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"Willens en wetens"

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Summary

Although, for some time now, absenteeism has been a highly debated issue, researchers have gained little insight into the processes that precede it. Recent studies show a need for simplification of the models that try to explain absenteeism as well as a need for knowledge of the role of behavioral determinants. In this study we use the relatively simple theoretical framework of planned behavior to investigate the cognitive and motivational causes that influence employees' decisions to report sick. For this purpose we have looked into the intentional and actual absenteeism of 600 employees of a general mental hospital.

Chapter I sketches the background against which absenteeism has developed. One of the observations is that absenteeism still deserves attention; after a small decrease, it has again reached the level of the early eighties. The government has already taken some radical measures, such as the act on reducing absenteeism (Wet Terugdringing Ziekteverzuim). This act holds employers increasingly responsible for absenteeism in their companies.

Next, chapter I goes into the characteristics of jobs in the hospital health care sector. Many of the employees in this sector are under a high, physical and psychological strain, also because of the patient-oriented character of their jobs. In comparison to the administrative and industrial branches, this sector shows many more instances of physical complaints, stress and burnout. The relatively large drop-out of colleagues due to, for example, absenteeism and turnover, has caused stress sensitivity and absenteeism to increase. Chapter I ends with a brief description of the choice for a social-psychological approach of absenteeism, resulting in the definition of absenteeism applied in this study.

Chapter II starts with a description of various aspects of absenteeism, followed by those indicators and measures of absenteeism which are usually distinguished. In addition, it is indicated that, due to national and international differences in definitions and backgrounds, researchers should realize that the results of absenteeism studies cannot always be compared.

The second part of chapter II gives an overview of the theoretical approaches of absenteeism. This survey distinguishes between Dutch and Anglo-Saxon studies because of possible differences in the cultural backgrounds of absenteeism. Subsequently, the choice for the theory of planned behavior is explained on the basis of an evaluation of existing theories. If we approach absenteeism from the theory of planned behavior, we assume that the act of reporting sick (or going to work) is preceded by the intention to report sick or to go to work. This intention is again influenced by the attitude (the evaluation of reporting sick or not, based on employees' beliefs about the expected consequences of reporting sick or not, and their evaluations of these consequences), the expected social norms (what will other people think about the act of reporting sick or going to work) and the perceived

behavioral control with respect to that behavior (to what extent does someone think he is actually able to report sick or to go to work).

A behavioral intention will lead to absenteeism unless there are so-called unexpected barriers blocking the way. These barriers can refrain someone from actually reporting sick in spite of a strong intention to do so. The theory of planned behavior assumes that past behavior and external factors, such as those having to do with the work environment, can only influence intentional and actual behavior via attitude, subjective social norms and perceived behavioral control. Chapter II ends with a discussion of the general research questions.

Chapter III describes the pilot study in which we have developed a questionnaire to explain both the act of reporting sick and the act of going to work by way of the theory of planned behavior. For this purpose we interviewed twenty employees of the hospital. The selection of respondents was based on the male/female division, the age structure and past absenteeism. The questionnaire which was developed on the basis of the interviews, was filled out by more than 100 employees of an institution for mentally handicapped patients. The answers to these questions were used in adjusting the questionnaire.

In *Chapter IV* we discuss the backgrounds to the absenteeism of 600 out of 875 employees of a general mental hospital. The research questions were answered in three steps: to what extent can the attitude toward reporting sick, the intention to report sick and the act of reporting sick be explained by the theory of planned behavior. In this context we made a distinction between 'white', 'grey' and 'black' absenteeism. By 'white' absenteeism we understand the act of reporting sick in case of evident health problems. We speak of 'grey' absenteeism when employees develop symptoms on the basis of which they report sick, although there are no evident health problems that force them to do so. In the case of 'black' absenteeism there are no health problems whatsoever.

It appeared that, for a small part, the attitude could be explained by people's beliefs about the expected consequences of reporting sick and by their evaluations of these beliefs. These beliefs and evaluations also had little influence on the attitude toward 'white', 'grey' and 'black' absenteeism. A number of beliefs which, initially, were expected to correlate negatively with the attitude toward reporting sick, had the opposite effect. For example, as one of the disadvantages of absenteeism the interviewees mentioned the fact that colleagues would be overburdened; however, this belief appeared to have a positive effect on the attitude toward reporting sick.

The intention to report sick was for the greater part explained by the attitude toward reporting sick, and, in addition, by the perceived behavioral control to report sick and to go to work in case of fatigue. Together, attitude and perceived behavioral control explained nearly half of the intention to report sick. When distinguishing between 'white', 'grey' and 'black' absenteeism, it appeared that 'white' absenteeism could be explained

best. The subjective social norms for reporting sick only played a role in the intention toward 'black' absenteeism. It is striking that the intention toward this type of absenteeism decreases as the social norms are less strict. If people expect their surroundings to accept 'black' absenteeism, they will, apparently, be less inclined to report sick without cause. Contrary to what is assumed by the theory of planned behavior, part of the intention to report sick (including the intention toward 'white', 'grey' as well as 'black' absenteeism) appeared to be directly explained by knowledge of company policies. Employees who are well-informed in this respect showed less intention to report sick than employees who were not familiar with policy plans. Also the experienced workload appeared to be directly related to the intention to report sick, especially in the case of 'grey' absenteeism: the higher the experienced workload, the stronger the intention to report sick and the stronger the intention toward 'grey' absenteeism.

The act of reporting sick by the 600 employees as a whole was measured by way of the report frequency and the number of sick absence days during a year. The report frequency could partly be explained by the intention to report sick, the report frequency in the case of past absenteeism and the variable sex. This latter variable and the past number of absence days were again important for the number of present absence days, together with job satisfaction. Yet, the explained value of both the report frequency and the number of absence days was low. However, it appeared that, by distinguishing classes of absence spells, the report frequency and the number of absence days could be considerably better explained.

Absence spells of one or two days on average could largely be explained by the subjective social norms, the experienced workload, the work atmosphere and past absenteeism. A tolerant attitude from people in one's private surroundings appeared to stimulate sick absence spells of one or two days. In contrast, tolerant norms in the case of subjective social norms decreased the intention toward 'black' absenteeism. Absence spells of three to five days on average could be explained by the intention to report sick, perceived behavioral control, past absenteeism and the number of years of employment. It appeared that junior employees more often report sick for a period of three to six days than senior employees.

We did not find any significant predictor for absence spells of six to fourteen days. As about 75 per cent of all sick absence reports concern sick absence spells of two weeks at the most, the act of reporting sick during the first five days of absence could be reasonably to well predicted by the theory of planned behavior. The background of absence spells of six to fourteen days on average are different from those that can be explained by the model. Absence spells of more than fourteen days, with a maximum of 52 weeks, could be explained by perceived behavioral control, the patient-oriented character of the work and past absenteeism.

Chapter IV concludes with a number of critical remarks about the research design

which are important in interpreting the results. Finally, *Chapter V* lists the research results and links them to results from earlier studies. One of the discussion points is the practical relevance of the theory of planned behavior for the explanation of absenteeism.