



NATIONAL COLLEGE *of* IRELAND

BA (HONS) IN HUMAN RESOURCE MANAGEMENT

2015

AN EXPLORATORY CASE STUDY INTO THE DETERMINANTS OF SICKNESS
PRESENTEEISM AMONG YOUTH WORKERS AND SUPPORT OFFICE STAFF
WITHIN A NON-PROFIT ORGANISATION

RACHEL TREANOR

11108665

WORD COUNT: 14,801

SUPERVISORS: RON ELLIOT

This dissertation is solely the work of the author and is submitted in partial fulfilment of the requirements of the BA(Hons) Degree in Human Resource Management.

ABSTRACT

The purpose of this dissertation is to try to gain a better understanding of the determinants that promote sickness presenteeism behaviour in a non-profit organisation (NPO) and to establish if differences exist between the determinants identified between youth workers and support office staff.

Sickness presenteeism is a phenomenon where employees come to work when they are ill resulting in a loss of productivity. The literature review revealed that reasons employees engage in this sort of behaviour typically falls into two categories of factors – work-related factors and personal factors.

A local knowledge case study was conducted whereby the researcher collected and analysed primary data from six semi-structured interviews with staff of the NPO and one unstructured interview with the HR Manager. Secondary data was also collected and analysed through existing documents and procedures within the organisation. The research approach was interpretative as the researcher was interested in eliciting the perceptions and understanding of the employees taking part in the interviews.

The analysis of all of the data produced results that were dominated by four main themes. The first three encouraged sickness presenteeism behaviour which were job demands; the working environment; and attitudes towards work and commitment. These results were similar to extant research. However, the final theme, which was based around policies and procedures, differed from the literature in terms of how they influence the staff's behaviour.

By understanding these determinants within the context of the organisation under investigation, it is hoped that the NPO will have the necessary information to adopt a more holistic approach to attendance, policies and procedures and overall wellbeing of its staff.

DECLARATION

National College of Ireland
Research Students Declaration Form
(Thesis/Author Declaration Form)

Name: Rachel Treanor
Student Number: 11108665
Degree for which the
dissertation is submitted: BA (Hons) in Human Resource Management

Material submitted for award

- (a) I declare that the work has been composed by myself
- (b) I declare that all verbatim extracts contained in the thesis have been distinguished by quotation marks and the sources of information specifically acknowledged.
- (c) My dissertation will be included in electronic format in the College Institutional Repository TRAP (thesis reports and projects)
- (d) I declare that no material contained in the thesis has been used in any other submission for an academic award.

Signature of research student: _____

Rachel Treanor

Date: _____

10th August 2015

ACKNOWLEDGMENTS

I would like to thank my supervisor Ron Elliott and Dr. Laura Costelloe from Student Support Services. Your advice and guidance throughout this process was invaluable.

To my parents, friends and the legend that is Rossie, thank you so much for your understanding and all your encouragement over the last four years.

A special thanks to Isobel and Rose for your support at critical points in this research process.

And finally, to my colleagues who participated in this research, thank you for taking the time to allow me to interview you.

CONTENTS

ABSTRACT.....	ii
DECLARATION.....	iii
ACKNOWLEDGMENTS.....	iv
CONTENTS.....	v
LIST OF FIGURES	viii
LIST OF APPENDICES	ix
LIST OF ABBREVIATIONS.....	x
CHAPTER ONE – INTRODUCTION	1
1.1 Background to this research topic	1
1.2 Researcher’s interest in the topic.....	2
1.3 Rationale for the research.....	3
CHAPTER TWO - LITERATURE REVIEW.....	4
2.1 Introduction	4
2.2 Sickness Presenteeism	4
2.2.1 The emergence of the concept of sickness presenteeism.....	4
2.2.2 Sickness presenteeism defined.....	5
2.3 Determinants of sickness presenteeism behaviour	7
2.3.1 Work-related factors.....	9
2.3.1.1 <i>Job demand and job decision latitude</i>	9
2.3.1.2 <i>HR policies and procedures</i>	10
2.3.1.3 <i>Working environment</i>	11
2.3.1.4 <i>Job security</i>	11
2.3.1.5 <i>Ease of replacement</i>	12
2.3.2 Personal Factors	12

2.3.2.1	<i>Work attitudes and task significance</i>	12
2.3.2.2	<i>Commitment level to the organisation</i>	14
2.3.2.3	<i>Personal Financial Situation</i>	14
2.3	Conclusion.....	14
CHAPTER THREE – METHODOLOGY		15
3.1	Introduction	15
3.2	Organisational context of the research	15
3.3	Research question and aims	16
3.4	Research approach.....	16
3.5	Research design.....	17
3.5.1	Design Frame	17
3.5.2	Population and sample	19
3.6	Data collection method.....	19
3.7	Ethics	20
3.8	Limitations.....	21
3.9	Data analysis.....	21
CHAPTER FOUR – FINDINGS		23
4.1	Introduction	23
4.2	Participant profile	24
4.3	Findings	24
4.3.1	Theme 1 – Job demands.....	24
4.3.2	Theme 2 – Working environment	26
4.3.3	Theme 3 – Work attitudes and commitment	27
4.3.4	Theme 4 – Policies and procedures.....	29
CHAPTER FIVE – DISCUSSION AND RECOMMENDATIONS		31
5.1	Discussion	31

5.2 Recommendations	32
BIBLIOGRAPHY	34
APPENDICES	39
APPENDIX A - Invitation email	40
APPENDIX B - CONSENT FORM	41
APPENDIX C - INTERVIEW GUIDELINES	42
APPENDIX D - INTERVIEW WITH 'RESPONDENT D'	44

LIST OF FIGURES

Figure 1: Dynamic model of presenteeism and absenteeism	7
Figure 2: Influences on presenteeism: a summary from published studies	8

LIST OF APPENDICES

Appendix A Invitation Email

Appendix B Consent Form

Appendix C Interview Guidelines

Appendix D Interview with ‘Respondent D’

LIST OF ABBREVIATIONS

EAP Employee Assistance Programme

HR Human Resources

NPO Non-Profit Organisation

CHAPTER ONE – INTRODUCTION

The following chapter outlines the background of the dissertation topic, the rationale for conducting the research and details why this topic was of interest to the researcher.

1.1 Background to this research topic

The topic being examined for this research is attendance, in particular a phenomenon known as sickness presenteeism. While it is well recognised that sickness absenteeism is a problematic issue that many organisations have to manage on an ongoing basis (Gosselin, Lemyre and Corneil, 2013), the existence of sickness presenteeism and the challenges it poses do not tend to feature on many Human Resources (HR) yearly plans (Niven and Ciborowska, 2015). One mechanism firms use to tackle this issue is the use of stringent absence management policies. The desired knock-on effect of this is having low levels of absenteeism which is seen by most as being positive for an organisation, as employers want their employees to attend work. However, as Baker-McClearn, Greasley, Dale and Griffith (2010) point out, focussing on absence management policies alone can increase incidents of sickness presenteeism.

So what then is sickness presenteeism and why should organisations be concerned with it? Sickness presenteeism is a phenomenon whereby employees attend work when they are ill (Aronsson, Gustafsson and Dallner, 2000; Caverley, Barton, Cunningham and MacGregor, 2007). While much of the early research on sickness presenteeism has been carried out within the context of absenteeism (Gosselin et al., 2013), the body of work on sickness presenteeism is growing (Hemp, 2004; Johns, 2011). It is now recognised as a phenomenon that is more widespread in organisations than was originally thought and yet it continues to be overlooked by countless organisations.

Although many firms are aware of the costs of absenteeism, Widera, Chang and Chen (2010) argued that few organisations are aware of the costs and factors

associated with sickness presenteeism. Much of the extant research deems it as more costly to the firm, in terms of productivity and employee health and wellbeing, than sickness absenteeism (Collins, Baase, Sharda, Ozminkowski, Billotti, Turpin, Olson and Berger, 2005; Janssens, Clays, De Clercq, De Bacquer and Braeckman, 2013) with Hemp (2004) putting forward the idea that managing sickness presenteeism effectively could be a distinct source of competitive advantage.

However, Gosselin et al. (2013) disagree with much of the existing research on the lack of awareness by practitioners. They point out that organisations are now starting to turn their attention to a more holistic approach to attendance that puts the focus of the employee's wellbeing firmly on the agenda, as a means of not only reducing absenteeism but also improving performance at work.

1.2 Researcher's interest in the topic

The researcher's interest in this area is two-fold. Firstly, it began with a conversation the researcher had with an employee in the organisation under investigation. The researcher works there, and was very surprised when the employee relayed a story of a time when they had attended work with broken ribs. The employee explained that although in a lot of pain, they preferred to come to work with the painful injury, rather than stay off sick. This informal chat sparked a genuine curiosity for the researcher in the area of sickness presenteeism, in particular about the reasons why an individual would come to work when they were clearly ill.

Secondly, the most recent economic downturn has impacted on organisations in many ways. There have been headcount reductions, pay cuts, longer working hours, pay freezes, reduction in hours, employees having to adapt to new ways of working and being asked to do more for less (Teague and Roche, 2014). This has resulted in intensified pressures and demands in the workplace and so managing factors that adversely affect employee wellbeing is critical for businesses. One such factor is the issue of sickness presenteeism but it can only be managed if organisations are aware of it and what causes it.

1.3 Rationale for the research

Having established that sickness presenteeism is not only a lesser known attendance phenomenon in most workplaces than sickness absenteeism and is costly for both the employer and the employee, this research sets out to examine the determinants that influence sickness presenteeism behaviour in the workplace. The focus of this study is on why employees would choose to go to work when they are ill rather than take the time off. It also examines whether the nature of the occupation is significant between the two categories of workers investigated for this study as some studies have shown that occupations involved in provision of welfare services such as nursing and occupations involved in teaching or instruction are more likely to engage in sickness presenteeism than other professions (Aronsson, Gustafsson and Dallner, 2000). The evidence suggests that occupations with a vocational type nature to their role have are more likely to engage in sickness presenteeism behaviour.

The research method employed for this research was a local knowledge exploratory case study. This option was chosen as it allowed the researcher to investigate attendance, specifically sickness presenteeism within the context of the NPO by examining their policies and procedures and conducting an unstructured and several semi-structured interviews. The research approach adopted was a qualitative inductive one. This allowed the researcher to firstly collect the data, then establish the themes from the data set and, finally, analyse the results against the backdrop of the literature review (Saunders et al., 2009).

This study aims to build on the extant research into the determinants of sickness presenteeism by looking specifically at a NPO. Existing literature does not detail any case studies in an organisation of this nature.

The following chapter will summarise the relevant literature reviewed for this study.

CHAPTER TWO - LITERATURE REVIEW

2.1 Introduction

This chapter reviews the literature examined for this research. The chapter begins with a discussion around the emergence of sickness presenteeism as a concept in organisations followed by a description of what it means today. The factors that have been found to cause presenteeism behaviour are then examined under two main focus areas of ‘organisational factors’ and ‘personal factors’. Finally a conclusion will be presented based on the literature reviewed.

2.2 Sickness Presenteeism

2.2.1 The emergence of the concept of sickness presenteeism

The exact origin of the definition of ‘presenteeism’ is debated in the literature. The word first emerged in management writing in the mid 1950s. It was used by both Uris (1955) and Canfield and Sloash (1955), (cited in Houdmont, Leka and Sinclair, 2012) to describe high levels of attendance and was very much seen as a positive behaviour in the workplace. Further research by Smith (1970) identified presenteeism as literally being the opposite of absenteeism. These early studies did not take into account the person’s health and wellbeing. The premise was that if the person showed up for work, they exhibited presenteeism behaviour.

These studies into presenteeism were a by-product of academic research on absenteeism and it wasn’t until the late 90s and early 2000s that there was a big shift in thought in this subject area. Presenteeism began to be explored in greater detail and much of the resulting research then began to refer to the phenomenon as ‘sickness presenteeism’ (Aronsson et al., 2000). How it was perceived also began to change. According to Johns (2011), interest in this research area was heightened by the SARS outbreak in 2003 and the H1N1 influenza epidemic in 2009, particularly because of the public interest and concern surrounding the contagious nature of these illnesses. Turning up for work regardless of the person’s well-being was no longer seen as a positive behaviour. Coming to work while ill was now viewed by many as a negative behaviour that was costly to both the organisation and to the employee (Hemp, 2004; Aronsson and Gustafsson, 2005; Johns, 2011).

As the academic research on the topic developed it was shaped by two different traditions in schools of thought – the first was with the European schools of thought in management and occupational health, and the second was with North American medical consultants and scholars. The early European research focused on the number of occurrences of sickness presenteeism arising as a direct result of the pressures of restructuring, downsizing and job insecurity, whereas the North American research focussed on the consequences that illness can have on employees' productivity, and tended to appear in medical literature (Johns, 2011; Leineweber, Westerlund, Hagberg, Svedberg and Alexanderson, 2012).

As more research has emerged, European researchers have tended to concentrate on the 'presenteeism determinants', and drawing out the varying reasons behind choices employees make as to whether to go to work when they are ill or not. The North American studies on the other hand have been more inclined to focus on measuring, either in isolation or together, the loss in productivity resulting from sickness presenteeism and identifying the different illnesses that are associated with the behaviour (Gosselin et al., 2013).

So with this growing body of research, what exactly is sickness presenteeism and why should organisations be concerned with it?

2.2.2 Sickness presenteeism defined

More recent literature has argued that sickness presenteeism is on the rise and employees are choosing to come to work when they are ill, rather than take time off (Caverley, Cunningham and MacGregor, 2007). In terms of definitions there are a variety of what sickness presenteeism is. However, there is consensus that at the core of the definition there is some reference to the fact that it involves employees attending work while they are ill, resulting in a loss of productivity (Hemp, 2004; Aronsson and Gustafsson, 2005; Gosselin et al., 2013; Palo and Pati, 2013).

Presenteeism can be obvious in some cases but in others, employees suffer in silence while trying to carry out their days work (Hemp, 2004 and Johns 2010). Whether overt or covert a common theme running through much of the research is

that presenteeism is viewed as a “negative organisational behaviour” (Demerouti, Le Blanc, Bakker, Schaufeli, and Hox, 2009, p. 51). On the face of it, this would seem contradictory to the need to have employees at work. However, the literature suggests that it is an unsafe practice because employees run the risk of developing more serious illnesses by not taking the required time off and consequently end up being absent for a longer period of time. There is also the possibility of the illness being passed on to other employees causing them to have to take time off. Commentators argue that coming to work when ill may be more detrimental in terms of loss in productivity and performance and therefore is more costly to the employer, than staying off sick for the day (Schultz, Chen, and Edington, 2009).

However, the integrity of some research is not without its critics, particularly the studies that appear in medical journals. Many of these studies are backed by pharmaceutical and healthcare companies. They have a vested interest in the results of the effects that sickness presenteeism can have in terms of cost to the organisation and the employee’s wellbeing. As a result some have questioned the reliability and validity of these results (Hemp, 2004). Nevertheless, many other research studies have found that engaging in sickness presenteeism behaviour can be detrimental to performance and productivity levels, even more so than absenteeism (Johns 2010).

Consequently managing presenteeism for an organisation is essential. But before any organisation can begin devising a strategy for managing presenteeism, the phenomenon itself must first be understood. To begin with, researchers and organisations must be able to answer the question ‘why would an employee suffering from an illness choose to go to work instead of going absent?’ In terms of the literature available, the possible answer to this question lies in the two broad categories of determinants that drive sickness presenteeism – work related factors and personal factors (Johns, 2010; Baker-McClearn et al., 2010; Bierla, Huver, and Richard, 2013).

2.3 Determinants of sickness presenteeism behaviour

From the literature reviewed, no formal theoretical framework for determinants of sickness presenteeism was identified, with one scholar even asserting that ‘space limitations preclude the development of a formal theory of presenteeism’ (Johns, 2010, p.531). However Johns (2010) does offer some suggestions of the factors that might be included to address the gap in a theoretical model. Figure 1 below shows Johns (2010) ‘Dynamic model of presenteeism and absenteeism’.

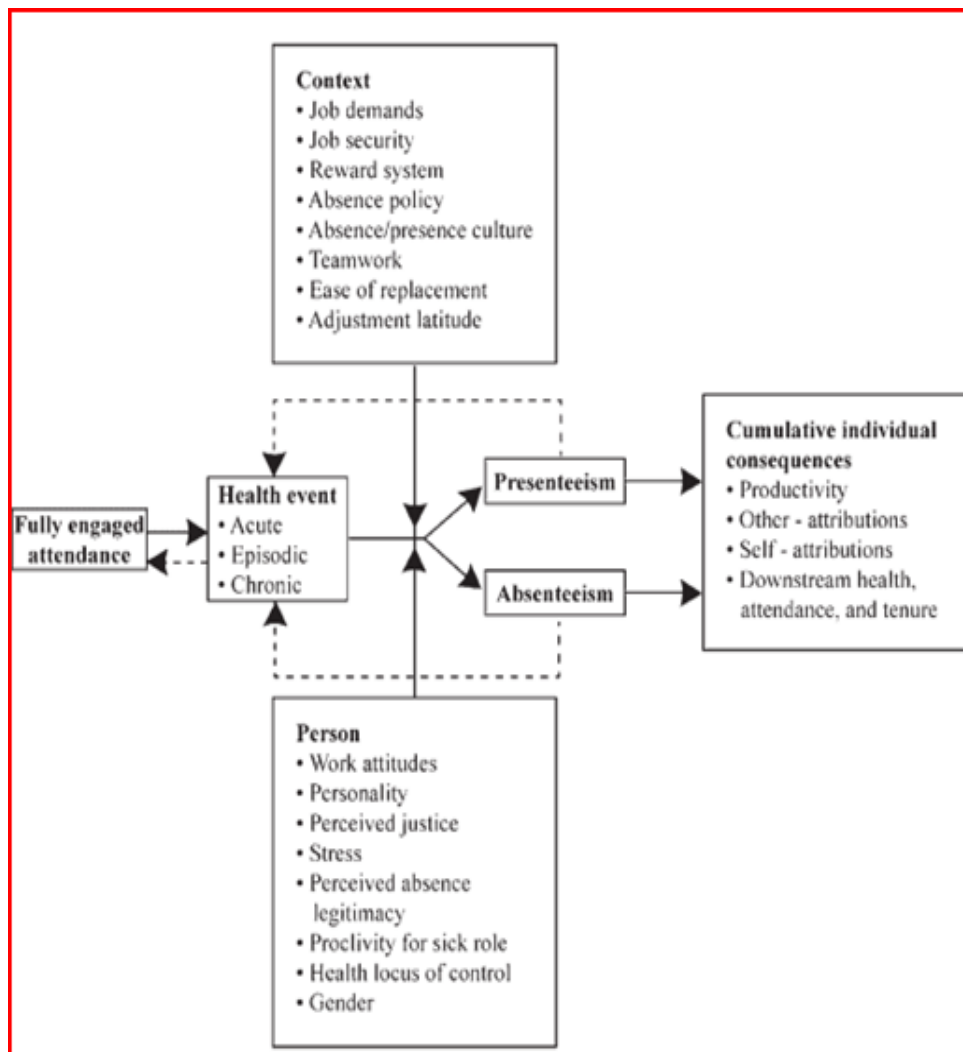


Figure 1: Dynamic model of presenteeism and absenteeism

It assumes that sickness presenteeism and absenteeism occurs due to acute, episodic or chronic health reason and identifies categories of factors that determine whether a person engages in presenteeism or absenteeism.

Baker-McClearn et al. (2010) also developed their own model based and on the literature available and the themes they identified can be seen below in Figure 2.

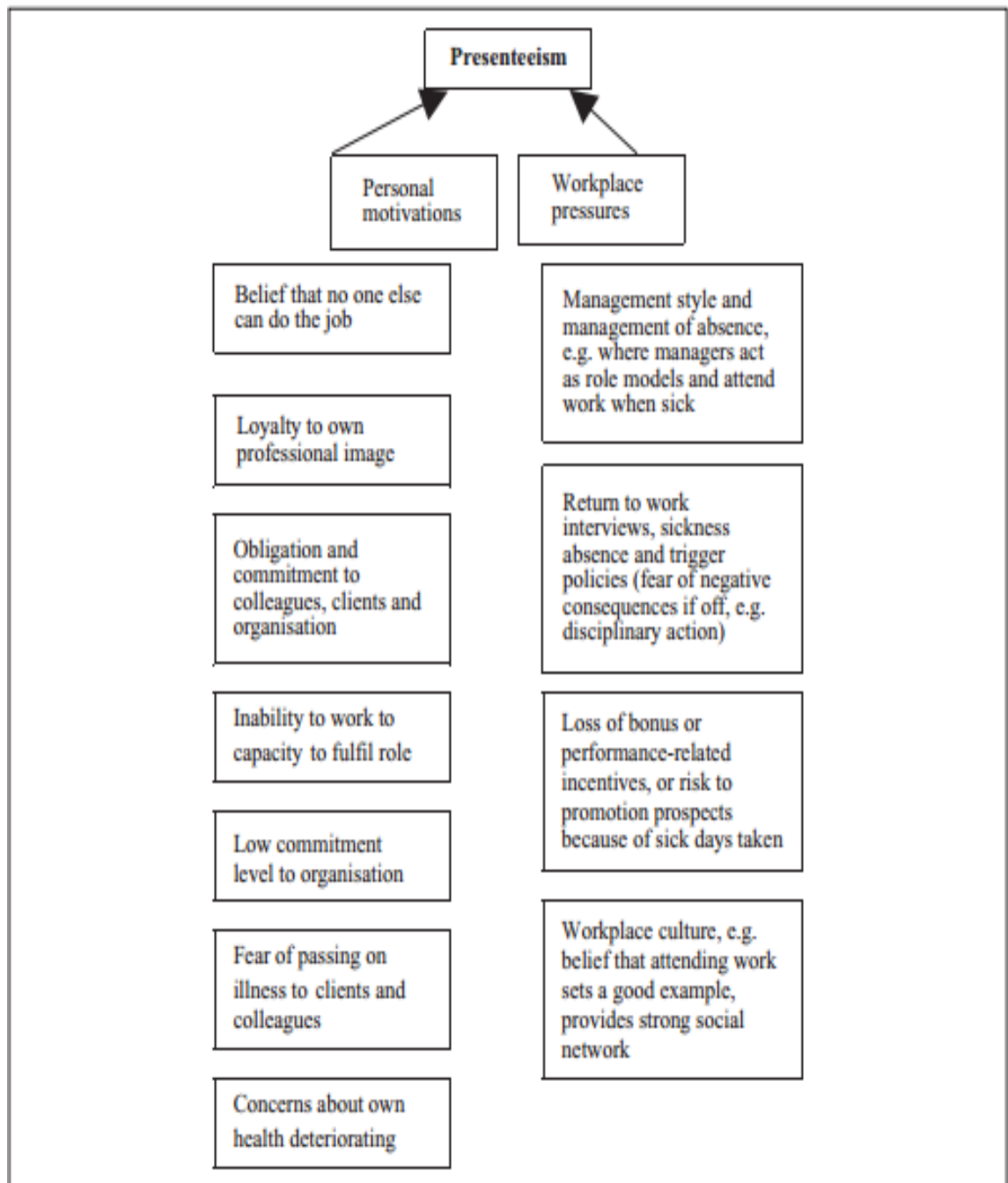


Figure 2: Influences on presenteeism: a summary from published studies

As a framework into sickness presenteeism, Johns (2010) and Baker-McClearn (2010) both highlighted workplace factors and personal factors as the driving forces behind presenteeism behaviour.

2.3.1 Work-related factors

There are a number of work-related factors that influence individuals to attend work even when they are ill. Some of these factors are within the control of the employee and some are not and Hansen and Anderson (2008) argue that it is organisational factors that influence a person's decision to go to work while sick, more than any other.

Based on the suggested models by Johns (2010) and Baker-McClearn et al. (2010) and their prevalence in the literature reviewed, the following work-related factors will be reviewed – job demand and job decision latitude; policies and procedures; characteristics of the working environment; job security and ease of replacement.

2.3.1.1 Job demand and job decision latitude

The characteristics of the role can influence the decision making process in terms of whether to attend work or not. Job demand is shaped by the level of workload and the time available whereas job decision latitude is concerned with the degree to which an employee can control the work that they do. Roles that are characterised by 'high demand' typically have low levels of absenteeism and a tendency for staff to go to work when they are ill, in an effort to ensure that levels of performance are maintained (Demerouti et al., 2009).

According to Palo and Pati (2013) roles that are characterised as 'high demand' impact negatively on employee wellbeing yet ironically tend to have low levels of absenteeism. There is a tendency for staff to go to work when they are ill, in an effort to ensure that levels of performance are maintained (Demerouti et al., 2009). Furthermore, employees who are under pressure in terms of resources engage in presenteeism behaviour as they are concerned with being left with a huge amount of work if they were to go off on sick leave (Aronsson and Gustafson, 2005). This is often a legitimate concern but it can also be driven by the person's own personal motivation that no one else can do the job (Baker-McClearn, 2010).

In terms of job decision latitude, employees that have more control over their job, tend to come to work when ill as they have the flexibility to change how the work

is accomplished (Johns, 2010). This is more prevalent in professions that have a higher degree of independence or autonomy (Johns, 2011; Palo and Pati, 2013).

2.3.1.2 HR policies and procedures

Paradoxically, Human Resource (HR) policies and procedures designed to reduce absenteeism and its associated costs, can in fact encourage presenteeism and its associated consequences (Baker-McClearn et al., 2010). Research suggests that organisations that have stringent policies in place to manage absenteeism, particularly where disciplinary action takes place following a certain number of absences have higher level of presenteeism (Johns, 2010). Organisations need to be careful to ensure that employees don't end up being afraid to take sick leave when they are ill. This could exacerbate their illness resulting in a longer term illness and culminate with them feeling demotivated and resentful towards the organisation (Baker-McClearn et al., 2010).

Organisations that have a generous sick pay scheme tend to get lower levels of presenteeism than those that do not. Bockerman and Laukkanen's (2010) research showed that organisations where three days of absence is paid in full, without the requirement of a doctor's certificate, had decreased instances of sickness presenteeism.

It is incumbent upon HR and line managers to find a balance between managing absence and creating an environment of well-being, where employees can perform their tasks effectively (Bierla et al, 2013). As Caverley et al. (2007) point out this doesn't necessarily have to take the form of policies only. It can include organisational initiatives aimed at health and well-being of employees. This can help to take the focus off minimising sickness absenteeism at the expense of increasing sickness presenteeism.

HR Departments very often try to negate sickness absenteeism behaviour by designing policies, procedures and processes to minimise sickness absenteeism in the workplace.

2.3.1.3 Working environment

The workplace culture plays an important role in shaping the working environment (Baker-McCleary, 2010). Is it a culture where attendance is required at all costs or is one based on employee wellbeing? What support structures are in place and how do people behave when it comes to attendance, what's the norm? There are a number of characteristics within the working environment itself that shape the culture of an organisation and puts pressure on sickness presenteeism behaviour.

To begin with the style of management is a driver of attendance. Baker-McCleary et al. (2010) commented that instances of presenteeism are higher in organisations where line managers attended work while they were ill. Bierla et al. (2013) also note that the higher the individual is in the hierarchical structure, the less likely they are to be absent and therefore, the more likely they are to engage in presenteeism. Employees view their managers as role models and follow the example they set.

Also, work environments characterised by team responsibility and stringent deadlines for delivering on important goals tend to exhibit presenteeism behaviour too (Lund, Labriola and Villadsen, 2011; Palo and Pati, 2013). Evidence suggests that in these types of environments, no one wants to let any of the team down so they feel obliged to attend work even when they are ill (Collins and Cartwright, 2012). This is particularly the case with employees in supervisory and management type positions (Hansen and Andersen, 2008).

2.3.1.4 Job security

The most recent economic downturn has impacted on organisations in many ways. There have been headcount reductions, pay cuts, longer working hours, pay freezes, reduction in hours, employees having to adapt to new ways of working and being asked to do more for less in many Irish firms (Teague and Roche, 2014). This has resulted in intensified pressures and demands in the workplace. Many commentators agree that when the level of job security a person feels is threatened, for example by downsizing, they are more likely to attend work even

when they are ill. The fear of losing their job means that they often show their commitment to the organisation by turning up for work regardless (Aronsson et al., 2000; Caverley et al., 2007; Palo and Pati, 2013). It's almost as if the employee turning up to work when they're ill is a sign of commitment to the organisation.

However, Johns (2011, p. 487) disagrees with this generalisation, highlighting that 'the empirics attendant to this idea are often indirect, constituting inferences from absence trends following downsizing.'

While there is no concrete empirical evidence linking presenteeism with contract status, Johns (2010) indicates that there is widespread speculation amongst researchers that the frequency of acts of presenteeism increases for employees with a temporary or fixed contract. One of the reasons for this is that employees can still be on probation and are unsure if their contract will be extended, so they don't want to engage in any behaviour that may hinder their chances (Bierla et al. 2013).

2.3.1.5 Ease of replacement

Where there is no replacement for the work, the likelihood for the employee to come to work when ill is increased. The associated difficulty in finding a replacement to cover while the person is out sick, as a driving force in sickness presenteeism, is particularly evident in professions where education, welfare provision and care-giving are involved (Aronsson et al., 2000).

2.3.2 Personal Factors

From the point of view of the individual, sickness presenteeism could be a sign of their attitude towards work and their organisational commitment.

2.3.2.1 Work attitudes and task significance

Some of the influences on 'work attitudes', in terms of sickness presenteeism behaviour are the perception the employee has of their role and the loyalty they have to their own professional image (Baker-McCleary et al., 2010).

Herzberg, Mausner and Synderman (1959) highlighted that the perception employees have of their role has the potential to impact greatly on their job performance. Some commentators argue that the employee's perception of task significance and their engaging in meaningful work can be key drivers of behaviours and attitudes in the workplace (Grant, 2008). In fact, Johns (2011) asserts that there is some evidence, from a number of quantitative studies that identifies task significance as a determinant of sickness presenteeism.

Aronsson et al. (2000) were one of the first to categorise a number of factors causing presenteeism in a variety of occupations. Although they found that the prevalence of sickness presenteeism varies from sector to sector, their evidence suggests that occupations that involve the provision of care to people; or occupations involved in teaching or instruction; or occupations that cater for the provision of welfare services, are more likely to engage in sickness presenteeism than other professions. Krane, Larsen, Nielsen, Stapelfeldt, Johnsen and Risor (2014) also found that occupations based in the education sector and health care sector show higher reported levels of sickness presenteeism and Widera et al., (2010) found higher rates of reported presenteeism in health care workers. This evidence suggests that occupations with a vocational type nature to their role have a higher propensity to engage in sickness presenteeism behaviour.

However, there is conflicting evidence as to the nature of what on the face of it may seem like altruistic behaviour. Aronsson et al. (2000) found a clear link between increased sickness presenteeism behaviour among healthcare workers and the difficulty in replacing them when they were off sick. Whereas, Dew, Keefe and Small (2005) found that increased sickness presenteeism among healthcare workers was based on the loyalty they felt to the organisation, their image as a healthcare professional and their commitment to the end service user and their colleagues. So what appears like voluntary altruism may in fact be coercive duty.

Personal factors are also driven by the individual's own work ethic and morals. This is often linked to the view that being absent from work could potentially hamper their own career development, as it may be seen as an indicator of poor performance or commitment.

In some instances employees that engage in presenteeism often do so because they believe that no one other than themselves can do their role and if they were not there, it would be disruptive for the organisation and their colleagues (Baker-McClearn et al., 2010; Palo and Pati, 2013; Bierla et al., 2013). Another knock-on effect of this viewpoint is that if they were absent and their work would remain undone, their workload would increase later significantly because no one else can do the job.

2.3.2.2 Commitment level to the organisation

Where the individual's organisational commitment is positive, it can have a very strong influence in determining whether they attend work when they are ill or not (Baker-McClearn et al., 2010; Johns, 2011; Gosselin et al., 2013). However, Johns (2011) has commented that while conscientious employees tend to go to work when they are not feeling well, that does not necessarily mean that it has a negative impact, primarily because the same trait might also have a positive influence on their productivity elsewhere. Although the individual may engage in the act of presenteeism, their quality of work does not diminish overall.

2.3.2.3 Personal Financial Situation

Many organisations do not have a sick pay scheme for employees and this can clearly impact on the person's decision of whether to attend work or not when they are ill. Research shows that the likelihood of absence is reduced when there is a financial cost associated with the absence (Bierla et al., 2013).

2.3 Conclusion

The literature reviewed has shown that sickness presenteeism is a growing area of interest for academics. In terms of behavioural influences on employees, the extant research shows that the determinants of sickness presenteeism can be either work-related in nature or can be driven by personal factors.

CHAPTER THREE – METHODOLOGY

3.1 Introduction

This chapter discusses the methodology chosen for this research. It will begin with a description of the organisational context of the research, followed by a discussion about the research question and aims. The choice of research approach and design frame will then be justified followed by details regarding the data collection methods employed, ethical considerations and limitations of the research. It will conclude with an outline of the data analysis method to be used.

3.2 Organisational context of the research

This study was conducted in a non-profit organisation that delivers a range of services to young people. To maintain confidentiality, the participating organisation is referred to using the pseudonym of ‘Non-Profit Organisation’ (NPO). The organisation is wholly reliant on funding from outside agencies, both governmental and philanthropic. Their funding stream has been greatly impacted by economic and political factors, with funding for some projects down 30% on 2008 levels. This has resulted in pay cuts and increment freezes for all employees in 2014, reduction in staffing hours for many projects and redundancies (Confidential internal report, 2014).

This period of time has also seen the NPO’s absenteeism rate fall from 5 days in 2013 to 4 days (1.6%) in 2014. This rate is below the average for both the private and public sector. The average rate in the private sector in 2014 was 2.34% or just under 5.5 days (IBEC, 2014) whereas the figures for public sector were 4% or 8.7 days (Public Service Sick Leave Statistics, 2014).

As chapter two has highlighted, low absenteeism rates may mask sickness presenteeism in an organisation. It is therefore hypothesised that this could possibly be the case in the NPO and the following research aims and objectives outline how this can be established and explored in greater detail.

3.3 Research question and aims

The title of this research is “An exploratory case study into the determinants of sickness presenteeism among youth workers and support office staff within a non-profit organisation”.

The aim of this research is to identify and analyse the determinants that contribute to sickness presenteeism, by eliciting the thoughts of the sample group’s perceptions and understanding of this phenomenon within the NPO.

The study also seeks to establish if there is a significant difference in the perceptions and understanding of sickness presenteeism determinants between youth workers and support office staff. Youth workers deliver the end service to clients and can be classified as working in the care and welfare sector with young people. Support office employees on the other hand, are based in head office and have no exposure to the service users.

By analysing and comparing the data between the two sets of employees, the researcher hopes to critically understand the underlying motivation of the employee groups to determine whether the nature of the role has a significant influence on sickness presenteeism behaviour.

It is hoped that if the NPO can improve the qualitative data it can get about the factors that drive sickness presenteeism, the organisation will be in a better position to address the reasons why people are behaving in this manner.

However, before these aims can be addressed it is necessary for the researcher to identify an appropriate research approach that will be utilised.

3.4 Research approach

The choice of research approach addresses fundamental questions about how the researcher views the social world. To aid this process there are a number of philosophical frameworks that can be used that offer different perspectives on how best to study and think about the social world. These frameworks are often referred to as paradigms (Thomas, 2013). The research paradigm chosen for this research is ‘Interpretivism’. It reflects the researcher’s ontological assumption that “we each interpret the world in our own way, and through our unique interpretation, all of us construct our own realities” (Quinlan, 2011, p. 96).

Interpretivism is concerned with what people think of the social world; understanding how their views are formed; and how they construct their world and realities based on their interpretations (Thomas, 2013). With this research approach, the researcher is a participant of the research and cannot therefore conduct the investigation in a wholly objective manner (Saunders, Lewis and Thornhill, 2009).

As the fundamental aim of this research is to explore the perceptions and understanding of employees, it is the researcher's epistemological view that this aim cannot be gauged using a positivism research framework, primarily because it does not factor in the specific context of the research. Positivist frameworks adopt a quantitative approach which looks at scientifically measuring variables only (Bryman, 2008). This is not the case with this research. The participants will engage in the process in their own individual way as the researcher attempts to draw out their thoughts about what motivates their sickness presenteeism behaviour (Quinlan, 2011).

It is important that this research approach closely underpins the research design of the study.

3.5 Research design

This process consists of selecting an appropriate design frame to support the research approach and identifying an appropriate sample for the research.

3.5.1 Design Frame

There are numerous research design frames that can be chosen when conducting research e.g. action research, ethnography, case study, survey or experiment. Design frames allow the researcher to shape and structure their research. The choice of research design is critical because if the wrong research design is chosen, it will not deliver the right results, relative to the aims of the research. Research design can be descriptive, exploratory or explanatory (Thomas, 2013).

Having weighed up the options available, an exploratory case study was chosen as the most appropriate method to use to address the research aims. This design frame fitted well with the researcher's intention to explore the perceptions and understanding of the participants within the organisation as well as the policies and procedures in place. In particular, the choice of a case study allows the researcher to "investigate a contemporary phenomenon (the "case") in depth and within its real-world context" (Yin, 2014, p.16).

When conducting a case study it is important for the researcher to be clear as to what the *subject* and the *object* are. The subject in this research is the non-profit organisation and as the researcher works there it can be classified as a 'local knowledge case study'. The object is the determinants of sickness presenteeism for employees (Thomas, 2013).

The organisation and its existence in the non-profit sector is the medium through which the researcher can explore the factors that drive sickness presenteeism behaviour. Two categories of employees are being examined for two main reasons. Firstly to establish the nature of any possible differences that exist between the two groups and secondly to identify the reasons for these differences, if they do in fact exist.

The unit of analysis chosen is the individuals, specifically their perceptions and understanding of sickness presenteeism behaviour. According to Yin (2014), the unit of analysis, is also referred to as the case. It is essentially the 'what' or 'who' in terms of what is being analysed.

Alternative options were considered but deemed as unsuitable. For example, an experiment was not chosen because that type of design frame separates the phenomenon from the context. A survey was not chosen as it would not have allowed the researcher to explore the thoughts of the participants in any real depth (Quinlan, 2011). While the researcher is happy with the choice of a case study as the research design, it must be noted though that the transferability of the case study research results can be limited as it reflects only one particular organisation's policies, procedures, people and nuances (Yin, 2014).

3.5.2 Population and sample

All of the people that can be included in this research project are known as the 'population'. The population is 329, which reflects the youth workers and support services staff employed in the organisation. A non-probability sampling strategy was used with a view to having representatives from the population. Convenience sampling was used to select youth workers and support office staff in the Dublin area only as these were the staff the researcher had access to in terms of proximity (Quinlan, 2011). It should be noted that the use of convenience sampling does not purport to be a sample that is representative of the entire population but it does represent the number of the population that were chosen for investigation (Bryman, 2008).

Emails were sent out to 72 staff explaining the concept of sickness presenteeism and asked staff that had come to work in the last year when they were ill, to consider participating in the research. Initially seven people agreed to participate however one person pulled out of the process so the final sample consisted of four youth workers and two support office staff. Participants were aged between 27 and 42.

3.6 Data collection method

Primary and secondary data collection methods were used. The first set of primary data was collected as a result of a meeting held with the HR Manager. The purpose of this meeting was to delve into more detail into the background of the policies and procedures within the organisation. Particular areas of interest were the Employee Assistance Programme (EAP) that was brought in two years ago; the organisation's sick leave policy; and the manager's perception and understanding of sickness presenteeism. The method used was an unstructured interview and was tantamount to a conversation (Thomas, 2014) where the researcher took notes.

The majority of the primary data was collected by completing face-to face semi-structured interviews with the sample. Interview guidelines formed the basis of the interviews (see Appendix C) and providing a structure for the topics of discussion (Thomas, 2013). The areas of discussion were based on the theoretical

frameworks put forward by Johns (2010) and Baker McClearn (2010). Some open-ended questions were included as the baseline of the interview but other ad hoc questions were asked depending on the responses. This type of questioning is beneficial in two ways. Firstly it allows the researcher leeway to ask follow up questions where they feel it's appropriate and secondly, it allows the participants the freedom to articulate their opinions (Saunders, Lewis and Thornhill, 2009). Interviews were recorded on an iPhone and transcribed in full. Observational notes were also made by the researcher.

Secondary data was also collected from attendance records of the participants, company sickness absence statistics and the organisation's policies and procedures around sick leave and employee well-being.

3.7 Ethics

Individuals have their own set of moral principles, known as ethics which are concerned with what the right thing to do is (Quinlan, 2011).

From the outset, ethical approval was sought from the participating organisation and granted by their HR manager. This approval was given on the basis that the organisation would remain anonymous. In addition, the three guiding principles found in the National College of Ireland's 'Ethical Guidelines and Procedures for Research involving Human Participants' were used throughout this process.

The first principle 'Respect for Persons' was upheld by ensuring that the invitation email sent to staff included all relevant details (see Appendix A).

Participation was confirmed with consent forms (see Appendix B).

The second guiding principle of 'beneficence and non-maleficence' was adhered to by ensuring that the well-being of the participants was upheld. Initially the HR Manager requested to know who would be participating in the research. However once the researcher explained that to maintain the integrity of the research, respondents would have to remain anonymous, the HR Manager's request was retracted. Each interview took place at a location and time of the participants choosing. The locations varied but all were in a quiet setting with no distractions. The final core principle of 'Justice' was upheld by ensuring that the participants were clear as to the purpose of the research. The requirements of their

participation were outlined in full and their anonymity was maintained throughout by assigning letters to each interviewee so that they could not be identified. However, the research is not without its limitations.

3.8 Limitations

Although the researcher abided by these core principles throughout the research process, one glaring limitation of this research was that the researcher did not seek approval from the ethics committee from the National College of Ireland. This was an oversight by the researcher and will not happen again if any future research is undertaken through this or any other college.

In terms of validity it is the researcher's view that while the investigation measured what it set out to measure the use of the interpretative paradigm means that the reliability of the results is low. High levels of reliability are more typically aligned with quantitative research because it focuses on the extent to which research can be replicated while getting consistent results (Quinlan, 2011). As the focus of this research is qualitative and interpretative in nature, it is unreliable in terms of replicated absolutes. It captures the viewpoint of the respondents at a particular point in time and is therefore subjective. As a consequence the results of this research cannot be generalised.

Because the researcher is part of the research their role is also subjective. This can affect the analysis conducted and bias may be introduced. Nonetheless the researcher was mindful of trying not to introduce bias or indeed allowing the participants to do so during the research process.

3.9 Data analysis

A thematic approach to data analysis has been adopted for this research. This allows the researcher to bring order to a lot of data by identifying from the information available (Quinlan, 2011). The researcher must firstly familiarise themselves with the data bearing in mind the context of the research aims. This is crucial because without an in depth understanding of the data, the validity of the analysis may be compromised. Once the researcher understands the data their next job is to identify themes within the data set i.e. what are the participants

talking about – what is coming up over and over again? It is advised that the themes within the data are coded to make the data more manageable e.g. attitudes, behaviours etc. These themes can be pre-determined categories based on a theory outlined in the literature review or they can be categories that emerge as the data is analysed, known as ‘grounded theory’ (Richie, Lewis, McNaughton Nicholls, and Ormston, 2014).

CHAPTER FOUR – FINDINGS

4.1 Introduction

The purpose of this study was to explore the perceptions and understanding of sickness presenteeism behaviour by youth workers and support office staff in a non-profit organisation. The two questions that formed the basis of the study were:

- a) What are the determinants that drive sickness presenteeism behaviour with the participants in the NPO?
- b) Is there a significant difference between the perceptions and understanding of sickness presenteeism determinants of youth workers compared to support office staff?

By selecting a case study as the methodology, it allowed the researcher to investigate attendance within the organisational setting and to identify the factors that motivate staff to come to work when they are ill. In particular it allowed the researcher to understand the drivers of this behaviour within the context of a non-profit organisation.

As discussed in the previous chapter, the analytical framework chosen for this research is thematic analysis. By using this framework, five main themes emerged from the semi-structured interviews. In addition to the interviews with the youth workers and the support office staff, primary data was also collected from an interview with the HR Manager.

Secondary data analysis included attendance records of the participants, company sickness absence statistics, the company's policies and procedures around sick leave and employee well-being supports they have in place. The secondary data analysis supplemented the contextualisation of the research.

This chapter will detail the findings of the research conducted. The findings are based on the analysis of primary and secondary data and will be presented under the heading of the four main themes. However, the findings will be preceded by a brief section profiling the participants.

4.2 Participant profile

Primary data analysis is based on an unstructured interview held with the HR Manager and six semi-structured interviews that were held with four youth workers and two support office staff. The unstructured interview focussed on the role of the absence management policies and procedures; the EAP service; and the manager's viewpoint of the concept of sickness presenteeism from an organisational perspective. Whereas, the semi-structured interviews focussed on topics based on the theoretical framework put forward by Johns (2011). In terms of the profile of the participants they were aged between 27 and 42, two were male and four were female. They had an average length of service of four years and eleven months and the number of days sick they took in 2014 ranged from 0 days to 2 days. This is below the company average of 4 days. All are based in the Dublin area, with 2 sets of staff having the same manager (i.e. 2 x 1 manager and 2 x 1 manager) and the remaining 2 staff having a different manager each.

4.3 Findings

In general terms the participants had all engaged in sickness presenteeism behaviour in the last twelve months, for a variety of reasons. Four key themes emerged from the analysis.

4.3.1 Theme 1 – Job demands

All of the interviewees reported working above and beyond their contracted hours, with the youth officers appearing to have higher job demands than the support office staff. As Demerouti et al. (2009) point out, job demand is shaped by workload and the time available to do this work. The analysis indicates that all of the youth officers are under pressure in this regard and there appears to be a number of inter-related reasons why this is the case.

Before these reasons are outlined, it is worth commenting that while job security did not seem to be a determinant of sickness presenteeism in its own right for this sample group, there were hints of it in some of the responses about job demand.

“I feel like especially in last couple of years I’m trying to get more done in same amount of time.”

One reason that emerged is the cyclical nature of their job in terms of the demands placed upon them.

“There are busy periods of the year and at those times of the year then there is a lot of balls in the air and there are a lot of things that you’re trying to do.”

Another reason that was clearly evident is how isolated some of the staff are, in terms of support and communication from their line managers. They are given a lot of trust to do their jobs and as a consequence, they don’t appear to communicate re the time pressure they may have or are feeling in terms of getting their job done.

“We work very much on our own bat. We don’t have someone breathing down our necks all the time which can be a plus or a minus sometimes”

They just get on with the job and this includes coming into work when they are sick. The knock-on effect is that employees can experience stress. For example on interviewee stated:

“If I’m honest there was a period of high stress for me to the point which I shouldn’t admit but when I was really questioning my role and how tenable it was.”

It is concerning that this behaviour may be going unnoticed or if it is noticed that nothing is done about it. The literature has shown that engaging in sickness presenteeism behaviour can result in subsequent long-term absences (Aronsson et al., 2000) and this could be fear for the NPO.

The final reason that emerged as having the greatest impact on job demands was that the workload would be waiting for them when they got back from being ill, an apprehension also found in the literature (Aronsson and Gustafson, 2005). Only one person, a support office staff member had the option of redistributing their workload if they were out sick for more than one day. For the others, when asked what happened their workload when they called in sick, they said:

“Nothing, it stays there for you. The problem with being a direct worker, I do all my groups on my own, it means that when I ring in sick, I have to

cancel everything, so I can't just ring in sick either coz there's no one to ring my young people and tell them not to come to the group."

The general analysis from the case study highlights that job demand is prevailing determinant in the NPO when it comes to sickness presenteeism and it is exacerbated by the cyclical nature of the role and the lack of support from line managers in terms of workload pressure and where their work will go if they were to ring in sick.

4.3.2 Theme 2 – Working environment

In terms of reasons given for ringing in sick, there was an overarching feeling of guilt amongst the majority of the interviewees.

"I hate ringing in sick, I just hate it. I guess there's a kind of worry that you won't be believed and it would be perceived better to go in and be sent home rather than just calling in sick."

"I feel like I'm letting people down, there's always a worry in the back of your head that someone won't believe you."

"I just don't like ringing in sick unless I have a good enough reason to do so."

An underlying theme for their reasons was that their manager wouldn't believe them. When asked further about how supportive their manager was when they rang in sick, there were mixed reviews.

"I always get the feeling he thinks I'm lying even though I've only called in sick once in the last year."

"I wouldn't say supportive, middle of the road."

There was a definite perception amongst some of the sample group that managers discourage ringing in sick. This is interesting as style of management is a driver of attendance. This has already been seen with the lack of support many of the youth workers receive in relation to their job demands.

When asked if they've ever seen their manager come to work when they were ill, some said:

"The times that she does, it would make you feel a little bit like well she came in like that so maybe we should too."

Baker-McCleary et al. (2010) noted that sickness presenteeism is higher in organisations where line managers attended work while they were ill with Bierla et al. (2013) acknowledging that employees view their managers as role models and follow the example they set.

It is not surprising that a culture of attendance exists in the NPO. The findings clearly show that managers not only exhibit sickness presenteeism behaviours themselves but also that this behaviour is replicated by a number of their staff. There appears to be a recurring prevalence too of a 'hands off' approach by line managers. They appear to trust their staff to deliver the desired outcomes how they see fit, and as long as they get the job done.

The quote below was a response to the 'have you seen your manager ill at work question?' and is quite telling about the culture in the NPO.

"Maybe that's where it comes from a little bit, that they're very clearly stressed, have a lot on their plate and not taking time off but I think that's the nature of what we do, that's why we have the problem. You don't think about it you just think about the stuff that needs to be done."

The employee acknowledges that they have seen their manager ill at work and that's a reason they also do it, but they also accept that it is a problem, before justifying the behaviour by referring to the nature of the work.

While the 'get the job done' attitude is commendable in some respects, the NPO needs to stop and ask at what costs.

4.3.3 Theme 3 – Work attitudes and commitment

While there were common elements emerging from the analysis, for both youth workers and support office staff, when it comes to work attitudes and commitment, there is a difference in the determinants. Grant (2008) highlights that an employee's perception of task significance, in particular their engagement

in meaningful work, can be a powerful driver of behaviours and attitudes in the workplace. Aronsson et al. (2000) also identified occupations involved in the provision of care or instruction to people, as an area that experiences high levels of sickness presenteeism behaviour. This seems to be the case in the NPO. The analysis suggests that the perception youth workers have of their role and the significance it has with the end-service user is very much intertwined.

“I wanted to be involved in something that was positive for young people.”

“I think it’s just the people that are drawn to this job, they’re sort of more mindful, caring perhaps.”

“You have to put the needs of the client first.”

“I rate highly what the project does anyway and what the service as a whole does and what the organisation does as a whole.”

The question is this - is this purely based on altruistic motivations or some sort of vocational calling or a result of other elements?

As has already been seen, the workload for the youth officer stands still when they are off sick, but for one of the support service staff, it is dished out to their team mates. The answer to the above question is an oxymoron in a sense, as the findings suggest that for youth workers, it is both voluntary altruism and coercive duty, due to a lack of replacement and the ‘just get on with it’ culture that prevails in the NPO, that drive this behaviour.

It is evident from the above excerpts that the youth workers commitment is to the organisation and the work they do. The commitment of support office staff on the other hand appears to be more grounded in personal reasons. Baker-McClearn (2010) identified ‘loyalty to own professional image’ as an influence is presenteeism behaviour and can be seen in the thoughts of the support office staff below

“I suppose it’s a sense of personal responsibility in some ways but also I have a vested interested or personal interest in the performance of our online presence and it gives me a bit of a boost when I see things are going well and I just feel compelled to check.”

It would seem that the origins of the determinants differ between youth officers and support office staff when it comes to work attitude and commitment.

4.3.4 Theme 4 – Policies and procedures

According to the HR Manager, many of their policies, including the sick leave policy, have been adopted historically from the public sector. In terms of entitlement, the company's sick leave policy appears to be quite generous. Employees are permitted to have seven paid uncertified sick leave days in any one rolling year period and a maximum of six month's paid sick leave in the same period of time (NPO's sick leave policy, 2015).

With regard to the absence management procedures in place the HR manager commented that:

“There have been very few disciplinary procedures relating to periods of absences in the organisation, particularly sickness absence. We are quite lucky in that we have a low sickness absenteeism rate.”

They also added that:

“We currently do not conduct return to work interviews after an illness. It is something that we are looking to bring in more so to ensure that employees are well enough to return to work. We do however send employees who are on long-term sick leave to the company doctor to monitor their well-being.”

It is the researcher's view that the policies and procedures in the NPO are not particularly stringent and are in place primarily to protect the employee's interest and wellbeing. This viewpoint is based on the fact that there appears to be quite a bit of scope in terms of number of days employees can be off sick.

In general, the interviewees have no real understanding of the policies in the organisation as only one participant knew what they were entitled to. For example, when asked if the organisation pay employees when they are out on sick leave, some of the responses were:

“I think so?”

“I don’t know if we have a number of sick days per year or anything? I presume not as it may encourage it?”

The generous sick pay scheme and prevalence of sickness presenteeism behaviour among the participants in the NPO conflicts with the literature reviewed. The latter highlighted that organisations’ with generous sick pay schemes tend to have low levels of presenteeism (Baker-McClearn et al., 2010). This is not the case with the NPO and shows that there are other factors at play in influencing this behaviour.

Caverley et al. (2007) pointed out the importance of organisational initiatives that focus on employees’ health and well-being in reducing sickness presenteeism. It appears the NPO has put some initiatives in place, i.e. the EAP support service but again, there is very little comprehension of what the EAP support service does.

“I know about it, have I thought of using it myself, no. Why not? Because, partially because I’m not sure how much use it’d be, partially having concerns about how confidential it would be.”

Another interview described a ‘better option’ they would like to see instead of the EAP service and in essence described what the EAP service does. Again there was no understanding that it is a confidential, totally anonymous service.

“The organisation could potentially negotiate reduced rates for employees and that would be a totally anonymous service and there would be no notes taken of that particular person’s visit. I think that would be a lot more helpful than picking up the phone to the call centre”

Overall the sick policies and procedures do not seem to be a determining factor in the participants engaging in sickness presenteeism behaviour.

CHAPTER FIVE – DISCUSSION AND RECOMMENDATIONS

5.1 Discussion

The aim of this research was to explore the perceptions and understanding of the participants of the motivating factors behind sickness presenteeism behaviour in a non-profit organisation. This research has highlighted several themes in its findings however it must be noted that due to the small sample size, these findings cannot be generalised.

The findings reveal first and foremost that the NPO has a lower rate of sickness absenteeism than the private and public sector. This potentially masks high levels of sickness presenteeism.

One of the surprising aspects of the findings, when compared to the literature available, was the minimal role that the current HR policies and procedures and EAP support service played in determining occurrences of sickness presenteeism. The findings highlight that the majority of participants have no real understanding of the content of the policies or the services the EAP provide. The literature champions that generous sick leave policies typically result in lower incidence of sickness presenteeism and yet this was not the case in the NPO. While the number of sickness presenteeism occurrences was not being measured in this research, the low levels of absenteeism coupled with the anecdotal evidence from the participants would suggest that sickness presenteeism is alive and well in the NPO. This was finding regarding the conflict between the literature and the analysis was significant, as it alerted the researcher to the viewpoint that looking at determinants in isolation is too simplistic a perspective to take. When analysing the data it must always be borne in mind that sickness presenteeism is complex phenomenon that is influenced by a number of factors.

So what then were the determinants that materialised? One strong determinant that emerged was the role of the manager. This was influential in the terms of the lack of support and lack of communication from the manager's when it came to excessive job demands; how the manager dealt with the staff member ringing in

sick; and the poor example they set for their staff in terms of coming into work when they were ill too. It is clear that managers need more training and development, and potentially resources to be able to offer support to their staff. As the focus on the research was only on youth officers and support services staff, the researcher is very mindful of the fact that the manager's may well be suffering from the same stressors, if not worse, in terms of job demands as their staff.

There did appear to be a difference in the determinants of sickness presenteeism between youth officers and support office staff. The youth officers' motivations were based on their allegiance to the role and their clients, although whether that's based on altruism or lack of ease of replacement is debatable. The support office staff motivations were based on loyalty to their own professional image. Regardless of the motivations, managing presenteeism for the NPO is essential.

But how can you manage something that often cannot be seen? The challenge they face is in creating a culture of wellbeing with the caveat that the organisation must strike a balance between reducing absenteeism and ensuring that presenteeism avoidance policies are in place. The prevailing culture of 'just getting on with it' particularly with the youth workers will have to change. Some recommendations on how to do that are outlined below.

5.2 Recommendations

The following are the recommendations based on this research:

- The organisation should consider introducing health and wellbeing initiatives. For example, they could consider having a monthly health and wellbeing topic that is promoted throughout the organisation. This could be done with the backing of one of the healthcare providers or through the EAP.
- One suggestion is that it should begin with the topic of sickness presenteeism. By educating staff as to what causes of sickness presenteeism are, they will be better equipped to look out for this

behaviour in themselves and address it with their manager, colleagues or another support person to them.

- Line managers need more training and development to be able to offer support to staff. Some of the challenges they face is that they manage remotely because the NPO is a national organisation. This is an area of concern for the NPO and needs to be addressed as the findings were quite damning in this area.
- A new holistic wellbeing policy should be introduced. This should include return to work interviews after someone is out sick. The idea behind this suggestion is that line managers begin to take a more proactive role in the wellbeing of their staff.
- In terms of recommendations for future research, a yearly survey should take place to measure the levels of sickness presenteeism nationwide so that this topic stays firmly on the agenda for HR. If necessary this survey should be followed up with focus groups to gather qualitative data (This requires further research).

BIBLIOGRAPHY

Aronsson, G., Gustafsson, K. and Dallner, M. (2000) 'Sick but yet at work: An empirical study of sickness presenteeism'. *Journal of Epidemiology and Community Health*, 54(7): pp. 502–509.

Aronsson, G. and Gustafsson, K. (2005) 'Sickness presenteeism: prevalence, attendance-pressure factors and an outline of a model for research'. *Journal of Occupational and Environmental Medicine*, 47(9): pp. 958-966.

Baker-McCleary, D., Greasley, K., Dale, J. and Griffith, F. (2010) 'Absence management and presenteeism: the pressures on employees to attend work and the impact of attendance on performance'. *Human Resource Management Journal*, 20(3): pp. 311-328.

Bierla, I., Huver, B. and Richard, S. (2013) 'New evidence on absenteeism and presenteeism'. *The International Journal of Human Resource Management*, 24(7): pp. 1536-1550.

Bockerman, P. and Laukkanen, E. (2010) 'What makes you work while you are sick? Evidence from a survey of workers'. *European Journal of Public Health*, 20(1): pp. 43-46.

Bryman, A., (2008) *Social Research Methods*. 3rd ed. Oxford: Oxford University Press.

Caverley, N., Barton Cunningham, J. and MacGregor, J.N. (2007) 'Sickness presenteeism, sickness absenteeism, and health following restructuring in a public service organisation'. *Journal of Management Studies*, 44(2): pp 304-318.

Collins, A. and Cartwright, S. (2012) 'Why come into work ill? Individual and organisational factors underlying presenteeism'. *Employee Relations*, 34(4): pp. 429-442.

Collins, J.J., Baase, C.M., Sharda, C.E., Ozminkowski, R.J., Nicholson, S., Billotti, G.M., Turpin, R.S., Olson, M. and Berger M.L. (2005) 'The assessment of chronic health conditions on work performance, absence, and total economic impact for employers'. *Journal of Occupational and Environmental Medicine*, 47(6): pp. 547-557.

Demerouti, E., Le Blanc, P.M., Bakker, A.B., Schaufeli, W.B. and Hox, J. (2009) 'Present but sick: a three-wave study on job demands, presenteeism and burnout'. *Career Development International*, 14(1): pp. 50-68.

Dew, K., Keefe, V. and Small, K. (2005) "'Choosing" to work when sick: workplace presenteeism'. *Social Science and Medicine*, 60(1): pp. 2273-2282.

Gosselin, E., Lemyre, L. and Corneil, W. (2013) 'Presenteeism and Absenteeism: Differentiated understanding of related phenomena'. *Journal of Occupational Health Psychology*, 18(1): pp. 75-86.

Grant, A. M. (2008) 'The significance of task significance: Job performance effects, relational mechanisms, and boundary conditions'. *Journal of Applied Psychology*, 93(1): pp. 108-124.

Hansen, C.D. and Andersen, J.D. (2008) 'Going ill to work – what personal circumstances, attitudes and work-related factors are associated with sickness presenteeism?' *Social Science and Medicine*, 67(1): pp. 956-964

Hemp, P. (2004) 'Presenteeism: at work - but out of it'. *Harvard Business Review*, 82(10): pp.49-58.

Herzberg, F., Mausner, B. and Snyderman, B. B. (1959) *The Motivation to Work*. New York: John Wiley and Sons.

Houdmont, J., Leka, S. and Sinclair, R.R. (2012) *Contemporary Occupational Health Psychology: Global Perspectives on research and practice*. West Sussex: Wiley-Blackwell.

IBEC (2015) 'HR Update – Absence' [Online]. *IBEC*. Available from: [https://www.ibec.ie/IBEC/ES.nsf/vPages/Employment_law~During_employment~ibec-hr-update-2014---latest-absence-statistics-05-02-2015/\\$file/HRUpdate_Absence.pdf](https://www.ibec.ie/IBEC/ES.nsf/vPages/Employment_law~During_employment~ibec-hr-update-2014---latest-absence-statistics-05-02-2015/$file/HRUpdate_Absence.pdf) [Accessed 4th July 2015].

Janssens, H., Clays, E., De Clercq, B., De Bacquer. and Braeckman (2013) 'The relation between Presenteeism and Future Sickness Absence'. *Journal of Occupational Health*, 55(3): pp. 132-141.

Johns, G. (2011) 'Attendance dynamics at work: the antecedents and correlates of presenteeism, absenteeism and productivity loss'. *Journal of Occupational Health Psychology*, 16(4): pp. 483-500.

Johns, G. (2010) 'Presenteeism in the workplace: A review and research agenda'. *Journal of Organisational Behaviour*, 31(4): pp. 519-542.

Krane, L., Larsen, E.L., Nielsen, C.V., Stapelfeldt, C.M., Johnsen, R. and Risor, M.B. (2014) 'Attitudes towards sickness absence and sickness presenteeism in health care sectors in Norway and Denmark: a qualitative study'. *BMC Public Health*, 14(1): pp. 1-13.

Leineweber, C., Westerlund, H., Hagberg, J., Svedberg. and Alexanderson, K. (2012) 'Sickness presenteeism is more than an alternative to sickness absence: results from the population-based SLOSH study'. *International Archives of Occupational and Environmental Health*, 85(8): pp. 905-914.

Lu, L., Cooper, C.L. and Yen Lin, H. (2013) 'A cross-cultural examination of presenteeism and supervisory support'. *Career Development International*, 18(5): pp. 440-456.

Lund, T., Labriola, M. and Villadsen, E. (2007) 'Who is at risk for long-term sickness absence? A prospective cohort study of Danish employees'. *Work*, 28(3): pp. 225-230

MacLean, A.D.B. (2008) 'The management of absence: why it matters'. *Library Management*, 29(4/5): pp. 392-413.

Niven, K. and Ciborowska, N. (2015) 'The hidden dangers of attending work while unwell: A survey study of presenteeism among pharmacists'. *International Journal of Stress Management*, 22(2): pp. 207-221.

Quinlan, C., (2011) *Business Research Methods*. Hampshire: Cengage Learning.

Palo, S. and Pati, S. (2013) 'The determinants of sickness presenteeism'. *The Indian Journal of Industrial Relations*, 49(2): pp. 256-269.

Richie, J., Lewis, J., McNaughton Nicholls, C. and Ormston, R. (2014) *Qualitative Research Practice: A Guide for Social Science Students & Researchers*. 2nd ed. London: Sage Publications Ltd.

Smith, D.J. (1970) 'Absenteeism and "presenteeism" in industry'. *Archives of Environmental Health: An International Journal*, 21(5): pp. 670 – 677.

Saunders, M., Lewis, P. and Thornhill, A. (2009) *Research methods for business students*. 5th ed. Essex: Pearson Education Limited.

Schultz, A.B, Chen, C.Y. and Edington, D.W. (2009) 'The Cost and Impact of Health Conditions on Presenteeism to Employers: A Review of the Literature'. *Pharmacoeconomics*, 27(5): pp. 365-378

Teague, P. and Roche, W.K. (2014) 'Recessionary bundles: HR practices in the Irish economic crisis'. *Human Resource Management Journal*, 24(2): pp. 176-192.

The Department of Public Expenditure and Reform (2015) 'Sick Leave Statistics for the Public Service [Online]. *Per.Gov.ie*. Available from: <http://www.per.gov.ie/2014-sick-leave-statistics-for-the-public-service/> [Accessed 12th July 2015].

Widera, E., Chang, A., & Chen, H. L. (2010) 'Presenteeism: A public health hazard'. *Journal of General Internal Medicine*, 25: pp. 1244–1147.

Yin, R.K. (2014) *Case research study design and methods*. 5th ed. California: Sage Publications Inc.

APPENDICES

APPENDIX A - Invitation email

Date: 10th May 2015
To:
From: Rachel Treanor
Subject: Participation in research request

Dear staff member,

I am in my final year of BA (Hons) in Human Resource Management in the National College of Ireland. I am completing a dissertation as part of my degree and I am focussing on the area of attendance, in particular the phenomenon known as sickness presenteeism. Sickness presenteeism occurs when an employee comes to work when they are sick. I am particularly interested in your perceptions and understanding of why you would come to work when you were ill.

If you have come to work when you were ill in the last year and would be interested in contributing to this research project, I would be very interested in interviewing you. The interviews will take approximately 25 – 30 minutes and will take place at a location of your choosing. Participation in this research is voluntary.

With your consent the interviews will be recorded on an iPhone so that the interview can be transcribed accurately. The interview will be anonymous and I can assure you that both the name of the organisation and your own name will be withheld from the dissertation, even if you mention it during the interview.

If you are interested in taking part, please let me know and I will contact you directly regarding a date and time that is suitable to you.

Kind regards,

Rachel

APPENDIX B - CONSENT FORM

Please confirm by signing below that you have been made aware of the following:

- You have agreed to participate in Rachel Treanor's research study
- Your participation is voluntary
- You are aware that you can withdraw from the research study at any stage
- The purpose of the study has been explained to you in writing
- Your participation in the study will remain anonymous
- Quotes from your interview may be used in the final research report
- The researcher is the only person who will know your name and as a consequence this signed consent form will not be seen by any other person

Signed: _____

Participant's name

Date: _____

Signed: _____

Rachel Treanor

Date: _____

APPENDIX C - INTERVIEW GUIDELINES

Issue/ Topic	Questions	Possible follow up questions
Introduction	What type of work do you do for this organisation?	
	Are you on an ongoing or a fixed-term contract?	
	What is your contracted number of hours?	Would the actual hours you work per week exceed 35?
Workload	When you do ring in sick, what happens to your workload?	Is there ever a case that this would build up while you were off sick?
Sickness presenteeism	Can you tell me about a time in the last year when you've attended work when you've been ill?	What sort of illness was it?
	What motivates you to come to work rather than stay at home and rest?	What is the tipping point for you for making a decision on whether come to sick or not?
	Has it always been a physical illness that you've attended work with?	
	Have you ever attended work with an illness and passed it on to a colleague?	Why would you go to work instead of taking time off?
	What level of responsibility do you have in your role?	

Job Latitude	Do you have latitude to be flexible about how you manage your workload?	Can you work from home?
Job Demand	Would you characterise your role as being high demand?	Is it pressurised? Why would you characterise it as such?
	Do you have enough time / resources to be able to meet the demand?	
Manager	How does your manager react when you ring in sick?	Is he/she supportive? How do you feel about that?
	Have you ever seen your manager at work while they have been clearly ill?	How does that make you feel?
Teamwork	Tell me about the team, if any that you are part of?	
	How do you feel about coming in ill if there's somebody else working in the office?	Have colleagues ever come in to work ill? How do you feel about that?
Policies & Procedures	What is your view of the organisation's policies and procedures around sickness absenteeism?	Tell me about the EAP programme the organisation has.
Job Security	What is your view of your job security?	Does this view impact on your decision to come to work when you are ill?
Personal traits	How would you describe your work ethic and values towards work?	
General	How can the organisation improve wellbeing for staff?	

APPENDIX D - INTERVIEW WITH ‘RESPONDENT D’

<i>Interviewer:</i>	Thank you very much for participating in today’s interview. Just to start off can you just tell me what appeals to you about working for this organisation?
<i>Respondent D:</i>	Ok what appeals to me, the fact that I’m paid! I enjoy the challenge of finding good people who have a lot in their hearts to donate time, usually over a long period of time which is quite amazing, for the purpose of just allowing young people to develop. Whether they know that or not and it’s very impressive because having done volunteering myself in a different field, I know how much time it takes them. There are days when you don’t want to do it and the people I work with are consistent with their volunteering mostly and I find that quite humbling.
<i>Interviewer:</i>	Can you tell me a little bit about the work that you do?
<i>Respondent D:</i>	My job is to support our volunteer led activities for young people between 10-18 years old and I recruit, train and support the volunteers who fulfil their roles with the young people.
<i>Interviewer:</i>	What are your contracted number of hours?
<i>Respondent D:</i>	35
<i>Interviewer:</i>	Are your actual working hours different to that 35?
<i>Respondent D:</i>	Well, I would say, and this is speaking from someone that has been working in this sector for about 15 years, that my style of working and the hours that I’ve contributed to jobs, including this job, has been to give excess of what is deemed required. My circumstances have changed, I now

	have a young family and I can't deliver on those extra hours as I would have done before.
Interviewer:	What drives the requirement for the excess of hours?
Respondent D:	I think the work that I do is seasonal and sometimes the work and the requirements demand it. I think that particularly in this organisation there's been a lot of change structurally over the last year and being and there's been a lot of additional requirements put on people doing my job to the point that its quite overwhelming. But it's just do or die you have to get this done so do it. Does that answer the question?
Interviewer:	You mentioned that its quite overwhelming is it still overwhelming?
Respondent D:	No.
Interviewer:	Why is that, what has changed?
Respondent D:	I think just where we're at in the year, come September again which is when a lot of our work starts to kick off we will see. I think that part of the reason why it was overwhelming is because there were a lot of new concepts to take onboard and understand ourselves but they are the challenges. How do you communicate or ensure that those new structures are understood by volunteers who aren't paid staff and these are people who deliver core hours to young people.
Interviewer:	Can you tell me about a time that you attended work when you were ill?
Respondent D:	Yes, which time! So specifically ill, I think it was maybe about 2/3 years ago and I muddled through the day. I should have been in my bed, subsequently then over the last year I probably was sick as in closer to mental fatigue and certainly I would have known of 2/3 days when I just felt unproductive and just conscious of it as well.

Interviewer:	The mental fatigue, would that be for a variety of reasons - would it be work based, family based or a combination of both?
Respondent D:	It'd be a combination of work and family.
Interviewer:	What motivated you to come into work rather than stay at home to rest?
Respondent D:	Being very conscious of demands that the organisation was putting on the delivery of these new structures, there was an additional campaign like a lobbying campaign that we were involved in on top of that as well, which was time limited or tight. And partially because I was quite stressed because there were other things in the job that still needed to be done and that's why and the work took precedence over my family.
Interviewer:	Did you work right through or did it reach a stage where you ultimately had to take time off?
Respondent D:	I didn't take any time off.
Interviewer:	Have you ever gone to work with an illness, and knowingly albeit, not intentionally, passed it onto a colleague?
Respondent D:	Probably
Interviewer:	How does that make you feel?
Respondent D:	(Laughs), well you know, eye for an eye, I'm sure there's been other people that have made me sick!
Interviewer:	How does that make you feel?
Respondent D:	I think that, certainly the current batch of people that I work with are fairly healthy, but I have to say a lot of the people that I work with here in this position they are very mindful and would be conscious of taking precautions. They don't get close and that type of thing, but I have been in other work environments where the people haven't been so chivalrous.

Interviewer:	Why do you think the people here are more sensitive or cognitive?
Respondent D:	I think it's just the people that are drawn to this job, they're sort of more mindful, caring perhaps.
Interviewer:	Why do you think that is?
Respondent D:	Maybe it's the nature of the organisation that we work with, maybe it's just luck. I would work amongst people that are my equals rather than management so to speak so there is a great camaraderie in where I work.
Interviewer:	Why would you go to work ill instead of taking time off to recuperate, in particular this organisation pays you while you are off sick?
Respondent D:	Good question, I think it's to do with upbringing and perception of work and mind over matter.
Interviewer:	Can you elaborate on that bit, in particular the bits about upbringing and perceptions of work?
Respondent D:	My parents, my dad has just retired but he had quite a unique job which had a lot of responsibility in it and he worked very hard. He was from quite a poor background and that mentality was always there in him so he had a very powerful influence on my life and maybe my personality.
Interviewer:	In terms of your own workload what happens to it when you're sick?
Respondent D:	It's still there!
Interviewer:	Does that have any influence on your decision to ring in sick or come to work, is it a factor?
Respondent D:	Yes. It has influenced me previously when I've gone yes I have to have this done so I've gone in. Maybe as I've grown older there's a better sense of identifying or managing work.
Interviewer:	How does your own manager react when you ring in sick?

Respondent D:	He is mostly fair, but he would be quite clinical in terms of explaining or reminding that if it's more than 3 days you might need a sick cert.
Interviewer:	Have you ever seen your manager come to work when he/she is clearly ill?
Respondent D:	No. but we work remotely. Physically, we're not in the same space and also he would manage remotely. He is of the belief that you have been recruited to fulfil a job and the organisation is paying you and in his opinion you can fill those tasks sufficiently, he is quite happy to let you go and do what needs to be done and contact him if or when needs be.
Interviewer:	So would it be fair to say that you have a lot of scope to mould what you do?
Respondent D:	I think so, but I think it's been learnt or I've had to. There's been quite a distinction between the manager I have now and my previous manager who would have been very conscious of micro managing. This particular manager is not like that.
Interviewer:	Which approach would you be more comfortable with?
Respondent D:	Now I enjoy being managed remotely but there is an argument where you might say what is too remote and there is that feeling of something being in the wilderness.
Interviewer:	Can you work flexibly where you choose your own hours, can you work from home if needs be?
Respondent D:	There is a level of flexibility yeah, no one is standing at my desk during the morning time and if I'm not there, and I think that's a sort of flexibility that's a big part of this organisation.
Interviewer:	Does that sort of flexibility impact on your decision to come to work if you're ill if you can work from home?
Respondent D:	Sometimes, the working from home option I think wouldn't be given the full carte blanche. It's treated with respect so you do it when you feel it needs to happen.

<i>Interviewer:</i>	Is your role characterised as being high demand, is it pressurised?
<i>Respondent D:</i>	It can be, yeah. As I said before the work is seasonal so the busiest periods in this role are September to end of October. You have a lot of people on the ground who need your help and sometimes they need support straight away. I've had to deal with a number of child protection issues over the last while one of which happened last year, I won't go into details, if I'm honest that was a period of high stress for me to the point which I shouldn't admit but when I was really questioning my role and how tenable it was.
<i>Interviewer:</i>	In terms of the time and resources that you have to do your job, do you think they're sufficient?
<i>Respondent D:</i>	I feel sometimes no, that I don't have the capacity, I think the way we work has changed, even how I've been working over the last decade, I think the internet and emails has a lot to contribute to that.
<i>Interviewer:</i>	Always on?
<i>Respondent D:</i>	Yes always on and the role itself would suggest that even your mobile phone should be on all the time in case of emergency. I would keep it on most of the time but I've learned to vet calls and I now know that after a certain period of time if it's a phone call that I can make tomorrow, I will make it tomorrow.
<i>Interviewer:</i>	Tell me about the team, if any, that you're part of?
<i>Respondent D:</i>	I work with one other person, but that's inorganic. Virtue of the fact that we're based in the same office together and it's just worked out nicely between us.
<i>Interviewer:</i>	What type of contract are you on?
<i>Respondent D:</i>	Ongoing.
<i>Interviewer:</i>	How do you feel about the job security that you have in this organisation?

Respondent D:	It has been a bit rocky to say the least, over the last 2 years
Interviewer:	Are there particular things that happened in the organisation?
Respondent D:	Just the recession.
Interviewer:	How has that impacted the organisation?
Respondent D:	It has allowed fear to permeate through staff; irrespective of whether knowing your contract is ongoing.
Interviewer:	Does that tentative job security have any influence against your decision to come to work when you're ill or not?
Respondent D:	It can do yeah.
Interviewer:	What do you mean by that?
Respondent D:	Certainly if for instance, we have a regular event that happens at the beginning of each year in January for young people and there's sort of a constitutional requirement that we do this that and the reporting pieces that have to be done for this was left to me and I had to compile collate the whole lot and you mention about hours and quantity and certainly I was eating into my own personal time but I still did it because there was a fear of what would happen
Interviewer:	Would that influence you to come into work when you're not feeling well?
Respondent D:	Well I did come into work
Interviewer:	How did that make you feel?
Respondent D:	Not great. But it goes back to that very busy period maybe not being mentally up to the job and the project management reached a bit of a hiccup. That was one of the reasons I had to come into work to sort this out.
Interviewer:	How would you describe your own work ethic?
Respondent D:	Hard working, positive.
Interviewer:	When you do attend work when you're ill what sort of impact does this have on your productivity, your work, yourself?
Respondent D:	I know it takes twice as long for me to do jobs and it makes me quite frustrated.

<i>Interviewer:</i>	Are you familiar with the policies and procedures the organisation has for sickness absenteeism?
<i>Respondent D:</i>	I know they exist! And if I need to consult them I will and have I done recently, no.
<i>Interviewer:</i>	Do you know what you're entitled to?
<i>Respondent D:</i>	I know I've never been sick in this job longer than 3 days and It would be my understanding that should there be a requirement that I'm out sick for much longer having read the policy when I first started I know that there are avenues there to support me.
<i>Interviewer:</i>	Are you paid while you're out sick?
<i>Respondent D:</i>	For 3 days yes, correct?
<i>Interviewer:</i>	Are you familiar with the EAP service that the organisation provides?
<i>Respondent D:</i>	I know about it, have I thought of using it myself, no. Why not, partially because I'm not sure how much use it'd be, partially having concerns about how confidential it would be.
<i>Interviewer:</i>	Finally, can you think of any ideas that the organisation could do to improve wellbeing for staff?
<i>Respondent D:</i>	Well, gosh, that's a good question, possibly on a more primary level to have more supervision from my manager, not excessive but not even in the traditional sense but maybe even drop me a line tell me how you're doing.
<i>Interviewer:</i>	Thanks a million; I really appreciate your time today.