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The prevalence, patterns and determinants of employer-provided sickness absence in high-income countries: A scoping review

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ADMINISTRATIVE INFORMATION**Support** - Laureate Fellowship (FL2501001).**Review Stage at time of this submission** - Preliminary searches.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY202670121**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 29 July 2026 and was last updated on 30 July 2026.**INTRODUCTION**

Review question / Objective Primary Research Question

What is the current state of global evidence regarding the prevalence, patterns, and underlying determinants of employer-provided sickness absence spells?

Secondary Research Questions

Prevalence: What is the reported prevalence or incidence of employer provided sickness absence across different economic sectors, countries, and demographic groups?

Patterns: What trajectories or patterns (e.g., continuous leave vs. recurring/discrete spells) characterise employer-provided sickness absence?

Definitions: How are “long-duration” sickness absence spells operationally defined across different studies (e.g., one or more absences of more than 3 days, 7 days, 14 days etc)?

Determinants: What individual (demographic, lifestyle, clinical), work-related (psychosocial, physical), and systemic (socioeconomic, policy-

driven) factors act as determinants of employer-provided sickness absence?

Methods: How has sickness absence been measured (e.g., self-reported, administrative database, employer-reported etc.)?

Background Sickness absence constitutes a significant public health and economic challenge across high-income countries, carrying substantial downstream consequences for individual workers, their families, employers, and broader social safety nets (1). Historically, the vast majority of occupational health and social security literature has focused heavily on long-term work disability and sickness absence benefits managed and funded via public social welfare or state-mandated social insurance systems (1, 2). However, in most high-income countries, periods of sickness absence funded by public social welfare are almost universally preceded by spells of sickness absence funded by employer-provided ‘sick pay’ or ‘sick leave’ benefits (2).

Employer-provided sickness absence benefits may be defined as a paid or unpaid leave entitlement

provided directly by an employer to an employee due to personal illness or injury. Because these absence spells occur at the earliest stages of an employee's illness, while the employee is still actively engaged with their employer, they represent a vital window for early clinical and organisational intervention, to prevent the potential downstream consequences of long periods of absence. Identifying individuals at risk during this employer-provided phase can dramatically mitigate the likelihood of permanent detachment from the labour market, chronic work disability, worsening health, or eventual transition into long-term state-funded benefit systems (2, 3).

Despite its clear structural importance, employer-provided sickness absence remains a poorly mapped domain within international literature (1, 4). The vast majority of existing research, including prior systematic and scoping reviews, focus on sickness absence spells funded by government mandated social welfare systems. To our knowledge, there has not previously been a review focusing on employer-provided sickness absence spells.

While some countries maintain comprehensive national mandates requiring employer-funded sick pay for specified durations, others leave such provisions entirely to market forces or enterprise-level collective bargaining agreements, creating vast disparities in coverage based on industry, socio-demographic factors, and contract types (1, 5). Consequently, research in this space is highly heterogeneous, utilising diverse data capture mechanisms ranging from self-reported surveys to internal corporate personnel databases and highly variable operational definitions of what constitutes a "long-duration" absence spell (1, 4). Furthermore, while traditional research often evaluates sickness absence as a static, isolated endpoint, modern multidimensional modeling suggests that understanding the recurring trajectories and discrete spells of short-term, employer-provided leave is essential for predicting complex, long-term health and labour market outcomes (2, 6).

Rationale To design equitable work disability policies and effective workplace interventions, a comprehensive, systematic understanding of how employer-provided sickness absence operates across high-income contexts is urgently required. This scoping review seeks to fill this gap by using the Population, Concept, and Context (PCC) framework to systematically map the current state of global evidence. Specifically, this review will map the reported prevalence across diverse demographic and economic sectors (1, 5); chart the patterns and trajectories of sickness absence (2, 6); clarify the heterogeneous operational

definitions used to define long-duration spells (4); and synthesise the multi-level individual, work-related, and systemic determinants driving employer-provided sickness absence (3, 7). By forming a clear descriptive structure of the existing literature and identifying critical data gaps, the findings of this protocol will provide a foundational framework for future empirical research, organisational policy-making, and targeted early intervention strategies.

METHODS

Strategy of data synthesis The search strategy will aim to locate peer-reviewed published studies. A three-step search strategy will be utilized in this review. First an initial limited search of MEDLINE (Ovid) was undertaken to identify articles on the topic. The text words contained in the titles and abstracts of relevant articles, and the index terms used to describe the articles were used to develop a full search strategy (see Appendix #). The search strategy, including all identified keywords and index terms, will be adapted for each included database and/or information source: Medline, Embase, PsycINFO, and Web of Science, EconLit and Business source complete. Additionally, the reference list of included articles will be manually reviewed, along with the first 200 articles in Google Scholar to identify any potential relevant studies.

Eligibility criteria Inclusion Criteria

Study Design: Quantitative studies including registry-based cohort studies, prospective/retrospective cohorts, cross-sectional surveys, controlled trials and case-control studies.

Timeframe: Studies published from 1 January 2000 onwards to accurately reflect contemporary work practices, shifting legislative sick-pay frameworks, and modern employer leave policies.

Outcome Focus: Studies where paid or unpaid employer-provided sickness absence is evaluated as the primary outcome.

Population: Studies reporting findings from adults in which, at the time of the onset of their sickness absence, more than 50% of the sample were earning income from paid work. For clarity, this can include people with formal employment relationships and/or in other forms of paid work such as sole traders and self-employed people.

Study Type: Peer-reviewed studies published in academic research journals.

Language: Studies published in English.

Availability: Studies available in full-text.

Exclusion Criteria

Studies describing sickness absence entitlements / payments via a government social welfare or social insurance system (e.g.,

Scandinavian social protection systems, Australian workers' compensation systems).

Studies where the primary outcome is another form of employer-provided leave entitlement including carer's leave, annual leave, pandemic leave, or anything that is not paid or unpaid sickness absence / sick leave.

Studies where more than 50% of the sample are not earning income from paid work (eg, they are retired, unemployed, permanently unable to work, or entirely outside the labour force).

Qualitative studies, reviews of any type, editorials, opinion pieces, books and book chapters, conference abstracts that are not peer reviewed.

Source of evidence screening and selection

Title and Abstract Screening and Selection Workflow

Following the search, all identified citations will be collated and uploaded into Covidence (Veritas Health Innovation, Melbourne, Australia). Following deduplication, all unique citations will be used for title and abstract screening.

To maximise screening efficiency while ensuring methodological rigour, the study will utilise a human-in-the-loop, machine-learning-assisted priority workflow via Covidence's active learning relevance-sorting feature. Screening will begin with a dual-blind screening calibration period; a baseline record of approximately 5% of the total records will be independently screened by the review team (comprising AA, AC and team members) to ensure consistency in the screening process and a harmonised application of the selection criteria.

Once the review team has recorded this initial calibration of manual screening decisions, Covidence's AI-supported priority engine will automatically activate. The algorithm will dynamically calculate a relevance probability score for all remaining un-screened records based on human rater selections, re-ranking the queue to continuously present the citations with the highest probability of inclusion at the top of the reviewers' dashboard.

To ensure independent validation, screening will be conducted in a dual-blind fashion by two independent reviewers from the five-member reviewer team. In alignment with established methodological standards for active-learning-assisted evidence synthesis (8, 9), a pre-specified consecutive irrelevant stopping rule will be manually enforced. Reviewers will continuously progress through the prioritised queue until a strict threshold of 100 consecutive records has been independently excluded by both raters as "Irrelevant". AA will conduct a manual progress audit across the dual-screening dataset to verify

whether a strict threshold of 100 consecutive records has been independently excluded by both raters. Once this threshold is achieved, manual title and abstract screening will be officially halted.

To safeguard against premature termination, a random safety audit consisting of 50/100 citations will be selected from the remaining un-screened and low-ranked tail and manually screened. If any citation within the audit sample meets inclusion criteria, priority screening will resume; otherwise, the remaining un-screened pool will be safely excluded. All metrics including the total number of records manually screened, the point of halting, and the volume of records excluded via the stopping rule will be explicitly quantified and reported within the final PRISMA-ScR flow diagram.

Data management Data will be extracted from studies included in the scoping review by at least two independent reviewers using a data extraction tool developed in Covidence. Extracted information will include details on participants, concepts, context, study methods, and key findings relevant to the review question(s). A pilot extraction will be conducted on five articles, after which the results will be reviewed and discussed. The data extraction tool will be refined and updated as needed based on this pilot process. Any disagreements between reviewers will be resolved through discussion or, if necessary, with the involvement of an additional reviewer (MM). Where required, authors of included studies may be contacted to obtain missing or additional data. No formal critical appraisal of individual sources of evidence will be undertaken, consistent with scoping review methodology, as the objective is to map the available evidence rather than assess its quality.

Language restriction Restricted to English language only.

Country(ies) involved Australia.

Keywords Sickness absence, Employer-provided benefits, Prevalence and patterns, Determinants, High-income countries.

Contributions of each author

Author 1 - Afsana Afroz - Conception and design, the development of the protocol, drafted the manuscript, contributed to the development of the search strategy and methodology, provided critical input, reviewed, and revised the protocol for important intellectual content, and approved the final version.

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Author 4 - Lorena Romero - Contributed to the development of the search strategy, provided critical input, reviewed, and revised the protocol for important intellectual content, and approved the final version of the protocol.

Author 5 - Alex Collie - Conception and design; contributed to the development of the protocol, search strategy and methodology; provided critical input, reviewed, and revised the protocol for important intellectual content, and approved the final version.

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