

Does Emotional Needs Satisfaction Effect Levels of Workplace Absenteeism in a Public
Healthcare Setting?

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BA (HONS) Psychology

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EMOTIONAL NEEDS AND ABSENTEEISM

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EMOTIONAL NEEDS AND ABSENTEEISM

Table of Contents

Introduction	1
What is absenteeism?	1
The economic effects of absenteeism	1
Absenteeism and mental wellbeing	2
Job Satisfaction, mental wellbeing and absenteeism	3
Human Givens Theory of emotional needs	5
Effectiveness of Human Givens Therapy in treating mental wellbeing	6
Management and rates of absenteeism	7
Control and absenteeism	7
The current study	9
Methods	10
Participants	10
Ethical considerations	10
Measures	11
Design and statistical analyses	12
Procedure	12
Results	14
Descriptive statistics	14
Table 1- normality tests	15
Table 2- descriptive statistics	17

EMOTIONAL NEEDS AND ABSENTEEISM

Table 3- Frequencies	17
Correlation analysis	21
Figure 1	21
Figure 2	22
Table 3- correlation between variables	22
Hierarchical multiple regression	24
Table 4- multiple regression results	25
Between-groups ANOVA	26
Discussion	27
Emotional needs correlated with absenteeism	27
Management and absenteeism	27
Limitations	28
Conclusion and future studies	28
References	30
Appendices	37

EMOTIONAL NEEDS AND ABSENTEEISM

Abstract

Empirical research has shown that poorer mental wellbeing and general job dissatisfaction are associated with higher rates of absenteeism. There is a lack of research examining the relationship between emotional needs satisfaction and workplace absenteeism. The primary aim of this study sought to investigate whether a relationship existed between emotional needs satisfaction and workplace absenteeism. A secondary aim sought to examine the predictive ability of the emotional needs scores in explaining workplace absenteeism rates. A final aim of this research was to investigate whether management were different from other staff in rates of absenteeism.

The opportunistic sample consisted of 156 employees from a hospital in Ireland. The Emotional Needs Audit and the World Health Organization Health and Work Performance Questionnaire (HPQ) pertaining to absenteeism were used as measures. Surveys were distributed and collected over two weeks. Data analysis used Spearman's ρ correlation, hierarchical multiple regression and between-groups ANOVA.

Results showed that emotional needs were significantly negatively related to rates of workplace absenteeism. Emotional needs scores was not a significant predictor of absenteeism, while members of management were not found to be significantly different than other types of employees on absenteeism.

In conclusion, employees with lower levels of need satisfaction are more likely to have higher rates of absenteeism. Future research should be conducted with more objective measures of absenteeism.

Introduction

Workplace absenteeism is described as “unscheduled disruption of the work process due to days lost as a result of sickness or any other cause not excused through statutory entitlements or company approval” (Sherlock, 2015). It was reported that absenteeism costs small businesses in Ireland over €490 million per annum while anxiety and depression are among the top three contributors to this (Sherlock, 2015). The ESRI found that stress, anxiety and depression (SAD) related illnesses in Ireland had a significantly higher average number of days absent compared to other illnesses and account for 18% of all work-related illnesses (Russell, Maître, & Watson, 2016). Workplace absenteeism is a global issue. It was found that absenteeism costs the British and the Australian government’s £18 billion and \$33 billion respectively per annum (UK Office for National Statistics, 2019; Direct Health Solutions, 2019). Similarly, a study of the cost of absenteeism on Gross Domestic Product (GDP) was conducted across eight countries including Brazil, Canada, China, Japan, South Korea, Mexico, South Africa, and the USA. It was found that Japan showed the highest cost of absenteeism at approximately \$173 Billion per annum while South Korea showed the lowest costing approximately \$4.7 Billion per annum (Evans-Lacko, & Knapp, 2016). Although it has decreased significantly since 2013, the cost of absenteeism to the Irish taxpayer is still very large standing at €341.5 million in 2017 (Irish Department for Public Expenditure and Reform, 2018). It has been shown that levels of absenteeism have a large impact on both a country’s GDP as well as a company’s turnover. It has been found that the frequency of absence was predictive of annual turnover, in a number of companies’ sampled (Waters & Roach, 1979).

EMOTIONAL NEEDS AND ABSENTEEISM

Absenteeism

It has been shown that there is a significant difference in absence rates between public sector organisations and privately run organisations. For instance it has also been shown that in 2017 the average rates of absence in the public sector was 4.4%, compared to the private sectors overall average absence rate in Ireland being significantly lower, at 2.32% in the same year (Irish Department for Public Expenditure and Reform, 2018; IBEC Research Unit, 2018). It could be argued that the level of security in one's job is higher in the public sector and therefore there is less motivation to be present.

Aside from the substantial financial cost of absenteeism, it is also important to note that stress and mental illnesses, such as depression and anxiety, have been displayed to account for a significant percentage of days lost to absenteeism (Batson, 2019). A number of studies on workplace absenteeism have found that depression and other mental illnesses are associated with absenteeism. Wooden, Bubonya and Cobb-Clark (2016) studied longitudinal data from Household, Income, and Labour Dynamics in Australia (HILDA), that spanned from 2005-2012 in which there were 13,622 participants aged between 15 and 64. Significant associations were shown between the number of paid sick days taken and lower scores on the mental health scale. In a similar finding, a study of 4747 employees in Denmark was conducted. Bültmann et al., (2006) reported that depressive symptoms were predictive of future long-term sickness absence. In a study of over 9 million people, it was found that 19% of people who had been absent in the previous week met the criteria for major depression. It was also demonstrated that the presence of depression increased the probability of absenteeism by 300% (Munce, Stansfeld, Blackmore, & Stewart, 2007). Stress, as well as depression, has been shown to be associated with higher levels of absenteeism as well as lower levels of job satisfaction. Bubonya (2017) reported that

EMOTIONAL NEEDS AND ABSENTEEISM

poor mental health is associated with higher rates of absence. Batson (2019) reported that stress and other mental illnesses such as depression and anxiety accounted for 11.5% of all reported days absent in the USA.

However, it has been shown that the treatment of mental illnesses can have a number of positive outcomes for organisations. It was found that interventions significantly improved depression outcomes as well as showing an increase in hours worked by employees after 12 months (Wang, Simon, & Kessler, 2008). Similarly, Wang et al., (2006) found that enhanced depression treatment can result in a net benefit of \$2895 for employers over a 5 year period.

Job Satisfaction

Higher levels of job satisfaction have been linked to both lower levels of absenteeism and higher levels of mental health scores. Hacket (1989) found a significant relationship between absence frequency, general job satisfaction and work satisfaction. Brooke and Price (1989) also report similar findings. It was found that job satisfaction was negatively associated with absenteeism. Furthermore, in a study of employees in 34 different companies in the Netherlands, Ybema, Smulders and Bongers (2010) found that lower levels of job satisfaction predicted higher rates of absenteeism the next year. It was also found that burnout can lead to lower levels of job satisfaction, which can lead to increased rates of absenteeism.

It was also reported that there is an interaction between how involved a person is in their job, their satisfaction with said occupation, and their levels of absenteeism. In a study of 8454 employees from 1429 workplaces, Zatzick and Iverson (2011) researched how high-involvement work systems can influence employee involvement, job satisfaction and absenteeism. It was shown that employee involvement is positively correlated with job satisfaction, and employee

EMOTIONAL NEEDS AND ABSENTEEISM

involvement is negatively correlated with absenteeism. Similarly, it was shown that lower levels of job satisfaction and organizational commitment predict higher levels of voluntary absenteeism (Avey, Patera & West, 2006). Findings point to the conclusion that more satisfied employees are less likely to be frequently absent. However, there is little explanation or agreement as to what factors contribute to an employee being more involved or being more committed, to an organization.

Increasing job satisfaction and job commitment was shown to lead to a reduction in staff turnover and levels of absenteeism in a long-term care setting (Kinjerski & Skrypnek, 2008). Similarly, Mohren, Swaen, Kant, Schayck and Galama (2005) reported that employees with lower levels of job satisfaction and commitment were more likely to be absent when experiencing a typically acquired infection such as the common cold or flu. Furthermore, it has been shown that training employees can help reduce absenteeism. It was found that levels of job satisfaction are higher among employees who have received training. Job satisfaction was also found to be associated with lower levels of absence, as well as other positive outcomes (Jones, Jones, Latreille & Sloane, 2009). This finding that trained employees are happier in their job could be theorized to be linked to an increase in the employee's sense of control.

Further research has shown that giving employees a greater sense of control can have a positive impact on both job satisfaction and levels of absenteeism. It was shown that employees who can avail of flexible working arrangements such as flexi-time or compressed workweek, can have a significant positive impact on the relationship between the work and home environment, which is then associated with higher levels of job satisfaction (McNall, Masuda, & Nicklin, 2009). Furthermore, Krausz and Freibach (1983) conducted research among a sample of employed women, and found that levels of absenteeism were lower among those who had access

EMOTIONAL NEEDS AND ABSENTEEISM

to flexible working times. Additionally, it was shown that levels of absenteeism were significantly lower among married women and mothers who had access to flexible working times. This finding is even more significant considering it was found that women with children have higher levels of absenteeism (Jensen & McIntosh, 2007). It has also been shown that stress can have a major impact on job satisfaction. Mansoor, Fida, Nasir and Ahmad (2011) found that higher levels of stress in the workplace reduced levels of job satisfaction. An association between lower levels of job satisfaction and poorer mental health has also been reported (Cooper, Rout & Faragher, 1989; Evans et al., 2006). It could be argued that satisfying the need for control is an important factor in reducing absenteeism.

Emotional Needs

The Human Givens Theory argues that people are born with innate emotional needs, as well as physical ones. It is argued that if these emotional needs are not met, in balance, that mental illness will inevitably ensue (Griffin & Tyrell, 2013). These needs include: the need for security, control, status, a sense of achievement, attention, intimacy, privacy, a sense of meaning and a sense that you are part of a wider community. This theory of emotional needs lays the theoretical foundation for the Human Givens approach to Psychotherapy. It is stated that Human Givens Psychotherapy is a therapy that aims to combine the effective elements of a number of different therapies to provide an effective, impactful and holistic therapy that works well for people of all cultures (Okhai, 2010). This form of psychotherapy has been shown to be very effective at treating a number of different mental illnesses. In a 12 month evaluation of the effectiveness of Human Givens Psychotherapy it was established that the therapy was significantly more effective than a control therapy, and it was also shown to be clinically

EMOTIONAL NEEDS AND ABSENTEEISM

equivalent to data published by the Irish Association of Physical Therapists (Andrews, Twigg, Minami, & Johnson, 2011).

This finding was supported by the results of a 5 year evaluation of the effectiveness of Human Givens therapy, which found that participants who engaged in Human Givens therapy had significantly lower levels of emotional distress compared to before taking part in therapy (Andrews, Wislocki, Short, Chow & Minami, 2013). Similarly, in a case study of 3 adolescents reporting high levels of anxiety or depression, positive outcomes were observed for all three after being treated using Human Givens Psychotherapy. This finding supports the utility of this therapy (Yates & Atkinson, 2011).

These findings are especially relevant considering the number of positive outcomes associated with treating mental illnesses of employees in organisations. It was found that investing in depression interventions yielded a 302% increase in return for investment, over a two year period for employers (Lo Sasso, Rost & Beck, 2007). Furthermore it was reported that individual interventions such as therapy, increased mental health among employees, which reduces levels of absenteeism (Bhui, Dinos, Stansfeld, & White, 2012). It has also been shown that unmet emotional needs are associated with a number of negative outcomes. In a needs-based model of reconciliation, it was found that when certain needs were neglected it lead to a number of negative outcomes, such as being more likely to be a victim rather than a perpetrator (Shnabel & Nadler, 2008). Additionally, Sawamoto et al., (2016) conducted an 8 year longitudinal study in which it was shown that the inhibition of emotional needs was associated with disease progression. This research displays the importance of taking into consideration the emotional needs of an individual.

EMOTIONAL NEEDS AND ABSENTEEISM

Additionally, evidence suggests that there is a significant difference between management and staff ranked underneath those positions in levels of absenteeism. Hrebiniak and Roteman (1973) carried out research on the relationship between need satisfaction and levels of absenteeism, among management personnel in a public sector organization. It was stated that the lower the rates of need satisfaction the higher the rates of absenteeism were. Other research in the area of management suggests that managers are less likely to be absent than other staff. Shirom and Rosenblatt (2006) conducted analysis on government records of 51,974 school teachers in the years 2000 and 2001 in order to investigate the effect being promoted to a higher, supervisory position would have on levels of absenteeism. It was found that the higher the supervisory role the teacher was promoted to, the greater the decline in levels of absence from one year to the next. It could be argued that this may be due to an increase in job involvement and possibly the need for meaning being satisfied.

One of the ten emotional needs that the Human Givens theory proposes is the need for control or autonomy. There have been a number of studies which have reported that control is linked to absenteeism, job satisfaction and mental health. In a sample of nurses it was found that responsibility and independence were significant factors in job satisfaction (Cortese, 2007). Christensen, Nielsen, Rugulies, Smith-Hansen and Kristensen, (2005) also found that having higher levels of control in decision making predicts lower levels of sickness absence, in the workplace. Additionally, it was found that higher levels of psychological demand and lower levels of control in decision were significant predictors of the symptoms of depression (Niedhammer, Goldberg, Leclerc, Bugel & David, 1998). Similarly, in a study of Canadian nurses Enns, Currie and Wang (2015) found that having lower levels of control was found to be significantly associated with experiencing a major depressive episode in the prior 12 months as

EMOTIONAL NEEDS AND ABSENTEEISM

well and higher levels of absenteeism. In a systematic review of literature from 1986 to 2006 on factors predicting absenteeism among nurses, it was concluded that job stress as well as having unmanageable workload predicted absenteeism.

In contrast, factors including having more control in your job were found to be predictive of reducing absenteeism among nurses (Davey, Cummings, Newburn-Cook & Lo, 2009).

Shouteten (2016) supports these findings as it is reported that a person having lower levels of ability to complete their work predict higher levels of absenteeism. Research has also shown that control of pay and compensation has been associated with increased absenteeism. A lack of meaning in an occupation can also influence absenteeism. Yucelt (1982) found that little promotional opportunities and insecurity were linked to high absenteeism among white-collar workers in Turkey. Low pay and selfishness among co-workers were found to be linked to high levels of absenteeism among blue-collar workers. In a similar study among 134 low-wage public sector clerical employees, it was found that rates of absenteeism were higher among employees who believed they would not receive adequate reward for their performance (Hirschfeld, Schmitt & Bedeian, 2002). Contrastingly, it was found that people who have worked in a company longer have higher levels of absenteeism (Jensen & McIntosh, 2007). This finding suggests that increased job security can negatively impact on levels of workplace absenteeism.

In summary, it has been shown that absenteeism has a major impact financially on both governments and organisations. Research findings show that there are a number of factors that contribute to higher levels of absenteeism such as poorer mental health and lower levels of job satisfaction. However it has been shown that by treating mental illness, levels of absenteeism can be improved. Furthermore, it has been shown that by treating mental illness, levels of job satisfaction can be improved, which can also reduce levels of absenteeism. Empirical evidence

EMOTIONAL NEEDS AND ABSENTEEISM

also shows that Human Givens theory of emotional needs is a very effective way to view and treat mental wellbeing. The aim of this research is to investigate the relationship between emotional need satisfaction and levels of workplace absenteeism. It is hypothesized that higher levels of emotional needs satisfaction will be associated with lower levels of absenteeism while conversely, it is hypothesized that lower levels of emotional needs satisfaction will be associated with higher levels of workplace absenteeism. Furthermore, it is hypothesized that emotional needs will be predictive of absenteeism when controlling for other demographic variables. Additionally, it is hypothesized that members of management will have significantly lower levels of absenteeism than other types of employees.

Methods

Participants

The opportunistic sample was made up of 156 employees from Cavan General Hospital in Ireland. Emails containing the link to the questionnaire were sent around to all employees and those who wished to take part did so. There was an issue with staff being able to open the link to the questionnaire directly from the email due to the software on the computers in the hospital being outdated. However the majority of participants were recruited using physical questionnaires that were also distributed to the areas of work of all five different sections of employees.. The sample of employees was made up of 17 medical or dental staff, 34 nursing staff, 31 health and social care professionals, 30 support services staff, 31 administration staff as well as 13 members of management. The average age of participants was 43.08 (M=43.08, standard deviation (SD) = 10.64, range from 21-64). The average number of years employed was 13.94 (M=13.94, standard deviation (SD) = 9.82, range from 1-42).

Ethical Considerations

Participants were explicitly informed that their anonymity and confidentiality could not be maintained. Participants were also made aware that they could cease involvement and withdraw from the study any time, until they submitted their data. Once they submitted their data, they would be unable to withdraw that data as it was anonymous and it would be indistinguishable from anyone else's data.

EMOTIONAL NEEDS AND ABSENTEEISM

Measures

The questionnaire was designed and put together by the researcher. The questionnaire included an initial debriefing on the potential effects of the research and the consent of the participant to take part in the research was requested. Some initial demographic information is then requested, this included gender, age, years employed and their job title. The Emotional Needs Audit follows this. It is a ten item scale which measures the levels of satisfaction of each of the emotional needs proposed by the Human Givens theory (Griffin & Tyrrell, 2013). It has been found to be a valid and reliable measure of mental distress as well as predictive of wellbeing (Tsaroucha, Kingston, Corp, Stewart & Walton, 2012; Sheldon, Elliot, Kim & Kasser, 2001). Questions are asked relating to each of the emotional needs and the participant responds by ticking one of the boxes ranging from 1-7. One signifying that the emotional need is never being met and 7 meaning the emotional need is always being met. There were no reverse scored items.

Cronbach's alpha for the 10 human need items were .89.

A section of the World Health Organization Health and Work Performance Questionnaire (HPQ) pertaining to absenteeism will also be used to measure levels of absenteeism among full time employees. This has been found to be a valid and reliable measure in both Western and Middle-Eastern cultures (Kessler et al., 2003; Pournik et al., 2012). Additionally, Kessler et al. (2004) used it to measure both absenteeism and presenteeism in order to investigate the cost of workplace illness. Items included questions pertaining to how many hours they worked in the previous 7 days, how many hours their employer expected of them, how many days they missed due to health and how many days they missed due to other reasons.

EMOTIONAL NEEDS AND ABSENTEEISM

Design and Statistical Analysis

A multivariate cross-sectional research design was employed in this current research. Data obtained from employees of Cavan General Hospital was used in order to investigate the aims of this research. It was hypothesized that higher levels of emotional needs satisfaction (Independent Variable) will be significantly correlated with lower levels of absenteeism (Dependent Variable). Conversely, it was hypothesized that lower levels of emotional needs satisfaction (IV) will be significantly correlated with higher levels of higher levels of absenteeism (DV). Finally, it was hypothesized that members of management (IV) will have significantly lower levels of absenteeism (DV) than other members of staff. All statistical analysis was conducted using IBM's statistical software SPSS, version 24. Descriptive statistics, Spearman's ρ correlation, Shapiro-Wilk's test of normality, hierarchical multiple regression and a between-groups ANOVA were conducted.

Procedure

Firstly, the General Manager of Cavan General Hospital was contacted in relation this study. A copy of the survey and the aims of the study were sent to the General Manager and permission was acquired. Once permission was granted, a link to the survey, which was located on Google Forms, was distributed to 5 employees as part of a pilot study. During this, an issue was discovered in which due to the computer software in the hospital being outdated, staff were unable to simply click on the link and access the survey. Staff who wished to take part in the research online were required to copy the link and paste it into their browser in order to access it. This led to a larger emphasis being put on physical surveys. Physical surveys were distributed to a number of different areas in the hospital related to all the 5 different areas of staff such as medical/ dental staff, nursing staff, health and social care professionals, support services staff,

EMOTIONAL NEEDS AND ABSENTEEISM

administration staff as well as members of management. Furthermore, it should be noted that all physical surveys were distributed and collected by the Operational Services Manager and the researcher has no contact with participants. The participation was voluntary and no reward was offered. It should also be noted that a full-disclosure design was employed where participants were made fully aware of the nature and the purpose of the research. Therefore, no deception was used in this research.

Additionally, participants were made aware that this research was a part of the researcher's final year thesis. Participants were also required to provide their consent in order for their data to be used. This was all a part of the initial debriefing process of the research. Participants were given 14 days to complete the questionnaire and after this time the Operational Services Manager collected these surveys. As the duration of the study was 14 days any surveys completed before the end of those 14 days were stored in a locked filing cabinet in the Operational Services Manager's office. Following the cessation of the study, when all the questionnaires were completed and returned, the researcher met with the Operational Services Manager at a location outside of the Hospital in order to collect the surveys.

Results

Descriptive Statistics

The data was processed in IBM's statistical software SPSS, version 24. Before the main analysis, the data was screened for univariate and multivariate outliers. In the process of data screening, seven univariate outliers with standardized z-score higher than 3.29 were detected and removed from further analysis. With Mahalanobis's distances method ($p < .001$) three multivariate outliers were detected and removed from further analysis. In total, 10 outliers were removed or 6.4 % of the data.

Normality of data distributions was accessed with Shapiro-Wilk's test, histogram inspection, and observation of distributions' skewness and kurtosis. Distribution analysis indicates that on all variables data were not normally distributed. The results of Shapiro-Wilk's test are presented in Table 1. Descriptive statistics, including mean (M), Range and Standard Deviation (SD) for all continuous variables are presented in Table 2 and Table 3.

EMOTIONAL NEEDS AND ABSENTEEISM

Table 1.

Results of Shapiro-Wilk's test

	Shapiro-Wilk		
	Statistic	df	Sig.
Do you feel secure in all areas of your life?	.843	146	.000
Do you feel you receive enough attention?	.885	146	.000
Do you feel you give other people enough attention?	.864	146	.000
Do you feel in control of your life most of the time?	.875	146	.000
Do you feel connected to some part of a wider community?	.860	146	.000
Can you obtain privacy when you need to?	.834	146	.000

EMOTIONAL NEEDS AND ABSENTEEISM

Do you feel an emotional connection to others?	.691	146	.000
Do you feel that you have status that is recognized?	.867	146	.000
Are you achieving things and feeling competent in at least one major area of your life?	.826	146	.000
Are you being mentally and/or physically stretched in ways which give you a sense that life is meaningful?	.896	146	.000
Total Needs Score	.922	146	.000
Total Whole Day Absent	.748	146	.000
Total Time Absent	.746	146	.000

EMOTIONAL NEEDS AND ABSENTEEISM

Table 2.

Descriptive statistics

	Mean	Range	Standard Deviation
Total Needs Score	55.32	44.00	10.63
Total Whole Day Absent	1.21	8.00	1.68
Total Time Absent	3.58	23.00	4.44

Table 3.

Frequencies

	Frequencies	
Do you feel secure in all areas of your life?	No	0
	Very Rarely	1
	Rarely	4
	Sometimes	24
	Often	21
	Very Often	41

EMOTIONAL NEEDS AND ABSENTEEISM

	Yes	55
Do you feel you receive	No	0
enough attention?	Very Rarely	1
	Rarely	3
	Sometimes	22
	Often	35
	Very Often	44
	Yes	41
Do you feel you give	No	0
other people enough	Very Rarely	7
attention?	Rarely	11
	Sometimes	15
	Often	30
	Very Often	36
	Yes	47
Do you feel in control	No	0
of your life most of the time?	Very Rarely	9
	Rarely	10
	Sometimes	12
	Often	38
	Very Often	49
	Yes	28

EMOTIONAL NEEDS AND ABSENTEEISM

Do you feel connected to some part of a wider community?	No	3
	Very Rarely	13
	Rarely	4
	Sometimes	21
	Often	23
	Very Often	40
	Yes	42
Can you obtain privacy when you need to?	No	2
	Very Rarely	3
	Rarely	13
	Sometimes	17
	Often	19
	Very Often	35
	Yes	57
Do you feel an emotional connection to others? E.g Friends or partners	No	5
	Very Rarely	6
	Rarely	5
	Sometimes	7
	Often	14
	Very Often	26
	Yes	83
Do you feel that you	No	4

EMOTIONAL NEEDS AND ABSENTEEISM

have status that is recognized?	Very Rarely	2
	Rarely	16
	Sometimes	13
	Often	37
	Very Often	25
	Yes	49
Are you achieving things	No	0
and feeling competent in at least	Very Rarely	7
one major area of your life?	Rarely	6
	Sometimes	8
	Often	30
	Very Often	47
	Yes	48
Are you being mentally	No	4
and/or physically stretched in	Very Rarely	8
ways which give you a sense	Rarely	13
that life is meaningful?	Sometimes	20
	Often	29
	Very Often	39
	Yes	33

EMOTIONAL NEEDS AND ABSENTEEISM

Correlational Analysis

Because data was not normally distributed, Spearman's ρ correlation was used in order to assess the relationship between the variables. The results indicate that Total Needs Score is negatively correlated to Total Whole Day Absent $\rho = -.323, p < .001$, and Total Time Absent $\rho = -.246, p = .003$. That means that Total Needs Score explains 10.43 % of variability of Total Whole Day Absent and 6.05 % of variability of Total Time Absent. The results are presented on Figure 1 and 2.

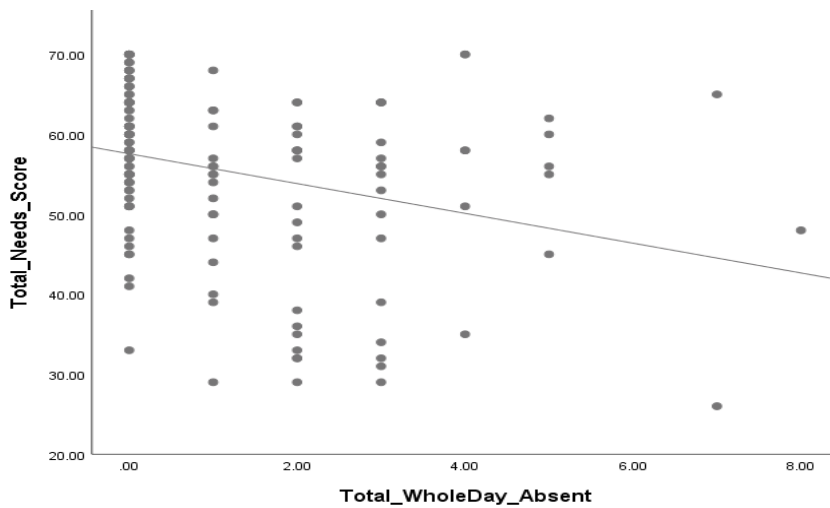


Figure 1. Scatterplot, correlation between Total Needs Score and Total Whole Day Absent variable

EMOTIONAL NEEDS AND ABSENTEEISM

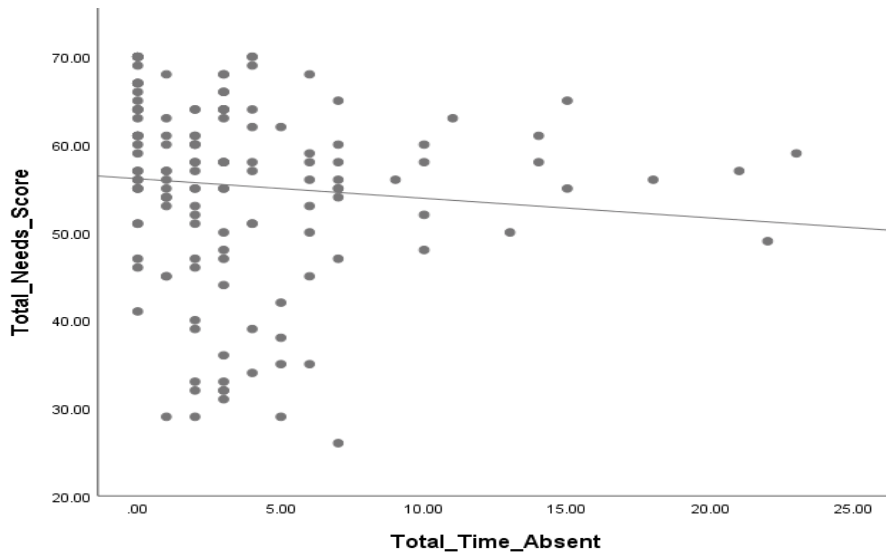


Figure 2. Scatterplot, correlation between Total Needs Score and Total Time Absent variable

In the next step, the correlation between the need sub-scales, Total Whole Day Absent, and Total Time Absent was computed. The results are presented in Table 3.

Data presented in the table 3 show that all significant correlations between need sub-scales, Total Whole Day Absent, and Total Time Absent are negative. These further indicate that people whose needs are more satisfied tend to be absent less from their work.

Table 3 (correlations between variables)

Correlations between all continuous variables.

Variables	1	2	3	4	5
1. Total Time Absent	1	-.003	.132	.192	-.024
2. Gender	-.003	1	.157	.27***	.172

EMOTIONAL NEEDS AND ABSENTEEISM

3. Age	.132	.157	1	.448***	-.038
4. Years Employed	.192	.27***	.448***	1	-.015
5. Total Emotional Needs Score	-.024	.172	-.038	-.015	1

Note. Statistical significance: * $p < .05$; ** $p < .01$; *** $p < .001$

Hierarchical Multiple Regression Analysis

The variable for age was split into younger (less than 49) and older (over 50) employees in order to assess if any differences were there. This was based on a similar study which used similar criteria (Bouville, Dello Russo and Truxillo, 2017).

Hierarchical multiple regression was performed to investigate emotional needs satisfaction to predict levels of workplace absenteeism, after controlling for age, gender and years employed. Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. Additionally, the correlations amongst the predictor variables (age, years employed, gender and total emotional needs scores) were examined and these are presented in Table 3. An examination of correlations (see Table 3) revealed that no independent variables were highly correlated (with the exception of gender and years employed, and age and years employed). However, as the collinearity statistics (i.e., Tolerance and VIF) were all within accepted limits, the assumption of multicollinearity was deemed to have been met.

In the first step of hierarchical multiple regression two predictors were entered: gender and age. This model was not statistically significant $F(2, 139) = 1.28; p = .28$ and explained 18% of variance in absenteeism. After the entry of year of employment at Step 2 the total variance explained by the model was 43% ($F(3, 138) = 2.06; p = .11$). The introduction of the emotional needs score explained no additional percentage of variance in rates of absenteeism (43%), after controlling for age, gender, years and years of employment; no change that was statistically significant was found ($R^2 \text{ Change} = .000; F(4, 137) = 1.54; p = 1.9$). In the final model, none of the PVs uniquely predicted workplace absenteeism to a statistically significant degree. (see Table 4 for full results).

EMOTIONAL NEEDS AND ABSENTEEISM

Table 4 (hierarchical multiple regression results)

Hierarchical multiple regression model predicting Absenteeism

	R	R ²	R ² Change	B	SE	β	<i>t</i>
Step 1	.13	.02					
Gender				-.43	1.51	-.02	-.29
Age				2.31	1.45	.14	1.60
Step 2	.21	.04	.03				
Gender				-1.09	1.54	-.06	-.71
Age				1.02	1.58	.06	.65
Years				2.90	1.54	.18	1.89
Employed							
Step 3	.21	.04	0				
Gender				-1.06	1.57	-.06	-.67
Age				1.02	1.59	.06	.64

EMOTIONAL NEEDS AND ABSENTEEISM

Years	2.90	1.55	.18	1.88
Employed				
Emotional	-.26	2.46	-.009	-.11
Needs Score				

Note. R^2 = R-squared; Adj R^2 = Adjusted R-squared; β = standardized beta value; B = unstandardized beta value; SE = Standard errors of B; CI 95% (B) = 95% confidence interval for B; N = 156; Statistical significance: * $p < .05$; ** $p < .01$; *** $p < .001$

Between Groups ANOVA

A one-way between groups ANOVA was conducted to determine if there were differences between job types in levels of absenteeism. Participants were divided into 6 groups according to their reported staff designation (Medical/Dental, Nursing, Health and Social Care Professionals, Support Services, Administration and Management). There was no statistically significant difference in levels of levels of absenteeism for the 6 job types $F(5, 150) = .53, p = .75$. However, the effect size indicated a large difference in levels of absenteeism (eta squared = .18).

Post-hoc comparisons using the Tukey HSD test indicated that the mean score for member of management (M = 5.23, SD = 6.02) was not significantly higher ($p = .99$) than medical/dental staff (M = 3.41, SD = 2.72), nursing ($p = 1.00$; M = 5.35, SD = 6.87), health and social care profession ($p = 1.00$; M = 4.81, SD = 5.92), support services ($p = .96$; M = 3.00, SD = 9.98), or administration staff ($p = 1.00$; M = 5.84, SD = 6.02).

Discussion

The main aim of this study was to investigate whether a relationship existed between emotional needs satisfaction and levels of workplace absenteeism and if so, what the nature of that relationship was. This research was inspired by both studies into absenteeism which showed its impact on a country's economy, business' and the employee as well as studies which showed that stress and other mental health issues play a large role in absenteeism (Evans-Lacko, & Knapp, 2016; Mall et al, 2014; Doki et al, 2016; Bubonya, 2016). Results showed that as emotional needs satisfaction scores decreased the number of whole days missed by employees increased significantly. However results also showed that similarly while emotional needs satisfaction scores decreased the total score for days missed increased, this correlation was not statistically significant. This finding does support the hypothesis that lower levels of emotional needs satisfaction will be significantly correlated with higher numbers of days absent. The converse hypothesis was not supported however.

Furthermore, the hypothesis that members of management would have significantly lower levels of absenteeism than other job types was not supported. It was also reported that emotional needs satisfaction was not predictive of absenteeism. The findings suggest that while there is a relationship between emotional needs satisfaction and absenteeism it is not as clear and linear as hypothesised. These findings support the argument that people with lower levels of emotional wellbeing or distress tend to have higher levels of workplace absenteeism (Doki et al., 2016; Bubonya, 2016; Devonish, 2013). Findings also somewhat support the idea that employees who are more contented in the work environment will be absent less (Ybema, Smulders & Bongers,

EMOTIONAL NEEDS AND ABSENTEEISM

2010; Brooke & Price, 1989; Jones, Jones, Latreille & Sloane, 2009). Furthermore, results did not support the argument that managers are absent less than other job types (Hrebiniak & Roteman, 1973; Shirom & Rosenblatt, 2006). However, while this research does provide evidence for the existence of a significant relationship between emotional needs and workplace absenteeism, it does not provide clarity as to what exactly the nature of that relationship is.

This research was successful in addressing the proposed hypotheses. It was established that as an employees' emotional needs satisfaction decreases they are more likely to be absent from work. A number of methodological issues were encountered throughout this research. Firstly, it should be noted that sample recruitment was effected due to a lack of modern software in the healthcare setting. This in turn affected the sample size which may have an impact on external validity. Furthermore, levels of absenteeism were measured subjectively as it was not possible to access employees' attendance records and then match these to their emotional needs scores. This may affect the external reliability of the findings as they are based on the assumption that participants will be truthful.

Conclusion

In conclusion, this study was the first to empirically investigate the relationship between emotional needs satisfaction and workplace absences. Furthermore, it added to the literature in the areas of both absenteeism and emotional needs. This research displayed the importance of emotional needs in contributing to workplace absenteeism. The findings of this study showed the importance of ensuring employees have medium-high levels of needs satisfaction so as to attempt to prevent absenteeism.

EMOTIONAL NEEDS AND ABSENTEEISM

While the model did not find that emotional need satisfaction is predictive of absenteeism, it is advised that future studies explore this relationship with a larger and possibly more diverse sample. Additionally, it is advised that future research explore what the nature of the relationship between emotional needs satisfaction and workplace absence is exactly, while also focus on using a more objective form of measurement for workplace absenteeism. Finally, future research could also attempt to investigate why there is a difference in levels of workplace absenteeism between the public and the private sectors through the lens of emotional needs satisfaction.

The hope of the researcher was that the findings of this research would help to augment leaders' of organizations comprehension of absenteeism and employee wellbeing. The findings of this research did show the potential importance of emotional needs in the workplace and how this may be a salient factor for policy makers in an organization to keep in consideration. These findings can be potentially very beneficial for leaders in organizations for helping to understand and influence workplace absenteeism. These findings could help organizations improve an employees' experience, which may in turn benefit the employer by reducing absenteeism. It is advised that organizations, such as the HSE, train managers or leaders on the topic of emotional needs and how to practically implement this knowledge around emotional needs in the workplace successfully.

EMOTIONAL NEEDS AND ABSENTEEISM

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Appendices

Appendix 1

Does Emotional Needs Satisfaction Effect Levels of Workplace Absenteeism?

This is a final year research project being conducted by Redmond Egan, a student of the National College of Ireland, as part of his final year course work. It is a short questionnaire comprised of 22 questions. It is designed to measure levels of emotional need satisfaction, levels of absenteeism as well as collect from demographic information. Participation will take between 5-10 minutes. The purpose of this study is to investigate whether a relationship exists between levels of emotional need satisfaction and levels of workplace absenteeism. Research has shown that stress and poor mental wellbeing to be predictive of higher levels of absenteeism. The Emotional Needs Scale has been found to be a valid measure of mental distress as well as predictive of wellbeing. Participants will answer 22 short questions, some concerned with emotional needs, some with absence from work and other being demographic information. Data provided by participants as part of this research will be used in statistical analysis and submitted as part of a final year project. Data provided by participants is anonymous and will be kept completely confidential. There is a possibility that participants may be offended or distressed by some questions posed as part of this research.

1. I consent to taking part in this research

Demographic Questions

This section includes 3 questions pertaining to a person's age, gender, and what their staff designation is.

2. Gender

Male

Female

3. Age

4. Staff Designation

Medical/ Dental

Nursing

Health and Social Care Professional

Support Services (E.g Catering/ Attendant)

Administration (E.g Clerical Officer)

Management (Level V and above)

5. Years employed (if less than 1, please answer 1 year)

Emotional Needs Scale

This section is composed of 10 short questions designed to measure levels of emotional needs satisfaction.

EMOTIONAL NEEDS AND ABSENTEEISM

6. Do you feel secure in all areas of your life? (such as your home, work, environment)

No| 1 2 3 4 5 6 7 |Yes

7. Do you feel you receive enough attention?

No| 1 2 3 4 5 6 7 |Yes

8. Do you feel you give other people enough attention?

No| 1 2 3 4 5 6 7 |Yes

9. Do you feel in control of your life most of the time?

No| 1 2 3 4 5 6 7 |Yes

10. Do you feel connected to some part of a wider community?

No| 1 2 3 4 5 6 7 |Yes

11. Can you obtain privacy when you need to?

No| 1 2 3 4 5 6 7 |Yes

12. Do you feel an emotional connection to others? For instance, do you have an intimate relationship in your life, one where you are totally physically and emotionally accepted for who you are by at least one person (this could be a close friend)?

No| 1 2 3 4 5 6 7 |Yes

13. Do you feel that you have status that is recognized?

No| 1 2 3 4 5 6 7 |Yes

14. Are you achieving things and feeling competent in at least one major area of your life?

No| 1 2 3 4 5 6 7 |Yes

15. Are you being mentally and/or physically stretched in ways which give you a sense that life is meaningful?

No| 1 2 3 4 5 6 7 |Yes

EMOTIONAL NEEDS AND ABSENTEEISM

Absenteeism Questionnaire

This is a short 8 item questionnaire which measures levels of absenteeism.

16. About how many hours did you work in the past 7 days?

**17. How many hours does your employer expect you to work in a typical 7-day week?
(if it varies, estimate the average)**

Now please think of your work experiences over the past 4 weeks (28 days). In the spaces provided below, write the number of days you spent in each of the following work situations.

In the past 4 weeks (28 days), how many days did you..

18. ...miss an entire work day because of problems with your physical or mental health? (Please include only days missed for your own health, not someone else's)

19. ... miss an entire work day for any other reason (including vacation)

**20. ...miss part of a work day because of problems with you physical or mental health?
(Please include only days missed for your own health, not someone else's)**

21. ...miss part of a work day for any other reason (including vacation)?

22. ...come in early, go home late or work on your day off?

23. How many hours altogether did you work in the past 4 weeks (28 days)? (See examples below)

Examples For Calculating Hours Worked in the Past 4 Weeks

39 hours per week for 4 weeks = 156 hours

EMOTIONAL NEEDS AND ABSENTEEISM

35 hours per week for 4 weeks = 140 hours

39 hours per week for 4 weeks with 2 8-hour days missed = 140 hours

39 hours per week for 4 weeks with 3 4-hour partial days missed= 144 hours

35 hours per week for 4 weeks with 2 8-hour days missed and 3 4-hour partial days missed = 112 hours

Does Emotional Needs Satisfaction Effect Levels of Workplace Absenteeism?

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The purpose of this study is to investigate whether a relationship exists between levels of emotional need satisfaction and levels of workplace absenteeism. Research has shown that stress and poor mental wellbeing to be predictive of higher levels of absenteeism. The Emotional Needs Scale has been found to be a valid measure of mental distress as well as predictive of well being. Data provided by participants as part of this research will be used in statistical analysis and submitted as part of a final year project. There is a possibility that participants may be offended or distressed by some questions posed as part of this research. Participants are free to withdraw, without cost, at any point up until data has been submitted. As this study is anonymous the researcher will be unable to distinguish a participant's identity from their data provided. Therefore data will be unable to be withdrawn. The researcher is required to keep information provided completely disclosed. This data will only be seen by the researcher and the researcher's supervisor. If the participant has any questions regarding the research or is interested in the results of the research, the researchers contact details are below.

Researcher Contact Details;

Redmond Egan

X16344426@Student.ncirl.ie

If you feel distressed by any part of this research there are details below of associations that may help;

The Samaritans

www.samaritans.ie

Tel: 116 123

Text: 087 2 60 90 90

Aware (Depression & Bi-Polar Disorder)

www.aware.ie

Tel: 1800 80 48 48

IACP (Counselling & Psychotherapy)

Tel: 01 230 3536

www.iacp.ie

EMOTIONAL NEEDS AND ABSENTEEISM

Thank you for taking part in this research