



Understanding and managing absenteeism: A PRACTICAL APPROACH

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ABSTRACT

Absenteeism in Malta has been the subject of contentious social dialogue in recent years. The following article discusses the factors that may encourage employees to engage in sick leave. These include illness-related factors, personal factors, occupational attitudes and organisational factors. The article goes on to offer practical suggestions on how absenteeism can be managed in a way that is beneficial for employers and employees alike. It is concluded that absenteeism cannot be eradicated and aids sick employees to recover. However, implementing preventive measures, fostering workplace motivation and supporting ill workers, amongst others, may aid in reducing the frequency of this behaviour.

INTRODUCTION

High levels of absenteeism are a perennial problem for some organisations. Employees resort to absenteeism for various reasons. The most accepted motive is avoiding work due to illness. However, other reasons can be deemed acceptable, such as personal and family emergencies. Less acceptable reasons include skipping work to attend social functions, recovering from self-inflicted issues, such as hangovers, and not wanting to go to work. One study based in Malta determined that four categories of factors could influence motives to stay home or attend work when ill: illness-related, personal, occupational, and organisational (Fiorini, Griffiths, & Houdmont, 2018). The following article presents a brief discussion of these causes of absenteeism and suggestions how this phenomenon can be managed.

HEALTH AND ILLNESS-RELATED REASONS

Illness is the most acceptable reason for absence from work (Johns & Xie, 1998). However, employees often attend work when sick. This is termed presenteeism (Johns, 2010) and illness-related factors can play a role in determining if employees attend work ill or not. Several studies have determined that workers are more likely to avoid work when symptoms are more severe (Frederiksen, Karsten, Indahl, & Bendix, 2015), illness is deemed contagious (Krohne & Magnussen, 2011) and individuals believe that illness is more likely to impede their ability to perform their work tasks (Wynne-Johns, Buck, Porteous, et al., 2011). These factors have also been found to influence absenteeism decisions among workers in Malta (Fiorini et al., 2018). In such cases, employers and employees alike would likely benefit if work is avoided. Individuals experiencing severe illness which influences their ability to undertake their work tasks are likely to perform poorly. This may have costly impacts upon organisations, such as sub-standard services and products. Furthermore, it is unlikely to benefit workers' health. Contagious individuals who attend work are likely to transmit their illnesses to their co-workers, clients or products (for example in the food industry), with potentially more serious consequences.

Individuals who are in poorer health and experience long-term illness may require occasional periods away from work in order to manage their diseases. Studies have previously described how individuals attend work whilst experiencing chronic disease, but avoid this when symptoms become unbearable (Hansson, Bostrom, & Harms-Ringdahl, 2006). Such periods of absenteeism can aid individuals to manage their illnesses and remain in employment. Whilst a short period of absenteeism for such illnesses may be health-promoting, the benefits of long absenteeism episodes is less evident (Sieurin, Josephson, & Vingard, 2009). Longer periods may be necessary in certain instances, such as post-operative recovery; but, for many long-term illnesses, quicker return to work following absenteeism is generally encouraged. This applies for both physical illness such as musculoskeletal disorders (e.g., back and neck pains) (Breen, Langworthy, & Bagust, 2005) and mental health disorders (Pomaki et al., 2010).

Suggestion 1: Short-term absenteeism is health-promoting and should not be discouraged when warranted. Employers could provide guidance via a communicated policy document which highlights situations where absenteeism is appropriate. Situations could include contagious illness, serious symptoms, and the inability to cope with work tasks. Conversely, where illness is not contagious and does not interfere with work tasks, workers could be encouraged to attend work.

Suggestion 2: Workers should be encouraged to seek the opinion of relevant health care professionals in order to maximise their chance of recovery. Depending on the workers' medical condition, professionals like medical doctors, physiotherapists and psychologists can also aid in determining if workers are fit for work. In certain situations, workplaces and tasks may need to be adjusted; this is discussed later.

PERSON-RELATED AND ATTITUDINAL REASONS

Several person-related factors not related to health can also influence absenteeism decisions. Individuals who care for others may be more prone to being absent from work. Parents of young children have been found to pick up more respiratory diseases (Mastekaasa, 2000) and experience burnout (Erickson, Nichols, & Ritter, 2000), resulting in absenteeism. Parents may also engage in absenteeism when their children are unwell or in response to other parent-related duties when they lack support. Similar reasons may lead workers who are also carers of dependent, older or disabled individuals to miss work. Several studies have highlighted that absenteeism is more common among women (e.g., Eurofound, 2017); one reason for this may be that these caring roles are more frequently carried out by women.

Apart from gender, health and caring responsibilities, people vary on various other criteria. One factor that may be relevant in fostering absenteeism is personality. Whilst some studies have suggested that personality does not influence absenteeism (Salgado, 2002), others have linked personality factors such as low conscientiousness and high neuroticism (e.g., Vlasveld et al., 2013) with increased absence. Such findings could suggest that individuals who are less conscientious, and therefore are likely to be less dependable, less disciplined, and less diligent, are also intrinsically more likely to avoid work. Studies suggest that those who are more likely to worry or feel anxious are also more likely to attend work; possibly as they worry about the implications of staying home. Several other personality-related aspects have also been linked to absenteeism; one interesting facet is that some individuals appear to have more conservative attitudes towards absenteeism than others. Unsurprisingly, those who view absenteeism as more legitimate appear to engage in greater absenteeism (Johns, 2011). Finally, individuals who are more satisfied by their work appear to engage in less absenteeism than those who are less satisfied (Cohen & Golan, 2007).

Suggestion 3: Parents and those with caring responsibilities require support. Flexible working arrangements, such as flexible working hours and the ability to work from home, may provide viable alternatives which reduce absenteeism. Such measures can aid in attracting and retaining employees.

Suggestion 4: During recruitment, employers may want to identify individuals who are conscientious; such conscientious individuals also frequently perform better at work. As absenteeism can be health-promoting, those who are more neurotic should be encouraged to use absenteeism when needed.

Suggestion 5: Improving workers' job satisfaction is likely to reduce absenteeism. Improving workers' level of responsibility, providing more varied and more meaningful tasks can foster satisfaction in some workers. Better organisational conditions are also beneficial; this is discussed in the next section.

ORGANISATIONAL REASONS

Various organisational factors can also influence absenteeism rates. Organisations may have policies and systems in place to limit absenteeism. Job insecurity and a lack of replacements for ill individuals may also limit one's opportunity to avoid work when ill. Whilst organisations may aim to tackle absenteeism abuse through the introduction of systems to limit absenteeism, these can have negative repercussions. Miraglia and Johns (2016) found that stricter absence policies increased the frequency of individuals attending work whilst sick. Interestingly, such systems can also result in longer absenteeism episodes, with workers worried about returning to work too soon, lest it result in a second instance of absenteeism (Grinyer & Singleton, 2000).

Company culture can also influence absence rates; some organisations, most typically private companies, may have a culture that encourages individuals to attend work even when ill. Such cultures are usually management-driven (Ashby & Mahdon, 2010). However, co-worker pressure can also drive workers to avoid absenteeism (Chambers, Frampton, & Barclay, 2017). Conversely, cultures where absenteeism is commonplace have also been reported (Baydoun, Dumit, & Daouk-Öyry, 2015).

The work itself is likely to also impact upon absenteeism rates. A multitude of studies have highlighted that high levels of work demands (e.g., Baydoun et al., 2015) and increased work stress (e.g., Hultin et al., 2011) can result in greater absenteeism rates. Demands could be various including physical demands, such as excessive manual handling; workload, such as being allocated excessive tasks; emotional demands, such as having to hide one's feelings when dealing with difficult clients; time demands, such as unrealistic deadlines; and relational demands, such as working with difficult co-workers. Absenteeism could occur because excessive demands are bad for individuals' health and because workers may consider the demands to be excessive, particularly when feeling under the weather.

Conversely, workplace factors that aid individuals to cope with excessive demands can be motivating, foster better levels of health, and have been associated with lower levels of absenteeism. These include better levels of work support from co-workers and superiors (Verhaeghe et al., 2003); improved justice and fairness at work (Ybema & van den Bos, 2010); and improved levels of work control (Schell, Theorell, Nilsson, & Saraste, 2013). Providing workers with the ability to modify their work when suffering from health problems has also been linked with reduced absenteeism, whilst also aiding individuals to recover from illness (Gerich, 2014).

Suggestion 6: Systems and cultures which try to discourage individuals from resorting to absenteeism can be replaced by a motivating culture which makes workers want to come to work. Organisations should provide workers with manageable levels of job demand, achieved via the provision of the necessary job resources. These could include job training, work equipment, fostering better relationships and support amongst co-workers and management, and providing workers with the ability to control aspects of their job, where possible. Better levels of motivation could also foster better performance and retention.

Suggestion 7: The above measures can foster better health levels. These can be further boosted by other organisational measures, such as: the provision of healthcare insurance, the availability of healthy food and opportunities to exercise within the workplace, and the provision of support programs for those experiencing mental health issues and personal problems.

Suggestion 8: Such measures can also make it easier for workers who are suffering from health problems to attend work. Consideration should also be given to providing such workers with alternative work or the ability to modify aspects of their jobs and environment during periods when suffering from health-related difficulties. Several professionals including ergonomic experts, health and safety practitioners, and health care professionals could aid employers in determining the necessary measures. Communication with workers who feel unable to return from absenteeism or are struggling at work is key.

CONCLUSION

Absenteeism cannot be eradicated; individuals with health issues can benefit from periods away from the workplace, whereas other personal issues can also exacerbate such episodes. The frequency of absenteeism, however, can be reduced. Employers should consider avoiding unpopular rigid measures to limit

absenteeism as these often have undesirable side-effects; such as encouraging sick people to attend work. Organisations should instead aim to foster healthier workplaces and workforces. This can be achieved by such measures as providing realistic work demands and the resources needed to cope with them. Other preventive measures such as the provision of exercise, time and facilities at work and support when ill from the appropriate health professionals should also be fostered. Early return to work following absenteeism can be encouraged when the conditions that aid individuals to cope and heal in the workplace are implemented. The provision of meaningful work may also aid in reducing absence, whilst the introduction of flexible work arrangements can aid individuals to cope with their personal challenges without having to resort to absenteeism.

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