Reducing Sickness and Absence: The Effectiveness of Managers

By

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ABSTRACT

Sickness absence (SA) has been well documented as a significant, complicated, and a multidimensional problem in society. The health and social care sector has not been spared from the effects of SA. Most managers in the health and social care sector face challenges in engaging and identifying strategies and ideas on how to combat and deal with sickness absence. This is despite the recent evolution of several organizational practices aimed at reducing sickness absence and its effects on employers, employees and the society at large. This study seeks to review all available literature on the challenges faced by managers in reducing sickness and absence in health and social care sector. Systematic review methodology, based on a positivist paradigm, will be utilised in order to answer the research question. Studies that were conducted employing qualitative methods shall be included in the systematic review. Therefore, narrative synthesis shall be employed to synthesis the results. The studies selected shall be based on the specific inclusion criteria. Also, this paper will present a strategy to effectively cope with the absenteeism of health care providers at workplace and shall present the associated outcomes.A research protocol shall be clearly presented stating explicitly the procedures of research study selection, quality assessment, data extraction, data analysis, and ethical appraisal. The protocol will be used as a guide to the systematic review.

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CHAPTER 1: INTRODUCTION

Research Background

Absenteeism management is the development and implementation of policies and procedures designed to reduce levels of absenteeism at work. Managers have to understand the causes of absence for them to address all elements in management strategies or more positively attendance management policies, measuring absence and implementing systems for the management of any type of absenteeism (Chartered Institute of Personnel Department 2010). Often managers are unable to tackle the issue of SA and the work environment ends up having an increased absenteeism and low productivity. For managers to be able to contain SA effectively they require a good understanding of the effects of their role to the employee.

Sickness absence refers to absences that result due to illness in individuals. However, these absences are unexpected but can be easily avoided (Dabboussy and Sharanjit, 2012). Sickness absence is a significant topic in public health as well as economics, and has made organisations consider their position in response to competition requirements as well as tightening employment markets (Roelen, Koopmans and Groothoff, 2009). By managing sickness absence, organizations can achieve a competitive edge.

Care of the employees in a NHS can be seriously influenced if the sick absence indicates that she/he cannot be dependent upon to provide regular and effective services. Sick leave has a significant role in assessing the sustainability and retention of staff. The abuse of sick regulations can result in penalties that include dismissal,

withholding of salary increments and the withdrawal of sick pay privileges. Sickness absenteeism represents a managerial issue which has an association with economic problems and losses for the organizations (Allebeck and Mastekaasa 2004). In particular long-term sickness absenteeism impacts unduly to these financial problems of organisations (Henderson, Glozier and Holland 2005). In addition, longer sickness absenteeism is correlated with a diminished probability of Return-to-Work (RTW) as well as resulting in financial and social dispossession (Vahteraet a, 2004). Therefore, this implies that sickness absence has an impact on everyone that is the business, the family, the individual, the economy as whole as well as the society. For that reason, it is imperative to tackle sickness absence applying the most available evidence in order to reduce its consequences.

In the United Kingdom (UK) levels of ill health, which includes physical and mental health, as well as associated sickness absenteeism are in elevation amongst individuals employed in health care milieu(Hsu and Kernohan, 2006).In 2010, the Organisation for Economic Co-operation and Development (OECD) documented that this problem is however by no means rare to the United Kingdom. Nyman et al, (2009) underscored that because most health care interventions are provided to employees working in groups, illness and sickness absenteeism of one employee can increase the possibility for other members of staff as well. Keeping in view the above issues, this research will carry out a qualitative study, which will determine the manager's strategies to prevent or reduce sickness and absences in the healthcare sector. Their practices, strategies and the endeavours for controlling SA will be beneficial for understanding how the sickness and absence can be improved through effective management.

The study is realted to the preventing absenteeism at workplace which is an important element that mangers should tackle so that the absenteeism at workplace can be minimized. In this context, a major problem that is increasing day by day and experienced by many companies is absenteeism. Increase in absenteeism can adversly affects the productivty of the organization. Here are some ideas to reduce absenteeism in the organization, but the organization needs to beware of too severe reduction programs: they may also cost. Organizations that do not keep close monitoring of attendance at work are chased by problems. However, they measure the obsessively other economic indicators. The first step to a good absence management begins with the extent of it.

Problem Statement

In past few years, the Government, as well as certainly, the private sector in the United Kingdom have presented great interest in the echelons of sickness and absenteeism (Confederation of British Industry (CBI), 2011). This is mainly due to indirect as well as direct costs that sickness and absenteeism have on corporations and on the economy as a whole (Barham and Begum, 2005). An estimate of nearly 10.3 million production days are lost yearly because of absenteeism, £1.7 billion total cost to the National Health Service in England (Department of Health (DH), 2010). Despite interest shown by the Government and private sectors, statistics indicate that sickness absence is still a cause of concern to the economy. Statistics indicate that in the fiscal year 2006/07 lost production days according to employee year were about 9.3

days (Hassan et al 2009). These were lost due sickness absence throughout the entire civil service in the UK.

However, there are significant dissimilarities throughout departments in terms of sickness and absenteeism, varying from 3.3 to 12.4 average production days lost per employee (Hassan et al 2009). Overall, Department of Health (2010) documented that one million employees took time off due to illness and a number of them returned to their workplace within few days, nevertheless nearly 17 000 workers reached their sixth week of entitlement to statutory sick pay. Furthermore at this point in time, nearly one in five employees stayed of sick and in the long run they left employment. The above statistics includes all employment sectors.

The above statistics implies that sickness absence is a problem that requires to be tackled across the whole employment industry. It also implies that absenteeism from workplace because of illness can have substantial negative consequences for workers, managers and as well as the public. Being employed is vital to well-being, health and self-confidence (Hassan et al 2009). According to Irvine (2008) experiencing ill health can result in longer spells absence from work, consequently one will suffer a downward spiral of depressive illness, socially isolated as well as experience slow recuperation making it returning to employment less likely (Irvine, 2008). Therefore, it is imperative to reduce long-term sickness absence which will help to maintain a healthy and productive business and safeguards every employee's jobs. Consequently, the main objective of this systematic review is to underscore and update the evidence on the effective management sickness and absence in organizations and recommend strategies for managers to reduce sickness absences as it can result in low productivity.

Research Objectives

The objectives of this study are:

1. To ascertain the barriers encountered by managers in reducing sickness and absence.

2. To identify effective strategies to reduce employee sickness and absence.

3. To identify strategies to facilitate early employee return to work.

4. To recommend strategies for managers to reduce sickness absences in the future.

Research Question

What strategies are used by managers to reduce employee sickness and absence in health and social care settings?

PICO Model

The following PICO model further simplifies the research question:

PICO Model for research Question

P	Patient, population or problem	The managers
I	Intervention	Strategies to reduce sickness absence
C	Comparison	Not applied
O	Outcome measures	Reduction in employee sickness and absenteeism Effective return to work

CHAPTER 2: LITERATURE REVIEW

In order to capture the full breadth of sickness and absence in the health care industry a brief, a literature review was conducted to explore the current literature on sickness and absence in health care, major causes of sickness absence, and how managers can effectively reduce sickness and absence in healthcare.

Introduction

This study was intended to explore effective strategies of managers to reduce employee sickness and absence. Through the literature review, I will examine the ability of managers to reduce employee sickness and absence in the organisation. I used several search tools to identify pertinent literature, including Public Policy and Administration Database, Sage Publications, ProQuest Dissertations and Thesis Database, Google Scholar, Bing, Journal of Public Health, Journal of Clinical Nursing, and Professional Psychology. The following terms and combinations of words from these terms were used to search for related articles: sickness absence, overview of the sickness and absence in organizations, cause of sickness absence, challenges faced by a Manager in reducing sickness absence in organizations, strategies used by Managers in reducing sickness absence in organizations, and methods to control sickness absence in organizations in the future. The search began with the formulation of appropriate keywords, research in electronic databases (Rae, 2003). In short, the review kept in view the following when taking into account the inclusion and exclusion criteria.

1. The sources for literature review were selected based on the degree to which they related to the research objectives.

2. All those sources directly dealing with sickness and absenteeism issue facing management were selected.

3. Secondary researches were excluded.

Employee Health Issues

One of the most challenging issues facing employers in today's dynamic business environment is the need to manage issues associated with the health of their respective employees. Health related issues are primarily responsible for two significant deterrents of productivity in the workplace; absenteeism and presenteeism. While absenteeism refers to an employees' absence from work for unavoidable reasons such as illness or avoidable reasons such as a lack of motivation (Waddell, 2006), presenteeism refers to the employees' choice to go to work ill as opposed to taking time from work to recuperate from the illness or health condition (Waddell, 2006). Both presenteeism and absenteeism are very important to employers because research studies have shown that they indirectly affect medical costs (Roelen, Koopmans & Groothoff, 2009). While it is important to understand the root causes of productivity deterrents in the workplace, understanding the impact of different leadership styles, is of equal significance. Several studies have demonstrated that leadership behaviour is significantly related to organizational performance (Waddell, 2006; Roelen, Koopmans & Groothoff, 2009).

Employee health is often linked to employee productivity and, therefore the profitability of their respective organizations. The relationship between health issues and workplace outcomes has provided the foundation for the workplace health management field since the late 1970s (Bratberg, Gjesdal & Mæland, 2009). Employee health continues to be the major focus of organizations as employers understand that their employees are their greatest assets. Employers are the primary sponsors of employees' healthcare plans. It is this growing cost of employee healthcare that is increasing the need for an in depth understanding of the presenteeism phenomena (Bratberg, Gjesdal & Mæland, 2009).

Today's dynamic and highly competitive business environment is forcing organizations to examine all of the factors that impact their bottom line, with great emphasis on medical expenses. The escalating cost of healthcare continues to increase the financial burden of providing health benefits. Pressure from shareholders requiring a higher return on their investment, is also forcing businesses to reassess their direct and indirect healthcare cost (Barham & Begum, 2005). While employers are continuously faced with the financial burden of providing healthcare, offering health benefits to employees is important because it is essential for retaining or recruiting top talent in today's workforce, (Bratberg, Gjesdal & Mæland, 2009). As a result, employers are looking for different cost effective ways to manage the direct and indirect drivers of healthcare costs. The presenteeism phenomenon is becoming increasingly important, because it has been proven to be one of the key contributors to indirect medical cost (Barham & Begum, 2005; Bratberg, Gjesdal & Mæland, 2009).

Sickness Absenteeism

Given that an overwhelming amount of the literature on presenteeism focused on presenteeism caused by health related issues, presenteeism and sickness presenteeism are often used interchangeably. The act of working while ill is commonly referred to as sickness presenteeism, which implies that the decrease in productivity is caused by health problems. For the purpose of this study, sickness presenteeism and presenteeism will also be used interchangeably. Sickness presenteeism is essentially the opposite of sickness absenteeism, a more popular phenomenon in today's work environment (Allebeck & Mastekaasa, 2004).

Sickness absenteeism represents the act of staying away from work due to an illness (Allebeck & Mastekaasa, 2004), contrary to sickness presenteeism which implies going to work while one is ill. A number of studies also addressed the fact that sickness presenteeism is most often a substitute for sickness absenteeism because the employee chooses to attend work while ill as opposed to staying home to recuperate (Allebeck & Mastekaasa, 2004). Managers have always been concerned with absenteeism, and its consequences including its impact on productivity and organizational performance. As a result of pioneers on the study of presenteeism, managers are beginning to understand the consequences of substituting absenteeism with presenteeism. Substituting sickness presenteeism for sickness absenteeism makes presenteeism harmful to the affected individual because it could potentially cause a deterioration of the individuals' condition (Dabboussy & Uppal, 2012). In addition, team performance could also decrease because sick employees could pass on contagious

diseases to their co-workers, with the severity of the problem also dependent on the type of illness (Dabboussy & Uppal, 2012).

Absenteeism has been described as a medley of terms, consisting of conceptually and operationally contradictory definitions (Henderson, Glozier & Holland, 2005). Over the years, absenteeism has been described in different ways throughout literature (Henderson, Glozier & Holland, 2005). Absenteeism has been classified as voluntary or involuntary. One way of measuring voluntary absences takes a specific period, then subtracts the number of absences excluding holidays and given rest days, within that period (Eder, 2008). Another way to characterize absenteeism is to observe the method by which sick leave is measured (Dabboussy & Uppal, 2012).

The work environment has been found to impact absenteeism, especially in terms of producing different levels of job satisfaction and organizational commitment (Henderson, Glozier & Holland, 2005). According to Dabboussy & Uppal (2012), absenteeism can be an employee's symbolic gesture that the employee harbors a profound feeling of hostility or experiences a sense of inequity. Employees can use sick leave as a way to "strike back" at the organization if the employee perceives a poor working environment, lower pay, or other factors that contribute to dissatisfaction (Henderson, Glozier & Holland, 2005). Consequently, absenteeism can be viewed by the employee as a pain-avoidance response to a job that is causing dissatisfaction (Allebeck & Mastekaasa, 2004).

Absenteeism through Stress

The admired press ordinarily overpasses stress with absenteeism. Most portions positioned in magazines or journals toughly strengthen overseers in their fitness improvement actions to forfeit person enlisted absenteeism and turnover. The concept of absenteeism is a aftermath of work-related stress. Absence is looked as the leaving from task stress, and is a signifies by which separate population dispute with their public environment (Caligiuri, & Bonache, 2010). The study of workplace tension and absenteeism its wellbeing penalties constitutes a foremost locality of study in the behavioral sciences. Studies of exact stress-related illnesses characteristic prominently in the health publications, while in occupational psychology work-related tension has been connected to both personal and psychological wellbeing difficulties over a very broad part of the employed population (Jackson, 2002). Individuals under tension are described to bear harmful individual wellbeing, encompassing ulcers, high body-fluid force, heart attacks or even death and investigations in the behavioral sciences have shown that poor worker presentation, absenteeism and high work market revenue are all connected to employee tension.

Three matters, thus, originate in contemplating the result of work-related tension on one-by-one organizations and the finances in general: how should work-related tension be particular, what works out its occurrence at the workplace and what is its significance as a predictor of individuals' work market behaviour? With consider to the first topic, this paper does not discover alternate specifications of workrelated stress. Instead it values a self-reported assess of seen work-related tension to aim on the last two issues. Individual accounts on seen grades of psychological or mental damage is

one of the two specifications utilised in the publications to assess work-related stress. The other specification is assessing work-related tension by its personal or psychological effects (Rae, 2003).

Common types of psychological anguish are cited as despondency, job burnout, wrath and doze disturbances, while in the health publications anguish seems in the personal pattern of backaches, headaches, ulcers, cardiovascular difficulties, high body-fluid force and heart infection (Lehrer et.al, 2007).However, such physiological assesses are awkward, since a number of components may leverage wellbeing other than work-related stress.

Similarly, inquiries focusing on one facet of work-related tension for example mental claims or fatigue may omit other significant causes, for example employed relatives, organizational structure or one-by-one disposition. Hence, the simplest way to assess work-related tension is by inquiring persons exactly about how they seem about their jobs. Such personal valuation assesses have become broadly acknowledged in the financial publications to designated day as the entails for forecasting and comprehending one-by-one demeanor in the work market (Hurrell, 2005).

Many investigations have discovered that the causes of tension encompass those intrinsic to the job, one's function in an administration, connections with co-workers and supervisors, vocation development, organizational structure and climate. Others focus the connection between the grade of demand that persons face inside their paid work and the stage of command they have over their decisions. The distinction between employee characteristics and situation at the employed natural environment is absolutely crucial when producing principle recommendations (Johns,

2001). If dissimilarities in one-by-one characteristics are more significant than certain

employed situation in forecasting work-related tension then what may be hectic for one

individual may not be a difficult for somebody else. If on the other hand, certain

employed situations are hectic to most persons, then a case lives for larger focus on

advancing employed situation and for job redesign in general as the key answers in a

prime avoidance strategy (Peat, 2003).

Sickness Absence (SA) in Health Care

Due to various factors, the issue of sickness absence is in fact on the rise.

Studies have shown that SA is a strong predictor for adverse health outcomes, including

disability and mortality. A prospective cohort study was conducted by Bratberg et al.,

(2009) with a sample comprising of 12,283 women as well as 7099 men with a period

longer than 8 weeks of sickness absence, with an official diagnosis of psychiatric

disorder. Bratberg et al., (2009) established that there were convincing results of

individual-level variables on the possibility of being a disabled pensioner subsequent to

sickness absenteeism with a certified diagnosis of mental disorder: diagnosis, lower

education, gender, higher age, as well as lower income. Generally, it was noted that

men had the highest risk factors of being a disabled pensioner after period of sickness

absence with a certified diagnosis of mental health problem.

Upmark et al., (2007) conducted a cross-sectional population-based

questionnaire survey to find out the consequences of sickness absence on organisation

and employees. The research population consisted of a random sample of 10,042

people, who have, to some extent, availed sickness absence. The survey discovered

that to be long-term sick listed may involve risks of becoming increasingly distanced from the work sphere of society, possibly leading to negative social and psychological consequences for the absentee, comparable to those reported in cases of long-term involuntary unemployment, where loss of social statuses and roles, loss of social networks, and loss of a sense of control over one's life project have been reported (Upmark, Festin and Alexanderson 2007).

Conversely, workers experiencing some illnesses or injury may attend to work regardless of their ill health. In most of the cases, their ill health results in low productivity and reduced performance in other workers as they become unable to perform their work due to sickness (Bergstrom 2009). Because of these issues, although sickness absence is widely acknowledged as a problem, it is an extremely challenging one to address. Focusing on more specific causes of sickness absence may be a step towards demystifying and perhaps beginning to address the problem of sickness absence.

Absenteeism, in its literal meaning refers to unscheduled absences. In the field of health care, absenteeism refers to the absence of medical staff particularly nurses in health care settings which leads to the continual strain and affects the quality of the health care services received by the patients (Roberts, 2003). Absenteeism also affects the ability of the organizations for effective dealing of the challenges posed by the environmental factors and has a devastating effect on the functioning of a health care organization. In proper functioning of a hospital, out-patient clinic or any health care organization, the availability of sufficient number of nurses is essential for delivering of quality care services to the patients (Rau, & Hyland, 2002). The role of health care

providers forms the backbone of the any health care institution or health care delivery system. Adequate number of nursing staff is necessary for the proper addressing of the health and care needs of any community and country as well. The major challenges faced by the absenteeism of nursing staff and the phenomenon of absenteeism are not new challenge faced by healthcare systems (Adams, & Bond, 2003).

The profession of social and health care well being is regarded as an inherent demanding patient, which is focused more on the patient than the provider of health care services. The duty of employees is to extent the quality care services to the patients without sufficient support from the managerial staff. This forms the basis of the stemming of factors that causes the phenomenon of absenteeism and affects their morale. These factors include stress at the workplace, and the pressure faced by nursing staff at workplace (May et.al, 2006). Health care organizations of many countries face the challenges and problems associated with the absenteeism of nurses. The absence of the nursing staff also results from lower satisfactory level associated with the working conditions, personal reasons, unfairness and the way of management of the organization delivering patient care services.

The escalation of absenteeism can lead to the smooth running of a health care organization and severe negative impact on the quality of the patient care services delivered by the organization (Rajbhandary, & Basu, 2010). Many studies have point out inadequate and poor monitoring and record maintaining approaches incorporated in the healthcare institutions for absenteeism of the staff at workplace. This has led to a belief that frequent absence of nursing staff can be tolerated unless it causes interruption in the work schedules. This assessment analyzes the primary reasons behind the absence

of the nursing staff from the health care institutions and their affects on the quality of the patient care services delivered by the institution (Rust, & Katz, 2002).

The Confederation of British Industry in 2003 (CDI) and staff shortages were released from the charges, which controls 11.6 billion pounds, the average cost per employee £ 476 cover. This is an improvement over previous years. This is the lowest level in 15 years, but the cost of labor is probably due to increased price continues to rise. The lack of lower cost, business planning, but it will be easier, invoices, reduced hours are usually lower than non-participants invited to the regular officers to take the poor and the working class, which may be higher or sales or the organization, no matter what "product" may be higher (Wang, & Gupta, 2012).

Factors Responsible for Sickness Absenteeism

According to a study, the probability of sickness absenteeism in healthcare providers is twice as much as compared to the workers of other occupations. However, in all the profession, SA has high probability that is based on a number of factors which are discussed as follows.

Common Perception

The perception of the individuals is associated with the norms of absence also plays a major role in the absence of employees. The understanding of the employees regarding the normal and acceptable level at workplace varies with the personalities of the individuals and not on the work groups (Martin, & Drijfhout, 2009). This perception of the employees associated with the norms of absence is reflected in their personalities

and influences them for the adaptation of behavior that leads to absenteeism. The patterns of individual absence vary with the personal attitude of the employees to their profession. Negative work attitudes of the staff correspond to higher rate of their absence.

Negative Work Environments

The lower satisfaction level of the employees plays a vital role in their absence from the workplace. The primary reason of the lower satisfactory level of employees is negative environment at workplace (Mason, & Griffin, 2003). Heavy workloads, inadequate staffing and the inappropriate attitude of upper management, supervisors and other team members are the major contributors to the job dissatisfaction and negative environment at any workplace and working environment. These phenomenon's then lead to absenteeism, turnovers and professional exits (Peck, & DeVore, 2011). The whole vicious process tend to be cyclic as the negative work environments contributes to absenteeism which further disrupts the work environment and the other phenomenon such as increased turnover.

Overtime Duties

Most of the organizations face an observable increased working hours and therefore, require employees to have overtime. In the case of healthcare institutions, there is mostly shortage of nurses. The nurses available for duties have to face tremendous pressure of the workload (Protsman, & Carlson, 2008). Often, the workload requires their employees to work overtime and in some cases they work willingly for

increased earnings. The management often fails to recruit the nursing staff due to lack of them or because of cost cutting measures. For compensation of this shortfall of healthcare staff, healthcare managements utilize the concept of overtime. Overtime requires the healthcare staff to work more than their pre-scheduled time duration which adversely influences the quality of life of nursing staff. Overtime causes fatigue in the healthcare staff which leads to absenteeism (Campbell, 2005).

Staffing Problems

The managers of the organizations have to become aware that there is a lack of staff in a particular upcoming move. Such tests are centered on employees ' wellness position; ' time-off demands coming up after their plans are finalized, more than expected acceptance. Supervisors like to hire part-time employees to perform additional changes to fulfill unwanted need. This is less expensive and less traumatic than finding overtime or organization's employees at a brief observes(Healey, 2011). For instance in healthcare institutions, with unionized employees, managers need to declare to be able to choose up additional changes to all employees who are qualified for these changes, and partnership guidelines may determine the transaction in which additional move demands must be granted; e.g. one of the medical centers whose information we use to glow mild on possible predictors of absenteeism is required to focus on such demands by seniority (Beardwell et.al, 2010). Consequently, wellness professional supervisors have little control over who may be chosen to perform additional changes.

Characteristics of the Work

There are several factors existing in the work environment that contribute to the phenomenon of absenteeism among the employees. Lack of autonomy is one of the primary contributors to the absence of employees as autonomy is responsible for decision making that is required in various regular activities of workplace. The particular manner in which the routines of workplace are planned often contributes to the absence of employees from their respective institutions (Aldred, 2004). Lack of cohesion is defined as another work place variable responsible for phenomenon of absenteeism. Cohesion determines the tendency of interrelationship between the workforces which is essential in maximization of the performance of the organization (Financial Times, 2004).

Features of the Organizations

Features of the organization which contribute to the absence of employees include decentralization which is the allocation of the powers of decision making to the lower and middle level managerial staff. Other issues concerning to the absenteeism are the lack of promotional opportunities, lack of career growth and development chances, equipments and incentives (Caligiuri, & Bonache, 2010). The absence of absenteeism controlling and managing policy is the most influential contributor to absenteeism and the failure in the addressing of these issues lead to the increase in the absence of employees from the health care institutions.

Concepts of Management Effectiveness

Management effectiveness is complex and multiform concept whose meaning lies in the fact that the entire management process, beginning with goal setting and ending with the final result of the activities must be carried out at the lowest cost or the highest effectiveness (performance). Material, labor and financial resources must be converted to goods, services, etc (Jackson, 2002). To do this, there is an organization, which should ensure the conversion is not only for the benefit of the consumer, but also for herself. In other words, the cost of the conversion should be less than the value of the result. This is the essence of the concept of effect and effectively. A good manager sees the organization as a system independent of each other elements of the effective operation of which depends on continuous development and movement of the system.

The main criteria for effective management are defined multiplicity of indicators characterizing the working efficiency of organizational systems and subsystems. The end result is often called the effect of management control (Rae, 2003). The effect is a result of the implementation of measures aimed at improving the production, business and organization as a whole. Effect of management consists of three components:

- economic effect - kind of effect that has direct value form, that is measured in monetary or natural gauges;

- socio-economic impact - is the complex nature of the combination of the economic benefits and social stability and peace, for example, improving working conditions, reduction of occupational diseases (under certain conditions can be translated into a normal economic effect);

- social effect - kind of effect, which in principle cannot be converted into an economic example, averting social conflict.

The overall effect can be arbitrarily taken as the sum of three effects. Conventionally, as indicators of the effect measured in different ways, and put them directly is not possible(Lehrer et.al, 2007). In addition to the notion of effect using the concept of efficiency. Efficiency - the result expressed value indicators, the economic effect is characterized by revenue growth, increase profits. Efficiency is the ratio of the effect or the result achieved and the cost of their acquisition.

$$Efficiency = Effect / Costs$$

When managing tend to minimize the costs and maximize the effects of all kinds. Costs in the organization are not uniform and are not always pure money (though they always try to translate them into cash). Usually costs are divided into:

- material costs (raw materials, semi-finished products) and energy;

- labour costs (time and qualification of workers);

- Financial resources or cash and cash equivalents (eg securities).

Efficiency can be increased by decreasing the resources of any of these, and these are very diverse ways. Using computer technology, you can reduce manpower and more economical use of material (for example, by reducing waste production by electronic nesting material). However, to implement such technology financial costs should be increased (Hurrell, 2005). The most important source of costs is the administrative apparatus. Effectiveness of managers directly is difficult to measure as the result between the solution and the time goes by and the set of transformations. Unreasonable management decisions have a greater destructive force. They can

undermine not only the organization but also the socio-economic system (eg, forming enterprises and their activities). Solutions may be ineffective due to improperly exposed targets lack of resources, poor work performance, etc (Johns, 2001). Thus, the effectiveness of management is ensured by the activity to optimize costs and increase efficiency in all areas of management:

- in human resource management;

- in production management or creating an operating system; in determining the methods and structures of governance.

Effectiveness of Manager in Reducing Sickness and Absence

Researchers have explored strategies, which may be effective in reducing sickness amongst healthcare staff. In order to take a proactive role in managing sickness absence, the effective managers can ensure that the employees feel valued by the organization (Peat, 2003). There are various ways in which the manger can proactively manage absence. This ranges from remaining in touch with the employees who are away from the workplace due to sickness through planning adjustment to enable a quicker return (Rousseau, McCarthy, 2007).

Short-term absence refers to frequent ad hoc absence lasting less than 28 days (Vahtera et al. 2004). When reviewing the short-term absences, it is important to review if there are any patterns to the absences. They can be addressed with the employees then. It is also important to review the history of absences as an indicator of whether the employee absence pattern improves or gets worse (Vahtera et al. 2004). This may allow discussion within the employees around possible causes. Relevant training

assists the manager in identifying changes in employee behaviour which result in an increased absence (Vahtera et al. 2004). To manage SA effectively, the managers have to adapt their approach, which depends on the evidence that they have collected specifically if there are sensitive or personal circumstances influencing absence. Experience helps the managers to identify what they believe are the problems involved in sickness absence, but they are supposed to remember that reasons can be complex (Waddell, Burton,2006). Managers should be made aware through training of the number of causes of sickness absents, they may include drug dependency, stress, domestic violence, or underlying medical issues and managers need to have an awareness of the suitable policy to support the employees (Waddell, Burton,2006).

On the other hand, to reduce sickness, effective managers place a focus on improving employee welfare specifically by encouraging more family friendly policies and renewed efforts to remove the barriers to employment of those currently on invalidity benefit. From the perspective of health, the effective managers tread a fine line between improving motivation in those who are already highly motivated but whose health is damaged by attending work when they should be recovering or seeking medical help (Upmark,Festin,Alexanderson,2007). Effective manager encourage these individuals to take time off when faced with significant discomfort but for home attendance at work might actually aid their recovery. This approach is a key message under effective SA management. Tracking presence is also imperative. Those who put their health at risk by working excessive hours, not availing leaves and failing to have a work life balance should be discouraged to do so. Allowing people to burn the candle at both ends is not only damaging for the employees but also for the business leading top

issues with quality, errors, ill health , and loss of key staff (Smith,2008). If a the sick employee are encouraged to have leave in the first place they become ill, prolonged absenteeism induced by working ill can be significantly reduced.

Models of Employee Absenteeism

The main type of absenteeism is attributed to sick leave or accident and occupies three-quarters of absenteeism in industry. In industrialized countries, despite improvements in socioeconomic conditions in the supply and quality of health care, the absenteeism rate has increased considerably over 30% in the last 25 years. Research on the relationship between absenteeism and job knowledge, adaptation, cooperation, interest in improving, performance and alcoholism; have argued that it is more frequent absenteeism as more negative behaviors are present in workers (Roberts, 2003). Although absenteeism is justified by medical certificates, this does not mean that such absences are only for medical reasons; all studies since the industrial revolution, agree on the existence of a multifactorial etiology that resides in the human factor, taking the worker as the basic unit of work organization; this phenomenon in individual factors interact (concerns, expectations, needs, values, skills and knowledge), labor (conditions and working environment) and environmental or outside work (social environment in which organizations operate) (Rau, & Hyland, 2002). In this context, four explanatory models have documented the following approaches:

Economic Model Absenteeism

This behavior is due to the interaction of two forces: the individual motivations of the worker to leave and tolerance of employers regarding the number of absences, according to the production technology used. Workers have individual preferences of absence and as they are the actors of the supply in the labor market, choose the number of absences that maximize their profits by calculating the marginal benefits and costs of the opportunities they face (Adams, & Bond, 2003). Employers can tolerate a certain level of freedom of workers because like them, made the calculation of benefits and marginal costs of absenteeism perceiving, determining the magnitude of absence that minimize the costs of the company, and consequently maximizing profits

Absenteeism Psychosocial Model

Different cultures emerge as a result of the absence of interaction between individuals, work groups and organization. The total time lost absence creates a culture in different industries and occupations (May et.al, 2006). The decision to leave is taken in the context of a culture that can be absent: dependent, moral, fragmented or conflicting. Absence is an individual behavior within a social context and motivations of absence operate restricted or influenced by their own rules of each of the cultures.

Medical Model Absenteeism

According to this approach, the factors that contribute to a pattern of absenteeism are: demographics (age, sex, occupational status) of job satisfaction (pay levels, sense of accomplishment), features organizational (organizations and larger units of work, higher levels of absenteeism), job content (levels of autonomy and responsibility); and others, such as commitment and distance traveled to work.

Absenteeism and Organizational Withdrawal

In the case of workers who voluntarily leave organizations, a higher rate of absenteeism than those who remain is presented. It is likely that there is a positive relationship between absenteeism and organizational withdrawal (Rajbhandary, & Basu, 2010). Workers who leave the organization, they tend to be younger and of lower position than those who remain in it; these lower-level youth perceive more opportunities outside the organization than inside. Workers older and have much better position to take risks in terms of social benefits and face fewer opportunities outside the organization.

Challenges Faced by a Manager in SA Management

Sickness absence is mostly viewed in the macro-economic context of the need to cut societal costs and effective allocation of resources (Bashook, 2005). Given this economic focus, little attention has been given to the self-evaluation of the sickness absentee (Bashook, 2005). Because of this, the personal consequences of sickness are not well defined and few research studies surrounding this topic were found within the sickness absence literature. Furthermore, of those studies reporting the personal consequences of sickness absence, return to work was a prominent focus.

Line managers are responsible for implementing the organisation's absence management policy. It is therefore imperative that they have a good understanding and credence to be able to carry out their role in the process, and when it is relevant involve other stakeholders. If they do not understand their position, they are unlikely to

implement the organisation policy and practices, which could lead to inconsistency between managers - a potential complication for the organisation (Whitaker2001).

On the other hand, in the last ten years or more, efforts to tackle the issues have progressed in the manner of shared goals with regard to "evidence-based" practice in the areas such as medicine, education, marketing, rehabilitation, and psychology (O'Connor, 2001; Bashook, 2005).

Motivation System for Employees

The new system of monetary motivation has to consist of a fixed and a variable part. The company was taken to make the salary increase each year. Focusing on salary survey data, there is a need to change the fixed portion of remuneration and the remaining amount as a result of laying the bonus fund.

Table: Shaping parameters bonus fund

Base	Title	Description
Accrual bonus	Productivity	Actual percentage of the plan for the month for the entire production
To change the bonus	Absenteeism	Any absence from the workplace, except for annual leave
	Product quality	Reject rate of the total number of output

Research Gap/Strengths and Weaknesses

While the costs and prevalence of sickness absence are well documented, there are several significant gaps in understanding. Most apparent is that very few studies

examine the personal experience of taking a sickness absence. The strength of the above researches lie in how well they extensively focused on the sickness and absenteeism issues in management, but how managers can cope with these issues have been not focused in detail. There is need for measures to promote return to work amongst sickness absentees and this requires an urgent action, often involving substantial difficulties According to Whitaker (2001) there are other factors that contribute to SA and return to work, they are not only associated to disease or injury but moreover to several other aspects at dissimilar structural levels, for instance the personalities of the worker, the work place setting, the job design, as well as the insurance and healthcare structures.

Strategy for Minimization of Absenteeism

According to Dame Black, National Director for Health and Work, the economy of UK lost around 100 billion pounds in the year 2008 due to absenteeism and unemployment. According to Absence Management CIPD Report of 2009, the cost suffered by each company per employee because of absenteeism was 692 pounds (Rajbhandary, & Basu, 2010). Although many studies and researches are available that analyzes the causes and impact of absenteeism on quality of health care services received by the patients, but there exists dearth of studies that can utilized for intervention and reduction of absenteeism. In order to effectively cope with the issue of absenteeism and staffing instabilities, policies and strategies need to be implemented at management level in order to improve the attendance of health care workers.

Sick Leave Policy

As indicated by the above causes of absenteeism of nurses, the high workload often minimizes the leaves of health care staff. Health care institution should implement a policy that limits the number of sick leaves a nurse can avail per year (Rust, & Katz, 2002). Management can also incorporate different incentive programs designed for improving the attendance of staff by rewarding e.g. paying the health care workers against their unused sick leaves and the rewards of uninterrupted attendances.

Lowering Absenteeism as an Explicit Goal

Apart from the management agreements and rewarding policies, absenteeism should be defined as a critical task or an operational goal. Absenteeism should be included in the reform agenda of every health care institution and it should be determined as a goal that is monitored and evaluated (Timmins, & Kaliszer, 2002). Absenteeism of health care staff not only disrupts the quality of the patient care but also deteriorate the smooth running of the institution.

Management of Staffing Levels

It is basic task of the management to determine appropriate number of employees which can maximize the performance of the organization. Management of health care institution must determine the number of nursing staff required for preventing the condition of understaffing to occur (Wang, & Gupta, 2012). Understaffing has negative influence on the performance of the workers and eventually leads to absenteeism or termination of job.

Effective Monitoring System

In health care institutions, where the monitoring system is ineffective, a negative response to the sick leave policies is not uncommon. The sanctions of the monitoring system should be strong enough to limit the discretion margin of the activities and time schedule of the nursing staff (Mason, & Griffin, 2003). Reinforcement of control and mechanisms of punishment should be implemented for uninformed absence of the heath care staff. Similarly the best workers should be rewarded for their performance on the basis of their performance and attendance.

Improved Information Systems

The information system should be implemented for monitoring and evaluation purposes, capable of constantly evaluating the contracts. A proper database should be maintained in which the records of staff attendance, their informed and uninformed leaved are maintained. Information system can be used to observe the absenteeism pattern in the health care staff and can be utilized in the designing of effective management programmes (Martin, & Drijfhout, 2009). The records should be regularly evaluated by the reporting authorities of health care staff and based on these evaluations, incentives, and promotion and demotion of the grades should be based.

Healthcare Regulations

In order to overcome with the shortage of nursing staff, new promotional and recruitment strategies should be incorporated by the management. The duration of overtime work allowed for the nursing staff should be defined accordingly by the

management with respect to the workload and the healthcare of the nursing staff themselves (Peck, & DeVore, 2011). Career concerns also have significant impact on the satisfaction level of any workforce, so the legislation of the health care system should be able to address all the concerns of its staff inside or outside the organizations. Workforce with low rates of absence has been observed to possess a higher job satisfaction levels

Encouraging Coordination among Healthcare Staff

Lack of coordination among the nursing staff also affects the quality of the patient care services delivered by the health care institutions. Improved coordination facilitates in reducing the pressure and stress in cases of high workloads (Protsman, & Carlson, 2008).

Strategies to Reduce Stress And Sickness

For several companies, employee stress is an issue of grave concern. Stress is defined as a state of emotional and mental tension or strain which is mainly the result of adverse conditions or highly demanding circumstances. However, stress is not always negative; at times, it can even bring about the best in a person (Campbell, 2005). For instance, a person may perform better in a state of stress when he has a deadline to meet. There are various symptoms of stress and those most commonly found at the workplace include anxiety, irritation, low work performance, and absenteeism. Apart from this, insomnia, deteriorating health, and excessive smoking and drinking are also common symptoms of stress (Healey, 2011). Looking at the adverse effects of high levels of stress on employees, it is imperative that an effective stress management plan

is devised. The three strategies that would assist an employee who is under stress are as follows:

Maintain a healthy Lifestyle

When affected by high levels of stress at work, it is imperative that a healthy lifestyle is maintained. In this regard, maintaining a proper diet is inarguably the cornerstone of a stress management plan. This is because eating and drinking properly helps to provide the body with essential nutrients and vitamins. This helps to compensate for the adverse effects of stress on the human body. However, apart from maintaining a proper diet, it is as essential that a person takes proper rest. The human body is not a machine and, therefore, needs proper rest in order to function efficiently. A proper exercise plan is also recommended by experts (Beardwell et.al, 2010). This is because it helps to increase the circulation of blood throughout the body as it is essential for the proper functioning of vital organs. This intervention is considered helpful because in order for anything to be successful one must be healthy enough to give their best. Therefore, it is believed that maintaining a healthy lifestyle is one of the cornerstones of any stress management plan (Aldred, 2004).

Prioritize Tasks

Since people usually suffer from high levels of stress when they work for long hours and take little rest, it is essential that work prioritization is included in the stress management plan. Work prioritization includes creating to-do lists and schedules. The purpose of these is to help a person in managing work more efficiently while also

maintaining low levels of stress (Beardwell et.al, 2010). Therefore, work prioritization is an integral component of any stress management plan since it ensures proper and efficient management of the workload. This intervention is considered helpful because it enhances effective time management and helps employees achieve targets in a timely manner.

Achieve Emotional Freedom

The Emotional Freedom Technique (EFT) is an extremely effective tool that can be used by persons suffering from stress to quickly resolve emotional distress. Rather than simply helping to relieve allergic symptoms and chronic pain, EFT also ensures that the person does not re-experience the negative emotional state. Therefore, this treatment is an essential part of the stress management plan since its application is particularly easy. Also, EFT boasts an impressive success rate when it comes to eliminating high levels of stress in employees and is also free of any adverse effects. Therefore, it should be the cornerstone of any stress management plan (Beardwell et.al, 2010).

Challenges Faced in Implementation of Strategies

The major challenge in the incorporation of these policies will be the resistance from the unions which are formed within healthcare institutions. For proper implementation of these policies, arriving to an agreement with union is one of the major challenges faced by the modernization of human resource management policies. Also, the health care staff should be made aware of the importance of their attendance in delivery of quality patient care services (Healey, 2011). The lack of awareness and

strictness with respect to the implemented policies will result in loss of efforts and continued rise in absenteeism. The explanation of the attendance policy is necessary and it can be accomplished through meetings which focus on absenteeism, quality of patient care services and ultimately organizational performance.

Management Contracts

Two potential reactions might be expected from management contracts that include a plan of not replacing missing employees. On the one side, as workloads increase due to the lack of a co-worker, stress from peers may be applied on the missing co-worker to attend work regularly. However, the increased amount of work of employees on responsibility might generate them to be missing. If stress from peers counteracts the obstinate effects of such a plan, then medical centre lack rates might decrease (Beardwell et.al, 2010). Stress from peers systems would probably have been triggered if the sick-leave plan had been associated with effective execution of the group reward-incentive system. Unfortunately, due to partnership level of resistance, such benefits were never approved down to compensate employees and, instead, stayed at the medical care service level, being used to buy new medical centre devices. Further, when objectives by group are not met, benefits can act as an important disincentive, which might have provided to intensify lack of behavior. In addition, performance agreements did strengthen control and penalties systems at business stage, but not at individual stage. Moreover, such systems were not effective in managing absences, as the agreements did not determine a maximum focus on stage of absenteeism (Healey, 2011).

Summary

Sickness and absenteeism management in healthcare organizations is demanding and challenging, however, it facilitates chances to ameliorate the life at work for the workers. Sickness absenteeism could not be eradicated, however, can it can be minimised through identifying of factors that reflect the uniqueness of the healthcare organisation. The various variant diverse origins of sickness nonattendance must be acknowledged, while formulating stratagems that can effectively furnish resolutions to the complications of sickness absenteeism. Therefore in order to contribute to evidence based management a systematic review will be conducted. The overall rationale for choosing the methodology was that it is capable of producing reliable data that could support managers in dealing with sickness and absence.

CHAPTER 3: METHODOLOGY

Methodology selection is one of the basic steps of a research study. Before selecting the research methodology for the current study the researcher considered the basic research methodologies and their research deigns and plans in order to select the best and the most appropriate research methodology for the current study at hand. All the necessary pros and cons for the research methodologies were considered and then in the light of that the research methodology was selected.

This chapter comprises of the method of research which has been used for this dissertation. Chapter three of this research study has discussed the research method which has been used for the purpose of obtaining all the relevant information for conducting this research. This chapter of the dissertation provides type of method adopted and it also represents rationale and justifies the chosen research method. A description for the techniques of the research has been offered in this chapter which provides an explanation of the ways through which the knowledge and information can be collected or gathered for this research study.

Research Design

This research study has been carried out by using the qualitative method of research. Qualitative research is significantly different from the quantitative research. It takes into consideration the explanations that are provided by the participants who are a part of the research study (Saunders, Lewis & Thornhill, 2009). This research encompasses a better understanding of the relation that prevails between the method

adopted and the problem of the research (Creswell, 2009). Data for a qualitative research is gathered through observations, interviews, focus groups or online secondary sources (Saunders, Lewis & Thornhill, 2009).

Qualitative research method has been adopted for this research study. The qualitative method is important as it was performed by taking in to consideration the previous studies on the same topic. Achieving the aims of this research study is a crucial concern for the research that must be given high importance. Aims of this research study are of greater concern for this researcher which must be fulfilled for getting proper results for the study. The aim of researcher has a major focus on achieving goals that are set by the researcher to achieve for this research study.

Qualitative method of research is more subjective in comparison the quantitative research method. There are a number of methods that are used by researchers to gather information. These methods include primary and secondary methods of data collection. This research study has adopted interview methods for the collection of data. This research is based on the data extracted through interviews conducted from the participants and the conclusions have been drawn from the secondary resources that are mentioned in the references as well as responses from the participants.

The secondary data was also obtained from libraries, both public and online. In addition to this, the researcher also incorporated information from publications like magazines and newspapers. For conducting secondary research, it is important to understand the need for obtaining information. The cause of this research is with the allocation of correct resources and the need for completing and obtaining the accurate information.

Data Collection

For carrying out the qualitative research, both primary and secondary data has been gathered; this helped to gain a better understanding of the subject and the relation that exists between different aspects. For applying primary research, qualitative method has been used through participant interviews, which helped to gain the findings and results that are accurate for analysis. Secondary research was also used for compilation of the information gathered from the secondary sources, internet, website, sources, books and published article (Creswell, 2009).

Data Collection Procedure

The process of collecting data in a research takes in to consideration a few steps. Similarly for this research, the researcher has segmented the research in numerous steps that are helpful for the purpose of collecting the data systematically. The data collection steps are all designed in a well manner so that the research process can be carried out in a systematic manner. For this research study, the stages are mentioned below.

- Step 1: the process of data collection includes formulating the objectives and aims of the research. For this stage, the researcher has laid down an entire plan of this research. This stage, researcher obtains basic information related to the topic of the research for the purpose of developing the statement of problem and an outline of the project.

- Step 2: this step of the process for collecting data takes into consideration various articles, online publications, journals and articles for collecting secondary

data that is supportive for meeting the aim and objectives of this research study. Secondary data has been gathered using the online mediums and other libraries. Secondary data has been gathered for this research study so that it forms a theoretical framework for this research and the background of this research study. A source for data collection is via online research. Internet is a plethora that provides information which is relevant. All the information regarding various subjects can be easily obtained from the internet. Therefore, most of the data obtained for this research study has been gathered via online sources. Researcher has reviewed online publications and journals for the editorial columns and articles. Collection of data from online sources is used by the researcher including the information that has been gathered from the private and public libraries via textbooks and journals that are published.

- Step 3: This step in the process of data collection takes into consideration the primary research by conducting the interviews from the 10 managers at 2 different organisations. Interviews are chosen for this project for the reasons that it provides the opportunity to generate rich data from the participants, which is considered valuable in gaining insight into their perceptions.

Identification of Studies

Research studies pertinent to the issues under review shall be identified using keywords identified in the appropriate databases. The formation of the keywords was derived from the research studies identified during the scoping review as well as the utilising the thesaurus to ascertain comparable words. Furthermore fundamental

theories from the research question were also considered utilising pertinent components within the PICO(S) model adapted from (Beecroft, Rees and Booth 2006).

Pico(S) Model

Components of PICO(S)model	Meaning The Acronym
P	Participants or population
I	Interventions
C	Comparison
O	Outcomes
S	Study designs

The major concepts of the search shall be founded on 'P' the population (healthcare employees), In view of the fact that review have nothing to do with interventions or control , the 'I' and 'C' component of the model shall not be considered into the development of the key concepts, 'O' the outcome (management of sickness and absence), study design (qualitative as well as quantitative designs) as well as other confines that is studies published or translated into English language .Due the distinctiveness of data bases as well as their composition different approach to literature search will be utilised. Bryman, (2012) suggested to utilise wild characters and Boolean operators to link keywords advantageously in the search for all available pertinent research studies. The following Boolean operators, AND, OR and NOT shall be utilised. Furthermore, truncation mark often a * or $ shall be employed after a word stem to seek

out for all terms interconnected to the same source as suggested by (Beecroft, Rees and Booth 2006).
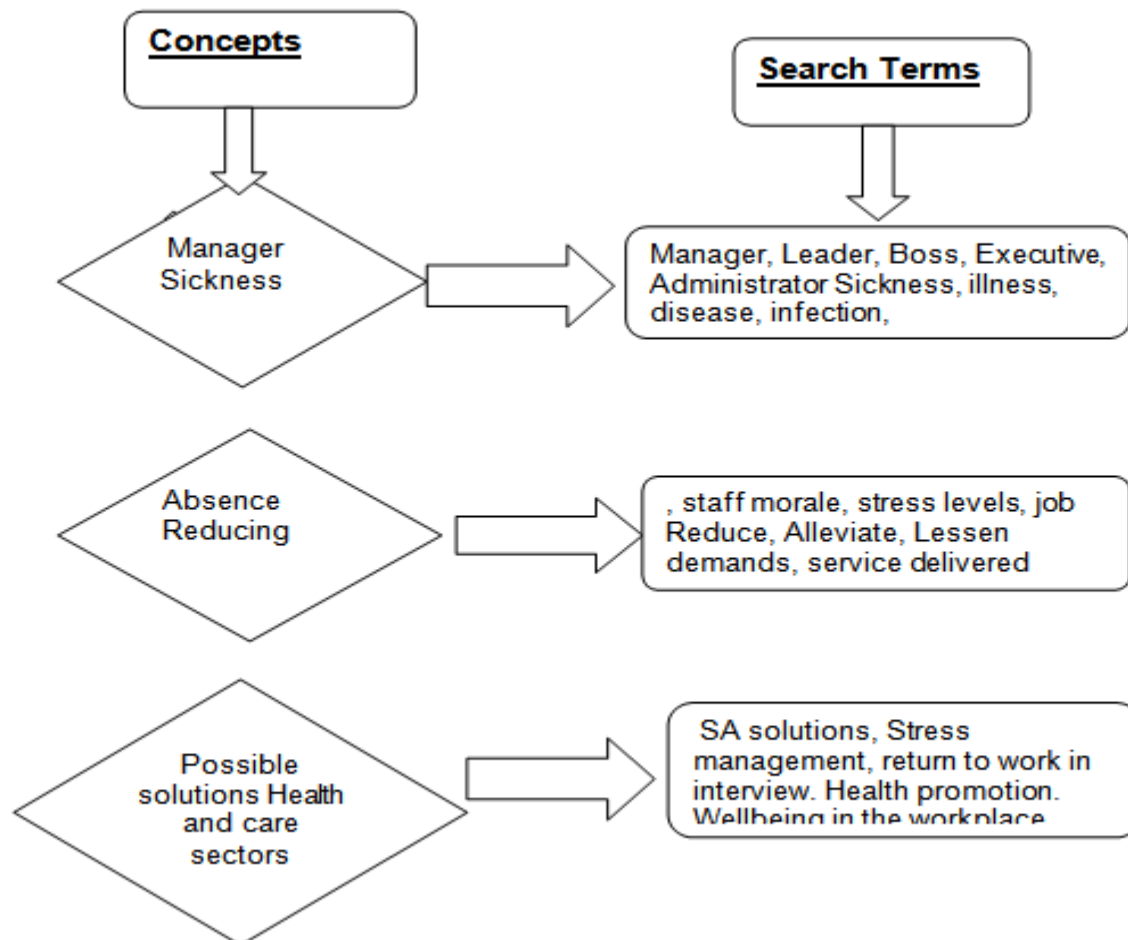
The selection of data bases was centred on the type of evidence each provide, as well as on the nature and subject of materials they are comprised of. Furthermore, grey literature, general website search engines shall be utilised and significant official governmental website shall be searched for some obtainable important pieces of data in order to maintain the thoroughness and rigor that systematic reviews reputable of.

Sampling

The data was collected through non-probability sampling method. Non probability sampling methods enable a researcher to choose the samples according to his judgment, and allow the researcher to gather data at a less cost, and in less time as compared to probability sampling. The kind of sampling done was convenience sampling. This approach of sampling allows a researcher to gather data from the respondents that are easily available. The questionnaires were distributed among the respondents chosen by the researcher. Therefore, the information was obtained by those respondents who were available and willing to participate in the study. In this study the researcher used convenience sampling method for data collection. The reason for using convenience sampling method is to select those individuals for the study that are readily available. This kind of sampling method is suitable when there is a lack of budget or limitation of the time. A sample of 10 respondents were chosen for interviews at managerial positions in 2 different organisations. The names of the

managers and organisations will not be disclosed due to confidentiality reasons and

ethical conduct of the research.

Key Concepts and Search Terms

Concepts		Search Terms
Manager Sickness	→	Manager, Leader, Boss, Executive, Administrator Sickness, illness, disease, infection,
Absence Reducing	→	, staff morale, stress levels, job Reduce, Alleviate, Lessen demands, service delivered
Possible solutions Health and care sectors	→	SA solutions, Stress management, return to work in interview. Health promotion. Wellbeing in the workplace

Databases to be Searched

For gathering the relevant secondary sources, the researcher visited various

online libraries and databases such as EBSCO, NHS, and EBSCO business premiere

CINAHL, MEDLINE, UK PUBMED CENTRAL, NHS Evidence, and Department of

Health. These databases include peer reviewed journal articles and researches relevant

to the topic.

Ethical Consideration

Ethical considerations are the most crucial aspects of the study that is essential

to enhance the value of the research as well as to increase the generalisiblity of the

research outcomes to the wider population. However, the ethical considerations include

the consent form as well as confidentiality concerns and all other strategies that are

used by the researcher to conduct the research in an ethical way. In this particular

research, the researcher used consent form to make sure that the contribution of the

participants is purely based on their consent. In addition to it, the researcher made sure

to the participants that the information provided by the participants will remain

confidential throughout the study even after the completion of the study in order to

ensure the ethical considerations of the study. In addition to it, the researcher gave a

certain importance to the legitimacy of the information that is going to be included in the

study in order to make sure that the study follows the ethical codes provided by the

university.

CHAPTER 4: FINDINGS,ANALYSIS AND DISCUSSION

Findings and Analysis

Different Reasons of Absenteeism

Following are some of the types of absenteeism, that are identified from the respondents during interview session. People miss work for a variety of reasons, many of which are legitimate. Some of the common causes of absenteeism:

- Intimidation and harassment - employees who are bullied or who are intimidated by colleagues and / or managers are likely to get sick, not to go to work;

- Stress and low morale - large load, and stress can be the cause of absenteeism. Personal stress (outside of work) can lead to absenteeism.

- Caring for children and the elderly - employees may be forced to miss work to stay home and care for the child or relative, when contingencies.

- Depression - according to the National Institute of Mental Health, the main cause of absence from work in the United States is depression. Depression can lead to abuse drugs or alcohol.

- Lack of motivation - employees who shirk work, probably just do not have the motivation to go there.

- Disease - injuries and illnesses are the most frequent cause of absenteeism. Not surprisingly, each year during the cold and flu season are growing numbers of absenteeism.

- Trauma - accidents can happen both at work and outside. Aside from the occasional injuries are chronic injuries, such as neck or back injury, which is also a common cause of absenteeism.

- Job Search - employees can pretend sick to go to the interview.

- Partial absenteeism - late coming and early retirement, as well as big breaks can affect productivity.

Minor illness, on the contrary, psycho-social stress, workload, personal boundaries, a collective term for organizational stress and restrictions associated with his career. If this burden as a result of physical factors at the beginning of the qualifications of the employee, he is not feeling well and cannot run, takes the money away that is the shape, virtually non-existent. Para-absenteeism is to reduce the effective control of neither the employer nor the employee and the more they increase the amount he decided to create their own goals (a limitation of their work and how the construction of personal). Employer has to be the premium in the progress and promotion (limited) run on the tracks, managers have to reward employees, while employees to inform the organization.

One of the respondents from the research participants stated that:

"There are number of causes of sickness absence and due to the constraints of the nature of work the employee performs. However, i think the main cause of the absenteeism that is quite common among several organizations is sickness absenteeism that eventually results of job burnout."

According to another respondent:

"Job burnout may contribute to the trends of long-term sickness absences, especially mental disorders may follow from job burnout. Work associated stress as well as professional 'burnout' is on the increase, subsequently it has been indicated that this might be because of transformations being carried out."

The most significant sources of stress have also been indicated as work overload, an emotion of being supervised well as being under resourced, manager's responsibility and attending to patients' suffering, even though perceived good interactions with patients, relatives and workers and expert esteem made the ultimate influence to general job satisfaction.

Sickness Absence Policy In Organization

The respondents from both the organizations revealed that their organizations do have sickness absence policy implemented in their organizations. When the respondents were asked about revealing their policies in relation to the sickness absence, they revealed that too draconian policies on punctuality, which is highly detrimental arriving late for work, for their part may contribute to increased absenteeism.

According to one of the manager:

"In order to keep employees motivated and encouraged for work and reduced absenteeism, there is a need to have properly formulated policies, but these policies should not be so inclined towards the strict actions. Because extra strictness can also lead to demotivation.In addition, managers are required to establish a reward system to encourage attendance at work with goals that are too hard to reach and discourages staff, which then tends to drop."

"I believe that managers should keep their employees motivated and encourage them to report to work, they must often show that they are important and that their presence is necessary. Moreover,i would also like to share my experience when i was at at supervisory level in a small business, i was able enough to understand the needs of each employee. For the managers, it is sometimes not easier to make exceptions for people who have special problems. It should also be sure to enable every person in the right job, and realize that some employees do not work well in teams. If they hold a position that suits them poorly, they risk missing more days."

In addition, having data on the number of days of absence from work of a person with his former employer before hiring avoids the problematic cases. Also, avoid the presence of political work extremely strict, because we will end up with the opposite problem. When employees come to work sick, they are not productive and they spread their disease. They aggravate it and are forced to miss several days instead of one. Therefore, there is a need of realistic policies. At all times, it is important to ensure that the attendance policy work is clear, known and understood by employees. Therefore, in the end, it can be said that these strategies can be adopted by the organization in order to deal with the issue of both, long and short absenteeism.

Strategies To Reduce Absenteeism At Workplace

According to one of the respondent from organization A:

"Well, i think that there are several strategies that can be explored to reduce absenteeism of employees. But i believe on the ones that work best, because managing absenteeism affects various aspects of the field of human resource management. As per my experience so far, fFlexible schedules are quite effective practice for reducing the absenteeism at workplace. The programs of work-family balance, can also be better reflecting the needs of employees and facilitates in reducing absenteeism."

In the same manner, a respondent from Organization B stated that:

"I think... that the occupational health programs and incentives can shape the way in which the organizations formulate their policies related to reduce absenteeism. However, these programs are complex to implement and expensive. But i have implemented some of the practices from the programs that have actually resulted in reducing absenteeism. The organizations that have programs where attendance at work is rewarded (e.g. by means of bonus at the end of the year) and penalized absences typically have lower rates of absenteeism. I would also like to add that managers involvement is required in this process and it also effect positively."

It can be seen from the above statements by the respondents that managers involvement is very important in shaping the employees to work in desired manner. According to one of the respondent:

"Being at managerial level, i think that when the boss communicates and shows employees that their presence is important and we need them, it makes them realize that they have obligations to the company. People tend to be concerned about the impact their absence may have on other team members. This may encourage them to come to work."

In order to prevent absenteeism, better targeted therapies focus on problems specific to its business or a service or a workshop specifically affected by the phenomenon. Such an approach requires studying well the situation in advance. Thus, in cases where absenteeism is related to working conditions too stress-inducing, a reorganization of the company or service may be required. Repetitive tasks, objectives unattainable, changes may be recurring operating modes difficult to bear by some employees who end up getting sick, psychiatrist, founder of the consulting firm managing stress stimulus. Empower, set more reasonable help to lower stress and therefore absenteeism. It is important to prepare a policy brief and clear and to deal with even lower rate of absenteeism in the company. There is a need to ensure explicitly by the statement circulated to all levels of the company.

Employees know the consequences of absence in a manner of living heads to make them feel even seriously that cannot be accepted unless there is an acceptable excuse. Tracking absences on a regular basis and monitor closely as the treatment of staff and Administrative staff in the same manner as the subject of the absence. The role of managers in this fight is paramount. They themselves must learn to manage

stress and emotions such as nervousness or fear. There are trained to acquire this power. The managers are also the privileged interlocutors of management when comes to fighting against the repeated absences of an employee and they must establish a system of talks back after absences too long or too frequent of a member of their team. This interview was not intended to penalize work stoppages. The goal is to help the long absent employee to return to reduce the risk of relapse, conversly, it can also be helpful to reframe an employee who abuses sick time or why an employee abuses.

Situation of Sickness Absence at Organization

In order to determine the cause of absenteeism, it is particularly difficult if the company does not trebudet written confirmation of the disease from a doctor. At the same time it is important that the employee is not sick to come to the workplace and do not infect their colleagues or clients. To solve this problem, many companies have moved to the allocation policy to employees each year a certain number of days of time off. Opponents of this decision argue that it ultimately costs businesses dearly. In addition, they have fears that employees will use all of their "sick days", even if they do not need them. Proponents argue that sick employee can infect dozens or even hundreds of people, such as in catering.

As a result, only increase the number of cases, compared with the situation where a diseased would stay home. Unfortunately, the workers themselves do not always take time off, even if they do not feel well. This is due to the fact that they need the money or are simply afraid of losing their jobs. Many companies offer their employees bonuses if they do not take time off for a certain amount of time. Other

companies try to pay much attention to disease prevention, motivating employees to

engage in tasks assigned to them, maintaining their psychological state, ensuring

hygiene in the workplace.

Ways to Motivate Employees to Reduce their Absence

According to one of the respondent,

*"In an effort to motivate employees, managers have to clearly communicate the values
and objectives of the company. Employees have to inform of strategies and decisions
taken by the company generates involvement in them because they feel valued;
motivation and positive perception of the organization increases and absenteeism rates
are reduced. In addition, the work environment will be more favorable in every way."*

From the above statement, it can be said that proper communication, agreed

objectives, measuring results and involvement, recognizing achievements and

reconciliation measures will create a corporate environment that can generate the

conditions that absenteeism is removed, while the key resources is clearly identified for

organization.

Another respondent said that :

*"Reconciliation is one of the best way to manage and reduce the incidence of
absenteeism which is through facilitation measures in the work-life balance of
employees. I have seen that the companies that provide their employees benefits that
help them to better combine work and life person get more involved with this philosophy
of the company, resulting in better performance and increased productivity and
ultimately reduced absenteeism."*

PICO Model Analysis

P	Patient, population or problem	The managers were being interviewed in order to get an insight into the issues they are facing.
I	Intervention	The intervention in solving the issues of sickness absence could be to build an effective reward system that preserves a sense of stability for employees, on the one hand, and enabling them to work more intensively ,on the other hand. The system of incentives for the production staff of the company has to based on: employees received a fixed part of the remuneration (salary) and a variable part (bonus). The bonus is paid in the event of a change of record, ie, the maximum productivity on the results of the change.
C	Comparison	Not applied
O	Outcome measures	Solutions at outcome measures

| | | became clear that the transformation of the existing remuneration system in the company creates a sustainable model of motivational and help increase employee productivity.To incentive scheme proved effective, it is necessary that it be improved by the following criteria:

•transparency - employees should be aware of what constitutes their income;

•ability to influence the size of their income - depending on staff understanding of their income from the invested efforts;

•proportionality - the amount of variable compensation should be motivating, too low a percentage of reward for high performance employee may have backfired demotivating effect and discredit the entire payment system.

When the issue of sickness absence |
|---|---|---|

		is sorted out,then there is also a need of transparent reward system for employees and focuses on the result of labor, it will be a powerful motivational driver. From this example it is clear that under the existing problem in the company with the low efficiency of the staff and high stability, to provide working conditions, payment system introduced must: •motivate employees to achieve better results; •maintain a sense of stability to the working staff, especially at the stage of implementation of the new system This will, on the one hand, to avoid the burst strength and modifications discontent of the workers, on the other hand - to achieve this goal: to increase productivity

Discussion

Research has shown that employees tend to take less and less time off for health reasons. The respondents revealed that taking less off for health has contributed to the prevalence of sickness absence at most of the workplaces. For direct cause because it is considered effective management of absenteeism, which after a few years has brought the expected results. According to several research works, it has been suggested by the authors that a reason for employees absenteeism can be the lack of concentration. Individual employee, a description of the personality dimensions of stress at work or absenteeism will provide a framework for the study during the raid. Neglect the effect of environmental variables or characteristics organizational understanding the loss of work was suppressed. to use global meta-analysis method of collecting the results of many studies, tests for the organizational approach. Other researchers have discontinuity of the variable, and most studies point to the views of others is an important issue for researchers does not separate clearly in need of involuntary voluntary. Volunteer work days lost to absenteeism, as inexcusable "unauthorized rental," because it is translated into the involuntary absence of a concern for employers, there is a real disease.

Since no discussion about the absence of stress have a size address. The total number of hours of absenteeism in the absence of the traditional approach is to apply unit time. For example, 10 sick days per year 4.3% of the level of free calls (assuming you work 230 days a year.) Wooden cases of absenteeism in the civil service working hours (day) is the length of unemployment is defined had a meeting two weeks. The researchers are missing in different lengths (for example, one day, two days short, long,

term, etc.) lack of measurement (e.g. time and frequency, and looked in different forms). The majority of absenteeism in the workplace is in a foreign culture is a good situation. Work on stress and absenteeism, while not sanctioned by the authors are aware of studies in the United Kingdom.

Better Management Favors the Presence of Employees

In the past five years in UK, the average number of sick leave decreased from seven to five days per year. It is really a big change, because for a company that employs about 100 people is like working in it one additional employee. This has contributed to a significant decline especially managers who manage absence more effectively and better understand what is really behind it. As pointed out by the respondents in interviews, effective monitoring is not so much the absence of workers and the fear of the consequences, but conducting interviews with people coming back to work, or change existing practices in the company. It turns out that many of absence due to improper management in the organization. The tense atmosphere at work, stress and adverse physical conditions in the workplace can contribute significantly to increase the number of leave.

According to the report Pan European Health and Benefits Survey 2011 cause the largest number of long-term absence were stress-related diseases and mental health, as well as musculo-skeletal disorders. It is widely known that these factors have a great relationship with their jobs, especially if we're talking about sitting at the computer in an open space. In explaining the reasons for the absence of employee frequently also points to factors such as lack of motivation, too many duties, the

monotony of work or problems in personal life. It has also been observed from the responses that when there is a conflict in a team, or when one of the workers are harassed, these situations also interfere in better and effective management than shaming absent. Furthermore, because there is always the likelihood that an employee is absent for a valid reason to dismiss an employee for absenteeism to ascertain the circumstances of his absence from work is not recommended. In such cases, the employer is required to fix the absence in the workplace. For this shall be drawn in any form, which is signed by several witnesses. Making such an act as you can in the first day of absence an employee, or in any of the following days. If an employee for a long time did not go out to work and the exact causes of his failure to appear is unknown, it is recommended that such acts be periodically throughout the period of absence.

Presenteeism, or How to Work Sick

In pursuit of 100% presence at work but do not forget about common sense. Many of the negative consequences of discouraged workers taking leave come to work while sick. This phenomenon is called presenteeism and applies not only to diseases such as periodic colds, but also more serious diseases for depression or anxiety disorders whose symptoms may be less noticeable. In most of the Western countries, where the problem lived to research, it is estimated that the cost of staying sick person at work is twice higher than in the case of its absence. From the point of view of the employer presenteeism is therefore a disadvantage, as it reduces the efficiency and quality of work, and thus increases costs. So it might be better to let an employee go for relief, than tighten the screw again.

CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

Conclusion

Absenteeism is the fluctuation of the workforce which is an most important parameter that needs to be monitored. The reason for this is that the high absenteeism impact not only the colleagues and superiors who have to deal with a larger volume of business, but also the company's profits. In fact, when talk about the cost incurred due to the use of sick leave then, except sick leave payments which go to the expense of the employer, to take into account the possible costs of temporary employees who were replaced, the extra work of managers who deal with the problem instead of replacing constructive activities, and not to forget the missed opportunities, such as lost sales, the decline in the quality of services, all of which in turn reduces revenue.Thus, it can be concluded that the effects of high absenteeism is a drop in the satisfaction and morale of employees and their productivity due to gender and promotion received. Overtime is a very common practice in companies and organizations worldwide. Some people take pride in staying at work beyond the hours provided, even if that person is browsing the Internet or playing games, what matters is the presence at the office. According to past researchers, if employees are working overtime, this shows that they cannot manage the daily workload, for that reason, they have to do overtime, which is their fault. But if the workload is well past the normal time executable is the fault of their business, therefore, they cannot delegate tasks to the correct day to day. Perhaps this is a radical concept means; it is natural for people to spend more time at work.

Furthermore, it has also been found that mental illness and stress in the last few years, instead of in the absence of an incredible increase in the number of days. This

further agitated the most demanding working requirements and the heavy responsibility, working conditions more forward than the battle for the first opportunity to escape all difficulties. It lost per employee small business has been found to suffer from the major opponents far less absenteeism. The reasons are obvious. As a small business, more contact with the employee representatives management, the objectives of the company a clear picture of a large organization and plays an important role within the organization as a whole to employees contribute almost all of them forwarded colleagues that the lack of responsibility and over-treatment makes it easy for the managers.

In order to successfully manage absenteeism should know the causes of absenteeism. Reasons for the lack of these three factors and individual factors, environmental factors, the type of work and leaves. This leadership styles and organizational issues, how can the effectiveness of organizational processes and procedures, the general attitude of Welfare to Work "area. A number of external factors such as the easy way to work and organization are both in the individual. It is always important the problem of absenteeism and employee-centered recognize. In examining the reasons for the absence of the high consideration of all factors that help is possible, is recommended.

Absenteeism costs companies billions each year due to lost productivity, wages, low quality goods and services. In addition, employees who need to replace missing often burdened with additional duties and responsibilities, which can lead to feelings of frustration and lowering morale. Sometimes unavoidable absence from work - people are sick should care for others, it takes time to deal with personal matters. This familiar

situations that are challenging for employers, and that can have a negative impact on colleagues. Absenteeism because employees have a major impact on the financial performance of the company. For most profitable companies there is a need to control and reduce such situations.

Recommendations

Many absences are the result of stress experienced by employees. Therefore, an important step in reducing absences is to teach subordinates how to deal with the pressure of office through training, establishing regular breaks to workers and building positive relationships in the team. It was a good atmosphere at work and a sense of having influence on the decision the company makes employees feel engaged and reluctant to leave the place of work. It is important to also strengthen the motivation. Instead of punishing the absence. Financials are not always important for the employees to be appreciated, instead they also need to have recognition and mental relaation. Another solution is to introduce more flexible working hours, which will help especially those whose absences are associated with problems in family life and sickness particulalry. Changing the execution mode for performance of duties or work at home, it may be helpful especially for those who have the care of young children or even work elsewhere.

References

Adams, A., & Bond, S. (2003). Staffing in acute hospital wards: part 1. The relationship

between number of nurses and ward organizational environment.Journal of

Nursing Management, 11(5), 287-292. Retrieved from

http://onlinelibrary.wiley.com/doi/10.1046/j.1365-2834.2003.00361/

Aldred, C. (2004). U.K. employers addressing absence risks; Concerns over lost

productivity, costs boost interest in rehabilitation. Business Insurance, 6th Sept

Allebeck, P., and Mastekaasa, A., 2004. Risk factors for sickleave –general studies,

Scandanavia Journal of Public Health,(Suppl 32),pp. 49–108.

Barham, C., Begum, N., 2005. *Sickness absence from work in the UK. Office for*

National Statistics, London.[Online] Available at:< http://tinyurl.com/cr57z8j>

[Accessed on 22 November 2013]

Bashook, P. G. (2005). Best practices for assessing competence and performance of

the behavioural health workforce. *Administration and Policy in Mental Health, 32*,

pp.563-592.

Beardwell, Julie and Claydon, Tim. (2010) Human Resource Management: A

Contemporary Approach. FT Press; 8th edition, pp. 52-566

BeecroftC.,Rees, A.,Booth,A., 2006.Finding the evidence. IN Gerrish, K.,andLacey A.,

The research process in nursing. Oxford: Blackwell Publishing Ch7

Blaikie, N., 1993. *Approaches to social enquiry* .1sted, Cambridge: Polity Press

Bowling A., 2009.*Research methods in health*.3rd ed.New York: Open University Press

Bratberg , E., Gjesdal,S., Mæland J. G., 2009. Sickness absence with psychiatric

diagnoses: Individual and contextual predictors of permanent disability. *Health

and Place*, 15 pp. 308–314

Bryman, A. (1999). Qualitative research. London: SAGE.

Bryman, A., 2012. *Social research methods*.Oxford : Oxford University Press.

Caligiuri, P., and Bonache, J. (2010), "Managing the Global Workforce", John Wiley and

Sons, pp. 112

Campbell, S. J. (2005). The relationship between employer-sponsored health promotion

program participation and absenteeism in a nonprofit organization. Capella

University). ProQuest Dissertations and Theses, 104. Retrieved from

http://search.proquest.com/docview/305360288?accountid=35812. (305360288).

Clark J., 2011. What is systematic review? *Evidence Based Nursing*; 14:pp.64

Confederation of British Industry., 2010. *Absence and Workplace Health Survey

2010*.London:Confederation of British Industry/Pfzer

contemporary social movement. *Health: An Interdisciplinary Journal for the Social Study

of Health Illness and Medicine,* 7(3), pp.267-282.

Creswell, J. W., & Clark, V. L. (2007). Designing and conducting mixed methods

research. Thousand Oaks, Calif.: SAGE Publications.

Creswell, J. W., (2009). 3rd edn. Research design: Qualitative, quantitative, and mixed

methods approaches . Thousand Oaks, CA: Sage Publications, Inc.

Dabboussy and Uppal S.,2012. *Work absences in 2011* [Online]Available

at:http://www.statcan.gc.ca/pub/75-001-x/2012002/article/11650-

eng.pdf[Acecessed on 12 Dec 2013]

Deary,I.,2008. A longitudinal study of stress and psychological distress in nurses and

    nursing students, *Journal of Clinical Nursing*, 18, pp.270–278

Denzin, N. K., & Lincoln, Y. S. (2005). The SAGE handbook of qualitative research (3rd

    ed.). Thousand Oaks: Sage Publications.

Department of Health., 2010.*No health without mental health: A cross-Government*

    mental health outcomes strategy for people of all age's analysis of the impact on

    Equality (AIE). London: Department of Health

Easterby-Smith, M., Thorpe, R., and Jackson, P., 2008.*Management Research*, 3rd Ed,

    London: SAGE Publications Ltd

Financial Times (2004). A chronic problem: Measures to tackle worker absenteeism are

    a welcome start. 23rd August p 16

Fink, A. 2005*. Conducting research literature reviews: from the internet to paper* 2nd

    ed.Thousand Oaks, California: Sage Publications

Flick, U. (2008).Designing Qualitative Research. London: Sage Publications.

Fowler, F. J. (1993). Survey research methods (2nd ed.). Newbury Park: Sage

    Publications.

Graham. J., Potts, H.W., Ramirez, A.J., 2002.Stress and burnout in doctors.*Lancet,*360

    pp.1975-1976

Green S., 2005.Systematic reviews and meta-analysis*. Evidence –based Medicine and*

    Healthcare Singapore Medical Journal, 46(6), pp.270

Healey, J. F. (2011) Statistics: A Tool for Social Research. Cengage Learning, 16-59.

    Retrieved from:

    http://books.google.com/books?id=34_1LOiUpLEC&printsec=frontcover&dq=stati

stics&hl=en&sa=X&ei=MhjNUJvnCYOBhQfR9YC4DQ&redir_esc=y#v=onepage&
q=statistics&f=false

Henderson, M., Glozier, N., and Holland, E.K., 2005.Long term sickness absence,
*British Medical Journa*l, 330, pp.802–803

Hsu, M., Kernohan, G., 2006.Dimensions of hospital nurses' quality of working
life.*Journal of Advanced Nursing*, 54, pp.120–131.

Hurrell, Jr., Joseph, (2005), "Organizational Stress Intervention", Handbook of Work
Stress. Thousand Oaks, CA: SAGE.

Irvine, A., 2008. *Managing mental health and employment,* Leeds: Corporate Document

Jackson, T. (2002), "The management of people across cultures: valuing people
differently", Human Resource Management, Vol. 41 pp.455-75

Johns, Gary, (2001), "The Psychology of Lateness, Absenteeism, and Turnover",
Handbook of Industrial, Work & Organizational Psychology - Volume 2.
Thousand Oaks, CA: SAGE.

Kahn, K., Kunz, R., Kleijnen, J. and Antes, G., 2011. *Systematic reviews to support
evidence-based medicine.* [e-journal] Available through: Anglia Ruskin University
Library website <http://libweb.anglia.ac.uk>[Accessed 18 Dec 2013]

Khan.K.S and Kleijnen. J. 2001. Stage 2.Conducting the Review Phase 6 Data
Extraction and Monitoring Progress. In CRD report 4.(2nded) *Undertaking
Systematic Reviews of Research on Effectiveness: CRD'S guidelines for those
carrying out or commissioning review*.[Online] Available at
:<http://www.york.ac.uk/inst/crd/report4.htm.>   [accessed on 10th March 2012]

Krause, N., and Lund T., 2004.Returning to work after occupational Injury, in: *The Psychology of Workplace Safety*, J. Barling and M. Frone, eds,Washington, DC: American Psychological Association.

Landa, J. M.A., Lo´pez-Zafra, E., M. Martos, P. B.,Aguilar-Luzo´ M. C., 2008. The relationship between emotional intelligence, occupational stress and health in nurses: A questionnaire survey *International Journal of Nursing Studies*, 45, pp.888–901

Lehrer, P. M., Woolfolk, R. L., & Sime, W. E. (2007). Principles and practice of stress management. New York: Guilford Press. http://books.google.com/books?id=T-hUvwUNjvUC&printsec=frontcover&dq=effective+stress+management&hl=en&sa=X&ei=FqomUq-NOMretAa_loHIAQ&ved=0CDUQ6AEwAg#v=onepage&q=effective%20stress%20management&f=false

LoBiondo-Wood 2008.*Nursing research, methods and critical appraisal for evidence-based practice.*7th Ed.

Martin, S. J., & Drijfhout, F. P. (2009). How reliable is the analysis of complex cuticular hydrocarbon profiles by multivariate statistical methods? Journal of Chemical Ecology, 35(3), 82- 375. doi: http://dx.doi.org/10.1007/s10886-009-9610-z

Mason, C. M., & Griffin, M. A. (2003). Group absenteeism and positive affective tone: A longitudinal study. Journal of Organizational Behavior, 24(6), 667-687. Retrieved from http://search.proquest.com/docview/224878041?accountid=35812

May, J. H., G. J. Bazzoli, A. M. Gerland. (2006). Hospitals' responses to nurse staffing shortages. Health Affairs 25(4) W316–W323.

Mays, N., Pope, C. and Popay, J., 2005.*Systematically reviewing qualitative and quantitative evidence to inform management and policy-making in the health field.Journal of health services research & policy,* [e-journal] 10 (suppl 1), pp.6-20. Available through: Anglia Ruskin University Library website <http://libweb.anglia.ac.uk>[Accessed 18 Dec 2013]

Mind your Business (2004). 2004 Absenteeism, Lost Output and Bullying in the Workplace. Can it be Managed? 19th April

Nyman, C. S., Andersson L., Spak F., andHensing G.,2009.Exploring consequences of sickness absence– a longitudinal study on changes in self-rated physical health. *Work* 34(3),pp.315-24

O'Connor, M. F., 2001. On the etiology and effective management of professional distress and impairment among psychologists.*Professional Psychology: Research and Practice, 32*, pp.345-350.

Organisation for Economic Co-operation and Development (OECD)., 2010. *Sickness, disability and work: breaking the barriers. A synthesis of findings across OECD countries,*France: OECD Publishing.

Patton, M. Q. (2002). Qualitative research and evaluation methods (3 ed.). Thousand Oaks, Calif.: Sage Publications.

Peat, Jillian, A., (2003), "Employee Absenteeism", Encyclopedia of Health Care Management. Thousand Oaks, CA: SAGE.

Peck, R. and DeVore, R. J. (2011) Statistics: The Exploration & Analysis of Data. Cengage Learning, 8-28. Retrieved from:

http://books.google.com/books?id=NsAh3P-

WrswC&printsec=frontcover&dq=statistics&hl=en&sa=X&ei=MhjNUJvnCYOBhQf

R9YC4DQ&redir_esc=y#v=onepage&q=statistics&f=false

Petticrew, M., 2006.*Systematic reviews in the social sciences a practical guide*. [e-book]

Oxford: Malden, Mass. ; Oxford : Blackwell. Available through: Anglia Ruskin

University Library website <http://libweb.anglia.ac.uk>[Accessed 15 Dec 2013]

Polit D F., and Beck C.T.,2006.*Essentials of nursing research methods, appraisal, and

utilisation.*6[th]ed.Philadelphia:Lippincott Williams and Wilkins

Pope, C., 2003. Resisting evidence: the study of evidence based medicine as a

PR Newswire Association (2004), Work Foundation Welcomes Tesco Sick Pay Initiative

but Warns that Long-Term Absence is the Real Worry. 17th May

Protsman, L., & Carlson, M. (2008). Graphic organizers can facilitate selection of

statistical tests: Part 2-correlation and regression analysis. Journal of Physical

Therapy Education, 22(2), 36-41. Retrieved from:

http://search.proquest.com/docview/853889918?accountid=35812

Rae, T. (2003). Strictly stress: Effective stress management : a series of 12 sessions for

high school students. Bristol: Lucky Duck Pub.

http://books.google.com/books?id=EGTaJO2uE2UC&dq=effective+stress+mana

gement&hl=en&sa=X&ei=FqomUq-NOMretAa_loHIAQ&ved=0CDAQ6AEwAQ

Rajbhandary, S., & Basu, K. (2010). Working conditions of nurses and absenteeism: Is

there a relationship? An empirical analysis using National Survey of the Work

and Health of Nurses. Health policy, 97(2), 152-159. Retrieved from

http://www.journals.elsevier.com/health-policy

Ramirez, A.J., Graham, J., Richards, MA, Cull. A., Gregory,W.M., 1996. Mental health of hospital consultants: the effects of stress and satisfaction at work. *Lancet*, 347, pp.724–728.

Rau, B. L., Hyland, M. M., (2002), "Role conflict and flexible work arrangements", The effects on applicant attraction Personnel Psychology vol. 55 no. (1).

Registered Nurses' Association of Ontario .2006.*Guideline development methodology*.[Online]Available at:

<http://www.rnao.org/Storage/30/2427_Methodology_report_formatted_-_Oct_2006_-_FINAL.Pdf> [Accessed 12. Dec. 2013].

Roberts, P. (2003) Pulling a sickie. IHC (Independent Healthcare Consultancy). September

Roelen ,C.A.M.,,.Koopmans, P.C, de Graaf, J.H., van ZandbergenJ.W.,andGroothoff, J.W.,2007. Job demands, health perception and sickness absence, *Occupational Medicine* , 57,pp.499–504.

Roelen C.A.M., Koopmans P.C., and Groothoff J.W., 2009.Occupational rewards relate to sickness absence frequency but not duration, *Work* 3, pp. 13–19

Rosch, E. 1978.Principles of categorization.In E.Rosch, & B.B. Lloyd (Eds.), *Cognition and categorization*. Hillsdale, N.J.: Erlbaum

Rousseau, M. D., 2006. Is There Such a Thing as "Evidence-Based Management"?

Rousseau, M., D., and McCarthy, S. 2007. Educating managers from and evidence-based perspective.*Academy of Management Review,* 6 (1), pp.84-101.

Rust, K. G., & Katz, J. P. (2002). Organizational Slack and Performance: The Interactive

    Role of Workforce Changes. Working paper, Elmhurst College. Retrieved from

    http://www.midwestacademy.org/Proceedings/2002/papers/Rust.doc%3E

Saunders, M.; Lewis, P. and Thornhill, A. (2009) 'Research Methods for Business

    Students Pearson Education', 24-62.

Seale, C. (2004). Qualitative research practice. London: SAGE.

Silverman, D. (2005). Doing qualitative research: a practical handbook (2nd ed.).

    London: Sage Publications.

Sim, J. and Wright, C.C., 2000. *Research in Health Care: Designs and Methods.* [e-

    book] Nelson Thornes

Smith L.,and Dixon L.,2009.Systematic reviews. In Neal J.,ed.*Research methods for*

    health and social care Basingstoke:Palgravemcmillan

Smith, E. (2008). Using secondary data in educational and social research.

    Maidenhead: McGraw Hill/Open University Press.

Svensson, T., M¨ussener U., and Alexanderson, K.,2006. Pride, empowerment and

    return to work: On the significance of positive social emotions in the rehabilitation

    of sickness absentees, *, A Journal of Prevention, Assessment and*

    Rehabilitation,27,pp. 57–65.

Timmins, F., & Kaliszer, M. (2002). Absenteeism among nursing students–fact or

    fiction?. Journal of Nursing Management, 10(5), 251-264. Retrieved from

    http://onlinelibrary.wiley.com/doi/10.1046/j.1365-2834.2002.00327.x

Upmark, M., Festin, K., and Alexanderson, K., 2007. Gender differences in

    experiencing negative encounters with healthcare. A study of longterm sickness

    absentees, *Scandinavian Journal of Public Health,* 35, pp.577–584

Vahtera, J. ,Kivimaki, M., Pentti, J., Linna, A., Virtanen, M., Virtanen P.,andFerrie, J.,

    2004. Organisational downsizing, sickness absence, and mortality: 10-town

    prospective cohort study,*British Medical Journal* ,10,pp.1136

Waddell ,G., and Burton, K., 2006.*Is Working Good for your Health and Wellbeing*?

    Cardiff and Huddersfield:Cardiff University& University of Huddersfield Press,

Wall, T.D., Bolden, R.I., Borrill ,C.S., Carter, A.J., Golya, D.A,Hardy. G.E., Haynes,

    C.E., Rick ,J.E., Shapiro, D.A., West,M.A., 1997. Minor psychiatric disorder in

    NHS trust staff:occupational and gender differences. *British Journal of*

    Psychiatry,171:pp.519–523

Wang, W. Y., & Gupta, D. (2012). Nurse Absenteeism and Staffing Strategies for

    Hospital Inpatient Units. Working Paper. Retrieved from

    http://www.isye.umn.edu/labs/scorlab/pdf/WG12.pdf

(Western Mail, 2002)
(Roberts, 2003)
(PR Newswire Association, 2004)
(Mind your Business, 2004)
(Financial Times, 2004)
(Aldred, 2004)
(Beardwell et.al, 2010)
(Healey, 2011)
(Campbell, 2005)
(Protsman, & Carlson, 2008)
(Peck, & DeVore, 2011)
(Mason, & Griffin, 2003)
(Martin, & Drijfhout, 2009)
(Wang, & Gupta, 2012)
(Timmins, & Kaliszer, 2002)
(Rust, & Katz, 2002)
(Rajbhandary, & Basu, 2010)
(May et.al, 2006)
(Adams, & Bond, 2003)
(Rau, & Hyland, 2002)
(Roberts, 2003)
(Peat, 2003)
(Johns, 2001)
(Hurrell, 2005)
(Lehrer et.al, 2007)
(Rae, 2003)
(Jackson, 2002)
(Caligiuri, & Bonache, 2010)

APPENDIX

1. Does your organization has any sickness absence policy?

2. How do you tackle the situation of sickness absence at your organization?

3. What are your strategies to reduce absenteeism at workplace?

4. How do you motivate your employees to reduce their absence?

5. What are the different types of absenteeism?