READING PASSAGE 1

You should spend about 20 *minutes on* ***Questions 1 – 13*** *which are based on Reading Passage 1 below.*

ABSENTEEISM IN NURSING: A LONGITUDINAL STUDY

Absence from work is a costly and disruptive problem for any organisation. The cost of absenteeism in Australia has been put at 1.8 million hours per day or $1400 million annually. The study reported here was conducted in the Prince William Hospital in Brisbane, Australia, where, prior to this time, few active steps had been taken to measure, understand or manage the occurrence of absenteeism.

Nursing Absenteeism

A prevalent attitude amongst many nurses in the group selected for study was that there was no reward or recognition for not utilising the paid sick leave entitlement allowed them in their employment conditions. Therefore, they believed they may as well take the days off – sick or otherwise. Similar attitudes have been noted by James (1989), who noted that sick leave is seen by many workers as a right, like annual holiday leave.

Miller and Norton (1986), in their survey of 865 nursing personnel, found that 73 per cent felt they should be rewarded for not taking sick leave, because some employees always used their sick leave. Further, 67 per cent of nurses felt that administration was not sympathetic to the problems shift work causes to employees' personal and social lives. Only 53 per cent of the respondents felt that every effort was made to schedule staff fairly.

In another longitudinal study of nurses working in two Canadian hospitals, Hackett, Bycio and Guion (1989) examined the reasons why nurses took absence from work. The most frequent reason stated for absence was minor illness to self. Other causes, in decreasing order of frequency, were illness in family, family social function, work to do at home and bereavement.

Method

In an attempt to reduce the level of absenteeism amongst the 250 Registered and Enrolled Nurses in the present study, the Prince William management introduced three different, yet potentially complementary, strategies over 18 months.

Strategy 1: *Non-financial (material) incentives*

Within the established wage and salary system it was not possible to use hospital funds to support this strategy. However, it was possible to secure incentives from local businesses, including free passes to entertainment parks, theatres, restaurants, etc. At the end of each roster period, the ward with the lowest

absence rate would win the prize.

Strategy 2: Flexible fair rostering Where possible, staff were given the opportunity to determine their working schedule within the limits of clinical needs.

Strategy 3: Individual absenteeism and counselling
Each month, managers would analyse the pattern of absence of staff with excessive sick leave (greater than ten days per year for full-time employees). Characteristic patterns of potential 'voluntary absenteeism' such as absence before and after days off, excessive weekend and night duty absence and multiple single days off were communicated to all ward nurses and then, as necessary, followed up by action.

Results
Absence rates for the six months prior to the incentive scheme ranged from 3.69 per cent to 4.32 per cent. In the following six months they ranged between 2.87 per cent and 3.96 per cent. This represents a 20 per cent improvement. However, analysing the absence rates on a year-to-year basis, the overall absence rate was 3.60 per cent in the first year and 3.43 per cent in the following year. This represents a 5 per cent decrease from the first to the second year of the study. A significant decrease in absence over the two-year period could not be demonstrated.

Discussion
The non-financial incentive scheme did appear to assist in controlling absenteeism in the short term. As the scheme progressed it became harder to secure prizes and this contributed to the program's losing momentum and finally ceasing. There were mixed results across wards as well. For example, in wards with staff members who had long-term genuine illness, there was little chance of winning, and to some extent the staff on those wards were disempowered. Our experience would suggest that the long-term effects of incentive awards on absenteeism are questionable.

Over the time of the study, staff were given a larger detree of control in their rosters. This led to significant improvements in communication between managers and staff. A similar effect was found from the implementation of the third strategy. Many of the nurses had not realised the impact their behaviour was having on the organisation and their colleagues but there were also staff members who felt that talking to them about their absenteeism was 'picking' on them and this usually had a negative effect on management – employee relationships.

Conclusion
Although there has been some decrease in absence rates, no single strategy or combination of strategies has had a singnificant impact on absenteeism per se. Notwithstanding the disappointing results, it is our contention that the strategies were not in vain. A shared ownership of absenteeism and a collaborative approach to problem solving has facilitated improved cooperation and communication between management and staff. It is our belief that this improvement alone, while not tangibly measurable, has increased the ability of management to manage the effects of absenteeism more effectively since this study.

This article has been adapted and condensed from the article by G. William and K. Slater (1996), 'Absenteeism in nursing: A longitudinal study', *Asia Pacific Journal of Human Resources*, 34 (1): 111–21. Names and other details have been changed and report findings may have been given a different emphasis from the original. We are grateful to the authors and *Asia Pacific Journal of Human Resources* for allowing us to use the material in this way.