



Putting Absenteeism In Perspective

When faced with excessive call-offs, long term care providers should look to flaws in their own systems rather than blaming employees.

CURBING ABSENTEEISM IS A CRITICAL element in solving the problem of staff retention and, in so doing, delivering the highest potential quality of care. And while the root causes of absenteeism may differ, there are clear “dos” and “don’ts” for addressing the problem.

A first step is to recognize that companywide attendance problems are more than likely a sign of a dysfunctional system—not dysfunctional employees. Thus, when managers react to the problem by getting tougher on violators, they are, in essence, failing to acknowledge their own ineffective organizational and leadership practices.

The ‘Not-To-Do’ List

An analysis of a recent collaborative on absenteeism found that many facilities have policies and systems in place that actually promote excessive absenteeism. Examples include:

- *Incentives to waive benefits.* Many organizations encourage their staff to waive their right to benefits for a higher hourly wage. While this appears to save the organization money, it actually leads to higher costs in the long run. If staff members have no health insurance, they are less likely to seek medical treatment until it is too late. Or if they have no sick pay or vacation pay that they have accrued, they have nothing to tie them to the facility. A spell of illness for this individual is the equivalent of a financial catastrophe.

- *Offering bonuses to the remaining staff on a shift that is working understaffed.* Staff tend to game this system and start making arrangements for

whose turn it is to call out so that the others may get extra pay.

- *Routinely scheduling overtime and double-time on the monthly schedule.* In facilities where the scheduling of staff for overtime (OT) and double time (DT) is the routine, individuals scheduled for OT and DT have a strong financial incentive to keep the facility understaffed. After all, they are making more money. Therefore, they see new employees who appear on the schedule and take their OT or DT shifts as a threat to their income. In these situations, they may treat new staff poorly.

- *Rotating staff from assignment to assignment.* Rotating staff, as opposed to primary assignments to the same group of patients, leads to absenteeism the days after the rotation. Primary assignments allow the staff to form a relationship with the patients and their co-workers on the unit. These bonds create accountability and peer pressure to come to work as scheduled.

- *Use-it-or-lose-it sick pay.* This policy encourages staff to use it. A better approach is to offer to pay the employees a portion of the accrued sick pay as a reward to those with the best attendance records.

- *No sick pay until second day of absence.* Under this policy, staff are not entitled to sick pay unless they are off sick for at least two consecutive days. The problem: It encourages employees to call off for two days instead of one.

Developing An Effective Program

Fortunately, the problem of absenteeism is not an intractable one. Systems can be developed in ways that

motivate staff to avoid call-offs that are not an absolute necessity.

First and foremost, it is important to collect data for each individual employee, each department, and the entire facility both for absenteeism and the number of shifts worked short-staffed. Usually, having a person (and one back-up) coding and tracking absenteeism works best. This individual would track individual and facility trends (by day of the week, by unit, by shift), average number of call-offs per employee per quarter, and total number of call-offs per month.

This single point person would then review all of the attendance records monthly and alert supervisors of trends (both positive and negative) by making a copy of employees’ attendance records and sending them to their supervisors.

The point person would also make a copy of each employee’s attendance record on a quarterly basis and include it in the employee’s paycheck in order to provide him or her with regular and consistent feedback regarding attendance. These simple processes display to the staff that preventing short staffing is a priority.

Some facilities have adopted a “no-fault” attendance policy that takes the guesswork out of trying to qualify, or justify, the legitimacy of absences. There is no need for the employee to get a physician’s note in order to justify an absence. Absences, for any reason,

DAVID J. FARRELL, MSW, NHA, is a project manager for Quality Partners of Rhode Island, Providence, R.I.

are all treated the same. This promotes fairness and trust.

Absenteeism should be a standard agenda item during general staff meetings, where those with the best attendance records are publicly rewarded. Providers might consider a drawing for a prize (free movie tickets, for example) that includes only those staff members with perfect attendance during a specified period of time. It should always be stressed that attendance is critical to the safety and well-being of the patients.

Improvement should also be rewarded. Leaders must seek out staff who have improved their attendance habits and let them know those efforts are appreciated. In all cases, leaders are the key, and they must set the example by having excellent attendance records themselves.

Building Trust

Leaders should avoid waiting for a violation of the attendance policy by intervening at the first sign of a problem. This is not for disciplinary reasons, but to express concern for the welfare of the employee. The first meeting should take the form of a conversation in order to explore how the leader can help the staff member to solve a problem. Expressing genuine care and concern for the well-being of staff members goes a long way toward resolving problems and gaining trust.

In Susan Eaton's landmark study, "What a Difference Management Makes," she found that the vicious cycle of turnover and vacant shifts in low-performing facilities was primarily due to a lack of trust among the workers and between the leaders and the frontline staff.

Often, she found, staff members would not cover shifts for one another because they could not trust that the favor would be reciprocated. This resulted in many vacant shifts. At the same time, the leaders did not trust the staff and the reasons staff gave for calling off. The staff picked up on the lack

of trust from the leaders and behaved accordingly.

Employee assistance programs, such as transportation vouchers and free or reduced-price meals, are not widely offered in long term care facilities, but they have proven to be very effective where employed. The annual cost of

such programs to a facility has been estimated to equal the cost of turning over one certified nurse assistant (\$3,500).

Offering staff a comprehensive wellness program, for example, has also proven an effective strategy to curb absenteeism. Providers might consider

offering staff free vitamins, discounts to health clubs, stress counseling, smoking-cessation classes, or educational speakers on women's issues. All of these suggestions indicate that leaders value staff members and their welfare.

Scheduling For Success

Scheduling of staff in long term care is complex. The practices related to scheduling can either contribute to or help prevent absenteeism. In Susan Eaton's study, she found that one of the most common reasons for terminations in skilled nursing facilities was not work performance but conflicts related to showing up at work on time. She identified some significant differences in practices and systems in the low- vs. high-turnover facilities.

In high-turnover, low-quality facilities, the scheduling of staff was clearly

not a priority of the leaders, Eaton found. Scheduling was often random or delegated to a receptionist. Yet, surveys found that work schedules were a critical factor in the lives of certified nurse assistants and nurses, both on and off the job.

Eaton's research found that schedules in low-turnover facilities were posted well in advance, giving staff members sufficient notice of any open shifts or changes to the schedule. By contrast, in the high-turnover facilities, staff viewed the scheduling procedures as both haphazard and chaotic. Changes were made to the schedule without sufficient notice and often, from the staff's point of view, without justification.

It is interesting to note that both the high- and low-turnover facilities in Eaton's study had full-time scheduling coordinators. However, these individu-

als often lacked the required skills to master the job. One common error was an inability to correctly identify the number of vacant full-time positions. As a result, some facilities were turning away full-time applicants in the belief they only had part-time positions available.

Schedules that have staff covering the same units on the same days of the week have been proven to lower absenteeism. Rotating schedules, such as four days on and two days off, can leave employees guessing as to when to schedule personal appointments. By contrast, primary days allow staff to plan their lives accordingly, leading to fewer call-outs. ■

For More Information

■ The author can be reached at (401) 528-3265.