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Chapter One

Introduction

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

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

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

For the purposes of this research, one organisation has been critically evaluated in terms of its approach to absence management. A combination of attitudes,

opinions and thoughts on the subject of attendance management, as well as numerical, 'harder' data have been collected an analysed to establish current practice. The organisation has also been benchmarked against organisations in Ireland and the United Kingdom through secondary research in order to establish current performance and areas of improvement.

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

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

Chapter Two

Literature Review

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

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

The first stage in measuring the absence is to quantify the impact of absence on the organisation. There are three techniques most often applied to do this; the 'time lost' formula; the frequency calculation; and the 'Bradford Factor'. The time lost calculation is the most commonly employed method of calculation. It enables employers to calculate the number of days lost proportional to the number of days available. This method can be quite a crude way of calculating absence and it may be more appropriate for organisations to measure time lost in terms of hours as opposed to days as this allows organisations to factor flexible and part-time workers into the calculation more effectively.

However, the formula is a good measure for benchmarking and can be utilised to not only analyse absence across the organisation but to analyse and contrast different occupational groups. The formula for the time lost calculation is as follows:

Absence Rate =
$$\frac{Total\ Absence\ in\ hours\ or\ days\ in\ period}{Total\ Possible\ hours\ or\ days\ in\ period}\ x\ 100$$

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

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

Frequency =
$$\frac{Number\ of\ spells\ of\ absence\ in\ period}{Number\ employed\ in\ period}\ x\ 100$$

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

An alternative formula is the individual frequency rate, also called the incidence or prevalence rate. This formula allows the organisation highlight the proportion of employees who have incurred any absence during a particular period.

$$Prevalence = \frac{No. of \ ee's \ with \ 1 \ or \ more \ spells \ in \ period}{Total \ no. of \ ee's \ employed \ in \ period} \ x \ 100$$

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

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

$$Points = (S \times S) \times D$$

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

$$(1 \times 1) \times 10 = 10 \text{ points}$$

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

$$(10 \times 10) \times 1 = 100$$
 points

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

Although it is important to measure the levels and rates of absenteeism in an organisation, these figures can be of little meaning to management. It is therefore

also important to qualify the extent of the problem by communicating to managers in a meaningful way, which is to highlight the impact of absenteeism on the bottom line. By quantifying absenteeism in terms of costs, managers can appreciate the impact it has on the bottom line and is also a useful tool for HR to measure the impact of any absence management initiatives they have developed.

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

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

Enter the number of emplo	(a)	
Enter the average weekly	(b)	
Multiply (a) by (b)	<i>€</i>	(c)
Multiply (c) by 52	€	Total Paybill
Total absence days per ye	ar	(d)
No. of working days per y	ear	(e)
Divide ($d \times 100$) by ($a \times e$)		(f) Absence Rate
Multiply b/5 x d	ϵ	(g) Absence cost/year

In addition to measuring and costing absenteeism, organisations should also record absenteeism; in fact it would be difficult for organisations to either measure or cost absence without keeping some records. Research suggests that organisations keep a combination of manual and computerised records and the larger the organisation, the greater the level of computerisation.

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

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

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

As well as analysing the state of absenteeism within the organisation, it is important for organisations to look to the wider environment and benchmark themselves against others. This is important not only to rank their own performance but to highlight areas where the organisation can improve and to develop and set best practice and performance standards.

However, when benchmarking it is vital to consider that the majority of respondents to surveys and other sources of data may be smaller organisations that typically have lower rates of absence than larger organisations. It is unlikely that an organisation will be able to benchmark against 'like for like' organisations but rather by sector. Typically absence rates tend to be higher in organisations engaging in manual work; in public sector organisations; in larger organisations; and in non-managerial/professional staff.

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

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

Pain avoidance pertains to the employee's dissatisfaction with their job and frequent absence. In effect, this cause of absence relates to an employee who is not satisfied with their job and therefore seeks to avoid the 'pain' associated with their job by staying away from it.

The adjustment to work cause deals with the way in which employees adapt to the situation found in a new workplace. In essence, this type of absence relates to the norms and culture of an organisation and how absence is managed or otherwise. New staff observe the behaviour of colleagues and management responses to it. If there appears to be an acceptance of absence, then new employees are likely to conform to this type of behaviour.

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

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

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

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

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

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

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

Both Nicholson and Rhodes and Steers identified that fundamental to an employee's motivation to attend is their personal traits and characteristics. Both Huczynski and Fitzpatrick (1989) and Rhodes and Steers (1990) identified these as:

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

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

It is widely accepted that younger people have more frequent periods of short absences than older employees, who tend to have fewer episodes of absence but are absent for longer periods. Barnaby *et al* (1999) found that male absence is stable at 2% up to the age of 40, after which absence rates increase to a peak of 7.5% at age 60-65. For female employees the absence rate increases from 3% to 4% from age 16-18 to age 30, and peaks at 7% at age 60. Absence rates fall after the normal retirement age and this is to be expected.

Gender also has an influence on absence, with a general pattern of females having a higher rate of absence than males. This may be explained not simply by differences between men and women, but by the different roles men and women have in the workplace and in society as a whole. For example, women are often the primary carer of children in the family and Huczynski and Fitzpatrick found that as the age of a female worker's dependent children rose, so her absence rate lessened.

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

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

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

In particular, Judge et al identified conscientiousness and extraversion as key predictors of high attendance and high absenteeism respectively.

Employee attributes, values and expectations is yet another complex influence on employee absence. This is not only influenced by the workplace but also by the employee's background and family responsibilities and the value the employee places on each. For example, in an employee values their life outside of work more, their absence rate may be higher than individuals who place a higher value on work. However, this is a very complex idea and has theorists divided.

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

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

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

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

Other job related factors which influence the absence include stress. This may be caused by job conditions, shift work, role overload or under load, lack of role clarity, career development (lack of or early promotion) and poor work relationships. Surveys by Gee (1999) and CIPD (2000, 2007) both found that stress is increasingly becoming a significant factor in employee absenteeism.

Other factors to consider are frequent job moves (the more flexible the employee has to be, the higher the rate of absence), leadership styles (employees who have good relationships with their managers tend to have lower absence rates) and organisation and work group size (the larger the group, the higher the rate of absence).

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

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

The final cause of employee absence can be categorised as external factors, which include genuine illness, family responsibilities, economic conditions and even travel and transport difficulties. It would seem obvious that genuine illness is an influence on an employee's attendance at work and it would seem that their is little employees can do to legislate for this. Huczynski and Fitzpatrick suggest that 50-66% of absences are for genuine reasons and therefore it is the remaining 34-50% of absentees that cause the most problems for organisations.

There is some evidence to suggest that employees are influenced to attend work by economic conditions. In times of prosperity when there are plenty of jobs and low unemployment, absence rates tend to increase and decrease in less favourable market conditions. Family commitments are a significant cause of absence and can be an explanation for higher absenteeism amongst female employees. Travel arrangements can be a factor in employees deciding whether or not to attend for work and research would suggest that the longer the commute, the more likely the employee will have a high rate of absence.

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

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

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

These policies should be used in conjunction with policies to encourage full attendance, which might include:

- William
- Recruitment, selection and induction
- Flexible working arrangements
- Job redesign and team working
- Helping with family commitments
- Occupational Health programmes
- Rehabilitation
- Reward scheme

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

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

The Coombe Women and Infants University Hospital is one organisation affected by this. The Hospital provides specialist care to women and the newborn not only in the Dublin and surrounding areas but takes referrals from across the country. The annual birth rate has increased from approximately 7000 in 2005 to just over 8000 in 2007. The Hospital employs 707 staff across a range of disciplines and professions.

Like many others, the Hospital finds it challenging to meet the increasing service demands placed upon it by a growing population with overstretched resources. The Hospital is required to produce comprehensive, mandatory absence management reports yet does not have an automated system to do so. Only one occupational group has access to a Time and Attendance System and therefore has the capability to produce some of the required information. This scenario adds to an ever increasing workload for all managers across the organisation.

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

Chapter Three

Research Methodology

The objective of the research was to formulate a global view of the absence issues faced by the Coombe Women and Infants University Hospital at this point in time. It was important to gather both qualitative and quantitative data to address the themes identified in literature and to reflect the complexity of the issue.

Absence management is both concerned with hard, number based evidence such as absence rates and also with people's attitudes and opinions as to why absence occurs. However, the issue is a very sensitive one, particularly when considering the employee as an individual and the research methods selected were chosen with this in mind.

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

To obtain data from within the organisation, a sample group of Line Managers were surveyed to gather their opinions on absenteeism. A brief questionnaire was devised and pilot tested on the broad subject of absenteeism (Appendix 1). As the issue is a potentially contentious one, questions were formulated to cover as broad a range of issues as possible and so not to target particular occupational groups who may be perceived to have absence issues. Questions were also formulated so that respondents did not have to articulate their opinion in their own words and thus reduced the potential for the respondent providing answers they felt were wanted and not therefore reflective of the true situation.

The sample size was 52 and consisted of Line Managers with departmental responsibility for managing attendance. Other Line Managers and Supervisors were not included as they were not deemed to have sufficient experience or exposure to all issues concerned with managing attendance. The sample group was representative of genders and occupational groups across the Hospital. The sample group were issued with a questionnaire of seven questions, all of which were closed questions with list, category and Lickert-style scale responses.

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

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

The questionnaire was short and self-administered to encourage as high a response rate as possible. It was delivered through the internal mail system and responses were also collected in this way. Respondents were not asked to identify themselves personally and by returning the survey through the internal mail, nor could they be identified.

Although questions were designed to encourage respondents to be as honest as possible, it is important to note that questionnaires can provide artificial results as respondents can provide answers they think the researcher is looking for, rather than answering with total honesty. It may also be argued that questionnaires can influence the respondent through the structure of the questionnaire and therefore produce results biased towards the researcher's own opinion. This was eradicated as much as possible in this case by writing very general questions and focusing on the key themes from the literature reviewed.

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

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

As well as gathering opinions on absenteeism, numerical data was also gathered from Line Managers. As the Hospital has no computerised system for recording absences, a form was devised to enable Line Managers to manually record the absences of each department. As this process is a time consuming one, data was

requested for the month of April only to provide a snapshot of the absence rate.

This information was then used to calculate rates of absence across the organisation and by occupational group, as well as the cost of absence calculated.

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

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

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

- Uncertified (0 to 2 days duration)
- Certified (0 to 6 months duration)
- Long-term (6+ months)

Gathering this type of data gives a comprehensive picture of the rate of absence and also provides evidence that there is an absence issue or not, and if there is, highlights the depth of the problem. By asking all managers to complete to attendance record, a global picture can be obtained and data manipulated from a uniform set of results.

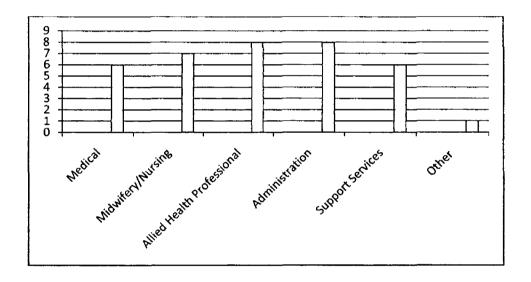
However, by focusing on the month of April only, there is a risk that the results produced are not representative of the organisation. The period may be a particularly bad or good month for absence and the validity of results depends on the response rate from managers. Due to the time constraints of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

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

Chapter Four

Analysis of Data

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

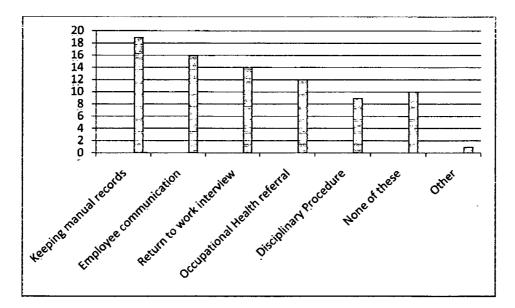


Responsibility for Managing Attendance

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

Absence Management Techniques

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



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

Influences on Non-Attendance

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

Impacts of Absenteeism

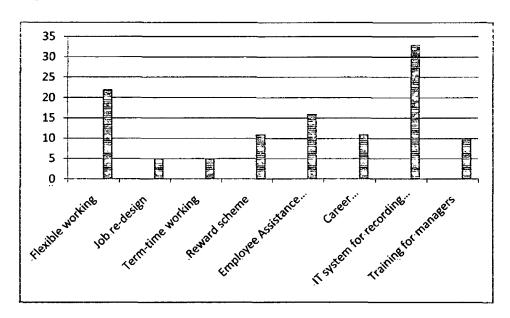
The sample group were then asked to select the three most significant impacts of absence on the hospital and rate these three in order of significance. A rating of 1 was given to the most significant impact of the three. 63.39% of Line Managers felt that Patient Care was the area which suffered most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

Effectiveness of Current Absence Management Approach

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

Absence Management Initiatives

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



These results were analysed at organisational level initially. To obtain a more meaningful, detailed set of data, the questionnaire results were also looked at by

category: medical, midwifery/nursing, allied health professionals, administration, support services and other staff. The results were analysed to highlight areas of commonly held opinions and significant variations from the global views.

Medical

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

Midwifery/Nursing

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

Allied Health Professionals

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

Administration

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

Support Services

Two thirds of managers in this category believe it is the sole responsibility of Human Resources to manage absence in the Hospital. This is interesting considering the same percentage keep manual records of absence and have referred staff to Occupational Health. Only 1 out of the six respondents have not used any techniques at all. All of the respondents feel that family and personal

circumstances contribute to absenteeism and 50% feel that there is an absence culture in the organisation and 50% also feel that an employee's previous absence history is an indication on their future attendance. This suggests that departments in this category may have an issue with absenteeism (Appendix 8).

Other Staff

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

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

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

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

Lost Time in Hours

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

	Total number of staff hours lost in April 2008			
	Uncertified (0-2 days)	Certified (0-6 months)	Long-term (6+ months)	Total hours available
Medical	No data	No data	No data	No data
Midwifery/Nursing	553	1049	242	54,979
Allied Health	74	91	0	6,764
Administration	57	392	77	14,854
Support Services	383	1,505	344	20,199
Other Staff	248	110	0	6,007
TOTAL	1,321	3,147	663	102,803

When considering the lost time rate calculation of

Absence Rate =
$$\frac{Total\ Absence\ in\ hours\ or\ days\ in\ period}{Total\ Possible\ hours\ or\ days\ in\ period}\ x\ 100$$

This equates to:

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

This gives an absence rate of 4.99% in terms of time lost across the organisation for the month of April. This is broken down by department as follows:

Department	Absence Rate %	
Medical	No data	
Midwifery/Nursing	3.35 %	
Allied Health	2.44%	
Administration	3.54%	
Support Staff	11.05%	
Other Staff	5.95%	

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

Frequency Rate

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

Frequency =
$$\frac{Number\ of\ spells\ of\ absence\ in\ period}{Number\ employed\ in\ period}\ x\ 100$$

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

Prevalence Rate

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

$$Prevalence = \frac{No. of \ ee's \ with \ 1 \ or \ more \ spells \ in \ period}{Total \ no. of \ ee's \ employed \ in \ period} \ x \ 100$$

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

Cost of Absence

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

Benchmarking

The absence rate of the Hospital was also benchmarked against other organisations. The data obtained was from the IBEC Absence Report 2007 and the CIPD Absence Management Report 2007.

The IBEC Report considered rates by sector, industry, company size and location.

The following table gives a snapshot of how the Coombe Women and Infants

University Hospital compares with other similar organisations.

Criteria	Absence Rate %	
Services Sector	3.6	
Healthcare	3.8	
Greater than 500 staff	5.1	
Dublin area	3.0	
Hospital	4.9	

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

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

Chapter Five

Conclusions and Recommendations

Conclusions

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

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

It is clear from the research carried out that there is a need for clarification of roles in terms of managing attendance. Less than half of managers acknowledged their role in the process and over 40% felt it was solely the responsibility of Human Resources to manage employee attendance. The reasons for this are not clear, but it is possible that some manager have a traditional view of absenteeism in that it only involves collection of data, number crunching and control, often considered to be a 'personnel' function.

It is also apparent that the absence management techniques and interventions available to managers are largely ignored. This underutilisation could result in a higher absence rate. If managers were to keep some form of record and conduct a basic, informal back to work interview, there could be significant improvements. This was highlighted when analysing the responses from the medical division of the hospital. Two thirds of managers who responded felt absence management was the remit of the Human Resources Department and may explain why 50% have never used any attendance management intervention.

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

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

The analysis of absence rates provided very interesting results and gave depth to the scope of the absence problem in the hospital. The global lost time absence rate of 4.99% is average for the sector and size of the organisation and it might seem that the Hospital does not have a significant problem. However, when the frequency rate of the division with the highest time lost rate (support services)

was calculated, it is apparent that the division, and perhaps the Hospital as a whole, has a significant problem with frequent, short-term absence. The literature review highlights how disruptive this type of absence is and how it might have more of an impact on an organisation than long-term absence which is much easier to plan for.

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

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

Recommendations

The Coombe Women and Infants University Hospital has some good techniques and interventions already in place to manage employee attendance. However, there is scope for making significant improvements which will not necessarily prove costly to implement or introduce.

From the research, the most obvious recommendation to make is the procurement of a suitable IT system to record and report on absence. Only one occupational group currently uses a Time and Attendance System and this system could be used across the organisation. However, such a system may not be suitable for all occupational groups and it may be more effective to purchase a separate system. This will obviously have a cost implication initially for the Hospital but when the cost of absence is approximately €1.8 million per annum, the initial cost outlay would be absorbed very quickly if attendance rates improved as a result of the system being in place.

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

The absence management policy defines key trigger points but these are useless if only there on paper. Manager must react to trigger points and follow through with any remedial action in a consistent and fair manner. However, it is recognised that some triggers are hard to identify in the absence of a computerised system to generate such reports. The majority of Line Managers indicated that they kept some form of manual record and it is vital that these records are used for identifying triggers and for managing attendance. Manual records are effectively useless if they are not utilised for improving attendance.

Managers must not only react to trigger points but also use the appropriate absence management intervention as a response. For example, an employee returning to work after a three day absence should not be referred to Occupational Health for assessment. Managers should make more use of tools such as communicating with their staff and informal return to work interviews as means of managing absences in the first instance. Such interventions are likely to have a positive impact in reducing absence. It is also vital that managers use the opportunity to obtain the facts of the situation, not make assumptions about an employee and not listen to hearsay.

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

Evidence suggests that women have a higher incidence of absence than their male colleagues. The Hospital has a predominantly female staff, women are traditionally the main carer of the family and this is reinforced by over 90% of managers believing that family commitments contribute to employee absence. It therefore follows that the organisation should do as much as possible to eliminate the issues faced by their staff to ensure attendance. In the case of the Hospital, it is recommended that family-friendly policies and initiatives should include on site child care, flexible working arrangements and term-time working.

Another recommended initiative is the establishment of an Employee Assistance Programme. The costs of setting up such a programme would again be marginal when compared to the cost of employee absence. Although the initial outlay and yearly running costs would be in the thousands, the cost of not introducing such a programme could be even higher. A programme which offered employees counselling and advisory services away from the Hospital environment to equip them to deal with issues in their professional and personal lives would without doubt improve absenteeism in some areas. The Hospital could continue with a holistic approach to employee welfare and also introduce initiatives such as healthy eating, corporate gym memberships, health screening or reduced rates on leisure activities.

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

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

Further Research

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

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

Personal Reflection

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

Chapter 6

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IBEC Absence Report 2007

IBEC Employee Absenteeism - A Guide to Managing Absence

Chapter Seven

Appendix

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

1. Please indicate which occ	cupational group your department belongs to:	
Medical Midwifery/Nursing Allied Health Professionals	Administration Support Services Other	
2. In your opinion, who is r	responsible for the management of employee at	tendance?
Employee themselves Human Resources Line Manager & HR	Line Manager Employee & Line Manager All of these	
	lo you/have you utilised in managing the attend tment? Please tick all that apply.	lance of
Keeping manual records Employee communication Return to work interview Other (please specify)	Occupational Health referral Disciplinary Procedure None of these	
7 7 7	om genuine illness, what else might influence n al? Please tick all that apply.	on-
Family/personal situation Employee motivation Nature of work Working environment Lack of career development	Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)	
	ence impact most upon in the hospital? Please s d rank from 1 to 3, with 1 being the most signifi	
Efficiency Financial & other resources Reputation of hospital Well being of employees	Patient Care Morale Employee performance Other (please specify)	

Somewhat effective Somewhat ineffective
res do you feel may have a positive impact on ere to be introduced in the hospital? Please tick all tha
Employee Assistance Programme Career Development/Training Plans IT System for recording attendance Training for managers

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

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Coombe Women & Infants University	y Hospital	Department:	
Absence Record for the month of:		Number of Staff:	
Please record all leave in hours H = Hours, C=Code		WTE:	

		1st		2nd		3rd		4th		5th		6th		7th		8th	 9th		10th		11th		12th	
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Please complete the above schedule of staff leave availed of during the month. Leave should be expressed in hours & the type of leave availed or excluding half hour unpaid meal break, for example, an employee availaing of annual leave with a standard working week of 35 hours should be recorded as 7AL. Absences should be coded as per the key below:

ST

Key:

Marriage Leave

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

MR

Study/Exam Leave

^{*} Please use only one code for Sick Leave

13th		14th		15th	16th		17th		18th		19th		20th		21st	-	22nd		23rd		24th		25th		26th	~~~	27th	
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APPENDIX 3

Analysis of Responses of Line Manager St	urvey		
Question 1			
Please indicate which occupational group	your department bel	longs to.	
Medical	6	Administration	8
Midwifery/Nursing	7	Support Services	6
Allied Health Professional	8	Other	1
Question 2			
In your opinion, who is responsible for the	e management of em	ployee attendance?	
Employee themselves	0	Line Manager	1
Human Resources	15	Employee & Line Manager	1
Line Manager & HR	15	All of these	4
Question 3			
Which of the following do you/have you (itilised in managing t	he attendance of employees in your department? Please tick all that apply.	
Keeping manual records	19	Occupational Health referral	12
Employee communication	16	Disciplinary Procedure	9
Return to work interview	14	None of these	10
Other	1		
Get HR involved			
Question 4			
In your opinion, apart from genuine illnes	s, what else might inf	fluence non-attendance in the hospital? Please tick all that apply.	
Family/personal situation	33	Organisational culture	2
Employee motivation	9	Conditions (eg hours/pay)	11
Nature of work	4	Absence culture	10
Working environment	7	Previous history of absence	12
Lack of career development	7	Other	1
·		None	

Question 5

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

	1	2	3
Efficiency	8	13	6
Financial & other resources	4	10	10
Reputation of the hospital	0	1	4
Well being of employees	0	0	4
Patient care	23	4	4
Morale	2	5	3
Employee Performance	0	2	5
Other	0	0	0

Question 6

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

Very effective	3	Somewhat effective	23
Very ineffective	1	Somewhat ineffective	8
Unable to comment	1		

Question 7

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

Flexible working	22	Employee Assistance Progamme	16
Job re-design	5	Career Development/Training Plans	11
Term-time working	5	IT system for recording attendance	33
Reward scheme	11	Training for managers	10
Other	0	-	

APPONDIXA

Analysis of Responses - Medical

Question 2

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

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

Question 3

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

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

Question 4

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

Family/personal situation

771			
Employee motivation	33	Organisational culture	2
Nature of work	9	Conditions (eg hours/pay)	11
Working environment	4	Absence culture	10
Lack of career development	7	Previous history of absence	12
	7	Other	1

Question 5

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

Efficiency	1	2	3
Financial & other resources	8	13	6
Reputation of the hospital	4	10	10
Well being of employees	0	1	4
Patient care	0	0	4
Morale	23	4	4
Employee Performance	2	5	3

Question 6

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

Very effective

Very ineffective	3	Somewhat effective	23
Unable to comment	1	Somewhat ineffective	8
	1		

Question 7

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

Flexible working

Job re-design	22	Employee Assistance Progamme	16
Term-time working	5	Career Development/Training Plans	11
Reward scheme	5	IT system for recording attendance	33
Other	11	Training for managers	10
	_		

Analysis of Responses - Nursing

Question 2

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

Question 3

VVI	iich of the following ao you/have you utilisea in m	anaging the	attendance of employees in your department? Please tick all that apply.	
Ke	eping manual records	4	Occupational Health referral	4
Em	ployee communication	6	Disciplinary Procedure	2
Re	turn to work interview	6	None of these	0
Otl	ner	0		

Question 4

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

Family/personal situation 7 Organisational culture 2

Employee motivation 3 Conditions (eg hours/pay) 6

Nature of work 0 Absence culture 1

Working environment 3 Previous history of absence 2

Question 5

Lack of career development

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

Other

	1	2	3
Efficiency	0	1	3
Financial & other resources	0	2	1
Reputation of the hospital	0	0	1
Well being of employees	0	0	1
Patient care	7	0	0
Morale	0	4	1
Employee Performance	0	0	0



0

Question 6

Other

How effective do you feel the current appro	oach to managing al	bsence is in the hospital?	
Very effective	1	Somewhat effective	4
Very ineffective	0	Somewhat ineffective	2
Unable to comment	0		
Question 7			
Which of the following intitiatives do you fe	eel may have a posit	tive impact on employee attendance if they were to be introdu	ced in the hospital?
Plese tick all that apply.			
Flexible working	6	Employee Assistance Progamme	5
Job re-design	0	Career Development/Training Plans	3
Term-time working	1	IT system for recording attendance	7
Reward scheme	3	Training for managers	1

0

Analysis of Responses - Allied Health Professionals

Question 2

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

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

Question 3

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

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

Question 4

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

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

Question 5

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

	1	2	3
Efficiency	0	1	3
Financial & other resources	O .	2	1
Reputation of the hospital	0	0	1
Well being of employees	0	0	1
Patient care	7	0	0
Morale	0	4	1
Employee Performance	0	0	0

Question 6 How effective do you feel the current approach to managing absence is in the hospital? Very effective Somewhat effective 4 Very ineffective 0 Somewhat ineffective 2 Unable to comment n Question 7 Which of the following intitiatives do you feel may have a positive impact on employee attendance if they were to be introduced in the hospital? Plese tick all that apply. Flexible working **Employee Assistance Progamme** 6 5 Job re-design Career Development/Training Plans 0 3 Term-time working IT system for recording attendance 1

Training for managers

1

Reward scheme

Other

Analysis of Responses - Administration

Question 2

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

Employee themselves	0	Line Manager	0
Human Resources	3	Employee & Line Manager	1
Line Manager & HR	3	All of these	1

Question 3

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

			• • •
Keeping manual records	5	Occupational Health referral	3
Employee communication	3	Disciplinary Procedure	4
Return to work interview	5	None of these	2
Other	0		

Question 4

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

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

Question 5

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

	1	2	3
Efficiency	2	4	0
Financial & other resources	2	2	2
Reputation of the hospital	0	0	3
Well being of employees	0	0	0
Patient care	4	2	1
Morale	0	. 0	0
Employee Performance	0	0	2

Question 6

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

Very effective

Very ineffective	1	Somewhat effective	6
Unable to comment	0	Somewhat ineffective	0
	1		

Question 7

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

Flexible working

6	Employee Assistance Progamme	4
3	Career Development/Training Plans	3
2	IT system for recording attendance	8
3	Training for managers	2
	6 3 2 3	Career Development/Training Plans IT system for recording attendance

Analysis of Responses - Support Services

Question 2

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

Employee themselves	0	Line Manager	0
Human Resources	4	Employee & Line Manager	0
Line Manager & HR	2	All of these	0

Question 3

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

Keeping manual records	4	Occupational Health referral	4
Employee communication	2	Disciplinary Procedure	3
Return to work interview	1	None of these	1
Other	1		

Question 4

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

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

Question 5

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

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i
)



Question 6

low effective do you feel the current approach to managing absence is in the hospital?				
Very effective	0	Somewhat effective	3	
Very ineffective	0	Somewhat ineffective	3	
Unable to comment	0			
Question 7				
Which of the following intitiatives do	you feel may have a posit	ive impact on employee attendance if they were to be introd	uced in the hospital?	
Plese tick all that apply.				
Flexible working	2	Employee Assistance Progamme	0	
Job re-design	1	Career Development/Training Plans	0	
Term-time working	1	IT system for recording attendance	5	
Reward scheme	2	Training for managers	2	
Other	σ			



	-	:
Medical	Administration	•
Midwifery/Nursing	Support Services	
Allied Health Professionals	Other	
Amed Health I folessionals	Offici	
2. In your opinion, who is responsib	le for the management of employee a	attendance?
Employee themselves	Line Manager	
Human Resources	Employee & Line Manager	
Line Manager & HR	All of these	
3. Which of the following do you/ha employees in your department? P	ve you utilised in managing the attention lease tick all that apply.	ndance of
Keeping manual records	Occupational Health referral	
Employee communication	Disciplinary Procedure	
Return to work interview	None of these	
Other (please specify)	rvoite of titese	
Outer (preuse speen)		
attendance in the hospital? Please Family/personal situation	ine illness, what else might influence tick all that apply. Organisation Culture	non-
Employee motivation Nature of work Working environment Lack of career development	Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)	
Nature of work Working environment Lack of career development 5. What does employee absence imp	Conditions (e.g. hours/pay) Absence culture Previous history of absence	
Nature of work Working environment Lack of career development 5. What does employee absence impathree most significant and rank fr	Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify) pact most upon in the hospital? Pleas	
Nature of work Working environment Lack of career development 5. What does employee absence imp	Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify) pact most upon in the hospital? Pleas om 1 to 3, with 1 being the most sign	
Nature of work Working environment Lack of career development 5. What does employee absence imputhree most significant and rank fr	Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify) Pact most upon in the hospital? Pleas om 1 to 3, with 1 being the most sign Patient Care	

How effective do you hospital?	ı feel the cur r e	ent approach to managing absence is i	n the
ffective neffective to comment		Somewhat effective Somewhat ineffective	
	0		
e working design ime working d Scheme (please specify)			
	hospital? fective neffective to comment Which of the following employee attendance apply. e working design ime working d Scheme	fective neffective to comment Which of the following initiatives of employee attendance if they were apply. e working design ime working d Scheme	Somewhat effective seffective Somewhat ineffective to comment Which of the following initiatives do you feel may have a positive imparent employee attendance if they were to be introduced in the hospital? Please apply. Employee Assistance Programme Career Development/Training Plantime working IT System for recording attendance of Scheme Training for managers

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

1. Please indicate which occupation	nal group your department belongs to); (
Medical	Administration	
Midwifery/Nursing	Support Services .	
Allied Health Professionals	Other	
2. In your opinion, who is responsi	ble for the management of employee	attendance?
Employee themselves	Line Manager	
Human Resources	Employee & Line Manager	
Line Manager & HR	All of these	
3. Which of the following do you/h employees in your department?	ave you utilised in managing the atte Please tick all that apply.	endance of
Keeping manual records	Occupational Health referral	
Employee communication	Disciplinary Procedure	·
Return to work interview	None of these	
Other (please specify)	·	
4. In your opinion, apart from gent attendance in the hospital? Pleas	uine illness, what else might influence e tick all that apply.	e non-
Family/personal situation	Organisation Culture .	
Employee motivation	· Conditions (e.g. hours/pay)	
Nature of work	Absence culture	
Working environment	· Previous history of absence	
Lack of career development	Other (please specify)	
	pact most upon in the hospital? Plea rom 1 to 3, with 1 being the most sig	
Efficiency	Patient Care	
Financial & other resources	Morale	
Reputation of hospital	Employee performance	
Well being of employees	Other (please specify)	,
0 1	7 7 7 7	

hospital?	ent approach to managing absence is in the
Very effective Very ineffective Unable to comment	Somewhat effective Somewhat ineffective
9	do you feel may have a positive impact on to be introduced in the hospital? Please tick all tha
Flexible working Job re-design Term time working Reward Scheme Other (please specify)	Employee Assistance Programme Career Development/Training Plans IT System for recording attendance Training for managers

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

1. Please indicate which occupational g	group your department belongs to:
Medical Midwifery/Nursing	Administration Support Services
Allied Health Professionals	Other
2. In your opinion, who is responsible	for the management of employee attendance?
Employee themselves	Line Manager
Human Resources Line Manager & HR	Employee & Line Manager All of these
3. Which of the following do you/have employees in your department? Plea	you utilised in managing the attendance of ase tick all that apply.
Keeping manual records Employee communication	Occupational Health referral
	Disciplinary Procedure
Return to work interview	None of these
Other (please specify)	prost and Cl
4. In your opinion, apart from genuine attendance in the hospital? Please tid	e illness, what else might influence non- ck all that apply.
Family/personal situation	Organisation Culture
Employee motivation	Conditions (e.g. hours/pay)
Nature of work	Absence culture
Working environment	Previous history of absence
Lack of career development	Other (please specify)
• • • • • • • • • • • • • • • • • • • •	et most upon in the hospital? Please select the n 1 to 3, with 1 being the most significant.
Efficiency	Patient Care
Financial & other resources	Morale
Reputation of hospital	Employee performance
Well being of employees	Other (please specify)

ence is in the
e impact on l? Please tick all that
amme ng Plans endance

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

1.	Please indicate which occupational g	group your department belongs to:	
	fery/Nursing Health Professionals	Administration Support Services Other	
2.	In your opinion, who is responsible	for the management of employee atter	ıdance?
Humai	yee themselves n Resources Ianager & HR	Line Manager Employee & Line Manager All of these	
3.	Which of the following do you/have employees in your department? Plea	you utilised in managing the attendar ase tick all that apply.	nce of
Emplo Return	ng manual records yee communication to work interview please specify)	Occupational Health referral Disciplinary Procedure None of these	
4.	In your opinion, apart from genuine attendance in the hospital? Please to	illness, what else might influence nonck all that apply.	1-
Employ Nature Workin	/personal situation yee motivation of work ng environment f career development	Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)	
5.	* *	et most upon in the hospital? Please sel n 1 to 3, with 1 being the most significa	
Reputa	ial & other resources 3 tion of hospital 2:	Patient Care Morale Employee performance Other (please specify)	

rent approach to managing absence is in the
Somewhat effective
s do you feel may have a positive impact on e to be introduced in the hospital? Please tick all tha
Employee Assistance Programme Career Development/Training Plans IT System for recording attendance Training for managers

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

1.	Please indicate which occupat	ional group your department belongs to	o:
Med	ical	Administration	
	wifery/Nursing	Support Services	
	d Health Professionals	Other	
Anne		·	
2.	In your opinion, who is respo	nsible for the management of employee	attendance?
Emp	loyee themselves	Line Manager	
Hun	nan Resources	Employee & Line Manager	
Line	Manager & HR	All of these	
3.	Which of the following do you employees in your departmen	a/have you utilised in managing the atto t? Please tick all that apply.	endance of
Keen	oing manual records	Occupational Health referral	
	loyeé communication	Disciplinary Procedure	
-	rn to work interview	None of these	
	r (please specify)		
Emp.	attendance in the hospital? Ple ly/personal situation loyee motivation	Organisation Culture Conditions (e.g. hours/pay)	e non-
Natu	re of work	Absence culture	
	king environment	Previous history of absence	
Lack	of career development	Other (please specify)	
5.	<u> </u>	impact most upon in the hospital? Plea k from 1 to 3, with 1 being the most sig	
Effici	ency	Patient Care	1
	ncial & other resources	Morale	'- -
	tation of hospital	Employee performance	2
_	being of employees	Other (please specify)	
rven	being or emproyees	Other (brease specify)	

hospital?	nt approach to managing absence is in the
Very effective Very ineffective Unable to comment	Somewhat effective
9	o you feel may have a positive impact on be introduced in the hospital? Please tick all that
Flexible working Job re-design Term time working Reward Scheme Other (please specify)	Employee Assistance Programme Career Development/Training Plans IT System for recording attendance Training for managers

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

1. Please indicate which occupational g	roup your department belongs to:
Medical Midwifery/Nursing Allied Health Professionals	Administration Support Services Other
2. In your opinion, who is responsible in	for the management of employee attendance?
Employee themselves Human Resources Line Manager & HR	Line Manager Employee & Line Manager All of these
3. Which of the following do you/have employees in your department? Plea	you utilised in managing the attendance of use tick all that apply.
Keeping manual records Employee communication Return to work interview Other (please specify)	Occupational Health referral Disciplinary Procedure None of these
4. In your opinion, apart from genuine attendance in the hospital? Please tic	illness, what else might influence non- ek all that apply.
Family/personal situation Employee motivation Nature of work Working environment Lack of career development	Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)
1 2	t most upon in the hospital? Please select the 1 to 3, with 1 being the most significant.
Efficiency Financial & other resources Reputation of hospital Well being of employees	Patient Care Morale Employee performance Other (please specify)

6. How effective do you hospital?	feel the current approach to managing abs	ence is in the
Very effective Very ineffective Unable to comment	Somewhat effective Somewhat ineffective	
	g initiatives do you feel may have a positivification if they were to be introduced in the hospit	=
Flexible working Job re-design Term time working Reward Scheme Other (please specify)	Employee Assistance Programment/Train IT System for recording att Training for managers	ing Plans
Thank you for taking time to	complete this survey; your input is greatly	y appreciated.
		•
		
· · · · · · · · · · · · · · · · · · ·		

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1.	Please indicate which occupational §	group your department belongs to:	
	al fery/Nursing Health Professionals	Administration Support Services Other	
2.	In your opinion, who is responsible	for the management of employee atter	ndance?
Humai	yee themselves n Resources Janager & HR	Line Manager Employee & Line Manager All of these	
3.	Which of the following do you/have employees in your department? Plea	eyou utilised in managing the attenda ase tick all that apply.	nce of
Emplo Return	ng manual records yee communication to work interview (please specify)	Occupational Health referral Disciplinary Procedure None of these	
4.	In your opinion, apart from genuine attendance in the hospital? Please ti	e illness, what else might influence no ck all that apply.	n-
Emplo Nature Worki	/personal situation yee motivation e of work ng environment f career development	Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)	
5.	- ·	ct most upon in the hospital? Please sen 1 to 3, with 1 being the most signific	
Reputa	ncy ial & other resources ition of hospital eing of employees	Patient Care Morale Employee performance Other (please specify)	13

hospital?	you reer the eart	ent approach to managing absence is	Truic
Very effective Very ineffective Unable to comment	·	Somewhat effective Somewhat ineffective	<u> </u>
	0	do you feel may have a positive imp to be introduced in the hospital? Ple	
Flexible working Job re-design Term time working Reward Scheme Other (please specify)		Employee Assistance Programme Career Development/Training Pla IT System for recording attendan Training for managers	ns

1. Please indicate which occupationa	ll group your department belongs to:
Medical	Administration
Midwifery/Nursing	Support Services
Allied Health Professionals	Other
2. In your opinion, who is responsible	le for the management of employee attendance?
Employee themselves	Line Manager
Human Resources	Employee & Line Manager
Line Manager & HR	All of these
3. Which of the following do you/ha employees in your department? P	ve you utilised in managing the attendance of lease tick all that apply.
Keeping manual records	Occupational Health referral
Employee communication	Disciplinary Procedure
Return to work-interview	None of these
Other (please specify)	
attendance in the hospital? Please Family/personal situation Employee motivation	Organisation Culture Conditions (e.g. hours/pay)
Nature of work	Absence culture
Working environment	Previous history of absence
Lack of career development	Other (please specify)
	eact most upon in the hospital? Please select the om 1 to 3, with 1 being the most significant.
Efficiency	Patient Care
Financial & other resources	Morale
Reputation of hospital	Employee performance
Well being of employees	Other (please specify)
	· · · · · · · · · · · · · · · · · · ·

6. How effective do you fee.	I the current approach to managing absence is in the
hospital?	
Very effective	Somewhat effective
Very ineffective	Somewhat ineffective
Unable to comment	· · · · · · · · · · · · · · · · · · ·
•	nitiatives do you feel may have a positive impact on ney were to be introduced in the hospital? Please tick all tha
Flexible working	Employee Assistance Programme
Job re-design	Career Development/Training Plans
Term time working	IT System for recording attendance
Reward Scheme	Training for managers
Other (please specify)	

1.	Please indicate which occur	pational group your department belongs to:	
	al ifery/Nursing Health Professionals	Administration Support Services Other	×
2.	In your opinion, who is res	ponsible for the management of employee atten	dance?
Huma Line N	n Resources Manager & HR	All of these	
3.		you/have you utilised in managing the attendar nent? Please tick all that apply.	ice or
Emplo Return	ng manual records yee communication to work interview (please specify)	Occupational Health referral Disciplinary Procedure None of these	
4.	In your opinion, apart from attendance in the hospital?	n genuine illness, what else might influence non Please tick all that apply.	Į-
Emplo Nature Worki	y/personal situation oyee motivation e of work ng environment if career development	Conditions (e.g. hours/pay)	<u> </u>
5.	* -	nce impact most upon in the hospital? Please sel rank from 1 to 3, with 1 being the most significa	
Reputa	•	Patient Care Morale Employee performance Other (please specify)	one-

Very effective		Somewhat effective	بلير
Very ineffective		Somewhat ineffective	·
Unable to comment			
7. Which of the follow	vina initiativae da	you feel may have a positive impact of	on
	· ·	be introduced in the hospital? Please	
employee attendar apply.	nce if they were to l		
employee attendar apply Flexible working	nce if they were to b	be introduced in the hospital? Please	tick a
employee attendar apply. Flexible working Job re-design	nce if they were to b	be introduced in the hospital? Please Employee Assistance Programme	tick a
employee attenda	nce if they were to l	be introduced in the hospital? Please Employee Assistance Programme Career Development/Training Plans	tick a

1.	Please indicate which occupati	onal group your department belongs to:	
	ical wifery/Nursing d Health Professionals	Administration Support Services Other	
2.	In your opinion, who is respon	sible for the management of employee a	ittendance?
Hum	loyee themselves an Resources Manager & HR	Line Manager Employee & Line Manager All of these	
3.	employees in your department	/have you utilised in managing the atter t? Please tick all that apply.	idance of
Empl Retui	ing manual records loyee communication in to work interview r (please specify)	Occupational Health referral Disciplinary Procedure None of these	
4.	In your opinion, apart from ge attendance in the hospital? Ple	nuine illness, what else might influence ase tick all that apply.	non-
Empl Natu Work	ly/personal situation oyee motivation re of work sing environment of career development	Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)	
5.	* *	impact most upon in the hospital? Please k from 1 to 3, with 1 being the most sign	•
Repu	ency cial & other resources tation of hospital being of employees	Patient Care Morale Employee performance Other (please specify)	2

hospital?	
Very effective	Somewhat effective
Very ineffective	Somewhat ineffective
Unable to comment	_
· ·	atives do you feel may have a positive impact on
employee attendance if they apply.	were to be introduced in the hospital? Please tick all tha
1 2	were to be introduced in the hospital? Please tick all tha Employee Assistance Programme
apply.	Employee Assistance Programme
apply. Flexible working Job re-design	
apply. Flexible working	Employee Assistance Programme Career Development/Training Plans

1.	Please indicate which occupati	onal group your department belongs to);
	cal vifery/Nursing d Health Professionals	Administration Support Services Other	
2.	In your opinion, who is respor	nsible for the management of employee	attendance?
Hum Line l	oyee themselves an Resources Manager & HR	Line Manager Employee & Line Manager All of these	<u> </u>
3.	employees in your departmen	/have you utilised in managing the atte t? Please tick all that apply.	endance of
Empl Retur	ing manual records oyee communication n to work interview (please specify)	Occupational Health referral Disciplinary Procedure None of these	
4.	In your opinion, apart from ge attendance in the hospital? Ple	nuine illness, what else might influence ase tick all that apply.	e non-
Emplo Natur Work	y/personal situation oyee motivation e of work ing environment of career development	Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)	<u></u>
5.	- · · · · · · · · · · · · · · · · · · ·	impact most upon in the hospital? Pleas k from 1 to 3, with 1 being the most sign	
Reput	ency cial & other resources ration of hospital peing of employees	Patient Care Morale Employee performance Other (please specify)	-1-

Very effective Very ineffective Unable to comment		Somewhat effective
	•	do you feel may have a positive impact on to be introduced in the hospital? Please tick all that
Flexible working Job re-design Term time working Reward Scheme Other (please specify)		Employee Assistance Programme Career Development/Training Plans IT System for recording attendance Training for managers

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1.	Please indicate which occup	pational group your department belongs to:	
	cal vifery/Nursing I Health Professionals	Administration Support Services Other	
2.	In your opinion, who is resp	consible for the management of employee at	tendance?
Huma	oyee themselves an Resources Manager & HR	Line Manager Employee & Line Manager All of these	
3.		ou/have you utilised in managing the attendent? Please tick all that apply.	dance of
Emplo Return	ng manual records byee communication in to work interview (please specify)	Occupational Health referralDisciplinary ProcedureNone of these	
4.	In your opinion, apart from attendance in the hospital?	genuine illness, what else might influence r Please tick all that apply	ion-
Emplo Natur Work:	y/personal situation oyee motivation e of work ing environment of career development	Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)	
5.	<u>.</u>	ce impact most upon in the hospital? Please ank from 1 to 3, with 1 being the most signif	
Reput	ency cial & other resources 1 ration of hospital 3 being of employees	Patient Care Morale Employee performance Other (please specify)	2

Very effective	Somewhat effective
Very ineffective	Somewhat ineffective
Unable to comment	
Y	itiatives do you feel may have a positive impact on
apply.	ey were to be introduced in the hospital? Please fick an t
1 2	
apply.	ey were to be introduced in the hospital? Please tick all t Employee Assistance Programme Career Development/Training Plans
apply. Flexible working	
apply. Flexible working Job re-design	Employee Assistance Programme

1. Please indicate which occupational a	group your department belongs to:
Medical Midwifery/Nursing Allied Health Professionals	Administration Support Services Other
2. In your opinion, who is responsible	for the management of employee attendance?
Employee themselves Human Resources Line Manager & HR	Line Manager Employee & Line Manager All of these
3. Which of the following do you/have employees in your department? Plea	e you utilised in managing the attendance of asse tick all that apply.
Keeping manual records Employee communication Return to work interview Other (please specify)	Occupational Health referral Disciplinary Procedure None of these
4. In your opinion, apart from genuine attendance in the hospital? Please ti	e illness, what else might influence non- ck all that apply
Family/personal situation Employee motivation Nature of work Working environment Lack of career development	Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)
	et most upon in the hospital? Please select the n 1 to 3, with 1 being the most significant.
Efficiency Financial & other resources Reputation of hospital Well being of employees	Patient Care Morale Employee performance Other (please specify)

6. How effective do you feel the curr hospital?	ent approach to managing absence is in the
Very effective Very ineffective Unable to comment	Somewhat effective
e e e e e e e e e e e e e e e e e e e	do you feel may have a positive impact on to be introduced in the hospital? Please tick all tha
Flexible working Job re-design Term time working Reward Scheme Other (please specify)	Employee Assistance Programme Career Development/Training Plans IT System for recording attendance Training for managers

	Flease mulcate which occupa	tional group your department belongs to	·
Medi	ical	Administration	
	vifery/Nursing	Support Services	
	d Health Professionals	Other	
711110	d Hearth Holesolondis		
2.	In your opinion, who is respo	onsible for the management of employee a	attendance?
Emp.	loyee themselves	Line Manager	
Hum	an Resources	Employee & Line Manager	
Liñe	Manager & HR	All of these	
3.	Which of the following do yo employees in your departmen	u/have you utilised in managing the atte nt? Please tick all that apply.	ndance of
Kéén	ing manual records	Occupational Health referral	
-	loyee communication	Disciplinary Procedure	
\ ^.	rn to work interview	None of these	
/	r (please specify)	-	
4.	attendance in the hospital? P.		e non-
Fami	attendance in the hospital? P	lease tick all that apply. Organisation Culture	e non-
Fami Emp	attendance in the hospital? P	lease tick all that apply. Organisation Culture Conditions (e.g. hours/pay)	e non-
Fami Emp Natu	ly/personal situation loyee motivation re of work	Organisation Culture Conditions (e.g. hours/pay) Absence culture	2 non-
Fami Emp Natu Worl	attendance in the hospital? P	Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence	e non-
Fami Emp Natu Worl	ly/personal situation loyee motivation re of work	Organisation Culture Conditions (e.g. hours/pay) Absence culture	e non-

6. How effective do you fe hospital?	ef the current approach to managing absence is in the
Very effective	Somewhat effective
Very ineffective Unable to comment	Somewhat ineffective
	initiatives do you feel may have a positive impact on they were to be introduced in the hospital? Please tick all that
Flexible working	Employee Assistance Programme
Job re-design	Career Development/Training Plans
Term time working	IT System for recording attendance
Reward Scheme	Training for managers
Other (please specify)	021-

1. Please indicate which occupat	tional group your department belongs to:	
Medical Midwifery/Nursing Allied Health Professionals	Administration Support Services Other	<u>√</u>
2. In your opinion, who is respo	nsible for the management of employee at	tendance?
Employee themselves Human Resources Line Manager & HR	Line Manager Employee & Line Manager All of these	
3. Which of the following do you employees in your department	u/have you utilised in managing the attend nt? Please tick all that apply.	lance of
Keeping manual records Employee communication Return to work interview Other (please specify)	Occupational Health referral Disciplinary Procedure None of these	\vec{\vec{v}}
4. In your opinion, apart from g attendance in the hospital? Pl	enuine illness, what else might influence nease tick all that apply.	ion-
Family/personal situation Employee motivation Nature of work Working environment Lack of career development	Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)	
• •	e impact most upon in the hospital? Please nk from 1 to 3, with 1 being the most signif	
Efficiency Financial & other resources Reputation of hospital Well being of employees	Patient Care Morale Employee performance Other (please specify)	3

Very effective	Somewhat effective
Very ineffective	Somewhat ineffective
Unable to comment	
7. Which of the following	ng initiatives do you feel may have a positive impact on
•	if they were to be introduced in the hospital? Please tick all th
employee attendance	if they were to be introduced in the hospital? Please tick all th Employee Assistance Programme
employee attendance apply.	if they were to be introduced in the hospital? Please tick all th
employee attendance apply. Flexible working	if they were to be introduced in the hospital? Please tick all th Employee Assistance Programme
employee attendance apply. Flexible working Job re-design	if they were to be introduced in the hospital? Please tick all th Employee Assistance Programme Career Development/Training Plans

1.	Please indicate which or	ccupational g	roup your department belongs to:	•
	al _ ifery/Nursing _ Health Professionals		Administration Support Services Other	
2.	In your opinion, who is	responsible f	or the management of employee atte	endance?
Huma Line M	yee themselves n Resources Ianager & HR		Line Manager Employee & Line Manager All of these	
3.	employees in your depa	-	you utilised in managing the attend se tick all that apply.	ance of
Emplo Returr	ng manual records yee communication to work interview (please specify)	_	Occupational Health referral Disciplinary Procedure None of these	
4.	In your opinion, apart f	_	illness, what else might influence no k all that apply.	on-
Emplo Nature Workii	y/personal situation yee motivation e of work ng environment f career development		Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)	· ———
5.		-	most upon in the hospital? Please s 1 to 3, with 1 being the most signifi	
Reputa	ncy ial & other resources tion of hospital eing of employees	2119 300	Patient Care Morale Employee performance Other (please specify)	

Somewhat ineffective	<u></u>
o you feel may have a positive impact be introduced in the hospital? Please	
Employee Assistance Programme Career Development/Training Plans IT System for recording attendance Training for managers	
	Somewhat ineffective you feel may have a positive impact be introduced in the hospital? Please Employee Assistance Programme Career Development/Training Plans IT System for recording attendance

1.	Please indicate which occup	pational group your department belongs to:	
	fery/Nursing Health Professionals	Administration	<u> </u>
2.	In your opinion, who is resp	oonsible for the management of employee attendanc	:e?
Humai Line M	yee themselves n Resources Ianager & HR	Line Manager Employee & Line Manager All of these	
3.	9 3	you/have you utilised in managing the attendance of ent? Please tick all that apply.	f
Emplo Return	ng manual records yee communication to work interview (please specify)	Occupational Health referral Disciplinary Procedure None of these	<u> </u>
4.	In your opinion, apart from attendance in the hospital?	genuine illness, what else might influence non- Please tick all that apply	
Employ Nature Workin	/personal situation yee motivation of work ng environment f career development	Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)	
5.	- -	ce impact most upon in the hospital? Please select the ank from 1 to 3, with 1 being the most significant.	he
Reputa	ncy ial & other resources tion of hospital eing of employees	Patient Care Morale Employee performance Other (please specify)	, >=

6. How effective do you feel the curre hospital?	ent approach to managing absence is in the
Very effective Very ineffective Unable to comment	Somewhat effective Somewhat ineffective
O O	do you feel may have a positive impact on to be introduced in the hospital? Please tick all tha
Flexible working Job re-design Term time working Reward Scheme Other (please specify)	Employee Assistance Programme Career Development/Training Plans IT System for recording attendance Training for managers

1. Please indicate which occur	pational group your department belongs to:	
Medical Midwifery/Nursing Allied Health Professionals	Administration Support Services Other	
2. In your opinion, who is re-	sponsible for the management of employee attendance	?
Employee themselves Human Resources Line Manager & HR	Line Manager Employee & Line Manager All of these	 -
<u> </u>	you/have you utilised in managing the attendance of ment? Please tick all that apply.	
Keeping manual records Employee communication Return to work interview Other (please specify)	Occupational Health referral Disciplinary Procedure None of these	PP-4
4. In your opinion, apart from attendance in the hospital'	n genuine illness, what else might influence non-? Please tick all that apply.	
Family/personal situation	Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)	
1 ,	nce impact most upon in the hospital? Please select the rank from 1 to 3, with 1 being the most significant.	e
Efficiency Financial & other resources Reputation of hospital Well being of employees	Patient Care Morale Employee performance Other (please specify)	

	hospital?		t approach to managing absence is in	
Very ir	ffective neffective e to comment		Somewhat effective Somewhat ineffective	
7.		•	you feel may have a positive impact be introduced in the hospital? Please	
Job re- Term t Reward	e working design ime working d Scheme (please specify)		Employee Assistance Programme Career Development/Training Plans IT System for recording attendance Training for managers	

1. Please indicate which occupational	l group your department belongs to:
Medical	Administration
Midwifery/Nursing	Support Services
Allied Health Professionals	Other
2. In your opinion, who is responsibl	e for the management of employee attendance?
Employee themselves	Line Manager
Human Resources	Employee & Line Manager
Line Manager & HR	All of these
3. Which of the following do you/have employees in your department? Pl	ve you utilised in managing the attendance of lease tick all that apply.
Keeping manual records	Occupational Health referral
Employee communication	Disciplinary Procedure
Return to work interview	None of these
Other (please specify)	
4. In your opinion, apart from genuinattendance in the hospital? Please Family/personal situation Employee motivation Nature of work Working environment Lack of career development	Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)
1 ,	act most upon in the hospital? Please select the om 1 to 3, with 1 being the most significant.
Efficiency <u>3</u>	Patient Care
Financial & other resources	Morale
Reputation of hospital	Employee performance 2
Well being of employees	Other (please specify)
<i></i>	· 1 3/

hospital?	u feer the curre	ent approach to managing absence is in	·
ffective neffective e to comment		Somewhat effective Somewhat ineffective	
		, , ,	
e working design ime working d Scheme (please specify)			- /
	hospital? ffective neffective to comment Which of the follow amployee attendance apply. e working design ime working d Scheme	hospital? ffective neffective to comment Which of the following initiatives of employee attendance if they were apply. e working design ime working d Scheme	ffective Somewhat effective Somewhat ineffective Somewhat ineffective Somewhat ineffective Both to comment Which of the following initiatives do you feel may have a positive impact employee attendance if they were to be introduced in the hospital? Please apply. Employee Assistance Programme design

1. Please indicate which occupational a	group your department belongs to:
Medical Midwifery/Nursing Allied Health Professionals	Administration Support Services Other
2. In your opinion, who is responsible	for the management of employee attendance?
Employee themselves Human Resources Line Manager & HR	Line Manager Employee & Line Manager All of these
3. Which of the following do you/have employees in your department? Plea	you utilised in managing the attendance of ase tick all that apply.
Keeping manual records Employee communication Return to work interview Other (please specify)	Occupational Health referral Disciplinary Procedure None of these
4. In your opinion, apart from genuine attendance in the hospital? Please tic	illness, what else might influence non- ck all that apply.
Family/personal situation Employee motivation Nature of work Working environment Lack of career development	Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)
· · · · · · · · · · · · · · · · · · ·	t most upon in the hospital? Please select the 1 to 3, with 1 being the most significant.
Efficiency Financial & other resources Reputation of hospital Well being of employees	Patient Care Morale Employee performance Other (please specify)

hospital?	eer the current approach to managing absence is in the
Very effective Very ineffective Unable to comment	Somewhat effective Somewhat ineffective
	initiatives do you feel may have a positive impact on they were to be introduced in the hospital? Please tick all the
Flexible working Job re-design Term time working Reward Scheme Other (please specify)	Employee Assistance Programme Career Development/Training Plans IT System for recording attendance Training for managers

1. Please indicate which occupational g	roup your department belongs to:
Medical Midwifery/Nursing Allied Health Professionals	Administration Support Services Other
2. In your opinion, who is responsible	for the management of employee attendance?
Employee themselves Human Resources Line Manager & HR	Line Manager Employee & Line Manager All of these
3. Which of the following do you/have employees in your department? Plea	you utilised in managing the attendance of see tick all that apply.
Keeping manual records Employee communication Return to work interview Other (please specify)	Occupational Health referral Disciplinary Procedure None of these
4. In your opinion, apart from genuine attendance in the hospital? Please tick	illness, what else might influence non- ck all that apply.
Family/personal situation Employee motivation Nature of work Working environment Lack of career development	Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)
* * *	t most upon in the hospital? Please select the 1 to 3, with 1 being the most significant.
Efficiency Financial & other resources Reputation of hospital Well being of employees	Patient Care Morale Employee performance Other (please specify)

How effective do you feel the curr hospital?	rent approach to managing absence is in the	
effective ineffective le to comment	Somewhat effective Somewhat ineffective	
		tha
ole working -design time working rd Scheme (please specify)	Employee Assistance Programme Career Development/Training Plans IT System for recording attendance Training for managers	- - -
	hospital? effective neffective le to comment Which of the following initiatives employee attendance if they were apply. le working -design time working rd Scheme	Somewhat effective neffective somewhat ineffective te to comment Which of the following initiatives do you feel may have a positive impact on employee attendance if they were to be introduced in the hospital? Please tick all apply. It is marked to be introduced in the hospital? Please tick all apply. It is marked to be introduced in the hospital? Please tick all apply. It is marked to be introduced in the hospital? Please tick all apply. It is marked to be introduced in the hospital? Please tick all apply. It is marked to be introduced in the hospital? Please tick all apply. It is marked to be introduced in the hospital? Please tick all apply. It is marked to be introduced in the hospital? Please tick all apply. It is marked to be introduced in the hospital? Please tick all apply.

1. Please indicate which occupational g	group your department belongs to:
Medical Midwifery/Nursing Allied Health Professionals	Administration Support Services Other
2. In your opinion, who is responsible	for the management of employee attendance?
Employee themselves Human Resources Line Manager & HR 3. Which of the following do you/have	Line Manager Employee & Line Manager All of these you utilised in managing the attendance of
employees in your department? Plea	
Keeping manual records Employee communication Return to work interview Other (please specify)	Occupational Health referral Disciplinary Procedure None of these
4. In your opinion, apart from genuine attendance in the hospital? Please tie	e illness, what else might influence non- ck all that apply.
Family/personal situation Employee motivation Nature of work Working environment Lack of career development	Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)
1 2	et most upon in the hospital? Please select the n 1 to 3, with 1 being the most significant.
Efficiency Financial & other resources Reputation of hospital Well being of employees	Patient Care Morale Employee performance Other (please specify)

ent approach to managing absence is in the
Somewhat effective
do you feel may have a positive impact on to be introduced in the hospital? Please tick all tha
Employee Assistance Programme Career Development/Training Plans IT System for recording attendance Training for managers

1.	Please indicate which occupation	onal group your department belongs to	o:
Medi	ical	Administration	
	wifery/Nursing	Support Services	
	d Health Professionals	Other	
Ame	arrenarrioressionals	Other	
2.	In your opinion, who is respon	sible for the management of employee	attendance?
Empl	loyee themselves	Line Manager	<u>.</u>
Hum	an Resources	Employee & Line Manager	
Line	Manager & HR	All of these	
3.	Which of the following do you, employees in your department	have you utilised in managing the att? Please tick all that apply:	endance of
Keen	ing manual records <u>X</u>	Occupational Health referral	•
_	loyee communication	Disciplinary Procedure	
	rn to work interview	None of these	
	r (please specify)	rvoite of these	
4.	In your opinion, apart from genattendance in the hospital? Plea	nuine illness, what else might influenc ase tick all that apply.	e non-
Fami	ly/personal situation	Organisation Culture	
	oyee motivation	Conditions (e.g. hours/pay)	
-	re of work	Absence culture	_
Work	king environment	Previous history of absence	•
	of career development	Other (please specify)	
 5.	1 ,	mpact most upon in the hospital? Plea c from 1 to 3, with 1 being the most sig	
Effici	ency 2	Patient Care	}
	icial & other resources	Morale ·	
	tation of hospital	Employee performance	3
•	being of employees	Other (please specify)	<u>~~</u>
, , С11	being of employees	Onter (predact specify)	

поорт	cal?	current approach to managing absence is i	
Very effective Very ineffect Unable to con	ve <u></u>	Somewhat effective Somewhat ineffective	
	oyee attendance if they	tives do you feel may have a positive impa were to be introduced in the hospital? Pleas	
Flexible worl Job re-design Term time w Reward Sche Other (please	orking me	Employee Assistance Programme Career Development/Training Plat IT System for recording attendance Training for managers	· · · · · · · · · · · · · · · · · · ·

Medic			
	cal	Administration	
Midw	rifery/Nursing	Support Services	
	Health Professionals	Other	
7 11110		3 4.62	
2.	In your opinion, who is responsi	ble for the management of employee atter	ndance?
Emplo	oyee themselves	Line Manager	
Huma	n Resources	Employee & Line Manager	
Line N	Manager & HR	All of these	
3.	Which of the following do you/lemployees in your department?	nave you utilised in managing the attenda Please tick all that apply.	nce of
Keepi	ng manual records	Occupational Health referral	
-	oyee communication	Disciplinary Procedure	
_	n to work interview	None of these	
	(please specify)	Trone of these	
Emplo Natur Worki	In your opinion, apart from genattendance in the hospital? Please y/personal situation oyee motivation e of work of career development of career development	uine illness, what else might influence not se tick all that apply. Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)	n-

Very effective		Somewhat effective	
Very ineffective		Somewhat ineffective	
Unable to comment			
7. Which of the follow	wing initiative	s do you feel may have a positive impact o	n .
employee attendar apply.	nce if they wer	e to be introduced in the hospital? Please ti	ick all tl
* *	nce if they wer	e to be introduced in the hospital? Please to be introduced in the hospital?	ick all th
apply.	nce if they wer		ick all tl
apply. Flexible working	nce if they wer	Employee Assistance Programme _	ick all th
apply. Flexible working Job re-design	nce if they wer	Employee Assistance Programme _ Career Development/Training Plans _	ick all th

1. Please indicate which occupational	group your department belongs to:
Medical Midwifery/Nursing Allied Health Professionals	Administration Support Services Other
2. In your opinion, who is responsible	for the management of employee attendance?
Employee themselves Human Resources Line Manager & HR	Line Manager Employee & Line Manager All of these
3. Which of the following do you/have employees in your department? Ple	e you utilised in managing the attendance of ase tick all that apply.
Keeping manual records Employee communication Return to work interview Other (please specify)	Occupational Health referral Disciplinary Procedure None of these
4. In your opinion, apart from genuine attendance in the hospital? Please ti	e illness, what else might influence non- ck all that apply.
Family/personal situation Employee motivation Nature of work Working environment Lack of career development	Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)
	ct most upon in the hospital? Please select the n 1 to 3, with 1 being the most significant.
Efficiency Financial & other resources Reputation of hospital Well being of employees	Patient Care Morale Employee performance Other (please specify)



6. How effective do you hospital?	teel the curre	nt approach to managing absence is in the
Very effective Very ineffective Unable to comment		Somewhat effective
	_	o you feel may have a positive impact on be introduced in the hospital? Please tick all that
Flexible working Job re-design Term time working Reward Scheme Other (please specify)		Employee Assistance Programme Career Development/Training Plans IT System for recording attendance Training for managers

1. Please indicate which	occupational g	roup your department belongs to:	
Medical Midwifery/Nursing Allied Health Professionals		Administration Support Services Other	· · · · · · · · · · · · · · · · · · ·
2. In your opinion, who	is responsible	for the management of employee atte	ndance?
Employee themselves Human Resources Line Manager & HR 3. Which of the followir	ng do you/have	Line Manager Employee & Line Manager All of these you utilised in managing the attenda	ance of
employees in your de	epartment? Plea	ise tick all that apply.	
Keeping manual records Employee communication Return to work interview Other (please specify)		Occupational Health referral Disciplinary Procedure None of these	
4. In your opinion, apar attendance in the hos	~	illness, what else might influence no	on-
Family/personal situation Employee motivation Nature of work Working environment Lack of career development		Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)	
• -	-	t most upon in the hospital? Please so 1 to 3, with 1 being the most signific	
Efficiency - Financial & other resources Reputation of hospital Well being of employees	3 3	Patient Care Morale Employee performance Other (please specify)	<u> </u>

6. How effective do you feel the cur hospital?	rent approach to managing absence is in the
Very effective Very ineffective Unable to comment	Somewhat effective Somewhat ineffective
	s do you feel may have a positive impact on e to be introduced in the hospital? Please tick all tha
Flexible working Job re-design Term time working Reward Scheme Other (please specify)	Employee Assistance Programme Career Development/Training Plans IT System for recording attendance Training for managers

1.	Please indicate which o	occupational g	roup your department belongs to:	
	nl – fery/Nursing – Health Professionals –		Administration Support Services Other	
2.	In your opinion, who is	responsi b le f	or the management of employee atte	ndance?
Humai	yee themselves n Resources lanager & HR Which of the following employees in your dep	do you/have	Line Manager Employee & Line Manager All of these you utilised in managing the attenda se tick all that apply.	ance of
Emplo Return	g manual records _ yee communication _ to work interview _ (please specify)	X	Occupational Health referral Disciplinary Procedure None of these	
4.	In your opinion, apart attendance in the hospi	_	illness, what else might influence no k all that apply.	n-
Employ Naturė Workis	/personal situation yee motivation of work ng environment f career development		Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)	
5.	. *	•	most upon in the hospital? Please so 1 to 3, with 1 being the most signific	
Reputa	ncy ial & other resources tion of hospital eing of employees	2	Patient Care Morale Employee performance Other (please specify)	<u> </u>

hospital?	nt approach to managing absence is in the
Very effective Very ineffective Unable to comment	Somewhat effective
	o you feel may have a positive impact on be introduced in the hospital? Please tick all that
Flexible working Job re-design Term time working Reward Scheme Other (please specify)	Employee Assistance Programme Career Development/Training Plans IT System for recording attendance Training for managers

1. Please indicate which occupational	group your department belongs to:
Medical	Administration
Midwifery/Nursing	Support Services
Allied Health Professionals	Other
2. In your opinion, who is responsible	e for the management of employee attendance?
Employee themselves	Line Manager
Human Resources	Employee & Line Manager
Line Manager & HR	All of these
3. Which of the following do you/hav employees in your department? Ple	e you utilised in managing the attendance of ease tick all that apply.
Keeping manual records	Occupational Health referral
Employee communication	Disciplinary Procedure
Return to work interview	None of these
Other (please specify)	
4. In your opinion, apart from genuin attendance in the hospital? Please to Family/personal situation Employee motivation Nature of work Working environment Lack of career development	e illness, what else might influence non- ick all that apply. Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)
three most significant and rank from Efficiency Financial & other resources Reputation of hospital	ct most upon in the hospital? Please select the m 1 to 3, with 1 being the most significant. Patient Care Morale Employee performance Other (please specify)
Well being of employees	Other (please specify)

6.	How effective do you hospital?	u feel the curre	ent approach to managing absence is in the
Very i	effective ineffective le to comment		Somewhat effective Somewhat ineffective
7.	Which of the following employee attendance apply.	ng initiatives d if they were t	lo you feel may have a positive impact on o be introduced in the hospital? Please tick all tha
Job re- Term t Rewar	le working -design time working -d Scheme (please specify)		Employee Assistance Programme Career Development/Training Plans IT System for recording attendance Training for managers
Thank	you for taking time to	complete this	survey; your input is greatly appreciated.

1. Please indicate which occupational g	group your department belongs to:
Medical	Administration
Midwifery/Nursing	Support Services
Allied Health Professionals	Other
2. In your opinion, who is responsible	for the management of employee attendance?
Employee themselves	Line Manager
Human Resources	Employee & Line Manager
Line Manager & HR	All of these
3. Which of the following do you/have employees in your department? Plea	e you utilised in managing the attendance of ase tick all that apply.
Keeping manual records	Occupational Health referral
Employee communication	Disciplinary Procedure
Return to work interview	None of these
Other (please specify)	·
4. In your opinion, apart from genuine attendance in the hospital? Please ti	e illness, what else might influence non- ck all that apply.
Family/personal situation	Organisation Culture
Employee motivation	Conditions (e.g. hours/pay)
Nature of work	Absence culture
Working environment	Previous history of absence
Lack of career development	Other (please specify)
	ct most upon in the hospital? Please select the n 1 to 3, with 1 being the most significant.
Efficiency <u>3</u>	Patient Care
Financial & other resources	Morale 2
Reputation of hospital	Employee performance
Well being of employees	Other (please specify)
, tell being of employees	Other (Preude Speedly)

Very effective	Somewhat effective
Very ineffective Unable to comment	Somewhat ineffective
9	iatives do you feel may have a positive impact on y were to be introduced in the hospital? Please tick all the
Flexible working	Employee Assistance Programme
Job re-design	Career Development/Training Plans
Job re-design Term time working	Career Development/Training Plans IT System for recording attendance
, ,	

1.	Please indicate which occupational group your department belongs to:			
	al fery/Nursing Health Professionals	<u>/</u> .	Administration Support Services Other	
2.	In your opinion, who is	responsible	for the management of employee atte	endance?
Humai	yee themselves n Resources lanager & HR	<u></u>	Line Manager Employee & Line Manager All of these	
3.	Which of the following of employees in your depa	•	you utilised in managing the attendance tick all that apply.	ance of
Emplo Return	ng manual records yee communication to work interview (please specify)		Occupational Health referral Disciplinary Procedure None of these	
4.	In your opinion, apart for attendance in the hospit	_	illness, what else might influence no ck all that apply.)n-
Emplo Nature Workii	/personal situation yee motivation e of work ng environment f career development	<u> </u>	Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)	
5.	1 7	•	t most upon in the hospital? Please s n 1 to 3, with 1 being the most signific	
Reputa	ncy ial & other resources tion of hospital eing of employees	3	Patient Care Morale Employee performance Other (please specify)	<u> </u>

hospital?	you leef the curr	ent approach to managing absence i	s in the
Very effective Very ineffective Unable to comment		Somewhat effective Somewhat ineffective	
	•	do you feel may have a positive imp to be introduced in the hospital? Ple	
Flexible working Job re-design Term time working Reward Scheme Other (please specify)		Employee Assistance Programme Career Development/Training Pl IT System for recording attendan Training for managers	ans

1. Please indicate which occupational a	group your department belongs to:
Medical Midwifery/Nursing Allied Health Professionals	Administration Support Services Other
2. In your opinion, who is responsible	for the management of employee attendance?
Employee themselves Human Resources Line Manager & HR	Line Manager Employee & Line Manager All of these
3. Which of the following do you/have employees in your department? Plea	you utilised in managing the attendance of ase tick all that apply.
Keeping manual records Employee communication Return to work interview Other (please specify)	Occupational Health referral Disciplinary Procedure None of these
4. In your opinion, apart from genuine attendance in the hospital? Please tick	illness, what else might influence non-
Family/personal situation Employee motivation Nature of work Working environment Lack of career development	Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)
* *	t most upon in the hospital? Please select the 1 to 3, with 1 being the most significant.
Efficiency Financial & other resources Reputation of hospital Well being of employees	Patient Care Morale Employee performance Other (please specify)

hospital?	ou teel the current approach to managing absence is in the
Very effective Very ineffective Unable to comment	Somewhat effective Somewhat ineffective
	ing initiatives do you feel may have a positive impact on se if they were to be introduced in the hospital? Please tick all tha
Flexible working Job re-design Term time working Reward Scheme Other (please specify)	Employee Assistance Programme Career Development/Training Plans IT System for recording attendance Training for managers

1. Please indicate which occupations	d group your department belongs to):
Medical Midwifery/Nursing	Administration	
Allied Health Professionals	Support Services Other	
2. In your opinion, who is responsib	le for the management of employee	attendance?
Employee themselves	Line Manager	,
Human Resources Line Manager & HR	Employee & Line Manager All of these	
 Which of the following do you/ha employees in your department? P 	ve you utilised in managing the atte lease tick all that apply.	endance of
Keeping manual records	Occupational Health referral	_/_
Employee communication Return to work interview	Disciplinary Procedure None of these	
Other (please specify)	ryone of these	
4. In your opinion, apart from genui attendance in the hospital? Please	ne illness, what else might influence tick all that apply.	e non-
Family/personal situation	Organisation Culture	
Employee motivation	Conditions (e.g. hours/pay)	
Nature of work Working environment	Absence culture Previous history of absence	
Lack of career development	Other (please specify)	
	act most upon in the hospital? Pleasom 1 to 3, with 1 being the most sign	
Efficiency	Patient Care	
Financial & other resources	Morale	
Reputation of hospital Wall being of ampleyees	Employee performance	
Well being of employees	Other (please specify)	

1. Please indicate which occupational g	group your department belongs to:
Medical Midwifery/Nursing	Administration Support Services
Allied Health Professionals	Other
2. In your opinion, who is responsible	for the management of employee attendance?
Employee themselves Human Resources Line Manager & HR	Line Manager Employee & Line Manager All of these
3. Which of the following do you/have employees in your department? Plea	you utilised in managing the attendance of ase tick all that apply.
Keeping manual records Employee communication Return to work interview Other (please specify)	Occupational Health referral Disciplinary Procedure None of these
4. In your opinion, apart from genuine attendance in the hospital? Please ti	e illness, what else might influence non- ck all that apply.
Family/personal situation	Organisation Culture
Employee motivation Nature of work	Conditions (e.g. hours/pay) Absence culture
Working environment Lack of career development	Previous history of absence Other (please specify)
1 ,	et most upon in the hospital? Please select the n 1 to 3, with 1 being the most significant.
Efficiency Financial & other resources Reputation of hospital Well being of employees	Patient Care Morale Employee performance Other (please specify)

feel the current approach to managing absence is in the
Somewhat effective Somewhat ineffective
g initiatives do you feel may have a positive impact on if they were to be introduced in the hospital? Please tick all tha
Employee Assistance Programme Career Development/Training Plans IT System for recording attendance Training for managers

1. Please indicate which occupa	itional group your department belongs to:
Medical	Administration
Midwifery/Nursing	Support Services
Allied Health Professionals	Other
2. In your opinion, who is respo	onsible for the management of employee attendance?
Employee themselves	Line Manager
Human Resources	Employee & Line Manager
Line Manager & HR	All of these
3. Which of the following do yo employees in your departme	ou/have you utilised in managing the attendance of ent? Please tick all that apply.
Keeping manual records	Occupational Health referral
Employee communication	Disciplinary Procedure
Return to work interview	None of these
Other (please specify)	
attendance in the hospital? P	
Family/personal situation	Organisation Culture
Employee motivation	Conditions (e.g. hours/pay)
Nature of work	Absence culture
Working environment	Previous history of absence
Lack of career development	Other (please specify)
- · · · · · · · · · · · · · · · · · · ·	e impact most upon in the hospital? Please select the ink from 1 to 3, with 1 being the most significant.
Efficiency	\ Patient Care
Financial & other resources	Morale
Reputation of hospital	Employee performance
Well being of employees	Other (please specify)

6. How effective do you fe hospital?	el the current approach to managing absence is in the
Very effective Very ineffective Unable to comment	Somewhat effective Somewhat ineffective
· ·	initiatives do you feel may have a positive impact on they were to be introduced in the hospital? Please tick all tha
Flexible working Job re-design Term time working Reward Scheme Other (please specify)	Employee Assistance Programme Career Development/Training Plans IT System for recording attendance Training for managers

1.	Please indicate which occupation	onal group your department belongs to	:
	ical wifery/Nursing d Health Professionals	Administration Support Services Other	
2.	In your opinion, who is respon	sible for the management of employee	attendance?
Hun	loyee themselves nan Resources Manager & HR	Line Manager Employee & Line Manager All of these	
3.	Which of the following do you, employees in your department	have you utilised in managing the atte? Please tick all that apply.	ndance of
Emp Retu	oing manual records loyee communication rn to work interview r (please specify)	Occupational Health referral Disciplinary Procedure None of these	
4.	In your opinion, apart from ger attendance in the hospital? Plea	nuine illness, what else might influence ase tick all that apply.	non-
Empl Natu Work	ly/personal situation loyee motivation re of work sing environment of career development	Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)	
5.	• •	npact most upon in the hospital? Pleas from 1 to 3, with 1 being the most sign	
Repu	ency 3 cial & other resources tation of hospital being of employees	Patient Care Morale Employee performance Other (please specify)	2

Very effective		Somewhat effective	
Very ineffective Unable to comment		Somewhat ineffective	
	•	o you feel may have a positive impact to be introduced in the hospital? Please	
apply.	n alog Were t	o be introduced in the nospital. Trease	tiek air t
apply. Flexible working		Employee Assistance Programme	_/_
apply. Flexible working Job re-design		Employee Assistance Programme Career Development/Training Plans	<u>/</u>
apply. Flexible working		Employee Assistance Programme	<u>/</u>

1.	Please indicate which	occupational g	group your department belongs to:	
	al ifery/Nursing Health Professionals	<u></u>	Administration Support Services Other	
2.	In your opinion, who	is responsible	for the management of employee atte	endance?
Huma	oyee themselves in Resources Manager & HR		Line Manager Employee & Line Manager All of these	
3.	Which of the followin employees in your de	0 ,	you utilised in managing the attendasse tick all that apply.	ance of
Emplo Return	ng manual records byee communication to work interview (please specify)		Occupational Health referral Disciplinary Procedure None of these	·
4.	In your opinion, apart attendance in the hosp	_	illness, what else might influence nock all that apply.	on-
Emplo Nature Worki	y/personal situation byee motivation e of work ng environment of career development		Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)	
5.	• •	•	et most upon in the hospital? Please s n 1 to 3, with 1 being the most signific	
Reputa	ncy tial & other resources ation of hospital eing of employees	<u>3</u>	Patient Care Morale Employee performance Other (please specify)	2

	How effective do you feel hospital?	the current approach to managing absence is in the
-	fective effective to comment	Somewhat effective Somewhat ineffective
	3	itiatives do you feel may have a positive impact on ey were to be introduced in the hospital? Please tick all tha
Job re-o Term ti Reward	e working design ime working d Scheme please specify)	Employee Assistance Programme . Career Development/Training Plans IT System for recording attendance Training for managers

1. Please indicate which occupational §	group your department belongs to:
Medical Midwifery/Nursing Allied Health Professionals	Administration Support Services Other
2. In your opinion, who is responsible	for the management of employee attendance?
Employee themselves Human Resources Line Manager & HR	Line Manager Employee & Line Manager All of these
3. Which of the following do you/have employees in your department? Plea	e you utilised in managing the attendance of ase tick all that apply.
Keeping manual records Employee communication Return to work interview Other (please specify)	Occupational Health referral Disciplinary Procedure None of these
4. In your opinion, apart from genuine attendance in the hospital? Please ti	e illness, what else might influence non- ck all that apply
Family/personal situation Employee motivation Nature of work Working environment Lack of career development	Organisation Culture Conditions (e.g. hours/pay) Absence culture Previous history of absence Other (please specify)
1 2	ct most upon in the hospital? Please select the n 1 to 3, with 1 being the most significant.
Efficiency Financial & other resources Reputation of hospital Well being of employees	Patient Care Morale Employee performance Other (please specify)

6. How effective do you feel the curre hospital?	ent approach to managing absence is in the
Very effective Very ineffective Unable to comment	Somewhat effective
	do you feel may have a positive impact on to be introduced in the hospital? Please tick all tha
Flexible working Job re-design Term time working Reward Scheme Other (please specify)	Employee Assistance Programme Career Development/Training Plans IT System for recording attendance Training for managers

Table 21 Financial Information: Summary Financial Position - 31 December 2006

	€'000
Incomes Department of Health Allocation 2006	45,607
Patient Income	9,383
Other	2,199 57,189
Paye	7,334
Medical Nursing	17,005
Other	20,401
	44,740
Non Pay:	
Drugs & Medicines	- 2,023 2,417
Medical & Surgical Appliances Insurances	339
Laboratory	1,506
Other	6,778 113,063
	≈614°000' -
Net Deficit 2006	*****

Net Defleit 2006 614;000

Taxes paid to Revenue Commissioners Year ended 31 December 2006

PAYE 6,966,402	
PRSI EE 1,448,728	
PRSI ER 3,021,152	ΑĘ.
	3 8
Withholding lax (147,535)	đ