NTNU
Master's thesis in Cultural, Social and Community Psychology

Absenteeism- a complex problem

A study on absenteeism in Trondheim's nursing homes

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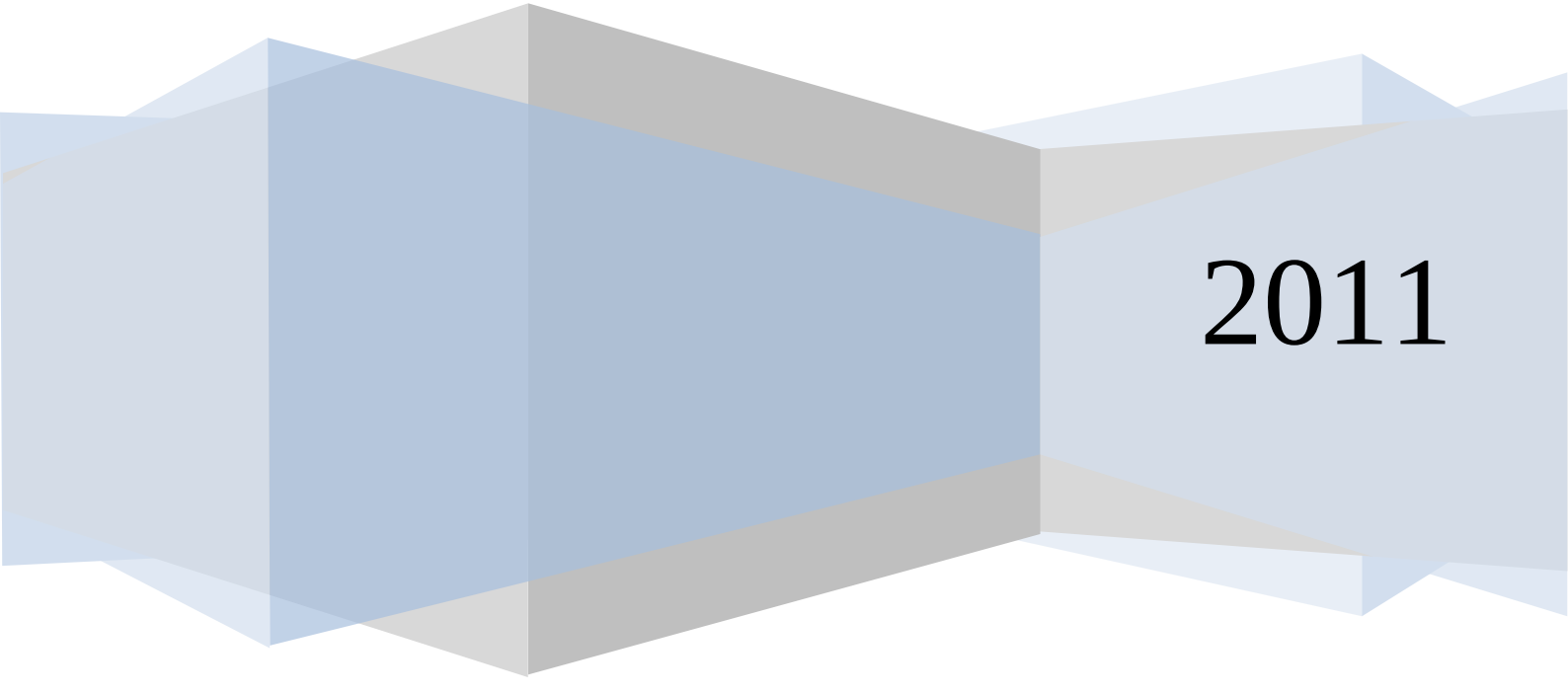

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Preface

This thesis is the final work of my master's degree in Cultural, Social and Community Psychology at the Norwegian University of Science and Technology (NTNU), Department of Psychology. The subject of this thesis is absenteeism, and the aim was to study nursing homes in Trondheim to see if there are differences between nursing homes that have high absenteeism rate and those that have low absenteeism rate. Working on this thesis has been interesting, educating and challenging and I have learnt a lot from it.

I would like to thank my supervisor Per Øystein Saksvik for all the feedback and advice I have received from him throughout this work. I would also like to thank all the four managers who participated for allowing me to use their nursing homes and for giving me their time for the interviews, for without them I would not have been able to write this thesis. And finally I would like to thank all the caregivers who let me interview them.

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Abstract

Absenteeism is a community problem when one looks at the amount of money spent because of it, an amount that could have been used on other more important matters. For this thesis I set out to study absenteeism in nursing homes here in my town, Trondheim. I wanted to study the nursing homes with relatively low absenteeism rate and the nursing homes with relatively high absenteeism rate to see if I could find differences that could explain the differences in their absenteeism rates. Interviews were used to gather data from four different nursing homes in Trondheim, and the participants were the manager and two caregivers from each nursing home, a total of twelve participants. A qualitative analysis approach was chosen to analyze the data I had obtained in order to increase my understanding of them, and the findings indicate that the differences between the nursing homes are there.

The results indicate that there are individual, leadership and organizational differences. Individually, the employees from the nursing homes with low absenteeism rate handle stressful situations better and they are healthier than those from nursing homes with high absenteeism. On the leadership's side, the managers from the nursing homes with low absenteeism have more insight into the employees every day work situation; they are more visible, supportive and protective of the employees than the managers of the nursing homes with high absenteeism. Organizationally, the nursing homes with low absenteeism use fewer substitutes and they distribute the available caregivers better on the different shifts. Based on this study's findings, absenteeism is a complex problem that requires commitment from each member and collaboration between all the members of the organization if it is to be kept at the acceptable.

Content

1. Introduction

1.1 The definition of absenteeism

Employee absenteeism is an acknowledged problem in any organization which uses fixed work schedules (Dalton & Mesch, 1991), and Cascio (2000, as cited by Mayfield & Mayfield, 2009) defines it as any failure to report for or stay at work as scheduled, regardless of what the reason is. According to Avey and his colleagues, absenteeism can be involuntary or it can be voluntary. Involuntary absenteeism is under normal circumstances unavoidable, for example in cases when the employee is sick (Avey, Pater & West, 2006); this type of absenteeism is also called white absenteeism (Sanders & Nauta, 2004).

Additionally, both types of absenteeism can be classified as *necessary* or *unnecessary*. A *necessary involuntary absenteeism* is an absence where the employee is seriously sick or injured, whereas an *unnecessary involuntary absenteeism* is when an employee has over-interpreted (overfortolkning) harmless symptoms and thus remained at home (Guttormsen & Saksvik, 2003). As opposed to involuntary absenteeism, voluntary absenteeism is an absence that is reasonably avoidable (Avey et al., 2006).

As mentioned above, voluntary absenteeism can also be classified as necessary or unnecessary. A *necessary voluntary absenteeism* is an absence that is used as a strategy to prevent a condition from getting worse. An *unnecessary voluntary absenteeism* on the other hand is an absence that could have been avoided if the employee had chosen to do so (Guttormsen & Saksvik, 2003); this is probably the same as what Sanders and Nauta call *black absenteeism,* which is an absence where the employee is not sick at all and yet reports himself or herself as being sick; *black absenteeism* is also known as illegal absenteeism (Sanders & Nauta, 2004).

1.2 Interest for absenteeism

I have been working in nursing homes for a few years now and I have been at the current nursing home most of that time, and absenteeism has come up in almost every staff meeting I have attended, and more than once I have heard that our workplace is one of the nursing homes in Trondheim with low absenteeism rate. In one of the staff meetings I attended they told us what our absenteeism rate was at the time, which was about 10% and below the average rate for the nursing homes in Trondheim.

At that same meeting, they also told us that absenteeism rate can be as high as 50%, which was surprising to me. However, at that time I was only amazed that our own

absenteeism rate was that low. I did not think much about that again until a few months later when I started thinking about the subject for my master thesis; that was when the subject of absenteeism really caught my interest.

When I started to think about the subject of my master thesis, I found myself going back to the absenteeism issue time and time again; eventually I chose that subject because I was interested to see if there could be differences between nursing homes which could explain their absenteeism rates. This became even more interesting after they told us at a staff meeting that the budget had increased with about kr200.000 because the absenteeism rate had gone from 8% to 10%. This made me wonder how much money is spent on absenteeism if a 2% increase in absenteeism at one workplace increases the budget with that amount.

I wanted to study absenteeism in nursing homes because I was interested in finding out if there could be differences between nursing homes which could give an indication to why the absenteeism rates are as they are, and maybe from there figure out how the absenteeism rates can be reduced by learning from each other about what works and what does not work, and as a result of reducing absenteeism one would reduce its costs.

At the current workplace, I have and have had colleagues who worked at other nursing homes in Trondheim, and I remember this one lady who described the routines at the nursing home where she had been working; I also remember what we said when we heard that. In fact that co-worker said that she thought that the routines there were so tiring and ineffective that she used to follow the routines that were followed at our workplace. I will admit that there is a good chance that she, as well as the rest of us who were listening, felt that the routines at that nursing home seemed ineffective to us because they were not familiar to us since they were different than the routines we are used to follow.

I had already started working on my thesis when I came to think about what that colleague had said. However, it only strengthened my desire to try to find out if there could be differences in nursing homes that could explain their differences in absenteeism, especially since it was not the first time I had heard about that same nursing home, which as it turned out was the nursing home which had the highest absenteeism rate in Trondheim in 2009.

1.3 The cost of absenteeism

Absenteeism is as stated above defined as behavior related to not attending work as scheduled. From the international stand point, this behavior can be caused by several reasons including “sick leave, vacation, family medical leave, elder and child care, maternal/paternal leave, occupational deviance, bereavement, military duty, jury duty and/or other related

activities/situations" (Avey et al., 2006, p.43). In USA for instance, a mother's absence because she has to take care of her sick child will go under the category of absenteeism. In Norway on the other hand, this will or should be kept apart from registered absenteeism. This is because in Norway, one is much more concerned with absenteeism being related to an illness; that is, a real disease should be the basis for absenteeism (Guttormsen & Saksvik, 2003).

Mayfield and Mayfield state that absenteeism affects workplace in many ways, including direct costs, global incidence, indirect costs and service quality (2009). Navarro and Bass (2006) claim that paid time off is one of the most expensive benefits provided to employees; Dalton and Mesch (1991) claim that the cost and disruptiveness of absenteeism have been frequently noted. In a study from 1978, Steers and Rhodes estimated the cost of absenteeism in the U.S to be $26.4 billion, and in their study they argue that even if the more conservative minimum wage rate was used, the estimated annual cost of absenteeism came to $8.5 billion (Steers & Rhodes, 1978).

In 1990, Elkin and Rosch stated that U.S industry lost approximately 550 million working days per year to absenteeism, and about 54% of these absences were stress-related (Danna & Griffin, 1999). Danna and her colleague write that U.S employers spend about $700million per year to replace the 200,000 men aged 45 to 65 who die or are incapacitated by coronary artery disease alone (Danna & Griffin 1999). Johnson and Indvik (1997) also report that according to the National Institute of Mental Health, about 17.5 million adults become victims of clinical depression each year; according to these researchers, much of this has been attributed to workplace stress and it costs society about $43 billion every year.

Dalton and Mesch also (1991) report an estimated annual cost of $40 billion due to absenteeism in the U.S. Additionally, Mayfield and Mayfield (2009) report that high expenses for absenteeism have been reported in other countries like United Kingdom, Sweden and Canada. These researchers also state that in addition to the direct financial losses that are associated with absenteeism, there are also indirect costs that are attributed to excessive absenteeism like lower performance and overtime pay in addition to the amount paid to replace the absent workers. This point is also supported by Brun (2008, as cited by Biron & Saksvik, 2009)

In Norway, the figures from NAV show that they reimbursed an amount of almost kr27.7 billion to employers around the country in 2008 and almost kr32.1 billion in 2009, an increase of almost kr4.4 billion in one year. And this amount does not include the over one billion that was reimbursed to those who are self-employed. This amount is what is paid to the

employees who are on long-term sick leave, 16 days and more, and to the employees who are chronically sick regardless of the length of their absenteeism. In addition to that amount, there is also the amount that the employer pays to employees with short-term or medium long absence, that is, employees who are absent for less than 16 days. The amount paid because of short-term or medium long absenteeism was according to my participants difficult to figure out, which is why there is no exact figure of that amount here.

The above numbers show that absenteeism is costing organizations and society a substantial amount of money. Certainly absenteeism cannot be eradicated, after all it is a medical and biological fact that humans get sick from time to time. In fact, a number of scientific studies that have been conducted in Scandinavian countries have shown that under normal circumstance, an absenteeism of 2-4 percent is completely normal. Actual, the claim is that if absenteeism is below 2%, there is a reason to believe that employees are attending work when they should be at home recuperating (Johnsson, Lugn & Rexed, 2006).

Since it is natural to be sick, it is therefore important that people be allowed to be sick and are taken good care of when they do. However, if a normal absenteeism rate is between 2-4 %, it also means that when it exceed 4 %, something should be done to improve it; either by improving the health of employees or improving conditions at work and maybe both (Johnsson et al., 2006).

I already mentioned that a 2 % increase in absenteeism raised the budget by kr200.000 at one nursing home alone; given that all the nursing homes that participated in this study, and all the nursing homes in Trondheim for that matter, have absenteeism rates that are way over the 4 % limit, one can only imagine how much money they can save and use to more important issues if the absenteeism rates could be reduced and brought down around the maximum rate of 4 %. Mayfield and Mayfield (2009) as well as Navarro and Bass (2006) also argue that even with modest reductions in absenteeism rates, organizations can save an impressive amount.

Apart from the causes of absenteeism, there is also the type of absence. Dalton and Mesch argue that a leave of absence can be a one-day or a multiple-day incidence and it can also be a Monday/Friday or remainder-of-the-week incidence. These researchers argue that several single-day absences are more likely to be avoidable absences than is one multiple-dag absence. They further argue that an employer who suspect an employee who is always absent on Mondays or Fridays is right to do so (Dalton & Mesch, 1991).

However, these researchers point out that all suspicious absences are not necessarily *unnecessary voluntary absenteeism*, and nor are all the midweek or multiple-day absences

always *involuntary absenteeism*. Nonetheless, these researchers think that what is important is not how the absence takes place but whether or not it is avoidable or not (Dalton & Mesch, 1991).

Due to Norwegian sick pay scheme, absenteeism is divided into three different categories which are commonly used: *short-term absenteeism* which can be up to three days and is primarily intended as self-certified absence, but also includes sick leave; *medium long absenteeism* which is from four to sixteen days and is the rest of the employer period, meaning the period the employer pays for and the last category is *long-term absenteeism* which is from 16 days to one year (Guttormsen & Saksvik, 2003).

Van Yperen and colleagues argue that since short-term absenteeism is very difficult to predict in time, it causes problems of coordination diversion of work for organizations (Van Yperen, Hagedoorn & Geurts, 1994, as cited in Sanders & Nauta, 2004). Furthermore, because the same amount of work has to be done with fewer employees if replacement is not found, this black variant of absenteeism can be seen by the other employees in the team as anticooperative behavior towards them (Sanders & Nauta, 2004).

1.4 The causes of absenteeism

This section is going to elaborate on some of the causes for absenteeism. According to many researchers, there are a number of things that lead to absenteeism like stressors in the job environment, individual work ethic and characteristics, cohesiveness of the employees, organizational commitment, having a voice or not and leadership (Hammer, Landau, & Stern, 1981; Jackson, 1983; Sanders & Nauta, 2004; Steers & Rhodes, 1978)

1.4.1 Stressors in the job environment

Jackson argues that physical and mental health problems are two significant reasons for not attending work as planned. Jackson further argues that if health is affected by stressors (objective characteristics of the physical and social environment) in the job environment, the employers should be able to reduce absenteeism if they can identify and then eliminate those stressors. In addition to reduced absenteeism, Jackson argues that by eliminating job stressors, there may be other beneficial effects like higher productivity, higher job satisfaction and lower likelihood of turnovers (Jackson, 1983).

Stressors in the workplace can involve a number of things including workplace relationships, career development-related stressors, work overload/underload, shift work, long hours, the quality of the physical working environment (Danna & Griffin, 1999), lack of job

control or the extent to which people have discretion and choice in their work (Bond & Bunce, 2001) and poor job resources such as social support, coaching autonomy and fair and empowering leadership (Petersen, Demerouti, Bergström, Åsberg & Nygren, 2008). Fortunately, these problems which have a number of negative outcomes on both the employees and the organization can be alleviated with a few measures.

In their 1994 article, Cooper and Cartwright state that relationships with superiors, colleagues and subordinates have been identified as potential stressors. These researchers state that mistrust among colleagues has for instance been found to be related to high role ambiguity, poor communication, low job satisfaction and poor psychological well-being. Furthermore, it is argued that strong emotions like workplace jealousy and envy among employees have been blamed for pathological outcomes such as workplace violence and harassment (Danna & Griffin, 1999). On the other hand, Harris, Heller and Braddock (1988) argue that employees who are supportive of each other and are attached to each other have very positive effects.

Job insecurity and career development, which have increasingly become sources of occupational stress (Cartwright & cooper, 1993), can be improved by regular appraisals, retraining opportunities and career counseling among other things (Danna & Griffin, 1999). Work overload or underload which can lower self-esteem and increase smoking and various physical and psychological problems (Glowinkowski & Cooper, 1986) can be alleviated by recruitment, skills training, appropriate selection decisions and more delegation (Danna & Griffin, 1999).

Danna and her colleague also argue that with regards to the physical working environment, improving the ventilation system can be very beneficial. These authors for example argue that improving air circulation and introducing more outdoor air into the system seems to be a reasonably simple solution (Danna & Griffin, 1999). Also, keeping the premises nice and clean which will improve job satisfaction for the employees can be another solution which is simple enough (Kaspersen, 2010).

Lack of job control or the extent to which people have discretion and choice in their work may increase the risk of stress- related outcomes like anxiety, psychological distress, burnout, irritability, psychosomatic health complaints and alcohol consumption. Bond and Bunce (2001) argue that work reorganization intervention where one increases people's job control can improve stress-related outcomes, something which is supported by King (1995) who argues for the importance of having some control over one's work.

Poor job resources is another source of stress for employees, and this may cause failure and frustration if they prevent the employees from achieving their goals, and the result of this may be disengagement from work as a self-protection mechanism to prevent future frustration of not obtaining work-related goals (Petersen et al., 2008).

Holmes writes in her article that a degree of stress may be beneficial in providing stimulation and creating energy; increasing both productivity and efficiency and challenging individuals and teams to give their best as a result. However, she also writes that this view is criticized as a justification for poor or inappropriate management practices. Holmes argues that even though challenge, stimulation and deadlines are necessary, stress is not. She further points out that if the pressure of work is too heavy or prolonged and leads the individuals to feel that they are unable to cope successfully, then the physical and mental reactions, collectively known as stress will arise (Holmes, 2001).

Stress has according to Cooper and Cartwright (1994) been frequently described as "the Black Plague of the eighties" (p.456), and it has become an important component and major problem of everyday and it is threatening individual, organizational and societal health (Cooper & Cartwright, 1994). Furthermore, a number of studies investigating work-related stress have found links between stress and the incidence of coronary heart disease, mental breakdown, poor health behaviors, job dissatisfaction, accidents, certain forms of cancer, lost productivity, family problems and absenteeism (Cooper & Cartwright, 1994). Cox and Ferguson (1991) also argue that excessive stress has been associated with mood change which causes feelings of tension, anxiety, fatigue and depression.

When it comes to cancer and stress, it is argued that no association will be observed unless there is already a disease process in existence. The argument here is that the role of stress is in the development of existing cancers rather than in the aetiology of new cancers. However, even if there is an existing latent pathology, unless it is under the control of the immune system, the effect of stress will not be observed, something which may explain why stress only affects the development of some cancers and not others (EASHW, 2000).

The Health and Safety Executive's definition of stress is: "the adverse reaction people have to excessive pressures or other types of demands placed upon them. It arises when they worry they cannot cope" (Anderson, 2003, p. 82). This condition is a source of many problems for individuals as well as organizations (Holmes, 2001) because many individuals are suffering from stress-related illness and taking days off from work as a result (Anderson, 2003). According to the research commissioned by the Health and Safety Executive, this

problem is getting much worse (Anderson, 2003). Therefore, preventing and/or managing stress may be beneficial for everyone who is affected by it (Holmes, 2001).

1.4.2 Individual work ethic and characteristics

Personal value system that individuals have can influence attendance motivation. Recent studies on the work ethic have shown substantial variation across employees in the extent to which they feel morally obligated to work. Specifically, several studies have noted a direct relationship between a strong work ethic and the tendency to attend work. Steers and Rhodes state that although more studies on the relationship between individual work ethic and absenteeism are needed, they believe that the individuals' belief that work activity is an important aspect of life, almost regardless of the nature of the job itself, is one major pressure to attend (Steers & Rhodes, 1978).

In addition to individual ethic, there are other factors that can predict absenteeism behavior and smoking is one of these predictors and it has been a concern in the studies of absenteeism. Smokers tend to be more absent than non-smokers, both in terms of number of episodes and time lost (Parkes, 1987). Research does not find any difference among adult male and female smokers; they are both more likely to miss work due to illness or injury than male or female nonsmokers. However, absenteeism can decrease if the employees stop smoking, it is not reduced immediately though (The NSDUH, 2007).

Another individual characteristic that is a major influence on attendance or absence is health condition. Steers and Rhodes (1978) argue that even if someone wants to attend and is highly motivated to do so, in some cases willingness and motivation are not enough. Poor health or injuries are very influential to attendance regardless of what the person wants and they represent a primary cause of absence.

Furthermore, researchers have suggested that a number of positive psychological capacities like *optimism, resilience, hope and self-efficacy*, which they argue can be developed through interventions, as well as their combination termed *psychological capital* or *PsyCap* may provide a new positive perspective and approach to understand and potentially manage organizational absenteeism(Avey et al., 2006).

Luthans and colleagues define PsyCap as "*an individual's positive psychological state of development that is characterized by: (1) having confidence (self-efficacy) to take on and put in the necessary effort to succeed at challenging tasks; (2)making a positive attribution (optimism) about succeeding now and in the future; (3) persevering toward goals, and when necessary, redirecting paths to goals (hope)in order to succeed; and (4) when beset by*

problems and adversity, sustaining and bouncing back and even beyond (resilience) to attain success" (Luthans, Avey, Avolio, Norman & Combs, 2006, p. 388).

Avey and his colleagues argue that involuntary absenteeism is still underrepresented and the main reason for this is because it has been assumed to be less controllable than voluntary absenteeism. These researchers propose PsyCap as feasible means to predict and potentially manage involuntary absenteeism and its associated costs. However, since this aspect of organizational absenteeism has been ignored, there is very little evidence to draw from that would directly be informative of their hypotheses concerning PsyCap and absenteeism; thus, these researchers look at each of the capacities instead (Avey et al., 2006).

The component of *hope* has for instance been demonstrated to have positive health outcomes. Snyder and his colleagues claim for example that high-hope individual engage in more prevention-focused health activities, such as physical exercise, than low-hope individual and elicit stronger ability to cope with pain and stress(Snyder, Irving & Anderson, 1991). This suggests that individuals high on hope will be less absent compared to individuals low on hope; when they do become sick, they may recover faster or work through less severe health setbacks (Avey et al., 2006).

The component of *optimism* can effectively be used as an indicator of psychological health. Optimistic people are described as people who are engaged in health promoting behaviors which in return decreases health risk; consequently, these people are less likely to become sick. It is also reasonable to assume that these individuals may see more value in taking care of themselves when they do become sick and that they see an illness as a temporary and manageable obstacle that they can deal with. Furthermore, optimistic people may view returning to work quickly as a realistic goal (Avey et al., 2006).

The component of *resilience* is an "adaptive system which enables an individual to rebound or "bounce back" quickly from a setback or failure" (Avey et al., 2006, p. 45). Resilient people faced with potential stressors at work are less likely than non-resilient people to perceive such stimuli as actual stress and if they do, they are more likely to perceive them to a lesser degree. Since resilient people are more able to cope with potentially stressful situations, they are not as affected by them; consequently, they are less likely to experience the negative health outcomes of stress, and therefore exhibit less absenteeism behavior. Additionally, resilience is argued to be negatively related with depression which is a significant causal agent in absenteeism (Avey et al., 2006).

The last component, *self-efficacy*, is according to Avey and colleagues the PsyCap component with the strongest theoretical foundation (Avey et al., 2006). This component

refers to a personal belief that one is in control and is able to perform relevant personal actions (Thompson, 1991). According to Avey and colleagues, people that are generally high in self-efficacy tend to believe that they are able to deal with situations presented to them to succeed. These people are therefore likely to view potential work stressors as achievable challenges rather than as disproportionately difficult.

Instead of focusing most of their attention at what is difficult, people who are high in self-efficacy react productively by pooling resources and creating action plans when faced with difficulties. As a result, efficacious people tend to display lower levels of blood pressure and reported job stress. And when they do become ill, efficacious people are likely to believe they have the ability and control to overcome the illness as well as a stronger orientation toward returning to work (Avey et al., 2006).

Avey and his colleagues argue that the nature of people characterized by higher levels of PsyCap will contribute to lower levels of illness or the ability to fight through and return rapidly from illness, something which will result to less involuntary absenteeism. These researchers further argue that the combination of all the four components will predict better than any of the four individual components. Moreover, Avey and his colleagues argue that in addition to the potential impact of PsyCap on involuntary absenteeism, there is a reason to believe that PsyCap may predict voluntary absenteeism as well (Avey et al., 2006).

Avey and colleagues point out that when it comes to voluntary absenteeism, job satisfaction and organizational commitment predict better than PsyCap; however, when looked at individually, PsyCap was comparatively close to both job satisfaction and organizational commitment. Then again, Avey and his colleagues also point out that whereas it is difficult to train someone to be satisfied with a company or to be committed to their job and to the organization through a short term developmental program (Avey et al., 2006), Luthans and his colleagues claim that PsyCap may be developed in a highly focused, very short training session (Luthans et al., 2006).

Furthermore, Avey and colleagues argue that since PsyCap is probably more malleable than either job satisfaction or organizational commitment and it is not innately tied to the experience of working for the company, PsyCap development may provide a more effective platform to reduce or control the costs associated with absenteeism behaviors (Avey et al., 2006).

1.4.3 Cohesiveness of the employees

Cohesiveness is a critical part of small group behavior; in the area of organizational effectiveness, group cohesiveness plays a particularly important role (Hoyt & Blascovich, 2003). Researchers argue for example that work-group cohesiveness is related to performance and organizational commitment (Mullen & Copper, 1994), subordinate morale and satisfaction (Griffith, 1988) and employee absenteeism (Bhatia & Valecha, 1981).

In 2004 Sanders and Nauta conducted a study where they tried to explain the relationship between characteristics of the employees, such as gender and working hours, and short-term absenteeism by examining the social cohesiveness of a team. In this study, Sanders and Nauta formulated three different hypotheses. The first was about gender and the cohesiveness of a team, the second was about the relative number of full-time employees and the cohesiveness of a team and the last one was about the cohesiveness within a team and short-term absenteeism (Sanders & Nauta, 2004).

Sanders and Nauta expected that the more employees with the same gender, regardless of which gender, in a workplace the more cohesive the team will be and the more a team has a relatively high number of full-time employees, the greater the chance that this team will be cohesive. Cohesiveness is believed to be a vital characteristic of teams because the members are more willing to show cooperative behavior if the informal relationships are stronger, and they tend to be more sensitive to others and more willing to help and assist them. Assuming that short-term absenteeism can be seen as a form of anticooperative behavior, Sanders and Nauta expected that the more cohesive team members are, the less their short-term absenteeism rate will be (2004).

In their study, Sanders and Nauta (2004) were able to confirm their hypotheses that the similar in gender and the more percentage of full-time employees within a group, the more socially cohesive that group is and that social cohesiveness is negatively related to short-term absenteeism. Also when Geurts, Buunk and Schaufeli (1991, as cited in Sanders & Nauta, 2004) studied bus drivers, they found that members of strong cohesive working groups see leaving their colleagues alone as highly undesirable and will therefore avoid absenteeism. This is supported by Lawler who points out the importance of cohesiveness in teams. Lawler argues that team members who are highly cohesive regard attending work to help one's colleagues as highly desirable; they therefore prefer to attend rather than being absent (Lawler, 1971).

1.4.4 Organizational commitment

Steers and Rhodes (1978) claim that "commitment represents an agreement on the part of the employees with the goals and objectives of an organization and a willingness to work toward those goals" (p. 400). These researchers argue that an employee who firmly believes in the organization's goals should be more motivated to attend and contribute toward those goals, and this motivation may exist even if the employee does not like the actual tasks that he has to perform. They exemplify this with a nurse's aide who in her or his job may at times perform tasks that are not particular pleasant, but does them anyway because she or he believes that she or he is contributing to worthwhile public health goals (Steers & Rhodes, 1978).

1.4.5 Having a voice or not

In their study, Hammer and colleagues set out to study absenteeism when workers have a voice. In this study, they argue that pressure to attend work can take on different form, including personal work ethic and commitment to the workplace that are mentioned above, organizational reward and control systems and economic and job market conditions. These writers claim that job satisfaction and pressure combine to determine attendance in such a way that if pressure is little to non-existing, then job satisfaction will operate unhindered, and there will be a negative relationship between satisfaction and absenteeism. However, if the pressure toward attendance is strong, then job satisfaction may no longer predict absenteeism since both the satisfied and the dissatisfied employee will attend work, and in this case the relationship between satisfaction and absenteeism may approach zero (Hammer et al., 1981).

However, the same writers also argue that the above point of view ignores the importance of alternative mechanisms to withdrawal or endurance for dealing with unfavorable job situations. Hammer and her colleagues utilize Albert Hirschman's model of *Exit, Voice* and *Loyalty* to hypothesize a different response to dissatisfying conditions of employment (Hammer et al., 1981). This model implies that employees can "exit", voluntarily withdraw permanently or temporarily, or they can use "voice" to express their dissatisfaction in the hope of changing the situation (Hirschman, 1970).

According to this model, "voice" is anything the employees try to do to change an unpleasant condition, individually or together, instead of escaping from an unpleasant situation (Hirschman, 1970). In cases where a collective agent like a union is present, then the voice is more likely to be useful rather than expressing discontent directly. However, the argument is that the choice between *exit* and *voice* strategies depends on the loyalty to the work place and the belief in the possibility of improving the dissatisfying conditions. If the

employees are loyal to the workplace and they believe that their voice can have an impact, then they will prefer that option. In contrast, if there is little loyalty, exit is more likely to be chosen (Hammer et al., 1981).

1.4.6 Leadership

Researchers have defined leadership in several ways, such as the ability to guide followers toward shared goals (Bryman, 1992), as a form of influence (Hersey, 1984, as cited in Madlock, 2008) and as simply something a leader does (Fleishman, 1973). Mayfield and Mayfield claim that literature on management strongly supports leader behaviors, communication in particular, as important interventions to increase employee motivation which is a key factor to reduce avoidable absenteeism (2009).

The superior must engage in active dialogues with the representatives as well as employees individually. This can be done through internal dialogues meetings about what creates presence, absence and a good work environment (KS Arbeidsliv, 2010). As important for employees' attendance are leaders with clearly defined goals, and who use rewards and recognition and respect their employees (Biron & Saksvik, 2009). This is also supported by Fleishman (1973) who argues for the importance of recognition as one of the ten categories of leader behavior. In fact, recognition is argued to be one of the often overlooked non-financial rewards that can be used to positively reinforce performance-enhancing behaviors (Luthans, 2000). According to Luthans (2000), this type of reward can be very effective and efficient because it costs nothing, it is available for everyone to use and no one gets too much of it.

God, clear and inclusive leadership that sees, listens, uses, appreciates and allows development for the employees is also important. The superiors must be in charge of adjustment and follow-up of both the absent employees as well as those who are present. It is the superiors' responsibility to see each employee, give them enough feedback, guidance and support and make sure that they feel safe and needed (KS Arbeidsliv, 2010).

Furthermore, the workplace should have enough professionals and each competence, both the superiors' and the employees' must be used correctly. However, it is not enough to be competent; there should also be room for competence development. In addition, preventive work, including procedures for monitoring those on sick leave and the development of presence culture (nærværskultur) must be done in cooperation with the employees and the representatives. And the organization's strategies and measures to reduce absence and increase presence must be made familiar and be recognized among all the employees (KS Arbeidsliv, 2010).

1.4.7 Research question

A workplace is a complex organism and there are several factors, private as well as work-related, that will have an impact on its health and absenteeism is one of the problems affecting that organism. There are probably very few things that can affect absenteeism in a great way on their own, but if many small things are combined they may have a huge impact. This is why I thought it could be interesting to talk to the employees as well as the managers and hear what they had to say, and maybe from there see if there could be something that could explain the differences in absenteeism rates. I specifically chose to use nursing homes, instead of for example health and welfare centers, because I wanted to reduce the chance of ending up with participants who care for different type of residents or who have different type of work environment.

The aim for my investigation was to find out if there are differences between nursing homes that may explain their absenteeism rates. My research question is therefore the following: what are the characteristics of nursing homes that have high absenteeism and what are the characteristics of the nursing homes that have low absenteeism?

2. Methodology

2.1 Selection of participants

2.1.1 Choice of nursing homes

When I decided to write about absenteeism, I was not exactly sure how to go about; I just knew it would be absenteeism in nursing homes. Eventually I decided to look at the different nursing homes in Trondheim and look at the ones with high absenteeism rate and those with low absenteeism rate to see if I could find differences between them that could explain the difference in their absenteeism rates. In order to do this I decided to choose two nursing homes with relatively low absenteeism rates and compare them to each other and then choose two nursing homes with relatively high absenteeism rates and compare them to each other.

Then I would compare the two nursing homes with relatively low absenteeism rates to the two with relatively high absenteeism rates to see if there would be differences between them that could explain the differences in absenteeism. I started out by finding out where I could get the statistics over the nursing homes' absenteeism rates, and since I was already working at a nursing home I figured I could talk to the manager there and ask her, and she was very informative and forthcoming and gave me names and offices of where I could start.

Next, I contacted personnel services (personaltjeneste) in Trondheim municipality and told them that I wanted to write about absenteeism in nursing homes and that in order to do

that I would need to know which nursing homes had which absenteeism rate and it would be helpful for me if I could get a list of absenteeism rates for nursing homes in Trondheim. They gave me a name of the person I needed to contact for that, and the man I talked with sent me the list right away, he was very clear though that the list should only be used for the intended purpose and should not be distributed any further. The list of absenteeism rates he sent was for 2009; so I chose the nursing homes of interest based on their absenteeism rate for that year only, meaning that the previous absenteeism rates were not relevant for the nursing homes I would use for this study.

2.1.2 Criteria for choosing the nursing homes

After I had received the list over absenteeism rates, I studied the list and decided which nursing homes I could consider as having high or low absenteeism rates, and I did this based on the numbers from that list and what the average absenteeism rate was. I chose to use the nursing homes that had absenteeism rate that was below 11% as having low absenteeism rate and those that had absenteeism rate above 18% as having high absenteeism rate. The nursing home with the highest absenteeism rate had 22.0% and the nursing home with the lowest absenteeism had 9.9%, and the average rate was 13%.

I chose those cutting points because there were few nursing homes that were below and above them and I wanted the absenteeism rates to be very far apart, since my thinking was that the further apart the absenteeism rates were the higher the chances that there would be differences between the nursing homes with those absenteeism rates. However, I also wanted to increase the chance of finding volunteers, and this was wise because the nursing home with the highest absenteeism rate withdrew from participating. Out of the 18 nursing homes for which I had absenteeism rates, only 3 of them had absenteeism rates that were above 18% and 3 of them had an absenteeism rate below 11%.

After I had set the criteria, I chose the nursing homes that met them and contacted them. I sent an email to the nursing homes of interest explaining to them who I was and why I was contacting them. In the same email I also explained how I found out about their absenteeism rates and why I specifically chose their nursing home, as well as assuring them anonymity if they were to participate. I then wrote my contact information in the end for them to contact me if they were interested. It was very easy with the nursing homes with low absenteeism; however, for the ones with high absenteeism it was not as easy, I had to contact them several times before I got in contact with them.

2.1.3 Choosing the participants

Initially, I wanted to interview one caregiver with high absenteeism and one with low absenteeism to see if I would get different information from them. However, the first manager I interviewed was not willing to give me that information since he did not think it was fair to give me that information about the employees, I therefore removed that criterion and decided to just interview two caregivers who would be willing to participate.

However, one manager did provide that information and I was able to interview one employee with high absenteeism and one with low absenteeism. For three of the nursing homes, I interviewed one nurse (sykepleier) and one assistant (hjelpelpleier), for the last nursing home I interviewed graduate nurses only. Seven of eight caregivers in this study worked generally day and evening shifts whereas the eighth participant worked generally night.

For two of the nursing homes, the manager chose the caregivers who could participate. In the other two nursing homes, I talked to the employees directly and explained the purpose of the study and asked them if they were interested, and went with those who were interested in participating. I interviewed twelve people totally, three from each nursing home, the nursing home manager and two caregivers.

Participant selection in this way is according to Silverman (2006) a theoretical sampling since the selected participants are chosen on the basis of their relevance to the research question. For all the interviews, the participants chose the time and the location of the interview something which is according to Schwalbe & Wolkomir (2003) a good way of giving the participant some sort of control and at the same time participate to a good interview situation.

During the interviews, some participants were more informative than others. Some also did tend to go off track and started asking questions of their own that had nothing to do with what we were talking about. For example in the middle of one interview, one interviewee suddenly asked me why I decided to take higher education when I already had a profession. I answered the participant's question and continued the interview when the participant was satisfied with the answer. According to Schwalbe & Wolkomir (2003), this is normal and in case it happens, the interviewer just needs to carefully steer the interviewee back on track.

Although I intended to write in English, I wrote the interview guides in Norwegian and conducted the interviews in Norwegian because I believed that my informants would be more comfortable speaking in Norwegian rather than speaking in English.

2.2 Data collection

2.2.1 Interview

I chose interview as the data collection method for my study, and all the interviews were conducted face- to- face. According to Kvale, interviews are one of the major approaches in collecting data in qualitative research. Kvale further states that an interview is a conversation that has a structure and a purpose determined by one party, the interviewer, he also states that an interview is a professional interaction that goes beyond the spontaneous exchange of views as in everyday conversation; it becomes a careful questioning and listening approach with the purpose of obtaining thoroughly tested knowledge (Kvale, 2007). Besides, compared to other methods, interviews are relatively economical in terms of time and resources (Silverman, 2006).

Apart from interview being economical, I also believed that interview was the best method for my study since I was interested in hearing what the participants felt about their jobs and their workplace and what they had to say about the different aspects of their work situation, and I believed that this was the right method to achieve that. According to Silverman (2006), in order to decide which method is appropriate for the research question, one should ask oneself what one is interested in, and I was more interested in what my participants had to say rather than what they were doing.

For my study, I chose to use semi-structured interviews because this form of interview ensures that the researcher obtains all the information needed without forgetting questions and at the same time gives the participants freedom to respond and illustrate concepts. This is because with semi structured interview, the researchers know most of the questions to ask but they cannot predict the answers (Morse & Field, 1995). Another advantage with semi structured interviews is that it allows the researchers to stay open to new and sometimes unexpected issues that emerge during the interview (Georgescu, 2009).

2.2.2 Interview guide

For this study, two different interview guides were prepared, one guide for the managers and one guide for the caregivers. The interview guides had to be edited several times along the way, so the interview guides I started with were not the same as I had when I interviewed the last participants. For example, I had to edit the interview guide already after the first interview with the first manager because during that interview he gave me information that answered questions I had not thought of and therefore had not written down. And to make sure that I got that information from the next manager, I had to add those questions to my interview guide.

This is what is good with semi structured and probably what Georgescu (2009) meant with staying open to new issues.

After the second interview with the second manager I had to remove a question since it seemed difficult for the managers to answer this question. In this question I asked the managers how much money they used in connection with absenteeism, and when the first two managers said that it was difficult to know the exact amount, I decided to follow the first manager's advice which was to contact NAV and ask them instead of asking the managers.

I then removed that question from the interview guide and took contact with NAV. I sent them an email explaining about my project and asked if they could tell me how much money that was spent on absenteeism. The person who contacted me back could not tell me specifically the amount used for nursing homes, only in general how much is spent on absenteeism in Norway. I also edited the interview guide for the caregivers as the interviews went on, adding or removing questions as necessary. I also had to contact some of the participants again after I had finished the interviews when new questions appeared, both under later interviews or during the analysis process.

2.3 Data analysis

2.3.1 Transcription

I tape-recorded all the interviews, with permission from my informants, and this is according to Seidman (1998) the primary method of creating text from interviews. Tape-recording turned out to be very useful because most of the time I was not able to write down everything my informants said. Before starting the analysis of the data, I had to transcribe the interviews first. Transcribing interview tapes is according to Seidman (1998) time consuming, but it went relatively well. At times I had to play the tape several times before I heard what was said, but all in all it went very well.

2.3.2 Analysis

The analysis process was next after I had transcribed the interviews. According to Boeije, the analysis process increases the researchers' understanding of the data in their possession so that they are able to present them to others (2010). I initially intended to use phenomenology to analyze the data, but based on the material I had obtained, this method proved not to be the right method, so I decided to use qualitative analysis instead since it seemed to fit the data I had better.

Boeije argues that qualitative data analysis has many different definitions. One of them is: “data analysis is the process of systematically searching and arranging the interview transcripts, field notes and other materials that you accumulate to increase your own understanding of them and to enable you to present what you have discovered to others. Analysis involves working with data, organizing them, breaking them into manageable units, synthesizing them, searching for patterns, discovering what is important and what is to be learned, and deciding what you will tell others” (Bogdan & Biklen, 1992: 153, in Boeije, 2010, p. 76).

Boeije (2010) further argues that data are not mechanically separated and organized in predetermined categories; instead the categories are generated during the analysis process based on what appears in the data. According to this researcher, data analysis consists of a stream of activities from segmenting the data to reassembling them and each of these activities has components of thinking and doing.

Once the data are transcribed, the researcher reads them and then separates them into what is thought to be relevant and meaningful parts. According to Boeije (2010), this process has many different names including fragmenting, breaking up, separating and many others names. Segmenting is considered the first modification of the data after data preparation, and during this process it becomes clear what topics appear in the raw data. Boeije argues that topics of relevance can be found all throughout the data and that many times one can find parts that are related to the same theme at different places. The researcher claims that this is the consequence of using open or semi structured instruments because the interviewees rarely give straightforward answers when asked questions (Boeije, 2010).

Segmenting is also known as coding, a technique developed in the grounded theory approach, and is used to create order in the data. There are three different types of coding, and these lead to the production of the definitive findings.

Open coding

Strauss and Corbin state open coding is the process of breaking data down into discrete parts, closely examine them and compare them for similarities and differences (1998). According to Boeije, this means that all the data that the researcher has at that point are read very carefully and divided into fragments, which are then compared to each other, grouped into categories dealing with the same subject and then labeled with a code. Open coding usually takes place at the beginning of the research project and starts during the collection of the first round of

data (2010). For this thesis however, the analysis did not start after the first interview; instead it started after all the data had been collected.

Boeije states that a code is a summarizing phrase for a piece of text which expresses the meaning of the fragment; it is these codes that make it possible to compare the different fragments. Coding can be done using a paper and a pencil, just as it can be done with the help of computer programs (2010). I used Word with two columns for this thesis, the paper and pencil version, one column for the text and one column for writing the codes inn, and I did this for each interview until I had coded all the interviews.

Boeije (2010) argues that to explore the data by open coding them constitutes the start of conceptualization of the field of research. Codes do not just provide an analytic handle on the data and encourage a thematic approach, but coding also contributes to a clear organization of the data as well. The process of coding involves several steps, from reading the whole transcribed text to comparing the different fragment so that all the fragments that address the same topic receive the same code.

Boeije further points out that coding is more than just writing down words in the margin. The main activity during open coding is to ask questions about data, questions like: what is going on here? What is this about? What is the problem? What is observed here? What is this person trying to tell? Boeije argues that asking these kinds of questions about one's empirical data will familiarize the researcher with the data and lead to a better understanding of them (2010).

Axial coding

The purpose of axial coding is to begin the process of putting back together the data that were broken apart during open coding (Strauss & Corbin, 1998). Although the term axial coding is more commonly used, the term 'focused coding' is also used by some researchers (Boeije, 2010). During this phase, the most significant and/ or frequent earlier codes are used to search through large amounts of data; therefore, one is more direct, selective and conceptual during this phase than during open coding. Here, one has to make decisions about which initial codes make the most analytic sense and then categorize the data most accurately and completely (Charmaz, 2003).

For this thesis, when I was done with the open coding for the text that I wanted to compare, for example two interviews for two caregivers from the same nursing homes, I copied all the codes into a different table with two columns, one for each participant, and then went through all the codes to figure out what seemed to be important for them and that I

believed to be relevant for my research question. After having gone through all the codes like that, I then sorted them into twenty two different categories, eleven categories from the interviews with the caregivers and ten from the interviews with the managers.

Selective coding

Boeije (2010) argues that during this phase, one looks for connections between the categories in order to understand what is happening. For this thesis, whose purpose was comparing nursing homes, I used the categories I obtained from axial coding for comparison. I used these categories from the interviews with the managers to compare the two nursing homes with low absenteeism rate to the two nursing homes with high absenteeism rate. Whereas I used codes from open coding to compare the two nursing homes with low absenteeism rate to each other and the same thing with the nursing homes with high absenteeism rate, at this stage I used the codes from axial coding to compare the nursing homes with low absenteeism rate to the nursing homes with high absenteeism rate.

Then I did the same thing with the interviews from the caregivers; that is, I compared the nursing homes with low absenteeism rate to each other and then I compared the nursing homes with high absenteeism rate to each other and finally I compared the nursing homes with low absenteeism rate to the nursing homes with high absenteeism rate. At this stage, I was comparing one nursing home to another nursing home, whereas, in open coding I was looking at what the two caregivers from the same nursing home had to say to figure out what is important for them.

Every step of the analysis was done in table form to make the comparison easier for myself, and every time I used a table of two columns.

2.4. Quality in qualitative research

Boeije argues that readers need to be convinced about the quality and relevance of research results in order to use those results (2010). Trochim also states that some qualitative researchers argue that there should be different standards of judging the quality of qualitative research than those used to judge quantitative research. Guba and Lincoln are two of those researchers who think that different standards should be used, and according to Trochim, these researchers proposed four criteria for judging the soundness of qualitative research and they explicitly offered those criteria as an alternative to more traditional quantitatively oriented criteria. Guba and Lincoln believe that their four criteria reflect the underlying

assumptions involved in much qualitative research better; these four criteria are *credibility, transferability, dependability* and *confirmability* (Trochim, 2001).

Guba and Lincoln argue that the *credibility* criteria involves establishing that the results of a qualitative research are true from the perspective of the participants in the research, and therefore only the participants are the people who can legitimately judge the credibility of the results (in Trochim, 2001). Thus it is in its place to point out that the results of this thesis are based on what those who participated in this study feel and think, and using other participants could probably give different results since the results from this study are from the standpoint of those who participated. In order to present the participants views and thoughts as best as possible, I tried to translate the parts that were going to be used as quotes to the best of my ability, and the rest of the interviews were transcribed and analyzed in Norwegian as they were conducted.

Working with two languages, none of which is my mother tongue or second language, was a bit challenging at times because I had to translate along the way, and this was not so easy and at times I was not sure if the term I chose to use was the correct one or not, especially in cases where the Norwegian terms had several terms for them in English, and in those cases I found it safer to write the Norwegian term in parentheses so that the reader will be sure of what I meant.

The criterion of *transferability* "refers to the degree to which the results of qualitative research can be generalized or transferred to other contexts or settings" (Trochim, 2001, p.162). Trochim argues that from a qualitative perspective, transferability is primarily the responsibility of the person who is doing the generalizing. However, the qualitative researcher has to be thorough when describing the research context and the assumptions that were central to the research in order to enhance transferability (2001).

The *dependability* criterion "emphasizes the researcher's need to explain the ever-changing context within which research occurs" (Trochim, 2001, p.163). According to Lincoln and Guba, the researcher achieves this by documenting the data, methods and decisions made during a project (in Seale, 1999). The last criterion for judging the quality of qualitative research is *confirmability,* and is according to Trochim (2001) a criterion that "refers to the degree to which the results could be confirmed or corroborated by others" (p.163). In order to fulfill these criteria, I tried as best as I could to describe how the nursing homes used in this study were chosen as well as explaining all the decisions I made that led me here.

2.5 Ethical considerations

King and Horrocks (2010) argue that the ethical practice of social research with human participants is a complex and demanding responsibility. According to these writers, throughout the entire process, from initiation to completion, there will be ethical issues which will raise moral dilemmas that are not easily resolved. These writers advise that whatever the design, context or structure of the research, one should always keep in mind the ethical implications for everyone involved in the process. In some fields, like in health sciences, one has to submit an interview project to an ethical review board before the investigation may be undertaken (Kvale, 2007). As for this thesis, I contacted NSD (Norsk Samfunnsvitanskapelig Datatjeneste), and they approved it.

When that part was done, I could start getting ready to contact the relevant nursing homes. According to Kvale (2007), ethical guidelines for social science research commonly concern the participants' informed consent to participate in the study, their confidentiality, consequences of participating in the research project and the researcher's role in the study. For my study, I contacted the nursing homes of interest by sending them an email where I told them who I was and explain briefly what I wanted to study and why I specifically chose their nursing home. For the managers who accepted to participate, we set the time for the interviews, and those who did not were thanked for responding anyway.

Every participant in this study was informed of what the study was about both upon contact and right before the interview started. Of course I do not know what the four participants who were chosen by their managers were told by them, but upon our meeting, they were clearly informed of the purpose of the interviews and were also assured anonymity. Since I intended to tape record all the interviews, I asked every participant before the interview started if it was okay for them that I used the tape recorder and none of them objected to that. I informed every participant that all the information gained during our interview was anonymous and would only be used for the purpose of my thesis and nothing more, and the data would be destroyed at the end of the study.

As already mentioned, all the participants were informed about the study. This was done for the participants in order for them to understand the purpose of the study before they agreed to participate and a brief summary of that information was given again right before the interview began. This is in line with the Belmont Report's principle of respect for persons which states that participants are treated as autonomous and are capable of making deliberate decisions about whether or not they want to participate in research. The participants should

therefore be provided with all necessary information so that they know exactly what the study is about before they decide to participate (Cozby, 2004).

In addition to briefing the participants of the purpose of the study at the beginning of each interview, each participant was also ensured that the interview information would be anonymous which according to Salkind (2006) means that no records can be linked with names and is in line with the ethical foundation researchers must follow (Langdridge, 2006). Langdridge states that if a study involves deceiving the participants, the researcher has the responsibility to make sure that the participants receive enough information as soon as possible and find out how the participants will react upon hearing the truth.

Langdridge further points out that it is important to debrief the participants if they were deceived (2006). Since this was not the case in this study, a debriefing did not seem to be necessary. However, at the end of each interview, every participant was asked if there was anything he or she wanted to ask or add. According to Kvale (2007), this is one of many ways for ending an interview and it gives the participants another opportunity to deal with issues they may have been thinking of or worrying about during the interview.

To ensure the participants' and the nursing homes' anonymity as promised to the participants, no name is going to appear in this thesis, neither for the participants nor for the nursing homes. All the participants will be referred to as participant (P)and the number assigned to them (see table below) and the nursing homes will be referred to as nursing home 1, 2, 3 and 4, and a clarification is made of which of them has low or high absenteeism rate. As for gender, I will be referring to all the participants as she or her regardless of their actual gender; this is just for practical reason and nothing more.

In the following table, table 2.1, all the twelve participants and how they will be referred to in the result section is presented, along with to which nursing home they belong.

Table 2.1: overview of the study's participants, group A is for the nursing homes with low absenteeism whereas group B is for the nursing homes with high absenteeism rate.

Group A (nursing home 1 and 2)	**Group B (nursing home 3 and 4)**
P1 and P7 : the managers	P4 and P11 : the managers
P2, P3, P9 and P10: the caregivers	P5, P6, P12 and P13: the caregivers

3. Results

In this section, the findings from the 12 interviews will be presented. For the purpose of this study, I divided the four nursing homes into two groups, group A which is for the two nursing homes with low absenteeism rate and group B which is for the two nursing homes with high absenteeism rate.

After the analysis process I ended up with twenty two different categories, and some of these were similar for all the four nursing homes and some were different. However, since the purpose of the study was to find differences between the nursing homes with low absenteeism rate (group A) and the nursing homes with high absenteeism rate (group B), only the twelve categories which differed between group A and group B will be outlined. The other ten categories will only be mentioned briefly.

Of the twelve categories which differed between group A and group B, six of them were from the interview with the managers, and these were *substitute use, turnover, health condition, resource management, understanding* and *presence and motivation*. The other six were from the interview with the caregivers, and were *stress management, workplace environment, workforce and workload, worker's participation, protection* and *need for change.*

The ten categories on which there was no difference between the nursing homes with low absenteeism and the nursing homes with high absenteeism were *adjustment and facilitation, communication, care for the sick, leadership* and *moral* from the interviews with the managers and *contentment and moral, competence and competence development, management, attendance pressure* and *equipment.*

Additionally I will be referring to an employee survey conducted by Trondheim municipality early in 2010. This survey, which is used as a tool to help managers develop the workplace in collaboration with the co-workers, has 45 different questions which are grouped under nine different themes such as work situation, physical work environment, leadership and pride over ones workplace.

However, since all the employees from these nursing homes did not participate in the survey, I will only mention the scores which I believe are supportive of my own study. In the survey, the Likert scale with 1-6, where 1 stood for *"very little extent"* and 6 stood for *"very large extent"* was used. 76% of the employees from nursing home 1 participated, 59.6% from nursing home 2 participated, 63.8% from nursing home 3 participated and 68.4% from nursing home 4 participated in this survey.

In the following table, table 3.1, some information about the four nursing homes will be presented, for instance the range of the employees' age and the number of the caregivers that are at work during each shift among others. This table will be referred to a number of times during this section.

Table 3.1: overview over some of the characteristics of the four nursing homes. The number in italic is for the weekend

Group A		**Group B**	
Nursing home 1	**Nursing home 2**	**Nursing home 3**	**Nursing home 4**
-63 % of the permanent employees are over 50 years -6.5 % are men -About 19 % smoke -Employees from 21-66 years -33 people of the workforce are between 20-39 years -About 15 temporary employees -Workforce: Day shift: 4.1 residents/ caregiver Evening shift: 5.3 residents /caregiver Night shift: 12.3 residents/caregiver	-18 % of the permanent employees are over 50 years -8 % are men -About 26 % smoke -Employees from 17-62 years -16 people of the workforce are between 20-39 years -10-15 temporary employees -Workforce: Day shift: 5.2 residents/ caregiver Evening shift: 6.5residents/caregiver Night shift: 13 residents/caregiver	-24 % of the permanent employees are over 50 years -3.7 % are men -About 9 % smoke -Employees from 18-63 years -23 people of the workforce are between 20-39 years -22 temporary employees -Workforce: Day shift: 4.2 residents/ caregiver *(5)* Evening shift: 7.5 residents/ caregiver Night shift : 15.3 residents/ caregiver	-41 % of the permanent employees are over 50 years -8 % are men -About 8 % smoke -Employees from 19-65 years -30 people of the workforce are between 20-39 years -21 temporary employees -Workforce: Day shift: 3.4 residents/caregiver *(4.8)* Evening shift: 8 residents/ caregiver Night shift : 24 residents/ caregiver

Substitute use. All the nursing homes use temporary employees and there are negative and positive aspects of substitute use. The negative aspect with using temporary employees is

that they usually do not have the same expertise or experience as the permanent employees; the positive is that even with their lack of expertise or experience, in most cases they are better than not having them at all.

Even though using temporary employees is common in the health care sector due to the function of nursing homes, there has to be someone at work all the time and all the tasks that must be done on a certain day have to be done, as table 4.3 shows, nursing home 3 and 4 which had high absenteeism rate use a slightly higher number of temporary employees than nursing homes 1 and 2 which had lower absenteeism rate.

Turnover. Three of the nursing homes seem to have few turnovers. Nursing home 1 and nursing home 4 have been in service for over 20 years, and their managers say that many of the permanent employees have been working there for many years. In fact nursing home 1 has employees who have worked there for over 30 years. The following statement is from the manager of that nursing home:

> *"Most of the permanent employees have worked with us for many years, there are even some who have been here for over 30 years, and most of them have been here for over 20 years."*

Nursing home 2 and nursing home 3 have both been in service for less than 10 years. However, according to the manager of nursing home 2, most of the nursing home's permanent employees have been there since its opening, whereas nursing home 3's manager said that very few of its employees have been at the nursing home from the beginning, and the others have joined later on. Only 4-5 out of the 54 permanent employees from nursing home 3 have been working there since it opened and the rest came later.

Clue 8.0's definition of turnover is *"turnover of people in an organization is the rate at which people leave and are replaced"*, and given that many of the nursing home's employees have left throughout the years and new ones have come to replace them; and that is the definition of turnover, I would say that this nursing home has high turnover. This nursing home had also the highest absenteeism rate among the four.

Health condition. Throughout the analysis health issues seemed to be present for all the caregivers. Certainly no one is 100% healthy all the time, and this applies for these participants as well. However, for the nursing homes in group B, health problems among the employees seem to be more problematic than for the nursing homes in group A. Whereas the majority of the employees may have minor problems such as a back pain or a cold now and then, a problem with which one can attend work or maybe stay at home a day or two; for the

nursing homes in group B, there are many employees with more serious health problems with which one cannot attend work.

Nursing home 1 had also a couple of employees who had to go on long term sick leave, but for the nursing homes in group B, there were many employees with serious health problems who had to go on long term sick leave. The two following statements from P4 and P11 show what the two managers had to say on that:

"There were many employees who had been waiting for surgery for a long time and who had to go on long term sick leave"

"Many people with physical problems such as fractures, surgery, waiting for surgery, lying in the hospital and even cancer… Just in 2009 there were many people with these problems…"

For one of the nursing homes in group B, the problem was not just that there were many employees with health problems during that year, but according to the manager, the fact that many of them had to go on leave at about the same time was an additional problem because she had to find replacement for them. The following statement from that manager illustrates her concern:

"At one period, over 50% of the employees were absent because there were operated simultaneously"

For this nursing home, having so many of the permanent staff absent simultaneously was not just a problem for the manager who had to find replacement for the absentees, but these kind of problems are also challenging for the rest of the employees who must work with so many temporary employees. The challenge with temporary employees is twofold. For one thing if someone is sick, the replacement does not necessary have the same competence as the sick person, most of the time for the single reason that they hire in the person who is available.

Secondly, the majorities of the temporary employees are not as familiar with the routines as the permanent staff which make everything go slow and put stress on the regular staff; even worse is if the temporary employee comes from recruitment agency because these are even less familiar than the regular substitutes. The following statements from some of the caregivers illustrate this:

"…if they get sick they are not always replaced by someone with the equivalent expertise."

"… and in addition there are unacquainted…"

Resource management. The nursing homes are provided with resources based on the residents they have and their needs at the moment, and it is up to the manager to use them in the best possible way. One area of concern for the manager when it comes to the use of the resources is the caregivers each nursing home can have available. The nursing homes have a certain number of caregivers they can have based on their residents; however, it is the managers who decide how to distribute these caregivers across the different shifts.

As table 4.3 shows, the two nursing homes in group B distribute the available caregivers differently than the two nursing homes in group A. Table 4.3 shows that nightshifts have more residents per caregiver than dayshifts and evening for all the nursing homes. And this is reasonable since the residents are supposed to be asleep at that time anyway, and most of them are, and hence need less help then. But apart from that, the distribution is still different between the nursing homes in group A and the nursing homes in group B.

For a start, the two nursing homes in group A have the same number of caregivers on day shifts during weekdays as during weekends. This is a plus because even though the tasks may be reduced during the weekends, most of the time there are more substitutes then than during week days. The two nursing homes in group B have fewer caregivers on weekends during day shift (the number in italic in the table) than on weekdays.

Secondly although all the nursing homes have approximately the same number of residents per caregiver during dayshift, with nursing home 4 having the lowest number of residents per caregiver, evening shifts and night shifts are different. Nursing home 1 and 2 have fewer residents per caregiver than nursing home 3 and 4 during evening shifts and during night shifts. Even two of the caregivers from this group feel that there are few caregivers during evening shifts and weekends. This is what they said on that:

> *"…And then I would wish for more staff during evening and weekends. Too much stress when one has to go back and forth and not be able to help one's colleagues"*
>
> *"During dayshift the staffing is okay, but during evening shifts (2 caregivers with 15 residents) and in weekends (3 during day shift), it is not good"*

Understanding. Something else that appears to be different is that P4 seems to think that since the employees have equipments which take care of all the heavy moving and lifting, they should not complain that the job is heavy. This participant does not understand why employees in health sector complain of having a heavy job when they have equipments that are supposed to be used when dealing with heavy residents. This is what the participant said on that matter:

*"I do not understand why you (*here she used "you" because she was talking to me as "the assistant" and not as "the interviewer"*) say that the job is heavy; you have the equipments to use with the heavy users. There are many other occupations that involve heavy lifting and where the employees actually have to lift, and these do not complain"*

Furthermore, on that survey I mentioned in the beginning of this section, question number 28 was "*to what extent do you feel that the management has insight into the job you do?*" On this question, 37.8% of the participants from nursing home 3 ticked off 3 and bellow and only 27% ticked off 5 and 6; on average this question had a score of 3.6 for nursing home 3. On that same question, the participants from nursing home 1 scored 5.3 on average, and only 5.3% of them ticked off 3 on the scale, and 86.8 % ticked off 5 and 6. The scores for nursing home2 were 4.8 on average, 14.8% ticked off 3 and 62.9 % ticked off 5 and 6 on the scale. For nursing home4, 16 % ticked off 3 and bellow and 52 % ticked off 5 and 6, on average this question had 4.5.

P7 who is the manager for nursing home1 seems to have a better understanding of the job, and understands that the job is heavy even with equipments. Yes the equipments take much of the lifting and moving and they are very appreciated by the employees. One of the caregivers interviewed even thinks that equipments have participated to a reduction of wear and tear damages (slitasje skader). However, there are situations in which equipments cannot be used. Besides, a heavy person is still heavy and the use of equipment does not change that; not to mention that equipments do not do everything and they still have to be operated by the caregiver using it, and this can be quite heavy if the resident is heavy and even heavier if he or she is not cooperating, and P7 seems to understand that. This is what P7 said about that:

"Equipments do not make residents less heavy; a heavy resident is still heavy even if equipments are used".

The participants also seem to share P7's opinion on this issue rather than P4's. All the participants admit that they have enough equipment for their jobs and these equipments ease on the heavy lifting and moving and they are very much appreciated; however some of the participants also point out that even though these equipments are useful, it is not always possible to use them. These are the statements from two of the participants on that issue:

"We have many equipments, but sometimes it is difficult to use them on some residents"

"We are well equipped, but occasionally the equipments cannot be used, especially in stressful situations. But it is not always possible to use equipments, for instance those

who can walk but need help to stand up from a chair, for example, and they do not always collaborate either."

Another participant also points out that the job is still heavy even if they have equipments:

"We have equipments, but there is heavy lifting"

Presence and motivation. P1 and P7, who are the managers for the two nursing homes with low absenteeism rate, seem to be more present in the daily lives of the employees work days than P4 and P11. Although P4 and P11 also seem to think that communication is important, P1 and P7 seem to go a step further. P1 and P7 seem to approach their employees more and talk to them more, both about absenteeism or other issues, in order to detect potential problems before they become real problems that may make the work environment less pleasant. This approach seems to be missing from P4 and P11. The following statements are from P1 and P7, and illustrate this point:

"… it is possible that talking about absenteeism can have an effect to reduce it…talking about absenteeism can help to reach those who may be pushing boundaries a bit and they may sharpen up as a result".

"I am concerned with the employees' wellbeing, and care for them so that they're comfortable. I feel that it is my job to make sure that they are okay. I try to talk to them to find out if there are problems, what the problems are if there is any, and how to solve them"

There are two questions in the survey mentioned earlier, question 27: "*to what extent do you feel that the management gives you sufficient feedback on the work you do"* and question 31: *"to what extent do you feel that the management gives you support and guidance in challenging situations"* that seem to be related to this category, presence and motivation, and on both these questions, the scores are somewhat different for the nursing homes in group A and those in group B.

For question 27, the participants from nursing home1 and nursing home2 scored 5.1 and 4.5 respectively, whereas participants from nursing home 3 scored 3.6 and those from nursing home 4 scored 4.3. When looking at the score, the scores for nursing home2 and nursing home4 are almost similar; however, there is a slightly higher number of participants from nursing home4 (33.3%) who ticked off 3 and below compared to the 17.9% from nursing home2. For nursing home1 and nursing home3, the numbers were 7.9% and 37.8% respectively. On the other end, the percentage of participants from nursing home1, 2, 3 and 4 who ticked off 5 and above was 78.9%, 60.7%, 21.6% and 50% respectively.

For question 31, the score for nursing home1, 2, 3 and 4 were 5.5, 4.8, 3.9 and 4.6 respectively. And just like for question 27, when looking at the scores, the scores for nursing home2 and nursing home4 are almost similar; however, 10.7% of participants from nursing home2 ticked off 3 and below compared to 20.9% from nursing home4. For nursing home1 and nursing home3, the numbers were 0% and 29.7% respectively.

On the other end, the percentage of participants from nursing home1, 2, 3 and 4 who ticked off 5 and above was 89.5%, 67.9%, 32.4% and 58.3% respectively. As the numbers from these two questions show, the managers for nursing home1 and nursing home2 seem to be there for their employees, both in terms of feedback, support and guidance, than the managers for nursing home3 and nursing home4.

Furthermore, P1 and P7 find it important to try and make the work environment as pleasant as possible for the employees, and rewarding the employees is one way of doing just that. P7 feels that rewarding employees can motivate the employees to do their best in order to keep absenteeism down, and this participant thinks that this participates to this nursing home's absenteeism rate to be as low as it is. The following statements are from these two managers on this:

> *"…Motto is to have a nice time at work and be proud of the work / workplace. Enjoy themselves at work, some celebration, some gifts"*
>
> *"Having some sort f reward when absenteeism rate is down can motivate some employees to do the best they can, and cooperate to keep absenteeism rate down, and it seems like this works"*

Stress management. The majority of the caregivers interviewed feel that there is luck of time from time to time. And based on what the results from that employee survey mentioned earlier show, there are many employees from all the four nursing homes who feel that they do not have enough time for all their tasks.

From groupA, three of the four participants said that they experience luck of time from time to time and the fourth participant said that she usually has time for her tasks. The fourth participant who feels that she has time for the tasks works night; this participant says that night guards usually have enough time for their tasks. However, even the three participants who do experience luck of time from time to time do not stress because of that.

These participants have learned to accept that there may be times when time falls short and they are not able to do all they are supposed to do. And when this happens, then one must prioritize and do what absolutely has to be done right away and allow the rest to wait or drop it all together. An example here may be like making sure that everyone has received food and

medicines versus the clothes having been washed. The following statements from the three caregivers from this group illustrate this:

"I used to be stressed if I was not able to do everything I was supposed to do, but not anymore, now I have learned not get stressed"

"It often happens that there is too little time, but I do not stressed because of that"

"I sometimes feel that there is too much to do and too little time to do it, especially if there are few people at work and everything must be done. Then I feel tired, but I accept it. Today it is just like that and I will do what I can and what I cannot do will have to wait"

From group B, three of the four caregivers also said that they experience short of time from time to time and the fourth one said that she does not experience luck of time, just like in group A. The fourth participant said that she feels that there is enough time because she can always count on her colleagues for help if necessary. The difference between the three participants in both groups who said that they experienced luck of time however lies on how they react to the luck of time. Whereas the participants from group A do not stress because of the luck of time, the participants from group B do. The following statements are from the three participants:

"Some days at work are too stressful"

"There is little time and not enough staff, and too much heavy work that must be done during the day, which causes stress sometimes"

"There is too much stress at work. I do not feel that I have enough time for everything that must be done, and that causes me to stress. One must do so much and there is not time for everything"

However, even though the three participants from group B seem to stress more than those from group A, there is no way of knowing if that is because there is too little time for everything or if that is because that is how they are as people. After all, people are different, and some people stress easier than others. But some people also feel that they have to be in charge of everything all the time and do not realize that at times it is not possible to do everything and it is in fact okay to delegate responsibility to other people or allow other people to help so that one can breathe. The following statement from the one person in group B who does not feel that she has too little time could indicate that that is what is happening here:

"I do not feel that we have too little time, we can always rely on each other for help"

However, based on what one of the three participants from group B who feel that there is too little time said, it seems like there is in fact too little time, at least for some of the employees depending on their profession. This participant feels that there is not enough of her profession at her workplace, and this leaves little room for the tasks that only they are qualified to do. This is what this participant said:

"As a nurse I have to do tasks that assistants can do and the tasks that they cannot do, and then there is little time for the tasks only the nurses can do"

Worker's participation. All the participants feel that they have a voice and that they are heard at their workplace, and based on what they say it seems as though their colleagues feel the same way. However, one of the participants from group B believes that some of her colleagues do not feel like they are heard. This is what that participant said on that:

"I feel like I am heard"

"I think that there are some of my colleagues who feel like they are heard, but I think that there some who do not feel the same way."

Question number 29 on the employee survey mentioned earlier was: *"to what extent do you feel that the management is responsive (lydhør) to your views?"* On this question, participants from this nursing home scored 3.5 on average and 43.2% of them ticked off 3 and below and only 8.1% ticked off 6. The other nursing homes scores were as following: nursing home 1 scored 5.4 on average and only 5.3% ticked off 3 whereas 52.6% ticked off 6; for nursing home 2, the participants scored 4.9 on average and only 7.1% ticked off 3 whereas 32.1% ticked off 6; and for nursing home 4, the participants scored 4.7 on average where only 8% ticked off 3 and below and 24% ticked off 6. And based on these results it seems as though there may be some truth to what that participant said if so many participants from that nursing home have scores that are so low compared to the other nursing homes' participants.

Workplace environment. The analysis shows that workplace environment is perceived somehow differently for the participants from group A and for the participants from group B. All the participants perceive their psychological work environment to be good. There may be some minor problems from time to time, but when several people who are different spend so much time together, that is to be expected. One of the participants even said that there has been an episode at her work place which led to a conflict, but this was resolved well so that this did not become a problem afterwards and the involved people work well today.

And apart from minor problems like talkative colleagues or colleagues who do not like to admit mistakes something which can be irritating sometimes, all the participants feel secure with their colleagues and they are content with them. They also feel that they can trust and

rely on each other and that they work well together; and more importantly, they think that most of their colleagues feel the same.

What seems to be different between the two groups is the physical work environment. For group A, there seem to be some common features like dry air or hot summers and the premises which may be less clean than it should as a result of sickness from the cleaning personnel, but apart from that the participants from this group seem to be more or less satisfied with their ventilation system and their premises, and they think that their colleagues are as well. The following statements show how these participants feel about their physical work environment:

"Most of my colleagues think that we have nice premises, but at times they are not clean, for example, if the cleaning staff is sick and no replacement has been hired inn for them"

"Broadly speaking, I think we have a well-functioning ventilation system, but it can get a bit hot during day-time in summer, but the system is new, so on cannot complain… I think that we are lucky with our premises since I was here both before and after renovation"

"I think that my workplace has a well functioning ventilation system and I think that we have nice premises which we like to decollate"

The participants from group B on the other hand, especially those from nursing home 4, do not seem to be as satisfied with their physical work place environment. For a start both participants from nursing home 4 feel that their ventilation system does not work as it should. Secondly, although the two participants think that the premises are okay, they do not think that they are clean enough and they think that their colleagues would agree with them on this. The following statements show how these two participants feel about their physical work environment:

"I don't think my work place has the best ventilation system"

"I don't think the ventilation system always works as it should"

"We believe that the kitchen is cleaner than the rest, but the Living room and the staff room (vaktrommet) are not clean enough. But they are all nice"

"The kitchen is nice, it's new and remodeled. The living room could be washed more often. The staff room (vaktrommet) is small and tight"

The two participants from nursing home 3 seem to have different opinions about their premises. One thinks the premises are clean but not nice and the other thinks that they are nice but not clean and both of them think that their colleagues have the same opinion as them.

Both participants however think that the ventilation system works well. The following statements are from the two participants and show how these two participants feel about their premises.

> *"I think that we have clean premises but I do not think they are nice. I believe that my colleagues have the same opinion as me about this."*
>
> *"When it comes to cleanness, it varies. But they are nice. I believe that my colleagues agree with me on this"*

Furthermore, in the survey mentioned earlier, there were two questions that asked about physical work conditions. Question number 13 was *"to what extent are you satisfied with the indoor climate at your workplace?"* and question number 14 was *"to what extent are you satisfied with the standard of the premises at your workplace?"*

On average, both nursing homes in group A scored a bit higher to both questions than the two nursing homes in group B. Whereas nursing home1 and nursing home2 scored 4.0 and 4.6 respectively on question 13, nursing home3 and nursing home4 scored 3.7 and 3.4 respectively on that same question. Nursing home1 and nursing home2 also seem to have fewer participants who are not so satisfied with the indoor climate at their workplace and more participants who are satisfied than nursing home3 and nursing home4.

For question 14, nursing home1 and nursing home2 scored 4.8 and 5.1 respectively whereas nursing home 3 and nursing home4 scored 4.2 and 3.7 respectively. As for question 13, based on what the numbers from question 14 shows, here there is also an indication that there may be more employees from the two nursing homes in group A who are more satisfied with the standard of their premises and fewer who are not than for the two nursing homes in group B.

Based on what the scores from these two questions show, there seems to be some truth to what the participants said, because those scores also seem to be a bit different for the two groups. Moreover, as the participants from nursing home3 seem to be more satisfied with their physical workplace than the participants from nursing home4, the scores from the survey also show that the participants from nursing home3 score a little bit higher than the participants from nursing home4.

Workforce and workload. The participants from the nursing homes in group A and those from nursing homes in group B seem to have different opinions where their workforce and workload are concerned. First of all, one of the participants in group A thinks that based on the amount of work they have to do and the group of residents they have, the number of

caregivers on shifts is enough and there is no need for more. The other three on the other hand think that some shifts are better covered than others.

What is problematic for the three participants who work day and evening shifts, including the participant who thinks that the nursing home is well staffed, is the use of non-professional and temporary employees on weekends. All the three participants think that there are too many non-professional on weekends, and they think that all their colleagues have the same opinion on this. Secondly, three of the participants think that they currently have a nice balance of residents. The following statements from some of those participants show how they feel about the workforce and the workload on their workplace:

"I do not think there are many heavy and full-care residents here; I feel that in such a place as a nursing home it is the way it should be"

"Based on what my colleagues say, I think that they think there is not enough professional on the weekends but week days are ok"

"I think that right now we have a nice balance of the residents group"

"I think my workplace is well staffed, but sometimes, especially on weekends, there is not enough professional at work so I have to do much, but then there is an opportunity to call second-call night duty (bakvakt) which I make use of if necessary"

"Most of my colleagues feel that there are many temporary employees and non-professional in the weekends and often there is lack of nurses which causes the assistants to have too much responsibility which does not correspond to their competences"

For nursing homes in group B on the other hand, even though three of the participants in this group say that they are satisfied with the competence of the basic staff, one of them feel that there is not enough of her profession at her workplace something which results to stress for the few of this profession that are available. In addition, none of the caregivers interviewed from this group think that their workplace is well staffed. And since the nursing homes are understaffed, these participants feel that there are too many heavy and full-care residents, and they believe that their colleagues have the same opinion as they do. The following statements are from these participants and they illustrate how they feel:

"I do not think that there are enough employees of my occupational group"

"I do not think that there are enough caregivers compared to the residents we have and the job we have to do and this leads to too much stress because there is too little time for the residents and the tasks"

"Since there are few caregivers, I think that we have too many heavy and full-care residents and a lot of lifting. It would be easier if we could go two and two on the heaviest residents"

"I think that we have many heavy and full-care residents, and although we are well equipped and we do not need to lift it is still heavy"

Protection. The participants from group A feel that they are protected from work related injuries and ailments. However these participants 'opinions on this vary somehow. Two of the participants think that their employer does enough to protect them; one thinks that the employer does the best she can but is not sure if it is enough. The fourth participant believes that there could be more to gain if the employer could arrange courses that will allow the employees to refresh on their lifting techniques and learn about new equipment on the market and how these function. This participant feels that providing equipments is not enough, the employees should also know how these function, otherwise it is a waste of money because the provided equipments may not be properly used or they may not be used at all. Here are statements from some of the participants had to say on this:

"…but I think that they could win a little by arranging refreshment courses on lifting techniques and what is out there. There can be new equipments which one does not know how to use, and then they are wrongly used or they are not used at all"

"They do enough to prevent work related injuries and ailments by providing equipments and everyone must take responsibility and use the provided equipment and as long as they do they will be fine"

"They do enough to prevent work related injuries and ailments. We have back-ombudsman (ryggombud) who receives training and help to ensure that we have enough equipment and that these are correctly used"

For the nursing homes in group B however, only one of the participants feel that the workplace does enough to prevent work related injuries and ailments. This participant, just like one of the participants in group A, thinks that by providing equipments the employers have done theirs to prevent work related injuries and ailments and the rest is up to the employees to use the available equipments. This belief is strengthened by the fact that there has been a reduction in wear and tear damages since the equipments became available. This is what this participant said on the matter:

"I think that they do enough by providing equipments, wear and tear were certainly reduced after we got the equipments, but it is everyone's responsibility to use the equipments we have"

The other three participants do not share this opinion though. These participants do not think that providing equipments is enough in order to prevent work related injuries and ailments. They do admit that they have enough equipment, but they still do not think that their employer does enough to prevent work related injuries and ailments. One of these participants even said that they have back-ombudsman (ryggombud), and yet she still thinks that there could be done more to prevent work related injuries and ailments. The following statements are from these three participants:

"We have back-ombudsman and lifting techniques with a physiotherapist, but there could done more to prevent work related injuries and ailments"

"I do not think enough is done to prevent work related injuries and ailments, it is very heavy work something which results to strain injuries and burnout"

"I do not think that enough is done to prevent work related injuries and ailments"

Need for change. Although all the eight participants said that they would not change much if they were given the opportunity, almost everyone feels that some sorts of changes are needed on their workplace. The difference between the participants from the two groups is the changes that they wish for. What seems clear is that the participants from group A seem to be more satisfied with staffing at their workplace than those in group B.

When asked which changes they would like to incorporate on their workplace if they were given the opportunity to change whatever they wanted, only one of the four participants from group A said that she would like to increase the number of staff. This is what this participant answered on this question:

"If I could decide what should be changed, there would not be much change, but if I could change whatever I wanted, I would increase the number of the staff"

The other two participants also want some changes that they feel would improve their every day work situation, like being open to new routines, changing routines or increasing the number of professionals at work. This is what these two participants answered when asked what they would like to change:

"The first I would like to change is to remove short shifts and then I would have at least two professionals on each shift on each unit"

"The changes I want are that the oldest employees could be more open to change routines, and if it were up to me, I would change the routines that can lead to improvements. I would also want the employees between units to work in both units from time to time so that they can learn from each other and I wish that we could get

the appraisal interview (medarbeidersamtale) without having to ask for it because then the employer could know more about things"

The fourth participant seems to be more satisfied than the others; this participant is the only one who did not say one single thing she would like to change if she was given the chance.

From group B on the other hand, in addition to other changes that the different participants would like to incorporate if given the opportunity, every single one of the participants mentioned increasing staff as one of the changes they would want to incorporate. The following statements show what these participants said when asked what they would like to change if given an opportunity to change anything they want:

"If I could decide what should be changed, I would modify procedures. As it is now there is a lot of paperwork and lots of unimportant details that are not necessary. I would want that someone had some kind of tasks, so that some have responsibility for certain tasks. There are many details that are not important. I would want to have easy and stable routines without many details where everyone can have their responsibilities and know what they are responsible for. And then I would want increased staff during evening shifts and the weekends. As a nurse one has to go back and forth and one is not able to help the colleagues and this is too stressful"

"I would incorporate excursions for the residents, more time with the residents and increased staffing to have better capacity"

"What I would change would be to improve staffing, day, evening and night. And then I would improve the hygiene, i.e., cleaning of the nursing home so that one can call it a home, as it is now, I do not think anyone can call it a home"

"The changes I want are better staffing and divided units so that we would have a special unit for people with dementia and a nursing unit, and I think that would solve many problems."

Many of these participants feel that if these changes were carried out, they would have a positive influence on absenteeism. This is how one of these participants expressed it:

"I believe that absenteeism could be reduced if staffing was better. I am particularly thinking of one person who struggles with her arms that it could have been better for her if she did not have to work alone."

Table 3.1 which was presented earlier in this section also shows the percentage of employees over 50 years, the percentage of male employees, the percentage of smokers, the range of age among the employees and the number of employees who are between 20 and 39

for each nursing home. However, the only thing from this information that stands out as different between the nursing homes with low absenteeism rate and those with high absenteeism rate is the percentage of smokers; the nursing homes with low absenteeism seem to have more smokers than the nursing homes with high absenteeism rate.

This next section is going to be a brief outline of the categories that were similar between all the nursing homes.

Adjustment and facilitation. Regarding adjustment and facilitation, there does not seem to be any difference between nursing homes. Adjustment and facilitation in health care will generally affect the other employees who will have to work with someone with reduced physical functioning. This is because if someone is not able to perform a certain task, those who are at work with that person will have to cover for her or him, and this will lead to others having to do more; this is an arrangement that cannot work over a long period of time.

However, even though all the four managers feel that it is not always possible and can at times be a challenge to adjust or facilitate, they do try to do it when possible. More importantly, most of the participants support what the managers said. Only P13, who works at nursing home 4, thinks that no one should be at work if they are not going to be able to do what they are required to do. This is what this participant said when asked about adjustment at her workplace:

> *"I think that it is difficult to succeed at adjusting. There are already few people at work that if one is not in shape, then one has no business being at work, one has to be in shape, not necessarily top shape, but one has to be in shape"*

Communication. With regards to communication, there also does not seem to be differences between the nursing homes with low and high absenteeism rate. All the managers think that communication with the employee is important when it comes to absenteeism.

Contentment and moral. All the participants seem to thrive at their workplace and with their colleagues, regardless of the challenges they face every day and they all think that they have good moral regarding absenteeism and presenteeism. Furthermore, all the four managers feel that even though some employees' moral regarding absenteeism can be questioned, the majority of them have good moral when it comes to absenteeism and presenteeism.

Care for the sick. All the four managers seem to be following the procedures and routines for monitoring and reintegration of sick leave, and those participants who have been on long term sick leave felt that those procedures and routines were followed then.

Leadership. When analyzing the interviews from the managers, it looks like all the managers feel that they are good and motivating leaders, who do not just care for their employees and their wellbeing but who also think that they listen to them and are considerate of their ideas and suggestions. Moreover, the caregivers whom I interviewed feel the same way and they believe that their colleagues do as well. Furthermore, these managers feel that their own development is ongoing and they are qualified for the job that they do.

Competence and competence development. All the eight caregivers interviewed feel that they are competent for their jobs and the tasks they do and they believe that their colleagues do as well. They also think that they are given the opportunity to develop their competence. The only difference seems to be between the nurses and the assistants. Whereas the assistants seem to be satisfied with the opportunity they are given by their employers for competence development, the nurses do not seem to be as satisfied.

Management. All the participants feel that they have the support from management, and they are satisfied with their managers and they feel that they can express their opinions with no fear.

Attendance pressure. There does not seem to be differences between groups here either. Three of the caregivers from each group admit to have attended work more than once even though they should have stayed home, and the reason for that seem to be the same for all of them. In most cases these participants attended work sick because they did not want their colleagues to have to do more work as a result of their absence. The fourth participant from each group said that she usually stays at home if she feels that she is sick.

Equipment. All the participants feel that they have enough equipment at their workplace for their tasks, and they feel that these function as they are supposed to, and new ones are provided when needed.

3.1 Summary of the main findings

Are there differences between the four nursing homes which can explain their differences in absenteeism?

The findings from this study do indicate that there are differences between these nursing homes which may explain why their absenteeism rates are as they are, but there are also some similarities between all the nursing homes. I distinguished between the categories that were different between the two groups and those that were similar for clarification.

For some of the categories, the nursing home with the highest absenteeism rate seems to differ from the other three nursing homes. Moreover, even on the categories which were

different between the two groups, when one looks at the scores from the employee survey mentioned in the beginning of this section –where these were used– , the nursing home with the highest absenteeism did poorly compared to the other nursing home in the same group.

Furthermore, there were some points on which the participants from the same nursing home seemed to contradict each other. However, this is not to say that some of the participants were lying or trying to satisfy the interviewer by saying what they thought she wanted to hear. The reason for the contradictions may simply be because people are different and as a result they might perceive the same situation differently or it may be because people are not always perceived the way they think they are perceived. The point is, just because people have different perceptions does not mean that one is right and the other is wrong or that someone is lying, it just means that people are different. And the good news is that all the employees who were interviewed thrive in their jobs and think that their jobs are both interesting and valuable.

4. Discussion

The purpose of this thesis was to examine if there are differences between nursing homes that can explain their differences in absenteeism. This section is going to be a discussion of the findings, which do indicate that there are differences between nursing homes with high absenteeism and the nursing homes with low absenteeism. The difference between the nursing homes with low absenteeism and those with high absenteeism can be classified in three different levels.

The first is the individual level where one can look at the employees' health conditions and the way they cope when faced with potentially stressful situations. The second is on the organizational level where one can for instance look at the workforce or the environment. The third is the management level where one can look at how the managers relate to the employees.

Stressors in the job environment. Based on what nursing home employees say, there is not enough time for them to provide what they feel is quality care –that is care that goes beyond nursing and feeding. Many caregivers feel that they do not have time to do everything they need to do, and sometimes they barely have time to do what is absolutely necessary, something which is believed to be a result of poor staffing; this is causing too much stress for many of these caregivers.

Many caregivers and residents, at least those who are able to express themselves, feel for instance that it would be nice to be able to spend time together doing something different, like going for a walk outside to get some fresh air or even something as simple as sit down and talk without having to rush to get to the next person or to the next task.

This is especially sad when one is dealing with residents who have dementia but are physically fit. These residents often want to go out and when they are told that they cannot go out on their own, they do not understand why. For these types of residents and others who want to come out, it would been nice to be able to go for a walk outside with them, but the caregivers simply do not have time for those kind of activities because there is not enough of them at work to be able to do that and still provide them with what is basic care.

Based on the employee survey mentioned in section 3, this lack of time seems to be a common problem for all the four nursing homes. However, the difference between the caregivers from the nursing homes with high and low absenteeism rate is that the caregivers from the nursing homes with low absenteeism who participated in this study are able to deal with these potentially stressing situations well so that they are not overly stressed by them.

For example if there are less employees at work on one day because someone is sick or because something unexpected happened and they realize that there is not going to be enough time to do what they are supposed to do, the participants from the nursing homes with low absenteeism say that they accept that on that particular day, that is how it is and they choose to make priority and either postpone some tasks for later or cancel them all together if necessary, instead of stressing over having to do everything when there is not enough time for that. These participants accept that they are not able to do everything they are supposed to do on some days, and if they have to drop or postpone some tasks, they will do it and be okay with that decision.

The participants from the nursing homes with high absenteeism on the other hand seem to focus too much on the fact that they do not have time to do everything they have to do and stress too much because of that. This may be the case for the nurses particularly because there are fewer of them in nursing homes and there are tasks that no one else can do, and the assistants are more and have fewer tasks than the nurses; however, this is the same for all the nursing homes.

This lack of time and the consequences of that may leave the employees who cannot cope very well feeling like they have no control over their job situation and feel that they do not have choice in their every day work life, something which according to Bond and Bunce (2001) increases the risk of stress-related outcomes. The feeling of not being able to provide

what they perceive as high quality care, which is the employees' goal, may cause frustration for them since it may be perceived as a hindrance to achieve what they see as their goals. And according to Petersen and colleagues, the employees may result to disengagement –staying home− as a way of protecting themselves from that frustration (Petersen et al., 2008).

Since some employees have better ways of dealing with potentially stressful situations, the outcomes will be different even though the situations are the same. The employees who are able to cope with potentially stressful situations better are less stressed, and consequently they are less affected by stress related illness; thus they will display less absenteeism behavior (Avey et al., 2006). And obviously, the nursing homes with more of the employees who can handle stress better will have lower absenteeism rates as a result; something which seems to be the case because although most of the participants said that they experience lack of time at work, only participants from the nursing homes with high absenteeism said that they are stressed by that.

The problem of nurses having much more to do than the assistants could be solved by more delegation which according to Danna and Griffin (1999) can be used to alleviate work overload. For instance if a nurse realizes that there is a lot to do for her/him on a particular day, she/he could delegate to the assistants some of the tasks that they can do so that she/he can get more time for the tasks that only she/he can do; this is something all the nurses should be better at, because based on my observations through working in nursing homes, not all the nurses are as good at delegating.

Another solution could be to increase responsibility for the assistants. Having worked in nursing homes for a while, I have heard from the colleagues who have been in the sector for many years that some of the tasks that they used to do have been removed and given to the nurses. This is unfortunate because it leads to work overload for the nurses and according to Lien and Gjernes (2009) rob the assistants of their professional identity. According to Danna and Griffin (1999), skills' training is a solution that could improve this problem. Skills' training will increase the assistants' responsibility and as a result, alleviate work overload for the nurses because it would give them the possibility to delegate more tasks to the assistants.

Another stressor in the workplace involves the quality of physical working environment (Danna & Griffin, 1999), and this is another area where the nursing homes with low and high absenteeism differ. For the nursing homes with low absenteeism, the participants are generally satisfied with their physical working environment apart from some areas which they would like to see some improvement on, like less dry air, a problem which according to Danna and Griffin (1999) can be improved by a better ventilation system.

The nursing homes with high absenteeism rate on the other hand seem to have more that they wish improvement on. For one of the nursing home, the participants do not think that their ventilation system works as it should and they both do not think that their premises are clean enough. One of the participants actually states that the nursing home is not clean enough to be called a home.

For nursing home3, the two participants feel that the air is a little dry but other than that they are pretty much satisfied with their ventilation system; however, they were not on the same page where their premises are concerned. In my opinion, these two participants disagreement on this may have more to do with their cultural background and their personal opinion than their actual workplace environment. Since one of them was ethnically Norwegian and the other one was not, there is a possibility that their opinion on what is nice and clean and what is not may be different based on how they judge what is nice and what is clean.

However, what is important here is not that one thinks that the premises are clean and not nice and the other thinks that they are nice but not clean, the point is that there is something with the physical environment that the participants and their colleagues are not satisfied with, something which is the case for both nursing homes and is argued to affect job satisfaction and increases the risk to leave one's workplace and can therefore increase turnover rate in return (Fisher et al., 2006). This could be improved by keeping the premises nice and clean (Kaspersen, 2010).

Individual work ethic and characteristics. Something else that was different between the nursing homes with high absenteeism and the nursing homes with low absenteeism is the number of the employees who smoke. However, for some strange reason, the nursing homes with low absenteeism had the highest number of smokers even though Parkes (1987) claim that smokers have a tendency to be more absent than non-smokers. Maybe the smokers at the nursing homes with low absenteeism use smoking as a way to relax and stress down when they are at work and the pressure gets too high or maybe they smoke but try to compensate with a healthy life style otherwise.

Another individual characteristic that has a major influence on absenteeism is the employees' health condition, something which will influence the employees' attendance behavior whether or not they are motivated to attend and regardless of what their work ethics are (Steers & Rhodes, 1978). And on this characteristic, the nursing homes with low and high absenteeism seem to differ. According to the managers of the nursing homes with high

absenteeism, there are many employees at these nursing homes with serious health problems, a problem which does not seem to be a big issue at the nursing homes with low absenteeism.

The first explanation for these health problems might be stress related. Stress has according to Cooper and Cartwright been described as "the Black Plague of the eighties" (p.456) and it has become a health threat to individuals as well as to organizations and societies (Cooper & Cartwright, 1994). Among the health issues mentioned by managers of nursing home3 and 4 were cancer, fracture and surgeries; as Cooper and Cartwright (1994) mention, cancer has been linked to work-related stress.

Since people are exposed to a number of things that are pathogenic, we are dependent on a strong immune system; the EASHW claim that a latent pathology that is under the control of the immune system will develop into an illness if the immune system gets weaker (EASHW, 2000); it is only reasonably to think that too much stress is not good for anyone since no one knows what our immune system is fighting off.

People react to potentially stressful situation differently depending on how vulnerable they are (Holmes, 2001). This may explain why most of the caregivers interviewed for this thesis express that they experience lack of time in their work, something that can be stressful at times, but only some of them stress as a result of that lack of time; in fact one of them said that she used to stress but she no longer does because she has learned not to.

This may be where optimism, resilience, hope and self-efficacy as well as a combination of all four of them which Luthans and colleagues (2006) named PsyCap come in. These capacities may be further developed for the employees who do not stress every time they are faced with potentially stressful situations than they are for their colleagues who overly stress when faced with the same situations.

Furthermore, in addition to their ability to cope better with potentially stressful situations, individuals who are characterized by higher levels of PsyCap are less sick and when they do get sick they are more likely to recover faster (Avey et al., 2006). Fortunately for the individuals who stress easily, as well as for their workplace, Luthans and his colleagues claim that PsyCap can be developed in a highly focused, very short training session (Luthans et al., 2006); therefore, they could provide an effective solution to the absenteeism problem and its associated costs (Avey et al., 2006).

Another explanation concerns workforce and workload, and this is another difference between nursing homes with low and high absenteeism. First of all when one looks at the workforce, it is clear that staffing is different between the nursing homes with high and low absenteeism. For the first, whereas the nursing homes with low absenteeism have chosen to

use the same number of caregivers during day shifts on week days as they do during dayshifts on weekends, the nursing homes with high absenteeism operate differently; they use fewer caregivers on day shifts during the weekends than they use during day shifts on weekdays.

The argument here is that there is less to do on weekends than there is during weekdays; however, there is a slight difference. Usually weekdays have the permanent staff present; the weekends on the other hand have usually many temporary employees. It is for instance not unusual that a nursing home unit with three or four employees, only one of these is a permanent employee and the rest are substitutes with varying level of experience and expertise; this is a problem for many caregivers.

The problem with this arrangement is that since most of the temporary employees are relatively new and most of them are non-professional in addition, they lack the expertise and the experience that the permanent staff possesses, and as a result everything goes slower and permanent staff working with them stress easily. During weekdays however, this is usually not an issue since the permanent staff are there, unless they get sick of course or something else happens. This is a problem the employees at the nursing homes with low absenteeism do not have to deal with because although there may be less experienced employees during weekends, it is less hectic then.

A second difference is as mentioned in the result section the way the different shifts are covered. Whereas the nursing homes with low absenteeism seem to be covered relatively well based on shift's activities, the nursing homes with high absenteeism are different. Here, there is a very big difference between staff during day shifts and evening shifts, and it gets even worse when it comes to night shifts; this is even worse for nursing home4 which actually seems to be quite well staffed during day shift compared to the other three nursing homes but is poorly staffed during the evening and night shifts.

I mentioned shift's activities in the previous paragraph, and by this I mean the tasks during shifts. During day shifts there is more to do than during evening- and night shifts; however, the difference is not that big that the staff should be that reduced and this is leading to work overload for caregivers who claim that there is too much to do and few people to do it.

There is another difference between nursing home1 and the other nursing homes that I think is worth mentioning because it makes a difference. Nursing home1 has a nursing-unit (pleieavdeling) and a unit for residents with dementia which are separate, and this is something that one of the caregivers who participated actually wishes for at their workplace because she believes it would make a huge difference.

As I have stated a number of times, I have worked in nursing homes for some time now, and I have experience in working with both groups of residents. I have worked in a nursing-unit as well as a dementia-unit, and I understand what she means when she says that having separate units would solve many problems. Both groups are demanding to work with, but in a very different way; whereas working in the nursing- unit is mostly physically challenging, working in the unit for residents with dementia is more mentally challenging.

To have these two groups of residents in one unit can be extremely challenging, especially if the unit is not well staffed. For instance, I mentioned earlier that night shifts are less staffed compared to day- and evening shifts because residents are supposed to be asleep then. I said *supposed* on purpose, because not all the residents do sleep through the night, especially those with dementia or psychiatric problems.

I have actually come across residents who can wake up five to ten times during one night, and even some who can stay awake all night. And if it is dement residents who are physically fit, they will walk around and risk coming out of the building; this is not just occasionally but it can be several times a week. Another problem with restless residents is that depending on the degree of their restlessness and their problems, it can become a problem for the other residents as well because they may be agitated as a result.

This is more problematic for the caregivers during evening shifts and even worse at night when there are fewer employees. For nursing home1, where the units are divided this is not a big problem because the dement unit is well staffed. For the other nursing homes however, this is not the case since all the residents are mixed in one unit.

For evening shifts, the difference between nursing homes may seem small, and the same is for night shifts for nursing home2 and nursing home3. However, it is still there and anyone who works in nursing home would agree that even one extra resident does make a difference for them, especially when there are already few caregivers in the first place. For nursing home4, where there is only one night guard for 24 residents, it is very hard to imagine how they manage that, especially since the residents are mixed.

Staffing problem at nursing homes leads to health problems for the caregivers, both because of the stress caused by working under pressure over a long period of time in order to do everything that must be done; but also because it is a very demanding job, both mentally and physically. And over time a combination of this will lead to health problems which again will lead to high absenteeism. This is probably what happened with nursing home3 and nursing home4 because both managers of these nursing homes said that their absenteeism had always been low until 2009, after all even a machine can run for years but there comes time

when it says stop; and the same goes for human beings, they can tolerate a lot but they have limits too.

Cohesiveness of the employees and Organizational commitment. Sanders and Nauta (2004) argue that the more time employees spend together, the more cohesive they will be; as a result, these employees will strive to show cooperative behavior and thus avoid absenteeism since they see absenteeism as an anti-cooperative behavior. Furthermore, cohesive employees will more likely be committed to their organization in order to keep their group intact and remain members of that group (Sanders & Nauta, 2004).

As for the nursing homes which participated in this study, the nursing homes with high absenteeism rate have a higher number of substitutes than the nursing homes with low absenteeism rate do. Their high absenteeism may be the reason for having a higher number of substitutes because they may need more substitutes to cover the shifts when absence occurs. However, even though substitutes use is necessary in nursing homes it is unfortunate for both the nursing homes as well as for the residents who live in these nursing homes, especially if they are many of them.

First of all, substitutes use is a problem for the residents of the nursing homes because some of them do not react so well to new people. Some residents do not seem to care who is helping them as long as they get the help they are satisfied with. However, there are others who react negatively to unfamiliar caregivers regardless of the help they receive. The unit I work in we have two residents who clearly react every time there is an unfamiliar caregiver, one gets suspicious and becomes almost like a different person. The other changes behavior or acts out, or when she sees a familiar face she will say right out that she does not like the person, the new person.

As for the nursing homes, too much substitutes use may be a cause for high absenteeism because the substitutes are more likely to feel that they do not belong to the group of the permanent employees, this is especially the case when one works through employment agencies and sent from one place to another. Sanders and Nauta (2004) argue that the members of a cohesive group put the group's interest above their own and a substitute who does not feel that cohesiveness or commitment to the workplace or colleagues may be less likely to want to put the group's interest first and therefore be more tempted to stay home when not feeling well, and this will increase the absenteeism rate for the nursing home.

Permanent employees with loyalty and commitment to the workplace and the colleagues on the other hand are more interested in what is best for the group and the organization, and they are more willing to work through minor ailments so that they do not

feel like they are letting their colleagues down or for the sake of the workplaces' economy. Actually, there are employees who seem to be too concerned about their workplace and their colleagues that they attend work when it is clear that they have no business being at work at all, something which Johnsson and colleagues call harmful ill presence (Johnsson et., 2003).

Some might argue that the difference in the number of substitutes between the nursing homes with low and high absenteeism is not that big; however, a difference of 6-7 substitutes is big enough considering that even a single person's absenteeism behavior can have a huge impact on a workplace's absenteeism rate. Additionally, only few of the substitutes at the nursing homes with high absenteeism are formally educated; according to Lien and her colleague, substitutes with no formal education have high turnover which also affects the quality of care provided to the residents of the nursing homes (Lien & Gjernes, 2009). Besides, high turnover among substitutes will lead to constant hiring and training of new substitutes something which costs money and energy.

In addition to the fact that a high number of the substitutes who work at nursing home3 and nursing home4 are not formally educated, most of them only take shifts when they are available and have no other connection, such as a weekend position, to these nursing homes. And the lack of any other connection at the nursing homes might partly explain the high occurrence of turnover among substitutes at the nursing homes with high absenteeism that Lien and Gjernes (2009) talks about.

The nursing homes with low absenteeism on the other hand, particularly nursing home1 which due to its excellent reputation in Trondheim attracts many professionals, have a high number of formally educated caregivers compared to the nursing homes with high absenteeism. In addition, many of the substitutes have weekend positions at the nursing homes something which may reduce the rate of turnover since they may feel a kind of commitment to the nursing homes, more so than if they were only taking extra shifts, which is the case for the nursing homes with high absenteeism.

As for turnover, permanent employees who have worked at the same place over a long period of time may be more loyal and more committed to their workplace and are therefore less likely to quit when the situation is less pleasant or satisfying, and this will keep turnover rate down. However, if turnover is high, the employees do not get to stay with the workplace long enough to develop that sense of loyalty and commitment, to the workplace and with the colleagues, and as a result they are more likely to quit or be absent for minor ailments than their colleagues who are more committed.

Furthermore, since turnover implies that a workplace loses employees, then nursing homes with high turnover rate −in this case nursing home3 which according to its manager has lost very many employees over the years since its opening− will need replacement for those who leave and in the mean time there is a risk that they might have to use substitutes who do not necessary possess the same expertise or experience as the employee(s) who quit and when they do hire new people, the new employees will need time to get to know their new workplace.

And since organizational commitment is one of the significant predictor of a decision to quit, where a less committed employee is more likely to quit than a more committed employee (Fisher, Schoenfeldt & Shaw, 2006), during the first months of new hiring, the new employees are at a higher risk of departing than the old employees who have had more time to know the organization and the colleagues and are therefore committed and loyal to them. And if the nursing home is unable to keep the new employees, then turnover might become a vicious circle of hiring new employees to lose them again and hiring new ones.

Having a voice or not. Hirschman's model of Exit, Voice and Loyalty implies that employees who are not satisfied with conditions at work can choose to withdraw from work, permanently or temporarily, or they can choose to use their voice in order to change the conditions from negative to positive (Hirschman, 1970). If the employees choose the option of withdrawing, then the nursing home will have high turnover rate, permanent withdrawal, or it will have high absenteeism rate, temporal withdrawal.

If the employees choose to use "voice" however, both absenteeism rate and turnover rate will be lower since they will want to be present at work and express their dissatisfaction in hope of changing whatever it is that they are not satisfied with (Hammer et al., 1981). Moreover, Hammer and her colleagues argue that the decision of choosing "exit" or "voice" will depend on how loyal (committed) the employees are to the workplace and whether or not they believe that they can improve the situation by speaking up (Hammer et al., 1981).

For nursing home1, 2 and 4 where there seem to be low rate of turnover, many of the employees are most likely very loyal and committed to their workplace because they feel like they belong there. This feeling of belongingness is reflected in the employees' score on question 43 on the employee survey mentioned earlier On this question *"to what extent do you feel like you belong to your workplace?"*, these nursing homes' employees who ticked off 3 and below were 0 % for nursing home1, 3.6 % for nursing home2 and 7.6 % for nursing home4.

Thus the majority of these nursing homes' employees will more likely choose to use "voice" if there is something they are not satisfied with in order to change that. This strategy can help to keep turnover and absenteeism rate down which will in return increase the likelihood of employees staying at their workplace longer, something which will strengthen their sense of loyalty and commitment as a result.

Nursing home3 on the other hand, which seem to have a high turnover rate is not able to keep many of its employees long enough to developed that sense of loyalty (commitment) to the workplace. For this nursing home, the percentage of participants who ticked off 3 and below on question 43 was 18.9 % which is higher than any other of the three nursing homes. This indicate that there are many employees at this nursing home whose sense of belonging at their workplace is low, more so than there are at the other three nursing homes.

Given that there are many employees from nursing home3 who feel this way, there is also a good chance that there are many who do not have that sense of loyalty (commitment) that Hammer and her colleagues claim needs to be present in order for employees to choose "voice" over "exit". Besides, if one is newcomer at a workplace, it is difficult to start "complaining" that one is not satisfied with a certain situation, especially if no one else has brought it up. Then it is easier to either "suffer" in silence and probably use the temporary withdrawal strategy when a chance occurs or "exit" permanently and start looking for another job if the situation is too unbearable.

Another aspect that needs to be present in order for the employees to choose "voice" over "exit" is the belief that by speaking up there is a possibility of improving the situation/ condition that one is unsatisfied with (Hammer et al., 1981). For all the nursing homes, all the participants feel that their views and opinions are heard and that they have a possibility to influence their work situation. And for three of the nursing homes, the participants believe that their colleagues feel the same way. However, for nursing home3, one of the participants believe that there are some colleagues of hers who do not feel the same way, and this is somewhat supported by the scores of the employee survey.

For the nursing homes where a high number of employees believe that they can influence their own work situation, there is a higher likelihood of choosing "voice" over "exit" (Hammer et al., 1981). For these employees who believe that speaking up can bring about changes that are wanted and needed, they will be encouraged to attend work so that they can help to change the unfavorable situation(s) to favorable one(s), and this will help to keep absenteeism and turnover rate down.

For nursing home3 however where there are many employees who do not feel that they are heard and that what they say matter, there is a higher probability of choosing the "exit" option over the "voice" option since they believe that what they feel and what they say will not change anything anyway. And since many employees at this nursing home have a lesser feeling of belonging, the combination of this lack of belonging and the feeling of not being heard will be detrimental for the nursing home, and the result is a higher absenteeism and turnover rate, which is the case for this nursing home.

Jackson (1983) argue that participation in decision making where the employees feel that they have some sort of influence on what goes on around them is one of the strategies that is frequently suggested to reduce job related stress. These employees who do not feel that what they say matter will be more prone to withdraw rather than speaking up in order to bring about changes that are more favorable, something which will either increase absenteeism rate or turnover rate. Additionally, they will be at a higher risk of being affected by job related stress, something which will be bad for themselves and their workplace as well.

Leadership. Leader behaviors are claimed to be important tools that can be used to increase employees 'motivation, something which Mayfield and Mayfield (2009) argue is an important factor to reduce avoidable absenteeism. One important behavior that is argued to be a motivating tool is communication (Mayfield & Mayfield, 2009); another is recognition (Luthans, 2000).

Starting with communication, the claim is that the superior should talk to employees about what creates presence, absence and a good work environment (KS Arbeidsliv, 2010). This is something P1 and P7 who are the managers of the two nursing homes with low absenteeism seem to be better at than P4 and P11. First of all, when one looks at the employee survey mentioned in section 3 and at question 27 "*to what extent do you feel that the management gives you sufficient feedback on the work you do"* and question 31 *"to what extent do you feel that the management gives you support and guidance in challenging situations"* which I believe are related to communication as well as recognition, the scores − which are described in the result section from the last paragraph on page 36 until the second paragraph on page 37 − indicate that P1 and P7 may be better at this than P4 and P11.

In my opinion, "*giving feedback, support and guidance*" are a way of communicating between the management and the employees. *"Receiving feedback on the work one does"* is motivating because if it is positive feedback it shows the receiver that he or she is doing a good job something which is recognized and appreciated by the management, and this encourages the employee to continue the good job. And even if it is a "negative" feedback, as

long as it is given in a good and motivating way and not in a critical way, that is encouraging as well because this is what helps the employees grow professionally. As for *"getting support and guidance in challenging situations"*, this will let the employees know that the management is there for them, something which is reassuring to know.

Besides looking at the survey's score which indicate what the employees themselves think of their management, the managers for the nursing homes with low absenteeism themselves say that they believe that talking to the employees on daily basis is important. In agreement with KS Arbeidsliv (2010), also these managers believe that regular dialogues with the employees are important for a good work environment which will in return contribute to a lower absenteeism rate.

For P1, communication through regular dialogues with the employees not only shows the employees that the management cares for them and wants what is best for them, but this also gives the manager better insight on what goes on at the workplace, which in return can make it easier to understand them. When the manager talks to the employees on a regular basis, it may also make the conversations less formal and more comfortable which will make it easier to bring up issues that the employees may be less satisfied with. Additionally, this will prevent small issues that may seem unproblematic at an early stage from mounting into problems because they were not dealt with earlier.

P7 believes that communication is important in the work against absenteeism because she believes that by keeping the communication line open, the employees and the management are better able to work out measures that are aimed at reducing absenteeism and which motivate employees to attend work. By working together like this, the employees feel that they are participating, but this way it may also be easier to come up with measures that are more appreciated by the employees and that have better chance of working since the employees are part of it.

Furthermore, P7 believes that it is important to reward employees somehow when absenteeism is down because she believes that it motivates the employees to do their best and cooperate to keep absenteeism down. P1 also believes in rewarding the employees and to make sure that they thrive at work. The rewards here are not financial ones like getting bonuses, raises, expensive gifts or any other financial reward whatever it may be; they are small gestures like parties, small gifts, letters to the employees thanking them for the good job that they do or other "seemingly" unimportant gestures or gifts which do not have to be costly but which are nonetheless appreciated by the employees and let them know that they are recognized and appreciated for the work they do.

These types of leader behavior, communication or recognition and maybe a combination of both, motivate and reinforce the wanted behavior from the employees' side, in this case avoid absenteeism, and according to Luthans (2000), they signal to the employees that their efforts are perceived and appreciated. Kerr and Slocum (1987) also argue for reward systems to encourage the most wanted attitudes and behaviors from employees.

For nursing home1 for instance, they were concerned about the negative development absenteeism was taking and the management in collaboration with the employees focused on the absenteeism problem and how to reduce it. Through communication, recognition and hard working, the absenteeism rate for this nursing home was reduced from 10.4 % which was the rate for 2009 to 7.1 % in 2010.

The last point to argue for that may have an effect on absenteeism and maybe turnover is what I referred to as *understanding* in the result section. Luthans (2000) as well as Kerr and Slocum (1987) argue for the importance of recognition as a leadership tool. In my opinion, recognition is connected with understanding because I believe that through understanding of what the job is like and what it takes to do a good job, then the employees and what they do are appreciated even more.

That is why P4's question where she asked me why caregivers in nursing homes claim that their job is heavy when there are equipments to do the job kind of surprised me! It is true that working in nursing homes is physically easier now than it was for 20-30 years ago (this is based on what I have heard from my colleagues who have been working in nursing homes for that long) when there were very few equipments for the caregivers to use. And the caregivers who worked in nursing homes then and still work in nursing homes to day certainly admit that these equipments are very useful and they relieve a lot of the heavy lifting in nursing homes.

However, something that P4 seems to forget/ignore is that these equipments are not used on everyone and/or every situation nor are they operated by remote controls. There are many limitations to where the equipments that are available in nursing homes, the ones I have seen any way, can be used. And even when they can be used, they still have to be operated by the caregivers which also can be quite heavy.

Even though that question from P4 was surprising to me, the scores of question number 28 on the survey "*to what extent do you feel that the management has insight into the job you do?"* sort of put things into perspective for me because they indicated that there may be areas where this manager is falling short since there appear to be many employees from this nursing home who do not think that she has insight into the job they do, something which could add to the list of what is having a negative influence on their absenteeism.

4.1 Limitations

The first limitation I would like to mention is the choice of participants, at least for the two nursing homes where the managers chose them. On this point I could argue that maybe the manager chose the participants she knew would put the nursing home in a positive light and that if I had different participants who had been randomly chosen they could have provided different information.

However, I did not perceive this because I felt that the participants gave me the relevant information whether they were positive or negative for the nursing home. Besides different participants could have provided different information anyway regardless of who chose them because this is a qualitative method and each participant speaks from their point of view and their experience and different people might have different views and experiences.

Another limitation that I think is worth mentioning is the use of the employee survey I mentioned in section three and which I have used several times both in that section and in this section. The issue here is that all the employees from the nursing homes used for this thesis did not participate in the survey something which could have given different scores in the survey if they had. And since no one knows how those who did not participate would have answered, the scores could have been higher or lower depending on the missing employees' answerers. This is the reason I only chose to use the question from the survey that I believed were supportive of my own findings.

Something else I think is worth mentioning is my using the nursing homes turnover rate; this is maybe more of a clarification than a limitation. In the case of absenteeism rate, I had the statistics of all the nursing homes' absenteeism rate; however, in the case of turnover rate I simply concluded that the turnover rate must be high or low based on what the participants said, I did not based that on statistical facts. This is why where I talked about turnover rate I used the verb "seem" and not "is".

Something else I think could have been interesting is if I had been able to interview one caregiver with low absenteeism and one with high absenteeism for all the nursing homes like I intended to see if there would be different information from them. For the one nursing home where I was able to do this, there were some differences. However, I am not sure if these differences were caused by their different professions, one was a nurse and the other was an assistant, or if they were due to the fact that they are two different people.

This brings me to my next point which is to have interviewed more people than I interviewed, at least two more caregivers from each nursing home. Time wise, this would have been more demanding, but I think that it might have shed more light on the absenteeism

issue. Furthermore, if I had been able to interview for example four caregivers for each nursing home, one nurse with low absenteeism and one with high absenteeism and one assistant with low absenteeism and one with high absenteeism, it could have clarified the above problem.

4.2 Implications for the nursing homes

The findings of this thesis point on several areas in which the nursing homes could improve on in order reduce their absenteeism rate, and this includes all the nursing homes that participated for this thesis because as it is now none of them has the absenteeism rate they should have which according to Johnsson and colleagues should not be higher than 4 % (Johnsson et al., 2006).

The first area for improvement, which would be beneficial for the health of the organizations as well as the individuals in the organizations, concerns stress. Since stress causes many problems (Holmes, 2001), it goes without saying that improving the way employees cope with stress would benefit everyone. All the nursing homes that participated in this study arrange courses for their employees several times a year, and it could be an idea to include stress management courses from time to time so that the employees who stress easily could learn some stress management skills.

Something else, which was mentioned during one interview, is refreshment courses on how to use the equipments that are available for nursing homes. As was mentioned, there are many types of equipments in nursing homes, but one of the interviewee mentioned that some equipment may be used in the wrong way or not be used at all because no one or few know how to use them, and refreshment courses would ensure that all the available equipments are used and are used properly.

Something else, which was mentioned earlier in this section, is expanding on assistants' tasks. As mentioned, the nurses have more on their plates than the assistants despite the fact that there are fewer of them in nursing homes. And by expanding on what the assistants can do instead of reducing it, the nurses would be able to delegate more to the assistants and in return be left with more room to do what they cannot delegate. However, this would depend on the nurses' ability/will to delegate and be okay with it, something which could be a topic in the stress management courses.

The last point I think is important in the fight against absenteeism concerns management. The two nursing homes with low absenteeism rate in this study have managers who are more visible to the employees, and maybe this is something that all the managers

should try to be better at. And in line with this, it is important to keep the communication line open, talk about absenteeism as well as presenteeism and what creates it, not to mention the importance of rewarding/motivating the employees to encourage them to keep presenteeism high and absenteeism down.

4.2 Conclusion

Absenteeism has been an issue for the last few years, and many people have been concerned about the development it is taking. For this thesis I wanted to study absenteeism in nursing homes, and more specifically nursing homes in Trondheim to see if there are differences between nursing homes with high absenteeism and the nursing homes with low absenteeism. It is important to point out that for this thesis statistics for 2009 were used and the absenteeism for the previous years were not a factor when I chose the nursing homes.

After the analysis was finished, there were twenty two categories. On twelve of the categories, the nursing homes with low absenteeism differed from the nursing homes with high absenteeism and these were *substitute use, turnover, health condition, resource management, understanding, presence and motivation, stress management, workplace environment, workforce and workload, worker's participation, protection and need for change.* On the other ten of the categories the nursing homes did not differ, and these were *adjustment and facilitation, communication, care for the sick, leadership* and *moral, contentment and moral, competence and competence development, management, attendance pressure and equipment*.

Absenteeism is a complex problem. As it is shown by all those different categories, absenteeism is affected by many factors, and there would probably be other categories if the data had been analyzed by someone else or if there had been different participants. Furthermore, absenteeism involves both the employees as well as the managers and will require collaboration between the two agents in order to be reduced.

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