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The managerial challenges in sickness absence management

Experiences from a retail organisation

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The topic of this bachelor's thesis is managerial challenges in sickness absence management and the purpose is to find ways to support managerial work. This topic has been chosen because of the costly nature of sickness absences in both monetary and social terms, their pervasiveness in the retail sector and the key role managers have in preventing and managing sickness absences.

According to prior research, many managerial and leadership variables affect sickness absences. Literature also suggests that organisations manage sickness absences in a variety of ways within the framework set by legislation and company policy. Most importantly, research suggests that in a majority of organisations managers are in a key role in the sickness absence management process with many responsibilities.

The study was conducted using a qualitative research method. Four managers from the case organisation were interviewed and the results were analysed in the context of the activity system framework.

The findings suggest that while the case organisation managers are well-equipped to carry out their sickness absence management activities, certain challenges do exist in terms of managerial uncertainty of their own impact on sickness absences and finding substitutes for absent employees. To facilitate managerial work in this aspect, development recommendations such as improving managerial awareness of their own impact and developing inter-departmental cooperation were presented.

The findings of the study add a managerial perspective to the existing literature. The study acts as a basis for facilitating sickness absence management both in the case organisation and other organisations and lays a foundation for further research.

Keywords	Sickness absenteeism, sickness absence management, managers, retail

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1   Introduction

The purpose of this bachelor's thesis is to examine and address the managerial challenges in sickness absence management through the experiences of managers in a retail organisation. By identifying the challenges in the sickness absence management process, managers can be more effectively supported in their work which consequently sustains employee wellbeing and reduces absences.

Sickness absences have been a source of schism in public debate and their causes and effects have been widely researched, as they can result in significant costs for society, employers and individual employees. The costs are not merely a strain in monetary terms – they can they can also result in reduced productivity and profitability, increased turnover rates, dissatisfaction due to increased workload and stress, and potentially more sickness absences or even disablement if the sickness absence is prolonged (Lehtonen 2010: 19).

The retail sector especially is often associated with challenging attributes such as high sickness absence and turnover rates, physical demands of the work, long opening hours and irregular shift work. In 2011, the average sickness absence rate in the Finnish retail sector was 4,7%, which was a drop from the earlier year's 5,8%. However, sickness absence rates in the retail sector tend to be higher than the overall average, and continuously exceed the level of 2-3% which is considered as a normal sickness absenteeism rate. (Confederation of Finnish Industries 2012: 8-11) Therefore there exists a strong argument for focusing research efforts in sickness absence management in the retail sector organisations.

Taking into account the considerable effect that managerial and leadership factors have on sickness absence rates and the significant role managers have in the sickness absence management process, as demonstrated later in the literature review, it is logical to approach the sickness absence management process from a managerial perspective and define the challenges and need of support involved. A recent study by Ryynälä et al (2013), which approaches the managerial challenges issue from the more

specific perspective of managing part-time sickness absences, verifies that this is a current topic which should be examined more closely on a general level as well.

This bachelor's thesis addresses the need for further research by first establishing a framework of relevant literature and research in order to study managerial experiences in the case organisation and then presenting and analysing the qualitative findings in the activity system framework. Finally, recommendations for future considerations will be presented in order to facilitate the sickness absence management process in the case organisation as well as other organisations.

2   Literature Review

While sickness absenteeism is a widely researched topic especially when it comes to the causes of absence and how they can be managed, the specific standpoint of this bachelor's thesis, the managerial challenges in sickness absence management, has not been studied as extensively. In order to lay the foundations for the topic at hand, this literature review will discuss a variety of relevant themes, starting from the causes of absenteeism; moving on to sickness absence management and its regulative environment and most common practices; and finally the role, responsibilities and challenges of managers in the sickness absence management process.

2.1   The causes of sickness absenteeism

When an employee engages in a non-work activity during a period in which they are scheduled to work, this results as an absence (Allen 1981: 77). Sickness absence, as the name suggests, is the result of an individual's disability to work due to a health condition. However, as sickness absences are usually paid leave, Seuri & Suominen (2009: 19) note that there exists a certain level of motivation to present absences caused by non-health related factors as sickness absences.

According to a model of employee attendance by Steers & Rhodes (1978: 401) based on their review of 104 empirical studies on the subject, it can be said that on a general level employee attendance is dependent on motivation and ability. Job satisfaction and extrinsic and intrinsic motivational factors form a level of attendance motivation, whereas independent situational factors determine an employee's attendance ability - and put together, these two factors determine whether an employee attends work or not (Steers & Rhodes 1978: 401). In their book about sickness absence management, Seuri & Suominen (2009: 80) propose that each employee has two motivational thresholds: how easily they will take a sick leave and how long they will stay absent.

An extensive amount of research exists on the causes of employee absenteeism and several factors have been found to correlate with the number of sickness absences. Based on evidence gathered from several studies on the subject, Seuri & Suominen

(2009: 51) list several factors that have been found to have either a negative or a positive effect on sickness absences. These factors include many individual characteristics such as age and health condition, but also several psychosocial factors related to work atmosphere and management such as perceived injustice and poor work atmosphere which tend to increase absences (see Appendix 1 for full table). While Seuri & Suominen leave it unclear how significant of an effect each factor has on sickness absences, the list does consist of several factors that are related to managerial work.

Manager-employee relationship can be a decisive factor in employee attendance. One study found that managerial support and trust greatly affect the good relations between management and employees, which subsequently improves employee wellbeing and reduces sickness absences (Babtiste 2008: 302-303). This is supported by McHugh's (2002: 734) findings, which also indicate that a good relationship between managers and employees supports employee attendance. Furthermore, a study of Finnish state bureaus by Lehtonen (2010: 17) comes to the conclusion that leadership and the support managers can offer to each employee in their work is one of the most important factors affecting sickness absence rates.

Various other leadership variables have also been found to correlate with absenteeism. When it comes to the relationship between leadership style and absenteeism, transformational leadership tends to increase job satisfaction and consequently decrease illegitimate sick leaves, whereas passive leaders seem to have the opposite effect and ends up decreasing job satisfaction and increasing illegitimate sick leaves (Frooman et al 2012: 456). Leadership effectiveness has been found to correlate to a decreasing number of short-term sick leaves, while on the other hand the same correlation does not exist with leadership flexibility (Schreuder et al 2011: 591).

In a study which examined the experiences of employees on longer sick leaves, Joensuu et al (2008: 66) noted that those whose sickness absence was due to psychological illness as opposed to physical illness referred to workload arrangements and managers' lack of listening as factors that to some extent affected their absence. 90% of the interviewees were also of the opinion that the absence could have been avoided if the employer had acted differently (Joensuu 2008: 66). One example of

what employees consider to be important in avoiding the psychosocial factors that cause absenteeism is managers being present at the workplace, as found in a study conducted in the Finnish food industry (Siukola et al 2008: 180).

As for the causes of different types of sickness absence, it has been indicated that longer absences seem to be clearly related to an individual's health condition, as opposed to short-term absences, which are affected by a variety of factors in addition to health condition, such as job satisfaction (Marmot et al 1995: 128-129). However, a study by Joensuu et al (2008: 79-80) suggests that longer sick leaves are not only triggered by health factors, as employees on longer sick leaves listed demands of the job, work environment, workload, poor management style and work atmosphere as the main reasons behind the absenteeism, with sick leaves due to physical illness more easily affected by the demands of the job and psychological illness sick leaves influenced by the factors related to atmosphere at work and return to work situations.

2.2 Sickness absence management

In order for organisations to avoid or reduce the costs caused by high sickness absence rates, sickness absences need to be managed. Organisations do this by implementing their sickness absence management processes and practices in the framework set by both legislation and their own policies. To provide a framework for sickness absence management activities, this section will first touch on the regulative environment, then discuss the most common sickness absence management practices used by organisations and finally explain in more detail some sickness absence tools such as the early care model and return to work procedures.

2.2.1 Regulative environment

There is a complex set of rules and regulations that steer and constrain the sickness absence related activities of employers in Finland. From a sickness absence perspective, the Employment Contracts Act, Personal Data Act, Occupational Health Care Act and Sickness Insurance Act are the essential legislative elements in Finland.

In addition, there are also a variety of voluntary actions adopted by employers in their sickness absence policies.

The Employment Contracts Act (55/2001) determines, for example, the terms of employee pay during a period of disability. The Personal Data Act (523/1999) sets limits to what kind of sickness absence data employers are allowed to handle and how, e.g. allowing the monitoring of the number of an individual's sickness absences, but not the diagnosed cause. The Occupational Health Care Act (523/2001), on the other hand, establishes an employer's duty to arrange occupational health care – although only on a pre-emptive level. As for the Sickness Insurance Act (1224/2004), recent amendments to the act state that employers will only be compensated for the costs of pre-emptive occupational health services if early care practices are implemented.

In addition to the legislative environment described above, another important building block of each company's sickness absence management is an absence policy, which clearly defines the what, when and how of sickness absences for all those involved (Whitaker 2001: 421). However, a study by McHugh (2002: 730) indicates that while managers are aware of the organisation's absence management policy, only a minority are completely familiar with it. Furthermore, the implementation of absence management policies varies from manager to manager (McHugh 2002: 730).

2.2.2   Sickness absence management practices

When it comes to monitoring absences, a study of seven companies from the retail, financial services and manufacturing sectors by Dunn & Wilkinson (2002: 234) found that an instrument that most organisations have in place is producing absence reports. Furthermore, setting sickness absence triggers which can alert organisations when an employee's absences surpass a certain limit is also a popular instrument among organisations (Dunn & Wilkinson 2002: 235). While most companies monitor absences, line manager involvement in analysing and interpreting these statistics varies greatly, with some managers relying more on their relationship with the employees to evaluate the situation. (Dunn & Wilkinson 2002: 234-236)

As for controlling absences, Dunn & Wilkinson (2002: 237) found that return-to-work interviews or informal chats were a common practice in the firms studied. The same study also noted that all companies had occupational health advisers and some implemented activities which promoted a healthier lifestyle (Dunn & Wilkinson 2002: 238).

Most managers in all the organisations studied had a clear preference to handle absence management issues in an informal way rather than implement disciplinary rules, with organisational pressures seen as a sufficient way of ensuring attendance (Dunn & Wilkinson 2002: 240-242). A study by Joensuu et al (2008: 37) found that sickness absence management tools that were ranked as the most used ones in organizations are not necessarily evaluated to be the most relevant ones by managers. Furthermore, the employees interviewed for the study felt that preventive sickness absence management methods are not utilized as extensively as the employees feel they could be used (Joensuu 2008: 82-83).

Continuing on to specific sickness absence management methods and practices, the early care model and return to work practices will be discussed below. The main purpose of an early care model - also known as early intervention or early support model- is to support an individual's working ability (Finnish Institute of Occupational Health 2013). Implementing such a practice became necessary for Finnish companies when the Sickness Insurance Act was amended in 2011, as mentioned in section 1.2.1.

As described by Seuri & Suominen (2009: 203), the early care process commences when e.g. a trigger number of sickness absences for an individual employee is detected by HR. HR then notifies the employee's manager, who will conduct an early care discussion with the employee in order to determine the causes of sickness absence.

Usually organisational guidelines for early care discussions include various steps for managers to follow, as illustrated in Table 1. If the discussion gives reason to suspect that absenteeism is work-related, the manager should take steps to address these issues in order to support the individual's working ability. If, on the other hand, the

cause of absenteeism is purely health related, the employee is referred to occupational health (Seuri & Suominen 2009: 203-204).

Table 1: An early care discussion model. Adapted from Terävä & Mäkelä Pusa 2011: 15.

1. Bringing up the issue with the employee.
2. Notifying the employee about the topic of discussion in advance.
3. Sharing observations and facts during the discussion. Listening, showing respect and avoiding blame.
4. Agreeing on an objective and determining actions that should be taken.
5. Monitoring the situation and providing support and feedback.

The return of employees from periods of absence, especially long-term sick leaves, is another important sickness absence management issue. Finnish Institute of Occupational Health (2010) states that returning to work is not merely an incident at the end of an employee's sickness absence, but a process which should be initiated when the sickness absence begins. The process of supporting return to work includes e.g. agreeing on communication during the sickness absence, liaison with occupational health service as well as clarifying the role of the manager and colleagues (Finnish Institute of Occupational Health 2010).

As revealed in the previously mentioned study about employee experiences in long-term sickness absences, employees returning from a longer sick leave were satisfied when managers welcomed them back to the workplace after the leave, and also pointed out that the managers were the most important source of support for the returning employees (Joensuu et al 2008, p. 76). Keeping an absent employee informed about developments at work and showing interest in their wellbeing is also seen as a good practice by employees returning from sick leaves (Joensuu et al 2008: 78).

2.3   The managerial role, responsibilities and challenges

Sickness absence management requires the effort of many actors within an organisation, each with their own role, responsibilities and challenges in the process. In most organisations the implementation of sickness absence management is mainly an issue for line managers, and this section will discuss their role, responsibilities and challenges in the sickness absence management process.

When it comes to the role and responsibilities of managers in the context of sickness absence management, in the organisations involved in the study by Dunn & Wilkinson (2002: 234) line managers were responsible for managing employee absences, and this work consisted of handling sickness forms, re-allocating the workload of the absent employee and establishing when the absence ends. A study by Joensuu et al (2008: 36) found four categories of actions that are taken by employees in order to pre-empt absences:

- **Strengthening employee wellbeing** by making work arrangements, giving days off, approving adequate sick leaves, arranging meetings with occupational health care and arranging additional training.
- **Improving the work environment** by adopting user friendly computer programs, improving the use of office space and ergonomics.
- **Utilizing employee wellbeing practices and instructions** by e.g. giving instructions against harassment and arranging part-time work.
- **Monitoring employee wellbeing** by conducting wellbeing surveys.

Babtiste (2008: 303) suggests that the fundamental responsibility of managers in this context is to implement HR practices and simultaneously ensure that support, trust, fairness and consistency are maintained when it comes to manager-employee relations. Additionally, managers should focus more on their supportive role instead of their specialist role in order to establish good working conditions for their employees. (Lehtonen 2010: 17) Overall, there is strong support for the importance of a manager's role in employee wellbeing and sickness absence management.

A study by Renwick (2003: 274) about line manager involvement in HRM shows that line managers themselves think that the sickness absence management process can become uncontrolled when more responsibility for it is transferred to them. This notion is supported by the findings of Dunn & Wilkinson (2002: 239) which indicate that while in some organisations the line managers' responsibility is widely promoted, the line managers are not always aware of their organisation's guidelines on absence management. Cunningham & James (2001: 20-21), looking at the issue from a long-term sickness absence and disability perspective, state that line manager involvement can be limited for various reasons, such as insufficient training (but on the other hand also some reluctance to attend trainings), low skill level and lack of specialist support from HR.

However, on a general level regarding the division between line manager work responsibilities and HR responsibilities, Renwick (2003: 274-275) comes to the conclusion that if sufficiently supported by HR, line managers have the desire, capacity and ability to do HR work. From HR this requires commitment to effectively communicate where the line managers' responsibilities lie, what kinds of absences are problematic and what can be gained from managing absences (Dunn & Wilkinson 2002: 239).

As for the challenges that managers face in this field of work, managers have the challenging task of trying to understand and adjust to the individual needs of their employees when managing and working towards wellbeing at work (Kehusmaa 2011: 18). Kehusmaa (2011: 50) also points out that appointing someone manager does not guarantee they have necessary skills to deal with the challenges that come with the job. On the other hand, Kehusmaa (2011: 50) also speculates that the amount of assessments and trainings offered to managers today might lead to an assumption that managers are well-equipped to handle every situation thrown at them.

The lack of time and training can also be credited as sources of challenges regarding absence management. The sickness absence management study by Dunn & Wilkinson (2002: 242-243), found that rather than resourcing their time on absence management tasks, managers were either too busy trying to cover the increased workload caused by

absence or were simply too uncomfortable to interview employees about absences to get to the root of the problem.

Baker-McClearn et al's study from 2010 (2010: 319) draws a conclusion that the lack of support from senior managers and HR, and, consequently, the lack of understanding of the tasks at hand can also cause managers to feel overly challenged in their role in handling sickness absences. In addition to the support needed from the senior managers and HR, Ryynänen et al (2013: 325) identify a need for clarifying cooperation between health service providers in their study about the managerial challenges in managing part-time sick leaves.

3   Research design

The purpose of this study is to identify the challenges in sickness absence management from a managerial perspective in order to determine possible supportive actions that can facilitate sickness absence management in the case organisation and other organisations. To achieve this research objective, the following research questions were formulated:

- What kind of challenges managers encounter when it comes to the sickness absence management aspect of their work?
- What kind support do managers need in sickness absence management?

3.1   Methodology

The research questions presented above were pursued through a qualitative study, as this research method was seen to ensure more in-depth data than a quantitative study. The form of data collection for this study was interviews with managers from the case organisation. The interviews were semi-structured, which allowed some modification to the interview structure and questions if deemed necessary in order for the interviewees to provide the fullest responses.

The chosen qualitative research method and the scope of this Bachelor's thesis set restrictions to the number of interviewees. The number of interviews was four, and they were held in March 2013. The interviews were conducted in Finnish.

Table 2: Description of the qualitative research sample.

Manager	Managerial experience	Number of subordinates	Duration of interview	Date of interview
M1	1 year or less	10	40 min	20 March 2013
M2	Over 5 years	5	25 min	25 March 2013
M3	Over 10 years	4	23 min	27 March 2013
M4	1 year or less	10	17 min	27 March 2013

The interviewed managers were selected by the case organisation and had varying experience with managerial work and sickness absence management issues. As can be seen in Table 2, the sample, consisting of managers from the case organisation's Sales, Logistics and Service departments, varied in terms of managerial experience and number of subordinates. The interview duration ranged from approximately 17 to 40 minutes.

The semi-structured interviews handled the interviewees' managerial background, their perceptions of sickness absence management practices and challenges in their organisation and suggestions for improvement. The interview questions varied from interview to interview, depending on whether they were applicable. The interviewees were asked questions regarding the following aspects of their sickness absence management experiences (for a list of interview questions, see Appendix 2):

- Managerial background.
- The effect of sickness absences on managerial work and managerial influence on sickness absences.
- Division of labour and cooperation with the actors involved in the sickness absence management process.
- Legislative elements.
- Sickness absence management practices, with a specific focus on the organisation's early care model and a remote sickness absence management pilot implemented in cooperation with an occupational health service provider.
- Perception of the strengths and development areas of the organisation's current sickness absence management environment.

All four interviews were recorded with approval from each interviewee and were later transcribed in Finnish. Material gathered from the interviews was then analysed using the activity system framework, which will be described in more detail below. Certain parts of the transcribed interviews were directly cited in order to demonstrate the main findings and interpretations. The chosen citations were translated from Finnish to English by the thesis author. Due to the sensitive nature of the topic and the information gathered from the study, the complete interview transcripts have not been included.

3.2   Analytical approach

Similarly to a study by Ryynelä et al (2013) about the managerial challenges in managing part-time sickness absences, the data gathered from this research was also analysed in the context set by activity theory and the activity system framework. The activity system was chosen to act as a basis for structuring the research and analysing the results because it allows observing the activity as a whole, examining the relationship between the different elements of the system, detecting possible conflicts, and it consequently gives an opportunity to improve the activity.

The activity framework uses an activity system as a unit of analysis for contextual human action. As seen below in Figure 1, the activity system illustrates relationships between various elements within the system. These components - the subject, object, instruments, rules, community and division of labour - form a context for an activity which leads to an outcome.
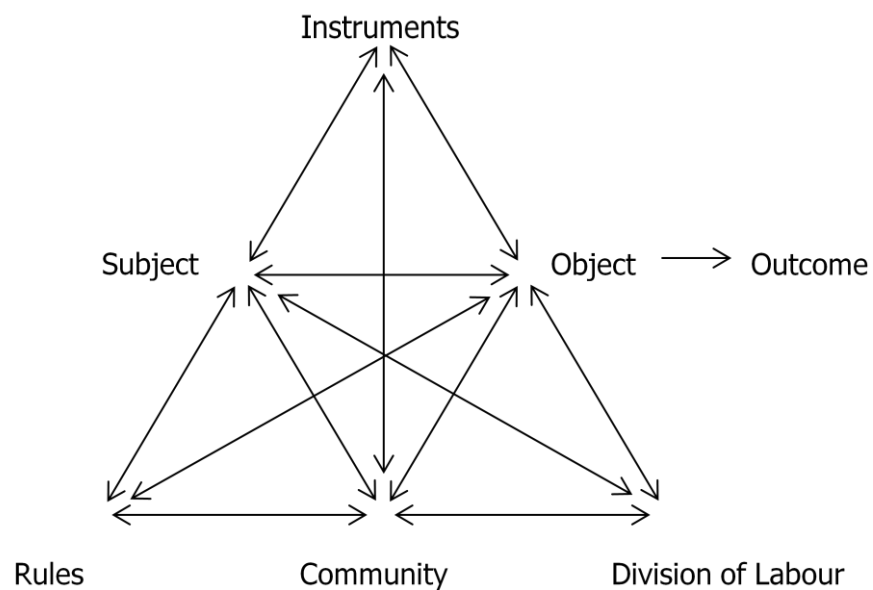

Figure 1: The activity system. Adapted from Engeström 1987 (as cited by Finnish Institute of Occupational Health 2013).

In the activity system framework the activity at hand is examined and analysed from the perspective of the subject. The subject, an individual or a group, produce an object by their work effort. The activity system is completed by four other elements:

instruments, rules, community and division of labour. Instruments consist of tools and practices that are utilised in completing the activity. Rules represent the laws, regulation, policy and personal norms that guide and constrain how the activity is completed. The community consists of parties whose cooperation is needed by the subject in order to complete the activity. Division of labour represents how the tasks related to the activity have been divided by the subject and the relevant community members. These elements form an activity which generates an outcome. (Finnish Institute of Occupational Health 2013)

4 Findings

The data gathered from the interviews will be presented in this chapter in the framework set by the activity system. Figure 2, below, represents the sickness absence management activity in the case organisation from a managerial perspective.

Instruments:
Staff planning
Early care model
Remote sickness absence management pilot

Subject:
Manager

Object:
Sickness
absence
management

Outcome:
Upholding
employee
wellbeing and
reducing sickness
absences

Rules:
Legislation
Organisational policies

Community:
HR
Staff planner
Employees
Colleagues
Occupational health

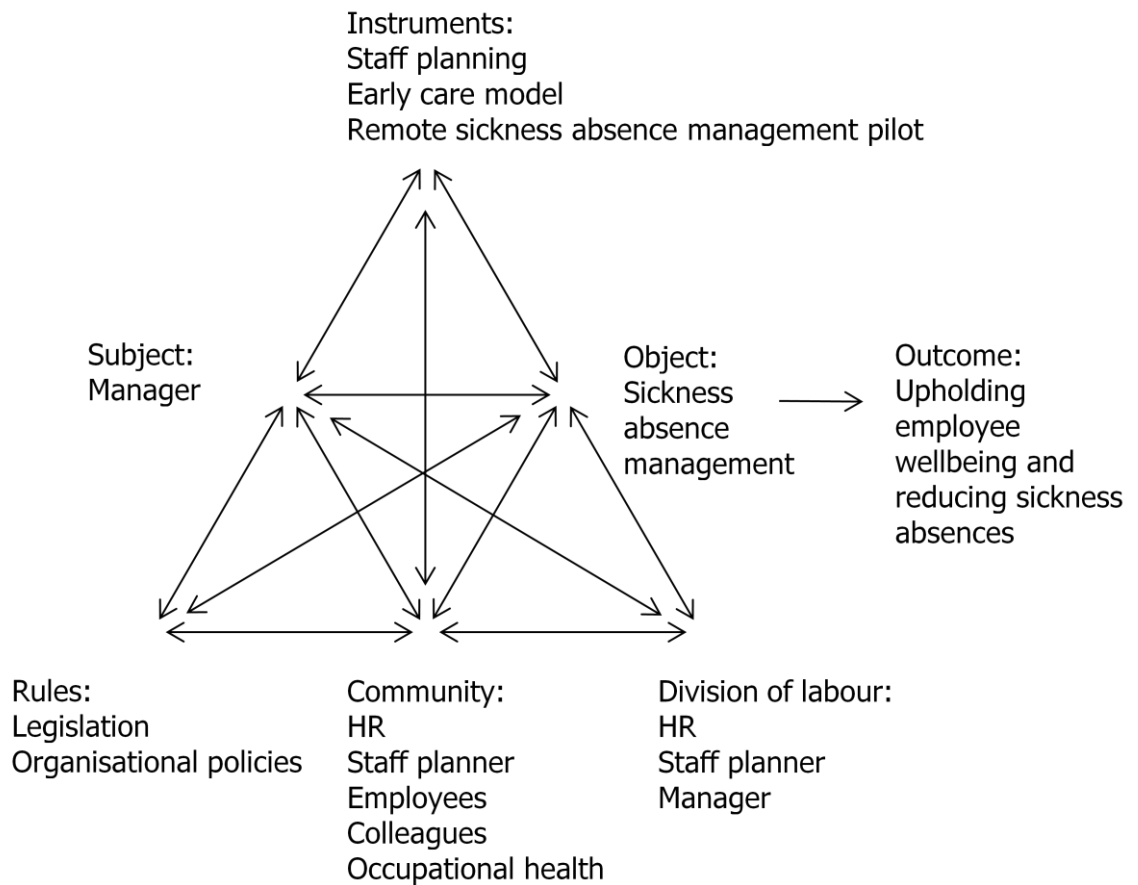Division of labour:
HR
Staff planner
Manager

Figure 2: Managerial perspective of sickness absence management in the case organisation set in the activity system framework.

The activity of sickness absence management will be examined from a managerial perspective. First, the link between the manager and the expected outcome, upholding employee wellbeing and reducing sickness absences, will be presented. After this, findings related to the other activity system elements, i.e. instruments, rules, community and division of labour will be presented.

4.1 Subject, object and outcome

Different perceptions were detected between the interviewed managers concerning the extent to which they as managers are able to affect sickness absences. Half of the interviewees expressed that they could only marginally affect sickness absences, if at all. The other half were more confident about the effect their managerial work could have on sickness absences.

Out of the interviewees who felt they could not greatly affect sickness absences, the first interviewee listed some managerial actions to prevent sickness absences, whereas the second approached the issue from the perspective of not being in control of the type of sickness absences there had been.

> This is a difficult issue, because in the end I feel [I can affect sickness absences] relatively little. Of course we take care of the basics, occupational safety and these kinds of things to make sure there are no absences due to accidents. ... Of course if I notice someone has the cold it is good to consider whether they are able to work [or if they will] spread the disease. ... And naturally in cases where there are constrains, then we have to think about rearranging work if the work pressure is too much and figure out some kind of a solution. (M1 20.3.2013)

> I don't feel I can affect [sickness absences] that much. If I think about our department, I don't think you can really affect the kind of sickness absences we've had. (M3 27.3.2013)

The rest of the interviewees felt they had the means to prevent at least motivational absences by encouraging their subordinates in their work and maintaining a good atmosphere in their respective departments.

> I try to make sure everyone enjoys coming to work and that there are no internal conflicts and everybody has the kind of mentality that you don't miss work unless you have a valid reason, that you don't take sick leave for several days over a cold or a sore throat. (M2 25.3.2013)

> When it comes to motivational sick leaves – and surely there are some – you just try to support the employees and encourage them in order to keep up motivation. And of course if someone's sick they leave work earlier to rest and don't come to work sick, which probably decreases the length of the sick leave. (M4 27.3.2013)

As for the managers' perception of their own responsibilities and duties in the sickness absence management process, finding someone to cover the shift of an absent employee was most often mentioned as a manager's main duty.

> My responsibility is to cover absences. So in a way I'm responsible for making sure our department is staffed. (M3 27.3.2013)

> If somebody's sick [the shift] needs to be covered quickly and arranged that someone takes their place. (M2 25.3.2013)

Implementing and following policies were also seen as an important part of managerial sickness absence management duties. Ensuring a good work atmosphere for the team was also identified in this context by one manager, as well making sure that there is flexibility and fairness when it comes to covering shifts.

> If we get a policy, whether it comes from HR or it's a general instruction, they are followed. So mostly implementing and following policies. (M1 20.3.2013)

> Getting the team to operate and enjoy work and in that way getting everyone to want to come to work so that nobody would feel like 'Damn, I have to go to work'. Making sure people are glad to come to work, knowing that you won't be harassed or that you would feel terrible coming to work. It's also important there is variation [in shifts] and everybody helps each other so that shifts can be changed and maybe then sickness absences decrease. If you're always in [unwanted] shifts then work motivation will probably decrease. – [I have to] make sure that a single person doesn't have to cover absences all the time, that we don't put too much extra work for them so that they take sick leave too because there's too much work. (M2 25.3.2013)

According to the interviewed managers, sickness absences often affect their workload and working hours, especially when trying to find employees to cover shifts of absent employees or covering those shifts themselves when a substitute cannot be found. In cases when the managers were needed on the shop floor to fill in, the time spent on covering shifts resulted in postponing other managerial duties, such as administrative tasks.

> If there are a lot [of sickness absences] during the same day, the workload will increase and it becomes difficult to deal with covering the absences. (M4 27.3.2013)

> Often there's a need to cover [the shift] yourself and the result is a lot of overtime. (M2 25.7.2013)

> [Sickness absences] extend my working hours. (M3 27.3.2013)

> [Sickness absences] complicate my work in that I need to come up with a quick solution and sometimes I am able to get someone to cover the shift. Every now and then when it doesn't work out I need to cover it myself and that's always time away from doing something else. (M1 20.3.2013)

> If it's difficult to find someone and I had planned to do some administrative work in the office, I'll be at the shop floor. That kind of [administrative] work won't get done and will have to be done later. (M3 27.3.2013)

While many of the interviewed managers stated that handling sickness absences and trying to fill shifts often results in an increased workload and overtime for them, the responsibilities they had in the process were seen as reasonable, with one manager even describing the responsibilities as minor.

4.2   Instruments

The interviewees were also asked about their perceptions about the sickness absence management practices and tools in their organisation. The emphasis during the interviews was on staff planning and covering shifts of absent employees, the organisation's early care model and the remote sickness absence management pilot in cooperation with an occupational health service provider, which will be explained in more detail in section 4.2.3. In addition, the interviewees were asked about their general experience of the sickness absence management tools available for them. Overall, the interviewed managers were satisfied with the sickness absence management practices and tools available in their organisation and felt they are well-equipped to use these instruments.

4.2.1   Staff planning and covering shifts

Finding substitutes for absent employees' shifts was described as the focal everyday challenge in the context of sickness absence management. Several reasons were attributed to the challenges of covering shifts: the size and working hours of the department, the economic situation and the lack of employees who are capable of working in many different departments.

> If your team is compact and one person is absent, you don't have a lot of extra people, you don't have a lot to choose from. Basically you need to find someone from another department who knows how to operate in yours, dig up a person to cover that shift. It's a little bit too difficult at the moment in my opinion. (M2 25.3.2013)

> Our [department's] working hours are from 4am to 10am or 12pm so it's quite difficult to get people to come [to cover a shift] in the morning. Of course if [the need to cover a shift] is already known the previous day, it's easier, but if it happens during the same day we're not really able to cover the shift. (M4 27.3.2013)

> Previously when the economic situation was better, we didn't have such a compact work team. In my opinion, we didn't have situations in which the department was empty or without a salesperson for a whole night. During the past few years we have had a situation that if somebody is sick, [the department] will be empty if we cannot find anyone to cover. (M2 25.3.2013)

> There are situations in which we just need someone to be there. ... The main thing is that they are there and answer the phone. Of course these are difficult situations but sometimes they happen because we cannot find people [with the knowhow of our department] to fill in. (M3 27.3.2013)

As for how the situation could be improved, developing inter-department cooperation and employee knowhow as well as an adequate number of employees were seen as solutions.

> Cooperation should be developed between departments. And of course employee knowhow to be able to work in many different departments would improve this situation at the moment. (M2 25.3.2013)

> When there are men in line, everybody knows that their own workload will decrease and then there won't be motivational sick leaves. (M4 27.3.2013)

The recent addition of a staff planner to the organisation was also seen as a facilitating factor in finding substitutes, as the planner has a better understanding of the staffing situation of the whole organisation. The presence of the staff planner was described as a facilitating factor for example in cases of finding substitutes for absent employees on a manager's day off.

> Of course there's room for improvement [when it comes to the substitute practices], but I suppose the situation will improve in the future as we now have a staff planner who knows the specific situation of our whole personnel better than an individual manager. (M3 27.3.2013)

> If it's my day off [the staff planner] can cover the absences, if another department is overmanned and there is someone who can be moved to my department for the day. Or the staff planner can call people who are on their day off who could come to work. Then I don't have to try and find a substitute on my day off. (M2 25.3.2013)

4.2.2 Early care model

Two of the interviewees had used the early care model in their work, but only the other had used it while working in the case organisation. The manager in question had utilized the early care model in a work motivation dilemma and in a case of an employee returning to work from an extended sickness absence, and had positive experiences of both of the early care discussions with employees.

> I have positive experiences [from using the early care model]. It's always an interaction situation so above all we try to find a solution for the dilemma together. ... If both of us are determined to turn things for the better, [the early care model] is a great tool; even in its simplicity it is a great tool. (M1 20.3.2013)

By conducting the early care discussion with the employee returning from a longer absence, the manager wanted to support the return by making sure the employee would not become too detached from the workplace regardless of the long absence. While the manager drew up different options that could be used to make the return to work easier in cooperation with HR in order to prepare for the early care discussion, complete preparedness for the discussion was seen as unattainable.

> [Preparing options for the discussion is] just reflecting really, because you can never know what the other person's viewpoint is and what they are thinking. So preparation is basically impossible and we document the discussion as it builds up. But I think about concrete options [in advance] so I am not completely without tools. (M1 20.3.2013)

The same manager pointed out that support for using the early care model is readily available and that HR can determine in which cases the early care model is applicable, but that managers need to be active in seeking guidance.

> I think that support is available for us and [HR] has the ability to determine quite well what can be done if you ask for advice. They tell you that at this point you should probably not use it, but in this case you could have an early care discussion. Of course they cannot be aware of all the situations between individual managers and employees. So you have to ask for the advice yourself. But I think support is very well available. (M1 20.3.2013)

One manager who had not used the early care model in their work had had a similar experience with an employee returning from a longer sick leave as the previously

mentioned manager. The manager had not utilized the early care model, but described the case as challenging.

> Last summer there was a situation in which an employee was absent for most of the summer and the sick leave kept extending. And during that time a lot can happen in the store so when they come back there is a lot of things to cover and that can be challenging. (M3 27.3.2013)

While only one of the managers interviewed had had experiences with using the early care model in the case organisation, all felt that with adequate support they would be able to use the model successfully if necessary.

4.2.3   Remote sickness absence management pilot

All of the managers interviewed had experience with the case organisation's remote sickness absence management pilot that has been implemented in cooperation with an external occupational health service provider. In sickness absence cases where a visit to the doctor is not necessary, the employees are in contact with the service provider's telephone service on a daily basis during their absence. The service provider assesses the working condition of the employee over the phone and each day determines the employee's capability to work. The employees are also required to be in contact with their manager on a daily basis.

While many of the interviewees admitted they were initially doubtful of the new sickness absence management tool and some had suspected it might lead to an increase in short-term absences, all had observed a drop in the duration of sick leaves as the new service determines the working condition of the employees more precisely on a daily level.

> With [the remote sickness absence management pilot] you won't get as many sick leave days automatically as you would when going to [occupational health] where you get 3 days for a little cold and then basically you stay home for three days. Of course you might be able to come to work [earlier], but many people might think that 'The doctor gave me 3 days, so I'm not going to work'. (M2 25.3.2013)

The remote sickness absence pilot also requires that during their sick leave, employees are in contact with their managers on a daily basis. From a managerial perspective, daily communication with an absent employee was seen as a positive development.

> Now we communicate with the employee during the sick leave, whereas previously employees basically notified how long the sick leave would last and then returned to work. [Remote sickness absence management] has been good because previously we didn't call during the sick leave. (M1 20.3.2013)

> Now we know precisely in what condition the employee is. So in a way communication has improved, because previously if someone was on sick leave for three days we didn't have contact every day. Now it's sort of compulsory. (M3 27.3.2012)

However, especially with cases in which it was clear from the beginning that the employee would need several days to rest and recover, the daily communication about the employee's condition was seen as unnecessary by some managers.

> If you're really sick, you know you won't be able to come to work in three days. Then somebody calls and wakes you up every day at nine and asks whether you can go to work, you don't have the peace to rest. (M2 25.3.2013)

While on a general level the pilot was perceived to have many positive sides, such as the decreased length of sick leaves as a result of following an absent employee's condition on a daily basis, one manager also expressed concern about the increased difficulty of planning ahead for more than a day when it comes to substituting absent employees. Another aspect was a delay in getting the sick leave notes from the service providers.

> In a way [the remote sickness absence management pilot] has improved the number of sickness absences, but it has also made things difficult because they only give an estimate of how long the employee will be absent. They give you two or three days, but then the next day the employee is well and comes to work on the following day. If during that time you've already arranged someone to cover all those shifts, then basically there are extra people at work and that's not good at all considering the budgets. (M4 27.3.2013)

> I've heard from employees is that you might have to wait for the sick leave note for a week in some cases. It can take some time, as opposed to when you go to [occupational health] and you get the note immediately. (M4 27.3.2013)

Pilot projects related to sickness absence management implemented by the case organisation were described as a constructive development by managers. Managers

were generally appreciative of pilot projects and especially the remote sickness absence management pilot.

> All these services are really good nowadays, they have developed a lot. (M2 25.3.2013)

4.2.4 Other sickness absence management tools

Other instruments mentioned in the context of sickness absence management include preventive measures put into operation by managers, such as maintaining hygiene and assessing whether employees are fit to work and sending them home if necessary.

> [As a preventive measure] we try to avoid having sick employees at the workplace. If it looks like [someone is sick], we send them home to recover and maintain occupational safety. Of course we have these little hygiene things, disinfectant and such. (M1 20.3.2013)

However, there was some scepticism regarding some of the measures that managers are expected to implement. For example, in relation to addressing the sickness absences caused by cold weather, one manager stated all guidelines and measures do get implemented even if it is questionable whether they have a real effect.

> We take care these procedures are implemented. Whether they have a real effect, at least we have implemented them. (M1 20.3.2013)

4.3 Rules

The interviewed managers had varying levels of understanding about legislative and regulative environment affecting their sickness absence management duties. Certain situations were identified in which there was a conflict between the manager's sickness absence management the activity and legislation or organisational policy.

When it comes to knowledge about the legislative environment affecting their sickness absence-related managerial duties, the managers' perception of their own knowledge about legislation related to sickness absences varied greatly. In some cases the managers expressed that they had very little knowledge about the related legislative elements, whereas some had a very profound understanding of them.

> I don't know [sickness absence legislation] that well and that why I ask from HR. (M3 27.3.2013)

One specific issue regarding the managers' knowledge of the regulative framework that was identified to cause some challenges was the administrative side of handling long-term sickness absences. This was partly due to the rareness of long-term sickness absence, as well as the involvement financial support from the Social Insurance Institute of Finland and thus wanting to ensure the process goes according to regulations.

> Long-term sick leaves are not that common, so you want to make sure everything goes according to regulations. ... At some point long-term sick leaves are paid by KELA [Social Insurance Institute of Finland] so I want to be absolutely certain [about the process]. (M3 27.3.2013)

As for situations in which a conflict exists between the rules and the activity, one manager brought up a case where the manager was conflicted regarding the handling of employee's personal diagnostic data in a case where the diagnosis on the doctor's note does not match previous information given to the manager.

> If an employee notifies you that they will be absent for a certain reason, but with a certain individual there is a completely contradicting reason on the doctor's note, it feels that I can't intervene. ... Why do they do this? And can I, as a representative of the employer, intervene? Or am I violating their privacy, their issues that do not belong to the workplace? This is quite rare and revolves around a certain individual, but it makes me wonder. ... It's not our purpose to monitor diagnostics on an individual level, it's naturally not allowed. (M1 20.3.2013)

The same manager commented on a conflicting situation they had encountered in which an employee notified the manager about their absence one hour before the beginning of their evening shift, regardless that the organisation's policy states that employees should report sickness absences to managers by 9 o'clock in the morning. While medical professionals are the ones who give the final word whether the individual is capable of working, the interviewed manager hoped that company policy would steer employees towards notifying managers that they might not be able to come to work even before they have visited the doctor to confirm it.

> There's a kind of conflict that of course a medical professional is the right person to evaluate [work capability], but how do we approach the issues of advising

people to try and determine their own [capability to work] at the earliest stage? (M1 20.3.2013)

4.4 Community

There are multiple actors involved in the sickness absence management process in cooperation with the managers. Based on the literature review, previous knowledge of the company and information from the interviews, the community that managers cooperate with when processing and managing sickness absences consists of HR, the staff planner, employees, other managers and occupational health service providers.

HR was seen as an important source of support for managers. In instances where managers needed further specialist information from HR, support was available.

> If there's anything puzzling you or you need to clarify something, dialogue [with HR] works well. (M1 20.3.2013)

Cooperation with the staff planner was seen as generally valuable, but still somewhat unestablished as the position of a staff planner is new. Regardless of the position being established quite recently, managers had positive experiences of cooperation. More managerial experiences regarding the staff planner will be presented in section 4.5.

Cooperation regarding sickness absences with employees was mostly seen as well functioning. One manager pointed out that the employees' flexible and cooperative attitude was an important factor in dealing with the challenge of covering shifts. Managers felt that usually a well-functioning dialogue exists with both absent and present employees in their departments.

> It varies from person to person. Generally I can say that [cooperation with employees] works rather than doesn't. (M1 20.3.2013)
>
> People are flexible and ready to help each other. I think it's an important factor. Everybody gets sick sometimes so it's good to have someone who's willing to help. (M2 25.3.2013)
>
> If it's a longer absence that keeps extending week by week, that will result in a tense atmosphere because the others' working hours will increase. But nothing major. We've had these longer absences and difficult situations but cooperation has been good. Everyone tries to do their best because they know that people are not absent unless they are sick. (M3 27.3.2013)

People are asked to come to work on a voluntary basis and they come gladly to cover shifts every now and then. I haven't had to force anyone to come to work ever. (M4 27.3.2013)

[Employees] always inform me on time and I get the information I need. (M2 25.3.2013)

If somebody's absent I'll ask [from the others] whether they'll manage or not. (M2 25.3.2013)

Cooperation with other managers was described as good. They were seen as an important source of peer support and getting assistance from other departments in covering shifts. One manager pointed out that while exchanging experiences with peers can be useful from a learning perspective, other managers are not and should not be a more significant source of support and information than HR in sickness absence cases that require expertise from outside the manager's repertoire.

We have a tight-knit group; everybody knows each other and knows who to call to find out if ... there is someone who can work in your department. (M2 25.3.2013)

I ask around from the nearby departments whether they can offer someone to fill in. (M3 27.3.2013)

I can't directly adopt another manager's way of doing things. I will rather consult with HR in these situations. ... They have a wider understanding of the prevalent framework. ... But of course I would like to get tips from others, for example one colleague had a health counsel with an employee so I was really interested what could be learned from the situation. (M1 20.3.2013)

While one manager described occupational health services as one of the most important parts of sickness absence management in the case organisation, none of the managers interviewed had had significant, direct cooperation with occupational health service providers in terms of their work.

4.5   Division of labour

The case organisation's managers generally expressed satisfaction with the division of labour in the sickness absence management process. On a general level, managers felt that the division of labour between them and other actors in the process, such as HR and the staff planner was appropriate. As for their own duties in the process,

managers found their workload manageable, but had divided perspectives about what their most important responsibilities in the process were.

Managers generally had positive experiences about the division of labour between them and HR in the process. One manager saw HR as the source of guidelines and managers as implementers, whereas another described the division of labour from a more administrative perspective.

> HR gives the general guidelines and means, which managers are then supposed to take and implement at their own departments. (M1 20.3.2013)

> [The division of labour] works quite well. I plan the shifts and then the employees are in contact with me if they are sick and I just push the papers forward [to HR]. ... I just sign the sick leave notes, take them to HR and then I have to mark the sick leave to [the staff planning program]. (M4 27.3.2013)

The staff planner was seen as an essential part of improving the sickness absence management workload that the managers face. However, as the staff planner was put in position quite recently, not all of the managers were quite sure how it would ultimately affect the division of labour and their responsibilities as managers in terms of e.g. covering shifts.

> Staff planning has just started, hasn't been around for that long, so there is probably some searching on all sides when it comes to division of labour. (M3 27.3.2013)

5   Discussion of the findings

The findings of the study presented in the previous chapter indicate that sickness absences are perceived as somewhat problematic, as all managers were able to identify some challenges sickness absences cause in terms of their respective departments and their own work as managers. By continuing to utilize the activity system framework and prior research discussed in the literature review, this chapter seeks to analyse the findings by examining the activity system elements in order to identify more specifically what are the managerial challenges in sickness absence management.

5.1   Subject, object and outcome

When it comes to the relationship between the subject, object and outcome, i.e. the manager, sickness absence management and upholding employee wellbeing and reducing absences, the managers had mixed perceptions of how they can affect sickness absences. While some managers saw that their actions, such as motivating employees, can have an impact on sickness absences, this perception was not shared by all, which is in contrast to prior research discussed in the literature review.

As suggested by research regarding causes of absenteeism, employee absenteeism is affected by several managerial and leadership factors (Babtiste 2008; McHugh 2002; Lehtonen 2010; Frooman et al 2012; Schreuder et al 2011; Joensuu et al 2008; Siukola et al 2008). Furthermore, prior research found that managers take numerous pre-emptive actions regarding sickness absences, such strengthening employees, improving the work environment, utilizing employee wellbeing practices and instructions as well as monitoring employee wellbeing (Joensuu 2008). This suggests that the case organisation's managers' awareness about their potential influence on sickness absences should be further developed.

5.2 Instruments

All interviewed managers were generally confident about their abilities to implement the sickness absence management tools and practices used in their organisation and expressed satisfaction with the tools available to them. Complications regarding the instruments in the activity system were related to certain aspects of sickness absence practices that were complicated from a managerial perspective as well as the managers' readiness to apply the instruments.

The task of finding substitutes for absent employees' shifts was identified as the most significant everyday sickness absence management challenge by all interviewees. These results correspond to prior research (Dunn & Wilkinson 2002) which reported that a similar increased workload caused by absences, suggesting that this is a common predicament for managers. Managers in this study described this task as both time-consuming and in some cases even difficult, and at times resulting in managers covering the shifts themselves when a substitute could not be found.

Especially in the case of smaller teams, managers had trouble finding substitutes for absent employees with the search sometimes even resulting in an empty department. Managers of smaller teams mentioned seeking substitutes from other departments as well and emphasized the importance of cooperation between different departments and employee inter-department professional knowhow in facilitating the finding of appropriate substitutes. While the addition of the staff planner to the organisation was seen as positive development on this front, the interview data suggests that there is still a need to facilitate the process in order to decrease managerial time spent on this task, especially as prior research points to the importance of other managerial work in the context of sickness absence management, such as upholding employee-manager trust and rapport (Babtiste 2008; Lehtonen 2010).

While only one of the managers had used the early care model to solve sickness absence issues during their time in the case organisation, there were indications of other cases where the model could have been utilized as well. As one manager pointed out, HR has the best capability to identify in which situations the model can be applied, but to get this expert opinion initiative is required from managers. This managerial

need for specialist HR support is echoed by several studies (Renwick 2003; Baker-McClearn et al 2010).

All managers had positive experience with the remote sickness absence management pilot project. While it was appreciated by managers, some conflicts with the fluency of managerial work were detected. As an example, the remote sickness absence management service complicates planning for managers. If an employee was initially expected to miss several days of work and then recovered and returned to work faster, the department will then be overstaffed in the case the manager had already gotten substitutes according to the initial prediction.

5.3   Rules

Based on the findings, the managers can be described to have a very adaptive approach to the policies and legislation regulating their sickness absence management activities. While the employees had a varying degree of knowledge of the regulative environment, any confusion was solved with HR, which again calls attention to the important role of HR in supporting managers as discussed in the literature review.

An inconsistency in the context of organisational policy was related to a case in which organisational policy and the authority of medical professionals conflicted: on the other hand employees are required to notify their manager of their sickness absence by a certain time, but on the other hand medical professionals, who are not always available in time, were seen as the authority over determining whether an employee is fit to work.

On a legislative level, there exists a conflict between an employee's privacy rights regarding their sickness absence information and on the other hand a manager's wish to intervene in situations which suggest insincerity, as was the situation in the case where the diagnosis on the sick leave note contradicted with what the employee had told the manager. In other words, there is a concern from the manager's side to investigate the reasons behind the lack of confidence between them and the employee, but this wish to get to the bottom of things is constrained by the legislative framework.

5.4   Community

Managers had positive experiences of cooperation with the organisational community related to sickness absence management. The only conflict detected in this context was the lack of cooperation and communication between managers and occupational health service providers. However, this could merely indicate a lack of situations which have escalated to a level in which this cooperation was necessary.

5.5   Division of labour

Managers did not have complaints about the division of labour between them, HR and the staff planner regarding the sickness absence management process. However, some indications of complications could be detected from the interview data, such as the managers' increased workload and overtime resulting from trying to find substitutes for absentees. Furthermore, while cooperation with the staff planner was described as good with a facilitating effect on managerial work, there was some uncertainty of how the division of labour would develop because the position of the staff planner was only recently established.

In many instances the managers depicted HR as a supportive function, especially in cases where expert knowledge was needed. This corresponds to the division of labour described in the literature review, in which the task of HR was defined as communicating line managers' responsibilities in the sickness absence management process and what kind of absences are problematic (Dunn & Wilkinson 2002).

6   Recommendations

As stated in the previous chapter, managers in the case organisation are generally well-equipped to manage sickness absences and confident about their ability to handle them. However, there are certain areas that can be developed in order provide further support for managers in their sickness absence management duties. Recommendations regarding development possibilities in three categories – finding substitutes, enhancing managerial capability and implementing pilot projects - are presented below.

Both prior research and the findings of this study suggest that managers often find themselves in situations in which they have to resource their time to cover the increased workload caused by absences rather than focusing on other managerial tasks. The following recommendations focus on facilitating the process of finding substitutes for absent employees:

- **Clarifying the division of labour between the staff planner and the managers.** Managers described the cooperation with the staff planner as good and noted that this addition of a staff planner to the organisation facilitated their work. However, there was some uncertainty of how the division of labour between managers and the staff planner would develop in the future. As the staff planner is a new addition, the division of labour is in a dynamic phase. To establish the situation, the responsibilities between managers and staff planner should be agreed on in clear terms to both parties.

- **Developing cooperation between departments.** Managers stated they sometimes had to look to other departments for back-up if they could not find a substitute for an absent employee from their own team or departments. The managers described approaching managers from other departments for help in an informal way. While cooperation with other managers seemed to work from the perspective of the interviewed managers, the organisation could benefit from a more formalized procedure in terms of inter-departmental cooperation regarding sickness absences.

- **Increasing employee readiness to cover shifts in different departments.** In relation to the previous comment about developing cooperation between departments, employee inter-departmental professional knowhow was also seen an important factor in facilitating sickness absence management. Finding substitutes was especially difficult for managers with a small number of employees, and in these cases employees from other departments who had the necessary knowhow to work in their department were valuable. Therefore investing in the development of employee readiness to substitute at other departments would also facilitate the sickness absence management process for managers.

As for considerations regarding managerial ability, the following recommendations would further strengthen the managerial capability to deal with the sickness absence management aspects of their work:

- **Ensuring managers have internalized the significance of their role in the sickness absence management.** While some of the case organisation managers felt they could affect sickness absences, this confidence was not shared by all. However, as discussed in the literature review, many managerial and leadership factors affect sickness absenteeism in organisations. Managers also have considerable responsibilities in the sickness absence management process. Therefore it is important to ensure that all managers are aware of the extent they can affect sickness absences both indirectly and directly.

- **Strengthening managerial readiness to apply their sickness absence management knowledge in infrequent sickness absence situations**. While all managers had a very hands-on approach to sickness absence management and expressed confidence in applying the organisation's sickness absence management methods with the assistance of HR, conceptualizing and incorporating procedures for more unique sickness absence management cases to the organisation's sickness absence policy will reduce ambivalence in managerial work.

On a general level, implementing an innovative approach in sickness absence management on the organisational level has the potential to benefit managers in their everyday work:

- **Continuing to implement services that support sickness absence management in the organisation.** The interviewed managers were generally appreciative of pilot projects such as the remote sickness absence management service and the perceived support it provides in terms of their work. Therefore continuing an active approach in applying new sickness absence management services and tools can potentially facilitate managerial work even further when suitable services or tools for the organisations are identified through pilot programs.

7   Conclusions

The purpose of this study was to identify the challenges managers encounter in their sickness absence management duties and determine possible supportive actions needed in order to facilitate sickness absence management in the case organisation operating in the retail sector.

This objective was pursued through a qualitative study, in which four managers were interviewed about their perceptions of sickness absence management in the case organisation. The findings from these interviews where then presented and analysed in the context of the activity system framework. Overall, the results indicate that in general managers in the case organisation are capable of managing sickness absences, but some challenges do exist.

The findings of the study suggest that the challenges regarding instruments in the sickness absence management activity were related to certain aspects of sickness absence practices that complicate managerial work as well as the managers' readiness to apply the instruments. As for rules, some conflict exists both in the context of organisational policy and legislation: in terms of organisational policy on sickness absences and medical opinion as well as between privacy legislation and manager concern. Managers perceived cooperation with the work community as functioning, but there was a lack of cooperation with occupational health service providers. Regardless of sickness absences sometimes resulting in increased workload and overtime for them, managers were generally satisfied of the division of labour in the sickness absence process. However, the results indicate a need to clarify the responsibilities between managers and staff planner.

While the managers were generally well-equipped to handle sickness absences, some recommendations were composed to facilitate sickness absence management even further. These included actions that would support the tasks of finding substitutes and manager readiness to implement practices as well as focusing further on an early-adopter approach regarding sickness absence management tools.

This study and the findings that resulted from it add a managerial perspective to the already existing literature about sickness absences. Sickness absences are costly to society, employers and individuals in a variety of ways, and as emphasized in the literature review and reaffirmed by the findings of this study, managers have an important role both in the causes of sickness absences as well as managing them. Therefore it is essential to explore the challenges in sickness absence management through a managerial perspective and identify ways to facilitate this significant part of their work.

This study gives a general idea of the sickness absence management experiences and challenges in the case organisation from a managerial perspective, but there are certain limitations to it. While the qualitative method can be used to gain very in-depth information about the interviewees' experiences and perspectives, the profound approach limits the size of the sample. Furthermore, the topic of research was somewhat wide, which can affect the validity of the conclusions. However, regardless that the study could benefit from a more comprehensive sample and a narrower approach in terms of the topic, the findings produced from it lay the foundations for further research regarding the subject.

Additional research on the topic could address an extended sample and cover other organisations from the field of retail, consequently producing alternative data sets and possibly strengthening the validity of the findings of this study. In addition to extending the existing topic, the findings of this study also indicate more specific challenges in sickness absence management that could be researched further, such as how the legislative framework or the rapport between employees and managers affect sickness absence management from a managerial perspective.

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Sickness absenteeism factors

Table: List of factors which have been found to have an effect on the number of sickness absences. Adapted from Seuri & Suominen (2009: 51).

Factor	Effect on absences
Gender	Women have more absences
Age	Younger employees have more short-term absences, older employee more long-term absences
Type of employment contract	Permanent employees have more absences than temporary workers
Size of organisation	More absences in larger organisations
Educational background	Education decreases absences
Clerical worker/worker	Clerical workers have less absences
Job satisfaction	Decreases absences
Support from colleagues	Decreases absences
Uncertainty of employment	Increases absences
Perceived poor management & leadership	Increases absences
Perceived poor atmosphere	Increases absences
Self-diagnosed poor health	Increases absences
Perceived injustice	Increases absences
Smoking	Increases absences
Pain	Increases absences
Excessive use of alcohol	Increases absences
Overweight	Increases absences
Lack of exercise	Increases absences
Workplace harassment	Increases absences
Difficult personal situation	Increases absences
Work-related sleeping problems	Increases absences
Previous absences	Predict future absences

Interview questions

How long have you been a manager?

How many employees do you manage?

To what extent do you perceive sickness absences to be a problem in your department and in terms of your own work as a manager?

How much and by what means do you feel that you can affect sickness absenteeism?

Who are involved in the sickness absence management process in your organisation?

What are your responsibilities in the process?

How does the division of labour work from your perspective?

What kind of sickness absence management practices are there in your organisation?

Do you feel you are familiar enough with the available sickness absence practices to use them confidently?

What aspects of the organisation's sickness absences management policies and practices have been most useful in your work?

Are there any practices that are not useful from a managerial perspective? Which and why?

Do you have any experiences with the early care model and early care discussions with employees?

How did you prepare for the discussion?

What kind of challenges were there in the process?

Have you had experiences with employees on longer sick leaves and supporting their return to work?

How did you handle and support their return to work and were there any challenges?

Do you have any experiences with remote sickness absence management?

How has it affected your managerial work?

How could the service be developed?

What kind of challenges are there in relation to short-term sickness absences?

What kind of cooperation is there with HR/ the staff planner/ absent employees/ present employees/ other managers/ occupational health care and how does it work from your perspective?

What are the best aspects of sickness absence management in your organisation?

What kind of development areas are there?

How do you think would you benefit from additional training in this area?

Additional comments?