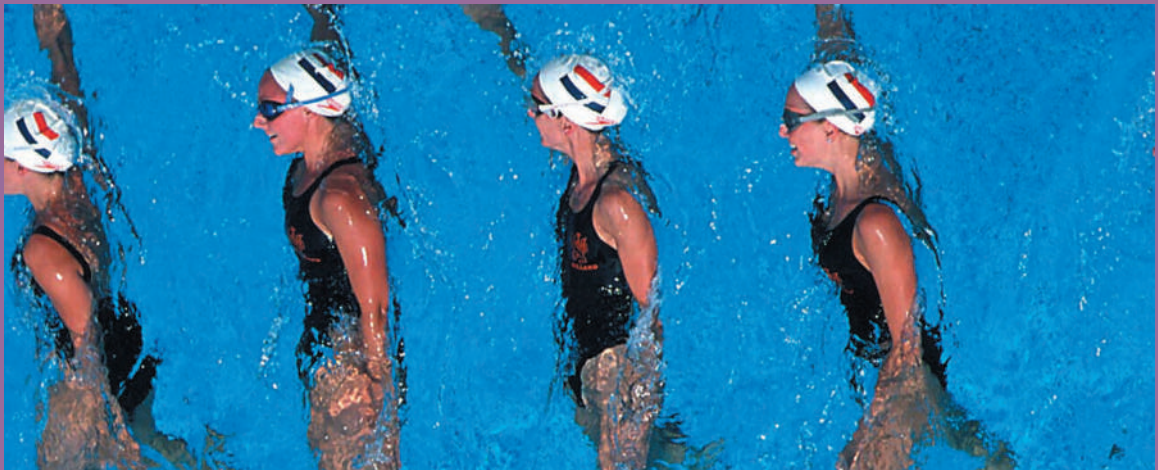


# MANAGING ABSENCE AND ATTENDANCE



## THE OBJECTIVES OF THIS CHAPTER ARE TO:

- 1 REVIEW THE NATIONAL CONTEXT ON EMPLOYEE ABSENCE
- 2 IDENTIFY THE IMPACT OF ABSENCE ON THE ORGANISATION
- 3 EXPLORE THE PROCESS OF ABSENCE FROM WORK AND ABSENCE CAUSATION
- 4 DISCUSS METHODS BY WHICH LONG- AND SHORT-TERM ABSENCE CAN BE MINIMISED

For organisations to achieve their optimum performance the extent to which employees are absent from their place of work clearly needs to be minimised. Absence has always been a matter of concern to all employers, and methods for reducing it have frequently focused on disciplinary or punitive measures. More recently absence has been framed in a more positive discourse, and the focus is now on what organisations can do to promote attendance and rehabilitation of employees with long-term absence. In an IRS survey (IRS 2001) absence was second among the top ten priorities of HR managers.

## THE NATIONAL CONTEXT

The CIPD (2003) found a level of 3.9 per cent sickness absence (defined as the percentage of working time missed, and often referred to as the headline rate) from a survey they carried out in early 2003 with responses from 1,330 public sector and private sector organisations. This represents nine days' absence per employee per year. CIPD commented that this is a reduction on the figure of 4.4 per cent reported by a similar survey in the previous year. Other surveys produce fairly similar figures, for example the CBI survey in 2003 reports a rate of 2.9 per cent (equating to 6.8 days lost per person per year). However, for two reasons it is difficult to argue yet that there is a downward trend in absence rates. First, the rate in the CIPD 2001 survey was 3.8 per cent, and in 2000 was 4.1 per cent. Second, while the methodology of the survey remains constant the actual organisations responding each year are not necessarily the same, within either the CIPD or CBI survey.

In terms of the patterns of absence most surveys report that absence is higher in larger than in smaller organisations, which is likely to be why the CBI figures are generally lower than the ones from the CIPD, as their sample includes a higher proportion of smaller organisations. Public sector absence is usually found to be higher than that in the private sector: for example in 2003 the CIPD found the public sector absence rate to be 4.6 per cent. Reviewing the Labour Force Survey, the General Household Survey and employer surveys, Barham and Leonard (2002) found that absence does tend to be concentrated in some groups of people rather than others: in addition to higher rates in the public sector they found higher rates for women, full-time workers and those aged under 30. They also found differences by occupational group, with managers, professionals and administrative professionals having lower levels than other groups. The CBI found that sickness absence was higher among manual workers, and this to some extent must reflect the nature of job demands. The CIPD (2003) found that absence levels were greatest in the food, drink and tobacco sector and lowest in consultancy, IT services, legal, property services, media and publishing.

The CBI reports that absence costs the UK economy around £11 billion per year. At a national level the government has an interest in reducing absence and loss of employment due to sickness. Roberts (2003) reports that while there are 1.46 million people claiming unemployment pay, there are 2.7 million people out of work claiming long-term sickness and disability benefits. Roberts goes on to explain how this situation has stimulated a focus on how society manages long-term sickness and rehabilitation. The government has an interest in reducing NHS costs and the Department for Work and Pensions has arranged a two-year series of job rehabilitation pilot studies. The pilots will test three different approaches, healthcare

interventions, workplace interventions and combined interventions, and the aim is to learn which approaches are most successful.

### WINDOW ON PRACTICE

#### International approaches to long-term absence

James and his colleagues (2002) explain how different countries have enacted legislation in respect of sickness absence. For example, in Sweden employers must ensure that they have assessed rehabilitation needs at an early stage, and are then obliged to put any relevant rehabilitation measures in place. In the Netherlands employers must submit a report on any employee who is unable to work within 13 weeks of the start of the absence. They are required to submit this to a social security agency and must produce a 'work resumption plan'. In New South Wales, Australia, where workers have been absent for 12 weeks, employers must establish a work rehabilitation programme, and if there are more than 20 people employed, they must appoint a rehabilitation coordinator and prepare plans for return to work.

Source: Summarised from P. James, I. Cunningham and P. Dibben (2002) 'Absence management and the issues of job retention and return to work', *Human Resource Management Journal*, Vol. 12, No. 2, pp. 82–94.

## THE ORGANISATIONAL CONTEXT

Barham and Leonard (2002) question the accuracy of data in absence surveys. They argue that given the low response rates to such surveys, there is no evidence to suggest that the survey findings are representative of the whole population. In addition the CIPD found that much management absence is not recorded. It is likely that respondents are those with better absence information. On this basis they argue that absence costs to the organisation are underestimated.

The CIPD found that over 90 per cent of organisations in their survey considered absence to be a significant cost to the organisation, but less than half monitored this cost. The average cost was reported to be £567 per year per employee. Barham and Leonard (2002) suggest that estimating the costs of absence is complicated, and that the estimate needs to include not only the direct costs (i.e., paying salary and benefits for a worker who is not there), but also indirect costs such as organising replacement staff, overall reductions in productivity and administrative costs. Bevan (2002), reporting research from the Employment Studies Institute, suggests that there is virtually no robust data on direct and indirect costs of absence and that most employers underestimate the true costs of sickness absence, particularly in respect of long-term sickness. Costing currently does not distinguish between short-term and long-term sickness. Using case study research Bevan reports that long-term sickness costs account for between 30 per cent and 70 per cent of absence costs. He goes on to argue, on the basis of this research, that even the most sophisticated companies are not well equipped to calculate such costs.

Statutory Sick Pay (SSP) changes in 1994 have given absence costs a higher profile as the burden has been passed to the employer, although there were compensatory

mechanisms in place, direct costs to the employer are increased and are more prominent.

Traditionally employers have concentrated on short-term absence, and while long-term absence accounts for only around 20 per cent of absence incidents it can represent more than 40 per cent of total working time lost, according to the CBI, although figures do vary. CIPD (2003) found that long-term absence was most significant in the public sector where it accounts for 27 per cent of absence, compared with 18 per cent in manufacturing and 11 per cent in private services. Reducing such absence is increasingly seen as having the potential to create significant costs savings. Cost is not the only factor in influencing organisations to attend to long-term absence, and we have already mentioned government interest in this. In addition, the Disability Discrimination Act 1995 requires employers to provide reasonable adjustments to enable disabled workers to continue in employment, and the term 'disabled' extends to those suffering from long-term ill health. It has been argued that employers have a more explicit duty of care to their employees due to UK and EU legislation, and there is a growing concern for the well-being of employees, partly due to fear of litigation.

## PROCESS AND CAUSES OF ABSENCE

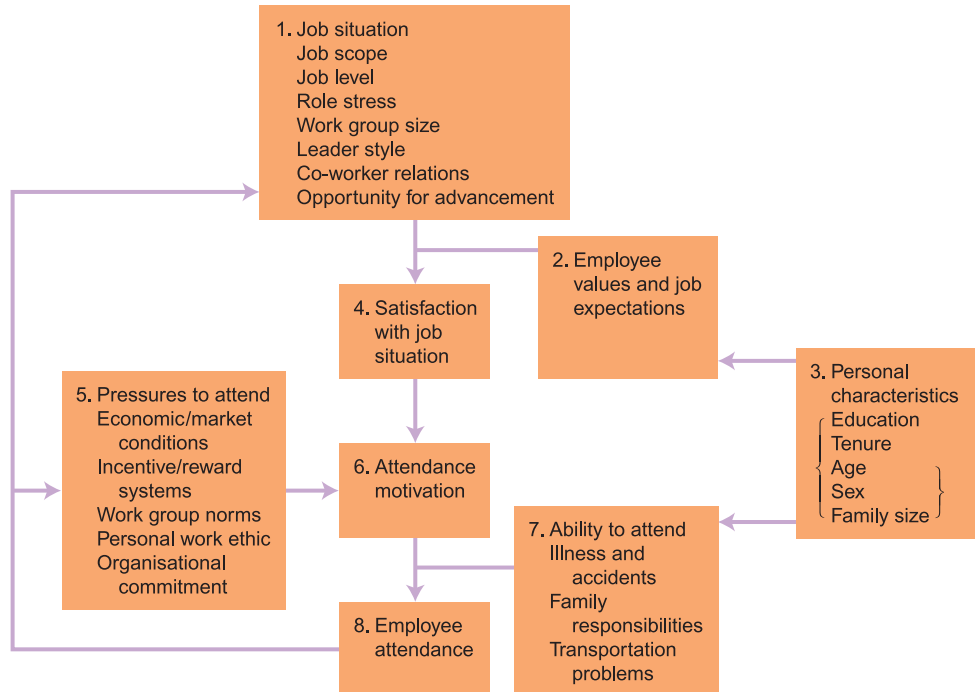
The CIPD (2003) found that 81 per cent of organisations collected data on the causes of absence, with the public sector being more likely to do this. The most frequent stated causes of absence are minor illness for short-term absence and back pain (for manual workers) and stress (for non-manual workers) for long-term absence. The increase in stress as a cause may well be partly due to the fact that this is now a more legitimate reason for non-attendance than previously. Case 15.1 on the website focuses on stress as a reason for absence. It is important to bear in mind that recorded causes of absence in organisations will be those causes which employees perceive the organisation to view as legitimate.



The causes of absence are complex and interrelated and a process approach is generally agreed to be the most useful way of understanding absence behaviour, although there are criticisms that such models are not supported by the evidence. One of the most widely quoted models is from Rhodes and Steers (1990) and in our view this is the most useful of the process models. For an alternative model *see* Nicholson (1977).

The Rhodes and Steers model (*see* Figure 15.1) not only includes content information on the causes of absence but also incorporates a range of interdependent processes. In essence the model focuses on attendance motivation and the ability to attend in terms of resulting attendance behaviour.

Rhodes and Steers suggest that *attendance motivation* is directly affected by two factors: *satisfaction with the job* and *pressure to attend*. Pressure to attend may result from such factors as market conditions. Examples include the likelihood that there will be redundancies at their workplace and how easy it would be to get another job; incentives to attend, such as attendance bonuses; work-group norms on what is acceptable in the work-group and the effects of absence on other group members; personal work ethic producing internal pressure to attend based on beliefs about what is right; and commitment to the organisation through an identification with the beliefs and values of the organisation and an intention to remain with the organisation. On this basis threat of redundancies, attendance bonuses, team structures



**Figure 15.1** The Rhodes and Steers process model of attendance (Source: S. Rhodes and R. Steers (1990) *Managing Employee Absenteeism*, Reading, Mass.: Addison Wesley.)

where team members have to cover the workload of an absent member, a personal ethic about the need to attend work wherever possible, and feelings of loyalty to the organisation should all promote the motivation to attend.

Rhodes and Steers suggest that satisfaction with the job is determined by the *job situation* and moderated by *employee values and job expectations*. Factors in the job situation are identified as job scope and level of responsibility and decision making; role stress such as work overload, underload, difficult working conditions or hours; work-group size; leadership style of their immediate manager, particularly the openness of the relationship and how easy it is to discuss and solve problems jointly; strength of relationships with co-workers; and the opportunity for promotion. On this basis higher levels of responsibility and the opportunity to make decisions in relation to job demands, balanced workload and good working conditions, small work group size, an open relationship with immediate manager, good relationships with colleagues and the opportunity for promotion should all improve attendance motivation.

However job satisfaction is moderated by the values and expectations of the employee. Such values and expectations are shaped by both personality and personal characteristics and life experiences, but can also change during the course of one's life. The extent to which the job matches up with expectations and values will have a bearing on job satisfaction; a close match is more likely to lead to satisfaction than a mismatch.

Personality and personal characteristics influence expectations and values and job satisfaction. We have previously referred to the influence of age and sex on absence rates. Length of service has also been identified as having an influence.

However, none of these relationships is clear-cut, and different pieces of research often produce different findings. There is most evidence for suggesting that younger workers and female workers have the highest rates of absence, and it is argued that younger workers value free time to a greater extent than older workers.

This brings us to the last influence on attendance, which is the *ability to attend*. This influence is interposed between attendance motivation and actual attendance. For example an employee could be highly motivated to attend, but may have insurmountable transportation difficulties, family or domestic responsibilities, or may be genuinely ill. In these cases motivation to attend does not result in attendance.

## MANAGING FOR ATTENDANCE

The complex interrelationship of the causes of absence needs to be taken into account in its management. Many organisations have introduced policies for managing absence that focus on minimising short-term rather than long-term absence. The role of sickness in long-term absence has been given little priority in the past, as has the issue that short-term absence, if badly handled, can lead to long-term absence. Typically long-term absence and short-term absence require different approaches. Attendance management policies need to take into account causes of absence, which may be identified by patterns of absence and by enabling individuals to be open about why they are not at work. Measures range from proactive methods intended to reduce the risk of ill health; measures intended to reduce spells of absence and those intended to reduce the length of absence. Typically there is a mix of processes both to discourage absence and positively to encourage attendance, but these work differently with those on long- and short-term sickness absence.

Whatever approach is chosen, there is a great need for consistency in the construction and implementation of absence management policies and procedures, not only in terms of ensuring fairness and as a support for any disciplinary action taken, but also in terms of providing employees with clear expectations about how absence will be tackled, and promoting an attendance culture. While different approaches work in different sectors and with different types of staff, there is a strong argument that the policies themselves need to be consistent in any organisation, to encourage employee acceptance and line manager support. For example Dunn and Wilkinson (2002) report the difficulties that a line manager in a production company experienced due to the fact that manufacturing staff were subject to more stringent absence procedures than other staff in the company.

Lack of consistency in implementation also weakens any policy and procedures. The role of the line manager is key and there is much emphasis on giving the line manager ownership of absence and attendance issues, with support from HR. Whatever policies and procedures are set up it is critical that the line manager feels ownership of these and applies them in practice. James and his colleagues (2002) found that two-thirds of their interviewees in a long-term absence management study noted that there were problems in the way that line managers carried out their responsibilities. Managers frequently did not follow the guidelines in matters such as ongoing contact with absent employees, and consequently HR did not know what was going on and often had to step in and manage cases. James and his colleagues found that managers' behaviour resulted from time pressures, lack of awareness of what the procedure was and lack of training.

## WINDOW ON PRACTICE

### Managing absence at HBOS

Mary McFadzean (2003) reports on a pilot project at HBOS which encouraged HR to look at absence from a different perspective. The project was intended to test two theories: first, that much absence had non-medical causes and therefore could be tackled by HR and, second, that absence could be reduced without buying in any extra resources.

To introduce the project workshops were held with HR members and best practice guidelines were made available, HR advisers were then encouraged to go out and talk to managers about absence. The best practice model included an emphasis on finding the underlying cause of absence in terms of social or work-related issues, based on the belief that this is the root cause of much absence, and if issues are not dealt with they will gradually produce medical symptoms. The skill was therefore in getting beyond the symptoms on the medical note to understand the underlying cause of absence. Once the underlying cause was understood then temporary or permanent changes could be made to help, such as reducing targets, hours and responsibilities or changing work patterns.

HBOS promoted an absence champion network in its first-tier approach which would adopt the best practice principles provided by HR, and would receive up-to-date information on absence and target cases for intervention (over 20 days' absence for long-term absence and four periods in a year for short-term absence). HR received consistent management information, and progress was monitored in all cases. A health provider network was also set up, as a second-tier approach (for long-term absence), to target high-risk areas and the two top causes of absence. Individuals were referred after 10 days' absence in these cases, and the health provider network included a psychologist and a physiotherapist. Treatment was considered justified if there was deemed to be an 80 per cent chance of return to work. HBOS feel that rehabilitation back into work needs to become part of the business culture.

The project was only carried out in some areas and performance was measured against control groups. HBOS saved 21,000 days over the six-month period (6,000 headcount) and £880,000. Short-term absence was reduced by 35 per cent, but there was no impact on long-term absence, which continues to creep up.

Source: Summarised from M. McFadzean (2003) 'Managing Absence' paper presented at the CIPD National Conference, Harrogate, 22–24 October 2003.

It has been found that some measures to manage absence actually increase absence, so monitoring any new policies and procedures is critical. In terms of implementing a new absence strategy, the advice given by Huczynski and Fitzpatrick (1989) still holds good. The ALIEDIM process they suggest comprises the following stages:

- Assess the absence problem
- Locate the absence problem
- Identify and prioritise absence causes
- Evaluate the current absence control methods
- Design the absence control programme
- Implement the absence control programme
- Monitor the effectiveness of the absence control programme



The mix of policies and methods chosen will be specific to the needs of the individual organisation, and case 15.2 on the website explains the mix chosen by Newry and Mourne Police Unit in Ireland. Below are some of the most frequently used approaches to managing absence. Some are most appropriate for short-term absence, and some better suited to long-term absence, others meet the needs of both.

### Accurate records

Managing absence is almost impossible without an accurate picture of current absence levels and patterns in terms of the identification of areas of high absence and the most common reasons for absence in the organisation. The CIPD (2003) found that aggregate information about sickness absence rates was collected by 84 per cent of survey respondents, but such data collection was carried out more often in the public sector and manufacturing industry than in the rest of the private sector. Prior to its review of absence Carlsberg-Tetley (IDS 2001) did not have an accurate picture of sickness absence. Although some records were kept, absence was inconsistently measured and recorded, so there was no reliable information about level of absence and patterns. This was their first task in tackling absence. They decided to adopt the ‘Bradford factor’ method for scoring absence where both frequency of absence spells and absence duration are used but with the weight being given to the former. The Bradford factor formula, devised by Bradford University, is shown in Figure 15.2.

Absence reports are frequently produced by HR and sent to line managers – and such reports will often include details of employees where trigger points have been hit and where intervention is required by the line manager. However, Dunn and Wilkinson (2002) found that the attention line managers gave to these reports varied, and some managers never even looked at the reports, because they did not agree that this was the best way to manage staff. As one manager commented, ‘I know my staff well enough not to need these reports . . . at the end of the day it all comes down to good management and knowing your staff’. Some managers argued that the reports were of little use because the employees they managed often worked long hours (beyond contract) and came in at weekends. It was felt that to punish such employees, who were clearly committed to the company, because they had reached certain absence levels was unreasonable, and would be counter-productive.

$$\text{Absence score} = (\text{spells of absence} \times \text{spells of absence}) \times \text{duration of absence}$$

**Figure 15.2** The Bradford factor formula for scoring absence (Note: The score is usually calculated over a year.)



## Absence review and trigger points

In order to focus attention on those with less satisfactory absence records many organisations identify trigger points in terms of absence spells or length, or Bradford factor scores which indicate that action is needed when an individual's absence record hits the trigger. Such policies for reviewing absence appear to be critical in absence reduction, and the CIPD (2003) reports that 77 per cent of organisations reporting a decrease in absence levels put this down to tightened policies for reviewing absence. The HBOS Window on practice above describes the trigger points that they use. However, such trigger points may be well known to employees, and Connex (IDS 2001) found that some employees were able to manipulate the system and regularly have absence levels just below the trigger point. To overcome this some organisations have a rolling year, rather than, say, a calendar year or a financial year, against which absence levels are assessed – on the grounds that it will be much more difficult for employees to keep track of their absence levels and manipulate the system. In fact Dunn and Wilkinson (2002) found organisations where the trigger system was avoided because it was felt that it would encourage employees to take off time until they were just under the trigger limit.

Some organisations have absence review groups, such as the absence champion network at HBOS, and the safety, health and absence unit at HM Customs and Excise (IDS 2001). While the role of these groups varies, they are frequently used to review all absences and identify those who have hit trigger points which will then require intervention, such as an absence review meeting with the employee.

## Absence targets and benchmarking

Many organisations have absence targets phrased in terms of a reduction on current absence levels or a lower absence level to attain. However, the CIPD (2003) found that although 90 per cent of the organisations they surveyed believed that absence levels could be reduced, only around half of these had set targets for this, and only around 50 per cent benchmarked their absence levels against other organisations. An alternative approach, used by some organisations, is to give managers absence targets for their group, and tie this into their performance review and performance payments. This is the approach used in Connex (IDS 2001). Such overall and local targets need to be carefully used, however, so as not to give the impression to employees that absence is not allowed.

### ACTIVITY 15.1

We have noted that some organisations link improvements in absence levels in their departments to managers' performance assessments and performance-related pay.

What are the potential advantages of this approach?

What are the potential problems?

How else might managers be encouraged to treat absence levels as a key priority?



### **Training and support for line managers**

Most organisations recognise that line managers play a key role in making absence procedures work and in reducing absence levels, and training is usually available when a new absence system is introduced. Connex (IDS 2001) has introduced a creative form of training. The company takes managers to an employment tribunal to view an absence-related case so that managers will understand the consequences of not dealing fairly and consistently with employees when they have to deal with similar situations at work. HM Customs and Excise (IDS 2001) uses training videos showing role plays of return to work interviews (*see below*). These demonstrate that such a meeting is not about accusation or recrimination. The idea is that managers watch the video with their team of supervisory staff and then discuss the issues that arise.

However, there is evidence that further training is needed. Both James *et al.* (2002) and Dunn and Wilkinson (2002) found managers who could not understand how 'sickness' could be managed, were scared of dealing with the situation and were embarrassed about asking personal questions about an employee's state of health.

### **Absence notification procedures**

Many organisations specify that when employees phone in as absent they must phone themselves, rather than asking another person to phone on their behalf. Many also specify that the employee must speak to their direct line manager or nominated representative. This means that such a telephone conversation can be the first stage of the absence management process. The conversation is welfare based and the intention is that the manager is able to ask about the nature of the problem and the anticipated date of return to work. Some organisations, such as First Direct (IDS 2001), make every effort to offer alternative work. For example, a telephone operator who cannot do telephone work with a sore throat may be able to do other work, and managers are asked to bear this in mind when employees phone in sick and to try to encourage the employees to come in, where appropriate, to carry out other tasks. This telephone conversation is also seen as an important tool in reducing the length of the absence.

### **Better understanding of the causes of absence**

Analysis of absence data can show the primary causes of absence in any particular organisation and this may help employers develop absence management methods relevant to the most frequent causes. However, as we have said, the reasons employees give for absence will be those that the organisation considers legitimate, and further investigation may be necessary.

Organisations can encourage individuals to be open about the real cause for their absence, for example a minor illness may be used as an excuse to cover for caring responsibilities, a stressful working environment or alcohol or drug problems. However, this is easier said than done. The London Borough of Brent (IRS 2002b) has decided that the next stage in its efforts to tackle long-term absence is to try to unpick the causes of such absence. The employer has a feeling that the explanation may be partly related to issues of stress and the nature and organisation of the work. Helping employees to feel they can trust the employer sufficiently to admit the real cause of absence means that absence can then effectively be tackled by providing the

appropriate form of support. Another key tool is risk assessment, so, for example, some organisations will assess the risk of back pain or stress and then training can be provided to meet identified needs.

## WINDOW ON PRACTICE

### Risk assessments for stress

Stress accounts for a large proportion of sickness absence in the NHS, and researchers from the Institute of Work, Health and Organisations at Nottingham University studied five groups of hospital staff working under pressure: nurses, healthcare assistants, technical and professional staff, catering staff and clerical/reception staff. The aim was to measure and tackle stress at work. The intervention began with risk assessment, and a well-being questionnaire was used to gather employee feelings about tiredness and exhaustion. Employees were asked to identify not only causes of stress but also changes to management practice which would provide a solution. One of the examples provided is the catering team who identified causes as peak-time high workloads, poorly maintained equipment and inadequate training. Resultant interventions included regular equipment maintenance, additional peak-time staff and regular team briefings.

Source: Summarised from HSE (2002b) *Interventions to control stress at work in hospital staff*, HSE Contract Research Paper no. 435.

### Ongoing contact during absence

Maintaining contact during absence is considered by many organisations as a method of reducing length of absence, demonstrating to the employee that the organisation is interested in them, and maintaining employee motivation. In some organisations it is the line manager who will keep in touch, and in others, such as Walter Holland and Son (IDS 2001), there are liaison officers who fulfil this role. Contact may be by telephone, and with longer periods of absence may involve home visits. The Employers Organisation for Local Government (EO) (HSE 2002a) suggests that more effort should be made to keep in touch with employees after operations, partly to keep them up to date, but also to see if it is possible for them to come back to work on light duties or on a part-time basis. In working out its policy of visits, Bracknell Forest Council (IRS 2002a) pays due attention to the requirements of the Human Rights Act 1998. The council recommends one visit per month in working hours and considers this is reasonable in terms of the need to demonstrate 'respect for private and family life', and the wish to avoid putting pressure on employees to return to work too early.

### Return to work interviews and formal absence reviews

Return to work interviews are increasingly used as a key part of attendance procedures, and CIPD (2003) reports that these were used by 77 per cent of organisations in 2003 compared with 57 per cent in 2000. CIPD also reports that these interviews are regarded as the most effective way of managing short-term absence. For some

organisations these interviews are mandatory, even following a single day's absence, but there is frequently some flexibility about the nature of the interview depending on the circumstances. In general the purposes of such interviews are identified as to: welcome the employee back and update them on recent events; check that the employee is well enough to resume normal duties and whether any further organisational support is needed; reinforce the fact that the employee has been missed and that attendance is a high priority in the organisation; and review the employee's absence record. Dunn and Wilkinson (2002) found managers in their research who said that there was not time to concentrate on return to work interviews, as the practicalities of getting the job done were more critical. They also found a view among line managers that they were just so glad to get the employee back that they did not want to 'rock the boat'. Where formal absence reviews are held these need to be handled with sensitivity and tact, and care needs to be taken so that the interview does not become recriminatory or accusatory.

### **Use of disciplinary procedures**

If someone is genuinely ill and unable to work as a result, disciplinary action whether threatened or real is unlikely to bring about a return to work. It would not be desirable from the point of view of the employee or the employing organisation were this to be the case. There are, however, situations in which people who are too ill to work have to be dismissed. This is never a pleasant task, but it often falls to the HR manager to carry it out. The key is to make sure that the dismissal is carried out in a legally sound manner. This issue is covered in greater detail in Chapters 9 and 23, so it is only necessary here to summarise the main points:

- 1 Dismissing someone who is unable to work because of ill health is potentially fair under unfair dismissal law.
- 2 It is necessary to warn the individual concerned that they may be dismissed if they do not return to work and to consult with them ahead of time to establish whether a return in the foreseeable future is feasible.
- 3 It is necessary to act on whatever medical advice is available.
- 4 In larger organisations, except where a person's job is very specialised or senior, it is normally considered reasonable to refrain from dismissing a sick employee for at least six months.
- 5 In any case no dismissal should occur if the employee falls under the definition of 'disabled' as set out in the Disability Discrimination Act 1995. In these cases an employee should only be dismissed once the employer is wholly satisfied that no reasonable adjustments could be made to accommodate the needs of the sick employee so as to allow them to return to work.

Where someone is persistently absent for short periods of time, the course of action taken will depend on whether or not there is a genuine underlying medical condition which explains most of the absences. If so, the matter should be handled in the same way as cases of long-term absence due to ill health outlined above. If not, then it is feasible for the employer to take a tougher line and to threaten disciplinary action at an earlier stage. It is quite acceptable in law to dismiss someone whose absence record is unacceptably high, provided they have been warned ahead of time and given a fair opportunity to improve their attendance. It is also necessary to treat

different employees in a consistent fashion. Taking disciplinary action in the form of issuing a formal warning is therefore credible and likely to be successful.

### Absence levels and performance assessments

Some organisations have communicated to employees the message that attendance levels are a measure of their performance so they are included in annual assessments. Dunn and Wilkinson (2002) found that in the three retail companies in their case sample, employees were assessed via a separate rating category on their absence levels. In addition employees with unacceptable absence levels would not be put forward for transfers or promotion. The Metropolitan Police service considers absence records as an indication of reliability, although it does not wish to give the message that absence is not permitted (IDS 2001).

### Attendance bonus and rewards

Some organisations pay bonuses direct to employees on the basis of their attendance records. For example Connex (IDS 2001) will pay a quarterly attendance bonus of £155 at the end of each 13-week period for full attendance and an additional lump sum of £515 if an employee has had no sickness absence during a full calendar year. In addition Connex sends out letters commending employees for improving their absence record. The company considers that its absence scheme is a success as 80 per cent of eligible employees now qualify for payments. However, some managers do not support attendance bonuses as they feel that employees are already paid to turn up, and they are effectively being paid twice. Connex also found managers who felt that attendance bonuses were a signal to employees that managers cannot control the work environment themselves and that they have relinquished all responsibility for managing absence. On the other hand, Dunn and Wilkinson (2002) found that managers felt attendance bonuses were unfair as they penalised those employees who were genuinely ill.

#### ACTIVITY 15.2

In terms of your own organisation consider the approaches by which sickness absence is minimised in terms of proactive ill-health prevention methods, discouragement of sickness absence, and encouragement of attendance:

Where is the emphasis in terms of approach?

Why do you think this is so?

Is this the most appropriate approach? Why?

To what extent are different employee groups treated differently?

Why do you think this is so?

Is this the most appropriate approach? Why?



### **Occupational health support and health promotion**

A number of organisations carry out pre-employment screening to identify any potential health problems at this stage. Others screen employees for general fitness and for potential job hazards, such as working with radiation, or VDUs. General screening may involve heart checks, blood tests, eye tests, well-woman/man clinics, ergonomics and physiotherapy, and discussions about weight and lifestyle, such as smoking, drinking and fitness levels. The value of such screening is that problems can be identified at an early stage so that the impact on sickness absence will be minimised. In some organisations positive encouragement will be given to employees to follow healthy lifestyles, such as healthy eating, giving up smoking, taking up exercise routines.

For long-term absence the CIPD (2003) reported that the involvement of occupational health professionals was seen to be the most effective management tool, although HSE (2002c) shows that only one in seven workers has the benefit of comprehensive occupational health support. However, such support does not have to be in-house and can be purchased: this is the course followed by the London Borough of Brent (IRS 2002b).

Physiotherapists, counsellors and psychologists are often employed, and the occupational health role may include remedial fitness training and exercise therapy for those recovering from an illness. Stress counselling is increasingly being provided and if this is offered as part of an employee assistance programme can reduce the liability in stress-related personal injury cases. Also training in stress management may be offered.

James and his colleagues (2002) found that the role of occupational health was ambiguous and problematic. Their respondents suggested that while occupational health worked on behalf of the employer, they tended to see themselves as representing employee interests. They also found that employees were very sceptical about visiting occupational health workers as they saw it as the first step in the termination of their employment.

### **Changes to work and work organisation**

Many employers appear to offer flexible working hours, part-time work and working from home. Employers also sometimes consider offering light duties or redeployment. However, James and his colleagues (2002) found that operational factors often limited what was possible. In the three manufacturing organisations they visited it was not always feasible to offer light duties or make adjustments to the workplace. They also found that other departments were reluctant to accept someone who was being redeployed after sickness, partly because they felt the employee might have lost the work habit, and also because there might be problems with pay if the levels of the old and new job differed. They also noted that there might be no budget to pay for adaptations to equipment or purchase further equipment.

## WINDOW ON PRACTICE

### Flexible working cuts sickness absence

*People Management* reports that the London Borough of Merton has halved its sickness absence rate and improved productivity by introducing flexible working as part of a work-life balance pilot project. The flexible patterns of work involved a compressed working week, working from home, career breaks, job sharing and special leave including compassionate leave. Keith Davis, the Assistant Chief Executive, explained that the management style had to change from managing attendance to managing output, and significant training was required. The Council plans to roll out the scheme over the entire Council.

Source: Summarised from *People Management* (2002): 'Flexible working cuts sickness absence', *People Management*, Vol. 8, No. 1, 10 January, p. 1.

## Practical support

There are many ways in which the employer can provide practical support to minimise sickness absence. Many organisations have experienced frustrations while employees are on waiting lists for diagnostic procedures and operations. In order to speed up medical treatment that employees need some organisations are prepared to pay the medical costs for employees where there is a financial case to do this. Training in areas such as stress management and time management may help employees minimise feelings of stress, and childcare support may simplify childcare arrangements.

## SUMMARY PROPOSITIONS

- 15.1** Employee absence continues to be a major problem for both the country and business in terms of direct costs and lost performance.
- 15.2** The most often reported cause of short-term absence is minor illness; however, back pain for manual workers and stress for non-manual workers are the leading causes of long-term absence.
- 15.3** It is important to understand the true nature of the causation of absence, as remedies can only be developed with this knowledge. The causation of absence can result from a complex interrelationship of factors.
- 15.4** Typical attendance management policies include absence monitoring and reporting, absence review and trigger points, training and support for line managers, absence notification procedures, better understanding of the causes of absence, risk assessments, ongoing contact during absence, return to work interviews and absence review interview, use of disciplinary procedure, absence-influenced performance assessments, absence bonus and rewards, occupational health support, changes to work and work organisation, and practical support. The mix of policies and processes used needs to be tailored to the needs of the organisation.

## GENERAL DISCUSSION TOPICS

- 1 'If we gave employees longer holidays and more flexibility in the hours that they worked it would reduce the conflict between personal responsibilities/interests and work responsibilities. This reduction in conflict would reduce unplanned absence from work.' To what extent do you agree with this statement and why?
- 2 To what extent do you consider that absence statistics underestimate the extent of absence in the UK, and why?
- 3 It could be argued that encouraging employees to engage in exercise and keep fit will improve their work motivation and sense of well-being, and that this would reduce absence. To what extent do you agree with this notion?

## FURTHER READING

Evans, A. and Walters, M. (2002) *From Absence to Attendance*. London: CIPD

A thorough text which covers absence measuring and monitoring; understanding the causes of absence; absence management policies; the disciplinary and legal framework of absence management; and developing and implementing absence management strategies.

Johns, G. (2001) 'Contemporary research on absence from work: correlates, causes and consequences', in I. Robertson and C. Cooper, *Personnel Psychology and HRM*. Chichester: John Wiley and Sons Ltd

A useful chapter which provides a wide range of perspectives on understanding the nature of absence from work. Johns considers process and decision models, the withdrawal model, demographic models, the medical model, the stress model, social and cultural models, the conflict model, the deviance model and the economic model. An awareness of such a range of perspectives is useful as it provides a context against which to understand any one approach to absence.

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An extensive range of additional materials, including multiple choice questions, answers to questions and links to useful websites can be found on the Human Resource Management Companion Website at [www.pearsoned.co.uk/torrington](http://www.pearsoned.co.uk/torrington).

