

Research report

# Attitudes to health and work amongst the working-age population

by Suchi Collingwood

Department for Work and Pensions

Research Report No 763

# **Attitudes to health and work amongst the working-age population**

Suchi Collingwood

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# Summary

## Background

This study gathered and analysed data on attitudes amongst the working-age population towards the relationship between work and health. The research had two main purposes:

- to fill the evidence gap around attitudes and perceptions to work and health; and
- to provide evidence for the baseline indicator outlined in the Government's response<sup>1</sup> to Dame Carol Black's review of the health of the working age population<sup>2</sup>, on improving 'knowledge and perceptions about the importance of work to health and health to work' among employers, general practitioners and the working-age population<sup>3</sup>.

## Research methodology

The data was gathered by including a module of questions on the Office for National Statistics (ONS) Opinions Omnibus<sup>4</sup>. An overall sample of 2,965<sup>5</sup> working-age adults (16-64 years old) across Great Britain was obtained. The questions were cognitively tested to explore in-depth how respondents understood and interpreted the questions and their ability and willingness to answer them.

The final set of questions covered several areas including:

- Perceptions about the importance of work to health.
- Attitudes towards going to work under various hypothetical health conditions where respondents were asked to imagine they had short-term or long-term health conditions.
- Perceptions of the roles of general practitioners (GPs) and employers in helping to manage long-term conditions and providing support to carry on working.
- Self-reported behaviours.
- Perceptions of the behaviour of others.

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<sup>1</sup> The Government's response *Improving health and work: changing lives* can be found at: <http://www.dwp.gov.uk/docs/hwwb-improving-health-and-work-changing-lives.pdf>

<sup>2</sup> Dame Carol Black's *Review of the health of Britain's working age population – 2008*, can be found at: <http://www.dwp.gov.uk/docs/hwwb-working-for-a-healthier-tomorrow.pdf>

<sup>3</sup> The headlines from this research have already appeared in *The Health, Work and Well-being: Baseline indicators* report which can be found at: <http://www.dwp.gov.uk/docs/hwwb-baseline-indicators.pdf>

<sup>4</sup> Link to ONS – Opinions (Omnibus) Survey, <http://www.ons.gov.uk/about/who-we-are/our-services/omnibus-survey>

<sup>5</sup> Two thousand nine hundred and sixty-five respondents were obtained within the total sample. This consisted of 1,880 respondents who were in employment and 1,085 respondents who were not in employment. The group not in employment was over-sampled so that comparisons could be made with the group of respondents in employment.

### Key findings

There was wide agreement that work is good for both physical and mental health, with over 80 per cent of respondents agreeing. Ninety one per cent of respondents also said that they would go to work with a short-term condition while around 60 per cent said that they would go to work with longer-term physical and mental health conditions. This appears to be consistent with the findings on self-reported behaviours with 79 per cent of respondents who were in employment saying they had gone into work when feeling quite unwell in the previous 12 months.

There were some notable differences by employment status. Respondents who were not in employment were less likely to agree that work was good for mental health whereas respondents who were in employment were more likely to say that they would go into work under all the hypothetical scenarios of being ill.

There was general support for the idea of employers taking steps to help employees with long-term health conditions so that they could carry on working. Over 80 per cent of respondents in employment said that they would be willing to ask their current employer to take steps so that they could carry on working.

Overall, the findings demonstrate that working-age adults appreciate that work is in general good for both physical and mental health. There was also general support for GP and employer involvement in helping employees stay in work across long-term physical and mental health conditions.

### Conclusions

As well as supporting the Government's agenda on Health and Well-being, this research has provided evidence that will be of interest to policy makers responsible for engaging GPs, and for employers and individuals involved in Health and Well-being initiatives.

The findings are broadly positive and show that the health benefits of work are widely recognised among the working-age population but the findings suggest there may be a need to raise awareness among those out of work on the positive impact work can have on mental health.

# 1 Introduction

## 1.1 Background and survey objectives

The research was funded by the Cross-Government Health, Work and Well-being Strategy Unit (HWWB) which is sponsored by five Government partners: the Department for Work and Pensions (DWP), the Department of Health (DH), the Health and Safety Executive (HSE), the Scottish Government and the Welsh Government.

The two objectives for this work were:

- to fill the evidence gap around attitudes and perceptions to work and health; and
- to provide evidence for the baseline indicator outlined in the Government's response<sup>6</sup> to Dame Carol Black's<sup>7</sup> review of the health of the working age population, on improving 'knowledge and perceptions about the importance of work to health and health to work' among employers, health care professionals and the working-age population.

This report sets out some of the key findings from the research.

### 1.1.1 Health Work and Well-being

Dame Carol Black's review of the health of Britain's working-age population recognised the beneficial impact that work can have on an individual's state of health and that work is generally good for both physical and mental health. The review set out a vision based on three principles:

- prevention of illness and promotion of health and well-being;
- early intervention for those who develop a health condition; and
- an improvement in the health of those out of work – so that everyone with the potential to work has the support they need to do so.

Included in the Government's response to Dame Carol Black's review were seven key indicators to measure progress against. One of the indicators is improving: 'knowledge and perceptions about the importance of work to health and health to work' among employers, health care professionals and the working-age population. This research was designed to gather evidence from working-age adults for this indicator. The baseline data were published in December 2010 in a report entitled '*Health, Work and Well-being: Baseline indicators*'<sup>8</sup>.

## 1.2 Research methodology

An outline of the methodology adopted in designing and conducting the research and analysing the results is summarised below. Full details are presented in Appendix A and the final set of questions can be found in Appendix B.

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<sup>6</sup> The Government's response *Improving health and work: changing lives* can be found at: <http://www.dwp.gov.uk/docs/hwwb-improving-health-and-work-changing-lives.pdf>

<sup>7</sup> Dame Carol Black's *Review of the health of Britain's working age population – 2008*, can be found at: <http://www.dwp.gov.uk/docs/hwwb-working-for-a-healthier-tomorrow.pdf>

<sup>8</sup> The headlines from this research have already appeared in *The Health, Work and Well-being: Baseline indicators* report which can be found at: <http://www.dwp.gov.uk/docs/hwwb-baseline-indicators.pdf>

### 1.2.1 Opinions Omnibus

A module of questions was included on the Office for National Statistics (ONS) Opinions Omnibus which is a multipurpose social survey that collects data face-to-face on a monthly basis. The Opinions Omnibus uses a random probability sample of respondents enabling findings to be generalised to the population across Great Britain.

The questions were cognitively tested to explore in-depth how respondents understood and interpreted the questions and their ability and willingness to answer them. The final question module was entitled Attitudes to Health and Work and covered several areas including:

- Perceptions about the importance of work to health.
- Attitudes towards going to work under various hypothetical health conditions where respondents were asked to imagine they had short-term or long-term conditions.
- Perceptions of the roles of GPs and employers in helping to manage long-term conditions and providing support to carry on working.
- Self-reported behaviours.
- Perceptions of the behaviour of others.

The questions were included from November 2009 to March 2010 and an overall sample of 2,965<sup>9</sup> working-age adults (16-64 year olds) was obtained.

### 1.2.2 Reporting conventions

The tables and charts in this report summarise percentages that are representative of the working-age population in Great Britain. Base sample figures have been included to indicate the number of valid responses to a particular question. Detailed breakdowns can be found in Appendix C.

The following groupings have been used in the analysis to define small, medium and large employers: 1-49 employees, 50-499 employees, and 500 plus employees, respectively.

Where differences between percentages are referred to in the text, they are statistically significantly different at the 95 per cent level, which means that the differences represent actual variations in opinion.

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<sup>9</sup> Two thousand nine hundred and sixty-five respondents were obtained within the total sample. This consisted of 1,880 respondents who were in employment and 1,085 respondents who were not in employment. The group not in employment was over-sampled so that comparisons could be made with the group of respondents in employment.

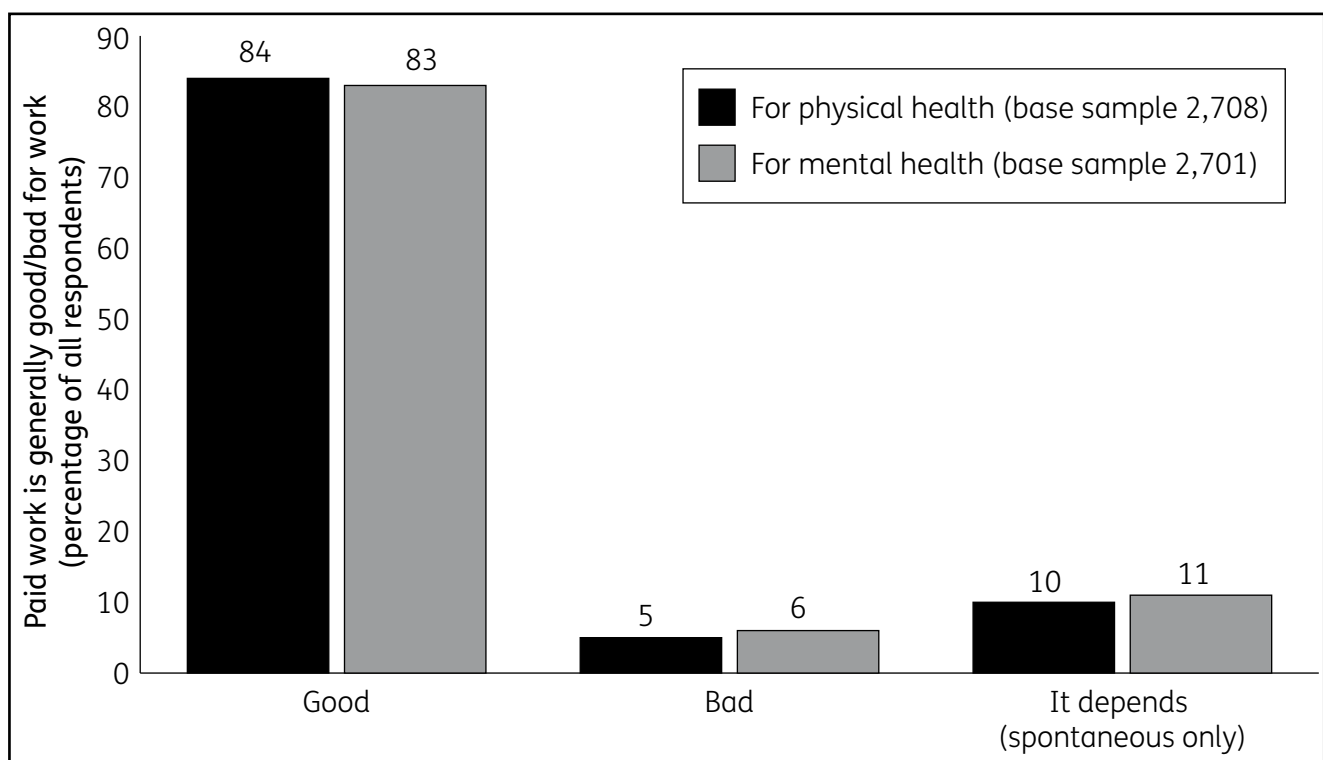
## 2 Findings

This chapter looks in detail at the findings from the research. It is split into four sections. Section 2.1 summarises responses to questions on perceptions of the importance of work to physical and mental health. Section 2.2 summarises attitudes to working with physical and mental health conditions, which were explored using various hypothetical questions. Section 2.2 ends by summarising responses to questions on self-reported behaviours when respondents were ill in the last 12 months (e.g. did you go to work when feeling unwell?). Section 2.3 summarises views on the roles of (1) the respondent, (2) the respondent's general practitioner (GP), and (3) the respondent's employer when they are ill. The chapter ends with a section (Section 2.4) covering the perceptions of others' behaviours.

### 2.1 Perceptions of the importance of work to health

Overall, there was a very positive response to whether paid work is generally good for physical and mental health with 84 per cent and 83 per cent, respectively, agreeing (see Figure 2.1).

**Figure 2.1 Responses to 'Doing paid work can affect physical or mental health both positively and negatively. Taking everything into account, do you think that paid work is generally good or bad for physical or mental health?'**



There were variations in opinion by employment status for both questions (as displayed in Table 2.1) however the only difference which was statistically significant was for work being good for mental health; where those in employment (85 per cent) were significantly more likely to agree that work was good for mental health than those who were not in employment (81 per cent).

**Table 2.1 Responses to ‘Doing paid work can affect physical or mental health both positively and negatively. Taking everything into account, do you think that paid work is generally good or bad for physical or mental health?’ by employment status**

<b>Weighted percentages</b>	<b>Good for physical health</b>	<b>Bad for physical health</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
<b>Do you think paid work is generally good or bad for physical health?</b>				
In employment	85	5	10	1,870
Not in employment	83	4	13	1,072
	<b>Good for mental health</b>	<b>Bad for mental health</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
<b>Do you think paid work is generally good or bad for mental health?</b>				
In employment	85	5	10	1,866
Not in employment	81	7	12	1,069

More detailed breakdowns are given in Tables C.1 and C.2.

Further breakdowns and differences between various groups are presented in Tables C.1 and C.2. Those more likely to agree that work is good for physical and mental health were:

- women when compared to men;
- the oldest age group (55-64 years old) when compared to the youngest age group (16-34 years old);
- respondents with good health when compared to those with fair or bad general health; and
- respondents who did not have a long-standing illness, disability or infirmity which limited activity when compared to those who did.

However, across every group, over 70 per cent still agreed that work is generally good for physical or mental health, showing that the majority of the working-age population recognise the health benefits of working.

## 2.2 Attitudes to working with short-term and long-term conditions

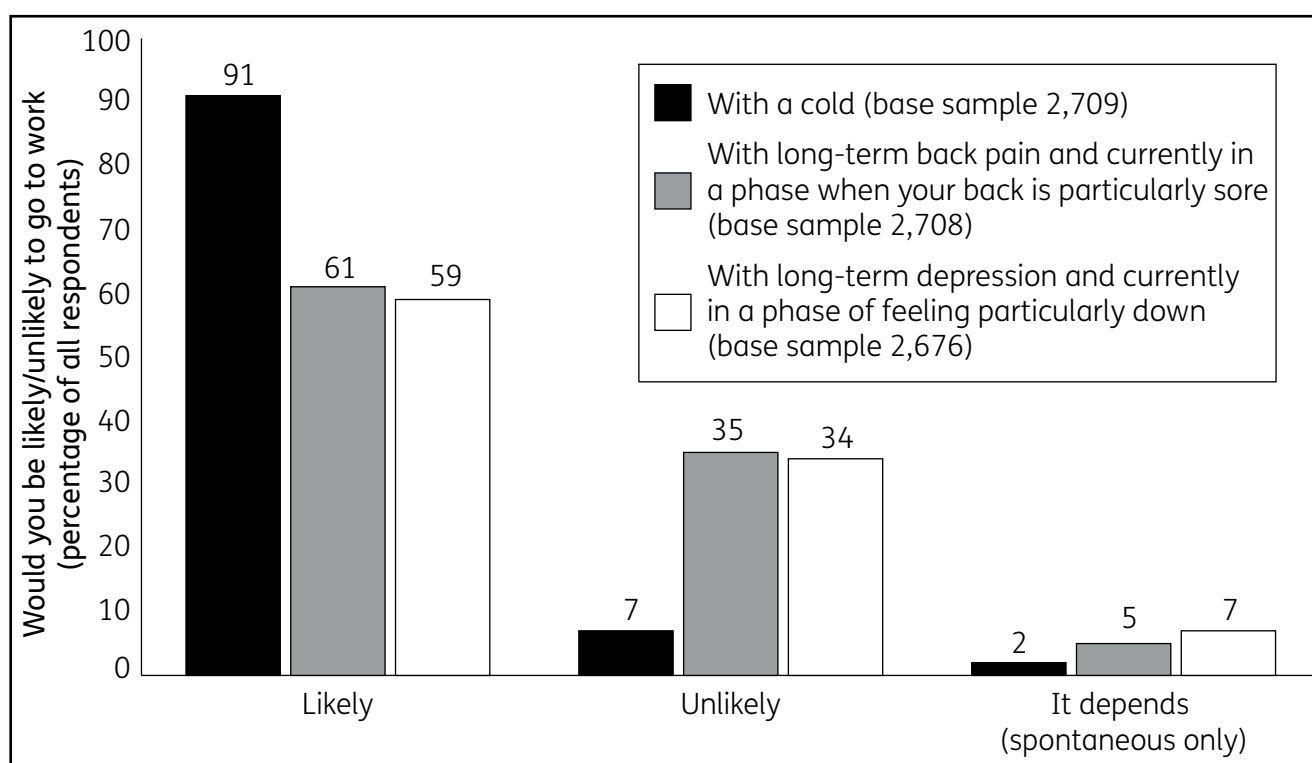
To gather data on attitudes to working with short-term and long-term health conditions and with physical and mental conditions, a hypothetical approach was adopted where respondents were asked to imagine they had a specified health condition and then asked about how they thought they would behave. Although there is a limitation in that different respondents might imagine a particular situation in different ways and their responses might be influenced by their interpretation of the scenario, this was nonetheless a useful way to obtain data across the working-age population on the attitudes towards going to work with these conditions. The questions were cognitively tested to explore in-depth how respondents understood and interpreted the questions and their ability and willingness to answer them.

Section 2.2.1 summarises how likely respondents thought they would be to go to work under the hypothetical scenarios. Section 2.2.2 summarises self-reported behaviours of respondents over the last 12 months.

### 2.2.1 Self-reported attitudes under hypothetical scenarios

Three hypothetical scenarios were considered when asking how likely respondents would be to go to work with short- and long-term conditions and with physical and mental conditions. The short-term scenario asked respondents to imagine they were in paid work and currently had a cold. The first long-term scenario asked respondents to imagine they were in paid work, had long-term back pain and were currently in a phase when their back was particularly sore. The second long-term scenario asked respondents to imagine they were in paid work, had long-term depression and were currently in a phase of feeling particularly down. Respondents were asked how likely it would be for them to go to work under each scenario.

**Figure 2.2 Responses to how likely respondents would be to go to work if they were ill with various short-term and long-term conditions**



More detailed breakdowns are given in Tables C.3, C.4 and C.5.

Overall, the majority of respondents (91 per cent) said they would be likely to go into work if they were in paid work and had a cold, but significantly fewer said that they would be likely to go work if they had long-term back pain and they were currently in a phase of when their back was particularly sore, or if they had long-term depression and were currently in a phase of feeling particularly down (see Figure 2.2). However, the majority, roughly 60 per cent of respondents would still go to work.

Further breakdowns and differences between various groups are presented in Tables C.3, C.4 and C.5. Those more likely to say they would be likely to go to work under all three scenarios were:

- those in employment when compared to those not in employment;
- those with good general health when compared to those with fair or bad general health;

- those who did not have a long-standing condition which limited their activity when compared to those who did; and
- respondents who earned £15,600 or more when compared to those who earned less than £15,600.

Considering breakdowns by occupation, respondents in routine or manual roles were least likely to say they would go to work if they had a cold or back pain; this could be attributed to the physical demands of their roles, making it harder to perform the necessary tasks when ill. There was no significant difference by job role under the long-term depression scenario.

**2.2.2 Self-reported behaviours when ill in last 12 months**

*Behaviour when ill*

For those in employment we also asked about their behaviour when they had been ill in the last 12 months. Seventy nine per cent of respondents said they had worked in spite of feeling quite unwell at some point in the last 12 months (see Table 2.2).

**Table 2.2 Responses to ‘At any time in the last 12 months have you worked when you were feeling quite unwell?’**

<b>Weighted percentages</b>	<b>Yes</b>	<b>No</b>	<b>Base sample</b>
In employment group	79	21	1,610
<b>General Health</b>			
Good	78	22	1,437
Fair	94	6	146
Bad	96	4	26

More detailed breakdowns are given in Table C.23.

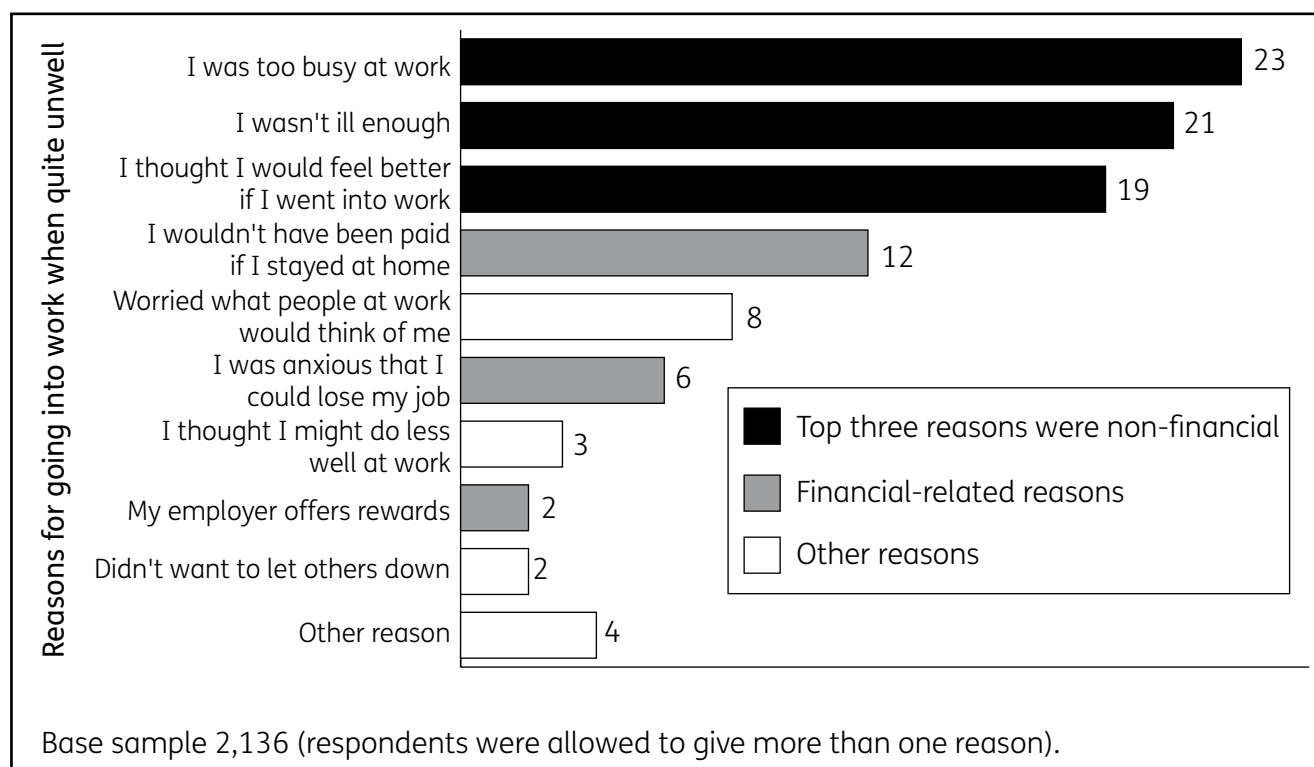
Further breakdowns and differences between various groups are presented in Table C.23. Those more likely to say they had gone into work feeling quite unwell, were:

- 16-34 year olds and 35-64 year olds (81 per cent and 79 per cent, respectively) when compared to the older age group, 55-64 year olds (72 per cent);
- managers and professionals (81 per cent) when compared to those in routine and manual roles (76 per cent);
- full-time workers (81 per cent) when compared to part-time workers (75 per cent);
- respondents with a long standing-illness, disability or infirmity which limited activity (90 per cent) when compared to those with no long-standing illness, disability or infirmity (78 per cent); and
- those with fair or bad general health (94 per cent and 96 per cent, respectively) when compared to those with good general health (78 per cent).

The top three reasons for going into work when unwell were non-financial reasons and were ‘I was too busy at work’, ‘I wasn’t ill enough’, and ‘I thought I would feel better if I went to work’ (see Figure 2.3).



**Figure 2.3 Responses to ‘And which of the following reasons describes why you worked when you were quite unwell?’**



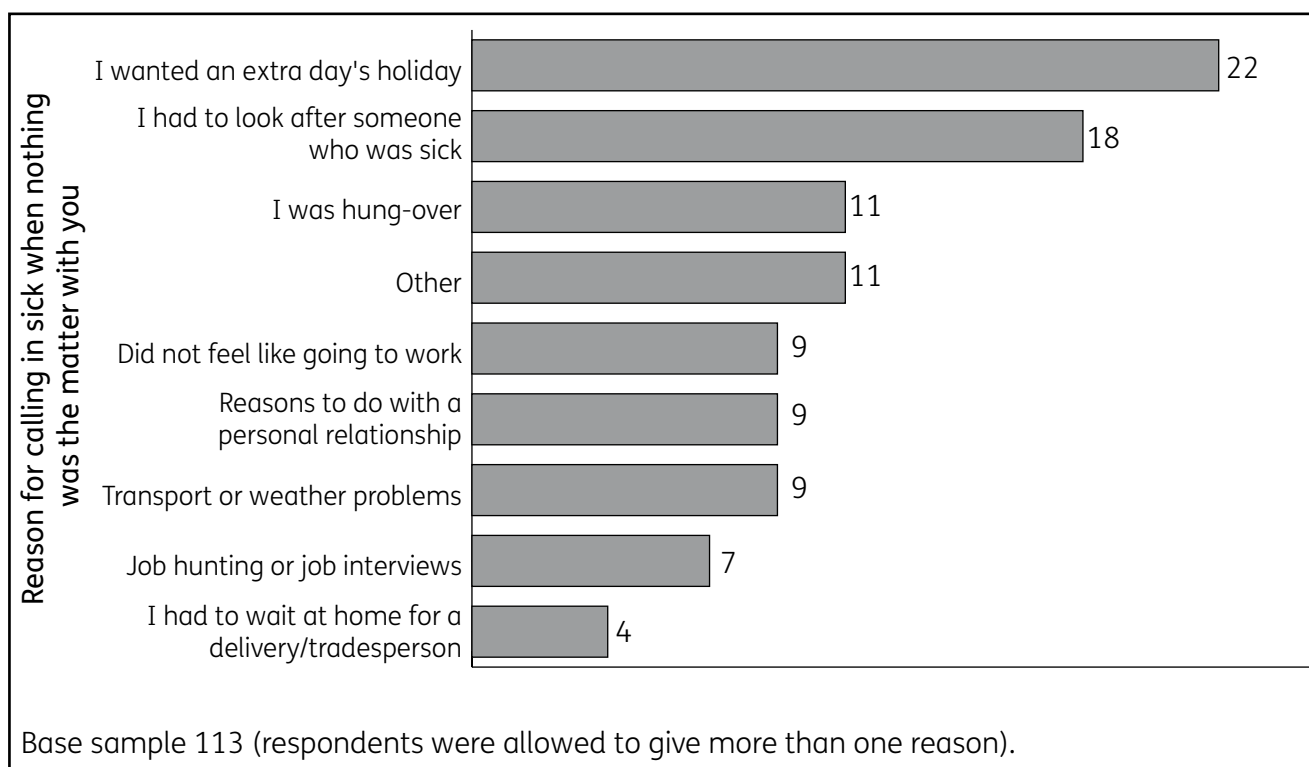
### *Behaviour when not ill*

Six per cent of those in employment said they had probably or definitely called in sick when there was nothing the matter with them in the last 12 months (see Table C.25). The majority (79 per cent) of those who took days off when they were not sick took one or two days off and the average number of days taken off was two days.

Breakdowns and differences between various groups are presented in Table C.25. Groups that were more likely to have said that they had called in sick when nothing was the matter with them in the last 12 months, were:

- men (eight per cent) when compared women (five per cent);
- the youngest age group, 16-34 years old (ten per cent) when compared to the middle age group, 35-54 years old (five per cent) and the oldest age group, 55-64 years old, (one per cent);
- those in routine or manual occupations (eight per cent) when compared to managers, professionals and those in intermediate roles (five per cent); and
- those in small or medium organisations, 1-49 or 50-499 employees, respectively, (seven per cent) when compared to those in large organisations, 500 plus employees (four per cent).

The most common reasons for taking a day off when nothing was the matter were ‘wanting an extra day’s holiday’ and ‘having to look after someone who was sick’ (see Figure 2.4).

**Figure 2.4 Responses to ‘Why did you call in sick when there was nothing the matter with you?’**

## 2.3 Perceptions of roles

### 2.3.1 Who should have a say in the length of time off?

To explore perceptions of roles of different stakeholders, the respondents were asked to imagine they had been signed off work due to ill-health, and then asked about how much say their GP, they, and their employer should have in deciding how long they should be off work for.

Overall, there was general agreement that the respondent, their employer and their GP should all have a say on how long they should have off work once signed off work due to ill-health (see Table 2.3). The majority (91 per cent) of respondents believed that a GP should have a lot of say or some say on the length of time off. A similar proportion (91 per cent) believed that they should have a lot of say or some say, while a much smaller proportion (53 per cent) believed that employers should have a lot of say or some say.

**Table 2.3 GP and employer roles: ‘Imagine you have been signed off work due to ill-health, who should have a say in the length of time off?’**

Who should have a say on how long you should have off work given you've been signed off work due to ill-health? (weighted percentages)	A lot/ some say	Not very much/ no say	It depends	Base sample
GP	91	6	3	2,705
You	91	7	3	2,702
Employer	53	45	3	2,700

More detailed breakdowns are given in Tables C.14, C.15 and C.16.

Further breakdowns and differences between various groups are presented in Tables C.14, C.15 and C.16. Respondents who were in employment were more likely (92 per cent) to say that their GP should have a say when compared to respondents not in employment (89 per cent). However, respondents in employment were less likely (51 per cent) to say that their employer should have a say when compared to respondents not in employment (56 per cent).

The younger age group (16-34 years old) were more likely (58 per cent) to say that their employer should have a say, while the older age group (55-64 years old) were least likely (46 per cent) to agree that their employer should have a say.

Respondents with long-standing illness, disability or infirmity which did not limit activities were also much less likely (46 per cent) to agree that employers should have a say when compared to respondents with no long-standing illness, disability or infirmity (54 per cent).

### 2.3.2 Perceptions of the role of employers

In order to gather data on views of the role of an employer in helping someone carry on working when ill two hypothetical scenarios were used. Respondents were asked to imagine they had: (1) long-term back pain and were currently in a phase when their back was particularly sore, and (2) long-term depression and were currently feeling particularly down. The short-term scenario of having a cold was not considered as this would be a self-certified condition. Under both scenarios, three questions were asked around the role of an employer the results from which are summarised in Table 2.4.

**Table 2.4 Summary of perceptions of the roles of Employers under the two long-term health scenarios**

Weighted percentages	Long-term back pain				Long-term depression			
	Yes	No	It depends	Base sample	Yes	No	It depends	Base sample
Should employer take steps to help them carry on working (all respondents)	86	10	4	2,704	85	12	4	2,696
Should employer take steps to help them carry on working (in employment only)	86	10	4	1,868	86	10	4	1,862
Would you be willing to ask your current employer to take steps so that you could carry on working (in employment only)	89	10	1	1,607	82	16	3	1,601
Do you think your current employer would be willing to take steps so that you could carry on working (in employment only)	82	16	2	1,602	80	17	4	1,594

More detailed breakdowns are given in Tables C.17 to C.22.

Generally, respondents agreed that an employer should take steps to help employees with long-term back pain or long-term depression carry on working. Respondents in employment said they would be willing to ask their current employer to take steps and felt their current employer would be likely to take steps to help, with over 80 per cent agreeing to all statements (see Table 2.4). Further breakdowns and differences between various groups are presented in Tables C.17 to C.22.

Among those in employment, similar proportions (around 85 per cent) felt that their employer should take steps to help them carry on working under both long-term scenarios (see Table 2.4). Significantly fewer felt that their current employer would be willing to carry out steps to help them stay in work under both scenarios (around 80-82 per cent). Willingness to ask employers to take steps to help them stay in work varied by the type of illness, with fewer being willing to ask their current employer to take steps to help them stay in work if they had long-term depression compared to if they had long-term back pain. 16 per cent indicated that they would not be willing to ask their employer to take steps if they had long-term depression compared to ten per cent under the long-term back pain scenario.

Respondents earning more than £36,400 tended to expect more support from their employers and were also more likely to say that they would be willing to ask their employer to take steps so that they could carry on working compared to those earning less than £15,599 per annum. Respondents in managerial and professional roles also expected more support from their employers and were also more likely to say that they would be willing to ask for their employer to take steps so that they could carry on working compared to respondents in manual or routine roles.

Respondents working in small organisations (1-49 employees) were less likely to agree that their current employer would be willing to take steps so that they could carry on working when compared to respondents working in large organisations (500 plus employees), under both long-term scenarios.

### 2.3.3 Perceptions of the role of GPs

In order to gather data on views of the role of a GP in helping someone get back to work when ill the same two hypothetical scenarios were used. Respondents were asked to imagine they had: (1) long-term back pain and were currently in a phase when their back was particularly sore, and (2) long-term depression and were currently feeling particularly down. The short-term scenario of having a cold was not considered as this would be a self-certified condition. Under both scenarios, four questions were asked around the role of their GP the results from which are summarised in Table 2.5.

**Table 2.5 Summary of perceptions of the roles of GPs under the two long-term health scenarios**

Weighted percentages	Long-term back pain				Long-term depression			
	Yes	No	It depends	Base sample	Yes	No	It depends	Base sample
GP should advise you not to go to work	61	28	11	2,700	51	38	11	2,678
GP should advise you on the work activities you can do	90	8	2	2,705	76	20	4	2,692
GP should advise you to work reduced hours until you are feeling better	70	23	7	2,696	66	26	8	2,684
GP should help you access treatment and therapy that will help you manage at work	96	2	1	2,704	96	2	2	2,696

More detailed breakdowns are given in Tables C.6 to C.13.

Overall, more respondents agreed than disagreed that GPs should advise them not to go to work under the two scenarios (see Table 2.5). A greater proportion of men agreed under both scenarios than women. Respondents in routine or manual roles were also more likely to agree that their GPs should advise them not to go to work under both scenarios when compared to respondents in managerial or professional roles, respectively.

Responses to questions on long-term depression were significantly different to those for long-term back pain, except for whether GPs should help access treatment and therapy that will help manage at work, where the responses were similar (see Table 2.5).

Further breakdowns and differences between various groups are presented in Tables C.6 to C.13. Far more respondents agreed that GPs should advise them under the back pain scenario when compared to the depression scenario:

- not to go to work (61 per cent under the back pain scenario compared to 51 per cent under the depression scenario);
- on the work activities they could do (90 per cent under the back pain scenario compared to 76 per cent under the depression scenario); and
- to work reduced hours until they were feeling better (70 per cent under the back pain scenario compared to 66 per cent under the depression scenario).

## 2.4 Perceptions of other's behaviours

### 2.4.1 Behaviour when ill

Respondents were asked about their perceptions of the behaviour of other people at their workplace. A high proportion, 72 per cent, said it was usual for their colleagues to come into work when they are feeling quite unwell (see Table C.24).

The respondents who were more likely to say that it was usual for colleagues to come into work when feeling quite unwell, were:

- women (76 per cent) when compared to men (67 per cent);
- 35-54 year old group (77 per cent) when compared to both the other age groups, 16-34 year olds and 55-64 year olds (66 per cent and 70 per cent, respectively);
- managers and professionals (77 per cent) when compared to those in routine and manual roles (67 per cent);
- respondents from medium sized organisations, 50-499 employees, (74 per cent) when compared to respondents from large organisations, 500 plus employees, (67 per cent); and
- those with a long long-standing illness, disability or infirmity which limited activity (82 per cent) when compared to other respondents.

### 2.4.2 Behaviour when not ill

Respondents in employment were asked about how usual it is for people to call in sick when there is nothing the matter with them. Thirty-two per cent of respondents said that it is usual for people to call in sick when there is nothing the matter with them (see Table C.26).

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The respondents who were more likely to say it usual for people to call in sick when nothing was the matter with them, were:

- men (35 per cent) when compared to women (29 per cent);
- 16-34 year olds (37 per cent) when compared to respondents in both other age groups, 35-54 years old and 55-64 years old, (30 per cent and 28 per cent, respectively);
- respondents in routine or manual roles (42 per cent) when compared to respondents in managerial or professional roles (24 per cent); and
- respondents from medium sized organisations, 50-499 employees, (39 per cent) when compared to respondents in small organisations, 1-49 employees, (28 per cent).

### 2.4.3 Comparison

Comparing both questions on the perceptions of the behaviour of others, it was interesting to note that managers and professionals were more likely to agree that it was usual for people to work when they are feeling quite unwell (77 per cent) and also less likely to say that it was usual for people to call in sick when there was nothing the matter with them (24 per cent). For respondents in manual and routine roles the comparative responses were 67 per cent and 42 per cent, respectively.

# 3 Conclusions

## 3.1 Perceptions about the importance of work to health

Overall, there was general agreement with the view that work is good for both physical and mental health, with over 80 per cent of respondents agreeing. Respondents who were in employment were more likely to agree to work being good for mental health when compared to those who were not in employment.

This measure is being tracked within the health, work and well-being indicators, in particular the one covering 'knowledge and perceptions about the importance of work to health and health to work' among employers, general practitioners and the working-age population indicator. To see improvements we would expect the percentages who agree to increase. However, going forward there are potential issues in achieving a positive shift given the baseline is extremely high to start with, over 80 per cent.

## 3.2 Going to work with short-term and long-term conditions

Ninety-one per cent of respondents said that they would go to work in spite of having a cold (a short-term condition), but significantly fewer (around 60 per cent) said they would go into work if they suffered from long-term back pain and were currently in a phase when their back was particularly sore or if they suffered from long-term depression and were currently in a phase of feeling particularly down. With both the long-term conditions, respondents would want their General Practitioners (GP) to advise them not to go to work but would not necessarily make the same decision by themselves. Respondents who were in employment were much more likely to say they would go to work under all three scenarios when compared to the not in employment group.

## 3.3 Perceptions on roles

Under both the two long-term health conditions of back pain and depression there was general support for the idea that GPs should advise respondents not to go to work, on the type of work activities that were appropriate, whether to work reduced hours, and on access to treatment and therapy that would help them manage at work. Over 90 per cent of respondents stated that GPs should have a say in the length of time off if they were signed off ill.

A high proportion supported their GPs advising them of the work activities they could do, 90 per cent under the back pain scenario and 76 per cent under the depression scenario, which supports the further embedding of the 'Fit note'.

Responses to questions on long-term depression were significantly different to those for long-term back pain, except for whether GPs should help access treatment and therapy that will help manage at work, where the responses were similar. Far more respondents agreed that GPs should advise them under the back pain scenario when compared to the depression scenario, to not to go to work, on the work activities they could do, and to work reduced hours until they were feeling better.

There was general support for employers taking steps to help employees so that they could carry on working with long-term back pain and long-term depression. Those in employment said that they would be willing to ask for help but fewer felt that their employer would be willing to take the necessary steps. Significantly fewer (53 per cent) stated that employers should have a say in the length of time off if they were signed off ill.

### 3.4 Self-reported behaviours over last 12 months and perceptions of other's behaviours

Seventy-nine per cent of those in employment went into work in the last 12 months despite feeling quite unwell. Fewer (72 per cent) indicated that it was very or quite usual for people to work when they were quite unwell.

Six per cent of those in employment admitted calling in sick when there was nothing the matter with them, while 32 per cent responded to say that it is very or quite usual for people at their workplace to call in sick when nothing is the matter with them.

### 3.5 General conclusions

This new research has addressed a key gap within the evidence base on attitudes to health and work and the information will be of use as the health work and well-being agenda develops more widely. It also provides information that will be of use as the Government develops its plans for healthcare reform and also reforms to welfare benefits.

This research provides insights into people's perceptions that will support a range of work across the Health and Well-being agenda. The 'Fit note' was introduced in April 2010 and is designed to support individuals to remain in employment and facilitate an earlier return to work following a period of ill-health. The findings of this research will help to inform policy as we look to further embed the 'Fit note' with employers, GPs and patients alike.

The findings are broadly positive and show that the health benefits of work are widely recognised among the working-age population, but the findings suggest there may be a need to raise awareness among those out of work on the positive impact work can have on mental health.



# Appendix A

## Technical appendix

This appendix outlines in detail the methodology used when designing and conducting the research and analysing the data.

### A.1 Omnibus survey

Several options for gathering data on attitudes to health and work among the working age population were explored. It was decided to use an omnibus survey because it was the most cost-effective means of collecting robust data covering Great Britain.

A module of questions was attached to the Office for National Statistics (ONS) Opinions Omnibus which is a multipurpose social survey that collects data face-to-face on a monthly basis. The Opinions Omnibus uses random probability sample of respondents enabling findings to be generalised to the population across Great Britain, and meaning that in future years it will be possible to repeat the research and compare results. Other omnibus surveys take a quota sampling approach and were ruled out since progress needs to be measured.

### A.2 Developing the question set

An initial set of survey questions was drafted by Health, Work and Well-being (HWWB) analysts and revised following discussion and consultation with policy colleagues and analysts from ONS, Independent Social Research (ISR), Health and Safety Executive (HSE), Department for Work and Pensions (DWP), Department of Health (DH), Scottish Government and Welsh Government.

The resulting questions were then cognitively tested and developed in three rounds of fieldwork each involving eight interviews with adults of working age by ISR. Interviews explored in-depth how respondents understood and interpreted the questions and their ability and willingness to answer them. At some questions, additional attention was paid to specific issues identified in advance (e.g. using a four or a five point scale). Key issues to be examined at each question changed during testing and were discussed with HWWB at each stage. In between testing rounds, findings were discussed with HWWB and appropriate amendments to the questions were made collaboratively. This resulted in a final draft question set which was then further refined following advice from the ONS Omnibus team. The final set of questions (which can be found in Appendix B) covered several areas including:

- Perceptions about the importance of work to health.
- Attitudes towards going to work under various hypothetical health conditions where respondents were asked to imagine they had short-term or long-term conditions.
- Perceptions of the roles of GPs and employers in helping to manage long-term conditions and providing support to carry on working.
- Self-reported behaviours.
- Perceptions of the behaviour of others.

To gather data on attitudes to short-term and long-term sickness, it was decided to adopt a hypothetical approach where research participants were asked to imagine they had a specified long-term health condition and then asked about how they thought they would behave. One short-term hypothetical health condition and two long-term hypothetical health conditions were considered. The short-term scenario asked respondents to imagine they were in paid work and currently had a cold. The first long-term scenario asked respondents to imagine they were in paid work had long-term back pain and were currently in a phase when their back was particularly sore. While the second long-term scenario asked respondents to imagine they were in paid work, had long-term depression and were currently in a phase of feeling particularly down. Although there is a limitation in that different respondents might imagine a particular situation in different ways and their responses might be influenced by their interpretation of the scenario, it was felt that this was the only way to obtain data across the working-age population on the attitudes towards going to work with these conditions.

### A.3 Sampling frame and resultant sample<sup>10</sup>

The final question module entitled '*Attitudes to Health and Work*' was included on the ONS Opinions Omnibus which uses a random probability sample stratified by: region; the proportion of households with no car; the proportion of households where the household reference person is in the National Statistics Socio-economic Classification (NS\_SEC) categories one to three; and the proportion of people who are aged over 65 years.

In common with most other ONS surveys the Royal Mail's Postcode Address File (PAF) of 'small users' is used as the frame from which the Opinions sample is drawn. The PAF sampling frame contains approximately 26 million addresses in Great Britain, excluding those that receive large quantities of mail per day. Updated every three months it is the most up-to-date and complete address database in the UK. The Opinions sample taken from the PAF covers Great Britain, excluding the Isles of Scilly and the Scottish Highlands and Islands.

Each month 67 postal sectors are selected, with probability of selection proportionate to size. Within each sector, 30 addresses are chosen randomly giving an initial sample of 2,010 addresses each month.

As the objective of this research was to elicit views from the working-age population the questions were asked to those aged 16 to 65. However, the analysis summarises results for those aged 16 to 64 to be consistent with a state pension age of 65 and the baseline indicators report published in December 2010.

The Attitudes to Health and Work questions were included on the November 2009, December 2009, January 2010, February 2010 and March 2010 waves of the survey and an overall sample of 2,965<sup>11</sup> working-age adults (16-64 year olds) was obtained. Originally, the module on Attitudes to Health and Work was meant to be included for four months in total but poor response rates in December meant that a further month of fieldwork had to be added to achieve sufficient sample. In the first four months of fieldwork, questions were asked of all working age adults aged 16-64. As one of the aims of the research was to compare the attitudes of working age adults who were in employment

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<sup>10</sup> Section taken from '*National Statistics Opinions Survey – Technical Report – January 2010*'.

<sup>11</sup> Two thousand nine hundred and sixty-five respondents were obtained within the total sample. This consisted of 1,880 respondents who were in employment and 1,085 respondents who were not in employment. The group not in employment was over-sampled so that comparisons could be made with the group of respondents in employment.

with the attitudes of working age adults who were not in employment, the non-working sub-sample was boosted by including the question module on the survey for an additional month asked only of adults aged 16-64 who were not in employment at the time of the interview. In total, we obtained a sample of 1,880 respondents who were in employment and 1,085 respondents who were not in employment. Response rates to the survey averaged 53 per cent over the five waves (see Table A.1).

**Table A.1 Response rates to the ONS Opinions Omnibus Survey by month**

Month	Response rate %
November 2009	54
December 2009	46
January 2010	53
February 2010	55
March 2010	58

#### A.4 Fieldwork<sup>12</sup>

All interviews were carried out face-to-face (except for telephone reissues) by ONS interviewers who have been trained to carry out National Statistics surveys. Advance letters were sent to all addresses, prior to the interview, giving a brief account of the survey. The interviewing period started in the first week of each calendar month and continued for the duration of the month in question. Interviewers called at the selected addresses unless a refusal had been made beforehand in response to the advanced letter. The interviewer made up to eight calls at an address at different times of the day and week before coding the household as a non-contact. After the field period, a proportion of non-contacts and refusals were re-issued to the Telephone Unit where attempts were made to obtain an interview over a four-day period. A quality check on fieldwork was carried out through recall interviews with a proportion of respondents to make sure that the interviews actually took place with those respondents and that responses to questions are consistent.

One person per household was selected to answer the Opinions module questions. At the start of the interview, the interviewer determined the household composition and then they select the respondent from among all the over-16s. The selection was performed at random using a Kish grid. The interviewers endeavoured to interview the selected respondent – proxy interviews were not undertaken.

#### A.5 Weighting<sup>13</sup>

Weighting factors were applied to Opinions data to correct for unequal probability of selection caused by interviewing only one adult per household or restricting the eligibility of the module to certain types of respondent. This was accounted for in the design weight. The weighting system also adjusted for some non-response bias by calibrating the Opinions sample to ONS population totals. This was integrated into the final weight variables. Both the design weight and the final weight were supplied in each survey month.

<sup>12</sup> First paragraph taken from ‘National Statistics Opinions Survey – Technical Report – January 2010’.

<sup>13</sup> Section taken from ‘National Statistics Opinions Survey – Technical Report – January 2010’.

Despite the considerable efforts made by interviewers to maximize response rates, approximately 35 per cent of selected individuals declined to take part or could not be contacted. In order to compensate for this differential non-response bias, the Opinions sample is divided into weighting classes of age group by sex and Government Office Region. The number of people belonging to each sub-group in the population was provided by ONS. The weighting ensures that the weighted sample distribution across regions and across age-sex groups matches that in the population.

Consequently, respondents belonging to sub-groups that are prone to low levels of response are assigned higher weights. For example, young males living in London tend to have a lower response rate and are therefore assigned higher than average weights. Grossing up the data by age and sex and by region to ONS population totals will reduce the standard errors of survey estimates if the survey variable is correlated with age, sex and region.

## A.6 Analytical techniques and reporting conventions

### **Basic statistics and variable breakdowns**

The tables and charts in this report give percentages and averages that are representative of the working-age population and ‘don’t know’ responses were removed for this analysis. Base sample figures are included to indicate the number of valid responses to a particular question. Detailed breakdowns can be found in Appendix C.

Where percentages are statistically different this is explained in the main text of the report and in the data tables within Appendix C.

The responses have been considered by the following Employment Statuses:

- **In Employment** sample was made up of respondents from within the first four waves of interviews.
- **Not in Employment (comprises of International Labour Organisation (ILO) Unemployed and Economically Inactive)** sample was made up of respondents from all five waves of interviews.
- **Overall** sample was made up of respondents from within the first four waves of interviews. The numbers represent responses from all three groups: in employment, ILO unemployed and economically inactive, and are representative.

To ensure the figures presented in the report remained representative different breakdowns were used for different types of variables. Breakdowns for all non-employment related variables (i.e. gender, age, general health, region and long-standing illness) were calculated using all the data from the first four months. Breakdowns for all employment related variables (i.e. occupation, income, full/part-time, and employer size) were calculated using a subset of the data from the first four months which included all those in employment.

### **Significance tests**

A z-test, at the 95 per cent level was used to test whether differences in responses were significantly different to one another.

## A.7 Caveats and limitations

Many of the questions were hypothetical asking respondents to imagine a particular situation and asking them about their expected behaviour so there might be some variations of interpretation, for example, if someone has had back pain previously they might answer differently to those who have not experienced this condition. However, it was felt that this was the only way to obtain data across the working-age population on the attitudes towards going to work with these conditions.

# Appendix B

## Final question set

This appendix lists the final set of questions which appeared in the Attitudes to Health and Work module.

### NATIONAL STATISTICS OPINIONS (OMNIBUS) SURVEY – NOVEMBER 2009 Module MCP: Health and Work

The next set of questions are about health, well-being and work. They are being asked on behalf of the Health, Work and Well-being Delivery Unit.

**Question 1** Doing paid work can affect physical health both positively and negatively. Taking everything into account, do you think that paid work is generally good for physical health or bad for physical health?

- (1) Very good for physical health
- (2) Good for physical health
- (3) Bad for physical health
- (4) Very bad for physical health
- (5) It depends (Spontaneous only)

**Question 2** Doing paid work can affect mental health both positively and negatively. Taking everything into account, do you think that paid work is generally good for mental health or bad for mental health?

- (1) Very good for mental health
- (2) Good for mental health
- (3) Bad for mental health
- (4) Very bad for mental health
- (5) It depends (Spontaneous only)

I am now going to read out some situations that I would like you to imagine yourself in.

**Question 3** Imagine that you are in paid work and currently have a cold. Would you be...

- (1) ...very likely to go to work,
- (2) ...quite likely to go to work,
- (3) ...not very likely to go to work,
- (4) ...or very unlikely to go to work?
- (5) It depends (Spontaneous only)

**Question 4** Imagine that you are in paid work, have long-term back pain and are currently in a phase when your back is particularly sore. Would you be...

- (1) ...very likely to go to work,
- (2) ...quite likely to go to work,
- (3) ...not very likely to go to work,
- (4) ...or very unlikely to go to work?
- (5) It depends (Spontaneous only)

**Question 5** Imagine that you are in paid work, have long-term depression, and are currently in a phase of feeling particularly down. Would you be...

- (1) ...very likely to go to work,
- (2) ...quite likely to go to work,
- (3) ...not very likely to go to work,
- (4) ...or very unlikely to go to work?
- (5) It depends (Spontaneous only)

I am now going to ask you some questions about what you think your GP should do in certain circumstances.

**Question 6a1** Imagine you are in paid work, have long term back pain and are currently in a phase when your back is particularly sore.

Do you think your GP should advise you that you don't go in to work?

- (1) Yes, definitely
- (2) Yes, probably
- (3) No, probably not
- (4) No, definitely not
- (5) It depends (Spontaneous only)

**Question 6a2** (Imagine you are in paid work, have long term back pain and are currently in a phase when your back is particularly sore). And do you think your GP should advise you on the work activities you can do?

- (1) Yes, definitely
- (2) Yes, probably
- (3) No, probably not
- (4) No, definitely not
- (5) It depends (Spontaneous only)

**Question 6a3** (Imagine you are in paid work, have long term back pain and are currently in a phase when your back is particularly sore).

And do you think your GP should advise you to work reduced hours until you are feeling better?

- (1) Yes, definitely
- (2) Yes, probably
- (3) No, probably not
- (4) No, definitely not
- (5) It depends (Spontaneous only)

**Question 6a4** (Imagine you are in paid work, have long term back pain and are currently in a phase when your back is particularly sore).

And finally do you think your GP should help you access treatment or therapy that will help you manage at work?

- (1) Yes, definitely
- (2) Yes, probably
- (3) No, probably not
- (4) No, definitely not
- (5) It depends (Spontaneous only)

**Question 6b1** Now, imagine you are in paid work, have long term depression and are currently in a phase of feeling particularly down. Do you think your GP should advise you that you don't go in to work?

- (1) Yes, definitely
- (2) Yes, probably
- (3) No, probably not
- (4) No, definitely not
- (5) It depends (Spontaneous only)

**Question 6b2** (Imagine you are in paid work, have long term depression and are currently in a phase of feeling particularly down). And do you think your GP should advise you on the work activities you can do?

- (1) Yes, definitely
- (2) Yes, probably
- (3) No, probably not
- (4) No, definitely not
- (5) It depends (Spontaneous only)

**Question 6b3** (Imagine you are in paid work, have long term depression and are currently in a phase of feeling particularly down). And do you think your GP should advise you to work reduced hours until you are feeling better?

- (1) Yes, definitely
- (2) Yes, probably
- (3) No, probably not
- (4) No, definitely not
- (5) It depends (Spontaneous only)

**Question 6b4** (Imagine you are in paid work, have long term depression and are currently in a phase of feeling particularly down). And finally do you think your GP should help you access treatment or therapy that will help you manage at work?

- (1) Yes, definitely
- (2) Yes, probably
- (3) No, probably not
- (4) No, definitely not
- (5) It depends (Spontaneous only)

**Question 7a** Imagine you have been signed off work due to ill-health:  
How much say should your GP have in deciding how long you should be off work for?

- (1) A lot of say
- (2) Some say
- (3) Not very much say
- (4) No say
- (5) It depends (Spontaneous only)



**Question 7b** (Imagine you have been signed off work due to ill-health)

And how much say should you have in deciding how long you should be off work for?

- (1) A lot of say
- (2) Some say
- (3) Not very much say
- (4) No say
- (5) It depends (Spontaneous only)

**Question 7c** (Imagine you have been signed off work due to ill-health)

Finally, how much say should your employer have in deciding how long you should be off work for?

- (1) A lot of say
- (2) Some say
- (3) Not very much say
- (4) No say
- (5) It depends (Spontaneous only)

Now I would like to ask you what you think employers should do in the following situations.

**Question 8a** If an employee has long-term back pain and is in a phase when their back is particularly sore, do you think their employer should take steps to help them to carry on working?

- (1) Yes, definitely
- (2) Yes, probably
- (3) No, probably not
- (4) No, definitely not
- (5) It depends (Spontaneous only)

**Question 8b** If you had long-term back pain and were in a phase when your back was particularly sore, would you be willing to ask your current employer to take steps so that you could carry on working?

- (1) Yes, definitely
- (2) Yes, probably
- (3) No, probably not
- (4) No, definitely not
- (5) It depends (Spontaneous only)

**Question 8c** (If you had long-term back pain and were in a phase when your back was particularly sore)

How likely or unlikely do you think it is that your current employer would be willing to take steps, so that you could carry on working?

- (1) Very likely
- (2) Quite likely
- (3) Not very likely
- (4) Very unlikely
- (5) It depends (Spontaneous only)

**Question 9a** If an employee has long-term depression and is in a phase of feeling particularly down, do you think their employer should take steps to help them to carry on working?

- (1) Yes, definitely
- (2) Yes, probably
- (3) No, probably not
- (4) No, definitely not
- (5) It depends (Spontaneous only)

**Question 9b** If you had long-term depression and were in a phase of feeling particularly down, would you be willing to ask your current employer to take steps so that you could carry on working?

- (1) Yes, definitely
- (2) Yes, probably
- (3) No, probably not
- (4) No, definitely not
- (5) It depends (Spontaneous only)

**Question 9c** (If you had long-term depression and were in a phase of feeling particularly down). How likely or unlikely do you think it is that your current employer would be willing to take steps, so that you could carry on working?

- (1) Very likely
- (2) Quite likely
- (3) Not very likely
- (4) Very unlikely
- (5) It depends (Spontaneous only)

Now I am now going to ask you a few further questions. Please remember that any answers you give are completely confidential.

**Question 10** At any time in the last 12 months have you worked when you were feeling quite unwell?

- (1) Yes, I definitely have
- (2) Yes, I probably have
- (3) No, I probably haven't
- (4) No, I definitely haven't

**Question 11** And which of the following reasons describes why you worked when you were quite unwell?

- (1) I wasn't ill enough
- (2) I was too busy at work to have a day at home
- (3) I was anxious that I could lose my job
- (4) I thought I might do less well at work if I took time off
- (5) My employer offers rewards to people who do not take time off sick
- (6) I was worried what people at work would think of me if I took time off
- (7) I wouldn't have been paid if I stayed at home
- (8) I thought I would feel better if I went into work rather than stay at home
- (9) Other (Please Specify)

**Question Spec1** Please record other reason for working while unwell

**Question 12** Altogether, about how many days in the last 12 months did you work when you were quite unwell?

**Question 13** In your current job how usual is it for people to work when they are feeling quite unwell? Would you say it was...

- (1) ...very usual,
- (2) ...quite usual,
- (3) ...quite unusual,
- (4) ...or very unusual?

Here are the last few questions on this topic. Can I remind you again that any answers you give are completely confidential.

**Question 14** Have you at any time in the last 12 months called in sick when there was nothing the matter with you?

- (1) Yes, I definitely have
- (2) Yes, I probably have
- (3) No, I probably haven't
- (4) No, I definitely haven't

**Question 15M** Why did you call in sick when there was nothing the matter with you?

- (1) I had to look after someone who was sick (child, family, friend)
- (2) My childcare arrangements fell through
- (3) I had to wait at home for a delivery or tradesperson
- (4) Transport or weather problems
- (5) I was hung-over
- (6) I had another job
- (7) Reasons to do with a personal relationship
- (8) I wanted an extra days holiday
- (9) Job hunting or job interviews
- (10) Other (Please Specify)

**Question Spec2** Please record other reason for not working while well

**Question 16** And can you tell me about how many days in the last 12 months did you call in sick when there was nothing the matter with you?

**Question 17** In your current job how usual is it for people to call in sick when there is nothing the matter with them? Would you say it was...

- (1) ...very usual,
- (2) ...quite usual,
- (3) ...quite unusual,
- (4) ...or very unusual?

**Question 18** Finally, can you tell me how many days paid annual leave you get each year, excluding bank holidays?

# Appendix C

## Data tables

This appendix provides detailed tables of results by question split by various attributes.

### Data presented

The percentages presented have been weighted and are representative. ‘Don’t know’ responses to questions were removed for this analysis. The base sample indicates the number of responses for each question.

The responses have been considered by the following Employment Statuses:

- **In Employment** sample was made up of respondents from within the first four waves of interviews.
- **Not in Employment (comprises of ILO Unemployed and Economically Inactive)** sample was made up of respondents from all five waves of interviews.
- **Overall** sample was made up of respondents from within the first four waves of interviews. The numbers represent responses from all three groups: in employment, ILO unemployed and economically inactive, and are representative.

To ensure the figures presented in the report remained representative different breakdowns were used for different types of variables. Breakdowns for all non-employment related variables (i.e. gender, age, general health, region, and long-standing illness) were calculated using all the data from the first four months. Breakdowns for all employment related variables (i.e. occupation, income, full/part-time, and employer size) were calculated using a subset of the data from the first four months which included all those in employment.

Please note that because the ‘not in employment’ group was over-sampled and included respondents from five waves of interviews, the numbers within the detailed breakdown of the ‘in employment’ and ‘not in employment’ groups in the tables that follow sum to more than ‘overall’ sample which covered only the first four waves of interviews.

### Significance tests

A z-test, at the 95 per cent level was used to test whether differences in responses were significantly different to one another.

If responses to a particular question were significantly different then the title cell within Tables C.1 to C.26 indicates this and the main report discusses the differences.

**Table C.1 Responses to ‘Doing paid work can affect physical health both positively and negatively. Taking everything into account, do you think that paid work is generally good for physical health or bad for physical health?’**

<b>Question 1</b>	<b>Very good or good for physical health</b>	<b>Bad or very bad for physical health</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
All	84	5	11	2,708
<b>Employment status</b>				
In employment	85	5	10	1,870
Not in employment	83	4	13	1,072
<b>Gender (Males significantly different to females)</b>				
Male	83	7	10	1,215
Female	86	3	11	1,493
<b>Age (16-34 significantly different to 55-64)</b>				
16-34	83	6	12	786
35-54	85	5	10	1,241
55-64	88	3	9	681
16-50	84	5	11	1,808
51-64	85	5	9	900
<b>General health (Very good/good grouping significantly different to both other groupings)</b>				
Very good/good	85	15		2,197
Fair	80	20		361
Bad/very bad	76	24		149
<b>Region (London significantly different to all regions except West Midlands)</b>				
North East	86	9	5	150
North West	85	5	10	403
Yorkshire and the Humber	83	7	11	271
East Midlands	88	3	9	242
West Midlands	80	5	15	246
East of England	82	3	15	271
London	74	4	11	243
South East	86	6	8	232
South West	84	6	10	230

Continued

Table C.1 Continued

Question 1	Very good or good for physical health	Bad or very bad for physical health	It depends (spontaneous only)	Base sample
Long-standing illness, disability or infirmity and whether limits activity (Long-standing illness, disability or infirmity which limits activities significantly different to other two groups)				
Long-standing illness, disability or infirmity which limits activities	78	9	13	444
Long-standing illness, disability or infirmity which does not limit activities	87	4	9	343
No long-standing illness, disability or infirmity	85	4	10	1,918
<b>Occupations (NS-SEC)</b>				
Managerial and professional	85	5	10	808
Intermediate	88	4	8	400
Routine and manual	86	6	8	579
<b>Income</b>				
<=£15,599	86	3	11	585
£15,600 – £25,599	86	7	6	535
£26,000 – £36,399	86	4	10	293
£36,400 – £46,799	78	12	10	115
£46,800 and over	83	7	10	167
<b>Full-/part-time</b>				
Full-time	85	6	9	1,380
Part-time	86	3	11	482
<b>Employer size</b>				
1-49 employees	87	4	9	845
50-499 employees	84	8	8	528
500 plus employees	83	6	11	283

**Table C.2 Responses to ‘Doing paid work can affect mental health both positively and negatively. Taking everything into account, do you think that paid work is generally good for mental health or bad for mental health?’**

<b>Question 2</b>	<b>Very good or good for mental health</b>	<b>Bad or very bad for mental health</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
All	83	6	11	2,701
<b>Employment status (In employment significantly different to not in employment)</b>				
In employment	85	5	10	1,866
Not in employment	81	7	12	1,069
<b>Gender (Males significantly different to females)</b>				
Male	85	5	10	1,866
Female	81	7	12	1,069
<b>Age (16-34 significantly different to 55-64)</b>				
16-34	81	8	11	784
35-54	84	6	10	1,239
55-64	87	3	10	678
16-50	83	6	11	1,805
51-64	85	5	11	896
<b>General health (Very good/good grouping significantly different to both other groupings)</b>				
Very good/good	85	5	10	2,193
Fair	77	9	14	360
Bad/very bad	72	12	17	146
<b>Region</b>				
North East	88	9	3	150
North West	83	5	12	402
Yorkshire and the Humber	85	7	9	269
East Midlands	85	6	9	241
West Midlands	83	5	12	246
East of England	82	5	13	271
London	83	5	12	243
South East	87	5	8	232
South West	81	8	10	230

Continued

Table C.2 Continued

Question 2	Very good or good for physical health	Bad or very bad for physical health	It depends (spontaneous only)	Base sample
Long-standing illness, disability or infirmity and whether limits activity (Long-standing illness, disability or infirmity which limits activities significantly different to other two groups)				
Long-standing illness, disability or infirmity which limits activities	78	8	15	441
Long-standing illness, disability or infirmity which does not limit activities	85	7	8	343
No long-standing illness, disability or infirmity	84	6	10	1,914
Occupations (NS-SEC) (Routine and manual significantly different to other two groups)				
Managerial and professional	88	4	8	808
Intermediate	88	4	9	399
Routine and manual	82	6	11	577
Income				
<=£15,599	84	5	11	581
£15,600 – £25,599	83	7	10	535
£26,000 – £36,399	88	3	8	293
£36,400 – £46,799	86	5	9	115
£46,800 and over	88	4	8	167
Full-/part-time				
Full-time	84	6	10	1,379
Part-time	87	3	10	479
Employer size				
1-49 employees	85	6	12	843
50-499 employees	86	7	7	527
500 plus employees	89	4	8	283



**Table C.3 Responses to ‘Imagine that you are in paid work and currently have a cold. Would you be...’**

<b>Question 3</b>	<b>Very likely/ quite likely to go to work</b>	<b>Not very likely/very unlikely to go to work</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
All	91	7	2	2,709
Employment status (In employment significantly different to not in employment)				
In employment	93	6	2	1,870
Not in employment	87	9	4	1,073
<b>Gender</b>				
Male	91	7	2	1,215
Female	91	6	3	1,494
Age (16-34 significantly different to other two groups; and 16-50 significantly different to 51-64)				
16-34	89	9	2	787
35-54	92	6	2	1,241
55-64	94	4	3	681
16-50	90	8	2	1,809
51-64	94	4	2	900
General health (Very good/good grouping significantly different to both other groupings)				
Very good/good	92	6	2	2,197
Fair	87	11	2	361
Bad/very bad	86	9	6	149
<b>Region</b>				
North East	93	7	150	
North West	91	9	403	
Yorkshire and the Humber	94	6	272	
East Midlands	90	10	242	
West Midlands	86	14	246	
East of England	93	7	271	
London	85	15	243	
South East	95	5	232	
South West	92	8	230	

Continued

Table C.3 Continued

Question 3	Very likely/ quite likely to go to work	Not very likely/very unlikely to go to work	It depends (spontaneous only)	Base sample
Long-standing illness, disability or infirmity and whether limits activity (Long-standing illness, disability or infirmity which limits activities significantly different to long-standing illness, disability or infirmity which does not limit activities)				
Long-standing illness, disability or infirmity which limits activities	88	8	4	444
Long-standing illness, disability or infirmity which does not limit activities	93	5	1	343
No long-standing illness, disability or infirmity	91	7	2	1,919
<b>Occupations (NS-SEC) (routine and manual significantly different to other two groups)</b>				
Managerial and professional	96	3	1	808
Intermediate	95	2	2	400
Routine and manual	89	9	2	579
<b>Income (Income &lt;=£15,599 significantly different to other income groups)</b>				
<=£15,599	88		12	585
£15,600 – £25,599	93		7	535
£26,000 – £36,399	98		2	293
£36,400 – £46,799	97		3	115
£46,800 and over	96		4	167
<b>Full-/part-time (Full-time significantly different to part-time)</b>				
Full-time	94	5	2	1,380
Part-time	90	7	2	482
<b>Employer size</b>				
1-49 employees	92	7	2	845
50-499 employees	94	5	1	528
500 plus employees	92	6	2	283

**Table C.4 Responses to ‘Imagine that you are in paid work, have long-term back pain and are currently in a phase when your back is particularly sore. Would you be...’**

<b>Question 4</b>	<b>Very likely/ quite likely to go to work</b>	<b>Not very likely/very unlikely to go to work</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
All	61	35	5	2,708
Employment status (In employment significantly different to not in employment)				
In employment	66	30	4	1,870
Not in employment	48	44	7	1,072
Gender				
Male	60	36	5	1,214
Female	62	33	5	1,494
Age (16-34 significantly different to other two groups)				
16-34	54	41	5	787
35-54	65	30	5	1,241
55-64	64	32	4	680
16-50	59	36	5	1,809
51-64	65	31	4	899
General health (Very good/good grouping significantly different to bad/very bad)				
Very good/good	61	34	5	2,197
Fair	60	36	4	361
Bad/very bad	52	40	8	148
Region (London significantly different to all regions except West Midlands)				
North East	64	36		150
North West	63	37		403
Yorkshire and the Humber	65	35		272
East Midlands	63	37		242
West Midlands	60	40		246
East of England	62	38		271
London	52	48		243
South East	62	38		232
South West	67	33		230

Continued

Table C.4 Continued

Question 4	Very likely/ quite likely to go to work	Not very likely/very unlikely to go to work	It depends (spontaneous only)	Base sample
Long-standing illness, disability or infirmity and whether limits activity (Long-standing illness, disability or infirmity which limits activities significantly different to other two groups)				
Long-standing illness, disability or infirmity which limits activities	54	40	6	444
Long-standing illness, disability or infirmity which does not limit activities	61	34	5	343
No long-standing illness, disability or infirmity	62	33	5	1,918
Occupations (NS-SEC) (Routine and manual significantly different to other two groups)				
Managerial and professional	71	25	4	808
Intermediate	71	26	3	400
Routine and manual	57	38	4	579
Income (Income <=£15,599 significantly different to other income groups)				
<=£15,599	60	40		585
£15,600 – £25,599	67	33		535
£26,000 – £36,399	68	32		293
£36,400 – £46,799	74	26		115
£46,800 and over	77	23		167
Full-/part-time (Full-time significantly different to part-time)				
Full-time	67	29	4	1,380
Part-time	61	35	4	482
Employer size				
1-49 employees	66	30	4	845
50-499 employees	67	29	3	528
500 plus employees	65	33	3	283

**Table C.5 Responses to ‘Imagine that you are in paid work, have long-term depression, and are currently in a phase of feeling particularly down. Would you be...’**

<b>Question 5</b>	<b>Very likely/ quite likely to go to work</b>	<b>Not very likely/very unlikely to go to work</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
All	59	34	7	2,676
Employment status (In employment significantly different to not in employment)				
In employment	64	29	7	1,850
Not in employment	48	45	7	1,059
Gender				
Male	59	34	7	1,193
Female	59	35	6	1,483
Age (35-54 significantly different to other two groups)				
16-34	55	39	6	777
35-54	63	30	7	1,231
55-64	56	34	9	668
16-50	58	35	7	1,791
51-64	60	32	8	885
General health (Very good/good grouping significantly different to bad/very bad)				
Very good/good	60	33	7	2,170
Fair	55	40	5	357
Bad/very bad	50	44	6	147
Region				
North East	64	36		150
North West	60	40		399
Yorkshire and the Humber	57	43		267
East Midlands	66	34		240
West Midlands	56	44		244
East of England	62	38		268
London	51	49		240
South East	66	34		230
South West	66	34		227

Continued

Table C.4 Continued

Question 5	Very likely/ quite likely to go to work	Not very likely/very unlikely to go to work	It depends (spontaneous only)	Base sample
Long-standing illness, disability or infirmity and whether limits activity (Long-standing illness, disability or infirmity which limits activities significantly different to other two groups)				
Long-standing illness, disability or infirmity which limits activities	49	46	5	438
Long-standing illness, disability or infirmity which does not limit activities	58	34	9	341
No long-standing illness, disability or infirmity	61	32	7	1,894
<b>Occupations (NS-SEC)</b>				
Managerial and professional	63	29	8	798
Intermediate	69	25	6	395
Routine and manual	63	30	7	574
<b>Income</b>				
<=£15,599	61	34	5	580
£15,600 – £25,599	67	28	5	529
£26,000 – £36,399	64	29	8	289
£36,400 – £46,799	63	25	7	113
£46,800 and over	67	27	6	165
<b>Full-/Part-time</b>				
Full-time	65	28	8	1,363
Part-time	60	34	5	479
<b>Employer size</b>				
1-49 employees	65	28	7	835
50-499 employees	62	31	7	523
500 plus employees	62	31	7	281

**Table C.6 Responses to ‘Imagine you are in paid work, have long-term back pain and are currently in a phase when your back is particularly sore. Do you think your GP should advise you that you don’t go in to work?’**

<b>Question 6a1</b>	<b>Yes definitely/ probably</b>	<b>No probably not/definitely not</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
All	61	28	11	2,700
<b>Employment status</b>				
In employment	61	28	11	1,865
Not in employment	63	26	12	1,069
<b>Gender (Males significantly different to females)</b>				
Male	64	25	12	1,211
Female	58	31	11	1,489
<b>Age (16-34 significantly different to other two groups; and 16-50 significantly different to 51-64)</b>				
16-34	68	22	10	781
35-54	56	33	11	1,238
55-64	59	28	13	681
16-50	62	27	10	1,800
51-64	58	29	13	900
<b>General health</b>				
Very good/good	61	28	11	2,189
Fair	62	28	10	361
Bad/very bad	59	25	16	149
<b>Region</b>				
North East	71	23	6	150
North West	61	29	11	403
Yorkshire and the Humber	66	22	12	269
East Midlands	59	30	11	242
West Midlands	62	29	9	246
East of England	59	28	13	271
London	66	21	13	243
South East	56	31	13	231
South West	66	27	7	229

Continued

Table C.6 Continued

Question 6a1	Yes definitely/ probably	No probably not/definitely not	It depends (spontaneous only)	Base sample
<b>Long-standing illness, disability or infirmity and whether limits activity</b>				
Long-standing illness, disability or infirmity which limits activities	62	26	11	443
Long-standing illness, disability or infirmity which does not limit activities	60	28	12	342
No long-standing illness, disability or infirmity	61	28	11	1,912
<b>Occupations (NS-SEC) (Routine and manual significantly different to other two groups)</b>				
Managerial and professional	53	32	15	807
Intermediate	57	33	10	399
Routine and manual	72	20	8	577
<b>Income</b>				
<=£15,599	68	24	8	583
£15,600 – £25,599	62	29	9	533
£26,000 – £36,399	62	26	12	292
£36,400 – £46,799	51	33	16	115
£46,800 and over	44	39	17	167
<b>Full-/part-time</b>				
Full-time	60	29	11	1,376
Part-time	63	27	10	481
<b>Employer size</b>				
1-49 employees	61	29	10	841
50-499 employees	62	26	12	527
500 plus employees	58	29	12	283



**Table C.7 Responses to ‘(Imagine you are in paid work, have long-term back pain and are currently in a phase when your back is particularly sore.) And do you think your GP should advise you on the work activities you can do?’**

<b>Question 6a2</b>	<b>Yes definitely/ probably</b>	<b>No probably not/definitely not</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
All	90	8	2	2,705
<b>Employment status</b>				
In employment	90	8	2	1,870
Not in employment	88	9	3	1,069
<b>Gender (Males significantly different to females)</b>				
Male	88	10	2	1,214
Female	91	6	2	1,491
<b>Age (16-34 significantly different to 55-64)</b>				
16-34	91	7	1	786
35-54	90	8	3	1,239
55-64	87	11	3	680
16-50	90	8	2	1,806
51-64	88	10	3	899
<b>General health</b>				
Very good/good	90	8	2	2,194
Fair	89	9	3	361
Bad/very bad	88	6	6	148
<b>Region</b>				
North East	90	10		150
North West	92	8		403
Yorkshire and the Humber	93	7		271
East Midlands	89	11		242
West Midlands	85	15		246
East of England	89	11		271
London	89	11		243
South East	89	11		231
South West	91	9		230

Continued

Table C.7 Continued

Question 6a2	Yes definitely/ probably	No probably not/definitely not	It depends (spontaneous only)	Base sample
Long-standing illness, disability or infirmity and whether limits activity				
Long-standing illness, disability or infirmity which limits activities	88	8	4	443
Long-standing illness, disability or infirmity which does not limit activities	89	8	3	343
No long-standing illness, disability or infirmity	90	8	2	1,916
Occupations (NS-SEC)				
Managerial and professional	91		9	808
Intermediate	88		12	400
Routine and manual	89		11	579
Income				
<=£15,599	91		9	585
£15,600 – £25,599	90		10	535
£26,000 – £36,399	87		13	293
£36,400 – £46,799	94		6	115
£46,800 and over	93		7	167
Full-/part-time (Full-time significantly different to part-time)				
Full-time	89	8	2	1,380
Part-time	93	6	2	482
Employer size (1-49 significantly different to 50-499)				
1-49 employees	90	8	2	845
50-499 employees	93	6	1	528
500 plus employees	90	8	3	283

**Table C.8 Responses to ‘(Imagine you are in paid work, have long-term back pain and are currently in a phase when your back is particularly sore.) And do you think your GP should advise you to work reduced hours until you are feeling better?’**

<b>Question 6a3</b>	<b>Yes definitely/ probably</b>	<b>No probably not/definitely not</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
All	70	23	7	2,696
<b>Employment status (In employment significantly different to not in employment)</b>				
In employment	68	24	7	1,865
Not in employment	72	22	6	1,065
<b>Gender</b>				
Male	70	24	6	1,207
Female	69	23	8	1,489
<b>Age (16-34 significantly different to other two groups)</b>				
16-34	76	19	5	780
35-54	65	26	9	1,238
55-64	68	24	8	678
16-50	70	23	7	1,799
51-64	68	25	7	897
<b>General health</b>				
Very good/good	70	24	7	2,189
Fair	71	22	7	360
Bad/very bad	69	21	10	146
<b>Region</b>				
North East	66	25	9	150
North West	72	23	5	403
Yorkshire and the Humber	71	19	10	269
East Midlands	74	21	5	242
West Midlands	68	26	6	245
East of England	65	23	12	271
London	76	17	7	242
South East	66	28	6	231
South West	69	26	4	230

Continued

Table C.8 Continued

Question 6a3	Yes definitely/ probably	No probably not/definitely not	It depends (spontaneous only)	Base sample
Long-standing illness, disability or infirmity and whether limits activity (Long-standing illness, disability or infirmity which does not limit activities significantly different to other groups)				
Long-standing illness, disability or infirmity which limits activities	72	20	8	441
Long-standing illness, disability or infirmity which does not limit activities	62	31	7	342
No long-standing illness, disability or infirmity	70	23	7	1,910
Occupations (NS-SEC) (Routine and manual significantly different to other two groups)				
Managerial and professional	64	27	9	808
Intermediate	69	22	9	399
Routine and manual	71	24	5	575
Income (Income <=£15,599 significantly different to other income groups)				
<=£15,599	75	19	6	583
£15,600 – £25,599	66	26	8	533
£26,000 – £36,399	67	26	7	292
£36,400 – £46,799	62	28	10	115
£46,800 and over	58	33	9	167
Full-/part-time (Full-time significantly different to part-time)				
Full-time	66	27	7	1,376
Part-time	76	15	9	481
Employer size				
1-49 employees	68	24	7	842
50-499 employees	70	24	6	526
500 plus employees	64	26	10	283

**Table C.9 Responses to ‘(Imagine you are in paid work, have long-term back pain and are currently in a phase when your back is particularly sore.) And finally do you think your GP should help you access treatment or therapy that will help you manage at work?’**

<b>Question 6a4</b>	<b>Yes definitely/ probably</b>	<b>No probably not/definitely not</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
All	96	2	1	2,704
<b>Employment status</b>				
In employment	96	2	1	1,867
Not in employment	97	2	2	1,071
<b>Gender</b>				
Male	96	2	2	1,213
Female	97	2	1	1,419
<b>Age (35-54 significantly different from 55-64)</b>				
16-34	97	2	1	786
35-54	96	2	2	1,238
55-64	98	1	1	680
16-50	96	2	1	1,805
51-64	97	1	2	899
<b>General health</b>				
Very good/good	97		3	2,192
Fair	96		4	361
Bad/very bad	94		6	149
<b>Region</b>				
North East	92		8	150
North West	97		3	403
Yorkshire and the Humber	98		2	270
East Midlands	95		5	242
West Midlands	96		4	246
East of England	97		3	271
London	97		3	243
South East	95		5	232
South West	97		3	229

Continued

Table C.9 Continued

Question 6a4	Yes definitely/ probably	No probably not/definitely not	It depends (spontaneous only)	Base sample
<b>Long-standing illness, disability or infirmity and whether limits activity</b>				
Long-standing illness, disability or infirmity which limits activities	95		5	442
Long-standing illness, disability or infirmity which does not limit activities	97		3	343
No long-standing illness, disability or infirmity	97		3	1,916
<b>Occupations (NS-SEC)</b>				
Managerial and professional	97		3	808
Intermediate	95		5	400
Routine and manual	95		5	576
<b>Income</b>				
<=£15,599	97		3	582
£15,600 – £25,599	96		4	535
£26,000 – £36,399	97		3	293
£36,400 – £46,799	99		1	115
£46,800 and over	99		1	167
<b>Full-/part-time</b>				
Full-time	96	2	1	1,378
Part-time	97	2	1	481
<b>Employer size (1-49 significantly different to 50-499)</b>				
1-49 employees	95		5	843
50-499 employees	98		2	527
500 plus employees	96		4	283

**Table C.10 Responses to ‘Now, imagine you are in paid work, have long-term depression and are currently in a phase of feeling particularly down. Do you think your GP should advise you that you don’t go in to work?’**

<b>Question 6b1</b>	<b>Yes definitely/ probably</b>	<b>No probably not/definitely not</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
All	51	38	11	2,678
<b>Employment status (In employment significantly different to not in employment)</b>				
In employment	50	39	11	1,848
Not in employment	55	35	10	1,061
<b>Gender (Males significantly different to females)</b>				
Male	53	36	11	1,198
Female	49	40	11	1,480
<b>Age</b>				
16-34	52	38	10	780
35-54	49	40	11	1,229
55-64	51	35	14	669
16-50	50	39	10	1,797
51-64	52	35	13	887
<b>General health (Very good/good grouping significantly different to other two groups)</b>				
Very good/good	50	39	11	2,174
Fair	56	34	11	354
Bad/very bad	62	29	10	148
<b>Region</b>				
North East	56	37	8	149
North West	53	38	9	402
Yorkshire and the Humber	48	45	7	271
East Midlands	49	41	10	240
West Midlands	48	38	14	244
East of England	50	34	17	270
London	53	34	13	238
South East	56	35	9	226
South West	49	40	11	224

Continued

Table C.10 Continued

Question 6b1	Yes definitely/ probably	No probably not/definitely not	It depends (spontaneous only)	Base sample
<b>Long-standing illness, disability or infirmity and whether limits activity</b>				
Long-standing illness, disability or infirmity which limits activities	53	35	12	436
Long-standing illness, disability or infirmity which does not limit activities	53	39	8	339
No long-standing illness, disability or infirmity	50	39	11	1,901
<b>Occupations (NS-SEC) (Routine and manual significantly different to managerial and professional)</b>				
Managerial and professional	45	43	12	802
Intermediate	45	45	11	393
Routine and manual	56	33	12	570
<b>Income</b>				
<=£15,599	52	36	11	577
£15,600 – £25,599	52	39	9	530
£26,000 – £36,399	54	36	10	288
£36,400 – £46,799	47	42	10	115
£46,800 and over	33	51	16	165
<b>Full-/part-time</b>				
Full-time	49	40	11	1,365
Part-time	50	38	12	475
<b>Employer size (50-499 significantly different to 500 plus)</b>				
1-49 employees	50	37	13	835
50-499 employees	53	39	8	521
500 plus employees	45	44	11	281



**Table C.11 Responses to ‘(Imagine you are in paid work, have long-term depression and are currently in a phase of feeling particularly down.) And do you think your GP should advise you on the work activities you can do?’**

<b>Question 6b2</b>	<b>Yes definitely/ probably</b>	<b>No probably not/definitely not</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
All	76	20	4	2,692
<b>Employment status (In employment significantly different to not in employment)</b>				
In employment	74	21	5	1,858
Not in employment	78	17	5	1,064
<b>Gender</b>				
Male	77	18	5	1,205
Female	75	21	4	1,487
<b>Age (16-34 significantly different to 35-54)</b>				
16-34	78	18	3	784
35-54	74	21	5	1,230
55-64	75	19	6	678
16-50	75	20	4	1,796
51-64	76	18	5	896
<b>General health</b>				
Very good/good	75	20	4	2,185
Fair	79	16	5	358
Bad/very bad	79	18	3	147
<b>Region</b>				
North East	77	18	5	150
North West	73	22	5	402
Yorkshire and the Humber	77	20	3	270
East Midlands	75	21	4	242
West Midlands	73	22	4	245
East of England	77	17	6	270
London	81	13	5	242
South East	75	21	4	230
South West	74	24	2	226

Continued

Table C.11 Continued

Question 6b2	Yes definitely/ probably	No probably not/definitely not	It depends (spontaneous only)	Base sample
<b>Long-standing illness, disability or infirmity and whether limits activity</b>				
Long-standing illness, disability or infirmity which limits activities	76	18	6	439
Long-standing illness, disability or infirmity which does not limit activities	77	20	3	341
No long-standing illness, disability or infirmity	75	20	4	1,909
<b>Occupations (NS-SEC)</b>				
Managerial and professional	75	21	4	804
Intermediate	72	21	7	397
Routine and manual	74	21	5	574
<b>Income</b>				
<=£15,599	73	23	4	581
£15,600 – £25,599	74	22	4	532
£26,000 – £36,399	79	17	4	290
£36,400 – £46,799	70	22	7	115
£46,800 and over	76	20	4	165
<b>Full-/part-time</b>				
Full-time	74	21	5	1,371
Part-time	74	22	4	479
<b>Employer size</b>				
1-49 employees	74	20	5	840
50-499 employees	74	23	3	524
500 plus employees	74	24	2	281

**Table C.12 Responses to ‘(Imagine you are in paid work, have long-term depression and are currently in a phase of feeling particularly down.) And do you think your GP should advise you to work reduced hours until you are feeling better?’**

<b>Question 6b3</b>	<b>Yes definitely/ probably</b>	<b>No probably not/definitely not</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
All	66	26	8	2,684
<b>Employment status</b>				
In employment	65	27	8	1,855
Not in employment	68	25	8	1,060
<b>Gender</b>				
Male	66	26	8	1,200
Female	66	26	8	1,484
<b>Age (16-34 significantly different to 35-54)</b>				
16-34	69	24	6	781
35-54	63	28	8	1,230
55-64	65	24	10	673
16-50	66	27	7	1,793
51-64	66	25	10	891
<b>General health</b>				
Very good/good	65	27	8	2,179
Fair	70	22	8	356
Bad/very bad	72	22	7	147
<b>Region</b>				
North East	67		33	150
North West	63		37	401
Yorkshire and the Humber	72		28	270
East Midlands	64		36	241
West Midlands	64		36	245
East of England	64		36	270
London	74		26	240
South East	65		35	229
South West	63		37	225

Continued

Table C.12 Continued

Question 6b3	Yes definitely/ probably	No probably not/definitely not	It depends (spontaneous only)	Base sample
<b>Long-standing illness, disability or infirmity and whether limits activity</b>				
Long-standing illness, disability or infirmity which limits activities	69	23	8	439
Long-standing illness, disability or infirmity which does not limit activities	64	30	6	339
No long-standing illness, disability or infirmity	66	26	8	1,904
<b>Occupations (NS-SEC) (Routine and manual significantly different to managerial and professional)</b>				
Managerial and professional	61	29	9	802
Intermediate	66	25	9	396
Routine and manual	67	26	7	574
<b>Income</b>				
<=£15,599	69	25	6	582
£15,600 – £25,599	65	28	7	530
£26,000 – £36,399	68	23	8	289
£36,400 – £46,799	58	33	10	114
£46,800 and over	53	34	13	165
<b>Full-/part-time (Full-time significantly different to part-time)</b>				
Full-time	63	28	8	1,368
Part-time	72	21	7	479
<b>Employer size</b>				
1-49 employees	66	26	9	837
50-499 employees	65	28	6	524
500 plus employees	62	28	9	281

**Table C.13 Responses to ‘(Imagine you are in paid work, have long-term depression and are currently in a phase of feeling particularly down.) And finally do you think your GP should help you access treatment or therapy that will help you manage at work?’**

<b>Question 6b4</b>	<b>Yes definitely/ probably</b>	<b>No probably not/definitely not</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
All	96	2	2	2,696
<b>Employment status</b>				
In employment	96	2	2	1,862
Not in employment	95	2	2	1,065
<b>Gender (Males significantly different to females)</b>				
Male	94	3	3	1,209
Female	97	2	2	1,487
<b>Age (16-34 significantly different to other two groups; 16-50 significantly different to 51-64)</b>				
16-34	97	2	1	786
35-54	95	3	2	1,234
55-64	94	3	3	676
16-50	96	2	2	1,802
51-64	94	3	3	894
<b>General health (Very good/good grouping significantly different to bad/very bad)</b>				
Very good/good	95		5	2,190
Fair	96		4	358
Bad/very bad	98		2	146
<b>Region</b>				
North East	93		7	150
North West	96		4	401
Yorkshire and the Humber	98		2	269
East Midlands	93		7	242
West Midlands	93		7	246
East of England	94		6	270
London	98		2	242
South East	94		6	231
South West	97		3	228

Continued

Table C.13 Continued

Question 6b4	Yes definitely/ probably	No probably not/definitely not	It depends (spontaneous only)	Base sample
<b>Long-standing illness, disability or infirmity and whether limits activity</b>				
Long-standing illness, disability or infirmity which limits activities	95	5		440
Long-standing illness, disability or infirmity which does not limit activities	97	3		342
No long-standing illness, disability or infirmity	95	4		1,911
<b>Occupations (NS-SEC) (Managerial and professional significantly different to other two groups)</b>				
Managerial and professional	97	2	2	805
Intermediate	94	3	3	398
Routine and manual	94	4	2	577
<b>Income</b>				
<=£15,599	97	3		583
£15,600 – £25,599	95	5		532
£26,000 – £36,399	96	4		292
£36,400 – £46,799	96	4		115
£46,800 and over	98	2		165
<b>Full-/part-time</b>				
Full-time	95	3	2	1,373
Part-time	96	2	1	481
<b>Employer size</b>				
1-49 employees	95	5		842
50-499 employees	96	4		525
500 plus employees	96	4		281

**Table C.14 Responses to ‘Imagine you have been signed off work due to ill-health: How much say should your GP have in deciding how long you should be off work for?’**

<b>Question 7a</b>	<b>A lot/ some say</b>	<b>Not very much/no say</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
All	91	6	3	2,705
Employment status (In employment significantly different to not in employment)				
In employment	92	6	3	1,869
Not in employment	89	6	4	1,068
Gender (Males significantly different to females)				
Male	89	7	3	1,213
Female	93	4	3	1,492
Age (16-34 significantly different to 55-64)				
16-34	90	6	4	786
35-54	91	6	3	1,239
55-64	92	5	3	680
16-50	91	6	4	1,807
51-64	91	6	3	898
General health (Very good/good grouping significantly different to fair)				
Very good/good	91	6	3	2,193
Fair	94	4	2	361
Bad/very bad	90	2	7	149
Region				
North East	89	11		150
North West	92	8		403
Yorkshire and the Humber	93	7		271
East Midlands	90	10		242
West Midlands	90	10		246
East of England	89	11		271
London	89	11		243
South East	90	10		231
South West	95	5		230

Continued

Table C.14 Continued

Question 7a	A lot/ some say	Not very much/no say	It depends (spontaneous only)	Base sample
<b>Long-standing illness, disability or infirmity and whether limits activity</b>				
Long-standing illness, disability or infirmity which limits activities	91	4	5	443
Long-standing illness, disability or infirmity which does not limit activities	92	5	2	343
No long-standing illness, disability or infirmity	91	6	3	1,916
<b>Occupations (NS-SEC)</b>				
Managerial and professional	92		8	807
Intermediate	90		10	400
Routine and manual	91		9	579
<b>Income</b>				
<=£15,599	92		8	585
£15,600 – £25,599	91		9	535
£26,000 – £36,399	94		6	293
£36,400 – £46,799	94		6	115
£46,800 and over	86		14	166
<b>Full-/part-time (Full-time significantly different to part-time)</b>				
Full-time	91	6	3	1,379
Part-time	94	3	3	482
<b>Employer size</b>				
1-49 employees	91		9	845
50-499 employees	93		7	528
500 plus employees	93		7	282



**Table C.15 Responses to ‘(Imagine you have been signed off work due to ill-health.) And how much say should you have in deciding how long you should be off work for?’**

<b>Question 7b</b>	<b>A lot/ some say</b>	<b>Not very much/no say</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
All	91	7	3	2,702
<b>Employment status</b>				
In employment	91	7	3	1,868
Not in employment	90	6	4	1,066
<b>Gender (Males significantly different to females)</b>				
Male	89	8	3	1,210
Female	93	5	3	1,492
<b>Age</b>				
16-34	90	7	3	785
35-54	91	7	2	1,237
55-64	91	6	3	680
16-50	90	7	3	1,805
51-64	91	6	3	897
<b>General health (Very good/good grouping significantly different to bad/very bad)</b>				
Very good/good	91	6	3	2,193
Fair	91	6	3	359
Bad/very bad	85	9	6	148
<b>Region</b>				
North East	92		8	150
North West	92		8	403
Yorkshire and the Humber	94		6	270
East Midlands	89		11	242
West Midlands	88		12	245
East of England	82		18	271
London	87		13	242
South East	93		7	231
South West	95		5	230

Continued

Table C.15 Continued

Question 7b	A lot/ some say	Not very much/no say	It depends (spontaneous only)	Base sample
Long-standing illness, disability or infirmity and whether limits activity (Long-standing illness, disability or infirmity which does not limit activities significantly different to other groups)				
Long-standing illness, disability or infirmity which limits activities	89	7	4	441
Long-standing illness, disability or infirmity which does not limit activities	94	4	2	343
No long-standing illness, disability or infirmity	91	7	3	1,915
<b>Occupations (NS-SEC)</b>				
Managerial and professional	90		10	808
Intermediate	90		10	400
Routine and manual	90		10	577
<b>Income</b>				
<=£15,599	92		8	583
£15,600 – £25,599	90		10	535
£26,000 – £36,399	93		7	293
£36,400 – £46,799	94		6	115
£46,800 and over	86		14	167
<b>Full-/part-time</b>				
Full-time	90	7	3	1,378
Part-time	91	6	3	482
<b>Employer size</b>				
1-49 employees	90	7	3	844
50-499 employees	91	6	3	527
500 plus employees	91	7	2	283

**Table C.16 Responses to ‘(Imagine you have been signed off work due to ill-health.) Finally, how much say should your employer have in deciding how long you should be off work for?’**

<b>Question 7c</b>	<b>A lot/ some say</b>	<b>Not very much/no say</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
All	53	45	3	2,700
Employment status (In employment significantly different to not in employment)				
In employment	51	46	3	1,865
Not in employment	56	40	4	1,067
<b>Gender</b>				
Male	54	42	3	1,209
Female	51	47	3	1,491
Age (All groups significantly different to one another)				
16-34	58	40	3	784
35-54	51	46	3	1,239
55-64	46	50	4	677
16-50	55	43	3	1,805
51-64	47	50	4	895
<b>General health</b>				
Very good/good	53	44	3	2,192
Fair	51	45	4	359
Bad/very bad	46	47	7	147
<b>Region</b>				
North East	50	50		150
North West	57	43		403
Yorkshire and the Humber	48	52		271
East Midlands	52	48		241
West Midlands	53	47		246
East of England	50	50		271
London	52	48		241
South East	46	54		231
South West	57	43		230

Continued

Table C.16 Continued

Question 7c	A lot/ some say	Not very much/no say	It depends (spontaneous only)	Base sample
Long-standing illness, disability or infirmity and whether limits activity (Long-standing illness, disability or infirmity which does not limit activities significantly different to no long-standing illness, disability or infirmity)				
Long-standing illness, disability or infirmity which limits activities	52	43	5	441
Long-standing illness, disability or infirmity which does not limit activities	46	51	3	342
No long-standing illness, disability or infirmity	54	44	2	1,914
Occupations (NS-SEC) (Routine and manual significantly different to other two groups)				
Managerial and professional	52	48	48	808
Intermediate	52	48	48	398
Routine and manual	47	53	53	576
Income				
<=£15,599	55	45	45	583
£15,600 – £25,599	48	52	52	533
£26,000 – £36,399	48	52	52	293
£36,400 – £46,799	58	42	42	115
£46,800 and over	51	49	49	167
Full-/part-time (Full-time significantly different to part-time)				
Full-time	49	48	3	1,375
Part-time	56	42	2	482
Employer size				
1-49 employees	52	46	3	843
50-499 employees	47	51	2	527
500 plus employees	54	44	2	283

**Table C.17 Responses to ‘If an employee has long-term back pain and is in a phase when their back is particularly sore, do you think their employer should take steps to help them to carry on working?’**

<b>Question 8a</b>	<b>Yes definitely/ probably</b>	<b>No probably/ definitely not</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
All	86	10	4	2,704
Employment status (In employment significantly different to not in employment)				
In employment	86	10	4	1,868
Not in employment	83	13	4	1,069
<b>Gender</b>				
Male	86	10	4	1,213
Female	86	10	4	1,491
<b>Age</b>				
16-34	84	12	4	785
35-54	86	10	4	1,239
55-64	87	9	4	680
16-50	85	11	4	1,805
51-64	87	9	4	899
<b>General health</b>				
Very good/good	86	11	4	2,193
Fair	86	9	4	361
Bad/very bad	84	8	7	148
<b>Region</b>				
North East	87	13		150
North West	87	13		402
Yorkshire and the Humber	86	14		271
East Midlands	87	13		242
West Midlands	85	15		246
East of England	82	18		271
London	80	20		243
South East	93	7		231
South West	88	12		230

Continued

Table C.17 Continued

Question 8a	Yes definitely/ probably	No probably/ definitely not	It depends (spontaneous only)	Base sample
<b>Long-standing illness, disability or infirmity and whether limits activity</b>				
Long-standing illness, disability or infirmity which limits activities	87	8	5	442
Long-standing illness, disability or infirmity which does not limit activities	85	12	3	343
No long-standing illness, disability or infirmity	86	10	4	1,916
<b>Occupations (NS-SEC) (Managerial and professional significantly different to other groups)</b>				
Managerial and professional	92		8	807
Intermediate	84		16	400
Routine and manual	81		19	579
<b>Income (&lt;=£15,599 significantly different to the other income groups)</b>				
<=£15,599	81		19	584
£15,600 – £25,599	88		12	535
£26,000 – £36,399	87		13	292
£36,400 – £46,799	94		6	115
£46,800 and over	93		7	167
<b>Full-/part-time</b>				
Full-time	86	10	4	1,378
Part-time	87	9	5	482
<b>Employer size</b>				
1-49 employees	86	10	4	844
50-499 employees	87	10	3	527
500 plus employees	90	6	4	283

**Table C.18 Responses to ‘If you had long-term back pain and were in a phase when your back was particularly sore, would you be willing to ask your current employer to take steps so that you could carry on working?’**

<b>Question 8b</b>	<b>Yes definitely/ probably</b>	<b>No probably/ definitely not</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
Only those in employment	89	10	1	1,607
<b>Gender</b>				
Male	90	10	1	745
Female	89	10	2	862
<b>Age</b>				
16-34	89	11		486
35-54	89	11		829
55-64	90	10		292
16-50	89	10		1,175
51-64	89	11		432
<b>General health</b>				
Very good/good	89	11		1,432
Fair	87	13		147
Bad/very bad	85	15		28
<b>Region</b>				
North East	91	9		85
North West	89	11		251
Yorkshire and the Humber	92	8		170
East Midlands	94	6		155
West Midlands	88	12		143
East of England	86	14		152
London	85	15		144
South East	94	6		141
South West	88	12		133

Continued

Table C.18 Continued

Question 8b	Yes definitely/ probably	No probably/ definitely not	It depends (spontaneous only)	Base sample
<b>Long-standing illness, disability or infirmity and whether limits activity</b>				
Long-standing illness, disability or infirmity which limits activities	90	10		133
Long-standing illness, disability or infirmity which does not limit activities	89	11		202
No long-standing illness, disability or infirmity	89	11		1,272
<b>Occupations (NS-SEC) (Managerial and professional significantly different to routine and manual)</b>				
Managerial and professional	93	7		749
Intermediate	90	10		205
Routine and manual	85	15		576
<b>Income</b>				
<=£15,599	85	15		494
£15,600 – £25,599	89	11		476
£26,000 – £36,399	89	11		264
£36,400 – £46,799	97	3		101
£46,800 and over	96	4		137
<b>Full-/part-time</b>				
Full-time	90	9	1	1,183
Part-time	87	11	2	416
<b>Employer size (1-49 significantly different to 500 plus)</b>				
1-49 employees	88	12		789
50-499 employees	89	11		525
500 plus employees	93	7		282



**Table C.19 Responses to ‘(If you had long-term back pain and were in a phase when your back was particularly sore) How likely or unlikely do you think it is that your current employer would be willing to take steps, so that you could carry on working?’**

<b>Question 8c</b>	<b>Quite/quite likely</b>	<b>Not very likely/very unlikely</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
Only those in employment	82	16	2	1,602
<b>Gender</b>				
Male	81	17	2	740
Female	84	14	2	862
<b>Age (16-34 significantly different to 34-54)</b>				
16-34	80	18	2	485
35-54	85	14	2	827
55-64	83	15	2	290
16-50	83	15	2	1,174
51-64	80	17	2	428
<b>General health</b>				
Very good/good	83	17		1,429
Fair	76	24		146
Bad/very bad	75	25		27
<b>Region</b>				
North East	74	26		85
North West	84	16		251
Yorkshire and the Humber	88	12		169
East Midlands	82	18		154
West Midlands	76	24		142
East of England	76	24		152
London	85	15		144
South East	85	15		140
South West	86	14		133

Continued

Table C.19 Continued

Question 8c	Quite/quite likely	Not very likely/very unlikely	It depends (spontaneous only)	Base sample
<b>Long-standing illness, disability or infirmity and whether limits activity</b>				
Long-standing illness, disability or infirmity which limits activities	82	18		132
Long-standing illness, disability or infirmity which does not limit activities	82	18		201
No long-standing illness, disability or infirmity	82	18		1,269
<b>Occupations (NS-SEC) (Routine and manual significantly different to other groups)</b>				
Managerial and professional	89	11		748
Intermediate	91	9		205
Routine and manual	74	26		573
<b>Income (&lt;=£15,599 and £15,600-£25,599 significantly less positive than the other income groups)</b>				
<=£15,599	76	24		492
£15,600 – £25,599	82	18		476
£26,000 – £36,399	87	13		264
£36,400 – £46,799	93	7		101
£46,800 and over	94	6		136
<b>Full-/part-time (Full-time significantly different to part-time)</b>				
Full-time	84	15	1	1,179
Part-time	78	19	3	416
<b>Employer size (1-49 significantly different to 500 plus)</b>				
1-49 employees	80	18	2	787
50-499 employees	84	15	2	524
500 plus employees	88	10	2	281

**Table C.20 Responses to ‘If an employee has long-term depression and is in a phase of feeling particularly down, do you think their employer should take steps to help them to carry on working?’**

<b>Question 9a</b>	<b>Yes definitely/ probably</b>	<b>No probably/ definitely not</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
All	85	12	4	2,696
Employment status (In employment significantly different to not in employment)				
In employment	86	10	4	1,862
Not in employment	80	15	5	1,066
<b>Gender</b>				
Male	84	12	4	1,208
Female	85	11	3	1,488
<b>Age</b>				
16-34	85	12	3	782
35-54	84	12	4	1,236
55-64	84	11	5	678
16-50	85	12	3	1,800
51-64	84	11	5	896
General health (Very good/good grouping significantly different to bad/very bad)				
Very good/good	85	11	3	2,187
Fair	82	14	4	359
Bad/very bad	76	13	11	148
<b>Region</b>				
North East	85	15		150
North West	86	14		402
Yorkshire and the Humber	86	14		269
East Midlands	83	17		242
West Midlands	84	16		246
East of England	84	16		271
London	83	17		242
South East	86	14		229
South West	88	12		228

Continued

Table C.20 Continued

Question 9a	Yes definitely/ probably	No probably/ definitely not	It depends (spontaneous only)	Base sample
<b>Long-standing illness, disability or infirmity and whether limits activity</b>				
Long-standing illness, disability or infirmity which limits activities	81	12	7	343
Long-standing illness, disability or infirmity which does not limit activities	85	12	3	784
No long-standing illness, disability or infirmity	85	11	4	1,909
<b>Occupations (NS-SEC) (Routine and manual significantly different to other groups)</b>				
Managerial and professional	90	10		804
Intermediate	87	13		399
Routine and manual	80	20		576
<b>Income</b>				
<=£15,599	83	17		584
£15,600 – £25,599	89	11		532
£26,000 – £36,399	88	12		291
£36,400 – £46,799	89	11		114
£46,800 and over	91	9		166
<b>Full-/part-time</b>				
Full-time	86	10	4	1,372
Part-time	87	10	4	482
<b>Employer size</b>				
1-49 employees	86	10	4	840
50-499 employees	86	11	3	527
500 plus employees	89	9	2	281

**Table C.21 Responses to ‘If you had long-term depression and were in a phase of feeling particularly down, would you be willing to ask your current employer to take steps so that you could carry on working?’**

<b>Question 9b</b>	<b>Yes definitely/ probably</b>	<b>No probably/ definitely not</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
Only those in employment	82	16	3	1,601
<b>Gender</b>				
Male	81	16	3	740
Female	82	15	3	861
<b>Age</b>				
16-34	81	17	2	485
35-54	82	15	3	825
55-64	80	15	5	291
16-50	82	16	2	1,171
51-64	82	14	5	430
<b>General health</b>				
Very good/good	82	18		1,427
Fair	81	19		146
Bad/very bad	75	25		28
<b>Region</b>				
North East	78	22		85
North West	79	21		250
Yorkshire and the Humber	80	20		168
East Midlands	85	15		155
West Midlands	75	25		143
East of England	84	16		152
London	84	16		144
South East	86	14		138
South West	85	15		132

Continued

Table C.21 Continued

Question 9b	Yes definitely/ probably	No probably/ definitely not	It depends (spontaneous only)	Base sample
<b>Long-standing illness, disability or infirmity and whether limits activity</b>				
Long-standing illness, disability or infirmity which limits activities	77	20	3	132
Long-standing illness, disability or infirmity which does not limit activities	84	13	3	201
No long-standing illness, disability or infirmity	82	16	3	1,268
<b>Occupations (NS-SEC)</b>				
Managerial and professional	83	17		745
Intermediate	83	17		205
Routine and manual	79	21		574
<b>Income</b>				
<=£15,599	79	21		494
£15,600 – £25,599	85	15		474
£26,000 – £36,399	80	20		262
£36,400 – £46,799	90	10		100
£46,800 and over	82	18		136
<b>Full-/part-time</b>				
Full-time	81	16	3	1,177
Part-time	82	15	3	416
<b>Employer size</b>				
1-49 employees	82	15	4	786
50-499 employees	80	18	2	524
500 plus employees	83	15	2	280

**Table C.22 Responses to ‘(If you had long-term depression and were in a phase of feeling particularly down) How likely or unlikely do you think it is that your current employer would be willing to take steps, so that you could carry on working?’**

<b>Question 9c</b>	<b>Very/quite likely</b>	<b>Not very likely/very unlikely</b>	<b>It depends (spontaneous only)</b>	<b>Base sample</b>
Only those in employment	80	17	4	1,594
<b>Gender</b>				
Male	78	18	4	734
Female	81	15	4	860
<b>Age</b>				
16-34	79	19	2	484
35-54	80	15	5	820
55-64	80	17	3	290
16-50	79	17	3	1,167
51-64	81	15	5	427
<b>General health</b>				
Very good/good	79	21		1,422
Fair	80	20		145
Bad/very bad	81	19		27
<b>Region</b>				
North East	71	29		85
North West	81	19		249
Yorkshire and the Humber	83	17		167
East Midlands	82	18		154
West Midlands	80	20		142
East of England	77	23		152
London	82	18		144
South East	76	24		137
South West	87	13		132

Continued

Table C.22 Continued

Question 9c	Very/quite likely	Not very likely/very unlikely	It depends (spontaneous only)	Base sample
<b>Long-standing illness, disability or infirmity and whether limits activity</b>				
Long-standing illness, disability or infirmity which limits activities	83	15	2	131
Long-standing illness, disability or infirmity which does not limit activities	83	12	4	200
No long-standing illness, disability or infirmity	79	17	4	1,263
<b>Occupations (NS-SEC) (Routine and manual significantly different to other two groups)</b>				
Managerial and professional	85	15		743
Intermediate	85	15		205
Routine and manual	71	29		570
<b>Income</b>				
<=£15,599	72	29		491
£15,600 – £25,599	84	16		474
£26,000 – £36,399	85	15		261
£36,400 – £46,799	85	15		101
£46,800 and over	82	18		134
<b>Full-/part-time</b>				
Full-time	81	16	3	1,173
Part-time	76	20	5	414
<b>Employer size</b>				
1-49 employees	77	23		784
50-499 employees	80	20		521
500 plus employees	87	13		279



**Table C.23 Responses to ‘At any time in the last 12 months have you worked when you were feeling quite unwell?’**

<b>Question 10</b>	<b>Yes, I definitely/ probably have</b>	<b>No, I probably/ definitely haven't</b>	<b>Base sample</b>
Only those in employment	79	21	1,610
<b>Gender</b>			
Male	79	21	746
Female	79	21	864
<b>Age (55-64 significantly less positive than other age groups; 16-50 significantly different to 51-64)</b>			
16-34	81	19	489
35-54	79	21	831
55-64	72	28	290
16-50	81	19	1,178
51-64	73	27	432
<b>General health (Very good/good significantly different to other groups)</b>			
Very good/good	78	22	1,437
Fair	94	6	146
Bad/very bad	96	4	26
<b>Region</b>			
North East	78	22	85
North West	88	12	250
Yorkshire and the Humber	80	20	170
East Midlands	81	19	154
West Midlands	77	23	144
East of England	82	18	152
London	74	26	145
South East	78	22	142
South West	79	21	134

Continued

Table C.23 Continued

Question 10	Yes definitely/ probably	No probably not/ definitely not	Base sample
Long-standing illness, disability or infirmity and whether limits activity (Long-standing illness, disability or infirmity which limits activities significantly different to No long-standing illness, disability or infirmity)			
Long-standing illness, disability or infirmity which limits activities	90	10	131
Long-standing illness, disability or infirmity which does not limit activities	83	17	203
No long-standing illness, disability or infirmity	78	22	1,275
Occupations (NS-SEC) (Managerial and professional significantly different to routine and manual)			
Managerial and professional	81	19	751
Intermediate	78	22	204
Routine and manual	76	24	580
Income			
<=£15,599	78	22	497
£15,600 – £25,599	81	19	476
£26,000 – £36,399	79	21	264
£36,400 – £46,799	86	14	101
£46,800 and over	84	16	137
Full-/part-time (Full-time significantly different to part-time)			
Full-time	81	19	1,187
Part-time	75	25	416
Employer size			
1-49 employees	80	20	795
50-499 employees	80	20	524
500 plus employees	77	23	281

**Table C.24 Responses to ‘In your current job how usual is it for people to work when they are feeling quite unwell? Would you say it was...’**

<b>Question 13</b>	<b>Very/quite usual</b>	<b>Quite/very unusual</b>	<b>Base sample</b>
Only those in employment	72	28	1,588
<b>Gender (Males significantly different to females)</b>			
Male	67	33	732
Female	76	24	856
<b>Age (35-54 significantly different to 16-34 and 55-64)</b>			
16-34	66	34	485
35-54	77	23	819
55-64	70	30	284
16-50	71	29	1,167
51-64	73	27	421
<b>General health</b>			
Very good/good	71	29	1,421
Fair	75	25	142
Bad/very bad	79	21	25
<b>Region</b>			
North East	74	26	85
North West	75	25	246
Yorkshire and the Humber	74	26	167
East Midlands	75	25	153
West Midlands	78	22	140
East of England	66	34	149
London	65	35	142
South East	70	30	140
South West	74	26	133

Continued

Table C.24 Continued

Question 13	Very/quite usual	Quite/very unusual	Base sample
Long-standing illness, disability or infirmity and whether limits activity (All groups significantly different from other groups)			
Long-standing illness, disability or infirmity which limits activities	82	18	130
Long-standing illness, disability or infirmity which does not limit activities	77	23	200
No long-standing illness, disability or infirmity	70	30	1,258
Occupations (NS-SEC) (Managerial and professional significantly different to routine and manual)			
Managerial and professional	77	23	746
Intermediate	74	26	202
Routine and manual	67	33	566
Income			
<=£15,599	69	31	486
£15,600 – £25,599	71	29	473
£26,000 – £36,399	74	26	262
£36,400 – £46,799	74	26	100
£46,800 and over	76	24	137
Full-/part-time			
Full-time	72	28	1,172
Part-time	71	29	410
Employer size			
1-49 employees	72	28	780
50-499 employees	74	26	520
500 plus employees	67	33	280

**Table C.25 Responses to ‘Have you at any time in the last 12 months called in sick when there was nothing the matter with you?’**

<b>Question 14</b>	<b>Yes, I probably/ definitely have</b>	<b>No, I probably/ definitely haven't</b>	<b>Base sample</b>
Only those in employment	6	94	1,610
<b>Gender (Males significantly different to females)</b>			
Male	8	92	746
Female	5	95	864
<b>Age (All groups significantly different from other groups)</b>			
16-34	10	90	489
35-54	5	95	831
55-64	1	99	290
16-50	8	92	1,179
51-64	2	98	431
<b>General health</b>			
Very good/good	6	94	1,437
Fair	7	93	145
Bad/very bad	8	93	27
<b>Region</b>			
North East	1	99	85
North West	10	90	250
Yorkshire and the Humber	6	94	170
East Midlands	5	95	155
West Midlands	6	94	144
East of England	7	93	152
London	5	95	144
South East	6	94	142
South West	5	95	134

Continued

Table C.25 Continued

<b>Question 14</b>	<b>Yes, I probably/ definitely have</b>	<b>No, I probably/ definitely haven't</b>	<b>Base sample</b>
<b>Long-standing illness, disability or infirmity and whether limits activity</b>			
Long-standing illness, disability or infirmity which limits activities	5	95	132
Long-standing illness, disability or infirmity which does not limit activities	6	94	202
No long-standing illness, disability or infirmity	7	93	1,275
<b>Occupations (NS-SEC) (Managerial and professional significantly different to routine and manual)</b>			
Managerial and professional	5	95	750
Intermediate	5	95	205
Routine and manual	8	92	580
<b>Income</b>			
<=£15,599	8	92	497
£15,600 – £25,599	7	93	476
£26,000 – £36,399	3	97	265
£36,400 – £46,799	6	94	100
£46,800 and over	4	96	137
<b>Full-/part-time</b>			
Full-time	7	93	1,188
Part-time	5	95	415
<b>Employer size (1-49 significantly different to 500 plus)</b>			
1-49 employees	7	93	793
50-499 employees	7	93	525
500 plus employees	4	96	282

**Table C.26 Responses to ‘In your current job how usual is it for people to call in sick when there is nothing the matter with them? Would you say it was...’**

<b>Question 17</b>	<b>Very/quite usual</b>	<b>Very/quite unusual</b>	<b>Base sample</b>
Only those in employment	32	68	1,534
<b>Gender (Males significantly different to females)</b>			
Male	35	65	705
Female	29	71	829
<b>Age (16-34 significantly different to 35-54 and 55-64)</b>			
16-34	37	63	472
35-54	30	70	788
55-64	28	72	274
16-50	33	67	1,128
51-64	28	72	406
<b>General health (Fair significantly different from other groups)</b>			
Very good/good	31	69	1,376
Fair	42	58	134
Bad/very bad	22	78	24
<b>Region</b>			
North East	35	65	83
North West	43	57	238
Yorkshire and the Humber	34	66	163
East Midlands	35	65	149
West Midlands	42	58	133
East of England	28	72	144
London	21	79	139
South East	23	77	136
South West	27	73	126

Continued

Table C.26 Continued

Question 17	Very/quite usual	Very/quite unusual	Base sample
<b>Long-standing illness, disability or infirmity and whether limits activity</b>			
Long-standing illness, disability or infirmity which limits activities	29	71	121
Long-standing illness, disability or infirmity which does not limit activities	28	72	189
No long-standing illness, disability or infirmity	33	67	1,224
<b>Occupations (NS-SEC) (All groups significantly different to one another)</b>			
Managerial and professional	24	76	720
Intermediate	33	67	197
Routine and manual	42	58	547
<b>Income (&lt;=£15,599 significantly different to other income groups)</b>			
<=£15,599	40	60	469
£15,600 – £25,599	35	65	457
£26,000 – £36,399	24	76	250
£36,400 – £46,799	18	82	95
£46,800 and over	19	81	135
<b>Full-/part-time</b>			
Full-time	32	68	1,130
Part-time	33	67	398
<b>Employer size (1-49 significantly different to 50-499)</b>			
1-49 employees	28	72	762
50-499 employees	39	61	494
500 plus employees	34	66	270



This report presents findings from a module within the Office of National Statistics (ONS) Opinion Omnibus Survey that focussed on collecting data on the attitudes of the working-age population towards the relationship between work and health. The final set of questions covered several areas including:

- Perceptions about the importance of work to health.
- Attitudes towards going to work under various hypothetical health conditions where respondents were asked to imagine they had short-term or long-term health conditions.
- Perceptions of the roles of general practitioners (GPs) and employers in helping to manage long-term conditions and providing support to carry on working.
- Self-reported behaviours.
- Perceptions of the behaviour of others.

As well as supporting the Government's agenda on Health and Well-being, this research provides evidence that will be of interest to policy makers, employers and individuals involved in Health and Well-being initiatives.

If you would like to know more about DWP research, please contact:  
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