Bolton School of Well-Being and Social Sciences

Program: M A. Human Resource Management

Module: Research Methods (MBA 4060)

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Chapter 1

Background of the Research

This research work will look at the work environment of Brown and Brawny HealthCare Hospital, and how it is affected by unplanned absenteeism using relevant theories, statistics and concepts to understand the phenomenon.

It is important to state here that the name of the Hospital as presented and used throughout this study is pseudonym. This is in response to stipulated confidentiality, adhering to the Code of Professional and Ethical Conduct NMC (2008).

1.0. Introduction

Although the tenor of the discussion most often is that absenteeism in organizations is costly and hazardous to productivity (Michie et al., 2003), some authors advocate otherwise, they still believe that absenteeism is needed to get back on track (Savery et al., 1998); while it allows time to settle “distracting personal issues which may hamper total concentration” (Sparks et al., 2001: 235).

The question then is to what cost and extent it is accepted? Some authors have tried to emphasize the direct / indirect cost of absence to individuals, organizations, industry and the economy at large (Glidden et al., 2009).

The expectations of the constantly changing environment in which organizations operate in are high, and companies that pay close attention to the negative impacts of absenteeism to avoid irrelevant costs may be doing their company great deal of favour (CIPD 2010).
Brown and Brawny Health Care Hospital, is a Mental Health Hospital located in North West England.

The researcher was able to secure access into the company on the platform of strict observance to the confidentiality policy of the company; however one of the major problem which will limit the use of secondary data for this research, is the inability of gaining access to relevant data to support the research findings.

1.1 About Brown and Brawny Health Care Hospital

Brown and Brawny Health Care Hospital, is leading UK provider of independent private mental health services, situated in North West England, with over 25 years experience in the field of mental health care. They operate patient focused services, with a mission to empower their patients to realise potentials, developing their independence and self-management and ultimately recover lives.

They provide broad range services for men with mental illnesses or personality disorders, which includes treatment and care for male patients with acute, severe and enduring mental disorders, and also intensive assessments and treatment services for offenders.

Brown and Brawny Health Care Hospital, employs 30 permanent staff, however in cases where any staff call in sick or is absent, provision is made for a replacement with bank staff and/or agency staff.

Brown and Brawny Health Care Hospital, is set in an 11 acre site with extensive woodland and landscape areas. Large sum have been expended on building first class intensive health care facilities, trained experienced staff, and a renowned positive model of care.
Due to the complexity and unique nature of the mental health services, members of staff are expected to be at work at the right time to take up their shifts and ensure total attention on the job, because any shortage of trained or permanent staff at any point in time can compromise safety within and outside the hospital. This is often a source of concern.

A significant impact of staff absence to the company is having to employ agency or bank staff that are less trained in specific roles, but are paid more per hour than permanent staff. Consequently, another cost concern to the company is cost of salaries paid to an absent staff. As observed, employees try to normalize attendance by applying for sick leave, where they can benefit from fixed number of paid sick leave; therefore the hospital has to pay the employee even for the absence.

1.2 Significance of the research

The interest of the researcher on the subject was ignited, after discussions with bank staff, with regards to consistent shift cancellation by permanent staff within the company. Although these absences implied more work for bank staff, an awareness of risk and cost came to light, as replacements were insufficiently trained for the job. Subsequent consultations with some members of the Human Resource Team, explained the gravity of increasing absenteeism and the need to address it to avoid potential safety risk and costs and to improve the standard and delivery of service by trained staff on the job.

In response to the limited time apportioned for this research, it will focus on unplanned absenteeism which is a most significant concern for the company. In view
of this, the researcher will be using relevant theories, approaches and criticisms to buttress the concepts, closely knit with the objectives of the research as listed below.

1.3 **Objectives**

1. To critically evaluate the cost of unplanned absenteeism of the permanent staff of a Psychiatric Unit of Mental Health Hospital.

2. Recommend measures to reduce the rate of unplanned absenteeism.
Chapter 2. Literature Review

2.1. Definition of Absenteeism

The term absenteeism is a construct which has attracted many definitions over a period in time (ACAS 2011), one of the simile ungenerous definitions of absenteeism, is “failure of a worker to report at the workplace” (Robbins 2003: 24). This definition eliminates other possibilities of physical absence e.g. an employee on business trip or business meetings outside work premises. Guinchard, (1998) defined absenteeism as the failure of a worker to report for work when and where he/she is scheduled to work. This definition seems to set absenteeism apart from other forms of non-attendance (e.g. vacation, public holiday), it also “avoids judgments of authenticity associated with absent events that are unstated by the difference between ‘Planned and unplanned’ non-attendance. Dionne et al., (2007: 3) defines absenteeism as “lack of physical presence at a behaviour setting where one is expected to be”. Absenteeism is behaviour heavily influenced by social phenomenon, where attendance conforms to social expectations; absenteeism violates it, because without the social expectation absenteeism would cease to exist (Carraher et al., 2008). The social context view point more light to the nature of absence reinstating that one is only expected to be constantly present where a contractual commitment of employment is involved (Briner, 1996).
Absenteeism does not discriminate against any individual on the basis of sex, race, age etc. However, Gale (2003) opines that employers have every right to expect constant attendance from employees as the employment contract ties both parties.

2.2. Types of Absenteeism

Absenteeism as mentioned by Marchington et al., (2007) can be described in two ways; Planned Absenteeism, like authorised leave, which provides employees with regular breaks from work and an occasion to pursue personal life obligations. Such leave is typically approved in advance and planned towards. While Unplanned Absenteeism may be seen as absence from work due to circumstances that can generally arise unexpectedly, which makes it difficult to plan or approve ahead of time.

VMS (2010) argues that where absence is justifiable and attributable to illnesses (involuntary), it is possible to find cases of healthy workers abusing sick-leave privileges (voluntary); In doing this, they benefit from their informational advantage, as it is not often easy for managers or employers to determine whether an absent employee is genuinely ill or pretending on the grounds of past ailment record. Hence, the costs are inevitable, which is why this study is focusing on unplanned absenteeism, and the effect of it.

Unplanned absenteeism may be short or long term, however rates of absence are highly variable over time and are affected both by season of the year and long or short term economic trends which usually determines the rise and/or fall of costs.
involved (CBI, 2007), which will be discussed further however, for the purpose of this research, unplanned absenteeism refers to absenteeism.

**Absence Factors**

Absenteeism is not an act of God (McHugh, 2002); it is usually propelled by an innocent or culpable decision not to attend work (Ose, 2005).

Some key concepts that influence absenteeism coined into four major factors from organization and individual perspectives will be critically analysed further:

**Fig. 1**

**Lifestyle factors** – propel absenteeism in such ways as legitimate chronic illness; poor general health; smoking and substance abuse; or sedentary lifestyle. According to CIPD (2010), 83% of organizations record has the most common causes of short-term absences ranging from minor illnesses as colds, flu, stomach upsets, headaches and migraines etc lasting within four weeks or less. Also the misuse of alcohol and narcotics are major causes of absenteeism and are particularly difficult to control, which occasionally result in safety problems (HSE, (1999) and Bacharach et al., (2010). Findings from a survey by Institute of Alcohol Studies (IAS, 2009) asserts 1/3 of employees admits been to work with a hangover, problems resulting from hangovers at work included difficulty engaging meaningfully; tiredness and mistakes.

**Workplace factors** - which also play some part in employee absenteeism, may be low morale, health and safety concerns, excessive hours and workload, shift work, peer or supervisory conflicts, and sometimes the existence of an “absence culture” where excessive absence is tolerated. According to The CB1 (2011) and ACAS (2011), the average UK worker averages 7.4 days, lost annually to absences as a result of severe medical conditions propelled by hard work, such as stroke, heart attacks, high blood pressure; and musculoskeletal injuries and back pain for manual workers; while stress and mental ill-health constitutes the common causes for non-manual workers. A survey by CIPD (2011) of 592 organizations across the UK, employing almost 2 million employees, for every 7.7 days lost annually to work related stress, the median direct cost for each absent employee was £760 totalling over £17bn across the UK in 2010, on average totalled £465 per employee.
**Personal factors**- may be in form of job dissatisfaction; bullying and harassment; commuting or transportation problems, lack of career satisfaction, conflict-ridden workplace, and likely fast-paced environment can contribute to causes of absenteeism. Factors ensuing from workplace amounts to about 39% of respondent’s causes of absence (ACAS 2011).

According to Reuver et al., (2010) where grievances and job related issues are settled early, becomes less time consuming and unlikely to damage working relationships which may ease the cost of it going wrong.

**Domestic Factors**- can contribute to non-attendance in such ways as lack of finances, lack of work-life balance or parental / elder care and sometimes relationship issues. A research, by (Otter, 2009) conducted among 230 professionals found that 33% of respondents cited domestic problems’ as one of the top two causes of absence at work. Macgregor et al (2008) claims that although domestic issues are unlikely to be planned for, they often result in physical and psychological breakdown when not effectively managed and can cost organizations time, poor service delivery and lost revenue.

Cooke (2006) claim not every sickness absence actually has a correlation with sickness and stress, some employees rather stay away from the office for a host of personal or domestic issues claiming a “sickie”, rather than taking on tasks which they are paid for.

However Personnel Today, (2006) comments four out of every ten employers do not have proper sickness absence management plan, rather than examining causes of
persistently vacant desks, some organizations give up trying and others mistakenly presume absentees are malingers.

Hence addressing absences might have considerable impact on productivity and maximize time for employers (Thomas, 2006). Drawing from the work of Shore et al., (2006) and MacLean, (2008) where a legal contract outlines written expectations from an employee, it is mandatory that each party keep their part of the contract, such that employee under a binding employment agreement should be well attended regardless of the circumstance, as one party often suffers the cost of lost time and productivity; while policies needed to enhance good health and working environment should be prioritized in the organization to avoid costs that often yields no returns. As a variety of costs crop up from the wake of an individual employee who voluntarily absent his/herself from work (Pfeifer, 2010).

2.4 Categories of Cost Associated with Absence.

Cost of absenteeism according to (ACAS 2008) can be calculated as the total man-shifts lost because of absence as a percentage of the total number of man-shifts scheduled to work. Any accurate calculation of the cost of an absent employee includes both the direct and indirect costs affecting the work environment (CIPD, 2011). The most common types of direct and indirect costs associated with absenteeism according to ACAS (2011); Otter, (2009) Ultimate HR Manual West (2007); Kroll et al., (2008) and Howarth, (2005) will be analysed in the table below:
### TB: 1 Direct Cost (DCs)

<table>
<thead>
<tr>
<th>Type of DCs</th>
<th>Purpose</th>
<th>Cost to the Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statutory/ Occupational</strong></td>
<td>Paid sick leave program is to provide short term insurance to workers liable to loss out in wages as a result of short-term illnesses.</td>
<td>The cost of sustaining and managing an absence control system; where fringe benefits accrue.</td>
</tr>
<tr>
<td>sick pay</td>
<td><strong>Purpose</strong></td>
<td>According to (DirectGov 2011) where an employee is unable to work on the basis of illness, a Statutory and Occupational Sick Pay is made to the absentee, which may lapse up to 28 weeks with a standard weekly rate (for example currently in UK is £81.60/week). According to Hemsley, (2011) Based on average salary of £25,000 a year, UK employers are left with an annual bill of at least £32 billion accrued to paid sick leave, although some other estimation found it to be up to £100 billion.</td>
</tr>
<tr>
<td>Cost of replacements</td>
<td>This is the cost expended in replacing an absent staff, to take up lacking duties. It could be temporary or hiring new staff, to guide against business disruptions or fall in service quality delivery.</td>
<td>Cost of career and job placements; Advertising; HR consulting firms services; cost of candidate pool selection process (initial screening process, technical maintenance and power cost); cost of conducting interviews (phone, on-site and travel costs); testing and reference/background checks cost; sign-on bonuses; relocation expenses; cost of outsourcing/temp hires (replacements are often hired through third-party agencies and paid per hour); cost of Integrating new hire; cost or orientation, training, manuals, additional supervision; salaries and benefits during probation; cost of self-insured income protection plans etc.</td>
</tr>
<tr>
<td>Overtime Payments</td>
<td>These are cost paid to staff that perform the</td>
<td>Overtime payments to cover vacant position; cost of training on-the job.</td>
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responsibilities of the absent staff to encourage getting the work done, hence paying for the extra time and skill expended in carrying out the tasks.

### TB: 2 Indirect costs (ICs)

These are measureable hidden costs which may have long term effects to the organization (Otter, 2009) such as:

<table>
<thead>
<tr>
<th>Type of ICs</th>
<th>Costs to the organization</th>
</tr>
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<tbody>
<tr>
<td>client-linked costs</td>
<td>Reduced level of quality customer service; decrease in potential client service income; lower customer satisfaction, loss from current customer/client base; decline in personal relationships with customers; duration of time new hires need to get up to speed working with customers/clients; loss of potential and current revenue.</td>
</tr>
<tr>
<td>Work environment-linked costs</td>
<td>Low employee morale (more responsibilities); reduced employee productivity; loss of organization knowledge; less experienced talent available for succession planning considerations; stress and pressure on teams covering up; decreased overall productivity of employees etc.</td>
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<tr>
<td>ICs management time</td>
<td>Cost may be incurred where intense monitoring and consulting occupational health specialists is required, also dealing with the individual involved, developing strategies, organizing, training and providing support to replacement staff.</td>
</tr>
<tr>
<td>ICs on HR programs</td>
<td>The cost to HR could be increased tension in getting efficient replacements at the time when urgently needed, and having to develop strict policies and rules to minimise absenteeism in a short period at the cost of their time, possibly leading to stress and burnout as staff time is required to secure replacements or re-assign existing employees.</td>
</tr>
</tbody>
</table>

Cooper et al., (2009) comments that beside the costs organizations can incur, there is likelihood of suffering lasting damage to organisation’s reputation as customers may underrate the quality of service delivered, likely hamper the organization’s sustained competitive advantage.
However, Luchak et al., (2007) opines that absenteeism does not necessarily lead to reduced operating efficiency as most organizations understand that absence is inevitable, hence secured replacements or hires multi-skilled staff. Michie et al., (2003) argues further that some absence may actually help the organization eliminate inefficient and non-performing staff, rather than offer low quality service.

The Institute of Chartered Institute of Payroll Professionals (CIPP, 2010) warned that absence can have major impact on business profitability and a ruinous effect on firm’s productivity. Hence, organizations should identify employees who regularly take an occasional day of absence here and there, mostly useful for employers that want to identify patterns of absence that might require further investigation, perhaps because employees need further treatment or because their absence is not genuine (Munro, 2007).

2.5. **Approaches to Absence Management.**

In an effort to comprehend the characteristics of employee absence in diverse organizations, cognition points towards past and or present approaches to absence management in existence. The question then is how many organizations understand the import of absence control, and how relevant are these policies in addressing their absence problems?

Two to three decades past, some authors observed that most firms did not perceive that absenteeism would pose any threat (Mowday et al., 1982), Reid (2011) comments that 2 out of 5 UK businesses have no existing strategies whatsoever to tackle existing absenteeism in their organizations.
Several absence control methods which may be traditional, or through experimental researches and/or approaches internalised in one form or another (McHugh, 2002) to instil control on absenteeism are endless, some of which are administered via the Hard Approach to managing absence as, termination based on excessive absenteeism; progressive discipline for excessive absenteeism or letter to spouse indicating lost earnings of employee due to absenteeism etc. (CBI, 2010 and Betts, 2000). Bergstro et al., (2009) claims that approaches backed by strict disciplinary measures do not often address the problem before occurrence but after, which is not preventive in terms of managing absence and reducing the cost associated with it. Personnel Today (2006) comments that hard approach does not guarantee reduced cost or absence to organization yet, it cost organizations more time in investigating absence, lost employee time and productivity due to interviews and reprimands sessions. Nonetheless, ineffective absence management could result in court cases and further costs which according to HSE, (2006) constitutes a raft of legislation that employers should put into consideration.

Advocates of the Soft Approach to managing absence according to Pfeifer, (2010); ERC Research (2008); Guinchard, (1998) as:

**TB: 3**

<table>
<thead>
<tr>
<th>Before Absence Approaches</th>
<th>After Absence Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible work schedules</td>
<td>Employee interviewed after absence</td>
</tr>
<tr>
<td>Good attendance and award ceremony</td>
<td>Wiping clean a problem employee’s</td>
</tr>
</tbody>
</table>
Public recognition of employee good attendance  
Employee bonus for complete attendance  
Education programs in health, diet and home safety  
Formal work safety and training programs, enlargement or rotation implemented to reduce absenteeism  
record by subsequent good attendance  
Process Consultation interventions  
Substance abuse programs

The author opines that such approaches takes into consideration the unique nature of the human resource which requires understanding in relations to absence, however where such measures requires high budgets to implement, like outsourcing absence controllers, costs of hiring HRM consultants, health and well being specialists or cost of rewarding staff etc may not be progressive approach for organizations with less spending power. Glidden et al., (2009), and Bacharach et al., (2010) comments that softer approaches tend not to “take the bull by the horn”, and often times encourages an absence culture (Smale et al., 2004).

Although both approaches lean towards addressing absence in line with the existing culture and/or structure of the company, the author opines that a softer approach at the beginning portrays organizational support, but where consistent increase is observed, a harder approach may be adopted.
Chapter 3

Research Methodology

3.1 Introduction

This chapter involves the analysis of the methodology implored by the researcher to retrieve reliable and probable outcome for the research objectives listed below:

1. To critically evaluate the cost of unplanned absenteeism of the permanent staff of a Psychiatric Unit of Mental Health Hospital.

2. Recommend measures to reduce the rate of unplanned absenteeism.

3.2 Research Philosophy

The term ‘Research Philosophy’ according to Saunders et al., (2008) relates to the development of knowledge and the nature of that knowledge in a particular field. However, taking an unbiased view of various philosophical positions is vital because a certain research objective may require a combination of methods to give different outlook of issues (Saunders et al., 1997). There are three main philosophical positions i.e. Positivism, Interpretivism and Realism (Nwokah et al., 2009), that confer to the researcher a better understanding of the phenomenon (Hair et al., 2007). These positions are often displayed in a continuum which will be analysed subsequently;

3.2.1 Positivism

Positivism is an interpretation of science, preferred by those who rather “work with an observable social reality” (Remenyi et al., 1998: 32). Positivists insist on
empirical inquiry, through the use of experimental and/or quantifiable analysis (Kwokah et al., 2009).

Historical relativist (Gray, 2009 cited in Suppe, 1977: 367) argues that scientific knowledge is historically and socially conditioned, and influential contextual factors in organizations can be ignored by methods aiming to draw causal inferences through examining only phenomena that are readily observable. Nonetheless, positivists (Easterby-Smith et al., 2006) insist on value free data to eradicate distorted observation, and well structured methodology to facilitate replication. Hence the social world it is assumed exists externally to the researcher (Hussey et al., 1997). Critique on these assumptions, opined that positivism tend to capture complex phenomena in single measures which is misleading (Saunders et al., 1997).

3.2. III Interpretivism

Interpretivism is adopted by researchers who see the business world as too complex to be influenced by specific laws (Kim, 2003). Instead they seek culturally derived and historically situated interpretations of the social world which acknowledges diversity in understanding of phenomenon, specific to certain social or business organizations (Saunders et al., 2007). The position of the interpretivist is that due to the dynamic nature of businesses, generalised findings are questionable as factors like age and time often renders such findings obsolete, only approved for internal validity.

Interpretivism tends to validate the experiences of the researcher using multiple methods to establish different views of a phenomenon (Fellows et al., 2008). Nonetheless positivist critique that since the researchers' views are often reflected in
the interpretive research process, personal subjectivity may bias their conclusions, and although many interpretive researchers acknowledge that biased views are inevitable (Miller et al., 2010; Alvesson et al., 2009; Saunders et al., 2007), they however believed such contamination is unacceptable (Nwokah et al., 2009).

3.2. III. Realism

Realism assumes a position between positivism and interpretivism (Savage, 1990). Realism seeks to understand, the existence of an internal reality that influences people’s social interpretations and behaviours but are not perceptible to them (Saunders et al., 2003). Realists argue people are not objects to be studied in the style of natural sciences still, certain principles of scientific methodology require a realist explanation (Kim, 2003).

Realism assumes a framework that seems suitable for case study research because it does not suffer from the limitations of constructivism and positivism, since realism is often characterized by the researcher’s objectivity (Cruickshank, 2003). Although the complexity of that reality and the limitations of a researcher’s mental capacity make triangulation of data necessary to refine fallible observations of that reality (Easterby-Smith et al., 2006).

3.3. Philosophical Position

Based on the objectives of this research work, the researcher believes that the best-fit for this research is Realism.
From the figure above, the large arrow represents a continuum of ontological positions, and the small arrow symbolizes the standpoint of the research objectives. One end of the small arrow stretches to the left, demonstrating concepts drawn from positivism and suitable for quantitative analysis; direct costs, indirect costs and unplanned absenteeism which are measurable and the measurement replicable, the shorter arrow to the right illustrates the position of Interpretivism as context specific i.e. findings are only particular to the case study.

The rationale behind the choice of philosophical position is that firstly, the researcher is independent of the study (a positivist trait) yet it may guide workable recommendations (not the general laws demanded by positivism). Secondly, because the location of study is not artificial, there is a likelihood of biased response influenced by natural and social settings which the researcher has no control over; hence the research cannot take up a completely positivistic position (Crossan, 2003).

And finally, the research work is not geared towards any generalised findings, but an internal validity intended to produce meanings specific to Brown and Brawny Health Care Hospital.
3.4. Research Strategy

The research strategy reflects the general approach and goals of a research (Sekaran et al., 2010).

Case Study

The author has selected case study as the most appropriate strategy for the research because it focuses on one organization. Tellis (1997); Gray, (2004) and Miller et al., (2010), summarised that the case study grasps the particularity and complexity of a single case and understand it. Case study as a problem solving technique is distinct from other research strategies, because firstly, it is context focused; as such studies dealing with problems similar to the one experienced by a particular organization, size and structure are difficult to be exactly replicated in other organizations (Sekaran et al., 2010). Secondly, case study strategy is mostly used in explanatory and exploratory research and it has the advantage of merging various data collection techniques critical for the collection of reliable information (Holden et al., 2000).

The researcher is in accordance with Sekaran’s (2003) assumption that generalised findings cannot be deduced from a case study, nonetheless, the research methods that will influence the validity, reliability and triangulation of the data from the research objectives are inherent in case studies.
3.5. Research Methods

A wide variety of methods are available under the case study approach (Alvesson et al., 2009); nonetheless, not all are appropriate for triangulation in all case studies (Gray, 2009).

The choice of data collection method thus, depends on the expertise of the researcher, purpose and time span of study, cost and resources associated with, and available for the data gathering (Sekaran et al., 2010). In light of these, the selected methods criteria for this research will be extensively discussed further:

3.5. I Data Line Analysis

Data Line Analysis (DLA) is a recent research method but applicable in all contexts Douglas (1995), DLA can be used as an “opener”, an initial exercise to surface theme or streams of concern.

The simplicity of the research methods heightens its functions and relevance, and can be implemented in the following ways: Firstly, the researcher produces a number of postcard sized cards. On each card is a word or phrase connected to the working environment within the form (in this case Brown and Brawny Health Care Hospital). Secondly, each participant in the research is asked to shuffle the cards presented to them, and arranged in order of significance to their feelings, with the most important on the top of individual’s list of preference. Thirdly, a number of the cards are left blank, thus allowing participants to include their own word or phrase and insert them in the exercise. This prevents the researcher asking only “closed questions”.

One of the major strengths of this method is that it permits the different priorities of individuals to be seen at a glance, and the presentation of data retrieved provides an
overview of all respondent responses. Other major advantages according to Douglas (1995) are; DLA permits data collection very cheaply and very quickly. Also results from DLA can inform the researcher’s view of the research area very quickly. This method is not void of limitations which according to Douglas (1995) and Moran (2011), are likelihood of the researcher been confused in deciding how many cards/statements, should be used, which also could be time consuming, consequently, the respondent may not engage meaningfully with the exercise, they may shuffle cards into any random order and return them, especially where the word or phrase upon the card might have a different significance to the respondent than the researcher could reasonably foresee. Aside these generic limitations, some other specific problems the researcher assumes might generate in the implementation of this method is that since DLA is not commonly used or known as the questionnaire or interview, some participants may claim lack of understanding on what to do, which may require the researcher to explain how it works, hence not time friendly for both the researcher and respondents. To guide against this, the researcher used only eleven cards and few sample size to maximize time and be able to explain what should be done. Also because questions presented were closed, two blank spaces left at the bottom of the cards for respondents to input anything else they feel should be considered. This enabled the researcher generate broader scope of questions which was to be asked in the FG which is a follow up method, as participants of DLA were also the representatives for the focus group, to make up for any lapses in response. Therefore the total number of participants of the data-line analysis method is 100%.
The four participants were the three HRM permanent staff and manager of The Hospital also 100% representative of the case study, as they were selected on the bases of the information open to them in relation to absenteeism in Brown and Brawny Health Care Hospital i.e. they were the only personnel in a position that had knowledge of previous recorded rates associated with absenteeism and the costs, and methods used in the past to reduce absence.

3.5. II Focus Groups

Focus Groups (FGs) are largely dependent on respondents personal/collaborative responses to a known circumstance in which they have been involved (Gray, 2004). According to Hair et al., (2003, pp.197) FGs “are often semi-structured that uses an explanatory research approach and a type of qualitative research”; similarly FG could be unstructured, i.e. where the interviewer with the objective in view, provides room for flexibility and allowing participants to answer questions in their own words while obtaining respondents’ impression, interpretation, and opinions; or structured, containing a list of questions or themes to be discussed on and controlled to guide against possible deviations (Saunders et al., 1997).

Respondents within a FG share or do something in common, (in this case all work with the Brown and Brawny Health Care Hospital), and this common ground is often very much involved in the purpose of discussion (Hair et al., 2003).

Once FG is established, the discussions are usually guided by a moderator who skilfully encourages involvement by all members of the group and maintain the discussion on the right direction (Saunders et al., 1997).
Focus Groups are used across all business disciplines (Wilson, 2010), targeted towards key informants (Fellows et al., 2008) such that the participation of all respondents allows for a variety of point of views to emerge, and where the research project is being conducted within a specific context, it helps to establish the viability of the research findings and overcome the basic problem of biased response often associated with one-to-one interview (Alvesson, et al (2009). Sekaran, (2003) opined that FG, are moderately inexpensive and can provide reasonably dependable data within a short time.

Nevertheless one basic disadvantage of FG according to Hair et al., (2003) is that utilizing FG method alone for a research is very risky, because the group size are relatively small, hence results are less likely to represent those of the population, as opinions are often very dependent upon a certain group’s relationship.

In view of this, the researcher utilised a questionnaire as supporting method to reach the entire permanent staff of the Hospital, to get a general overview.

Simultaneously, the researcher experienced some difficulty in getting all participants in one place for the stipulated period of the interview due to the shift pattern run in the Hospital and the need for the HRM manager to be positioned, due to shift swops, handing over etc. Also, it was almost impossible for the researcher to guarantee anonymity as all participants were quickly recognised by face prior to taking part in the DLA procedure. However the DLA method assisted in providing data sufficient in covering up the lapses of FG.

The FG was made up of three members of HRM staff scheduled to last for one hour 25 minutes, was determined prior to consultation with a member of the team, and decided on the most convenient time when all three members of staff will be present.
Sample Size- the total number of HRM permanent staff in the Hospital. The HR Staff only were included, the general manager was not. Although the initial plan for the FG section was inclusive of the manager as one of the participants of DLA session however, was exempted from the focus group to guide against biased response likely to occur with the manager involved, as the presence of the manager was likely to influence certain pattern of response which may not reflect the individual findings from the DLA. However the three members of HRM staff were selected based on the relevance of their job positions to the research study.

3.5. III Self-completion Questionnaire

Questionnaires consist of one of the most commonly used and valuable method of data collection (Saunders et al., 2007). Plus the types, variety of distribution and the way they are presented i.e. structured or unstructured (Holden et al., 2000), signifies its unique contribution to various researches (Fellows et al., 2008).
Hence the researcher chose the Self-completion Questionnaire (SQ) as more ideal for this research work. SQ is often completed by selected participants of a research study; posted, mailed or delivered in person to the individual respondents and returned at a time convenient for them (Hair et al., 2003). According to Saunders et al., (1997) SQ is one of the most effective ways of obtaining primary data and validates the anonymity of data sources. It also makes it easier to check that the sample is representative of the research study (Sekaran et al., 2010).
Administering SQs has a number of basic limitations, which calls for caution (Holden et al., 2000). One major danger experienced by researchers is the possibility of low response rate, which can hamper the validity of the research work (Kim, 2003).
Hussey et al., (1997), claimed that although SQ may be low cost in terms of administration, is not very flexible since it is unlikely to backtrack the process where ambiguity is observed.

Aside these problems, the researcher observed some specific problems such as low interest to participate, while some other staff members did not hesitate to show their disdain after a 10 hour shift, some others resuming their shifts were running off to meet up their schedules. Also due to the nature of services offered in the Hospital, most staff were reluctant to participate for fear of divulging any information that may alter stipulated confidentiality.

Hence the researcher implored the help of a reliable confidant working as a bank staff (two shifts a week) in the company to aid distribution, which was done by dispersing questionnaires into all participating staff pigeon holes within the Hospital with instructions to return at anytime of the day within eight days to a number tagged pigeon hole assigned to the bank staff who will then pass it on to the researcher. (The researcher intend extending the time stipulated for submission in case most questionnaires were not received at the set date). This was to ensure anonymity as the distributor could not identify who responded to a questionnaire and in a certain way; however assisted in reminding participants to attend to their questionnaires.

This was more ideal than face-to-face or web distribution, as it was less costly and less time demanding for the researcher, also efficient in reducing the likelihood of corporate and biased response which was inevitable in the focus-group section.

To ensure that quick and easy response was assured, a pilot questionnaire was administered to three bank staff at the Hospital, to test against ambiguity and these
members of staff took no further part in the research work because they were not representative of the case study as temporary staff.

Sample size for the questionnaire was deduced from the equation below:

\[
\text{Sampling Fraction} = \frac{26 \times 100}{30} = 87\%
\]

The total number of permanent staff participants issued a questionnaire was 87\% i.e. 26 permanent staff less the HRM staff and manager that took part in the DLA and FG process.

The participants were the total number of permanent nursing staff.

3.6. **Triangulation**

Three methods (Focused group, Self-completion questionnaire, and Data-line analysis) best fit for this case study was utilized, enabling the researcher achieve a better understanding of the phenomenon under investigation viewed from different positions. Subsequently, to ensure triangulation as data was sourced using multi-methods to counter potential bias responses and error via cross verification of three methods, which according to Gray, (2004) assist in checking accuracy of data gathered by each methods to enhance reliability and validity in the research findings.
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