to work when sick, and therefore Halbesleben et al. (2014) suggests both concepts should be included in research concerning attendance.

Several studies explored the organizational effects of presenteeism. It has been shown that presenteeism can influence performance evaluation positively, especially when under high job demands (Wang et al., 2022). On the other hand, in most cases, sickness presenteeism has been shown to impact the company's long-run development negatively (Wang et al., 2022). Presenteeism causes negative consequences for productivity and work ability in the long-run, since it slows down the recovery process, negatively affects the general health of the employee and is associated with burnout, which is presented in an international body of research (Bergström et al., 2009; Chen et al., 2021; Dellve et al., 2011; Aronsson et al., 2000). Moreover, when making a decision to be present and perform one's work tasks while ill, an employee puts themselves at risk of worsening their or the health state of other's (Johnson et. al, 2021).

To identify the reasons for attending work while ill that are mentioned in the existing body of research worldwide, Webster et al. (2019) conducted a systematic review regarding this matter. They identified the most common reasons behind sickness presenteeism as explained by company presenteeism culture and lack of support from management; high job demands; social reasons (i.e. being a team player, unwillingness to force colleagues to do extra work). Among the common reasons for presenteeism in Nordic countries job commitment, a sense of indispensability regarding the scope of duties and work requirements, the impossibility or a low level of work adjustment, unwillingness to burden co-workers with one's responsibilities, occasional overtime and high workload are mentioned (Dellve et al.,

2007; Johansen, 2014; Böckerman & Laukkanen, 2010; Aronsson, 2000; Leineweber et al., 2012). Notably, job control, job demands, social support and commitment are found to be explanatory factors for both absenteeism and presenteeism, which are two opposite sides of a continuum.

3.6 Absenteeism & Presenteeism in the Retail Sector

International research conducted within the retail sector regarding sick leave behaviors and variations has a low level of representation. Hadjisolomou (2016) studied workplace attendance management in retail sectors in Cyprus and the UK. The author focuses on retail sector specifics, where high competition makes attendance a key issue for employers while labor costs also need to remain low. As factors that influence the dynamics of attendance behaviors, Hadjisolomou (2016) mentions the external environment (i.e. recession or unemployment), social relations at work and the system of requirements and control, while going against the common conception that work discipline and penalization of absence are significant reasons for regular attendance at work. The main reason for sickness presenteeism among retail workers was the fear of losing a job (Hadjisolomou, 2016).

Ceryes et. al (2023) investigated work attendance and presenteeism behavior in US supermarkets at the beginning of the pandemic. Although the US, as well as around the world, applied restrictions on attending work when they had symptoms of a cold, the researchers say that some employees (9%) went to work when sick. The main reason for this behavior was the high level of household food insecurity. A significant majority of employees preferred to stay home and take sick leave if they were symptomatic, as recommended by the government. The employees cited a supportive work culture and a safe climate as reasons for this (Ceryes et. al, 2023).

To summarize, prior research suggests that absenteeism and presenteeism behavior can be explained by reasons other than health, in particular, the decision to take or not to take a sick leave. Based on the review above, the factors of whether a person takes absence can relate to their psychosocial work environment. Additionally, the COVID-19 can be assumed to be an event that might have changed how employees tolerate sick leave. It is probably too early for a significant amount of research on employee attendance behaviors to be influenced by COVID-19. However, the existing body of research has some arguments that the pandemic has changed how employees relate to their health and consider the health of others that can reflect in their attendance behavior.

4. Theoretical framework

The following section describes the Psychosocial theory by Montano (2020), the Job demands-control-support model (Karasek & Theorell, 1990), and Health belief model by Becker (1974) to conceptualize determinants of absenteeism. The section will present each independent theory and how it can be used to understand the workings of sick leave within retail organizations.

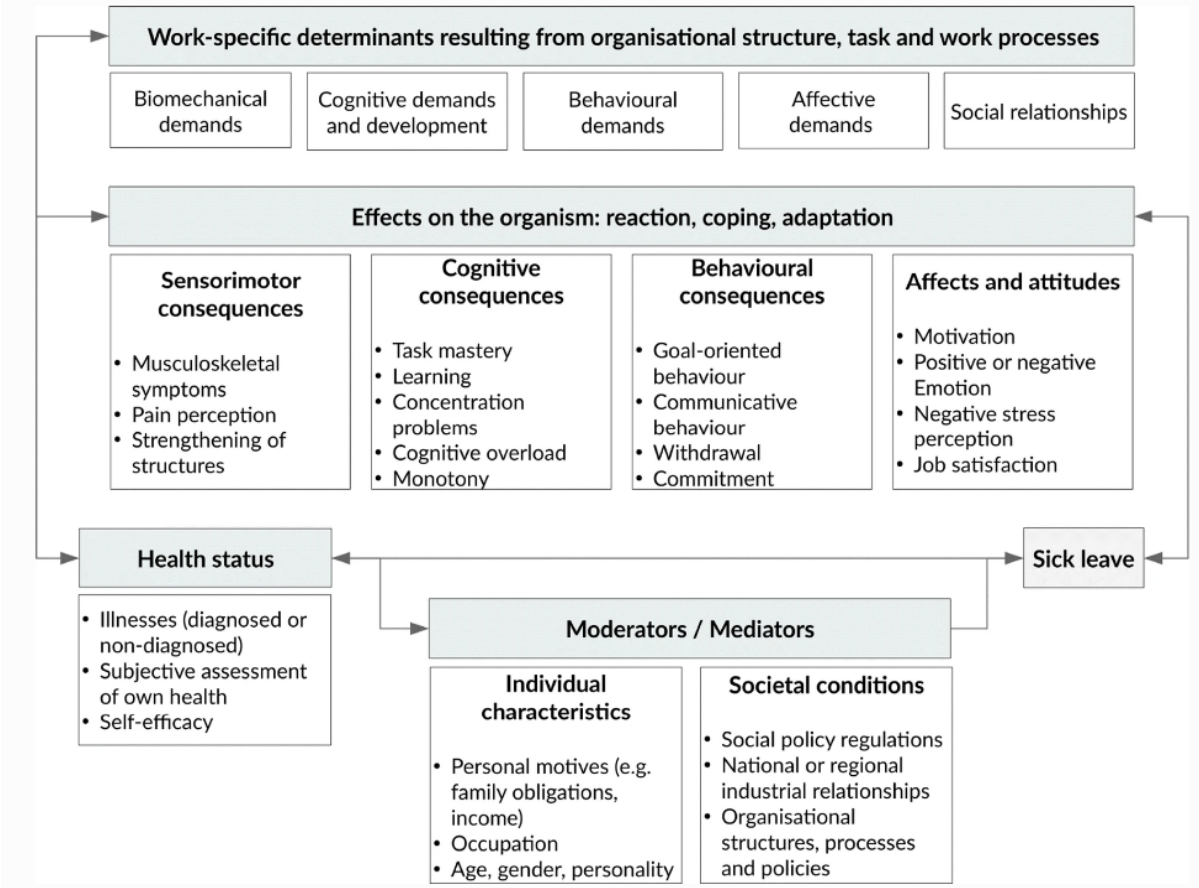
4.1 Psychosocial Theory (Montano, 2020)

Montano (2020) proposes that there are three groups of factors behind employee's decision to take or not to take a sick leave: (1) health-related reasons (employee's health status) that is not necessarily related to work environment; (2) work-related factors that evoke distinct cognitive, behavioral, emotional, and attitudinal responses of an employee; (3) certain mediators associated with a personal, organizational and societal perspective (See Figure 1). The theory states that absenteeism behavior is largely dependent on self-assessed health and the health status of an employee which was observed by previous research (Zhang et al., 2016; Airaksinen et al., 2018). The model, however, explores how different psychosocial factors affect the occurrence and length of sick leave, including a decision-making process of attending or not attending, the arrangements or conflicts between employers and employees over attendance and absenteeism (Montano, 2020).

Testing a select number of psychosocial factors included in the model, Montano (2020) found that employees who work longer hours take less sick leave. The author suggests that longer working hours is a reflection of a highly commitmentted employee which thereby offers an association between commitment and sick leave. Additionally, Montano (2020) found that an employees' subjective experience of their workload and work tempo influenced consequential sick leave days taken. Higher work strain was also associated with higher sick leave instances among all of the studied occupations. Position also predicted the amount of sick leave among workers, whereby managers were less likely to take at least one sick day. As for the demographic factors, Montano (2020), confirmed the existing body of research, discovering that women took more sick leave than men. The author also found that lower financial status predicted higher sick leave quantity.

Figure 1

Montano's Psychosocial theory of sick leave determinants



Psychosocial model of sick leave. Two-headed arrows indicate the possibility of reverse causation. The lists provided in the corresponding boxes are examples of specific outcomes or phenomena associated with the corresponding concepts

Important to note for the purpose of this study, Montano (2020) researched determinants of sick leave quantity among several occupational groups, using the ISCO 5 which includes service and sales workers. Despite this, there is a lack of conclusions about retail occupation in the study. This emphasizes the importance of applying the theory to the retail sector, to test whether the factors are determinants of whether employees take or do not take short-term sick spells. Additionally, Montano (2020) notes that the research neglected to test important psychosocial magnitudes, such as job commitment, which will be tested in the current research.

4.2 Job Demands-Control-Support Model (Karasek & Theorell, 1990)

The Job Demands-Control Model (JDC) is widely used in occupational health and absenteeism research (Kain & Jex, 2010). The theory explains how levels of job demand and control can influence strain, job satisfaction and learning (Karasek, 1979) and presents a more narrow analysis of the psychosocial aspects of work and the work setting. In this model

job demands are measured by quantitative workload or role conflict, and control describes the level of decision authority employees have over their work. Job control is influenced by the structure of an organization and job position, according to Karasek (1979). In accordance with the JD-C model, high job demands and resources are associated with job strain and motivation. The key idea is that control buffers the impact of job demands on strain which is a predictor of employee well-being and, to a larger degree, their contentment with their work. As noted by Karasek (1979), an increasingly strenuous job is linked to an increased risk of cardiovascular disease (CVD). Despite the wide use of the theory in medical and social research, the model was criticized neglecting psychosocial factors (Johnson & Hall, 1988). The mediating power of social support in relation to job strain and physical or mental health was discussed in body of work science research (LaRocco et al., 1980; Beehr, 1976).

In the 1980s Karasek and colleagues extended this model adding one element - Job Social Support (Kristensen, 1995). According to Johnson & Hall (1988), the Job Demands-Control-Support Model (JDCS) redefines how job strain is viewed. Karasek & Theorell (1990) view support in their model as an additional factor that determines how an employee manages stress (high demand and low control) or a *"*social support buffering*"* (Karasek & Theorell, 1990, p. 182). The authors argue that social support from coworkers and supervisors can mitigate the negative effects of a high strain job. To test the model, the authors conducted empirical research and found that job demands, such as workload and time pressure, were positively associated with mental strain (Karasek & Theorell, 1990). The relationship between job demands and mental strain was weaker for employees who reported higher levels of support from coworkers and supervisors. Conclusively, the stress caused by job demands can be alleviated by receiving help from others.

Van der Doef & Maes (1999) provided critique for the JDCS model stating that there was moderate evidence supporting the extended theory. Their review found that the evidence that the mitigating effect of social support on job strain was weak especially in longitudinal studies. However, a more recent study by Häusser et al. (2010) found stronger evidence for the reliability of the JDCS model within 30 years of research. Moreover, the authors found evidence of the additive effect of the model but stated that the effect is weaker than the relationship of the JDC model.

Johnson & Hall (1988) tested the extended theory in a Swedish context, investigating the relationships between job strain, social support and cardiovascular disorder risk factors. The study demonstrates the importance of social support in reducing the power of job strain thereby decreasing the negative health effects among employees. A more recent study by

Hanson et al. (2008) found that high demands, low job control, and low social support were associated with burnout among male and female employees in Sweden. There was no research found investigating the JDCS model in regards to sick leave in the retail sector.

4.3 Health Belief Model by Becker (1974)

Becker's Health Belief Model (HBM) is a theoretical framework for understanding health behaviors and predicting health-related outcomes (Becker, 1974). The HBM posits that an individual's beliefs about their health and their perception of the seriousness of a health threat influence their likelihood of taking action to prevent or treat that health issue.
Ajzen & Timko (1986) added to the model. The correspondence between health attitudes and behavior is based on the assumption that an individual's behavior is strongly influenced by their attitudes towards that behavior (Ajzen & Timko, 1986). Specifically, the theory proposes that an individual's beliefs about the consequences of engaging in a particular behavior, their perceptions of social norms, and their personal values and goals all contribute to the formation of their attitudes towards that behavior. These attitudes, in turn, can significantly influence their actual engagement in the behavior (Ajzen & Timko, 1986). They also suggest that other factors, such as environmental and social factors, may also play a role in shaping attitudes and behavior. Thus, theory provides a framework for understanding the complex interplay between attitudes and behavior by identifying a basis for understanding of shaping health attitudes and behaviors.

Hita et al. (2020) proposed an extended HBM to understand if and how media and new social norms around the blast of COVID-19 pandemic changed health attitudes and affected behaviors i.e. distancing and panic buying. The study found that perceived susceptibility to COVID-19 and perceived severity of the disease were all positively related to social distancing behavior. Hita et al. (2020) mention a moment of crisis which the pandemic was and still is. They assume, based on previous research on crisis events, that COVID-19 pandemic was highly covered in the media as a threat to the society which caused fear for well-being and health (one’s and other’s) in public that affected the perception of health, understanding of risks and, consequently, behaviors.

The conceptualisation of those attitudes was based on the HBM (Becker, 1974) that was criticized for its’ abstract nature, low predictive power and reliability on perceived perceptions that are lacking in objectiveness (Gilliam, 1991). Some researchers argue that the HBM places too much emphasis on cognitive factors such as beliefs and attitudes, and does

not adequately address the role of emotions and social norms in shaping health behaviors (Carpenter, 2010).

In sum, the recent model of Montano (2020), which describes the elements of the psychosocial environment at work and its relationship to sick leave rates, suggests a wide range of social determinants of sick leave. These factors refer to the physical, psychological, behavioral and social characteristics of the work environment. Montano (2020) combines the theories and early research of colleagues to list features of the work environment, including Karasek & Theorell (1990) JDCS model of the moderating effect of social support on the job strain caused by high job demand and low job control.

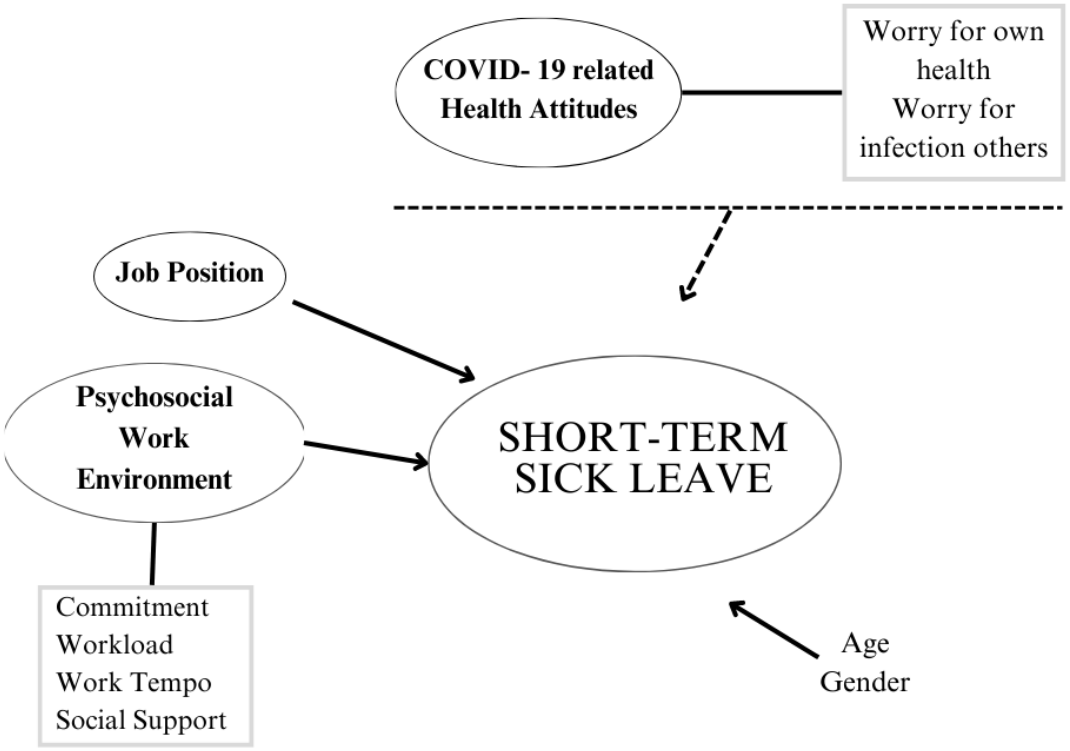
4.4 Proposed Theoretical Framework

A theoretical framework is proposed and tested in the current research, displayed in Figure 2. It applies all three aforementioned models to address possible determinants of taking short-term sick leave. Karasek & Theorell (1990) model suggests the strenuous jobs are absence inducing due to their effect on health, whereas Montano (2020) suggests work-related factors, such as work demands, can impact whether employees take or do not take sick leave. The current research applies the JDCS model suggesting the connection between high demands (measured by workload and tempo) and control (measured by position) and sick leave instances. Moreover social support from manager and colleagues decreases the effect of a strenuous job with high demands and low control, as proposed by Karasek & Theorell (1990). Commitment, as suggested by the Psychosocial theory (Montano, 2020) but not tested, is another possible determinant added to the framework. Demographic characteristics are added to see how they mediate the relationship.

The proposed theoretical framework suggests health attitudes, as a factor influencing individual behavior, described in Becker's Health Belief Model (1974). The subject of interest within Becker’s theory is the dynamics of attitudes towards health in relation to COVID-19: public anxiety, media, government restrictions that could cause changes in attitudes towards health among workers. Conclusively, retail workers, as a social and frontline profession, could change their attitude towards health to serve as another possible factor explaining the amount of short-term sick leave during the past year.

Figure 2

The Proposed Theoretical Model



Note. The arrows describe the direction of impact. The dotted lines describe the separate analysis of COVID-19-related health attitudes, which is only theorized as a potential determinant of instances of short-term sick leave. “Health attitudes” refers to worry for one's own health and for infecting others during the past 12 months; The “Psychosocial Work Environment” refers to workload, work tempo, social support, and commitment. “Job Position” is divided between floor workers and managerial positions and represents job control.

5. Methodology

According to Rugulies (2019), research on the psychosocial work environment is presented with a challenge in examining where the work conditions “get under the skin of workers and are assumed to alter workers cognitions, emotions, and physiology - a process that has also been termed as embodiment” (Rugulies, 2019, p. 3). To understand the dual process of how work conditions alter the workers and how workers are altered by their working conditions in terms of sick leave, the mixed-methods approach was used to firstly explore the personal experiences of workers and to then test various factors related to their work environment.

The mixed methods approach had a qualitative starting point, beginning by conducting semi-structured interviews with employees and managers, from four different retail stores. Initially, five stores were contacted for interviews, however as one did not respond to the emails about participating in the interviews, it was not included. A quantitative survey followed, which was sent to employees from the four stores included in the interview and an additional seven more retail stores, providing a total of 11 stores. This following section will outline the method used, the origin of the research project and its collaborative nature with both the case company and two other Master Thesis students.

5.1 Mixed Method Approach

To study the social experience of the employees with regards to sick absence a mixed-method sequential design was chosen. The approach consisted of two distinct phases: a qualitative phase followed by a quantitative phase. The phases included a complementary method (qualitative), which effectively assisted the principle method (quantitative), which was most important to the goal of the research project (Morgan, 1998). The qualitative analysis was used to inform and guide the formation of the survey and to provide complementary data. The qualitative starting point, provided a micro perspective and introduced the research questions to the personal experiences. Moreover, the preliminary complementary qualitative method helped develop the hypotheses and content to guide the principle quantitative study and was used as complementary data in the analysis. The sequential strategy was chosen in order to use what was learnt from the qualitative method in the quantitative method, to maximize the contribution of the overall research goal (Morgan, 1998). Moreover, the survey questions were partly informed by the qualitative analysis, whereby specific psychosocial factors and COVID-19-related health attitudes mentioned in the interviews informed the survey questions used.

5.2 The Origin of the Research Project

The research project was in collaboration with a chain of 11 supermarkets within the Västra Götaland and Halland region in Sweden, two Master Thesis projects at Gothenburg University, and the Center of Global Human Resource Management (HRM). The project began with a representative/coordinator from Company X who contacted Göteborgs University's director of Global Center of HRM with an opportunity to collaborate on a research project. The director, together with four Master students of Strategic HRM, initiated a pilot interview together with Company X to understand the nature of the collaboration, the

mutual interests of the parties, and the company's "problem" of interest. The pilot interview involved a discussion with the store manager from Company X, which mainly concerned the company's interest in examining the sick leave within the company. The manager informed other stores in the Götaland and Halland region of the research project and established contact between the individual stores and the students. Two independent Master Thesis projects enrolled in collaboration with the 11 retail stores and the director of the Center of Global HRM. The two Thesis groups were assigned five stores each, by the director, to work separately with. The stores were divided among the groups based on their location, to ensure each group would be in contact with stores in cities, towns and rural areas, according to the director. The interviews were conducted with the assigned stores, with the exception of one which did not respond. The survey was conducted in collaboration with the other two Master students, with all 11 stores.

5.3 Empirical Data Collection

The data was collected through the main component, the survey, and the supplement component, the semi-structured interviews. This section begins with describing the semi-structured interviews, and proceeds with the survey.

5.3.1 Interviews

Before conducting the main interviews, a second pilot interview with a HR manager of the Company X was done in order to test the research instruments and as Malmqvist et al. (2019) suggests, to better prepare and inform researchers of the potential challenges for the future interviews. Following the second pilot interview, interview guides were made for the following interviews (See Appendix A). A separate interview guide was made for floor workers and managers, which included the same topics but with slight modification. The questions were open-ended and formulated with consideration of potential biases. Due to the aim of the research the interview guides included questions regarding their psychosocial work environment and sick leave.

Interview Sample

The participants became aware of the project through an assigned contact person, usually a manager or HR manager, working within their store. The sample consisted of 9 retail employees (7 females, 2 males), with different job positions. Both employees and managers at different levels were interviewed to get a broader understanding of the issue

within the organization and the topic at hand. Two participants were selected by asking the manager of the store for two participants and the seven following participants were selected using a random name generator from the employee list of each store. All persons who were asked to participate from the selection process participated.

Data Collection

The use of semi-structured interview was chosen to make the interview more flexible, but to still stay within the scope of study (Kallio, 2016). Since the interviews were done in order to understand the subjectivities of the participants, it was necessary to build reciprocity with the interviewees and to ask follow-up questions to deepen the understanding of a particular matter (Galletta, 2013). All the participants were asked questions concerning the main themes, but were not strictly asked all questions to give them the chance to open up (Whiting, 2008). All interviews were conducted online using Microsoft Teams. Additionally, the language spoken was Swedish rather than English, as it was the language participants were most comfortable speaking and therefore would provide participants with an easier way of expressing their opinions and experiences, enhancing the validity of the results. The online interviews took approximately 60 minutes each and recorded using the Xbox Game Bar (Microsoft Corporation).

5.3.2 Survey

Following the interview process, the questionnaire was conducted. This portion of the project was done in collaboration with the second Master Thesis group, Bianca Peresani & Tommy Öberg. This allowed us to conduct a single survey instrument to send to the 11 retail stores. The quantitative approach allowed us to study attitudes (Fowler, 2001) and provided a larger sample. The survey was constructed using the programme Qualtrics (2023).

Survey Sample

The questionnaire was sent out to the total number of employees (1213) of the 11 retail stores through the contact person from each individual store. This was done to increase the response rate, as it was an already established procedure, by the company, to reach their employees. A total of 402 responses were received, which represented a 33.14% response rate. Of the responses received, 322 (26.55%) were usable. As indicated in Table 1, the majority of respondents were female (71.4%), with an average age of 35 years. Around 33% of the respondents are younger than 25. On average, employees had been working for the

current store for 8.5 years. 25% of the respondents had been working for 1 year or less. On average, the respondents work for 29.5 hours a week. 15% of the employees work full-time (40 hours a week).

To analyze the sick leave variance of managers and non-managers, the positions shown in the Table 1 were put into two groups: managers (store, area managers and functional departments such as Sales, Finance, IT, Marketing, HR, Safety/Controller) and floor workers (including department managers). Store and Area managers and functional departments do not usually participate in floor work at the store, they manage administrative and functional tasks whereas department managers often perform floor work in combination with administrative tasks in their assigned departments. Therefore, department managers were grouped with the floor workers as Table 1 indicates. The share consisted of 13.4% managers with a vast majority of floor workers (86.6%).

Data Collection

The questionnaire was divided thematically, including themes concerning attitudes related to work environment, health, absenteeism, and socio-demographic questions. In total the survey consisted of 29 questions. A selection of 13 pre-existing questions (Q17-Q29) from a research-based tool named COPSOQ (Berthelsen et al., 2020) were used. The questions selected covered the variables of interest and were based on their relevance to the research purpose (See Appendix B). After data collection, the questions were computed into four variables: *Social Support* (Q17-20), *Commitment* (Q21-23), *Work tempo (Q24-25) and Workload* (Q26-29). Additionally, *COVID-19-related health attitudes* were captured with the use of two questions (Q14-15) and *Presenteeism* was captured with one question (Q13). *Sick absence* was measured by instances of sick leave for the past 12 months (Q9). *Short-term sick leave* was measured asking whether the employees had taken sick leave exceeding seven days (Q11).

Table 1

Descriptive statistics of the sample's socio-demographic characteristics.

	Mean	Median	Std. Deviation	Min	Max	Fre-quency	Percent
Gender							
Women	-	-	-	-	-	230	71.4%
Men	-	-	-	-	-	87	27%
Age	34.73	32	14.205	15	77	15	77%
Years in a company	8.54	4	9.216	0	47	-	-
Working hours per week	29.21	33	11.886	1	55	-	-
Position							
Store manager	-	-	-	-	-	6	1.9%
Floor worker	-	-	-	-	-	228	70.8%
Sales/Finance	-	-	-	-	-	13	4.0%
Area manager	-	-	-	-	-	16	5.0%
Department manager	-	-	-	-	-	51	15.8%
HR manager	-	-	-	-	-	5	1.6%
IT/Marketing	-	-	-	-	-	1	0.3%
Safety/Controller	-	-	-	-	-	2	0.6%
Manager	-	-	-	-	-	43	13.4%
Non-manager	-	-	-	-	-	279	86.6%

Note. N=322

5.4 Research Design and Data Analysis

The research design and data analysis from the survey and interviews will be presented in the following sections. The qualitative data was analyzed through thematic analysis and the quantitative data was analyzed through univariate and bivariate analysis methods and statistical tests.

5.4.1 Qualitative Data Analysis

Data analysis of the semi-structured interviews was achieved through thematic analysis of the transcribed interviews. The interviews were transcribed using Microsoft Word 2023 dictation tool with further editing. The transcribed material went through an initial coding phase, through identifying fruitful labels of interest in the data (Braun & Clarke, 2006). The generated codes were given extracts of direct quotes from the data. To capture the diversities and patterns in the data, each appeared in more than one data item (one interview) (Braun & Clarke, 2006). The information was then analyzed for common themes. Themes were identified in accordance with Braun & Clake's (2006) definition, where a theme is described as capturing "... something important about the data in relation to the research question, and represents some level of *patterned* response or meaning within the data set." (p. 82). Themes and subthemes were gathered in a report, whereby samples that could be used for the research report were selected and translated from Swedish to English.

A thematic content analysis was used as an analytical method. The approach followed a deductive approach whereby the data was coded in a top-down approach. Existing topics and concepts were used to code and interpret the data. The approach is deductive as it draws upon the Psychosocial Theory (Montano, 2020), the Job Demands-Control-Support Model (Karasek & Theorell, 1990), Health Belief Model (Becker, 1974) to analyze the data gathered in the interviews.

5.4.2 Quantitative Data Analysis

Quantitative data was gathered through the questionnaire constructed using Qualtrics. The data was tabulated and coded using Microsoft Excel and extracted to SPSS (IBM Corp, 2020 Version 29). SPSS software was used to conduct univariate and bivariate analysis. T-test was conducted to compare and analyze the health attitudes dynamic. A simple regression analysis was separately conducted between all independent and dependent variables. A multivariate regression analysis was carried out for the same measures and were added stepwise according to the proposed theoretical model (See Figure 2). Short-term sick leave was gathered by the quantity of short-term instances reported by participants and by deselecting the cases of sick leave exceeding 7 days. The total number of observations of short-term sick leave was 270.

Research Hypothesis

With consideration of the theories presented and previous research, the current research hypothesized the following concerning short-term sick leave instances and retail employees:

H1: Compared to before the COVID-19 pandemic, there has been a change in how employees worry about their own health and of infecting others (i.e. in health attitudes).

H2: A greater commitment to work leads to less sick leave.

H3: A greater social support at work leads to less sick leave.

H4: Lower work tempo leads to less sick leave.

H5: Lower workload leads to less sick leave.

H6: Those in higher positions (managers) take less sick leave than those in lower positions (floor workers).

H0a: Retail employees have not changed their health attitudes compared to before the COVID-19 pandemic.

H0b: Position, work tempo, workload, job commitment and social support do not predict sick leave variance.

Variables

D1 - Amount of short-term sick leave

I1 - Job commitment

I2 - Social support

I3 - Work tempo

I4 - Workload

I5 - Position

Mediators - Gender, Age

5.5 Ethical Considerations

The research process involved continuous consideration of the four principles for good research practice, according to the European Code of Conduct for research integrity (Mayer & Steneck, 2017). These include: reliability, honesty, respect and accountability.

To follow the code of conduct, steps were taken to fulfill these measures. In preparation of the interviews, the participants were reminded of the content of questions and asked for recording permission prior to each interview occasion. Informed consent was also given before initiating the interview. Further, each respondent was also reminded of their

anonymity and confidentiality, and their ability to withdraw at any moment. When finalizing the interviews, the respondents were reminded of the aforementioned aspects, and given contact details to the researchers for further questions or opportunity to withdraw. To ensure anonymity and confidentiality at the stage of transcription and analysis, identifiable or sensitive information were given pseudonyms. All interview recordings were deleted once the transcription was completed. Prior to starting the online survey, participants were informed of the purpose of the study in order to give informed consent to participating. Participants were also reminded of their confidentiality and their right to withdraw at any moment during the survey process.

5.6 Validity and Reliability

All of the variables are based on theoretical models by Karasek & Theorell (1990), Montano (2020) and Becker (1974). Using purposefully collected data of one company compared to large datasets allows this thesis to take into account organizational and country-wise specifics, which Montano (2020) notes as an important consideration. Moreover, using the comparable data on the position level captured during interviews and further measured in the quantitative analysis (Montano, 2020).

The sample used in the interviews and the survey included a high majority of female respondents, which despite being overrepresented by women, is representative of what the general retail sector looks like (SCB, 2021). Additionally, the interviews were highly influenced by the managerial perspective, with merely three participants without any managerial tasks. On the other hand, some of the managers share similar work tasks as floor workers, and the survey sample had a majority of respondents who were floor workers, thereby arguably counteracting the unbalanced sample. Furthermore, two out of nine interview participants were chosen by managers of the specific stores, which may have caused a selection bias and consequently affected the validity of the results.

The use of pre-existing questions, gathered from the COPSOQ tool (Berthelsen, 2020) offered a betterment of the content validity as multiple questions were used to test one variable and removed the need to test the questions prior. Concerning sick leave, the accuracy in which respondents report their instances during the past year can arguably be fragile. Due to this concern, the sick leave reports from each store was requested, however was only provided from one store and therefore was excluded from the comparison of the survey results. Despite this, researchers (Amiri & Behnezhad, 2020) argue that self-reported sick leave can have a higher validity than that of recorded data as self-reported sick leave is less

dependent on occupational conditions or other factors, such as sick leave defined by a doctor's note or an employer's assessment. Additionally, research conducted in Sweden (Voss et al., 2008) comparing registered and self-reported data concerning sick leave found good agreement between the two. Additionally, negative statements in Likert scale are not recommended for researchers (Johnsson et al., 2004), however, negative statements were used in two questions. Despite this, the formulation could have influenced the analysis results.

The research tested the individuals who *only* took short-term sick leave during the past 12 months and the individuals who were on long-term sick leave (> 7 days) who also had a few short-term spells were discarded from the analysis. Although a vast majority of employees only took short-term sick leave, the decision to exclude the employees who took short-term sick leave *and* perhaps had some instance of long-term sick leave could have impacted the validity of the results. Additionally, to determine the COVID-19-related health attitudes change, participants were asked to reflect on their worries of their own health and of infecting others during three different time periods, which relies on the participants ability to recall and retrieve accurate answers. It may be difficult to recall and compare experiences before and after the pandemic, especially since it was years since the start, which may have therefore additionally impacted the validity of our research.

The constructed scales are tested for reliability by Cronbach's alpha test (See 5.8 Factor Analysis & Scale Construction). The multicollinearity test was used after conducting multiple regression to make sure that the results are valid and not influenced by high correlation of the independent variables.

5.7 Factor Analysis & Scale Construction

A principal component analysis (PCA) was conducted in SPSS (IBM Corp., 2020) for variables: *Social support, Commitment, Work tempo,* and *Workload.* These variables were used in regression and correlation analysis. The construction of variables will be presented below.

Social support. To measure social support, question 17, 18, 19 and 20 were used to conduct a PCA (See Appendix B). From the analysis one component had an eigenvalue higher than 1. Results from the rotated component matrix indicated that the four questions included as part of component 1, can be named "Social Support". The component was tested for reliability and provided a Cronbach Alpha value of 0.828, which indicated high reliability (Field, 2017).

Commitment. To measure commitment, questions 21, 22, and 23 were used to conduct a PCA factor analysis (See Appendix B). From the analysis one component had an eigenvalue higher than 1. The component was tested for reliability and provided a Cronbach Alpha value of 0.527, which indicated a relatively low reliability (Field, 2017). When excluding question 23 from the test, which showed a lower shared variance than question 21 and 22, the component was higher than 1 and provided a Cronbach Alpha value of 0.603. A Cronbach Alpha value just below 0.7, however low, is not unacceptable (Field, 2017).

Work tempo. Work tempo was tested using questions 24 & 25 (See Appendix B) in a PCA. The results showed that one component had an eigenvalue of higher than 1. The component "Work tempo" had a Cronbach Alpha value of 0.785, indicating high reliability (Field, 2017).

Workload. The quantitative workload was tested using questions 26, 27, 28 and 29 (See Appendix B). The test showed 1 component with an eigenvalue of above 1. The component was tested for reliability, with a Cronbach Alpha value of 0.721, indicating high reliability (Field, 2017).

COVID-19-related health attitudes variable construction. To find out if there had been a change in health attitudes among retail workers, data from questions 14a-c and 15a-c (See Appendix) was analyzed. In order to track the dynamics of changes in health attitudes before, during the start of the COVID-19 pandemic and during the last 12 months, dummy variables, where 0 is "never/rarely worry about my health/health of others" and 1 - "I always/often/sometimes worry about my health/health of others, were created.

6. Results

The results gathered from the research are presented below. The results from the thematic analysis precedes, as the preliminary supplemental part of the research followed by the quantitative results gathered from the survey.

6.1 Qualitative Results

Based on the nine semi-structured interviews a thematic analysis of how employees experience their psychosocial work environment and sick leave within their company are presented.

Participant details

A total of nine employees from four different stores were interviewed. The majority of the participants were female (N = 7). The participants' job roles included floor workers (N = 3), area managers (N = 2), and department managers (N = 4). From the interviews, it became evident that the jobs tasks for each position as well as their responsibilities differed between stores, depending on the size of the store. For example, department managers shared tasks with the floor workers, however the amount of floor work versus administrative tasks differs from store to store. The specific departments, job titles, or demographic descriptives, will not be mentioned in order to protect the participants' anonymity.

Qualitative analysis

The following section will present the empirical findings from the thematic analysis conducted with the preliminary qualitative data. The thematic analysis presented 5 themes. Firstly, the themes will be presented with definitions and labels. Secondly, each theme will be reported and interpreted with samples from different datasets. Each sample was given a code from "E1"-"E9", to indicate which participant stated the quote.

Table 2

Definitions and Labels for Selected Themes

Theme 1. Keeping up and never being done. This theme maps the fast-paced work environment the participants experienced. The participants describe their work as demanding and characterized by the concept of never being done. This reflected in working longer than scheduled, a high working pace, and being given an unachievable amount of tasks.
Theme 2. Freedom & Responsibility. Outlines the way the managers at different levels describe the autonomy they possess to make decisions and being laxly led by their superiors. Both employees and managers report a positive attitude to responsibility, through which responsibility is also described as a motivator and a sign of trust from their superior.
Theme 3. Sick leave is a time-consuming puzzle. This theme encapsulates what was especially emphasized by managers in regards to how sick leave, or specifically taking sick leave, impacts their work and wellbeing. The participants reported the process of taking care, dealing with, and "solving" sick leave as a timely and demanding task. It involved

pulling many strings and continuous dialogue with employees. The unplanned or unscheduled nature of sick leave also entailed a feeling of vulnerability and source of stress.
Theme 4. Sick leave and working while sick. According to the participants, whether they take or do not take sick leave can be described in terms of their own attitudes towards how they relate to their health and work. The respondents described how they work if "not dead" or "dying" as well as staying at work when sick due to "stubbornness" or "high work morale." Additionally, COVID-19 was mentioned as an event, which has impacted how employees related to minor symptoms or having colds.
Theme 5. Close-knitted group with lack of formal care. The participants generally describe collaborative/cohesive/positive relationships with both their work colleagues and managers, working closely physically and emotionally, where the managers' doors are always open. Moreover, the mention of a "family" at the workplace could describe the community and loyalty to colleagues. In contrast to the close-knitted and helpful environment is the lack of formal care. Achieving a managerial position is usually from many years working within the chain of stores, with education from the internal company "school" whereby some personnel formalities or responsibilities are lacking.

Report of Theme 1: Keeping up & Never Being Done

The participants emphasize a high paced, labor intensive and demanding job. Work within retail was characterized by the constant idea of "never being done". This concept was echoed by employees and managers, and is also an accepted attitude of what it is like to work within retail. As an employee states, "...if you speak with the store manager, then he describes it like, in this store you are never done and it is this feeling that you will be done at some point that you might want to feel." (E1) Moreover, managers enforce this idea and highlight the high work tempo they expect from themselves, "Yes, I don't manage to finish everything all the time, no I don't, but I think that you should create more work tasks than what you have time for." (E2) and "Say that I have maybe 60 hours of work tasks per week, but I work 40 hours. The idea is not that I should have time to complete all the tasks every week.". (E3) Participants highlight that the high work quantity is caused by "unable to say no", "it is my own doing" or "I have taken on more than I can handle", putting themselves as the cause rather than the high work quantity or pace. A employee describes the process:

> It is often that they say “can you stay for hours extra today? Can you stay an extra hour?” Like that. And my [day off] that I am supposed to have, I rarely get to have that day off. They usually call in the morning like “Hi, this person is sick today, could you jump in?” or they ask the day before “We really need you here on [day off]”. If I really would like to have the day off I could say no, but I’m really the way that I say “yes, I can.” (E4)

Report of Theme 2: Freedom & Responsibility

The managers expressed great discretion in their jobs, which was seen as a positive aspect of their role. The responsibility was an important part of their development and an indicator that their manager had trust in their work ability. Participants expressed, “It suits me well and I am happy with it (the job). I have a lot of power in making decisions and to influence.” (E5) and “I get to decide and it is like running a little company within a company sort of.” (E6) It also became evident that the managerial positions covered a range of tasks in different areas and that this meant that managers needed to know a little about everything. Their work included moving between different roles involving administrative tasks and floor work, displaying an all-encompassing role, whereby the responsibility was clear but where the tasks could vary in quantity and clarity. A manger describes the freedom to operate as:

> From a weekly meeting I can receive a goal I need to achieve. Yes, like here is what you need to reach and then we get to go whichever way I want to get there, my colleagues and I might take three different roads there, but that is his (his/her boss) way to be and to coach us. Partly to make us feel like we can do as we please but also to develop. So it is a lot of freedom and not being strictly led. (E3)

Report of Theme 3: Sick leave as a time-consuming puzzle

Managing sick leave was described as a time-consuming “puzzle” and a source of stress by the managers and employees. In order to deal with sick leave within their stores, managers have constant communication with their teams/employees, before, during and after a sick leave. To predict the staffing and account for potential sick leave, communicate with employees to see whether or when they are able to come back and how they feel, and if employees have been away for longer periods or many instances conversations are usually formally or informally held. Sick leave is described as a major task within their job, one which takes away time from the other tasks.

> Or that we are short with people, so if one is gone we have big consequences. With stress level and ability to fill people and everything you know… So it is a, it is a pretty big thing in work and takes a lot of time too. Yes, there is always a level of stress when someone gets sick, then the pulse rises. If they say that then it is me that has to start looking you know. (E3)

The organization of work and the roles of both managers and employees are impacted by sick leave in the way of changing their usual work. Moreover, both managers and employees describe taking on greater responsibilities when someone is sick, "jumping" into different departments, and working longer hours.

> …But I am the person they move around if someone is sick or something. Then I am often the person who gets moved… I am really everywhere… It is usually me that they move in the first case… I sometimes think it is nice to get moved away from what I usually do, time goes by quicker when you do different things, but at the same time you feel like you get thrown around like a glove. Like, on my schedule it might as well, instead of saying "[department]", it could say "where he/she is needed. (E4)

Report of Theme 4: Sick leave and working while sick

Working while sick or unwell was common among the participants, who many reported being absent only when absolutely necessary. The reasons for working while feeling unwell or sick varied. One manager stated they had "control issues", another manager indicated the work would "pile-up" if they were gone and another related it to a "high work morale". To exemplify a manager stated, "I don't feel good being away from work when I am sick. Like I belong to those who usually like to take a pill and then go to work anyways… if I am not dying I am here sort of." (E7). Participants also mentioned COVID-19 as an event that has impacted sick leave, whereby younger employees were mentioned as more careful when experiencing symptoms, which expressed as less acceptable by some. This is expressed by one employee as, "I have told them, but they do not understand that they do not need to be home when they have the slightest running nose or a headache." (E2) Similarly, two employees express:

> I notice that the younger ones, that they are more often sick than us who are older. I notice a very big difference, because we do not have any restrictions anymore if you compare to what we had before but the younger ones have grown up with this idea

from school with the restrictions that you don't go to school if you feel your throat is a little scratchy, then you stay home. (E6)

Yes, yes, I have definitely done that (worked when sick). But I don't think that it is wrong either. I think that it has become very black and white, that as soon as you feel something minor, then you stay home. (E5)

Report of Theme 5: Close-knitted group with a lack of formal care

A majority of participants described a work environment categorized by team work, open door policies, and positive relationships between colleagues. The relationship between colleagues was an important factor contributing to work satisfaction and motivation to attend work. Two employees describe this as, "...And it works well because you can ask and ask for help and you always get help, even if you don't get it on that particular day you can get it on the next day." (E1) and "It is a really good atmosphere and you can talk to most people and yeah… But it is like that overall, in the whole store. No, there is not anyone who… You can go and talk the whole way up to the store manager without any problems." (E8)

The majority of participants described a non-hierarchical workplace, whereby managers on every level were readily available to talk or listen or that the "door is always open". The availability of an employee who was a non-manager with education in personnel issues, such as a HR, seemed to be less available.

... I would turn to my girlfriend in the first place, but then there is also an adult who works in [department]. I talk to him a lot too…But with my boss, I haven't really spoken to him about it. We don't have anyone responsible for personnel. So we don't have anyone else to talk to. It is either our manager or our colleagues... (E4)

The person responsible for personnel issues was often the manager, who had worked their way up from the floor and through the Company X school. The care and support given is clearly presented, through the collaborative and open nature of the workplace, however formal ways of communicating or the availability of a more neutral person knowledgeable of human resources is less apparent. The coming-up of managers and the limits of knowledge is expressed by two employees:

... And most of the people who have a managerial role today have. There are not a lot of people who have been in another sector and comes in, no, most people have started by picking groceries on the floor. (E2)

> The level of knowledge has been very bad, on work environment and workers rights but it is also… but unfortunately it is like that at this company overall, the whole way up. but it is a whole different thing that they are lacking in knowledge. (E1)

6.2 Quantitative Results

In this section the quantitative results gathered from the survey are presented. Univariate and multivariate statistical procedures were used to analyze the survey data.

6.2.1 Univariate Statistics

Sick leave descriptives

First the current state of sick leave within the company (See Table 3) is presented. On average, the self-reported number of instances of sick leave taken was 2.7 times during the past 12 months. 59.3% of the respondents took 2 or less instances of sick leave for this period and 18.9% did not take any sick days. 16.1% of respondents had a long-term sick spell (> 7 days). Conclusively, the majority of participants (83.9%) in Company X only took short-term sick leave spells during this period. The majority of employees (N = 88, 49.44%) who were on short-term sick leave, reported they were on sick leave for 1-4 days in total. Among the most common reasons for taking sick leave were cold (33.9%), fever (23.6%), and physical pain (14.9%). 46.6% of the respondents had worked while sick.

Psychosocial work environment

To examine the psychosocial work environment within the retail store, a univariate analysis was conducted on the variables: social support, commitment, work tempo and workload. The variables were measured with Likert 5-point scale from (1) Strongly disagree to (5) Strongly agree. Table 4 displays the mode, median, mean and standard deviations of each variable.

Social Support. The results show that the respondents in general feel they have good social support at the workplace, both from colleagues and managers. Table 4 shows that on average the participants responded “agree” to the questions concerning social support. In all four questions the most common answer appeared to be “agree”. Standard deviation shows homogeneity of the answers.

Job commitment. On average the respondents reported “agree” to the statements “I am proud of the type of work that I do.” and “I am willing to put in a great effort beyond

normally expected to help the organization to be successful.". However, most of the employees answered Neither agree nor disagree with the statement "If given the chance, I would not change my work for something else." with higher heterogeneity. The results indicate that employees are generally committed to their work. Despite this, commitment might not mean the employees have a strong loyalty to their organization, as they provide an ambivalent answer to whether they would change their job. The ambivalent answer also hints employees are not necessarily searching for other jobs which might be interpreted as having positive attitudes to their workplace.

Table 3

Descriptive statistics of sick leave tendencies in the company during the past 12 months

	Frequency	Percent
Long-term sick for the past 12 months		
Has not taken	270	83.9%
Has taken	52	16.1%
Reason for taking sick leave		
Cold	109	33.9%
Fever	76	23.6%
COVID-19 - tested positive	21	6.5%
Physical pain	48	14.9%
Mental health reasons	12	3.7%
Unrelated to my health	4	1.2%
COVID-19 symptoms	15	4.7%
Presenteeism		
Has not worked while sick	172	53.4%
Has worked while sick	150	46.6%
Did not call in sick	37	11.5%

Note. N=322. The number of sick leave instances taken (M = 2.69, SD = 2.869). The median was 2. The minimum number of instances was 0 and the maximum was 21.

Work tempo. Employees generally express having quite a high work place. Expressing their attitudes to the work pace, most of the employees answered “disagree” to both questions concerning having to rarely work quickly and rarely following a fast pace throughout the day. Standard deviation shows homogeneity of the answers.

Workload. On average the respondents neither agree nor disagree with the statements about workload. However, the most common answer for questions “It is rare that I don't have time to complete my work tasks.”, “I do not fall behind on work.” and “I can rely on someone else when my workload is too much.” was “agree”. Moreover, even though employees report having to keep a quite high work pace, they generally manage to carry out their work tasks. This suggests that their work demands are attainable. Standard deviation shows homogeneity of the answers.

Table 4

Mode, Median, Mean and Standard deviation of measured psychosocial work environment.

	Mode	Median	Mean	Standard Deviation
Social Support				
My cooperation with colleagues at your workplace is good.	4	4.00	4.,24	.594
My cooperation with my manager is good.	4	4.00	4.1	.809
If I need it, I get help and support from my colleagues.	4	4.00	4.11	.720
If I need it, I get help and support from my manager.	4	4.00	4.01	.846
Job commitment				
I am proud of the type of work that I do.	4	4.00	4.05	.724
I am willing to put in a great effort beyond normally expected to help the organization to be successful.	4	4.00	3.95	.861
If given the chance, I would not change my work for something else.	3	3.00	3.03	1.154
Work tempo				
I rarely have to work very quickly.	2	2.00	2.24	.941
I rarely have to work at a fast pace throughout the day.	2	2.00	2.57	1.106

Workload				
My workload is evenly distributed so that work does not pile up.	3	3.00	2.93	.998
It is rare that I don't have time to complete my work tasks.	4	3.00	3.02	1.073
I do not fall behind on work.	4	3.00	3.28	1.036
I can rely on someone else when my workload is too much.	4	4.00	3.35	1.000

Note. 5-point Likert Scale (1 - Strongly disagree, 2 - Disagree, 3 - Neither agree nor disagree, 4 - Agree, 5 - Strongly agree). N = 322.

COVID-19-related health attitudes

To test the H1, statistical tests on the COVID-19 related change of health attitudes of retail employees was conducted. A chi-square testing was also carried out to see if the change in health attitudes among retail workers between three time periods (before COVID-19, the beginning of COVID-19 and the past 12 months) was significant. Two situations were considered: people being worried about their own health and about infecting others. The chi-square testing showed that the differences between the attitudes during the three time periods is significant on 99% confidence intervals. The testing assumes that there has been a change in health attitudes before, during the start of and after the pandemic.

To formulate the change in attitudes, the shares of groups of people who did or did not worry about health within the three time periods was calculated (See Table 5). It began by counting the proportion of people who worry about their health. A 30% change in the level of worries about their health before and during the start of the pandemic was found. The peak of worries about their health happened during the beginning of COVID-19 (N = 169). Over the past 12 months, this level has decreased, however, remained higher than before the pandemic. The chi-square confirmed the significance ($p < 0.001$) when comparing each pair of three variables. Thereby one can suggest that during the periods before, during the start of the pandemic and during the last 12 months, there has been a change in attitudes among retail workers towards their health.

Table 5

Attitudes of retail employees towards their own health

	Worried before COVID-19	Worried since the start of COVID-19	Worried for the past 12 months
N	66	169	115
%	20.5%	52.5%	35.7%
Total	322		

Note. N = 322.

The health attitudes of employees in relation to their worry of infecting others was also analyzed before, during the coronavirus pandemic, and over the past 12 months (Table 6). Based on the calculations, there was a jump of 41.9% in relation to employees' worry of infecting others after the start of the spread of the coronavirus compared to before. Similarly, the levels of worry declined over the past 12 months, but were still above pre-COVID levels. The chi-square confirmed the significance ($p < .001$) in comparing each pair of three variables. Therefore, based on the measures used, there was a change in attitudes in how retail workers worry of infecting others between the periods before, during the start pandemic and during the last 12 months. The results of the statistical analysis allowed us to accept H1 and reject H0a.

Table 6

Attitudes of retail employees towards infecting others

	Worried before COVID-19	Worried since the start of COVID-19	Worried for the past 12 months
N	85	220	136
%	26,4%	68,3%	42,2%
Total	322		

Note. N = 322.

A T-test was conducted, which showed differences in the attitude of men and women to their health and the risk of infecting others in three time periods (See Table 7). The T-test showed significant differences between men's and women's worry of infecting others. According to the test results, more women were worried about infecting others than men during the last 12 months (the difference in proportions is 11 percentage points, $p < 0.05$).

There was no significant difference found between men and women and their health attitudes, before or during COVID-19.

Using the T-test, the difference in health attitudes between workers of different ages was tested (See Table 8). The t-test showed significant age-related differences among workers worry of infection others in pre-pandemic (difference in mean age was 5.02 years, $p < 0.01$), since the start of the pandemic (difference in mean ages was 6.02 years, $p < 0.001$) and within the last 12 months (difference in mean ages was 4.41 years, $p < 0.001$). According to the T-test, on average, younger workers were more concerned about infecting others than older workers during the three time periods. Younger employees were also more worried for their own health during the three time periods, however the t-test did not indicate a significant result ($p > 0.1$).

Table 7

Comparison of health attitudes of men and women.

	Gender	Mean, %	t	p-value
Worried about their health before COVID-19	women	22%	1.1431	.822
	men	15%		.827
Worried about their health since the start of COVID-19	women	56%	1.981	.182
	men	44%		.182
Worried about their health for the past 12 months	women	36%	0.003	.444
	men	36%		.444
Worried about infecting others before COVID-19	women	29%	1.729	.479
	men	20%		.480
Worried about infecting others since the start of COVID-19	women	72%	2.330	.296
	men	59%		.293
Worried about infecting others for the past 12 months	women	45%	1.660	.036
	men	34%		.041

Note. N = 322.

Table 8

Comparison of health attitudes of employees by age

	Attitude	Mean (years)	t	p-value
Own health before COVID-19	did not worry	35.16	1.0787	0.28
	worried	33.04		
Own health since the start of COVID-19	did not worry	36.01	1.5416	0.12
	worried	33.56		
Own health for the past 12 months	did not worry	35.19	0.78	0.43
	worried	33.89		
Infecting others before COVID-19	did not worry	36.05	2.82	0.005
	worried	31.03		
Infecting others since the start of COVID-19	did not worry	38.85	3.61	<.001
	worried	32.81		
Infecting others for the past 12 months	did not worry	36.59	1.660	<.001
	worried	32.18		

Note. N = 322.

Thus, a change in COVID-19-related attitudes towards health (concern about one's own health and about infecting other people) among retail workers was observed. Thereby accepting H1 and refuting H0a. Since the data about the variance of short-term sick leave before COVID-19 pandemic and during the start of the outbreak was not obtained, whether the change in health attitudes can explain the variance of sick leave could not be tested. The results indicate a change in self-reported health attitudes but due to lack of secondary data about the amounts of sick leave from Company X one cannot associate sick leave with the change of attitudes during three periods of time.

6.2.2 Bivariate Analysis

Before conducting the regression analysis, bivariate correlations between variance of short-term sick leave and determinants that are going to be used in the model i.e. psychosocial environment, position and demographic characteristics were tested, displayed in Table 9.

The analysis shows that there is a significant association between the number of short-term sick leave instances and commitment ($p < 0.001$); social support ($p < 0.01$); work tempo ($p < 0.1$); workload ($p < .05$); gender ($p < 0.1$); age ($p < 0.001$); position ($p < 0.001$). Employees who report lower commitment, social support, tempo and workload, report higher sick leave instances. Additionally, men compared to women, younger employees compared to older, and those working on the floor compared to managerial positions, report higher levels of short-term sick leave instances.

Table 9

The correlation between the determinants and short-term sick leave variance.

	Sick leave amount (instances)
Commitment	-.215***
Social support	-.170**
Tempo	-.113+
Workload	-.016*
Gender	-.115+
Age	-.258***
Position	.201***

Note. Levels of significance: ***p<0.001; **p<0.01; *p<0.05; +p<0.1. "Sick leave amount (instances)" refers to the past 12 months. Reference points: Position (manager = 0, floor worker = 1); Gender (women = 1; men = 2).

N = 270.

6.2.3 Regression Analysis

In this section, results from the simple pairing regression and multivariate regression analyses are presented. Firstly, to test the hypotheses H2-H6 a simple linear regression

analysis was conducted to see which determinants predict variance of short-term sick leave among retail employees. Secondly, to test whether and how position, psychosocial environment factors (work tempo, workload, social support, and commitment) affect the amount of short-term sick leave together, and whether and howdemographic characteristics (gender, age) may be mediators of these relationships, a multiple regression was used to further analyze the data.

Simple regression analysis

Table 10 shows that age explained the greatest variance (6.7%) in short-term sick leave ($p < 0.001$). The coefficient shows that a decrease in age can explain 0.49 unit decrease in sick leave amount. Position, which relates to job control, showed a significant association and explains 4% of sick leave variance ($p < 0.001$). With a change in work position, from managers (position level 0) to floor workers (position level 1), the dependent variable (sick leave amount) is expected to increase by 1.154 units. Suggesting floor workers take more short-term sickness absences than managers. Looking at the coefficients, a negative result is received, showing that a decrease in commitment, social support and work tempo is related to an increase in sick days. Additionally, workload is not significantly associated with the dependent variable. The coefficient of -0.673 ($p < 0.10$) indicates that being male (compared to female) is associated with a decrease in the dependent variable by 0.673 units, holding other variables constant.

Thus, H2, H3 and H6 are confirmed. H4 “Lower work tempo leads to less short-term sick leave among retail employees.” is rejected since there is a reverse effect of work tempo found. H5 “Lower workload leads to less short-term sick leave among retail employees.” is also rejected since there was no significant association between workload and short-term sick leave amount.

Table 10

The simple regression analysis results between the determinants and sick leave variance.

	B Coefficient	St. error	R square
Commitment	-.505***	.140	.046
Social support	-.231**	.082	.029
Work tempo	-.179+	.096	.013
Workload	-.027	.107	.000
Position	1.154***	.456	.040
Gender	-.673+	.335	.012
Age	-.049***	.011	.067

Note. Levels of significance: ***p<0.001; **p<0.01; *p<0.05; +p<0.1
Reference points: Position (manager = 0, floor worker = 1); Gender (women = 1; men = 2).
N = 270.

Multiple Regression Analysis

The multivariate analysis is presented below (Table 11) whereby the relationships between position, work tempo, social support, commitment, gender and age, and short-term sick leave were tested. The psychosocial work environment factors, as presented in Table 11 (Model 3) can explain 8.3% of the variance in short-term sick leave.

In Model 1 the results suggest position and work tempo significantly explain 5.1% variance in short-term sick leave together. Higher positioned employees take less sick leave than lower positioned employees, whereby a 1.6 unit difference is found. Additionally, work tempo has a smaller but significant explanatory power, indicating employees who report a lower work tempo take more sick leave. Position has the strongest explanation power of short-term sick leave, which remains strongest when all other variables are accounted for. However, when age is controlled for, the explanation of position becomes insignificant.

In Model 2, lower social support is associated with an increase in short-term sick leave by 0.14. The explanation power of social support is thus significant ($p < 0.1$), but not

high. Social support mitigates the effect of tempo and position, as the effect of position and tempo weaken, and work tempo becomes insignificant.

Controlling for commitment in Model 4, shows how 8.3% of the variance in sick leave can be explained by the model, which indicates an increase of 2.4% when commitment is added. The effect of position remains significant and its effect the strongest, however, the effect weakens when controlling for commitment. Higher commitment could explain an decrease in sick leave by 0.45 units. Commitment remains significant when controlling for gender and age ($p < 0.01$), however the explanatory power is lower than in the bivariate model (See table 11), indicating that the other variables explain some of the relationship.

Gender does not show a significant relationship with short-term sick leave instances ($p > 0.1$) when added in the Model 4 and 5. Controlling for age in Model 5 showed significant results: with an increase in age, the amount of short-term sick leave decreases by 0.04. Additionally, Model 5 shows quite a high decrease in explanation power and significance of position.

In the final model, only age and commitment explain the amount of short-term sick leave. The final model explains 13% of short-term sick leave. Moreover, when age is controlled for, the effect of position is weakened and becomes insignificant, whereas commitment remains with a similar significant explanatory power.

To check multicollinearity between the independents, the collinearity diagnostics was conducted on the final Model. All the variables have a Tolerance below 0.2 and VIF above 5.0. It can be concluded that independent variables do not have strong relationships and it did not affect the reliability of multivariate regression results (Field, 2017).

Table 11

Multiple regression analysis of factors of the short-term sick leave variance.

	Model 1	Model 2	Model 3	Model 4	Model 5
	R^2=.051 B coeff (St.er)	R^2=.059 B coeff (St.er)	R^2=.083 B coeff (St.er)	R^2=.087 B coeff (St.er)	R^2=.127 B coeff (St.er)
Position	1.602*** (.460)	1.141** (.472)	.1.127* (.478)	1.063* (.480)	.725 (.479)
Work tempo	-.186* (.093)	-.142 (.096)	-.128 (.095)	-.120 (.095)	-.125 (.093)
Social Support		-.141+ (.083)	-.038 (.090)	-.039 (.090)	-.091 (.088)
Commitment			-.445** (.156)	-.434** (.156)	-.402** (.153)
Gender				-.415 (.342)	-.442 (.322)
Age					-.041*** (.011)

Note. Levels of significance: ***p<0.001; **p<0.01; *p<0.05; +p<0.1.

Reference points: Position (manager = 0, floor worker = 1); Gender (women = 1; men = 2).

N = 270.

7. Discussion

The aim of this study was to explore the determinants of taking sick leave among employees in a Swedish retail company using a quantitatively driven mixed method approach. To explore the aim, the following research questions were answered.

Q1: *How do the employees experience taking sick leave?*

The interviews showed that retail employees, especially managers, see sick leave as a time consuming, stress-inducing and demanding aspect of work. Employees rely on and have to engage with many communication efforts as a way of dealing with sick leave. Attitudes towards health and work were mentioned as a reason for taking or not taking sick leave. A common trend of being ready to show up to work while being sick was detected.

Q2: *How do the employees perceive the prevalence of sick leave at company?*

Some interviewees mentioned sick leave instances were taken more commonly by younger employees. COVID-19 was mentioned as an event, which has impacted how

employees related to minor symptoms or having a cold. Moreover, indicating that despite the COVID-19 restrictions being lifted, some employees were more careful attending when having minor cold symptoms.

Q3: *How do employees experience their psychosocial work environment? Specifically, their work tempo, workload, commitment, and social support (from colleagues & managers).*

High workload, work tempo and social support were mentioned as main trends in the workplace. Managers reported high levels of autonomy and job control. Additionally, the participants expressed high commitment to work, whereby some hints of over-commitment were indicated.

Q4: *How do position, work tempo and workload, commitment, social support (psychosocial environment) affect short-term sick leave variance of retail workers?*

The quantitative analysis identified a significant association between short-term sick leave instances and position, work tempo, commitment and social support. When added to the final model, commitment was found to be the only significant predictor. Job position, representing job control with regards to the JCDS model (Karasek & Theorell, 1990), explained the most variance in short-term sick leave.

Q5: *How do demographic factors (age and gender) mediate this relationship?*

The results indicate that younger employees and women take more short-term sick leave. Moreover, age is one of the two (with commitment) significant predictors in the final model.

Q6: *How has retail workers' health attitudes been impacted by COVID-19 as a crisis event (before the pandemic, in the beginning of the pandemic and the past 12 months)?*

COVID-19 can be perceived as an event that changed how retail workers worry about their own health and about infecting others. Statistical tests on self-reported health attitudes showed significant change in their attitudes since before COVID-19 pandemic.

In the sections below main findings of this thesis are discussed, integrating the qualitative and quantitative findings and placing it in relation to the Job Demand-Control-Support Model (Karasek & Theorell, 1990), the Psychosocial theory (Montano, 2020), Health Beliefs Model (Becker, 1974) and earlier research. In Figure 2, the proposed theoretical framework based on the aforementioned theories, was presented, which is now integrated with the findings.

7.1 Social Support & Commitment and Short-term Sick Leave

The findings revealed that employees who experience better social support at work also report fewer short-term sick days, however when accounting for commitment, social support did not show a significant association. In accordance with the JDCS model (Karasek & Theorell, 1990) social support can be a buffer to sickness absence. As the theory states, those who experience higher support at work will consequently experience less of the strenuous effects and thereby take fewer sick leave spells. Similarly, the qualitative findings indicated social relationships to be generally good and act as a reason to attend work. This is in accordance with previous research by Holmgren et al. (2010), that also suggested the relations employees have with each other and managers are important determinants of sickness absence. Additionally, previous research has demonstrated how negative relationships at work and bullying can lead to more sick leave absence (Nielsen et al., 2006).

Despite this, commitment seemed to have a greater association with short-term sick leave and mitigated the social support explanation power. In accordance with previous research (Sagie, 1998; Dellve et al., 2007; Hausknecht et al., 2008), employees who reported higher commitment levels took fewer short-term sick leave days. These findings support an aspect of Montano (2020) psychosocial theory, suggesting commitment to be an important behavioral consequence which impacts sick leave. The current research includes commitment and social relations, which Montano's (2020) study had previously neglected to test and suggest they can be applied to an otherwise largely ignored sector in determining short-term sick leave. Additionally, this study adds to the JDCS model showing that social support decreases the effect of job strain, however, commitment is an even stronger factor.

Moreover, Montano (2020) also discusses how a worker may assess their health in relation to their commitments and from there make a decision of whether to report to work. Commitment may be a factor indicating fewer short-term sick leave instances, but it may similarly be an indicator of presenteeism (Caverly et al., 2007; Hansen & Andersen, 2008). The association between whether employees take or do not take sick leave and commitment can be a reflection of presenteeism. The quantitative results indicated a high number of retail employees did not take (18.9%) or took very little (59.3% had two or less instances) sick leave during the past 12 months. The qualitative findings also suggest that highly committed employees might attend work regardless of sickness (See theme 4). When considering 46.6% of employees reported they had worked while sick during the past 12 months, the low sickness absence might indicate high presenteeism rather than low absenteeism, which can be explained through high levels of commitment. Contrary to the psychosocial theory (Montano,

2020) and JDC model (Karasek & Theorell, 1990), the other factors did not show a significant association to short-term sick leave, which will be discussed further.

7.2 Workload, Work Tempo and Short-term Sick Leave

Contrary to the JDCS model (Karasek & Theorell, 1990) and earlier research (Häusser et al., 2010; Johnson & Hall, 1988; Hanson et al., 2008), the results of this study did not show a significant relationship between the number of short sick leaves and workload. Additional research (D'Souza et al., 2005) suggests the workload may predict long-term sick leave rather than short term spells of sick leave. Moreover, a decrease in work tempo, surprisingly, explains an increase in sick leave, however, its effect is mitigated by the explanation power of other psychosocial environment variables. Previous research (Boedeker, 2001) with retail employees reported the inverse effect of psychological work demands on sickness, however a opposite effect with physical demands. Given this, there is no clear and empirically tested association between workload, work tempo and sickness in the retail sector prior to this thesis. Based on qualitative results (See theme 1) and descriptive statistics, it can be assumed that employees were exposed to high work tempo and employees were exposed to work that "never ends". However, the interviews mainly presented a managerial perspective whereas the survey analysis indicated employees did not report excessive workload. It is worth mentioning that most of the respondents (86.6%) were floor workers so the analysis contains skewed data and cannot represent accurate qualitative reports on workload.

7.3 Position is One of the Strongest Factors of Short-term Sick Leave Variance

Comparably with the JDCS model (Karasek & Theorell, 1990), the managers express how they possess the ability to exercise control and autonomy within their work. The interviews also showed that managers, despite having high workload, can adjust and have control work to a greater degree, i.e. they have worked from home when sick, called the workplace when sick to help out, however, still expressed the need to work despite illness because of their high degree of responsibility (See themes 2 & 4). Floor workers in retail, on the other hand, are exposed to more repetitive, simple and physical labor and less administrative tasks and adjustment as characterized by Boxall & Purcell (2022) in their "scripted model of HRM". In accordance with earlier research (Nielsen et al., 2006), suggesting work discretion as a predictor of short-term sickness spells, the current study demonstrated that the ability to control work, as measured by position, was suggested to be a

determinant of the fewer sick leave instances taken by managers. The quantitative findings indicated that floor workers reported higher rates of short-term sick leave instances. These findings demonstrate support for the JDCS model (Karasek & Theorell, 1990). Expanding on research by Roelen et al (2008) who found support for the JDCS model on long-term sick leave, the current study implies similar effects for short-term sick leave: position had the strongest association with it. Position had an effect regardless of gender and social support. However, this effect was not significant when accounting for age in the final model. Based on the information received from the interviews, the company does mostly internal recruitment and an individual usually works in the organization for a long time before promotion. Thereby one can assume managers are usually older than floor workers. Thus, position partially captures the same effect that age captures, but because age is a continuous variable and position is binary, age overshadows position impacts found in previous models.

7.4 Age as Predictor of Short-Term Sick Leave

Age was among the strongest determinants measured in this research, as seen in the final multivariate model, whereby younger employees reported more short-term sick leave than older employees. The finding is also of high relevance to the retail sector as it employs a high number of young employees (Arbetsförmedlingen, 2021). In the current sample 33% of employees were younger than 25 years old. It is contrary to the general assumption which may be that older employees would have poorer health and therefore take more sickness absences, an assumption which might reflect long-term sickness absence. The finding regarding short-term sick leave is in line with previous research, which suggests more instances of short-term sick leave (Blank & Diderichsen, 1995) and shorter durations of sick leave (Frick & Malo, 2008; Bierla et al.. 2012) are more common among younger employees.

The finding may be explained through the JDCS model (Karasek & Theorell, 1990), suggesting employees who are able to exercise more control in their work will reduce the strenuous work conditions that can cause sickness absence. Younger employees would generally be found in the lower job positions, as they are entering the workforce. One can assume that in these positions employees have less control over their work and thereby might experience higher strenuous effects leading to taking more sick days.

Young employees were mentioned having more careful attitudes in regards to experiencing symptoms of COVID-19 and therefore being more hesitant to attend work than older employees in similar situations, based on the qualitative analysis (See theme 4). Additionally, the quantitative results showed young employees were more worried of

infecting others before COVID-19, during the start and during the past 12 months. The relation between COVID-19 attitudes and age on sick leave is not a relationship this research can make statements about, however one can only suggest persons who are more worried to infect others will more easily take sick days.

Employment type can also be an influencing factor to indicate the low number of sickness absence and high presenteeism found in the study. Majority of employees are not employed full-time (only 15%), which is the case for the retail sector in general (Andersson et al., 2011). Part-time employment can be an adjustment to suit the wants and needs of a person (Iseke, 2014) or an involuntary sort of employment. In the case where an employee is working less than wanted, he/she may be less keen to or hesitate more in taking days of absence as it would impair their ability to receive a higher work percentage (Jacobson & Fjeldbraaten, 2020). Conversely, an employee who is in a position of high demands might want to reduce their amount of work, and to do so, take days of absence. Also, so-called "transition" jobs could mean employees are less committed to the organization, which can thereby also affect the sick days taken.

To sum up, the proposed theoretical model used as a framework for this research (See Figure 2) was built based on three recognised theories by Karasek & Theorell (1990), Montano (2020) and Becker's Health Belief Model (1974). The suggested theoretical framework presented included significant work-related determinants, excluding workload, and can be a base for future studies. The analysis shows that psychosocial factors such as social support and commitment have higher impact of the variance fluctuation than work demands, suggesting that short-term sick leave can be an expression of work commitment, ability to adjust work or pressure to attend. Additionally, it was found that job position (control) explains variance of short-term sick leave, whereby managers are less absent from work. Also, age was found to add to the association, where some of the factors capture the same effect. The independent analysis of COVID-19 health attitudes suggests there has been a change in how employees relate to their health.

8. Conclusion and Future Research

In this thesis the social gradient of short-term sick leave was discussed. Earlier research and theories have demonstrated the explanatory power of personal, organizational and societal factors that impact the sick leave amount (Schaufeli et al., 2009; Blank & Diderichsen, 1995). Two of the most common approaches to understand reasons for sick

leave are examining the psychosocial work environment (Montano, 2020) and job strain with added social support (Karasek & Theorell, 1990). Using a mixed method approach, the findings suggest that elements of the psychosocial environment and job strain can predict the amount of short-term sick leave taken by retail employees. Integrating the findings from both methods, the employees express a high commitment to what they describe as a high paced workplace, with good social support from colleagues and managers. Based on the suggested theoretical framework (See Figure 2), the strongest predictors of short-term sick leave were age and commitment. Whereby, less committed and younger employees were more absent from work due to sickness. Moreover, basing on HBM (Becker, 1974) we theorized that the COVID-19 pandemic, considered as a crisis event, has changed retail employees' health attitudes. The contribution to research and practice from the current findings are subsequently considered.

Contributions to the research field

The current research provides insight into the determinants linked to short-term sick leave, in a sector previously neglected in research. This paper proposes an additional view of commonly used theories that explain employee well-being through psychosocial and job strain factors testing how these theories work together. Further, it contributes to how factors within the psychosocial environment relate to one another and potential outcomes. Additionally, this research explores features of retail work in Sweden which is not widely represented in the existing body of research. The psychosocial environment also has not prior been studied within the retail sector in Sweden. Moreover, the research points to a new perspective of sick leave in organizations impacted by the COVID-19 pandemic as a crisis event. The conclusion on the matter of how COVID-19 health attitudes can be associated with short-term sick leave in organizations is lacking, however a suggested framework, which can be further developed, is provided based on the health belief model (Becker, 1974).

Contributions to the practical world

The picture painted of short-term sick leave and its determinant can inform practice. Firstly, the current research suggests that retail organizations could extend their focus and pay more attention to short-term sick leave. Short-term sick leave represents a majority of the sick leave taken by employees, and is a form of absence that a workplace can impact, through the psychosocial environment, more so than long-term sick leave, which may be a cause of depper health issues (Nielsen et al., 2006; Roelen et al., 2008). Secondly, the present analysis

reinforces the psychosocial work environment and job strain as determinants of short-term sick leave and demonstrates the portrait of these features in the retail sector. Thirdly, the findings suggest organizations should take measures in decreasing sick leave by focusing on ways of enhancing organizational commitment and social support. In the interest of the retail sector employing young people to a high degree, who take more short-term sick leave than older people, the managing strategies in this sector could benefit from placing more attention to the determinants linked to short-term sick leave. Importantly, efforts to decrease sickness absence should not be at the expense of taking absences when ill by enhancing presenteeism, which might lead to long-term issues (Aronsson et al., 2000, Gosselin et al., 2013; Halbesleben et al., 2014; Kinman & Grant, 2021), but rather focusing on the absence inducing determinants of sick leave. Aforementioned, commitment may be a major contributor to presenteeism, which should also mean efforts to decrease short-term sick leave should be taken with care.

Future research

Based on the contributions of the current research, future research could focus on objective reports of sickness absence data, provide additional research on psychosocial factors neglected in this research, and finally, test the relationship between the change in the COVID-19-related health attitudes and sick leave. Future research could include annual sick leave data, beginning in 2018, to get a fuller picture of the impact COVID-19 has had on health attitudes in regards to sickness behaviors. Access to registered short-term sick leave data could be used in order to check and receive a more valid result. Additionally, one can look at further aspects from Montano's (2020) psychosocial theory as only a few factors were considered in the current research. Moreover, more clarification is needed on how the psychosocial factors presented in the model interact. Additionally, the physical work environment, including factors such as temperature, noise, heavy work, etc., which according to Boxall & Purcell (2022) are common characteristics for retail jobs, can be tested further.

Limitations

Crucial limitations to the current research include the generalizability of the research and the low response rate. The low response rate in the survey of 26.55% is arguably a considerable limitation. Due to the collaborative nature of the research project, it was expected that the employees from each store would be incentivized and willing to participate, however this became untrue. The response rate is important to consider as it indicates the

value and credibility of the research findings, and whether the sample has statistical power. To exemplify, research conducted by Rogelberg et al. (2001) on non-response bias, found that non-respondents had lower levels of organizational commitment, job satisfaction, and higher intentions to quit their jobs. The employees who chose to participate in the current research may reflect the employees who, for example, are highly committed and have higher attendance. Moreover, the low response rate in the current research could indicate a distortion of the "true" effects (Baruch & Holtom, 2008).

When assessing the generalizability of the current research findings, the national-specific context should be considered. Firstly, sick leave policies, such as whether employees receive sick pay, can impact how or whether employees take sick leave, (Ceryes et al., 2023), which are dependent on national-specific laws differing between countries. For instance, research (Tilchin et al., 2021) conducted in the USA found that an increase in presenteeism during the beginning of the pandemic was mainly due to the lack of sick leave cover. Moreover, the determinants of sick leave in the current study is a reflection of sick leave in a context where sick pay is granted. Secondly, the Swedish context is also important to consider when discussing the COVID-19 as a crisis event and its relation to health attitudes. Moreover, how the COVID-19 pandemic was experienced is national-specific, in this regard Sweden can even arguably be considered an outlier in comparison to the rest of the world. The restrictions at work (amount of customers and employees allowed in the store, etc.), lockdowns (having to close down the shops, provide online or delivery services, etc.), health and safety regulations at the workplace (e.g. masks, distancing, etc.), could arguably impact generalizability to the total retail sector.

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Appendix A

Interview Guide: Employees & Managers

The italicized questions were asked to only managers.

Tell me about your job.

Do you have regular employee meetings?

Do you have regular feedback sessions with your employees? With your boss?

Do you feel you receive support from other managers/your employees/your boss? In what ways?

If you are experiencing difficulties within your job, do you have somewhere to turn for help or for support?

How satisfied are you with your current work hours?

How often do you work overtime?

Do you have enough time to do your job around working hours? Why?

Do you feel you can advance within your current role?

How important are development opportunities for you?

What are the positive and negative aspects of your job?

Have you thought about leaving your job?

Can you identify things that are most important in making your current post attractive?

What makes you go to work?

Do you think your job is meaningful? In what way?

How do you experience the workload?

Do you feel as though your job responsibilities are clearly defined?

Do you think you have clear tasks?

How are your relations within your team? How important is this to you?

How do you experience conflicts at your workplace? *How do you deal with conflicts?*

What do you think about the collaboration between colleagues?

How is your relationship with your manager? What do you think about the leadership at your work?

Tell me about your past experience on sick leave.

What happens when someone is sick? *Tell me about your responsibilities when someone is sick in your team?*

What do you feel are the most common reasons for sick leave?

Did you work while sick at any point this year? Why/why not

What do you think about the amount of sick leave at your store?

Do you have any current strategies/ways to decrease the number of sick leaves?

Has COVID-19 impacted sick leave somehow?

Appendix B

Questionnaire

Demographic section

1. Specify your gender

   1) female; 2) male; 3) non-binary; 4) other; 5) prefer not to specify

2. Specify your age in a round number:

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3. In which shop do you work?

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4. How many children under 18 live in your household?

   1) 0; 2) 1-2; 3) 3-5; 4) 6 and more

5. Monthly personal income

   1) 0-10.000 SEK; 2) 11.000-20.000 SEK; 3) 21.000-30.000 SEK; 4) 31.000 SEK and more

Working with the company section

6. How many years have you worked at the company? (in round numbers)

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7. On average, how many hours a week do you work? (in round numbers)

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8. What is your job role?

   1) Butikschef – Store manager
   2) Forsaljningschef – Sales/Finance manager
   3) Områdeschef – Area manager
   4) Avdelningsansvarig – Department manager

5) Personalansvarig – HR manager
6) Kundansvarig – Customer manager
7) IT/marknadsföring – IT/Marketing
8) Kvalitetsansvarig – Quality manager
9) Säkerhet/controller/utbildning
10) Medarbetare
11) Other

Sick leave section

9. In the past 12 months, how many times have you called in sick?

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10. In the past 12 months, for how many days in total did you take a sick leave?

0) 0; 1) 1-4; 2) 5-7; 3) 8-13; 4) 14-29; 5) 30 and more

11. In the past 12 months, have you taken a sick leave for longer than 7 days?

1) yes; 2) no

12. In the past 12 months, which was the **main reason** for calling in sick? options (they can select only one)

0) Did not call in sick

1) Cold
2) Fever
3) Covid-19 - tested positive
4) Physical pain
5) Mental health reasons
6) Unrelated to my health
7) Covid 19 symptoms

	Never	**Rarely**	**Sometimes**	**Often**	**Always**
13. It happens that you work when sick					

COVID-19-related health attitudes

14. How often do/did you worry about your health?

	Never	**Rarely**	**Sometimes**	**Often**	**Always**
14a. Before Covid-19.					
14b. Since the outbreak of Covid-19.					
14c. During the last 12 months.					

15. How often do/did you worry about infecting others?

	Never	**Rarely**	**Sometimes**	**Often**	**Always**
15a. Before Covid-19.					
15b. Since the outbreak of Covid-19.					
15c. During the last 12 months.					

Psychosocial work environment section

	Strongly disagree	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly agree**
Social support					
17. My cooperation with colleagues at your workplace is good.					

18. My cooperation with my manager is good.					
19. If I need it, I get help and support from my colleagues.					
20. If I need it, I get help and support from my manager.					
Job commitment					
21. I am proud of the type of work that I do.					
22. I am willing to put in a great effort beyond normally expected to help the organization to be successful.					
23. If given the chance, I would not change my work for something else.					
Work tempo and workload					
24. I rarely have to work very quickly.					
25. I rarely have to work at a fast pace throughout the day.					
26. My workload is evenly distributed so that work does not pile up.					

27. It is rare that I don't have time to complete my work tasks.					
28. I do not fall behind on work.					
29. I can rely on someone else when my workload is too much.					