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Chapter One

Introduction

According to the 2007 Absence Management Report produced by CIPD, absenteeism is a growing problem in all organisations with absence rates and the costs incurred by employers on the increase. In today’s challenging economic conditions organisations will seek to streamline their costs and employee attendance is therefore increasingly on the agenda.

It is widely recognised that employee absenteeism has an impact on the bottom line, competitiveness and the quality of services provided by organisations. It is also becoming more apparent that absenteeism is no longer a control issue concerned with number crunching, but has roots in the psychology and sociology of organisations and their people. More and more employers are seeking to address the causes of absenteeism and be proactive in managing this most contentious of issues rather than imposing sanctions with little regard to the reasons why their employees are absent. Employee welfare and wellbeing is now seen as a key element of managing attendance.

The subject of managing attendance and employee absenteeism has enormous scope for research. Whilst there has been considerable research into the area it is clear that there is no generic approach to managing attendance and what works in one organisation may not necessarily work in another. As with any people management intervention, there are many variables which can influence the outcomes of the process which makes the subject a fascinating yet daunting topic to research.

For the purposes of this research, one organisation has been critically evaluated in terms of its approach to absence management. A combination of attitudes,
opinions and thoughts on the subject of attendance management, as well as numerical, ‘harder’ data have been collected and analysed to establish current practice. The organisation has also been benchmarked against organisations in Ireland and the United Kingdom through secondary research in order to establish current performance and areas of improvement.

It is acknowledged that the subject of absenteeism is vast and for this reason, the research was focused on the costs and causes of employee absence and the potential remedies to an absence problem. Whilst it would have been preferred to analyse the subject from an employee engagement and commitment angle, it was recognised that carrying out research and collecting data would have been extremely challenging.

Therefore, the purpose of this research is to review current theory and practice in the area of employee absence and to evaluate the absence management situation in a particular organisation, in this case, a public sector organisation operating in the health sector. As a result of the review of literature and analysis of data collected, it is the primary objective of this work to benchmark where the organisation is at the present time and to propose how the current practice can be enhanced by the introduction of relevant absence management initiatives.
Chapter Two

Literature Review

Absenteeism is an issue which affects every organisation no matter what their size, the sector they operate in or their success in meeting business objectives. It is widely acknowledged that absenteeism not only impacts on the 'bottom line' profits or service levels of an organisation but can also have deeper resonance in less quantifiable ways. Literature and research pertaining to absenteeism can be broadly broken into three distinct areas: the costs of absenteeism, the causes of absenteeism and the methods organisations can employ to manage absence effectively.

When considering the impact of absenteeism, it is first vital for the organisation to measure the level of the problem. This is fundamental to managing absenteeism as an organisation cannot know if they have a problem, or indeed the extent of the problem, until they have measured it. Measuring the rate of absence can also identify how Human Resources policies and procedures can be developed to help combat the issue of absenteeism.

The first stage in measuring the absence is to quantify the impact of absence on the organisation. There are three techniques most often applied to do this; the 'time lost' formula; the frequency calculation; and the 'Bradford Factor'. The time lost calculation is the most commonly employed method of calculation. It enables employers to calculate the number of days lost proportional to the number of days available. This method can be quite a crude way of calculating absence and it may be more appropriate for organisations to measure time lost in terms of hours as opposed to days as this allows organisations to factor flexible and part-time workers into the calculation more effectively.
However, the formula is a good measure for benchmarking and can be utilised to not only analyse absence across the organisation but to analyse and contrast different occupational groups. The formula for the time lost calculation is as follows:

\[
\text{Absence Rate} = \frac{\text{Total Absence in hours or days in period}}{\text{Total Possible hours or days in period}} \times 100
\]

This calculation can be limited in its function however as there is a potential to under-report the rate of absence. For example, an organisation may report its absence rate as a yearly figure and any calculations will be based on the hours available for a whole working year. However, this does not consider an employee who may have had 8 days absence during their employment, which lasted 6 months. The lost days will be reported as 8, yet the employee only worked half of the year, thus the true impact of the absence is underestimated.

Another method of measuring absence is to measure the number of spells of absence, i.e. the frequency of the absence. This can be done by measuring the average number of spells of absence per employee and is useful to organisations in determining whether lost time is due to lots of short spells or fewer, longer term spells.

\[
\text{Frequency} = \frac{\text{Number of spells of absence in period}}{\text{Number employed in period}} \times 100
\]

The frequency rate will be higher if there are frequent short spells of absence and lower where absence mainly consists of fewer employees on long-term absence.

An alternative formula is the individual frequency rate, also called the incidence or prevalence rate. This formula allows the organisation highlight the proportion of employees who have incurred any absence during a particular period.
Prevalence = \[ \frac{\text{No. of ee's with 1 or more spells in period}}{\text{Total no. of ee's employed in period}} \] \times 100

This formula effectively identifies the percentage of the workforce who have incurred an absence and the percentage of employees who have a full attendance record.

The 'Bradford Factor' is a frequency index devised by the University of Bradford to enable organisations to understand the impact of short-term absence and the disruption they can cause if they occur frequently. This is a more sophisticated method than purely measuring time lost as it assigns a 'points' value to absences and the higher the points, the more disruptive to the organisation. The Bradford Factor formula is as follows:

\[ \text{Points} = (S \times S) \times D \]

S relates to the number of spells of absence over a period and D represents the number of days lost in that period, for example one spell of absence of 10 days duration would be:

\[ (1 \times 1) \times 10 = 10 \text{ points} \]

Whereas ten spells of absence of 1 day duration in the same period would be represented as:

\[ (10 \times 10) \times 1 = 100 \text{ points} \]

Both absences in the spells are the same in terms of time lost to the organisation but the impact of the shorter, more frequent absences is highlighted clearly.

Although it is important to measure the levels and rates of absenteeism in an organisation, these figures can be of little meaning to management. It is therefore
also important to qualify the extent of the problem by communicating to managers in a meaningful way, which is to highlight the impact of absenteeism on the bottom line. By quantifying absenteeism in terms of costs, managers can appreciate the impact it has on the bottom line and is also a useful tool for HR to measure the impact of any absence management initiatives they have developed.

Costing absence is relatively simple to do, especially if there is a focus on direct wage costs only, i.e. the cost of paying someone who is out sick. The calculation of other costs associated with absenteeism is more difficult to achieve but can include the costs of replacing staff with temporary workers or increased overtime spend. However, other costs are not so easily quantified, such as reduced quality in service and employee morale.

Hugo Fair (1992) devised the following model for calculating the cost of absence:

\[
\begin{align*}
\text{Enter the number of employees} & \quad \text{(a)} \\
\text{Enter the average weekly wage } \epsilon & \quad \text{(b)} \\
\text{Multiply (a) by (b)} & \quad \epsilon \quad \text{(c)} \\
\text{Multiply (c) by 52} & \quad \epsilon \quad \text{Total Paybill} \\
\text{Total absence days per year} & \quad \text{(d)} \\
\text{No. of working days per year} & \quad \text{(e)} \\
\text{Divide (d x100) by (a x e)} & \quad \text{(f) Absence Rate} \\
\text{Multiply b/5 x d} & \quad \epsilon \quad \text{(g) Absence cost/year}
\end{align*}
\]
In addition to measuring and costing absenteeism, organisations should also record absenteeism; in fact it would be difficult for organisations to either measure or cost absence without keeping some records. Research suggests that organisations keep a combination of manual and computerised records and the larger the organisation, the greater the level of computerisation.

Organisations keep absence records for a number of reasons, including:

- Employee's personal record
- Payroll/sick pay calculations
- Trigger for disciplinary procedures relating to absence
- Generation of departmental and organisational figures
- Determination of attendance bonuses

The responsibility for this function is usually that of HR, the Line Manager or a combination of these. In a small minority of organisations, employees administer their own records. Keeping absence records is useful for a number of reasons. It is vital for organisations to be able to analyse records in terms of days lost, the causes of absence, the costs associated with absence, and analysing trends by department, occupational group or grade. The key to absence reporting is that they should always be a trigger for implementing any necessary actions to manage attendance, such as the return to work interview. Simply producing reports without acted upon them is of no value to the organisation.

As well as analysing the state of absenteeism within the organisation, it is important for organisations to look to the wider environment and benchmark themselves against others. This is important not only to rank their own performance but to highlight areas where the organisation can improve and to develop and set best practice and performance standards.
However, when benchmarking it is vital to consider that the majority of respondents to surveys and other sources of data may be smaller organisations that typically have lower rates of absence than larger organisations. It is unlikely that an organisation will be able to benchmark against ‘like for like’ organisations but rather by sector. Typically absence rates tend to be higher in organisations engaging in manual work; in public sector organisations; in larger organisations; and in non-managerial/professional staff.

Identifying the costs and rates of absenteeism is relatively simple when compared to analysing the causes for employee absence. Any attendance management policy has to start by looking at the causes of absence – if you don’t know what is at the root of the problem how can you fix it? However the reasons given for non attendance may not truly reflect the underlying cause, especially in the case of short-term and self certified absences. Therefore, analysing the causes of absence on employee records may not be an accurate reflection of the situation.

Today, it is generally accepted that there is no single factor for defining the causes of employee absence. Up until the 1970s, it was widely thought that absence could be attributed to a single factor explanation and the crux of this theory was that of the cause could be identified, the solution could be implemented by management. Nicholson (1977) identified three main single causes of absenteeism; pain avoidance; adjustment to work; and economic decisions made by employees.

Pain avoidance pertains to the employee’s dissatisfaction with their job and frequent absence. In effect, this cause of absence relates to an employee who is not satisfied with their job and therefore seeks to avoid the ‘pain’ associated with their job by staying away from it.
The adjustment to work cause deals with the way in which employees adapt to the situation found in a new workplace. In essence, this type of absence relates to the norms and culture of an organisation and how absence is managed or otherwise. New staff observe the behaviour of colleagues and management responses to it. If there appears to be an acceptance of absence, then new employees are likely to conform to this type of behaviour.

There is another element to this cause of absence, this being the transaction between the employer and the employee and the sense that the employee is fairly rewarded for the work done. This could be in terms of pay and conditions or in terms of job satisfaction or access to training. If there is a perceived imbalance between the two on the part of the employee, this may lead to absence. Similarly, if the employment relationship is good, then the employee is likely to have good attendance.

The economic decision making cause identifies that some employees may make decisions on whether or not to attend work based on the costs and benefits associated with the absence. For example, if the cost of the absence is less than the benefit they get by not attending work, the employee may not attend work. This may go someway to explaining why organisations who operate a sick pay scheme have higher absence rates than those without, as the impact of financial sanction to the employee of not attending work is negated.

More recent research suggests that there is no single reason for employee absence and that it is a much more complex issue. Whilst single cause theories might explain poor attendance in one employee they do not explain why another employee in the same organisation would have good attendance.

It has been argued that when analysing absence behaviour, organisations should take into account many variables such as personal characteristics, values and
attitudes of individual employees, whilst also considering that there are external factors exerting influence on the employee, such as genuine illness and pressing personal commitments which prevent their attendance at work. This theory has developed to encompass not only the reasons why employees are absent but crucially, also why they attend.

Nicholson developed his single reason theory into a model of attendance motivation, which took into account factors such as personal characteristics, job characteristics, organisational controls and how these factors influence and employee’s motivation to attend. This motivation is in turn influence by variables such as personal traits, work orientation, job involvement and the employment relationship. When considered as a whole, these influencing factors all feed into an employee’s motivation to attend work.

Nicholson also considered that from time to time there may be unpredictable, random influences on an employee’s motivation to attend. This results in an absence continuum and depending on the influence being exerted will result in either the employee absence or attendance. Nicholson suggests that absence management policy should therefore focus on the avoidable influences on absence rather than the transient causes.

Following on from Nicholson’s theory is that of Rhodes and Steers (1978) process model of attendance. This model covers much of Nicholson’s theory yet also considers the pressures exerted on an employee to attend work. Rhodes and Steers developed this idea further through the diagnostic model of employee attendance (1990). This model aims to highlight to managers the three key factors which influence employee absence; organisational practices; absence culture and employee attitudes, values and goals. The model also identifies barriers to attend such as genuine illness and personal circumstances.
Both Nicholson and Rhodes and Steers identified that fundamental to an employee's motivation to attend is their personal traits and characteristics. Both Huczynski and Fitzpatrick (1989) and Rhodes and Steers (1990) identified these as:

- Length of service
- Age
- Gender
- Personality
- Employee attitudes, values and expectations
- Past absence behaviour

When considering an employee's length of service, it may be reasonable to assume that the longer an employee works for an organisation, the more loyal they will be and the likelihood of that employee being absent is relatively small. However, whilst there is some evidence to support this idea, there is also evidence to suggest that this is not always the case. This is particularly relevant when considering organisations that have occupational sick pay scheme also tend to have higher rates of absence, and these schemes often have a qualifying service period. Also, length of service can also be linked to an employee's age, which is also an influencing factor.

It is widely accepted that younger people have more frequent periods of short absences than older employees, who tend to have fewer episodes of absence but are absent for longer periods. Barnaby et al (1999) found that male absence is stable at 2% up to the age of 40, after which absence rates increase to a peak of 7.5% at age 60-65. For female employees the absence rate increases from 3% to 4% from age 16-18 to age 30, and peaks at 7% at age 60. Absence rates fall after the normal retirement age and this is to be expected.
Gender also has an influence on absence, with a general pattern of females having a higher rate of absence than males. This may be explained not simply by differences between men and women, but by the different roles men and women have in the workplace and in society as a whole. For example, women are often the primary carer of children in the family and Huczynski and Fitzpatrick found that as the age of a female worker’s dependent children rose, so her absence rate lessened.

It should also be noted that there are fewer females in senior and managerial roles. Research suggests that absence rates in professional and managerial roles are lower than average and evidence shows that female senior managers do not have higher absence rates than their male equivalents. The gender issue is therefore a complex one and may not be a black and white male versus female issue but rather one of the roles of men and women in society as a whole.

The influence of personality is also a complex one. Huczynski and Fitzpatrick found that up to half of all absences can be attributed to 5-10% of the total workforce, which has led to further research into why this occurs. Generally, there are five personality traits which are predictors of job performance. These are termed as the ‘Big 5’ as identified by Roberts (1997) and are:

- Introversion/extraversion
- Emotional stability
- Agreeableness
- Conscientiousness
- Openness to experience

In particular, Judge et al identified conscientiousness and extraversion as key predictors of high attendance and high absenteeism respectively.
Employee attributes, values and expectations is yet another complex influence on employee absence. This is not only influenced by the workplace but also by the employee’s background and family responsibilities and the value the employee places on each. For example, in an employee values their life outside of work more, their absence rate may be higher than individuals who place a higher value on work. However, this is a very complex idea and has theorists divided.

A good indicator of employee absence is past absence behaviour, in particular when looking at the frequency of absence as opposed to time lost. However, an employee’s past behaviour may not be known to an employer during the recruitment process and so it is difficult to screen potential employees in this way.

Also central to the causes of absence is the influence of the organisation. This can be broken down into four key areas:

- Work design
- Job related factors
- Work group norms and cultures
- Organisational policies and procedures in relation to absenteeism

Repetitive and routine work and roles with little autonomy and responsibility have a negative impact on attendance for work. Rhodes and Steers found that employees who had high levels of work satisfaction also had lower levels of absence. Therefore the nature and design of work is key in managing attendance.

Other job related factors which influence the absence include stress. This may be caused by job conditions, shift work, role overload or under load, lack of role clarity, career development (lack of or early promotion) and poor work relationships. Surveys by Gee (1999) and CIPD (2000, 2007) both found that stress is increasingly becoming a significant factor in employee absenteeism.
Other factors to consider are frequent job moves (the more flexible the employee has to be, the higher the rate of absence), leadership styles (employees who have good relationships with their managers tend to have lower absence rates) and organisation and work group size (the larger the group, the higher the rate of absence).

The culture of a work group also plays a role in influencing absence. The socialisation of employees is key to communicating the organisation's rules and expected behaviours. Individuals quickly recognise which rules are enforced and what behaviours are deemed acceptable by the behaviours of their colleagues and management's reaction to it. It is human nature to want to be accepted into a group and therefore employees may conform to the norms of the group in order to fit in. If management ‘turn a blind eye’ to absenteeism, then it is likely that the employee will conform to this behaviour.

The organisation's policies and procedures can also influence attendance. For example, it is widely reported that organisations who operate a sick pay scheme have higher absence rates than those without. Paid sick leave has given rise to the issue of employees regarding sick leave as an entitlement, rather like paid holidays and that employees will take this ‘entitlement’ whether they are sick or not.

The final cause of employee absence can be categorised as external factors, which include genuine illness, family responsibilities, economic conditions and even travel and transport difficulties. It would seem obvious that genuine illness is an influence on an employee’s attendance at work and it would seem that their is little employees can do to legislate for this. Huczynski and Fitzpatrick suggest that 50-66% of absences are for genuine reasons and therefore it is the remaining 34-50% of absenteees that cause the most problems for organisations.
There is some evidence to suggest that employees are influenced to attend work by economic conditions. In times of prosperity when there are plenty of jobs and low unemployment, absence rates tend to increase and decrease in less favourable market conditions. Family commitments are a significant cause of absence and can be an explanation for higher absenteeism amongst female employees. Travel arrangements can be a factor in employees deciding whether or not to attend for work and research would suggest that the longer the commute, the more likely the employee will have a high rate of absence.

When considering the causes and costs of absenteeism, it follows that organisations must do all they can do combat the issue and one way of doing this is through developing robust and comprehensive attendance management policies. The key is to develop policies to manage absence whilst also developing policies to encourage full attendance.

In order to manage attendance effectively, it has been suggested that the following are necessary:

- Absence strategy, policy and targets
- Line manager involvement
- Consultation with employees and trade unions
- Monitoring of absence
- Return to work interviews
- Trigger points to evoke appropriate sanctions
- Attendance reviews and counselling
- Disciplinary procedures
- Using absence as a criteria for redundancy

These policies should be used in conjunction with policies to encourage full attendance, which might include:
Recruitment, selection and induction  
Flexible working arrangements  
Job redesign and team working  
Helping with family commitments  
Occupational Health programmes  
Rehabilitation  
Reward scheme

Absence management is a complex issue with many underlying causes and strategies for organisations to combat it. The complex nature of absenteeism means that there is no simple solution and what works in one organisation may not work in another and in order for an organisation to tackle the issue they must first get to the route cause of the problem. Absenteeism and managing attendance is increasingly high on the agendas of organisations as a means to reducing costs and remaining competitive in a tight economic market.

This is certainly true for public sector organisations in Ireland and no more is it apparent than in the health service. Healthcare agencies are experiencing increased demands to account for costs and spending in a bid to allocate already overstretched resources. Absenteeism is a major focus of reporting to the Health Service Executive and is part of a framework of accountability that all healthcare providers must submit.

The Coombe Women and Infants University Hospital is one organisation affected by this. The Hospital provides specialist care to women and the newborn not only in the Dublin and surrounding areas but takes referrals from across the country. The annual birth rate has increased from approximately 7000 in 2005 to just over 8000 in 2007. The Hospital employs 707 staff across a range of disciplines and professions.
Like many others, the Hospital finds it challenging to meet the increasing service demands placed upon it by a growing population with overstretched resources. The Hospital is required to produce comprehensive, mandatory absence management reports yet does not have an automated system to do so. Only one occupational group has access to a Time and Attendance System and therefore has the capability to produce some of the required information. This scenario adds to an ever increasing workload for all managers across the organisation.

As the health service is trying to achieve a more accountable and business-like approach, the Hospital has had to adapt to this and respond accordingly. The purpose of this research is to explore the current 'state of play' with regard to absenteeism in the Hospital and explore any potential remedies to it.
Chapter Three

Research Methodology

The objective of the research was to formulate a global view of the absence issues faced by the Coombe Women and Infants University Hospital at this point in time. It was important to gather both qualitative and quantitative data to address the themes identified in literature and to reflect the complexity of the issue. Absence management is both concerned with hard, number based evidence such as absence rates and also with people's attitudes and opinions as to why absence occurs. However, the issue is a very sensitive one, particularly when considering the employee as an individual and the research methods selected were chosen with this in mind.

In order to examine the absenteeism issues at the Coombe Women and Infants University Hospital, it was necessary to gather the opinions of those working in the organisation and to determine if there is an issue with absence and if so, the depth of the problem. As absenteeism is a sensitive issue in organisations, it was not appropriate to obtain primary data to benchmark the organisation against and instead existing benchmarking reports were utilised for this purpose.

To obtain data from within the organisation, a sample group of Line Managers were surveyed to gather their opinions on absenteeism. A brief questionnaire was devised and pilot tested on the broad subject of absenteeism (Appendix 1). As the issue is a potentially contentious one, questions were formulated to cover as broad a range of issues as possible and so not to target particular occupational groups who may be perceived to have absence issues. Questions were also formulated so that respondents did not have to articulate their opinion in their own words and thus reduced the potential for the respondent providing answers they felt were wanted and not therefore reflective of the true situation.
The sample size was 52 and consisted of Line Managers with departmental responsibility for managing attendance. Other Line Managers and Supervisors were not included as they were not deemed to have sufficient experience or exposure to all issues concerned with managing attendance. The sample group was representative of genders and occupational groups across the Hospital. The sample group were issued with a questionnaire of seven questions, all of which were closed questions with list, category and Lickert-style scale responses.

To ensure that valid data was obtained from the questionnaire, questions were based on the broad themes identified from the literature reviewed and geared towards the objectives of the research. The questions covered issues such as who has responsibility for managing attendance in the organisation; the methods employed when managing attendance; what contributes to employee absence; what are the effects of absenteeism; the perceived effectiveness of current absence management techniques and what techniques might be introduced to improve the situation.

Questionnaires were selected as they are an efficient way of collecting a large group of data from a sample. As the Hospital has a large group of Line Managers, it would have been very time consuming to interview a representative sample and would have given a very narrow view of opinions. Questionnaires were therefore the most efficient way of gathering a large range of opinions and reaching as much of the organisation as possible.

The questionnaire was short and self-administered to encourage as high a response rate as possible. It was delivered through the internal mail system and responses were also collected in this way. Respondents were not asked to identify themselves personally and by returning the survey through the internal mail, nor could they be identified.
Although questions were designed to encourage respondents to be as honest as possible, it is important to note that questionnaires can provide artificial results as respondents can provide answers they think the researcher is looking for, rather than answering with total honesty. It may also be argued that questionnaires can influence the respondent through the structure of the questionnaire and therefore produce results biased towards the researcher's own opinion. This was eradicated as much as possible in this case by writing very general questions and focusing on the key themes from the literature reviewed.

It was decided that employees would not be asked to participate in the research process. The primary consideration for this was to eliminate employee suspicion and mistrust of the process. The issue of absence is a very difficult subject to discuss with employees and presents challenges in ensuring valid data is obtained. If employees were asked to participate in the process they may have felt uncomfortable in doing so as they may have felt they were asked for their opinions due to having a poor absence record, that their opinions would filter back to management or that they would be blowing the whistle on other staff members.

Also, employees may not have understood the context of the research and may have had a narrow focus. They may have been more likely to have given the answers they felt they should give, rather than expressing their true opinion for fear of reprisals. Line Managers deal with absence in the normal course of their duties and it was determined that they would be the most appropriate group to gather data from.

As well as gathering opinions on absenteeism, numerical data was also gathered from Line Managers. As the Hospital has no computerised system for recording absences, a form was devised to enable Line Managers to manually record the absences of each department. As this process is a time consuming one, data was
requested for the month of April only to provide a snapshot of the absence rate. This information was then used to calculate rates of absence across the organisation and by occupational group, as well as the cost of absence calculated.

As absence rates, particularly the lost time rate, are concerned with available time, managers were asked to complete a schedule of attendance (Appendix 2) to include the following types of leave so that it could be deducted from time available:

- Adoptive Leave
- Annual Leave
- Career Break/Unpaid Leave
- Carer’s Leave
- Compassionate Leave
- Force Majeure
- Jury Service
- Marriage Leave
- Maternity Leave
- Parental Leave
- Public Holiday
- Study/Exam Leave

To appreciate the depth of the absence issue, managers were also asked to categorise sick leave as:

- Uncertified (0 to 2 days duration)
- Certified (0 to 6 months duration)
- Long-term (6+ months)
Gathering this type of data gives a comprehensive picture of the rate of absence and also provides evidence that there is an absence issue or not, and if there is, highlights the depth of the problem. By asking all managers to complete to attendance record, a global picture can be obtained and data manipulated from a uniform set of results.

However, by focusing on the month of April only, there is a risk that the results produced are not representative of the organisation. The period may be a particularly bad or good month for absence and the validity of results depends on the response rate from managers. Due to the time constraints of the research process and other commitments of respondents, it was not possible to repeat the data collection process over a longer period which would have produced more valid and reliable data. Whilst the data obtained was useful to the process, it should be looked at in isolation.

In order to calculate the costs of absence, secondary research was utilised to obtain information on the organisation’s pay bill. The Hospital’s annual report is in the public domain and the financial report within it was utilised for the research process. Secondary research was also used to benchmark the organisation against others. Absenteeism survey reports compiled by IBEC and CIPD were used to compare the absence rate of the Coombe Women and Infants University Hospital with other organisations in Ireland and the United Kingdom.
Chapter Four

Analysis of Data

When analysing the data obtained from the Line Manager survey (Appendix 3 & Appendix 9) it was noted that responses were received from across the occupational groups which gave an excellent representation of opinions in the organisation. From a sample group of 52 Line Managers, 36 completed and returned the questionnaire, giving a response rate of 69.23%, broken down as follows:

<table>
<thead>
<tr>
<th>Occupational Group</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>9</td>
</tr>
<tr>
<td>Midwifery/Nursing</td>
<td>8</td>
</tr>
<tr>
<td>Allied Health Professional</td>
<td>6</td>
</tr>
<tr>
<td>Administration</td>
<td>5</td>
</tr>
<tr>
<td>Support Services</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
</tr>
</tbody>
</table>

Responsibility for Managing Attendance

When asked who should have responsibility for managing employee attendance, the majority of respondents felt that it was solely the responsibility of Human Resources (41.67%) or a joint approach between the Line Manager and Human Resources (41.67%). 11.11% of respondents felt a tripartite approach between the employee, Line Manager and Human Resources was how absence management should be considered.
Absence Management Techniques

Line Managers were then asked which absence management techniques they utilise or had utilised in the past. The most common response was the use of manual absence records with 52.78% of managers using this approach. There was some evidence to suggest that return to work interviews, occupational health interventions and the disciplinary process are used to tackle absence issues, yet the proportion of managers using these techniques is relatively low. Surprisingly, 27.78% of Line Managers stated that they did not use any techniques to manage the attendance of staff in their departments.

These results suggest Line Managers are not using the full range of techniques available to them when dealing with employee absence. For example, the return to work interview can be a very informal intervention and it is surprising that less than half of the Line Managers who responded use this technique.
Influences on Non-Attendance

Line Managers were then asked what they felt might influence non-attendance in the hospital, not in their own departments. Manager felt overwhelmingly that family and personal circumstances contribute to absence with 91.67% believing it has an influence on attendance or non-attendance. A history of absence (33.33%), Terms and Conditions of Employment (30.56%), absence culture (27.8%) and employee motivation (25%) were also considered to be significant influences in employee’s non-attendance at work.

Impacts of Absenteeism

The sample group were then asked to select the three most significant impacts of absence on the hospital and rate these three in order of significance. A rating of 1 was given to the most significant impact of the three. 63.39% of Line Managers felt that Patient Care was the area which suffered most as a result of employee absence. Efficiency was rated the second most significant impact at 36% and the third most significant impact was on financial and other resources at 27.78%.

Effectiveness of Current Absence Management Approach

Line Managers were also asked to rate the current approach to absence management in the hospital. 23 Line Managers of the 36 who responded felt that the current approach was somewhat effective, whilst 22.22% felt that the current approach was very ineffective. This contradiction may be explained by the manager’s belief of who is responsible for managing attendance, what techniques they have used and how significant the absence problem is in their department.
Absence Management Initiatives

Finally, Line Managers were asked to give their opinion on which absence management techniques might have a positive impact on the organisation if they were to be successfully implemented. A large majority of managers (91.67%) felt that an IT system to record and report on absence would be beneficial to the hospital in tackling absenteeism. 61.11% of managers felt that flexible working would be of benefit to the organisation as opposed to introducing a Term-Time Policy (13.89%). Not all categories of staff work in such a way that Term-Time working would be appropriate but it is clear that the Hospital could be more creative in achieving flexible working arrangements for those staff. Almost half of respondents felt that an Employee Assistance Programme would have a positive impact.

These results were analysed at organisational level initially. To obtain a more meaningful, detailed set of data, the questionnaire results were also looked at by
category: medical, midwifery/nursing, allied health professionals, administration, support services and other staff. The results were analysed to highlight areas of commonly held opinions and significant variations from the global views.

Medical

5 out of 6 Line Managers in the Medical Division felt that the current absence management approach in the Hospital is somewhat effective and that patient care feels the impact of absenteeism most in the Hospital. However, 50% had never used any form of absence management techniques in their department. It would be unlikely that their department experience no levels of absence but the results suggest that there may not be a significant absence issue in the division; hence absence management techniques are not necessary. It may also be the case that as 4 out of 6 managers in the division thinks that Human Resources should take responsibility for managing attendance, that they simply do not use the techniques because they do not feel it is their role (Appendix 4).

Midwifery/Nursing

All of the respondents from the midwifery/nursing division believed that family and personal circumstances influence absenteeism; that patient care is the most significant area affected by absence; and that an IT system would be a positive addition to helping to tackle absence. 5 out of 7 respondents also felt that the Line Manager and Human Resources should manage employee attendance. This group also utilised the full range of absence management techniques available to them and the majority (5 out of 7) felt that the current approach to managing attendance is very or somewhat efficient (Appendix 5).
Allied Health Professionals

100% of respondents to the questionnaire felt that the introduction of an IT system to record and monitor absence will have a positive impact on the organisation. The majority also felt that flexible working arrangements and career development would have a positive influence also. In fact, the lack of training opportunities was identified as a factor in employee absence by almost half of the respondents. Again, family and personal responsibilities were considered to have an impact with 6 out of 8 responses indicating this was a major influence and cause of absence (Appendix 6).

Administration

37.5% of Line Managers questioned stated that they felt that absence management is the responsibility of Human Resources only and the same amount felt it should be a joint function of Human Resources and the Line Manager. 5 out of 8 managers keep manual records and use return to work interviews as absence management techniques and 50% have used disciplinary action. 7 out of 8 managers felt that family and personal responsibilities have significant influence on an employee’s attendance at work, and the same number also feel that the current approach is effective. All of the managers questioned felt that an IT system would be of benefit to the Hospital (Appendix 7).

Support Services

Two thirds of managers in this category believe it is the sole responsibility of Human Resources to manage absence in the Hospital. This is interesting considering the same percentage keep manual records of absence and have referred staff to Occupational Health. Only 1 out of the six respondents have not used any techniques at all. All of the respondents feel that family and personal
circumstances contribute to absenteeism and 50% feel that there is an absence
culture in the organisation and 50% also feel that an employee's previous absence
history is an indication on their future attendance. This suggests that departments
in this category may have an issue with absenteeism (Appendix 8).

Other Staff

As there was only one respondent in this category, it would not be appropriate to
detail the responses received. This is to protect the identity of the respondent and
also to ensure the results are not misleading as theirs is the only pinion expressed.

In addition to the Line Manager questionnaire, managers were asked to record
absences for the month of April. Managers had completed return forms designed
specifically for this purpose, recording all absences as expressed in hours. The
data was then manipulated to calculate the following:

- Lost time as expressed in hours
- Global lost time rate
- Lost time rate by department
- Frequency rate of selected departments
- Prevalence rate
- Cost of absence

It is important to note that no figures were received from the medical division so
the results expressed are not a fully accurate global picture but provide a good
'snapshot' at departmental level. The Bradford Factor calculation was not selected
as a method of calculating absence as it involves accessing individual records and
it is not appropriate to single out individuals for the purposes of this research.
Lost Time in Hours

The following data was collected from the organisation. All figures are recorded to the nearest whole hour.

<table>
<thead>
<tr>
<th>Department</th>
<th>Uncertified (0-2 days)</th>
<th>Certified (0-6 months)</th>
<th>Long-term (6+ months)</th>
<th>Total hours available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
</tr>
<tr>
<td>Midwifery/Nursing</td>
<td>553</td>
<td>1049</td>
<td>242</td>
<td>54,979</td>
</tr>
<tr>
<td>Allied Health</td>
<td>74</td>
<td>91</td>
<td>0</td>
<td>6,764</td>
</tr>
<tr>
<td>Administration</td>
<td>57</td>
<td>392</td>
<td>77</td>
<td>14,854</td>
</tr>
<tr>
<td>Support Services</td>
<td>383</td>
<td>1,505</td>
<td>344</td>
<td>20,199</td>
</tr>
<tr>
<td>Other Staff</td>
<td>248</td>
<td>110</td>
<td>0</td>
<td>6,007</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,321</strong></td>
<td><strong>3,147</strong></td>
<td><strong>663</strong></td>
<td><strong>102,803</strong></td>
</tr>
</tbody>
</table>

When considering the lost time rate calculation of

\[
\text{Absence Rate} = \frac{\text{Total Absence in hours or days in period}}{\text{Total Possible hours or days in period}} \times 100
\]

This equates to:

\[
\text{Absence Rate} = \frac{(1321 + 3147 + 663)}{102803} \times 100
\]

This gives an absence rate of 4.99% in terms of time lost across the organisation for the month of April. This is broken down by department as follows:
<table>
<thead>
<tr>
<th>Department</th>
<th>Absence Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>No data</td>
</tr>
<tr>
<td>Midwifery/Nursing</td>
<td>3.35%</td>
</tr>
<tr>
<td>Allied Health</td>
<td>2.44%</td>
</tr>
<tr>
<td>Administration</td>
<td>3.54%</td>
</tr>
<tr>
<td>Support Staff</td>
<td>11.05%</td>
</tr>
<tr>
<td>Other Staff</td>
<td>5.95%</td>
</tr>
</tbody>
</table>

The above results suggest that the support service division has an issue with absence based upon the lost time calculation. The other divisions have a reasonable level of absence.

**Frequency Rate**

For the purposes of calculating the frequency rate, the department with the highest lost time rate was analysed. The frequency rate measures the average number of spells of absence per employee. This also helps to confirm whether or not absence is mainly due to shorter or longer spells of absence.

\[
Frequency = \frac{\text{Number of spells of absence in period}}{\text{Number employed in period}} \times 100
\]

During the month of April 2008, there were 98 spells of absence amongst 128 employees. This gives a frequency rate of 76.56%. Higher frequency rates suggest that a work group has a problem with short term absence and this figure suggests that the days lost in the Support Services division are mainly due to short-term absence. This is reinforced by the actual number of days lost.
**Prevalence Rate**

The prevalence rate gives organisation information on the percentage of absentees and the percentage of staff attending. It is calculated as follows:

\[
\text{Prevalence} = \frac{\text{No. of ee's with 1 or more spells in period}}{\text{Total no. of ee's employed in period}} \times 100
\]

In the case of the support services division, there is a prevalence rate of 50%. This means that half of the workforce had at least one absence in April 2008 and half had full attendance.

**Cost of Absence**

Without having complete absence figures from all departments, it is not possible to calculate a correct figure for the true cost of absence. However, an estimated cost was calculated using Fair's calculation based on figures obtained. As the figures for April are the only ones available, yearly figures were obtained by multiplying the April data by 12. Information on pay costs was obtained from the financial summary in the Coombe Women and Infants University Hospital Annual Report (Appendix 10). Using Fair's calculation, the yearly cost to the Coombe Women and Infants University Hospital of employee absence is €1,863,672. This figure does not take into account the cost of replacing staff that are on leave or the decreases in service levels that result from absenteeism.

**Benchmarking**

The absence rate of the Hospital was also benchmarked against other organisations. The data obtained was from the IBEC Absence Report 2007 and the CIPD Absence Management Report 2007.
The IBEC Report considered rates by sector, industry, company size and location. The following table gives a snapshot of how the Coombe Women and Infants University Hospital compares with other similar organisations.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Absence Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services Sector</td>
<td>3.6</td>
</tr>
<tr>
<td>Healthcare</td>
<td>3.8</td>
</tr>
<tr>
<td>Greater than 500 staff</td>
<td>5.1</td>
</tr>
<tr>
<td>Dublin area</td>
<td>3.0</td>
</tr>
<tr>
<td>Hospital</td>
<td>4.9</td>
</tr>
</tbody>
</table>

The IBEC Report shows that the rate of absence in the Hospital is higher than average for the sector, industry and area it operates in. It is around the average mark for the size of organisation.

The CIPD Absence Management Report shows that the average absence rate is 3.7%, for public services it is 4.5% and for healthcare providers in the public sector it is 5.5%. According to this report, the Hospital would be considered to be average in terms of the sector it operates in.
Chapter Five

Conclusions and Recommendations

Conclusions

The purpose of the research undertaken was to critically evaluate the current absence management situation at the Coombe Women and Infants University Hospital. One of the key finding of the research was that the majority of Line Managers felt the current approach to managing attendance was effective. When explored further, this might not actually be the case. On the surface, the Hospital would seem to have adequate remedies in place to manage attendance but when the depth of the absence problem is further investigated, it appears this is not the case, particularly when considering certain occupational groups.

Although Line Managers may not see the depth of the absence issue across the organisation, there was a strong feeling that the quality of patient care could be compromised by absenteeism. This conclusion is reinforced by literature and other research which suggests that quality of service is hugely affected by absenteeism. However, it is very difficult to quantify how this is so in terms of monetary value.

It is clear from the research carried out that there is a need for clarification of roles in terms of managing attendance. Less than half of managers acknowledged their role in the process and over 40% felt it was solely the responsibility of Human Resources to manage employee attendance. The reasons for this are not clear, but it is possible that some manager have a traditional view of absenteeism in that it only involves collection of data, number crunching and control, often considered to be a ‘personnel’ function.
It is also apparent that the absence management techniques and interventions available to managers are largely ignored. This underutilisation could result in a higher absence rate. If managers were to keep some form of record and conduct a basic, informal back to work interview, there could be significant improvements. This was highlighted when analysing the responses from the medical division of the hospital. Two thirds of managers who responded felt absence management was the remit of the Human Resources Department and may explain why 50% have never used any attendance management intervention.

The research also shows that the approach adopted varies widely across the organisation. There is a lack of consistency and uniformity in applying policy and remedies where required. Although family circumstances rated highly as an influence on absence across the divisions, each had their own opinions on other influences, for example, Allied Health Professionals felt that a lack of training and development opportunities contribute to the problem.

It was also interesting to note that half of managers in the support services area felt that there is an absence culture in the hospital. This opinion has been expressed at management level outside of this research and would seem to be supported by other data gathered. However, it would be important to bear in mind that it is common knowledge that the support service area is thought to have a high absence level by management and it may be the management responses were mindful of this and in effect, conformed to management opinion.

The analysis of absence rates provided very interesting results and gave depth to the scope of the absence problem in the hospital. The global lost time absence rate of 4.99% is average for the sector and size of the organisation and it might seem that the Hospital does not have a significant problem. However, when the frequency rate of the division with the highest time lost rate (support services)
was calculated, it is apparent that the division, and perhaps the Hospital as a whole, has a significant problem with frequent, short-term absence. The literature review highlights how disruptive this type of absence is and how it might have more of an impact on an organisation than long-term absence which is much easier to plan for.

The high frequency rate also suggests that absence is sometimes influenced by factors other than genuine illness. This is supported by the Line Manager view that family and personal commitments are a major influencing factor on attendance. The high prevalence rate of absence in the support services area of 50% also reinforces the theory that the hospital has a significant absence issue in this division that could be replicated across the organisation.

Although the cost calculation was performed using Fair’s model, the resultant figure is a crude estimate of the cost of absence on the organisation. As data was only collected for a particular month, the yearly absence figures were manipulated based on the situation in a particular month and did not account for April being a particularly good or bad month for absence, not for any variations as would be expected throughout the year. However crude the figure is, it still provides an estimate of the actual cost of absenteeism at the most fundamental level. It does not include the costs associated with replacing absent staff nor does it take into account any negative affects on services, reputation of the Hospital or on employee morale.

**Recommendations**

The Coombe Women and Infants University Hospital has some good techniques and interventions already in place to manage employee attendance. However, there is scope for making significant improvements which will not necessarily prove costly to implement or introduce.
From the research, the most obvious recommendation to make is the procurement of a suitable IT system to record and report on absence. Only one occupational group currently uses a Time and Attendance System and this system could be used across the organisation. However, such a system may not be suitable for all occupational groups and it may be more effective to purchase a separate system. This will obviously have a cost implication initially for the Hospital but when the cost of absence is approximately €1.8 million per annum, the initial cost outlay would be absorbed very quickly if attendance rates improved as a result of the system being in place.

It is also recommended that the current attendance management policy be implemented in a consistent and fair way, and by all Line Managers. It is clear from the research that some managers do not believe that managing attendance is part of their role so it may be beneficial to introduce Line Manager training in this area. This could be done either in-house or via an external facilitator and again, the costs involved would be minimal in comparison to the costs of employee absence and would be recouped quickly. There may also be scope for increased input from Human Resources in providing increased support to managers when implementing policy and utilising absence management techniques.

The absence management policy defines key trigger points but these are useless if only there on paper. Manager must react to trigger points and follow through with any remedial action in a consistent and fair manner. However, it is recognised that some triggers are hard to identify in the absence of a computerised system to generate such reports. The majority of Line Managers indicated that they kept some form of manual record and it is vital that these records are used for identifying triggers and for managing attendance. Manual records are effectively useless if they are not utilised for improving attendance.
Managers must not only react to trigger points but also use the appropriate absence management intervention as a response. For example, an employee returning to work after a three day absence should not be referred to Occupational Health for assessment. Managers should make more use of tools such as communicating with their staff and informal return to work interviews as means of managing absences in the first instance. Such interventions are likely to have a positive impact in reducing absence. It is also vital that managers use the opportunity to obtain the facts of the situation, not make assumptions about an employee and not listen to hearsay.

It is also recommended that the Hospital takes a proactive approach to managing attendance. It is widely acknowledged in literature and has been supported by this research that employee stay away from work for reasons other than genuine illness. It therefore makes sense that an employer should do as much as it can to ensure the wellbeing of their employees, not only from a work perspective but also in their personal lives. The Hospital already operates a flexible working scheme for clerical and administrative staff and this could be extended to other categories of staff.

Evidence suggests that women have a higher incidence of absence than their male colleagues. The Hospital has a predominantly female staff, women are traditionally the main carer of the family and this is reinforced by over 90% of managers believing that family commitments contribute to employee absence. It therefore follows that the organisation should do as much as possible to eliminate the issues faced by their staff to ensure attendance. In the case of the Hospital, it is recommended that family-friendly policies and initiatives should include on site child care, flexible working arrangements and term-time working.
Another recommended initiative is the establishment of an Employee Assistance Programme. The costs of setting up such a programme would again be marginal when compared to the cost of employee absence. Although the initial outlay and yearly running costs would be in the thousands, the cost of not introducing such a programme could be even higher. A programme which offered employees counselling and advisory services away from the Hospital environment to equip them to deal with issues in their professional and personal lives would without doubt improve absenteeism in some areas. The Hospital could continue with a holistic approach to employee welfare and also introduce initiatives such as healthy eating, corporate gym memberships, health screening or reduced rates on leisure activities.

In summary, the Coombe Women and Infants University Hospital already has a comprehensive attendance management policy. However, there is evidence to suggest that the policy is not consistently applied throughout the organisation. In order to improve on the current practice, the following are recommended:

- Introduction of an IT system to support absence management initiatives
- Training for managers to ensure consistent application of the attendance management policy
- Increased support from Human Resources
- Defined trigger points
- Implementation of appropriate remedial action
- Utilisation of absence records
- Holistic approach to absence management with policies to reflect this, for example, term-time working, on-site crèche, reduced leisure activities
Further Research

The research already carried out at the Coombe Women and Infants University Hospital has raised opportunities for further study. In particular, the root causes of absenteeism have not been fully explored and this presents an opportunity for further research work and for further improvements to the current policy and practice. The research carried out has focused on absenteeism from the organisation and Line Manager points of view and it would be important to supplement this work with further study from any employee perspective.

If the recommendations were to be implemented, there is a possibility for studying the impact the initiatives have made and present an opportunity for research over a longer period of time.

Personal Reflection

When looking back at the research process, I feel I have gained great benefit from examining the absence management situation in the organisation. It has led me to have a greater understanding of the impacts and causes of absenteeism and also to appreciate the perspective and challenges faced by my colleagues at Line Manager level. It has also whetted my appetite for further study in this area and I am keen to use what I have learned to the benefit of the organisation.
Chapter 6

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CIPD Absence Measurement & Management Factsheet

CIPD Absence Management Annual Survey Report 2007

CIPD Absence Management ‘Do you have an absence management problem?’ tool

CIPD Absence Management ‘How do you develop an absence strategy?’ tool

IBEC Absence Report 2007

IBEC Employee Absenteeism – A Guide to Managing Absence
Chapter Seven

Appendix

Appendix 1  Line Manager Survey Form
Appendix 2  Absence Report for Managers
Appendix 3  Line Manager Survey Results across Organisation
Appendix 4  Line Manager Survey Results – Medical
Appendix 5  Line Manager Survey Results – Midwifery/Nursing
Appendix 6  Line Manager Survey Results – Allied Health Professionals
Appendix 7  Line Manager Survey Results – Administration
Appendix 8  Line Manager Survey Results – Support Services
Appendix 9  Completed Line Manager Surveys
Appendix 10  Annual Report Financial Summary
Managing Attendance Survey

I am currently embarking on the final year of a BA (Hons) in Human Resources Management and as part of my assessment am required to complete a dissertation on a subject with organisational relevance. For this I have chosen the subject of managing attendance and would appreciate your assistance in gathering information on absence management in the hospital. Please rest assured that the information gathered is for my own use and will not be disclosed to the hospital, nor will you be identified from your responses.

1. Please indicate which occupational group your department belongs to:

   Medical ______ Administration ______
   Midwifery/Nursing ______ Support Services ______
   Allied Health Professionals ______ Other ______

2. In your opinion, who is responsible for the management of employee attendance?

   Employee themselves ______ Line Manager ______
   Human Resources ______ Employee & Line Manager ______
   Line Manager & HR ______ All of these ______

3. Which of the following do you/have you utilised in managing the attendance of employees in your department? Please tick all that apply.

   Keeping manual records ______ Occupational Health referral ______
   Employee communication ______ Disciplinary Procedure ______
   Return to work interview ______ None of these ______
   Other (please specify) ______

4. In your opinion, apart from genuine illness, what else might influence non-attendance in the hospital? Please tick all that apply.

   Family/personal situation ______ Organisation Culture ______
   Employee motivation ______ Conditions (e.g. hours/pay) ______
   Nature of work ______ Absence culture ______
   Working environment ______ Previous history of absence ______
   Lack of career development ______ Other (please specify) ______

5. What does employee absence impact most upon in the hospital? Please select the three most significant and rank from 1 to 3, with 1 being the most significant.

   Efficiency ______ Financial & other resources ______
   Patient Care ______ Reputations of hospital ______
   Morale ______ Well being of employees ______
   Employee performance ______ Other (please specify) ______
6. **How effective do you feel the current approach to managing absence is in the hospital?**

- Very effective
- Somewhat effective
- Very ineffective
- Somewhat ineffective
- Unable to comment

7. **Which of the following initiatives do you feel may have a positive impact on employee attendance if they were to be introduced in the hospital? Please tick all that apply.**

- Flexible working
- Employee Assistance Programme
- Job re-design
- Career Development/Training Plans
- Term time working
- IT System for recording attendance
- Reward Scheme
- Training for managers
- Other (please specify)

Thank you for taking time to complete this survey; your input is greatly appreciated.
Absence Record for the month of: ____________________________

Please record all leave in hours
H = Hours, C=Code

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
<th>6th</th>
<th>7th</th>
<th>8th</th>
<th>9th</th>
<th>10th</th>
<th>11th</th>
<th>12th</th>
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<tr>
<td></td>
<td></td>
<td>H</td>
<td>C</td>
<td>H</td>
<td>C</td>
<td>H</td>
<td>C</td>
<td>H</td>
<td>C</td>
<td>H</td>
<td>C</td>
<td>H</td>
<td>C</td>
</tr>
</tbody>
</table>

Department: ____________________________________________
Number of Staff: __________________
WTE: ________________________________________________

Please complete the above schedule of staff leave availed of during the month. Leave should be expressed in hours & the type of leave availed or excluding half hour unpaid meal break, for example, an employee availing of annual leave with a standard working week of 35 hours should be recorded as 7AL. Absences should be coded as per the key below:

**Key:**
- Adoptive Leave (AD)
- Annual Leave (AL)
- Career Break (CB)
- Carer's Leave (CL)
- Compassionate Leave (CM)
- Force Majeure (FM)
- Jury Service (JS)
- Marriage Leave (MR)
- Maternity Leave (ML)
- Parental Leave (PL)
- Paternity Leave (PA)
- Public Holiday (PH)
- Sick Leave - Uncertified (0-2 days) (USL*)
- Sick Leave - Certified (0 day to 6 months) (CSL*)
- Sick Leave - Long Term (6 months+) (LSL*)
- Study/Exam Leave (ST)

* Please use only one code for Sick Leave
<table>
<thead>
<tr>
<th>28th</th>
<th>29th</th>
<th>30th</th>
<th>31st</th>
</tr>
</thead>
<tbody>
<tr>
<td>H</td>
<td>C</td>
<td>H</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Analysis of Responses of Line Manager Survey

Question 1
Please indicate which occupational group your department belongs to.

- Medical: 6  Administration: 8
- Midwifery/Nursing: 7  Support Services: 6
- Allied Health Professional: 8  Other: 1

Question 2
In your opinion, who is responsible for the management of employee attendance?

- Employee themselves: 0  Line Manager: 1
- Human Resources: 15  Employee & Line Manager: 1
- Line Manager & HR: 15  All of these: 4

Question 3
Which of the following do you/have you utilised in managing the attendance of employees in your department? Please tick all that apply.

- Keeping manual records: 19  Occupational Health referral: 12
- Employee communication: 16  Disciplinary Procedure: 9
- Return to work interview: 14  None of these: 10
- Other: 1
- Get HR involved

Question 4
In your opinion, apart from genuine illness, what else might influence non-attendance in the hospital? Please tick all that apply.

- Family/personal situation: 33  Organisational culture: 2
- Employee motivation: 9  Conditions (eg hours/pay): 11
- Nature of work: 4  Absence culture: 10
- Working environment: 7  Previous history of absence: 12
- Lack of career development: 7  Other: 1
- None

None
**Question 5**
What does employee absence impact most upon in the hospital? Please select the three most significant and rank from 1 to 3, with 1 being the most significant.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tr>
<td>Efficiency</td>
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<td>13</td>
<td>6</td>
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<tr>
<td>Financial &amp; other resources</td>
<td>4</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Reputation of the hospital</td>
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<td>4</td>
</tr>
<tr>
<td>Well being of employees</td>
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<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Patient care</td>
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<td>4</td>
<td>4</td>
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<td>Morale</td>
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<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Employee Performance</td>
<td>0</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Question 6**
How effective do you feel the current approach to managing absence is in the hospital?

<table>
<thead>
<tr>
<th></th>
<th>3</th>
<th>23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very effective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat effective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very ineffective</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Somewhat ineffective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to comment</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

**Question 7**
Which of the following initiatives do you feel may have a positive impact on employee attendance if they were to be introduced in the hospital? Please tick all that apply.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>22</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible working</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job re-design</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Term-time working</td>
<td>5</td>
<td>33</td>
</tr>
<tr>
<td>Reward scheme</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
## Analysis of Responses - Medical

### Question 2
In your opinion, who is responsible for the management of employee attendance?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee themselves</td>
<td>0</td>
</tr>
<tr>
<td>Line Manager</td>
<td>1</td>
</tr>
<tr>
<td>Human Resources</td>
<td>15</td>
</tr>
<tr>
<td>Employee &amp; Line Manager</td>
<td>1</td>
</tr>
<tr>
<td>Line Manager &amp; HR</td>
<td>15</td>
</tr>
<tr>
<td>All of these</td>
<td>4</td>
</tr>
</tbody>
</table>

### Question 3
Which of the following do you/have you utilised in managing the attendance of employees in your department? Please tick all that apply.

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keeping manual records</td>
<td>19</td>
</tr>
<tr>
<td>Occupational Health referral</td>
<td>12</td>
</tr>
<tr>
<td>Employee communication</td>
<td>16</td>
</tr>
<tr>
<td>Disciplinary Procedure</td>
<td>9</td>
</tr>
<tr>
<td>Return to work interview</td>
<td>14</td>
</tr>
<tr>
<td>None of these</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>

### Question 4
In your opinion, apart from genuine illness, what else might influence non-attendance in the hospital? Please tick all that apply.

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family/personal situation</td>
<td>33</td>
</tr>
<tr>
<td>Organisational culture</td>
<td>2</td>
</tr>
<tr>
<td>Nature of work</td>
<td>9</td>
</tr>
<tr>
<td>Conditions (e.g., hours/pay)</td>
<td>11</td>
</tr>
<tr>
<td>Absence culture</td>
<td>10</td>
</tr>
<tr>
<td>Previous history of absence</td>
<td>12</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>

### Question 5
What does employee absence impact most upon in the hospital? Please select the three most significant and rank from 1 to 3, with 1 being the most significant.

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficiency</td>
<td>1</td>
</tr>
<tr>
<td>Financial &amp; other resources</td>
<td>8</td>
</tr>
<tr>
<td>Reputation of the hospital</td>
<td>4</td>
</tr>
<tr>
<td>Well being of employees</td>
<td>0</td>
</tr>
<tr>
<td>Patient care</td>
<td>0</td>
</tr>
<tr>
<td>Morale</td>
<td>23</td>
</tr>
<tr>
<td>Employee Performance</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>
Question 6
How effective do you feel the current approach to managing absence is in the hospital?
Very effective
Very ineffective 3  Somewhat effective 23
Unable to comment 1  Somewhat ineffective 8

Question 7
Which of the following initiatives do you feel may have a positive impact on employee attendance if they were to be introduced in the hospital?
Please tick all that apply.
Flexible working
Job re-design 22  Employee Assistance Programme 16
Term-time working 5  Career Development/Training Plans 11
Reward scheme 5  IT system for recording attendance 33
Other 11  Training for managers 10
0
Analysis of Responses - Nursing

Question 2
In your opinion, who is responsible for the management of employee attendance?

- Employee themselves: 0
- Human Resources: 0
- Line Manager & HR: 5
- Employee & Line Manager: 0
- All of these: 2

Question 3
Which of the following do you/have you utilised in managing the attendance of employees in your department? Please tick all that apply.

- Keeping manual records: 4
- Occupational Health referral: 4
- Employee communication: 6
- Disciplinary Procedure: 2
- Return to work interview: 6
- None of these: 0
- Other: 0

Question 4
In your opinion, apart from genuine illness, what else might influence non-attendance in the hospital? Please tick all that apply.

- Family/personal situation: 7
- Organisational culture: 2
- Employee motivation: 3
- Conditions (eg hours/pay): 6
- Nature of work: 0
- Absence culture: 1
- Working environment: 3
- Previous history of absence: 2
- Lack of career development: 1
- Other: 0

Question 5
What does employee absence impact most upon in the hospital? Please select the three most significant and rank from 1 to 3, with 1 being the most significant.

- Efficiency: 0
- Financial & other resources: 0
- Reputation of the hospital: 0
- Well being of employees: 0
- Patient care: 7
- Morale: 0
- Employee Performance: 0

Ranks:

1 2 3
Question 6
How effective do you feel the current approach to managing absence is in the hospital?

- Very effective: 1
- Somewhat effective: 4
- Very ineffective: 0
- Somewhat ineffective: 2
- Unable to comment: 0

Question 7
Which of the following initiatives do you feel may have a positive impact on employee attendance if they were to be introduced in the hospital? Please tick all that apply.

- Flexible working: 6
- Employee Assistance Programme: 5
- Job re-design: 0
- Career Development/Training Plans: 3
- Term-time working: 1
- IT system for recording attendance: 7
- Reward scheme: 3
- Training for managers: 1
- Other: 0
Analysis of Responses - Allied Health Professionals

Question 2
In your opinion, who is responsible for the management of employee attendance?
- Employee themselves 0
- Line Manager 0
- Human Resources 0
- Employee & Line Manager 0
- Line Manager & HR 5
- All of these 2

Question 3
Which of the following do you/have you utilised in managing the attendance of employees in your department? Please tick all that apply.
- Keeping manual records 4
- Occupational Health referral 4
- Employee communication 6
- Disciplinary Procedure 2
- Return to work interview 6
- None of these 0
- Other 0

Question 4
In your opinion, apart from genuine illness, what else might influence non-attendance in the hospital? Please tick all that apply.
- Family/personal situation 7
- Organisational culture 2
- Employee motivation 3
- Conditions (eg hours/pay) 6
- Nature of work 0
- Absence culture 1
- Working environment 3
- Previous history of absence 2
- Lack of career development 1
- Other 0

Question 5
What does employee absence impact most upon in the hospital? Please select the three most significant and rank from 1 to 3, with 1 being the most significant.

<table>
<thead>
<tr>
<th>Category</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficiency</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Financial &amp; other resources</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Reputation of the hospital</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Well being of employees</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Patient care</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Morale</td>
<td>0</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Employee Performance</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
**Question 6**
How effective do you feel the current approach to managing absence is in the hospital?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very effective</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat effective</td>
<td>4</td>
</tr>
<tr>
<td>Very ineffective</td>
<td>0</td>
</tr>
<tr>
<td>Somewhat ineffective</td>
<td>2</td>
</tr>
<tr>
<td>Unable to comment</td>
<td>0</td>
</tr>
</tbody>
</table>

**Question 7**
Which of the following initiatives do you feel may have a positive impact on employee attendance if they were to be introduced in the hospital? Please tick all that apply.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible working</td>
<td>6</td>
</tr>
<tr>
<td>Employee Assistance Programme</td>
<td>5</td>
</tr>
<tr>
<td>Job re-design</td>
<td>0</td>
</tr>
<tr>
<td>Career Development/Training Plans</td>
<td>3</td>
</tr>
<tr>
<td>Term-time working</td>
<td>1</td>
</tr>
<tr>
<td>IT system for recording attendance</td>
<td>7</td>
</tr>
<tr>
<td>Reward scheme</td>
<td>3</td>
</tr>
<tr>
<td>Training for managers</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
</tbody>
</table>
Analysis of Responses - Administration

Question 2
In your opinion, who is responsible for the management of employee attendance?

<table>
<thead>
<tr>
<th>Option</th>
<th>Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee themselves</td>
<td>0</td>
</tr>
<tr>
<td>Line Manager</td>
<td>0</td>
</tr>
<tr>
<td>Human Resources</td>
<td>3</td>
</tr>
<tr>
<td>Employee &amp; Line Manager</td>
<td>1</td>
</tr>
<tr>
<td>Line Manager &amp; HR</td>
<td>3</td>
</tr>
<tr>
<td>All of these</td>
<td>1</td>
</tr>
</tbody>
</table>

Question 3
Which of the following do you/have you utilised in managing the attendance of employees in your department? Please tick all that apply.

<table>
<thead>
<tr>
<th>Option</th>
<th>Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keeping manual records</td>
<td>5</td>
</tr>
<tr>
<td>Occupational Health referral</td>
<td>3</td>
</tr>
<tr>
<td>Employee communication</td>
<td>3</td>
</tr>
<tr>
<td>Disciplinary Procedure</td>
<td>4</td>
</tr>
<tr>
<td>Return to work interview</td>
<td>5</td>
</tr>
<tr>
<td>None of these</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
</tbody>
</table>

Question 4
In your opinion, apart from genuine illness, what else might influence non-attendance in the hospital? Please tick all that apply.

<table>
<thead>
<tr>
<th>Option</th>
<th>Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family/personal situation</td>
<td>7</td>
</tr>
<tr>
<td>Organisational culture</td>
<td>0</td>
</tr>
<tr>
<td>Employee motivation</td>
<td>2</td>
</tr>
<tr>
<td>Conditions (eg hours/pay)</td>
<td>2</td>
</tr>
<tr>
<td>Absence culture</td>
<td>3</td>
</tr>
<tr>
<td>Working environment</td>
<td>1</td>
</tr>
<tr>
<td>Previous history of absence</td>
<td>3</td>
</tr>
<tr>
<td>Nature of work</td>
<td>3</td>
</tr>
<tr>
<td>Lack of career development</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
</tbody>
</table>

Question 5
What does employee absence impact most upon in the hospital? Please select the three most significant and rank from 1 to 3, with 1 being the most significant.

<table>
<thead>
<tr>
<th>Impact</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficiency</td>
<td>2</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Financial &amp; other resources</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Reputation of the hospital</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Well being of employees</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Patient care</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Morale</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Employee Performance</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>
Question 6
How effective do you feel the current approach to managing absence is in the hospital?
Very effective
Very ineffective 1
Unable to comment 0
Somewhat effective 6
Somewhat ineffective 0

Question 7
Which of the following initiatives do you feel may have a positive impact on employee attendance if they were to be introduced in the hospital?
Please tick all that apply.
Flexible working
Job re-design 6
Term-time working 3
Reward scheme 2
Other 3
Employee Assistance Programme 4
Career Development/Training Plans 3
IT system for recording attendance 8
Training for managers 2
### Analysis of Responses - Support Services

#### Question 2
In your opinion, who is responsible for the management of employee attendance?

<table>
<thead>
<tr>
<th>Option</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee themselves</td>
<td>0</td>
</tr>
<tr>
<td>Human Resources</td>
<td>4</td>
</tr>
<tr>
<td>Line Manager &amp; HR</td>
<td>2</td>
</tr>
<tr>
<td>Employee &amp; Line Manager</td>
<td>0</td>
</tr>
<tr>
<td>Line Manager</td>
<td>0</td>
</tr>
<tr>
<td>All of these</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Question 3
Which of the following do you/have you utilised in managing the attendance of employees in your department? Please tick all that apply.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keeping manual records</td>
<td>4</td>
</tr>
<tr>
<td>Employee communication</td>
<td>2</td>
</tr>
<tr>
<td>Return to work interview</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td>Occupational Health referral</td>
<td>4</td>
</tr>
<tr>
<td>Disciplinary Procedure</td>
<td>3</td>
</tr>
<tr>
<td>None of these</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Question 4
In your opinion, apart from genuine illness, what else might influence non-attendance in the hospital? Please tick all that apply.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family/personal situation</td>
<td>6</td>
</tr>
<tr>
<td>Employee motivation</td>
<td>2</td>
</tr>
<tr>
<td>Nature of work</td>
<td>0</td>
</tr>
<tr>
<td>Working environment</td>
<td>1</td>
</tr>
<tr>
<td>Lack of career development</td>
<td>1</td>
</tr>
<tr>
<td>Organisational culture</td>
<td>0</td>
</tr>
<tr>
<td>Conditions (eg hours/pay)</td>
<td>2</td>
</tr>
<tr>
<td>Absence culture</td>
<td>3</td>
</tr>
<tr>
<td>Previous history of absence</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Question 5
What does employee absence impact most upon in the hospital? Please select the three most significant and rank from 1 to 3, with 1 being the most significant.

<table>
<thead>
<tr>
<th>Impact</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficiency</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Financial &amp; other resources</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Reputation of the hospital</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Well being of employees</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Patient care</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Morale</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Employee Performance</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>
Question 6
How effective do you feel the current approach to managing absence is in the hospital?

- Very effective: 0
- Somewhat effective: 3
- Very ineffective: 0
- Somewhat ineffective: 3
- Unable to comment: 0

Question 7
Which of the following initiatives do you feel may have a positive impact on employee attendance if they were to be introduced in the hospital?

Please tick all that apply.

- Flexible working: 2
- Employee Assistance Programme: 0
- Job re-design: 1
- Career Development/Training Plans: 0
- Term-time working: 1
- IT system for recording attendance: 5
- Reward scheme: 2
- Training for managers: 2
- Other: 0
Managing Attendance Survey

I am currently embarking on the final year of a BA (Hons) in Human Resources Management and as part of my assessment am required to complete a dissertation on a subject with organisational relevance. For this I have chosen the subject of managing attendance and would appreciate your assistance in gathering information on absence management in the hospital. Please rest assured that the information gathered is for my own use and will not be disclosed to the hospital, nor will you be identified from your responses.

1. Please indicate which occupational group your department belongs to:

- Medical
- Midwifery/Nursing
- Allied Health Professionals
- Administration
- Support Services
- Other

2. In your opinion, who is responsible for the management of employee attendance?

- Employee themselves
- Line Manager
- Human Resources
- Employee & Line Manager
- Line Manager & HR
- All of these

3. Which of the following do you/have you utilised in managing the attendance of employees in your department? Please tick all that apply.

- Keeping manual records
- Occupational Health referral
- Employee communication
- Disciplinary Procedure
- Return to work interview
- None of these
- Other (please specify)

4. In your opinion, apart from genuine illness, what else might influence non-attendance in the hospital? Please tick all that apply.

- Family/personal situation
- Employee motivation
- Nature of work
- Working environment
- Lack of career development
- Organisation Culture
- Conditions (e.g. hours/pay)
- Absence culture
- Previous history of absence
- Other (please specify)

5. What does employee absence impact most upon in the hospital? Please select the three most significant and rank from 1 to 3, with 1 being the most significant.

- Efficiency
- Financial & other resources
- Reputation of hospital
- Patient Care
- Morale
- Employee performance
- Well being of employees
- Other (please specify)
6. How effective do you feel the current approach to managing absence is in the hospital?

Very effective

Somewhat effective

Very ineffective

Somewhat ineffective

Unable to comment

7. Which of the following initiatives do you feel may have a positive impact on employee attendance if they were to be introduced in the hospital? Please tick all that apply.

Flexible working

Job re-design

Term time working

Reward Scheme

Other (please specify)

Employee Assistance Programme

Career Development/Training Plans

IT System for recording attendance

Training for managers

Thank you for taking time to complete this survey; your input is greatly appreciated.
Managing Attendance Survey

I am currently embarking on the final year of a BA (Hons) in Human Resources Management and as part of my assessment am required to complete a dissertation on a subject with organisational relevance. For this I have chosen the subject of managing attendance and would appreciate your assistance in gathering information on absence management in the hospital. Please rest assured that the information gathered is for my own use and will not be disclosed to the hospital, nor will you be identified from your responses.

1. Please indicate which occupational group your department belongs to:
   - Medical ______
   - Midwifery/Nursing ______
   - Allied Health Professionals ______
   - Administration ______
   - Support Services ______
   - Other ______

2. In your opinion, who is responsible for the management of employee attendance?
   - Employee themselves ______
   - Line Manager ______
   - Employee & Line Manager ______
   - Line Manager & HR ______
   - All of these ______

3. Which of the following do you/have you utilised in managing the attendance of employees in your department? Please tick all that apply.
   - Keeping manual records ______
   - Occupational Health referral ______
   - Employee communication ______
   - Disciplinary Procedure ______
   - Return to work interview ______
   - None of these ______
   - Other (please specify) ______

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- Employee Assistance Programme  
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Other (please specify)  

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Managing Attendance Survey

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<td>Employee motivation</td>
<td>Conditions (e.g. hours/pay)</td>
</tr>
<tr>
<td>Nature of work</td>
<td>Absence culture</td>
</tr>
<tr>
<td>Working environment</td>
<td>Previous history of absence</td>
</tr>
<tr>
<td>Lack of career development</td>
<td>Other (please specify)</td>
</tr>
</tbody>
</table>

5. What does employee absence impact most upon in the hospital? Please select the three most significant and rank from 1 to 3, with 1 being the most significant.

<table>
<thead>
<tr>
<th>Efficiency</th>
<th>Patient Care</th>
</tr>
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<tbody>
<tr>
<td>Financial &amp; other resources</td>
<td>Morale</td>
</tr>
<tr>
<td>Reputation of hospital</td>
<td>Employee performance</td>
</tr>
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**Managing Attendance Survey**

I am currently embarking on the final year of a BA (Hons) in Human Resources Management and as part of my assessment am required to complete a dissertation on a subject with organisational relevance. For this I have chosen the subject of managing attendance and would appreciate your assistance in gathering information on absence management in the hospital. Please rest assured that the information gathered is for my own use and will not be disclosed to the hospital, nor will you be identified from your responses.

1. Please indicate which occupational group your department belongs to:

| Medical | Administration |
| Midwifery/Nursing | Support Services |
| Allied Health Professionals | Other |

2. In your opinion, who is responsible for the management of employee attendance?

| Employee themselves | Line Manager |
| Human Resources | Employee & Line Manager |
| Line Manager & HR | All of these |

3. Which of the following do you/have you utilised in managing the attendance of employees in your department? Please tick all that apply.

| Keeping manual records | Occupational Health referral |
| Employee communication | Disciplinary Procedure |
| Return to work interview | None of these |
| Other (please specify) |

4. In your opinion, apart from genuine illness, what else might influence non-attendance in the hospital? Please tick all that apply.

| Family/personal situation | Organisation Culture |
| Employee motivation | Conditions (e.g. hours/pay) |
| Nature of work | Absence culture |
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| Efficiency | Patient Care |
| Financial & other resources | Morale |
| Reputation of hospital | Employee performance |
| Well being of employees | Other (please specify) |
6. How effective do you feel the current approach to managing absence is in the hospital?

- Very effective
- Very ineffective
- Unable to comment
- Somewhat effective
- Somewhat ineffective

7. Which of the following initiatives do you feel may have a positive impact on employee attendance if they were to be introduced in the hospital? Please tick all that apply.

- Flexible working
- Job re-design
- Term time working
- Reward Scheme
- Other (please specify)
- Employee Assistance Programme
- Career Development/Training Plans
- IT System for recording attendance
- Training for managers

Thank you for taking time to complete this survey; your input is greatly appreciated.
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<th>Rating</th>
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<tbody>
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<tr>
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<td></td>
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<tr>
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<table>
<thead>
<tr>
<th>Initiative</th>
<th>Ticked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible working</td>
<td></td>
</tr>
<tr>
<td>Job re-design</td>
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<tr>
<td>Term time working</td>
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</tr>
<tr>
<td>Training for managers</td>
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</tr>
<tr>
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<td></td>
</tr>
</tbody>
</table>

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Table 21

<table>
<thead>
<tr>
<th>Income</th>
<th>€'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health Allocation 2006</td>
<td>45,607</td>
</tr>
<tr>
<td>Patient Income</td>
<td>9,383</td>
</tr>
<tr>
<td>Other</td>
<td>2,199</td>
</tr>
<tr>
<td>Total Income</td>
<td>57,189</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pay</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>7,334</td>
</tr>
<tr>
<td>Nursing</td>
<td>17,005</td>
</tr>
<tr>
<td>Other</td>
<td>20,401</td>
</tr>
<tr>
<td>Total Pay</td>
<td>44,740</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non Pay</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs &amp; Medicines</td>
<td>2,023</td>
</tr>
<tr>
<td>Medical &amp; Surgical Appliances</td>
<td>2,417</td>
</tr>
<tr>
<td>Insurances</td>
<td>339</td>
</tr>
<tr>
<td>Laboratory</td>
<td>1,506</td>
</tr>
<tr>
<td>Other</td>
<td>6,778</td>
</tr>
<tr>
<td>Total Non Pay</td>
<td>13,065</td>
</tr>
</tbody>
</table>

| Net Deficit 2006              | 614,000 |

Taxes paid to Revenue Commissioners Year ended 31 December 2006

<table>
<thead>
<tr>
<th>PAYE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total PAYE</td>
<td>696,6402</td>
</tr>
<tr>
<td>PRSI EE</td>
<td>1,448,728</td>
</tr>
<tr>
<td>PRSI ER</td>
<td>3,021,152</td>
</tr>
<tr>
<td>Withholding Tax</td>
<td>147,533</td>
</tr>
</tbody>
</table>

Coombe Women's Hospital