2020

Effective Strategies to Reduce Employee Absenteeism Amongst Canadian Female Employees

Sue Haywood
Walden University

Walden University

College of Management and Technology

This is to certify that the doctoral study by

Susan Haywood

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Rollis Erickson, Committee Chairperson, Doctor of Business Administration Faculty

Dr. Michael Campo, Committee Member, Doctor of Business Administration Faculty

Dr. Mohamad Hammoud, University Reviewer, Doctor of Business Administration Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2020

Abstract

Effective Strategies to Reduce Employee Absenteeism Amongst Canadian Female

Employees

by

Susan Haywood

MA, Royal Military College of Canada, 2005

BA (Hons), Dalhousie University, 1997

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

December 2020

Abstract

High absenteeism in female employees costs Canadian hospitals millions of dollars annually. Leaders of Canadian hospitals who lack strategies to reduce absenteeism in female employees witness significant financial losses in their organizations. Grounded in Herzberg's two-factor theory, the purpose of this multiple case study was to explore strategies Canadian hospital leaders used to reduce absenteeism in female employees. Data were collected from semistructured interviews, annual reports, and publicly available datasets relating to hospital retention strategies and were analyzed using a thematic analysis. Four themes on strategies to reduce absenteeism emerged: creating a supportive stance towards absenteeism, investing in mental health and wellness resources, adopting a whole-person approach, and providing aid for childcare. A key recommendation is for leaders to adopt a supportive stance toward absenteeism, focusing on well-being over absence. The implication for positive social change from decreased costs relating to high female employee absenteeism could result in Canadian hospitals having increased resources to improve their services to local communities.

Effective Strategies to Reduce Employee Absenteeism Amongst Canadian Female

Employees

by

Susan Haywood

MA, Royal Military College of Canada, 2005

BA (Hons), Dalhousie University, 1997

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

December 2020

Dedication

For Atticus. You are my constant source of inspiration.

Acknowledgments

I want to acknowledge all who supported and encouraged me through this journey. Thank you Dr. Rollis Erickson for your mentoring and advice. Thank you Dr. Michael Campo, Dr. Mohamad S. Hammoud, Dr. Tim Truitt, and all Walden faculty for your support. Attie and Robert, thank you for your unwavering patience, willingness to adapt, and for your encouragement of my academic pursuits. I am also grateful for the loyal support of my Great Dane, Diesel, who kept me company on late nights of writing and who patiently listened to me read passages aloud.

Table of Contents

iii

List of Tables

List of Figures

Section 1: Foundation of the Study

Occurrences of employee absenteeism have increased across the Canadian private

and public sectors in the past decade (Conference Board of Canada, 2013). The increase

has been most significant within the public sector (Conference Board of Canada, 2013).

In both sectors, rates of absenteeism have been highest amongst female employees

(Statistics Canada, 2020a). In this study, I explored strategies that leaders in Canadian

hospitals have used to reduce the occurrence of absenteeism behaviors. Hospitals in

Canada are public-sector organizations, and the health care sector employs a

disproportionate number of female employees per population (Canadian Institute for

Health Information, 2017). As such, the exploration of strategies to reduce absenteeism

within this setting may prove beneficial to leaders striving to reduce absenteeism in any

sector, particularly amongst female employees.

Background of the Problem

In 2015, Canadian employees were absent an average of 8.6 days; this figure had

increased to an average of 10 days by 2018 (Statistics Canada, 2020a). When private-

sector statistics are omitted from the data, public-sector employees averaged 14.6 days

absent in 2018, with female public-sector employees averaging 16.5 days absent

(Statistics Canada, 2020a). The Canadian public service lost an estimated $871 million in

productivity due to employee absenteeism in 2013, and this figure has been increasing

annually (McGrandle & Ohemeng, 2017). Attempts to reform sick-leave policies to

reduce absenteeism have led leaders to conclude that increasing absentee rates are a

complex problem, and that quick solutions may result in negative and unforeseen

consequences (McGrandle & Ohemeng, 2017). Addressing absenteeism requires leaders to have a deeper understanding of relevant issues and potential causes of absenteeism in order to develop multifaceted strategies. With the background of the problem discussed in this section, the focus now shifts to the problem statement.

Problem Statement

Employee absenteeism costs the Canadian health care system several billion dollars, with some individual hospitals reporting more than $1.2 million in absenteeism related costs annually (Kandemir & Şahin, 2017). Canadian public sector employees were absent an average of 14.6 days in 2018, and the average absenteeism level amongst female public sector employees was 16.5 days in 2018 (Statistics Canada, 2020a). The general business problem is that employee absenteeism costs Canadian hospitals millions of dollars each year. The specific business problem is that some hospital leaders lack strategies to reduce female employee absenteeism.

Purpose Statement

The purpose of this qualitative multiple case study was to explore the strategies that hospital leaders use to reduce absenteeism amongst female employees. The targeted population consisted of six leaders from six hospitals in Ontario, Canada, who implemented successful strategies to reduce absenteeism. The implication for positive social change includes the potential to enhance hospital leaders' understanding of effective strategies necessary to reduce female employee absenteeism. The recognition by leaders of the unique needs of female employees can lead to workplace practices that better support employee attendance. This, in turn, may improve the quality of life for

female employees through increased social and economic inclusion and, as a result, improve local economic growth.

Nature of the Study

The three research methods are qualitative, quantitative, and mixed methods (Goerres et al., 2019). For this study, I used a qualitative research method. Researchers who conduct qualitative method use open-ended questions to discover the underlying opinions and motivations of those involved to analyze the meanings of the thoughts expressed (Weller et al., 2018). Researchers use the quantitative method to examine the relationship between variables by measuring and analyzing numerical data through statistical techniques (Counsell et al., 2016). The quantitative research method was not appropriate for this study because I did not examine relationships between variables, and I did not analyze numerical data with statistical techniques. Researchers use a mixed-method approach when there is a desire to merge quantitative and qualitative methodologies (Green et al., 2015). The mixed method was not appropriate for this study because there was no quantitative component needed for this study.

I considered using three qualitative research designs: case study, ethnography, and phenomenology. For this study, I chose a case study design. A case study design is appropriate when researchers desire to explore a question of how or why concerning a phenomenon (Rahman, 2017). A multiple-case design is valuable when researchers want to make generalizations to a broader population due to the reduced level of subjectivity and the multiple sources of data used (Mills et al., 2017). Using the multiple-case study design was appropriate for this study because I sought to explore the research problem

through the lens of multiple organizations, who potentially took different approaches to resolve the same business problem. Case studies are appropriate to use when the researcher wants to study a contemporary event through direct observation and interviews with those still involved (Yin, 2018). Researchers use a phenomenological design to study the lived experiences of people about situations that occur in daily life (Katsirikou & Lin, 2017). The intent was not to study lived experiences; therefore, the phenomenological design was not appropriate for this study. Ethnography is an appropriate design for researchers who seek to immerse themselves in the culture and collect data from participants through observation and interactions (Blount et al., 2015). As I did not intend to observe participants in a specific cultural situation or environment, an ethnographical approach was not suitable for this study. Researchers use a case study design when they intend to understand a contemporary event over which the researcher has little control (Yin, 2018). Consequently, the multiple case study approach was the most appropriate design to explore the strategies that leaders in six different hospitals have successfully used to reduce absenteeism and the impact of these strategies on attendance levels of female employees.

Research Question

What strategies do hospital leaders use to reduce absenteeism amongst female employees?

Interview Questions

1. What strategies have you used to reduce employee absenteeism amongst female employees?

2. What was included in these absenteeism reduction strategies to address employee perceptions of achievement and opportunities for advancement?

3. What was included in these absenteeism reduction strategies to address the work environment?

4. What was included in these absenteeism reduction strategies to address employee well-being?

5. How have female employees responded to these strategies?

6. What strategies were the most effective in reducing absenteeism amongst female employees?

7. What strategies, if any, were the least effective in reducing absenteeism amongst female employees?

8. What additional information would you like to share about your successful strategies to reduce female absenteeism?

Conceptual Framework

The theory that served as the conceptual framework was the two-factor theory. In 1959, Herzberg et al. developed the two-factor theory of motivation, which offers an explanation of the motivational factors that increase satisfaction for the job and a set of hygiene factors, that, when absent, contribute to employee dissatisfaction (Herzberg, 1966). Horton and Wills (2018) extended the work of Herzberg and confirmed that a link between the prevalence of criteria from the two-factor theory and improved attendance. Key prepositions underlying the theory are (a) motivational factors and (b) hygiene factors (Herzberg, 1966). Motivational factors include behaviors that foster a sense of

fulfillment, increased organizational commitment, and stakeholdership such as achievement, recognition, advancement, and personal growth (Herzberg, 1966). Hygiene factors include organizational elements such as policies and procedures to enhance employee well-being or realistic job characteristics, the absence of which may lead to decreased employee engagement or absenteeism (Herzberg, 1966). The two-factor model aligned with the research as it includes an explanation of factors affecting employee motivations and what may be of more significant personal importance than attendance at work.

Operational Definitions

Conflicting demands: Conflicting demands refer to competing pressures that employees face at work and home. When people have excessive pressures placed on them in comparison with the level of resources, they have available to cope with those demands, adverse reactions may occur (Leka et al., 2017).

Hospital financial performance: Hospital financial performance is a subjective term that encompasses net revenue by operations, operating margin, total margin, and ability to meet objectives (Nguyen et al., 2016).

Involuntary absence: An involuntary absence is an absence from scheduled work that is beyond the worker's control. Such absences, which are often longer term in duration, may result from sickness, family responsibilities, or other factors impacting the worker's ability to attend work (Birioukov, 2016).

Presenteeism: Presenteeism occurs when employees physically attend work but are not able to focus mentally on their tasks (Miraglia & Johns, 2016).

Productivity loss: Productivity loss is a measure of reduced labor input as a result of absenteeism and presenteeism (Strömberg et al., 2017).

Voluntary absence: A voluntary absence is an absence from scheduled work that is under the worker's control and is typically short term, casual, and illegitimate (Birioukov, 2016).

Work-life balance: Work-life balance refers to how employees manage to find time for responsibilities and commitments arising from both their paid work and their personal needs (Gatrell et al., 2013).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are beliefs assumed to be true or correct that the researcher cannot verify (Iskander et al., 2016). The first assumption was that the leaders provided honest feedback about their experience with their organization's strategies to reduce absenteeism. Greener (2018) underscored the importance of researchers trusting the information provided by interviewees in qualitative studies and not transposing their own beliefs or perceived truths on the data. The second assumption was that the strategies used by leaders to reduce absenteeism are successful not only at the beginning of the implementation but also over a more extended period. Maijala et al. (2018) noted that initial success rates following implementation of a change strategy might be higher than success rates measured years later. The third assumption was that the strategies used by leaders concerning hospitals in Ontario, Canada, to reduce absenteeism would be successful in other environments and geographic locations. Kim (2017) noted that

differences across industries may exist regarding the implementation of business and change initiatives and the resulting outcomes.

Limitations

Limitations are aspects of a study that are outside of the researcher's control (Greener, 2018). The first limitation was that the concept and measurement of a successful strategy to reduce absenteeism are subjective, in that they reflect the organization that implemented the change. The meaning of success or how one defines success can vary from organization to organization (McArthur & Robin, 2019). The second limitation was that the results of the study may not apply to hospitals in other regions. Even with the inclusion of a sufficiently detailed description for readers to determine transferability, the study findings may not transfer to other industries, people, or settings. Furthermore, leaders' belief as to the transferability of an initiative from within another organization to their own organization can itself affect the ultimate success of that initiative (Story et al., 2016). A third limitation was the provincial labor relations context. Hospitals in Ontario are heavily unionized, and the provincial government determines the overarching labor relations and collective bargaining strategy (Ontario Ministry of Health and Ministry of Long-Term Care, n.d.). The labor dynamic of an organization directly impacts employee sick leave entitlements, engagement levels and, subsequently, the capacity for changing employee absenteeism behaviors (Brewster et al., 2015). As the participants in this study were leaders in unionized public hospitals, the data collected may not apply to labor contexts.

Delimitations

Delimitations are the boundaries that a researcher sets to limit the scope of a study (Zhuge et al., 2016). The first delimitation of the study pertains to the sample size. For this study, only six participants took part in the research. The second delimitation was the geographical location. The participants were leaders who work in hospitals in Ontario, Canada. The third delimitation was that the participants all work in the health care industry. The fourth delimitation was that all participants in this study were leaders with involvement with strategies to reduce absenteeism among female employees.

Significance of the Study

The issue of absenteeism in public service organizations is a complex problem, exacerbated by generous employee benefits relating to sick leave and the associated monetary value that exists in nations, like Canada, with a strong social policy (Evans-Lacko & Knapp, 2016). Stonebridge and Sutherland (2016) estimated the annual cost of absenteeism to the Canadian economy at $50 million. This is an enormous financial impact and is more significant in the public sector due to the number of sick day entitlements (McGrandle & Ohemeng, 2017). Results from this study may provide insights regarding how leaders can support employees to reduce absenteeism, particularly amongst female employees.

Contribution to Business Practice

Researchers have assessed the economic impact of absenteeism and estimated the loss of productivity due to employee lack of engagement at 1.7 times the cost of an employee's wage (Strömberg et al., 2017). The associated costs of absenteeism are a

heavy burden on hospitals and include not only wages but also patient satisfaction (Duclay et al., 2015). Reducing absenteeism is critical to the sustainability of health care services to ensure that services are available and to reduce operating costs (Kottwitz et al., 2018). Hospital leaders may use the results of this study to develop new strategies required to reduce absenteeism, leading to reduced operating costs, increased productivity, and improved patient satisfaction. Functional managers may gain insights on strategies to reduce absenteeism, reduce operating costs, and increase profitability based on the findings of this study.

Implications for Social Change

Supportive human resource practices are positively correlated with improved employee effort and engagement (Avgoustaki, 2016). Many employees struggle with attendance. The recognition by leaders of the unique needs of female employees can lead to workplace practices that better support employee attendance. This, in turn, may improve the quality of life for female employees through increased social and economic inclusion and, as a result, improve local economic growth. Although employees often perceive the cause of their absenteeism to be their workplace, the individual struggle attendance often continues with the person regardless of the company with which they work (Bennedsen et al., 2019). The data from this study may help employees to better understand their personal and professional needs and to make more informed decisions about attendance at work or reducing their compensation due to having exhausted their paid leave entitlements.

A Review of the Professional and Academic Literature

The purpose of this qualitative study was to explore the strategies that health care leaders use to reduce employee absenteeism. Scholars conduct literature reviews to integrate ideas from the existing literature, to identify any gaps in knowledge areas, and to validate the appropriateness of the research question at the center of a study (Hart, 2018). This review includes a discussion of the conceptual framework, along with discussions of several rival and similar theories related to employee absenteeism behaviors. Primary themes identified in the current literature on absenteeism included in this review are presenteeism, potential causes, additional considerations of Canadian public sector health care organizations, and the relationship between gender and absenteeism rates. I divided each theme into several subthemes for a more in-depth analysis.

I conducted a review of the current literature related to absenteeism and the health care industry, which included a review of information published in scholarly peer-reviewed journals, business journals, books, dissertations, and government websites. Searches that included combinations of key terms such as *absenteeism, two-factor theory, female, Canada,* and *health care* involved using several academic databases and online libraries, such as the Walden University Library, Queen's University library, SAGE, ProQuest, Google Scholar, Thoreau, and ScienceDirect. As shown in Table 1, the total numbers of references I reviewed included six books, 101 journals and research reports, and six government websites. Of these 113 sources, 98 were from scholarly peer-reviewed sources published within the past 5 years (2015-2020).

Table 1

Literature Review Content

Literature review content	Older than 5 years	Published in				Total number	Less than 5 years old at approval date (%)
		2017	2018	2019	2020		
Peer-reviewed journals	13	28	22	30	5	98	86.02
Books	3	2	2	2	0	6	50.00
Research reports	0	3	0	0	0	3	0.00
Government websites	0	0	1	0	6	7	100.00
Total	16	33	25	32	11	113	85.58

As I analyzed the results of the key term searches, I grouped topics into the core themes of Herzberg et al.'s (1959) two-factor theory: absenteeism, possible causes of increases in absenteeism rates, additional considerations regarding gender, the Canadian context, and the effect of absenteeism on public sector health care.

Herzberg's Two-Factor Theory

Herzberg et al. (1959) developed a theory to predict job satisfaction based on a combination of factors from two sets linked to employee need gratification and environment. According to the two-factor theory, employee job satisfaction stems from the presence or absence of what Herzberg labeled motivation and hygiene factors. According to Herzberg et al., dissatisfaction decreases with the positive application of

factors such as compensation, job security, company policies, and supervisory practices.

Herzberg et al. further posited that satisfaction increases when an employee feels a sense

of achievement or responsibility, receives recognition, and has opportunities for growth.

Table 2 depicts a detailed chart of these two sets of factors.

Table 2

Motivation and Hygiene Factors

Motivation factors	Hygiene factors
Responsibilities	Salaries and benefits
Challenging or stimulating work	Organizational policy and administration
Recognition	Interpersonal relationships
Sense of personal achievements and growth	Work status
Opportunities for advancements	Working conditions

Note. From "Job Satisfaction Among Swedish Mental Health Nursing Personnel: Revisiting the Two-Factor Theory," by C. Holmberg, J. Caro, and I. Sobis, 2018, *International Journal of Mental Health Nursing*, *27*(2), p. 582. Copyright 2017 by Australian College of Mental Health Nurses.

According to Herzberg et al. (1959), the presence of motivation factors increases

employee job satisfaction, whereas the absence of hygiene factors leads to employee job

dissatisfaction. Each factor is independent of the others, and each factor can equally

affect job satisfaction (Yunus & Kamal, 2016). Employee satisfaction is an essential

determinant of employee well-being and workplace success.

Motivation Factors

Motivation factors are components of a job environment that positively affect an

employee's level of satisfaction (Holmberg et al., 2018). The model is consistent with

Maslow's hierarchy of needs (Alfayad & Arif, 2017; Furnham & Treglown, 2017).

Maslow's hierarchy of needs outlines the basic needs of humans regardless of what

environment they are in, whereas Herzberg's two-factor theory is specific to employees

(Velmurugan & Sankar, 2017). Both Maslow and Herzberg attempted to devise a model

to predict and measure levels of motivation.

Motivation refers to the set of factors underlying and affecting human behavior to

initiate action and to make progress toward a specific goal (Mangi et al., 2015). Maslow

(1943) identified five basic needs, arranged as a hierarchy: physiological, safety, security,

esteem, and self-actualization. In Maslow's theory, the physiological set is the lowest or

most basic need, and the highest are social needs leading to self-actualization. When

applied to the employment context, employees can be motivated through the desire to

have these fundamental needs met (Mangi et al., 2015). People struggle and strive to

address these needs through work as they do in their personal lives.

In Herzberg's theory, employee motivation is most likely to occur when the

incentives to perform coexist with the work (Lăzăroiu, 2015). The motivation factors, as

defined by Herzberg, have been expanded upon to include desirable conditions such as

work–life balance, autonomy, and management recognition of performance (Kotni &

Karumuri, 2018). Herzberg et al. (1959). noted that motivation factors must spread across

tasks and not be inconsistent with assigned work. Managerial and organizational trust, as

well as organizational justice, nurture the prevalence of motivating factors that encourage

employees to be productive even when leaders do not offer bonuses or recognition

(Conrad et al., 2015). The presence of motivating factors increases the likelihood that

employees derive satisfaction from their work environment (Sanjeev & Surya, 2016).

Motivating factors, when present in a workplace, affect the way employees interact with

and view their environment.

Responsibilities

Herzberg (1964) believed that employees should feel a sense of owning their

work. When employees can hold themselves responsible for the successful completion of

tasks, their level of motivation increases (Herzberg, 1966). This factor includes both

responsibility and authority about the job (Herzberg, 1966). Employee motivation

increases from being given the responsibility and freedom to make decisions (Herzberg,

1966). The sense of ownership increases the employee's motivation to succeed

(Herzberg, 1966).

Most employees like a degree of autonomy (Herzberg, 1968). Although the exact

level of autonomy desired is a personal choice, there is a correlation between increased

micromanagement and decreased motivation (Baskaya et al., 2020). The removal of

autonomy and respect for individual accountability and responsibility can also impact

other factors. Mbebeb (2019) noted a decrease in creativity and initiative corresponding

with a decrease in motivation from the absence of Herzberg's concept of responsibility in

the workplace. Any gaps between perceived the perceived level of responsibility and

authority deserved and the actual level given negatively impact job satisfaction (Khanna,

2017). A misalignment between what level of autonomy an employee feels is appropriate,

and the amount of oversight management puts in place can lead to reduced motivation.

Challenging or Stimulating Work

The content of job tasks and assignments has either a positive or a negative effect upon employees (Alshmemri et al., 2017). If the job is too difficult, it negatively impacts the level of employee satisfaction in the workplace (Khanna, 2017). Similarly, if the job is too easy, employees may become bored, and this too decreases motivation (Mohamed & Puteh, 2018). To achieve employee satisfaction, employers need to align the work to be performed with the skills and abilities of employees.

The alignment of an individual's skills with the job impacts the employee life cycle at every stage. Every aspect from the job posting, to the selection criteria, to performance appraisal objectives, compensation level, and development plans need to align with the responsibilities of the job. This alignment is a key factor in motivating employees (Herzberg, 1964). If the job is not stimulating based on the abilities and interests of the incumbent, motivation decreases and turnover and absenteeism increase (Triado-Ivern et al., 2020). People like to do work that is consistent with their abilities (Triado-Ivern et al., 2020). Work that is too difficult or too simple results in lower employee motivation (Herzberg, 1964).

Recognition

Most employees like to receive praise or rewards when they produce high quality work as it contributes to their sense of self-worth and ability to contribute to the success of the organization (Herzberg, 1968). The type of recognition, that is, verbal, written, or monetary, is less important than the acknowledgement of a job well done (Kotni & Karumuri, 2018). Bradler et al. (2016) conducted a field experiment where some

employees received positive feedback 2 hours after each shift, and the control group received no such feedback. The employees within the experimental group improved their performance throughout the experiment whereas only a few employees in the control group improved (Bradler et al., 2016). Some employees may be able to sustain motivation in the absence of recognition; however, all employees benefit from recognition as evidenced by increased performance and motivation to perform (Bradler et al., 2016).

Herzberg et al.'s (1959) theory included the assertion that attitudes affect performance. Favorable attitudes lead to better performance compared to unfavorable attitudes toward the company; negative attitudes toward the company can also lead to psychological withdrawal from the job (Holston-Okae & Mushi, 2018). Recognition of employee performance is critical to the maintenance of the favorable attitudes of those employees (Holston-Okae & Mushi, 2018). Employee motivation is contingent on individuals feeling that they contribute to the workplace and this is best achieved through recognition.

Sense of Personal Achievements and Growth

Growth factors, as defined by Herzberg (1968), are the true determinants of motivation, growth factors include achievement, personal development, and personal enjoyment of the work. In a health care setting, the latter of this list is most often the most innate. For dedicated professionals, such as health care workers, motivation stemming from the enjoyment of the work itself is often inherent to the nature of the occupation individuals have chosen to pursue (Guglielmi et al., 2019). To maintain or increase

employee motivation, the focus of employers should be on opportunities for personal achievement and growth (Guglielmi et al., 2019). Employees who believe their employers want to support them to meet their personal goals and development interests are more motivated than those who do not (Herzberg, 1968).

When employees can achieve personal growth, such as leadership skills, or communication or conflict resolution skills, they can be motivated to perform due to a sense of an investment of them as an individual (Habib et al., 2017). Employers who offer opportunities or financial support for personal learning objectives benefit from increased motivation and increased engagement from their workers (Ogunnaike et al., 2017). Employees appreciate the recognition of themselves as individuals with unique interests stemming from the investment from the employer in development areas which may or may not align with the interests of the organization (Ogunnaike et al., 2017). This appreciation can convert to motivation and increased job performance (Herzberg, 1968).

Opportunities for Advancements

Opportunities for a person to experience professional growth or be promoted in the workplace are motivating factors (Herzberg et al., 1959). Allocating time and resources to support professional growth and advancement motivates employees to perform, and to do so in areas aligned with the objectives and interests of the organization (Herzberg et al., 1959). Providing a career path inclusive of learning objectives and job progression can be mutually beneficial to the organization and its employees (Osemeke & Adegboyega, 2017).

Most employees are motivated by the opportunity to increase their skills and knowledge (Herzberg, 1964). Opportunities to learn new skills or to undergo training in new techniques and to increase their professional knowledge motivates people as few people dislike learning (Nanayakkara & Dayarathna, 2017). The more knowledge-based the work to be performed is, the more the presences of opportunities for growth positively impact employee motivation (Osemeke & Adegboyega, 2017). People who have studied to acquire the skills for their current position tend to not want to cease learning once they are employed in their selected occupation (Nanayakkara & Dayarathna, 2017).

In a work setting, motivation factors include the presence of desirable conditions such as work-life balance, autonomy, and recognition (Kotni & Karumuri, 2018). Herzberg et al. (1959), adapted Maslow's hierarchy of needs to the workplace and determined that for employees to be motivated in the workplace, they need to feel a sense of autonomy, be able to balance work and personal needs, and be recognized for their efforts (Alfayad & Arif, 2017). The presence of motivation factors in a workplace also correlates with increased levels of job satisfaction (Holmberg et al., 2018). Increased levels motivation and job satisfaction amongst employees results in a reduction of absenteeism (Alfayad & Arif, 2017; Bunchapattanasakda et al., 2018; Chu & Kuo, 2015; Hacket, 1989). Leaders may seek to instill motivation factors in a work environment to increase satisfaction and decrease absenteeism.

Hygiene Factors

Herzberg's hygiene factors are maintenance factors that are necessary to avoid dissatisfaction but that by themselves do not provide satisfaction (Ogbo et al., 2017). Hygiene factors contribute more to life dissatisfaction than to life satisfaction and their name reflects the idea of epidemiological hygiene, the presence of which does not cause health but can prevent illness (Sachau, 2007). Despite a publication date that was decades ago, Herzberg's definition of hygiene factors remains relevant due to the ongoing presence of factors in the workplace such as company policy and administration, technical supervision, interpersonal relations, salary, job security, working conditions, and status (job position/designation; Sankar, 2015). Hygiene factors affect some occupations more than others due to the internal motivations of people drawn toward specific trades, which are consistent with an increased resiliency against dissatisfaction due to these factors (Fisher, 2009). For example, public sector employees are less affected by the absence of hygiene factors in an environment, which is likely due to the overarching protections, salary, and benefits offered by the broader public service (Hur, 2018). Conversely, health care workers may be more likely to work out of a desire to help people than for financial or environmental considerations.

Salaries and Benefits

In terms of a motivating factor, salary and benefit levels relate to employee perception and not to an absolute dollar figure (Herzberg et al., 1959). If an employee feels they are unfairly compensated they will be less motivated than one who feels their compensation is aligned with their duties (Bexheti & Bexheti, 2016). Employees who

perceive the compensation they receive as being aligned with the work and deliverables expected of them are more likely to work harder due to a desire to retain their position (Kiptoon & Kipkebut, 2019). This is especially true in regions where compensation is not regulated, but even in regulated or unionized environments the principle holds true (Bexheti & Bexheti, 2016). Motivated employees tend to be those who believe they are fairly compensated for their efforts.

Motivation stems from a return-on-investment type perspective held by many employees (Herzberg, 1968). If an employee believes that they put in more effort than they receive in compensation, they are less likely to maintain this level of effort. The assessment of fair compensation by employees is not necessarily about a market rate, relativity to others in the organization, or a legislated minimum wage (Woodworth, 2016). Instead, it is based on a sense of if the employer values their contributions and on what the organization is willing to pay for their work (Woodworth, 2016). When employees perceive they are poorly compensated for their efforts, motivation is likely to decrease (Kiptoon & Kipkebut, 2019).

Organizational Policy and Administration

Workplace policies should be drafted to support the completion of work (Herzberg, 1964). Some leaders in workplaces, out of an attempt to ensure consistency, draft overly restrictive policies and this can lead to a decrease in motivation (Shazali et al., 2018). Policies that bind employees to a specific period of work without a break, that define every aspect of how to perform duties, can decrease motivation (Shazali et al., 2018). Moreover, according to Woodworth (2016), policies that over complicate access

to promotions, full-time work, or training and development opportunities are especially damaging to employee motivation levels. Organizations should strive to seek a balance between a need for consistency and adherence to company practices with attempts to streamline and simplify processes (Woodworth, 2016).

Empirical evidence also suggests a decrease in motivation is a response to management practices (Duncombe, 2019). A highly regulated and procedure-laden work environment may be a factor that negatively affects mental health levels and subsequently worker motivation (Ticharwa et al., 2019). Researchers have cited this type of work environment as a possible cause of dissatisfaction among health care workers (Burmeister et al., 2019; Duncombe, 2019; Ticharwa et al., 2019).

Interpersonal Relationships

It is an established tenet of human relations that people are social creatures and enjoy positive interactions with other people (Herzberg et al., 1959). This principle extends to the workplace. Employees like to work in an environment that is pleasant, supportive, and free from conflict (Nanayakkara & Dayarathna, 2017). The impact on motivation stems from the absence of a pleasant work environment. Motivation does not require everyone in the workplace to form strong relationships, simply to not dislike the people with whom they are surrounded.

Some researchers have noted that bullying and harassment could be potential causes of reduced motivation (Singh & Bhattacharjee, 2020). An extensive study of over 500 Australian employees confirmed that a positive correlation between stress and reduced productivity, but the results of a connection between bullying and reduced

motivation were inconclusive (Magee et al., 2016). Bullying can negatively affect employees' motivation levels, but the personality traits of the person targeted moderates this effect (Magee et al., 2017). Similar research by Nielsen et al. (2016) did not confirm that a statistically significant correlation exists between the presence of workplace bullying and harassment and reduced motivation. There are individual cases in which bullying, or harassment has decreased motivation levels. However, researchers have not replicated this phenomenon on an organizational-wide level. The relationship with people in the work environment as a collective are often more impactful to motivation levels than the relationship with one individual and can therefore offset negative impacts from harassment (Singh & Bhattacharjee, 2020).

Work Status

The status of a person's work role or employment can have an impact on their level of motivation (Shaikh & Shaikh, 2019). For example, casual or part-time employees with the known opportunity to access full-time employment are likely to be motivated to do so (Khoshnevis & Tahmasebi, 2016). Conversely, part-time employees who are not easily able to access full-time opportunities due to bureaucracy are more likely to have lower motivation (Woodworth, 2016). Employers can best address this through open communication and simplified processes for recruitment and advancement (Shazali et al., 2018).

Workers in precarious employment situation may be motivated out of fear (Herzberg, 1968). This is not a positive example of motivation, but rather an example of necessity and survival instincts. Once the threat is removed or reduced, motivation

normally subsides as well (Herzberg, 1968). A better approach is for employers to treat all workers with respect and to afford all workers, regardless of work status. Considering existing workers before external resources for selection to full-time positions can turn this situation into a source of motivation (Shaikh & Shaikh, 2019).

Working Conditions

Herzberg et al. (1959) identified the conditions of work the environment relating to such things as health, safety, and shift schedules as elements of this hygiene factor and with a potential negative impact on motivation. This includes factors such as well-being and work-life balance (Yimam et al., 2017). Employees are more likely to accept shift schedules when they are set due to the nature of the occupation such as it is for police, fire, or health care workers (Booker et al., 2020). Similarly, employees react better to inherent job risks when employers put in place protocols to mitigate the danger (Booker et al., 2020). Employers who want to avoid a decrease in motivation amongst workers should seek to address, to the extent possible, shift schedules and the presence of workplace hazards.

Flexible work arrangements can increase motivation in workers (Neirotti et al., 2019). When employers create schedules that accommodate employees' personal lives there is an increase in motivation and job satisfaction (Neirotti et al., 2019). Govender et al. (2018) documented the connection between increased performance and flexible work arrangements. The more a worker feels able to balance their work schedule and the schedule of other obligations the more likely they are to be motivated and to have a

higher quality work product than those who do not have this flexibility (Govender et al., 2018).

Relevance to Job Satisfaction

Many researchers believe that Herzberg's two-factor theory is a predictor of job satisfaction (Wang et al., 2018). However, the issue of how it should be applied is somewhat contentious (Kok et al., 2017). As theorized, motivating factors should positively affect job satisfaction, and the absence of hygiene factors should negatively affect job satisfaction (Wang et al., 2018).

Kotni and Karumuri (2018) assessed the perceived levels of motivating and hygiene factors. The results were the inverse of Herzberg's findings; the presence of hygiene factors, such as salary and status, positively correlated with job satisfaction, whereas the perception of challenging work showed no correlation with job satisfaction. Lamb and Ogle (2019) also found the presence of hygiene factors central to the level of job satisfaction. Conversely, research on job satisfaction among health care workers, particularly nurses, usually confirms Herzberg's two-factor theory as written with a high correlation between the presence of motivating factors and perceived job satisfaction (Alfayad & Arif, 2017; Brayer & Marcinowicz, 2018; Chiat & Panatik, 2019; Krczal, 2017; Samanez & Medina, 2017). The findings of these studies may be evidence of the need for additional consideration of personality type regarding applying the two-factor theory to predict job satisfaction. For this study, which includes a focus on health care workers, the review of literature confirms support for applying Herzberg's theory as a predictor of job satisfaction.

Hygiene factors, when present in a workplace, do not cause satisfaction, but the absence of these factors can lead to dissatisfaction (Ogbo et al., 2017). A company's internal policies and administration, including compensation and job security, the style and level of supervision, and working conditions, are examples of hygiene factors (Sankar, 2015). These factors often affect private-sector workers less than public sector workers (Hur, 2018). Interpersonal relations and status (job position/designation) are two further examples of hygiene factors impacting the public and private sectors and are more indicative of the health of the workplace environment (Hur, 2018). An employee's desire to help people, a common source of motivation for health care workers, may slow the effect of the absence of hygiene factors; however, it rarely eliminates the impact. The absence of hygiene factors positively correlates with absenteeism levels (Jahromi et al., 2019). Employers seeking to reduce absenteeism within their organization are wise to ensure the presence of hygiene factors.

Connection to Absenteeism

Researchers have used Herzberg et al.'s (1959) two-factor theory, also known as the motivator-hygiene theory, to predict both job satisfaction and organizational commitment levels among employees. Herzberg contemplated absenteeism within his theory of motivators and hygiene factors, positing the employee's perceived level of job satisfaction affects and informs the decision of whether to be absent (Herzberg, 1965). Replicated research on Herzberg's theory, as well as novel experiments, have confirmed the negative correlation between job satisfaction and employee absenteeism (Alfayad & Arif, 2017; Bunchapattanasakda et al., 2018; Chu & Kuo, 2015; Hacket, 1989). Absence

frequency and work satisfaction have a statistically significant negative correlation (t = -3.83), as do absence duration and overall job satisfaction (t = -2.84; Utami & Harini, 2019). Researchers have extended this finding by confirming level of job satisfaction as a determinant of absenteeism behaviors (Jahromi et al., 2019). Researchers have confirmed and measured the connection between Herzberg's two-factor theory, job satisfaction, and absenteeism, and have modelled the relationship between these factors.

Based on the proposed connection between Herzberg's two-factor theory and absenteeism, researchers at McKinsey devised an indexed survey instrument, rooted in Herzberg's two-factor theory and designed to measure organizational health (Arellano, 2015). Organizational health is a composite of organizational culture, or *how things get done*, and organizational climate, or *the perceived social environment*, within the organization (Potter et al., 2016). Essentially, organizational health is an assessment of how an organization operates versus how employees perceive that it should operate, where healthy refers to an alignment between the two notions. Organizational health and job satisfaction diminish in concert with one another due to employee perception of the organization (Potter et al., 2016). Saleh (2019) used McKinsey's instrument to assess the health of an organization and compared the results to the occurrences of absenteeism. The results confirmed that a statistically significant negative correlation exists between poor organizational health and levels of absenteeism ($p = -0.15$; Saleh, 2019). Herzberg et al.'s (1959) two-factor theory is an assessment of organizational health, as employees within an unhealthy organization will report lower motivating and hygiene factors due to their negative perception of the climate.

A workplace environment that does not address an employee's need for hygiene factors has a more significant effect on employee absenteeism levels than the absence of hygiene factors has on job satisfaction levels (Joseph, 2015). In other words, the absence of hygiene factors negatively impacts attendance levels, and this effect is more significant than it would be on job satisfaction levels. Researchers have not confirmed that a more tangible connection between specific hygiene factors, such as compensation and absenteeism, across industries. It is possible that the absence of one of these factors has a more significant impact on absenteeism than the others.

Elective absenteeism, or absences from the workplace where attendance is an option versus an uncontrollable life event such as a life-threatening illness or death of a spouse, is the target of absenteeism reduction plans, so a link to job satisfaction is intuitive. Herzberg et al.'s (1959) two-factor theory is a useful lens by which to examine this phenomenon, as its focus is on employees' motivation to act versus their ability to do so. Employee motivation indicates a willingness to be productive and to contribute to the workplace (Chiat & Panatik, 2019). Employees who work in environments where both motivating and hygiene factors are present are 13.8% more productive than employees from environments where both motivating and hygiene factors are absent (Yeboah & Abdulai, 2016). Productivity levels include an element of being available and present for work (Yeboah & Abdulai, 2016). Herzberg's two-factor theory can apply to identify employee levels of motivation, which additional researchers can use to determine the willingness of an employee to demonstrate absenteeism behaviors.

The relationship between job satisfaction and absenteeism, and the subsequent effect of other demands, is known as *guilt proneness* (Schaumberg & Flynn, 2017). Guilt proneness is a moderating effect whereby employees act out of a sense of obligation, rather than on motivation alone (Cohen et al., 2016). Employees with a lower sense of job satisfaction experience a more significant guilt proneness toward outside-of-work obligations, whereas employees with higher job satisfaction experience levels of guilt proneness from both work and outside demands (Schaumberg & Flynn, 2017). Employees can interpret guilt as a motivating factor, and therefore its presence can positively affect job satisfaction. As a hygiene factor, compensation is a more significant cause of dissatisfaction than of satisfaction, and similarly, its presence can increase guilt proneness toward the workplace, and its absence can increase guilt proneness toward other obligations (Furnham & Treglown, 2017). If employees believe they are well-compensated, guilt proneness can reduce absenteeism caused by caregiver demands. If employees believe they are poorly or unequally compensated, guilt proneness can exasperate absenteeism due to conflicting demands.

Opponents of the Two-Factor Theory

Scholars both accept and criticize Herzberg et al.'s (1959) two-factor theory. The most frequently raised concern is a lack of independence between Herzberg's motivation and hygiene factors (Sanjeev & Surya, 2016). This criticism raises a flaw in the theory: if the elements are dependent, it cannot be true that one set of factors increases satisfaction while the absence of the other set increases dissatisfaction. Similarly, critics have questioned the methodology behind the two-factor theory. Some researchers have noted

Herzberg did not satisfactorily confirm the existence of different factors versus opposing

reactions to the same factors (Chu & Kuo, 2015; Conrad et al., 2015; de Wit et al., 2018;

Holmberg et al., 2018). Despite the valid concerns related to methodology and supporting

design, there is a general acceptance of Herzberg et al.'s (1959) two-factor theory in

terms of workplace factors influencing employee perceptions of job satisfaction.

Rival Theories

Researchers study well-established theories, and this may inspire the formulation

and of alternative explanations or hypotheses in the social sciences (Ridder, 2017).

Herzberg's two-factor theory stems from the 1950's, and, over the past 70 years, many

rival theories have been developed. Few theorists seek to discredit Herzberg, but rather to

expand research on employee satisfaction and to modernize what they may see as

temporal flaws.

Self-Determination Theory

Rigby et al. (1992) confirmed that differences exist between the effects external

rewards have on intrinsic motivation. Deci and Ryan (2008) later elaborated on the

connection between external rewards and intrinsic motivation to develop theory self-

determination theory. Self-determination theory contains three premises: humans are

inherently proactive with their potential and motivation is an internal force; humans have

an inherent tendency toward growth and development; and although development and

actions are inherent in humans, they do not occur automatically (Deci & Ryan, 2008).

Fundamentally, according to social determination theory, people have an internal

motivation to perform and grow. However, the supporting actions may require an

external force to enhance internal needs (Deci & Ryan, 1980). Individuals must satisfy three basic psychological needs to foster well-being and health: competence, relatedness, and autonomy (Olafsen et al., 2015). Although these needs are universal, individuals may express them differently based on time, culture, or experience (Olafsen et al., 2015). Researchers can broadly apply social determination theory to attempt to explain motivation among employees and humans generally.

Social determination theory also includes elements of causation. Causality orientations have three dimensions designed to explain how humans regulate their behavior: autonomous, controlled, and impersonal (Deci & Ryan, 2011). Autonomous orientations are states that result from the satisfaction of having the basic needs met (Deci & Ryan, 2011). Controlled orientations result from the satisfaction of competence and relatedness needs, although without autonomy, and lead to well-being (Chen et al., 2015). Impersonal orientations result from failing to fulfill all three needs, and lead to poor functioning and a lack of wellness (Chen et al., 2015). Like the two-factor theory, the social determination theory is consistent with the hierarchy of needs, but its purpose is to examine the results of an employee's attainment of needs from a different perspective.

Supporters of the self-determination theory propose that when individuals are intrinsically motivated to perform a task, their motivation can change after the introduction of an extrinsic motivator such as compensation (Deci et al., 2017). After the introduction of money, an individual cognitively re-evaluates the importance of the task, and the intrinsic motivation to perform the task shifts to extrinsic motivation, with the primary focus becoming the financial reward (Deci & Ryan, 2015). However, when the

extrinsic reward is positive reinforcement in the form of verbal praise, the person

continues to see the task as an enjoyable task performed autonomously, and intrinsic

motivation increases (Baard et al., 2004). This theory of motivation differs from the two-

factor theory, as it is separate from workplace environmental factors.

Locke's Discrepancy Theory of Job Satisfaction

Locke (1969) developed the discrepancy theory of job satisfaction based on the

notion that satisfaction comes from a person's sense of what is important and not the

fulfillment of needs. Locke (1969) believed there were three elements to job satisfaction:

amount of return, desired amount of return, and perception of importance. In discrepancy

theory, dissatisfaction occurs when these three elements are not in balance. For example,

job dissatisfaction occurs if individuals' sense of importance about a job does not align

with what they believe they receive from the job (Tietjen & Myers, 1998). It is not the

work environment or the internal motivations of a person that determines satisfaction but

whether a discrepancy exists between a person's perceptions about the value and worth of

a job, and the person's perception about the return on their efforts.

Locke's (1969) theory differs from the two-factor theory, as Locke believed that

people internalize external stimuli, such as what Herzberg would label as hygiene factors,

to create personal values. Locke believed employees transform external regulations into

self-motivation so that extrinsically motivated behavior is, in fact, autonomously

regulated and self-determined (Fernandez & Moldogaziev, 2015). For Herzberg, extrinsic

motivators affect employees consistently, but for Locke, the result is individualized.

Expectancy Theory and Job Satisfaction

Vroom (1964) developed the expectancy theory to explain the mental processes an individual undergoes when making a choice. In the employment context, the expectancy theory addresses the effect of employer-sponsored rewards on employee performance and motivation (Vroom & Deci, 1970). Vroom (1964) developed the simplified theory of motivation to explain that when external rewards are present, employees are motivated; when external rewards are absent employees are less motivated. The reason for developing expectancy theory was to address a gap between industrial/organizational psychology theoretical models of motivation and practical models of workplace motivation accessible to managers for implementation (Lloyd & Mertens, 2018). Although the theory has influenced scholarly thinking on motivation, debate remains as to the effectiveness of the model to reasonably predict workplace motivation and behavior (Liu et al., 2016). Expectancy theory differs from the two-factor theory on the effect of external rewards or hygiene factors; Vroom (1964) noted these occurrences increase motivation, whereas Herzberg et al. (1959) contended the absence of these factors increases dissatisfaction but their presence alone cannot increase satisfaction or motivation.

Social Exchange Theory and Job Satisfaction

Thibaut and Kelley (1959) believed reward-cost matrices explained the interdependence of individuals and the power of one party over another. Scholars can use the theory to predict the outcomes of social interaction based on an analysis of power (Birtch et al., 2015). This analysis of power relates to job satisfaction as, according to

social exchange theory, when an employee satisfies their job demands but does not receive what they deem to be appropriate for their effort this will negatively affect job satisfaction (Huang et al., 2016).

Although rival theories, all of the above researchers seek to identify the factors that enhance and detract from an employee's sense of satisfaction on the job. There is disagreement with Herzberg as to if motivation stems from external factors (Deci & Ryan, 2008), the linkage between job satisfaction and the fulfilment of needs (Locke, 1969), the absence of hygiene factors as paramount to the presence of these factors (Vroom, 1964), and the omission of power differentials from the two-factor theory (Thibaut & Kelley, 1959). Although different, all of these theorists acknowledge the importance of motivation, and the linkage of this with job satisfaction.

Absenteeism

Employee absenteeism is costly to employers, as it negatively effects both operating costs and productivity levels, since employers are paying wages for a person to be away from work and paying overhead costs when scheduled work does not take place. Stonebridge and Sutherland (2016) estimated the annual cost of absenteeism to the Canadian economy in 2013 was $16.6 billion. Absenteeism represents between 15% and 20% of all direct and indirect payroll expenses in Canada (Kocakulah et al., 2016).

The commonly used definition of absenteeism is the period an employee is away from scheduled work. Rafa (2017) defined chronic absenteeism as missing more than 15 scheduled days per year. When surveyed, 52% of Canadian employees listed the cause of their last workplace absence as not being illness related (Morneau Shepell, 2015). The

cause of absenteeism is often not considered alongside the concept of tracking

absenteeism rates. Researchers tend to focus on the actions that employers can take to

reduce levels of voluntary absenteeism versus an attempt to address serious illnesses or

other life events separate from the workplace. The role of research and academic

literature can have an effect on the strategies to address absenteeism.

Absenteeism is not only a Canadian problem. In Spain, absenteeism accounts for

0.3 days per workweek among permanent employees (García Mainar et al., 2018). In the

United States, an estimated 4.2 million workers missed work in January 2018 due to

absenteeism (U.S. Bureau of Labor Statistics, 2018). In Germany, absenteeism cost

private sector companies 129 million euros in 2009 (Schmidt et al., 2019). In Japan, the

cost of absenteeism is estimated between 3620 and 4138 yen per employee per year

(Kimura et al., 2018). Strömberg et al. (2017) estimated the average cost of absenteeism

globally is 1.97 times an employee's wages. Given its financial effect, employee

absenteeism is a concern across the developed world.

Absenteeism occurs across all industries, and both public and private sectors

(Asay et al., 2016). Rates of workplace absenteeism deviate little across employee

demographics such as age or ethnicity, provided the sample is large enough (Mackay,

2016). Age-related differences, when apparent, only occur among blue-collar and

manual-labor-type roles (Bouville et al., 2018). However, the occurrences of absenteeism

are repeatedly highest among female employees (Hacket, 1989; Mackay, 2016; Magee et

al., 2016; Magee et al., 2017; Scott & McClellan, 1990). Public sector employees

demonstrate absenteeism behaviors more frequently than their private sector counterparts

(Magee et al., 2016). Female employees within the public sector therefore have the highest levels of absenteeism on average.

Presenteeism

The term assigned to employees who report to work physically but are not mentally engaged with their work is presenteeism. Loss of productivity due to employee lack of engagement, or presenteeism, is estimated at 1.7 times the cost of an employee's wage (Strömberg et al., 2017). According to a survey of Canadian employees, 53% of workers believe workplace presenteeism is a problem, and 80% self-reported that they have demonstrated presenteeism behaviors in the workplace (Morneau Shepell, 2015). A lack of job satisfaction is a contributing factor to presenteeism and manifests in reduced employee productivity and engagement (Ferreira et al., 2019). Presenteeism was not be a focus within this study.

Stress may be a contributing factor to absenteeism levels. Hassard et al. (2018) estimated the cost to the Canadian society of work-related stress as between 2.59 billion and 9.59 billion USD per year. These costs are a combination of publicly funded mental health service provision requirements as well as lost productivity levels (Hassard et al., 2018). ul Haque et al. (2018) found the Canadian workforce considered personality issues, interpersonal roles, task demand, leadership, organizational structure, and role demand as the causes of workplace stress. These factors are in line with the proposed detractions from job satisfaction in Herzberg et al.'s (1959) two-factor theory. However, de Wit et al. (2018) confirmed that a reduction in stress levels and a positive relationship with work participation among employees who successfully adopted coping strategies.

Employees who are conscientious and who experience a high level of demand in their jobs report higher levels of stress and display a higher level of absenteeism than colleagues in less demanding roles (Kok et al., 2017). Reports of stress and absenteeism behaviors also occur among less conscientious employees and those in less demanding roles (Kok et al., 2017). The combination of these research findings indicates that stress may be a compounding factor to absenteeism levels, but it is not a sole root cause. Moreover, the occurrence of stress alone cannot explain the differences across genders and public and private sector employees.

Drivers of Absenteeism Behaviors

Researchers have identified statistically significant differences between male and female employees, and public and private sector employees in the decision to display absenteeism behaviors (Asay et al., 2016; Hacket, 1989; Mackay, 2016; Magee et al., 2017; Scott & McClellan, 1990). These statistical findings have inspired researchers to seek explanations for these differences (Magee et al., 2017). Edwards (2014) created a decision-making matrix (see Figure 1) to illustrate the effect of these factors on absenteeism behaviors.

Figure 1

A Flowchart Model of the Factors Impacting Decisions Relating to Employee Attendance
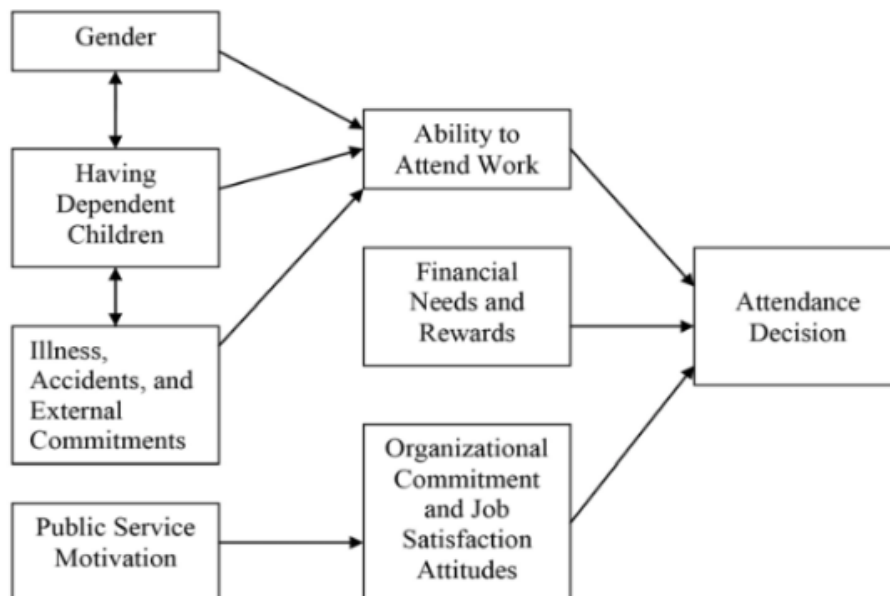
Note. From "Examining Absenteeism in the Public and Non-Profit Sectors," by V. Edwards, 2014, *International Journal of Organization Theory and Behaviour*, *17*(3), p. 295 (https://doi.org/10.1108/IJOTB-17-03-2014-B002) . Copyright 2014 by Pracademics Press. Reprinted with permission.

In the flowchart model, Edwards (2014) indicated that gender is not an independent differentiator for the frequency of employee absenteeism behaviors, but rather a factor alongside others such as childcare and other external commitments. The correlation between childcare responsibilities and gender is a central theme of this model and a social phenomenon that has not changed dramatically over time. Even in Scandinavian countries with progressive policies targeting gender equality and equitable parenting by men and women, women with children experience lower wages ($p = .194$), fewer hours worked ($p = .065$), lower labor participation rates ($p = .134$), and lower wage

rates (p = .143) than their male counterparts (Kleven et al., 2019). The relationship

between employee absenteeism and childcare and family responsibilities is a significant

component of this model.

Additional Considerations of Female Employees

Female employees not only perform caregiver activities in higher numbers but

also spend more time on these duties (Statistics Canada, 2020b). Women in the Canadian

workforce spend, on average, 50.1 hours per week on childcare activities while their male

counterparts spend 24.4 hours (Statistics Canada, 2020b). When the age of the youngest

child in the household is under 5 years, working women recorded, on average, 67.5 hours

per week of childcare, and men reported about half that (30.2 hours; Statistics Canada,

2020b). When the youngest child in the Canadian household was between 5 and 14 years

old, the average weekly hours spent on childcare declined, with working women

spending 37.7 hours on childcare compared with 19.7 hours for working men (Statistics

Canada, 2020b). These rates assume unpaid childcare activities are in addition to paid

work.

These results are not unique to Canada. Public Health research in Poland

attributed 85% of the cost to employers from absenteeism to employee childcare

obligations (Łyszczarz, 2019). Mental health researchers in Japan have noted that women

have high levels of absenteeism but cite reasons other than mental health as the reason for

their absence (Doki et al., 2016). In Norway, which has higher levels of gender equality

than most other countries, women with children, and especially those with a sick or

disabled child, have higher rates of absenteeism than men with children (Brekke &

Nadim, 2017). Women in multiple countries face additional childcare obligations compared to their male counterparts.

Additional Considerations Regarding Absenteeism in Canada

Although a great deal of research on work environments applies to the western world, there exist nuances between nations. Canada is a mix of social policy and public health care systems found in Europe and vacation practices closer to those found in the United States (Milligan & Schirle, 2019). For these reasons, additional consideration regarding absenteeism in Canadian hospitals requires additional consideration when assessing the current literature.

The Canadian landscape complicates the absenteeism issue due to the existence of generous paid employee leave entitlements, high unionization, and broad human rights legislation (McGrandle & Ohemeng, 2017). Although there is some variance across provinces and within specific professions, Canadian employees have similar employment rights. Similarly, there is variation among professions and industry sectors regarding unionization. In Canada, federal legislation entrenches human rights for all Canadians (Canadian Human Rights Commission, 2020). The examination of these factors within this study were from an Ontario perspective, but are representative of the Canadian experience.

Leave Entitlements

In Ontario, workers have a minimum legal entitlement of 3 sick days per year, with the average being 5 paid sick days per year (Ontario, 2020b). In addition to this, Ontario workers have access to maternity leave, parental leave, family responsibility

leave, family caregiver leave, family medical leave, critical illness leave, bereavement

leave, organ donor leave, military reservist leave, child death leave, crime-related child

disappearance leave, and domestic and sexual violence leave (Ontario, 2020b). The

majority of the latter seven of these leaves are used only by a small percentage of people,

given the high standard of eligibility (Ontario, 2020b). Maternity and parental leave have

direct ties to the birth or adoption of an employee's child and therefore apply only a

limited number of times. The remaining four (sick leave, family responsibility leave,

family caregiver leave, and family medical leave) more commonly affect the frequency

of an employee's absenteeism (Nandi et al., 2018). This listing does not include

additional sick and caregiver leaves associated with emergencies such as the COVID-19

pandemic (Ontario, 2020a).

The provision of legislative job protections positively affects social well-being

and supports the needs of all employees seeking to earn an income while meeting family

and personal obligations (Nandi et al., 2018). More important, the existence of these

protections has no direct effect on unemployment rates and is not a deterrent for

economic or commercial growth (Avdagic, 2015). Researchers have not attributed the

introduction of job protection legislation as a single factor impeding business success

(Avdagic, 2015). A case study analysis of absenteeism within Germany, where robust job

protections exist, and Italy, where there are far fewer protections, confirmed that a higher

level of absenteeism in Germany (Ichino & Riphahn, 2004). However, the levels of

absenteeism were even higher among German public servants who had more job

protections than those working in the private sector (Ichino & Riphahn, 2004). Canada's

legislated job protections likely contribute to the level of absenteeism within the country (McGrandle & Ohemeng, 2017). Absenteeism behaviors may occur at a more significant frequency when access to paid time off and a guarantee of employment security exist in the legislation.

Unionization

In Canada, the average rate of unionization in the workforce is 28.4% but is higher among female employees, who average 32% unionization (Statistics Canada, 2020c). The higher rate of unionization among female employees stems from higher rates of unionization among public sector areas traditionally associated with female employment, such as clerical work, teaching, and hospitals (Statistics Canada, 2020c). Canadian unionized workers have, on average, 15 paid sick days per year compared to the private sector average of 6 (Wong, 2016). The existence of this paid employment entitlement for unionized workers affects the level of sick leave used by these employees. Union have opposed any corrective measures by management to discourage employees from using their leave entitlements (*Humber River Hospital v. Teamsters,* 2014; *Ontario Public Service Employees Union, Local 464 v. Ottawa Hospital*, 2015). As health care workers in Canada are predominately unionized, more hospital employees have access to more significant amounts of paid sick leave and, subsequently, higher usage rates (Ontario Ministry of Health and Ministry of Long-Term Care, n.d.), which subsequently results in higher sick leave usage rates when compared to employees without the additional days of paid sick leave.

The number of legislated and generous leaves from work are in contrast to the legislated vacation entitlements (Ontario, 2020b). Upon hire, the vacation entitlement is 2 weeks, and this increased to 3 weeks after 5 years of service with the same employer (Ontario, 2020b). Vacation, as a form of paid time away from work, is less generous than many other leaves. This may result in absenteeism by employees due to a lack of paid vacation. Moreover, other leaves include a component of job protections which insulate an employee from corrective measures due to their absence from work. In terms of Herzberg et al.'s (1959) two-factor theory, the provision of the other leaves is a motivation factor and the administration of vacation an example of an absent hygiene factor.

Effect of Absenteeism on Health Care Organizations

The issue of absenteeism for public services affects organizations and the client population. Absenteeism, when prevalent, affects the operations of a business. In the case of hospitals, the interruption can also negatively affect clients' health and recovery times. People under outpatient care, such as those undergoing chemotherapy, may experience scheduling changes and treatment delays (Benzaid et al., 2019). In developing nations, the absenteeism rates of staff are specifically listed under the three delays model for identifying factors that exasperate maternal and newborn mortality rates (Ackers et al., 2016). An association exists between increased absenteeism and reduced patient safety culture (Brborović & Brborović, 2017). Each factor can reinforce the other: increased absenteeism can reduce patient safety culture and a reduced patient safety culture can cause an increase in absenteeism (Brborović & Brborović, 2017). Actions taken by

leaders in hospitals to reduce absenteeism can therefore positively affect patient safety and patient health.

Absenteeism is an ongoing problem in the health care sector. According to Statistics Canada (2012), hospital employees in Canada averaged 14 sick days per year in 2011. Despite the data no longer being captured nationally by industry, if future-dated using the Canadian population, and current average sick leave usage rates, the average number of sick days for 2018 would be approximately 16.8. The Ontario Hospital Association, a not-for-profit group representing approximately 141 public hospitals that works towards achieving a high-performing health system for Ontarians, set a benchmark of 12.5 days of absenteeism per employee per year in 2018 (Ontario Hospital Association, 2018).

Flexible Work Arrangements

An association exists between flexible work arrangements and successful strategies to reduce employee absenteeism in industries separate from health care (Peretz et al., 2018). In a hospital setting, the scheduling of resources is interconnected and requires a team of experts. The absence of one team member may render the entire team unusable; therefore, scheduling shifts may be more rigid in a hospital than in other industries. The effectiveness of flexible work arrangements as an intervention depends on the alignment of the flexibility with the organizational culture (Peretz et al., 2018). Therefore, in a health care setting, flexible work arrangements that prioritize patient care would be more successful than those that did not.

For those women who are employed, family-work role conflict is a significant

mediator between employment adjustment and mental health (Li & Lee, 2019).

Employees modify their work life to accommodate their life demands by reducing their

expected hours of paid work formally though a change in position or informally through

increased absenteeism (Li & Lee, 2019). Full-time employees are more likely than part-

time employees to be absent from work (Burmeister et al., 2019). This conclusion

regarding full-time employees could also be reflective of demands from work and family

being more significant for full-time employees as part-time employees have more hours

to accommodate demands from outside the workplace.

Many of the demands of childcare and family responsibilities conflict with the

traditional hours of work in Canada, which are 9 a.m. to 5 p.m., Monday to Friday. In

Ontario, Canada, a school day is 6 hours long, typically 8:45 a.m. to 2:45 p.m. (Welcome

to Ontario, 2020). Thus, the transportation of children to and from school usually occurs

within the workday. Parents can arrange for a third party to manage this or for alternative

care, but they ultimately remain responsible. Moreover, school activities, award

ceremonies, concerts, and plays often occur during the regular school day. The school

schedule and the traditional work schedule are not compatible.

Female employees benefit more from employer interventions to balance work and

life, as they indicate higher job satisfaction and lower stress levels after employer

interventions than their male colleagues do (Deery & Jago, 2015). Male employees

benefit from an increased perception of being responsible and dedicated when they take

advantage of a company's flexible arrangements for family responsibilities, whereas

women are viewed as less committed when they do (Cohen et al., 2016). Researchers have suspected employee gender as influencing the view of an employer's supportive leadership (Eibl et al., 2020). This inequality of perception may negatively affect the viability of flexible work arrangements as a possible solution to reduce absenteeism.

Conclusion

The comprehensive review of the professional and academic literature relating to absenteeism confirmed the significance of the issue. With a cost estimated at 1.97 times an employee's wages, absenteeism is an issue of great importance to employers (Strömberg et al., 2017). Absenteeism entails two categories, voluntary and involuntary, and only the former is something employers can strategize to address.

The voluntary nature of an absence is difficult to concretely define, as some absences such as the desire to use sick leave in lieu of vacation days are voluntary while others, such as absences due to conflicting family demands, are less voluntary (Furnham & Treglown, 2017; Schaumberg & Flynn, 2017). The identification of voluntary absences is especially true in the case of female employees, who are statistically more likely to experience more significant demands for their time outside of the work environment than their male colleagues are (Statistics Canada, 2020b). Regardless, the level of job satisfaction experienced by the employee modifies the likelihood of the employee deciding to be absent (Alfayad & Arif, 2017; Bunchapattanasakda et al., 2018; Chu & Kuo, 2015; Hacket, 1989).

Employers can use Herzberg et al.'s (1959) two-factor model to predict the level of job satisfaction employees experience. When employees feel satisfied with their job,

their level of absenteeism is likely to be lower, even in environments such as those in Canada that provide employees with legislated paid leave and job protections that reduce the likelihood of termination for absenteeism. Although the available literature confirms the connection between job satisfaction and reduced absenteeism, no one has identified a concrete solution to address the issue.

Absenteeism is a complex issue with no obvious solution. The results of the studies depicted in this literature review confirm the existence of the issue. However, researchers to date have not focused on defining practical solutions to address the issue of absenteeism in the workplace. Examining the business problem of absenteeism through the lens of a hospital setting is advantageous due to the disproportionate number of female staff and the enhanced requirement for specially trained staff to report to work as scheduled and the social impact when this does not occur.

Transition

Section 1 began with the foundation and background of the problem. The purpose statement included the scope and direction of this study. The nature of the study included the reasoning for selecting a qualitative methodology and a multiple case study design. The confirmation of the research question and conceptual framework selected for this study clarified the central focus and the theoretical lens. Section 1 concluded with a review of professional and academic literature that served to establish a baseline of the possible causes and events that affect absenteeism levels, as well as the importance of the two-factor theory in understanding absenteeism behaviors.

In Section 2, I outlined the process for data collection and data analysis. I explained the role as the researcher and how the interview protocol guide (see Appendix A) and informed consent document may enhance data reliability and dependability. I outlined strategies used to avoid bias and to ensure participants understand their rights and remain autonomous. I addressed the use of purposive sampling in case studies to select qualified interview participants and the use of the multiple case study qualitative research method and design. I explained the strategies chosen to conduct ethical research, the use of data collection instruments, the different types of data collection techniques, and the storage plans for the data collected. I explained the plan for data analysis, as well as the chain of the data. I also addressed the strategies selected to support the collection of valid and reliable data in this multiple case study research.

Section 2: The Project

In this research project, I used a qualitative multiple case study approach to explore the strategies that leaders use to reduce absenteeism. In the literature review, I identified the theoretical framework as well as the range and scope of current research on this topic. In the research, I identified the impact that absenteeism has on health care organizations and some strategies that hospitals have used to reduce absenteeism. The interviews I conducted occurred with purposefully selected leaders who were involved in absenteeism reduction strategies. Interactions with these participants provided me with the opportunity to develop a detailed understanding of the strategies used to address absenteeism in a health care setting.

I used confirmatory procedures such as data triangulation to improve consistency, validity, and reliability of the information collected in the study. Data saturation takes place when the researcher is no longer able acquire new information interview and there are no new coding themes from participant responses (Fusch & Ness, 2015). In their research, Hennink et al. (2019) confirmed that 91% of the available information is collected in a research study within the first six interviews. Researchers can also claim sufficient data saturation when they have collected enough data to achieve their research purpose, provided they also report how this was accomplished and to what degree they achieved data saturation (Faulkner & Trotter, 2017). Unless data saturation occurs, the quality and validity of a study may be hindered (Fusch & Ness, 2015). I collected data from all participants, maintaining a study population of key leaders from each of the six

hospitals. For the purpose of this study, data saturation occurred once data had been collected from leaders within each of the six hospitals in the population sample.

Purpose Statement

The purpose of this qualitative multiple case study was to explore the strategies that hospital leaders use to reduce absenteeism amongst female employees. The targeted population consisted of six leaders from six hospitals in Ontario, Canada, who had implemented successful strategies to reduce absenteeism. The implication for positive social change includes the potential to enhance hospital leaders' understanding of effective strategies necessary to reduce female employee absenteeism. The recognition by leaders of the unique needs of female employees can lead to workplace practices that better support employee attendance. This, in turn, may improve the quality of life for female employees through increased social and economic inclusion and, as a result, improve local economic growth.

Role of the Researcher

The role of the researcher in a qualitative study is to collect data, with the researcher serving as the primary instrument for this collection effort (Slembrouck, 2015). According to Yin (2018), in a qualitative case study, the researcher should gather data in several ways, including (a) face-to-face interviewing, (b) recording, (c) analyzing artifacts, (d) documenting, and (e) reporting of any findings. My role in this study was to collect data from leaders regarding their experiences with absenteeism-reduction strategies, analyze the data, and present findings based on the data analysis. Interviewing participants is the primary and most appropriate method of collecting information when

the intention is to derive information from people who experienced a phenomenon in the past (Langley & Klag, 2019).

I chose to conduct a study on absenteeism because of my experience working in health care and human resources. Researchers most often choose a research topic based on personal interest and a review of the literature surrounding the topic (Råheim et al., 2016). However, to reduce bias, researchers should list their values, assumptions, and reasons for choosing a topic, as well as any positionality statement where applicable (Clark & Vealé, 2018). Journaling is a useful tool for the researcher to reflect on and review their actions to ensure the information collected reflects the views of the participants versus their own experiences or beliefs (Frempong et al., 2018). To mitigate personal bias, I chose organizations where I did not have a working relationship with the leaders who participated in the research. I transcribed the interviews verbatim and identified and coded the themes presented in order to accurately analyze and report on the findings based on participant responses and to reduce the possibility of influence from any personal opinion. I also maintained a journal to keep track of all activities related to these processes to support reflection.

The Belmont Report contains basic ethical guidelines for the protection of human subjects during research (Reid et al., 2018). The principles outlined in the Belmont Report led to the codification of the American legal standards for the protection of the human subject (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978). These principles are (a) respect for persons, interpreted as treating people as autonomous agents; (b) beneficence, meaning

minimizing potential harm and maximizing benefits of participation; and (c) human

justice regarding the equal distribution of risks and benefits (National Commission for the

Protection of Human Subjects of Biomedical and Behavioral Research, 1978). I was

truthful with the participants about the research and respectful in all communications in

order to be consistent within the standards defined for respecting all persons. I informed

the participants about the details of the study. I provided a consent form outlining the

information to be collected, how data would be shared and stored, and confirming their

rights as a participant to each participant. Participants were then asked to confirm their

agreement to participate in the study via email and by typing the words *I consent.* To

meet the standard for beneficence, I ensured that the interview questions used in the

research did not create situations that could cause physical, reputational, or emotional

harm to participants. I only asked questions about their experiences with implementing

successful strategies to reduce absenteeism amongst female employees. I collected

information on what elements they considered, which were most effective, and how

female employees reacted to these strategies. The nature of the data collected involved

minimal risk of harm as the data collection involved asking leaders about their

experiences with implementing previous strategies to reduce absenteeism and the

subsequent results. I asked leaders questions about the strategies used and the impact on

the organization as a whole, and I did not solicit any sensitive information, data linked to

any individual, or data damaging to the organization's reputation. Lastly, to meet the

standard for ethics, I treated all participating organizations equally and respected the

confidentiality of individual and organizational identities in all aspects of the study. I

reported only thematic responses, not identifying the source organization or participant, and shared the aggregated results with all organizations.

Researchers in qualitative studies are responsible for minimizing errors and reducing or eliminating biases (Yin, 2018). According to Call-Cummings et al. (2019), researchers should strive to eliminate personal assumptions based on preconceived ideas or beliefs that might affect the reliability of the data collection and analysis process. Castleberry and Nolen (2018) emphasized the need for researchers to acknowledge the worldview they bring to their studies, to inform readers of both their background and approach, and to enable readers to confirm their findings as credible. To reduce personal bias, I maintained a journal to track activities related to this research. The act of journaling can guide a researcher toward self-reflection to ensure that the information collected reflects the participants' views, rather than the researcher's own experiences or beliefs (Frempong et al., 2018). I periodically reviewed the journal entries to ensure that I reflected only the experience of participants.

Guided interview questions can limit the correlation between each individual's answers and themes reported as collected in the data (Hackett & Strickland, 2018). Researchers who use open-ended questions during interviews can collect the most information from participants about their experiences and the perspective of the interviewees (Bowden & Galindo-Gonzalez, 2015). I used open-ended questions during the interviews to encourage participants to share their experiences openly, to collect information from the perspective of the interviewees, and to limit the viewing of data through a personal lens. Based on these recommendations, I used an interview protocol

with a consistent set of interview questions of both a guided and open-ended nature to guide the conversation and elicit responses about participants' experiences.

An interview protocol is a tool for researchers to use to ensure the interview questions align with the purpose of the study (Castillo-Montoya, 2016). I used an interview protocol with consistent interview questions an open-ended nature. I used an interview protocol for this study (see Appendix A) to ensure I conducted all interviews in the same fashion and that I asked each participant the same questions. My adherence to this protocol helped to mitigate bias by using prescribed and neutral questions to guide the interview and to reduce the likelihood of any personal bias from entering the interview. The use of an interview protocol was consistent with the goal of being an effective qualitative researcher.

Participants

Selecting participants based on their roles as leaders, regardless of their professional specialty, helps to solicit opinions from different perspectives (Peters & Halcomb, 2015). The selection of participants based on their involvement with a topic without exclusion due to their professional background maximizes the relevant information available for collection (Malterud et al., 2016). Identifying participants for their role and not the number of years of experience they possess can also increase the number of perspectives available for the researcher to collect (Sutton & Austin, 2015). For this study, I collected information about strategies used in hospitals to reduce absenteeism. For this reason, I chose participants who had experience as a hospital leader with the implementation of strategies to reduce absenteeism. I did not consider the

number of years of experience they possessed, only that they had direct experience at their hospital with implementing strategies that have reduced absenteeism, and the impact of these strategies on attendance levels of female employees.

After researchers established the initial study design, Peticca-Harris et al. (2016) recommended devising a plan for identifying, contacting, and recruiting potential participants. Each hospital has a website that includes the contact information for hospital leaders. In addition, the province of Ontario lists the names and contact information for all senior leaders in hospitals. I contacted individual leaders, explained my research and the required experience of participants with whom I sought to connect, and confirmed if they met the requirements. If they did, I asked if they were interested in participating in my research. I also used my business network to try to establish a personal introduction to a hospital human resource leader. Once identified, I screened potential participants with a short questionnaire (Appendix B) and assessed them against the criteria for participation, such as if they had been directly involved in the implementation of strategies to reduce absenteeism within their hospital. If they met the criteria, I identified them as a possible participant; if not, to further increase the number of possible participants, I asked to be directed to one of their colleagues who they believed may have had the required experience to meet the criteria. Once a potential participant was identified, I explained the purpose of the study, confidentiality, and the potential benefits to the organization of participation in the study and asked them to participate. I also reviewed the consent form with them to further assure them of their rights and the obligations towards their role as a participant and for any data collected.

Once a connection has been established, and a person agrees to participate in research, in-person interviews are most effective for building trust and reducing the hierarchy between researcher and participant (Dempsey et al., 2016). Establishing rapport and a foundation of trust with participants maximizes the amount of data the researcher can collect (Roy et al., 2015). The removal of barriers builds trust with the participants and enhances the value of the information collected (Ellard-Gray et al., 2015). Public sector employees face concerns over participation in research that is critical of government practice or policy (Parker et al., 2017). I conducted interviews, outlined the standard of confidentiality, and confirmed to participants that no results will be associated with any person or facility, and that no facility or participants will be named in the published research. To further ensure confidentiality, the names of all individuals and all participating hospitals were excluded from the published research. I emphasized how much I valued their participation, the potential benefits to their organization of sharing knowledge, and answered any questions they had. I also explained that the research only includes only hospitals in the same region, all of which are public-sector. This was important to recognize as limiting the hospitals to those in Ontario ensures all participant facilities are subject to similar political and environmental factors such as common funding structures, collective agreement obligations, and consistent employment legislation (Ontario Ministry of Health and Ministry of Long-Term Care, n.d.). This should reduce the likelihood of any information collected being attributable by a third party to any one source. Lastly, I conducted the interviews in line with current Ontario public health guidance in light of the COVID-19 pandemic. I partnered with each

participant and solicit their input as to how we could best conduct the interview in terms of both format and timing and in recognition of the additional burdens of the pandemic such as closed schools and daycares, and of the additional workload facing hospital employees at this time.

Research Method and Design

The selection of a research method and subsequent design is critical for a researcher because the design impacts the collection and analysis of data and any subsequent findings (Goerres et al., 2019). A confirmed approach to method facilitates the formulation of research objectives and the purpose of the research (Counsell et al., 2016). The alignment of a study is not possible without the selection of a research method and design consistent with the intent of the study (Green et al., 2015).

Research Method

In this qualitative multiple case study, I focused on collecting data about strategies used by hospital leaders to reduce absenteeism levels among employees. Yin (2018) suggested that qualitative research can provide a means to understand a phenomenon through exploration and analysis of multiple sources of data. Frempong et al. (2018) suggested that the qualitative method could be applied to gain insights into an existing process. Yin (2018) confirmed that the qualitative method is most appropriate for the exploration of strategies that address concerns of an occurrence or process. Further, Adhabi and Anozie (2017) noted that qualitative methodology is best suited for studies in which the researcher intends to collect data that can enhance the understanding of a phenomenon. Researchers use qualitative research techniques, such as the use of open-

ended interview questions, to collect data from the participant's perspective and based on the participant's framework (Staniškienė & Stankevičiūtė, 2018). Through the use of open-ended questions, researchers may solicit information data on concepts and elements not previously considered, which reduces any influence of the researcher's framework and assignment of meanings (Weller et al., 2018). Because the focus was on strategies previously used to reduce absenteeism, a qualitative approach utilizing data collection techniques such as open-ended interview questions was appropriate for this study.

Researchers use the quantitative methodology to test hypotheses concerning existing relationships (Goerres et al., 2019). Staniškienė and Stankevičiūtė (2018) confirmed that the quantitative method provides the researcher with the ability to examine the relationships between variables and to quantify any relationship through the use of objective measurement. Quantitative methodology is appropriate for studies in which the researcher seeks to confirm causation and generalize findings to larger populations (Crane et al., 2017). For this study, the quantitative method was not appropriate because there are no relevant numerical data to collect and no relationships among variables to test.

A mixed-methods approach is appropriate when a researcher needs both qualitative and quantitative data to answer research questions. A mixed-methods approach is best suited for sequential data collection in which one type of data is collected, then another to confirm results from a second source to occur within the study (McKim, 2017). Researchers select a mixed-methods data collection approach when they want to use the data collected to both define and solve the problem (Shannon-Baker,

2016). This method is appropriate for theory development and theory testing in a single study (Turner et al., 2017). A mixed-methods study was not appropriate because I did not need the quantitative component of this method to collect numerical data or to confirm a theory or a single approach.

Research Design

Before selecting the multiple case study approach for this study, I reviewed four qualitative research designs (ethnography, narrative, phenomenological, and case study). The case study design is suitable for researchers wanting to explore a process and to collect data from multiple sources and perspectives (Yin, 2018). The case study design was more appropriate because I sought to collect data about the implementation of strategies within different organizations. The case study design is effective for use in researching real-world problems (Gammelgaard, 2017). This design was suitable for this research because I sought to study an issue that impacts organizations daily. The case study is a standard research methodology used by scholars to analyze data related to complex issues and interventions in support of their study of organizational issues (Atchan et al., 2016). A multiple case study design is similar to a case study design in which researchers use a positivist assumption that reality is objective and that it can be confirmed with empirical evidence (Yin, 2018). The multiple case study is a variation used in business where the researcher gathers data from more than one organization in order to investigate a phenomenon in a broader setting (Atchan et al., 2016). A researcher's use of the multiple case study design may yield richer, more valid data, due to cross-case comparison across organizations; a method more suited to support

generalizations (Verleye, 2019). Researchers may use the multiple-case study design to develop best practices through the collection of data across more than one organization. A multiple case study was most appropriate for this study because I sought to understand strategies that hospital leaders have used to deal with a complex problem in hopes of supporting the confirmation of best practices.

Wutich and Brewis (2019) explained that the criteria of ethnographic research include researchers needing to be immersed in the setting of interest to combine participant observation with interviewing, and other social research methods. I did not select the ethnographic approach because I did not observe participants in this study as a part of a sociological study. Moreover, researchers use this design to focus on a set of situations without imposing a framework (Trouille & Tavory, 2019). I did not seek to study a set of situations; therefore, an ethnographic design was not appropriate. Researchers utilizing an ethnographic method seek to incorporate multiple elements into a complex design that reflects the relationship between the data and environment (Gherardi, 2019). I did not intend to map the impact of these strategies, so the ethnographic design was not appropriate for this study.

I reviewed but did not select the narrative design for this study. The narrative design is an approach for describing an individual's life story (Hege et al., 2018). The narrative design was not appropriate for this study because I did not document an individual's life experiences to address the research question. Liestoel (2019) explained that the purpose of a narrative is to help the reader understand and explore lived experiences through conversations with a participant. I did not select the narrative design

because I did not seek to explain the experiences of participants. Clandinin et al. (2017) confirmed that the narrative design is participatory and can be used by researchers to guide the reader through the results. Because this study does not require an analysis of a participant's life experiences, the narrative design was not suitable.

The phenomenological design is appropriate for capturing data based on individual life experiences concerning a phenomenon (Flynn & Korcuska, 2018). However, for this study, I explored strategies used by leaders in hospitals to reduce absenteeism. Phenomenological research studies occur in the present (Adams & van Manen, 2017). Hopkins et al. (2017) acknowledged a benefit of selecting the phenomenological design is to incorporate support for a personal position into scholarly work. Because I looked at past implementation of strategies, and because I did not seek to support a personal position with this research, the phenomenological design was not suitable.

I followed Yin's (2018) multiple case study design. Although data saturation can be somewhat subjective in a qualitative study, data saturation is generally accepted to occur when no new data emerges (Yin, 2018). The volume of data does not provide data saturation; it is the richness and completeness of the data that the researcher collects that determine the power of the knowledge captured (Kim, 2017). Developing a means of data-source triangulation enhances the attainment of data saturation (Lowe et al., 2018). I further ensured the maximum data collected from each facility through member checking to confirm the synopsis of the data collected as well as data triangulation with hospital absenteeism statistics regarding any change to the average after the introduction of

strategies to reduce absenteeism. Through these additional steps, I was able to collect the maximum information about the strategies used in each hospital.

Population and Sampling

In this study, the target population was hospital leaders who have successfully implemented strategies to reduce absenteeism within a hospital in Ontario. Researchers can use a two-step sampling strategy in which the organization is selected based on criteria and then participants from within the organization are selected based on qualities or experience (Kerins et al., 2019; Yin, 2018). Once I confirmed that the relevant hospitals, participants were identified based on their experience at their hospital with strategies that had been successfully used to reduce absenteeism, and the impact of these strategies on attendance levels of female employees.

I used selective sampling for this study. Selective sampling is a purposive sampling technique whereby researchers deliberately choose participants due to the qualities the participant possesses (Etikan et al., 2016). This approach was the most logical method because the target population was small. I collected data on only one topic, and the only inclusion criteria are personal experience at their hospital with strategies that had been successfully used to reduce absenteeism, and the impact of these strategies on attendance levels of female employees.

In qualitative case study research, data saturation occurs when the researcher uncovers no new information or themes in an interview (Roberts et al., 2019). In nonprobabilistic samples, data saturation can occur in the form of theoretical saturation where the researcher has grounds for drawing generalizations (Yin, 2018). I interviewed a

hospital leader from each of the six participating hospitals who was involved with the implementation of strategies to reduce absenteeism.

Ethical Research

In qualitative research, the three core ethical considerations are the need for benefits and risks to be balanced in the participants' favor, the reduction of vulnerability for the participant, and the assurance of confidentiality or privacy (Kaewkungwal & Adams, 2019). Information to support the informed consent of participants should include participants' expectations and rights as well as planned procedures for gathering, displaying, evaluating, disseminating, and storing the data (Ingham-Broomfield, 2015). Each participant received a letter of invitation for voluntary participation offering no material or financial incentives along with the informed consent form for participants to acknowledge their understanding and agreement in participation. Once I received an expression of interest from a potential participant, I emailed a second copy of the informed consent form along with the interview questions. In the body of the email, I explained that to withdraw from the study they simply need to inform me in writing and direct their attention to the informed consent form and the instructions on withdrawing from the study. I was available to answer any questions or concerns posed by participants before, during, and after the study. Data collection only began after I received an email from a participant confirming their agreement with the informed consent form.

Demonstrating respect for persons through the protection of participants' identifying information is a key role for every researcher (Ross et al., 2018). I used coding to preserve the confidentiality of the study site, participants' identities, and

numeric codes (e.g., 1, 2, 3) to identify the hospital facility. Neither the names of

participants nor participating hospitals appeared in any journal or published research,

only the identifying number. The study data, including numeric codes, hard copy files,

and digital and audio data, will remain in secure storage in my office for a period of 5

years. Data destruction will occur after 5 years using a confidential document disposal

service. The research approval process included an ethics review by the Institutional

Review Board (IRB) at Walden University. The IRB approval number is 08-18-20-

0756878. The study population included consenting adults over 18 years of age who

volunteered to participate. Neither individuals nor organizations received any incentive to

participate. Participants had the right to withdraw from the study or not answer any

questions by indicating their wishes to me.

Data Collection Instruments

In qualitative research, the researcher is the primary data collection instrument

(Yin, 2018). The quality of data collected is dependent on the mode of data collection

used, and the interview is one of the preferred data collection techniques for qualitative

researchers due to the personal commitment of the time of both the participant and

researcher (Adhabi & Anozie, 2017). The most common types of interviews used in

qualitative research are structured, semistructured, and narrative approaches (Windsong,

2018). A structured interview refers to a survey or other rigid data collection instrument

in which there is no deviation from the questions across participants (Toye et al., 2016).

Researchers use semistructured interviews comprised of pre-scripted questions to solicit

data regarding the participants' experiences, perceptions, or opinions (Mahat-Shamir, et

al., 2019). Narrative interviews place the participant at the heart of a study and are used to collect personal stories of experiences within the context of a person's life (Anderson & Kirkpatrick, 2016). Open-ended interview questions are a technique used by researchers to explore topics in depth and to understand processes (Weller et al., 2018). In the current study, because the goal was to collect information about the experiences of participants within an organization, I used 10 open-ended interview questions to conduct semistructured interviews.

The use of qualitative methods, like interviewing, is essential to the collection of robust data in support of increasing the researcher's understanding of the issues identified for exploration (McGrath et al., 2019). In qualitative research, the reliability and validity of research are linked to transparency and decreased opportunities to insert researcher bias (Mohajan, 2018). Researchers use semistructured interviews with open ended questions to solicit data on a broad range of issues (Brown & Danaher, 2019). The researcher should be mindful not to use leading questions and not to let the participant to lead any discussion in addition to the predetermined interview questions (Kallio et al., 2016). The flexibility in questioning requires the researcher to be accountable for the interpretation of the data (van den Berg et al., 2019). One method to achieve reliable interpretation is for the researcher to ask multiple participants the same interview questions (Fusch & Ness, 2015). Creating and verifying a verbatim transcript of each interview is another method to enhance the reliability and validity of the data (Windsong, 2018). Member checking is a process where the participant reviews an interpretation of their responses by the researcher (Birt et al., 2016). Lastly, data triangulation can further

increase the credibility of the research results (Flick, 2018). I used an interview protocol (Appendix A), transcript checking, and member checking to enhance the reliability and validity of this study.

Interviews are an iterative process in which the researcher collects data from the participants by identifying the topics to be discussed and by guiding participants through questions in an attempt to achieve data saturation (Mahat-Shamir et al., 2019). An interview protocol is a tool for researchers to use to ensure the interview questions align with the purpose of the study (Castillo-Montoya, 2016). I used the interview protocol for this study (see Appendix A) to support the collection of data by guiding participants to discuss their experiences and perspectives on the topic. I used this data collection instrument and supporting interview protocol to foster discussion as needed to help me best understand the information each participant was seeking to convey.

Pilot studies are a means to examine the consistency of practices related to data integrity and ethics to support replication (Dikko, 2016). Pilot studies are used by researchers to assess the possible implementation of any intervention identified in a study (Malmqvist et al., 2019). Researchers use pilot studies to confirm the feasibility of a study on a larger scale than the initial population identified in a study (Kinchin et al., 2018). Because I did not seek to identify interventions or to expand the scale of this study, and because I underwent an extensive institutional review board process, I did not conduct a pilot study in this research project.

Data Collection Technique

Effective participant interviews in qualitative research require a plan for the process of collecting and organizing data, as well as for coding and analyzing the data (Ranney et al., 2015). In the current study, I used semistructured interviews with questions related to the research topic. The interview questions are listed in Section 1, and the interview protocol is in Appendix A.

Interviews are an effective means to collect qualitative data through a conversational format where participants expressed their views and experiences (Fritz & Vandermause, 2018). Semistructured interviews and the use of questions asked in the open-ended format are more likely to solicit narrative responses and maximize the information shared during the interview (Brown & Danaher, 2019). Maintaining flexibility towards interview scheduling, location, and other consideration to meet the logistical needs of participants are essential considerations for any researcher using semistructured interviews as a data collection tool (Adhabi & Anozie, 2017). A disadvantage of interviewing is the risk of encouraging an informal conversation and thereby increasing the amount of effort required to collect, transcribe, and analyze the information collected (Hawkins, 2018). The interview questions to be used in this study are of an open-ended nature. I conducted the interviews at a time preferable to each participant. To reduce the administrative burden from interviewing, I used software to facilitate the transcription of the interview recording.

Through the review of an interview transcript against a recording, researchers can confirm the accuracy of the transcript (Bengtsson, 2016). I compared the transcripts I

prepared to the recording to confirm accuracy through transcript checking. Member

checking, the process of asking participants to confirm their responses, is a validation

technique used to improve accuracy and to reduce bias (Flick, 2018). Researchers using

member checking have the opportunity to follow up with participants through their

review of the researcher's interpretation of the data provided (Varpio et al., 2017).

Researchers conducting member checking should document each interview question and

detail a summary of the response provided, and then send these to the participant to

confirm the accuracy, and for an opportunity to add additional information to their

responses (Fusch & Ness, 2015). I used this approach and then incorporate any

participant comments into a revised version and send it to the participant for a second

confirmation. This process continued until the participant believed there was no longer a

requirement for additional clarification or information. I used transcript checking to

ensure the accuracy of the interview transcripts before drafting a summary of each

participant's responses to each question. These summaries were then used to conduct

member checking.

Data Organization Technique

When collecting qualitative data, a researcher should ensure a formal assembly of

evidence consisting of case study notes, documents, tabular materials, and preliminary

data (Yin, 2018). The researcher's dedication to the organization of collected evidence

facilitated the coding and analysis of data (Ranney et al., 2015). Researchers must

establish protocols for the collection, storage, protection, and destruction of evidence,

transcripts, notes, consent forms, and interview materials (Flick, 2018). For a researcher

to be able to claim data integrity, they must confirm the protection of stored files via secure storage or password protection (Stanton et al., 2016). My notes were recorded using Word and saved on my hard drive and external backup. My emails were also saved on my hard drive and external backup. I organized data using the qualitative data analysis software NVivo© and used numeric codes to identify the hospital and participant. Once entered into the software the name of the participant and any documentation linking this person to their assigned numeric code was destroyed. I saved the data file from NVivo© on my hard drive and external backup. I recorded the date of collection and will destroy all records only after 5 years, in case there is a need to refer back. I will store all data, including interview transcripts, notes, documents, and preliminary data, securely at my residence, in my office of which only I will have access, and I have protected the electronic files with a password.

Data Analysis

In a multiple case study design, the researcher should use sources of data from more than one organization. Yin (2018) listed the available options for triangulation of data as investigator, theory, and method. I used this method. Methodological triangulation occurs when the researcher uses at least two procedures to collect data (Joslin & Müller, 2016). In this study, I collected data through participant interviews and confirmed the findings through organizational data on attendance rates as since the launch of strategies to reduce absenteeism. Researchers use data triangulation to explore phenomena from multiple perspectives and to display the richness and depth of the data collected (Fusch & Ness, 2015). Comparing interviewee responses about the successes of

strategies to reduce absenteeism against data on overall employee attendance levels increased the trustworthiness of the findings.

To yield meaningful and useful results, researchers must use a rigorous and methodological manner when analyzing data (Nowell et al., 2017). Software platforms exist to facilitate and confirm this review by researchers, and computer assisted qualitative data analysis software (CAQDAS) is the leading example of this (Woods et al., 2016. I used the functionality within NVivo© to manage data effectively and to code and integrate themes from participant interviews into a single set of findings.

Using the interview protocol (see Appendix A), I conducted and recorded each participant interview and uploaded the interview transcript to NVivo©. I also uploaded the summation of the interview once the participant confirmed the contents. Integrating notes and interview records into a single electronic database record creates an audit trail and improves the trustworthiness of the data analysis because it facilitates external verification (Woods et al., 2016). Once I reviewed the interview transcripts, I added notes to the electronic record and identified and label themes. I identified common words or phrases and the frequency of use across interviews to identify themes. This comparison was valuable because participants may use different words or phrases to describe their perspectives (see Castleberry & Nolen, 2018). Next, I conducted a meaningful unit analysis. According to Woods et al. (2016), a meaningful unit analysis involves the identification of the use of a word or phrase common to multiple participant responses.

Thematic analysis is a flexible approach used to yield rich and detailed data regarding the perspectives of different participants (Nowell et al., 2017). Thematic

analysis requires researchers to review the interview transcripts multiple times to absorb nuances and develop a thorough understanding of the text (Castleberry & Nolen, 2018). Successful analysis of interview data requires the collection, organization, and reporting of the data (Vaughn & Turner, 2016). When conducting the interviews, I took notes regarding environmental factors, observed body language, or other background information that may assist me in understanding the full context and what perspectives the participant was trying to express. I converted these notes to a PDF and uploaded them into NVivo© to form a complete record of the data collected. The compiling of all data in advance enhance the ability to conduct a robust thematic analysis.

A thematic analysis is a multi-step process. Researchers first familiarize themselves with the data, then generate initial codes, then search themes, review themes, and name themes, before producing a report confirming the identification of themes (Nowell et al., 2017). I followed this six-step process. Once I identified themes, I used concept mapping and mind mapping to illustrate the findings. A concept map is a figure with a tree-like structure that links concepts through separate branches or clusters (Wilson et al., 2016). A mind map is a figure depicting a single concept and linking data to the concept (Whiting & Sines, 2012). I reviewed the themes for reference to each motivating and hygiene factors, as defined by Herzberg et al.'s two-factor theory (1959). The intent of using both methods to illustrate findings was to identify themes and to depict connections between these themes, the literature, and the conceptual framework used as the foundation of this study.

Comparing interview responses to other documentation triangulates the data is a way for researchers to assess the reliability of the information collected (Cypress, 2017). I asked participants to provide any documentation they may have relating to the absenteeism reduction strategy used in their hospital. Any documentation provided was uploaded to NVivo©. I reviewed the data provided by each participating organization to confirm whether each participant's perceptions regarding the success of strategies to reduce absenteeism align with attendance rates since the strategies were implemented.

Reliability and Validity

In qualitative research, researchers establish reliability and validity by addressing dependability, credibility, transferability, and confirmability (Lincoln & Guba, 1985). The presence of these widely accepted criteria confirms the trustworthiness of a study (Nowell et al., 2017). To confirm alignment with these criteria, researchers need to address the aspects of reliability and validity within their study (Rose & Johnson, 2020).

Reliability

The need to confirm that a study is reliable is common to both a qualitative and a quantitative design (Queirós et al., 2017). In qualitative studies, dependability of the data collected is the crucial element (Rose & Johnson, 2020). I used a two-step process of confirming the interview summary and notes against a recording of the interview, and then used member checking to confirm I correctly captured each participant's views to ensure dependability in this study. Marshall and Rossman (2016) described member checking as a verification by the participant of the interviewer's perception of responses. Given the importance of member checking, I recorded all interviews and used these

electronic transcripts to confirm the summaries. This ensured the participant was

provided with accurate data. Participants were asked to participate in member checking

using these summaries. Qualitative researchers should also ensure dependability by

accurately and meticulously documenting the methodology used and decisions made

using this methodology (Adamson & Prion, 2014). I maintained a journal of the notes

regarding any decisions made to establish dependability further.

Validity

In qualitative research, validity includes the concepts of credibility,

transferability, confirmability, and data saturation (Lincoln & Guba, 1985). Researchers

are responsible for the rigor and accuracy of their studies (Rose & Johnson, 2020). I

sought to address each of these elements in the research design.

Credibility in qualitative research is an assessment of how accurately the

researcher represents the truth in their analysis and interpretations (Ballesteros & Mata-

Benito, 2018). Researchers enhance credibility by accurately documenting observations

(Morgan et al., 2017). The lens of participants is the best judge of the credibility of

research results (Morgan et al., 2017). I adhered to the guidance of Marshall and

Rossman (2016) and used member checking to confirm the credibility of the

interpretation of data. I confirmed the accuracy of interview summaries against the

recording and then sought to have the contents and any interpretations of responses

confirmed by each participant via member checking. I confirmed data saturation through

transcript checking and member checking to confirm when each them was provided and

at what point no new information was received. Member checking improves the accuracy

and credibility of a study (Morse, 2015). I also conducted methodological triangulation and compare data collected in interviews against absenteeism rates listed in annual reports.

Transferability is the ability to apply the findings from a study to a similar context, and researchers should include adequate details of the essential aspects of their research activities to achieve this (Lincoln & Guba, 1985). Qualitative researchers enhance the transferability of the research by thoroughly describing the research context as well as any assumptions (Ballesteros & Mata-Benito, 2018; Marshall & Rossman, 2016). I followed an interview protocol (Appendix A) and documented each step of the research and data collection process to enhance the likelihood of replicability. I ensured that all procedures used in the research were easy to understand and to follow, and that they were consistent with all actions taken by so that future researchers can replicate the study.

In qualitative research, researchers establish confirmability by acknowledging bias and assumptions through the provision of descriptions of decisions and thought processes related to data analysis and interpretation (Rose & Johnson, 2020). Lastly, data saturation refers to the point at which no new themes emerge from new data (Boddy, 2016). Fusch and Ness (2015) noted that a researcher reaches data saturation when additional coding is no longer feasible. I addressed the confirmability of the research through the maintenance of detailed records that can be audited and rechecked. I will keep these notes securely stored in and personal files. I used NVivo© to help me to confirm the identification of themes across interview transcripts.

During the interview process, I checked for duplicate data until I reached data saturation. Data saturation occurs when no new information is derived from interviews (Boddy, 2016). This can only be established through a review of the transcripts and researchers notes. Data saturation is likely to occur before the end of the sixth interview (Hennick et al., 2017). That was the case in this study as data saturation occurred during the sixth interview.

Transition and Summary

In Section 2, the following sections were discussed: The purpose statement, the role of the researcher, participants, research method and design, population and sampling, ethical research, data collection instruments, data organization techniques, data analysis, reliability, and validity. The purpose of this qualitative multiple case study was to explore the strategies hospital leaders use to reduce absenteeism amongst female employees. Section 3 contains the presentation of findings, application to professional practice, implications for social change, recommendations for action, recommendations for further research, reflections, and a conclusion.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this qualitative multiple case study was to explore strategies that hospital leaders use to reduce employee absenteeism. Data collection came from interviews with six hospital leaders in Ontario, Canada. Based on the participants' responses, the most effective strategy for reducing employee absenteeism among female employees was adopting a supportive stance toward attendance. This guidance included creating a sense of pride, investing in employee wellness, taking a whole-person approach, and providing childcare support. In Section 3, I present an analysis of the study findings with reference to the conceptual framework. I also offer suggestions for application to professional practice, make recommendations for further research and reflections, and provide a conclusion to the study.

Presentation of the Findings

The research question for this study was the following: What strategies do hospital leaders use to reduce absenteeism amongst female employees? To address this question, I conducted semistructured interviews with six leaders who have successfully implemented strategies to reduce absenteeism within an Ontario hospital. All participants held senior (director or above) roles within the hospitals; the combined employee base of the six hospitals was more than 56,000. For confidentiality purposes, each of the six participants referenced in this study is identified by number (e.g., P1, P2). In 2019, the days of absenteeism per employee at these six hospitals ranged from 9.5 (P4) to 13.1 (P1). These figures were a significant improvement over the 2014 rates, which ranged

from 13 (P4) to 16.5 (P3) days. The data collected referenced initiatives launched since 2014. As absenteeism is a lagging indicator, I took the approach of collecting data on strategies used and assessing the changes in absenteeism rates since 2014. This was an appropriate approach as the goal of absenteeism reduction strategies is to create lasting change.

Main Themes Identified

The two types of approaches used to address absenteeism were primarily supportive and corrective. A primarily supportive approach focused on removing barriers to attendance, such as investing in wellness and preventive measures and problem-solving around childcare limitations to reduce absenteeism. The supportive stance applied a whole-person approach to the problem. Although leaders may still use corrective measures, these measures do not form the basis of the strategies. P4 shared, "We focused on employee engagement and addressed only the true outliers on absenteeism, like the top 5% with any type of corrective measure." A primarily corrective approach focused on only those employees with absenteeism issues. According to P1, P2, and P5, the strategy described by leaders interviewed as "name, blame, and shame" is an example of using attendance statistics to punish and embarrass employees to encourage attendance compliance. Adopting a primarily corrective stance did not mean that these leaders never used supportive approaches, just that correction and a focus on the outliers was the primary approach. Based on the interviews with P2, P4, P5, and P6, hospital leaders who adopted a supportive approach of removing barriers could be proactive, developing strategies that more significantly impacted absenteeism levels. The purpose of this study

was not to collect financial data. Empirically, however, hospitals that adopted a supportive stance noted the cost-neutral view of the initiatives due to the return on investment from increased attendance, engagement, retention, quality, and patient-focused outcomes.

Table 3 shows the impacts of supportive versus corrective approaches on collective absenteeism rates. Hospital leaders who fostered a supportive stance saw more significant changes in absenteeism rates. All hospitals using a supportive system met or exceeded the benchmark of an average of 12.5 days of absenteeism per employee per year as set by the Ontario Hospital Association in 2018. The creation of a supportive posture towards employee attendance issues aligns with Herzberg's two-factor theory.

Table 3

Impact of a Primarily Supportive Stance Toward Absenteeism

Participant	Primarily supportive or corrective	2014 absenteeism	2019 absenteeism	Change (%)
Participant 1	Corrective	14.7	13.1	-10.9
Participant 2	Corrective	14.0	13.0	-7.1
Participant 3	Supportive	16.0	12.5	-21.9
Participant 4	Supportive	13.0	9.5	-26.9
Participant 5	Supportive	15.0	12.0	-20.0
Participant 6	Supportive	14.8	12.1	-18.2

The results of this study were consistent with the body of literature regarding causes of absenteeism but novel to past practices in terms of the approach taken. According to Edwards's (2014) decision-making matrix (see Figure 1), gender is not an independent differentiator for the frequency of employee absenteeism; rather, it is a factor alongside others, such as childcare and additional external commitments. Creating a supportive stance in developing strategies to reduce absenteeism is consistent with

addressing the factors impacting the decision to be absent. Leaders used these strategies to reduce absenteeism among female employees. The recognition of voluntary absenteeism as a choice, consistent with Edwards's model, fostered a more supportive approach based on partnership and problem-solving and away from discipline and punishment models. Examples of Herzberg's theory in practice permeate the strategies successfully used by hospital leaders to reduce absenteeism amongst female employees.

Corrective Stance

A corrective stance, one based on addressing absenteeism through corrective discipline, proved less effective across the hospital setting referenced by all participants in this study. Locke (1969) developed the discrepancy theory of job satisfaction based on the notion that satisfaction comes from a person's sense of what is important and not fulfilling needs. Locke believed there were three elements to job satisfaction: the amount of return, desired amount of return, and perception of importance. In discrepancy theory, dissatisfaction occurs when these three elements are not in balance. It is not the work environment or the internal motivations of a person that determines satisfaction but whether a discrepancy exists between a person's perceptions about the value and worth of a job and the person's perception about the return on their efforts. Perhaps employees subjected to discipline for absenteeism viewed this action of the employer as misaligned with their efforts as an employee.

Leaders (for example, P1 and P2) who chose to use primarily corrective approaches did not achieve the same level of absenteeism reduction as those who used primarily supportive approaches. P1 explained, "Our approach is rooted in a set of

standardized rules which are to be applied equally across the organization." Absenteeism decreases in these hospitals were not as long-lasting when compared to those hospitals where leaders adopted a supportive stance. P1 shared, "We are currently mapping absences to areas and managers to see if we can create lasting change in attendance." P2 also added, "A focus on requiring MD notes to justify absences yielded only a short-term change in behaviors." Corrective approaches have also been problematic at provincial grievance arbitration hearings, with employers often having to repay or reinstate employees disciplined for absenteeism (e.g., *Humber River Hospital v. Teamsters,* 2014; *Ontario Public Service Employees Union, Local 464 v. Ottawa Hospital*, 2015).

Hygiene factors, as defined by Herzberg's two-factor theory, include salaries and benefits, organizational policy and administration, interpersonal relationships, work status, and working conditions (Holmberg et al., 2018). Herzberg theorized that the absence of these factors can lead to dissatisfaction among employees (Herzberg et al., 1959). P2 spoke of the monetary punishments available to use on employees with unacceptable levels of absenteeism. This not only reduces the employee's salaries and benefits, it also likely reduces the employee's perception of organizational policies and interpersonal relationships, and the record of discipline could be used to negatively impact work status. P1 claimed, "Absenteeism requires a focus on HR practices in line with legislative requirements to address those who abuse the system." Furthermore, P2 asserted, "We negotiated discipline language into the collective agreement in an attempt to reduce absenteeism, but it did not work. In the 6 years I worked on this, I did not see a decrease in sick time." According to P1 and P2, leaders who implemented a corrective

stance did not achieve the same reductions in absenteeism as those who chose to use a supportive stance. A corrective stance towards absenteeism has the unintended outcome of reducing the presence of hygiene factors. P6 added, "We decided it is ether going to be a partnership for high performance in attendance or a punitive nor trust approach…requiring a doctor's note for every absence breeds mistrust and is a ridiculous waste of scarce resources." The finding of decreased absenteeism reduction in response to a decrease in the presence of hygiene factors is consistent with Herzberg's two-factor theory.

Researchers have used Vroom's (1964) expectancy to addresses the effect of employer-sponsored rewards on employee performance and motivation (Vroom & Deci, 1970). Vroom developed the simplified theory of motivation to explain that employees are motivated when external rewards are present; when external rewards are absent, employees are less motivated. Vroom theorized that when expectancy is low, meaning a good outcome is not expected regardless of the amount of effort put forth, most people will not see any point in trying, which translates to no motivation. The use of a corrective stance towards absenteeism offers a negative outcome for absence and a status quo outcome for attendance. P2 held a similar view and shared, "Every person is individual, and it is difficult to come up with a program that addresses individual circumstance. It [absenteeism] is managed through attendance management programs. It is not supportive, and employees don't feel good about it. It's mechanical." According to expectancy theory, the adoption of a corrective stance towards absenteeism does not increase

motivation due to the low expectation of a positive outcome. This differed from the experience of leaders who adopted a supportive stance.

The use of monetary penalties to address absenteeism is illogical in light of self-determination theory. Deci and Ryan (2008) developed self-determination theory, a connection between external rewards and intrinsic motivation, on their belief that humans are inherently proactive with their potential, and motivation is not automatic but instead an internal force. Punishing a person to encourage greater effort is inconsistent with this theory. Proponents of self-determination theory would reject the concept of using a corrective stance to address absenteeism.

Supportive Stance

According to the results from P3, P4, P5, and P6, the hospitals with the most significant decreases in absenteeism had leaders who embraced the concept of recognizing that employees were people faced with multiple demands and obligations. P3, P4, P5, and P6 all worked to create supportive environments that incorporated resources for employees, invested in wellness, fostered resilience among employees, and acknowledged mental health as essential to employee attendance and performance. P3 stated, "We challenged managers to be adaptive and flexible and we wanted a fair and equitable process to support employees." Similarly, P4 shared, "We worked with our bargaining agents to try and keep them [injured or ill employees] at work and maintain their positive contributions and a sense of participation." P5 also claimed, "Resiliency was something we wanted to build in employee's toolkits that they could employ day to day." Along the same lines, P6 asserted, "When we started to focus on the mental health

side, that is when we really started to up our game on wellness as opposed to just managing absenteeism." P1, P3, P5, and P6 invested in training for managers to identify, support, and intervene on employee issues to address matters before they escalated. P5 stated, "We are clear and intentional to describe our willingness to provide temporary accommodations… come to us early, it was a very high-touch case management approach." P6 described the importance of demonstrating the organization cared: "The VP of the area would call someone off for more than a day within 24 hours and offer support." Hospital leaders who adopted a supportive stance saw a more significant reduction in absenteeism and were optimistic about the lasting nature of the change. This is not to say that hospitals would not adjust their initiatives based on feedback from employees or stakeholders; however, participants did not convey a sense of needing to shift their approach due to the positive results. Conversely, leaders who used corrective approaches to reduce absenteeism reported ongoing efforts to adjust their strategies to reduce absenteeism. These concepts are illustrated in Figure 2.

Figure 2

A Concept Map of Supportive Strategies to Reduce Absenteeism
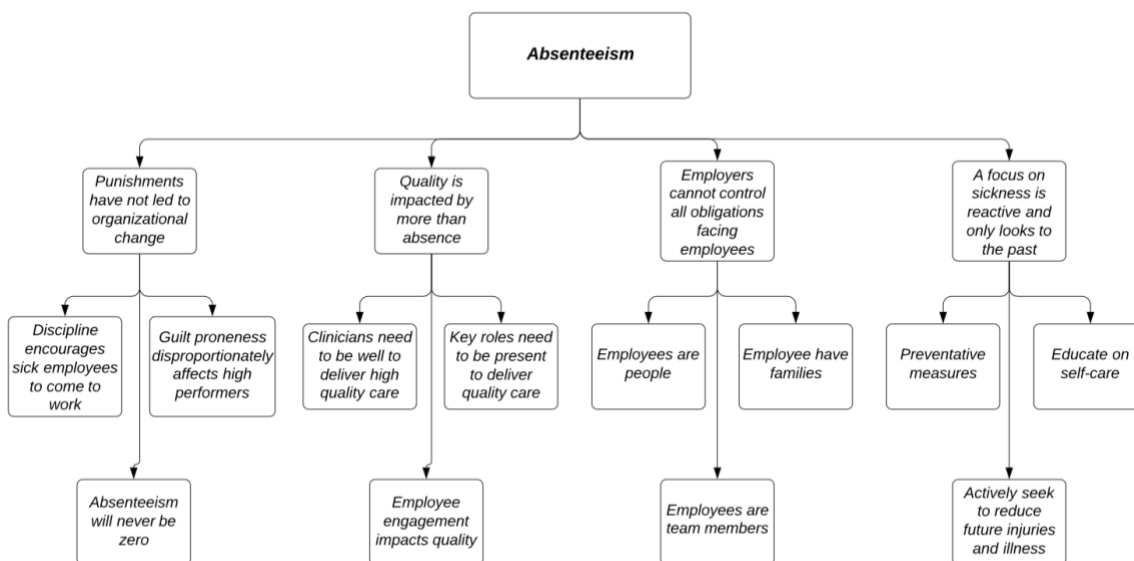
In adopting a supportive stance, hospital leaders seek to create a sense of pride,

investing in and promoting wellness, applying a whole-person approach, and supporting

childcare as an employee obligation. P3 highlighted, "We are all people, all humans, and

we all have the same struggles and needs, and we need to bring the human element into

the workplace". This system differs from the historical focus on self-accommodation,

which places the burden of attendance solely on the employee. Supportive leaders

recognize that work is only one of the obligations employees have, and that some life

events will negatively impact an employee's ability to come to work. The focus of a

supportive stance is on assisting employees in building resistance to manage conflicting

obligations better. When employees can hold themselves responsible for the successful

completion of tasks, their level of motivation increases (Herzberg, 1966). Leaders

embracing this style apply a whole-person view to absenteeism, supporting employee

needs, including personal and family demands, through education, services, and flexibility. A supportive approach toward absenteeism reduction also involves a willingness to consider and, where possible, implement alternative work schedules, including work-from-home and condensed workweek options.

Figure 3 is a graphic depiction of the strategies implemented to address the identified themes related to absenteeism. It was not possible in this study to quantify the impact of any single intervention on hospital-wide absenteeism levels. All of the interventions that were successful involved a multifaceted approach. These strategies were available to employees regardless of gender and were adaptable to address barriers unique to an employee. The strategies shown in Figure 3 were some of those successfully used by hospital leaders to reduce absenteeism among female employees.

Figure 3

A Mind Map of Supportive Strategies Used to Reduce Absenteeism
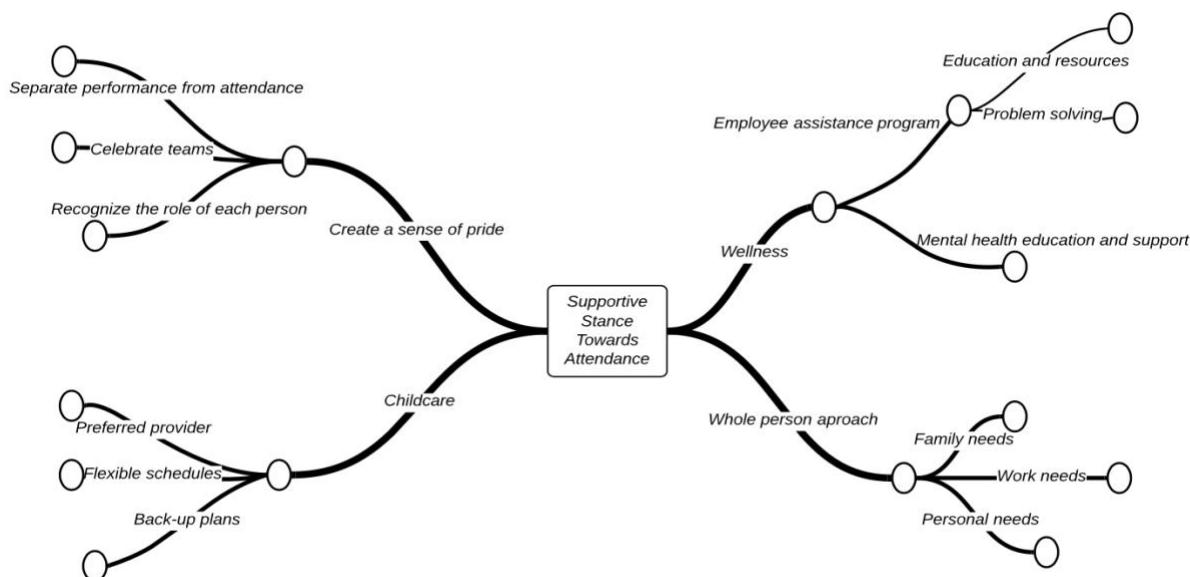
Employees like to work in an environment that is pleasant, supportive, and free

from conflict (Nanayakkara & Dayarathna, 2017). People are social creatures and enjoy

positive interactions with other people (Herzberg et al., 1959). When leaders (for

example, P3, P4, P5, and P6), shift the dynamic from punishing absenteeism to

facilitating attendance, it results in reduced conflict between employees and managers. P4

noted, "We trained our leaders to ask questions and inquire what support the employee

felt they needed". Leaders who adopted a supportive stance (for example, P3, P4, P5, and

P6), also spoke of improvements in quality, patient care, employee engagement, and

organizational pride. P3 elaborated, "There are so many learning moments every

day…we need to pay attention to our environment and foster respectful and engaging

conversation…conversational leadership. It is amazing what can happen. Even the most

basic strategies have the most success.". The maintenance of positive interactions with other people at the workplace supports employee motivation (Herzberg et al., 1959).

Herzberg based his two-factor theory on his concept that the presence of motivating factors increased job satisfaction, and the absence of hygiene factors increased job dissatisfaction (Herzberg et al., 1959). Increased job satisfaction levels result in a decreased level of absenteeism (Alfayad & Arif, 2017; Bunchapattanasakda et al., 2018; Chu & Kuo, 2015; Hacket, 1989). Motivation factors are components of a job environment that positively affect an employee's satisfaction (Holmberg et al., 2018). The categories of Herzberg's motivation factors are responsibilities, challenging or stimulating work, recognition, sense of personal achievements and growth, and opportunities for advancements. Hospitals, given the nature of services provided, are work environments with an above average offering of meaningful work. Absenteeism reduction strategies did not affect the presence of challenging or stimulating work. Elements of all other factors aligned with the strategies successfully used by hospital leaders to reduce absenteeism among female employees.

According to Herzberg, hygiene factors are necessary to avoid dissatisfaction but do not themselves provide satisfaction (Ogbo et al., 2017). The categories of Herzberg's hygiene factors are salaries and benefits, organizational policy and administration, interpersonal relationships, work status, and working conditions (Holmberg et al., 2018). Salary and benefit entitlements are provincially determined (Ontario, 2020a). The strategies successfully used by hospital leaders to reduce absenteeism among female

employees aligned with the theory of increasing the presence of hygiene factors to avoid

dissatisfaction.

Workplace policies should support the completion of work (Herzberg, 1964).

Although consistency is important, overly restrictive policies can reduce motivation

(Shazali et al., 2018). Creating an absenteeism reduction framework based on a

supportive stance encouraged the completion of work and was flexible versus restrictive.

This type of approach has led to increased motivation and improved mental health

amongst employees (Ticharwa et al., 2019). Hospital leaders who developed strategies

that were flexible, consistent, and offered supports concerning the completion of work are

using policies consistent with Herzberg's two-factor theory. According to the expectancy

theory, the belief that motivation is increased when outcomes align with people's

expectations, people are motivated to perform work activities that they believe they can

accomplish (Vroom, 1964). The creation of an environment that supports employee

attendance is consistent with expectancy theory. Specific examples of how the hospital

leaders in this study created a supportive stance on absenteeism are included in the

following sections.

Create a Sense of Pride

Leaders (for example, P3, P5, and P6), encouraged efforts of to celebrate

everyday successes were crucial absenteeism reduction initiatives. P5 stated, "Our staff is

amazing. Recognizing that internally and externally is really important.". Linking

absenteeism rates with employee engagement through metrics and combined strategies

was a theme consistently identified by leaders (for example, P2, P3, P4, P5, and P6). P2

elaborated, "We are constantly striving to collect more data and to better assess and understand trends and contributing factors.". Creativity and employee involvement emerged as essential elements. Actions such as assigning decision-making authority to the lowest appropriate level and fostering a sense of autonomy and empowerment by leaders (for example, P3, P4, P5, and P6), served to support absenteeism reduction and create a sense of pride in the organization. P5 asked staff to submit stories about why they wanted to celebrate their work unit. P5 explained, "We created a film festival … 'tell us something great that has happened here and how you did it'. The top 20 focused on stories or narratives that really demonstrated our values and our strategy, and patient-centered care philosophy coming to life". Employees voted on these submissions, and the ones with the most votes became professionally produced videos using staff both on-screen and behind the scenes. Through these videos, employees shared their experiences of success internally and within the community. The success of this initiative led the hospital to launch a poster campaign of images related to the other stories.

The activities, created by leaders to increase a sense of pride, were work-focused and included recognizing the other roles individuals have outside of work (e.g., daughter, sister, mother, wife). Herzberg's model's motivation factors include recognition and a sense of personal achievements and growth (Herzberg et al., 1959). These factors have been expanded to include work-life balance and management recognition of performance (Kotni & Karumuri, 2018). Celebrating employees as people with multiple roles increased morale and fostered recognition that everyone has demands outside of the workplace. Some leaders (for example P3 and P5), were keenly aware that guilt-

proneness disproportionately impacted high performing employees. Similarly, P3 asserted, "I have a keen interest in moral distress and the corporate environment, our female population are not only trying to balance work obligations but many other responsibilities".

Leaders (for example, P3, P4, P5, and P6), suggested the keys to reducing absenteeism were acknowledging the presence of conflicting demands on employees, trusting that employees were actively doing their best, and recognizing that employers could support workers in managing their obligations. One notable addition to this list is the action taken to separate performance from attendance. P3 unlinked the two concepts and assessed them separately, finding attendance to be more of a shared problem than performance, which they evaluated on an individual basis.

The status of a person's work role can impact their level of motivation (Shaikh & Shaikh, 2019). P3 believed that the ability to hold a work role not defined by absenteeism positively impacted an employee's sense of motivation. Valuing a person and recognizing all the roles held is consistent with this definition. The separation of performance from absenteeism allowed for employee assessments based on what they accomplish apart from any personal struggles they may be facing.

Wellness

All six hospital leaders in this study recognized the impact and the importance of mental health on employee attendance. Each hospital offered an employee assistance plan with 24/7 confidential support for mental health, addiction, stress, healthy living, and resource management. P4 explained, "If your employees are not well, it is more difficult

to tell them not to take sick leave". The hospitals with the most significant absenteeism reduction had leaders (for example, P3, P4, P5, and P6), who prioritized wellness over illness, addressing mental and physical health issues before they affected attendance. P3 expanded on this, "Occupational health and wellness, we rebranded it from safety, is really important to us. It is a huge strategy in health care, and we have paid a lot of attention to this. We have so many strategies and wellness resources on our intranet". Although the approaches varied slightly between hospitals, leaders in these facilities developed programs to educate employees on mindfulness and other stress-relieving techniques. These leaders highlighted the importance of mental health and the need for everyone to work together to eliminate the stigma surrounding mental illness. One strategy leaders, (for example, P3, P4, P5, and P6), used was offering employer-paid or heavily subsidized lifestyle sessions that employees could attend during work time, with topics ranging from healthy eating to yoga and fitness. P6 expanded on this, "We have health challenges with great prizes for who can get the most steps in in a week or who could eat the most-healthy for a given period of time. They became inter-hospital challenges. It created a focus on healthiness as opposed to sickness". P6 highlighted the value of having dedicated onsite mental health professionals for staff to use during work hours. Participants (for example, P3, P4, P5, and P6), reported that their employees appreciated the focus on wellness and had eagerly participated in various sessions, a finding consistent with the literature on stress and wellness. Employees who adopted coping strategies to manage conflicting obligations had reduced stress and a more positive view of the workplace (de Wit et al., 2018).

Herzberg et al. (1959) identified the conditions of the work environment relating to such things as health, safety, and shift schedules as elements of this hygiene factor with a potential negative impact on motivation. This includes factors such as well-being and work-life balance (Yimam et al., 2017). The focuses on wellness, childcare, and flexible schedules are all consistent with this factor. When employers create schedules that accommodate employee's personal lives, there is an increase in motivation and job satisfaction (Neirotti et al., 2019). Govender et al. (2018) documented the connection between increased performance and flexible work arrangements. The more workers feel able to balance their work schedule and the schedule of other obligations, the more likely they are to be motivated and have a higher quality work product than those who do not have this flexibility (Govender et al., 2018). Leaders (for example, P1, P3, P4, P5, and P6), consistently addressed this factor when creating strategies to successfully reduce absenteeism among female employees.

Using a wellness framework to develop strategies to reduce absenteeism led to creative problem-solving and a partnership between employers and employees. Participants (for example, P3, P4, and P5), believed that this approach also reduced labor relations tensions regarding absenteeism, further substantiated by positive feedback they received from some union leaders. Hospital leaders (for example, P1, P3, P4, P5, and P6), using a wellness framework also changed the focus of policies related to attendance to address the needs of the majority rather than focusing on only the small percentage of employees with significantly high levels of absenteeism. Employers (for example, P1, P3, P4, P5, and P6), felt better about encouraging employees to practice self-care and other

wellness techniques than they did just documenting and reporting absences. P1 elaborated, "Helping employees to understand their control around the volume of demands facing them really helped with stress reduction and therefore absenteeism". By obtaining employees' acceptance and buy-in of a wellness approach, hospitals could further reduce stress and support absenteeism reduction. Having a focus on wellness instead of illness also lets hospital employees exemplify the habits they want patients to adopt.

Salary and benefit levels relate to employee perception (Herzberg et al., 1959). The increased benefits offerings relating to wellness are examples of leaders demonstrating an employee's value to the organization. When employees feel the organization is investing in them and valuing their contributions, motivation will increase (Woodworth, 2016). Leader's efforts (for example, P1, P2, P3, P4, P5, and P6), to expand the benefits available to employees related to mental health and wellness is an example of strategies that demonstrate this factor.

Opportunities for advancements are defined as providing employees with the resources, time, and support for personal development and growth (Herzberg et al., 1959). An approach rooted in wellness and educating employees on self-care is consistent with this definition. The recognition of absenteeism as a problem requiring support versus a permanent limitation increased the potential opportunities for advancement for anyone experiencing difficulty balancing obligations. P3 cited the separation of performance and attendance was another form of increasing opportunities for

advancement. The strategies used by hospital leaders to reduce absenteeism amongst female employees align with Herzberg et al.'s (1959) motivation factors.

The focus of leaders on investing in wellness and the whole person's needs to reduce absenteeism is also consistent with discrepancy theory. Locke believed that extrinsically motivated behavior is autonomously regulated and self-determined (Fernandez & Moldogaziev, 2015). Locke's (1969) theory could be used to highlight the varying results between hospitals as indicative of an individualistic response from employees.

Whole-Person Approach

Many leaders (for example, P3, P4, P5, and P6), interviewed in this study recognized the value of a whole-person approach. These leaders actively acknowledged employees as parents, spouses, children, siblings, community volunteers, coaches, and many other roles. Although work is important, many leaders (for example, P3, P4, P5, and P6), believe employees who feel supported and recognized for all roles are better engaged, feel more valued, and have improved mental health; as a result, they are less likely to be absent. Leaders (for example, P3, P4, P5, and P6), who addressed attendance issues in partnership with employees and recognized the challenges and necessity of balancing work, family, and personal needs were the most successful in reducing absenteeism.

Adopting a whole-person view versus seeing people only as employees shifted the perspective of thinking about absenteeism. Absenteeism was no longer a simple matter requiring the employee to come to work, but now recognized as a complex concern.

Adopting a multifaceted approach better enables organizational leaders to manage more complex social issues (McGrandle & Ohemeng, 2017). P6 made a similar observation, "It is really hard to get a full understanding of absenteeism, … and what are the drivers of people being away from work and where we could up our game. The actual surfacing and acknowledging the many reasons for absenteeism is the only way we could up our game to address it". Many leaders (for example, P3, P4, P5, and P6), were mindful of the other demands on employees, especially those related to parenting and eldercare. Supportive education specific to the importance of balancing conflicting demands while making time for self-care was central to the successful absenteeism reduction strategies used by leaders (for example, P3, P4, P5, & P6). By recognizing the obligations facing parents and people with aging parents, leaders (for example, P3, P4, P5, and P6), created a more supportive workplace culture and embraced absenteeism reduction initiatives.

Recognition contributes to an employee's sense of self-worth (Herzberg, 1968). In the case of absenteeism reduction strategies, this involved recognizing employees as multi-faceted people. Recognition of this nature can lessen psychological withdrawal from the job (Holston-Okae & Mushi, 2018). The development of supports by leaders (for example, P3, P4, P5, and P6), to demonstrate a recognition of employees' multiple roles enhanced employee motivation and supported absenteeism reduction. This also provided an enhanced sense of personal achievements and growth. Employees were recognized by leaders (for example, P3, P5, and P6), for their achievements and encouraged to celebrate successes regardless of whether they were work-related.

Employees who feel supported to meet personal goals and development interests are more motivated than their peers (Herzberg, 1968).

Scholars have used Thibaut and Kelley's (1959) social exchange theory to predict social interaction outcomes based on an analysis of power (Birtch et al., 2015). According to this theory, if an employee satisfies their job demands but does not receive what they deem appropriate for their effort, this will negatively affect job satisfaction (Huang et al., 2016). Leaders' strategies identified through this study as a whole-person approach to reduce absenteeism were consistent with social exchange theory in the sense that employees could view the additional support offered and investment in wellness as recognition of their efforts.

Childcare

Childcare was a prominent factor contributing to absenteeism among female employees. By incorporating childcare into their absenteeism reduction strategy, leaders (for example, P3, P4, P5, and P6), recognized the societal gap, finding that a lack of childcare resources negatively impacted not only attendance, but also the quality of patient care. Leaders (for example, P3, P4, P5, and P6), were innovative and looked to shift the boundary between personal issues and work issues due to the impact of personal concerns on the work environment. To help reduce the burden on employees needing childcare and backup services to tend to sick children or adjust for closed daycare centers, some hospitals (for example, P3, P4, P5, and P6), set up preferred provider arrangements, which involved sourcing, vetting, and procuring childcare services. The providers offer 24/7 emergency childcare services in which a caregiver will be available

to the employee within hours of a request. P3 explained, "This was a big issue in emergency care. Again, females often take on these roles. Their child gets sick and they … need emergency childcare. We've developed a relationship with a local provider so that on very short notice they have access to reliable childcare". This proactive approach, including a thorough review and vetting process for caregivers and streamlined logistics, made the service appealing to staff. Employees are less likely to be absent when childcare is available (Edwards, 2014). By assisting with the barriers to attendance instead of focusing on the outcome of absenteeism, employers in the two hospitals that recorded these metrics (P3 and P5) increased employee trust and organizational commitment scores. Establishing onsite daycares should be a consideration due to demonstrated success in other hospitals.

Five participants in this study implemented flexible schedules (P1, P3, P4, P5, and P6). Three participants (P3, P5, and P6), offered 4-day workweeks. After providing work-from-home options, P3 and P5 were impressed with the results relating to employee engagement and service enhancements. Flexibility is essential to solving the problem of absenteeism: P4 commented "We need to be flexible and creative. ... Virtual work hasn't been done a whole lot in health care, but we are finding it to be exceptionally successful. There are more positions within a hospital than you think that can actually work virtually". Implementing flexible schedules and work-from-home options for a hospital required creativity and collaboration between employee and employer. With the right framework rooted in patient care, quality, and ethics, leaders (for example, P3, P4, P5, and P6), found these programs to be mutually beneficial to staff and the organization.

Leaders (for example, P1, P3, P4, P5, and P6), believe that flexibility helps employees better manage demands and stress levels.

An unexpected finding of this study was the impact of the use of replacement workers. P4 previously used a third party to provide contract staff as emergency backfills for unexpectedly absent employees. This practice did not sit well with employees or unions and was leading to quality issues. An association exists between increased absenteeism and reduced patient safety culture (Brborović & Brborović, 2017).

P5 conducted a trial by establishing an internal team of backup resources comprised of employees who held positions specific to replacing absent staff and thus did not fail to perform other duties. Despite expecting this program to increase absenteeism, the opposite occurred; absenteeism went down. P5 stated, "We had a working theory a staffing pool may result in cost savings and improvement to quality and patient-centered care as well as compliance with procedures. It started as an experiment then quickly expanded across the organization resulting in the total elimination of any agency nurses. Costs and absenteeism went down". Patient care and quality measures increased due to the consistency gained from staff resources familiar with organizational practices and culture and who felt more valued as employees versus contractors. This is consistent with Brborović & Brborović's (2017) research confirming an association between increased absenteeism and reduced patient safety culture. P5 stated that the practice of an in-house staffing pool remained in place, with other hospitals replicating the program.

Responsibilities, according to Herzberg (1964), involve employees feeling a sense of owning their work. Micromanagement correlates with decreased motivation (Baskaya

et al., 2020). Increasing the level of autonomy for employees positively impacted

motivation levels and, therefore, likely reduced absenteeism levels (Alfayad & Arif,

2017). Leaders (for example, P1, P3, P4, P5, and P6), provided employees with resources

to empower them to make decisions in all aspects of their lives and be conscious about

obligations, commitments, and the ability to say no. P6 noted that the elimination of

recognition programs for perfect attendance had no impact on absenteeism.

Acknowledging that employees will get sick and will, at times, need to choose to stay

home supported leader's efforts (for example, P3, P5, and P6), to reduce the spread of

illness and did not increase absenteeism. P3, P4, and P5 allowed employees to request

work-from-home arrangements in lieu of taking a sick day reduced absenteeism. These

elements of the strategies enhanced the presence of the motivating factor of

responsibilities.

Fundamentally, according to the social determination theory, people have an

internal motivation to perform and grow. However, the supporting actions may require an

external force to enhance internal needs (Deci & Ryan, 1980). Proponents of self-

determination theory believe that when individuals are intrinsically motivated to perform

a task, their motivation can change after introducing an extrinsic motivator such as

compensation (Deci et al., 2017). An employee cognitively re-evaluates the task's

importance, and the intrinsic motivation to perform the task shifts to extrinsic motivation,

with the primary focus most often being a financial reward (Deci & Ryan, 2015).

However, when the extrinsic reward is positive reinforcement in the form of verbal

praise, the person continues to see the task as an enjoyable task performed autonomously,

and intrinsic motivation increases (Baard et al., 2004). This theory of motivation differs from the two-factor theory, as it is separate from workplace environmental factors. In health care workers, intrinsic motivation is higher than in many other professions (Deci et al., 2017).

According to self-determination theory, individuals must satisfy three basic psychological needs to foster well-being and health: competence, relatedness, and autonomy (Olafsen et al., 2015). Although these needs are universal, individuals may express them differently based on time, culture, or experience (Olafsen et al., 2015).

Social determination theory also includes elements of causation: autonomous, controlled, and impersonal (Deci & Ryan, 2011). Autonomous orientations are states that result from the satisfaction of having the basic needs met (Deci & Ryan, 2011). Controlled orientations result from the satisfaction of competence and relatedness needs, although without autonomy, and lead to well-being (Chen et al., 2015). Impersonal orientations result from failing to fulfill all three needs and lead to low functioning and a lack of wellness (Chen et al., 2015). The strategies uncovered in this study are aligned with self-determination theory as they included extrinsic rewards such as recognition and increased autonomy. The supportive stance strategies were an attempt to satisfy the competence, relatedness, and autonomy needs of employees.

Although different, all of these theorists acknowledge the importance of motivation and the linkage of this with job satisfaction and absenteeism. Herzberg et al.'s (1959) two-factor theory was the conceptual framework used to develop interview questions and the comparison of themes. The results of this study are consistent with the

basic tenets of all of the identified theories. This is most likely due to the overlap of elements of the tenets of the theories. The frameworks' differences relate to causation, absence of factors, and alternative forces as this study was looking at an existing problem addressed through efforts separate from financial rewards. It would not be appropriate to draw conclusions regarding the effectiveness of any one theory over another in addressing absenteeism. However, the most effective strategies identified were consistent with all theories.

Applications to Professional Practice

The level of absenteeism displayed in Canadian public sector organizations, such as hospitals, is significantly higher than that of employees working in the Canadian private sector, with absenteeism highest among female employees in both sectors (Statistics Canada, 2020a). This study was an exploration of the strategies used by leaders in Canadian hospitals that were successful in reducing absenteeism among female employees. The data collected reflected the impact of these strategies on the reduction of absenteeism behaviors.

Family-work role conflict is a significant mediator between employment adjustment and mental health among women (Li & Lee, 2019). Employees modify their work environments to accommodate external life demands by reducing their expected hours of paid work, either formally, though a change in position, or informally, through increased absenteeism (Li & Lee, 2019). Full-time employees are more likely than part-time workers to be absent from work (Burmeister et al., 2019). Female employees benefit more from employer interventions to balance work and life (Deery & Jago, 2015). The

strategies successfully used by hospital leaders to reduce absenteeism target the needs of a female-dominated employee group. However, creating a supportive stance does not conflict with the needs of other genders and could successfully reduce absenteeism in other environments.

Leaders interviewed in this study (for example, P3, P4, P5, and P6), used a supportive stance strategy to reduce absenteeism by double-digits across their organizations. Participants cited their views (for example, P1, P3, P4, P5, and P6), that the strategies used to reduce absenteeism also increased the quality of care, employee engagement, and patient satisfaction. Although no quantitative data confirmed these beliefs, the interest leaders from other hospitals have expressed in participant's experiences support these assumptions.

The confirmation of initiatives focusing on employee well-being positively impacting attendance, performance, and quality could challenge traditional business thinking on management styles is an important finding for leaders. The shift to a more supportive stance may help hospital leaders create a more positive workplace culture and the resultant improvements in levels of engagement and quality of performance.

Implications for Social Change

The purpose of this qualitative, multiple case study was to explore the strategies hospital leaders use to reduce absenteeism among female employees. Although workers might attribute their absenteeism to the workplace, attendance remains an individual challenge for some, regardless of where they work (Bennedsen et al., 2019). When leaders recognize female employees' unique needs, they can create workplace practices

that better support employee attendance. In turn, such approaches might improve the quality of life for female employees through increased social and economic inclusion, thus promoting local economic growth. Supportive human resource practices are positively correlated with improved employee effort and engagement (Avgoustaki, 2016). Leaders' use of data from this study could help female employees increase their compensation, as initiatives to reduce absenteeism help employees take less unpaid leave. Scholars have found links among work motivation, job satisfaction, and perceived quality of life (Che Ahmat et al., 2019).

Viewing barriers to attendance as something for employers to actively work to remove in partnership with employees could increase participation in the labor market. The adoption of a supportive stance towards attendance can create a work environment more accessible to female employees. Increased access to employment and opportunities to balance permanent employment with other life demands potentially increases financial stability for females. The removal of the binary choice of prioritizing work or family can create opportunities for advancement and a better balance of work and life responsibilities. Surrounding communities and the local economy also potentially benefit from the elevated financial security of female employees.

A supportive stance towards absenteeism is more accepting of differences and limitations among employees. Investing in mental health and wellness may enhance the quality of life for employees through reduced anxiety and depression and an improved mental state. A supportive stance can create a work environment that empowers employees by increasing their perceived level of control.

Although the purpose of this study was to explore strategies to reduce absenteeism amongst female employees, many of the barriers to attendance identified disproportionately affect persons of all genders and especially those who identify as black, indigenous, or a person of color. Employees who have been marginalized or underrepresented in the workplace may be better able to participate in the labor market with employers who are more accepting of different needs. The creation of a supportive stance to reduce absenteeism is another step towards reducing inequality in the workplace.

Recommendations for Action

Absenteeism is a costly business problem (Kandemir & Şahin, 2017). Operational effectiveness decreases when employees are absent. Overtime or replacement costs may be significant and may be in addition to wages paid to the employee who is absent. The participants in this study all used strategies that have been successful in reducing absenteeism amongst female employees. The leaders who participated provided anecdotal evidence that these recommendations benefit employees of all genders. Although data from this study is isolated to health care, the recommendations for action should be considered by any organization seeking to reduce absenteeism. I recommend the following strategies, based on the results of this study, to hospital leaders seeking to reduce absenteeism:

Recommendation 1: A Supportive Stance Towards Attendance

Focusing on absenteeism as solely a discipline issue has not yielded the results sought by many leaders (for example, P2). Leaders should recognize that absenteeism

levels should never be at zero and set realistic goals for attendance. Reframing the problem to one shared by employers and employees increases the likelihood of successfully reducing absenteeism. Leaders should solicit information from employees about the barriers to attendance and accept some responsibility for those barriers being in place. A partnership between leaders and employees can yield creative and effective solutions. Solutions developed with the input of employees are more likely to be effective, durable, and to address the causes leading to absenteeism.

Recommendation 2: Create a Sense of Pride

Absenteeism reduction strategies predominately target elective absenteeism. One way to deter employees from electing to be absent is to create an increased sense of pride in the organization. Recognizing the value and contribution of employees may reduce absenteeism due to an increased sense of the value of the work to be performed. Employees who feel their work matters will be less likely to opt to be absent when it is not necessary. Leaders should both celebrate the achievements within and lament the impact of absences on the organization. The creation of marketing campaigns to highlight how employees add to the organizations value proposition or the establishment of recognition programs acknowledging employee achievements and improved external communications of organizational successes are three ways to create a sense of pride. The communication of the impact of employee absences is another important strategy. Employees who believe it does not matter if they are absent are more likely to elect to be away from work (Edwards, 2014). The creation of in-house replacement workers or

contracted contingency workers supports the communication of the value of their work to employees.

Recommendation 3: Invest in Mental Health and Wellness

Illness, be it physical or mental, can negatively impact attendance, performance, and quality of work. Investing in proactive initiatives may prove more cost-effective than reactive measures. Intervening with wellness education, employee support services, and access to programming to help form new habits can lead to a healthier workforce. Investing money on lifestyle changes should have longer-lasting effects than one-time actions to address a problem after the fact. Eliminate unhealthy practices such as recognition for perfect attendance and replace them with illness prevention goals and recognition for responsible decision-making. Competitive challenges based on a department's combined steps taken or pounds lost can add an element of fun and motivation to the wellness initiatives.

Recommendation 4: Take a Whole-Person Approach

Humans have multi-dimensional needs (Velmurugan & Sankar, 2017). The adoption of policies and practices that take into account the multiple roles employees hold can help to address these needs. Leaders should acknowledge the impact of conflicting obligations and assess how schedules could be more flexible without impacting operations (Leka et al., 2017). The creation of a 4-day work week is one strategy employers can use to achieve this. Employees continue to work a 40-hour week but benefit from 3 days of rest. This type of scheduling model can be used to increase hours of operation without incurring overtime costs. Employees who work a 10-hour

workday may be more productive due to the lesser number of breaks and shifts per week. The ability to work from home, even if only on a limited basis, can help employees be productive in time they would otherwise be absent. Work schedules that are based solely on hours per week or with only a small number of core or required times of day support employees to complete their work and take time for other responsibilities. A flexible schedule supports employees with the challenging balance of work, family, and personal needs. A whole-person approach is beneficial to employees and may lead to more effective ways to operate a business.

Recommendation 5: View Childcare as a Necessity

Employees with school age or younger children will be distracted or absent when childcare is an issue. Expecting employees to view work or parenting as a binary choice is not reasonable or appropriate in a competitive labor market (Kleven et al., 2019). Offering emergency daycare support may be a solution for organizations reliant on in-person workers. On-site daycare is another option and may also support recruitment and retention initiatives. Giving employees the option to work from home when children are sick or when childcare is temporarily not available is another strategy to support employees and their childcare needs. Leaders who view childcare as a necessity versus a luxury will be better able to develop workable solutions that support employees and workplace operations.

Disseminating the Results

The results of this study will be disseminated through conferences, scholarly journals, educational seminars, and local chambers of commerce. I will provide each

participant in this study with a four-page page summary of the results, inclusive of the two figures developed from the findings. This study will be published in the ProQuest Dissertations and Theses Database for future scholars and academic professionals.

Recommendations for Further Research

Leaders design strategies for reducing absenteeism to address an issue with a specific employee group. Leaders' chosen metrics to measure the success of an absenteeism reduction initiative are specific to the desired outcomes, ones that may or may not be the same as those of other leaders. Participants discussed strategies they used to reduce absenteeism among employees in hospitals in Ontario, Canada. A comparison of the responses collected against available data on absenteeism rates confirmed my assumption that the participants would respond honestly. Similarly, the data on absenteeism rates confirmed my assumption that the positive impact of leaders' strategies endure beyond the year of implementation. However, as the success of absenteeism reduction initiatives is somewhat dependent on labor relations, legislated leave entitlements, and overall work environment, I recommend further research specific to other industries or regions. The application of the research findings to other industries or hospitals located in other regions may be possible.

Delimitations are the boundaries that a researcher sets to limit the scope of a study (Zhuge et al., 2016). Researchers often impose delimitations necessary to achieve their research objectives (Snelson, 2016). Only six participants took part in this study and all were leaders from hospitals in Ontario, Canada, and involved in strategies to reduce absenteeism among female employees.

The issues facing female employees may be distinct from those impacting male employees. Researchers have suspected employee gender as influencing the view of an employer's supportive leadership (Eibl et al., 2020). Researchers using an experimental design could isolate the impact of specific employment policies or practices. Scholars could measure the initiatives depicted in this study in a male-dominated environment to see if the interventions had the same effect on absenteeism. Results from this type of study could contribute to formulating more supportive business practices that benefit individuals of all genders.

The findings of this study predate the COVID-19 pandemic. This is an important observation, as the demands on health care workers from the pandemic were far more significant than in other fields. Assessing the effects of the pandemic on non-health care workers could provide further insight into the absenteeism problem. The expanded ability, or even requirement, to work offsite and the increased flexibility in work hours instituted by many organizations in response to the pandemic are worth further examination regarding employee absenteeism levels. Additionally, job protection legislation has emerged across Canadian jurisdictions for employees with children who lost childcare resources due to the pandemic (Ontario, 2020a). These recent events may create an opportunity for researchers to better separate employer practices from other life demands. It would be interesting to assess the impact on absenteeism rates of any post pandemic changes to workplace practices.

Reflections

The Doctor of Business Administration (DBA) study process has been a life-changing experience. As a student, I improved my research and academic writing skills. As a human resource professional, I grew my awareness of strategic issues, underlying causes, and associated scholarly theory. Overall, I enhanced my knowledge, ability to collect and analyze data, and competence in applying theory to real-life situations. The DBA journey was an incredibly valuable experience, and one I recommend to everyone privileged enough to further their studies.

When I commenced my doctoral study, I viewed absenteeism as a problem in need of solving. Through my research, I increased my understanding of the complexity of the issue and the multitude of compounding factors. I also discovered more about Herzberg et al.'s (1959) two-factor theory, which leaders can use to guide the development of strategies to reduce absenteeism. Most importantly, through greater research and understanding of the issue and the coincidental timing of completing this study during a pandemic, I learned valuable lessons about compassion and flexibility.

In Canada, absenteeism is higher in public-sector organizations and among female employees (Statistics Canada, 2020a). I chose to examine hospitals due to the dual impact of being public-sector entities and having a predominately female workforce (Canadian Institute for Health Information, 2017). I initially assumed that the higher amount of paid leave available to public-sector employees was the driving force behind absenteeism rates. Similarly, I wrongly believed that because females are most often the family caregivers, they were more likely to use the leave directed at family responsibilities, thus

having higher absenteeism. I now view absenteeism as an outcome versus a problem in and of itself.

I experienced some challenges attempting to complete a study of hospital leaders during a pandemic. Health care workers have faced enormous burdens during the COVID-19 pandemic, and their ability to adapt and meet the increased needs of the public has been heroic. I am incredibly grateful to the hospital leaders who were willing to make time in this environment to participate in my study.

Conclusion

The purpose of this qualitative multiple case study was to explore effective strategies for reducing absenteeism amongst female employees in Canadian hospitals. Absenteeism is a wicked problem, requiring a multi-dimensional solution (McGrandle & Ohemeng, 2017). The results of this study confirm that absenteeism reduction is possible. Absenteeism in hospitals negatively impacts operational efficiency, quality, and patient care (Benzaid et al., 2019; Brborović & Brborović, 2017). Absenteeism represents between 15% and 20% of all direct and indirect payroll expenses in Canada (Kocakulah et al., 2016).

The conceptual framework used in this study, Herzberg's two-factor theory, was developed to identify the sources of satisfaction and dissatisfaction amongst employees (Herzberg, et al., 1959). The presence of motivation factors correlates with increased satisfaction and the absence of hygiene factors correlates with increased levels of dissatisfaction (Herzberg, 1964). The examples of strategies used to reduce absenteeism amongst female employees collected from participants aligned wholly with the two-factor

theory. To reduce absenteeism amongst female employees, the six participants in this study involving a combined population of over 56,000 employees, used these strategies: the creation of a supportive stance towards attendance, creating a sense of pride, investing in employee wellness, taking a whole-person approach, and childcare support. Absenteeism is a workplace issue that is steadily increasing. The results of this study were used to identify novel strategies that leaders have used to successfully reduce absenteeism while positively impacting employee morale and engagement. If these strategies can be used to reduce absenteeism in Canadian hospitals, there is enormous potential to assess the applicability of these findings in hospitals in other nations as well as other industries.

References

Ackers, L., Ioannou, E., & Ackers-Johnson, J. (2016). The impact of delays on maternal and neonatal outcomes in Ugandan public health facilities: The role of absenteeism. *Health Policy and Planning*, *31*(9), 1152-1161. https://doi.org/10.1093/heapol/czw046

Adams, C., & van Manen, M. A. (2017). Teaching phenomenological research and writing. *Qualitative Health Research*, *27*(5), 780-791. https://doi.org/10.1177/1049732317698960

Adamson, K. A., & Prion, S. (2014). Making sense of methods and measurement: MANOVA. *Clinical Simulation in Nursing*, *10*(3), 436-437. https://doi.org/10.1016/j.ecns.2013.12.008

Adhabi, E., & Anozie, C. B. (2017). Literature review for the type of interview in qualitative research. *International Journal of Education*, *9*(3), 86-97. https://doi.org/10.5296/ije.v9i3.11483

Alfayad, Z., & Arif, L. S. M. (2017). Employee voice and job satisfaction: An application of Herzberg two-factor theory. *International Review of Management and Marketing*, *7*(2), 150-156. https://doi.org/10.7537/marslsj140517.03

Alshmemri, M., Shahwan-Akl, L., & Maude, P. (2017). Herzberg's two-factor theory. *Life Science Journal*, *14*(5), 12-16. https://doi.org/10.7537/marslsj140517.03

Anderson, C., & Kirkpatrick, S. (2016). Narrative interviewing. *International Journal of Clinical Pharmacy*, *38*(4), 631-634. https://doi.org/10.1007/s11096-015-0222-0

Arellano, C. (2015). Five power practices that can help you run the place better and boost

organizational health. *People and Strategy*, *38*(3), 43-45.

http://www.ohisolution.com/media/12144/Power-Practices-Organizational-

Health-Multipliers_HRcom_March2015.pdf

Asay, G. R. B., Roy, K., Lang, J. E., Payne, R. L., & Howard, D. H. (2016). Absenteeism

and employer costs associated with chronic diseases and health risk factors in the

US workforce. *Preventing Chronic Disease*, *13*(E141), 1-11.

https://doi.org/10.5888/pcd13.150503

Atchan, M., Davis, D., & Foureur, M. (2016). A methodological review of qualitative

case study methodology in midwifery research. *Journal of Advanced Nursing*,

72(8), 2259-2271. https://doi.org/10.1111/jan.12946

Avdagic, S. (2015). Does deregulation work? Reassessing the unemployment effects of

employment protection. *British Journal of Industrial Relations*, *53*(1), 6-26.

https://doi.org/10.1111/bjir.12086

Avgoustaki, A. (2016). Work uncertainty and extensive work effort: The mediating role

of human resource practices. *ILR Review, 69*(3), 656-682.

https://doi.org/10.1177/0019793915614584

Baard, P., Deci, E., & Ryan, R. (2004). Intrinsic need satisfaction: A motivational basis

of performance and well-being in two work settings. *Journal of Applied Social

Psychology, 34*(20), 45-68. https://doi.org/10.1111/j.1559-1816.2004.tb02690.x

Ballesteros, B., & Mata-Benito, P. (2018). The inner process of collective interpretation

in qualitative research. *Qualitative Report*, *23*(1), 168-183.

Baskaya, Y., Sayıner, F. D., & Filiz, Z. (2020). How much do I belong to my profession? A scale development study: Midwifery Belonging Scale. *Health Care for Women International*, *8,* 1-16. https://doi.org/10.1080/07399332.2020.1716765

Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. *Nursing Plus, 2*, 8-14. https://doi.org/10.1016/j.npls.2016.01.001

Bennedsen, M., Tsoutsoura, M., & Wolfenzon, D. (2019). Drivers of effort: Evidence from employee absenteeism. *Journal of Financial Economics, 133*(3), 658-684. https://doi.org/10.1016/j.jfineco.2018.12.001

Benzaid, M., Lahrichi, N., & Rousseau, L. M. (2019). Chemotherapy appointment scheduling and daily outpatient-nurse assignment. *Health Care Management Science*, *23*(1), 17-33. https://doi.org/10.1007/s10729-018-9462-6

Bexheti, L., & Bexheti, A. (2016). The impact of Herzberg's two factor theory and efficiency at work. *European Journal of Multidisciplinary Studies, 1*(2), 378-385. https://doi.org/10.26417/ejms.v1i2.p378-385

Birioukov, A. (2016). Beyond the excused/unexcused absence binary: Classifying absenteeism through a voluntary/involuntary absence framework. *Educational Review*, *68*(3), 340-357. https://doi.org/10.1080/00131911.2015.1090400

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research*, *26*(7), 1802-1811. https://doi.org/10.1177/1049732316654870

Birtch, T. A., Flora, F. T., Chiang, T., & Van Esch, E. (2015). A social exchange theory framework for understanding the job characteristics-job outcomes relationship:

The mediating role of psychological contract fulfillment. *International Journal of Human Resource Management, 27*(9), 1217-1236. https://doi.org/10.1080/09585192.2015.1069752

Blount, B., Jacob, S., Weeks, P., & Jepson, M. (2015). Testing cognitive ethnography: Mixed-methods in developing indicators of well-being in fishing communities. *Human Organization*, *74*(1), 1-15. https://doi.org/0018-7259/15/010001-15

Boddy, C. R. (2016). Sample size for qualitative research. *Qualitative Market Research: An International Journal, 19*(3), 426-432. https://doi.org/10.1108/QMR-06-2016-0053

Booker, L. A., Sletten, T. L., Alvaro, P. K., Barnes, M., Collins, A., Chai-Coetzer, C. L., Naqvi, A., McMahon, M., Lockley, S. W., Rajaratnam, S. M. W., & Howard, M. E. (2020). Exploring the associations between shift work disorder, depression, anxiety and sick leave taken amongst nurses. *Journal of Sleep Research*, *29*(3), e12872. https://doi.org/10.1111/jsr.12872

Bouville, G., Dello Russo, S., & Truxillo, D. (2018). The moderating role of age in the job characteristics-absenteeism relationship: A matter of occupational context? *Journal of Occupational and Organizational Psychology*, *91*(1), 57-83. https://doi.org/10.1111/joop.12188

Bowden, C., & Galindo-Gonzalez, S. (2015). Interviewing when you're not face-to-face: The use of email interviews in a phenomenological study. *International Journal of Doctoral Studies*, *10*(12), 79-92. https://doi.org/10.28945/2104

Bradler, C., Dur, R., Neckermann, S., & Non, A. (2016). Employee recognition and

performance: A field experiment. *Management Science*, *62*(11), 3085-3099.

https://doi.org/10.1287/mnsc.2015.2291

Brayer, A., & Marcinowicz, L. (2018). Job satisfaction of nurses with Master of Nursing

degrees in Poland: Quantitative and qualitative analysis. *BMC Health Services

Research, 18*(2), 239-246. https://doi.org/10.1186/s12913-018-3053-6

Brborović, H., & Brborović, O. (2017). Patient safety culture shapes presenteeism and

absenteeism: A cross-sectional study amongst Croatian health care workers.

Archives of Industrial Hygiene and Toxicology, *68*(2), 185-189.

https://doi.org/10.1515/aiht-2017-68-2957

Brekke, I., & Nadim, M. (2017). Gendered effects of intensified care burdens:

Employment and sickness absence in families with chronically sick or disabled

children in Norway. *Work, Employment and Society*, *31*(3), 391-408.

https://doi.org/10.1177/0950017015625616

Brewster, C., Wood, G., & Goergen, M. (2015). Institutions, unionization and voice: The

relative impact of context and actors on firm level practice. *Economic and

Industrial Democracy*, *36*(2), 195-214.

https://doi.org/10.1177/0143831X13501004

Brown, A., & Danaher, P. A. (2019). CHE principles: Facilitating authentic and

dialogical semi-structured interviews in educational research. *International

Journal of Research & Method in Education*, *42*(1), 76-90.

https://doi.org/10.1080/1743727X.2017.1379987

Bunchapattanasakda, C., Mathema, S. B., & Tuladhar, A. (2018). Absenteeism and

employee turnover of co-workers as indicators of job dis-satisfaction among

existing employees: A study of service industries in Nepal. *International

Journal of Supply Chain Management*, *5*(16), 1603-1609.

https://journals.pen2print.org/index.php/ijr/article/view/15932

Bureau of Labor Statistics, U. S. Department of Labor, (2018). *Economics Daily*, 4.2

million workers have illness-related work absences in January 2018.

https://www.bls.gov/opub/ted/2018/4-point-2-million-workers-have-illness-

related-work-absences-in-january-2018.htm

Burmeister, E. A., Kalisch, B. J., Xie, B., Doumit, M. A., Lee, E., Ferraresion, A.,

Terziogly, F., & Bragadóttir, H. (2019). Determinants of nurse absenteeism and

intent to leave: An international study. *Journal of Nursing Management*, *27*(1),

143-153. https://doi.org/10.1111/jonm.12659

Call-Cummings, M., Dennis, B., & Martinez, S. (2019). The role of researcher in

participatory inquiry: Modeling intra-active reflexivity in conversational

reflections. *Cultural Studies/Critical Methodologies*, *19*(1), 68-76.

https://doi.org/10.1177/1532708617750677

Canadian Human Rights Commission. (2020). *Human rights in Canada.*

https://www.chrc-ccdp.gc.ca/eng/content/human-rights-in-canada

Canadian Institute for Health Information. (2017, November). *Gender, workforce and

health system change in Canada* (Issue Brief). Ottawa, Canada: Porter, A., &

Bourgeault, I. https://www.who.int/hrh/Oral-Gender-equity-and-womens-economic-empowerment-Porter-and-Bourgeault-16Nov-17HC0-18HC0.pdf?ua=1

Castillo-Montoya, M. (2016). Preparing for interview research: The interview protocol refinement framework. *Qualitative Report*, *21*(5), 811-831. https://nsuworks.nova.edu/tqr/vol21/iss5/2/

Castleberry, A., & Nolen, A. (2018). Thematic analysis of qualitative research data: Is it as easy as it sounds? *Currents in Pharmacy Teaching and Learning*, *10*(6), 807-815. https://doi.org/10/1016/j.cptl.2018.03.019

Che Ahmat, N. H., Arendt, S. W., & Russell, D. W. (2019). Effects of minimum wage policy implementation: Compensation, work behaviors, and quality of life. *International Journal of Hospitality Management*, 81, 229-238. https://doi.org/10.1016/j.ijhm.2019.04.019

Chen, B., Vansteenkiste, M., Beyers, W., Boone, L., Deci, E., Van der Kaap-Deeder, J., Duriez, B., Lens, M., Matos, L., Mouratidis, A., & Verstuyf, J. (2015). Basic psychological need satisfaction, need frustration, and need strength across four cultures. *Motivation and Emotions, 39*(2), 216-236. https://doi.org/10.1007/s11031-014-9450-1

Chiat, L. C., & Panatik, S. A. (2019). Perceptions of employee turnover intention by Herzberg's motivation-hygiene theory: A systematic literature review. *Journal of Research in Psychology*, *1*(2), 10-15. https://doi.org/10.31580/jrp.v1i2.949

Chu, H. C., & Kuo, T. (2015). Testing Herzberg's two-factor theory in educational

settings in Taiwan. *Journal of Human Resource and Adult Learning*, *11*(1), 54-65.

http://www.hraljournal.com/Page/10%20HuichinChu&TsuiYangKuo.pdf

Clandinin, D. J., Cave, M. T., & Berendonk, C. (2017). Narrative inquiry: a relational

research methodology for medical education. *Medical Education*, *51*(1), 89-96.

https://doi.org/10.1111/medu.13136

Clark, K. R., & Vealé, B. L. (2018). Strategies to enhance data collection and analysis in

qualitative research. *Radiologic Technology*, *89*(3), 482-485.

https://pubmed.ncbi.nlm.gov/29793921/

Cohen, T. R., Kim, Y., Jordan, K. P., & Panter, A. T. (2016). Guilt-proneness is a marker

of integrity and employment suitability. *Personality and Individual Differences*,

92, 109-112. https://doi.org/10.1016/j.paid.2015.12.026

Conference Board of Canada. (2013). *Absent workers cost the Canadian economy

billions.* http://conferenceboard.ca

Conrad, D., Ghosh, A., & Isaacson, M. (2015). Employee motivation factors: A

comparative study of the perceptions between physicians and physician leaders.

International Journal of Public Leadership, *11*(2), 92-106.

https://doi.org/10.1108/IJPL-01-2015-0005

Counsell, A., Cribbie, R. A., & Harlow, L. L. (2016). Increasing literacy in quantitative

methods: The key to the future of Canadian psychology. *Canadian

Psychology/Psychologie Canadienne, 57*(3), 193-201.

https://doi.org/10.1037/cap0000056

Crane, A., Henriques, I., Husted, B. W., & Matten, D. (2017). Measuring corporate social

  responsibility and impact: Enhancing quantitative research design and methods in

  business and society research. *Business & Society*, *56*(4), 787-795.

  https://doi.org/10.1177/0007650317713267

Cypress, B. S. (2017). Rigor or reliability and validity in qualitative research:

  Perspectives, strategies, reconceptualization, and recommendations. *Dimensions

  of Critical Care Nursing*, *36*(2), 253-263.

  https://doi.org/10.1097/DCC.0000000000000253

Deci, E., Olafsen, A., & Ryan, R. (2017). Self-determination theory in work

  organizations: The state of a science. *Annual Review of Organizational

  Psychology and Organizational Behavior*, *4*(1), 19-43.

  https://doi.org/10.1146/annurev-orgpsych-032516-113108

Deci, E., & Ryan, R. (2011). Levels of analysis, regnant causes of behavior and well-

  being: The role of psychological needs. *Psychological Inquiry, 22*(1), 17-22.

  https://doi.org/10.1080/1047840X.2011.545978

Deci, E., & Ryan, R. (2015). Self-determination theory. *International Encyclopedia of the

  Social & Behavioral Sciences*, *21*(3), 486-491.

  https://doi.org/10.1016/B978-0-08-097086-8.26036-4

Deci, E. L., & Ryan, R. M. (1980). Self-determination theory: When mind mediates

  behavior. *Journal of Mind and Behavior*, *1*(1), 33-43.

  http://www.jstor.org/stable/43852807

Deci, E. L., & Ryan, R. M. (2008). Self-determination theory: A macrotheory of human motivation, development, and health. *Canadian Psychology/Psychologie canadienne*, *49*(2), 182-185. https://doi.org/10.1037/a0012801

Deery, M., & Jago, L. (2015). Revisiting talent management, work-life balance and retention strategies. *International Journal of Contemporary Hospitality Management, 27*(3), 453-472. https://doi.org/10.1108/IJCHM-12-2013-0538

Dempsey, L., Dowling, M., Larkin, P., & Murphy, K. (2016). Sensitive interviewing in qualitative research. *Research in Nursing & Health*, *39*(2), 480-490. https://doi.org/10.1002/nur.21743

de Wit, M., Wind, H., Hulshof, C. T. J., & Frings-Dresen, M. H. W. (2018). Person-related factors associated with work participation in employees with health problems: A systematic review. *International Archives of Occupational and Environmental Health*, *91*(2), 497-512. https://doi.org/10.1007/s00420-018-1308-5

Dikko, M. (2016). Establishing construct validity and reliability: Pilot testing of a qualitative interview for research in Takaful (Islamic insurance). *Qualitative Report*, *21*(3), 521-528. https://nsuworks.nova.edu/tqr/vol21/iss3/6/

Doki, S., Sasahara, S., Hirai, Y., Oi, Y., & Matsuzaki, I. (2016). Absenteeism due to mental health problems and systems for return to work: an internet-based unmatched case-control study. *International Archives of Occupational and Environmental Health*, *89*(6), 1279-1287. https://doi.org/10.1539/joh.15-0083-OA

Duclay, E., Hardouin, J. B., Sébille, V., Anthoine, E., & Moret, L. (2015). Exploring the

    impact of staff absenteeism on patient satisfaction using routine databases in a

    university hospital. *Journal of Nursing Management*, *23*(5), 833-841.

    https://doi.org/10.1111/jonm.12219

Duncombe, D. C. (2019). Factors influencing voluntary absenteeism among health care

    workers in the Bahamas. *Nursing Economics*, *37*(2), 92-109.

Edwards, V. L. (2014). Examining absenteeism in the public and non-profit sectors.

    International Journal of Organization Theory & Behavior, *17*(2), 293-310.

    https://doi.org/10.1108/IJOTB-17-03-2014-B002

Eibl, B., Lang, F. R., & Niessen, C. (2020). Employee voice at work: the role of

    employees' gender, self-efficacy beliefs, and leadership. *European Journal of*

    Work and Organizational Psychology, *29*(4)*,* 1-16.

    https://doi.org/10.1080/1359432X.2020.1733979

Ellard-Gray, A., Jeffrey, N. K., Choubak, M., & Crann, S. E. (2015). Finding the hidden

    participant: Solutions for recruiting hidden, hard-to-reach, and vulnerable

    populations. *International Journal of Qualitative Methods*, *14*(2), 217-231.

    https://doi.org/10.1177/1609406915621420

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling

    and purposive sampling. *American Journal of Theoretical and* Applied Statistics,

    5(1), 1-4. https://doi.org/10.11648/j.ajtas.20160501.11

Evans-Lacko, S., & Knapp, M. (2016). Global patterns of workplace productivity for

people with depression: Absenteeism and presenteeism costs across eight diverse

countries. *Social Psychiatry and Psychiatric Epidemiology*, *51*(9), 1525-1537.

https://doi.org/10.1007/s00127-016-1278-4

Faulkner, S. L., & Trotter, S. P. (2017). Data saturation. In J. Matthes, C.S. Davis, & R.F.

Potter (Eds.), *The international encyclopedia of communication research methods*

(1st ed., pp.10-12). John Wiley and Sons.

https://doi.org/10.1002/9781118901731.iecrm0060

Fernandez, S., & Moldogaziev, T. (2015). Employee empowerment and job satisfaction

in the US federal bureaucracy: A self-determination theory perspective. *American*

Review of Public Administration, *45*(3), 375-401.

https://doi.org/10.1177/0275074013507478

Ferreira, A. I., da Costa Ferreira, P., Cooper, C. L., & Oliveira, D. (2019). How daily

negative affect and emotional exhaustion correlates with work engagement and

presenteeism-constrained productivity. *International Journal of Stress*

Management, *26*(2), 261-271. https://doi.org/10.1037/str0000114

Fisher, E. (2009). Motivation and leadership in social work management: A review of

theories and related studies. *Administration in Social Work, 33*(2), 347-367.

https://doi.org/10.1080/03643100902769160

Flick, U. (2018). Triangulation in data collection. *SAGE Handbook of Qualitative*

Research (Sixth ed.). SAGE Publications.

Flynn, S. V., & Korcuska, J. S. (2018). Credible phenomenological research: A mixed-methods study. *Counselor Education and Supervision*, *57*(1), 34-50. https://doi.org/10.1002/ceas.12092

Frempong, S. N., Davenport, C., Sutton, A. J., Nonvignon, J., & Barton, P. (2018). Integrating qualitative techniques in model development: A case study using the framework approach. *Applied Health Economics and Health Policy*, *16*(4), 723-733. https://doi.org/10.1007/s40258-018-0411-9

Fritz, R. L., & Vandermause, R. (2018). Data collection via in-depth email interviewing: Lessons from the field. *Qualitative Health Research*, *28*(9), 1640-1649. https://doi.org/10.1177/1049732316689067

Furnham, A., & Treglown, L. (2017). *Disenchantment: Managing motivation and demotivation at work*. Bloomsbury Publishing.

Fusch, P. I., & Ness, L. R. (2015). Are we where yet? Data saturation in qualitative research. *Qualitative Report*, *20*(9), 1408-1416. http://www.nova.edu/ssss/QR/QR20/9/fusch1.pdf

Gammelgaard, B. (2017). The Qualitative Case Study. *International Journal of Logistics Management*, *28*(5), 910-913. https://doi.org/10.1108/IJLM-09-2017-0231

García Mainar, I., Green, C. P., & Navarro Paniagua, M. (2018). The effect of permanent employment on absenteeism: Evidence from labor reform in Spain. *ILR Review*, *71*(4), 525-549. https://doi.org/10.1177/0019793917717226

Gatrell, C. J., Burnett, S. B., Cooper, C. L., & Sparrow, P. (2013). Work-life balance and parenthood: A comparative review of definitions, equity and enrichment. *International Journal of Management Reviews*, *15*(3), 300-316. https://doi.org/10.1111/j.1468-2370.2012.00341

Gherardi, S. (2019). *How to conduct a practice-based study: Problems and methods*. Edward Elgar Publishing.

Goerres, A., Siewert, M. B., & Wagemann, C. (2019). Internationally comparative research designs in the social sciences: Fundamental issues, case selection logics, and research limitations. *Kölner Zeitschrift für Soziologie und Sozialpsychologie*, *71*(1), 75-97. https://doi.org/10.1007/s11577-019-00600-2

Govender, L., Migiro, S. O., & Kyule, A. K. (2018). Flexible Work Arrangements, Job Satisfaction and Performance. *Journal of Economics and Behavioral Studies*, *10*(3), 268-277. https://doi.org/10.22610/jebs.v10i3.2333

Green, C., Duan, N., Gibbons, R., Hoagwood, K., Palinkas, L., & Wisdom, J. (2015). Approaches to mixed methods dissemination and implementation research: Methods, strengths, caveats, and opportunities. *Administration and Policy in Mental Health and Mental Services Research, 42,* 1-16. https://doi.org/10.1007/s10488-014-0552-6

Greener, S. (2018). Research limitations: The need for honesty and common sense. *Interactive Learning Environments*, *26*(2), 567-568. https://doi.org/10.1080/10494820.2018.1486785

Guglielmi, D., Gallì, L., Simbula, S., & Mazzetti, G. (2019). Gain cycles in health care

    workers: The role of job resources and hardy personality. *International Journal of*

    Workplace Health Management, *12*(2), 71-84.

    https://doi.org/10.1108/IJWHM-10-2017-0086

Habib, N., Awan, S. H., & Sahibzada, S. A. (2017). Is Herzberg's two factor theory valid

    in the context of performance management system?: A study of private banks of

    Pakistan. *Journal of Managerial Sciences, 11*(3), 183-198.

Hacket, R. D. (1989). Work attitudes and employee absenteeism: A synthesis of the

    literature. *Journal of Occupational Psychology, 62*(2), 235-248.

    https://doi.org/10.1111/j.2044-8325.1989.tb00495.x

Hackett, A., & Strickland, K. (2018). Using the framework approach to analyze

    qualitative data: A worked example. *Nurse Researcher*, *26*(2), 226-231.

    https://doi.org/10.7748/nr.2018.e1580

Hart, C. (2018). *Doing a literature review: Releasing the research imagination*. Sage.

Hassard, J., Teoh, K. R., Visockaite, G., Dewe, P., & Cox, T. (2018). The cost of work-

    related stress to society: A systematic review. *Journal of Occupational Health*

    Psychology, *23*(1), 1-17. https://doi.org/10.1037/ocp0000069

Hawkins, J. E. (2018). The practical utility and suitability of email interviews in

    qualitative research. *Qualitative Report*, *23*(3), 493-501.

    https://nsuworks.nova.edu/tqr/vol23/iss2/15/

Hege, I., Dietl, A., Kiesewetter, J., Schelling, J., & Kiesewetter, I. (2018). How to tell a

    patient's story? Influence of the case narrative design on the clinical reasoning

process in virtual patients. *Medical Teacher*, *40*(7), 736-742.

https://doi.org/10.1080/0142159X.2018.1441985

Hennink, M. M., Kaiser, B. N., & Webber, M. B. (2019). What influences saturation.

Estimating sample sizes in focus group research. *Qualitative Health Research,*

29(10), 1483-1496. https://doi.org/10.1177/10497318821692

Herzberg, F. (1964). The motivation-hygiene concept and problems of manpower.

Personnel Administrator, 27(1), 3-7.

https://doi.org/10.1111/j.1744-6570.1971.tb02470.x

Herzberg, F. (1965). The new industrial psychology. *ILR Review*, *18*(3), 364-376.

https://doi.org/10.1177/001979396501800306

Herzberg, F. (1966). *Work and the nature of man.* Cleveland, OH: World Publishing.

Herzberg, F. (1968). One more time: How do you motivate employees? *Harvard*

Business Review, 46, 53-62. https://hbr.org/2003/01/one-more-time-how-do-you-

motivate-employees

Herzberg, F., Mausner, B., & Snyderman, B. B. (1959). *The motivation to work*. Wiley.

Holmberg, C., Caro, J., & Sobis, I. (2018). Job satisfaction among Swedish mental health

nursing personnel: Revisiting the two-factor theory. *International Journal of*

Mental Health Nursing, 27(3), 581-592. https://doi.org/10.1111/inm.12339

Holston-Okae, B. L., & Mushi, R. J. (2018). Employee turnover in the hospitality

industry using Herzberg's two-factor motivation-hygiene theory. *International*

Journal of Academic Research in Business and Social Sciences, 8(1), 218-248.

https://doi.org/10.6007/IJARBSS/v8-i1/3778

Hopkins, R. M., Regehr, G., & Pratt, D. D. (2017). A framework for negotiating

positionality in phenomenological research. *Medical Teacher*, *39*(1), 20-25.

https://doi.org/10.1080/0142159X.2017.1245854

Horton, A., & Wills, J. (2018). Impacts of the living wage on in-work poverty. *Handbook*

on In-Work Poverty, https://www.e-elgar.com/shop/handbook-on-in-work-poverty

Huang, Y. H., Lee, J., McFadden, A. C., Murphy, L. A., Robertson, M. M., Cheung, J.

H., & Zohar, D. (2016). Beyond safety outcomes: An investigation of the impact

of safety climate on job satisfaction, employee engagement and turnover using

social exchange theory as the theoretical framework. *Applied Ergonomics*, *55*(2),

248-257. https://doi.org/10.1016/j.apergp.2015.10.007

Humber River Hospital v. Teamsters, 2014 CanLII 50008 (ON LA).

https://www.cavalluzzo.com/docs/default-source/default-document-

library/humber-river-hospital-and-ona-

(c2586291xa0e3a).pdf?sfvrsn=d76d56d5_0

Hur, Y. (2018). Testing Herzberg's two-factor theory of motivation in the public sector:

Is it applicable to public managers? *Public Organization Review*, *18*(3), 329-343.

https://doi.org/10.1007/s11115-017-0379-1

Ichino, A., & Riphahn, R. T. (2004). Absenteeism and employment protection: Three

case studies. *Swedish Economic Policy Review*, *11*, 95-114.

https://www.government.se/contentassets/0859a86e9f3a4a418a893166bdf70b3e/a

ndrea-ichino--regina-riphahn-absenteeism-and-employment-protection-three-

case-studies

Ingham-Broomfield, R. (2015). A nurse's guide to qualitative research. *Australian Journal of Advanced Nursing, 32*(3), 34-38.

https://www.ajan.com.au/archive/Vol32/Issue3/4Broomfield.pdf

Iskander, R., Pettaway, L., Waller, L., & Waller, S. (2016). An analysis of higher education leadership in the United Arab Emirates. *Mediterranean Journal of Social Sciences*, *7*(4), 444-448. https://doi.org/10.5901/mjss.2016.v7n1p444

Jahromi, M., Razmjooei, P., Managheb, S., Hosseini, M., & Salehi, M. (2019). Evaluating organizational commitment of secondary school's teachers based on Herzberg's motive-hygiene two-factor theory. *Amazonia Investiga*, *7*(13), 90-100. https://amazoniainvestiga.info/index.php/amazonia/article/view/498

Joseph, K. E. (2015). Gauging the issue of absenteeism in the workplace: Evidence from the public sector. *International Journal of Business and Social Science*, *6*(2), 65-71. http://ijbssnet.com/journals/Vol_6_No_2_February_2015/10.pdf

Joslin, R., & Müller, R. (2016). Identifying interesting project phenomena using philosophical and methodological triangulation. *International Journal of Project Management*, *34*(9), 1043-1056. https://doi.org/10.1016/j.ijproman.2016.05.005

Kaewkungwal, J., & Adams, P. (2019). Ethical consideration of the research proposal and the informed-consent process: An online survey of researchers and ethics committee members in Thailand. *Accountability in Research*, *26*(2), 176-197. https://doi.org/10.1080/08989621.2019.1608190

Kallio, H., Pietilä, A. M., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: Developing a framework for a qualitative semi-structured

interview guide. *Journal of Advanced Nursing*, *72*(12), 2954-2965.

https://doi.org/10.1111/jan.13031

Kandemir, A., & Şahin, B. (2017). The level and cost burden of absenteeism among

health care professionals. *İşletme Bilimi Dergisi*, *5*(2), 1-23.

https://doi.org/10.22139/jobs.299082

Katsirikou, A., & Lin, C. S. (2017). Revealing the "essence" of things: Using

phenomenology in LIS research. *Qualitative and Quantitative Methods in*

Libraries, *2*(4), 469-478. http://www.qqml-

journal.net/index.php/qqml/article/view/123

Kerins, C., Houghton, C., McHugh, S., Geaney, F., Toomey, E., Hayes, C., Perry, I. J., &

Kelly, C. (2019). Implementation of a calorie menu labeling policy in public

hospitals: Study protocol for a multiple case study. *International Journal of*

Qualitative Methods. 18, 1-10. https://doi.org/10.1177/1609406919878339

Khanna, V. (2017). Measuring job satisfaction of academicians using Herzberg theory.

Delhi Business Review, *18*(2), 75-86.

https://www.ijstm.com/images/short_pdf/1490359201_P280-291.pdf

Khoshnevis, H., & Tahmasebi, A. (2016). The motivation system in a governmental

organization. *Procedia-Social and Behavioral Sciences*, *230*, 212-218.

https://doi.org/10.1016/j.sbspro.2016.09.027

Kim, H. (2017). Differential impacts of functional, geographical, and hierarchical

diversity on knowledge sharing in the midst of organizational change.

Management Communication Quarterly, *32*(1), 5-30.

https://doi.org/10.1177/0893318917728340

Kimura, K., Nagata, T., Ohtani, M., Mori, K., Nagata, M., Kajiki, S., Fuijno, Y., & Matsuda, S. (2018). Total burden of presenteeism, absenteeism and medical/pharmaceutical cost by health risks. *Journal of Occupational and Environmental Medicine, 75*, A132-A133. https://doi.org/10.1136/oemed-2018-ICOHabstracts.377

Kinchin, G., Ismail, N., & Edwards, J. A. (2018). Pilot study, does it really matter? Learning lessons from conducting a pilot study for a qualitative PhD thesis. *International Journal of Social Science Research*, *6*(1), 1-17. https://doi.org/10.5296/ijssr.v6i1.11720

Kiptoon, J. K., & Kipkebut, D. J. (2019). Effect of hygiene factors on staff retention among employees in commercial banks in Nairobi County, Kenya. *International Journal of Business Management and Finance*, *3*(2), 207-219. https://serialpublishers.org/index.php/ijbmf/article/view/123

Kleven, H., Landais, C., & Søgaard, J. E. (2019). Children and gender inequality: Evidence from Denmark. *American Economic Journal: Applied Economics*, *11*(2), 181-209. https://doi.org/10.1257/app.20180010

Kocakulah, M. C., Kelley, A. G., Mitchell, K. M., & Ruggieri, M. P. (2016). Absenteeism problems and costs: Causes, effects and cures. *International Business & Economics Research Journal*, *15*(3), 89-96. https://doi.org/10.19030/iber.v15i3.9673

Kok, A. A. L., Plaiser, I., Smit, J. H., & Penninx, B. W. J. H. (2017). The impact of conscientiousness, mastery, and work circumstances on subsequent absenteeism in employees with and without affective disorders. *BMC Psychology*, *5*(1), 1-10. https://doi.org/10.1186/s40359-017-0179-y

Kotni, V. D. P., & Karumuri, V. (2018). Application of Herzberg two-factor theory 101 model for motivating retail salesforce. *IUP Journal of Organizational Behavior, 17(1)*, 24-42. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7486437/

Kottwitz, M. U., Schade, V., Burger, C., Radlinger, L., & Elfering, A. (2018). Time pressure, time autonomy, and sickness absenteeism in hospital employees: A longitudinal study on organizational absenteeism records. *Safety and Health at Work*, *9*(1), 109-114. https://doi.org/10.1016/j.shaw.2017.06.013

Krczal, E. (2017). Identifying the determinants for attractiveness of interdisciplinary forms of care from the perspective of health care professionals. *International Journal of Integrated Care (IJIC), 17*(5), 1-2. https://doi.org/10.5334/ijic.3333

Lamb, D., & Ogle, A. (2019). What prevent motives determine the decision to volunteer at a sporting event: How can Herzberg's two-factor theory help? *Event Management*, *23*(3), 495-510. https://doi.org/10.3727/152599519X15506259855643

Langley, A., & Klag, M. (2019). Being where? Navigating the involvement paradox in qualitative research accounts. *Organizational Research Methods*, *22*(4), 515-538. https://doi.org/10.1177/1094428117741967

Lăzăroiu, G. (2015). Work motivation and organizational behavior. *Contemporary Readings in Law and Social Justice*, *7*(2), 66-75. https://www.deepdyve.com/lp/addleton-academic-publishers/work-motivation-and-organizational-behavior-OXyNovfrMA

Leka, S., Jain, A., & Lerouge, L. (2017). *Psychosocial risks in labour and social security law*. Springer Publishing.

Li, L., & Lee, Y. (2019). Employment adjustment and mental health of employed family caregivers in Canada. *Aging & Mental Health*, 24(12), 1-9. https://doi.org/10.1080/13607863.2019.1647136

Liestoel, G. (2019). Augmented reality storytelling: Narrative design and reconstruction of a historical event in situ. *International Journal of Interactive Mobile Technologies*, *13*(2), 196-209. https://doi.org/10.3991/ijim.v13i12.11560

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.

Liu, Y., Aungsuroch, Y., & Yunibhand, J. (2016). Job satisfaction in nursing: A concept analysis study. *International Nursing Review*, *63*(1), 84-91. https://doi.org/10.1111/inr.12215

Lloyd, R. A., & Mertens, D. (2018). Expecting more out of expectancy theory: History urges inclusion of the social context. *International Management Review*, *14*(1), 28-43. http://americanscholarspress.us/journals/IMR/pdf/IMR-1-2018/IMR-v1-n1-2018-4-19.pdf#page=28

Locke, E. A. (1969). What is job satisfaction? *Organizational Behavior and Human Performance*, *4*(3), 309-336. https://doi.org/10.1016/0030-5073(69)90013-0

Lowe, A., Norris, A. C., Farris, A. J., & Babbage, D. R. (2018). Quantifying thematic

    saturation in qualitative data analysis. *Field Methods*, *30*(2), 191-207.

    https://doi.org/10.1177/1525822X17749386

Łyszczarz, B. (2019). Indirect costs and incidence of caregivers' short-term absenteeism

    in Poland, 2006–2016. *BMC Public Health*, *19*(598), 2-10.

    https://doi.org/10.1186/s12889-019-6952-5

Mackay, M. M. (2016). The link between employee attitudes and employee effectiveness:

    Data matrix of meta-analytic estimates based on 1161 unique correlations. *Data in*

    Brief, *8*, 1391-1394. https://doi.org/10.1016/j.dib.2016.08.002

Magee, C. A., Caputi, P., & Lee, J. K. (2016). Distinct longitudinal patterns of

    absenteeism and their antecedents in full-time Australian employees. *Journal of*

    Occupational Health Psychology, 21(1), 24-36. https://doi.org/10.1037/a0039138

Magee, C., Gordon, R., Robinson, L., Caputi, P., & Oades, L. (2017). Workplace

    bullying and absenteeism: The mediating roles of poor health and work

    engagement. *Human Resource Management Journal*, *27*(3), 319-334.

    https://doi.org/10.1111/1748-8583.12156

Mahat-Shamir, M., Neimeyer, R. A., & Pitcho-Prelorentzos, S. (2019). Designing in-

    depth semi-structured interviews for revealing meaning reconstruction after

    loss. *Death Studies*, *22,* 1-8*.* https://doi.org/10.1080/07481187.2019.1617388

Maijala, R., Eloranta, S., Reunanen, T., & Ikonen, T. S. (2018). Successful

    implementation of lean as a managerial principle in health care: A conceptual

    analysis from systematic literature review. *International Journal of Technology*

Assessment in Health Care, *34*(1), 134-146.

https://doi.org/10.1017/S0266462318000193

Malmqvist, J., Hellberg, K., Möllås, G., Rose, R., & Shevlin, M. (2019). Conducting the

pilot study: A neglected part of the research process? Methodological findings

supporting the importance of piloting in qualitative research studies. *International*

Journal of Qualitative Methods, *18*, 1-11. https://doi.org/1609406919878341

Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative

interview studies: Guided by information power. *Qualitative Health Research*,

26(13), 1753-1760. https://doi.org/10.1177/1049732315617444

Mangi, A. A., Kanasro, H. A., & Burdi, M. B. (2015). Motivation tools and

organizational success: A critical analysis of motivational theories. *Government*

Research Journal of Political Science, *4*(4), 51-62. http://sujo-

old.usindh.edu.pk/index.php/THE-GOVERNMENT/article/view/1607

Marshall, C., & Rossman, G. (2016). *Designing qualitative research* (6th edition). Sage.

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50*(4), 370-

396. https://doi.org/10.1037/h0054346

Mbebeb, F. E. (2019). Rewarding creative problem solving and expectations for creative

motives, competence and satisfaction of workers during critical incidents. *IAFOR*

Journal of Psychology & Behavioral Sciences, 5(SI), 21-41.

http://iafor.org/archives/journals/iafor-journal-of-psychology-and-the-behavioral-

sciences/10.22492.ijpbs.5.si.02.pdf

McArthur, J., & Robin, E. (2019). Victims of their own (definition of) success: Urban discourse and expert knowledge production in the Liveable City. *Urban Studies*, *56*(13), 1711-1728. https://doi.org/10.1177/0042098018804759

McGrandle, J., & Ohemeng, F. L. (2017). The conundrum of absenteeism in the Canadian public service: A wicked problem perspective. *Canadian Public Administration*, *60*(2), 215-240. https://doi.org/10.1111/capa.12213

McGrath, C., Palmgren, P. J., & Liljedahl, M. (2019). Twelve tips for conducting qualitative research interviews. *Medical Teacher*, *41*(9), 1002-1006. https://doi.org/10.1080/0142159X.2018.1497149

McKim, C. A. (2017). The value of mixed methods research: A mixed methods study. *Journal of Mixed Methods Research*, *11*(2), 202-222. https://doi.org/10.1177/1558689815607096

Milligan, K., & Schirle, T. (2019). Push and pull: Disability insurance, regional labor markets, and benefit generosity in Canada and the United States. *Journal of Labor Economics*, *37*(S2), S289-S323. https://doi.org/10.1086/703255

Mills, J., Harrison, H., Franklin, R., & Birks, M. (2017). Case study research: Foundations and methodological orientations. *Forum: Qualitative Social Research, 18*(1), 17-34. https://doi.org/10.17169/fqs-18.1.2655

Miraglia, M., & Johns, G. (2016). Going to work ill: A meta-analysis of the correlates of presenteeism and a dual-path model. *Journal of Occupational Health Psychology*, *21*(2), 261-283. https://doi.org/10.1037/ocp0000015

Mohajan, H. K. (2018). Qualitative research methodology in social sciences and related

    subjects. *Journal of Economic Development, Environment and People*, *7*(1), 23-48.

    https://mpra.ub.uni-muenchen.de/85654/

Mohamed, N. N. B., & Puteh, H. F. B. H. (2018). Generation Y in Malaysian GLCs:

    Relationship between Herzberg's motivation factors and job commitment. *Journal*

    of Administrative Science, *15*(1), 1-13. http://jas.uitm.edu.my

Morgan, S. J., Pullon, S. R., Macdonald, L. M., McKinlay, E. M., & Gray, B. V. (2017).

    Case study observational research: A framework for conducting case study research

    where observation data are the focus. *Qualitative Health Research*, *27*(7), 1060-

    1068. https://doi.org/10.1177/1049732316649160

Morneau Shepell. (2015). *The true picture of workplace absenteeism.*

    https://www.morneaushepell.com/ca-en/insights/true-picture-workplace-

    absenteeism.pdf

Morse, J. M. (2015). Critical analysis of strategies for determining rigor in qualitative

    inquiry. *Qualitative Health Research*, *25*(8), 1212-1222.

    https://doi.org/10.1177/1049732315588501

Nanayakkara, M., & Dayarathna, N. D. (2017). Application of Herzberg's Two factor

    theory of motivation to identify turnover intention of the non-executive level

    employees in selected supermarkets in Colombo, Sri Lanka. *Human Resource*

    Management Journal, 4(1), 27-39. http://dr.lib.sjp.ac.lk/handle/123456789/3727

Nandi, A., Jahagirdar, D., Dimitris, M. C., Labrecque, J. A., Strumpf, E. C., Kaufman, J.

    S., Vincent, I., Atabay, E., Harper, S., Earle, A., & Heymann, S. J. (2018). The

impact of parental and medical leave policies on socioeconomic and health
outcomes in OECD countries: a systematic review of the empirical literature. *The Milbank Quarterly*, *96*(3), 434-471.
https://doi.org/10.1111/1468-0009.12340

National Commission for the Protection of Human Subjects of Biomedical and
Behavioral Research. (1978). *The Belmont report: Ethical principles and guidelines for the protection of human subjects of research*. [Bethesda, Md.]: The Commission.

Neirotti, P., Raguseo, E., & Gastaldi, L. (2019). Designing flexible work practices for job satisfaction: The relation between job characteristics and work disaggregation in different types of work arrangements. *New Technology, Work and Employment*, *34*(2), 116-138. https://doi.org/10.1111/ntwe.12141

Nguyen, O. K., Halm, E. A., & Makam, A. N. (2016). Relationship between hospital financial performance and publicly reported outcomes. *Journal of Hospital Medicine, 11*(7), 481-488. https://doi.org/10.1002/jhm.2570

Nielsen, M., Indregard, A., & Øverland, S. (2016). Workplace bullying and sickness absence: A systematic review and meta-analysis of the research literature. *Scandinavian Journal of Work, Environment & Health, 42*(5), 359-370. https://doi.org/10.5271/sjweh.3579

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*. *16*(1), 1-17. https://doi.org/10.1177/1609406917733847

Ogbo, A., Anthony, K. A., & Kosisochukwu, O. (2017). An assessment of hygiene

    maintenance factors effect on employees' productivity in Nigerian

    telecommunication industry. *International Research Journal of Management, IT,*

    and Social Sciences, *4*(1), 61-70.

    https://sloap.org/journals/index.php/irjmis/article/view/439

Ogunnaike, O. O., Ekweme, B. G., Adeyemo, O. M., & Okedurum, D. (2017). *The*

    Fredrick Herzberg two factor theory of job satisfaction and its application to

    business research. CUCEN, 623-639.

    http://eprints.covenantuniversity.edu.ng/10320/#.X8pixy_b3OQ

Olafsen, A., Halvari, H., Forest, J., & Deci, E. (2015). Show them the money? The role of

    pay, managerial need support, and justice in a self-determination theory model of

    intrinsic work motivation. *Scandinavian Journal of Psychology*, *56*(4), 447-457.

    https://doi.org/10.1111/sjop.12211

Ontario. (2020a). *COVID-19: Support for workers.* https://www.ontario.ca/page/covid-

    19-support-workers

Ontario. (2020b). *Your guide to the Employment Standards Act.*

    https://www.ontario.ca/document/your-guide-employment-standards-act-0

Ontario Hospital Association. (2018). *HR benchmarking What is your data really telling*

    you? https://www.oha.com/data-and-analytics/human-resources/hr-

    benchmarking/learn-more

Ontario Ministry of Health and Ministry of Long-Term Care. (n.d.). *Employers and*

    unions. http://www.health.gov.on.ca/en/pro/programs/hhrsd/employers_unions/

Ontario Public Service Employees Union, Local 464 v. Ottawa Hospital, 2015 CanLII

24420 (ON LA). https://canliiconnects.org/en/cases/1999canlii20151

Osemeke, M., & Adegboyega, S. (2017). Critical review and comparison between

Maslow, Herzberg, and McClelland's theory of needs. *Funai Journal of

Accounting, Business and Finance*, *1*(1), 161-173.

https://www.semanticscholar.org/paper/Critical-Review-and-Comparism-

between-Maslow-%2C-and-Osemeke-

Adegboyega/bfd5a4841d842179c1320b6f289557e3a2656dad

Parker, S. K., Morgeson, F. P., & Johns, G. (2017). One hundred years of work design

research: Looking back and looking forward. *Journal of Applied Psychology*,

102(3), 403-420. https://doi.org/10.1037/apl0000106

Peretz, H., Fried, Y., & Levi, A. (2018). Flexible work arrangements, national culture,

organisational characteristics, and organisational outcomes: A study across 21

countries. *Human Resource Management Journal*, *28*(2), 182-200.

https://doi.org/10.1111/1748-8583.12172

Peters, K., & Halcomb, E. (2015). Interviews in qualitative research. *Nurse Researcher

22*(4), 6-7. https://doi.org/10.7748/nr.22.4.6.s2

Peticca-Harris, A., deGama, N., & Elias, S. R. (2016). A dynamic process model for

finding informants and gaining access in qualitative research. *Organizational

Research Methods*, *19*(3), 376-401. https://doi.org/10.1177/1094428116629218

Potter, C. C., Leake, R., Longworth-Reed, L., Altschul, I., & Rienks, S. (2016).

    Measuring organizational health in child welfare agencies. *Children and Youth*

    Services Review, *61*, 31-39. https://doi.org/10.1016/j.childyouth.2015.11.002

Queirós, A., Faria, D., & Almeida, F. (2017). Strengths and limitations of qualitative and

    quantitative research methods. *European Journal of Education Studies*, *3*(9), 370-

    380. https://doi.org/10.5281/zenodo.887089

Rafa, A. (2017). Chronic absenteeism: A key indicator of student success. (Policy

    Analysis). Education Commission of the States website: http://files.eric.ed.gov

Råheim, M., Magnussen, L. H., Sekse, R. J. T., Lunde, Å., Jacobsen, T., & Blystad, A.

    (2016). Researcher-researched relationship in qualitative research: Shifts in

    positions and researcher vulnerability. *International Journal of Qualitative*

    Studies on Health and Well-Being, *11*(1), 1-12.

    https://doi.org/10.3402/qhw.v11.30996

Rahman, M. S. (2017). The advantages and disadvantages of using qualitative and

    quantitative approaches and methods in language "testing and assessment"

    research: A literature review. *Journal of Education and Learning, 6*(1), 102-112.

    https://files.eric.ed.gov/fulltext/EJ1120221.pdf

Ranney, M. L., Meisel, Z. F., Choo, E. K., Garro, A. C., Sasson, C., & Morrow Guthrie,

    K. (2015). Interview-based qualitative research in emergency care part II: Data

    collection, analysis and results reporting. *Academic Emergency Medicine, 22*(9),

    1103-1112. https://doi.org/10.1111/acem.12735

Reid, M., Walsh, C., Raubenheimer, J., Bradshaw, T., Pienaar, M., Hassan, C., Nyoni, C., & Le Roux, M. (2018). Development of a health dialogue model for patients with diabetes: A complex intervention in a low-/middle income country. *International Journal of Africa Nursing Sciences*, *8*, 122-131. https://doi.org/10.1016/j.ijans.2018.05.002

Ridder, H. (2017). The theory contribution of case study research designs. *Business Research. 10,* 281-305. https://doi.org/10.1007/s40685-017-0045-z

Rigby, C. S., Deci, E. L., Patrick, B. C., & Ryan, R. M. (1992). Beyond the intrinsic-extrinsic dichotomy: Self-determination in motivation and learning. *Motivation and Emotions*, *16*, 165-185. https://doi.org/10.1007/BF00991650

Roberts, K., Dowell, A., & Nie, J. (2019). Attempting rigour and replicability in thematic analysis of qualitative research data; a case study of codebook development. *BMC Medical Research Methodology, 19*(66), 1-8. https://doi.org/10.1186/s12874-019-0707-y

Rose, J., & Johnson, C. W. (2020). Contextualizing reliability and validity in qualitative research: toward more rigorous and trustworthy qualitative social science in leisure research. *Journal of Leisure Research*. *51*(4),432-451. https://doi.org/10.1080/00222216.2020.1722042

Ross, M. W., Iguchi, M. Y., & Panicker, S. (2018). Ethical aspects of data sharing and research participant protections. *American Psychologist, 73*(1), 138-145. https://doi.org/10.1037/amp0000240

Roy, K., Zvonkovic, A., Goldberg, A., Sharp, E., & LaRossa, R. (2015). Sampling

    richness and qualitative integrity: Challenges for research with families. *Journal*

    of Marriage and Family, *77*(1), 243-260. https://doi.org/10.1111/jomf.12147

Sachau, D. A. (2007). Resurrecting the motivation-hygiene theory: Herzberg and the

    positive psychology movement. *Human Resource Development Review*, *6*(2),

    377-393. https://doi.org/10.1177/1534484307307546

Saleh, M. (2019). *The relationship between organisational health and teachers'*

    absenteeism in schools: A case study in a private school in Amman, Jordan

    (Doctoral thesis, The British University in Dubai, Dubai, UAE).

    https://www.semanticscholar.org/paper/The-Relationship-between-

    Organisational-Health-and-Saleh/abcce5ab704fb7dc0e230785450f98182367da57

Samanez, H. S. M., & Medina, M. D. P. (2017). Work motivation and job satisfaction of

    a private health care organization staff. *Horizonte Médico*, *17(4)*, 42-52.

    https://doi.org/10.24265/horizmed.2017.v17n4.08

Sanjeev, M. A., & Surya, A. V. (2016). Two factor theory of motivation and satisfaction:

    An empirical verification. *Annals of Data Science*, *3*, 155-173.

    https://doi.org/10.1007/s40745-016-0077-9

Sankar, M. (2015). Impact of hygiene factors on employee retention: Experimental study

    on paper industry. *Indian Journal of Management Science*, *5*(1), 58-61.

Schaumberg, R. L., & Flynn, F. J. (2017). Clarifying the link between job satisfaction and

    absenteeism: The role of guilt proneness. *Journal of Applied Psychology*, *102*(8),

    982-992. https://doi.org/10.1037/apl0000208

Schmidt, B., Schneider, M., Seeger, P., van Vianen, A., Loerbroks, A., & Herr, R. M. (2019). A comparison of job stress models: Associations with employee well-being, absenteeism, presenteeism, and resulting costs. *Journal of Occupational and Environmental Medicine*, *61*(3), 535-544. https://doi.org/10.1097/JOM.0000000000001582

Scott, D., & McClellan, E. L. (1990). Gender differences in absenteeism. *Public Personnel Management*, *19*, 229-253. https://doi.org/10.1177/009102609001900210

Shaikh, S. H., & Shaikh, H. (2019). The impact of job satisfaction and job dissatisfaction on Herzberg theory: A case study of Meezan Bank Limited and National Bank Limited. *International Journal of Business and Social Science*, *10*(6), 143-147. https://doi.org/10.30845/ijbss.v10n6p16

Shannon-Baker, P. (2016). Making paradigms meaningful in mixed methods research. *Journal of Mixed Methods Research*, *10*(2), 319-334. https://doi.org/10.1177/1558689815575861

Shazali, K. H. I., Abu, N. Z., Ruslan, N. L., Ridzuan, N. S., Ramli, N. A., & Hong, T. T. (2018). The conceptual framework between hygiene and motivational factors towards employee's performance in Joint Force Headquarters of Malaysia Armed Forces. *International Journal of Academic Research in Business and Social Sciences*, *8*(9), 1941–1948. https://doi.org/10.6007/IJARBSS/v8-i9/4873

Singh, M., & Bhattacharjee, A. (2020). A study to measure job satisfaction among academicians using Herzberg's theory in the context of Northeast India. *Global Business Review*, *21*(1), 197-218. https://doi.org/10.1177/0972150918816413

Slembrouck, S. (2015). The Role of the Researcher in Interview Narratives. In The Handbook of Narrative Analysis (eds A. De Fina and A. Georgakopoulou). https://doi.org/10.1002/9781118458204.cHA2

Snelson, C. L. (2016). Qualitative and mixed methods social media research. A review of the literature. *International Journal of Qualitative Methods*, *15*(1), 1-15. https://doi.org/10.1177/1609406915624574

Staniškienė, E., & Stankevičiūtė, Ž. (2018). Social sustainability measurement framework: The case of employee perspective in a CSR-committed organisation. *Journal of Cleaner Production*, *43*(1), 82-115. https://doi.org/10.1177/1042258717727718

Stanton, B., Theofanos, M. F., Prettyman, S. S., & Furman, S. (2016). Security fatigue. *IT Professional*, *18*(5), 26-32. https://doi.org/10.1109/MITP.2016.84

Statistics Canada. (2012). Table 71-211-4-21 *Absence rates for full-time employees by sex and industry – Health care and social assistance,* Annual (table). https://www150.statcan.gc.ca/n1/pub/71-211-x/2012000/t044-eng.htm

Statistics Canada. (2020a). *Table 14-10-0196-01: Work absence of full-time employees by public and private sector, annual* [Data set]. https://doi.org/10.25318/1410019601-eng

Statistics Canada. (2020b). *Table 89-503-x: Time use*: *Total work burden, unpaid work, and leisure, annual* [Data set].

https://www150.statcan.gc.ca/n1/en/catalogue/89-503-X

Statistics Canada. (2020c). *Table 14-10-0287-01: Labour force survey, annual* [Data set].

https://www150.statcan.gc.ca/n1/pub/11-630-x/11-630-x2015005-eng.htm

Stonebridge, C., & Sutherland, G. (2016). *Healthy brains at work: Estimating the impact of workplace mental health benefits and programs.* Conference Board of Canada. https://www.conferenceboard.ca/e-library/abstract.aspx?did=8242&AspxAutoDetectCookieSupport=1

Story, J., Castanheira, F., & Hartig, S. (2016). Corporate social responsibility and organizational attractiveness: Implications for talent management. *Social Responsibility Journal*, *12*(4), 484-505. https://doi.org/10.1108/SRJ-07-2015-0095

Strömberg, C., Aboagye, E., Hagberg, J., Bergström, G., & Lohela-Karlsson, M. (2017). Estimating the effect and economic impact of absenteeism, presenteeism, and work environment–related problems on reductions in productivity from a managerial perspective. *Value in Health, 20*(8), 1058-1064. https://doi.org/10.1016/j.jval.2017.05.008

Sutton, J., & Austin, Z. (2015). Qualitative research: Data collection, analysis, and management. *The Canadian Journal of Hospital Pharmacy*, *68*(2), 226-231. https://doi.org/10.4212/cjhp.v68i3.1456

Thibaut, J. W., & Kelley, H. H. (1959). *The social psychology of groups*. Wiley.

Ticharwa, M., Cope, V., & Murray, M. (2019). Nurse absenteeism: An analysis of trends and perceptions of nurse unit managers. *Journal of Nursing Management*, *27*(1), 109-116. https://doi.org/10.1111/jonm.12654

Tietjen, M., & Myers, R. (1998). Motivation and job satisfaction. *Management Decision, 36*(2), 226-231. https://doi.org/10.1108/00251749810211027 https://doi.org/10.1370/afm.1931

Toye, F., Seers, K., Allcock, N., Briggs, M., Carr, E., & Barker, K. (2016). A synthesis of qualitative research exploring the barriers to staying in work with chronic musculoskeletal pain. *Disability and Rehabilitation*, *38*(3), 566-572. https://doi.org/10.3109/09638288.2015.1049377

Triado-Ivern, X., Aparicio-Chueca, P., Elasri-Ejjaberi, A., Maestro-Yarza, I., Bernardo, M., & Presas Maynegre, P. (2020). A factorial structure of university absenteeism in higher education: A student perspective, *Innovations in Education and Teaching International, 57*(2),136-147. https://doi.org/10.1080/14703297.2018.1538896

Trouille, D., & Tavory, I. (2019). Shadowing: Warrants for intersituational variation in ethnography. *Sociological Methods & Research*, *48*(3), 534-560. https://doi.org/10.1177/0049124115626171

Turner, S. F., Cardinal, L. B., & Burton, R. M. (2017). Research design for mixed methods: A triangulation-based framework and roadmap. *Organizational Research Methods*, *20*(2), 243-267. https://doi.org/10.1177/1094428115610808

ul Haque, A., Aston, J., & Kozlovski, E. (2018). The impact of Stressors on organizational commitment of managerial and non-managerial personnel in contrasting economies: Evidences from Canada and Pakistan. *International Journal of Business*, *23*(1), 166-182. https://www.craig.csufresno.edu/ijb/Volumes/Volume%2023/V232-4.pdf

Utami, P. P., & Harini, H. (2019). The effect of job satisfaction and absenteeism on teacher work productivity. *Multicultural Education*, *5*(1), 99-108. http://ijdri.com/me/wp-content/uploads/2019/9.pdf

van den Berg, A. M. A., Stalmeier, P. F. M., Scheffer, G. J., Hermens, R. P., & Bucx, M. J. L. (2019). Shared decision-making for postoperative analgesia: A semistructured qualitative study. *European Journal of Anaesthesiology*, *36*(1), 25-31. https://doi.org/10.1097/EJA.0000000000000864

Varpio, L., Ajjawi, R., Monrouxe, L. V., O'Brien, B. C., & Rees, C. E. (2017). Shedding the cobra effect: Problematising thematic emergence, triangulation, saturation and member checking. *Medical Education*, *51*(1), 40-50. https://doi.org/10.1111/medu.13124

Vaughn, P., & Turner, C. (2016). Decoding via coding: Analyzing qualitative text data through thematic coding and survey methodologies. *Journal of Library Administration*, *56*(1), 41-51. https://doi.org/10.1080/01930826.2015.1105035

Velmurugan, T. A., & Sankar, J. G. (2017). A comparative study on motivation theory with Maslow's hierarchy theory and two-factor theory in organizations. *Indo-*

Iranian Journal of Scientific Research, *1*(1), 204-208.

http://iijsr.com/data/uploads/1024.pdf

Verleye, K. (2019). Designing, writing-up and reviewing case study research: an equifinality perspective, *Journal of Service Management*, *30*(5), 549-576. https://doi.org/10.1108/JOSM-08-2019-0257

Vroom, V. H. (1964). *Work and motivation*. Wiley.

Vroom, V. H., & Deci, E. L. (1970). Management and motivation. Penguin.

Wang, F., Pollock, K., & Hauseman, C. (2018). School principals' job satisfaction: The effects of work intensification. *Canadian Journal of Educational Administration and Policy*, *185*, 73-90.

https://journalhosting.ucalgary.ca/index.php/cjeap/article/view/43307

Welcome to Ontario. (2020). *When do children begin and end school each day?*

https://settlement.org/ontario/education/elementary-and-secondary-school/general-information/when-do-children-begin-and-end-school-each-day/

Weller, S. C., Vickers, B., Bernard, H. R., Blackburn, A. M., Borgatti, S., Gravlee, C. C., & Johnson, J. C. (2018). Open-ended interview questions and saturation. *PLOS ONE*, *13*(6), Article e0198606. https://doi.org/10.1371/journal.pone.0198606

Whiting, M., & Sines, D. (2012). Mind maps: establishing 'trustworthiness' in qualitative research. *Nurse Researcher*, *20*(1), 21-27.

https://doi.org/10.7748/nr2012.09.20.1.21.c9304

Wilson, J., Mandich, A., & Magalhães, L. (2016). Concept mapping: A dynamic, individualized and qualitative method for eliciting meaning. *Qualitative Health Research*, *26*(7), 1151-1161. https://doi.org/10.1177/1049732315616623

Windsong, E. A. (2018). Incorporating intersectionality into research design: An example using qualitative interviews. *International Journal of Social Research Methodology*, *21*(1), 135-147. https://doi.org/10.1080/13645579.2016.1268361

Wong, Q. (2016). *Research snapshot: The cost of banking sick days in the public sector* (Research Report). Canadian Federation of Independent Business. https://www.cfib-fcei.ca/sites/default/files/2018-05/cost_banking_sick_days_public_sector.pdf

Woods, M., Macklin, R., & Lewis, G. K. (2016). Researcher reflexivity: Exploring the impacts of CAQDAS use. *International Journal of Social Research Methodology*, *19*(3), 385-403. https://doi.org/10.1080/13645579.2015.1023964

Woodworth, J. A. (2016). Predictive factors impacting intent-to-stay teaching for associate degree adjunct clinical nurse faculty. *Teaching and Learning in Nursing*, *11*(4), 147-151. https://doi.org/10.1016/j.teln.2016.06.006

Wutich, A., & Brewis, A. (2019). Data collection in cross-cultural ethnographic research. *Field Methods*, *31*(2), 181-189. https://doi.org/10.1177/1525822X19837397

Yeboah, M. A., & Abdulai, A. (2016). Evidence of Herzberg's motivation-hygiene theory in small and medium enterprises through the lens of a three-star hotel. *International Journal of Research*, *4*(11), 23-36. https://doi.org/10.5281/zenodo.183558

Yimam, W., Kumara, P., Tsegaye, D., & Getachew, Y. (2017). Motivation, hygiene
factors and job satisfaction among health workers working at six government
hospitals, Addis Ababa, Ethiopia. *International Journal of Integrated Medical
Sciences*, *4*(7), 543-47. https://doi.org/10.16965/ijims.2017.119

Yin, R. K. (2018). *Case study research and applications: Design and methods* (6th ed.).
Sage.

Yunus, N. H., & Kamal, N. H. (2016). Moderating effect job satisfaction on the
determinants of Herzberg's two-factor theory towards job performance among
customer service representative at in-house call center in banking sector, Klang
Valley. *Advances in Business Research International Journal*, *3*(1), 37-45.
https://abrij.uitm.edu.my/images/document/vol3no1/ABRIJNorshima-6.pdf

Zhuge, J., Chen, X., & Manica, D. P. (2016). Microscale combustion calorimeter-
application and limitation. *Fire and Materials*, *40*(8), 987-998.
https://doi.org/10.1002/fam.2358

Appendix A: Interview Protocol

Interview: Effective strategies to reduce absenteeism amongst Canadian female employees.

The interview session will begin with a basic introduction of myself as a student, followed by an opening statement with an overview of the research topic.

I. I will express my gratitude to the participant for volunteering to participate in the study.

II. I will review the process of obtaining informed consent and provide each participant with a hard copy of the consent form for their records.

III. I will seek each participant's permission to record the interview so that I can prepare a verbatim transcript of the interview. Once the transcript is complete, I will send a copy of it to the participant and ask them to verify the contents and to retain a copy for their records if they so wish.

IV. Participants will be coded in sequence and by organization, using the label of "Hospital A, B, or C", and "Participant 1 through 4".

V. The interview will last approximately 30-45 minutes. I will ask all research questions and allot time for responses and follow-up questions.

VI. I with thank each participant for their participation in the study, confirm next steps for transcript verification, and close the interview.

Appendix B: Participant Screening Questions

Potential participants will be screened using the following questions:

1. Have you ever been involved in an initiative to reduce employee absenteeism in a hospital?

2. Did you hold a leadership role in this implementation?

3. Did you remain in role to see the outcome of the initiative?

4. Did you have access to employee feedback about the initiative?

Appendix C: Licenses to Reproduce Material

Table 2

License date: February 22, 2020

License number: 4774310171624

Licensed content publisher: John Wiley and Sons

Figure 1

License date: February 12, 2020

License number: 4766600847000

Licensed content publisher: Emerald Publishing Limited