Causes of absenteeism in the health sector in the Alentejo region and resolution measures

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Abstract: Absenteeism in most companies is a current and worrying theme, which brings heavy workload, lack of motivation and dissatisfaction in the workplace and represents additional costs for businesses. In health institutions, while large organizations, absenteeism also requires special attention, because the final product involves health care for humans. To analyze and understand the concept of absenteeism, we performed a study through interviews with managers and employees in a health institution (constituted of hospital and health centres), located in the Alentejo region, in Portugal, to get a better perception of the causes of absenteeism and adopted measures to deal against absenteeism. Absenteeism was analyzed as two distinct components: external absenteeism (prolonged absences) and internal absenteeism (breaks in the workplace). Measures that aim minimizing absenteeism levels existing in the institution were presented.

Key words: work, human resources, absenteeism of workers, health sector, Portugal

1. Introduction

Since the beginning of the first employer-employee relations or company-employee relations, the absences by the employee/ collaborator are a major problem for the final product that the employer or company produces or provides.

The human resource management must be committed to address the issue that is absenteeism, as a way to eliminate, reduce and/ or control it.

Many employers would like to see this issue on a narrow side, while the employees preferred to observe a broader strand.

Graça (1996) defines absenteeism as an individual and unpredictable behaviour, temporary absence from work. This absence, in principle, is outside (or not internal) to the company. For this author, this concept however has to take into account general values as legislation, economic environment, region, company size, activity area, employee age, gender,

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personal satisfaction and health status, among others. Such absence may be voluntary or involuntary, justified or unjustified, paid or unpaid.

According to Teixeira (2010), absenteeism is an expression to describe the absence of employees from work. This definition, although simplistic, translates a vital essence, when viewed by the perspective of the employer in the interest of this fundamental productivity or lack of it by the employee. For the company, the absence of employee undermines the purpose of the company as an organization capable of producing a particular good or service and represents additional costs to production or service delivery. Chiavenato (2002) refers to absenteeism as the total of the periods in which employees of a given organization are absent from work, not being the absence motivated by unemployment, prolonged illness or legal license. The author reflects a view of the law in effect, in which absences legally established and planned are not considered absenteeism.

Following the definitions provided by the authors mentioned above, we can define absenteeism as temporary absences in the workplace, which can be motivated by external causes (illness, legal license) or motivated by internal causes (small breaks in the workplace), being involuntary external causes not due to the employee and voluntary internal causes, which are due to the employee.

This article aims to present the study in order to analyze and understand absenteeism, carried out in a health institution located in the Alentejo region, in Portugal. The aim is to understand the causes of absenteeism and the most appropriate measures to adopt, to deal with the problem of absenteeism. The article is structured as follows: first, based on the theoretical foundations of absenteeism, are presented the factors that induce absenteeism. The research methodology and the results of statistical analysis are described. Later the analysis of the results, which identifies the causes that induce absenteeism, is shown and measures to minimize absenteeism levels existing in the institution are identified. Finally, the contributions and the practical implications of the research study are explored, as well as the limitations of it, and proposals are made for future research.

2. Causes of absenteeism

Johns (1997, quoted by De Boer et al., 2002) states that most previous empirical studies focused on absenteeism causes are related with the individual work and offered two major explanations for absenteeism. The first, the 'withdrawal' explanation, says that absenteeism is the removal of adverse working conditions. As an example it cites the relationship found between job dissatisfaction and low employee commitment (De Boer et al., 2002, quoting Farrell and Stamm, 1988). The second explanation for absenteeism is that employees are stressed by labor demands. This 'stress' explanation is based on stress theories of Cooper and Robertson (1999, quoted by De Boer et al., 2002), who assume that employees are not able to deal with certain working conditions (stress factors) and develop stress symptoms, which manifest themselves as health psychosomatic complaints. According to this theory, various stress factors have relations with levels of absenteeism.

Simply stated, there is absenteeism as the employees temporarily do not want to work because of adverse working conditions (explanation 'withdrawal') and/ or are not able to work

because they are stressed by certain specific working conditions (explanation 'stress')—see Figure 1.

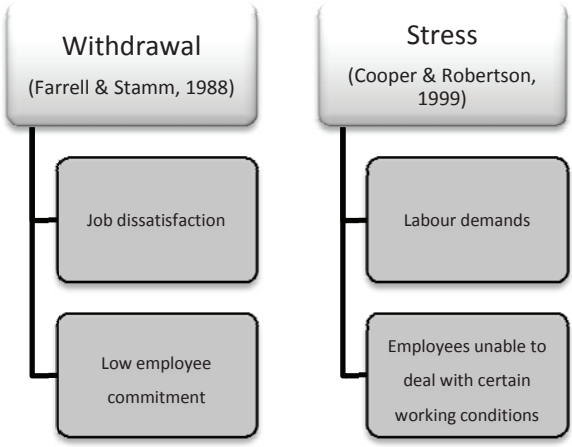

Figure 1. Theories on the causes of absenteeism related to individual work

S o u r c e: Authors' own study based on De Boer et al., 2002.

Also Freymann (2002, quoting McMurray, 1997; Paget, Lang, and Shultz, 1998) states that the studies carried out pointed to a need to better understand the causes and consequences of absenteeism in order to reduce their high costs. In addition to the more visible effects, absenteeism can lead to decreased quality products and consequent dissatisfaction of the customer.

The voluntary absenteeism from individual is influenced by the organizational culture and the group's degree of commitment to the organization (De Boer et al., 2002, quoting Martocchio and Harrison, 1998; Kaiser, 1998). Hence it competes to the institution to implement the '… post-return interviews[2] in order to identify the causes [of absenteeism] and take preventive measures' (Presado, 2012, p. 15).

Couto (1987, quoted by Silva and Marziale, 2000) states that absenteeism is due to one or more factors, such as work, social, cultural, personality and disease. This view shows a high degree of compliance with the definition of Graça (1996), cited above, pointing out that the cause of absenteeism can be attributed not to a single factor, but present a multifactorial cause.

Chiavenato (2002) points out several causes, all focusing on the employee: the disease effectively proven, unproven disease, several family-friendly reasons, involuntary delays for reasons of greater force, voluntary absence for personal reasons or low motivation for work. Making a simplistic analysis, the author concludes that all the 'evil' (absenteeism) lies in the employee.

However, for Silva and Marziale (2000, quoting Couto, 1987 and Alves, 1995), there is an important point to consider: it is that the causes of absenteeism are not always in the

[2] Interviews post-return—interviews that take place with workers who are absent, in particular those whose frequency is recognized, being this absence resulting from internal absenteeism and/ or external absenteeism.

employee, but also in the organization, by repetitive tasks, demotivation, working environment conditions and ineffective management that does not have a humanistic prevention policy.

The main problem with absenteeism studies is that although there are several studies on the causes of absenteeism in general, the applicability of their recommendations is difficult at the individual level. Presado also states that 'The particularity of this phenomenon is the fact that it is unpredictable, and it lacks a rigorous system to bypass causes' (2012, p. 13). Scholars of this issue have been encouraged to develop new theories and test hypotheses to solve/ decrease absenteeism (Freymann 2002, quoting Buschak, Craven and Ledman, 1996).

Alves analysis (1995, quoted by Silva and Marziale 2000) is especially discussing absenteeism in the health area, referring to the working conditions in the different areas related to health: they involve long working hours, perform shift work of a rotating basis, a multiplicity of functions, repetition of tasks and consequent monotony, anxiety, level of physical effort and control (often hard) of managers. All these conditions can cause accidents during the working hours, as well as diseases, which lead workers to take time off work.

It should be noted that in Portugal the rate of absenteeism due to illness is the highest in Europe. Each worker lacks on average 11.9 days per year, while the European average is 7.4 days per year (Simões, 2011). Presado already states that '… the average rates of absenteeism in the [European Union] […] are between 3% and 6% of working time and it is estimated that the cost to reach is about 2.5% of gross domestic product (GDP)' (2012, p. 13).

All the concepts and definitions set above do not appear to include an aspect of absenteeism which seems to us that should be explored: the internal absenteeism. The 'short breaks', 5 or 10 minutes long ('the cigarette or coffee breaks'), could cause higher losses than the so-called 'low' (sick leave). The professional can never 'be absent' but the annual costs can represent more than one month of his annual salary.

This view of absenteeism, which adds the external absenteeism, as absence from work, and the internal absenteeism, while working period of inactivity, reflects to the company or organization a higher rate of absenteeism. However, not always the internal absenteeism may be negative. Short breaks can be motivational and enable better or faster performance by the employee.

As it was approached by several authors above, the analysis of the causal factors of absenteeism, be it external or internal, should always be based on the employee's personal factors and organizational or company factors.

3. Methodology

This study tried to validate levels of absenteeism existing in an institution in the health sector in Portugal, as well as its causes and corrective actions.

3.1. Context of the research and data collection

The method of data collection used (semi-structured interview) allows for better interaction between the interviewer and the interviewee, in order to favour spontaneous responses

and to bring up issues that could be of great use for research. The interviews were designed to determine whether the two groups of professionals (managers and employees) had the same kind of perception, on the issue of absenteeism within the health institute, as well as the measures to be adopted to deal with that problem.

There has been prepared an interview guide, with closed questions (socio-demographic data and institutional data) and open questions, with support in the literature review, which were found to be relevant to the collection of information. The Internet was also an essential tool for information search in drafting the interview guide, as it has allowed a deeper knowledge on the subject.

In questions about absenteeism, we found to be relevant to divide them into two parts: internal absenteeism, which was considered as short absences, the fact that the employee does not leave the institution but your workplace (coffee breaks, smoking, etc.), and external absenteeism, long absences, in which the employee is effectively absent from the institution (sickness, family support, etc.).

For the interviews, we adopted the following method: for the managers the date and time were marked; for the employees the interviews were held to professionals who, at the time the researchers were displaced to institution, were performing their duties. In both cases, all interviews were performed on within the respective working places, in the institution.

To do this, the following information from the human resources department of the institution where the study was applied proceeded to research: the number of professionals who cooperate in the institution, respective professional categories, and functions performed by these categories and how professionals were distributed within the organization.

3.2. Sample

The total staff of the institution was 1760, distributed by hospital services and 13 health centres in 2010.[3] The staff that was not interviewed[4] represented a total of 314 professionals. Of the remaining 1446 professionals, interviews with 25 professionals, who held managerial positions, were conducted, and 30 with their employees, corresponding respectively to 1.7% and 2% of the study population. With regard to managers, an intentional non-probability sample was made, since the interviews were scheduled in advance by the authors. In relation to employees, an accidentally non-random sample was made, since they have been randomized (Oliveira, 2001).

3.3. Data processing method

Data analysis was performed through the computer programmes Excel and Word in order to group the answers. Later, the determination of the number of responses and their percentages was carried out. Some of the issues were further analyzed into sub-groups: the hospital managers versus managers of health centres and hospital employees versus employees of health centres.

[3] Data provided by the Department of Human Resources of the institution where the study was applied.

[4] Professionals who were not interviewed were due to their unavailability.

3.4. Descriptive statistic

As we note in Table 1, among the managers the female gender is dominant, overweighting more than twice as many male members (70% versus 30%). Among the interviewed employees, 77% are female, lying in a ratio of 9 to 1 compared to males. With regard to the age, the interviewed managers are all more than 27 years old, with the vast majority (48%) between 45 and 62 years. The employees interviewed have an age distribution similar to that of the leadership, reaching 72% between 36 and 62 years. Only one of the managers has qualifications at the level of compulsory education (up to the 12th grade), the remaining managers hold Graduation's degree, and five hold Master's degree. In terms of years of work in the institution, over 60% are over 25 years of work at the institution.

Table 1. Distribution in percentage of the study participants

Type of worker	Gender		Age group					Educational qualifications			
	Male	Female	18–26	27–35	36–44	45–53	54–62	Compulsory education	Bachelor degree	Graduation	Master's degree
Manager	30%	70%	0%	4%	20%	28%	48%	4%	0%	76%	20%
Employee	77%	23%	9%	19%	29%	19%	24%	53%	0%	40%	7%

S o u r c e: Authors' own study.

In the interviewed employees, over 50% had compulsory education, especially in operational assistants. It should be noted that those who hold Graduation's degree (technicians and nurses) perform functions for which there is an academic qualification required. The employees with Master's degrees perform all functions of nurses.

4. Analysis of the results

In analyzing the results, we try to understand how managers and employees in a health institution located in the Alentejo region, in Portugal (consisting of hospital and health centres), perceive the causes that induce the problem of absenteeism in the institution. On the other hand, measures to minimize absenteeism levels existing in the institution are identified through suggestions submitted by the respondents.

4.1. Analysis of the results that induce the causes of absenteeism

The comparison of the percentage of absenteeism (number of workers missing in the team at a given time), perceived by managers of health centres and the hospital, reveals that in the hospital this percentage is less than a half of the existing health centres (range 2 and 10% in hospital and 20% in health centres).

Both the managers, of health centres or of the hospital, consider that they have autonomy in the resolution of the internal absenteeism, but not in relation to external absenteeism. It

should be pointed out that two managers, one from the health centre and another from the hospital, reported that their management type does not influence the absenteeism 'because it is caused by the responsibility of each one, or by the lack of it.'

With regard to damage the internal absenteeism, opinions differ, because while in hospital managers refer workload and change schedules as losses; all the managers interviewed in health centres refer no losses in their working team, justifying some with 'work appears done.'

Only in the case of external absenteeism, managers, both within the hospital and health centres, agree and refer the delay in service and work overload as negative effects, because the 'absences are longer.'

Employees of both local health institutions were interviewed and the results appeared to be quite different: in the health centres the values of absenteeism are ten times higher than those reported by hospital employees (10% vs 1%).

The similarity of views among the employees of the health centre and the hospital is again shown in variables by them, referred to as affecting internal absenteeism. Both referred by the same order, exactly the same factors: motivation, work environment, work characteristics, managers, age and integrations to service.

Among employees that report damage due to internal absenteeism, the employees of health centres point out that this only brings work overload or that it slows down the work, while some of the employees of the hospital referred that this can be beneficial because it 'helps to unwind'—in this case, it is noticed that the analysis of the employees of the hospital to absenteeism focuses on internal consequences of absenteeism, susceptible to be controlled.

In both situations under review, employees report that 'due to longer absences' in the external absenteeism this causes damage. However, it is noted that 30% of employees of health centres and 30% of hospital employees or do not have absenteeism in the work team, or no damage.

The managers refer that operational assistants are the professional group with higher levels of absenteeism, being the most usual justification the illness in the case of external absenteeism, and coffee breaks and smoking in internal absenteeism.

Making an extrapolation for costs provided that hypothetically an operating assistant is missing 5 times a day (internal) and this absenteeism absence has the average duration of 12 minutes, we are talking about 1 hour per day of work. Considering a weekly average of 5 working days and an average price/ time of 3.54 €, the institution is losing only with this professional € 17.70 per week and € 920.40 per year.

Both managers and employees of the hospital and health centres agree that lack of motivation is one of the main variables that affect levels of absenteeism, along with the work environment. The student worker status appears as a factor that causes absenteeism, but only in hospital. This may be related to the schedule, not because there are no employees to study in the health centres, but because the schedule allows them to study without the need to use the student worker status.

4.2 Analysis of the results of the measures for resolution of absenteeism

From the analysis made to the results obtained, it is plausible to conclude that there is confusion or ignorance among the various concepts inherent to absenteeism, and there are no well-defined plans for dealing with the various causes which cause it. Harter states that 'strategies to reduce absenteeism in the workplace include cultivating a culture that does not tolerate excessive absences, adhering to policies and procedures relating to absenteeism, support shared governance, effective communication with employees, to analyze the causes of absenteeism, using absentee control programs, and negotiation' (2001, p. 53).

In both locations (hospital and health centres), 'the call attention' is the measure more used in an attempt to resolve the internal absenteeism, on the part of the managers. However, in external absenteeism they 'delegate' measures in the institution itself, not intervened in this type of absenteeism. When comparing answers about the measures which have been implemented to combat the internal absenteeism, the great majority of employees, for both locations, refer that the placement of vending machines for food and drinks decreases the time of internal absenteeism.

The employees of both the working places refer that measures implemented with regard to the external absenteeism don't exist, except the control of absences. The employees of the hospital refer a given extra: since it is no longer necessary to sign 'sheets of point' and there is now the biometric control of attendance, the control of absences became more effective.

Figure 2 presents a schema of the causes, consequences and measures of resolution of absenteeism, resulting from the literature review and analysis of the results obtained.

5. Recommendations for action to be taken

Because it turns out that there is a complete gap in perception on the percentage of absenteeism in the existing institution, the researchers recommend further potential measures to be taken by health institution under review. To help overcome this problem, training on absenteeism is suggested, so as to clarify the concept of absenteeism, its causes and measures of resolution.

It is also suggested that the elaboration of a common plan for preventing and combating absenteeism rates for the entire health institution, on the part of Human Resources. The same suggestion is stated by Harter (2001) in his study on nursing management strategies. It is also suggested the modification of the workplace, whether in hospital or in the health centres, by placing food and drink machines to prevent longer absences from the workplace.

It is suggested that greater flexibility in the drawing up of schedules could be a way to avoid greater external absenteeism. As it is suggested by Presado (2012), the introduction of gymnastics is also a valid suggestion and, because we speak of a health institution, the distribution of fruit and water are measures that may also contribute to the decrease of absenteeism, without high costs to the institution.

Programmes to quit smoking and the establishment of a pocket of mobile workers that may replace the absent by disease should be implemented in order to avoid the work overload. The employees must be encouraged to present measures to decrease the absenteeism as a way of resolution of this problem.

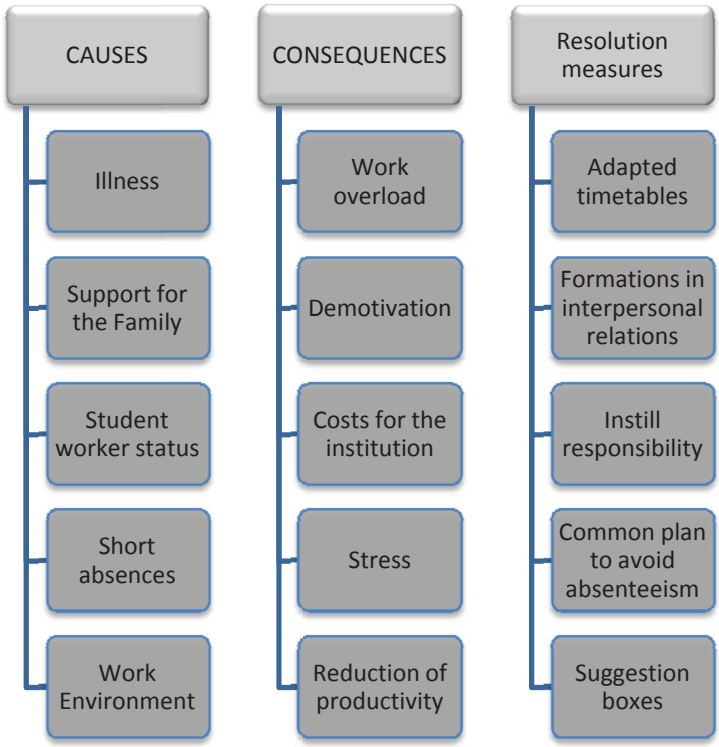

Figure 2. Absenteeism, causes, consequences and resolution measures

S o u r c e: Authors' own study.

5. Conclusions

The work overload appears referred to as one of the most common effects of absenteeism and may compromise the performance of work teams.

The present article came to contribute with a comprehensive vision of the managers and workers to perceiving the existing absenteeism in a health institution in Portugal's Alentejo. It suggests what causes influence absenteeism and its consequences and what steps the institution should take to minimize the absentee behaviours.

We conclude that the perception of the percentage of absenteeism existing in the institution differs between the hospital and the health centres (being higher in perceiving the percentage of absenteeism in health centres) and also by either of the managers, either on the part of employees.

The causes of internal absenteeism are perceived in a similar manner, either by the management, or by the employees of the institution (hospital and health centres).

The perception of the consequences of the internal absenteeism is divergent between the managers of the hospital and the managers of health centres, while the perception of the consequences of external absenteeism is consensual between both managers. The perception

of the consequences of the internal absenteeism for employees differs between the hospital (positive consequences) and the health centres (harmful consequences). The perception of the consequences of external absenteeism for employees is similar.

Resolution measures to be adopted in the internal absenteeism are perceived in a similar way by hospital managers and health centres managers. As for the external absenteeism, also both managers are of the opinion that the resolution mechanisms that they have at their disposal are legally defined (all absences from work need justification in accordance with applicable law).

Similarly, the employees have consensus in both locations, regarding the measures for a resolution to be adopted to combat internal absenteeism.

The managers of health institutions, acquainted with the causes of behaviour and the absentee consequences that these behaviours may induce for the organization, will be more prone to adopt a set of practical guidelines of a culture that does not tolerate excessive absences.

The present study presents limitations in the generalization of the results obtained. Future studies will be necessary to confirm the results obtained in this research and to replicate the same to other sectors of activity, beyond the health sector. Nevertheless, this study is a contribution to the enlargement of theoretical knowledge in the area.

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Powody absencji w sektorze zdrowia w regionie Alentejo i środki naprawcze

Abstrakt: W większości przedsiębiorstw absencja jest tematem aktualnym i niepokojącym. Powoduje ona duże obciążenie pracą pozostałych osób, brak motywacji oraz brak satysfakcji w miejscu pracy, a także generuje dodatkowe koszty dla firm. W instytucjach opieki zdrowotnej, podobnie jak w innych dużych organizacjach, absencja wymaga także szczególnej uwagi, ponieważ produktem końcowym jest tu opieka zdrowotna nad ludźmi. Aby przeanalizować i zrozumieć koncepcję absencji, przeprowadziliśmy badanie metodą wywiadów z menadżerami i pracownikami w instytucjach zdrowotnych (składających się ze szpitala i ośrodków zdrowia) w regionie Alentejo w Portugalii. Dzięki temu mogliśmy lepiej dostrzec powody absencji i środki stosowane do walki z nią. Analiza absencji została przeprowadzona z jej podziałem na dwa ważne komponenty: absencję zewnętrzną (nieobecności długotrwałe) i absencję wewnętrzną (przerwy w miejscu pracy). Przedstawiono środki, które mają na celu zmniejszenie poziomu absencji w danej instytucji.

Słowa kluczowe: praca, zasoby ludzkie, absencja pracowników, sektor zdrowia, Portugalia