

KNOWLEDGE CENTRE · OCTOBER 2026

Absenteeism towards 2030

From managing absence to improving work

What the Dutch figures really show, which risks will weigh more heavily towards 2030, and what HR and management teams can do today to prevent avoidable absence.

5.4%

sickness absence in 2025,
up from 3.9% in 2015

5.8%

in the first quarter of 2026,
above the 30-year average
of 5.0%

€8.3bn

in sick pay due to (partly)
work-related absence in
2023

IN BRIEF

What lies ahead for organisations?

Absenteeism is structurally higher than ten years ago. The biggest burden is not the short bout of flu but long-term absence: more often psychological, more often work-related. That is also where prevention has the most scope.

1

Absenteeism has risen structurally

From 3.9% in 2015 to 5.4% in 2025. The first quarter of 2026 came in at 5.8%: the same as a year earlier and well above the average of 5.0% since 1996.

2

Large organisations and public sectors feel it most

Organisations with 100+ employees stood at 6.8% in early 2026. Healthcare at 8.2%; nursing, residential and home care at 9.9%.

3

Long-term absence is often psychological and often work-related

In 2023, 40.1% of long-term absence cases were attributed to mental health complaints. Of employees absent for that reason, 75% say the absence is (partly) work-related.

4

Large sums are at stake

Work-related absence cost employers €8.3 billion in sick pay in 2023, of which €4.9 billion was due to psychosocial workload.

5

Absence figures do not explain why

To prevent absence, you need to know which work factors are at play in which teams. That calls for employee research alongside absence records, and for managers who can act on it.

Not every illness can be prevented, and not all absence is work-related. Prevention means creating healthy working conditions, not holding employees responsible for their illness.

HOW TO READ THIS

Chapters 1 to 3 interpret the figures, 4 and 5 the risks and sector differences. Chapters 6 to 9 cover the approach, chapter 10 how Deepler supports it.

CHAPTER 1

Three figures, three different meanings

Three kinds of figures often get mixed up in discussions about absenteeism. They measure different things, have different denominators and cannot be added together.

5.4%**TIME LOST**
CBS · 2025

Of every 1,000 scheduled working days, 54 on average were lost to illness. That differs from the share of employees who are or were off sick: according to the research institute TNO, 51% of employees were absent at least once in 2023.

40.1%**CAUSE**
RIVM · 2023

The share of long-term absence cases (42 to 730 days) attributed to mental health complaints, based on ArboNed and HumanCapitalCare data. So not 40.1% of all employees or sickness reports. Among 25 to 35-year-olds it is 56.9%.

€8.3bn**COST**
TNO Arbobalans · 2023

The estimated annual sick pay due to (partly) work-related absence in the Netherlands, up from €5.1 billion in 2015. Of this, €4.9 billion is linked to psychosocial workload. A national total, not an average per organisation.

Why the figures do not add up. They describe time lost, the cause of long-term cases and sick pay respectively, with different populations and partly different reference years.

WORKED EXAMPLE

What does one percentage point mean?

An organisation with 500 FTE and around 220 scheduled working days per FTE has 110,000 working days a year. At 5.4% absence, that is some 5,940 days of absence. Each percentage point of difference represents around 1,100 working days: roughly five full-time positions.

Illustrative example, not a forecast for any individual organisation.

CHAPTER 2

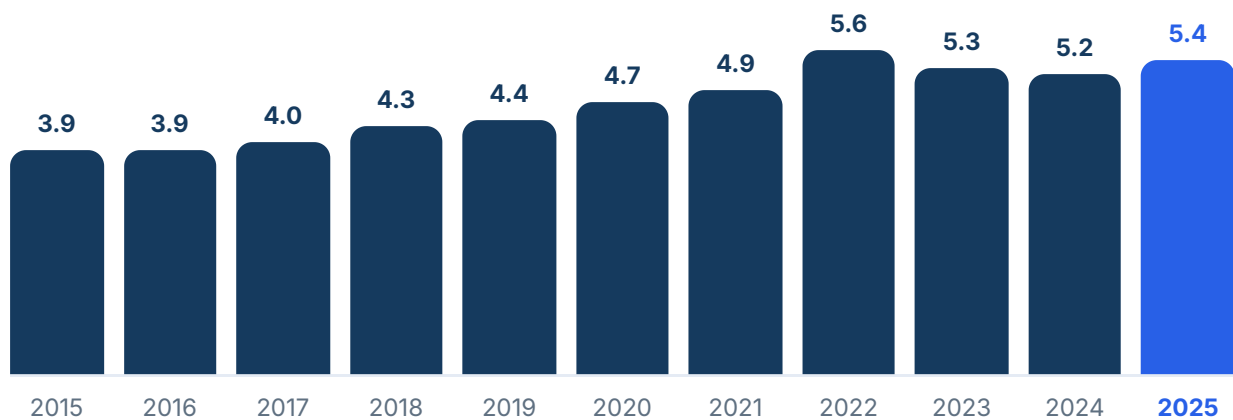
What do the trends really show?

Absenteeism rose from 3.9% in 2015 to 5.4% in 2025: 1.5 percentage points, or roughly 38% higher. The line does not rise every year. After the 2022 peak of 5.6%, absence fell for two years in a row, before rising again in 2025.

Sickness absence among employees

% of scheduled working days · 2015 to 2025

▲ 1.5 percentage points



Source: CBS, De arbeidsmarkt in cijfers 2025.

FIRST QUARTER OF 2026

5.8%

The same as the first quarter of 2025 and well above the average of 5.0% since 1996.

100+ EMPLOYEES

6.8%

Absence in larger organisations in the first quarter of 2026, compared with 2.8% in organisations with fewer than ten employees.

A striking contrast

According to Statistics Netherlands (CBS), the share of employees who often or always work under high pressure fell from 38.1% in 2015 to 31.4% in 2025. Meanwhile, the share who feel mentally exhausted by work a few times a month or more rose from 13% to 21%. These are different measures, but they point the same way: workload alone does not explain everything. Recovery, autonomy, support and the meaning of work also play a part.

CHAPTER 3

Short reports, long absences

If you only look at sickness reports, you mainly see flu and colds. If you look at duration and days lost, a different picture emerges. That is where the part of absenteeism you can influence lies.

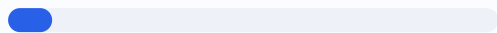
Reason for last sickness report

Employees with absence · CBS · 2025

Flu, cold, virus 55%



Mental health complaints 9%

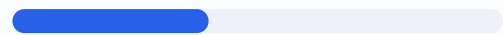


Share by main reason for the most recent period of absence, not by days of absence.

Cause of long-term absence

Cases of 42 to 730 days · RIVM · 2023

Mental health complaints 40.1%



Other causes 59.9%



A small share of reports can weigh heavily in the total absence burden because of its long duration.

How much absence is related to work?

In 2025, 22.5% of employees with absence said it was (partly) caused by work. For mental health complaints, overstrain or burnout, the share is much higher: according to TNO, 75% of these employees call their absence (partly) work-related, and they are absent for 63 working days on average.

MOST CITED WORK-RELATED CAUSES · 2025

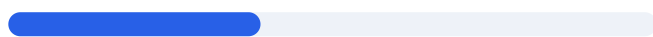
Excessive workload 28%



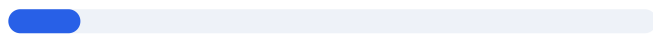
Infection at work 14%



Physically too demanding work 11%



Workplace accident 3.1%



Share of employees with work-related absence. Source: CBS, De arbeidsmarkt in cijfers 2025.

So the question is not only how high our absence rate is, but also how it is distributed by duration, frequency and team, and which factors we can influence.

CHAPTER 4

Five developments adding pressure towards 2030

Plausible risk factors for the coming years: not proof that absence will be higher in 2030, but signals that organisations should watch out for.

1

Staff shortages and workload

Long-term vacancies add to the load on those who stay. Whether that leads to absence depends on rosters, recovery, support and room to organise work differently.

For management: which teams have long been understaffed?

2

Ageing workforce and physical strain

Younger employees are absent more often, older ones for longer: an average of 27 days of absence at 55 to 65, against 14 at 25 to 35. Ergonomics, recovery and suitable work are gaining importance.

For management: can people do our work until state pension age?

3

Mental strain

Mental exhaustion from work rose from 13% to 21% of employees in ten years, highest in education (25.3%) and healthcare (22.9%).

For management: do we know each team's autonomy, support and recovery?

4

Caregiving and private life

Work and private life add up. Organisations cannot change private circumstances, but they can offer flexibility, predictable rosters and an open conversation.

For management: is it normal here to talk about pressures outside work?

5

Digitalisation and AI

Technology can ease heavy work, but it also changes pace, expectations and skills. Involve employees in shaping the new way of working.

For management: do we measure what changes do to workload?

No hard forecast. This report contains no numerical forecast of absenteeism in 2030. The developments are scenario and risk-based.

CHAPTER 5

Sectors need their own solutions

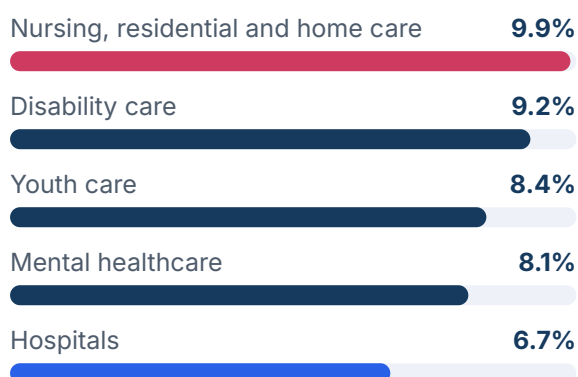
Absence varies widely by sector, due to the work itself but also to differences in job types and age profile. Sector figures are a starting point, not a diagnosis.

SECTOR	2025	Q1 2026	WORK-RELATED*
Health and social care	7.5%	8.2%	27.5%
Public administration	6.4%	6.8%	20.5%
Transport and storage	6.4%	6.6%	27.3%
Industry	6.2%	6.7%	21.9%
Education	5.7%	6.3%	27.2%
Netherlands average	5.4%	5.8%	22.5%

* Share of employees with absence who attribute it (partly) to work, 2025. Q1 figures are seasonal and can only be compared with earlier first quarters. Source: CBS.

Within healthcare

Q1 2026 · provisional figures · CBS



Where prevention starts

Healthcare. Irregular shifts, emotional strain and tight staffing. Focus on recovery between shifts, staffing levels and social support.

Education. 37.1% often or always work under high pressure. Focus on task allocation, autonomy and predictability.

Government. Pressure to change and public contact. Focus on psychological safety, autonomy and leadership during change.

From sector picture to your own diagnosis. Combine objective data (absence duration, frequency, staffing, overtime) with anonymous employee insights (workload, recovery, support, safety) and discuss the results with employees and occupational health professionals.

CHAPTER 6

The undercurrent: what absence data does not tell you

Absence records show how many days are lost and how often and for how long people drop out. They do not explain whether workload, leadership, rosters, physical strain or lack of recovery play a role.

Job demands

Drain energy

Workload and pace

Emotional strain

Irregular shifts

Physical strain

Undesirable behaviour

Job resources

Give energy

Control and autonomy

Support from your manager

Support from colleagues

Feedback and recognition

Moments of recovery

The Job Demands-Resources model (Bakker and Demerouti, 2007) shows that high demands mainly become a problem when resources fall short. So the task is not just to make employees more resilient, but above all to design the work itself better. Not every correlation is causal: combine questionnaires with team discussions, the risk assessment (RI&E) and occupational health expertise.

EXAMPLE

A department with lots of overtime, changing shifts and little decision latitude needs a different plan from one where lifting is the main strain. A single generic wellbeing campaign is then not enough.

Privacy and trust as preconditions

- ✓ Analyse at group level, with minimum group sizes
- ✓ Never use results to profile individuals
- ✓ Involve the works council in advance: it has a right of consent on health, safety and absence policy
- ✓ Ask about the work, not about health or diagnoses
- ✓ Medical data is for the occupational physician, not a dashboard
- ✓ Report back on what you heard and what you will do with it

CHAPTER 7

From reactive to preventive employer practice

Good absence management remains essential. But if you only act once someone reports sick, you miss the chance to reduce work-related risks earlier.

REACTIVE	PREVENTIVE, IN ADDITION
Recording sickness reports	Tackling risks via the RI&E and workplace research
Monitoring absence duration	Discussing workload, recovery and autonomy per team
Organising return to work	Improving work processes and rosters
Reporting on a percentage	Also evaluating measures and outcomes

What Dutch law already requires

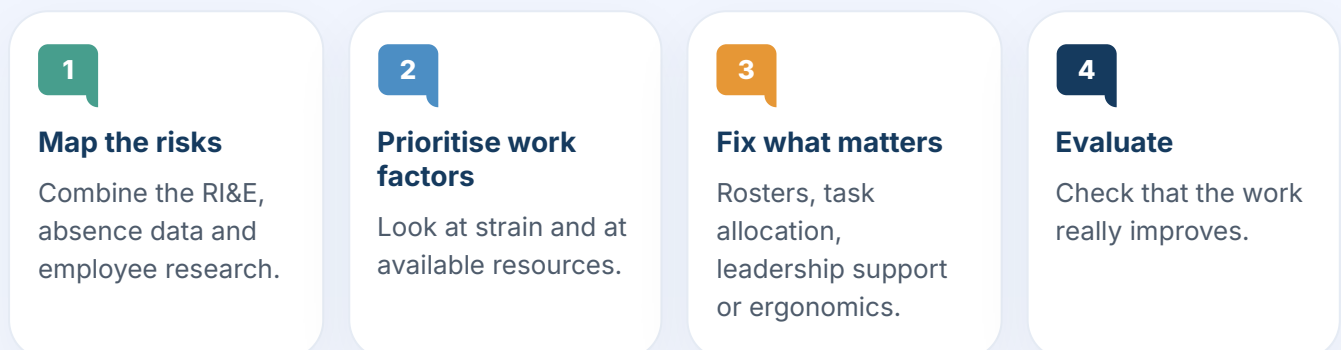
Dutch Working Conditions Act (Arbowet), Article 5. An up-to-date risk inventory and evaluation (RI&E) with an action plan that also covers psychosocial risks.

Working Conditions Act, Article 3. Policy aimed at preventing and limiting psychosocial workload, such as work pressure and undesirable behaviour.

Gatekeeper Improvement Act. Return-to-work obligations as soon as someone falls ill.

So preventive employer practice is not an extra. It is how you give these obligations meaning.

A practical four-step model



CHAPTER 8

Seven recommendations for HR and senior management

What organisations that manage preventively do differently, in seven choices.

1

Steer by more than one figure

Look at the percentage, frequency of reports, duration and work-related factors side by side, per team and not just across the organisation.

2

Make prevention part of the RI&E

Work with an up-to-date risk assessment, including psychosocial risks, and an action plan that is actually carried out.

3

Ask about work, not diagnoses

Research workload, autonomy, support, safety and recovery without asking for medical data.

4

Equip your managers

They see the signals first. Give them team insights, conversation support and time to raise and follow up on workload.

5

Make employees co-owners

Design solutions together with the people who do the work every day, and report back on what was heard and what is being done.

6

Assign ownership

For each measure, record who carries it out, when, and how success will be judged.

7

Evaluate honestly

A falling absence rate does not automatically prove that an intervention works. Also look at working conditions and other changes in the same period.

CHAPTER 9

Getting started: the first 90 days

A realistic start, without a big programme up front: understand, choose, improve.

Days 1 to 30

Understand

Set out the absence figures by duration, frequency and team. Update the RI&E and take stock of signals about workload, physical strain, psychological safety and recovery. Agree the privacy safeguards in advance and involve the works council.

Days 31 to 60

Choose

Discuss the patterns with HR, managers, the works council and occupational health experts. Choose no more than three work factors you can influence and define an action, an owner, a timeline and a measure for each.

Days 61 to 90

Improve

Implement the first measures and communicate which signals were heard and what is changing. Plan an evaluation of work factors and implementation. Do not expect long-term absence to fall measurably within 90 days.

FOR THE NEXT MANAGEMENT TEAM MEETING

Five questions to answer together

- ✓ If our absence rate rose by one percentage point tomorrow, would we know which teams or work processes need attention?
- ✓ Can we tell short-term and long-term absence apart per team?
- ✓ When did we last ask employees about workload, autonomy and recovery?
- ✓ Do managers have the insights and the time to act on this?
- ✓ Which measure in our action plan has demonstrably been carried out and evaluated?

CHAPTER 10

How Deepler supports this

Deepler helps organisations understand what employees experience and move from insight to improvement. Not to predict illness in individuals, but to make the right conversations and improvements possible.



Deepler Research

Employee research on strategic themes. Choose from 18 modules (including the JD-R Model and the Absenteeism module) and see per team where demands and resources fall out of balance.



Deepler 360

Leadership feedback based on competency profiles. Managers see how their team experiences support, room and clarity, and where they can grow.



Deepler Journeys

Short pulse surveys at touchpoints in the employee journey, such as the first months after joining or a change of role. This shows at which moments the strain builds up.



Deepler Culture

Insight into cultural tensions, such as performance pressure versus room for recovery, and into the gap between the current culture, leadership's ambition and what employees want.

FROM INSIGHT TO ACTION

AI action suggestions

Managers get concrete improvement actions with their team results.

Improvement coach

AI support in working out and sustaining improvements.

Project workspace

Start and track improvement projects, with an owner, timeline and measure.

Group-level reporting with anonymity thresholds. No medical questions, no individual profiles.

Where is the undercurrent in your organisation?

Schedule an exploratory conversation with the Knowledge centre.

deepler.io

METHODOLOGY

Sources and methodological notes

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Methodological notes

The indicators differ in population, definition and reporting year. Do not compare them as if they formed a single dataset. Quarterly figures are seasonal and can only be compared with the same quarter in earlier years. Figures for 2026 are partly provisional.

What we do not claim

This report contains no numerical forecast of absenteeism in 2030. The developments described are risk-based. The measures are practical recommendations, not a guarantee of any specific reduction in absence.

ABOUT THE KNOWLEDGE CENTRE

Better performance through better listening.

Deepler's Knowledge centre brings together insights from science and HR practice. We research how organisations can better understand what employees experience, and how those insights contribute to healthier work, better collaboration and sustainable employability.

Do we only know how many people drop out, or do we also understand which conditions we can improve?