

11. ANALYSIS OF SICKNESS ABSENCE IN 2022–2023

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In 2023, recorded sickness absence exceeded 287 million days, including own illness and care for children or other family members. Sickness absence is a significant financial challenge. Total expenditure on sickness absence in 2023 amounted to PLN 26.7 billion (an increase of 4.9% compared to 2022), of which PLN 15.7 billion was spent on sickness allowances financed from the Social Insurance Fund (an increase of 7.7%), while PLN 11.0 billion was spent on sick pay financed from the funds of employers and the Fund of Guaranteed Employee Benefit Fund (an increase of 1.2%). The Social Insurance Fund covered 58.7% of sickness absence expenditure, with the remainder covered by employers and the Fund of Guaranteed Employee Benefit Fund.

Compared to 2022, the share of benefits financed from the Social Insurance Fund in total expenditure on absenteeism (for sick pay financed from employers' funds) increased by 1.5 percentage points.

The *Medical Certificate Register* recorded 27.0 million medical certificates for temporary incapacity to work. Compared to 2022, the number of days of sick absence decreased by 0.6%, and the number of medical certificates increased slightly by 0.2% (i.e. by 50.5 thousand certificates).

Table 11.1. Sickness absence in 2022–2023

Specification	Number of days of sickness absence		Number of medical leave certificates	
	Total	including: insured with the Social Insurance Institution	Total	including: insured with the Social Insurance Institution
	w mln			
2022	288.8	253.2	27.0	25.2
2023	287.2	250.7	27.0	25.2
	Dynamics			
2022 = 100	99.4	99.0	100.2	99.9

Medical certificates issued in 2023 by circumstance of absence:

- due to own illness – 23.7 million medical certificates for a total of 273.5 million days of sickness absence. The number of medical certificates increased by 0.6% compared to 2022, while the number of days of sickness absence decreased by 0.3%;
- with 2.9 million medical certificates issued for a total of 11.2 million days. Compared to 2022, the number of certificates decreased by 4.6% and the number of days of sickness absence by 7.3%.

due to care for another family member – 0.4 million certificates were issued, and the number of days of sickness absence amounted to 2.4 million days. This represented an increase in both the number of days on this account by 2.2% and the number of certificates by 9.4% compared with 2022.

Table 11.2. Sickness absence in 2022–2023 by circumstance

Wyszczególnienie	Number of days of sickness absence		Number of medical leave certificates		Average duration of medical leave	
	2022	2023	2022	2023	2022	2023
	in millions				in days	
TOTAL	288.8	287.2	27.0	27.0	10.70	10.62
of which on account of:						
own illness	274.3	273.5	23.6	23.7	11.64	11.54
childcare	12.1	11.2	3.0	2.9	4.02	3.90
care of another family member	2.4	2.4	0.4	0.4	5.73	5.36

As in previous years, seasonal patterns in sickness absence were observed. The highest number of medical certificates issued due to own illness was recorded in March 2023 – 2.5 million certificates, i.e. 10.4% of all certificates issued due to own illness in 2023. Compared to the previous month, this represents an increase of 17.4%. There is also a significant increase in the number of medical certificates in January, October and November, with 2.3 million certificates issued due to own illness in each of these months.

Table 11.3. Sickness absence due to own illness by month in 2023

Specification	Number of days of sickness absence		Number of medical leave certificates	
	Total	including: insured with the Social Insurance Institution	Total	including: insured with the Social Insurance Institution
	in millions			
I – XII 2023	273.5	237.3	23.7	21.9

Specification	Number of days of sickness absence		Number of medical leave certificates	
	Total	including: insured with the Social Insurance Institution	Total	including: insured with the Social Insurance Institution
in millions				
I	26.2	22.7	2.3	2.2
II	22.7	19.7	2.1	1.9
III	26.5	23.0	2.5	2.3
IV	21.2	18.2	1.8	1.6
V	21.6	18.6	1.8	1.6
VI	20.7	17.8	1.6	1.5
VII	20.2	17.4	1.5	1.4
VIII	20.5	17.6	1.5	1.4
IX	20.8	18.1	1.8	1.7
X	25.0	21.9	2.3	2.1
XI	24.1	21.0	2.3	2.1
XII	24.1	21.0	2.2	2.1

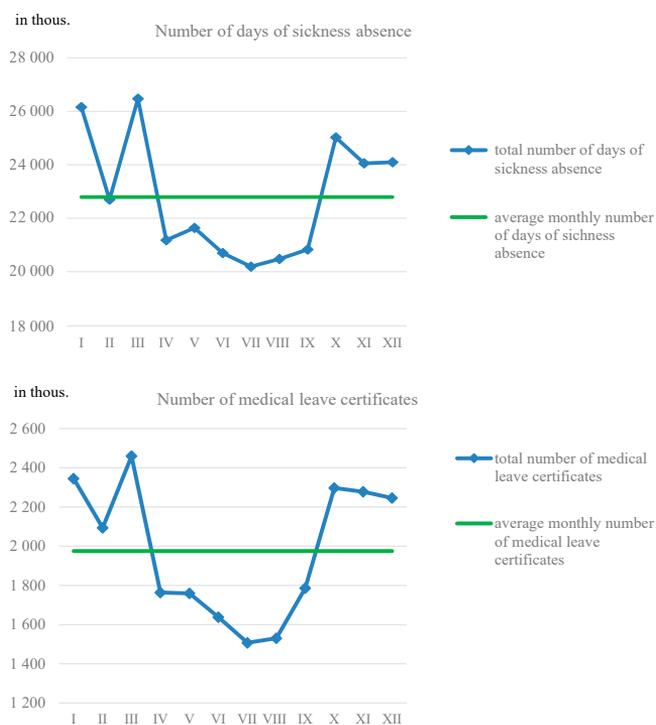


Fig. 11.1. Sickness absence due to own illness by month in 2023

In 2023, persons insured with the Social Insurance Institution (ZUS) constituted a population that received over 92% of all medical certificates issued for own illness, accounting for nearly 87% of all days of absence for this reason.

Table 11.4. Sickness absence in 2022–2023 of persons insured with ZUS

Specification	Number of days of sickness absence		Number of medical leave certificates		Average duration of medical leave	
	2022	2023	2022	2023	2022	2023
	in millions				in days	
In total	253.2	250.7	25.2	25.2	10.05	9.96
including:						
own illness	239.0	237.3	21.8	21.9	10.95	10.83
Males	103.2	103.5	9.7	9.7	10.63	10.66
Females	135.8	133.8	12.1	12.2	11.20	10.96

In 2023, the sickness absence rate among persons insured with ZUS was as follows:

- 25.2 million medical certificates in total,
- 250.7 million days of sickness absence,

including:

- 21.9 million certificates due to own illness,
- 237.3 million days of sickness absence resulting from these certificates,
- average absence as per medical certificate – 10.83 days.

The cumulative average duration of sickness absence of persons insured with the Social Insurance Institution (ZUS) in 2023 (from the beginning of the year) was 33.14 days. The cumulative absence of women was more than 3 days longer than that of men (31.38 days for men and 34.65 days for women).

In 2023, at least one medical certificate due to own illness was issued to 7,158.6 thousand insured persons. Of this number, 3,859.7 thousand women were on sick leave, accounting for 53.9% of those on sick leave. There were 3,297.5 thousand men on sick leave at least once, accounting for 46.1% of those on sick leave.

In 2023, changes in the duration of sickness absence were observed. Medical certificates issued for 1 to 5 days predominated. Certificates issued for 11 to 30 days of incapacity also represented a high percentage. Compared to 2022, the share of certificates issued for 1 to 5 days increased from 40.6% to 42.2%,

including one-day certificates from 5.8% to 6.6%. However, the percentage of sick leave lasting between 6 and 10 days decreased from 24.3% to 23.1%, as did the percentage of certificates for absences between 11 and 30 days, from 30.2% to 29.6%. This means that in 2023, the proportion of medical certificates for up to 5 days increased by 1.6 percentage points, while the proportion of certificates for 6 to 10 days decreased by 1.2 percentage points.

Table 11.5. Number of medical certificates issued in 2023 due to own illness to persons insured with ZUS by duration of sickness absence and gender

Specification	Number of medical leave certificates	number of medical leave by duration leave in days:					
		1-5	including:	6-10	11-20	21-30	31 days and more
			1 day				
in millions							
In total	21.9	9.3	1.4	5.1	3.8	2.7	1.1
Males	9.7	3.9	0.5	2.5	1.9	0.9	0.5
Females	12.2	5.4	0.9	2.6	1.9	1.8	0.6

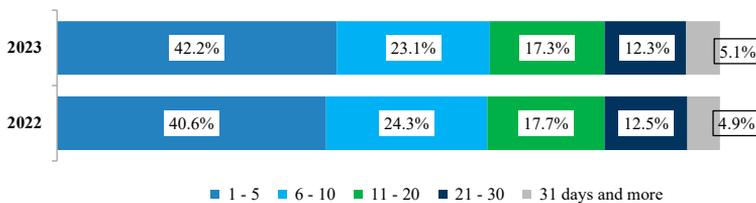


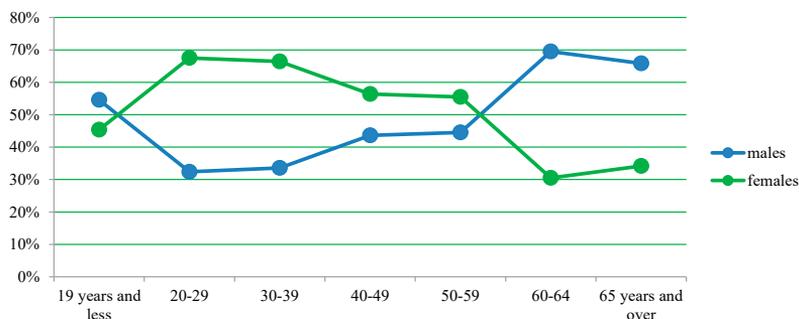
Fig. 11.2. Structure of the number of medical certificates by specified duration of sickness absence in 2022–2023

When analysing the number of days of sickness absence in correlation with the sex and age of insured persons, a clear difference between age groups can be seen. The insured between the ages of 30 and 34 were on sick leave for the longest period of time, with the proportion of days absent amounting to 14.0%. In the case of male absences, 12.8% concerned insured persons aged between 60 and 64, and 12.4% concerned men aged between 40 and 44. In the female population, those aged 30–34 were on sick leave for the longest period of time, with the proportion of days taken by insured persons amounting to 17.0%.

Table 11.6. Structure of sickness absence days due to own illness of persons insured with ZUS by age and gender in 2022–2023

Age	2022			2023		
	Total	males	females	Total	males	females
	in percentages					
In total	100.0	100.0	100.0	100.0	100.0	100.0
19 years and under	0.9	1.2	0.7	1.0	1.4	0.8
20-24	5.4	5.2	5.5	4.9	4.8	5.0
25-29	12.3	8.6	15.1	11.4	8.1	14.1
30-34	14.5	10.5	17.5	14.0	10.1	17.0
35-39	13.0	11.9	13.9	12.9	11.7	13.8
40-44	11.5	12.0	11.0	12.0	12.4	11.6
45-49	11.2	11.7	10.8	11.6	12.0	11.3
50-54	10.5	10.7	10.3	11.0	11.2	10.8
55-59	10.6	11.4	10.0	10.7	11.4	10.2
60-64	7.7	12.9	3.7	7.7	12.8	3.7
65 years and over	2.6	4.0	1.5	2.8	4.2	1.7

When analysing the number of sickness absence days by sex, the largest difference was observed in the 60–64 age group, where the number of sickness absence days for men was more than double that of women. In the age groups 25–29 (69.2% of the number of days), 30–34 (68.4% of the number of days) and 35–39 (60.4% of the number of days), the duration of sickness absence among women significantly exceeded that among men.

**Fig. 11.3.** Medical certificates issued due to own illness to persons insured with ZUS by age and gender in 2023

In 2023, the insured also stayed longer in hospitals. The number of sickness absence days related to hospitalisation of persons insured with ZUS accounted for 2.6% of total sickness absence and amounted to 6,180.0 thousand days. In total, 1,385.5 thousand medical certificates related to hospital stays were issued, accounting for 6.3% of all certificates.

Hospitalisation-related absenteeism increased by 7.5% days compared to 2022, while the number of hospital certificates was 12.9% higher. However, the average duration of incapacity to work per hospital stay was lower than in the previous year, at 4.46 days (4.69 days in 2022).

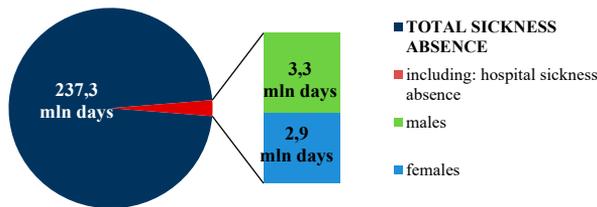


Fig. 11.4. Hospital stay due to own illness of persons insured with ZUS in 2023

For years, there has been a clear prevalence of certificates issued to women. In 2022, 55.5% of medical certificates were issued to women, compared to 55.7% in 2023.

When analysing sickness absence, it is difficult to overlook the significant impact of incapacity to work during pregnancy on overall absence and on the absence of the female population. The share of sickness absence days of pregnant women in the total number of absence days (i.e. absence of men and women) was 14.5% in 2023 (16.0% in 2022), while the share of sickness absence days of pregnant women in the number of sickness absence days of women was 25.8% in 2023 (28.2% in 2022). Every eighth certificate was issued in connection with incapacity during pregnancy, and over a quarter of the number of days of sickness absence among women was due to incapacity during pregnancy.

The letter B indicates incapacity during pregnancy on the medical certificate. However, at the insured person’s request, the doctor does not include the code B on the medical certificate. Under the Act on cash benefits under social insurance in the case of sickness and maternity, indicating this code on a medical certificate affects eligibility for sickness allowance and its amount.

In 2023, 304 thousand women were on sick leave with the letter code “B” for at least one day (336.2 thousand in 2022).

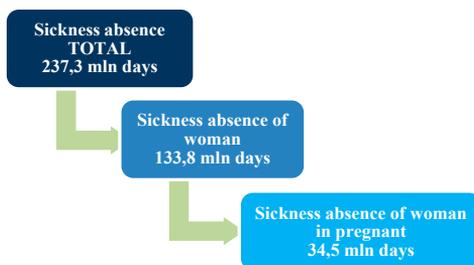


Fig. 11.5. Sickness absence of women insured with ZUS due to own illness in 2023

Due to incapacity for work falling during pregnancy, women insured with ZUS were issued with 1.5 million medical certificates, while sickness absence amounted to 34.5 million days. Compared to 2022, the number of certificates issued for this reason was lower by 9.4%, and the number of sickness absence days by 10.0%. Absence during pregnancy accounted for 25.8% of sickness absence among women and 12.1% of medical certificates issued to women. In 2022, these figures were 28.2% and 13.5%, respectively.

Table 11.7. Number of days of absence due to own illness among women insured with ZUS by age in 2022–2023

Age	Sickness absence of woman in total		Sickness absence of pregnant woman	
	2022	2023	2022	2023
	in percentages			
In total	100.0	100.0	100.0	100.0
19 years and under	0.7	0.8	0.4	0.5
20-24	5.5	5.0	8.1	7.5
25-29	15.1	14.1	32.7	31.9
30-34	17.5	17.0	36.7	37.3
35-39	13.9	13.8	17.9	18.3
40-44	11.0	11.6	3.9	4.2
45-49	10.8	11.3	0.2	0.3
50 years and over	25.5	26.4	0.0	0.0

When analysing sickness absence among women by age, it can be seen that those over 50 were on sick leave for the longest period of time, at 26.4% of the total number of days taken by women. In the women population whose incapacity occurred during pregnancy, the highest percentage of sickness absence (37.3%) was recorded for women between 30 and 34, and those aged 25–29 accounted for 31.9% of total sickness absence during pregnancy.

Absences due to incapacity to work during pregnancy (certificates with code “B”) in 2023 were most often due to:

- maternal care for other conditions predominantly related to pregnancy (O26) – 82.2% of the total number of sickness absence days of women unable to work during pregnancy (28.4 million days of absence); in 2022, it was 81.6%, i.e. 31.3 million days of absence,
- haemorrhage in early pregnancy (O20) – 4.9% (1.7 million days); in 2022 – 5.4%, i.e. 2.1 million days,
- supervision of high-risk pregnancy (Z35) – 2.4% (0.8 million days),
- diabetes mellitus in pregnancy (O24) – 1.7% (0.6 million days),
- preterm labour (O60) – 1.1% (0.4 million days).

What were the causes of illness-related incapacity to work, and which diseases caused the longest absences among the entire population on sick leave in 2023?

Analysis of the number of days of absence in correlation with disease groups indicates that the longest periods of incapacity to work were caused by the following:

- diseases of the musculoskeletal system and connective tissue – 17.0% (16.4% in 2022), 40.4 million days,
- diseases of the respiratory system – 14.5% (14.2% in 2022), 34.3 million days,
- pregnancy, childbirth and the puerperium – 14.2% of the total number of days of absence (15.7% in 2022), 33.7 million days of sickness absence,
- Injury, poisoning and certain other consequences of external causes – 13.4% (13.3% in 2022), 31.8 million days,
- mental and behavioural disorders – 11.0% (10.0% in 2022), 26.1 million days,
- COVID-19-related disease entities – 1.1% (2.1% in 2022), 2.6 million days of absence.

Depending on sex, temporary incapacity to work was caused by different diseases.

In the **male** population, the longest absences were caused by the following:

- acute upper respiratory infections of multiple and unspecified sites (J06) – 5.6% of the total number of sickness absences among men (this was 5.6% in 2022),

- nerve root and plexus disorders (G54) – 5.0% (5.6% in 2022),
- dorsalgia (M54) – 4.8% (also 4.8% in 2022),
- other intervertebral disc disorders (M51) – 3.0% (also 3.0% in 2022),
- acute nasopharyngitis (common cold) (J00) – 2.9% (3.0% in 2022).

COVID-19 (U07.1) ranked 26th, accounting for 0.9% of the total number of days of sickness absence for men (in 2022, it was 1.4%). In contrast, influenza (J10, J11) ranked 41st, accounting for 0.5% of the total number of sickness absence days for men (0.3% in 2022). This represents a more than 1.5-fold increase in the number of days of absence compared to 2022, with the number of days of absence caused by *influenza due to identified seasonal influenza virus (J10)* increasing nearly fourfold.

In the **female population, for years**, the longest sickness absence has been due to *maternal care for other conditions predominantly related to pregnancy (O26)* – 21.4% of the total number of women's sickness absence days (in 2022, it was 23.2%).

These are followed by:

- acute upper respiratory infections of multiple and unspecified sites (J06) – 5.6% (5.5% in 2022),
- reaction to severe stress, and adjustment disorders (F43) – 4.4% (3.8% in 2022),
- nerve root and plexus disorders (G54) – 3.0% (3.2% in 2022),
- dorsalgia (M54) – 2.8% (2.7% in 2022).

COVID-19 (U07.1) ranked 15th among diseases causing the longest absence, accounting for 1.1% of the total number of days of sickness absence for women (in 2022, it was 1.4%). In contrast, influenza (J10, J11) was ranked 40th, accounting for 0.4% of the total number of female sickness absence days (0.2% in 2022). This represents nearly a twofold increase in the number of days of absence compared to 2022, with the number of days of absence caused by *influenza due to identified seasonal influenza virus (J10)* increasing 4.5 times.

In 2023, *COVID-19* was no longer the leading cause of incapacity to work. Sickness absence due to *COVID-19* decreased, while absence due to *Diseases of the respiratory system (J00-J99)* increased. This cause accounted for 6.8 million medical certificates involving a total of 34.3 million days of sickness absence. This represented 30.8% of the total number of certificates issued and 14.5% of the total number of days of sickness absence. This represented an increase of 4.3% in the number of certificates issued and 0.9% in the number of days of sickness absence compared to 2022.

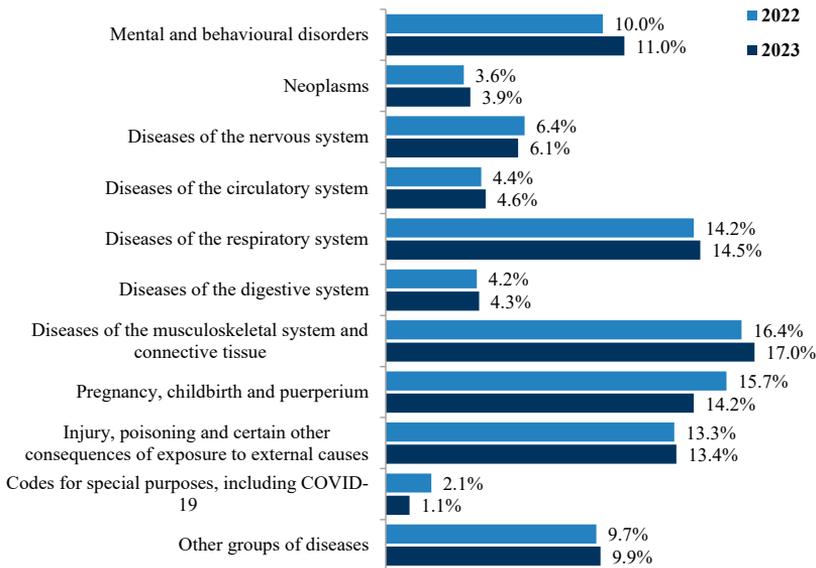


Fig. 11.6. Structure of sickness absence days in 2022–2023 due to own illness of persons insured with ZUS by disease group

In 2023, more than half (i.e. 57.2%) of these certificates were issued to women. A large proportion of certificates issued for disease entities in this group related to *Acute upper respiratory infections of multiple and unspecified sites (J06)*, with 2.7 million issued in 2023 for a total of 13.2 million days. This accounted for 40.0% of medical certificates issued in this disease group and 38.6% of sickness absence days. It is also worth noting that in 2023, every eighth medical certificate due to own illness related to *Acute upper respiratory infections of multiple and unspecified sites (J06)*.

Compared to 2022, the number of certificates for *Acute upper respiratory infections of multiple and unspecified sites (J06)* increased by 4.8%, and the number of days of absence increased by 0.1%. Most often, certificates concerning this condition were short-period, from 1 to 5 days (67.5% of all certificates for this condition), including 4.5% for one-day certificates. In 2022, these were 63.9% and 3.8%, respectively.

Men were most often issued **medical certificates** for the following reasons:

- acute upper respiratory infections of multiple and unspecified sites (J06) – 11.8% of the total certificates issued to men (11.3% in 2022),
- acute nasopharyngitis (common cold) (J00) – 7.4% (7.5% in 2022),

- dorsalgia (M54) – 5.6% (5.5% in 2022),
- *COVID-19 (U07.1)* ranked 10th, accounting for 1.5% of the total number of medical certificates issued for men (in 2022, it was 2.4%).

Among men, the dominant cause of one-day medical certificates issued in 2023 was *Acute nasopharyngitis (common cold)* – 9.9% of certificates (10.1% in 2022). This was followed by:

- acute upper respiratory infections of multiple and unspecified sites (J06) – 8.7% (8.0% in 2022),
- other noninfective gastroenteritis and colitis (K52) – 5.7% (4.6% in 2022),
- functional dyspepsia (K30) – 2.6% (3.0% in 2022),
- dorsalgia (M54) – 2.6% (2.7% in 2022),
- abdominal and pelvic pain (R10) – 2.5% (2.4% in 2022),
- acute pharyngitis (J02) – 2.1% (2.2% in 2022).

The most common disease entities leading to the issuance of medical certificates to women were:

- acute upper respiratory infections of multiple and unspecified sites (J06) – 12.8% (12.2% in 2022),
- maternal care for other conditions predominantly related to pregnancy (O26) – 9.8% of the total certificates issued to women (10.8% in 2022),
- acute nasopharyngitis (common cold) (J00) – 7.4% (7.5% in 2022).

COVID-19 (U07.1) ranked ninth in the number of medical certificates issued to women, accounting for 2.0% of the total certificates issued to them in 2023 (in 2022, it was 2.7%).

Among women, the dominant cause of one-day medical certificates issued in 2023 was *Acute nasopharyngitis (common cold) (J00)* – 8.3% of certificates (in 2022, it was 8.7%). Other significant disease entities were as follows:

- acute upper respiratory infections of multiple and unspecified sites (J06) – 8.1% (7.7% in 2022),
- other noninfective gastroenteritis and colitis (K52) – 4.6% (3.8% in 2022),
- abdominal and pelvic pain (R10) – 3.2% (3.0% in 2022),
- functional dyspepsia (K30) – 2.4% (2.7% in 2022),
- acute pharyngitis (J02) – 2.1% (2.2 in 2022%),
- migraine (G43) – 2.0% (1.8% in 2022).

The most common illness in pregnant women should also be mentioned here. The ranking of disease entities was dominated by:

- maternal care for other conditions predominantly related to pregnancy (O26) – 82.2% of the total number of sickness absence days of women unable to work

during pregnancy (28.4 million days of absence); in 2022, it was 81.6%, i.e. 31.3 million days of absence,

- haemorrhage in early pregnancy (O20) – 4.9% (1.7 million days); in 2022 – 5.4%, i.e. 2.1 million days,
- supervision of high-risk pregnancy (Z35) – 2.4% (0.8 million days),
- diabetes mellitus in pregnancy (O24) – 1.7% (0.6 million days),
- preterm labour (O60) – 1.1% (0.4 million days).

On 1 July 2023, the epidemic threat introduced in connection with SARS-CoV-2 infections was revoked. Things returned to pre-pandemic standards.

In 2023, 396.2 thousand medical certificates were issued due to *COVID-19* (U07.1), accounting for a total of 2,495.6 thousand days of sickness absence. The number of medical certificates issued for this reason was 32.0% lower than in the previous year, while the number of sickness absence days decreased by 31.6%.

The highest number of medical certificates due to *COVID-19* (U07.1) was issued in December 2023. It was 116.6 thousand certificates, representing 29.4% of all certificates issued in 2023 due to *COVID-19*. Another wave of increased sickness absence was recorded in March, with 22.3% of medical certificates and 22.7% of absence days.

Table 11.8. Sickness absence due to own illness with COVID-19 in 2022–2023

Specification	Number of days of sickness absence				Number of medical leave certificates			
	Total	including:	Total	including:	Total	including:	Total	including:
		insured with the Social Insurance Institution		insured with the Social Insurance Institution		insured with the Social Insurance Institution		insured with the Social Insurance Institution
	2022		2023		2022		2023	
in thousands								
I-XII 2023	3 650.9	3 438.2	2 495.6	2 426.5	582.5	559.5	396.2	387.5
I	504.0	448.8	90.1	87.2	81.4	76.2	13.8	13.5
II	422.2	376.3	345.6	336.8	74.5	69.4	52.3	51.3
III	238.6	220.8	567.7	553.2	43.4	41.4	88.3	86.5
IV	163.1	155.9	100.3	96.8	25.7	24.9	16.4	16.0
V	54.3	52.0	18.3	17.7	8.4	8.2	3.0	2.9
VI	47.3	45.4	6.7	6.5	7.4	7.2	1.1	1.1
VII	324.5	312.3	4.1	3.9	49.8	48.4	0.6	0.6

Specification	Number of days of sickness absence				Number of medical leave certificates				
	Total	including: insured with the Social Insurance Institution		Total	including: insured with the Social Insurance Institution		Total	including: insured with the Social Insurance Institution	
		2022	2023		2022	2023			
	in thousands								
VIII	658.3	632.1	12.1	11.5	99.9	96.8	1.9	1.9	
IX	756.9	731.3	51.2	49.7	116.1	113.1	8.3	8.1	
X	304.8	293.7	143.1	139.7	48.3	47.0	23.0	22.6	
XI	77.9	74.7	446.0	433.8	12.3	11.9	70.7	69.2	
XII	98.9	94.9	710.4	689.7	15.3	14.9	116.6	113.9	

More than half (i.e. 60.8%) of the *COVID-19 (U07.1)* certificates were issued to women (in 2022, it was 57.2%). The number of sickness absence days represented 59.5% (55.8% in 2022).

The most common medical certificates due to *COVID-19 (U07.1)* were issued for 1 to 5 days of incapacity. These accounted for 43.3% of all certificates, including 1.8% of one-day certificates. *COVID-19* medical certificates for 6 to 10 days were issued in 51.9% of cases. Certificates issued for 11 to 20 days accounted for 4.6% of certificates. Only 0.2% of medical certificates were issued for more than 20 days. The number of certificates for 6 to 10 days of incapacity to work increased by 4.8 percentage points compared to 2022. On the other hand, the number of certificates issued for up to 5 days decreased by 3.0 percentage points.

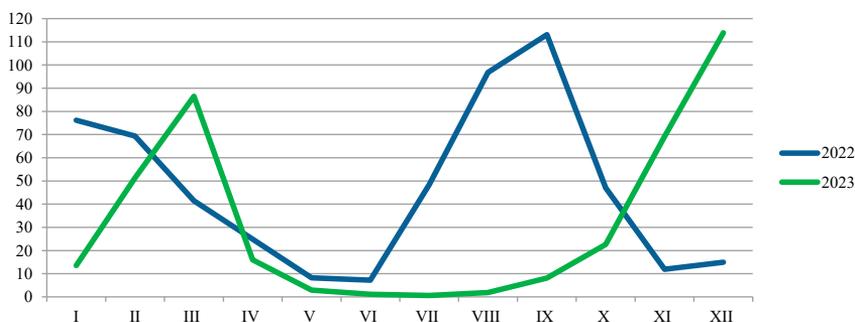


Fig. 11.7. Number of medical certificates (in thousands) of persons insured with ZUS due to own illness with *COVID-19* in each month of 2022 and 2023

The lifting of the epidemic threat caused by SARS-CoV-2 infections does not mean that the conditions accompanying the underlying COVID-19 have disappeared. There is still an increase in the incidence of mental illness, including depressive disorders, in both children and adults.

In 2023, 1.4 million medical certificates were issued due to mental and behavioural disorders for a total of 26.1 million days of sickness absence. This represented 6.4% of the total medical certificates and 11.0% of the total number of days of absence. Compared to 2022, 8.7% more medical certificates were issued, and 9.5% more days of incapacity to work were recorded. Over the year, the highest number of medical certificates – 128.3 thousand – was issued in October 2023, accounting for 9.1% of all certificates issued for this reason, for a total of 2,372.0 thousand days.

Medical certificates for mental and behavioural disorders were most often issued in connection with *Reaction to severe stress, and adjustment disorders (F43)* – 33.9%, *Depressive episode (F32)* – 17.9%, *Recurrent depressive disorder (F33)* – 8.7% and *Other anxiety disorders (F41)* – 17.5%. It should be noted that *Reaction to severe stress, and adjustment disorders (F43)* accounted for an increase of 12.0% in the number of medical certificates issued for this reason and 13.5% in the number of days of sickness absence.

In addition to disease entities related to *Mental and behavioural disorders (F00-F99)*, sickness absence due to psychosomatic disorders was influenced by *Malaise and fatigue (R53)*.

In 2023, 84.6 thousand medical certificates were issued for this reason, for a total of 416.7 thousand days. Over the past five years, the number of certificates issued for this reason has increased more than fourfold: from 61.8 thousand in 2019 to 261.0 thousand in 2021; in the following two years, it decreased by 53.4% in 2022 and by 69.6% in 2023 to pre-pandemic levels.

The level and spatial variation of sickness absence depend on a number of factors. Sickness absence is mainly correlated with the health status of the population and the level and efficiency of healthcare. Health is influenced by urbanisation and pollution, as well as by the working environment, the sustainability of companies and jobs, the closure of companies and the resulting unemployment, the availability of childcare, and the development of social service care infrastructures.

In recent years, the spread of pandemics has influenced the spatial variation in sickness absence.

In 2023, the longest sickness absences due to own illness of people insured with ZUS were recorded in the voivodships of Mazowieckie (13.5% of the total number of days of sickness absence), Śląskie (12.5%), and Wielkopolskie (10.4%).

The growth in the number of days and the number of medical certificates issued in 2023 shows that most voivodships experienced a decrease in both indicators. Only Małopolskie, Opolskie and Świętokrzyskie voivodships showed sickness absence levels at similar levels to 2022.

The average duration of the medical certificate in these voivodships was 10.34 days, 10.28 days and 10.82 days, respectively. Inhabitants of Łódzkie and Świętokrzyskie voivodships were on sick leave longer than the overall average (10.83 days), while inhabitants of Kujawsko-Pomorskie, Lubelskie, Lubuskie, Podkarpackie, Podlaskie and Warmińsko-Mazurskie voivodships were on sick leave for more than 11 days.

Table 11.9. Sickness absence due to own illness in 2023 by voivodship

Voivodships	Number of days of sickness absence		Number of medical leave certificates		Dynamic	
	in thous.	in %	in thous.	in %	days sickness absence	medical leave
					previous year = 100	
In total	237 309.7	100.0	21 912.2	100.0	99.3	100.4
including:						
Dolnośląskie	18 050.2	7.6	1 780.2	8.1	99.6	100.7
Kujawsko-pomorskie	12 495.8	5.3	1 079.2	4.9	98.3	98.6
Lubelskie	11 047.6	4.7	989.7	4.5	99.9	99.7
Lubuskie	6 067.2	2.6	541.8	2.5	99.8	101.4
Łódzkie	17 931.0	7.6	1 469.5	6.7	98.1	98.6
Małopolskie	19 390.5	8.2	1 869.1	8.5	100.3	102.6
Mazowieckie	32 106.0	13.5	3 103.8	14.2	99.2	101.2
Opolskie	5 687.9	2.4	541.1	2.5	101.3	101.1
Podkarpackie	12 257.5	5.2	1 038.9	4.7	99.8	100.9
Podlaskie	5 696.9	2.4	517.8	2.4	98.4	97.8
Pomorskie	14 426.8	6.1	1 331.4	6.1	99.5	101.3
Śląskie	29 675.4	12.5	2 888.0	13.2	99.4	100.3
Świętokrzyskie	7 414.7	3.1	615.4	2.8	100.2	102.2
Warmińsko-mazurskie	7 841.8	3.3	670.4	3.1	98.3	98.9
Wielkopolskie	24 659.0	10.4	2 278.3	10.4	99.1	99.5
Zachodniopomorskie	9 930.1	4.2	932.6	4.3	99.8	100.8

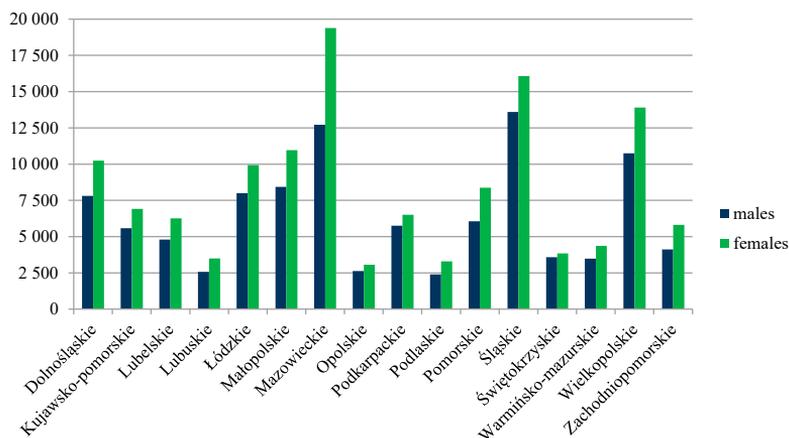
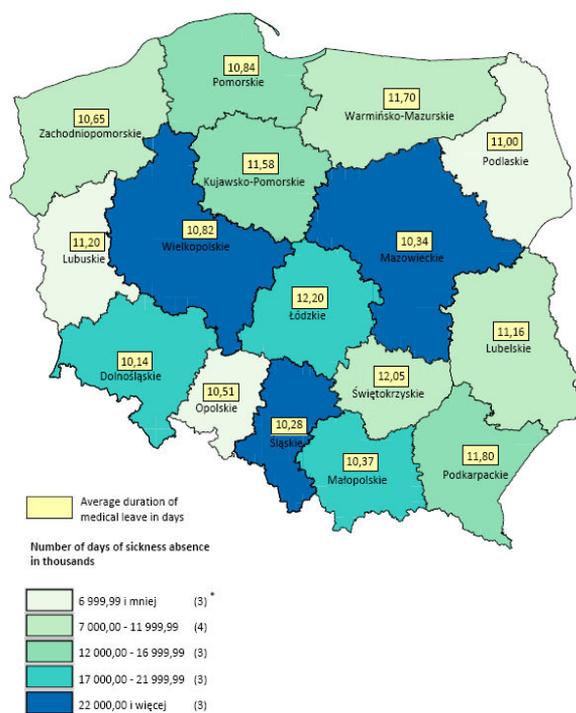


Fig. 11.8. Number of days of sickness absence (in thousands) in 2023 due to own illness of persons insured with ZUS by gender and voivodship



* number of voivodships

Fig. 11.9. Number of days of sickness absence in 2023 due to own illness of persons insured with ZUS by voivodship, together with the average duration of the medical certificate

Table 11.10 and Fig. 11.10 illustrate the distribution of the number of days of sickness absence due to inability to work caused by selected disease groups in each voivodship. These selected sickness groups generated 84.7% of total sickness absence days in 2023.

In 2023, the highest proportion of sickness absence days in most voivodships was recorded in relation to diseases of the musculoskeletal system and connective tissue. The voivodships with the longest absenteeism were Warmińsko-Mazurskie (19.1% of absence days in this voivodship), Małopolskie (18.5%), Opolskie (18.4%), Podkarpackie (18.4%), Świętokrzyskie (18.5%) and Zachodniopomorskie (18.2%). Long sickness absence was caused by illnesses related to pregnancy, childbirth and the puerperium. Women in Lubelskie (16.2% of the number of days in the voivodeship), Małopolskie (16.9%) and Podlaskie (17.5%) voivodships were on sick leave the longest on this account.

The proportion of sickness absence days due to diseases of the respiratory system in each voivodship ranged from 12.3% to 15.8%. The highest percentage was recorded in Dolnośląskie (15.8%) and Mazowieckie (15.7%) voivodships for the number of days of absenteeism in each of these voivodships. For mental and behavioural disorders, the highest number of days of sickness absence was recorded in Kujawsko-Pomorskie voivodship (14.2% of sickness absence days in this voivodship) and in Wielkopolskie voivodship (13.4%).

Table 11.10. Structure of sickness absence days due to own illness of persons insured with ZUS in selected disease groups by voivodship in 2023

Voivodeships	Number of days of sickness absence	including:							
		neoplasms	mental and behavioural disorders	diseases of the nervous system	diseases of the circulatory system	diseases of the respiratory system	diseases of the musculoskeletal system and connective tissue	pregnancy, childbirth and puerperium	injury, poisoning and certain other consequences of exposure to external causes
in percentages									
In total	100.0	3.9	11.0	6.1	4.6	14.5	17.0	14.2	13.4
including:									
Dolnośląskie	100.0	3.9	11.3	5.5	4.4	15.8	16.9	12.8	14.1
Kujawsko-pomorskie	100.0	4.1	14.2	6.0	4.7	12.6	17.5	13.7	12.6
Lubelskie	100.0	3.6	7.6	8.4	4.5	13.5	15.7	16.2	15.6
Lubuskie	100.0	4.1	11.0	7.2	4.9	14.3	16.2	13.6	12.9
Łódzkie	100.0	3.6	12.5	6.9	5.2	14.1	17.2	13.0	13.1

Voivodships	Number of days of sickness absence	including:								
		neoplasms	mental and behavioural disorders	diseases of the nervous system	diseases of the circulatory system	diseases of the respiratory system	diseases of the musculoskeletal system and connective tissue	pregnancy, childbirth and puerperium	injury, poisoning and certain other consequences of exposure to external causes	
in percentages										
Małopolskie	100.0	3.7	8.4	5.3	4.3	15.1	18.5	16.9	12.7	
Mazowieckie	100.0	3.8	12.9	4.8	3.9	15.7	15.6	15.7	12.2	
Opolskie	100.0	4.0	7.8	5.0	5.0	15.3	18.4	13.7	14.2	
Podkarpackie	100.0	3.7	7.8	7.6	4.9	12.9	18.4	15.3	14.6	
Podlaskie	100.0	4.2	8.0	5.5	3.9	12.9	17.0	17.5	16.2	
Pomorskie	100.0	3.9	12.8	6.6	3.8	14.0	16.2	15.3	12.3	
Śląskie	100.0	3.7	9.5	6.0	4.9	15.4	17.8	11.8	14.3	
Świętokrzyskie	100.0	3.6	10.0	7.7	5.1	12.5	18.5	12.4	14.5	
Warmińsko-mazurskie	100.0	3.9	10.5	6.0	4.4	12.3	19.1	13.6	15.0	
Wielkopolskie	100.0	4.1	13.4	6.2	4.9	14.1	15.2	14.6	12.3	
Zachodniopomorskie	100.0	4.3	12.5	5.8	4.3	14.5	18.2	12.4	12.5	

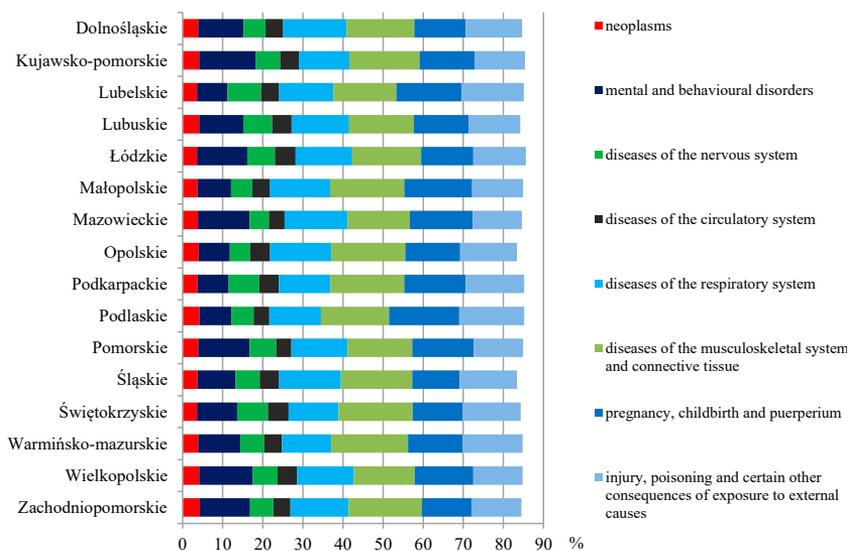


Fig. 11.10. Structure of sickness absence days of persons insured with ZUS due to their own illness by selected disease groups and voivodships in 2023