

A Study on Sickness Absenteeism of OPD Staff in Columbia Asia Hospital

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Abstract

This study is to determine the extent of sickness absenteeism among the employees working in a hospital. I particularly wanted to find out the degree of impact of sickness absence on the OPD staff of a hospital. Sickness absenteeism is the major occupational health problem in developing countries where the population is engaged in hazardous sectors. Consequently, sicknesses causing a disability for a shorter time than the waiting period are often not reported to the benefit organization. The maximum period of benefit payment influences the average duration of disability computed from the benefit records, since chronic diseases exceeding the maximum benefit period escape recording as far as the excess is concerned. Lowering the standards of disability does not affect the worker's physical well-being; raising these standards has to be justified by the results of medical research. As long as these results are lacking the disability standards are likely to continue to fall.

Keywords: Sickness Absenteeism; Occupational Health Problem; Waiting Period; Hazardous Sectors; Disability Standards; Human Resource; Human Capital; Job Satisfaction.

Introduction

The expression "sickness" with reference to ailment non-appearance is regularly characterized by the controls of the disorder advantage association concerned. Infection non-attendance is the major word related medical issue in creating nations where the dominant part of working populace is occupied with risky segments. Such a definition might be unique in relation to the restorative idea. Numerous disorder advantage associations, for example, begin paying the advantage after a holding up time of a predefined number of days. Thus, disorders causing an incapacity for a shorter time than the holding up period are frequently not answered to the advantage association. The extreme time of advantage instalment affects the normal span of incapacity registered from the advantage records, since endless infections surpassing the

greatest advantage period evade recording the extent that the overabundance is concerned.

Infection truancy has two extraordinary viewpoints: the financial and the medicinal. For example, from a therapeutic perspective the contrast between a handicap enduring 8 days and one enduring 6 days is more essential than the distinction between 2 nonappearance terms of 78 and 76 days. Financially the two contrasts are of equivalent significance. This case demonstrates that monetary and medicinal examinations on ailment truancy take after independent ways. Following the reasons for infection truancy, and arranging plans to diminish it, has a place with the field of word related drug. The outcomes of ailment non-attendance are inside the region of financial matters and administration. Powerful co-task between the restorative officer and the financial specialist can be accomplished when the subject is raised and the crucial information are gathered by the administration, and the issue is then concentrated by plant doctors and different specialists, whose recommendations and exhortation are assessed by their monetary viability. It is a result of the financial factor that the investigation of ailment non-attendance contrasts from the investigation of general wellbeing, the point of which is to advance

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wellbeing and prosperity.

Calculation of Sickness Absenteeism Rate

The most ordinarily utilized measure is the lost time rate, which demonstrates the level of aggregate time accessible that has been lost because of a nonattendance amid a specific era. To figure the lost time rate, partition the aggregate nonattendance in hours or days in the picked period by the conceivable aggregate in hours or days in that period; at that point increase by 100. For example, take an aggregate nonappearance of 120 hours in a conceivable 1500 aggregate hours accessible in that period, the lost time rate is: $120/1500 \times 100 = 8\%$ (adjusted to the closest 0.5%)

The lost time rate is valuable as a general measure of the gravity of disorder nonattendance levels for an association. Groups or offices who need to find out regardless of whether there are nonappearance issues in specific regions can likewise utilize this measure. Nevertheless, as this measure gives just an outline of the time lost few workers who are on long haul ailment nonattendance or a bigger number of representatives who have a high number of here and now affliction unlucky deficiencies can twist the figures. To see the degree of the issue, a superior measure to utilize would be the recurrence rate.

Bradford factor

To distinguish the authoritative unsettling influence caused by tenacious here and now nonattendance for singular workers, the Bradford factor ought to be utilized. This technique gives additional weight to the quantity of times of infection nonappearance taken per worker. The Bradford score is $S \times S \times D - S$ being the quantity of spells of nonappearance in 52 weeks taken by a worker and D the quantity of days of nonattendance in 52 weeks taken by that representative. A working case would be, if a worker has four spells of nonattendance that aggregate nine days of nonappearance in 52 weeks, the Bradford factor would be: $4 \times 4 \times 9 = 144$. For associations setting nonappearance triggers to explore nonattendance when it achieves a specific trigger level, the Bradford factor can be a valuable measure of ailment nonappearance.

Review of Literature

Baker

The present longitudinal study among 201 telecom administrators bolsters the Job Demands-

Resources demonstrate that proposes a wellbeing weakness process and a motivational procedure. As guessed, aftereffects of auxiliary condition displaying investigations uncovered that: (1) increments in work requests (i.e., over-burden, passionate requests, and work-home obstruction) and abatements in work assets (i.e., social help, self-governance, chances to learn, and input) foresee burnout, (2) increments in work assets anticipate work commitment, and (3) burnout (emphatically) and commitment (contrarily) anticipate enrolled affliction length ("automatic" nonattendance) and recurrence ("automatic" nonappearance), separately. At last, reliable with expectations comes about recommend a positive increase winding: beginning work commitment predicts an expansion in work assets, which, in its turn, additionally expands work commitment.

Caverley et al. (2007) inspected the connection between ailment presenteeism, disorder truancy, hierarchical results and worker wellbeing. Specifically, we needed to explore to what degree workers were substituting disorder nearness for ailment nonappearance. Three theories were tried to formalize this 'substitution recommendation'. We reviewed a Canadian open administration association which was engaged with a vast scale cutting back activity. For this examination, 237 Personnel Corporation (nom de plume) workers reacted to the review, speaking to a 66 for every penny reaction rate. Overview comes about demonstrated that, while the workforce was of normal wellbeing, ailment non-attendance was not as much as a large portion of that of the national normal. The distinction could be represented by affliction presenteeism - the normal number of days representatives went to work while sick or harmed was more prominent than the quantity of long periods of infection nonappearance. The example of results upheld the thought that representatives were substituting presenteeism for truancy. The recurrence and kind of self-reported medical issues were profoundly comparable for presenteeism and non-attendance. Work factors (e.g. employer stability, director support and occupation fulfillment) tried were essentially corresponded with presenteeism. Presenteeism seems, by all accounts, to be a more grounded indicator of wellbeing than truancy, proposing that endeavors to enhance work environment wellbeing may have a more prompt effect on presenteeism than on non-attendance.

Chatterji and Tilley (2002) investigated yearly cost of truancy from the working environment in the UK

has been evaluated to be more than 1% of GDP. The customary way to deal with a talk of nonattendance has been for the firm to latently acknowledge the two wages and wiped out pay and enable laborers to pick their nonappearance conduct. Most observational research has been founded on this approach. In any case, if nonattendance is expensive for what reason should firms pay extra-statutory wiped out pay? One reason might be the wonders of presenteeism (sick laborers going to work). This may unfavorably influence profitability. This paper demonstrates that taking into consideration presenteeism has critical ramifications for both the outline of ideal wage-sick pay contracts and for the elucidation of observational examinations. In particular, we demonstrate that organizations will offer a level of wiped out pay more noteworthy than the statutory least.

Dallner Kudret and Melike (2016) examines an experimental examination of affliction presenteeism in connection to occupation, vitality, sick wellbeing, infection non-appearance, individual salary, and thinned down association.

Individuals from word related gatherings whose regular assignments are to give care or welfare administrations, or educate or teach, have a considerably expanded danger of being grinding away when wiped out. The connection between troubles in substitution or finding a remain in and affliction presenteeism is affirmed by contemplate comes about. The classes with high infection presenteeism encounter side effects more frequently than those without presenteeism. The most widely recognized mix is low month to month pay, high affliction non-attendance and high ailment presenteeism.

Rauhala et al. (2007) investigates disorder non-appearance, of doctor's facility representatives especially, is an issue of worry because of its negative monetary and resolve impacts. The point of the main phase of the investigation was to recognize as per some statistic (sex, age, conjugal status) and word related (word related gathering, span of doctor's facility business) factors those gatherings of clinic workers who are at higher danger of ailment truancy. A correlation with the information of the investigation performed in a similar healing center around 15 years prior demonstrated an ascent in the length of unlucky deficiencies with a synchronous diminishment in their rate. Affliction non-attendance was higher among female, predominantly incompetent, specialists, by and by or already wedded, matured from 45 to 60, and utilized in the doctor's facility for more than ten

years. Constant social and therapeutic observation of these workers is proposed as a promising method for diminishing ailment non-attendance.

Kivimaki et al. (2001) analysed clinic doctors to demonstrate the relationship between recorded disorder nonattendance and factors crosswise over different everyday issues. In this word related gathering, infection nonappearance is firmly connected with medical issues, and the limit for taking debilitated leave is high. Poor cooperation appears to add to the disorder truancy of healing facility doctors considerably more than conventional psychosocial dangers, for example, over-burden and low employment control. These discoveries may have suggestions for preparing and wellbeing advancement in healing centers.

Bangboye and Adeleye (1992) demonstrate the ailment nonappearance records of workers in a University Teaching Hospital in Nigeria were inspected over a time of three years. The wellbeing records of the healing facility specialists demonstrated a dominance of junior and moderate laborers. A general extent of truant laborers was 15.8% with a normal of 3 spells of ailment for each year per truant while the length of ailment per truant was 5.6 days for every year. The more youthful workers under 35 years old and those with brief span of work with the healing facility have essentially higher spells and length of affliction nonattendance than others. While a lower spell of infection and term of affliction nonappearance were seen among attendants, senior workers particularly specialists had no records of ailment non-attendance in any of the 3 long periods of study.

Williams et al. (1999) writing audit uncovered the accompanying: key work factors related with mental sick wellbeing and disorder nonappearance in staff were extend periods of time worked, work over-burden and weight, and the impacts of these on individual lives; absence of control over work; absence of interest in basic leadership; poor social help; and indistinct administration and work part. There was some confirmation that disorder nonattendance was related with poor administration style. Effective mediations that enhanced mental wellbeing and levels of ailment nonattendance utilized preparing and authoritative ways to deal with increment interest in basic leadership and critical thinking, increment support and input, and enhance correspondence. It is reasoned that a large number of the business related factors related with elevated amounts of mental sick wellbeing are conceivably managable to change. This is appeared in mediation considers

that have effectively enhanced mental wellbeing and lessened affliction nonappearance.

Marmot (2005) explore the connection between self announced wellbeing status and ailment nonattendance. There was a solid relationship between sick wellbeing and disorder nonattendance, especially for longer spells. The extent of the affiliation may have been belittled on account of the quality of the relationship between review of work and affliction nonappearance. It is recommended that infection nonattendance be utilized as a coordinated measure of physical, mental, and social working in investigations of working populaces.

Verhaeghe et al. (2003) examines to look at contrasts between the impression of occupation worry by Flemish human services laborers (HCW), matured in the vicinity of 35 and 59 years, and a control gathering of workers with a comparative training and of a similar age and sex (controls). This discernment was tentatively identified with affliction nonattendance. This investigation depends on the Belstress think about, a bigger epidemiological review on apparent employment stress and wellbeing. The investigation assemble comprises of 315 medical caretakers (55 men and 260 ladies) from two open doctor's facilities. The control bunch comprises of 612 non-nurses (110 men and 502 ladies). Impression of occupation push is estimated with the sizes of the 'employment demand- control- bolster (JDCS)' model of R. Karasek. Impression of occupation push demonstrated an expanded score for 'work request' and a diminished score for 'choice scope' among HCW in correlation with controls. The mix of these two components brought about a higher extent of subjects in the activity strain class in examination with the controls. As opposed to controls we found among HCW a critical positive relationship amongst non-appearance and employment request and a reasonable negative relationship between ailment nonappearance and social help.

Statement of the Problem

This particular study has been undertaken to know the impact of sickness absenteeism on the staff and the organization for which they are working, it will help to know how seriously absenteeism due to sickness is taken up in the organization and is it enough from the staff's point of view. This study is based on one of the leading multinational hospital's i.e. Columbia Asia Hospital.

The reason as to why the study has been done in a hospital on the OPD staff is that the staff working there are highly affected by sickness mainly due to the nature of their work. It will also help understand and know the efforts the hospital is putting in to reduce the sickness absenteeism rate among their staff. It will reflect what is being done and what needs to be done to reduce the absenteeism rate due to sickness.

Need of the Study

The study helps to understand sickness absenteeism in a better way by involving the employees of the hospital, which gives an insight on this topic. As the OPD staffs is the first contact of patient, the hospital, their absence due to sickness cannot be affordable by the hospital, and this study will help to keep a track on their health. It will also benefit the management of the hospital to check whether there are any loopholes in their current methods of reducing sickness among their employees and to do required modifications.

Objective of the Study

The study investigates the sickness absenteeism. The analysis also intends to determine the rate of sickness absenteeism among the OPD staff. Further, to know the current policies or methods undertaken by the hospital to reduce sickness absenteeism, analyse the obtained data, and provide suggestions if required based on it. The study involves the staff working in OPD 1 and 2 hence the sample size will be a smaller one and the study is limited to Columbia Asia Hospital, Hebbal Bengaluru.

Data and Methodology

The sampling method used is Convenience sampling. The total size of population is 60 but due to their different sifts and requirements in the hospital, the total population cannot be targeted. Hence, the sample size is 27 in the staff working in OPD 1 and 2 of Columbia Asia Hospital, Hebbal Bengaluru. Questionnaire and Interview is the data collection tool used in the study. The secondary data collected from all the relevant websites, published articles, journals and previously studies undertaken on this topic.

Result and Discussion

Major results insights of the study are as follows. The purpose of asking the first question (Since when are you working in this hospital?) was to know from how long the employees are working in the hospital as new comers tend to be more absent when compared to the employees working from a long time. The responses show that there is more number of recent joiners, which can be counted even in months, and a few are well experienced. The response also shows that the majority of employees get exactly the one day off every week and a few will not get even that in certain situations. Majority of employees stay far away from the work place. There is no transport facility what so ever for the employees by the company, which will help employees economically and usually improve work satisfaction. Moreover, majority of employees do work over time due to a number of reasons.

Employees also complain that there is a serious issue of shortage of staff at the workplace. Majority of employees are unaware of the "Sickness Absenteeism" and had to refer the last leaf of the questionnaire. However, all employee has been absent at least once due to sickness. The investigation also indicates that the employees have to take permission for leave when they are absent due to sickness.

However, except on a few occasions, there was no such action taken when employees are absent without prior permission. Majority of the employees know the policies but there are still a few who doesnot know what are the policies carried out by the hospital to avoid sickness absenteeism. The also enquired to know whether there is anything different the hospital is doing for the betterment of health of the employees which other hospital's aren't doing. There are no unique policies for the employees to reduce sickness absenteeism.

Workload

Table 1: Workload * Gender Cross-tabulation.

	Count	Gender		Total
		male	female	
Workload	Highly Dissatisfied	4	0	4
	Dissatisfied	3	3	6
	Neutral	0	12	12
	Satisfied	2	2	4
	Highly Satisfied	1	0	1
Total		10	17	27

In the above table 1, workload has been compared

with gender to know the relation of workload with gender. By the above table the workload on males are higher when compared to females and i.e. is why majority of males are highly dissatisfied and dissatisfied by the workload. Coming to the females, majority of them are neutral in this aspect which means that there is moderate amount of workload on them.

Working Hours

Table 2: Working Hours * Gender Cross-tabulation.

	Count	Gender		Total
		male	female	
Working Hours	Highly Dissatisfied	2	0	2
	Dissatisfied	4	4	8
	Neutral	4	6	10
	Satisfied	0	7	7
Total		10	17	27

Table 2, the working hours has been compared with gender to know the relation of working hours with gender. The reason for asking the working hours was to know whether the working hours are too hectic or whether the employees are ok with it. The above table satisfies none of the males by the working hours and hence all of them have ticked highly dissatisfied, dissatisfied, or neutral. The females are some what satisfied by the working hours hence majority of them fall under the category of neutral and satisfied. None of the employees is highly satisfied by the working hours hence it is not displayed in the table 2.

Health Policy

Table 3: Health Policy * Gender Cross-tabulation.

	Count	Gender		Total
		male	female	
Health Policy	Dissatisfied	5	1	6
	Neutral	5	8	13
	Satisfied	0	8	8
Total		10	17	27

In the table 3, health policy has been compared with age to know the relation of the health policy with gender. In the above table none of the males are satisfied by the working hours and hence all of them have ticked highly dissatisfied, dissatisfied or neutral. Whereas the females are more towards the side of being satisfied. None of the employees are highly satisfied nor highly dissatisfied by the working hours hence it is not displayed in the table 3.

Working Environment

Table 4: Working Environment * Gender Cross-tabulation.

	Count	Gender		Total
		male	female	
		Working Environment	Highly Dissatisfied	
	Dissatisfied	1	1	2
	Neutral	5	12	17
	Satisfied	2	4	6
Total		10	17	27

In the table 4, working environment has been compared with age to know the relation of the working environment with gender. The purpose of asking about the working environment is to know whether there is comfortable and work friendly environment for the employees to work in. By the above table few males are towards dissatisfied side and majority are neutral about it with respect to the working environment. Whereas the females are somewhat satisfied and hence majority of them are neutral about it. None of the employees are highly satisfied by the working environment hence it is not displayed in the table 4.

Salary

Table 5: Salary * Gender Cross-tabulation.

	Count	Gender		Total
		male	female	
		Salary	Highly Dissatisfied	
	Dissatisfied	4	4	8
	Neutral	0	7	7
	Satisfied	2	1	3
Total		10	17	27

In the above table 5, salary has been compared with age to know the relation of the salary with gender. The above table indicates that males are majorly dissatisfied with the salary and hence they have ticked dissatisfied and highly dissatisfied except a few (only 2 are satisfied). The female employees are also not satisfied by the salary hence even they are clustered in the dissatisfied zone. None of the employees are highly satisfied by the salary hence it is not displayed in the table 5.

Flexibility and Independence Allowed

Table 6: Flexibility * Gender Cross-tabulation.

	Count	Gender		Total
		male	female	
		Flexibility	Highly Dissatisfied	
	Dissatisfied	1	4	5
	Neutral	4	4	8
	Satisfied	3	8	11
Total		10	17	27

In the Table 6, flexibility and independence allowed has been compared with age to know the relation of the flexibility and independence allowed with gender.

The purpose of asking about the flexibility and independence is to know whether there is any freeness allowed to the employees to work according to their convenience. By the above table the majority of male employees are somewhat satisfied by the flexibility and independence allowed. Whereas the females are except a few majority of them are satisfied by it. None of the employees are highly satisfied by the flexibility and independence allowed hence it is not displayed in the table 6.

Procedure for Taking Leave While Sick

Table 7: Procedure * Gender Cross-tabulation.

	Count	Gender		Total
		male	female	
		Procedure	Dissatisfied	
	Neutral	7	6	13
	Satisfied	3	7	10
Total		10	17	27

In the above table 7, procedure for taking leave while sick has been compared with age to know the relation of the procedure for taking leave with gender. The purpose of asking about the procedure for taking leave while sick is to know that whether the procedure is an easy one i.e. employee friendly or is it a tedious one. By the above table the male employees are somewhat satisfied by the procedure. Whereas the females are scattered but they tend to be more towards the satisfied side of it. None of the employees are highly satisfied nor highly dissatisfied by the procedure for taking leave while sick hence it is not displayed in the table 7.

Relationship with Supervisors

Table 8: Relationship * Gender Cross-tabulation.

	Count	Gender		Total
		male	female	
		Relationship	Neutral	
	Satisfied	2	9	11
	Highly Satisfied	2	3	5
Total		10	17	27

In the table 8, relationship with supervisors has been compared with age to know the relation of the relationship with supervisors with gender. The purpose of asking about the relationship with

supervisors is that the better the relationship the better the freedom and sense of belongingness. By the above table, both male and female employees are satisfied with the relationship they share with their supervisors. None of the employees is highly dissatisfied or dissatisfied by the relationship with supervisors hence it is not displayed in the table 8.

Safety and Health Services Provided

Table 9: Safety * Gender Cross-tabulation.

	Count	Gender		Total
		male	female	
Safety	Dissatisfied	1	1	2
	Neutral	2	5	7
	Satisfied	5	8	13
	Highly Dissatisfied	2	3	5
Total		10	17	27

In the above table 9, safety and health policy provided has been compared with age to know the relation of the safety and health policy provided with gender. The purpose of asking about the safety and health policy provided to the employees is to know whether the employees are satisfied by the current policies available for them. The above table majorly satisfies both the male and female employees by the safety and policies provided to them except a few of them. None of the employees is highly dissatisfied by the safety and health policies provided and hence it is not displayed in the table 9.

As per the employees majority of the employees have fallen sick because of their occupation. Further, majority of employees do have the freedom of choosing shifts at the time of sickness. Except on a few occasions, the leaves taken due to sickness are paid. A few non-monetary benefits provided which would help the employees get well soon as the majority of the respondents have ticked No as their answer and only one out of all is satisfied by it. Moreover, all the respondents ticked as Yes, which means all of them do want changes in the current health policy.

Conclusion

By the above data collected and analysed, it can said that a lot has to be done by the hospital side for the betterment of the staff and it is the foremost duty of the management to do so because they (staff) are the ones on whose efforts the hospital is running.

Keeping the fact in mind that the Hebbal branch

of Columbia Asia Hospital is the first branch constructed in Bengaluru, a planned investment with taking the view of the staff would help them to overcome the current problems if not all at once but at least one by one. Doing so is not a piece of cake and cannot be done overnight, but it is important to do it as soon as possible.

Having a high sickness absenteeism rate among the staff of any hospital is never a good sign, hence corrective actions are to be taken to keep it in control.

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References

1. Bamgboye EA, & Adeleye, AI. Sickness absenteeism in a Nigerian teaching hospital. *East African medical journal*, 1992;69(8):450-55.
2. Caverley N, Cunningham JB, & MacGregor JN. Sickness presenteeism, sickness absenteeism, and health following restructuring in a public service organization. *Journal of Management Studies*, 2007;44(2):304-19.
3. Chatterji M & Tilley CJ. Sickness, absenteeism, presenteeism, and sick pay. *Oxford Economic Papers*, 2002;54(4):669-87.
4. Fortuin G.J. Sickness absenteeism. *Bulletin of the World Health Organization*, 1955;13(4):513.
5. Kivimäki M, Sutinen R, Elovainio M, Vahtera J, Räsänen K, Töyr S & Firth-Cozens J. Sickness absence in hospital physicians: 2 year follow up study on determinants. *Occupational and environmental medicine*, 2001;58(6):361-66.
6. Rauhala A, Kivimäki M, Fagerström L, Elovainio M., Virtanen M, Vahtera & Kinnunen J. What degree of work overload is likely to cause increased sickness absenteeism among nurses? Evidence from the RAFAELA patient classification system. *Journal of Advanced Nursing*, 2007;57(3):286-95.
7. Schaufeli WB, Bakker AB, & Van Rhenen, W. How changes in job demands and resources predict burnout, work engagement, and sickness absenteeism. *Journal of Organizational Behavior: The International Journal of Industrial,*

- Occupational and Organizational Psychology and Behavior, 2009;30(7):893-917.
8. Vahtera J, Pentti J & Kivimäki M. Sickness absence as a predictor of mortality among male and female employees. *Journal of Epidemiology & Community Health*, 2004;58(4):321-26.
 9. Verhaeghe R, Mak R, Maele GV, Kornitzer M, & Backer GD. Job stress among middle-aged health care workers and its relation to sickness absence. *Stress and Health: Journal of the International Society for the Investigation of Stress*, 2003;19(5):265-74.
 10. Marmot M. Social determinants of health inequalities. *The Lancet*, 2005;365(9464):1099-1104.
 11. Williams Jr JW, Rost K, Dietrich AJ, Ciotti MC, Zyzanski SJ, & Cornell J. Primary care physicians' approach to depressive disorders: effects of physician specialty and practice structure. *Archives of Family Medicine*, 1999;8(1):58.
 12. Kudret GÜL & Melike GÜL. A Dual-Dialectical Approach to Presenteeism and Absenteeism Among Kitchen Employees. *Turizm Akademik Dergisi*, 2016;3(2):15-23.
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