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Strategies to Decrease Health-Related Employee Absenteeism

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Walden University
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Abstract

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MBA, Walden University, 2010

BS, University of South Alabama, 2004

Doctoral Study Submitted in Partial Fulfillment

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Doctor of Business Administration

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Abstract

Health-related absenteeism could significantly affect organizational productivity because of the additional resources needed to compensate for the missing worker's absence. Work productivity is critical for business sustainability as companies continue to create a lean workforce and decrease operating cost. The purpose of this single case study was to explore strategies that organizational leaders at a university in the southeastern United States used to successfully decrease occurrences of health-related employee absenteeism. The conceptual framework for this study was the theory of planned behavior. A purposive sample of 10 management, 5 faculty, and 5 staff members participated in structured interviews. Secondary data sources included field observations of the university's health and wellness facilities and a review of the university's healthcare plan and wellness program offerings used to reduce absenteeism. Thematic analysis, coding, and member checking led to the identification of 2 major themes. First, a need existed at this university for specific policy and procedures regarding health-related absenteeism. Second, emphasis was needed on the role of workplace health programs in decreasing health related absenteeism. The findings indicated that by integrating supportive management practices, effective absenteeism policies, and health management programs into their organizational culture, leaders at this university could develop specific strategies to decrease health-related absenteeism. Social change implications include changing perceptions of health related absenteeism to help leaders and employees at this and other similar environments become more aware of their current health status, reduce health risks, maintain a healthy lifestyle, and perform better at work.

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Dedication

First, I thank God for leading and guiding me to the ultimate academic achievement. I dedicate this study to my family, friends, and coworkers for supporting me and believing in me every step of the way. Special thanks goes to Gatha Warnsley, Azur Warnsley, and Vincent Warnsley for contributing to the person I am today. I dedicate this study to those who believe that dreams do come true.

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Section 1: Foundation of the Study

Absenteeism (known as employee absence) costs businesses billions of dollars annually in lost productivity (Cancelliere, Cassidy, Ammendolia, & Côté, 2011; Prater & Smith, 2011). Healthy and productive workers are essential to business success (Naidu & Ramesh, 2011). The effects of chronic health impairments on employees could result in absenteeism, which could lead to lost work productivity (Gurt, Schwennen, & Elke, 2011). Luo, Hui Yen, and Cooper (2013) found employers must do more work with fewer resources because of the global economic recession. Businesses suffer financially when employees miss work because of illnesses (Gosselin, Lemyre, & Corneil, 2013). Benefits such as flexible work schedules, paid time off, and sick leave may reduce absenteeism (Luo et al., 2013). Accurately measuring absenteeism and its consequences could help business leaders create better work accommodations and more effective management practices. Increased productivity by employees, innovation, and the use of best practices could decrease absenteeism and result in increased organizational profits (Luo et al., 2013).

Background of the Problem

Kumar and Nigmatullin (2010) stated that investing in good health is an investment in economic growth. Business leaders must consider employee health and wellness in their organization's success strategies while helping identify sources of competitive advantage (Consumer News and Business Channel, 2012). Skrepnek, Nevins, and Sullivan (2012) asserted that studying the links between business costs and employee health status while exploring the specific influences of absenteeism on business

productivity has the potential for considerable social and business impact. Hunt, Manyika, and Remes (2011) found that productivity was not only about efficiency but also about expanding output through innovations that improve performance, quality, or value of goods and services. Hunt et al. suggested the United States should continually invest in its skill base, human capital, and infrastructure. Hunt et al. concluded that organizations need better tools to measure and reward both private and public sector productivity.

Gustafsson and Marklund (2011) identified links between productivity loss, absenteeism, and employees with chronic health issues. Walker and Bamford (2011) noted that frequent employee absences because of chronic health issues could significantly affect business productivity. Organizational leaders must balance the need to maximize employee productivity with the needs of employees who have health issues. Scuffham, Vecchio, and Whiteford (2013) identified human capital plays a vital role in work productivity improvements, especially because salary costs are one of companies' largest expenses. Adults spend a significant amount of time at work, and organizational leaders could use the workplace as an opportunity to reduce operating costs while promoting health and wellness (Scuffham et al., 2013). Scuffham et al. found employers' ability to improve workforce productivity and minimize losses are associated with absenteeism and presenteeism as an advantage in the global economy. Scuffham et al. stated employee health and productivity directly relate to business productivity. Employers must become more familiar with their workers' needs and the health impairments that exhaust business resources and profit potential (Prater & Smith, 2011).

Problem Statement

Employees with chronic health impairments cost private employers $45 billion annually in medical expenditures and lost productivity costs (Perry, 2012). Lost business productivity because of absenteeism cost U.S. businesses between $39.3 million and $118 billion annually (Guarino, 2013; Prater & Smith, 2011). The general business problem was that absenteeism and declining worker health decrease business profitability and reduce employee performance. The specific problem was that some leaders in higher education organizations lack knowledge about strategies that could decrease health-related absenteeism.

Purpose Statement

The purpose of this qualitative case study was to explore the strategies higher education organization leaders could use to decrease health-related absenteeism. The target population consisted of management, faculty, and staff members at a higher education organization in the southeastern region of the United States who successfully implemented strategies to decrease health-related absenteeism. The population was appropriate for this study because Nagar (2012) identified that many occupations in the higher education industry were prone to absenteeism. The implications for positive social change include the potential to help improve business productivity, identify cost effective absenteeism measures, and provide valuable strategies for organizations negatively affected by absenteeism (Cancelliere et al., 2011).

Nature of the Study

Sinkovics and Alfoldi (2012) described qualitative analyses as established exploratory actions that help researchers understand the meaning behind actions and behaviors. Qualitative methods are most appropriate based on the research purpose of exploring strategies to decrease absenteeism in higher education organizations. Qualitative methods also help researchers explore business processes, understand participant behavior and perceptions, and describe participant's lived experiences (Sergi & Hallin, 2011). In quantitative research, researchers use numerical data to represent generalizations about a population (Cameron & Molina-Azorin, 2011); however, a quantitative method was not the most suitable choice for this study. Mixed methods research permits researchers to use quantitative methods to add numerical value to a theory and qualitative methods to interpret data to construct a theory (Cameron & Molina-Azorin, 2011). A mixed method study requires significant and in-depth research, which was also not appropriate for the study purpose.

I considered qualitative research designs such as phenomenology, case study, and ethnography (Hays & Wood, 2011). A phenomenological study design was not suitable for exploring the factors that could decrease health-related absenteeism and improve organizational productivity in workers because the research does not involve documenting lived experiences of a specific phenomenon (Boden, Muller, & Nett, 2011). Case study researchers develop a theory based on focused interviews with varying levels of thought (Yin, 2009). Case study design was the most appropriate design because it

helped me determine ways that higher education leaders could decrease absenteeism and improve employee productivity to achieve competitive advantage.

Research Question

Data obtained from this study may assist business leaders to understand how alternative strategies decrease absenteeism and improve organizational productivity regarding worker performance. The central research question was as follows: What strategies can organizational leaders use to decrease health-related absenteeism?

Interview Questions

To explore the research question, I conducted an exploratory qualitative case study design using interviews, wellness plan field observations, and a thorough document review of organizational data to address the research question (Watkins, 2012). I asked questions concerning the participant's beliefs about health-related absenteeism. I also asked about how health management programs could affect participant's productivity levels. Thematic analysis helped identify associations between health-related absenteeism and work productivity loss (Prater & Smith, 2011). The benefits of interventions, such as wellness programs, included decreased job stress, reduced absenteeism, increased engagement, and improved medical illnesses (Prater & Smith, 2011); therefore, I asked participants about their intentions and beliefs about wellness program participation.

General Questions

1. What is your perspective on health related absenteeism?

2. What intentions contribute to your decisions not to attend work because of health impairment?
3. What is your belief about how health management programs such as health insurance and wellness programs affect health-related absenteeism?
4. What is your belief regarding the relationship between participating in a wellness program and your absenteeism?
5. How do you think society or relevant others view your participation in a wellness program?
6. What factors contribute to your intentions to improve your health status?
7. What type of employee wellness program does your organization offer?
8. What factors motivate you to participate in an employee wellness program?
9. What benefits do you anticipate obtaining from participating in an employee wellness plan?
10. What type of alternative solutions does your employer offer to decrease health-related absenteeism?

Management Questions

1. How would you describe organizational productivity?
2. How can health-related absenteeism affect your organization's productivity?
3. What is the role of the employer in providing interventions targeting health-related absenteeism?

4. What steps did you take to identify the need for an employee program to decrease health-related absenteeism?
5. How did you determine what were the best strategies for reducing health related absenteeism?
6. How did you gain employee buy-in for the chosen health related (wellness program) program?
7. What were the barriers to implementing the program for reducing health-related absenteeism
8. How can managers design, implement, and evaluate employee health programs to achieve optimal organizational productivity?
9. Is there anything else not addressed that you would like to add?

Conceptual Framework

According Jiang, Lu, Hou, and Yue (2013), the health of the population is an important component of economic and social development. The conceptual framework selected for this study was the theory of planned behavior (TPB) developed by Icek Ajzen in 1991 as an extended the theory of reasoned action. The basic tenet of this theory is the understanding that the implementation of any human behavior influences both behavioral intention and anticipated behavioral control. The primary variables in the theory are (a) behavioral beliefs and attitude toward behavior, (b) normative beliefs and subjective norms, (c) control beliefs and perceived behavioral control, and (d) behavioral intention and behavior. I applied the TPB to understand strategies used to decrease health-related absenteeism. Sommer (2011) indicated that TPB is a widely

supported social cognitive theory regarding human behavior. According to TPB, behavioral decisions result from a reasoned approach influenced by human attitudes, norms, perceived behavioral control, and intentions (Pickett et al., 2012). Human behavior guides different beliefs about consequential behavior, normative expectations, and the factors that may facilitate or hinder behavioral performance.

The relationship between health and workplace productivity is diverse and complex (Cancelliere et al., 2011). The study results confirmed the underlying assumption is that poor health status and absenteeism negatively affect workplace productivity (Xi & Terry, 2010). TPB applies to absenteeism behaviors based on the assumption that these behavioral decisions result from a deliberative, goal-oriented process. Workers consider, evaluate, and make behavioral decisions and act accordingly. As applied to this study, TPB holds that I expected the propositions advanced by the theory to allow me to explore and understand the strategies organizational leaders could use to decrease employee absenteeism.

Definition of Terms

Absenteeism: Regularly missing work and failure to meet work obligations (Prater & Smith, 2011).

Employee wellness program: Employee wellness programs are employer-sponsored programs designed to support employees in sustaining behaviors that reduce health risks, improve the quality of life, enhance personal effectiveness, and increased organizational profits (Zula, Yarrish, & Lee, 2013).

Extended medical leave: Extended medical leave refers to health related work absences that take longer than expected (Gosselin et al., 2013).

Long-term medical absences: Long-term medical absences are when employees miss significant time from work because of health impairments (Gustafson & Marklund, 2011).

Lost profits: Lost profits are unforcasted monetary loss by an organization (Walker & Bamford, 2011).

Organizational leaders: Organizational leaders are managers, directors, and chief executive officers within an organization (Buck et al., 2011).

Overhead costs: Overhead costs are the operating expenses used for running an organization (Gosselin et al., 2013).

Presenteeism: Individuals present at work but are not fully productive because of health or other concerns causes lost work productivity (Cancelliere et al., 2011).

Productivity: The amount of output produced by combinations of specified input resources (Ramendran, Raman, Mohamed, Beleya, & Nodeson, 2013).

Productivity costs: The paid and unpaid costs associated with production loss and replacement because of illness, disability, and death of productive persons (Krol, Papenburg, Koopmanschap, & Brouwer, 2011).

Assumptions, Limitations, and Delimitations

Assumptions

Kirkwood and Price (2013) indicated researcher assumptions are unverified facts that could influence research. They noted that assumptions could provide insight into

study outcomes, and help identify researcher bias. Understanding the assumptions and biases of a researcher helps in evaluating the strength of the study. The first assumption in this study was that poor health status, absenteeism, and presenteeism negatively affect workplace productivity (Xi &Terry, 2010). The second assumption was that a qualitative method was an appropriate method to explore the factors related to this study. The last assumption was that participants would provide honest responses regarding how health status affects work productivity. I also assumed that the results of this study could help organizational leaders better understand alternative absenteeism strategies, improve productivity, and reduce the effects of declining worker health.

Limitations

As with any research, there are limitations and weaknesses (Yin, 2009). Yin (2009) noted a perceived limitation of the case study design is a lack of generalizability. Yin described the similarities in the way empirical studies and qualitative studies add new information to the generalized findings of previous work. Future research of other organizations may build on these data and expand the generalizability of this study. Obtaining information through document review, field observations, interviews, and purposeful sampling may also limit the scope of information gathered. Focusing only on health status effects on worker productivity and absenteeism was also a limitation because there are also nonhealth related factors that influence absenteeism and business profitability (Prater & Smith, 2011).

Delimitations

Alina, Mathis, and Oriol (2012) noted delimitations relate to the scope of the study. Researchers conduct qualitative case studies within a specific context (Yin, 2009). The sample size and study population of management, faculty, and staff at a university in south Alabama were study delimitations. Because of limited time and resources, I conducted a single case study instead of multiple case studies. I did not consider nonwork and nonhealth related factors that affect absenteeism, declining worker health, and productivity. I focused on ways that organizational leaders could reduce absenteeism and increase worker productivity.

Significance of the Study

Contribution to Business Practice

Chronic health impairments have a significant influence on organizational productivity regarding high economic costs and adverse effects on worker health (Buck et al., 2011). Employers should explore methods to create and maintain a healthy and productive work environment as a source of competitive advantage (Harte, Mahieu, Mallett, Norville, & VanderWerf, 2011). Healthy employees are essential for businesses because of the potential to maximize productivity and profit (Weichun, Sosik, Riggio, & Baiyin, 2012). Employees who work at reduced capacity could affect overall productivity and business profit. Decreased workplace productivity could lead to decreased business profitability, eventually affecting the organization's market share (Weichun et al., 2012).

The effects of absenteeism and declining employee health on organizational productivity are large and costly. With these factors comes a need to understand links between health status and employee productivity (Skrepnek et al., 2012). Many leaders struggle to implement effective solutions to employee wellness problems. The analysis of absenteeism, declining employee health, and organizational productivity has considerable implications for social impact and business transformation. A significant step in developing profitable businesses is to understand the strategies used by leaders to decrease employee absenteeism. Business leaders could use this information to identify effective ways to promote employee wellness (Gosselin et al., 2013).

Implications for Social Change

Business leaders could use work sites as opportunities to promote health, wellness, and improved employee performance because employees spend a considerable amount of time at work (Person et al., 2010). The implications for positive social change include a better understanding of absenteeism, its influence in the workplace, and the potential to minimize negative influences. Company leaders must integrate employee health management into their organizational culture to be most effective. Cancelliere et al. (2011) noted future research could help business leaders through improved work policies, reduced health care costs, better employee productivity, reduced absenteeism, improved recruitment, decreased turnover rates, and enhanced employee morale. An increase in employee productivity could contribute to social change in the form of decreased absenteeism, increased organizational profit, increased corporate social responsibility, and sustained employment.

A Review of the Professional and Academic Literature

This literature review included more than 100 articles, reports, and textbooks obtained through Walden University's library databases including Business Source Complete, Science Direct, and ProQuest Dissertations and Theses database. The literature review helped explore the effects of declining employee health and absenteeism on business productivity. The review began with an overview of worker health and productivity, followed by an analysis of existing studies addressing the effects of declining worker health and absenteeism on work productivity. My analysis revealed several themes including specific (a) factors that affect work productivity, (b) decreased business profitability, (b) decreased job performance, (c) increased employer health care costs, (d) factors affecting absenteeism, and (e) deficiencies in absenteeism measurement. Themes about managing and controlling absenteeism such as participation in holistic wellness programs and wellness policy reform have the potential to reduce occurrences of absenteeism while increasing job satisfaction. Themes emerged that stressed the role of organizations, leaders, and employees in responding to the impact of absenteeism and declining employee health on 21st century business productivity (Landry & Miller, 2010). Determining strategies to decrease absenteeism and improve organizational productivity could provide significant social and economic influence.

Economic Costs of Health-Related Absenteeism

As a gauge of lost productivity of workers with health conditions, absenteeism is a critical measure of the economic significance of maintaining proper health. Absenteeism because of chronic health impairments is a significant expense to

organizations (Skrepnek et al., 2012). Prater and Smith (2011) indicated absenteeism occurred mainly because of workers being sick; however, there are other reasons for these occurrences. Prater and Smith also found nonhealth related sources of lost productivity such as conducting personal business while at work. Absenteeism is a top expense for many organizations (Inman & Blumenfeld, 2012). The primary goal of many business leaders is to increase profits and productivity while decreasing business expenses. Employees who do not show up for work may place an organization at risk of losing profit. As a result, organizations become understaffed or have to pay other employees overtime to fill the vacancy and complete work tasks (Frick, Goetzen, & Simmons, 2013). Biron and Bamberger (2012) found that overtime work includes completing a coworker's job in his or her absence, and employers are responsible for controlling this phenomenon. Organizations need employee productivity to sustain marketing advantage.

Guarino (2013) stated the U.S. obesity epidemic affects the health of the nation and could have substantial economic ramifications through absenteeism. Guarino found the United States has 64 million obese adults (body mass index ≥ 30), including 35 million women and 29 million men. Obese and overweight people affect medical costs, employer health insurance costs, and firm productivity (Guarino, 2013). Thus, the obesity crisis will redirect financial assets to accommodate the increasing chronic illnesses associated with it such as diabetes, heart problems, and hypertension. U.S. business professionals think the effects of obesity and other chronic health impairments among workers in the form of absenteeism, presenteeism, increased health insurance

premiums, lost worker productivity, and reduced profits. Firms also lose workers because of disability and early retirement because many employees are no longer healthy enough to work. In the United States, lost productivity costs because of health-related absenteeism are an estimated $89.5 million (Guarino, 2013). Guarino stated the U.S. competitive advantage in the strength and productivity of its workforce would soon diminish and drive up business operating costs.

Ford, Cerasoli, Higgins, and Decesare (2011) suggested that 63% of health-related costs were a function of employees working less than full capacity while 24% of costs were a result of direct medical and pharmaceutical expenditures. Employees often must work while impaired by physical and mental ailments such as (a) hypertension, (b) diabetes, (c) chronic pain, (d) depression, (e) anxiety, (f) stress, and (g) other common health conditions (Ford et al., 2011). Ford et al. indicated interventions to improve health in the workplace might have an influence on reduced work performance because of ill health. Ford et al. concluded that a need exists for information about the relationships between employee health and work performance as organizations attempt to manage and improve the health of their workforce.

Similar to Guarino (2013), Jitendra, Courtney, Kathryn, Mithilesh, and Bharat (2011) found more than 64% of Americans to be overweight, and the number continues to increase by 7% annually. Major or chronic health impairments such as asthma, back pain, obesity, diabetes, and allergies contribute significantly to employee absenteeism (Jitendra et al., 2011). Medical care costs for treating obesity and related illnesses increased to $150 billion in 2008. In the workplace, obesity causes increased health care

costs, presenteeism, and absenteeism. Jitendra et al. noted obese employees cost employers because of higher absenteeism, presenteeism, and lower productivity. This epidemic of obesity resulted in companies such as Microsoft and Unilever implementing wellness programs that showed positive returns on investment. GlaxoSmithKline also successfully promoted health lifestyles for its employees through holistic wellness plans. Leaders face considerable challenges to control employee costs, endorse healthy lifestyles, and stop the harmful effects of obesity (Jitendra et al., 2011). Business leaders could make a serious stand against obesity and chronic illness by implementing strategies that benefit the company with improved productivity and decreased health costs (Jitendra et al., 2011).

Behavioral and environmental factors contribute to poor health in the workplace (Kumar & Nigmatullin, 2010). Health care funding along with rising chronic illnesses continues to challenge employers and health care systems globally. Challenges to the U.S. health care system include increased employer costs, decreased worker productivity, and a lack of access to health care for millions of citizens. Kumar and Nigmatullin (2010) indicated costly medicines, technology, increasing numbers of chronic diseases, an aging population, increasing administrative costs, decreased business productivity, and the rising uninsured population fuel health care costs. U.S. national health care costs were $2.2 trillion in 2007, and researchers estimated recurring cost increases at average annual rate of 6.7% until 2017 (Kumar & Nigmatullin, 2010). The increases in health care costs also affected American families' budgets, as personal health care spending rose 27% since 2010 (Kumar & Nigmatullin, 2010). Private health indemnity costs and

employer contribution costs rose 43% over the same 5-year period, with public health programs accounting for a disproportionately large share of total health care spending (Kumar & Nigmatullin, 2010). Public health programs included a quarter of all Americans and accounted for $1.035 trillion of $2.2 trillion spent on national health care costs (Kumar & Nigmatullin, 2010). Chronic illnesses accounted for 83% of Medicaid and 96% of Medicare public health expenses respectively (Kumar & Nigmatullin, 2010).

Major chronic conditions such as cancer, diabetes, heart disease, stroke, and mental disorders account for billions annually in health care costs and lost work productivity (Jitendra et al., 2011). More than 133 million Americans (45% of the population) have at least one chronic illness while 26% of people have multiple chronic illnesses (Kumar & Nigmatullin, 2010). As global health care costs escalate, business leaders are more aware than ever of the need to evaluate the health of their workers and improve health care programs. Decreasing sedentary behavior and increasing physical activity could reduce or prevent the health effects of obesity and other chronic health impairments. Skrepnek et al. (2012) found increased physical activity had significant health, fitness, and business benefits.

Abraham, Feldman, Nyman, and Barleen (2011) found U.S. employers provided health insurance to nearly 157 million employees. Health insurance premiums doubled since 2009, with average annual premiums reaching $4,824 for individuals and $13,375 for families (Abraham et al., 2011). Kumar and Nigmatullin (2010) found private insurance companies funded health care programs from insurance premiums charged to employers and population. Many employers also required their employees to contribute

to health insurance expenses with employee insurance premiums. Abraham et al. found medical costs for workers with chronic health conditions and high obesity rates were 41.5% higher than those of healthy weight individuals. Abraham et al. examined the introduction of an incentive-based exercise program at a large public university to determine the factors that influence participation in employer-sponsored exercise programs and found an employee's probability of program participation related to prior exercise behaviors such as the amount of time spent exercising and attitudes about health and exercise. Older male employees who were regular fitness center users prior to the program's inception were more likely to be active participants and regular exercisers (Abraham et al., 2011).

Similar to Abraham et al. (2011), Xu and Jensen (2012) found that U.S. employers provided health insurance coverage to 59% of Americans. Xu and Jensen examined whether having health insurance reduced illness-related absenteeism and presenteeism among older workers. Xu and Jensen analyzed a sample of 1,780 U.S. workers aged 52 to 64 using binary logistic regression models to determine the number of work days missed because of illness. Xu and Jensen found, over a 12-month period, older workers without health insurance were as likely as insured workers to miss illness-related work days. Xu and Jensen also found evidence indicating poor baseline health, onset of new health impairments, and rigorous treatments significantly increased absenteeism regarding older workers. Xu and Jensen concluded having health insurance did not significantly affect absenteeism in older U.S. workers. Other researchers suggested offering health insurance to workers could improve worker productivity, and

employers could benefit from increased production if they provide health insurance coverage to workers.

Ninety percent of Americans do not regularly exercise, and most workers sit in front of a computer daily (Perry, 2012). Perry (2012) found the number of overweight and obese people globally would rise to 1.5 billion by 2015 and that as obesity-related health issues increase, workforce productivity declines. Obese employees cost private employers $45 billion annually in medical expenditures and lost productivity. Perry suggested the importance of finding a balance between the benefit of increased productivity and consequences to workers' long-term health. Perry suggested nonexercise activity thermogenesis as an approach to help employees lose weight without radical changing their lifestyles or daily habits. Activities in nonexercise activity thermogenesis, such as standing, burn 30% to 40% more calories than sitting. Employers should encourage more standing and less sitting to burn excess calories and increase work productivity. Perry also suggested opportunities for improvement including individual workspace designs, equipment, and property designs, behavior modification, and employee wellness plans. Ramendran et al. (2013) acknowledged organizational success depends on their ability to adapt to change. Ramendran et al. identified organizational flexibility as a necessary response to global change and investigated the implications of organizational flexibility on operating flexibility and working time flexibility to create an environment conducive to productivity gains.

Wynne-Jones et al. (2011) acknowledged concerns of both managers and employees regarding health impacts on work regarding performance and ability to attend

work. Wynne-Jones et al. recognized the impact differs depending on factors such as the type of work done, organizational culture, leave policy, manager behavior, and employee behavior. Employee concerns were with health problems related to their ability to complete work. Managers shared these concerns; however, they questioned the need to ensure work task completion. Berry, Lelchook, and Clark (2012) noted that organizations with high turnover rates linked to health related absenteeism have a decrease in productivity. Recruitment and retention costs are excessive when high turnover rates force business leaders to hire new employees (Berry et al., 2012). Organizational leaders want to recruit and retain top employees who could handle job responsibilities and effectively deal with health -related absenteeism (Berry et al., 2012).

Increasing health care and absenteeism costs significantly reduced business productivity (Schultz, Chin-Yu, & Edington, 2009). Schultz et al. found employees with major or chronic physical health related issues were the second leading cause of employee absenteeism. Schultz et al. also questioned the direct effect of health and wellness on business productivity and found absenteeism costs alone were comparable to the total costs of multiple health conditions. Their results indicated absenteeism costs related to a considerable amount of chronic health conditions. Schultz et al. found the cost of absenteeism relative to the total productivity costs varied based on health status levels and had direct effects on U.S. health care costs. Adequate medical management may assist in improving the productivity of employees with certain illnesses. Schultz et al. concluded health conditions contributed to decreased job productivity, with absenteeism being a significant amount of increased business cost. Xi and Terry (2010)

determined the effect of health conditions on employee productivity concerned employers regarding rising health care costs and absenteeism costs.

Employees who work in health services and education sectors were more likely to engage in absenteeism (Halbesleben et al., 2014). Halbesleben et al. (2014) proposed studying links in a favorable supervisor–subordinate relationship to positive organizational and individual outcomes to determine the effect on an employee's decision to attend work when sick. By understanding the fluctuating nature of the relationship between employee and supervisor, there is a significant opportunity for researchers to better understand and explain decisions related to work attendance (Halbesleben et al., 2014). Downey (2012) found the challenge in managing absenteeism is deficiencies in physical and mental health measures. Organizational leaders must find ways to maximize the productivity of employees who have health issues. Downey found a number of people with poor health work at reduced functional levels and suggested decreased psychological well-being and high health-related illness rates related to absenteeism, presenteeism, poor management of disease symptoms, and low workplace support. Businesses benefit from absenteeism initiatives with reduced health care costs, better productivity, improved recruitment, decreased turnover rates, and enhanced employee morale (Person et al., 2010).

Prottas (2013) noted that both internal and external stressors influenced employee work performance because employees may feel pressured by superiors to complete their workloads. The added stress of completing a job on time could contribute to physical and psychological illness (Prottas, 2013). Illnesses associated with workplace stressors could

perpetuate employee health-related absenteeism. Riaz and Khan (2012) noted that coworkers might have to compensate for an employee who is unable to perform his or her job responsibilities at full capacity. Health related absenteeism issues may then become a reoccurring cycle (Riaz & Khan, 2012). The workplace stressors that a job entails could relate to health issues that employees may develop while working on the job (Pasca & Wagner, 2012).

Gosselin et al. (2013) focused on studying the effects of absenteeism on worker performance and found the majority of sick workers were absent from work; however, an increasing number of workers show up for work despite their medical conditions. Gosselin et al. identified links between health problems, individual factors, organizational factors, and the occurrence of absenteeism by conducting a survey of 1,730 Canadian public service senior executives. Poor health, demographic, and business factors contributed to absenteeism, and concluded certain health impairments predisposed workers to absenteeism (Gosselin et al., 2013).

Similar to Gosselin et al., Johns (2011) stated absenteeism was common to occupational medicine; absenteeism was relatively unfamiliar to organizational scholars. Johns correlated and assumed causes of absenteeism based on factors including business policies and job design and found that the type of the health event experienced dictated whether absenteeism or not occurred. Easy job replacement favored absenteeism. Johns proposed that attending work, even with reduced productivity, might benefit both the employee and the organization compared to being absent. Rantanen and Tuominen (2011) examined the extent and costs of absenteeism among health care professionals.

Rantanen and Tuominen surveyed 137 nurses and 32 physicians over 4 weeks to determine the amount of their work capacity reduced related to absenteeism. Surprisingly, they found presenteeism was more common and less costly than absenteeism and that acute illnesses influenced the occurrences of absenteeism.

Theory of Planned Behavior

The TPB framework developed by Icek Ajzen in 1991 allowed me to understand human behavior factors that could decrease worker absenteeism and improve business productivity. Ajzen's TPB consists of four social-cognitive components used to predict a person's behavior: intentions, attitude, perceived behavioral control, and subjective norms, and suggests attitudes, subjective norms, perceived behavioral control, and intentions determine an individual's behavior (Jiang et al., 2013; Pickett et al., 2012). *Intention* is a person's conscious decision and is often a powerful predictor of performance behavior. *Attitude* relates to behavior in a positive or negative way, and *subjective norms* are perceptions of social pressure and motivation to comply with beliefs. *Perceived behavioral control* is a person's perception of their ability to perform a behavior (Ajzen, 2002). Based on varying background factors, behavioral beliefs create attitudes toward behavior, normative beliefs create subjective norms, and control beliefs result in perceived behavior control. The combination of each behavioral element forms behavioral intention (Ajzen, 2002). Behavioral intention is motivation of a person's conscious objective to perform an action and is an immediate precursor to behavior (Ajzen, 2002).

TPB serves as an effective model of reasoned behavior in which intention is the major precursor to action. TPB is also a well-founded theory used to explain many parts of intention and behavior. Sommer (2011) suggested focusing on specific behaviors such as subjective norms, perceived behavioral control (self-efficacy and perception of control), past behavior, and future behavior for integration into the human behavioral framework. The sustainable advantage of a company depends on proactive worker behaviors (Patel et al, 2012). Patel et al. (2012) studied employees' positive work attitudes and extra-role contributions to understand the motivational basis of work actions and behaviors. Characterizing work relationships as a social or economic exchange while emphasizing counterproductive work behaviors, Patel et al. found absenteeism and declining worker health significantly affected organizational productivity.

A behavior is an inclusive system of five major processes: perception, information, attitude, motivation, and actual behavior (Uţă & Popescu, 2013). Attitude is the process with the greatest stability in time and directly influenced the desired behavior. According to Ajzen (1991), behavioral beliefs, normative beliefs, and beliefs about control human behavior guide considerations for changing behavior. Favorable or unfavorable attitude toward behavior, subjective norm, and perceived behavioral control lead to the formation of behavioral intentions; the more favorable the behavioral attitude, subjective norm, and perceived behavioral controls are, the stronger the person's intention to behave accordingly will be (Uţă & Popescu, 2013). A limitation of this model is the lack of consideration for the emotional aspects of behavior such as threats, fear, and positive and negative feeling (Uţă & Popescu, 2013).

Ramsey, Punnett, and Greenidge (2008) used TPB to understand the process underlying absence decisions. They stated that TPB was essential to understand employee absence behavior. Ramsey et al. sought to understand how attitudes toward one's job, subjective norms regarding absenteeism, and a person's perceived ability to attend work predicted absence behavior. HR practitioners could use the information from the study to select better and more cost-effective interventions for preventing employee absence (Ramsey et al., 2008). Ramsey et al. described involuntary absence as work absence beyond an individual's control, such as a long-term illness, and voluntary absence as a conscious choice by the employee not to attend work for reasons within his or her control. Absence duration was the total number of days absent over a specific time. Ramsey et al. identified strategies for absence reduction including control policies, prevention programs focus on absenteeism, and development of attendance-oriented organizational cultures.

United Kingdom health and employment policy makers sought to change perceptions about a person's fitness for work while identifying methods to reduce sickness absence (Irvine, 2011). Irvine (2011) suggested contextual factors apart from health status could affect an employee's decisions about whether to attend work at times of reduced wellness. Irvine conducted a qualitative study of mental health and employment to show how the conditions of an individual's employment influenced sickness absence decisions. Irvine solicited volunteers and conducted 38 qualitative interviews with workers who experienced the effects of mental health conditions while employed for at least 12 months. Irvine applied the TPB framework and presented

initiatives challenging the idea that workers must be completely well to be at work. Irvine identified nonhealth related factors that influenced decisions about work attendance during times of reduced wellness and showed how the specifics of a person's employment affected sickness absence decisions. Sick pay, employer size, deadlines, job flexibility, employer recourse, and type of work could guide decisions about when to attend work ill, take time off, and when to return to work (Irvine, 2011). Consequently, Irvine noted that policy makers must consider worker's health status and the contextual influence on what constitutes being able work.

Dunstan, Covic, and Tyson (2013) used a TPB framework to assess the variables affecting the future work expectations and outcomes of workers with a musculoskeletal injury. Dunstan et al. used a questionnaire at baseline and three months to assess the model's components. Dunstan et al. stated that each TPB component: attitude, subjective norm, and perceived behavioral control explained 76% of the variance in behavioral intention. The expectation to return to work variable accounted for a difference of 51% in work participation after three months, and expectation influences varied based on employment status. Dunstan et al. noted that TPB was a functional design and conceptual framework for determining an employee's return to work while identifying factors contributing to future work opportunity and outcomes.

McLachlan and Hagger (2011) acknowledged links between negative health consequences and increasing obesity rates. They identified a need for widespread behavioral and physical activity interventions to reduce obesity rates and associated chronic illnesses. McLachlan and Hagger examined the psychological factors

contributing to physical activity to identify potential interventions. Similar to Irvine (2011), McLachlan and Hagger conducted a quantitative analysis of physical activity based on the TPB by including a post-decisional behavioral phase and the self-determination theory. McLachlan and Hagger surveyed 172 participants to measure objectives, approaches, subjective norms, perceptions of behavioral control, self-determined motivation, continuation objectives, and availability of physical activity options. The research participants completed an initial self-assessment measure of physical activity and completed a second self-assessment three weeks later. McLachlan and Hagger indicated that continuation intentions affected physical activity behavior and physical activity options. Continuation plans, self-determination, and accessibility were influential in promoting physical activity interventions designed to improve worker productivity (McLachlan and Hagger, 2011). Groen, Wouters, and Wilderom (2012) used the theory of planned behavior to examine performance measurements used to improve operational performance in a beverage manufacturing company. The company employees assisted in developing measures about the results of their work. Groen et al. conducted 34 semistructured interviews, gathered quantitative questionnaire data to find that participating in the performance management development process increased workers' attitudes, perceived social pressure, and perceived capacity to initiate behavioral change.

Building upon TPB, Ohtomo, Hirose, and Midden (2011) examined the cultural differences of unhealthy risk behavior between Dutch and Japanese students. They used a dual-motivation model assuming a behavioral willingness leading toward subconscious

behavior and a behavioral intention leading to conscious behavior. Behavioral intention and conscious behavior affect an employee's decision to engage in absenteeism. Ohtomo et al. conducted a quantitative analysis of 243 Dutch students and 321 Japanese students to study the impetuses, descriptive norms, injunctive norms, attitude, self-control, and intake of unhealthy foods. Dutch students had higher behavior control ratings than Japanese students and behavioral intentions toward unhealthy eating were higher in Dutch students than in Japanese students (Ohtomo et al., 2011). Unhealthy eating behaviors were intentional for individualistic cultures and unintentional for collectivistic cultures, concluding that people eat unhealthy foods despite their healthy intentions (Ohtomo et al., 2011). This discord between eating habits and individual goals was a common global health risk. Ohtomo et al. estimated that 2.3 billion people were overweight, and more than 700 million people were obese in 2011. Jiang et al. (2013) used Ajzen's (2002) TBP to investigate whether the TPB mediated the relationship between dialectical thinking and health behaviors. They sampled 285 undergraduates tested with a dialectical thinking styles scale, healthy lifestyle profiles, and TPB surveys. Jiang et al. identified specific thinking styles influenced TPB components. Specifically, belief in connection and change dimensions positively affected health behaviors mediated by TPB.

Absenteeism and Workplace Wellness

As employers transfer health care costs to employees, employees must discover how to navigate the health care system and use methods to decrease health care expenses. Employers must recognize the influence of health promotion and wellness plans on the

illness burden of an aging population on worker absenteeism and productivity (Kumar & Nigmatullin, 2010). Harte et al. (2011) recommended focusing on developing a long-term health and productivity strategic plan. Business leaders must improve health and productivity strategies meeting both employer and employee needs. Harte et al. suggested organizations manage their corporate vision to develop broader business strategy related to employee health concerns, and proposed plan elements included data management perspectives, absence program design and management, employee health and wellness, and social health. An increasing number of sedentary jobs in the contemporary workplace, along with the need to counteract this change to support the promotion of physical activity at work (Harte et al., 2011)

Elmore (2012) discussed how on-site health clinics at Rosen hotels and resorts allowed the company to acquire substantial savings in health care costs, enhance productivity, and increase profits. Elmore noted that the company allows employees access to convenient, on-site health care, with low co-pays, quality health care, and free medicines. Elmore stated Rosen hotels saved $21 million annually from its health care plan and improved productivity by reducing turnover and employee absence. Elmore explored how business leaders find common ground between employees and health care providers to improve worker health and reduce costs. Workplace wellness clinics were popular because of significantly increased employer health care costs and that workers with heavy workloads were less willing to leave work for health reasons, and they spend more money on health care, which creates a reluctance to use health care services (Elmore, 2012). Elmore concluded employers realize they must take precautions to

ensure a productive workforce. A healthy workplace includes health as a core business value (Elmore, 2012). Business leaders set guidelines to promote and sustain positive health behaviors, and employees proactively access the resources needed to support positive behavior change (Anderson & Niebuhr, 2010). Executives lead by creating a corporate vision for health where management is responsible for employee health and a supportive workplace. For businesses, good employee health means lower health care costs and better performance at work (Anderson & Niebuhr, 2010).

Crush (2013) stated finance directors must explore the root causes of sickness absence. Whether caused by poor health and safety at work or the work environment, leaders must address the problem. Since December 2012, Starbucks no longer pays for the first day off because of sickness (Crush, 2013). The goal is to reduce costs and prevent causal sickness. Crush (2013) also noted that that even though the public sector has income protection policies for companies, it also has the highest long-term illness rates. Crush noted that occasional sickness absence ranged from six and eight days off annually per employee; however, the rise of long-term sickness of more than six months is a growing concern. Long-term absence accounts for one-fifth of all workdays lost and 10% of employees will experience long-term absence during their career. Crush indicated that long-term sickness absence drained primary resources with a 20% decline in productivity for workers covering those out sick. Crush also found many companies do not calculate their occupational health costs in relation to industry standards. Crush concluded offering tiered sick pay based on the length of time used would save a substantial amount in annual sick pay.

Person et al. (2010) stated worker wellness centers provide numerous advantages including weight loss, increased physical fitness, and reduced stress. Person et al. also discovered businesses benefit from these programs with (a) reduced health care costs, (b) better productivity, (c) reduced absenteeism, (d) improved recruitment, (e) decreased turnover rates, and (f) enhanced employee morale. Person et al. stated organizations experienced significant reductions in absenteeism and health care costs after implementing wellness plans. Person et al. conducted weekly 30-minute nutritional counseling sessions as a part of a wellness initiative at East Carolina University. Person et al. conducted 15 qualitative interviews after the completion of the program to identify barriers to program participation. They stated that common participation barriers included inadequate incentives, inconvenient locations, time restrictions, lack of interest, marketing, and health beliefs. Their results reflected that employee wellness programs could increase workers' knowledge of nutrition and health. Person et al. concluded program planning addressing participation barriers could cause increased participation in future worksite wellness initiatives.

Business leaders often question if the benefits of implementing health improvement programs outweigh the associated costs (Consumer News and Business Channel, 2012). Paton (2012) discussed highlights from a seminar on health and productivity. The seminar leaders focused on employer investments in workplace health and the links between health and productivity. Paton asked how much of an influence does employee health has on productivity, and indicated that stressed employees were overweight, unhealthy, and prone to decreased productivity levels. Paton also noted

employers have high expectations from workplace health investment and financial return on investment. Company boards increasingly want to see clear evidence of return on their investment. Paton suggested employers could gain more by investing healthy workers rather than sick workers. Similar to previous productivity studies, Paton suggested employees must make lifestyle changes to increase their work productivity. Paton suggested factors such as weight, stress, blood pressure, life satisfaction, and smoking directly affect job performance. Paton estimated the average healthy worker performs at 85% productivity while workers with three or four conditions could be 6.2% less productive, and those with five conditions were 12.2% less efficient. Paton concluded business leaders must integrate health management into the company culture to be most effective.

Fletcher (2013) gathered evidence showing that early physiotherapy intervention on musculoskeletal injuries could prevent acute impairments from becoming chronic, and allow employees to return to work with improved productivity levels. Fletcher examined interventions at Arla Foods to help create solutions for employees to recover quickly from injuries and impairments requiring treatment. In the first 12 months, the program received 126 referrals, and 120 employees went through the intervention. Fletcher indicated that 24% of the employees were absent from work at the time of referral, and 59% of employees reported working with pain, leading to an average efficiency of 64%. Overall, the majority of employees reduced their pain levels, increased their productivity and returned to work. Fletcher noted corporate financial benefits with improved

productivity and savings in travel time for employees using remote services. Fletcher concluded the intervention had a return on investment equaling 36.5% cost savings.

Zula, Yarrish, and Lee (2013) stated employee wellness programs are employer-sponsored programs designed to support employees in adopting sustainable behaviors. Zula et al. estimated that 75% to 80% of larger companies offered wellness programs while offerings such of programs in smaller companies dropped 7%. Zula et al. identified that 63.6% of human resources departments were primary responsibility for employee wellness programming. Zula et al. stated that human resources professionals in rural businesses struggle to measure their employee wellness programs despite investing a considerable amount of money. Employers questioned the outcomes of workplace wellness programs, their goals, and evaluations of the programs based upon the defined goals. Zula et al. concluded rural, unlike urban-based companies, did not provide substantial incentives to employees to increase participation. They also found rural employers did not assess the effectiveness or realize significant cost savings of up to 63.2% for the return on investment (Zula et al., 2013).

Scholars continue their efforts to understand the effects of employee health problems because of increasing absenteeism, health care costs, and significant lost productivity costs (Skrepnek et al., 2012). Health and productivity researchers focus on the associations between worker health and employer costs, along with the precise effect of health status on productivity-related costs. Tigerstrom, Larre, and Sauder (2011) suggested tax incentives to promote physical activity. Tigerstrom et al. identified two main tax incentives: income tax and sales tax. Canadian government leaders

implemented several forms of tax-based physical activity incentives such as tax exemptions and rebates on fitness equipment. Tigerstrom et al. stated the primary purpose of these incentives was to promote physical activity and reduce obesity rates. Tigerstrom et al. concluded that active individuals could be healthier and more productive workers, generating higher overall tax revenues to offset the cost of incentive-based tax programs. Sammut (2012) stated treating health as an economic problem should be a priority and found the older people become the more health care they consume to maintain their health and prolong their lives. A larger elderly population suffering from aging-related conditions could significantly increase health care demands. This dynamic puts pressure on government budgets to support the majority of health spending through government programs. In the absence of policy change, the financial gap could increase over time between revenue and expenditure, creating higher taxes or greater federal deficits. Sammut focused on dealing with health problems as part of economic problems in Australian society and noted that increased health spending significantly affects government budgets. Sammut suggested increase in population, productivity, and participation could produce higher economic growth to offset the rising health care cost of the demographic time bomb.

Employers must recognize the value in reducing rising health care costs and maintaining a healthy workforce. One solution used by local governments was to provide wellness programs to improve employee's physical, emotional, and psychological health (Hsin-Chih & Chi-Hsing, 2011). Hsin-Chih and Chi-Hsing (2011) indicated that worksite health promotion programs could improve employee productivity, reduce

business medical expenses, and increase profits. Hsin-Chih and Chi-Hsing evaluated worksite health promotion program and conducted a case study method with a Taiwanese hospital medical staff. They interviewed medical professionals and used secondary data sources to discover that when carrying out worksite health promotion programs leaders faced challenges to coordinate program activities. Hsin-Chih and Chi-Hsing also indicated that failing to coordinate program activities caused a loss of the expected benefits. The physical environment, organizational structure, and leadership significantly influenced successfully developed worksite health promotion programs (Hsin-Chih & Chi-Hsing, 2011).

Henke, Goetzel, McHugh, and Isaac (2011) identified the Johnson & Johnson Family of Companies as a model for worksite health promotion programs since 1979. Henke et al. stated that Johnson & Johnson employees have access to health and wellness programs professionals who encourage and maintain healthy lifestyles. Johnson & Johnson's programs include on-site fitness centers, fitness expense reimbursement, healthy cafeteria choices, Weight Watchers memberships, lifestyle management, online coaching programs, and chronic disease management. Henke et al. evaluated the program's influence on worker health risks and health care costs from 2002 to 2008. Using a survey, Henke et al. measured five core program components necessary to successful wellness program: health education, links to employee programs, supportive environments, worksite program integration into the organizational structure, and worksite screening programs. Henke et al. also measured Johnson & Johnson against similar large companies and identified that they experienced 3.7% lower total medical

spending than their competitors did. Company employees benefited from reductions in obesity, high blood pressure, physical inactivity, and poor nutrition. Johnson & Johnson's annual per employee savings were $565 in 2009. With the majority of U.S. adults participating in the workforce, corporate wellness programs could lead to decreased health care spending and better worker health for the nation (Henke et al., 2011).

Few U.K. companies measured the impact of their workplace wellness strategies on business and employees ("Effects of Wellbeing Strategies Not Measured," 2013). One in 10 employers actively monitored and measured their wellness strategy outcomes against their original objectives. U.K. employers listed increasing employee morale and engagement (73%), improving employee productivity and decreasing presenteeism (69%) and decreasing absenteeism (66%) as a primary business goal from their programs ("Effects of Wellbeing Strategies Not Measured," 2013). About half of U.K. employers surveyed said their companies had health promotion strategies. Forty-five percent of businesses surveyed offered employee participation incentives, up from 24% in 2010. However, many companies did not follow through with this investment by not measuring the impact of their wellness strategies because of limited resources ("Effects of Wellbeing Strategies Not Measured," 2013). Anderson, Harrison, Cooper, and Jané-Llopis (2011) discussed incentives to help make healthy choices easy choices for individuals, producers, service providers, and governments. Anderson et al. stated that paying people to become healthier has limited impact. They found that financial

incentives offered through health insurance plans tended to improve health while changes to the work environment allowed workers to make healthier choices.

Böckerman and Ilmakunnas (2012) stated job satisfaction is an important part of the labor market and is a useful summary measure of work utility. Böckerman and Ilmakunnas stated that job satisfaction affected productivity directly based on a person's measured productivity, organizational citizenship, decreased counterproductive organizational behavior, and decreased absenteeism. Böckerman and Ilmakunnas examined employee job satisfaction in Finnish manufacturing plants from 1996 to 2001 to determine its effects on establishment-level productivity. Böckerman and Ilmakunnas estimated that increased job satisfaction positively related to increased organizational productivity. However, its extent varied based on the estimation models. Böckerman and Ilmakunnas found increased job satisfaction increased work by productivity 6.6%. Future research should incorporate information on productivity and employer–employee data sources about the subjective measures of employees' well-being (Böckerman & Ilmakunnas, 2012).

Similar to Schultz et al. (2009), Cancelliere et al. (2011) indicated absenteeism was a widespread and costly problem. They cited workplace health promotion (WHP) as a strategy to prevent absenteeism, improve employee performance, and increased work productivity. Cancelliere et al. determined whether WHP programs improved absenteeism while identifying successful programs. Cancelliere et al. concluded WHP programs could have a positive impact on business productivity. They identified that flourishing programs offered executive leadership, health risk screenings, personalized

programs, and a supportive corporate culture. Cancelliere et al. identified absenteeism factors including obesity, poor diet, lack of exercise, high-stress levels, and poor relationships with colleagues. Cancelliere et al. suggested interventions such as employee wellness programs and business policy changes positively affected absenteeism.

Reijonsaari et al. (2012) also identified a lack of physical activity increased the risk for many health chronic conditions. Reijonsaari et al. examined the effectiveness of a physical activity intervention and productivity-related outcomes in the workplace. Reijonsaari et al. conducted a randomized controlled trial over a 12-month period with two groups of insurance company employees. Subjects in the intervention group monitored their physical activity with an accelerometer, an online activity level tracking program, and counseling for 12 months. The control group received the outcomes of a fitness evaluation and received information about the importance of physical activity at the beginning of the study. Reijonsaari et al. sought to increase worker physical activity, improve work productivity, and reduce sickness absence. At the end of the 12-month period, the workplace intervention was not effective, and there was not a significant difference in the physical activity levels of either group. The results of this study differed from other workplace health intervention studies and suggested that it had minimal effects on health activity and worker productivity (Reijonsaari et al., 2012).

Juniper (2012b) emphasized the role of wellness programs in dealing with the evolving and costly effects of absenteeism. Juniper indicated well-being was an important indicator and moderator of workplace absenteeism. Juniper found that given

the extent of the effects of absenteeism, the potential gains from addressing it are enormous. Juniper stated wellness programs could significantly affect the occurrences of absenteeism. Juniper (2012a) examined the costs of employee well-being as an investment, and the expense employers could pay for choosing not to invest in employee well-being. Juniper highlighted elements to consider when accounting for costs of worker well-being programs, such as improving working conditions to influence physical and mental health. Juniper argued it was costly for employers who do not invest in employee well-being, naming expenses for sickness absence, sickness presence, and attrition. Juniper said sickness absence costs are 1.5 times more than those of healthy employees, and organizational leaders underestimate what they spend on not properly addressing employee well-being. Juniper also said managers miscalculate the expenses associated with impaired employee well-being. Juniper concluded employers must revisit their numbers and review exactly how they could maximize the return on well-being initiatives to counteract the impact of absenteeism, and attrition.

Absenteeism and Worker Productivity

Globalization brings a need to change business expectations and increase productivity to stay competitive in the world market (Krol et al., 2011). Krol et al, argued guidelines for health economic evaluations should include productivity costs while investigating the effects on incremental costs and focusing on economic evaluations of treatments for depression. Krol et al. also examined the effects of inclusion or exclusion of productivity costs on incremental costs and identified three cost valuation approaches, the human capital approach, the friction cost approach, and the

Washington Panel approach. Krol et al. conducted a systematic literature review about the inclusion or exclusion of productivity costs and examined the relationship between productivity costs and depressive disorders. Krol et al. identified 81 economic evaluations of treatments for adults with depressive disorders and found 69% of the economic evaluations did not include productivity costs. They used regression analyses to show significant associations between productivity and factors such as age, data collection method, valuation of lost work time, depressive disorder type, treatment type, and the amount of direct costs. Studies that do not consider productivity costs and assessment methods, may distort the true costs or savings of an intervention (Krol et al., 2011). The inclusion or exclusion of productivity costs on incremental costs, in people with depression highlights the importance of future research on having appropriate perspectives in health economic evaluations.

Ramendran et al. (2013) explored employee productivity regarding numerical flexibility, wage flexibility, functional flexibility, and working time flexibility. Ramendran et al. identified flexible human capital practices combined with cultural context contributed to skilled, stable, and enthusiastic workforce. Conversely, workers' differed in their preferences and attitudes toward organizational flexibility. Several researcher findings reflected that investment in functional flexibility and working time flexibility increased firm financial performance and productivity. Ramendran et al. recognized functional flexibility and working time flexibility as a source of competitive advantage and concluded that organizational flexibility helps managers understand that

globalization and diversity go hand-in-hand with the flexibility that continually shapes the nature of relationships between employer and employee.

Chronic health related impairments are the main reason for employee absenteeism in organizations (Knies et al., 2012). Knies et al. stated that lost productivity happens when a worker's illness negatively influences his or her ability to work. They also said lost productivity consisted of sickness absence and reduced job performance. Knies et al. identified multiple measures and valuation methods for lost productivity, which lead to difficulties comparing loss approximations across countries. Knies et al. examined whether the country of residence significantly affected lost productivity among patients with rheumatic disorders. Knies et al. used an online questionnaire completed by 200 participants with a rheumatic disease in four European countries. They noted that the country of residence significantly affected lost productivity in patients with rheumatic disorders when combined with other factors including age, disease severity, and the number of working hours. Knies et al. concluded country of residence differences hinders transferring lost productivity information across countries. Hunt et al. (2011) discussed the relationship between productivity and job growth, along with what U.S. and European businesses could do to increase both. Hunt et al. indicated employment primarily increased with productivity. Hunt et al. suggested Europeans should redirect public funds from low-productivity sectors toward investments supporting research and development, innovation, and entrepreneurship while the United States should invest in its skill base and infrastructure. Both countries need better tools to measure and reward public-sector productivity (Hunt et al., 2011).

Zhang, Bansback, and Anis (2011) noted considerable productivity loss because of absenteeism, and researchers must accurately measure its effects. Zhang et al. found current productivity measurements vary to determine productivity loss. Zhang et al. reviewed instruments, issues, and valuation techniques including human capital and friction cost for assessing production loss because of worker illness. They also considered the effects of measuring productivity loss including paid work and unpaid work. Despite the many measures available, they varied in accurately determining productivity loss (Zhang et al., 2011). Zhang et al. concluded by recommending the use of generic productivity measures instead of illness specific measures used in similar studies.

Scuffham et al. (2013) identified that human capital significantly affects business productivity, and found employers ability to improve workforce production and minimize losses because of absenteeism as an advantage in the global economy. Scuffham et al. stated employee health and productivity directly relates to organizational health. Scuffham et al. measured work performance with a modified HPQ version in workforce samples from Queensland, Australia for 2005–2006. Scuffham et al. concluded the HPQ was a valid productivity measure. Bierla, Huver, and Richard (2013) explored statistical analysis methods regarding absenteeism. Bierla et al. clarified the effects of several variables such as age, gender, and cost of absence while balancing the effects these variables on absenteeism. Bierla et al. found costs and organizational problems resulting from increasing work absences, lengthening working life, and presenteeism reinforces interest to understand these topics. Bierla et al. presented eight hypotheses related to

absenteeism and presenteeism to determine associations between the two issues. Bierla et al. indicated that absenteeism behaviors appeared in several forms and concluded that deteriorating worker health conditions could lead to future work absences.

Cong and Van (2013) noted developing a motivated workforce and improving employee productivity is critical to business success. Creating programs and policies that develop job satisfaction and serve to motivate employees takes time and money. Employers justify investing in employee-related policy when they understand the benefits of job satisfaction and workplace motivation (Cong & Van, 2013). Cong and Van (2013) found employee incentive programs help them work effectively; however, the problem is determining what motivates employees and designing a program based on those needs. Cong and Van also described the importance of factors motivating employees to determine policy implications for managing staff. Cong and Van's results reflected wages and promotion were the highest motivational factors followed by good working conditions. Other factors such as interesting work, promotion, and growth were equally important based on the type of motivational theory. Cong and Van concluded avoiding disparities in pay and reward served as a strategy to motivate and retain high-quality staff.

Worker performance and productivity are a concern for organizations in today's economic environment (Abernathy, 2011). Abernathy identified 20 management practices and analyzed their impact on managing span of control and organizational productivity through interviews. Abernathy also discussed management opinions on their success to implement the 20 selected management practices using a survey. Abernathy

noted that managers perceived themselves most successful in performance management and least effective in providing staffing and work input to their subordinates. Empowering employees distributes decision-making accountability to the employees (Abernathy, 2011). Contrary to this study, Johnston and Wang-Sheng (2013) stated promotions meant higher wages, better privileges, increased responsibility, accountability, and work hours. Johnston and Wang-Sheng questioned if promotions were beneficial for workers' well-being. They indicated that promotions caused short-term improvements in productivity, job security, pay perceptions, and overall job satisfaction, and longer-term effects on job control, job stress, income, and work hours. Johnston and Wang-Sheng stated that promotions had negligible effects on workers' health and happiness. There were effects on employee mental health, with estimates signifying substantial decline two years after receiving a promotion. Johnston and Wang-Sheng concluded promotions did not significantly affect workers' well-being, except for negative mental health effects in certain worker groups.

Armache (2012) discussed the importance of comprehending the effects of motivation and compensation on worker productivity. Armache noted that motivation, compensation, and business productivity are intricate and interrelated subjects. Motivation pushes people to achieve their goals. Motivation, compensation, and job productivity were goals and outcomes of business success strategies (Armache, 2012). Employee motivation permits goal achievement and has the potential to produce outstanding results (Armache, 2012). Armache (2012) also stated highly motivated and well-compensated workers had higher organizational performance. Kumar Singh (2012)

stated organizational leaders could increase productivity without additional costs, by motivating workers to contribute their best efforts to accomplishing organizational objectives. Kumar Singh found motivating others required effective planning and successful implementation of motivational strategies. Kumar Singh further stated the results of motivational strategies equated to increased work efforts with the same inputs, which could increase organizational productivity. Kumar Singh indicated that the most challenging management objective was to motivate employees, and managers must understand employee work behavior to gain a clear indication of what needs are most important in the workplace. Workers have individual needs while contributing to organizational objectives and there was no single motivational strategy to motivate all employees (Kumar Singh, 2012). Scherrer, Sheridan, Sibson, Ryan, and Henley (2010) concluded that despite the progress made, significant gaps remain to understand people's motivation to initiate and sustain workplace objectives. Kumar Singh indicated leaders must create and implement different motivational strategies for people at different organizational levels. Kumar Singh addressed how the interplay between team organization and performance pay affected worker absenteeism.

Dale-Olsen (2012) stated performance pay is emergent in importance. Dale-Olsen analyzed how performance pay and team interactions affected worker absenteeism. Dale-Olsen analyzed Norwegian questionnaire data about private sector workers and workplaces from 1996 to 2005 and indicated that team organization and performance pay negatively related to sickness absence occurrences. Weak group-based incentive schemes could reduce occurrences of absenteeism (Dale-Olsen, 2012).

Organizational culture influences a number of work-related productivity outcomes (Beauregard, 2011). Beauregard (2011) surveyed 224 participants from a local government in South England to determine how work–home culture influences employee well-being, and whether gender differences exist in these relationships. Beauregard tested a mixed relationship model to investigate the direct and indirect effects of work–home culture on employee health that linked supportive work–home cultures with lower levels of absenteeism and psychosomatic strain among employees. Support types affected men and women differently. For example, managerial support benefited women's health, and organizational time support benefited men's well-being. Beauregard concluded managers should focus more on performance outputs to improve attitudes toward those using flexible work practices.

Developed countries allocate large percentages of the gross domestic product to investments in research, education, health, and productivity to maintain and intellectual development along with innovation (Jivan & Toth, 2012). Investing in human capital is an investment with long-term effects. Jivan and Toth (2012) synthesized correlation data about human capital dimensions to establish a theoretical basis for assessing realistic, sustainable development of human resources and society. Jivan and Toth noted that developing countries view human capital investments as short-term investments. Jivan and Toth found significant connections between morality and productivity indicating that social capital formation influences the health and productivity of a nation. Every country has the potential to develop and invest in human resources for long-term productivity benefits (Jivan & Toth, 2012). Neglecting the social component of the economy and

failing to invest in the long-term human potential decreases the value human capital and decreases economic productivity (Jivan & Toth, 2012).

Vivian (2012) investigated the ever-increasing presence of the *sick through often inbox checking* concept in the May 2012 U.K. research. Vivian suggested workers ages 35 to 54 were more likely to be absent from work because of stress and chronic health impairments. Vivian concluded work pressure affected the amount of time workers takeoff for illnesses that could negatively affect employee productivity. Hellgren, Cervin, Nordling, Bergman, and Cardell (2010) noted that the average productivity loss because of absenteeism and caregiver absenteeism was 8.7 working hours, costing an estimated $25 billion per year. Hellgren et al. measured productivity loss resulting from both allergic rhinitis and the common cold in Swedish workers. Hellgren et al. used the human capital approach to determine lost productivity costs regarding absenteeism, presenteeism, and caregiver absence. Hellgren et al. surveyed 1,213 respondents and estimated 5.1 days in annual lost productivity loss and a total loss in Sweden of € 2.7 billion annually. Absenteeism (44%) was the dominant factor, followed by presenteeism (37%), and caregiver absenteeism (19%). Poisson regression analyses revealed that women, people ages 18 to 29, and respondents with asthma reported the most number of lost productivity days. Reducing lost productivity by one day per person per year would save € 528 million (Hellgren et al., 2012).

Braakman-Jansen, Taal, Kuper, and van de Laar (2012) also found associations between rheumatic diseases, severe impairments, high societal costs, work disability, and lost work productivity. The cost of lost productivity might be several times greater than

direct medical costs (Braakman-Jansen et al, 2012). Braakman-Jansen et al. examined the effects of absenteeism on the overall productivity cost using various measurement instruments in patients diagnosed with rheumatoid arthritis and controls without rheumatoid arthritis. Braakman-Jansen et al. collected cross-sectional data from 62 patients with rheumatoid arthritis and a control group of 61 subjects without rheumatoid arthritis. Braakman-Jansen et al. estimated absenteeism and presenteeism using the Mann–Whitney U-test and the human capital strategy to find that productivity costs were 2 to 4 times higher in the rheumatoid arthritis group compared with the control group. Absenteeism significantly influenced productivity costs in patients with rheumatoid arthritis. The productivity in individuals without rheumatoid arthritis was not optimal and future researchers must account for factors such as job type, team production, and availability of perfect substitutes for absent or impaired workers (Braakman-Jansen et al., 2012).

Cocker, Martin, and Sanderson (2012) stated absenteeism related productivity loss caused by poor physical health was as high as 19.7% and 13.4% for workers with impaired mental health. Cocker et al. used cognitive interviewing methods to determine critical job traits and their relationships to the cost of illness-related absenteeism in the workplace. Cocker et al. conducted phone interviews with managers from various industries in Australia and used quantitative analysis to measure production, output sensitivity, and illness-related absenteeism costs. Cocker et al. examined cognitive processes of managers' responses and revealed difficulties understanding and quantifying chronic illness. Cocker et al. found implications regarding interview modifications to

minimize measurement error in future applications and improve valuation of absenteeism in the workforce. Proposed social implications could enhance estimation of productivity loss using health promotion strategies. Cocker et al. concluded that leaders must develop a more salient, easily applicable, and interpretable interview technique along with new tools to improve the measurement of ill-health-related productivity loss in the workplace.

Baker-McClearn, Greasley, Dale, and Griffith (2010) stated there was a lack of information about the effects of absenteeism on individual and organizational productivity and well-being. According to Baker-McClearn et al., sickness absenteeism accounts for a major part of organizational expense. Workplace stressors played a role in employee health, and the number of sick days used per year. Baker-McClearn et al. identified two influential factor groups: organizational pressures and personal motivations, in addition to, other mediating factors that influenced work attendance. Baker-McClearn et al. evaluated the impact of interventions on work attendance, worker well-being, and organizational atmosphere. Baker-McClearn et al. conducted 123 interviews in a multi-method case study of organizational attitudes toward worker health and attendance management. Similar to previous research, Baker-McClearn et al. noted that absenteeism is a complex and multidimensional issue shaped by individual and organizational factors. They also found performance and health closely related to organizational reactions to absenteeism. The influence of absenteeism on productivity was difficult to measure, and future research should assess the extent and determinants of absenteeism (Baker-McClearn et al., 2010).

Johns (2011) presented a theoretical framework based on substitution hypothesis and the idea that precluding presenteeism factors prompt absenteeism. Johns examined the correlates of presenteeism, absenteeism, and productivity loss using a web-based survey of 444 participants. Ferreira and Martinez (2012) examined the links between absenteeism and burnout in the public and private education sector. Ferreira and Martinez surveyed 281 elementary school teachers from private and public institutions to analyze the personal and contextual characteristics used predicted teacher burnout. Ferreira and Martinez indicated that public school teachers had higher levels of burnout leading to absenteeism. Similar to Ferreira and Martinez, Nagar (2012) indicated that corporate leaders could maximize productivity by reducing job stress because increased stress and burnout may significantly influence organizational performance in the forms of reduced job satisfaction, lowered organizational commitment, and absenteeism. Nagar examined burnout and absenteeism among 153 university teachers because they are an essential part of a successful educational system. Nagar identified three factors of burnout and absenteeism including depersonalization, reduced personal accomplishment, and emotional exhaustion. Nagar concluded that higher job satisfaction contributed significantly toward organizational commitment. Because teachers are a valuable resource to the education industry, management must address their working environment to maximize organizational performance.

Umann, Guido, and Grazziano (2012) stated that capitalist requirements in the business world influence employee health. Umann et al. conducted a quantitative, descriptive, cross-sectional analysis to determine the productivity of 129 nurses with a

health impairment working in direct patient care. Umann et al. found that physical demand represented the greatest limitation for nurses. Umann et al. suggested worker productivity correlated directly with health care, occurrence frequency, and the number of absences. Umann et al. concluded that both organizational and individual factors also influenced employee productivity levels. Collins and Cartwright (2012) studied worker decisions to come to work sick or be absent from work. Similar to other studies, Collins and Cartwright emphasized the impact of work setting, personal motivation, and work ethic, on absenteeism while providing significant contextual analysis. Collins and Cartwright's findings support previous research about how some attendance management methods increased absenteeism. Well-designed and managed business policies could provide mutual benefit to the organization and the employee (Collins & Cartwright, 2012).

Taloyan et al. (2012) suggested sickness presenteeism could be a risk factor for future health problems and lead to absenteeism. Taloyan et al. identified that sickness absence reduced one's ability to work. Workers could go from being completely healthy and able to work to a loss of work capacity. The sickness could be acute, episodic, or chronic, and the individual must decide whether he or she will attend work. Taloyan et al. used bivariate and cross-lagged associations among self-rated health (SRH), sickness presenteeism, and sickness absence. Taloyan et al. found workers reporting more than 7 days of sickness presenteeism had an increased suboptimal SRH risk and absenteeism compared to those with no reported sickness presenteeism. Workers reporting between 1 to 7 days of sickness presenteeism also had higher chances of SRH risks and absenteeism

primarily related to mental health. Taloyan et al. (2012) concluded sickness presenteeism could be a risk factor for future suboptimal health and sickness absence, especially with mental health problems. Asking about sickness presenteeism and absenteeism could provide valuable information for employers and occupational health practitioners that could reduce the risk of future health problems.

Claes (2011) identified employee health status (long-term ill health, acute disease, and loss of capacity) as a prerequisite of sickness presence. For employees, the adverse effects included future ill health, absenteeism, and decreased job productivity. Claes found an aging workforce, combined with long-term sickness presence results could be dangerous and costly; however, Claes also noted a lack of research on the societal consequences of sickness presence, which often lead to absenteeism. Claes created a model based on the sickness presence model proposed by Aronsson and Gustafsson about an employee's response to general health conditions and longitudinal relationships between sickness presence and future health and sickness absence. Claes surveyed 2,348 participants from 110 European organizations and analyzed the data using linear regression analysis. The findings partially confirmed the Aronsson and Gustafsson design, and confirmed employee general health status was a prerequisite of sickness absence and time pressure at work related to sickness presence.

Luo et al. (2013) indicated that employers must rapidly adjust to global economic conditions and the increased prevalence of absenteeism. Luo et al. surveyed full-time employees working in different Taiwanese organizations using a longitudinal panel design to measure personality traits and motives related to both presenteeism and

absenteeism. Luo et al. noted that multiple motives were available for managers to provide better work accommodations and more effective managerial practices. Vishnupriya et al. (2012) studied the cause and effect of absenteeism in the textile industries, along with alternatives to improve employee productivity and decrease absenteeism. According to Vishnupriya et al., absenteeism was a significant threat to businesses because of loss productivity. Seventy two percent of employees interviewed noted that they missed work because of health related issues (Vishnupriya et al., 2012).

Mental Health-Related Absenteeism

Williams (2013) acknowledged the prevalence of mental health conditions such as anxiety and depression could have a significant effect on productivity because of absenteeism. Williams suggested using the World Health Organization's HPQ to evaluate impairment costs regarding reduced job productivity, absenteeism, and work-related accidents and injuries. Williams concluded that researchers must conduct further research about the relationship between absenteeism and presenteeism to better understand and manage the links between health and productivity. Brown, Gilson, Burton, and Brown (2011) also related absenteeism to psychosocial outcome measures, including reduced mental health and employee well-being. Brown et al. estimated 13.8 million lost workdays because of psychosocial health conditions. Brown et al. emphasized the economic effects of employee health and raised concerns about how to decrease absenteeism and stimulate workplace productivity. Brown et al. found physical activity as a strategy for decreasing absenteeism, while improving worker mental health. Brown et al. indicated a positive correlation between employee physical activity and

psychosocial health, predominantly for quality of life, and emotional health. Brown et al. identified a positive association between physical activity and worker psychosocial health.

Klachefsky (2013) reported experiencing mental health problems such as depression and anxiety could affect how workers perform their jobs. Klachefsky identified depression as a common trend among European and U.S. workers, in addition to on-the-job stress and increased job demands. Klachefsky identified mental health impairments directly affected worker productivity and were significant absenteeism contributors. Klachefsky stated that depression cost $83 billion annually in the United States, and regarding absenteeism, was one of the most expensive nationwide health impairment. Klachefsky suggested employers must support the physical and emotional health of their employees and address the financial impact mental health issues have in the workplace. Klachefsky advised leaders to identify and eliminate health-related productivity loss causes by providing on-site medical care or vocational assistance programs. Klachefsky concluded these adjustments could save businesses thousands of dollars annually while providing healthier and happier employees.

Woo et al. (2011) stated depressive disorders caused the largest burden on the U.S. working population with 81% of lost productivity coming from workers with depression-related absenteeism. Similar studies estimated indirect depression costs because of absenteeism were $8.5 billion. Woo et al. estimated the lost productive time costs among employees with major depressive disorder (MDD) compared to a control group over eight weeks in Seoul, Korea. Woo et al. also estimated the change in

productivity after eight weeks of outpatient psychiatric treatment with antidepressants. Woo et al. measured productivity and severity of depression, at baseline and after eight weeks of treatment. Their results reflected that employees with MDD had more occurrences of absenteeism than the control group. After eight weeks of treatment, the workers had reduced absenteeism and clinical symptoms of depression and significant improvement in self-rated job performance, which equated to cost savings of $7,508 per employee per year. Woo et al. concluded psychiatric intervention could reduce the significant productivity loss came from MDD. Mental health professionals should work with employers provide workers with accessible quality care while creating a healthier, happier, and more productive workplace (Woo et al., 2011).

Harrington (2012) also emphasized the importance of good mental health at work. Harrington found increasing cases of mental impairment as a primary contributor to sickness absence. Harrington said business leaders recognize that job performance and engagement affect an employee's mind state. Harrington stated current economic conditions adversely affect a worker's mental state, job performance, and commitment. Harrington proposed resilience research to analyze the severity of employee mental health conditions, and identify how workers with improved mental health could contribute positively to society. Harrington (2012) concluded resilience programs helped assess organizational culture and allowed organizations to be flexible in meeting employee needs, boosting productivity, and adding value to employer brands.

Chong, Vaingankar, Abdin, and Subramaniam (2013) examined the relationships between mental impairments and work disability in Singapore. Chong et al. obtained

information using a modified form of the Composite International Diagnostic Interview to gather work-related information about the effects of mental health on work disability. Chong et al. surveyed 6,429 respondents, 71 % employed, 24.5 % economically inactive, and 4.5 % unemployed. Chong et al. found that of the participants classified as employed, 2.3 % had at least one mental disorder while 5.3 % of the unemployed had at least one mental disorder. The average number of worker absenteeism among those with a mental disorder was 0.5 days per month equivalent to approximately 3 million annual lost productivity days. Chong et al. also identified that 86.5% of mentally ill workers did not seek help for their mental health problems. Chong et al. concluded significant concerns exist regarding mental disorders effects on the workforce, primarily through lost business productivity. Chong et al. (2013) stated future implications for formal mental health initiatives to improve absenteeism among workers with mental health disorders.

Uegaki, de Bruijne, van der Beek, van Mechelen, and van Tulder (2011) stated growing economic interest in occupational health as stakeholders realize interventions limitations, and health problems in the working population were costly. Furukawa et al. (2012) stated that subthreshold depression was a prevalent medical condition that caused significant loss to society particularly because of reduced work productivity. Uegaki et al. (2011) cited the indirect costs of lost productivity by workers with depression estimated to be $44 billion annually and productivity loss costs from workers' personal or family health problems estimated to be $226 billion annually. Uegaki et al. investigated techniques used to determine indirect costs of health-related productivity. Uegaki et al. examined 34 studies regarding methods of determining health-related productivity costs.

The studies varied in estimating data related to absenteeism and work presenteeism. Uegaki et al. (2011) concluded that methods for determining and valuing health-related productivity differed widely.

Transition and Summary

In Section 1, I proposed Ajzen's TPB to help understand worker absenteeism and contributing factors. I explored assumptions carefully to remove bias and reviewed limitations and delimitations while defining literature gaps. Section 2 includes (a) the purpose statement, (b) role of the researcher, (c) the study participants, (d) the research method and design, (e) the population and sampling, (f) data collection method, and (g) reliability and validity.

Section 2: The Project

Absenteeism could result in the loss of organizational productivity and profit. Employee health related absenteeism is the top expense for organizations that depend on productivity for profits (Rantanen & Tuominen, 2011). Rantanen and Tuominen (2011) also noted that lost business productivity is increasingly problematic. Both healthy people and people with chronic health impairments must ensure a productive workforce. Rantanen and Tuominen identified sickness absenteeism as a significant contributor to lost work productivity because of health problems and highlighted work-related and health-related factors associated with productivity loss. Section 2 includes the chosen research method and details following topics: (a) purpose statement, (b) role of the researcher, (c) description of the participants, (d) research method and design, (e) population and sampling procedure, (f) ethical research and data collection method, (g) data analysis procedure, and (h) validity and reliability.

Purpose Statement

The purpose of this qualitative case study was to explore the strategies higher education organization leaders could use to decrease health-related absenteeism. The target population consisted of a management, faculty, and staff members at a higher education organization in the southeastern region of the United States that successfully implemented strategies to decrease health-related absenteeism. The population was appropriate for this study because Nagar (2012) identified that many occupations in the higher education industry were prone to absenteeism. The implications for positive social change included the potential to help improve business productivity, identify cost

effective absenteeism measures, and provide valuable strategies for organizations negatively affected by absenteeism (Cancelliere et al., 2011).

Role of the Researcher

The role of the researcher in the data collection process was to specify and provide the details of the study conducted including conducting surveys, interviews, selecting the sample size, research participants, and determining population transferability. Qualitative methods involve the researcher and allow researchers to develop new constructs studied by interviewing people, asking questions, and recognizing patterns (Cameron & Molina-Azorin, 2011). Developing questions, conducting field research, interacting with participants, along with collecting, analyzing, and disseminating data all involve the researcher (Yin, 2009). The research design and data collection instruments help the researcher measure, identify, analyze, interpret, and report data. I identified characteristics that may influence interpretations formed throughout research. I ensured proper identification of study participants, administration of the interviews, and data collection while preventing ethical principle violation (Manita, Lahbari, & Elommal, 2011). I organized and processed collected data using NVivo (©) data analysis software and used the processed data to make inferences about the sample population.

Participants

I obtained a purposeful sampling of 20 management, faculty, and staff members at a university in the southeastern United States for the purposes of this single-case study. Suri (2011) stated purposeful sampling contributes to the research credibility, and

selecting a minimum of 20 participants ensures sufficient study data. Trotter (2012) identified that purposive sampling helps researchers understand a problem by using questions applicable to the study in a small sample size of 10 to 20 participants. Prior to conducting the open-ended interviews, I contacted the university's office of compliance by phone to obtain permission to conduct interviews. After receiving permission, I contacted prospective participants using direct mail, social media, e-mail, and through phone solicitation. To be eligible to participate in the study, a participant had to meet the following criteria: (a) be a university management member, faculty member, or staff member; (b) have access to the Internet; and (c) consent to participate in the study by acknowledging this on the consent form (Appendix A) included with the data collection instruments.

After verifying a prospective participant's suitability for an interview using participant selection criteria, I explained the purpose of the study and the purpose of the interview to each participant. I also worked with the participants to build rapport and ensure that there were no scheduling conflicts for interviews. The participants answered questions about health-related absenteeism. I was able to identify strategies used to decrease absenteeism using a representative population sample and identify key participant knowledge relevant to the research purpose (Deodhar, Saxena, Gupta, & Ruohonen, 2012). Although transferability is a goal of qualitative case study research, understanding the nuances of the research problem required the selection of a smaller sample size (Trotter, 2012). The goal of analyzing the participant data was to identify strategies that leaders could use to decrease absenteeism.

I obtained a consent form (Appendix A) from each participant to acknowledge his or her intent to participate in the study in-person or through e-mail, immediately after a phone or in-person conversation. After confirming the participant's consent, I informed participants that I would keep all information collected confidential, and I would not disclose their identity in the study. I also informed respondents that participation in the study was voluntary and that they could withdraw from the study at any time by contacting me in-person, over the phone, or through e-mail. I explained to the participants that they could request a copy of the approved study and that I would save the study data in a secure place for 5 years to protect the rights of the participant's.

Research Method and Design

The doctoral research process was iterative, and determining the business problem and research design helped set the foundation for the doctoral study. My research inquiry began with an interest in the observed event or phenomenon that was an essential component of the study. It also served as a continuous source of motivation for completing the study. Selecting the most suitable study method and design permitted me to the present study findings in an organized way.

Research Method

Researchers must be familiar with quantitative, qualitative, and mixed methods designs (Caruth, 2013). I chose a qualitative method rather than a quantitative or mixed method. The data collection process aligned with prior absenteeism research, and the design gave me a chance to obtain rich data. Horsewood (2011) stated that qualitative researchers explore new research areas with unknown variables while quantitative

researchers use scientific methods to validate results of previous studies. Quantitative methods were not suitable for this study because of a lack of past research on this topic. In qualitative research, the researcher interviews participants with a set of open-ended questions (Arghode, 2012). Qualitative methods draw from a conceptual framework and include case studies, observations, content analysis, and interviews (Bergman, 2011). Qualitative researchers conduct interviews, analyze written documents, and make field observations (Watkins, 2012). Frels and Onwuegbuzie (2013) indicated that interviews are a common qualitative data collection method because they permit collection of rich and meaningful data. The literature reviewed regarding absenteeism emphasized both qualitative and quantitative study as a baseline for establishing future research. Qualitative analysis logically derived from the business problem statement, and this method was most suitable based on the research design.

Bergman (2011) noted that quantitative methods draw from a theoretical framework and include experimental, quasi-experimental, correlational, and Delphi designs. Cameron and Molina-Azorin (2011) stated that quantitative designs permit researchers to test hypotheses while obtaining statistical population estimates based on sample data. Using quantitative questionnaires provides increased validity to the data collection process; however, quantitative analysis was not suitable for this study. Mixed method researchers use quantitative methods to add statistical value to the theory and qualitative methods to interpret data to form a theory (Cameron & Molina-Azorin, 2011). Venkatesh, Brown, and Bala (2013) found researchers conducting mixed-methods analysis view quantitative and qualitative methods as complementary because this

method covers weaknesses found in each design when used alone. I concluded mixed method analysis was time consuming and required in-depth research, which was also not feasible for the study purposes.

Research Design

Singh (2014) stated that the case study design might include a single case or multiple cases. I chose to conduct a single case study design because the design permits the exploration of how events, programs, activities, and processes affect participants and the organization they work for (Yin, 2009). Yin (2009) noted that case study researchers develop and construct a theory based on in-depth interviews with varying levels of abstraction. Structured interview questions permitted data collection without limiting participant responses and allowed respondents the opportunity to give diverse answers to questions. Irvine (2011) conducted a single qualitative case study of mental health and employment to show how the conditions of an individual's employment influenced absenteeism. Baker-McClearn et al. (2010) conducted a multimethod case study of organizational attitudes toward worker health and attendance management. Baker-McClearn et al. interviewed 123 participants and found performance and health strongly related to organizational reactions to absenteeism. Murphy and Doherty (2011) conducted a single case study about senior management absenteeism and work-life balance in Ireland. The researchers conducted semistructured interviews with eight senior managers in Ireland and five senior managers in Europe.

Researchers interpret the meaning of specific issues with qualitative data (Trotter, 2012). Both phenomenological and ethnography design approaches were not suitable for

exploring the effects of absenteeism and declining worker health effects on work productivity because the research does not involve documenting lived experiences of phenomenon, and it was not feasible to study this topic over a long time period (Boden et al., 2011).

Population and Sampling

I obtained a purposeful sampling of 20 management, faculty members, and staff at a university in south Alabama. Sampling this population allowed me to ensure that I obtained a representative sample and identify key participants whose knowledge was relevant to the research purpose (Deodhar et al., 2012). Trotter (2012) stated that purposive sampling helps researchers to understand the problem and questions applicable to the study and requires the selection of a smaller sample size. To ensure saturation, the sample should be large enough to answer the research question but small enough to use only relevant data (O'Reilly & Parker, 2013). The target population was similar to the one used by Prater and Smith (2011) to study faculty at a historically black college to understand the factors related to absenteeism. The target population was sufficient to meet the study criteria large enough to accommodate those who chose not to participate in the research process. During the research process, I achieved data saturation after participant number 18 because the interviews no longer contributed to emerging themes (Griffith, 2013).

I conducted 30 minute structured interviews with questions created to gain insight into declining worker health and absenteeism. I asked about participants' perspectives regarding health-related absenteeism. I also asked about their beliefs about how medical

impairments could affect the participant's productivity levels in addition to if they were absent from work because of sickness. Analysis helped me determine any patterns between health-related absenteeism and loss of productivity at work (Prater & Smith, 2011). The benefits of exercising could reduce stress and improve medical conditions; therefore, I asked how often the wage earner exercised (Prater & Smith, 2011).

Ethical Research

Manita et al. (2011) stated upholding ethical research standards is a significant part of data collection in natural settings. Ethical research involving human subjects involves open communication with participants, along with attempts to benefit the subject (Hugman, Pittaway, & Barteolomei, 2011). Damianakis and Woodford (2012) suggested removing any information linking participants prior to distributing data to reduce the possibility of identifying the participants. As such, I ensured the highest level of integrity and confidentiality to protect the participant identities. I included a consent form (Appendix A) with the data collection instrument that provided participants with relevant study details.

All participants acknowledged their intent to participate in the study with the consent form prior to participating in the study. The consent form included (a) the primary researcher's contact information, (b) Institutional Review Board approval information, (c) the study procedures, (d) associated study risks, and (e) stated that I would maintain the study data for 5 years to protect the participant's rights in compliance with Walden University's Institutional Review Board guidelines. I did not provide compensation for participating in the research process. I did not use the names of

individuals or groups in the study, and the participants could voluntarily withdraw from the study at any time.

Data Collection

A researcher serves as the primary instrument because of field expertise and direct involvement in the data collection process (Cameron & Molina-Azorin, 2011). The data collection section included a detailed review of the data collection instruments, data organization, and data analysis process. Data collection methods for this study included structured interviews, field observations of the university's employee wellness facilities, a review of wellness plan components, and review of any additional employee assistance programs designed to help reduce absenteeism. Qualitative research does not specify how researchers should collect data (Frels & Onwuegbuzie, 2013). Prater and Smith (2011) found that the main factor contributing to absenteeism was workers being sick and suggested sampling in a larger university setting. The interview questions helped identify strategies for preventing absenteeism and declining worker health, along with strategies to address lost productivity in the workplace (Skrepnek et al., 2012).

Instruments

Qualitative research is an exploratory process intended to help researchers understand the meaning of actions and behaviors based on the researcher's interpretation (Sinkovics & Alfoldi, 2012). Petty, Thomson, and Stew (2012) stated that interviews are valuable instruments for collecting research data. Yin (2009) also noted that interviews help researchers explore individuals' perceptions of events, actions, or processes. Interview data collection permitted the exploration of absenteeism and declining

employee health on work productivity. Qualitative research is a continuous, flexible, and emergent process (Sinkovics & Alfoldi, 2012). Progressive focusing allows qualitative researchers understand the intricate associations between theory and data (Sinkovics & Alfoldi, 2012). The objective of this research was to explore the strategies that could decrease absenteeism and improve organizational productivity, which leaders could address in their corporate strategy. Prater and Smith (2011) noted that researchers could use focused analysis to help determine any patterns between health status and loss of productivity at work.

The use of structured interview questions (Appendix B) provided a high degree of validity to the data collected because of the confidential nature of each interview. Purposeful sampling helped ensure data validity and credibility (Petty et al., 2012). I conducted structured face-to-face, telephone interviews, and Skype interviews, along with recording field notes as the primary data collect methods (Yin, 2009). Secondary data collection included field observations of health and wellness facilities and document review. Interview questions were open-ended and structured (Appendix B) to obtain rich participant responses and the interviews last approximately 30 minutes for each participant. I used NVivo (©) software to analyze research notes and participants' responses, along with coding and identifying themes from collected raw data. For interview sessions, I made participants aware of the recording and use of their responses for research purposes. Participants could opt out at any time. Houghton, Casey, Shaw, and Murphy (2013) stated member checking allows researchers to ensure data accuracy by reviewing the interview transcript accuracy and validity. After each interview, I

reviewed the notes with the respondents to ensure the accuracy. I also gave participants the opportunity to make corrections during the interview session.

Data Collection Technique

Singh (2014) identified interviews, observations, and document reviews as appropriate data sources for case study designs. I used structured interview field note taking to complement the interview recordings, field observations of the university's health and wellness facilities, and document review of the university's current healthcare and wellness program offerings used to reduce absenteeism (Yin, 2009). Using purposeful sampling provided credibility to understand the business problem while ensuring that participants provide unbiased perspectives (Petty et al., 2012). The sample size of 20 participants contributed to data saturation (Hodges, 2011). Bernard (2013) recommended researchers take notes during participant interviews and collect observational data during daily routines. Field observations allowed me to observe the university's onsite employee health care and wellness facilities used to manage worker health. A comprehensive review of health and wellness plan components along with any additional employee assistance programs further assisted me to identify the factors that could help reduce absenteeism. The university maintains documentation in compliance with regulatory agencies, which I reviewed as an additional data source. This documentation helped confirm information obtained through interviews and observations.

I solicited potential participants in the population by mail, email, or in-person explaining the study, participant criteria, requesting participation, and asking interested individuals to reply. I selected the primary participants from those individuals that

responded to the invitation letter/consent form (Appendix A). The interviews began with an introduction of the research topic to establish rapport. Anyan (2013) proposed that researchers must facilitate a calm environment while conducting qualitative interviews. During the interviews, I asked clarification questions as needed following each initial question to ensure accurate understanding of the initial question response. The study participants could ask questions to clarify any areas of the study not well understood. Prior to each interview, the participant acknowledged his or her intent to participate with a signed or emailed consent form. I highlighted confidentiality throughout the interviews to obtain rich data.

After the introduction, I began by asking participants about their understanding of declining worker health, employee productivity and their effects in the workplace. Interviews lasted for at least 30 minutes, and participants may could take additional time when necessary to explain their understanding of the interview questions. I recorded the interviews using Microsoft voice recognition software while taking notes during each interview. After completing each interview, the respondents and I verified the notes to ensure the accuracy. I entered all accurate interview transcripts and notes into NVivo (©) software to analyze raw data. I used NVivo (©) and participant coding to assist me with identifying themes.

Data Organization Techniques

I created and maintained an electronic data log on a password-protected computer. I categorized data based on (a) information type (document or interview), (b) data identification (interviewee or document number), (c) document file name, (d) collection

date, (e) collection location, and (f) analogous research logs. I also transcribed the categorized data and notes in NVivo (©) for analysis. Anyan (2013) noted the importance of maintaining the transcribed and recorded interviews, along with backup copies of the recorded interviews during the data organization process. I used a field log of notes throughout the data collection, recording, and tracking process for all interview data and documents (Yin, 2009). Bernard (2013) and Yin (2009) described note taking in case study research as a vital component to ensure accurate analysis and interpretation of case documents and interviews during the data collection process. For member checking purposes, study participant may review a summary of the transcribed interview (Carlson, 2010). I saved all electronic data (interview transcripts, documents, and coded data files) on a password protected computer and flash drives. I secured all physical data including field logs and interview notes in a locked file drawer. I will keep all field data for 5 years after completing doctoral research project. I will destroy both electronic and hard data after 5 years.

Data Analysis Technique

Sinkovics and Alfoldi (2012) indicated that data analysis consists of analytical insights and theoretical explanations in an interpretive way. Sinkovics and Alfoldi suggested qualitative researchers use computer-assisted qualitative data analysis software to analyze and record data. The use of software permitted me to construct systematic, trustworthy, reflective, and operational qualitative research, without bias compromising data analysis and interpretation (Sinkovics &Alfoldi, 2012). Interview notes included

comments and observations obtained during each interview to support code and theme identification. Only interview numbers identified each of the study participants.

General Questions

1. What is your perspective on health related absenteeism?
2. What intentions contribute to your decisions to not attend work because of health impairment?
3. What is your belief about how health management programs such as health insurance and wellness programs affect health-related absenteeism?
4. What is your belief regarding the relationship between participating in a wellness program and your absenteeism?
5. How do you think society, or relevant others, view your participation in a wellness program?
6. What factors contribute to your intentions to improve your health status?
7. What type of employee wellness program does your organization offer?
8. What factors motivate you to participate in an employee wellness program?
9. What benefits do you anticipate obtaining from participating in an employee wellness plan?
10. What type of alternative solutions does your employer offer to decrease health-related absenteeism?

Management Questions

1. How would you describe organizational productivity?

2. How can health-related absenteeism affect your organization's productivity?
3. What is the role of the employer in providing interventions targeting health-related absenteeism?
4. What steps did you take to identify the need for an employee program to decrease health related absenteeism?
5. How did you determine what were the best strategies for reducing health related absenteeism?
6. How did you gain employee buy-in for the chosen health related (wellness program) program?
7. What were the barriers to implementing the program for reducing health-related absenteeism
8. How can managers design, implement, and evaluate employee health programs to achieve optimal organizational productivity?
9. Is there anything else not addressed that you would like to add?

I used coding as a primary data analysis method, along with NVivo (©) qualitative data analysis software, to assist with identifying keywords, themes, coding, and categorizing data. NVivo (©) is qualitative analysis software used for coding, categorizing, and extracting themes used to answer the research question (Trotter, 2012). Bergin (2011) stated researchers must upload transcribed interviews into the chosen data analysis tool for further analysis. Qualitative researchers use coding as a mechanism for categorizing and describing collected data. Coding methods included deductive coding

and inductive (open) coding (Bernard, 2013). Both deductive and open coding supported the analysis of data collected for the qualitative case study. Deductive coding permitted discovery of keywords and themes related to the conceptual framework selected for this study from interview questions. Open coding permitted identification of concepts and themes that emerge during the review of collected qualitative data (Bernard, 2013). Categorizing deductive and inductive codes helped identify themes related to the central research question and conceptual framework (Bergin, 2011). Yin (2009) stated case study researchers use data triangulation after collecting information from multiple sources to reduce bias and ensure overall study quality.

Reliability and Validity

Frederick Murphy and Yielder (2010) stated that although the qualitative method is ideal for this case study, the process has intrinsic weaknesses. Qualitative methods could be subject to research biases, depending on the researcher's understanding of the subject. Throughout the process of gathering data, I took notes during the interviews and regularly consulted with participants to make sure that validity and reliability procedures are accurate. To avoid any influence on the outcome of the interviews, the interview data remained confidential from other participants (Damianakis & Woodford, 2012).

Reliability

Trotter (2012) stated reliability is the ability to show that other researchers can replicate the procedures used in a research study. The consistency of the research process establishes the base for the reliability of the study. To ensure reliability and validity, I used multiple data collection methods including interviews, document review, and field

observations, along with computer data analysis to identify the strategies that could decrease worker absenteeism. Sinkovics and Alfoldi (2012) suggested dynamic, progressive, and nonlinear process models in qualitative research to address the challenges of linking theory, data, and reliability. I gathered data in a logical and systematic way to obtain comprehensive conclusions. Throughout data collection, I took notes carefully and regularly consulted with research participants for accuracy and remove possible misunderstandings. To ensure creditability, I used member checking to give study participants the opportunity to clarify the information provided during the interview process (Houghton, Casey, Shaw, & Murphy, 2013). I checked the interview transcriptions, observation notes, and documents for accuracy and reliability. I reviewed the interview transcripts and field notes with each participant to further ensure reliability. I continued member checking and transcript reviews until no new findings emerged. I also crosschecked findings against existing literature on absenteeism, declining worker health, and productivity.

Validity

In qualitative research, internal validity allows researchers to ensure the accuracy and trustworthiness of the study (Yin, 2009). In qualitative research, researchers use external validity to transfer research findings to other study settings with similar characteristics (Petty, Thomson, & Stew, 2012). Yin (2009) identified contrasting explanations for phenomena do not weaken case study designs but could present challenges to interpreting study findings and forming study conclusions. Simundic (2013) described researcher bias as any deviations in data collection, analysis, and

interpretation that produce the wrong conclusions. Biased researchers focus on particular outcomes that affect how they approach and conduct research (Yin, 2009). Simundic also noted that there are many possible sources of research bias, which compromise the validity of research results. Yin (2009) noted researchers could potentially negate the purpose of the research process by focusing on preconceived perspectives. Researchers reduce bias, by remaining open to contrary findings and data collection methods while identifying study limitations and delimitations (Simundic, 2013; Yin, 2009). In addition, I used evidence from the literature to establish study validity. Yin noted that triangulation enhances validity and conformability in qualitative research. Triangulation allowed me to compare multiple data sources to determine their alignment with the central research objective (Yin, 2009). For this reason, the research design included observational data, interview data consisting of 20 participants, and documentation review within the research organization. O'Reilly and Parker (2013) stated that a sample size of at least 20 participants permits the researcher to answer the research question and ensure data saturation.

Transition and Summary

In Section 2, I restated the purpose statement, the role of the researcher, study participants, research methods, ethical procedures, and research design. This section included the population and sampling methods, explanation of the data collection instruments and process, data organization, and data analysis techniques. Section 2 also contained a description of reliability and validity of methods used in this study. Section 3 includes a presentation of the research findings, a discussion on the applications to

professional practice, implications for social change, recommendations for action and further study, reflections, and a summary and conclusion of the study.

Section 3: Application to Professional Practice and Implications for Change

Introduction

Section 3 includes an overview of the study, a presentation of findings, an application to professional practice, implications for social change, recommendations for action, and further study suggestions and reflections. I conducted a qualitative case study to explore the strategies higher education organization leaders could use to decrease health-related absenteeism. I obtained data by interviewing 10 managers, five faculty members, and five staff members working at a university in the southeastern United States that successfully implemented strategies to decrease health-related absenteeism. Secondary sources of data included field observations of the university's health and wellness facilities and a document review of the university's current healthcare plan and wellness program offerings used to reduce absenteeism. I used both primary and secondary data to strengthen the study validity. The implications for positive social change include the potential to assist managers in identifying strategies used to decrease health-related absences and improve work performance.

Presentation of the Findings

Stoetzer, Åborg, Johansson, and Svartengren (2014) noted a need exists for more knowledge about how to manage companies toward healthier and more prosperous organizations with low levels of absenteeism. Data obtained from this study may assist business leaders to understand how strategies designed to decrease absenteeism could improve organizational productivity and worker performance. I proposed the following research question: What strategies can organizational leaders use to decrease health-

related absenteeism? I categorized the findings into four major themes obtained from transcribed interviews, document review, and field observations. The themes included (a) manager and employee perceptions of absenteeism, (b) a need for effective policy and procedures regarding health-related absenteeism, (c) the role of workplace health programs in decreasing health-related absenteeism, and (d) barriers to implementing absenteeism reduction strategies. Member checking allowed me to verify the accuracy of the interview data. I used use Microsoft Voice Recognition and NVivo (©) software to transcribe interviews, organize the data, extract words, and identify the four overreaching themes.

Perceptions of Health-Related Absenteeism

Similar to Skrepnek et al. (2012), each participant agreed that health-related absenteeism could be a significant expense to organizations. Management P3 noted, "Health-related absenteeism can affect a company's cost in productivity with loss of profit, poor quality of goods/services resulting from overtime fatigue or understaffing; reduced productivity, safety issues, and poor morale among employees to cover absent coworkers." Each of the participants also believed that absenteeism had the potential for a significant and negative impact on organizational productivity. Staff P4 noted, "Health-related absenteeism affects productivity and can cause extra stress to not only the employee but also the employer. When an employee is out, work is not being completed and deadlines are not being met." Ahn, Lee, and Steel (2013) supported this belief noting that each employee has a role to perform along with interdependency among the work roles.

Health-related absences may affect organizational productivity because of the extra resources needed to compensate for the missing individuals contribution (Ahn et al., 2013). Ahn et al. also noted that when frequent absenteeism occurs, managers must apply alternative strategies to cover the absent employee's roles. Management P8 noted, "The employer's role should meet with employees to explain areas of concerns regarding how numerous absences affect the quality of production." The employer could offer workplace wellness programs, including annual flu shots and health screenings. The employer could explain how excessive absenteeism cost the company in a monetary value, possibly create a sick leave policy if one is not in effect, and if one is in place, use it as a reinforcement to deter numerous of absences. Similar to Ahn et al., eight management participants, three faculty participants, and all five staff participants emphasized that because of health-related absenteeism, work productivity may decrease, along with reduced employee morale and decreased job satisfaction. In contrast to the general perceptions of absenteeism, all 20 participants reported that absenteeism was not a significant issue in their organization. These findings were similar to Stoetzer et al. (2014) who noted that some companies have low occurrences of absenteeism compared to other firms.

Absenteeism Policies and Procedures

Creating workplace programs and policies takes time and money. Employers can justify investing in employee-related policy when they understand the benefits (Cong & Van, 2013). Stoetzer et al. (2014) stated that leaders should try to lower absenteeism to keep costs down while maintaining a desired level of productivity. Stoetzer et al. also

noted a lack of knowledge about the organizational policies that promote employee health despite the harmful working conditions related to absenteeism. Each participant described low occurrences of absenteeism because of organizational factors such as the division of labor, employee authority, and monitoring strategies. Management P6 noted,

> Proactive employers should develop policies and procedures to track lost productivity attributable to health-related absenteeism, put a dollar amount on that, and provide a program for health maintenance and preventive care that is cheaper in the long run than lost productivity.

Subsequently, each participant also acknowledged the importance of managerial strategies when studying organizational factors influencing health related absenteeism at the company level. Three management participants, two staff, and four faculty members noted the importance of understanding employee needs when developing and implementing health-related absenteeism policies. Stoetzer et al. noted that management is responsible for the work environment and organization through strategies and procedures that directly affect employees. They also stressed the relevance of management practices to understand absenteeism and developing adequate workplace interventions (Stoetzer et al., 2014). Thirteen participants suggested offering wellness services and providing flex-time hours and workdays as a part of establishing a company sick leave policy. I also reviewed the university's documents and policy on absenteeism that supported the use of flextime, paid sick leave hours, access to wellness screening, a recreational fitness center, and onsite health care facilities.

Workplace Health Programs and Health Insurance

Cancelliere et al. (2011) cited workplace health programs as a strategy to prevent absenteeism, improve worker performance, and increase organizational productivity. Seventeen participants emphasized the need for programs designed to target health-related absenteeism regarding health issues such as diabetes, spine issues, blood pressure issues, and related problems. However, three management participants and two staff participants questioned their value when related to organizational cost. Stoetzer et al. (2014) noted that developing and implementing organizational-level interventions could form the basis for successful workplace health programs, especially if organizational factors affect health. These factors may be attributable to different organizational practices and possibly acquiescent to proactive management practices.

I observed a comprehensive workplace health program including attending an annual health screening at the university's on-site health care center. I also visited the university's fitness center and the employee assistance center for mental health issues that employees could use at reduced cost. One initiative that I observed was the implementation of a 100% tobacco free policy as a part of the healthy campus transition program. Similar to my observations, Cancelliere et al. (2011) identified that flourishing programs offered executive leadership, health risk screenings, personalized programs, and supportive corporate culture. These finding are consistent with Elmore (2012) who discussed how on-site health clinics at Rosen hotels and resorts allowed the company to acquire substantial savings in health care costs, enhance productivity, and increase profits. Cancelliere et al. suggested that workplace wellness programs and changes in

business policy could positively influence absenteeism. Fifteen of the 20 participants noted that they participated in workplace health programs as well as individual health management programs. Management P10 stated, "The factors that encouraged me participate in the employee wellness program were reduced cost, improved health, convenience, and compliance with health insurance guidelines to continue health care coverage." Similar to these findings, Abraham et al. (2011) found an employee's probability of health program participation related to exercise behaviors outside of work and attitudes about health and exercise.

Health insurance and wellness programs can have a positive effect on health-related absenteeism. I reviewed the university's documents regarding their health insurance offerings, sick leave policy, and well plan options to determine which the methods used to decrease health related absenteeism. All 20 participants thought that having health insurance positively affected health-related absenteeism because employees could seek medical treatment early and prevent health-related absenteeism. Management P4 noted, "Many people will be ill, and conditions worsen when employees choose not to seek medical attention, which happens when there is no health insurance offered or available." The consensus from 15 of the 20 participants was that health insurance and wellness plans had a very positive effect on health-related absenteeism as a preventive measurement because employees could seek medical treatment early, which could possibly prevent them from having to take more days and time off from work. Staff P2 noted, "These programs also give employees an opportunity to participate in wellness screening and try to maintain healthy lifestyles." Employers could use the combination

of health insurance and wellness as a tool to let the individual know about their current health issues. Employers could also use these programs to address concerns regarding preventive illness and promote healthier lifestyle practices, which in turn could reduce health-related absenteeism in the workplace.

Barriers

Multidimensional barriers linked to the workplace and contributing to sickness absence include work overload, job dissatisfaction, and reduced work productivity (Linden, Muschalla, Hansmeier, & Sandner, 2014). Work organizational culture, management, colleagues, and work demands affect the implementation and development of strategies that could decrease health-related absenteeism (Linden et al., 2014). All 10 management participants noted cost, implementation time, labor substitution, and employee apathy as potential barriers to workplace health promotion. Management P6 stated, "Corporate costs could prohibit company leaders from offering a wellness program, and employees might not be receptive because of not feeling they have any health issues." Management P2 noted, "Programs that costs employees too much or jeopardize privacy are not a good idea." Nonmanagement participants indicated that job satisfaction motivated them to meet productivity expectations. Both management and nonmanagement participants noted that company policies, a lack of paid sick leave, and inflexible work hours could prohibit the company from offering absenteeism preventions strategies such as wellness program. In addition, participants noted that employees might not be receptive because of feeling that they could jeopardize or compromise the employee's right to privacy. Staff P3 noted, "Some staff may feel embarrassed by being

overweight, while others may feel they do not need a health program because they are healthy." All participants mentioned cost as a significant factor toward decreasing health-related absenteeism. I reviewed the cost structure of the university's health insurance and wellness plans while comparing them with participant responses to determine if cost prevented utilization of university offerings. I found no evidence that cost prevented participation in university offerings. Scuffham et al. (2013) identified human capital plays a role in work productivity improvements, primarily because of salary costs, medical insurance expenditures, and lost productivity.

Relationship to the Theory of Planned Behavior

The conceptual framework selected for this study was the TPB developed by Icek Ajzen in 1991 as an extended the theory of reasoned action. Ajzen's TPB consisted of four social-cognitive components used to predict a person's behavior: (a) intentions, (b) attitude, (c) perceived behavioral control, and (d) subjective norms. Jiang et al. (2013) and Pickett et al. (2012) suggested attitudes, subjective norms, perceived behavioral control, and intentions determine an individual's behavior. The basic principle of this theory is the understanding that the implementation of any human behavior influences both behavioral intention and anticipated behavioral control. Human behavior guides different beliefs about consequential behavior, normative expectations, and the factors that may facilitate or hinder behavioral performance.

Similar to Cancelliere et al. (2011), I identified that a complex relationship exists between health and workplace productivity. The participants also provided data to support the underlying assumption that poor health status and absenteeism could

negatively affect workplace productivity (Xi & Terry, 2010). Management P1, Faculty P4, and Staff P4 noted work productivity depends upon employees reporting to work especially when other staff cannot easily meet individual production. In this study, TPB applies to absenteeism behaviors based on the assumption that they result from a deliberative, goal-oriented process; therefore, workers consider, evaluate, and make behavioral decisions and act accordingly. Each of the 20 participants considered factors such as the severity the illness and the effect of their absence on colleagues in their decision to attend work. Providing alternative strategies may positively influence intentions, decisions, and behavior toward decreasing occurrences of health-related absenteeism. Uţă and Popescu (2013) described a behavior as an inclusive system of five major processes: (a) perception, (b) information, (c) attitude, (d) motivation, and (e) actual behavior. Staff P2 noted, "I would miss work if the impairment was contagious or if I felt that I was not well enough to get my job completed properly." Godin and Kok (1996) noted that perceived behavioral control has the power to influence a person's intentions and behavior. Perceived behavioral control also influences personal beliefs about the difficulty of performing or engaging in a behavior such as absenteeism. Attitude is the expression of a person's positive or negative perception of performing an action (Godin & Kok, 1996). Based on all 20 participants' responses, perceived organizational support positively influenced absenteeism prevention behavior through subjective norms and intention. Job autonomy also predicted proactive behavior through the processes of perceived behavioral control and intention to change one's behavior. The participant responses helped me identify the influence of external factors such as

time, money, social support, in addition to internal factors such as ability, skill, and information.

Applications to Professional Practice

The applications for professional practice include positively influencing perceptions, beliefs, intentions, and behaviors about health-related absenteeism while increasing employee productivity and corporate profits. Leaders can use the results of this study to help decrease corporate health care costs, reduce insurance claims, and promote a healthy working environment. Excessive workplace absenteeism could be quite costly to organizations and reducing absenteeism is an important goal for many companies (Skrepnek et al., 2012). In developing and implementing solutions, management must identify factors that cause employees to be absent. I explored the strategies that leaders in higher education organizations could use to decrease health-related absenteeism. I identified multiple strategies that higher education leaders use to improve organizational productivity and potentially reduce occurrences of health-related absenteeism occurs. I found that leaders should work to change negative perceptions of absenteeism and these challenges as opportunities to develop a supportive and healthy working environment. Leaders should be open to modifying existing policies and implementing new procedures regarding health-related absenteeism because management is responsible for the work environment and organization through strategies and procedures that directly affect employees. Leaders should also identify and implement wellness initiatives that are company specific, considering factors such as cost, convenience, and effectiveness. Involving employees in the development process of

these initiatives becomes imperative to overcoming potential barriers. Both leaders and workers should see the value in absenteeism reduction strategies regarding how they could influence work productivity. Corporate leaders should understand the strategies companies need and be able to identify the strategies best suited for the company (Laddha, Singh, Gabbad, & Gidwani, 2012). If organizational leaders consider these findings, they could help reduce the gap in business practice relating to decreasing the occurrences of health-related absenteeism in the workplace.

The factors included in the emerging themes may assist organizations to maintain decreasing health-related employee absenteeism, which could result in increased productivity and profits. Decreasing health-related employee absenteeism gives managers and workers an opportunity to contribute organizational success. A healthy employee may fully invest in an organization's priorities. Healthy employees perform at a higher level and influence other employees' work perceptions, intentions, and behaviors toward decreasing health-related absenteeism. The strategies I identified in this study could help align organizational goals with the goals of managers and employees. As company leaders understand these strategies, the combination of these objectives could lead to creating and implementing strategies that might reduce health-related absenteeism and lead to higher productivity.

Implications for Social Change

The implications for social change include the potential to provide higher education leaders with an understanding of perspectives on health-related absenteeism, improved organizational productivity, improved work policies, reduced health care costs,

and reduced absenteeism. Changing perceptions of health related absenteeism could help leaders and employees in many industries become more aware of their current health status, reduce health risks, maintain a healthy lifestyle, and perform better at work. Robertson (2011) identified flexibility, as the key to enabling both employers and employees to minimize the negative influence of sickness absence. Leaders and employees can work together to develop tangible strategies such as absenteeism policy reform, comprehensive wellness plans, and health insurance coverage options to improve organizational productivity, improve work policies, reduce health care costs, and reduce absenteeism.

Finding strategies to reduce sickness absenteeism might increase productivity and profits because productivity is essential for organizational success (Buck et al., 2011). Leaders struggling with health-related absenteeism may benefit from the results of this study by providing alternative absenteeism workplace strategies used to keep employees healthy and productive. The implications of identifying effective strategies to reduce health-related absenteeism also include improved work policies, increased employee productivity, decreased turnover rates, and enhanced employee morale. These implications for social change could also positively affect the well-being of professionals and the workplace culture.

Recommendations for Action

The findings yielded several conclusions regarding strategies that higher education organization leaders could use to decrease health-related absenteeism. Managers in multiple industries can use the results of this study to identify and

implementing of health-related absenteeism prevention strategies options that maintain or increase organizational productivity. I recommend that corporate leaders utilize frontline managers to identify and assist with implementing absenteeism prevention options that benefit both managers and employees. Organizations' leaders should develop general and specific strategies to create a healthy work environment to assist in the reduction of occurrences of health-related absenteeism.

Executives should seek health-related absenteeism reduction strategies to maintain profitability, sustainability and reduce turnover (Ford, Swayze, & Burley, 2013). If strategies do not exist within the organization, leaders should work to develop the most effective absenteeism reduction strategies to maintain healthy and productive employees. In deciding to implement absenteeism reduction strategies, company leaders must also consider evaluating their strategies against commonly known effective programs. Senior managers should also consider fiscal budgets and allocate the appropriate funding to support sickness absence reduction strategies. These results might apply to various industries while assisting in increasing workplace productivity, reducing absenteeism, and developing a healthy organizational culture. I will disseminate the results of the study through conferences, scholarly, and business journals.

Recommendations for Further Research

Future researchers should focus on health-related absenteeism and might benefit from evaluating specific health impairments and their effects on health-related absenteeism. Examples of these impairments included high blood pressure, diabetes, cancer, depression, and anxiety. I also recommend conducting this study in other

industries to determine if health related absenteeism is industry specific. Instances of absenteeism will be inevitable; however, determining if health-related absenteeism is industry specific or impairment specific could be significant because healthy employees are essential to maximize organizational productivity (Weichun et al., 2012). The expansive literature review conducted for this study was not industry or impairment specific and provided a generalized overview.

Prater and Smith (2011) suggested researching non-health related factors that influence absenteeism and business profitability. Demographics, other than a location, did not play an active role in this study; therefore, I recommend research focused on the demographic backgrounds of participants in relation to health issues. Specific demographic factors could include age, location, or ethnicity of the participants (Nekhili & Gatfaoui, 2013). Knowing the demographics of the participants may contribute to understanding the reasons for absenteeism in organizations. Future research could focus on the relationship of wellness program participation to occurrences of employee absenteeism. Effective alternative absenteeism options (and possible prevention) could foster a culture that is beneficial to all participants within the organization. By identifying and developing strategies to decrease employee absenteeism leaders, may (a) improve productivity, (b) profits, (c) employee relationships, and (d) reduce occurrences of health-related worker absenteeism.

Reflections

I grew as a lifelong learner throughout the research process, and I expanded my prospective and understanding of doctoral level research. My goal was to contribute to

existing business literature on health-related absenteeism and to promote positive social change. Participants were willing and receptive during the interviews because they thought the central research question for this study was important. Many participants believed that strategies used to decrease occurrences of absenteeism were necessary to maximize organization productivity. I also realized the significance of workplace policies designed to decrease health-related absenteeism, along with the influence of the results on organizational productivity, and profits.

I have a professional background in business, health, and public administration; however, I remained objective and reported information only based on the data collected. I made a concerted effort to ignore my personal experience and potential biases in the study. I think that my background made it easier to understand the terminology and context in which participants spoke. My experience also helped me analyze the technical documents collected during research. The research participants were enthusiastic during interviews, and many participants gave me the option of following up with them in the future for any further questions and clarifications. This rapport made the member checking process easy, and many of the participants were looking forward to seeing results of the study.

Summary and Study Conclusions

Organizational and employee productivity are essential to obtain and keep a competitive edge. Company leaders must work to keep absenteeism low, which will keep organizational costs down while maintaining a desired level of productivity (Stoetzer et al., 2014). The specific problem was that some leaders in higher education

organizations lack knowledge about strategies that could decrease health-related absenteeism. The purpose of this qualitative case study was to explore the strategies higher education organization leaders could use to decrease health-related absenteeism. The central research was: What strategies can organizational leaders use to decrease health-related absenteeism? I conducted interviews, field observations of health and wellness facilities, and document review of current healthcare plans and wellness program offerings used to reduce absenteeism at a university in the southeastern United States.

After collecting data, I identified four major themes including: (a) manager and employee perceptions of absenteeism, (b) a need for effective policy and procedures regarding health-related absenteeism, (c) the role of workplace health programs in decreasing health-related absenteeism, and (d) barriers to implementing absenteeism reduction strategies. I triangulated the data sources using transcript review, member checking, and data analysis software to enhance the validity of the study. In the research process, the participants stated that organizations' managers and employees should work together to identify absenteeism reduction strategies used in sustainable productivity.

Similar to Laddha et al. (2012), I found that understanding the influencing factors, barriers, and ineffective strategies is also important when determining the need for developing and implementing absenteeism reduction strategies. Future researchers could benefit from conducting this study in different industries while evaluating specific health impairments and their effects on health-related absenteeism. Business leaders must consider several factors when addressing needed strategies (Laddha et al., 2012).

Absenteeism could reduce organizational capacity while negatively affecting productivity and business profit. Decreased employee productivity could lead to reduced business profitability, affecting an organization's market share (Weichun et al., 2012). Employees with health-related absenteeism issues affect their organizations' performance and have the potential to add considerably to the healthy employees' workloads. Employers may use the study findings to understand what strategies will best suit the needs of workers and highlight the importance of reducing workplace absenteeism.

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Appendix A: Consent Form

You are invited to take part in a research study of strategies that organizational leaders can use to decrease health-related absenteeism. The researcher is inviting university management members, faculty members, and staff members to be in the study. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Devin Warnsley, who is a doctoral student at Walden University.

Background Information:
The purpose of this study is to explore the strategies higher education organization leaders can use to decrease health-related absenteeism.

Procedures:
If you agree to be in this study, you will be asked to:

- Consent to participate in this study by email, by phone, or in person.
- Participate in a one time, audio recorded, 20-30 minute interview scheduled at your convenience.
- Review the copy of your interview transcript if you choose to for accuracy following your interview by phone, email, or in person.

Voluntary Nature of the Study:
Participation in this study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. There will be no retaliation if you decide not to be in the study. If you decide to join the study now, you can still change your mind later. You may stop at any time by informing me by phone, email, or in person.

Risks and Benefits of Being in the Study:
Being in this type of study may involve some risk of the minor discomforts that can be encountered in daily life, such as such as fatigue, stress, or becoming upset. However, participation in this study will cause no more than minimal risk of harms that go beyond normal daily experiences. Being in this study would not pose a risk to your safety or well-being.
The potential benefits of this research include strategies that organizational leaders and individuals can use to create and maintain a healthy and productive work environment as a source of competitive advantage. In addition, an increase in employee productivity could contribute to social change in the form of decreased absenteeism, increased organizational profit, increased corporate social responsibility, and sustained employment.

Payment:

There will be no monetary compensation for your participation in this study; however, you will receive a thank you note for your participation.

Privacy:
Any information you provide will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure by password-protected computer and locked in a secure file cabinet. Data will be kept for a period of at least 5 years, as required by Walden University.

Contacts and Questions:

You may ask any questions you have now. Or, if you have questions later, you may contact the researcher. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Walden University's approval number for this study is **02-19-15-0075286** and it expires on **February 18, 2016.**

The researcher will give you a copy of this form to keep.

Statement of Consent:

I have read the above information, and I feel I understand the study well enough to make a decision about my involvement. I understand that by replying with an email stating the words, "I consent." By consenting to participate in this study, I understand that I agree to the terms described above.

Appendix B: Interview Questions

General Questions

1. What is your perspective on health related absenteeism?
2. What intentions contribute to your decisions to not attend work because of health impairment?
3. What is your belief about how health management programs such as health insurance and wellness programs affect health-related absenteeism?
4. What is your belief regarding the relationship between participating in a wellness program and your absenteeism?
5. How do you think society or relevant others view your participation in a wellness program?
6. What factors contribute to your intentions to improve your health status?
7. What type of employee wellness program does your organization offer?
8. What factors motivate you to participate in an employee wellness program?
9. What benefits do you anticipate obtaining from participating in an employee wellness plan?
10. What type of alternative solutions does your employer offer to decrease health-related absenteeism?

Management Questions

1. How would you describe organizational productivity?

2. How can health-related absenteeism affect your organization's productivity?
3. What is the role of the employer in providing interventions targeting health-related absenteeism?
4. What steps did you take to identify the need for an employee program to decrease health-related absenteeism?
5. How did you determine what were the best strategies for reducing health related absenteeism?
6. How did you gain employee buy-in for the chosen health related (wellness program) program?
7. What were the barriers to implementing the program for reducing health-related absenteeism
8. How can managers design, implement, and evaluate employee health programs to achieve optimal organizational productivity?
9. Is there anything else not addressed that you would like to add?