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i Stavanger

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**Identifying factors that cause sickness absence in
production companies and measures**

Identifisering av faktorer som forårsaker sykefravær i produksjonsbedrifter og tiltak

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Identifying factors that cause sickness absence in production companies and measures

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Forewords

As I quickly approach the very end of this EMBA program at UiS, I would like to look back at how this experience has helped me grow.

I believe that my day to day approach at work has changed for the better, as the ideas, theories and strategies introduced in the different classes requires me to look at it from a managerial position, as well as the open atmosphere from said classes creating an appreciation for teamwork and discussion, and the patience required to complete this thesis rounds off the lesson to never take a challenge for granted.

I would like to direct appreciative acknowledgements towards the academic support around me through this endeavor, to my tutor, guide, and advisor Gunhild Bjaalid. Your patience helped me cross the finishing line.

I would also like to thank management at ABC for letting me get to know them and allow for me to write about them.

Lastly, I want to thank my support system at home. Without my family none of this would not be possible.

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Abstract

This thesis will analyze of some the root causes and potential solutions management can implement for improving employee absenteeism due to sickness. The analytical data for this thesis has been collected from ABC from the period 2018-2020 as a case study for this issue to illustrate the topic in question. The data ranges from quantitative figures collected over the studied period to qualitative interviews with individuals in different departments ranging from machine operators to managerial positions. Theoretical and empirical models used in this thesis such as the JDR-model and other relevant research and empirical evidence will be used to explore and explain the findings presented later in the thesis and will be based on similar research conducted in the area.

During the period 2018-2019 ABC experienced growth in absenteeism due to sickness to the level of two to three times the Norwegian national average in manufacturing businesses and had reached a point where they could not ignore the worrying growth trend. An in-depth analysis for potential underlying causes for their sickness absenteeism and ways to properly respond to it will be the focus of this thesis.

Interestingly the original hypothesis at the start of the thesis and subsequent early predictions were not confirmed, and additional analysis conducted provided a critical turn. From working under the assumption that there were managerial or culture issues causing ABCs employees undue stress and/or unobtainable goals it was soon revealed that what ABC was in fact experiencing was not unlike the rest of the industry, at least in terms of sickness absence. Findings throughout the research done will point to ABCs reporting methods that were inadvertently inflating their sickness absence numbers to a point where it seemed that ABC had some of the highest absenteeism due to sickness in the country. The identifying key to the overlying issue was to question the data used for the reporting. Analyzing the data and considering external factors that affect that data is an important step before reporting the data. In the case of ABC and this thesis the major difference was analytics, in that the numbers where not only accepted on their face value but questioned and subsequently analyzed for root causes.

Prologue

The purpose for this thesis is to identify the reason for the high absenteeism in ABC Inc. and give input as to how they can prevent unnecessary sickness absenteeism in the future. This thesis is written for and under the supervision of Universitetet i Stavanger for the final completion requirement for the Executive Master in Business Administration program. The experience provided by the university has been a very enriching, albeit the demanding nature of completing this thesis while working full time.

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The issue of absenteeism

The topic for this thesis was formulated together with ABC to examine the reason for their high sickness absenteeism. Data collected from the period 2018-2020 show that ABC is experiencing double to triple the national seasonally adjusted average of 5,18% in a given year with some periods climbing as high as 4 times the national average.

In an attempt to determine the culprit, facts on the Norwegian sickness absence scheme needs to be laid out.

Figures from the Organization for Economic Co-operation and Development (OECD) showed that in 2013 Norway had the highest sickness absence among country members (OECD, 2013) and this was again confirmed from Eurostat figures released in 2020 (Eurostat, 2020). Norway has historically had high sickness absence from work, arguably due to the very generous sickness absence schemes put forward by the government (Wangberg, 2019). Many researchers have given reasons as to why this is, but the very nature of sickness absence makes the issue a more speculative one, with some researchers pointing out the sickness absence culture being a factor (Knipperud, 2018). While the previously stated OECD report from 2013 points to the national sickness scheme as being too generous (Kagge & Aspunvik, 2013) compared to other member nations and can be cause of elevated numbers, one has to consider why so many Norwegians take more sickness absence days than others.

Paradoxically, some articles point out that happier staff are the more loyal they are and are less absent due to sickness (Price, 2019), while on the other hand a study conducted in 2016 and found that Norway had some of the most satisfied workers in the world (The Local, 2016). Then why does Norway have such high sickness absence numbers in the light of them being so satisfied? It might boil down to the types of sickness absence that are considered within the boundaries of “being sick”. A 2010 article points out that there are five major types of sickness absence; absolute functional absence, work related functional absence, relative functional absence, treatment absence, and preventative absence (Bruusgaard & Claussen, 2010). In another study by OECD from 2001 to 2010 showed an incline in sickness absence was attributed to mental illness, like anxiety or depression (OECD, 2013). One can argue that preventative sickness absence to combat mental illness is an appropriate action, but the sickness absence culture does impact if this is considered a valid reason for the absence. Should an individual get time off in the form of sickness absence if they are feeling like they

are burning out or headed for the proverbial wall? Or is it only valid to take out sickness absence days after the wall has been hit? It is pointed out that Norwegians are not necessarily sicker than the rest of the world or cheats the system more (Infotjenester, 2013). Culturally, Norwegians have had the option to feel sick because of the sickness absence scheme that protects them in an age where a modern society can be expected to protect them.

It is also worth noting that Norway does work towards a more inclusive workforce, and this in many cases can include groups that would be naturally omitted from the workforce all together, as 11% of sickness absentees in Norway represents 80% of the absence (Vold, 2014).

When sickness occurs to a full-time employee in Norway the employee usually has two options, call in sick (self-report) the sickness, which triggers the company sickness policy, which in turn can range anywhere between three days to a week without a doctors note. These policies can in most cases only be used a few times per calendar year before the company would require a doctor's note should an issue become persistent, or even permanent. The other option is to get a doctor's note right away, which can give authorized absence that can range anywhere from a day to all the way up to 50 weeks over a period of three years before other applicable rules come into effect (NAV, 2020). The sickness absence scheme requires that the first 16 days of sickness absence of an employee to be paid in full by the employer, and any period exceeding this is covered by Labor and Welfare Administration (NAV) (Altinn, 2020). Applicable rules for periods exceeding the maximum 50 weeks state that if an individual is not able to rejoin the workforce at a higher rate than 50% after a long-term sickness absence period and is facing loss of income due to illness one has the rights to arbeidsavklaringspenger (AAP) (NAV, 2020), or work assessment allowance. This scheme gives the individual rights for an allowance equal to 66% of an individual's pensionable income in the calendar year before their ability to work was reduced by at least 50 percent. For most people, this will be the calendar year before they fell ill. However, the basis of calculation can never be greater than 6G, or 6 times the basic amount of the national insurance (G) which in 2020 is 8 322 NOK per month (NAV, 2019), for a maximum monthly payout of 49 932 NOK. Exceptions to this sickness absence scheme does exist should the same illness flare up again or if a new illness is presented. Any income above this threshold will be foregone in the eventuality of sickness for an individual according to the national insurance scheme, but this risk can also be mitigated by individuals through private or corporate health insurance that could cover any eventual income loss.

Depending on the sickness and its severity the doctor needs to evaluate how long an individual is “out-of-commission” (Mjell, 2020). In Norway there isn’t really a limit of how long a doctor can give as an authorized sick leave period as long as there is a medical reason to do so, but this would incur continuous reevaluations, involve necessary specialists, and if it shows a low probability of the worker to rejoin the workforce the doctor might suggest to apply for “arbeidsuførhet” which could completely remove the individual from the workforce, citing incapacity or disability to perform given tasks. Should an individual become “ufør” or unfit for work the individual does have rights to an allowance up to, but not exceeding 6G (NAV, 2020).

1 - Introduction

This thesis will take an in-depth analytical view of ABC, an industrial manufacturer in Norway. ABC does have a broader international manufacturing network, but for the purpose of this thesis only the Norwegian manufacturing part of the business will be under analysis.

A unique opportunity presented itself in the summer of 2018 when terms were agreed upon between ABC and the researcher that data from ABC could be used for the purpose of analyzing what seemed to be at the time a mounting sickness absence problem and hopefully give examples of best practices to approach and ways to potentially resolve the issues.

What was particularly interesting with this case was that the initial data collected in 2018 showed that at the end of the year ABC was experiencing 17,7% absence due to sickness, which is just over 3 times the national average of 5,72% for the rest of the industry for the same time period. Managerial interviews confirmed that the trend was a large focus for them and that steps had been taken to try to reduce absence due to sickness or injury. These steps came in the form of introducing immune-boosting supplements in the lunchroom, a focus on hygiene and handwashing including high alcohol hand sanitizer stations, and strategically placed anti-fatigue mats around the production floor.

1.1 - Premise and limitations

Due to the nature of the thesis, the company, company data, and individuals interviewed will be kept anonymous.

The Norwegian government signaled changes in the national sick pay scheme in the start of the 90's to save on public expenditures (Andersen, 2002). A project was initiated with the unions LO and NHO for the purpose of reducing sickness absence by introducing tangible means to help the work environment. This later took shape as a national sickness absence project. While mapping necessary corrective actions at the inception, more emphasis was placed on physiological alleviations rather than the much lower scoring psychosocial needs of individuals. Today, however, there is a much larger emphasis on the psychological and psychosocial satisfaction of individuals.

The overarching aim to the thesis is to contribute to knowledge on how interpersonal relationships between leadership and employees affect absenteeism. Based on this the four main research questions are:

1. What can leadership do to prevent absenteeism?
2. What can employees do to prevent absenteeism?
3. How can corporate culture prevent absenteeism?
4. Can JD-R Model explain the high absenteeism at ABC?

The limitations for this thesis go hand in hand with the topic of absenteeism. Due to the privacy nature of sick leave in Norway and the size of ABC, no data could be collected on individuals or departments, only the company as a whole. Considering that fact, a qualitative anonymous interview was conducted to gauge the general attitude towards ABC and its policies regarding absenteeism, and the motivation to accomplish the work that needs to be done.

Motivation in itself can be a tricky subject, as it will be affected by many factors, not all within the control of the company itself. External factors such as personality, family or personal economy can have huge impacts on motivation and performance. While this is true, this thesis will not consider the external factors and focus solely on what is within the sphere of control of company.

ABCs attitude toward sickness absence

ABCs digital employee handbook is very comprehensive about the information regarding sickness absence, making sure that all general aspects are covered. Here one will find information about how to report absence, applicable procedures pertaining to the given absence, individuals rights surrounding sickness absence pay, procedures pertaining to follow-up, employee involvement and laws surrounding the employer period (where the employer is liable for sickness absence benefits).

The subsections under each category informs about the companies governing policy, as well as useful links to both a digital version of Folketrygdsloven and NAV that pertain specifically to the subcategory. This is all set up so that every employee has all the information collected in one place at their fingertips should they need it.

ABC has a solid governing policy foundation, but there were however discrepancies not only towards the individual expectations between employees and management, but also between managers themselves. There were certainly internal conclusions and recommendations that came from the interviews, but some of the questions had a wide spectrum of answers.

In the findings chapter an in-depth analysis of interview replies goes further into the perceptions and attitudes towards sickness absence and gives a more personal view on how sickness absence is perceived by employees and managers.

1.2 - Facts about sickness absence in Norway

Using statistics from SSB (Statistisk Sentral Byrå) we can gather general census data about absenteeism caused by sickness from around Norway and compare it to industry averages (SSB, 2020). The absenteeism statistics are compiled from three different data sources. Self-reported sick leave is collected from a sample survey of about 10 000 different businesses, while sickness absence reported by a doctor is collected from sickness-leave register at NAV. Here we can see that the country average sickness absence across all industries between July and September of 2019 amounted to 4,9%, and ABCs industry average amounted to 4,4% (SSB, 2020).

Lastly, information about how much employees are contractually obligated to work, along with other distinguishing characteristics such as employment, personal and business level are retrieved from a-ordningen, a digital coordinated service used by employers to report information about income and employees (Skatteetaten, 2017).

1.3 - Laws and rules governing sickness absence in Norway

On January 1st 1967 the Norwegian government introduced Folketrygden to the public. This set of rules and regulations are set into place to act as a social insurance system for the Norwegian workforce. Folketrygden is administered by the Labor and Welfare Administration (NAV). All residents in Norway are automatic members of Folketrygden (NAV, 2020).

The purpose of the law is to provide financial stability by securing income and compensating for special expenses for unemployment, pregnancy and childbirth, lone care for children, illness and injury, disability, old age and death. Folketrygden will also contribute to equalization of income and living conditions over the individual's life cycle and between groups of people. Folketrygden will also contribute to help to self-help.

The Folketrygdloven is divided into nine parts: Part I covers the purpose and definitions of the law and provides provisions on membership of the Folketrygden. Part II deals with the calculation of pensions (pension components, social security benefits, pension points, calculation of pensions and support supplement). Part III provides for benefits under unemployment. Part IV deals with sickness benefits (health care benefits, basic benefit and

support allowance, funeral allowance, sickness benefit, child and other related sickness benefit and benefit to compensate for expenses for improving work and functional abilities in daily life. Part IV also rules on work clarification allowance and supplementary benefit, disability pension and occupational injury cover). Part V deals with benefits related to life cycle and family situation. This includes pregnancy, birth and adoption benefits, single mother or father benefits, past family caregiver benefits, and surviving spouse and child pension benefits. Part VI provides rules on benefits at reached retirement age (retirement pension). Parts VII, VIII and IX provide administrative and financial provisions and various final provisions on, inter alia, entry into force, transitional provisions and changes to other laws (NAV, 2020). The National Insurance Act of 1997 replaces the previous National Insurance Act from 1966) Act (Lovdata, 1997).

The construct above will cover social benefits in the majority of cases, but for the purpose of this thesis we will look further in depth in Part IV - rules on work clarification allowance and supplementary benefit, disability pension and occupational injury cover. Part IV is also known by its simple name “Benefits in the case of Sickness”. Part IV of Folketrygdloven is in turn split into chapters 5 through 13, covering subjects such as benefits for health services, sickness absence pay, and occupational injury coverage. This will create a legislative framework for later use throughout the paper.

2. Theoretical Foundation

The primary theory chosen as support for this thesis is the JD-R Model, or Job Demand-Resources Model developed by Evangelia Demerouti and Arnold Bakker. The theory uses a view on workers perspectives on how to complete expected tasks, or demands, and how well equipped they are to carry out these tasks, or resources (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001). Since the inception of the idea and subsequent publication of the model in 2001 the JD-R Model has been highly popular theory when talking about job strain, and naturally fits into a thesis based on sickness absence experienced by ABC.

Central to the theory are assumptions that all work can be split into its two core components of job demands and job resources. Negative psychological, physical, organizational, and social impacts are all considered job demands, as they are considered employee stressors and have an associated psychosocial and/or physiological cost on the employee. The intrinsic cost might not be inherent in all cases, and as some might thrive in the face of adversity, it is more likely that an individual might experience high job strain should they not be adequately prepared or motivated for the high levels of demands put upon them (Meijman & Mulder, 1998). On the other side of the spectrum lies the job resources, where positive psychological, physical, organizational, and social impacts can affect in the same way but in the opposite direction. In short, unfavorable physical environment, and emotionally demanding interactions with co-workers and/or clients, or mentally stressful, high pressure environments are all considered job demands, while autonomy in the workplace, ergonomics, high salary, sense of belonging/purpose can all be considered job resources.

Further, this also builds up the premise that job demands are critical in their own right instead of just being there to counteract the job demands. This thought process goes hand-in-hand with the Job Characteristics Theory (Hackman & Oldham, 1980), where the motivational potential of job resources at the task level, and its significance, lies at the heart of the theory. On a general level this also agrees with the Conservation of Resources (COR) Theory (Hobfoll, 2001) that in that what can be considered a prime directive for human motivation is the accumulation of resources. The resources are valued in their own sense as they are most often a means to an end, usually in the form of protection of other, more valued resources or personal achievements. The theory also predicts that resource loss is the principal ingredient in the stress process. Individuals can also have job resources tied to the organizational level

in the form of opportunities, security or salary, psychosocial relations with managers, co-workers, and/or teams, or the job itself be it job identity, significance, autonomy or mastery.

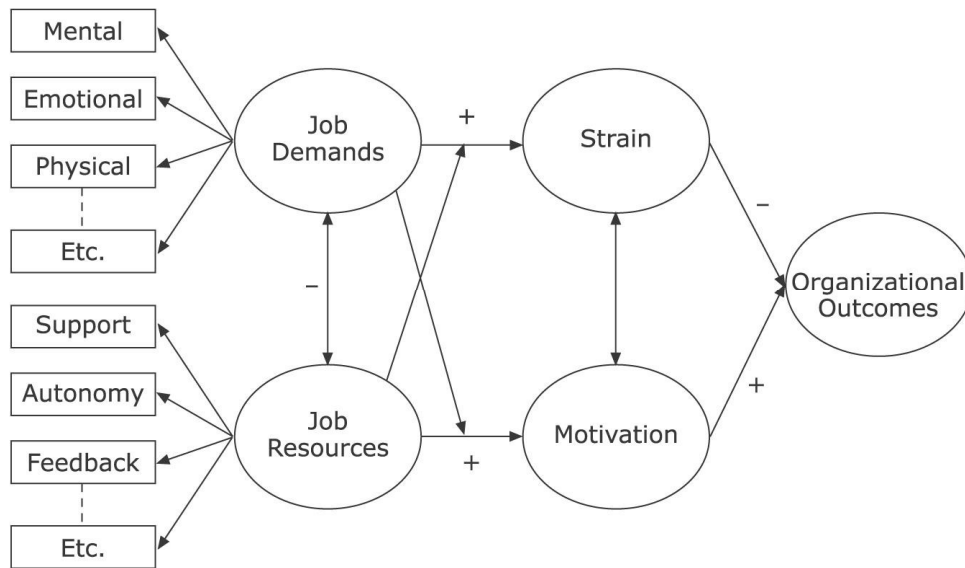


Figure 1 – Illustrated JD-R Model 2001

A revised version of the JD-R model was presented in 2004, three years after the original version was released (Schaufeli & Bakker, 2004). The revised model took into consideration the sources of work engagement and burnout and applied them to the center section of the model as primary factors of job demands and health problems, and job resources and turnover intention. This gave the revised model a constructive, forward-looking cognitive tone to the original JD-R model. In short, the modified JD-R model sought to describe both negative and positive psychological states (i.e, burnout and work engagement).

“Work engagement refers to a positive, fulfilling, work-related state of mind that is characterized by vigor (that is, high levels of energy and mental resilience while working), dedication (referring to a sense of significance, enthusiasm, and challenge), and absorption (being focused and happily engrossed in one’s work). Analogous to the early JD-R model, the revised model assumes that burnout results from high job demands and poor job resources, except that now burnout is treated as a unitary instead of a two-dimensional construct.” (Schaufeli & Taris, 2013, p. 46)

As can be found in burnout literature (Melamed, Shirom, Toker, Berliner, & Shapira, 2006), the assumption is that burnout can cause further health issues, such as cardiovascular disease, psychosomatic complaints, or depression.

Burnout is considered the proverbial blow-out valve when pressures from job demands reach critical levels and depletes mental resources. This follows the path of the health impairment process (fig. 2) and flows naturally into negative outcomes (health issues) for the employee. Correspondingly, a motivational process (fig. 2) shows that well-being and engagement can come from sufficient job resources and can in turn affect positive outcomes (performance). The revised JD-R model highlights the naturally motivational traits of job resources, as in the effort-recovery theory (Meijman & Mulder, 1998), workers abilities and efforts towards a given task, and their dedication to it, increased along with plentiful resources towards the goal. The resources themselves play an important, acquired role in that it motivates employees to push towards a common goal, which in turn lowers the job demands of the task. The resources can also play a more inherent role as well providing gratification and self-realization for competence, relatedness, and autonomy (Deci & Ryan, 2000; Van den Broeck, Vansteenkiste, De Witte, & Lens, 2010).

“For instance, feedback may promote learning, thereby increasing job competence, whereas decision latitude and social support satisfy needs for autonomy and relatedness, respectively. In both cases job resources stimulate a fulfilling, positive work-related state of mind (i.e., work engagement), either through the achievement of work goals or the satisfaction of basic needs. In turn, this affective-motivational state fosters positive organizational outcomes, such as organizational commitment and performance. So engagement is assumed to mediate the relation between job resources and organizational outcomes.” (Schaufeli & Taris, 2013, p. 47)

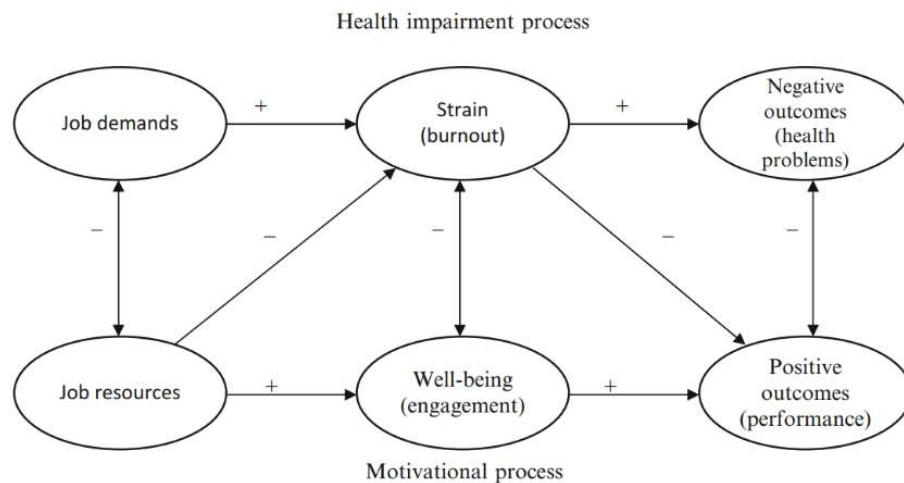


Figure 2 – Illustrated Revised JDR Model 2004

The literature surrounding the JDR-model center around the common subject of strain and motivation. Some of the research does go into the extremes, either overburdened employees hitting a metaphorical wall, burning out, or even breaking down, or on the opposite side employees being motivated by incentives and bonuses and how they respond to it. For the purposes of this paper, a concentration will be placed on demotivation to a degree that poor work habits arise, and/or burnout occurs.

In certain cases, the JDR-model has been criticized as the impact factors are defined from the results that they are assumed to have (Demerouti & Bakker, 2011). This is the case for both positive and negative factors. Another weakness that is discussed is that aspects on either side can be perceived as both positive and negative in given situations. Low intensity work can mean worry-free for some or boring days for others, complex work can seem daunting for some, while a challenge others, and working with new clients and customers can be stimulating for some or frightening for others, it all depends on who you ask. A Norwegian survey showed that employees working high pressure jobs retired later than others (Blekesaune & Solem, 2005)

While the above statement is true in a vacuum, this thesis will utilize both qualitative and quantitative data and the assumptions will be less presumptuous.

3. Method

To have the necessary foundation to answer the question posed for this thesis a combination of data collection methods and approaches were used to gather data. Pawar explains:

“The quality, quantity, adequacy and appropriateness of the data determines the quality of research. To a great extent the data collecting methods affect the quality, quantity, adequacy and appropriateness of data” (Pawar, 2004, p. 3).

Further, Kumar points out that

“the way a specific method is employed for data collection determines the classification of a study to a large extent. The distinction is mainly determined by the restrictions imposed on the philosophy underpinning the enquiry, freedom and flexibility in the structure and approach in gathering data, and the depth and freedom given to you as a researcher in probing to obtain answers to your research questions” (Kumar, 2019, p. 214)

3.1 Choice of Methods

Choosing the correct method to develop and execute a master thesis can impact the course of the study and the conclusions reached at the end, and as such it is important to weigh the different aspects that impact the choice of method has. This subchapter will go in depth into some of the most common aspects that affect method, such as qualitative and quantitative methods, validity and reliability, generalizations, and misinformation.

3.1.1 Qualitative and Quantitative Methods

Initial quantitative 2018 data on sickness absence had already been collected by ABC and was readily available by December 2018. It was quickly discovered that additional datasets were needed as the datasets given were shown to be sub-optimal and therefore a secondary qualitative data gathering method was used in the form of an interview in the early months of 2019. The interviews conducted yielded much information regarding the attitudes from both

employees and managers regarding the sickness absenteeism and the general managerial approach toward it. The interview was split into two sets of question banks, one for employees and one for managers, with the managerial being roughly twice as long, consisting of much of the same question set as the employee interview had, but also included a separate set of questions regarding handling of sickness absenteeism in their teams from a leadership point of view.

Delay in the completion of this thesis due to external factors ended up being a boon as additional quantitative datasets were obtained in the period after and positively affected the trajectory of the thesis as a whole as more supporting evidence of the findings were reported.

In addition, an open dialogue with HR throughout the process has replied to numerous queries from the researcher and has been of great help.

3.1.2 Validity and Reliability

Validity and/or reliability in both data and method should be the backbone of any thesis. As in if there are faults in either part of the equation the thesis itself can fall apart, unless it is possible to consider the deviations in either the validity and/or reliability. As such, the focus of the researcher has shifted throughout the thesis from why this company experienced such high sickness absentee numbers onto the data itself presented by ABC. In addition to the original hypothesis, questions regarding the validity and/or reliability of the data needs to be addressed. Is sickness absence separated from other absence? Is sample size taken into account? Is totaling all sickness absence a valid number to use as a “big-picture-element” for a small sample size, such as in ABCs case?

Throughout the findings in the results section of this thesis these questions and others have been considered and a broader understanding of the issue of sickness absenteeism at ABC can be found in the findings, discussion and conclusion section.

3.1.3 Generalizations

Careful considerations for this type of thesis must be made to the issue of privacy. No in-depth data has been collected or shared on types of illnesses and/or personal situations and

thus generalizations and assumptions on the general sample population must be made where no data has been presented specifically.

Where specific data has been collected as in with the interviews conducted individual replies will be kept anonymous as this does contain private data on both healthcare situations and attitudes. Generalizations will be a factor when regarding the impact of this data.

3.1.4 Misinformation

The risk of data being categorized as misinformation in a thesis such as this is considered by the researcher as minimal. Both quantitative and qualitative data collected from ABC has been freely shared and part of a larger ambition of solving the larger issue of sickness absenteeism. It is believed that every employee is working towards this goal, be it upper management, office employees or shop operators, and legitimate and truthful data has been shared at every point throughout the thesis.

4. Findings

The numbers reported below are sickness absence numbers from ABC for the period January 2018 to July 2020. Each of the yearly analyses consist of three parts; sickness absentee numbers provided directly from ABC, an illustrative graph, and an in-depth analysis of the year. The sickness absentee numbers from ABC are split into four categories: Self-Reported (SR), Doctors Note (DN), Long-Term (LT), and Total.

The primary logic behind illustrating the numbers is to access the underlying components for how these numbers have grown to such extents. Looking at individual categories by themselves have shown to give inaccurate snapshots of the whole picture for any given point in any given year. For example, looking at “self-reported” sickness absentee numbers and “total” sickness absentee numbers in December 2018 by themselves will give you an inconsistent perspective of what is considered the main issue at ABC. On one hand you have close to no sickness absentee with the self-reported figures, while on the other you are losing a fifth of the workhours for the given month to sickness absence with the total figures for the month.

The illustrations and analysis should help clear out some of the fogginess around the numbers and help us point to an even larger question of not “**why** are the sickness absence numbers so high?” , to “**how** are the sickness absence numbers so high?”.

The interviews conducted gave insightful information into the general attitudes of ABC and how the issue of sickness absence is perceived. They can be useful tools when looking into ways of impacting lasting change into the ABC and its corporate culture. Due to the anonymity factor of the interviews complete responses will be omitted, but indications of attitudes will be recorded. A quick summary of the question responses will also aid in the overall understanding of attitudes in both employee and managerial roles.

4.1. Qualitative Findings

	Sickness Absenteeism in 2018			
	Self-Reported	Doctors Note	Long Term	Total
Jan	2,1	1,7	7,3	11,1
Feb	4,1	2,3	5	11,4
Mar	0,3	0	5,7	6
Apr	1	1,1	4,8	6,9
May	1,7	3	5,3	10
Jun	0,9	1,7	8,7	11,3
Jul	2,4	4,1	8,1	14,6
Aug	1,3	0,4	13,8	15,5
Sep	0,8	2,9	10,8	14,5
Oct	1,3	2,3	11,4	15
Nov	1,2	2,2	13,4	16,8
Dec	0,9	4,2	16,2	21,3
Year	1,5	2,2	9,2	12,9

Table 1 - Sickness Absenteeism 2018

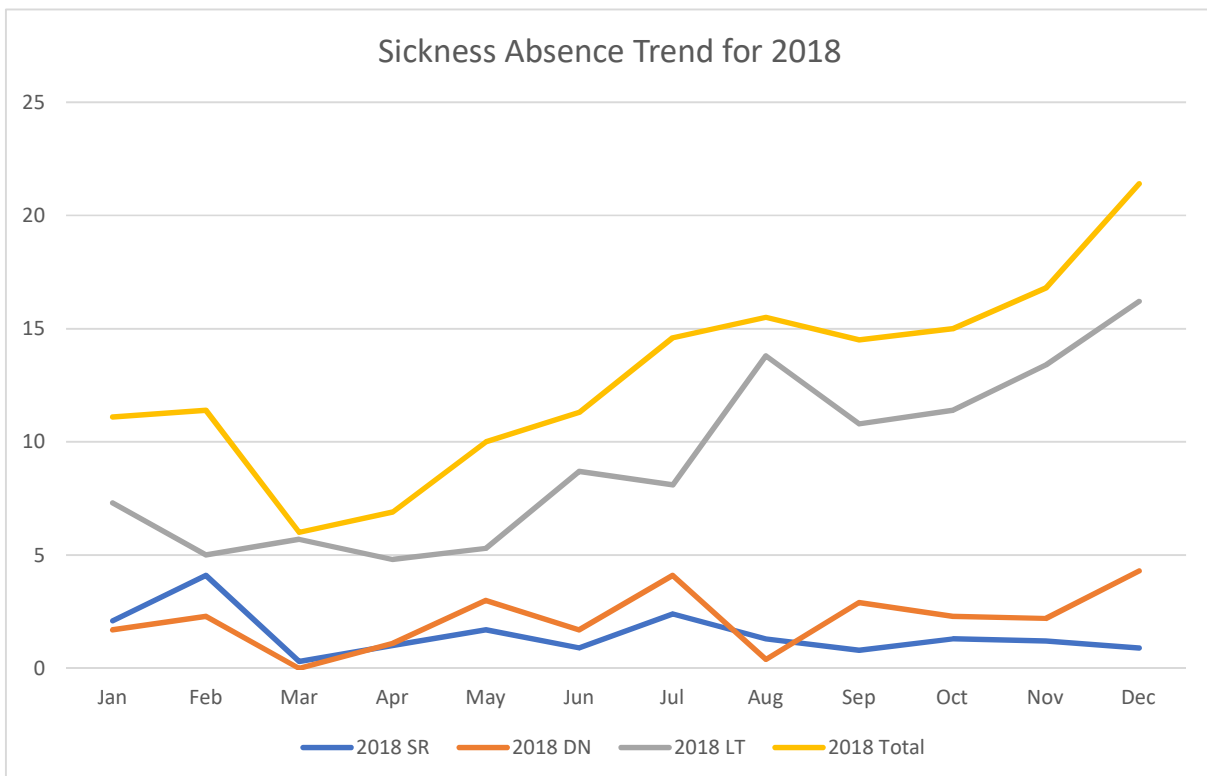


Figure 3 - Sickness Absence Trend for 2018

Table 1 portrays ABCs sickness absenteeism in 2018, through numbers provided by ABC.

Figure 3 illustrates the same graphically.

2018 Analysis

The year started off typically for the self-reported and doctors note statistics as these numbers are typically inflated during the start of the year due to seasonal flu adjustments. This number dwindles throughout the year and toward the more temperate months and the summer public holidays. What we do see is an unusual high number in long-term sick employees which follows through the year and even has a sharp rise towards the last third of the year.

The graph is an illustrative representation of the table and shows that self-reported and doctors note stays at an average rate for the industry, while the impact of long-term can be seen on the total curve. This trend is in turn interpreted as a red flag internally in ABC, with total sickness absentee numbers staying close to 15% for the second half of the year, and even passing 20% in December of 2018. The average for ABC in the year of 2018 ends at 12,9%, giving it about 2,2 times the national average sickness absence.

	Sickness Absenteeism in 2019			
	Self-Reported	Doctors Note	Long Term	Total
Jan	2,03	3,04	10,25	15,32
Feb	1,85	0,29	11,77	13,91
Mar	1,35	0,84	12,29	14,48
Apr	0,89	1,83	13,74	16,46
May	0,66	0,19	11,26	12,11
Jun	0,14	0,01	11,48	11,63
Jul	0	0	12,77	12,77
Aug	0,28	0	6,38	6,66
Sep	0,67	0,64	7,78	9,09
Oct	2,36	0,63	1,41	4,4
Nov	1,19	0	1,41	2,6
Dec	1,29	0	3,2	4,49
Year	1,1	0,6	8,6	10,3

Table 2 - Sickness Absenteeism 2019

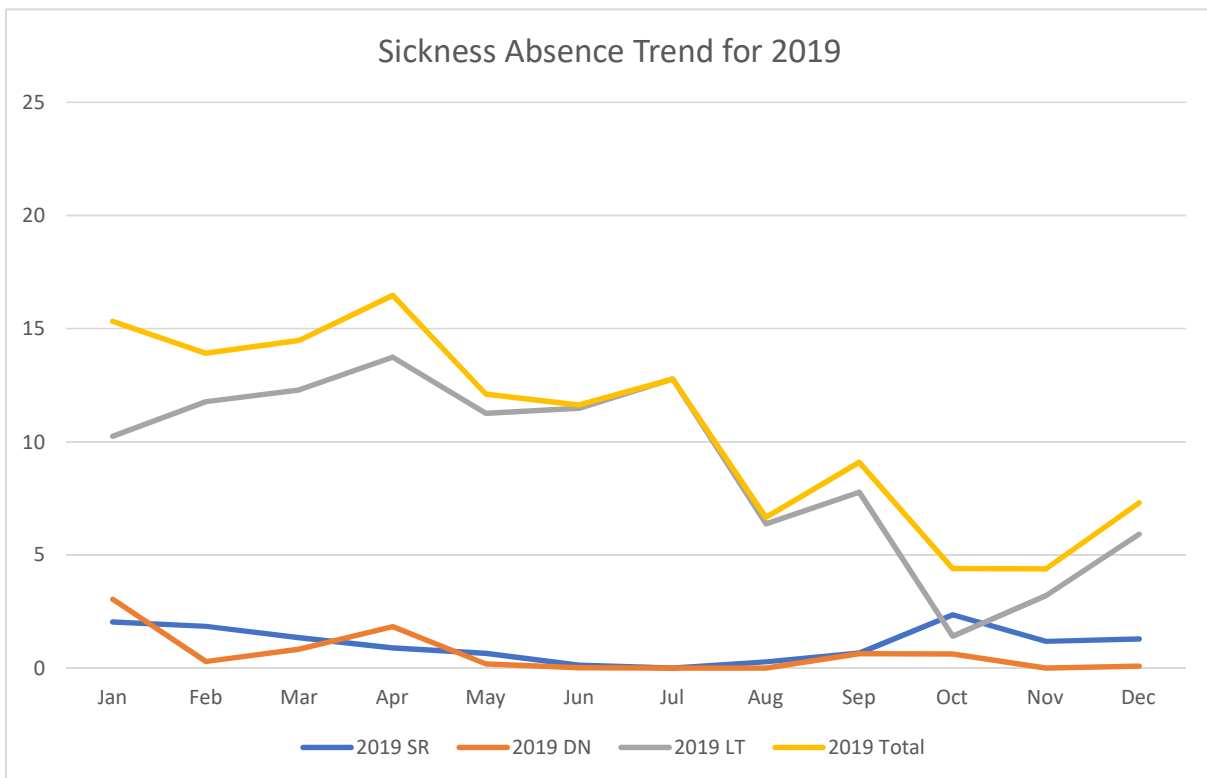


Figure 4 - Sickness Absence Trend for 2019

Table 2 portrays ABCs sickness absenteeism in 2019, through numbers provided by ABC. Figure 4 illustrates the same graphically.

2019 Analysis

Observations indicate a predictable start of the year, showing much the same average pattern as 2018 in the self-reported and doctors note categories. Rolling out campaigns focusing on absenteeism, hygiene and hand washing has potential effect as a markedly dip in the doctor's note category can be recorded, as it stays close to 0 for much of the year. Long-term remains high until the last third of the year where two measurable drops occur, in the periods July-August and September-October.

The graph is an illustrative representation of the table and shows that for the year of 2019 ABC improved their self-reported and doctors note numbers significantly, having lost just above 1% of production hours to self-reported sickness absence and just 0,6% production hours lost to doctors-note sickness absence. The long-term stays high throughout the first half of the year however giving ABC a high yearly average of 10,3% total sickness absence on the year.

Sickness Absenteeism in 2020				
	Self-Reported	Doctors Note	Long Term	Total
Jan	0,97	0,07	4,83	5,87
Feb	3,24	0,31	0,58	4,13
Mar	1,12	0,13	1,56	2,81
Apr	0,97	0	1,22	2,19
May	1,07	0	0,69	1,76
Jun	1,79	0	0	1,79
Jul	-	-	-	-
Aug	-	-	-	-
Sep	-	-	-	-
Oct	-	-	-	-
Nov	-	-	-	-
Dec	-	-	-	-
Year	1,6	0,1	2,0	3,8

Table 3 - Sickness Absenteeism 2020

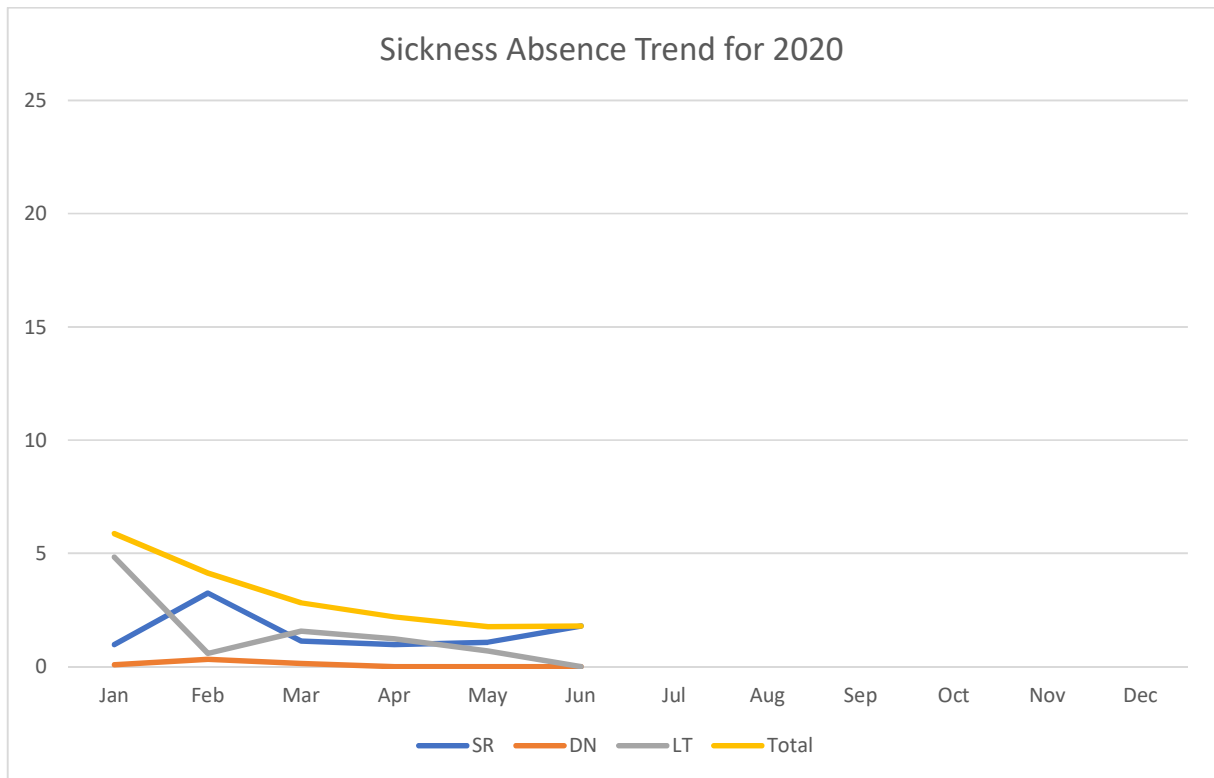


Figure 5 - Sickness Absence Trend for 2020

Table 3 portrays ABCs sickness absenteeism in the first half of 2020, through numbers provided by ABC. Figure 5 illustrates the same graphically.

2020 Analysis

Observations indicate that a typical start of the year. Long-term has another drop in the period January-February.

The snapshot for the year of 2020 is that the business is experiencing a normalization towards sickness absence, and this is confirmed by HR. Even though Norway (as well as the rest of the world) was hit by COVID-19 in the start of the year ABC has luckily not had any cases reported, and actually were positively affected by closure of certain aspects of society, such as day care, as this reduced the number of days employees had to take off due to sick children. Other measures taken in this period has been reducing the overlap between shifts and giving each employee the choice between having a lunch break or leaving early from their shifts, further reducing the amount of time employees spend around each other.

As seen in both the table and graph in the previous page one can see that ABCs problem of sickness absenteeism has all but evaporated, as the total sickness absence numbers fall below 2% for the second straight month, and has been below 3% for the fourth month straight.

Most notably is the number of doctor's notes taken out for this year, which has averaged out to be about 0,1%. This number has been on the decline since the start of recording for this thesis, averaging out 2,2% for the year of 2018 and 0,6% for the year of 2019. One can only speculate on the reason for this, but measures taken in 2018 like supplements in the lunchroom, high alcohol hand sanitizer stations, and anti-fatigue mats around the shop floor to reduce this number cannot be ignored, and should in fact be commendable.

By combining the data from 2018 and 2019 as well as the first half of 2020 we can illustrate below a representation of the period in terms of sickness absence.

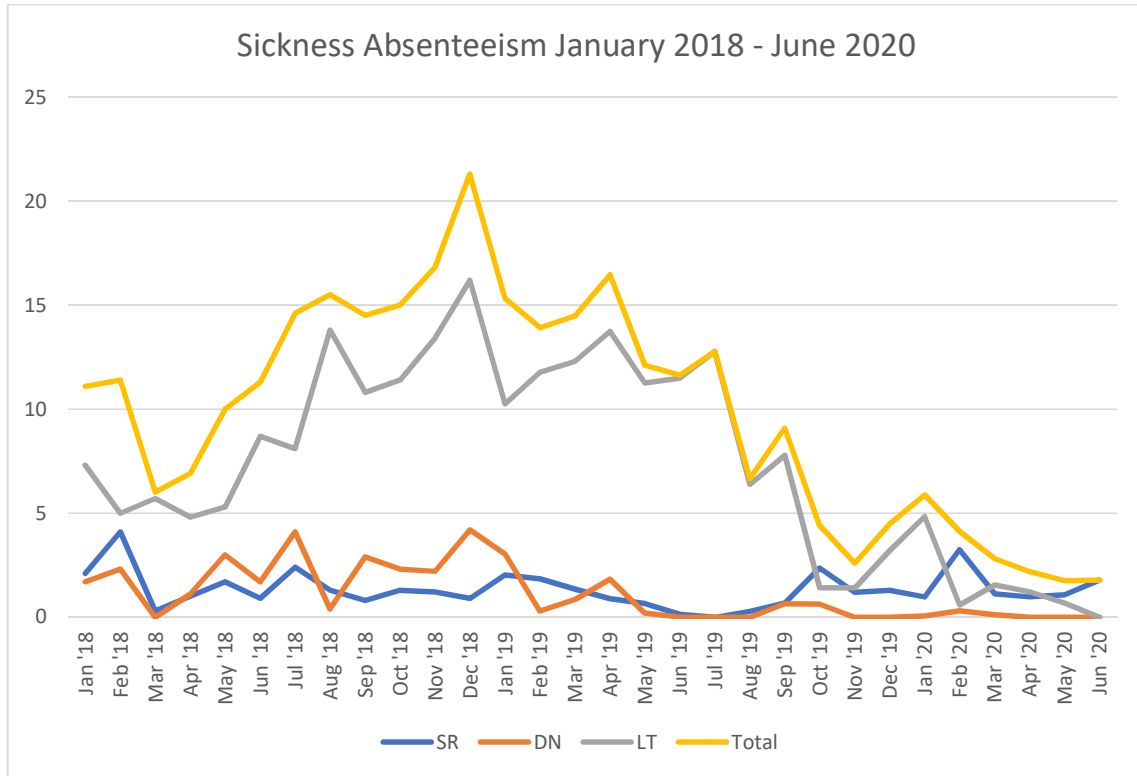


Figure 6 - Sickness Absenteeism January 2018 - June 2020

Figure 6 illustrates the sickness absenteeism for the whole recorded period from January 2018 to June 2020.

The trend shown in the above graph is telling on its own as the way the data is represented is pointing out the real sickness absence issue starting early 2018 and petering out towards the end of 2019. This coincidentally coincides with a few specific cases of long term sickness absences in this period, the first starting at the end of May 2018 and concluding in the end on January 2020, the second starting in the end of July 2018 and concluding in the end of August 2019 and the last starting in the beginning of January 2019 and concluding in the end of September 2019. By superimposing these three cases on the above graph one can see the evidence of effect of the cases on the total sickness absence during this period.

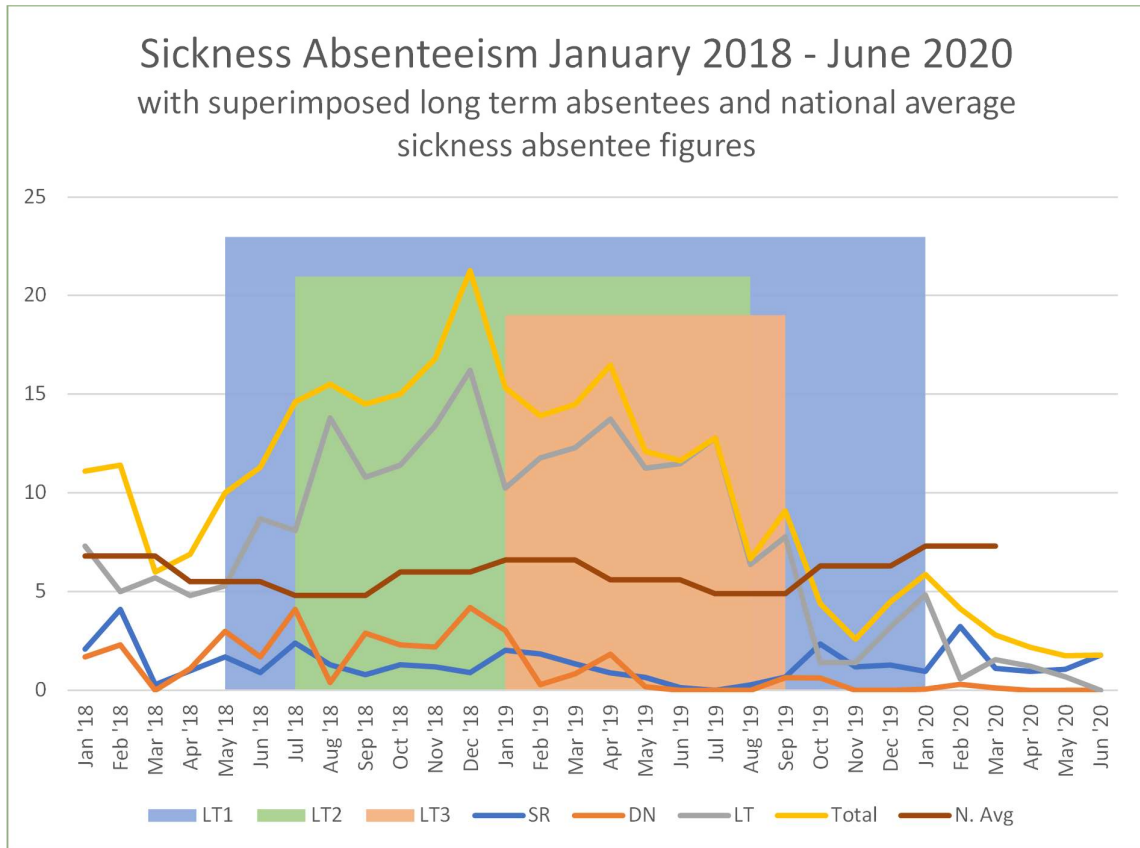


Figure 7 - Sickness Absenteeism January 2018 - April 2020 with superimposed long-term absentees and national average sickness absentee figures (SSB)

Figure 7 illustrates the sickness absenteeism for the whole recorded period from January 2018 to June 2020, superimposed with specific cases of long-term sickness absent employees and the national average for sickness absence in Norway.

Expectedly, the above graph shows us that the high long-term sickness absence period coincides with the period of which a few ABC employees that were out on long term sickness absence. It is also discernable that due to the small sample size that the impact of these employees has on the overall perceived sickness absence skews the numbers notably. As these employees were withdrawn from the official count it dramatically shifts the total sickness absence and has largely been a non-issue in 2020. It is important to carefully characterize this as correlation, and not causation, as while the employees that were withdrawn did have a major impact, they were not the sole input into the datasets, and there would have been sickness absence had they not been a part of the statistic.

Finalizing the point the national average for sickness absence is also added, showing that once the long-term numbers started on their decline ABC once again were able to fall under what is expected in terms of sickness absence, and now have a comparably healthy foundation as measured up against the national average.

4.2. Qualitative Findings

The qualitative data gathering interviews conducted sought to get as many replies from both employees and managers in ABC. As the issue of privacy and anonymity has been central to this thesis, the chosen method to conduct the interviews was through an online survey interview. This allowed those working directly on computers to reply when they had the time and privacy to do so. Shop floor workers had the option of taking the online survey on a computer the researcher had set up for this purpose in the lunchroom. Unfortunately, since ABC was running three separate shifts it was difficult to cover all shop workers.

4.2.1. Employee Interview

In total 19 out of 35 employees were interviewed for the Employee Interview.

1. Have you had any sick leave from your position during the past 12 months? (Number of times, not days.) If no, go directly to question 4.

Replies for this question showed that at least 85% had at least been absent due to sickness at least once in the last year.

2. Would you categorize your absence as illness, injury or other? Check all boxes that count.

In almost two thirds of the cases the absence was due to own illness, while one third was injury. Almost 20% of the cases had “other” reasons as well.

3. Long-term absence: Has your manager followed up or contacted you to talk about the situation around your absence?

Just over half of the replies on long-term sickness had had follow up by a manager. The implications are that just under half did not get followed up by a manager during/after a long-term absence.

4. Do you know if management has taken any steps to reduce absenteeism in your department? If so, which ones?

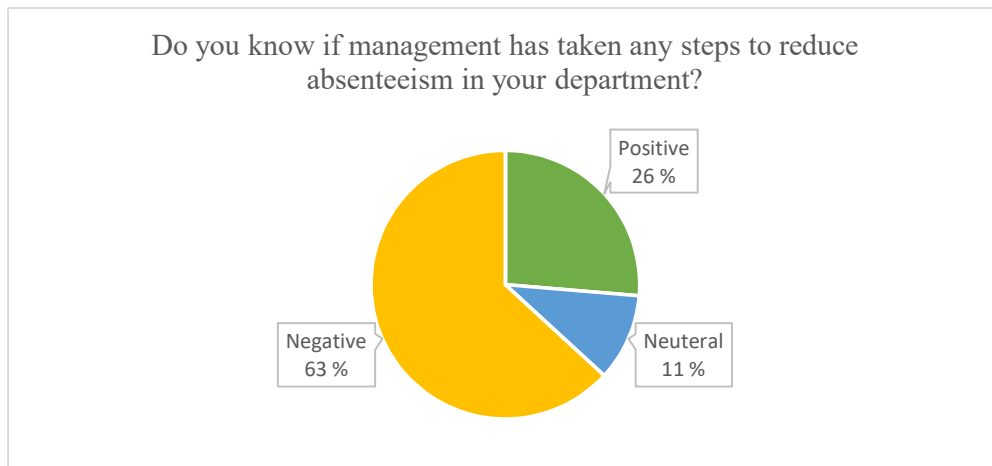


Figure 8 - Do you know if management has taken any steps to reduce absenteeism in your department?

The replies to this question was surprising, as initiatives had been taken. The steps taken might not have been visible enough.

5. What do you think the individual employee can do to reduce absenteeism?

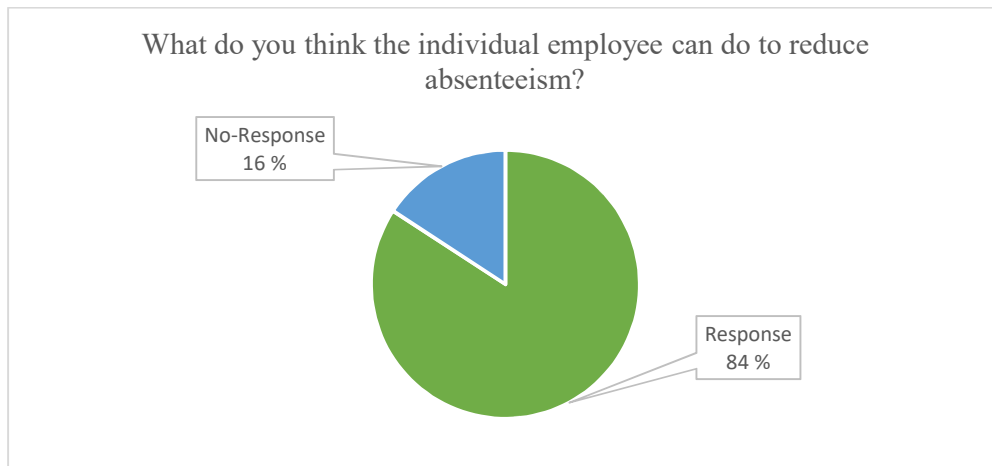


Figure 9 - What do you think the individual employee can do to reduce absenteeism?

84% of replies were counted towards positive actions ranging from building upon the friendly collegiate atmosphere, exercise and hygiene, work habits and effective use of time.

6. How do you experience established attitudes about absenteeism at work?

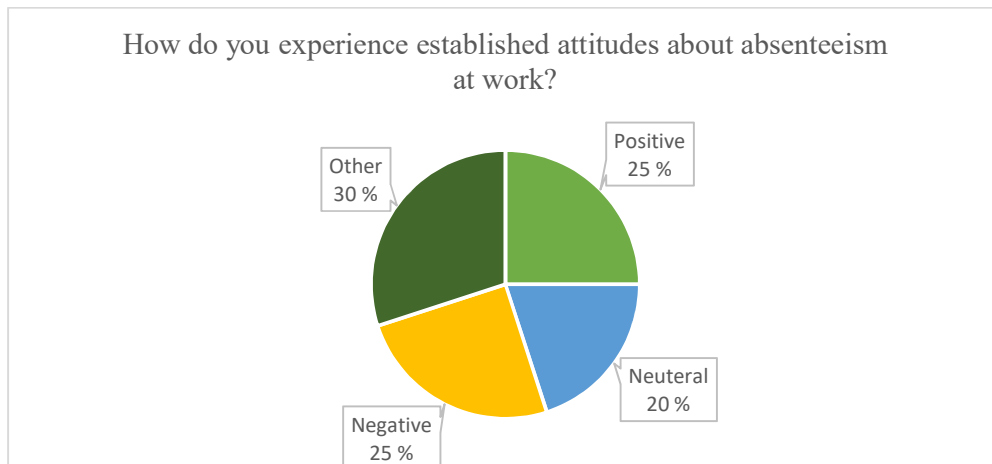


Figure 10 - How do you experience established attitudes about absenteeism at work?

The spread of the replies for this question shows how complex established attitudes can be. In certain replies one can answer that the established attitudes are understanding, while in other cases a negative stigma might follow.

7. Do you think the work environment can affect sick leave? Yes - why? No - why not?

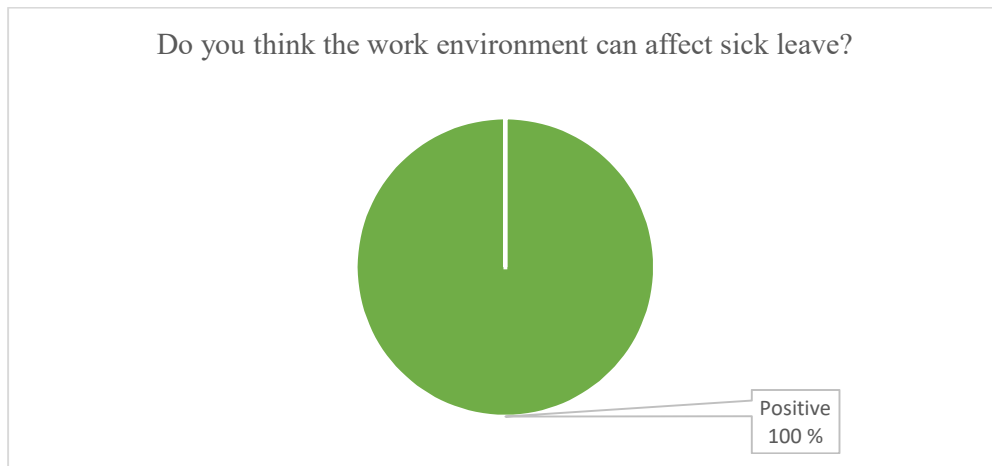


Figure 11 - Do you think the work environment can affect sick leave?

Unsurprising for this question, everyone interviewed the work environment as a large factor in sickness absence.

8. Do you find that there are any practices / procedures that have been implemented that can affect the environment at work? If so, which ones? List everything you think is relevant.

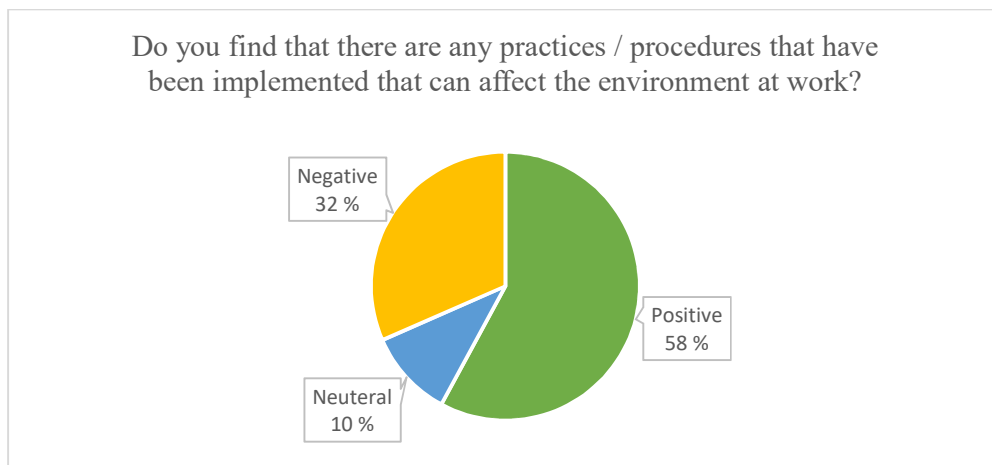


Figure 12 - Do you find that there are any practices / procedures that have been implemented that can affect the environment at work?

Overall, it seems that there is a positive social culture at ABC, as many of the positive replies pointed out the focus on social activities and gatherings, as well as redecorating the office spaces. The faults that emerge here are associated with a general disconnected feeling and some negative feelings towards the measuring of key performance indicators.

4.2.2. Managerial Interview

All 5 managerial employees were interviewed for the Managerial Interview.

1. Have you had any sick leave from your position during the past 12 months? (Number of times, not days.) If no, go directly to question 4.

Only 20% of managers interviewed had answered that they had had a single sickness absence day the past year.

2. Would you categorize your absence as illness, injury or other? Check all boxes that count.

The above indicated absence day was categorized as illness.

3. Long-term absence: Has your manager followed up or contacted you to talk about the situation around your absence?

None of the managers had had any long-term absences, nor was it necessary to follow up.

4. Are your employees who are long-term sick leave followed up? If yes - how? If no - why not?

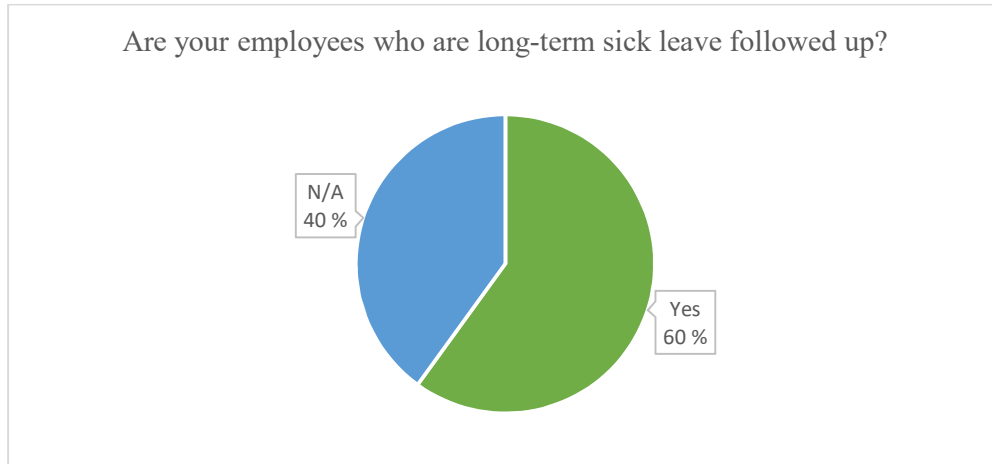


Figure 13 - Are your employees who are long-term sick leave followed up?

Figures show that 60% of management had follow up cases due to long-term sickness absence and did so.

5. Are your employees who are on self-reported / short-term sick leave followed up? If yes - how? If no - why not?

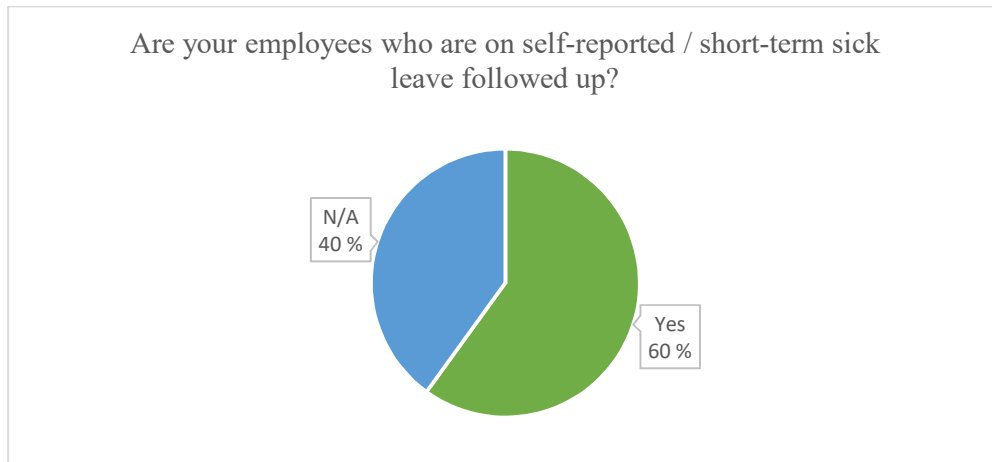


Figure 14 - Are your employees who are on self-reported / short-term sick leave followed up?

Figures show that 60% of management had follow up cases due to short-term sickness absence and did so.

6. What do you think the individual employee can do to reduce absenteeism?

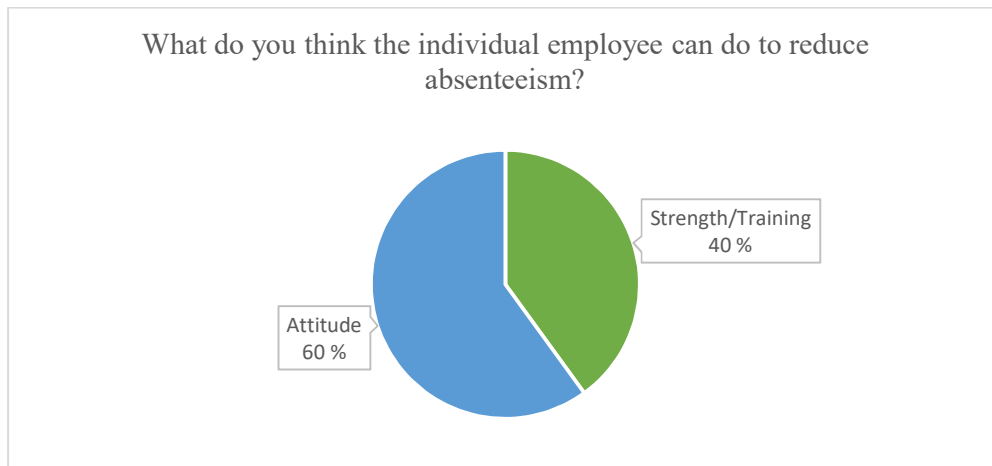


Figure 15 - What do you think the individual employee can do to reduce absenteeism?

A larger portion of managers believe that an attitude shift is needed to reduce the sickness absence, while others would concentrate on core strength and training, such as there are incentives for.

7. How do you experience established attitudes about absenteeism at work?

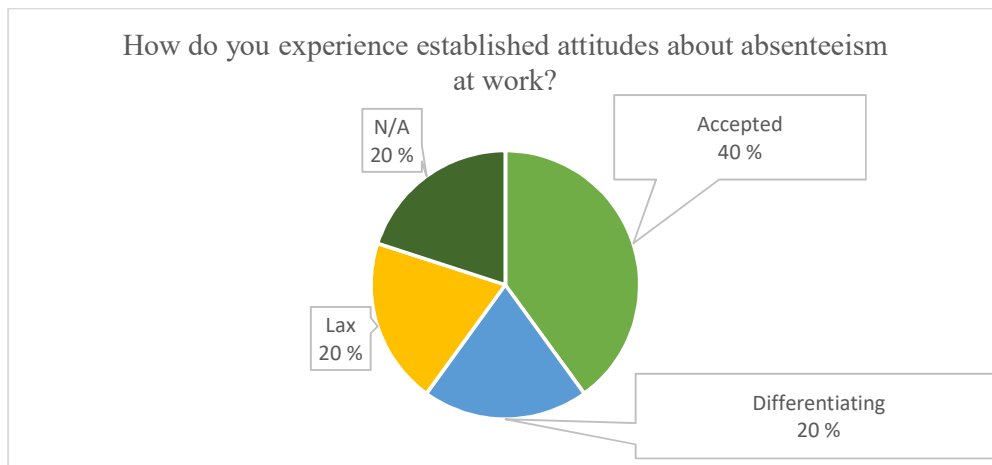


Figure 16 - How do you experience established attitudes about absenteeism at work?

Typical sickness absence is respected (40%), but there is some who experience the established attitudes as either differentiating (20%) or even lax (20%).

8. Do you think the work environment can affect sick leave? Yes - why? No - why not?

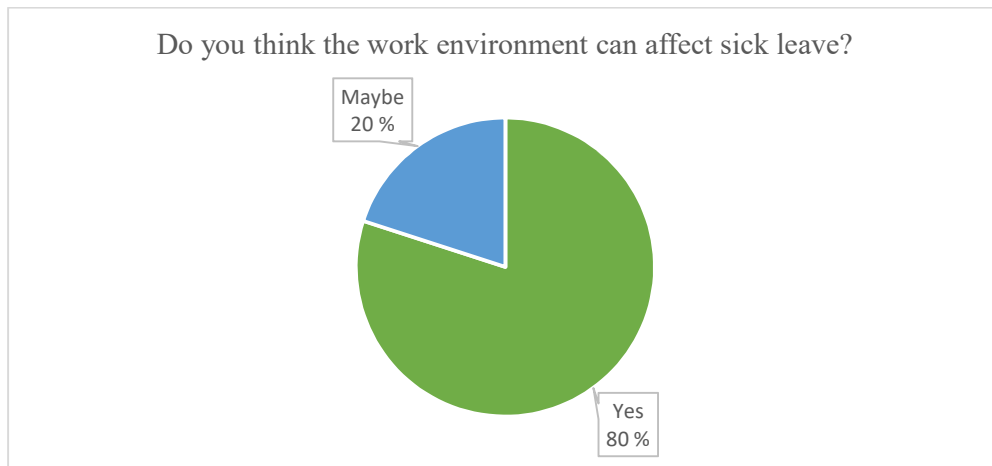


Figure 17 - Do you think the work environment can affect sick leave?

The majority (80%) of managers does believe that the work environment can affect the amount of sick leave.

9. Do you find that there are any practices / procedures that have been implemented that can affect the environment at work? If so, which ones? List everything you think is relevant.

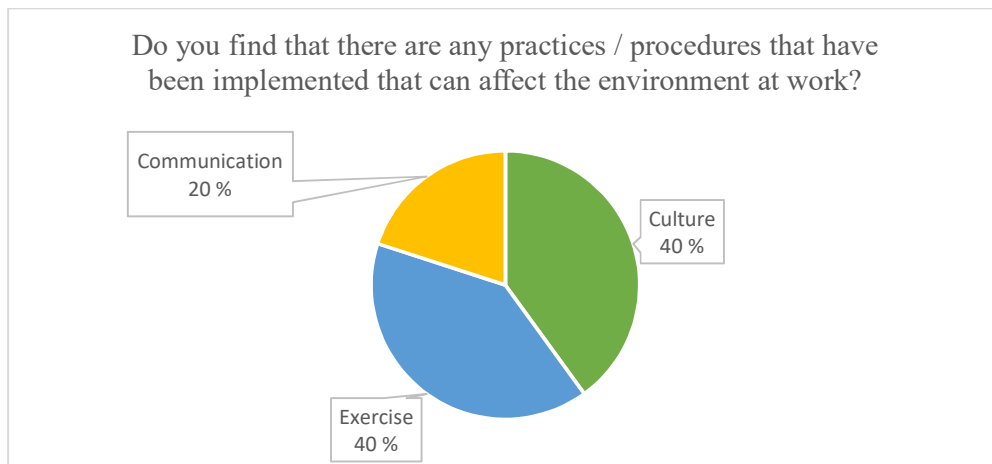


Figure 18 - Do you find that there are any practices / procedures that have been implemented that can affect the environment at work?

Attitudes towards bettering internal work culture and exercise tally up 80% of the practices the managerial team believe has a positive effect and can lower sickness absence.

10. What measures have been taken in the last 5 years to reduce sick leave?

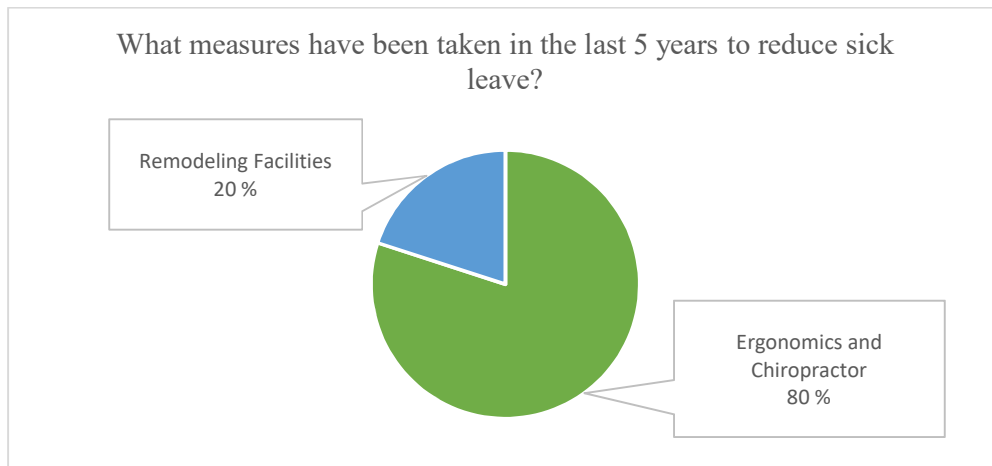


Figure 19 - What measures have been taken in the last 5 years to reduce sick leave?

Implementing ergonomics for employees working on hard flooring, a returning chiropractor and remodeling of the facilities counts towards measures taken.

11. How much does the company focus on preventing sick leave?

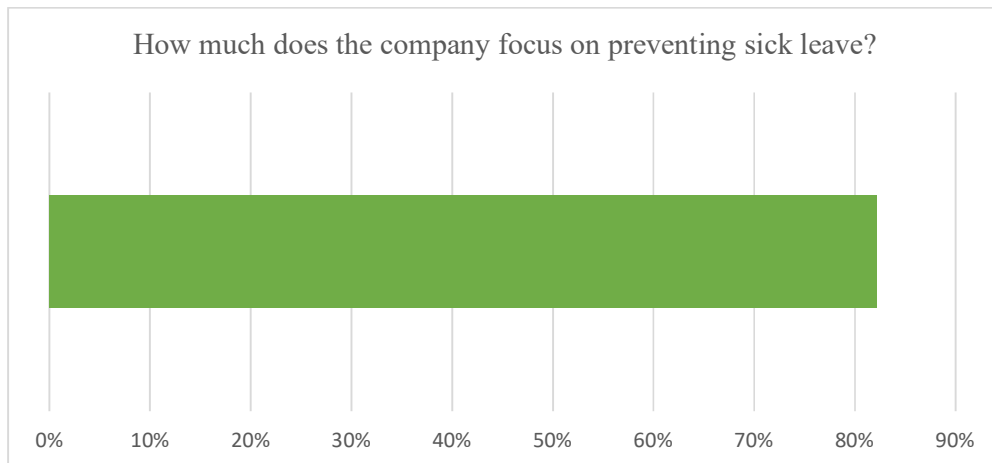


Figure 20 - How much does the company focus on preventing sick leave?

ABCs mean focus on sickness absence prevention is at the time of this interview 82,2% according to management.

12. Do you think that management can actively influence the sick leave in the company?

If so, justify.

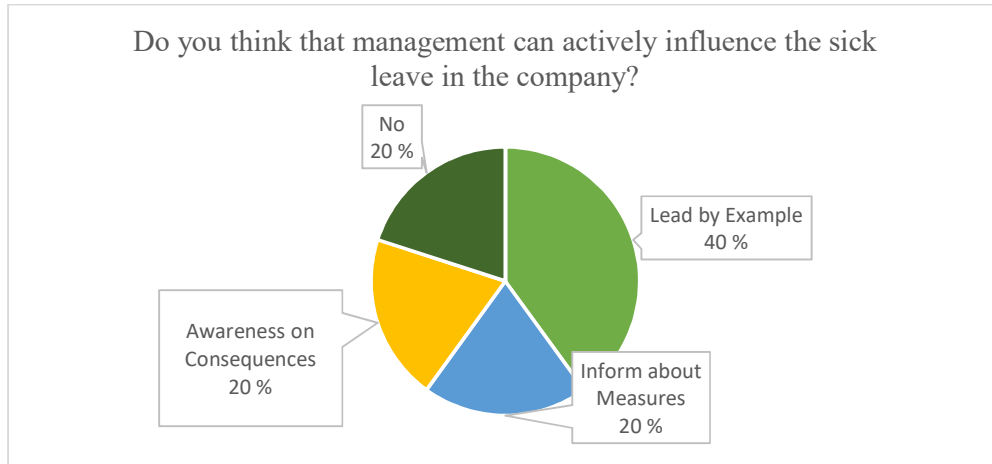


Figure 21 - Do you think that management can actively influence the sick leave in the company?

Measures such as communicating action points, make sure everyone is aware of consequences and leading by example are points of focus by management to actively affect the sickness absence.

13. What do you think is needed to reduce sick leave at work?

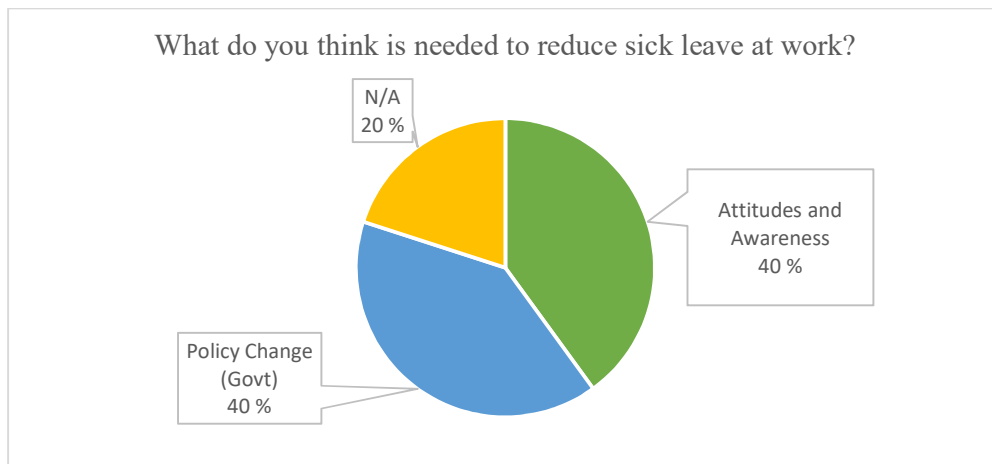


Figure 22 - What do you think is needed to reduce sick leave at work?

Apart from the replies concerning government policy change, management does believe attitudes and awareness toward sickness absence are key to reduce its numbers.

14. What strategy do you use to keep your employees motivated?

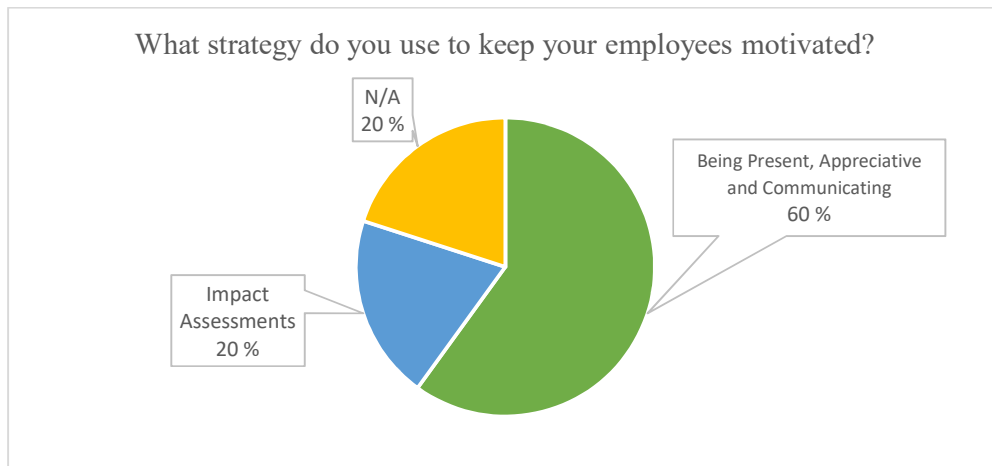


Figure 23 - What strategy do you use to keep your employees motivated?

The strategy most managers follow are being present and being appreciative of their employees, as well as keeping them in the loop by communicating. Others choose to reply on impact assessments, showing how an individual's absence has a domino effect for other employees.

15. What do you think are the strengths and weaknesses of today's absence?

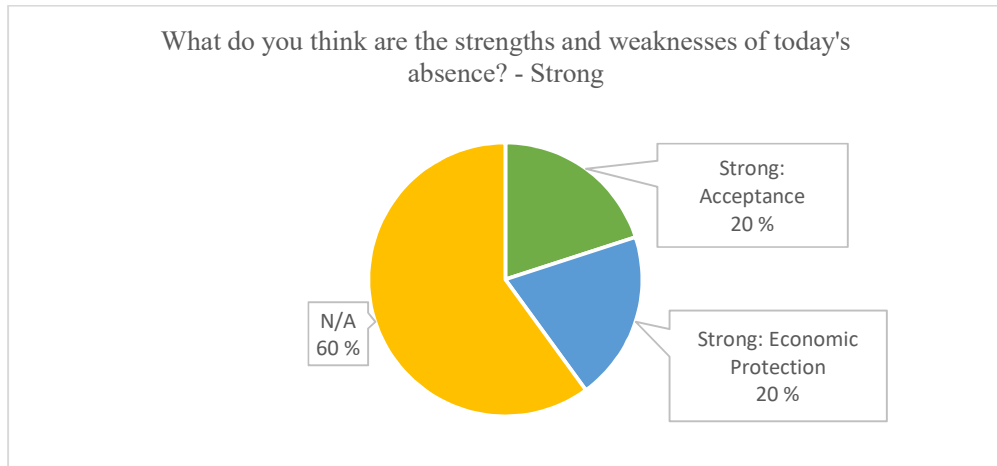


Figure 24 - What do you think are the strengths and weaknesses of today's absence? (STRENGTH)

Strengths include acceptance of the absence, as well as strong economic protections. An employee is allowed to be sick and is not penalized for it.

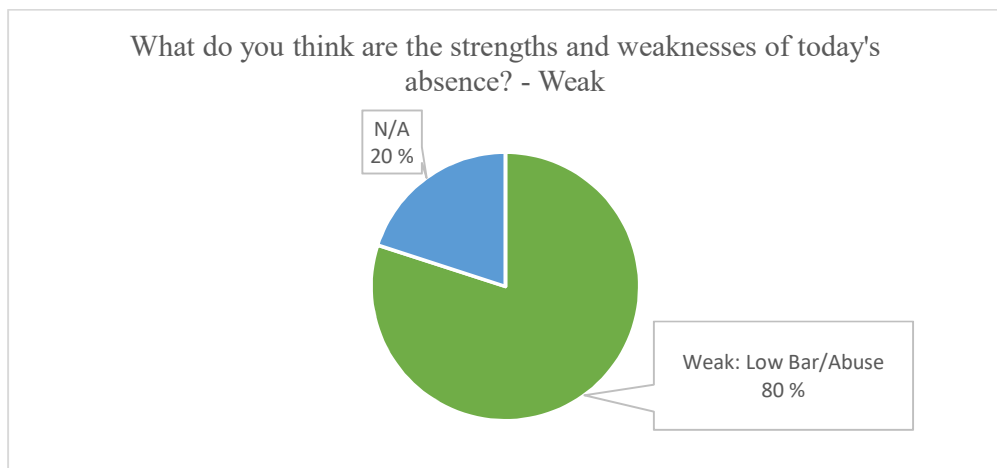


Figure 25 - What do you think are the strengths and weaknesses of today's absence? (WEAKNESS)

A collective opinion for most managers is that the bar is to low and in some cases easily abused.

5. Discussion

Turning back towards the original premise for the thesis, questions regarding the roles of management, employees and corporate culture and their impact on absenteeism prevention, and the use of JD-R Model to explain what occurred at ABC concerning their sickness absence issues can be either partially or fully answered from the theoretical foundation and responses given from the interviews.

5.1 – What can leadership do to prevent absenteeism?

The JD-R Model specifically points to positive psychological and social impacts as resources to be had and used by employees in their day to day interactions. In certain cases, having a good relationship with a supervisor can open up communication avenues not generally available between the two parties. Conversely, negative psychological and social impacts represents demands, and acts as stressors to the employees. Depending on other levels of demands experienced by an individual, adding a poor relationship to a supervisor can potentially push an employee to a breakdown, and potentially cause absence due to sickness

Looking at how employees at ABC responded to the question of if they knew if management had taken any steps to reduce absenteeism in their department, only a quarter had positive replies, and those pertained to the supplements provided in the lunchroom, the anti-fatigue mats provided to the shop floor, and a general focus on hygiene and wellbeing. When asking the management if they believe they can actively influence the sickness absence most said that they could, with a few believing that leading by example was one of the more important actions, while others wanting to actively have a dialogue on the measures taken and available, as well as discussing the impact caused by sickness absence on those around them.

Additionally, complexities of the managerial role and how they legally need to approach sickness absence by employees can be categorized as job demands, as in certain cases management are not even privy to the information surrounding sickness absence, relying solely on information that the employee chooses to share. Pairing this with the generally high acceptance and levels of sickness absence in Norway, there is potential for misinformed assumptions that also can be classified as job demands. Communication between parties and the company as a whole can negate some of the job demand nature of these pitfalls.

5.2 – What can employees do to prevent absenteeism?

There is no one-size-fits-all solution to sickness absenteeism for businesses, but in light of the theory presented in this thesis it is possible to simplify the issue. This is no more true than when talking about what employees can do, as they are more in charge of factors affecting their demands and resources in regular day to day activities. We can look at how the JD-R model fits into this scheme, as well as Conservation of Resources (COR) Theory, noting how regular employees are motivated to accumulate resources in order to keep or acquire even more valuable resources. By looking at the replies in the employee interview of how the individual employee can affect sickness absence positively a true spread of positive responses were recorded. Everything from keeping a positive corporate environment and culture, to hygiene and staying healthy. Some replies even went into work methodology, while the majority felt that connecting new attitudes towards sickness absence is needed. And this sentiment was also reported by the management group in their interview, with more than half pointing out perceived attitudes as a major factor in reducing sickness absence, while the others pointed towards staying healthy and exercising, possibly through the corporate subsidized gym memberships available. So, the willingness and call for better sickness absence perceptions are there, it might only have to be tied to what are considered resources by the individual employees. As Schaufeli and Taris points out in their work based on the modified JD-R Model (2004), by creating work engagement, and this referring to positive work-related state of mind that is characterized by high levels of energy, enthusiasm, and happiness, employees can have a wide array of job resources at their disposal as tools to combat inward job demand pressures.

5.3 – What can corporate culture do to prevent absenteeism?

So we can say that both managers and employees can affect sickness absence, but can the corporate culture also have an effect? Absolutely, according to the interviewees.

Corporate culture is more than the governing laws or policies put forth by legislators or management, respectively. It can be described as the soul, or flavor of a business, and how well an individual fits into the culture is dependent on them. What can be considered appropriate banter, if banter is tolerated at all, or if social gatherings are to be had, and if so,

what kind of social gatherings is within the limits. When hiring into companies, it can be as important to see if an individual fits into the culture as how qualifications they are for the position.

All employee interviews conducted pointed to a larger collective understanding that the corporate culture and environment had a vast influence on sickness absence. And these thoughts were in large parts reflected in what the managers believed and replied in their interviews as well. General wellbeing and satisfaction around the tasks and expectations were pointed out as positive influences on the corporate environment, and social gatherings boosted the corporate culture. Without quoting directly from a reply from an interview, it was alluded to that individuals might push their own limits a bit more if they like the atmosphere they work in and the people they have around themselves. This can also be tied to the theory used, as the JD-R model points to inclusiveness and belonging as two major job resources to be had that can offset stressful high-pressure environments with looming deadlines. Increased inclusiveness can bolster team spirits as a pervasive sense of dedication that can promote togetherness, or in other words, what is in the collective's best interests is in the individual's best interest.

One can also gauge the corporate environment and culture of sickness absence by addressing it directly. Both the employee and managerial interviews had a question regarding the perceived attitudes around sickness absence, and here the collective understanding shows gaps. A marginal group of both employees and managers believes that the attitudes are understanding and respecting when sickness absenteeism is used, while a much larger group will either point to attitudes as being either neutral or even negative. A recurring theme amongst these respondents is how low the bar is set in certain sickness absence cases, and can add to job demands, as potential deadlines that needs to be upheld are still there, and more work falls onto others. Again, without quoting directly from a reply from an interview, it was alluded to that some treat the allotted sickness absence days as extra vacation days and placed their own threshold low on what was considered a legitimate reason for being out sick. And this is not necessarily something management can affect by leading by example, but only rather planning for contingencies. Either way, a good culture surrounding sickness absence is preferred, as one does not want to stigmatize the choice of health over work, as this can be considered high job strain in the modified JD-R model, and as such a sure way for the employee to burnout. Considering that ABC is on a better path regarding their sickness absence it is the researches belief that perceived attitudes have calmed down, and that ABC

might be in a better position cultivate a better corporate culture around the topic of sickness absence in the future.

5.4 – Can JD-R Model explain the high absenteeism at ABC?

In the case of ABCs temporary high sickness absence between 2018 and 2019, it could have created a negatively charged atmosphere specifically regarding the spiking sickness absence. Unbeknownst to the managerial team, the construct of sickness absence in this case was, at least from a numerical point of view as was portrayed by their data collection, overly inflated and in fact not the primary issue.

In light of the findings pointing to other more pressing causes than the sickness absence issue at ABC, the JD-R model has subsequently been used to analyze the root causes of preventable sickness absence. Could one use the JD-R Model to chew up the raw quantitative data and form a ten-point plan to eliminate sickness absence at ABC? Probably not. But having done the qualitative data gathering through short answer interviews the researcher was able to utilize the JD-R model to point out pitfalls for job demands, that can in some cases be the cause of sickness absence, and what one should look for in job resources, that can offset the demands, and create a better working environment.

General ideas of improving working conditions are plentiful among the employees at ABC, and the managerial team could be the benefactors of easy implementable, solid suggestions that would benefit all if they opened up direct dialogues with their employees. Listening to one's staff can provide plentiful of easy improvements, while at the same time fulfilling ambitious aspirations with employees that want to be seen and heard. Adding job resources that can be an empowering foundation for future collaboration between employees and management.

On the other side, a negative stigma surrounding the employees that are out due to sickness absence is pervasive throughout both interview types, and in this case is a weighted job demand. As seen in the findings, the sickness absence numbers at ABC normalized towards the end of 2019, pointing to, and giving more credibility to the evidence that suggest that ABC is having more a reporting issue than a sickness absence issue. Outcomes from issues such as this can be troublesome as unnecessary strain is applied in the in the wrong areas of

the organization and can in itself be the cause of further sickness absence if handled improperly.

6. Conclusion

At the beginning of this thesis the attitude towards the absence experienced by ABC seemed as if it was a problem grown out of hand and this perception was presented to the researcher from the management. And initially this was the foundation of this thesis, but as we have seen from the evidence provided throughout this paper we can see that ABC is in fact experiencing just about as normal sickness absence as any production business in Norway. The inaccurate perception was the result of an extraordinary situation of a few long-term absent employees, a small sample size, and a poor reporting tool where numbers could be skewed from normal to out of control if certain conditions are met.

The most glaring conclusion here is that certain parts of ABC's absenteeism is either over- or misreported. The fact that the evidence seems to shift dramatically in the period where multiple long-term-absent workers no longer were accounted for in the reporting seems to confirm that a more accurate representation of the overall sickness absence picture is required. Contributing factors towards the overrepresentation can be such as the sample size of ABC. Given the fact that the employee numbers for this production facility is 40 this means that each employee accounts for 2,5% of the total workforce, which in turn means that each employee has a greater impact on reporting sickness absence than a mid-to-large size company. Although this can have the most impact in some cases, it is also one of the factors with the least workaround options, as the numbers are what they are.

Except when they are not.

Another factor for overreported absence is adding the "Ill Child"-absence days with an employee's self-reported sick leave, that can in turn throw off the numbers by overstating the days an employee is absent because of sickness and not absent in general. By law, an employee under employment contract in Norway has a set number of absence days for sickness, and generally this number is used for both employee sickness as well as "Ill Child"-absence. But reporting this under one entity can produce misconceptions about the overall health of the employees and can push management to extraordinary measures to reduce what is basically normal sickness absence in the business. By adding this factor to the one listed

above we can see a compounding effect where absence can be skewed because days taken off for “ill child” is added to an employee’s absence, which can again be overstated because of the low total sample size of the company.

And this leads to the last factor, the long-term sickness absenteeism. From the information given from ABC it was obvious from the start that a low number of employees had a large impact on the total absenteeism numbers and this in turn would change the whole picture that management was given. This factor is both an extension of the first factor and a standalone point, in that these long term absent employees are overrepresented due to the low sample size of the company, but also uniquely the reason why these employees are absent needs to be taken into account. In the case of ABC there were more than one chronically ill employee that it was safe to assume would not join the total workforce spontaneously and as such these could be counted out of the total equation, giving the management a more accurate number of employees one could expect to work that were absent.

While the above factors can be limited and errors reduces by improving the tools for reporting, a very real problem might be had with staffing during peak seasonal sickness absence. While an approach for keeping employees healthy and on the job is certainly appropriate, it can sometimes be unavoidable that sickness absence can affect the production volume. Corrective action here would suggest that further training so that other production workers can pick up slack at workstations with absent colleagues, considering if hiring call-substitutes is appropriate, and/or extending the inhouse chiropractic offer currently in effect.

7. Continued Work

Based on the findings in this research project it is recommended that the organization evaluate the current sickness absence reporting tool. This is in large part that if management is to make accurate decisions they need an accurate representation of the health of their employees. By simply segregating the “ill child” absence days from self-reported sickness absence and listing long term ill employees one can safely assume will *not* be re-joining the workforce in the near future, ABC can regain a more complete picture of active employees that are absent due to their own sickness. The researcher is confident that if this is done ABC will see a normalization of their sickness absence.

Further work could revolve around increasing management outreach and improving the corporate culture, both of which were items listed as points of emphasis for improving the overall happiness for the employees. The survey conducted had a specific question about the beliefs that the work environment could affect sickness absence, to which the results showed that all surveyed agreed that it could. This could further be proven by the fact that ABC already has implemented some after-work activities that has boosted morale and inclusiveness. It is however important to note that such measures needs to be continuous as the impact of such activities diminish over time.

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9. Attachments

Survey 1 – Employee Interview

9. Have you had any sick leave from your position during the past 12 months? (Number of times, not days.) If no, go directly to question 4.
- No
 - Yes, once
 - Yes, twice-five times
 - Yes – more than five times
10. Would you categorize your absence as illness, injury or other? Check all boxes that count.
- Illness
 - Injury
 - Other
 - Skip
11. Long-term absence: Has your manager followed up or contacted you to talk about the situation around your absence?
- Yes
 - No
 - N/A
 - Skip
12. Do you know if management has taken any steps to reduce absenteeism in your department? If so, which ones?
13. What do you think the individual employee can do to reduce absenteeism?
14. How do you experience established attitudes about absenteeism at work?

15. Do you think the work environment can affect sick leave? Yes - why? No - why not?

16. Do you find that there are any practices / procedures that have been implemented that can affect the environment at work? If so, which ones? List everything you think is relevant.

Survey 2 – Managerial Interview

1. Have you had any sick leave from your position during the past 12 months? (Number of times, not days.) If no, go directly to question 4.
 - a. No
 - b. Yes, once
 - c. Yes, twice-five times
 - d. Yes – more than five times

2. Would you categorize your absence as illness, injury or other? Check all boxes that count.
 - a. Illness
 - b. Injury
 - c. Other
 - d. Skip

3. Long-term absence: Has your manager followed up or contacted you to talk about the situation around your absence?
 - a. Yes
 - b. No
 - c. N/A
 - d. Skip

4. Are your employees who are long-term sick leave followed up? If yes - how? If no - why not?

5. Are your employees who are on self-reported / short-term sick leave followed up? If yes - how? If no - why not?

6. What do you think the individual employee can do to reduce absenteeism?

7. How do you experience established attitudes about absenteeism at work?

8. Do you think the work environment can affect sick leave? Yes - why? No - why not?
9. Do you find that there are any practices / procedures that have been implemented that can affect the environment at work? If so, which ones? List everything you think is relevant.
10. What measures have been taken in the last 5 years to reduce sick leave?
11. How much does the company focus on preventing sick leave?
12. Do you think that management can actively influence the sick leave in the company?
If so, justify.
13. What do you think is needed to reduce sick leave at work?
14. What strategy do you use to keep your employees motivated?
15. What do you think are the strengths and weaknesses of today's absence?

NÆRVÆR 2018

Måned	Nærvær %	SEM %	SSM %	SLT %	Total
Januar	88,9	2,11	1,71	7,30	11,1
Februar	88,6	4,1	2,3	5	11,4
Mars	94	0,3	0	5,7	6,0
April	93,1	1	1,1	4,8	6,9
Mai	90,0	1,7	3,0	5,3	10,0
Juni	88,6	0,9	1,7	8,7	11,3
Juli	85,4	2,4	4,1	8,1	14,6
August	84,5	1,3	0,4	13,8	15,5
September	85,5	0,8	2,9	10,8	14,5
Oktober	85	1,3	2,3	11,4	15,0
November	83,1	1,2	2,2	13,4	16,8
Desember	78,6	0,9	4,3	16,2	21,4

Table 4 - Nærvær 2018

SEM: Egenmeldt (Self reported)

SSM: Sykemeldt (Doctors Note)

SLT: Sykemeldt over 16 dager (Long Term)

NÆRVÆR 2019

Måned	Nærvær %	SEM %	SSM %	SLT %	Total
Januar	84,7	2,03	3,04	10,25	15,32
Februar	86,1	1,85	0,29	11,77	13,91
Mars	85,5	1,35	0,84	12,29	14,48
April	83,5	0,89	1,83	13,74	16,46
Mai	87,9	0,66	0,19	11,26	12,11
Juni	88,3	0,14	0,01	11,48	11,63
Juli	87,2	0	0	12,77	12,77
August	93,3	0,28	0	6,38	6,66
September	94,3	0,67	0,64	7,78	9,09
Oktober	95,6	2,36	0,63	1,41	4,4
November	95,6	1,19	0	3,20	4,39
Desember	92,8	1,29	0,1	5,92	7,31

Table 5 - Nærvær 2019

SEM: Egenmeldt (Self reported)

SSM: Sykemeldt (Doctors Note)

SLT: Sykemeldt over 16 dager (Long Term)

NÆRVÆR 2020

Måned	Nærvær %	SEM %	SSM %	SLT %	Total
Januar	94,1	0,97	0,07	4,83	5,87
Februar	95,9	3,24	0,31	0,58	4,13
Mars	97,2	1,12	0,13	1,56	2,81
April	97,8	0,97	0	1,22	2,19
Mai	98,2	1,07	0	0,69	1,76
Juni	98,2	1,79	0	0	1,79
Juli					
August					
September					
Oktober					
November					
Desember					

Table 6 - Nærvær 2020

SEM: Egenmeldt (Self reported)

SSM: Sykemeldt (Doctors Note)

SLT: Sykemeldt over 16 dager (Long Term)