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DIW Weekly Report 20+21 2026

A policy bulletin from the German Institute for Economic Research

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DIW BERLIN



167 Report by Markus M. Grabka and Oskar Breer

The rise in absenteeism in 2022 is only partly due to electronic sick notes

- Sick leave among employees in Germany rose sharply in 2022
- SOEP figures show that the introduction of electronic sick leave certificates was not the cause
- Rather, respiratory illnesses and behavioral changes following the pandemic are likely to have caused absenteeism to rise

LEGAL AND EDITORIAL DETAILS

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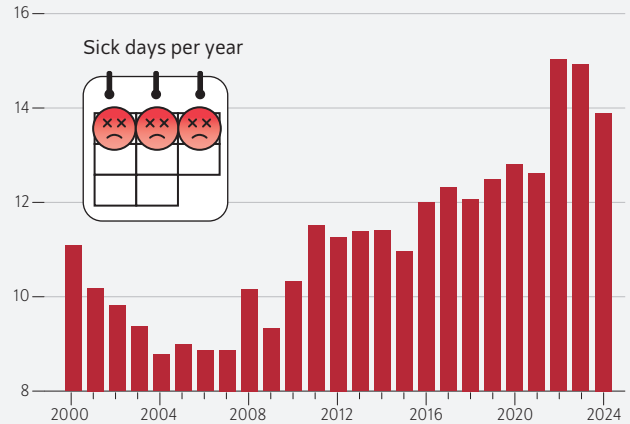
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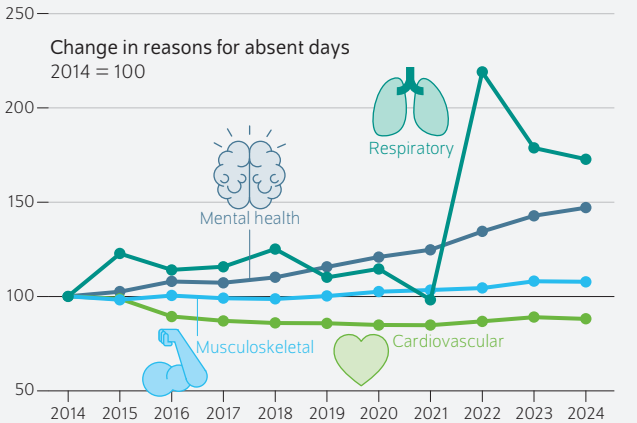
The rise in absenteeism in 2022 is only partly due to electronic sick notes

By Markus M. Grabka and Oskar Breer

- Sick leave among salaried employees in Germany has skyrocketed, particularly in 2022
- Figures from the Socio-Economic Panel, when compared with other data, show that the introduction of electronic sick leave certificates was not the primary cause
- Rather, a significant increase in respiratory illnesses and behavioral changes following the COVID-19 pandemic are likely to have altered absenteeism patterns
- Absenteeism increased sharply in 2022, particularly among older employees and those with significant concerns about their own health
- To reduce absences due to illness, partial sick leave could be introduced to allow for work with reduced hours

Absenteeism among salaried employees skyrocketed in 2022, particularly due to respiratory illnesses





Sources: SOEP v40.1, weighted, authors' own calculations, AOK.

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FROM THE AUTHORS

"The sharp rise in absenteeism in 2022 is likely attributable to the high incidence of respiratory diseases. However, to reduce absenteeism—which has been rising since 2008 regardless—introducing partial sick leave should be considered."

— Markus M. Grabka —

MEDIA

Audio Interview with Markus M. Grabka (in German)
www.diw.de/mediathek

The rise in absenteeism in 2022 is only partly due to electronic sick notes

By Markus M. Grabka and Oskar Breer

ABSTRACT

In Germany, employee absences due to illness rose sharply, particularly in 2022. Various sources argue that the introduction of the electronic certificate of incapacity for work (eAU) caused this. Official data previously did not include absences that were not reported to health insurance providers; since the introduction of the eAU, this is no longer the case. This gap does not exist in Socio-Economic Panel (SOEP) survey data. However, since absences also increased to a similar extent according to SOEP data, the rise is likely due to other causes. Rather, a sharp increase in respiratory illnesses as well as behavioral changes in the wake of the COVID-19 pandemic are likely to have altered absenteeism rates. To reduce absenteeism, which has been rising since 2008 regardless, consideration should be given to introducing partial sick leave. This would allow the current strict medical assessment of "healthy" or "sick" to be modified, thereby enabling employees to work reduced hours.

The sharp rise in sick leave[1] has become a political issue in Germany. In economically challenging times, non-wage labor costs (also known as additional personnel costs) and rising healthcare costs are having a greater impact. For example, employers' expenses for continued pay in 2024 amounted to 69.1 billion euros[2] and, accounting for 14.7 percent of all employer social security contributions, represent a significant component of non-wage labor costs. It is often assumed that it is too easy for employees to obtain a sick note, thereby opening the door to abuse.

The issue of sick leave garnered particular attention primarily due to the temporary introduction of telephone sick notes in the spring of 2020, their permanent implementation for minor illnesses at the end of 2023, and the introduction of the electronic certificate of incapacity for work (eAU). Since January 2022, medical practices have been able to submit sick notes electronically to health insurance providers as part of a pilot project. The system was rolled out nationwide starting in January 2023. For example, the Confederation of German Employers' Associations (BDA) states in a position paper: "As a first step, the telephone sick note, which is prone to abuse, should be abolished."[3] This argument is underscored by a report from DAK-Gesundheit, a health insurance provider, according to which 7.8 percent of employees have not gone to work without a valid reason in the last twelve months and have accordingly "called in sick."[4]

1 Absences due to illness are one cause of missed workdays. General absences also include (special) leave, maternity leave, parental leave, continuing education, and other reasons for absence.

2 Federal Ministry of Labor and Social Affairs (2025): Sozialbudget 2024 (in German; available online, accessed on April 30, 2026. This applies to all online sources in this report).

3 BDA (2026): Hohe Lohnfortzahlungskosten senken, unnötige Bürokratie abbauen. Forderungen der Arbeitgeber für eine zeitgemäße Weiterentwicklung der Lohnfortzahlung im Krankheitsfall. March 5 (in German; available online).

4 DAK (2025): Der Rekordkrankenstand: Fakten und Mythen. Gesundheitsreport 2025 – Vertiefungsanalyse zur Krankenstandsentwicklung. IGES on behalf of DAK (in German; available online).

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Box

Tracking Absences

Employees are required to notify their employer immediately of their inability to work and the expected duration thereof. No medical certificate (certificate of incapacity for work) is required for the first three calendar days, unless otherwise agreed in the employment contract or collective bargaining agreement. A medical certificate must be submitted to the employer no later than the fourth day of illness. However, the employer is entitled to request the submission of the medical certificate earlier.

The electronic certificate of incapacity for work (eAU) was introduced in stages starting in January 2022 in the statutory health insurance system (GKV) and was mandatory starting in 2023. It replaces the previously paper sick note ("yellow slip"), where sick employees had to forward the sick note themselves to their employer and health insurance provider. With the eAU, the transmission occurs electronically and, thus, automatically. With the paper-based sick note, discrepancies could arise if, for example, a sick note was not forwarded or was lost in the mail.

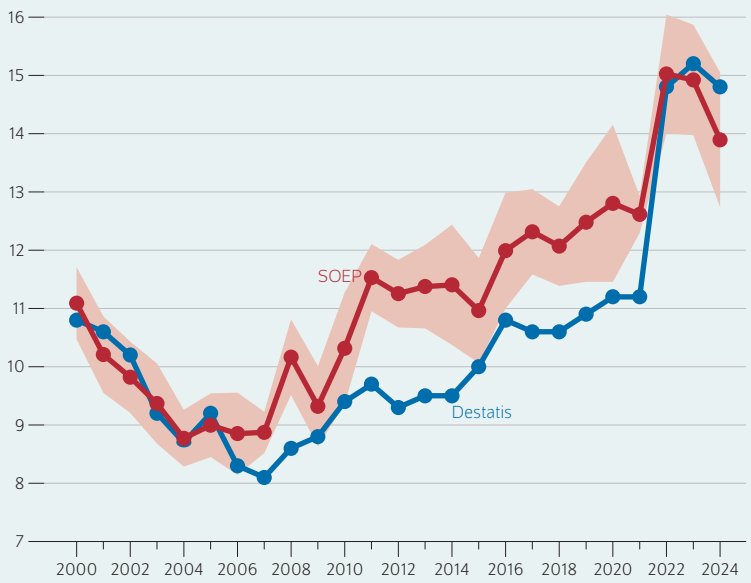
Excluded from the eAU are employees with private health insurance, sick notes issued by a doctor abroad, as well as sick notes for marginal employees in private households, due to a mother-child health retreat, or due to a child's illness (for the purpose of receiving child sickness benefits).[1]

The duration of the sick leave is determined by a doctor. However, the duration reported to the health insurance companies may differ from the actual duration, if employees resume work before the end of the medically certified period of incapacity for work.

1 See the website of the independent employee representative body AUB (2024): Elektronische AU: Das ändert sich bei der Krankschreibung ab 2025 (in German; available online).

Figure 1

Absenteeism due to illness among employees in Germany
In days per year



Notes: Destatis: Sick days among employees (three or more days absent); SOEP: Absent days among employees up to and including age 66 with valid data on absent days. The shaded area indicates the 95% confidence interval.

Sources: Federal Statistical Office; SOEPv41; authors' own calculations.

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According to data from both the Federal Statistical Office and the SOEP, absenteeism rose significantly in 2022.

The aim of this study is to describe the trend in absenteeism in Germany using Socio-Economic Panel (SOEP)[5] data, then compare it with other data sources and identify groups of people who have a high number of sick days.

The number of reported sick days varies depending on the data source

To describe the trend in the number of sick days in Germany, three main data sources can be consulted. These are, first, data from the Federal Ministry of Health (BMG), based on information from statutory health insurance (GKV); second, data from the Federal Statistical Office (Destatis), based on information from the Institute for Employment Research (IAB)'s working time survey; and third, responses from participants in the Socio-Economic Panel (SOEP).[6]

The three data sources are not identical, as there are differences regarding the time periods, the population covered, and the precise definition of the indicator reported. For example, the Federal Ministry of Health (BMG) only includes absences among those with statutory health insurance, meaning that information on nearly nine million privately insured individuals—and possibly those without health insurance coverage—is missing. Furthermore, regarding the BMG's data, it can be assumed that the transition from paper-based certificates of incapacity for work to the eAU has caused a systematic break in the time series (Box). For instance, employees may not have sent a certificate in time, it may have been lost in the mail, or employees may have returned to work before the certificate expired. Further inaccuracies may arise from the fact that, for short-term illnesses lasting less than three days, no certificate of incapacity for work is required or issued. Ultimately, the BMG's data does not specify the

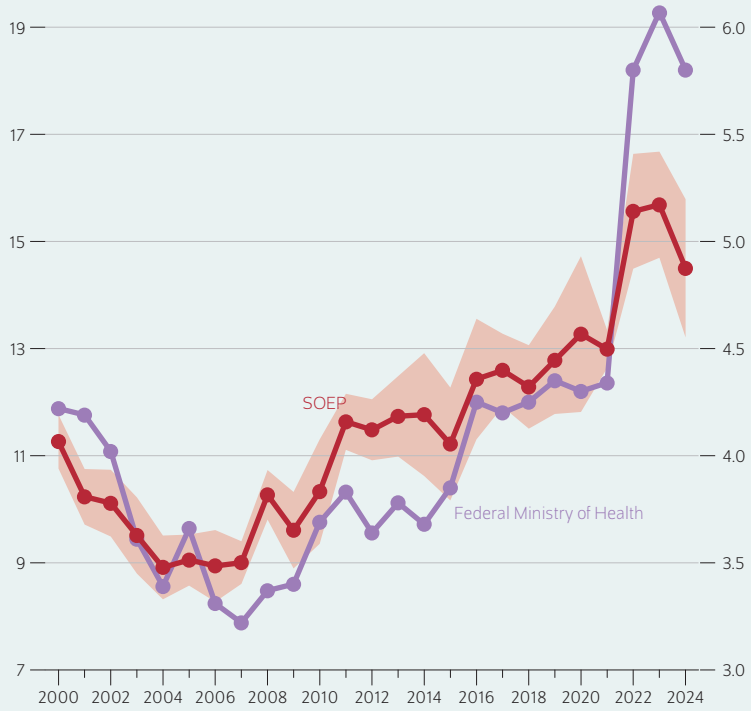
5 The SOEP is a representative annual panel survey of private households that has been conducted in West Germany since 1984 and in East Germany since 1990; see Jan Goebel et al. (2019): The German Socio-Economic Panel (SOEP). Journal of Economics and Statistics, 239(29), 345–360 (available online). For this publication, the following data versions were used: SOEP-Core v41, EU Edition 2026 (DOI: 10.5684/soep.core.v41eu), the IAB-SOEP migration sample (DOI: 10.5684/soep.iab-soep-mig.2024), the IAB-BAMF-SOEP survey of refugees (DOI: 10.5684/soep.iab-bamf-soep-mig.2024), and preliminary data from SOEPv42.

6 In addition, various health insurance companies provide data on absences, but these refer only to the respective insured population.

Figure 2

Sickness-related days of absence among statutory health insurance (GKV) members and proportion of members on sick leave

SOEP days of absence per year (left axis) and percentage of GKV members unable to work due to illness (right axis)



Notes: Federal Ministry of Health (right axis only): Proportion of GKV members on sick leave (three or more days) out of all mandatory members, annual average; SOEP: Days of absence for employees insured under the GKV up to and including age 66 with valid data on days of absence. The shaded area indicates the 95% confidence interval.

Sources: Federal Ministry of Health (Sozialpolitik-aktuell.de); SOEPv41; authors' own calculations.

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According to both GKV data and SOEP survey data, there was a sharp increase in 2022.

number of days missed, but rather describes the sickness rate, which reflects the proportion of employees insured under statutory health insurance who were reported as incapacitated for work on average over the course of a year.[7]

The Federal Statistical Office reports the average number of days of absence per employee per year—for both those with statutory insurance and those with private insurance. As with the BMG, however, only sick leave reports exceeding three days are recorded, meaning that the number of days of absence is also underestimated in this case.[8] Further, the restriction to salaried employees excludes the self-employed.

In contrast to the two previous data sources, which are derived from registry information, the SOEP's data is based on responses from respondents selected at random. The data can include individuals covered by statutory health insurance (GKV), private health insurance (PKV), or those without health insurance. The key advantage of the SOEP survey data is that no break in the time series is expected due to the introduction of telephone sick leave reporting or electronic certificates of incapacity for work, as neither measure should alter response behavior.[9] In addition, SOEP respondents also report short-term episodes of illness lasting up to three days, for which a sick note is not necessarily required. Thus, it can be assumed that the absenteeism figures reported by SOEP are higher than those from the other two data sources.

Sharp increase in days of absence in 2022

A long-term comparison of sickness-related absences from Destatis and SOEP for the 2000 to 2024 period shows a high degree of consistency between the two data sources in the early 2000s—both in terms of levels and trends (Figure 1). For example, the average number of sick days in 2000 was around eleven days per employee. A low point was recorded in 2007 with fewer than nine days.[10] Since then, sick days in Germany have increased significantly. However, from 2006 to 2021, the figures from SOEP were consistently up to two days higher. In 2022, the number of sick days rose sharply compared to 2021: by 3.6 days (a 32 percent increase) according to Destatis and by 2.4 days (a 19 percent increase) according to SOEP. From this point on, both data sources again showed a comparably high number of days of absence.[11] Alternatively, if we refer to the BMG's data on sick leave (Figure 2), a comparable trend is observed. Here, too, sick leave rose significantly by 34 percent in 2022.[12]

Improved data collection due to the eAU was repeatedly cited as the cause of the sharp increase in days of absence in 2022.[13] This is because, prior to 2022, health insurance providers were only notified of absences for which a certificate of incapacity for work had been issued and, above all, actually submitted.

Since the introduction of the eAU is unlikely to have affected the response behavior of SOEP respondents, it can be

7 For this purpose, monthly reports as of a specific date are used, and an annual average is calculated.

8 See the Federal Statistical Office's website on sick leave (in German; available online).

9 The question regarding absences in the SOEP is phrased as follows: "How many days did you not work in the year ... due to illness? Please indicate all days, not just those for which you received a medical certificate of incapacity for work."

10 The extent of absences correlates with unemployment, as concerns about job loss are also pronounced during periods of high unemployment.

11 The underreporting of absences observed in official data for the period 2006 to 2021 should have been eliminated by the introduction of the eAU, as the two data sources have not differed significantly from one another since 2022.

12 For this analysis, the population was harmonized to the extent that only individuals insured under the statutory health insurance (GKV) were considered in both data sources.

13 The Institute for Health and Social Research (IGES) estimates that 60 percent of the increase in sick leave due to respiratory diseases is likely attributable to the introduction of the eAU; see IGES (2025): Erhöhter Krankenstand: IGES untersucht die Gründe (in German; available online).

assumed that the eAU was not the primary cause of the sharp rise in absences. Another argument against the notion that the eAU caused increased absences stems from an international comparison of absenteeism rates. Data from Austria is used for this purpose (Figure 3), where electronic transmission to social insurance funds was already introduced in 2021.[14] According to this, there was also a sharp increase in absenteeism in Austria in 2022 by 2.5 days (a 21 percent increase), which cannot be attributed to the change in the transmission method.

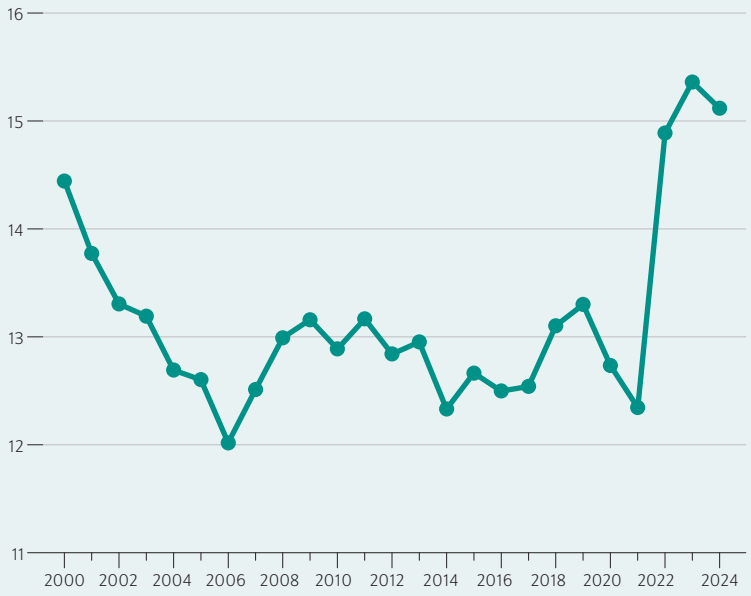
Sharp increase in respiratory illnesses

To investigate the causes of the increase in 2022, the distribution of absences is examined in more detail (Figure 4). First, it is evident that the proportion of employees with no absences decreased by more than nine percentage points compared to 2021. Conversely, the proportion of those who were absent from work for between four and ten days increased by six percentage points. In contrast, the duration of illnesses lasting more than ten days increased only slightly, by about 1.5 percentage points.

The sharp increase in the proportion of absences lasting between four and ten days could be attributed to (additional) illnesses that tend to involve shorter episodes of illness, such as respiratory diseases.[15] The 2025 Absenteeism Report from Germany's largest statutory health insurance provider, AOK (Figure 5), provides insight into the nature of these illnesses.[16] This report describes the days of incapacity for work among AOK members by the six most common types of illness, normalized to the year 2014 (=100). Four of these illness categories show only minor changes from 2021 to 2022. Mental health conditions increased by just under ten percentage points. The rise was significantly steeper than in the years before and after. It can be assumed here that the COVID-19 pandemic had a negative impact on mental health.[17] The number of respiratory diseases rose exceptionally sharply, more than doubling from 2021 to 2022. This trend is also confirmed by figures from the Robert Koch Institute, which show that the number of doctor visits due to respiratory diseases (particularly influenza) rose at an above-average rate in 2022.[18]

Figure 3

Sick days per insured person in Austria



Source: Austrian Institute of Economic Research (2025).

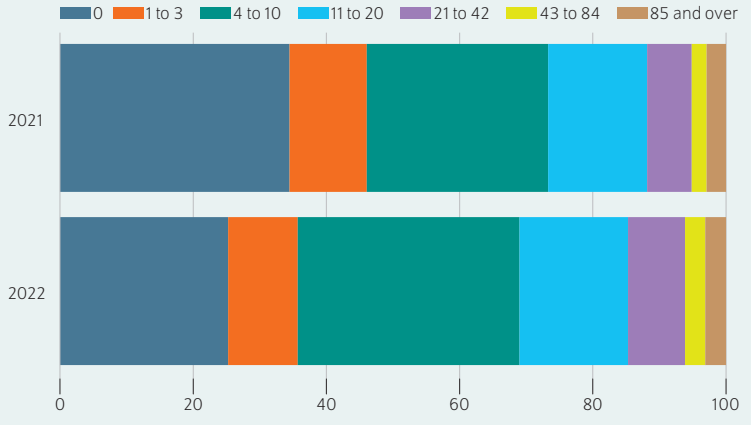
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Austria also saw a sharp increase in the number of sick days in 2022.

Figure 4

Distribution of sick days in 2021 and 2022 by duration of absence

As a percentage of all absentee days



Note: Absenteeism for employees up to and including age 66 with valid data on absenteeism days.

Source: SOEPv41; authors' own calculations.

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Compared to 2021, periods of absence lasting four to ten days have increased significantly.

14 International comparisons of absenteeism are fraught with significant comparability issues. For this reason, only Austria was included, as the two countries exhibit similarities in terms of absenteeism. Christine Mayrhuber and Benjamin Bittschi (2025): Fehlzeitenreport 2025. Krankheits- und unfallbedingte Fehlzeiten in Österreich. Struktur der Langzeitkrankenstände. Österreichisches Institut für Wirtschaftsforschung (Austrian Institute of Economic Research) (in German; available online).

15 For example, the average number of days of incapacity for work due to respiratory diseases among AOK-insured individuals amounts to 5.9 days in 2024, compared to 28.5 days for mental health conditions, see Antje Schenkel et al. (2025): Krankheitsbedingte Fehlzeiten in der deutschen Wirtschaft im Jahr 2024. In Fehlzeiten-Report 2025: KI und Gesundheit – Möglichkeiten nutzen, Risiken bewältigen, Orientierung geben. Springer, 345–421 (in German; available online).

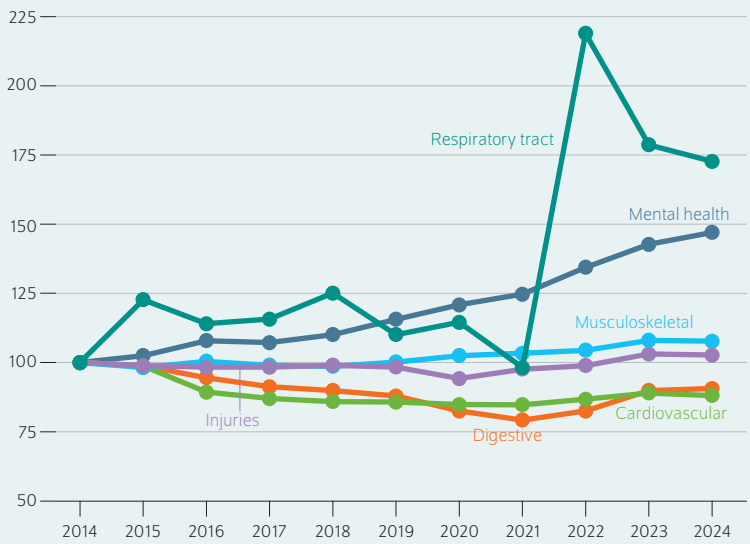
16 See Schenkel (2025), ibid.

17 See Ann-Katrin Napp et al. (2024): Psychische Belastungen und Auffälligkeiten von Kindern und Eltern im Verlauf der COVID-19-Pandemie (2020–2022). Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen, 189, 55–62 (in German; available online).

18 See the Robert Koch Institute's Infection Radar (available online).

Figure 5

Trends in sick days among AOK members by type of illness
Indexed, 2014 = 100



Source: AOK Absenteeism Report 2025.

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In 2022, respiratory diseases increased sharply.

Older employees and those with significant health concerns are more frequently ill

Using SOEP data, it is possible to identify sociodemographic characteristics associated with high absenteeism (Figure 6). The figure shows the level of absenteeism in 2021 and the change from 2021 to 2022. According to the data, women had higher absenteeism rates in 2021 (13.5 days) than men (11.8 days). The change in 2022 was also significantly higher for women—with three additional days of absence—than for men—who saw an increase of 1.9 days. When broken down by age, it is evident, as expected, that absenteeism increases with age. The change was also greater, the older the employees were. The oldest age group, those aged 55 to 66, had an average of 16.2 days of absence in 2021, which increased by a further 3.6 days in 2022.

Since absenteeism correlates closely with perceived autonomy[19] in the workplace, job requirements[20] are also considered. Accordingly, in 2021, the highest absenteeism rates were among employees in technically oriented roles (14.9 days). However, the largest increases were seen among employees with complex specialist roles (up 4.0 days). For those performing highly complex work, absenteeism was below average at 9.2 days and the change was also small at 0.6 days.

A similar pattern emerged based on educational levels,[21] something closely linked to job requirements. Employees with a high educational level were absent due to illness for only 9.6 days in 2021, a figure that rose by two days in 2022. In contrast, the change for those with a medium educational level was above average at 3.5 days. Although the highest absenteeism rates in 2021 were among those with a low level of education (19.3 days), their absenteeism decreased slightly in 2022, as it also did in the youngest age group.[22]

Employees who were very concerned about their health were absent far more frequently than average (29.2 days) and the change in their absenteeism was also exceptionally high at 7.1 days. The situation was different for employees who were not concerned about their health. They were absent for only 7.1 days, a figure that increased only slightly by 0.7 days in 2022.

Another behavioral indicator is risk-taking.[23] A high risk-taking propensity often manifests itself in behaviors that pose a direct risk to health, such as smoking, alcohol consumption, or an unhealthy diet. This is also reflected in high absenteeism rates. In 2021, employees with a high risk-taking propensity had 14.2 days of absenteeism, which was higher than those with a low or moderate risk-taking propensity. However, absenteeism days stagnated among employees with a high risk-taking attitude, while they rose at an above-average rate among employees with a low risk-taking attitude, reaching 3.7 days in 2022.

In summary, absenteeism rose most sharply among older employees, those with significant health concerns, and those with low risk-taking behavior. The importance of behavioral changes is also emphasized by others.[24] Based on experiences with the COVID-19 pandemic, it can be assumed that employees are more likely to stay home when experiencing symptoms of illness to avoid unnecessarily infecting others.[25]

The aging of the workforce has only a minor effect on the long-term trend in absenteeism

The results show that older employees are especially frequently absent from work, which is likely attributable to degenerative diseases of the musculoskeletal and

19 See Sarah Turgut, Karlheinz Sonntag, and Alexandra Michel (2013): Arbeitspsychologische Fehlzeitenanalyse – ein Mehrebenenmodell. Zeitschrift für Arbeitswissenschaft, 67(4), 233–242 (in German; available online).

20 Four levels of job requirements can be distinguished: 1) assistant and semi-skilled tasks (e.g., package delivery), 2) technically oriented tasks requiring in-depth technical knowledge and skills (e.g., skilled worker), 3) complex specialist tasks requiring prior training as a master craftsman or technician, or an equivalent technical college or university degree, and 4) highly complex tasks requiring a university degree (e.g., researchers).

21 Educational level is described using three groups, where 1) no vocational training or currently in training, 2) apprenticeship, master craftsman certification, technical college degree, etc., and 3) a degree from a University of Applied Sciences or a university, or an equivalent qualification.

22 It can be assumed that the two groups overlap.

23 Risk tolerance is assessed using a scale from 0 "not at all risk-tolerant" to 10 "very risk-tolerant." Three groups were formed based on this: low (0 to 2), medium (3 to 7), and high (8 to 10).

24 Nicolas R. Ziebarth and Stefan Pichler (2024): Einordnung des deutlichen Anstiegs der krankheitsbedingten Fehlzeiten seit 2022. ZEW policybrief, No. 18 (in German; available online).

25 According to IGES (2025), nearly 20 percent of employees have been more likely to take sick leave for cold symptoms since the COVID-19 pandemic; see IGES (2025), ibid.

cardiovascular systems.[26] Regardless of the specific trends in absenteeism in 2021 and 2022, the question arises as to whether the aging of the workforce influences the trend in illness-related absenteeism. Employment rates by age group have changed substantially in recent years. For example, the employment rate for those aged 55 to 64 has risen significantly, from 41 percent in 2004 to 75 percent in 2024.[27] With 9.8 million employed individuals, this age group currently accounts for just under a quarter (24 percent) of the total workforce—the highest figure among all EU countries.[28]

Given the sharp increase in the number of older workers, one would expect absenteeism to have risen significantly due solely to demographic factors. To investigate this, a reweighting approach was adopted in which the proportions of age groups from 2004 were kept constant over time. This examines how absenteeism would have developed if, all other things being equal, the age structure had corresponded to that of 2004. The year 2004 was chosen as the starting point because, on the one hand, it allows for a description of trends over two decades and, on the other hand, it is the year with the lowest absenteeism in the SOEP data for the 2000 to 2024 period. The analysis shows that a trend comparable to that in the original data is present, but the level, after reweighting, is slightly below that of the original data (Figure 7). This difference amounts to approximately one day of absence in 2024 (corresponding to a relative difference of 6.9 percent).

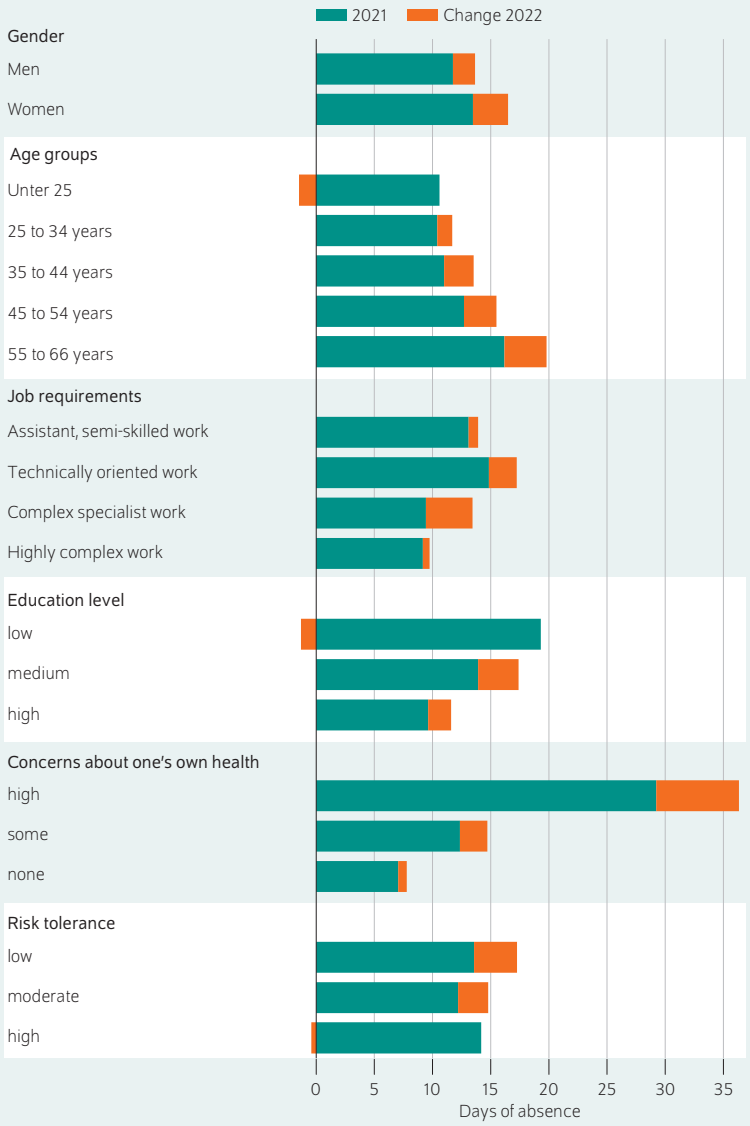
It can be inferred from this, that the aging of the workforce has contributed only to a small extent to the significant long-term increase in absenteeism, which amounts to more than five sick days for the period from 2004 to 2024. Thus, other factors play a role. In addition to respiratory diseases, these include the sharp increase in mental health conditions, which are associated with long-term absences.[29]

Conclusion: Allow for partial sick leave

According to both official data sources and SOEP data, the number of sick days taken by employees rose sharply in 2022. Since the introduction of the eAU is unlikely to have made a difference in the SOEP household surveys, but sick days rose at a similar rate to that seen in the official data, the introduction of the eAU was probably not the primary cause of the increase. Telephone sick leave reporting also does not explain the spike, as this system was already introduced on a provisional basis in 2020, suspended in the interim, and reintroduced in December 2023. Rather, two other explanations suggest themselves. First, respiratory illnesses increased sharply in 2022 and, second, the available results indicate that employees behaved differently when ill. Following the COVID-19 pandemic, employees tended to stay home when sick—particularly older employees as well as those with a low risk tolerance and significant concerns about their health.

Figure 6

Absences by sociodemographic characteristics in 2021 and change compared to 2022
In days per year



Note: SOEP: Days of absence for employees up to and including age 66 with valid data on days of absence.

Reading guide: The level of absenteeism in 2021 is shown, along with the change in 2022 compared to 2021. For example, women had an average of 13.5 days of absenteeism in 2021. In 2022, absenteeism increased by three days to a total of 16.5 days.

Source: SOEPv41; authors' own calculations.

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Older employees and those with significant concerns about their own health have high rates of absenteeism.

26 See Schenkel (2025), ibid.

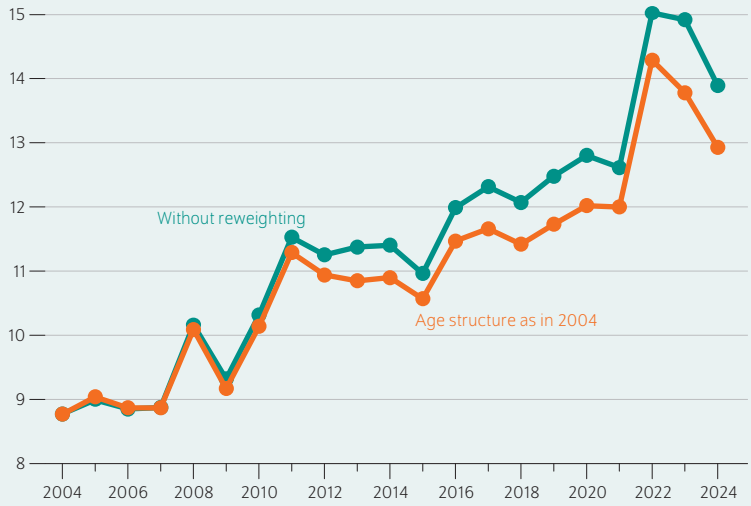
27 Own calculations based on the Microcensus (see Code: 12211-0001. Population, employed, unemployed, labor force, non-labor force from primary residence households: Germany, years, gender, age groups).

28 Press release from the Federal Statistical Office dated February 3, 2026: Fast ein Viertel der Erwerbstätigen in Deutschland ist zwischen 55 und 64 Jahre alt (in German; available online).

29 For example, sick days due to mental health conditions increased by 155 percent between 2000 and 2024, making them by far the fastest-growing category among the most common types of illness; see Techniker Krankenkasse (2025): Gesundheitsreport 2025 – Arbeitsunfähigkeiten (in German; available online).

Figure 7

Impact of the aging workforce on absenteeism trends
Sickness-related absenteeism in days per year with and without reweighting the age structure[1]



1 In the reweighting, the respective share of employees by age group as it existed in 2004 was applied to subsequent years.

Note: Absenteeism days for employees up to and including age 66 with valid data on absenteeism days

Source: SOEPv41; authors' own calculations.

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If the age structure of the workforce in 2024 was still the same as in 2004, there would have been only about one day fewer of absence.

To limit the high number of sick days, representatives of employer associations, political parties, and insurance companies have proposed, among other things, the introduction of reduced continued pay or waiting periods—that is, unpaid first sick days without continued pay. Studies show that a reduction in continued pay equal to the respective percentage cut is often accompanied by a corresponding decline in sick days.[30]

One argument against this is that such measures can lead to presenteeism, i.e., working despite being sick. Presenteeism is associated with a potential deterioration in health as well as the onset of secondary illnesses, which in turn can lead to higher absenteeism not only for the person concerned but also for their colleagues.[31]

Alternatively, the introduction of partial sick leave and the associated use of a graded sick leave certificate should be examined.[32] Such a regulation could break with current social law practice, which distinguishes exclusively between full capacity for work and full incapacity for work. At the same time, it would enable employees who are only slightly ill to perform professional duties to a limited extent, for example through remote work or a reduced number of hours.[33]

In addition, greater attention should be paid to preventive measures, particularly with regard to mental illness, as an analysis of long-term trends in absenteeism shows that this type of illness has become significantly more prevalent in recent years.

30 See Per Johansson and Marten Palme (2002): Assessing the Effect of Public Policy on Worker Absenteeism. Journal of Human Resources 37(2), 381–409 (available online).

31 Kristian Skagen and Alison M. Collins (2016): The consequences of sickness presenteeism on health and wellbeing over time: a systematic review. Social Science & Medicine, 161, 169–177 (available online).

32 See the Federal Government's Expert Council on "Health and Resilience" (2025): Entwicklung der Arbeitsunfähigkeitstage in Deutschland im zeitlichen Verlauf und im europäischen Vergleich – mögliche Ursachen und Handlungsempfehlungen (in German; available online).

33 Evidence from other countries suggests that employees on part-time sick leave are more likely to return to work fully recovered than those on full-time sick leave; see, for example, Daniela Andrén and Mikael Svensson (2012): "Part-Time Sick Leave as a Treatment Method for Individuals with Musculoskeletal Disorders." Journal of Occupational Rehabilitation 22, 418–426 (available online).

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