



SCHOOL OF ECONOMICS  
AND MANAGEMENT  
Lund University

# **Copycat Absenteeism**

*Reasons for the Difference in Sickness Absenteeism*

*A case study of Denmark and Sweden*



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Masters Thesis  
Organization  
Autumn 2006  
Date of issue:  
12 February 2007

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## ***Acknowledgements***

This study contains an in-depth analysis on the difference in sickness absenteeism between Denmark and Sweden. The situation regarding sickness absenteeism in Danish and Swedish nursery schools is compared. This document is our Masters Thesis for the faculty of Business Administration of Lund University, Sweden.

We acknowledge that without the enthusiastic support and excellent feedback of our supervisor Tony Huzzard it would have been impossible for us to achieve this result. Therefore, we are particularly thankful to him. Furthermore, we would like to thank all the supervisors, teachers, and child minders who participated in this research. They all were helpful and, although their schedules were extremely tight, they spent plenty of time to answer all our questions.

### *Personal acknowledgements*

I would like to thank friends and family for their continuous support during the writing period. Special thanks go to my co-writer Pieter van der Honing for the good co-operation and team spirit.

Ulrika Fuchs

I would like to thank several people in particular. It turned out that my plan to write my Masters Thesis at Lund University, as a foreign student, was a highly complicated matter. Fortunately, I met some extremely friendly and helpful people. Especially, my gratitude goes to Ms. Lena Rolén, programme coordinator of the Business Administration faculty of Lund University. Without her guidance it would have been impossible for me to complete my study programme here in Sweden. In addition, it would like to thank my co-author, Ulrika Fuchs, to write the thesis with me in English. Finally, my thanks go to all my friends and family that supported me during this rather intense, yet joyful, learning experience.

Pieter van der Honing

## **SAMMANFATTNING**

- Uppsatsens titel:** Copycat Absenteeism - orsaker till skillnaden i sjukfrånvaro. En fallstudie av förskolor i Danmark och Sverige.
- Seminariedatum:** 19 januari, 2006
- Ämne/kurs:** FEK 591, Magisterseminarium, 10 poäng (15 ETCS)
- Författare:** Ulrika Fuchs, Pieter van der Honing
- Handledare:** Tony Huzzard
- Nyckelord:** Sjukfrånvaro, förskolor, förskollärare, hälsa, Danmark, Sverige.
- Syfte:** Syftet med studien är att undersöka och finna de huvudsakliga orsakerna till de observerade skillnaderna i sjukfrånvaro i Danmark och Sverige.
- Metod:** Kvalitativ metod har använts vid denna studie i sjukfrånvaro och författarna har applicerat iterative grounded theory. Data har insamlats genom intervjuer med förskolepersonal samt via studium av litteratur på ämnet sjukfrånvaro.
- Slutsatser:** Resultatet av studien visar att det finns komparativa skillnader på tre olika nivåer. (1) På den nationella nivån framhålls den för arbetstagaren extensiva svenska arbetsrätten och den generösa sjukförsäkringen som potentiella orsaker till att sjukfrånvaron är högre i Sverige än i Danmark. (2) På den organisatoriska nivån konkluderas att de svenska organisationerna har starkare tonvikt på hälsa och välbefinnande samt använder formella policys i större utsträckning än man gör på de danska förskolorna. (3) Signifikanta skillnader observerades även på den individuella nivån. Den tydligaste diskrepansen mellan danska och svenska anställda kan urskiljas i hur arbetstagarna upplever arbetsbelastningen och hur den nationella frånvaropolicyn uppfattas. Utifrån slutsatserna presenteras rekommendationer i syfte att förbättra sjukfrånvaron på de danska och svenska förskolorna. Därutöver redogörs för antaganden om dynamiken bakom de anställdas beteende vad gäller sjukfrånvaro.

# ABSTRACT

- Title:** Copycat Absenteeism – Reasons for the Difference in Sickness Absenteeism. A Case Study of Nursery Schools in Denmark and Sweden.
- Date of Seminar:** 19th January, 2006
- Course:** FEK 591 Master Thesis, 10 credits (15 ECTS)
- Authors:** Ulrika Fuchs, Pieter van der Honing
- Advisor:** Tony Huzzard
- Key words:** Sickness absenteeism, nursery schools, nursery school teachers, health, Demark, Sweden.
- Purpose:** The purpose of the study is to examine and explain the main reasons for the observed difference in illness absenteeism between Denmark and Sweden.
- Method:** The study can be qualified as qualitative and applies iterative grounded theory approach. Data has been collected though interviews with nursery school personnel as well as through study of sickness absenteeism literature.
- Conclusions:** The research findings show comparative differences on three diverse levels. (1) On the national level, the extensive employment protection legislation and the generous sickness benefits in Sweden are pointed out as potential reasons for the higher sickness absence. (2) On the organizational level it can be concluded that the Swedish organizations have a stronger emphasis on health and well-being and use more formal policies than the Danish nursery schools. (3) Significant differences were observed on the individual level. The most obvious differences between Danish and Swedish employees are the perceived workload and the perception of national sickness absenteeism policies. Based upon these conclusions, several recommendations are made, aimed at improving sickness absenteeism in Danish and Swedish nursery schools. In addition, the research presumes new insights in the dynamics of employee sickness absenteeism behaviour.

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## **1 Introduction**

This introduction chapter describes the research problem and the background in the sections 1.1 and 1.2. In section 1.3 the HRM framework of the study is presented. Furthermore, the chapter brings up the purpose of the investigation in 1.4. In section 1.5 the main research question and several investigation questions used in this research are explained. Sections 1.6 and 1.7 discuss the contributions of the study and the limitations. Finally, in section 1.8, an overview of the whole paper is presented.

The title of this paper, copycat absenteeism, refers to employees' mimetic behaviour of sickness absenteeism and sickness presence. At the end of the 18<sup>th</sup> century, readers of Goethe's tragic novel *The Sorrows of Young Werther* identified themselves with the young Werther. Many of them got inspired and committed suicide as a solution to their situation. To escape from unanswered love, young men seized a drastic solution to their difficulties by copying Werther's lethal action, which ever since is known as the 'Werther effect' (Thorson & Åberg, 2003). In this way, copycat suicides became a hot topic, an issue on peoples' mental and political agenda. In nowadays' society, sickness absenteeism at the workplace is an equally hot topic. Sickness absenteeism has grown into an organizational dilemma that is often discussed in media as well as by people at different arenas in society. This phenomenon puts an interesting issue forward: could it be that the epidemic of sickness absenteeism today can be explained by mimetic behaviour of employees, like the suicide trend 200 years ago? The inexplicable difference in sickness absenteeism between Denmark and Sweden certainly raises the question whether this could be the case. It will be argued in this research that Danes and Swedes might actually copy two different kinds of behaviour: the normality of sickness absence and the normality of sickness presence. Neo-institutional theory, coercive and mimetic isomorphism, is used to explain both concepts (DiMaggio & Powell, 1991).

### ***1.1 Problem discussion***

The strong emphasis in media and in society in general on health, well-being, and sickness absenteeism might result in copycat sickness absenteeism. Emphasising health issues makes people aware of their health status, although, as will be argued later in this study on sickness absenteeism, health might be over-emphasized in Sweden.

Research by the National Institutes of Occupational Health in Denmark, Iceland, Norway, and Sweden (National Institute of Occupational Health in Denmark (Arbejdsmiljøinstituttet (AMI)), 2003) reveals that sickness absenteeism is a growing concern in all Nordic countries. The main finding of that report is that, although sickness absenteeism is increasing in all Nordic countries, Denmark experiences a significant lower level of sickness leave compared to the other countries. Especially Norway and Sweden are underperforming; by the end of the millennium these two countries lost about 8% of all working days due to sickness absenteeism, whereas in Denmark this rate was considerably lower, estimated at 4-5%. Moreover, statistical evidence shows that sickness absenteeism is relatively stable in Denmark, whereas it steadily increases in Sweden. (Statistics Denmark, 2006, Statistics Sweden, 2006). It can be concluded that sick leave became a large economic burden in all the Nordic countries, although Sweden carries the heaviest burden (AMI, 2003).

Common sense predicts that the observed differences in sickness absenteeism between Denmark and Sweden might be caused by health status differences of the labour force. Indeed, there is evidence that employee health status is a strong predictor of sickness absenteeism behaviour (Bonato & Lusinyan, 2004). Although there is evidence that health explains absenteeism behaviour in general, it is not able to explain the observed difference in sickness absenteeism between Denmark and Sweden. Overall, Swedish people are healthier than Danes. (Bonato & Lusinyan, 2004)

A significantly deteriorating health status could potentially explain the steady increase in sickness absenteeism in Sweden. However, recent Swedish research found that sickness absenteeism is increasing, although general health of the working population has improved (Statens Offentliga Utredningar (SOU) 2002:62, 2002). In this study, it could neither be verified that a change in attitude among the population nor among physicians caused the difference. Another Swedish investigation on the reasons for sickness absenteeism (SAFIR Anthology, 2004) was also unable to prove a significant decrease in health status of the Swedish labour force.

## ***1.2 Research Problem***

The striking discrepancy between illness absence in Denmark and the other Scandinavian countries and Iceland demands future investigation. The observed difference in sickness absenteeism is not caused by a difference in health status of the employees and therefore it is interesting as well as vital to understand what the actual reasons are for this gap. A case comparison between Denmark and Sweden is expected to provide valuable information. Comparing Denmark and Sweden is considered



to be most interesting for a few reasons. First, Norway and Sweden experience greater difficulties regarding sickness leave than Iceland. Second, a main promise of the newly elected liberal government (in September 2006) in Sweden is to reduce (youth) unemployment as well as to reduce sickness absenteeism rates substantially. Third, but not least interesting, observing such a significant difference in absenteeism between two neighbouring countries that largely share a common history and are only separated by the Öresund Bridge, is striking.

Summarizing the above, it can be concluded that sickness absenteeism is a larger problem in Sweden than in Denmark, despite the fact that Swedes are healthier than Danes. This paradox of a healthier labour force on the one side and on the other increased sickness absenteeism in Sweden is the key reason for this research.

### ***1.3 HRM framework***

The study is aimed at making actionable recommendations to reduce sickness absenteeism behaviour of employees. Therefore, the study investigates what supervision or management can do about absenteeism behaviour. Organizations in general and public organizations in particular experience much coercive pressure from national and regional legislators, as described by DiMaggio and Powell (1991). In addition, if sickness absenteeism is strongly influenced by mimetic behaviour or personal characteristics (demographics) of employees, than HRM practices are only of limited use. The question arises whether there are any possibilities for management to implement policies aimed at sickness absenteeism reduction. The Harvard model of HRM (Beer *et al*, 1984) presents some basic HRM practices, which could be useful in reducing sickness absenteeism. Examples of HRM practices used in sickness absenteeism reduction are: diversity management and practices aimed at increasing commitment (Beardwell *et al*, 2004). The first section of chapter 3 discusses the HRM implications of the study in more detail.

### ***1.4 Purpose of the study***

When the observed difference in sickness absenteeism between Denmark and Sweden can not be explained by the health status of the labour force in the two countries, there must be some other explanation. The main purpose of this research is to reveal factors that the reasons are for the observed difference. Furthermore, the study looks at how strongly the coercive and mimetic pressures are.

All this is investigated by gathering information from secondary sources (for the national level) and conducting in-depth interviews with Danish and Swedish nursery schools supervisors, teachers, and child minders (for the organizational and individual level). Nursery schools were chosen since sickness absenteeism is a particularly large problem in this sector. Sickness absenteeism is typically a substantial problem in the public sector and in sectors dominated by women in general. The nursery schools included in this study are all public organizations and clearly more women than men are employed by these organizations.

### ***1.5 Problem definition***

Since the observed difference in sickness absenteeism between Denmark and Sweden is not explained by employee health differences, there ought to be other explanations. The research question therefore is:

*RQ What are the main reasons of the observed difference in illness absenteeism between Denmark and Sweden?*

It is argued that employee sickness absenteeism to a large extent is the result of workplace factors (AMI, 2003). In addition, the European Foundation for Improvement of Living and Working Conditions (European Foundation, 1997) identifies two other institutional levels that influence sickness absenteeism behaviour, namely the individual and societal level. Research should be conducted on all three levels to get comprehensive understanding of the problem at stake. Differences between these factors between Denmark and Sweden should be investigated and identified to be able to make valid recommendations. This automatically results in the following investigation questions (IQ) or research sub-questions:

*IQ1 Are there differences on the individual level that explain the observed difference in illness absenteeism between Denmark and Sweden?*

*IQ2 Are there differences on the organizational/workplace level that explain the observed difference in illness absenteeism between Denmark and Sweden?*

*IQ3 Are there differences on the national level that explain the observed difference in illness absenteeism between Denmark and Sweden?*

In addition, it is claimed that there is often a gap between official institutional policies aimed at reducing employee absenteeism due to illness and what is actually done. It is interesting to know what the official policies of the (national) governments in Denmark and Sweden (coercive pressure) are and how sickness absenteeism is managed on the work floor. Similarly, it is also interesting to investigate whether there are differences between the official policies imposed by the organizations and what is common practice. This leads to two more IQ's:

*IQ4 Are there differences in the national policies regarding sickness absenteeism and common practice on the organizational level in Denmark or Sweden?*

*IQ5 Are there differences in the organizational policies regarding sickness absenteeism and common practice in Denmark or Sweden?*

Finally, it is interesting to find out whether employees are aware of the policies on the national and organizational level. When employees are not aware of the costs of being absent, they cannot take these policies into account when they decide to be absent or not. Such a finding would contradict the findings of most researchers that there exist a positive relation between costs associated with sickness absenteeism and reduced absence. (Goldberg and Waldman, 2000). Another fascinating question is how employees perceive these policies and how they are influenced by them. This results in the two final IQ's:

*IQ6 Are employees aware of the (financial) consequences of sickness absenteeism in Denmark and Sweden?*

*IQ7 How do Danish and Swedish employees perceive absenteeism policies and sickness benefits?*

## ***1.6 Contributions of the Research***

Conducting a qualitative research on the reasons for the observed difference in sickness absenteeism between Denmark and Sweden at three organizational levels (national, organizational, and individual level) provides valuable information and understanding of the problem. The contributions of this study are twofold; there are actionable applications as well as a theoretical contribution.

The actionable contribution of this study is the following: the conducted study provides recommendations for the nursing schools in Denmark and in Sweden on how to interpret and

understand sickness absenteeism behaviour of their employees. The empirical findings enable to draw conclusions on the general reasons of the higher sickness absence in Sweden. Furthermore, based upon the conclusions of the research, valuable recommendation for future action to reduce sickness absenteeism in nursery schools can be made.

In the paper are the reasons for sickness absenteeism described and explained, while later an attempt is made to generalize possible solutions. Following these steps is, according to Argyris (1996), a prerequisite for making actionable recommendations. Actionable recommendations consist of ready to use and applicable advices. The recommendations are primarily aimed at the nursery school supervisors and are supposed to be implemented in the nursery schools' HRM (human recourse management) strategy in order to be effective. A simple presentation of the recommendations improves their overall usability. (Argyris, 1996)

Gathering information by conducting interviews and making observations is referred to as "after-the-fact science". The ultimate goal of the study is to provide management (read: supervisors and external influencers) of the nursery schools with such advice that is able to prevent sickness absenteeism as much as possible, the so-called "before-the-fact science". (Argyris, 1996)

Differences found at the national, institutional level between Denmark and Sweden are taken for granted. It is assumed that neither this study nor the individual nursery schools have the ability to change institutional regulations. Nevertheless, investigation on the national legislation is needed to get a complete picture of the sickness absenteeism problem. Moreover, in case there are no differences found on the organizational and individual level, it is assumed that the observed differences in absenteeism are the result of differences on the national level. Obviously, this study is also incapable of changing the personal demographics of employees.

From an academic perspective, the study provides new insights in sickness absenteeism. Besides the actionable recommendation for nursery schools the research could also generate more elaborate understanding of the sickness absenteeism and sickness presence phenomenon. Outcomes can shed a new light on existing theory. Due to the qualitative character of the research, future quantitative research is needed to verify the empirical findings. In general, qualitative studies are not suitable for making extensive generalizations. Therefore, future research is also required to extent the generalizability of the results to other professions and sectors. It can be concluded that this research can be used as a starting point for future research and new theory building.

### ***1.7 Limitations***

The focus of this study mainly concerns factors that explain the difference in sickness absenteeism between Denmark and Sweden, which implies that the topic is fairly narrow and limited. This allows the study to be a thorough qualitative research, while identifying underlying means of behaviour regarding absenteeism. Nevertheless, the findings may not be applicable to other industries, and to other countries. Therefore the overall generalizability is limited.

A potential threat to the study is that the information gathered at the organizational and individual level primarily comes from in-depth interviews with nursery schools' staff. Their opinions are asked for about certain topics related to sickness absenteeism. The research did not look at the actual actions of these people. Of course, some difference between official policies or beliefs and actual actions will become apparent by comparing the answers of the respondents. Argyris (1996) argues that there is a discrepancy between theories (or actions), individuals espouse and the theories they use ("in-use theories").

The qualitative characteristic of the research limits the ability to draw conclusions on causality and the existence of causal relationships. The impact of this limitation is limited, since the problem at stake is assumed to be a complex organizational problem, dependent upon many loosely connected systems. No strong statements can be made about the (internal and external) validity of the research. Instead, alternative measures for validity and reliability will be presented in chapter 5. An attempt is made to be as specific as possible about the methodology and techniques applied in the study, to safeguard the academic value of the investigation. Validity, a first-order requirement, is seen by Argyris (1996) as prerequisite for the successful implementation of the recommendations made ("second-order requirement").

### ***1.8 Outline of the paper***

The next chapter contains the definition of sickness absenteeism and other terms used throughout the paper. This is followed by modelling a frame of reference in chapter 3. More background information on absenteeism in a global perspective can be found in chapter 4. Next, information about the methodology of the study is given, followed by the actual analysis and the findings, respectively in chapter 5 and 6. Finally, conclusions will be presented, and suggestions for future research will be given in chapter 7.

## **2 Definitions and Terminology**

This chapter contains the definitions used for sickness absenteeism as well as other terms used throughout this paper. In section 2.1 the used definition for sickness absenteeism is presented. Section 2.2 elaborates on the three levels of this investigation.

### ***2.1 Sickness Absenteeism***

There exist countless definitions of employee sickness absenteeism. Many researchers use different definitions of absenteeism, which makes comparing different studies particularly difficult or sometimes even impossible.

In general, employee sickness absenteeism refers to unscheduled employee absence from the workplace. Scheduled work leave is not counted as sickness absence in this study. Maternity or parental leave are the most common forms of scheduled work leave. These forms of non-attendance are not perceived as forms of sickness absence. Sickness absence in this research has three general reasons:

1. Personal illness
2. Illness of family
3. Work-related injuries

Sickness implies a physical or mental state of a person which he/she or a physician perceives as inappropriate to attend work, actually leading to sickness absenteeism.

There are two major groups of sickness absence. The first group contains those people that have a job and are absent due to sickness (sickness absenteeism of the active part of the labour force), while the other group consists of people who do not officially participate in the labour force due to medical incapability (the inactive) (OECD Economic Surveys: Sweden, 2005). This study focuses on the active part of the labour force that is absent with sickness as official reason.

Sickness results in societal and organizational costs. The direct costs of sickness absenteeism are the expenditures made to improve the physical or mental state of a person or to cure his/her illness. Indirect costs are those costs that are incurred as a result of lost productivity. Direct costs are primarily a societal burden, whereas indirect costs are almost entirely to the expense of organizations.

## ***2.2 Three Levels of Research***

The research is conducted on three levels, as mentioned in the previous chapter. These are: the national, organizational, and the individual level.

The national level refers to legislation from local and national governments, which exercise coercive pressure on organizations like the ones included in this research. National legislation is enforced by the governments of Denmark and Sweden. These governments both exercise direct and indirect pressure on organizations. The most powerful indirect pressure is applied through the regional legislators or local governments (municipalities). For this study, the relevant local authority in Denmark is the Copenhagen municipality (København kommune) and in Sweden the Malmö municipality (Malmö kommun).

The organizational level refers to the four nursery schools included in this study. These organizations are subject to the coercive pressure from the legislative forces. The schools self also exercise coercive pressure on their employees.

The individual level in this research is the teaching staff employed by the nursery schools (organizations). Non-teaching staff is excluded in this research. There are two distinct groups of teaching staff within nursery schools. The first group consists of those ‘teachers’ with a pedagogical degree that have the pedagogical responsibility in the schools. The second group consists of ‘child minders’, who do not hold a formal pedagogical degree and therefore do not carry any pedagogical responsibilities.



### **3 Towards a Theoretical Frame of Reference**

This chapter contains two major parts. It starts in section 3.1, with presenting the Human Resource Management (HRM) implications of the paper. Several HRM practices and actions that relate to sickness absenteeism prevention will be discussed. Hereafter, an extensive overview of (recent) absenteeism research is presented in sections 3.2 and 3.3. These parts, the HRM implications and the overview of absenteeism research, together provide a theoretical frame of reference that is used throughout the paper.

#### ***3.1 HRM Implications of the Study***

Sickness absence behaviour of employees is in general an issue for management, since it influences the performance of the overall organization. Extensive sickness absence in organizations has serious implications (Michie & West, 2004). In the previous chapter it is argued that sickness absenteeism results in direct and indirect costs.

Employees are often the core competence of organizations. Moreover, people and their performance are essential to the success and effectiveness of organizations. (Michie & West, 2004). Sickness absenteeism can be seen as non-performance of people. Therefore, sickness absenteeism is a topic for People Management (PM). PM is the part of management that is directly aimed at the people working *within* the organization. Clearly, people management fits under the HRM umbrella. Throughout the paper, HRM rather than PM practices are discussed and used. HRM has a more positive and soft approach than PM. First of all, HRM is more long-term oriented and is more proactive than PM. In addition, HRM is aimed at creating commitment and self-control, which are two important issues in sickness absenteeism research. Finally, PM tries to minimize (labour) costs, whereas HRM is looking for maximum utilization. (Blauw, 2002)

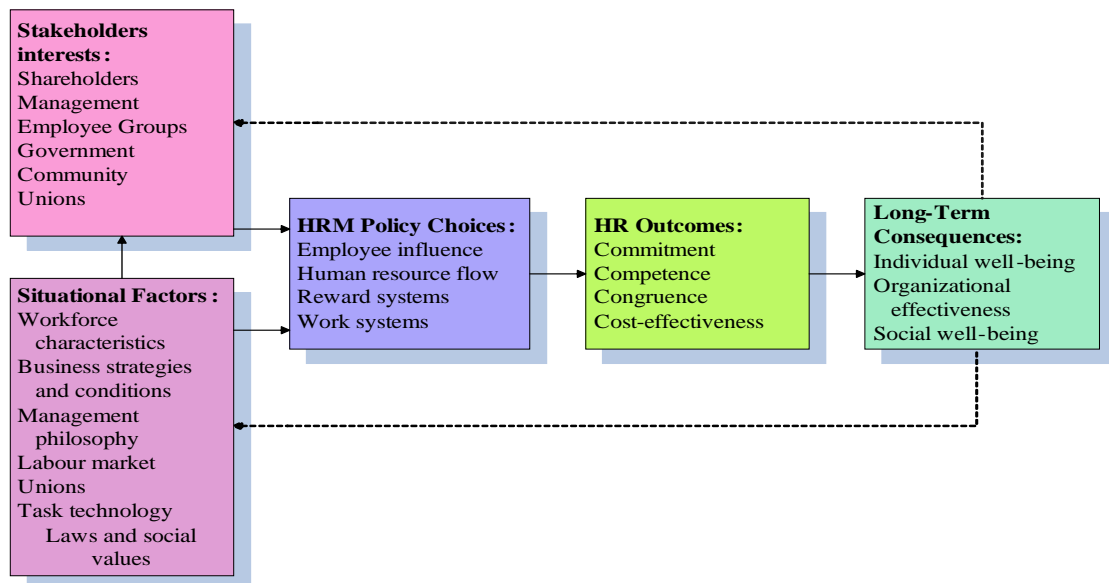
Within HRM, several practices and tools are available to improve the performance of employees, which results in improved performance of the organization. All HRM practices and tools aimed at the selection and recruitment of staff and improving the functioning (well-being) of employees relate to sickness absenteeism behaviour (Beardwell *et al*, 2004). Operating effectively is becoming a more and more important issue in the public sector. Increased public expectations of the public sector and limited budget result in increasing pressure and workload in public sector. Increasing workload, as will be proved later in this chapter, directly relates to increasing sickness absenteeism (i.e. Brooke, 1986).

### 3.1.1 The Map of the HRM Territory

The Harvard model of HRM (Beer *et al*, 1984) is used throughout this paper to get a better understanding of the influence of HRM practices on organizations and their employees in particular. Although the Harvard model of HRM is quite old, there is a good fit between the Harvard model of HRM and this study. First of all and most important, the Harvard model of HRM focuses on people, whereas other models are primarily aimed at enabling strategic change (i.e. the Warwick model by Henry & Pettigrew, 1992) or on the organizational outcomes of HRM (i.e. Guest model, 1987). In addition, since the Harvard model focuses on people, it concentrates on the implications and outcomes of HRM practices for people. Furthermore, the model shows the influence of the working situation, work systems, reward systems, and resource flows on employees (Cakar, Bititci and MacBryde, 2003).

The Harvard model of HRM consists of two parts. For this study primarily the second part, the map of the HRM territory, is of importance. The map of the HRM territory is depicted in diagram 3.1.

**Diagram 3.1:** The map of the HRM territory.



Source: Beer *et al* (1984) Human Resource Assets: The Ground-Breaking Harvard Business School Program.

Furthermore, the model is very helpful in explaining the influence of external forces (stakeholders interests and situational factors) on the internal organization and the HRM practices. The external forces presented in the model correspond largely with the coercive pressure discussed in this study.

Some of the situational factors presented in the model play an important role throughout the investigations and in sickness absenteeism research in general, as can be seen in the second part of this chapter. (i.e. Ichino & Riphahn, 2001).

Another advantage of the map of the territory of HRM is that it also takes into account the internal organization. The empirical results of the research will show that many of the HRM policies and practices on the organizational level are (unconsciously) linked to sickness absenteeism prevention. From the map of the territory of HRM it can be concluded that HRM is primarily aimed at creating commitment, competence, congruence, and cost-effectiveness. Especially commitment is a concept often used in relation with sickness absenteeism research. For example, commitment is a key variable in explaining sickness absenteeism in the employee absenteeism model (Brooke, 1986).

The Harvard model also relates to the individual level of investigation. The map of the territory of HRM illustrates that the long-term consequences of effective HRM are individual well-being, organizational effectiveness, and social well-being. Employee and social well-being are directly linked to improved employee performance and therefore to organizational effectiveness (Michie & West, 2004). The concept of well-being refers to the psychological and physical well-being of, in this case, nursery school teachers and child minders.

The final benefit of the Harvard model of HRM is that is simple in form and logical. Simplicity of models and recommendations in general is a prerequisite for making them actionable (Argyris, 1996). Therefore, recommendations made in the concluding chapter will be based upon this model.

### **3.1.2 HRM and Institutional Theory**

In the introductory chapter it was already stated that there are several forces that influence the organizational structure and behaviour of nursery schools and their employees. Most dominant is the coercive pressure from national and local authorities. Second comes the mimetic force, which influences employees' behaviour in general. This section presents the institutional theory that explains these forces.

Institutional theorists nowadays stress that the institutional environment has a strong influence on the development of formal organizational structures (Scott, 1987). The environmental pressure is in this context more than rules and legislations imposed by formal legislators. Institutional environmental pressures are frequently found to be more decisive than market pressures. DiMaggio and Powell

(1991) conclude that institutional pressures most often decrease heterogeneity in organizational structures. This phenomenon is referred to as isomorphism, and implies that organizations are becoming more and more homogeneous and increasingly organized around similar values and beliefs. Firms adopt comparable organizational structures as a result of three institutional pressures, namely coercive, mimetic, and normative pressures (Scott, 1987).

Coercive pressures originate from (local or national) authorities and legislators as well as from legal mandates or from influential organizations on which the organization is dependent. Dominating groups or corporations in an organizational environment have a homogenizing effect on the organization and its close peers. When coercive pressure is high (high dependency), organizations adapt quickly whereas when the pressure is typically low, organizations adapt much slower. (DiMaggio & Powell, 1991)

In periods of high uncertainty, e.g. in case of sizeable conflicts or crises, mimetic pressure is usually high. Successful organizational forms as well as solutions are quickly copied in periods characterized by instability. (DiMaggio & Powell, 1991)

Finally, homogeneity increases due to normative pressures (standards set of rules or beliefs). Organizations consist, by definition, of a group of contracted people. Organizations are more and more relying on people and professionals with similar approaches and attitudes, for example caused by comparable educational backgrounds. The fact that organizations engage more in inter-organization hiring of personnel and consult more frequently large consultant firms, makes organizations more homogenous these days. (DiMaggio & Powell, 1991)

In the introduction of this research it is mentioned that the organizations (nursery schools) included in this study are subjects to isomorphism. Nursery schools are in general highly dependent on legislation from national government, but are also dependent on local authorities. In both Denmark and Sweden, local authorities are responsible for the funding of public nursery schools. The dominating coercive pressure from local and national authorities has a strong influence on the organizational structure in nursery schools. The comparable form of formal education of nursery school teachers also might decrease the heterogeneity among nursery schools. Problems are often solved with comparable solutions, especially since all schools included in the study are public. DiMaggio and Powell (1991) conclude that isomorphism can lead to inefficiency.

From the Harvard model of HRM (Beer *et al*, 1984) it can be concluded that stakeholders have a considerable influence on organizations and their HRM practices and policies. The public sector is naturally heavily influenced by legislators, since they are funded with tax money. The research aims to answer how significant the influence of local and national authorities is on the organizational structure and behaviour of nursery schools in Denmark and Sweden. Strong coercive isomorphism leaves little space for own (managerial) initiatives. This potentially limits the ability of management to implement policies aimed at reducing sickness absenteeism behaviour of employees.

National policies regarding sickness absenteeism potentially have an influence on employee behaviour. Policy makers have to consider the consequences of the policies they implement. Policies that are too generous might result in increased sickness absenteeism and high expenditure on social benefits. On the other hand, policies that are too strict potentially overshoot their goal of reducing sickness absenteeism. When it is too complicated for employees to prove their inability to work due to sickness or when it is too costly to be absent they probably will attend work in case of sickness. This concept is in literature referred to as sickness presence (Vingård *et al*, 2004). Vingård *et al* (2004) and identify negative consequences of sickness presence for both the employer and the employee. Employees who attend work when they are ill are most often less productive than fit employees (Vingård *et al*, 2004). In addition, people who attend work while being ill can contaminate other employees. This problem was put forward by Aronsson and Gustafsson (2005). According to their research sickness presence is related to a similar set of variables as sickness absenteeism. Personal work ethics is one of the variables that both explain sickness attendance and absence (Aronsson and Gustafsson, 2005). The concepts of sickness absenteeism and sickness attendance together with an organization's permissiveness towards sickness absenteeism can result in mimetic behaviour as describes by DiMaggio & Powell (1991). The study aims at identifying whether mimetic sickness absenteeism and sickness attendance behaviour play a role in the observed difference in sickness absenteeism between Denmark and Sweden.

Finally, the research looks at the influence of personal demographic characteristics of employees. It will become apparent in the proceeding sections and chapter that demographic characteristics play a role in sickness absenteeism behaviour of employees (i.e. Bridges & Mumford, 2001). Clearly, management has little influence on the demographic characteristics of the employees they employ, which limits the influence of management on sickness absenteeism prevention.

### **3.2 Absenteeism Research**

For over half a century, scholars investigated the reasons of employee sickness absenteeism and sickness presence. In the period after the Second World War researchers in this field of study primarily examined bivariate correlations between countless independent variables and employee sickness absenteeism. Nicholson *et al* (1976) for example focused on the influence of job satisfaction on sickness absenteeism, whereas Porter and Steers (1973) focused on organizational, work and personal factors that have an influence on this phenomenon. It was already expected that employee turnover was highly correlated with sickness absenteeism. Both concepts are the result of a similar set of variables and therefore can be treated with comparable techniques (Burke & Wilcox, 1972).

Steers and Rhodes (1978) were among the first theorists who made an attempt to conceptualize the sickness absenteeism phenomenon in a model. The main contribution of the two authors was that they derived an employee attendance model (see appendix 1) from studying and comparing the results of 104 empirical investigations on this topic. Steers and Rhodes (1978) recognized that attendance is directly influenced by two primary factors; employee's (1) attendance motivation and (2) their ability to attend. The motivation of attendance depends strongly on job satisfaction as well as various internal and external pressures. While previous investigations examined 'voluntary' absenteeism, Steers and Rhodes (1978) were one of the first to discuss so called 'involuntary' absenteeism, which means that the employee has the willingness to attend, but for one reason or another he or she is unable to attend.

The following text starts by summarizing the Steers and Rhodes (1978) article and explains the employee attendance model put forward in this publication. Thereafter, more recent studies on employee sickness absenteeism are discussed. Many of these later publications are improvements or fine-tunings of the Steers and Rhodes (1978) model. Moreover, there are various empirical test results presented of this as well as other models.

#### **3.2.1 Steers and Rhodes**

A substantial part of employee sickness absenteeism research is based upon the Steers and Rhodes (1978) investigation, as is mentioned in the preceding text. Therefore, it seems logical to understand their findings and model before continuing future research. Prior to the publication, many scientists assumed that job satisfactions was the most important cause of employee sickness absenteeism, although empirical evidence showed weak or at best moderate results ( $R^2 < .40$ ). Moreover, it was generally supposed that employees are free to choose whether or not to attend at their work. Only few researches described the influence of situational factors that limited this free choice of attendance, due

to i.e. transportation problems, family responsibilities, and personal health conditions (Herman, 1973; Smith, 1977).

The employee attendance model (see appendix 1) clearly shows the dynamic process of employee attendance (Steers & Rhodes, 1987). As said, the main factors that determine absenteeism in this model are employee's motivation to attend (box 6) and employee's ability to attend (box 7). The former can be explained by an employee's satisfaction with job situation (box 4) as well as by various internal and external pressures to attend (box 5). In turn employee values & job expectations (box 2) and job situation (box 1) related to an employee's job satisfaction. Finally, personal characteristics (box 3) have their influence on an employee's values and job expectation and ability to attend. A short summary will be presented of all variables included in the model, in order to comprehend the full dynamics of the model. (Steers & Rhodes, 1978)

Job situation comprises of several parameters. Empirical studies showed substantial evidence for some of these variables, while for others the results are weak and sometimes even contradicting. Investigation revealed that job scope, job level, role stress, and work group size all have a considerable effect on job satisfaction, while the results are more ambiguous for the other variables. Substantial, empirical evidence suggests that job enrichment improves job satisfaction and employee attendance. The same holds for job level; previous research on this topic demonstrates clear proof that employees with higher positions are in general less absent. Stressful job environments increase tensions at the workplace and therefore they reduce job satisfaction and increase sickness absenteeism. Finally, larger work groups also result in more sickness absenteeism. A possible explanation for this phenomenon could be that in larger groups, job specialization is more common, which reduces the changes to satisfy higher order needs. (Steers & Rhodes, 1978)

Results are less clear and straightforward for the other variables causing job satisfaction. It is theoretically argued that an open and considerate leadership style improves job satisfaction and employee attendance, while empirical studies were not very well able to provide consistent proof for this relationship. It is found that a democratic style of leadership has a positive influence on job satisfaction, but does not tend to decrease sickness absenteeism. Moreover, supervisory pressure from management has not a significant negative effect on either job satisfaction or attendance. Similar results are found for co-worker relations and opportunities for advancement. Beside job situational factors, employee's values and job expectations additionally have an effect on the level of job satisfaction. Most employees have different personal values and job expectations, which are primarily explained by personal characteristics. Smith (1972) concluded that there exists a linear relation

between having realistic job expectations and attendance. So far the relationship between satisfaction together with job situation and attendance motivation is discussed. Consequently, the influence of pressures to attend will be discussed.

Absenteeism is only moderately explained by job satisfaction, as argued in the introduction of this chapter. It is supposed that several attendance pressures will explain more of the variance in (attendance motivation) employee absenteeism. Again the findings of empirical studies show great dissimilarities. Steers and Rhodes (1978) find consistent results for the last three attendance variables they consider; all (workgroup norms, personal work ethics, and organizational commitment) have a positive influence on attendance. Moreover, it is known that sickness absenteeism is often correlated to economic conditions and, in general, to unemployment. The reasoning behind this is that employees are scared of losing their jobs under unfavourable economic conditions, since changes of finding suitable new employment are limited. On the other hand, during tough economic conditions, employees can experience substantial anxiety to lose their job, which results in work-related stress and possible increased sickness absenteeism (Owens, 1966). Incentives and reward systems might also have an impact on sickness absenteeism, although empirical findings are again heterogeneous. While it is difficult to prove the existence of a relation between the perception of payment and sickness absenteeism, it is clear that people in better paid positions are less absent. Furthermore, the role of punitive sanctions can be described as unclear, even though it seems that positive reward systems are more effective and beneficial. Lottery systems, for example, can be somewhat effective in particularly cases.

The second major parameter for employee attendance is the employee's actual ability to attend. This refers to what is called involuntary absenteeism in the introduction of this chapter. The ability to attend is, as stated before, heavily dependent on an employee's personal situation and characteristics. (Steers & Rhodes, 1987). Illness and accidents (Yolles *et al*, 1975), for example, are more often experienced by older employees than by their younger peers. Similar patterns are found for alcoholism and drug abuse. An employee's family situation is an additional factor that has an impact on sickness absenteeism. In general, family responsibilities are still the domain of women, which, to some extent, explains the higher absenteeism among women. Ultimately, transportation problems are another source of involuntary absenteeism. This factor refers to distance and time or poor weather conditions that hinder employees to be present at work. The main goal of Steers and Rhodes (1978) was to provide a cyclical model for future research, since most investigations only studied a limited amount of variables that cause employee absenteeism. Future empirical tests should provide evidence to support the model.



### **3.2.2 After and Beyond Steers and Rhodes**

After the publication of the article by Steers and Rhodes (1978), many colleague researchers tested their model of employee attendance. Many adapted the model and criticized it for various reasons. Brooke (1986) enhanced the model significantly and, together with Price (Brooke & Price, 1989) he conducted, as one of the first, a multivariate study to generate statistical evidence to support the model. This section follows with a rather short summary of Brooke's main criticism and continues with a more extensive overview of the test results of Brooke and Price (1989). Hereafter, more recent studies on sickness absenteeism and its reasons are discussed.

Brooke (1986) argues that the employee attendance model, as presented by Steers and Rhodes (1978), is only of limited value because of several factors that reduce the testability of the model. In his article he presents five major concerns regarding the employee attendance model. First of all, there are some doubts about the construct validity of the model. The main forces portrayed in the model (attendance motivation, pressure to attend, and ability to attend) are not clearly specified and there is no method presented on how to measure these forces. Therefore it remains vague whether the forces refer to uniquely identifiable constructs. Secondly, some independent variables, together with the dependent variable, are poorly and imprecisely defined. Absenteeism and attendance are assumed to be complements of each other, while there is hardly any evidence around to support this assumption. A third concern is the mixing of theoretical concepts and variables that correlate with employee absenteeism. A fourth area of concern relates to the omission of possible important variables. Examples of variables that are completely omitted are; the misuse of alcohol (e.g. Sherba & Smith, 1973), job involvement, and distributive justice. A fifth and final concern is whether variables like illness are causes of involuntary absenteeism. This assumption overlooks the possibility that physical and mental health problems can be subject to manipulation. In other words, it neglects fraud while there is evidence that fraud plays a role in the prediction of absenteeism (e.g. Nicholson, 1976).

Most criticism of Brooke (1986) is valid, although one can argue that it was never the intention of Steers and Rhodes (1978) to supply a ready-to-use analytical framework. Moreover, they are possibly not to blame for the lack of specifications of the model, since the theorists basically summarize previous research. In general, there are always definition problems when comparing results of various investigations.

As mentioned above, Brooke (1986) adapted the Steers and Rhodes model (1978) to improve the overall testability. The adapted model consists of in total ten independent variables, of which only three have a direct effect on absenteeism, whereas the other variables affect absenteeism only through

one or more of the five intervening variables (see appendix 2). Most variables are fairly straightforward, but to assure perfect understanding a short description is given of each and every variable. Understanding Brooke's (1986) causal model of employee absenteeism is vital for this research. As will be explained later in the methodology chapter (chapter 5), the interviews held for this research are based on this model. Brooke's (1986) model was chosen because its effects are empirically tested and has an overall better construct validity than the Steers and Rhodes (1986) model. The variables used in the employee absenteeism model (Brooke, 1986) are well defined and relatively simple to integrate in this study.

All together, the first eight independent variables (IV) explain the major intervening variable (IVV), satisfaction (IVV1). Satisfaction relates to how satisfied employees are with their job (in Steers and Rhodes (1978) referred to as 'satisfaction with job situation'). Routinization (IV1) is the degree to which a job can be described as being monotonous and repetitive. Centralization (IV2) is to which extent employee power is equally distributed throughout the organization. Both variables, IV1 and IV2, are placed in the Steers and Rhodes model (1978) under 'job scope'. Pay (IV3) represents the financial compensation an employee receives in return for his/her work (Steers & Rhodes (1978): incentive/reward systems). Distributive justice (IV4) implies to which degree rewards and punishments are linked to one's performance. This variable has a direct effect on satisfaction (IVV1) as well as on commitment (IVV2), where the later refers to employee loyalty to the employing organization.

Besides having an effect on satisfaction, the following three independent variables also relate to health status (IVV3) and alcohol involvement (IVV4). The former intervening variable is the mental and physical well-being of an employee, whereas the latter is the extent to which problematic alcohol consumption is used as a coping mechanism. Role ambiguity (IV5) is the level of understanding of job expectations (Steers & Rhodes (1978): role stress). On the other hand, the degree to which job expectations are compatible is covered by role conflict (IV6). Role overload (IV7) is the extent to which a job demands more time and effort than is available.

The final three variables have all a direct effect on absenteeism, while work involvement (IV8) also has an impact on job involvement (IVV5), which is the psychological identification with a current job. IV8 is the belief or perception of an employee how important the current job is in his/her life (Steers & Rhodes (1978): personal work ethics). Organization permissiveness (IV9) is the degree to which an organization accepts absenteeism. Low organizational permissiveness implies serious consequences for the employees in case of frequent absenteeism. Finally, kinship (IV10) refers to

involvement in social groups, either family or other community groups (Steers & Rhodes (1978): illness and accidents).

In the theoretical model it is assumed that satisfaction positively affects job involvement and commitment. Job involvement has also a positive influence on commitment. Both job involvement and commitment have a negative impact on the dependent variable (DV) absenteeism. In turn, health status has a negative impact on the dependent variable, while alcohol involvement has a hypothesized positive influence on absenteeism (Brooke, 1986).

Brooke and Price<sup>1</sup> (1989) tested Brooke's model by conducting an empirical study. The main results of their research can be found in appendix 3. The overall model could only explain 16.3% ( $R^2=0.163$ ) of the total variance of absenteeism. Due to the insignificance influence of work involvement, job involvement, commitment, and health status on absenteeism the model loses much of its power. The model gains some explanatory power when several variables are directly linked to absenteeism instead of using indirect links through e.g. job satisfaction. Appendix 4 represents the simplified model of absenteeism, in which most of the independent variables are directly linked to absenteeism. This simplified model explains 21.7% of the total observed variance in absenteeism.

In the original model, the test was not able to prove the existence of a significant relation between the independent variables pay, role conflict, and role overload with any other variable. Alcohol involvement has a significant positive effect on the dependent variable absenteeism. The intervening variables satisfaction, job involvement, and commitment are fairly well explained by the various independent variables of the model ( $R^2$  respectively: 0.551, 0.678, 0.429). On the other hand, health status and alcohol involvement<sup>2</sup> are only moderately explained by the variables included in the model ( $R^2$  respectively: 0.079 and 0.014). In general, it can be concluded that this research provides only moderate or even weak evidence to support the original Steers and Rhodes model (1978).

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<sup>1</sup> Note: The model presented in Brooke (1986) differs slightly from the one used in Brooke and Price (1989). In the latter the independent variable work involvement is used as a measure for the intervening variable satisfaction, whereas in the former model this link does not exist. Empirical test results show that work involvement has a significant and positive influence on satisfaction (estimate = 0.170). The original model of Brooke (1986) is used as foundation for the interviews conducted for this study.

<sup>2</sup> None of the independent variables included in the model have a significant effect on alcohol involvement.

### **3.3 Contemporary Absenteeism Research**

The following part contains an elaborate description of contemporary research findings on sickness absenteeism. The most common and frequently studied causes of sickness absenteeism are discussed.

#### **3.3.1 Job satisfaction as an intervening variable of absenteeism**

Traditionally there have been two major visions in sickness absenteeism research. One argues that sickness absenteeism is the consequence of dissatisfaction with the current job, while the other vision rejects this and focuses on demographic factors and several (non-)work constraints (Johns, 1997). From the text of Steers and Rhodes (1978) and the empirical findings of Brooke and Price (1989), it can be concluded that there is no (strong) evidence to assume that job satisfaction functions as a good explanatory variable of employee absenteeism. Despite the fact that this is known for a long time, researchers kept on trying to find a statistical significant relationship between job satisfaction and sickness absenteeism. Their eager to prove the existence of this relationship probably rests in the fact that this relationship sounds so logical. It is easily assumed that less satisfied employees are less likely to attend their work.

There are quite a few problems concerning the use of job satisfaction as an intervening or independent variable for sickness absenteeism. The most obvious reason would be the measurement of job satisfaction. Many researchers used their own interpretation of job satisfaction, which clearly explains the high degree of heterogeneity of the results of the various investigations. Goldberg and Waldman (2000) conducted an empirical study to test whether job satisfaction mediates the relationship between absenteeism predictors and sickness absenteeism. Their analysis uses an analytical model based (loosely) on the original Steers and Rhodes model (1978) (see appendix 5). Various Individual Predictors and Situational Variables are tested on job satisfaction, as well as directly on absenteeism. Their results suggest that job satisfaction is not a good intervening variable, since the individual, independent variable explains more of the variance in absenteeism when used as direct measures of absenteeism.

#### **3.3.2 The influence of personal demographic variables on absenteeism**

As mentioned in the text above, there are two major streams in the sickness absenteeism research field. One stream focuses on human behaviour, whilst the other studies the influence of demographic variables on sickness absenteeism. The following text will describe the most common demographic variables used in contemporary sickness absenteeism research.

## **Gender**

The most frequently mentioned demographic variable used in sickness absenteeism research is gender. Many researchers found that males are less absent than females (e.g. Bonato & Lusinyan 2004). Female workers are more frequently absent and their absenteeism period is longer compared to their male colleagues. An often heard explanation for the observed difference between female and male absenteeism is that women often combine their professional career with the care for family (whether that is the small or the extended family) and relatives. Especially women with young children are more frequently absent. Sickness absenteeism among men does not increase when they become fathers (Primoff Vistnes, 1997). On the other hand, there is also research that is unable to prove that the observed difference between men and women is caused by the women's care for young children. Observed differences can not be entirely explained by job characteristics. It is often argued that higher sickness absenteeism among women is caused by factors such as choice of job, formal position *et cetera*. There is a tendency that women are often employed in sectors where sickness absenteeism is traditionally higher, e.g. in hospitals, nursery schools, and the public sector in general. Moreover, women are frequently employed in lower functions in which sickness absenteeism is higher than in upper (managerial) functions. (Full dynamics and empirical findings explained later). Mastekaasa and Modesta (1998) conducted a study in Norway among public sector employees and were unable to show that the differences in choice of occupation and job characteristics were the main cause of the higher sickness absenteeism rate among women. Their results furthermore show that the difference is caused by a discrepancy between general health status or personality differences between men and women. (Mastekaasa, Modesta Olsen, 1998)

Only little research can be found that is unable to prove a statistical difference between female and male sickness absenteeism. It is supposed that when there is no significant difference observed between female and male sickness absenteeism this is often explained by statistical change or extreme contextual environment of the study. An example is a recent study that was conducted among public elementary and middle school teachers in Israel in the years 2000 and 2001. Although teachers teaching on the West Bank, the Gaza Strip, and in the Jewish settlement were excluded due to instability in the region (because of the start of the second intifada), the overall political and safety situation in Israel was far from stable and therefore the results might be unreliable. (Rosenblatt & Shirom, 2005). Besides the fairly consistent empirical results it is also well documented by statistical census organizations, e.g. the OECD and Eurostat that women are more often absent due to illness and for longer period than men. All the reasons mentioned above are enough proof to carefully address the gender difference throughout this paper. More information about the gender differences is to be found in the statistical environmental analysis between Denmark and Sweden in chapter 4.

### **Age**

Another frequently investigated personal demographic variable is age. There exists a quite clear relationship between age and sickness absenteeism. In general, older employees are more often absent due to illness than younger ones. It is widely accepted that the aging people are more often ill and that in case of illness the revalidation period is normally longer. Research found a positive relation between age and increased sickness absenteeism frequency and duration (i.e. Siu, 2002). Regarding to the gender issue, in all age categories women is more frequently absent than men. This difference can be explained by the same reasons as mentioned in the previous section (e.g. combination of professional career and family responsibilities). Moreover, young women with children are more frequent absent, as also explained before. Therefore, the sickness absenteeism curve for women has a slightly U-shaped form (Mathieu & Kohler, 1990). Finally, the aging of the workforce in most Western countries has a negative influence on sickness absenteeism figures. Although older employees are nowadays more likely to go on early-retirement than a few decades ago, the greying process goes so rapidly that the relative share of employees in the age category 55-64 is still increasing. The aging of the total labour force naturally results in higher sickness absenteeism rates, *ceteris paribus*. (SOU, 2002:62).

### **Tenure**

Tenure strongly interacts with age and has a comparable effect on sickness absenteeism (Hackett, 1990). Obviously there exists a clear relation between tenure and age since employees who are employed for a longer period are, *ceteris paribus*, older. There is strong consensus in literature that there exists a significant negative relation between tenure and attendance. Although empirical results show a negative relation between tenure and attendance, it is assumed that there is a positive relation between tenure and job satisfaction. People who are longer employed and who have more working experience feel more appreciated and valuable at their work (Goldberg & Waldman, 2000).

### **Family**

Much research is conducted on the effect of the number of children in a family on sickness absenteeism of the parents. Most investigations revealed a positive relation between having children and the sickness absenteeism behaviour of the parents. Most common explanations are family commitment and responsibilities. Furthermore, the age of the children seems to play an important role, since parents of children younger than two are relatively most likely to be absent (Bridges & Mumford, 2001). Beside the age of the children, the number of children in a family also alters the

sickness absenteeism rate of the parents. In general more children in a family tend to increase the family responsibilities and therefore increase the sickness absenteeism of the parents (Judge *et al*, 1997).

Bridges and Mumford (2001) also concluded that the marital status, rather than the presence of children, explains the difference in sickness absenteeism among men and women. In general, married men are the less likely to be absent, whilst married women are much more likely to be absent. The Bridges and Mumford (2001) study was conducted among families living in the United Kingdom. Family roles in the U.K. are relatively conservative and traditional compared to the domestic characteristics in Scandinavia. Therefore, these finding might not entirely hold in Denmark and Sweden.

### **Educational Level**

There has been little research on the effect of education on sickness absenteeism. Although there has not been too much investigation on the effect of educational level on sickness absenteeism, there exists consensus in literature that higher educated employees are less absent than lower educated staff. Employees with only primary education are up to three times more absent than personnel with tertiary education. Especially lower educated women are more absent than the educated staff. (OECD Economic survey: Sweden, 2005). The educational level of employees is strongly correlated to the position held in an organization. Later on, the position in which an employee is employed is discussed in relation to sickness absenteeism. In addition, the pay received is also strongly correlated with the employment and educational level and is examined later on as well.

### **Health Status**

It seems logical to assume a relation between health status and sickness absenteeism. Besides the various pressures to attend work, Steers and Rhodes (1978) explain that there is also such a thing as the ability to attend. Illness and accidents are two of the most important variables that determine the ability to attend and therefore sickness absenteeism. Many researches show that poorer health increases sickness absenteeism in general (Bonato & Lusinyan, 2004)

Thus there are several problems connected to using health as an independent variable for sickness absenteeism. The most obvious concern is how to measure health. Often life expectancy is used as a measure of health (OECD Employment Outlook, 2005). Another frequently used measure is the self

reported health situation. Using self reported health status is frequently biased and therefore limits the usability of the results.

Recent Swedish research (SOU 2002:62), as stated in the introduction chapter, found out that in general, the health level among the working population has improved, although sickness absenteeism is increasing.

Literature suggests there is a positive link between health promotion programs and sickness absenteeism reduction, not all programs are effective in every situation (Adams *et al*, 2000, Aldana & Pronk, 2001). Therefore, the effects health promotion programs should be carefully taken in consideration in order to be effective and reduce sickness absenteeism. The health promotion program should match the situation and the cause of the dissatisfied health status of the employees. (Aldana & Pronk, 2001)

Adams *et al* (2000) found that increasing the number of health promotion and health awareness programs does not decrease health risks per se although most often (medical) costs increase dramatically. Programs primarily aimed at improving health risk awareness the costs exceed the benefits. (Adams *et al*, 2000)

### **3.3.3 The influence of situational predictors on sickness absenteeism**

It can be concluded from the preceding part that there are countless demographic variables investigated in sickness absenteeism research. Likewise there is also an endless list of situational predictors examined. The most important and frequently studied situational variables are discussed in the following text.

#### **Level of employment**

As mentioned before, the educational level of an employee is positively related with the position in which he/she is employed. Keeping all other things equal, are higher educated people employed in higher positions. Previous investigations were rather successful in showing a relation between employment level and sickness absenteeism. Results consistently reveal a positive relation between level of employment and employee attendance. People in higher ranking positions are found to be less absent due to illness than people employed in lower positions. (Goldberg & Waldman, 2000). A possible explanation for the higher sickness absenteeism among the lower ranking employees is



frustration of failure of getting promotion (Schwarzwald *et al*, 1992). Another frequently mentioned argument that elucidates the lower sickness absence among higher positioned employees is that those higher positioned employees have more responsibilities. (Rosenblatt & Shirom, 2004)

### **Pay**

A second variable that is related to education level and position is the financial compensation or pay. Extensive research has been conducted to examine the relationship between level of payment and sickness absenteeism. Most researches failed to prove a direct significant negative relation between payment and sickness absenteeism. Instead there is evidence that pay is powerful proxy for other predictors of sickness absenteeism, e.g. education, position level, and job satisfaction (Rosenblatt & Shirom, 2004). Goldberg and Waldman (2000) were successful to show that pay does not directly alter sickness absenteeism, but does affect job satisfaction positively. In addition, various (financial) organizational incentive programs were found to be effective to reduce sickness absenteeism (Camp & Lambert, 2006).

Swedish investigation (SOU, 2002:62) made clear that the level of payment has an influence on sickness absenteeism. Nevertheless, changes in the financial reward of employees and changes in the employer's financial situation were too small to have a significant influence on the increasing sickness absenteeism ratio (SAFIR Anthology, 2004). It is confirmed by another study that the economic environment changed dramatically for individuals as well as for employers which has an impact on absenteeism (SOU, 2002:62).

### **Sector of employment**

Researches found significant differences in sickness absenteeism in different sectors of employment. Most investigations point out that sickness absenteeism is significantly higher in the public sector than in the private sector. Bergendorff *et al* (2004) found that in a selected number of European countries, sickness absenteeism is always higher in the public sector than in the private sector except in France and Germany, where absenteeism in both sectors is equal. As one of the possible explanations, the researchers argue that in the public sector relatively more women are employed. Moreover, in the Nordic countries, where the government is a comparatively large employer, this composition effect is rather large. Recent Swedish research (Mahmood & Skogman Thoursie, 2004) found large differences between specific sectors of employment. Even within different sectors in the public sphere, there are variations in sickness absenteeism. Most remarkable is the sickness absenteeism gap between private

health and childcare and municipality health and child care. In the latter is the average number of sick leave days 31 per year while in the other it is only 12 days per year. Both can be considered as extreme when compared to the Swedish national average of 25 sick leave days. (Mahmood & Skogman Thoursie, 2004)

### **Full-time or part-time employed**

Fagan and Burchell (2002) were one of the many that found that part-time employees are less absent due to sickness than full-time employees. These findings are generally supported by Third European Survey on Working Conditions (Paoli & Merllié, 2001). It is found by these investigators that part-time workers have more influence on when they work than full-time employees. Having more influence on the amount of hours worked and being flexible when to work, increases job satisfaction and reduces job related exhaustion and stress. For these reasons, sickness absenteeism is lower amongst part-time workers (Fagan & Burchell, 2002).

### **Employment protection**

Relatively little is known about the influence of labour law differences on sickness absenteeism. Interestingly, other laws and policies that influence the labour market are thoroughly investigated. Sufficient knowledge exists about the influence of social security systems on work absence. Less generous sickness benefits are often associated with less sickness absence (Hesselius, 2006).

The overall effect of employment protection legislation on sickness absenteeism behaviour remains somewhat misty. Investigation made clear that employees that are on probation are less absent than employees who are protected by formal employment protection. Ichino and Riphahn (2001) revealed that, as soon as employment protection was granted, sickness leave more than doubled. (Ichino & Riphahn, 2001).

The relation between employment protection and sickness absenteeism can probably be explained by using the same reasoning as used for the cyclical trend in absenteeism behaviour. In economic toughness, employees are typically scared to lose their job. Under this condition, it is often easier for employers to discharge employees and is it harder for employees to find new employment. (Bonato & Lusinyan, 2004). The fear of losing employment potentially explains both events.

### **3.4 Summary**

This chapter presents the theoretical framework that will be used throughout the paper. By using the Harvard model of HRM (Beer *et al*, 1984), a link is made between sickness absenteeism and HRM practice. New institutional theory (DiMaggio & Powell, 1991) describes the forces of coercive and mimetic isomorphism. The last sections of the chapter contain findings of previous investigations on the subject sickness absenteeism. In addition, the Steers and Rhodes (1978) model of employee attendance (appendix 1) is presented, upon which Brooke (1986) based his model of employee absenteeism (appendix 2). The latter model will be used as the theoretical foundation for the interviews conducted with the nursery school supervisors, teachers, and child minders.

The next chapter includes an overview of the sickness absenteeism problem in an international context. Such an overview provides insight in strongly varying absenteeism figures over the world.

## **4 Absenteeism in an International Context**

*"And I have again observed, my dear friend, in this trifling affair, that misunderstandings and neglect occasion more mischief in the world than even malice and wickedness. At all events, the two latter are of less frequent occurrence."*

*(Goethe, The Sorrows of Young Werther, 1774, Letter from May 4th)*

Many academics studied the causes of sickness absenteeism for a long time, as mentioned in the introduction and in the previous chapter of this research. Despite all this effort, the sickness absenteeism problem still exists and in many countries it has grown considerably ever since. To shed some light on the problem, the following text, section 4.1, embodies a situation analysis of the sickness absenteeism problem in an international context, and is later specified for the situation in Denmark and Sweden. In section 4.2 a comparison between the Danish and Swedish labour forces is made to check whether these differences explain the gap in sickness absenteeism between the two countries. In the final section of this chapter the implications for this study are discussed.

### ***4.1 International Perspective on Absenteeism***

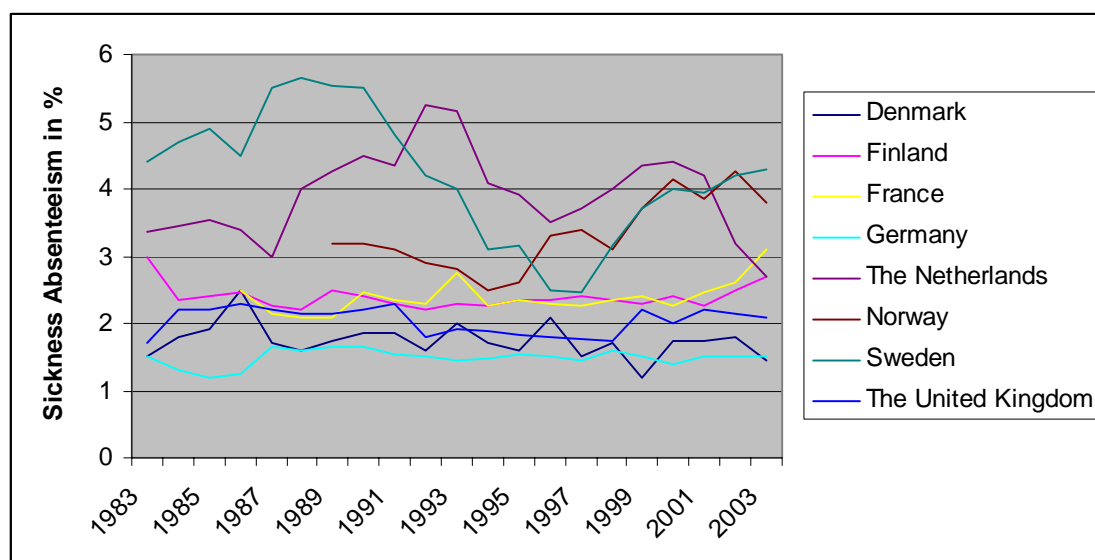
There are some difficulties regarding making comparisons between sickness absenteeism ratios throughout the world. The main concern is that the various institutions that measure sickness absenteeism use different measurements for the phenomenon. Measures used for sickness absenteeism vary from the average number of days lost annually per full-time employee due to sickness absenteeism, to regular absence ratios, which include or exclude the average duration of a sickness spell. Another problem regarding the comparability is the difference in time measurement. Most databases contain annual or quarterly sickness absenteeism statistics, while some others use average sickness absenteeism ratios per period to reduce the impact of shocks in sickness absenteeism. The intention is to supply an as reliable as possible impression of the sickness absenteeism problem in an international setting.

#### **4.1.1 Absenteeism in the World**

From graph 4.1 it can be derived that there is a fair degree of variation in sickness absenteeism between European countries. The Netherlands, Norway, and Sweden have the highest absenteeism

ratio of all, whereas Denmark and Germany have a consistently lower sickness absenteeism rate than the other countries. Moreover, Finland, France, and the United Kingdom have a fairly stable illness absence ratio (2-3%).

**Graph 4.1:** Sickness absenteeism rates in various selected European Countries<sup>3</sup>.



Source: Hesselius. (2006).

Some countries show rather large fluctuation in sickness absenteeism, e.g. the Netherlands. In 1983, the Netherlands was amongst the countries with a moderate sickness absenteeism ratio. Nevertheless, in less than a decade the Netherlands became the country with the highest sickness absenteeism ratio in the European Union. In 1991, the Dutch government introduced new legislation to prevent and reduce sickness absenteeism. From a record high sickness absenteeism ratio of more than 5% in the early 90's, the country succeeded in reducing sickness absenteeism to more acceptable levels. The main adjustment in the Dutch social security system was the privatization of the sickness insurance system. Moreover, after 1991, Dutch employers became fully responsible for the payment of sickness benefits to their employees for a considerable period (initially 1 year). In addition, the Dutch authorities adopted stricter control policies to prevent cheating<sup>4</sup> (De Jong & Lindeboom, 2004,

<sup>3</sup> Due to limited access to statistical databases or inability to find comparable data, the figure is based on Hesselius (2006), *Work absence and Social Security in Sweden*. Hesselius' figure is based upon various labor force studies.

<sup>4</sup> It must be noted that until 1991, a large part of the absent employees in the Netherlands were workers benefiting from the liberal and generous disability benefits insurance (*wet op de arbeidsongeschiktheidsverzekering*). In 1991, all people benefiting from this insurance were reassessed by special government physicians. Many of the over 900.000 people

Statistics Netherlands, 2006). While the Netherlands were successful in reducing sickness absenteeism in the 1990's, Norway experienced a strong increase. Sickness absenteeism increased in Norway from about 3% in 1989 to more than 4% in 2002. Statistics Norway (2006) reported an even higher employee sickness absence ratio of 7.8% in 2002 and 6.7% in 2005. Finally, Sweden also has a far from stable and admirable illness absenteeism ratio. Possible explanations for the high sickness absenteeism in Sweden are provided later on in this chapter in section 4.1.3 on sickness absenteeism in Sweden.

#### **4.1.2 Sickness absenteeism in Denmark**

When comparing sickness absenteeism in the four Nordic countries, Denmark experiences the lowest level of sickness absenteeism. Straightforwardly, costs regarding sickness absenteeism, direct and indirect costs, are considerably lower in Denmark than in Iceland, Norway, and Sweden. Sickness absenteeism in Denmark is relatively low compared to other major European economies (see graph 4.1: Sickness absenteeism rates in various selected European Countries). Only Germany has a comparable or sometimes marginally lower sickness absenteeism ratio (Bonato & Lusinyan, 2004, Hesselius, 2006).

Unfortunately the Danish statistical bureau only keeps track of sickness absenteeism in the public sector. Only since 2005 there are also figures available for the municipal sector. No information is provided on sickness absenteeism in the private sector (Statistics Denmark, 2006). All figures presented in the following text (section 4.1.2) refer to sickness absenteeism in the public or municipal sector in Denmark.

Nationwide, Denmark experienced a sickness absenteeism ratio of 3.82% in 2005. The major part of sickness absenteeism was caused by personal sickness, whereas only a small part was the result of sickness of children or work-related injuries (respectively 3.54%, 0.21%, and 0.07%). Sickness absenteeism increased marginally over the last two years. In 2003, total sickness absenteeism amounted 3.52 %, while in 2004 illness absence was a touch lower, 3.48%. The fluctuation in sickness absence is almost entirely caused by changes in personal sickness and not by variation in children's sickness or by work-related injuries (Statistics Denmark, 2006). Unfortunately there is no reliable historical sickness absenteeism data available for Denmark besides the data presented in

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enjoying this social benefit were found to be at least partially fit to be reintegrated in the labour market (De Jong & Lindeboom, 2004).

<sup>5</sup> Note the difference in measurement of absenteeism. Absenteeism in figure 1 uses absence spells during a particularly week of research, while Statistics Norway (2006) uses absenteeism figures calculated over the whole year.

graph 4.1. Although the graph uses a different measurement for sickness absenteeism than Statistics Denmark, it can still be concluded that absenteeism due to illness in Denmark is low compared to other European countries. Furthermore, sickness absenteeism in Denmark can be described as fairly stable (Hesselius, 2006).

In Denmark, female workers are more absent than male employees. In 2005, illness absenteeism among women was 4.66%, whilst under male workers this was only 3.26%. Interestingly, women are more often absent due to sickness of children than men (respectively 0.31% and 0.15%). On the other hand, men are more often the victim of work-related injuries or accidents. Sickness absenteeism as a result of work-related injuries and accidents was in 2005 0.08% for male and only 0.05% for female workers. Overall, sickness absenteeism as a result of children sickness and work-related injuries was more or less stable over the last three years. (Statistics Denmark, 2006).

There are some geographical differences in sickness absenteeism in Denmark. This study only takes the Copenhagen region into account. In this region illness absenteeism was 3.98% in 2005, which is above the national level of 3.82%. Moreover, sickness absenteeism developed in a similar pattern in the Copenhagen region as in the rest of the country. Sickness absenteeism increased since 2003, but was lower in the year 2004. Additionally, absenteeism due to illness is explained by a comparable extent by own sickness, child sickness, and occupational injuries in the Copenhagen region as it is in the rest of the country. (Statistics Denmark, 2006)

There are also some differences in sickness absenteeism per occupational sector in Denmark. Sickness absenteeism in the educational sector is 3.06%, while in the agricultural sector it is 3.85% (year 2005). Sickness absenteeism in the educational sector is relatively low compared to the national level of 3.82% in 2005. (Statistics Denmark, 2006)

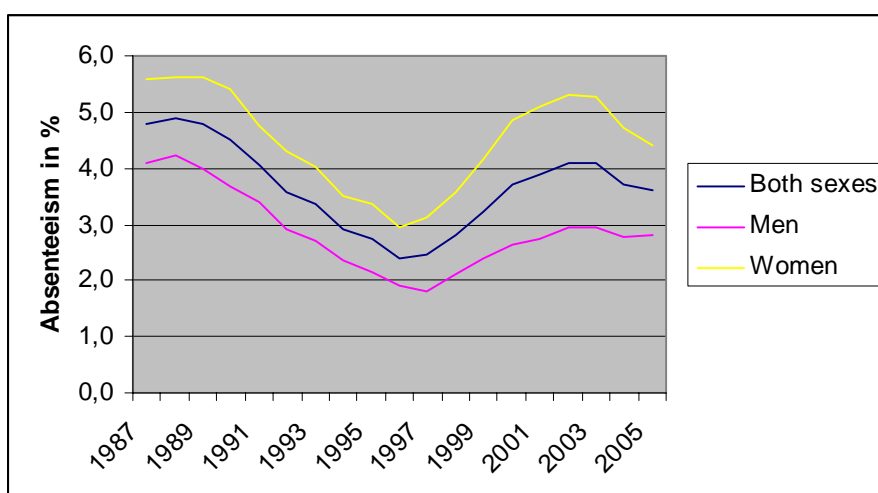
#### **4.1.3 Sickness absenteeism in Sweden**

Sickness absenteeism is a serious problem for the Swedish economy, which it has been for a long time. The Swedish sickness absenteeism ratio always ranks amongst the highest in the world, if not the highest, depending on the measurement used and the time of measure (see graph 4.1). In 2002, Sweden lost on average 25 working days per employee as a result of sickness, which is far more than in other OECD countries. In the OECD area, Norway ranks second with 21 days lost. (Bonato & Lusinyan, 2004)

When looking at the average sickness absence rate over the period 1995-2003, Sweden ranks second after the Netherlands, respectively 5.3% and 6%. Although Sweden performs better than the Netherlands, Sweden still underperforms, since the average in the OECD is about 3%. (OECD Economic Surveys: Sweden, 2005). No matter what measure of sickness absenteeism used, all signal the same; absenteeism due to illness in Sweden is extremely high and therefore it can be considered a significant problem. Not only are there hefty direct costs associated with sickness absenteeism in Sweden (e.g. sickness leave benefits), but also sky-high indirect costs.

Sickness absenteeism is already for three decades an important issue on the Swedish political agenda. Therefore, much research is conducted on this subject and relatively much reliable data is available. In graph 4.2, Swedish sickness absenteeism from 1987 till 2005 is presented. There are several interesting things to be observed from this figure.

**Graph 4.2:** Sickness absence Swedish employees due to illness, 1987-2005.



Source: Statistics Sweden (2006).

First of all, the large gap between male and female sickness absenteeism is remarkable. The average sickness absenteeism among men in this period was 2.87%; while among female workers was 4.53% (average both sexes 3.66%). A second fascinating observation is the strong cyclical pattern in sickness absenteeism in Sweden. In the early 1990's, when the dramatic financial crisis emerged in Sweden, sickness absence declined significantly. The IMF calculated a correlation between sickness absence and unemployment of -0.51 in Sweden, while other countries score significantly lower (Bonato &



Lusinyan, 2004). By the end of 2006, the average sickness absenteeism rate in Sweden was 3.6% (male 2.8%, female 4.8%) (Statistics Sweden, 2006).

It became apparent in an OECD survey (2005) that slightly more than 50% of the people that receive sickness or disability benefits in Sweden, do not perceive themselves as being sick or disabled. The average in the European Union lies significantly lower; only 30% of the absent people are not really ill according to their own opinion. The high percentage of people that do not view themselves as being sick or disabled, although receiving social sickness benefits, together with the strong cyclical movements in Swedish sickness absenteeism, suggests that receiving sickness benefits is relatively easy in Sweden (OECD Economic Surveys; Sweden, 2005).

The average sickness absenteeism in Sweden in 2006 was 3.6%. Absenteeism due to illness differs per geographic region. Gotland has the country's lowest sickness absenteeism ratio (2.5%), whereas Norrbotten, Södermanland, and Västmanland have sickness absence ratios of 3.9%. The Skåne region, in which Malmö is situated, has a slightly lower sickness absenteeism ratio than the national average, 3.5% (Statistics Sweden, 2006). Therefore, it can be assumed that Malmö is more or less representative for the whole nation regarding the sickness absenteeism topic.

Sickness absenteeism is typically higher in the public sector than in the private sector, as can be concluded from the third chapter. Sweden is no exception to these findings (e.g. OECD Economic Surveys: Sweden, 2005). Sickness absenteeism in the Swedish public sector is 3.8% over the period 1996-2000, while in the private sector absence is only 2.8%. That publicly employed people are more absent than privately employed colleagues, is typically a larger problem in countries with a large public sector like Sweden. Moreover, in Denmark there are also many people employed in the public sector, although the difference between sickness absenteeism in the public and private sector is only 0.2% (1.7% and 1.5% respectively). (Bergendorff *et al*, 2004)

## ***4.2 Comparative Labour Force Characteristics***

The labour forces of Denmark and Sweden are fairly similar and therefore comparable. Even though there are great similarities in the labour forces of these Scandinavian countries, there are still some differences. These differences in labour force characteristics are potential reasons for the observed difference in sickness absenteeism between both countries. The following part analyses whether these differences are the explanation of the observed difference in employee sickness absenteeism between Denmark and Sweden.

Both Denmark and Sweden have a relatively high female participation rate compared to many other countries. The average female participation rate over the period 1995-2003 was in Denmark 70.26% and in Sweden 71.32%, whereas the average female participation rate in the same period was only 54.66% in the OECD area. Since women tend to be more frequently absent due to illness compared to men, the observed difference in the female participation rate marginally explains the observed difference (OECD Employment Outlook, 2005).

A second difference in labour market characteristics between Denmark and Sweden is the percentage of part-time workers. Sweden has a lower share of part-time workers than Denmark. However, both Denmark and Sweden have a higher share of part-timers compared to the OECD average. Between 1995 and 2003, the average share of part-time workers was 16.21% in Denmark and 14.21% in Sweden, while only 12.62% in the OECD area. Evidence shows that part-time employees are less likely to be absent due to sickness than full-time workers (Fagan & Burchell, 2002). This observed difference between Denmark and Sweden also explains some of the difference in sickness absenteeism between the two nations (OECD Employment Outlook, 2005).

Despite the fact that Swedish employees are more often hired on a full-time basis than their Danish peers, the number of total hours actually worked is lower in Sweden. While on average a Danish employee works 29.49 hours per week, the Swedish colleague works only 28.01 hours (average over period 1995-2003). Using the same rhetorical explanation as in the preceding part, it is expected that people that work fewer hours per week are less absent due to illness than those who work more hours. Therefore, it is expected that Swedish employees are less absent than Danish ones. (OECD Employment Outlook, 2005)

A final difference is that in general Swedish people are healthier than Danes. On average, the life expectancy, in the period 1995-2003, is substantially higher in Sweden than in Denmark. At birth life expectancy in Denmark is 76.51 years, while Swedish people are expected to live more than three years longer (79.52 years). Most sickness absenteeism investigations identified a significant and positive relation between a person's health status and attendance (Bonato & Lusinyan, 2004). The higher life expectancy is an indicator that Swedish people are in general healthier than the Danes. Straightforwardly, it is argued that countries with a healthier population (higher life expectancy) experience less sickness absenteeism. Clearly, this is not what is observed in the case of Denmark and Sweden. (OECD Employment Outlook, 2005)

Adding all these effects up, it can be concluded that differences in demographic factors in the labour force do not explain the observed difference in absenteeism at all. (See table 4.1).

**Table 4.1:** Effects of demographic and labour force differences on absenteeism.

	<u>Per cent</u>
Swedish sickness absence rate (1995-2003)	5.20
Danish sickness absence rate (1995-2003)	2.30
Difference between Denmark and Sweden	2.90
The impact from having...	
... a higher female labour force participation	0.05
... a lower share of part-time employment	0.64
... lower average hours of work	(0.23)
... longer life expectancy	(0.48)
Total difference explained by demographic and labour market forces	(0.02)

*Source:* OECD. 2005. OECD Employment Outlook. OECD. Paris.

### ***4.3 Implications of the Absenteeism in an International Context***

All figures and data as presented in this chapter are in general in line with the finding of the research by the National Institutes of Occupational Health in Denmark, Iceland, Norway, and Sweden (AMI, 2003). Although, it must be concluded that the statistical information of Statistics Denmark and Statistics Sweden are not comparable. All studies used in this section (European Foundation for Improvement of Living and Working Conditions (2003), Hesselius, (2006), IMF (Bonato & Lusinyan, 2004), OECD (OECD Economic Surveys: Sweden, 2005, OECD Employment Outlook, 2005), and the National Institutes of Occupational Health in Denmark, Iceland, Norway, and Sweden (AMI, 2003)) show a great gap in sickness absenteeism between Denmark and Sweden. Only the two national statistics bureaus show no difference. This is considered to be enough proof that the figures of Statistics Denmark and Statistics Sweden are not comparable. Unfortunately, these two statistical institutions do not clearly present how sickness absenteeism is measured. Therefore, it could not be determined why the figures are not comparable.

To overcome this problem, sickness absence data from the OECD (OECD Economic Surveys: Sweden, 2005, OECD Employment Outlook, 2005) is used through the study. OECD Statistics are widely accepted as reliable and comparable.

Despite the difficulties concerning the comparability of the data, it can be concluded that sickness absenteeism in Denmark is lower than in Sweden. In addition, it can also be stated that the difference in sickness absenteeism between Denmark and Sweden is not the result of differences in labour force characteristics like; health of the population, female labour force participation, number of hours actually worked, and percentage of full time employment. As predicted by table 4.1, variations on the national level on these variables in Denmark and Sweden only explain 0.02% of the observed difference in absence.

Since sickness absenteeism differences cannot be explained by differences in the national labour forces of Denmark and Sweden further research is needed, as is conducted in this study.

#### ***4.4 Summary***

The fourth chapter shows that there are great differences in sickness absenteeism throughout Europe. Moreover, it is made clear that sickness absenteeism ratios are in many countries rather volatile. In addition, sickness absenteeism in Denmark and Sweden is placed in an international context. Finally, the chapter explains that the observed difference in sickness absenteeism between Denmark and Sweden is not the result of differences in labour force characteristics.

The proceeding chapter resembles the methodology applied in the study. It explains how data is collected at each of the three levels of the research.

## **5 Methodology**

*“I have possessed that heart, that noble soul, in whose presence I seemed to be more than I really was, because I was all that I could be.”*

*(Goethe, The Sorrows of Young Werther, 1774, Letter from May 17th)*

In this chapter the perspective of the study and the three levels on which it was conducted, are described, section 5.1. The main features of iterative grounded theory are discussed in section 5.2. In the proceeding section 5.3, an evaluation of the research is given, using alternative measures for validity and reliability. Institutional theory is presented and moreover, the design of the interview questions and several alternative quality measures for the research are discussed. Finally, the procedure regarding the selection of nursery schools and the interview setting are brought up.

### **5.1 Perspective**

This study on the reasons for the observed difference in sickness absenteeism between Denmark and Sweden has been conducted, as mentioned, on three levels; (1) the national level, (2) the organizational level and (3) the individual level. Sickness absenteeism policies, statistics, and the perception of people of these policies are compared and evaluated at each of these three levels (European foundation, 1997). Differences are described and later explained.

#### **5.1.1 The national level**

At the national level, the general policies regarding sickness absenteeism in Denmark and Sweden are evaluated and compared. Furthermore, a comparison of national sickness absenteeism is made in an international setting. On the national level, the local and national governments have a strong influence on nursery schools. This influence is in literature referred to as ‘coercive isomorphism’ and results in homogeneous organizations (DiMaggio & Powell, 1991). Details on this phenomenon are described in chapter 3 of the paper. The legislation on the national level is assumed to influence the behaviour of individual employees. The ease of receiving sickness benefits potentially has an impact on sickness absence and sickness presence behaviour. In previous chapters these concepts were linked to mimetic isomorphism, as described by DiMaggio and Powell (1991).

Data was primarily collected from primary sources. The main source for international sickness absence data were two publications by the OECD, namely the OECD Economic Surveys: Sweden and OECD Economic Outlook both from 2005.

Information needed for making a comparison between the national policies regarding sickness absenteeism was derived from the European Commission for Employment, Social Affairs, and Equal Opportunities. This commission makes comparisons between national employment protections laws of the European member states (plus Norway and Switzerland). Furthermore, the dynamics of the sickness benefits systems in Denmark and Sweden were investigated, mainly using statistics from the OECD (OECD Employment Outlook, 2005).

### **5.1.2 The organizational level**

At the organizational level, sickness absenteeism policies were investigated. Information about the organizational policies and actions taken to prevent sickness absenteeism was collected from in-depth interviews with supervisors of the nursery schools. Furthermore, various brochures about the different nursery schools were received from the supervisors. In addition, the situation concerning sickness absenteeism at the specific nursery schools and the regional area in which the nursery school are situated was discussed with the supervisors. The organizational policies at the nursery schools in Denmark and Sweden were compared in order to evaluate similarities and differences between the sickness absenteeism policies in the neighbouring countries.

### **5.1.3 The individual level**

Information on the individual level was primarily collected by conducting in-depth interviews with the supervisors, teachers, and child minders at the nursery school. The interviews were conducted at four nursery schools, two in Copenhagen, Denmark, and two in Malmö, Sweden. At all nursery schools five nursery school teachers or child minders were interviewed, except at one of the Danish schools only four interviews were conducted. The interviewees were asked questions related to sickness absenteeism. The questions were based on Brooke's (1986) employee absenteeism model (see appendix 2). More about how the interview questions were exactly constructed is presented later in the section interview design (5.5).

## ***5.2 Iterative Grounded Theory Approach***

This comparative study between Denmark and Sweden can be characterized as qualitative. No statistical relations are tested. The research tries to provide a better and deeper understanding of the sickness absenteeism problem. The loosely structured interviews used a checklist rather than as a fixed list of questions. This questions checklist is well-grounded (based) on previous sickness absenteeism theory. The data retrieved from the interviews is analysed with so called iterative grounded theory, which is a suitable method to evaluate quantitative data in the field of social sciences (Orton, 1997). Iterative grounded theory can be described as an approach somewhere between inductive theory and deductive theory verification, where the researcher is positioned between process theory and process data (Orton, 1997).

The methodology applied in the study can be characterized as iterative grounded theory. The authors do not believe in the positivistic or realistic view of the world, but rather view themselves as social realists. Therefore, a research design that assumes the existence of one true social world is not appropriate for the investigation. A study in this field is hard to be designed in advance. Therefore, methods including research improvisation, flexibility and an open mind are more appropriate. The basic presumption is that the world is a social construction that only exists in the minds of its actors. Several research techniques were used to respond to the research and investigation questions in the existing world.

After defining the research questions, the process of theory sampling began. The data collection subsisted in finding relevant statistics regarding sickness absenteeism (the national level) and interviewing the nursery school supervisors, teachers and the child minders at the selected organizations. Based on the principle of iterative grounded theory (Orton, 1997), the studied nursery schools are viewed as complex organizations, the study of which requires an ongoing confrontation between theory and data. No strict causal relations are assumed but the problem at stake is approached as being a rather complex organizational process, built up by loosely coupled systems. Testing causal relations in such a case has little use. Eventually some theoretical claims about the processes of creating strategy in a loosely coupled system arose.

### 5.3 Evaluation of the Research

This study, as mentioned before, has a qualitative nature. Bryman and Bell (2003) recommend using alternative criteria for evaluating qualitative research. They suggest using trustworthiness instead of validity and reliability.

#### 5.3.1 Trustworthiness

Trustworthiness involves the following four criteria: credibility, transferability, dependability and confirmability. The first two criteria relate to what is traditionally referred to as validity (respectively internal and external validity). The latter concepts respectively relate to reliability and objectivity. Confirmability is not discussed in this section, since it strongly depends on the faith in the researchers.

##### **Credibility**

The credibility of the research is validated by constantly checking whether the responses of the interviewees are correctly understood. Respondent validations (Bryman and Bell, 2003) would have been a more suitable technique. Using such a technique requires a lot of extra time and effort from both the interviewees and the authors. Since the respondents had relative little time available to participate in the research, it was decided not to use respondent validation techniques. After the interviews the responses were discussed with the interviewees to check whether answers were understood correctly.

The credibility should also be safeguarded by clearly identifying the methods of data collections and describing how the research was conducted. To furthermore guarantee the credibility, the dependent variable must be clearly defined. In this case, sickness absenteeism relates to unscheduled absenteeism with health issues as official reason (see chapter 2 for a detailed definition of sickness absenteeism). The interview questions used in this study are, as mentioned before, based on Brooke (1986). Again the fact that the questions are based on this investigation, the credibility of the research is assured.

The qualitative approach of the research and the semi-structured interviews gave an opportunity to interact with the respondents and ask supplementary questions when required. This decreases the risk for misunderstandings, improves understanding, and enriches the data gathered. Another advantage of in-depth interviews is that the interviewer can observe fine-tuned differences and nuances in the respondents' verbal and physical communication.



### **Transferability**

The external validity of qualitative research remains an empirical question. Since it is argued that the studied phenomenon is a rather complex matter, depending on several loosely related systems, the external validity is limited. Extensive and precise description of the methodology applied, somewhat improves the transferability in general. In one of the later chapters, strong coercive pressures that result in comparable situations in nursery schools within Denmark and Sweden are described. This might improve the overall transferability. For example, the national pedagogical plans, which have to be followed, result in a more or less comparable situation in all nursery schools.

### **Dependability**

Dependability is ensured by describing every single step taken in order to achieve the final results. The interviews conducted with the nursery school teachers and child minders touch sensitive subjects. Therefore, these respondents were guaranteed to remain anonymous in the research. This promise reduces the dependability on the research in general. A list of the nursery schools that participated in this research is included in the appendix and includes the names of the supervisors and their contact information. (See appendix 8).

Since this study is cross-sectional, it presents only a snapshot in time. Repeating the study at another point in time might result in different research findings. This especially holds, since the findings depend strongly on the political situation and other environmental pressures. For example, the perception of the employees of the sickness benefit system will change if the sickness benefit system itself changes. Since there are frequent changes in these systems in general, the study naturally depends upon the contextual circumstances.

However, changes on the national level could alter general cultural attitudes towards sickness absenteeism. A longitudinal study would be able to notice any cultural differences towards sickness absenteeism. Performing a longitudinal study was not possible since one is never sure when there are changes going to be made on the national policies regarding sickness absenteeism and when these changes become visible on the organizational and individual level.

## ***5.4 Selection of Study Object***

In the report 'Sick leave in the Nordic countries' (AMI, 2003), sickness absenteeism in the Nordic countries is compared. Information is given about the difference in sickness absenteeism between

Denmark and Sweden. The European foundation (1997) publication compares general sick leave figures. Since absenteeism is relatively high among female workers and in the public sector (Statistics Sweden 2004:3, 2004) the decision was made to conduct research on sickness absenteeism at public nursery schools. The nursery schools included in this study are all public organizations dominated by female workers.

### **5.5 Interview Design**

The interviews, especially those for the nursery school teachers and child minders, are extensively based on the independent variables used by Brooke (1986) (appendix 2) of employee absenteeism. The following text explains how the interview questions for the nursery school teachers and child minders are constructed and to which investigation questions they relate. An English version of both interviews for the supervisors and teachers/child minders are attached as an appendix, respectively appendix 6 and 7.

Before conducting the interviews the interviewees were asked whether they understand the background and goals of the research. Before the interview started, a short description of the research was given. It is important that the interviewees do not give biased answers, e.g. only desirable answers (Easterby-Smith *et al*, 2004). Therefore, the precise goals and objectives of the study were kept secret.

#### **Semi-Structured Interviews**

The conducted interviews can be described as semi-structured. The semi-structured interviews mostly consisted of open questions. The semi-structured character of the interviews gave the interviewees the opportunity to answer freely. From the interviewer's perspective this had as advantage to go deeper into various questions in order to retrieve vital details. The fact that the respondents could freely and without constraints answer the questions, gave new insights in the problem. On top of this, the used interview technique resulted in detailed answers, something which would have been difficult to achieve with (closed) highly structured questions (Patel & Davidson, 1994).

##### **5.5.1 Interviews with Nursery School Supervisors**

The questions asked to the nursery school supervisors are primarily designed to get an answer on the second investigation question. The second investigation question is aimed at revealing differences at the organizational level between Denmark and Sweden. The answers of the supervisors are potentially

also valuable for finding the answer on the first investigation question. The first investigation question is meant to detect differences on the national level between the two Scandinavian countries.

To ease and comfort the interviewees, the interview starts with a rather general question, which is easy to answer (Easterby-Smith *et al*, 2004). The supervisors of the schools are asked to describe their nursery school and the geographic location. Their answer will also tell something about the comparability of the visited nursery schools.

The remaining questions are supposed to investigate whether Danish and Swedish nursery schools handle sickness absenteeism in a similar way. Differences at the organizational level can explain the observed difference in sickness absenteeism between Denmark and Sweden. These questions are furthermore relevant to check whether there are differences between national legislation towards sickness absenteeism and what is actually done on the workplace in case of sickness absenteeism. In addition, it was tried to reveal any differences between official policies on the organizational level and what is again actually done.

### **5.5.2 Interviews with Nursery School Teachers**

The first nine questions relate to the independent variables used in the absenteeism model of Brooke (1986), appendix 2. These questions are supposed to (partly) provide the answer to the investigation questions three, four, and five. These three questions are designed with the intention to disclose differences at the individual level.

The first two questions of the interview, together with question 9, refer to job satisfaction as described by Brooke (1986). Although there is substantial evidence in literature that job satisfaction is at most a weak predictor for sickness absenteeism, it is included in the interview for good reason. (Goldberg & Waldman, 2000). The main reason to include these questions that relate to job satisfaction is to give the interviewees the opportunity to talk a little about their job. Giving the interviewees something to talk about where they can easily relate to is a good start of an in-depth interview, since the interviewees must feel comfortable (Easterby-Smith *et al*, 2004).

The third question relates to what Brooke (1986) calls 'centralization'. This term refers to how important a job in general is, and how essential this specific job is for the interviewee. It is assumed that people that are fairly dependent on a job are less absent due to illness compared to those that

regard a job as less vital. A job can play a central role in one's life for financial or social reasons. (Brooke, 1986)

Brooke (1986) also discusses the concept of role ambiguity. This concept is covered in the interview by question four: "How clearly are work tasks defined at work?" Ambiguity at work can lead to reduced health and dissatisfaction at the workplace, and could therefore have an impact on absenteeism. (Brooke 1986)

Question five discusses how the interviewees perceive the workload, which is called work overload by Brooke (1986). A high perceived workload leads to job related stress and has, according to Brooke (1986), an influence on alcohol abuse and reduces health and satisfaction.

Interview question six links to various variables of the absenteeism model (Brooke, 1986). Whether the employees feel appreciated by supervisors, colleagues, and children relates to various variables, like disruptive justice and satisfaction. Whether the employees feel financially appreciation obviously refers to the payment. Lower appreciation is assumed to increase sickness absenteeism. (Brooke, 1986)

The aspect of centralization is covered by how the employees perceive the decision making process. The interviewees are asked whether they have the feeling that they can influence the decision making process at their work. Is it perceived as democratic or more as top-down? More hierarchical organizational structures have in general higher sickness absenteeism than do decentralized organizations, *ceteris paribus*. (Steers & Rhodes, 1978)

The routinization variable of Brooke (1986) is covered in the interviews with the teaching staff in question 8. The respondents are asked whether their job has enough variation. More variation is supposed to increase job satisfaction and decrease sickness absenteeism. (Brooke, 1986)

Questions ten to thirteen are supposed to answer investigation questions 6 and 7. These interview questions are aimed at revealing the perception of the employees in Denmark and Sweden of sickness absenteeism legislations in their country and within the organization they are employed. Question ten is designed to check whether the respondents in the two countries are aware of how the sickness benefits system works. When the respondents are not aware of how much money they receive in case of sickness, they are not capable of calculating the costs of being absent. Such a finding would contradict the fact that many researchers found a positive link between reduced cost of sickness absenteeism and sickness absenteeism behaviour (e.g. Bonato & Lusinyan, 2004).

### ***5.6 Selection of Nursery Schools***

Performing a comparative study requires comparable objects in order to get usable and comparable data. The study was performed at in total four nursery schools, as mentioned above, whereby two are located in Copenhagen and the other two are situated in Malmö. Copenhagen ([www.copenhagen.dk](http://www.copenhagen.dk)) is the capital of Denmark with over 2 million inhabitants and Malmö ([www.malmo.se](http://www.malmo.se)) is the third largest city in Sweden with approximately 300.000 citizens. The cities are situated in the same geographical area and are relatively large for Scandinavian standards. The cities were for centuries separated by the Öresund, but were linked together by the Öresund Bridge in July 2000. This event made it possible for many Danes to move to the other side of the water for e.g. financial reasons and remain working in their home country. Houses are less expensive in Southern Sweden than in the Copenhagen area and furthermore it became easier for the people in the South of Sweden to start working in Copenhagen, which is financially rather attractive. The selected nursery schools are all positioned just outside the city-centre in socio-economically comparable areas with a population with comparable demographics, dominated by the (upper) middle class. The Swedish nursery schools, Hästhagen nursery school and Ribersborg nursery school belongs to the south-western part of Malmö, Slottsstaden. The studied organizations in Copenhagen, Englandsvej nursery school and Vestre Bygaten nursery school, are to be found just over the Swedish-Danish border in Tårnby municipality (see appendix 8 for detailed information). All the nursery schools under consideration are public nursery schools. The fact that each and every nursery school is situated in a middle class area and belongs to the public sector makes them to a reasonable degree equivalent and comparable to each other. The selected nursery schools are of about the same size. See section 6.2 for more information on the size of the schools. All children fall in the age category 1 to 5 years.

Besides the supervisors, all other interviewees were randomly selected. Despite the fact that the nursery school teachers and the child minders had difficulties to participate due to time constrains, a representative selection of candidates participated in the study. All participants took plenty of time and effort to answer the questions as precisely as possible. Moreover, demographic variables, e.g. age, sex and tenure, were considered in order to make the selection of interviewees as representative as possible. See the table below for detailed information.

### ***5.7 Interview Setting***

The interviews were conducted in a separate room at the nursery schools. The familiar and isolated environment allowed the interviewees to feel secure and safe to answer the questions in an honest and

open way. It is assumed to be important not to be disturbed during the interviews since the interviews cover some sensitive subjects, like relationships with supervisors and colleagues. Since the interview questions were open, the respondents were able to influence the time needed to conduct the interviews. One interview took approximately one hour.

**Table 5.1:** Demographic variables of respondents.

School 1 SE	Respondent 1	Respondent 2	Respondent 3	Respondent 4	Respondent 5
Sex:	F	F	M	M	F
Age:	35	54	33	52	41
Function:	Teacher	Child Minder	Teacher	Child Minder	Teacher
Tenure current school:	4 years				
Tenure total:	12-15 years	28 years	4-5 years	10 years	5 years
School 2 SE	Respondent 1	Respondent 2	Respondent 3	Respondent 4	Respondent 5
Sex:	F	F	F	F	M
Age:	55	54	47	32	46
Function:	Teacher	Child Minder	Teacher	Teacher	Child Minder
Tenure current school:	3 years		3 years	4 years	
Tenure total:	2 years	15 years	19 years	10 years	4-5 months
School 1 DK	Respondent 1	Respondent 2	Respondent 3	Respondent 4	Respondent 5
Sex:	F	F	M	F	F
Age:	55	20	37	53	58
Function:	Child Minder	Child Minder	Teacher	Teacher	Teacher
Tenure current school:	5 years		9 months	13 years	
Tenure total:	34 years	1 year	7-8 years	28 years	> 1 year
School 2 DK	Respondent 1	Respondent 2	Respondent 3	Respondent 4	
Sex:	F	F	M	F	
Age:	35	30	34	32	
Function:	Teacher	Child Minder	Teacher	Child Minder	
Tenure current school:					
Tenure total:	2 years	3-4 years	2 years	1 year	

### **Interview Conduction**

The first interview was conducted by the two authors collectively. This was done in order to practice and to try whether the questions were relevant and provided satisfactory answers. No sincere problems with the prepared interview questions were detected. The first interview gave enough confidence to decide to conduct the remaining interviews on a one-to-one basis. Experience learned

that performing interviews on a one-to-one basis has as major advantage that the interviewees seemed to be more confident and self-assured to reveal personal opinions and feelings. Obviously, conducting the interviews individually also had a considerable positive effect on time effectiveness of the interviews.

### **Language of the Interviews**

The interviewees were asked which language they preferred, either Swedish/Danish or English. In order to generate satisfactory answers, the interviewees must feel comfortable with the language of the interview. This is especially important during an open question in-depth interview, since the interviewees are supposed to express their precise feelings and experiences.

Conducting interviews in multiple languages might result in translation problems. It is assumed that there was no loss of meaning when the answers were translated from Danish-Swedish into English, since one of the author's mother tongue is Swedish and studied Danish language extensively. She worked as a translator for a Danish company.

### **No Tape Recording**

The interviews with the respondents were not recorded on tape. There are several pros and cons attached to the use of tape recorder during interviews. One of the most important benefits of using a tape recorder is that the interviewer can pay more attention to the respondent. Since no tape recorder was used, the authors had to make extensive notes to guarantee that no information was lost. On the other hand, a significant drawback of taping interviews is that some interviewees might feel unconfident or nervous when their answers are tape recorded (Patel & Davidson, 1994). Since sickness absenteeism remains a sensitive issue, it was decided not to use a tape recorder during the interviews.

### **The Interviewer Effect**

In general, the behaviour of the interviewer has an effect on the interviewee and his/her behaviour and/or answers. This phenomenon is referred to as the interviewer effect. (Patel & Davidson, 1994). In order to by-pass the interviewer effect, a researcher should act as neutral as possible. In addition, the open questions used in the interviews are also constructed as neutral as possible. Neutrality of the

questions prevents biased answers and allows the respondents to answer the questions freely, without being influenced by the interviewer.

### **5.8 Summary**

The methodology framework of the study was presented in this chapter. It was explained how data was gathered on each of the three levels of the investigation. A link was made between Brooke's (1986) model of employee attendance and the questions asked during the interviews. Furthermore, the credibility, transferability, and dependability were presented as alternatives for validity and reliability. In addition, the selection of nursery schools was discussed as well as the interview setting. It can be concluded that the included schools are more or less comparable regarding size and socio-economic location.

The following chapter shows the findings of the research. Some interesting differences between Danish and Swedish nursery schools are discovered.



## **6 Empirical Results and Analysis**

*"[...] the man who, solely from regard to the opinion of others, and without any wish or necessity of his own, toils after gold, honour, or any other phantom, is no better than a fool."*

*(Goethe, The Sorrows of Young Werther, 1774, Letter from July 20<sup>th</sup>)*

In the following text the empirical results on each of the three levels included in the study are presented. In section 6.1, the results of the data analysis on differences in institutional legislation are presented. Hereafter, the empirical results obtained for the interviews conducted with the supervisors and teaching staff of the nursery schools in Denmark and Sweden are reported and compared in the sections 6.2 and 6.3.

In the preceding chapters the theoretical background of the study is constructed. The European Foundation for Improvement of Living and Working Conditions (Euro Found, 1997) identified three forces from distinct levels that influence employee sickness absenteeism behaviour; the national, organizational, and individual level. The Harvard model of HRM (Beer *et al*, 1984) is used throughout the paper to link sickness absenteeism to common HRM practice. New organizational theory (DiMaggio & Powell, 1991) helps to explain the influence of external forces, as presented in the Harvard model, on sickness absenteeism. Coercive isomorphism is supposed to have an impact on the organizational structure of the nursery schools and mimetic isomorphism could explain employees' sickness absence and sickness presence behaviour. Finally, Brooke's (1989) model of employee absenteeism (appendix 2) is used to frame the interviews conducted with the supervisors and teaching staff.

### ***6.1 Findings on the National level***

It is well accepted that the national policies and legislations regarding sickness absenteeism have a substantial influence on sickness absenteeism behaviour. Therefore, differences in these policies and laws can explain the observed differences in sickness absenteeism ratios across the globe. Many investigations show a positive relation between a reduction in the generosity of the sickness insurance system and disability insurance system and sickness absenteeism. (Bonato & Lusinyan, 2004,

Hesseliuss, 2006) The personal costs of being absent strongly influence absence behaviour. Higher costs associated with being absent generally lower absenteeism. (Johansson & Palme, 2002, Palme & Svensson, 2003). Johansson and Brännäs (1998) conducted an elaborate study on the elasticity of the cost of being absent. Their research reveals that a 1% increase in the costs of being absent will result in a 1.8% to 2.7% decrease in absenteeism behaviour.

In the context of sickness absenteeism prevention the national sickness and disability insurance systems and labour laws have a significant and direct influence on sickness absenteeism (Bonato & Lusinyan, 2004). The following text starts with giving an impression on sickness and disability insurance systems around the world and continuous with specifying these systems for Denmark and Sweden. Moreover, comparing the social benefits of these countries to each other and the rest of the world is most interesting for this research since the Scandinavian countries (and Germany) have the most generous social security system (OECD: Transforming Disability into Ability: Policies to Promote Work and Income Security for Disabled People, 2003).

### **6.1.1 Sickness Benefit Systems in a International Context**

Worldwide there is much difference observed in the generosity of social security systems as well as in sickness and disability compensation systems. Countries with limited compensation systems for sickness and disability have in general lower sickness absenteeism rates than those countries with more generous compensation schemes (Bonato & Lusinyan, 2004). Examples of countries with limited sickness compensation are the United States, Switzerland, and Italy whilst the Scandinavian countries, Germany, and the Benelux countries have extensive sickness insurance systems (Scruggs, 2004). Closely related to the sickness benefit system is the compensation scheme for disability. In many countries long-term sick employees will eventually receive a disability pension instead of sickness insurance. (MISSOC; part 6, 2006). In general, countries with generous sickness insurance systems also have a rather extensive and generous disability system. The Scandinavian countries and the Netherlands belong to the most generous countries, while Canada, Mexico, and South Korea have either no disability insurance or only a limited form of disability insurance. (OECD Economic Surveys: Sweden, 2005)

Over the last decade most countries within the OECD area reduced the financial replacement rate in case of sickness or disability. While the replacement rate was reduced, in most countries the overall sickness insurance system became more generous since other aspects of the social system became more generous, e.g. coverage and duration. Only Austria and France extended the replacement rate in

the period 1983-2002 whereas especially the Nordic countries decreased the compensation rates. During this period there was substantial pressure on the social security system in most Scandinavian countries caused by the fierce financial crisis, especially in Sweden. The overall generosity of the sickness insurance systems remains equal in all Scandinavian countries except for Sweden where the generosity marginally decreased (about 1 percentage point). (Scruggs, 2004)

### **6.1.2 Sickness Benefits System in Denmark**

In the following text the sickness benefit system in Denmark is explained. Some slight differences exist between benefits for self-employed and employed (payroll) people. Since the focus is on employed people the sickness benefits regarding this category will be discussed. The text starts by giving a historical overview of the sickness benefit system focusing on the last decades and continues with a detailed description of the current benefit system.

#### **Historical overview**

The Danish social welfare system developed quite differently than in neighbouring countries. Denmark suffered relatively long from the economic crisis in the 1980's. In the early 90's some impressive changes were put through. Where countries like Sweden cut down the expenses of the welfare system Denmark expanded. In general the social welfare system became much broader and generous. Most notable is the change in sickness benefits and disability pensions. (Kist, 2003). Despite the increased generosity of the sickness benefits in Denmark the country scores only moderate on the index of compensation generosity of the OECD. The country's score of 103 is just above the OECD average of 100 and considerably lower than the Netherlands (111), Norway (130), and Sweden (130). (OECD: Transforming Disability into Ability: Policies to Promote Work and Income Security for Disabled People, 2003). See graph 6.2 for more details. The limited generosity of the sickness benefits in Denmark compared to other Northern European countries implies relatively low public spending on these benefits. In the 1980's Denmark spent 1.38% of GDP on public sickness benefits, but as a result of economic growth and political and legislative changes this figure decreased to 0.66% by the end of the 90's. (Bonato & Lusinyan, 2004)

### **Details of the Danish sickness benefits system**

The main goal of the Danish sickness benefit system is to offer the active population, both employees and self-employed, protection against income loss due to incapability to attend work. (MISSOC; part 1, 2006)

In Denmark the sickness benefits are paid from the first day of sickness, which means no waiting day. The benefit is equal to the last earned hourly income with a maximum of DKK 3.332 per week (about €447) or DKK 90.05 per hour (about €12.10) for a 37 hour work week. The employer is responsible for paying the first two weeks of sickness absence. (MISSOC; part 1, 2006)

Under normal circumstances the employee is not required to prove his/her work incapacity, although the employer can demand a written declaration of illness from the employee from the second day of absence. Furthermore, an employer can insist on a formal medical certification by a physician from the fourth day of absence. In addition, it is required to inform the municipalities' authorities about the sickness absence within a week after the first day of sickness. (MISSOC; part 1, 2006)

The employer is, as mentioned above, responsible for the payment of the benefits in the first two weeks of illness and afterwards the local social insurance office pays the benefits. The employee is entitled to receive sickness cash benefits for 52 weeks in 18 months, excluding the two weeks paid by the employers. Employees ageing 67 or older, or 65 for those who turned 60 before July 1999, are only entitled to receive benefits for 13 weeks in a 12-month period. Under special circumstances the employee can receive benefits for a longer period. (MISSOC; part 1, 2006)

The local authorities are assigned to prevent fraud. After eight weeks of absence the authorities can conduct surprise visits, which can be repeated every once in a while. In addition, the responsible authorities offer an assistance plan to support the reintegration of the absent employee. (MISSOC; part 1, 2006)

Employees with critically ill children under the age of 14 are also entitled to receive sickness cash benefits. In case of regular child illness, employees can take one day paid leave to arrange a solution. In case of partially incapability for work the employee additionally receives reduced benefits. Finally, the all cash benefits are liable to taxation. (MISSOC; part 1, 2006)

### 6.1.3 Sickness Benefit System in Sweden

In the subsequent text the sickness benefit system in Sweden is explained. Some slight differences exist between self-employed and employed people. Again, since focus is on the employed people, only the sickness benefits regarding this category of workers is discussed. Before giving a full overview of the social security system in relation to sickness absenteeism in Sweden the text initially gives a historical summary of the benefit system.

**Table 6.1:** Replacement rate history<sup>6</sup>  
Sick leave compensation as a percentage of last earned income

	12-1987	3-1991	1-1992	4-1993	7-1993	1996	1997	1-1998	3-1998	6-2003	1-2005
	2-1991	12-1991	3-1993	6-1993	12-1995			3-1998	6-2003	12-2004	
First day	90	65	75 (75)	0 (0)*	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Days 2-3	90	65	75 (75)	75 (75)	75 (75)	75 (75)	75 (75)	80 (80)	80 (80)	77.6 (77.6)	80 (80)
Days 4-14	90	80	80 (80)	80 (80)	80 (80)	75 (75)	75 (75)	80 (80)	80 (80)	77.6 (77.6)	80 (80)
Third week	90	80	80	80	80	75	75 (75)	80 (80)	80	77.6 (77.6)	80 (12)
Fourth week	90	80	80	80	80	75	75 (75)	80 (80)	80	77.6	80 (12)
Until 90 days	90	80	80	80	80	75	75	80	80	77.6	80 (12)
Until 1 year	90	90	90	80	80	75	75	80	80	77.6	80 (12)
Over 1 year	90	90	90	80	70	75	75	80	80	77.6	80 (12)

*Note:* The figures within brackets represent the share paid by the employer.

*Source:* OECD: Ageing and Employment Policies: Sweden. OECD. Paris, National Social Insurance Board. 2003.

### Historical summary

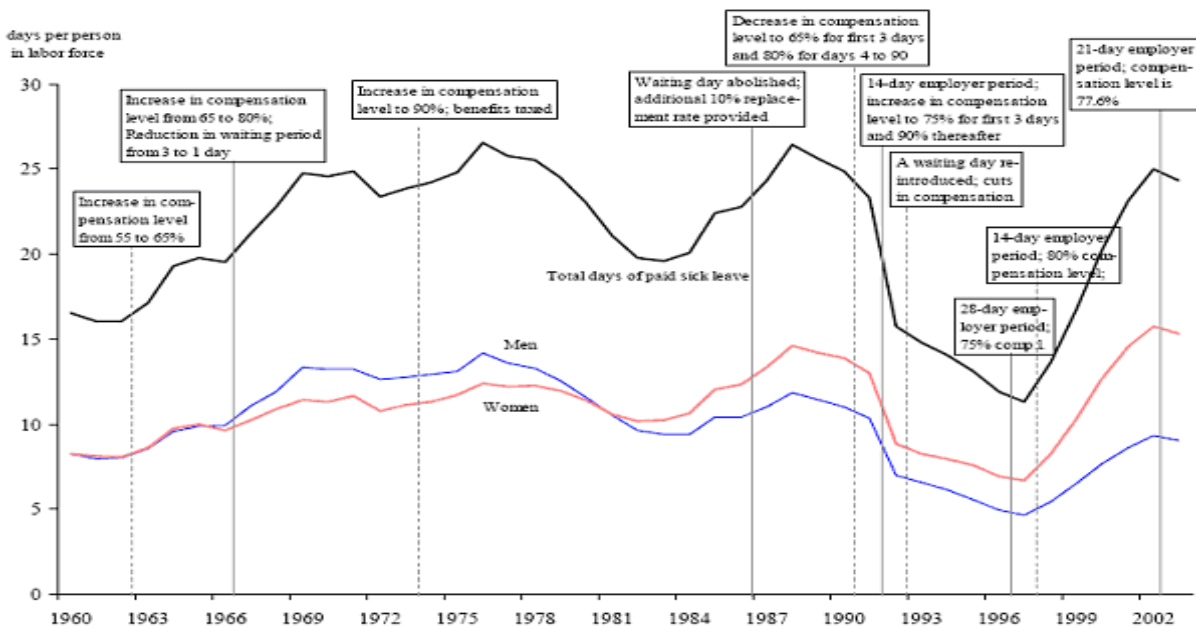
During the last 30 years there have been countless changes in the sickness benefit system. Rather large cuts in replacement rates took place during the recessions, especially during the financial crisis in the early 90's. Moreover, there have been major shifts in the responsibility for the payment of the benefits. Till January 1992 the local social insurance office (försäkringskassan) was fully responsible for the payment of the benefits. Afterwards the employers also became liable for the payment during

<sup>6</sup> Information copied from OECD Economic Surveys: Sweden, 2005

the first days/weeks of sickness absenteeism. See table 6.1 for more details on the replacement rate of the Swedish sickness insurance. (MISSOC; part 6, 2006, Scruggs, 2004)

In the graph below (graph 6.1), the total numbers of days paid sick leave are presented over time. All major changes in the sickness benefit scheme, as presented in graph 6.1, are also shown in this graph. The information from the table suggests that there is a positive link between the height of the benefits received and the in number of sick leave days paid. In addition, when the employers became responsible for the first period of payment of the sickness benefits, the number of paid sick leave day decreased. (Bergendorff *et al*, 2004, Bonato & Lusinyan, 2004)

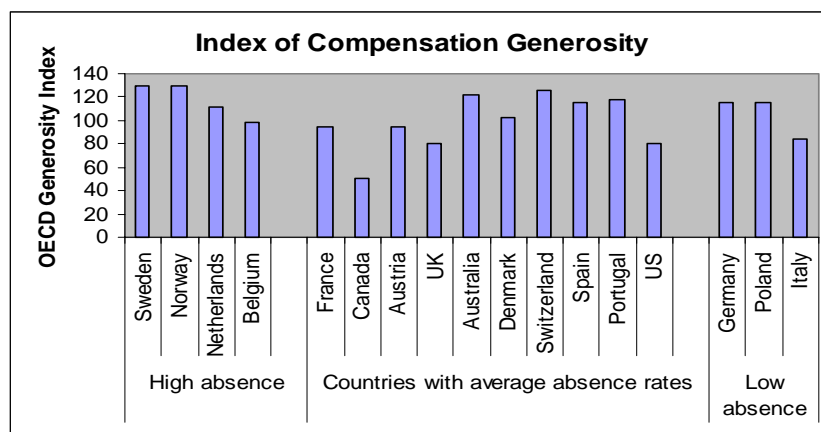
**Graph 6.1:** Number of paid sick leave days in relation to insurance provisions.



*Source:* Bergendorff *et al*, 2004; Swedish National Social Insurance Board. 2003.

Together with Norway Sweden ranked highest in the index of compensation generosity in 2003 with a score of 130 (OECD average 100). See graph 6.2 for more details. The generosity made the sickness benefit system in Sweden rather expensive. In the period 1980-89 public spending on sickness benefits reached 2.19% of GDP. Fortunately, Sweden was able to reduce this percentage dramatically to 1.39% in the period 1990-99. Although the country succeeded in decreasing this percentage it still spends relatively much on sickness benefits compared to other OECD countries. Only the Netherlands spends more. (Bonato & Lusinyan, 2004)

Graph 6.2: Compensation Generosity Index per Country



Source: Bonato and Lusinyan, 2004.

### Details of the Swedish Sickness Benefits System

The basic principal of the Swedish sickness benefit system is that all employees, both payroll workers as self-employed, are covered by the compulsory sickness insurance. The aim of the system is to compensate for lost income due to temporarily illness. Benefits are calculated upon previous earning. Nowadays, the focus is on the capacity of an employee to work, whereas the focus in the past was on reintegration in the original job. (Hesselius, 2006, Johanssons & Palme, 2001, MISSOC; part 6, 2006)

Benefits are only paid under the condition that the absence is reported to the employer and the local social insurance office from the very first day of sickness absence. A physician's certification of incapacity is needed from the eighth day of sickness absenteeism. (MISSOC; part 6, 2006)

Although absence has to be reported from the first day an employee only receive benefits from the second day of illness on, which means that there is one waiting day in Sweden. The employer is responsible for paying the benefits during the first two weeks of the sickness spell and afterwards the social insurance office pays the majority of the benefits. From the 22nd day of sickness on 68% of the 80% is paid by the social insurance, whilst the employers remain responsible for the remaining 12%. Maximum receivable benefit is 80% of the last earned income. The benefit is limited to the social ceiling of 115% of the national average wage. However, employees are free to decide to buy additional insurance which pays up to 100% of the last earned income. All benefits are subject to taxation. ((Johanssons & Palme, 2001, MISSOC; part 6, 2006)

Receiving sickness benefits is not limited by a formal time constrain. In case of long-term sickness absenteeism or permanent disability to work the sickness cash benefit (sjukpenning) can be

transformed into a disability pension (sjukbidrag/förtidspension (OECD Economic Surveys: Sweden, 2005). (MISSOC; part 6, 2006)

#### **6.1.4 Danish and Swedish Labour Law Characteristics**

In literature it is suggested that employment protection legislation has an effect on sickness absenteeism behaviour. More elaborate employment protection is associated with higher sickness absenteeism (Ichino & Riphahn, 2001) (see chapter 3 for further details). The study furthermore suggests that there is a relation between labour law and sickness absenteeism. Especially differences in labour law in relation to job security and resignation are frequently mentioned by the interviewees as a potential explanation for the observed difference in sickness absenteeism between Denmark and Sweden. Therefore, the following part will discuss the legislation in Denmark and Sweden regarding job security and resignation.

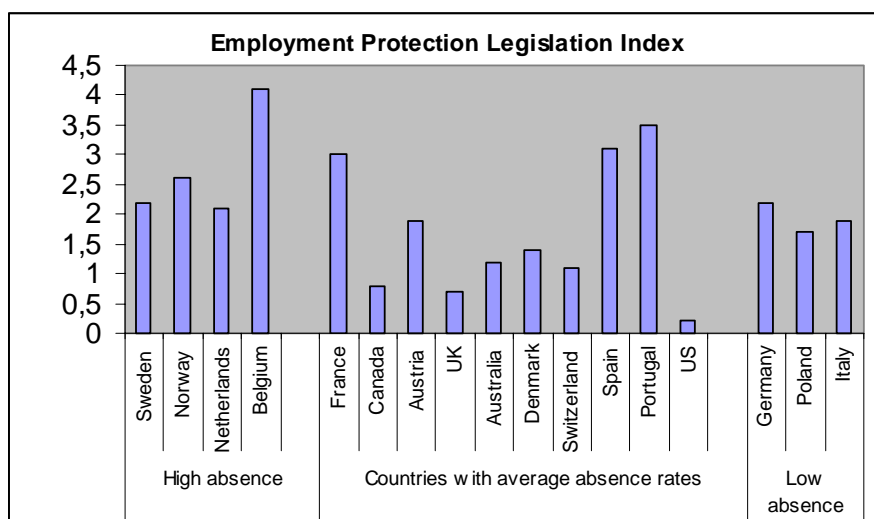
##### **Labour Law in Denmark**

Denmark has a reasonably liberal or 'light' legislation regarding employment protection. Implying that the Danish labour market is relatively flexible compared to other countries. In addition, the conditions to receive unemployment benefits and other social benefits are fairly strict. (Labour Law and Work Organization Unit: Commission of the European Communities, 2006). In contradiction to many other countries, especially the Northern and Western European communities, Denmark have no general employment legislation. Employment relationships could be terminated rather easily. Nevertheless, the employer's ability to terminated employment contracts got more restricted recently. Nonetheless, Danish employers still have considerable more possibilities to layoff employees compared to for example Swedish employers. (Bruun & Malmberg, 2006)

In 2003 Denmark scored 1,4 on the OECD overall EPL index (employment protection index). Lower scores imply relatively unrestricted and flexible employment protection. Employees in countries who have a low score on the EPL index are therefore relatively unprotected. All other Scandinavian countries scored considerable higher than Denmark (Finland 2.0, Norway 2.6, and Sweden 2.2). On the other hand, a couple of countries score significantly lower, e.g. the United Kingdom 0.7 and the United States 0.2). (OECD Stat, 2006). See graph 6.3 for more information.



**Graph 6.3:** Employment Protection Legislation Index



Source: Bonato and Lusinyan, 2004.

### **Labour Law in Sweden**

Ever since the economic crisis in the early 1990's, there has been fierce debate on the advancement of the Swedish labour law. Main topic in the discussion is the flexibility, which should enable future economic prosperity. Therefore, the Employment Protection Act is under constant debate whereby private employers (supported by the Conservative Party) plea for extensive deregulation, while the powerful trade unions (supported by the Labour Party) are strong advocates of the existing regulation. Since political decision making can be characterized as rather extensive (implying time consuming) the labour law changed only moderately in the recent past. Changes made by conservative administrations are almost instantly terminated when Labour gets back in power. Overall, Swedish labour law is relatively strict and the rights and interests of the employees are well protected. (Bruun & Malmberg, 2006)

Sweden scores significantly higher on the OECD EPL index than Denmark and most other countries. With a score of 2.2 in 2003, Sweden ranks amongst the countries with the most extensive employment protection schemes in the world. Only Mexico (3.1) and Portugal (3.5) score noticeably higher than Sweden. (OECD Stat, 2006). See graph 6.3 for detailed information.

In general it can be concluded that there are great differences between Denmark and Sweden in the field of occupational protection. In Sweden employment is legally protected, whereas in Denmark there are no official legislations in this field. In Denmark employment protection is arranged by

agreements made between trade unions and employers. Overall, it is easier to discharge personnel in Denmark than in Sweden. (Öresund Network, 2006)

## **6.2 Findings Organizational Level**

At the organizational level, the policies at the nursery schools in Denmark and Sweden are evaluated and compared. The information was collected from various documents supplied by the nursery schools in Denmark and Sweden and from interviews conducted with the nursery school supervisors. The following part contains empirical findings on the organizational level from these sources. Results are presented per subject discussed during the interviews.

### **6.2.1 Nursery School Characteristics**

In the following the nursery school characteristics as regards organization, neighbourhood and profile are described.

#### **Organization**

The Danish and Swedish nursery schools are comparable regarding size, neighbourhood (socio-geographic location), age span of the children and organizational structure. The Danish nursery schools included in the study are slightly larger than their Swedish counterparts, with an average of 86 “full time” children and 18.5 employees (excluding supervisor, kitchen personnel, and cleaners). The Swedish nursery schools have an average of 76.5 “full time” children and 15.5 employees. In the table below, an overview of the number of teachers and children of the different nursery schools is reflected.

**Table 6.2:** *Overview of number of children and teachers per nursery school*

	Children	Nursery Teachers Mindere	School and Child	Average number of children per teacher
School 1 DK	84	19		4,4
School 2 DK	88	18		4,9
School 1 SE*	77	15		5,1
School 2 SE*	76	16		4,75

*Note: In Sweden, children of unemployed parents can attend the nursery schools on a “part-time basis”. These children are excluded in the number of children attending the nursery school.*

The nursery school system in Sweden, however, allows children with unemployed parents to spend time at and take part in the activities at nursery schools on a part time basis. This means that the Swedish nursery schools also have so called “part time” children. In Denmark, the term “part time” children do not exist. Overall, the schools are comparable considering size, number of employees and children. (Dammfri Barn och Ungdom, 2006-2007) (Hästhagens förskola) (Ribersborgs förskola) (Pædagogisk Læreplan Børnehaven Enlandsvej) (Pædagogisk Læreplan Børnehaven Vestre Bygade)

### **Neighbourhood**

The selected nursery schools (see appendix 8 for a detailed list of the nursery schools) are situated in an area predominated by middle- or higher middleclass. The neighbourhoods of the various nursery schools were observed while travelling to the nursery schools to conduct the interviews with the supervisors and the teachers. These neighbourhoods were identified as being socio-economic comparable. This conclusion was confirmed by the supervisors and teachers of the nursery schools.

The four nursery schools are situated in areas with high-standard apartments and houses, signifying that the citizens living in these areas have well-paid jobs. This observation was also confirmed by one of the nursery school supervisors:

*“Many of the children’s parents are higher educated”.*

### **Profile of the Schools**

The nursery schools included in the study are all public and therefore affected by municipal policies. The specific nursery schools can be described as relatively autonomous regarding management and profile. The information brochures present a clear picture of the nursery school’s values and pedagogical profile. Typical for the Swedish nursery schools is that both schools have a formal, written profile, while the Danish nursery schools do not have an explicit profile. Both Swedish nursery schools also have a clear health profile, implying serving the children and employees healthy food<sup>7</sup>, daily exercise, providing employees with discounts on gym cards and massage, daily out-doors activities *et cetera*. One of the Swedish nursery school teachers puts it like this:

*“We are health-oriented, which means that we eat healthy food, exercise, and play a lot.”*

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<sup>7</sup> In Sweden, the nursery school teachers have a “pedagogical lunch” with the children. An employed chef cooks every day and warm food is served.

In addition, it should be mentioned that the children at the Swedish nursery schools are not allowed to bake pastries regularly, since consumption of pastries is assumed to be unhealthy. At the Danish nursery schools there are no restrictions on baking. Cookies and the alike are available and jam is served on bread. One of the Swedish nursery schools has a new profile with emphasis on expression and creativity. In practice, this implies that the children and nursery school teachers work a lot with arts and drama. The Danish nursery schools do not have any specific (health) special profile, at least not a written profile. This does not imply that the teachers in Denmark are not health conscious and concerned about the well-being of the children. The nursery school teachers engaged the children in various projects to make clear for example the importance of health or the creative spirit of the pupils. For example, one Danish nursery school teacher spoke enthusiastic about an art project and how interesting it was to evaluate the children's development through the pictures they paint.

*"I think the pictures the children paint are fabulous! Just have a look at this one..."*

(A nursery school teacher shows the authors the children's pictures in the personnel room.)

To summarize the above, the nursery schools can be described as comparable regarding size, socio-geographic location, the age span of the children and how they are organized. The solitary observed difference consists in the strong and explicit health profile at the Swedish nursery schools, which could not be found at any of the Danish organizations. (Dammfri Barn och Ungdom, 2006-2007) (Hästhagens förskola) (Ribersborgs förskola) (Pædagogisk Læreplan Børnehaven Enlandsvej) (Pædagogisk Læreplan Børnehaven Vestre Bygade)

It appears that there is more focus on formal documentation and explicit rules and regulations at the Swedish nursery schools, while Danish organizations tend to rely on informal and implicit rules and regulations. Extensive documentation is described as a tool for securing quality. Furthermore, documenting became routine, a natural part of the work procedure at the Swedish nursery schools. A pedagogical plan (läroplanen) is distributed by the national government in Sweden, which contains rules and regulations that schools are obliged to follow. In addition it contains, developmental and educational goals which also have to be accomplished (Lpfö 98, pedagogical plan for Swedish nursery schools). It was indicated by the interviewed supervisors that a comparable pedagogical plan was introduced in Denmark two years ago. The Danish pedagogical plan is according to the Swedish supervisors extensively based upon the Swedish model. In addition, the Swedish supervisors claim that the introduction of a pedagogical plan in Denmark marks a considerable change in the attitude towards pre-school teaching. One of the Swedish nursery school supervisors refers to a pedagogical philosophy that had a strong influence on the development of the Swedish nursery school culture;

Reggio Emilia. Observations and documentation of the children is a fundamental element in the Reggio Emilia philosophy (The Reggio Emilia Institute). The pedagogical plan is a strong coercive pressure from the national government. Since all nursery schools in Denmark and Sweden are obliged to obey the pedagogical plan, pre-school education is comparable throughout both countries. This probably also resulted in comparable organizational structures of the schools.

### **6.2.2 Organizational Policies towards Sickness Absenteeism**

The organizational policies regarding sickness absenteeism at the nursery schools in Denmark and Sweden illustrate several similarities. In both countries, the supervisor of the school stays in contact with the absent person. Also many colleagues keep in touch in case of illness.

The supervisors in Sweden seem to be more active in the communication and are therefore more likely to contact the concerned after a few days of sickness absenteeism. In both Copenhagen and Malmö, the nursery school supervisors are obliged to have a so called reintegration consultation with the absentee after 6 periods of absenteeism within one year. Additionally, the supervisors at the Swedish nursery schools ought to have a reintegration consultation with the concerned in case the sickness absenteeism spell is longer than 28 days. The policy is described like this by a Swedish nursery school supervisor:

*“If an employee is absent more than six times we must have a reintegration meeting. This is a policy from the municipality that I have to follow.”*

In both countries no formal policies aimed at matching the workload at the nursery schools with the personal capacities of the personnel were identified. An often brought up reason for this are the lean organizations:

*“Since the organization is so slim, there are no possibilities to match workload with the employee’s personal capabilities. There is simply no time and budget to do this.”*

Although no official policies exist, individual and implicit policies ensure that employees cover up for each other. In addition, many interviewees responded that helping colleagues when and where needed. This is slightly more common at the organizations in Denmark than at nursery schools in Sweden (see Empirical Findings on the Individual Level).

The policies to prevent accidents at the workplace are rather similar in the two neighbouring countries. The supervisors reveal that there are guiding principles and strategies regarding situations of drug abuse, accidents of various types, instructions regarding how to avoid injuries *et cetera*. The nursery school teachers and the child-minders furthermore had to learn how to lift objects in the right manner to prevent back injuries. Various tools are available reduce the physical work, e.g. nursery tables that are adjustable in height.

Although the policies to prevent accidents were quite analogous in Denmark and Sweden, differences in how the policies are documented were found. The policies at the Swedish nursery schools are well documented, and properly archived in a file at the supervisor's office. One Swedish nursery school supervisor declares:

*“We have many policies to prevent accidents and to provide a good work environment.” (The interviewed supervisor shows the documents in a file).*

The policies at the Danish nursery schools, on the other hand, are more informal. A Danish nursery school supervisor replies as follows on the question regarding how the nursery schools prevent accidents:

*“We talk a lot about those things.”  
(The interviewed supervisor does not have formal documents).*

This different in approach towards accident prevention in Denmark and Sweden is probably explained by the tradition of extensive documentation in Sweden. In the section above on the profiles of the schools it was already explained that in Swedish nursery schools there is a long tradition of proper documentation to guarantee the quality of the working environment and education, this in accordance with the Reggio Emilia philosophy. According to the two interviewed Swedish nursery school supervisors, the official work environment legislation demands documentation of incidents and accidents at the workplace, action plans in case of drug abuse *et cetera*.

To improve reintegration, the Danish as well as the Swedish supervisors stay in contact with employees that are absent. Contact can either be on the initiative of the supervisor or on the initiative of the employee. The nursery school supervisor in Sweden is obliged to write a report on how to reintegrate absent personnel, which is not the case in Denmark.

A recapitulation of the organizational policies towards sickness absenteeism confirms that both the Danish and the Swedish nursery schools use action plans. However, the action plans in Denmark are based on implicit, practical information, whereas in Sweden the action plans at the studied organizations are formal and well documented. Policies aimed at preventing accidents are approximately similar in the two neighbouring countries, thus the only comparative difference lies in the way these are documented. Furthermore, a difference regarding the extent of policies towards sickness absenteeism was observed. The Swedish nursery schools had a more extensive and structured system of policies towards sickness absenteeism, containing a non-smoking project, free gym cards, massage *et cetera*. Policies like these do not exist at the Danish nursery schools. No clear reasons were found that can explain this difference nor can it be concluded that health awareness programs are less common in Denmark than in Sweden. An additional difference can be identified concerning the policies to improve reintegration after a period of employee sickness absenteeism. The supervisor and the employees at the nursery schools stay in contact with the absentee informally. In Sweden a reintegration plan officially has to be constructed to improve reintegration. Although this is demanded by the municipality in Sweden, it is often ignored. Later it will become apparent that the perceived workload in Sweden is much higher than in Denmark and an often mentioned reason is the amount of administrative tasks to be accomplished. The high perceived workload in Sweden might be a reason why sometimes no reintegration plans are made.

### **6.2.3 Action Plans in Case of Frequent Sickness Absenteeism**

The actions taken in case of frequent sickness absenteeism are also quite comparable in Denmark and Sweden. Since all the studied nursery schools are public, sickness absenteeism is monitored and reported to the municipalities in both countries. After six periods of sickness absenteeism, the supervisors at the Danish and Swedish nursery schools contact the absent person and invite him or her for a reintegration consultation, as mentioned in the proceeding section. During this consultation with the supervisor, the person who has been absent is asked questions about his or her well-being and the reason for the sickness absenteeism. A supervisor explained:

*“I have a meeting with the employee. The reason for the sickness absenteeism is discussed and an action plan is composed together with the concerned person”.*

### **External Healthcare**

When sickness absenteeism is work-related, external professionals can be consulted in Malmö, but not in Tårnby. Malmö municipality has a contract with 'Feelgood', a company that offers various services, from company physicians to psychologists. Tårnby municipality only offers the possibility to consult a community psychologist. The psychologist can, according to one of the supervisors, support by constructing a reintegration action plan:

*"The psychologist can give good advice when a reintegration plan is constructed."*

It can be concluded that there are differences in the degree and availability of external healthcare providers in Denmark and Sweden. The above can be characterized as the formal policy towards sickness absenteeism.

### **Relationship with Colleagues**

From the interviews it can be concluded that the nursery school teachers and child-minders in Denmark, in contradiction to the employees at the organizations in Sweden, described the internal relationships at the nursery schools as close and friendly. This is especially true in the case of sickness of an employee. The respondents frequently pointed out that it is common that supervisors and colleagues informally ask the person that was on sickness leave how he or she is doing when they see each other in the corridor or during a conversation over a cup of coffee in the personnel room. One of the supervisors stated:

*"Often I just ask the concerned persons how they are doing when I see them around after they get back from the sickness absenteeism leave."*

It was noted that some of the Danish employees are close friends. According to these friends, it seems natural to discuss personal problems and health status. One of the Swedish respondents explained that it is not allowed by Swedish integrity law to contact ill colleagues or employees to check whether they are really ill. Employees can only have contact in such a case when they have friendship relation beside their collegial relation. This is a possible explanation why the Danish employees stay in closer contact with their sick co-workers.



## **Organizational Structure**

From the interviews, the conclusion can be made that the nursery schools in Denmark and Sweden are fairly flat organizations, characterized by casual and non-hierarchical relationships between supervisors, vice supervisors and employees. One nursery school teacher described the relationship with her supervisor as follows:

*“I don’t see her as my boss; she is more like one of us.”*

These relaxed relations between the supervision and employees were observed during the time spent at the nursery schools in Denmark and Sweden. The atmosphere can be portrayed as friendly and informal. The supervisors drank coffee with the employees in the personnel room and interacted with the children in a similar way as the teachers.

The actions taken in case of frequent sickness absenteeism are fairly similar between Denmark and Sweden, as mentioned before. Frequent sickness absenteeism is monitored in Denmark as well as in Sweden. Sickness absenteeism data must be reported to the local municipality. After a certain period of sickness there is a consultation meeting with the supervisor in Denmark as well as in Sweden, as explained in more detail in section 6.2.2 on organizational policies towards sickness absenteeism.

### **6.2.4 Sickness Absenteeism Prevention**

All the nursery school supervisors believe their nursery school performs relatively good or even better than other nursery schools in the community on the issue of sickness absenteeism. One of the supervisors expresses her view on illness and absenteeism:

*“It’s not really a big problem at our nursery school.”*

The majority of the nursery school teachers do not view sickness absenteeism as a large problem compared with other nursery schools in the district where sickness absenteeism, according to the supervisors, tends to be a more significant and sizable problem than at the visited nursery school. The supervisors admit that sickness absenteeism results in difficulties:

*“It’s a problem because of our slim organization. When somebody is sick we are vulnerable, because there is no budget for a substitute.”*

Significant differences in sickness absenteeism prevention at the nursery schools in the two neighbouring countries were discovered. The Swedish nursery schools both have a strong and overt emphasis on sickness absenteeism prevention. The health profile at the nursery schools in Malmö included several health promotion initiatives. One of the studied nursery schools even employs a chef specialized in cooking healthy food for the children and the employees. The cook described his way of cooking as follows:

*“I try to cook healthy and avoid using shallow carbon-fibres. The idea is to make the children and the employees aware of what they eat.”*

On the question of existence of sickness absenteeism prevention activities, the Danish supervisors almost appeared surprised. It became visible that the Danish nursery schools do not offer any prevention activities, like what is done in Sweden. Employee health is interpreted as a personal matter or at least something the nursery school teachers and child minders could engage in on their own initiative. It was not seen as the responsibility of the school and therefore these activities were seen as leisure.

In Sweden, the nursery schools have a strong emphasis on sickness absenteeism prevention and offer various health projects for the employees to participate in, while the Danish nursery schools do not engage in any specific arrangements aimed at preventing sickness absenteeism. No clear arguments emerged from this research that potentially explains the difference between Denmark and Sweden. It could be concluded that general health awareness is lower in Denmark than in Sweden.

### **6.2.5 National and Regional Influence on Organizational Policies**

The nursery schools in Denmark and Sweden are public and therefore governed by the municipalities in Malmö and Tårnby. The sickness absenteeism policies at the nursery schools in both countries are to a high extent influenced by the communal legislators. A Swedish nursery school supervisor explains the authoritative effect on the sickness absenteeism policy of the nursery school like this:

*“The government influences the policies in the area of Malmö, the policies of the Malmö municipality influences the nursery school. So of course the national and regional policies affect the nursery school.”*

Despite the influence of political decisions making on the nursery schools, the supervisors point out the organizational sovereignty of the nursery schools. The autonomy primarily evolves around planning and decision making regarding pedagogical and daily activities. However, the independence and autonomy of the nursery schools has one important restraint and that is the economical limitation. The supervisors in Malmö possess a certain amount of budgeted substitute hours that never seem to be enough. The nursery schools in Copenhagen have a permanent substitute on the payroll, which makes the situation somewhat better in Denmark. Furthermore, it often occurs that the scheduled daily activities at the nursery school are cancelled due to employee sickness absenteeism.

To summarize the above, the municipality has a relatively large influence on the nursery schools in Denmark as well as in Sweden. The responsible nursery school supervisors are obliged to follow the regulations of the municipalities in Copenhagen and Malmö. However, the individual nursery schools are relatively autonomous regarding planning and decision making a propos the pedagogical ideas and the daily activities.

### ***6.3 Findings Individual Level***

At the individual level, the actions and perceptions towards sickness absenteeism of the interviewed nursery school teachers and child minders are evaluated and compared. The interviews, as said in the third chapter, are based upon the employee absenteeism model of Brooke (1986). The following part contains the responses of the interviewees per interview topic, following the independent variables used in the previously mentioned Brooke (1986) model. (See appendix 2).

#### **6.3.1 Job Evaluation**

The interviewed nursery school teachers and child minders were asked questions about what they liked and disliked most about their job. This was done to get a general view about how satisfied the employees are with their current job. Questions were asked about the physical environment, work tasks, and job expectations. The Danish and Swedish respondents evaluated their job in a similar way and generally have a positive attitude towards their profession. The job expectations of the interviewees before entering the work field matched fairly well with the achieved experience. A nursery school teacher says:

*“I guess I had a pretty good picture of what it was like, so you could say that the expectations were met.”*

A minority of the respondents has the impression that their job expectations did not match with the actual job and explained that working at a nursery school is more challenging and stressful than they had presumed.

Every single one of the interviewed nursery school teachers and child minders in Denmark and Sweden mentioned the privilege to work with children as the main reason for choosing to work at a nursery school. All respondents used many superlatives to describe the children. One child minder verbalized it in the following way:

*“My job feels important and the children are fantastic!”*

Other motivations that explain why the employees are fond of their job are, in falling order, (1) nice colleagues and a good team spirit at the workplace, (2) freedom and flexibility regarding planning and activities, (3) the variation and dynamics of the job and (4) the capability to integrate creativity or other personal interests in their daily work.

Although the nursery school teachers and child minders respond that they are in general positive about their occupation, the interviewees also mentioned a number of aspects about their jobs that they dislike. On both sides of the Öresund Bridge, employees see the administrative work task as a burden that causes stress and is time-consuming. One Swedish nursery school teacher expressed the following concerning administration and paper work:

*“I want to have more time for the children instead of being occupied with paper work.”*

Differences between the countries were revealed when the interviewees were asked about what they dislike about their job. The Swedish nursery school teachers and child minders tend to bring up the stressful and loud environment due to the, according to the employees, too large groups of children. A Swedish nursery school teacher explains it like this:

*“I think it is impossible to do the work as it is supposed to be done, since the groups of children at every department are way too large.”*

The Danish respondents seemed dissatisfied with the too small or not appropriate work environment, which is reasonable. The work environment at the visited Swedish nursery schools seems cleaner,

bigger and more suitable for operating a nursery school than the Danish nursery schools. One of the nursery school teachers in Denmark says:

*“The building is rather old and was designed for some kind of work place or factory and therefore it’s not suitable for a nursery school. The school has two floors, which has its complications.”*

Further issues mentioned causes of satisfaction are; not enough information from the supervisors, colleagues that do not have a formal nursery school teacher education, and the perceived low status of the job.

**Table 6.3: Responses Job Evaluation**

		School 1SE	School 2 SE	School 1 DK	School 2 DK
Positive job aspects	Working kids	4	5	5	4
	Social contact/colleagues	2	1	2	3
	Flexibility/freedom	2	1	1	1
	Variety	1	1		
	Creative		1	2	
	Job expectations	2	1	2	2
	Positive working environment	3	4	2	3
Negative job aspects	Workload form administrative tasks	2	1	2	1
	Too many children per group	4	3	1	1
	More demanding then expected		1	1	1
	Building not suitable			2	3
	Not enough information from supervision			1	
	Too many uneducated employees				1
	Low social status	1			
	Low wage	1			

From the above it can be concluded that the Danish and Swedish nursery school teachers and child minders generally have a positive attitude towards their job due to nice colleagues and the freedom, variation and dynamics that the job offers. Interviewees in Denmark as well as in Sweden furthermore mention the same reasons for the negative sides of the profession; the administrative work. Recognized differences between the countries consist in Swedish respondents mentioning the stressful psychosocial environment due to large groups of children, while Danish interviewees tend to bring up defects regarding the physical environment, see table 6.3.

### **6.3.2 Job Importance**

The respondents were asked whether their job at the nursery schools is important to them and why or why not they perceived the employment as crucial. Job importance is covered in Brooke’s (1986)

model (appendix 2) by the variables centralization and satisfaction. A majority of the nursery school teachers and child minders referred to the social aspect of having a job as the most essential reason for working. The interviewees discussed the importance of a place in society, the feeling of being necessary and experience friendship with colleagues at the work place. The social aspect was slightly more mentioned by the Danish interviewees. One Danish child minder replied:

*“It’s important to have a job to go to and to meet people. I can’t imagine being unemployed, it must be awful. Then you don’t even look forward to vacations, because time off will be no different from everyday life.”*

The second most common answer to the question regarding job importance revolved around financial aspects. Approximately half of the nursery school teachers and child minders brought up monetary reasons for working:

*“[...] and of course, the job is also important to support myself and my family.”*

Other frequently mentioned responses are the attachment to children, the ability to see the development of the children, and to make a difference in general. A few nursery school teachers reported that personal development and challenges are vital aspects of having a job.

**Table 6.4: Responses Job Importance**

		School 1 SE	School 2 SE	School 1 DK	School 2 DK
Job Importance	Social aspect	2	3	4	3
	Financial aspect	2	3	3	2
	Attachment with children			2	
	Development of children	2	1		
	To make a difference in general		1		
	Personal challenge			1	1

To recapitulate the above, the Danish and the Swedish nursery school teachers and child minders show no difference in how they evaluate their job. A majority of the respondents view their job as important owing to the social aspect working as well as the financial aspect. (See table 6.4).

### **6.3.3 Definition of Work Tasks**

The clearness of the work tasks is referred to as role ambiguity in Brooke’s (1986) model in appendix 2. Work tasks are clearly defined according to a large majority of the nursery school teachers and

child minders in Denmark and in Sweden. Although the employees interpret the job as clearly defined, many of the nursery school teachers argue that nursery school teachers have a high degree of autonomy regarding scheduling tasks. In addition, nursery school teachers, according to themselves, are expected to take more own initiatives. A Danish employee puts it in the following way:

*“In my opinion the work tasks are clearly defined, but at the same time I have great influence on my job and choose how I want to accomplish my duties.”*

A comparison of the answers of the Danish and the Swedish respondents shows no differences in how the nursery school teachers in the neighbouring countries perceive the definition of the work tasks. However, a discrepancy between nursery school teachers and child minders was observed. The work tasks appeared less clear for child minders compared to the nursery school teachers, who hold a pedagogical degree. The child minders were not so aware of the pedagogical ideas and furthermore considered the distinction between what work tasks should be carried out by nursery school teachers and child minders unclear. A Danish child minder verbalizes:

*“I think the tasks are somewhat unclear, since it’s hard to know what tasks should be done by the nursery school teachers and which ones by me as a child minder. The nursery school teachers are more involved with administrative stuff and paper work, though. And they have more responsibility for the children and the contact with their parents.”*

Additionally, similarities between how the Danish and Swedish nursery school teachers and child minders cope with sickness absenteeism are discovered. In case of absenteeism among colleagues, there is not enough time to work on certain projects or different pedagogical ideas. In case of personnel shortage it also happens that fieldtrips are cancelled and the employees and children stay indoors to reduce the workload.

**Table 6.5:** Responses Definition Work Tasks

		School 1 SE	School 2 SE	School 1 DK	School 2 DK
Clearness work tasks	Clear*	5	4	4	3
	Fair degree of autonomy	3	3	3	2
*In Sweden the tasks are formally defined in a learning plan, which is not the case in Denmark					

The comparison above shows no differences in how the Danish and the Swedish nursery school teacher perceive the definition of the work tasks, also see table 6.5. The respondents report that the work tasks are clearly defined, although the job provides a high degree of autonomy. In situations of

absenteeism among colleagues, particular projects or planned trips might be cancelled as a way to cope with personnel deficiency.

#### **6.3.4 Appropriateness of Workload**

According to Brooke (1986) the workload has a significant influence on sickness absenteeism. Brooke (1986) refers to this issue as role overload. (See appendix 2). The Danish and Swedish nursery school teachers and child minders were asked whether they considered the workload at their work place as appropriate. A majority of the Danish respondents, 7 out of 9, elucidated that they experienced the workload as suitable. One Danish nursery school teacher put it like this:

*“The work load is most of the time appropriate and we work well together as a team”.*

Swedish nursery school employees do not perceive the workload as appropriate at all. In Sweden only 1 of 10 of the employees classified the workload as appropriate while 9 of the 10 Swedish interviewees perceived the workload as a heavy burden. On the question whether the workload at the work place was appropriate, a Swedish child minder made clear:

*“No, not a chance... it is way too high!”*

The reasons why the Swedish employees experience the workload as too high were numerous. Most often heard explanations were large groups of children resulting in a noisy environment where the employees feel frustrated and do not have time for each and every child (9 of 10 of the Swedish and 3 of 9 of the Danish interviewees),

*“The large groups of children make people want to change jobs.”*

Extensive administrative work and bureaucracy that, according to the nursery school teachers and child minders, take time from the children (4 of 10 of the Swedish and 2 of 9 of the Danish respondents).

*“There is too much administration, courses and stuff and that’s the reason why many of us feel stressed.”*



Sickness absenteeism among colleagues resulting in an increase in workload and overtime hours (4 of 10 of the Swedish interviewees).

*“Sometimes the workload is too high, especially when there’s one or more colleague(s) absent.”*

Parents sending their sick children to nursery schools, instead of staying home with their children until they are fully recovered (1 of the Swedish employees).

*“Sick children demand more attention, which of course increases the workload in general.”*

The arguments mentioned above are put forward by the Swedish nursery school teachers and child minders to explain the situation of a too high workload at the nursery schools. The first two motivations, regarding large groups of children and extensive administrative work, are also used by the Danish respondents. It should be noted, that full time employment in Denmark and Sweden does not include exactly the same amount of working hours per week<sup>8</sup>.

**Table 6.6: Responses Appropriateness Workload**

		School 1 SE	School 2 SE	School 1 DK	School 2 DK
Workload	Too high	4	5	1	1
	Suitable	1		4	3
	Large groups	4	3	1	
	Administrative tasks	5	4	1	1
	Not enough time per child	1	1	2	1
	Noisy environment	1		1	
	Absenteeism	1	3	2	
	Parents send ill children to school		1		

A summary of the above demonstrates that on the issue of appropriateness of workload, remarkable differences between the perceptions of the nursery school teachers and child minders in Denmark and Sweden can be observed. The Danish interviewees report that they perceive the workload as appropriate, while their Swedish colleagues describe the workload as too high as a result of the large groups of children. (See table 6.6). A substantial share of the higher perceived workload by the Swedish respondents can be explained by the higher administrative pressure. This administrative pressure is embedded, as mentioned before, in the culture of Swedish childcare.

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<sup>8</sup> Full time employment in Denmark normally implies 37 working hours per week, while a full time job in Sweden consists of 40 working hours per week.

### **6.3.5 Work Appreciation**

Work appreciation, as mentioned in the previous chapter, relates to distributive justice and pay in Brooke's (1986) model of employee absenteeism in appendix 2. The Danish and Swedish nursery school teachers and child minders generally felt appreciated at work. The respondents mentioned different forms of appreciation, originating from different sources and expressed in different ways. Differences emerge in formal and informal appreciation, immaterial or monetary appreciation.

8 of 10 of the Swedish employees and 5 of 9 of the Danish nursery school teachers and child minders felt appreciated by their supervisors. Appreciation by nursery school supervisors is mainly expressed in an informal way. One nursery school teacher verbalizes the perceived appreciation by supervisors with the following words:

*“Yes, I know she values my work.”*

In the case where the respondents do not experience appreciation from the nursery school supervisors, the Swedish employees declared that they do not interact frequently with the supervisor or that they do not encounter the supervisor in the nursery school building very often. An often heard critique is that in some cases the supervisor is not visible enough on the work floor. On the other hand many of the employees expressed understanding for the supervisors, since they are in charge of more than one nursery school in the district, which naturally indicates that they are obliged to visit other nursery schools for which they are responsible and therefore can not always be present.

A majority of the respondents in Denmark and Sweden sensed appreciation from their colleagues. Appreciation from colleagues, according to the nursery school teachers and child minders, consists of compliments and (positive) feedback. An interviewed Danish nursery school teacher said:

*“My colleagues often say ‘Well done!’ after I have accomplished something or praise me if I come up with a good idea or so.”*

When the nursery school teachers and child minders recall the appreciation they get from the children and parents they light up and smile. This implies that that appreciation from children and gratitude from the children's parents mean a lot to the interviewees. According to almost every one of the Danish and Swedish respondents, the children show appreciation through attachment and physical contact. One Danish nursery school teacher declared:

*“The children ask for me and show that they miss me after I’ve been on holidays. I also believe that they show gratefulness by hugs and cuddling.”*

In general, the nursery school teachers and child minders experience appreciation from people in their working environment. In contrast, most respondents feel unappreciated monetarily. Most of the respondents do not bring up the economical aspect when the issue of appreciation is addressed. When specifically asked about the financial appreciation nearly all acknowledge that the financial reward is inappropriate for the amount of effort and responsibility of the job. That the teaching staff often only mentions the poor financial appreciation of the job might be a sign that the financial reward is no a key issue for them. This was confirmed by some of the respondents, when asking about the most important aspects of the job, see table 6.4. An interviewed Danish nursery school teacher reveals:

*“You don’t get rich as a nursery school teacher (laughs). But I’m doing this for the children’s sake, not for the money.”*

**Table 6.7:** Responses Work Appreciation

		School 1 SE	School 2 SE	School 1 DK	School 2 DK
Appreciation	Supervisors	4	4	2	3
	Colleagues	4	3	4	4
	Children	5	4	5	4
	Financially	5	4	4	4

In conclusion, the respondents in both countries generally felt appreciated at work. The Swedish nursery school teachers and child minders tend to feel more appreciated by their supervisors than do the Danish employees, see table 6.7. A possible explanations for this observation is that some of the Danish teachers were not aware that there is an official supervisor. No other structural reasons were found that explain this difference nor can it explain the difference in sickness absenteeism between Denmark and Sweden. The interviewees moreover give an account about the appreciation achieved from colleagues, the children and their parents although a majority of the respondents do not experience financial appreciation.

### **6.3.6 Influence on Working Environment**

The influence employees have on the decision making process in the organization in which they are employed is covered by the variable centralization in Brooke’s (1986) model of employee absenteeism. A large majority of the Danish and Swedish nursery school teachers and child minders

replied that the communication at the workplace can be described as open. The interviewees used adjectives as direct and honest to describe the relationship amongst the colleagues and the supervisor. The respondents furthermore point out that a direct dialogue is essential for employees that work so close with each other. All the nursery schools hold monthly meetings, at which everyone can express feelings, concerns, and ideas freely. All the Danish and 8 of 10 of the Swedish interviewees experienced that they had influence on planning activities. A Danish nursery school teacher explains:

*“We are involved in the planning at the school and at the monthly meetings everyone is asked to tell their opinion.”*

The interviewed nursery school teachers and child minders additionally have the feeling that they have influence on the decision making process, although some of them have some doubts on this point. The respondents point out that there is a distinction between minor decisions regarding the daily concerns, on which the respondents feel they have influence, and major decisions, e.g. political decisions that revolved around organizational questions and therefore are out of the employees' control. Reservations for the influence on the decision making process are also made as regards resources and budget. One of the Swedish nursery school teachers said:

*“Yes, we have a lot of influence when it comes to planning and decision making, but you always have to take the resources in consideration and then you are sometimes left with limited options. Things that we cannot decide upon are for example the size of the groups of children – in that case the politicians do what they want without asking us.”*

As indicated before, the nursery school teachers and child minders have a relatively non-hierarchical and casual relationship with their supervisors. Corresponding to the relaxed relation, a majority, 7 of the employees at the nursery schools in both countries, describe the supervisor as open to suggestions. A Danish nursery school teacher explained:

*“She listens to what I have to say and when I have a suggestion she often says ‘let’s try’ and then we try and see how it works.”*

Of the nursery school teachers and child minders, both in Denmark and Sweden, 6 depict the decision making process at the workplace as democratic. Only 2 teachers and child minders in Denmark and 3 teachers and child minders in Sweden describe decision making as fairly democratic.

**Table 6.8:** Responses on Influence Working Environment

		School 1 SE	School 2 SE	School 1 DK	School 2 DK
Influence on environment	Decision making and planning	4	4	5	4
	Supervision openness to suggestions	3	4	4	3
	Democratic decision making	2	4	4	2

An analysis of the employees' influence on the working environment show that a majority of the interviewees portray the communication at the nursery schools as open and consider themselves as having influence on the decision making process, although there are restrictions due to political decisions and financial resources. Open communication can reduce sickness absenteeism and improves the overall job satisfaction and sphere in the working environment (Steers & Rhodes, 1978). The nursery schools organizations can be characterized as flat with democratic decision making processes and supervisors who are open to suggestions. See table 6.8 for further information.

### **6.3.7 Job Variation**

Job variation, as defined in this study, is clearly linked to what Brooke (1986) calls job routinization. (See appendix 2). The vast majority of employees have the opinion that their job as nursery school teachers or child minders includes an extensive amount of variation. The most often mentioned argument for this statement is that working with people and especially young children includes variation, since human beings are unpredictable. The Danish and Swedish respondents perceive variation in their job more or less the same; 8 of 9 employees in Denmark and 7 of 10 employees in Sweden. On the question if the job includes enough variation, a Danish nursery school teacher declared the following:

*“Yes, to work with children is indeed varying. Two days are never quite the same.”*

In cases where the respondents do not consider the occupation to include a sufficient amount of variation, the nursery school teachers and child minders blame the lack of variation to daily routines, like feeding and changing diapers. In addition, a number of the interviewees responded that in case of sickness absenteeism, there is less variation and more emphasis on the routines. When there are some colleagues absent due to illness, there is only time for the necessary basic tasks, which increases the routinization.

**Table 6.9:** *Responses Job Variation*

		School 1 SE	School 2 SE	School 1 DK	School 2 DK
Job routinization	Enough variation	3	4	4	4
	Too many routines		1	1	
	Some daily routines	1	2		1
	Less in case of absenteeism		1	1	

In conclusion, most of the interviewed nursery school teachers and child minders in Denmark as well as in Sweden testify that their job include very much variation, although there are daily routines to be followed. Job variation interestingly enough is inclined to decrease at times of sickness absenteeism among staff. (See table 6.9).

### **6.3.8 Relationship with Colleagues**

A positive relationship with colleagues has a beneficial influence on sickness absenteeism behaviour. Brooke (1986) uses the variables role conflict and satisfactions to explain this relationship. (See appendix 2). All Danish respondent and 8 out of 10 Swedish interviewees, describes the relationship with the colleagues at the nursery school as good and friendly. The two Swedish nursery school employees who do not qualify the relation with the colleagues as good and friendly, report that their relationships with co-workers is acceptable. The open and positive communication within the nursery schools is probably a prerequisite for creating a positive relationship among co-workers. One of the Swedish nursery school teachers expresses herself like this:

*“We have good relationship and we speak frankly with each other. We are aware of the fact that we are all humans with flaws and weaknesses. I have the feeling that I can be myself at work.”*

It was reported that the nursery school teachers and child minders, as revealed in the quotation above, have a high respect for each others personal characteristics. The interviewees furthermore illustrate a workplace characterized by open communication, especially at the separate departments. Further expressions used by the employees to describe the internal relationships at the workplace were good team spirit, respect and understanding. Some of the employees had developed a personal relation with each other and spent time together outside the work place. A Swedish child minder expresses:

*“I like to talk to my colleagues and we listen to each other. I definitely don’t have any enemies at this workplace.”*

**Table 6.10:** *Responses Relationship Colleagues*

		School 1 SE	School 2 SE	School 1 DK	School 2 DK
Relation with colleagues	Good	5	3	5	4
	Acceptable		2		

Summarizing the testimonies of the interviewees concerning the relationships with colleagues, it can be concluded that the respondents in general have a good and respectful relation towards their co-workers. See table 6.10.

### **6.3.9 Awareness of National Policies regarding Absenteeism**

The awareness of the employees of the national policies regarding sickness absenteeism is not directly covered in Brooke's (1986) model of employee absenteeism, although it is related to the payment variable. (See appendix 2). Since the national policies are extensively studied, this subject must be covered in the investigation. The nursery school teachers and child minders in Denmark and Sweden are generally aware of the national policies regarding sickness absenteeism in the countries where they live and work. On the topic of the waiting day, 8 of the 9 Danish and 9 of 10 of the Swedish respondents are fully aware of the national legislation.

Every participant in Denmark and 8 out of the 10 interviewed employees in Sweden are aware of the compensation level of the sickness benefit system in his or her country. The answers regarding compensation system came rather quickly. One Danish respondent said:

*"I get full payment if I'm on sick leave."*

During the interviews with the Swedish nursery school teachers and child minders, the first reaction on the question regarding financial compensation was that it was expensive to be absent from work. One of the Swedish nursery school teachers replied:

*"You loose a lot of money, that's for sure."*

Employees are not fully aware when they have to consult a physician in case of longer absenteeism. A difference in the awareness regarding this topic by the Danish and Swedish employees is found. 2 of the 9 nursery school teachers in Denmark are conscious about the national policy, while 2 out of 9 are partly aware of the national legislation. As many as 5 of 9 answered that they are not aware. The opposite is true in Sweden. Swedish respondents are much more aware of when a physician should be

consulted. In total 9 of the 10 interviewees in Sweden displayed full awareness of the national legislation while only 1 interviewee was partly aware.

**Table 6.11:** *Responses Awareness National Policies Regarding Absenteeism*

		School 1 SE	School 2 SE	School 1 DK	School 2 DK
Awareness national policies	Compensation level	4	4	5	4
	Waiting day	5	4	5	3
	Consultation physician, fully aware	5	4		2
	Consultation physician, partly aware		1	4	1

The analysis above illustrates general consciousness among the interviewees regarding the national sickness absenteeism policies. The respondents are well aware of the eventual existence of a waiting day and the compensation level of the sickness benefit system in the country they work in. A comparative difference between the countries can be noticed regarding the awareness of when an employee are obliged to consult a physician, since the Swedish nursery school teachers and child minders tend to be more conscious of the legislation on this topic. See table 6.11 for detailed information.

### **6.3.10 Awareness of Organizational Policies regarding Sickness Absenteeism**

This subject is neither directly touched by Brooke (1986), in his employee absenteeism model. (See appendix 2). For the same reasons as for the awareness of the national policies regarding sickness absenteeism, this subject is interesting and important for the study. The nursery school teachers are usually not aware of the organizational policies regarding sickness absenteeism. In Denmark only 4 of the 9 interviewees are conscious about the organizational policies aimed at raising sickness absenteeism barriers, while in Sweden the awareness was even lower, only 3 of the 10 cases. A Danish nursery school teacher who apparently is familiar with the organizational policies explains:

*“When there is a pattern in absenteeism, you are called in for a consultation by the supervisor.”*

A majority of the respondents confused policies aimed at raising sickness absenteeism barriers with sickness absenteeism prevention. In Sweden a few of the employees replied to this question by stating that they have a by the employer sponsored gym cards or that they are able to use sports facilities in general.

On the subject of matching workload with personal capacities, the interviews indicate that this is slightly more common at the nursery schools in Denmark than in Sweden. The employees appear to



have less awareness of the formal policies and instead they refer to informal policies. A large group of the respondents cares about their colleagues and therefore, simply out of empathy and not because they are obliged, look after colleagues when they are not feeling well. 7 of the 9 of the Danish interviewees and 5 of the 9 of the Swedish employees reported that the nursery school has policies aimed at matching workload and personal capacities. One of the interviewees clarifies:

*“We cover up for each other and help each other when it is needed.”*

In Denmark a common answer to the question regarding matching workload to an individual's capacities is that people who can not manage a full time job have the opportunity to apply for a part time job at the municipality. None of the Swedish interviewees mentioned this, but rather focused on sickness leave as an alternative if they can not handle the workload. This behaviour of the Swedish respondents might be explained by the overall generosity of the sickness benefit system, which makes it relatively easy to receive sickness benefits.

As mentioned before, nursery schools in Denmark and Sweden have formal policies to prevent accidents at the workplace. The policies consist of guidelines on how to lift items and ergonomic tools to make the work physically lighter, e.g. nursery tables which are adjustable in height. However, the policies are not always followed, especially not by the Swedish respondents. One of the Swedish nursery schools teachers confessed that she does not use the adjustable nursing table on every occasion:

*“[...] but when you're in hurry or when you feel stressed you don't use it.”*

The study confirms that policies aimed at improving reintegration at the workplace are not widespread at the nursery schools in Denmark and Sweden. Only 2 interviewees of the 9 in Denmark reported that such policies exist and in Sweden 3 of the 10 respondents mentioned the existence of reintegration policies. Most common reintegration policies brought up by the nursery school teachers and child minders are consultation with the supervision after a longer period of illness or in case of frequent sickness absenteeism.

*“I guess the supervisor contacts people who are on sickness leave for a longer time.”*

A majority of the respondents in both countries is not aware of the formal policies to reintegrate sickness absentees. A few mention informal policies on the matter, e.g. keep in contact with the

absentee. As stated before, in Sweden employees have the opportunity to get consultation at 'Feelgood' when illness absenteeism is job-related. One Danish interviewee replied that a reintegration plan does not exist at the nursery school.

**Table 6.12:** *Responses Awareness Organizational Policies Regarding Sickness Absenteeism*

		School 1 SE	School 2 SE	School 1 DK	School 2 DK
Awareness organizational policies	Barriers	2	1	2	2
	Matching workload	1	2	2	4
	Reintegration	1	2	1	1
	Accidents	2	4	4	3

The table above (table 6.12) summarized the responses. The analysis reveals that the nursery school teachers are in general rather unaware of the organizational policies towards sickness absenteeism. A comparison shows that it is slightly more common to match workload with personal capacity at the nursery schools in Denmark than in Sweden. Furthermore there is a tendency that employees have less awareness about the formal policies and instead bring up informal policies. There is no prevalent policy aimed at improving reintegration at the nursery schools and most of the Danish and Swedish interviewees are not conscious about the formal policies to reintegrate absentees.

### **6.3.11 Perception of Official Policies**

The perception of the official policies might influence sickness absenteeism, as argued before. This topic is not covered by Brooke (1986). All the Danish nursery school, teachers and child minders are positive about the official policies. All interviewees respond that they perceive the legislation in Denmark as reasonable and generous.

*“I think it works well. It’s good to get paid during sickness and I think it makes sense that you have to see a doctor after a period of time.”*

The Danish sickness benefit system can be characterized as generous yet strict. The Swedish respondents though, tend to have a more negative attitude towards the national policies and describe it with adjectives as severe and unfair. A majority of the Swedes, 6 of 10, considered themselves as negative towards the legislations and motivated their opinion by saying that they work in a contagious environment, with children who are often ill since they are building up their immune system.

*“It’s wrong to have a waiting day for employees working at schools or in health care, because it [the illness] comes from the workplace, right?”*

The Swedish nursery school teachers and child minders that are not positive towards the national policy mentioned cheating as the main reason for their opinion. The Danes did not bring up cheating as a big problem, which is most likely less easy in Denmark. The Swedes thought of cheating as being a relatively big problem in the country and often mentioned that they were aware of people who misused the system and were absent although they were not ill.

Regarding the workplace policies, 6 of the 9 nursery school teachers in Denmark and 3 of the 10 interviewees in Sweden are positive. The respondents that are positive describe the organizational policies at their nursery school as well-functioning and reasonable. A Danish nursery school teacher replies:

*“I think it’s good as it is. We call to see how ill colleagues are doing and if someone is absent for a longer period of time, we usually send them flowers.”*

Three Danes and Swedes say that they are neutral or do not have any opinion regarding the organizational policy at the nursery school. In addition, 4 Swedish employees responded that they are a negative towards the workplace policy. The motivation for this opinion is that the nursery schools do not handle sickness absenteeism in a correct way or the organization does not take enough action to prevent and change the growing problem of sickness absenteeism.

**Table 6.13:** *Responses Perception of Policies Regarding Sickness Absenteeism*

		School 1 SE	School 2 SE	School 1 DK	School 2 DK
Perception national policies	Positive	3	3	5	4
	Neutral	2	1		
	Negative		1		
Perception organizational policies	Positive	1	2	3	3
	Neutral	2	1	2	1
	Negative	2	2		

In conclusion, the Danish respondents are positive towards the official as well as the workplace policies towards sickness absenteeism in Denmark, while the Swedish nursery school teachers and child minders show a more negative attitude towards the national and organizational policies in Sweden, see table 6.13.

### **6.3.12 Consequences in Case of Frequent Sickness Absenteeism**

Consequences of sickness absenteeism are dealt in Brooke's (1986) model of employee absenteeism by the variable organizational permissiveness. (See appendix 2). Sickness absenteeism is monitored by the municipality in Copenhagen as well as in Malmö and a majority of the employees is aware of this. Of the Danes, 7 out of 9 nursery school teachers and child minders believe that a sickness absenteeism record is kept and an equivalent number in Sweden has the same opinion, 6 out of 10 employees. A Danish nursery school teacher said:

*“Yes, it's reported and an ‘illness check’ is send to the municipality.”*

A few employees in Sweden replied that it might be monitored, but supposed that nothing was done with this information, since this is prohibited by privacy and integrity law. A small number of the respondents declared that they do not know whether absenteeism is reported and two of the Swedish interviewees believe that sickness absenteeism is not observed at all.

A large part of the interviewees is conscious about the policy that the employee is contacted for a consultation with the supervisor at the workplace after a certain amount of sickness spells or certain duration of sickness. Of the Danes 7 and of the Swedes 6 nursery school teachers and child minders are familiar with this procedure, while the rest report that they do not know about the consultation with the supervisor in case of frequent sickness absenteeism.

The general awareness of the availability of the company physician 'Feelgood' in Sweden and the municipality psychologist in Denmark in a situation of work-related sickness absenteeism and illness can be interpreted as limited. Only 3 of the Danish respondents referred to the psychologist and the same amount of Swedish nursery school teachers and child minders is conscious about the details regarding external health assistance. A Swedish child minder who is informed explains:

*“After recommendation by the supervisor you can go to ‘Feelgood’, but as far as I know this doesn't function in a good manner.”*

Most Swedish respondents who are aware of the fact that a company physician can get involved showed distrust regarding the effectiveness of this physician, like the interviewee above. It can thus be concluded that this system does not work in a satisfactory way.

In general, they supervisors, teachers, and child minders, perceive that it is hard to find suitable substitutes, but according to the interviewees the situation is reasonable at the moment. Due to the tight budget of the schools, substitute teachers are only called when the circumstances are extreme and more than one employee of the regular staff is absent. In Tårnby, Copenhagen, a steady substitute is employed, which makes the situation in Denmark easier compared to the circumstances in Sweden. A Swedish child minder declares:

*“At the moment there are substitutes available, but it’s too expensive to use a substitute when the employer pays for the sickness absenteeism.”* [The first two weeks]

The interviewed nursery school teachers and child minders have the same opinion regarding the consequences for colleagues when an employee is absent. All interviewees in Denmark and Sweden respond that sickness absenteeism results in extra workload for the other employers at the nursery school. A Danish nursery school teacher responded:

*“Of course there will be more work for the rest of us when somebody is on sickness leave. This can sometimes be a source to irritation.”*

A handful of nursery school teachers and child minders reported that there were occasions when they went to work when they should have stayed home, although this is more common in Denmark. A Swedish nursery school teacher said about the problem of “sickness attendance”:

*“I know that I put my colleagues in a difficult situation when I’m absent and that actually stopped me from calling myself sick, because I know that others will have to do my job.”*

**Table 6.14:** Responses Consequences Frequent Sickness Absenteeism

		School 1 SE	School 2 SE	School 1 DK	School 2 DK
Consequences of frequent absenteeism	Absenteeism is monitored	2	4	4	3
	Consultation supervisor	3	3	4	3
	Company physician	1	2	3	
	Availability substitute teachers	2	2	4	3
	Extra workload for colleagues	5	5	5	4

Again Table 6.14 summarizes the findings. The analysis demonstrates that a small majority of the respondents in both countries are aware about the fact that sickness absenteeism is monitored and

reported to the municipality. Most of the interviewees are conscious about the policy of a consultation with the supervisor in case of frequent sickness absenteeism, but the respondents are not very aware of the availability of the company physician/psychiatrist. It is generally difficult to find substitutes, although the situation in Denmark is better. The interviewees in Sweden as well as in Denmark agree that sickness absenteeism among colleagues result in extra workload for rest off the staff.

#### **6.4 Summary**

From this chapter it can be concluded that there are some differences found between the Danish and Swedish nursery schools included in the study. Interesting differences between the Danish and Swedish organizations are the higher perceived workload and the amount of formal rules in Swedish schools. The findings on the organizational and individual level show that there are no striking differences within the Danish and Swedish nursery schools, although there are some minor exceptions.

The following chapter contains the conclusions of the research. More explanations will be given for the observed differences and the recommendations are presented.

## 7 Conclusions & Recommendations

*"No doubt you are right, my best of friends, there would be far less suffering amongst mankind, if men -- and God knows why they are so fashioned -- did not employ their imaginations so assiduously in recalling the memory of past sorrow, instead of bearing their present lot with equanimity."*

*(Goethe, The Sorrows of Young Werther, 1774, Letter from May 4th)*

The study investigates the reasons of the observed difference in sickness absenteeism between Denmark and Sweden. In the previous chapter the findings on each of the three levels of investigation were presented and possible explanations for the observed difference were revealed. The following text schematically presents the conclusions of this research at each level. Most relevant conclusions of the research are summarized in table 7.1, in the text below. A complete list of findings can be found in the appendix (appendix 9). Beside the conclusions of the research, this chapter contains the actionable recommendations for the management of nursery schools and suggestions for future research and discusses the theoretical contributions of the study.

### 7.1 National level

The national level is included in this research to get a complete picture of all the forces that influence sickness absenteeism and sickness absenteeism behaviour of employees. However, it is assumed that differences on the national level are not easily changed by either this study or by pressure from the individual nursery schools included in the study. Two investigation questions are primarily aimed at revealing differences at the national level. These questions will be answered in this section.

#### 7.1.1 Differences on the national level

The first investigation question aimed at the national level questions whether there are any differences at the national level between Denmark and Sweden and looks as follows:

*Are there differences on the national level that explain the observed difference in illness absenteeism between Denmark and Sweden?*

The research discovers several differences between Denmark and Sweden on the national level, which potentially explain the difference in sickness absenteeism between the two countries. The research focuses primarily on the differences in national employment protection legislation (EPL) and sickness benefit systems.

### **Employment protection legislation**

From the analysis on the national level it can be concluded that there are significant differences in the employment protection legislations between Denmark and Sweden. In Denmark there does not exist a specific law that regulates employment protection, whereas Sweden has rather extensive and protective employment protection legislation. This difference between the two countries implies that it is hard for Swedish employers (if not impossible) to discharge employees. However, for Danish employers this is relatively easy.

In existing literature it is argued that sickness absenteeism has a pro-cyclical pattern. One of the possible explanations is that people are scared to loose employment under unfavourable economic conditions (Bonato & Lusinyan, 2004). Using more or less the same logic, it can be assumed that the fear of loosing employment among Swedish employees is lower than among Danish workers. Employment is very well protected in Sweden and therefore employees can only be discharged under extreme conditions. Since Danish employees are relatively easy to discharge, as in case of doubtful sickness absenteeism behaviour, there is a stronger incentive for them to attend work. The inflexible and protective character of Swedish labour law might be a possible explanation why sickness absenteeism is higher in Sweden than in Denmark. It was confirmed by Ichino & Riphahn (2001), that employees protected by employment protection law are more absent due to illness than employees where are not.

### **Sickness Benefit System**

A second major difference observed on the national level between Denmark and Sweden is the difference in generosity of the sickness benefit system. In the existing research it is already argued that the costs of being absent has a direct and positive influence on employee's sickness absenteeism behaviour, and increased costs result in lower sickness absenteeism in general. Therefore it is assumed that countries with less generous sickness benefits experience lower sickness absenteeism (Hesselius, 2006). This is confirmed by the research and according to the OECD generosity index of the sickness benefit system (OECD Employment Outlook, 2005); the Swedish social benefit system is



much more generous than the Danish. The difference in the generosity of the sickness benefit system is a potential factor that explains the higher observed sickness absenteeism in Sweden.

It is interesting to observe that according to the OECD (OECD Economic Surveys: Sweden, 2005) Sweden has a more generous sickness benefit program compared to Denmark, while the most obvious elements of the sickness leave compensation scheme are more generous in Denmark. The compensations level is 100% of the last earned income in Denmark, while in Sweden the compensation rate is only 80%<sup>9</sup>. Moreover, Danish employees receive sickness benefits from the first day of sickness absence, while Swedish employees experience one waiting day at the beginning of every new sickness spell. The reason Sweden ranks higher on the mentioned OECD generosity index is that other factors are much more restricted in Denmark, like the ease of receiving the benefits and the strictness of authorities on checking on fraud *et cetera*. The overall higher generosity of the sickness benefit system is another possible explanation for the higher sickness absence in Sweden compared to Denmark.

Taking all the above into consideration, it should be concluded that there are two major differences on the national level that possibly explain the observed difference in illness absenteeism between Denmark and Sweden. These consist in the difference in employment protection legislation and generosity of the sickness benefits. The different legislation on the national level in Denmark and Sweden might result in different “sickness behaviour” of the employees. The strict employment protection law and the generous sickness benefit system in Sweden potentially results in mimetic sickness absenteeism behaviour. In the previous chapter it was mentioned that some of the Swedish employees use sickness absenteeism as a coping mechanism to handle the high workload. There is a risk that sickness absenteeism became a socially accepted problem in Sweden. This relates to the organizational and national permissiveness of sickness absenteeism. In Denmark the opposite may perhaps be the case. The lack in employment protection and the strictness of the sickness benefit system possibly makes it harder for Danish employees to be ill and proof sickness. It was explained before that too strict policies and fear of losing employment can result in another mimetic behaviour, namely sickness presence. The overall strict Danish system regarding sickness absenteeism might have sickness presence as negative side effect. From the results of the study it remains fairly unclear what the direct effects of the difference in the perception of the sickness benefit system on actual sickness absenteeism are. The results suggest that perceived unfairness of the system could actually

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<sup>9</sup> In both countries the amount of sickness leave compensation is limited to a certain social ceiling.

lead to more sickness absenteeism. In such an instance, sickness absenteeism becomes a more accepted phenomenon.

### **7.1.2 Differences between national regulation and common practice**

The second investigation question is aimed at the national level of the research and concerns whether there are substantial differences between what national regulations demand and what is actually done in common practice in case of sickness absenteeism.

*Are there differences in the national policies regarding sickness absenteeism and common practice on the organizational level in Denmark or Sweden?*

The research is not very well able to detect any differences between what national policies demand and what is really done on the organizational or individual level. The only finding is that one Swedish teacher gave the impression that there is not always a reintegration report constructed in case of frequent or enduring sickness, while this is demanded by local legislation. This is of course only weak evidence, since most employees in Denmark and Sweden are not fully aware of what has to be done in such a situation. Therefore it must be concluded that the research found no substantial differences between common practice and official national policies regarding sickness absenteeism regulation.

## **7.2 Organizational Level**

The second level under consideration is the organizational level or, in this specific research, nursery schools. It is assumed that differences on the organizational level influence sickness absenteeism and sickness absenteeism behaviour of the employees of these organizations. (AMI, 2003). Again two investigation questions are constructed, which refer to the influence on the organizational level predominantly. In the following two sections the answers on these questions are presented.

### **7.2.1 Differences Observed at the Organizational Level**

The first investigation question of the two refers to the organizational level and is as follows:

*Are there differences on the organizational/workplace level that explain the observed difference in illness absenteeism between Denmark and Sweden?*

Several differences are revealed on the organizational level, which might have an effect on the observed difference in sickness absenteeism. The findings that relate to this question are presented below.

### **Emphasis on Health and Well-Being**

The research reveals a large difference between the emphasis put on health and well-being between the organizations in Denmark and Sweden. The study confirms that the Swedish nursery schools put much more emphasis on the health and well-being of the staff and pupils compared to the Danish schools. The Swedish schools possess countless formal documents on the health subject, whereas the Danish nursery schools only have, at best, some informal practices to improve health (awareness) and well-being. Moreover, the employees of the Swedish nursery schools have access to various health promoting incentives, like discounts on sports facilities, massages, and stop-smoking incentives. In addition, in Sweden there is a stronger emphasis on healthy and nutritious food.

From previous research it can be concluded that health improvement and awareness programs can have a positive influence on sickness absenteeism. However, not all programs and incentives are effective under all circumstances. Especially programs solely aimed at improving health awareness are less effective. It is furthermore suggested that health and well-being can also be overemphasised (Adams *et al*, 2000). The Swedish nursery schools included in this investigation have a very strong health profile. Despite this effort sickness absenteeism is still higher than in Denmark and therefore it seems that health is overemphasised. Putting too much emphasis on health and well-being could result in a “health-oversensitive” labour force, with higher sickness absenteeism as a consequence. The study does not provide enough evidence to prove that health awareness and well-being are actually overemphasised in Sweden. It can be concluded that there are no direct positive effects visible. How much emphasis that should be put on health and well-being remains ambiguous. Management should carefully examine the effectiveness of well-being and especially health awareness incentives. The question is; whether these costly incentives should be kept since often they are not effective in improving employee health and sickness absenteeism. Maybe, the money can be spent on other issues that have a better effect on sickness absenteeism. Employing more substitute teachers or child minders is just one of the possibilities. Attracting more substitutes reduces the routinization of the job and obviously decreases the workload in case of absent personnel.

### **Formal versus Informal Policies**

The results of the study clearly show that the Swedish nursery schools have much more formal policies and rely more on official documents than the Danish organizations. The Danish schools have relatively less formal documents and use more informal policies. These differences become apparent in various examples, of which two are shortly presented below.

Work related accidents are prevented in more or less a similar way in both countries. Employees have access to comparable tools to make the physical work lighter. In addition, employees in Denmark and in Sweden get similar training to prevent work related accidents. The major difference is that the Swedish organisations depend much more on formal policies than is the case in Denmark.

A second example is that Swedish employees complain more about the amount of paperwork than their Danish peers. There is a strong impression that in Sweden more administrative tasks have to be performed by the nursery school teachers (not by the childminders, since they do not have pedagogical responsibilities) than in Denmark.

The first example given in this section is hard to link to sickness absenteeism behaviour of employees. There is no evidence that a larger amount of formal policies reduce or increase sickness absenteeism. The latter example, the higher administrative pressure in Sweden, could explain the higher perceived workload in Sweden. A higher workload is directly linked to more frequent sickness absenteeism (Steers & Rhodes, 1978). The higher administrative pressure in Swedish nursery schools can to a certain extent be explained by the Reggio Emilia philosophy used in Sweden. This philosophy resulted in an extensive pedagogical plan and demands observation of the children that has to be administrated. Since the schools have to follow the pedagogical plan, there is little management can do about the higher workload as a result of the extensive administrative pressure.

### **Work Related Injuries and Sickness**

There is a difference observed in the availability of healthcare provided by the employers in case of work-related injuries or sickness. When work related illness or injuries occur in Sweden, the employees have access to a private all-round health providing organization, 'Feelgood'. While the Swedes have access to resourceful treatment, the Danish employee can only rely on a corporate psychologist.

It has to be noted that many Swedish employees have a negative image of the all-round healthcare provider 'Feelgood'. It is therefore ambiguous whether the involvement of 'Feelgood' has a

favourable influence on sickness absenteeism among Swedish workers, which would be expected under normal circumstances. As a consequence of this fact, there cannot be made any strong conclusion about the effectiveness of extensive availability of external healthcare. It is very doubtful whether this difference has a substantial influence on sickness absenteeism in Denmark and Sweden.

### **7.2.2 Differences between organizational policies and common practice**

The second investigation question used to investigate the organizational level is aimed at whether there are differences between official policies of the organizations and common practice. The question is formulated as:

*Are there differences in the organizational policies regarding sickness absenteeism and common practice in Denmark or Sweden?*

The research was unsuccessful to reveal significant differences between official policies of the nursery schools towards sickness absenteeism and what is common practice. Most employees have difficulties with identifying national policies aimed at reducing sickness absenteeism. Even fewer employees have a good understanding of policies of their employer aimed at reducing sickness absenteeism. Especially in Denmark the employees and even the supervisors of the schools have difficulties mentioning these policies.

The only difference observed relates to matching workload to personal capabilities of employees. Both countries do not have such policies, although Danish teachers and child minders explain that it is common practice to cover up for each other when a colleague does not feel well or is less capable of performing certain tasks.

Overall, there is not enough evidence to conclude that there is a significant difference between organizational policies towards sickness absenteeism and common practice. In addition, it is often mentioned by the supervisors that the schools just follow the regulations of local and national governments. Since there is not enough evidence generated on this issue, it is impossible to make any statement about the effect on sickness absenteeism.

### **7.3 Individual level**

Three investigation questions are specially aimed at studying the individual level. Each of these questions will be discussed and answered in the text below.

#### **7.3.1 Difference Observed at Individual Level**

The first investigation question used at the individual level of the research is:

*Are there differences on the individual level that explain the observed difference in illness absenteeism between Denmark and Sweden?*

A few major differences are revealed by the study between Denmark and Sweden at the individual level. The relevant differences will be discussed in the following text.

#### **Job Satisfaction**

From the research findings it can be concluded that there does not exist a significant difference in employee job satisfaction between Denmark and Sweden. In both countries the teachers and child minders are very satisfied with their job, although Danes tend to be slightly more enthusiastic. Both Danish and Swedish employees give the same reasons why they are satisfied with their employment. On the other hand there are differences found regarding job-related annoyances. Danish employees criticize more about the physical state of and the environment at the schools, whereas the Swedes tend to bring up the noisy and stressful environment, primarily due to large groups of children.

No real difference is observed between Denmark and Sweden regarding job satisfaction. Therefore, no statement can be made about the influence of job satisfaction on sickness absenteeism behaviour among nursery school employees in Denmark and Sweden.

#### **Perceived Workload**

Workload is significantly different perceived in Denmark and Sweden. Danish nursery school teachers and child minders perceive the workload as appropriate, while their Swedish peers perceive the workload as much too high. The large difference between the perceived workload is fascinating since it was concluded that the nursery schools are of the similar size and have approximately the same number of children per employee in both countries. This signals that the actual workload should be more or less comparable.

Higher perceived workload is in literature clearly linked to higher sickness absenteeism (Steers & Rhodes, 1978). Therefore, the perceived higher workload in Sweden possibly explains the difference in sickness absenteeism between Denmark and Sweden.

### **7.3.2 Awareness of Financial Consequences of Sickness Absenteeism**

The second investigation question on the individual level relates to the question whether employees in Denmark and Sweden are aware of the financial consequences of sickness absenteeism behaviour.

*Are employees in Denmark and Sweden aware of the (financial) consequences of sickness absenteeism?*

The research findings provide evidence that the nursery school teachers in Denmark and Sweden are well aware of the financial consequences of sickness absenteeism. Literature predicts that higher costs of sickness absenteeism results in lower sickness leave (Brooke, 1986). This relation can only hold when employees are aware of the consequences. Therefore it can be concluded that people are able to calculate the costs of absence and that the relation between costs of sickness absenteeism and sickness absenteeism behaviour, as predicted, is valid.

### **7.3.3 Perception of Sickness Benefit system**

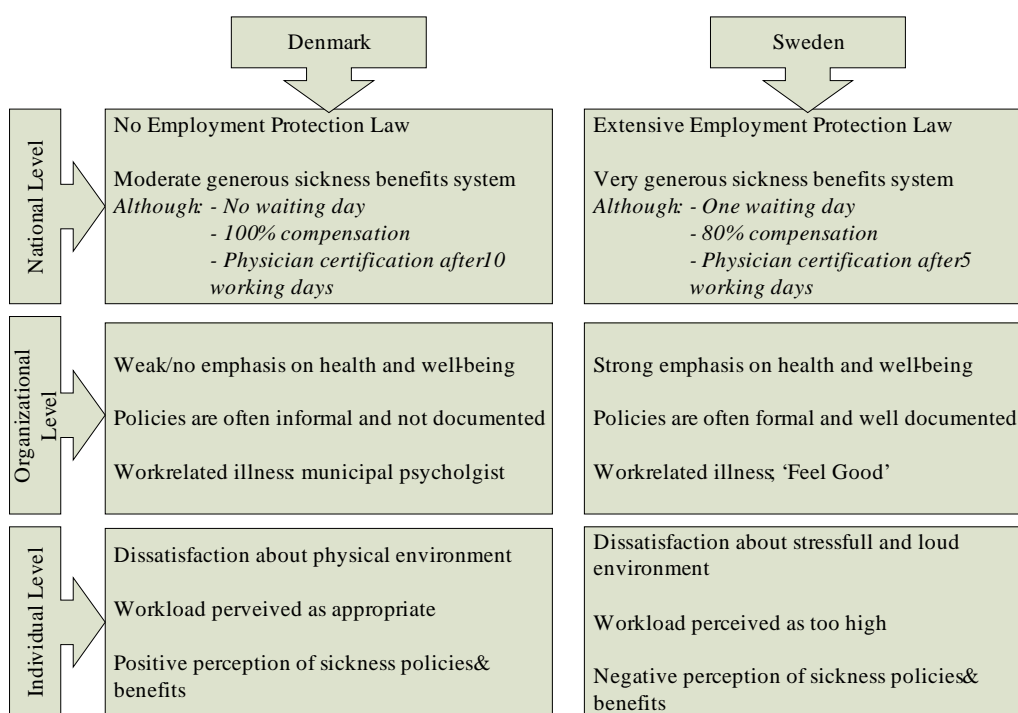
The third and last investigation question on the individual level concerns how employees perceive the sickness benefits in their country.

*How do Danish and Swedish employees perceive absenteeism policies and sickness benefits?*

Employees in Denmark and Sweden have a comparable perception of organizational policies regarding sickness absenteeism. Still, many employees have great difficulties identifying organizational policies in relation to sickness absence. On the other hand, there is a fairly large difference noticed in the perception of national policies. Danish interviewees perceive the national sickness benefit policies as fair and generous. On the contrary, Swedish teachers and child minders perceive the sickness benefits as unfair and too limited. The main argument why the Swedish have a negative perception of the benefits system is that they are extensively exposed to germs and viruses at their work, which results in frequent sickness. The waiting day and the loss in income are therefore perceived as inappropriate and unfair.

Whether the dissimilarity in the perception explains the difference in the observed sickness absenteeism between Denmark and Sweden is ambiguous. There is extensive literature that predicts a relation between extensive generosity and increased sickness absenteeism (European Foundation, 1997). On the other hand, there is not much known about the influence of having a negative perception of the sickness benefits system on sickness absence behaviour. Finally, some of the older Danish employees admitted that when there still was a waiting day in Denmark, which was also perceived as unfair, they stayed absent longer. This suggests that a negative perception of the sickness benefit system could lead to and longer periods of, and therefore more, sickness absenteeism.

**Figure 7.1:** Main Conclusions of the research



The primary conclusion of this research is that nursery schools as organizations depend strongly on external forces. These forces make it difficult for the management of the schools to implement policies or incentives to decrease sickness absenteeism behaviour of its employees. The most dominant forces come from the national and regional legislators. Legislation has both a direct effect on the organizations and on the behaviour of its employees. Nursery schools are, for example, obliged to follow a pedagogical plan. The pedagogical plan results in extra (administrative) workload,



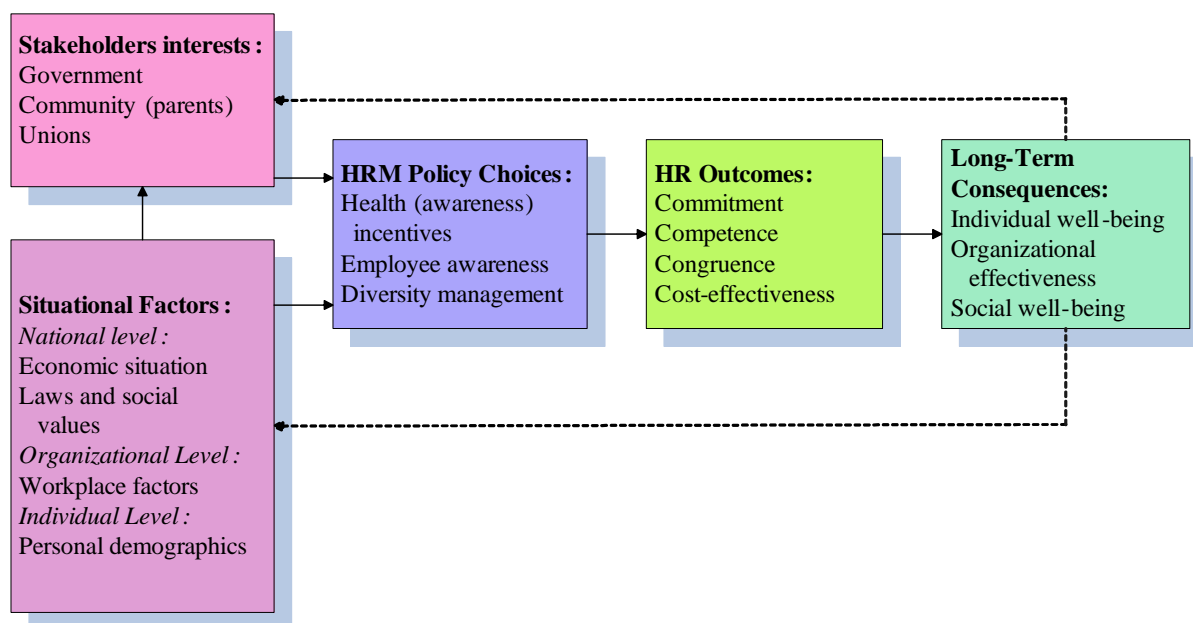
especially in Sweden. In addition, the extensiveness of the available external health care for employees is a decision made by the municipalities and not by the schools itself.

The national legislation regarding sickness absenteeism has a strong influence on the behaviour of employees. Too strict policies could result in mimetic sickness presence behaviour and too generous policies might be the reason for increased sickness absenteeism behaviour. Moreover, health and well-being programs and profiles, most often imposed by the local authorities, might have an unwanted effect on sickness absenteeism. This potentially results in mimetic sickness absenteeism behaviour, as reasoned above.

A link is made between Goethe's classic novel *The Sorrows of Young Werther* and copycat sickness absenteeism or presence. In the 18<sup>th</sup> century many young men got inspiration after reading the novel and copied Werther's suicide as an escape from unanswered love. Nowadays, employees get affected by the contemporary emphasis on health issues and sickness absenteeism and permissiveness or non-permissiveness of sickness absenteeism. This could result in what we describe as a copycat behaviour of sickness absenteeism and sickness presence. Taking the findings and conclusions of the research in mind, it must be concluded that there is little management can do about sickness absenteeism behaviour among employees. In addition, sickness absenteeism legislation in Sweden is rather generous. The possible side-effects of the strong emphasis on health might result in sickness absenteeism becoming a socially expected phenomenon.

In the third chapter the Harvard model of HRM (Beer *et al*, 1984) was presented. This model is adapted to match the findings of this study and is depicted in figure 7.2 above. According to the study the governments are the most influential stakeholders. The community, or more specific the parents, are also important and influential stakeholders, especially since Denmark and Sweden both have democratic elected governments. Finally, the trade unions are crucial. In Denmark the unions play an extensive role in employment protection, since there is no formal employment protection legislation. In Sweden, the unions are powerful institutions in general. The study shows that governmental legislation results in coercive isomorphism, making it difficult for the supervision in nursery schools to manage sickness absenteeism.

**Figure 7.2:** Adapted Harvard model of HRM



Some key situational factors are identified that influence the behaviour of the nursery schools regarding sickness absenteeism. On the national level, evidence was found that the overall economic situation and some particularly laws (sickness benefit systems and employment protection legislation) influence sickness absenteeism. Workplace factors, on the organizational level, can also have an influence on sickness absenteeism. Finally, on the individual level, personal demographics of employees have an influence on sickness absenteeism. Since personal demographics cannot be altered by management plus the assumed mimetic behaviour of employees, as a result of (national) legislation, makes it even more difficult for management to improve sickness absenteeism figures.

There are a few key HRM policies identified that might have an impact on employee sickness absenteeism. These are discussed in the following section on the recommendations. The HRM outcomes and long-term consequences remained the same as in the original model.

## **7.4 Recommendations**

The recommendations are twofold. Actionable recommendations are made towards the nursery schools and recommendations are made for future research.

#### **7.4.1 Actionable Recommendations Nursery Schools**

Although it has to be concluded that management in nursery schools can do little about sickness absenteeism, there are some actions to be taken to improve the situation regarding this issue.

The results of the study provide evidence that the Swedish nursery schools should most likely not put more emphasis on health and well-being of the staff and pupils. This does not imply that the Swedish schools should drastically reduce the emphasis on well-being, although it appears that the extensive emphasis on health is rather ineffective to reduce sickness absenteeism. Supervisors of nursery schools should critically evaluate all incentives that are related to the health issue, possibly in accordance with the municipalities. A basic cost benefit analysis could be conducted to investigate the effectiveness of the incentives. It was already mentioned that other actions are possibly more effective in reducing sickness absenteeism; the emphasis should be on reducing the perceived workload.

Swedish schools should improve the employees' attitudes towards sickness absenteeism behaviour instead of only focusing on health and well-being. Nowadays, sickness absenteeism is a fairly accepted phenomenon among Swedish employees, a phenomenon that should be changed. It is recognized that the permissiveness of being absent due to sickness is strongly related to the national sickness benefit system, which is beyond the scope of supervision. It is difficult to say how this should be done in practice. It is clear that the employees are hardly aware of the policies related to sickness absenteeism. It seems wise to explain and discuss the financial and social consequences of sickness absenteeism with the employees. It should be made clear, for example, that sickness absenteeism is monitored and always reported to the municipality.

The research provides evidence that the large amount of documentation on sickness absenteeism and health in Swedish nursery schools does actually not improve employees' absence behaviour. The conclusions suggest that it is more important to be pro-active towards sickness absenteeism on the work floor. The formal knowledge that exists in Swedish nursery schools should be transformed into real actions in order to decrease sickness absenteeism. Monitoring sickness absenteeism behaviour of individual employees and discussing this with them could be beneficial. Supervisors should be sensitive towards the problems individual employees encounter in personal and working life. The open-communication and friendly atmosphere in the nursery schools surely enables a positive approach of the supervisors towards sickness absenteeism. A clear finding of the study is that employees are not well aware of the organizational policies regarding sickness absenteeism. Unawareness awareness of these policies, as argued above, makes them ineffective. Therefore, increasing the awareness could reduce sickness absenteeism.

Finally, management could alter sickness absenteeism behaviour by implementing diversity management. The study shows rather large differences in sickness absenteeism between people with certain demographic characteristics. The clearest example is that women with young children are much more absent due to illness than any other group. Since the nursery schools primarily employ female workers, this is a substantial problem in the sector. Employing more men and women with older or no children, naturally reduces sickness absenteeism in the organization. By doing so, the increased workload in case of sickness absenteeism will probably also decrease. This has most likely a positive effect on sickness absenteeism of all employees, since a high workload is directly related to higher sickness absenteeism (Brooke, 1986).

#### **7.4.2 Recommendations for Future Research**

The research findings suggest that over-emphasizing health and well-being can be counter-effective in sickness absenteeism reduction, or at least not cost efficient. Although this is supported by some investigation, the evidence is no solid. Future research on the influence of health awareness and health improvement programs at the workplace on sickness absenteeism behaviour is needed

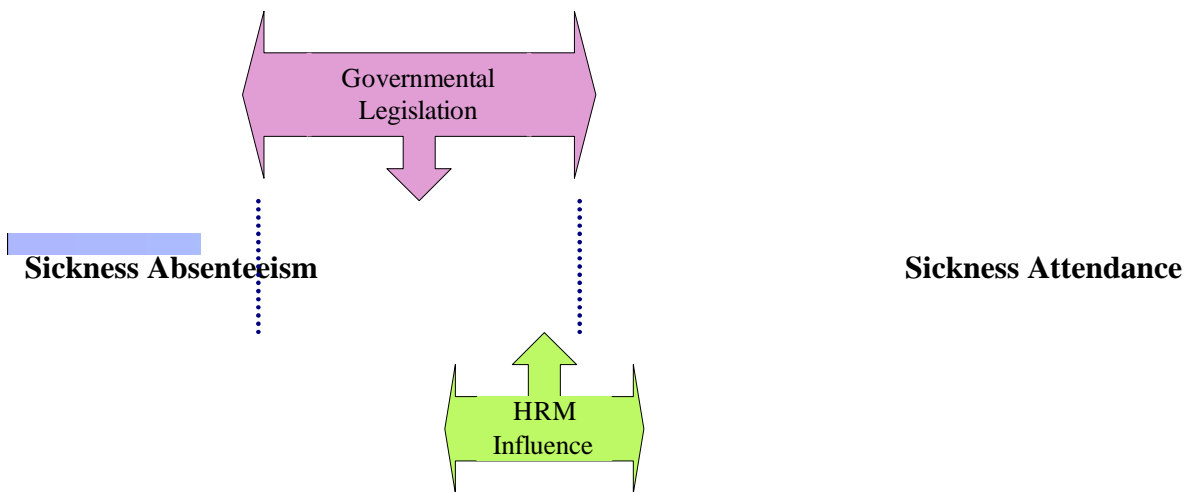
In addition, it was concluded that there is a substantial difference between Denmark and Sweden in the fields of employment protection legislation and generosity of the sickness benefit system. There is extensive literature on the influence of sickness benefits on sickness absenteeism. On the other hand there is hardly any research on the impact of labour laws on sickness absenteeism behaviour. Future research should investigate what the impact is of the generosity of employment protection legislation on sickness absenteeism behaviour.

### ***7.5 Theoretical Contribution***

The results of the study give new insight in the sickness absenteeism issue. It confirmed that government legislation has a strong influence on sickness behaviour. Sickness benefits and employment protection that are too generous might result in extensive sickness absenteeism. While on the other hand, when these policies are too strict it could result in sickness attendance.

Therefore, it can be argued that government determines more or less how much sickness behaviour a country experiences. The role of internal management in altering sickness behaviour of employees is for this reason limited. Management can only create a positive working environment to improve sickness absenteeism behaviour. The model presented below visualizes the dynamics of this process.

**Model 7.1:** Dynamic model for predicting sickness behaviour.



Governments determine in which range national sickness behaviour falls. Management and HRM practices can only influence employees' sickness behaviour within this pre-set area. It remains ambiguous how wide this area is. The width depends on several factors, like the strength of the coercive pressure of authorities. For example, in the public sector, where authorities have typical more influence, this area could be much narrower than in the private sector.

## **7.6 Final thoughts**

Several problems have emerged from our study regarding gender in relation to sickness absenteeism. Although Swedish women are emancipated and participate in the labour force, they are often the ones that take care of sick children and take the largest share of the parental leave period. For that reason, women are often more absent than men. This is a relatively large problem in nursery schools, since there are many young women employed in this sector. This structural problem is naturally beyond the influence of the nursery school supervisors, thus effort can be put on changing employees' attitudes towards gender roles.

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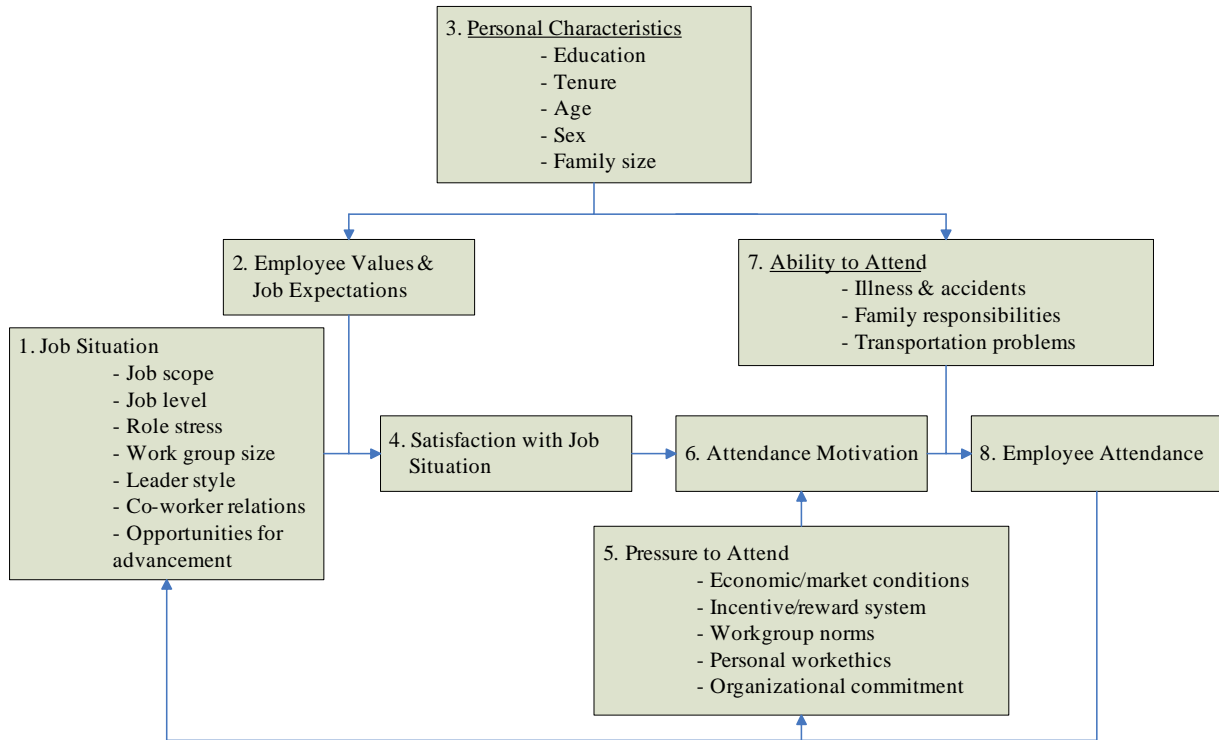
Pædagogisk Læreplan Børnehaven Enlandsvej\*

Pædagogisk Læreplan Børnehaven Vestre Bygade\*

## **9 Appendices**

Appendix 1

**Major Influences on Employee Attendance.**  
Steers and Rhodes Employee Attendance Model.

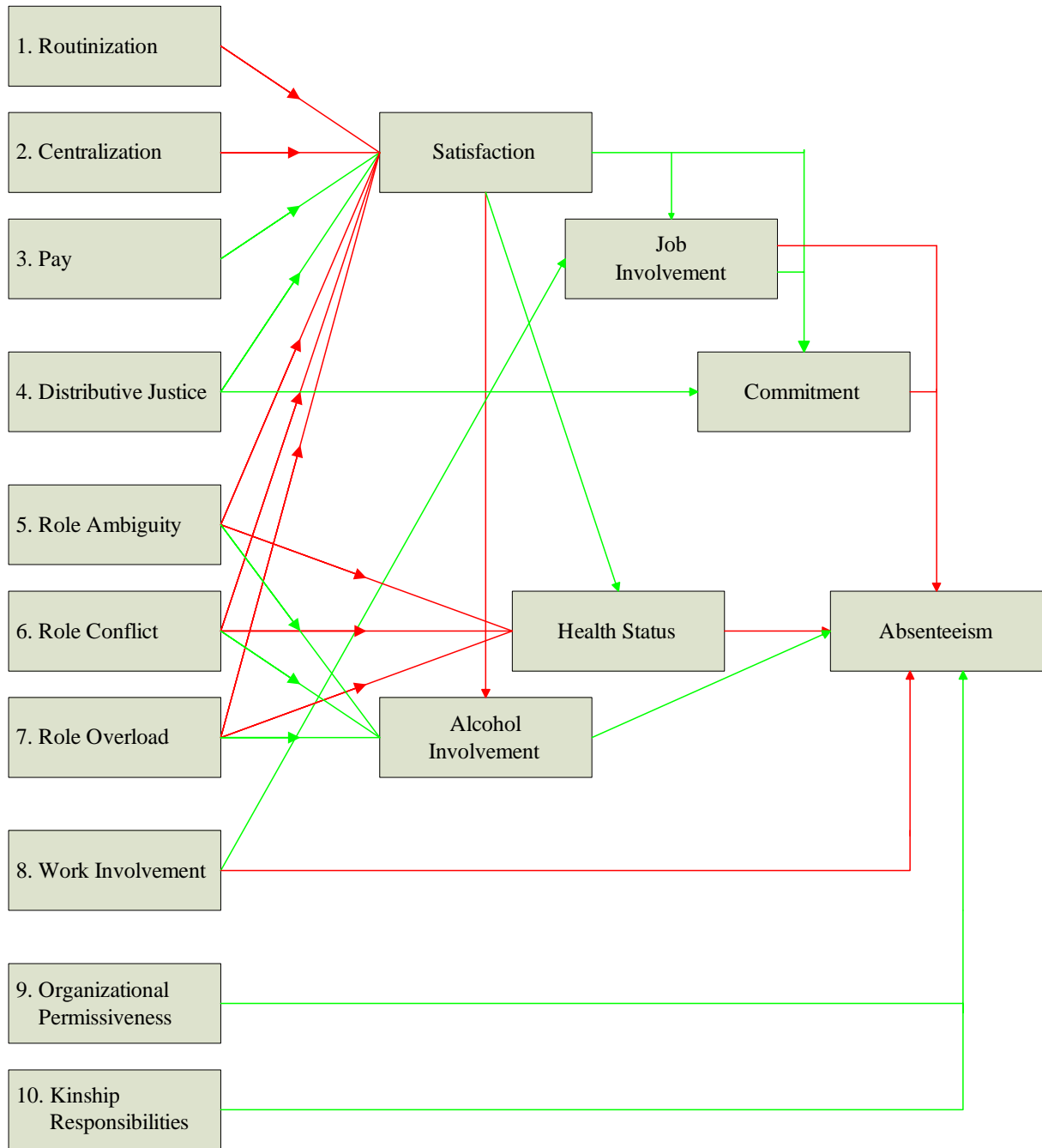


Source: Steers and Rhodes (1978), Major Influences on Employee Attendance: A Process Model.

***Appendix 2***

**A Causal Model of Absenteeism.**  
*Brooke's Original Model of Absenteeism.*



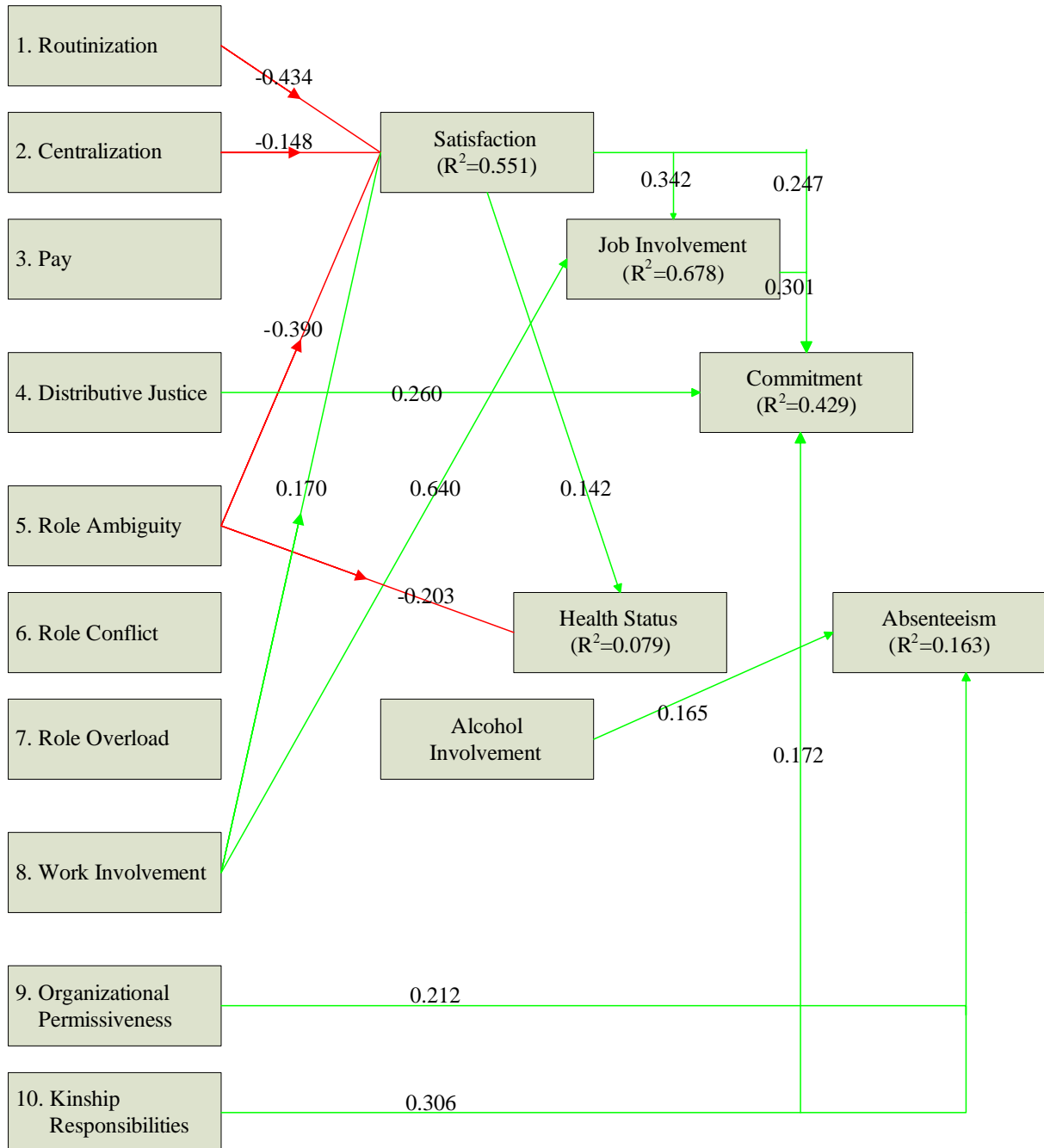


Source: Brooke. (1986). Beyond the Steers and Rhodes Model of Employee Attendance.

Appendix 3

**Path Diagram of the Causal Model of Absenteeism.**

*Main Results of the Original Model of Absenteeism.*

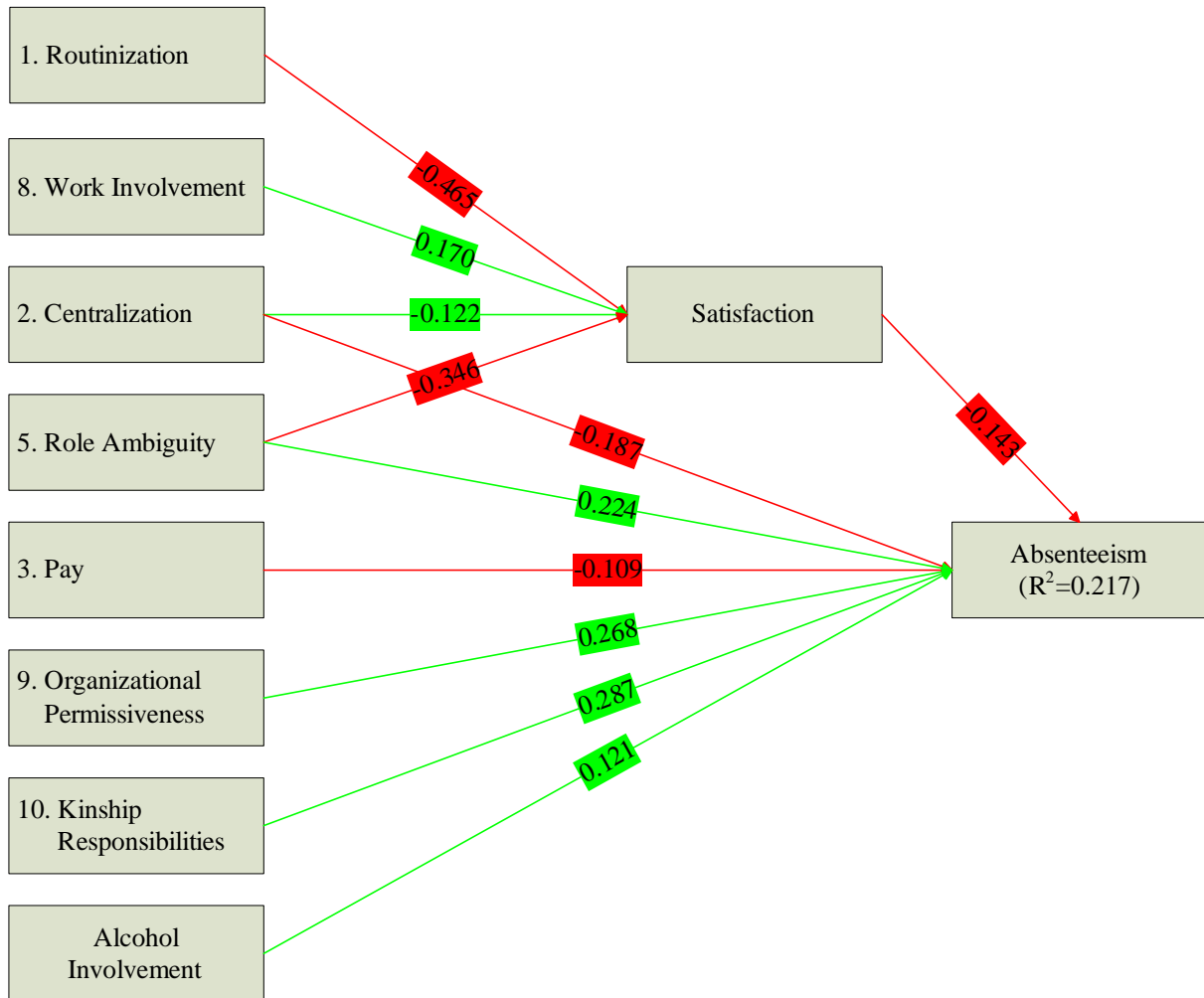


Source: Brooke & Price. (1989). The Determinants of Employee Absenteeism: An Empirical Test of a Causal Model.

Appendix 4

Simplified Model of Absenteeism.

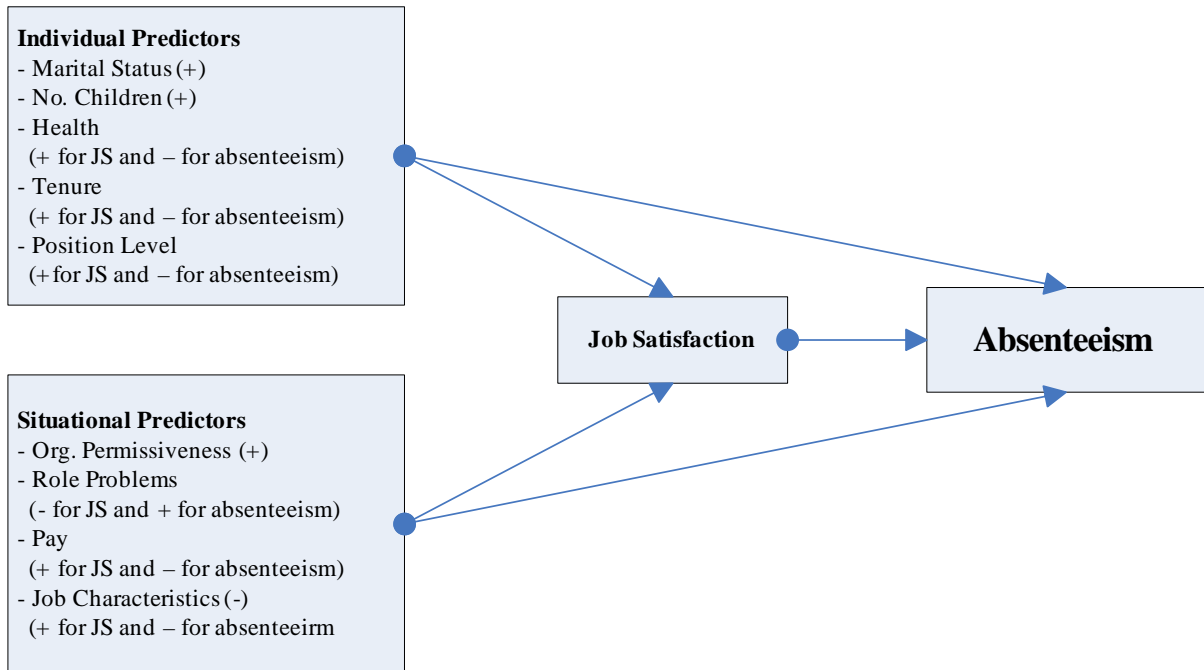
Main Results.



Source: Brooke & Price. (1989). The Determinants of Employee Absenteeism: An Empirical Test of a Causal Model.

**Appendix 5**

**Mediating Model of Absenteeism.**  
*Job Satisfaction as a Mediating Variable for Absenteeism.*



Source: Goldberg & Waldman. (2000). Modeling Employee Absenteeism: Testing Alternative Measures and Mediated Effects Based on Job Satisfaction.

## ***Appendix 6***

### **Questionnaire Nursery School Supervision**

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#### **Questionnaire Nursery School Supervision**

Nursery School: \_\_\_\_\_ Date: \_\_\_\_\_

Name interviewee: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Function: \_\_\_\_\_

Tenure: \_\_\_\_\_

Contact information: \_\_\_\_\_

1. How would you describe the nursery school?
  - Size
  - Neighbourhood
  - Public/private
  - Etc.
  
2. What are the school's/organizational policies towards absenteeism?
  - Policies aimed at raising absenteeism barriers
  - Policies aimed at matching workload and personal capacities
  - Policies aimed at preventing accidents at the workplace
  - Policies aimed at improving reintegration
  
3. What actions does the organization take in case of frequent absenteeism?
  - Absenteeism is monitored
  - Consultation with employee
  - Involvement of 'company physician'
  
4. Is absenteeism a problem within the organization?

- Performance in comparison to other schools in the region (Malmö or Copenhagen)
  - Is there strong emphasis on absenteeism prevention
5. What action is currently taken to prevent absenteeism?
- In the region (Malmö or Copenhagen)
  - At the nursery school
  - Employee involvement/participation
6. What influence has national or regional legislation/policies on your absenteeism policy?
7. Do you have anything to add on the issue of absenteeism?
-

## ***Appendix 7***

### **Questionnaire Nursery School Teachers**

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#### **Questionnaire Nursery School Teachers**

Nursery School: \_\_\_\_\_ Date: \_\_\_\_\_

Name interviewee: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Function: \_\_\_\_\_

Tenure: \_\_\_\_\_

Contact information: \_\_\_\_\_

8. What do you like about your job?

- Job expectations
- Work environment
- Work tasks

9. What do you dislike about your job?

- Job expectations
- Work environment
- Work tasks

10. Is your job important to you? Why/why not?

11. What are you expected to do at work? Are tasks clearly/vaguely defined?

12. Do you think the workload is appropriate?

13. Do you feel appreciated at work?

- Supervisor
- Colleagues

- Children and their parents
- Financially

14. Do you feel that you can influence your work?

- Influence in decision making and planning activities
- Supervisor's openness to suggestions
- Democratic decision making process

15. Does you think that your job include enough variation?

16. How would you describe your relationship with your colleagues?

17. Are you aware of the national policy towards absenteeism in you country?

- Financial consequences (waiting days/compensation)
- Physician consultation (5 working days SE)
- Reward and incentives systems

18. Are you aware of the organizational policy towards absenteeism at your workplace?

- Policies aimed at raising absenteeism barriers
- Policies aimed at matching workload and personal capacities
- Policies aimed at preventing accidents at the workplace
- Policies aimed at improving reintegration

19. How do you perceive these policies?

- a) The national policy?
- b) The nursery school's/organizational policy?

20. What are the consequences if you are being absent frequently?

- Absenteeism is monitored
- Consultation with supervisor
- Involvement of 'company physician'
- Availability of substitute teachers



- Extra workload for colleagues

21. Do you have anything to add on the issue of absenteeism?

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## ***Appendix 8***

### **List of Nursery Schools Included in the Research**

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#### **Denmark**

##### **DK1**

Børnehaven Vinkelhuse (Børnehaven Vinkelhuse Nursery School)

Englandsvej 299

2770 Kastrup

+45 32 51 00 80

Supervisor: Lise-Lotte Edvardsen

e-mail: [bhvinkelhuse@mail.tele.dk](mailto:bhvinkelhuse@mail.tele.dk)

##### **DK2**

Vestre Bygade Børnehaven (Vestere Bygade Nursery School)

Vestre Bygade 31

2770 Kastrup

+45 32 50 95 05

Supervisor: Sanne Sandbye

e-mail: [vestrebygadebh@mail.tele.dk](mailto:vestrebygadebh@mail.tele.dk)

#### **Sweden**

##### **SE1**

Hästhages förskola (Hästhagen Nursery School)

Erik Dahlbergsgatan 29

+46 40-97 47 65

Supervisor: Anna Lundström, 0709-34 18 10

e-mail: [anna.lundstrom@malmo.se](mailto:anna.lundstrom@malmo.se)

##### **SE2**

Ribersborgs förskola (Ribersborg Nursery School)

Erikstorpsgatan 21

+46 40 9172 03

Supervisor: Agneta Nordquist, 0709-34 11 18

e-mail: [agneta.nordquist@malmo.se](mailto:agneta.nordquist@malmo.se)

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***Appendix 9***

***List of Findings***

Level			
<b>National</b>	Labour Law	No explicit labour law <i>limited employment protection</i>	Extensive labour law <i>extensive employment protection</i>
	Sickness benefit system Characteristics sickness benefits	Moderately generous <i>sickness system generosity index score 103 (OECD)</i> Replacement rate: 100% Number of waiting days: 0 Physician certification after: 10 working days	Very generous <i>sickness system generosity index score 130 (OECD)</i> Replacement rate: 80% Number of waiting days: 1 Physician certification after: 5 working days
<b>Organizational</b>	Profile of nursery school	No official profiles <i>no health profiles informal action plans</i>	Strong emphasis on health and wellbeing of staff and pupils <i>numerous health profiles formal action plans</i>
	Absenteeism barriers	Similar actions are taken in case of (frequent) absenteeism <i>absenteeism is monitored absenteeism reported to the municipalities consultation with supervisor after 6 absence spells</i>	Similar actions are taken in case of (frequent) absenteeism <i>absenteeism is monitored absenteeism is reported to the municipalities same and consultation when &gt; 28 days absent</i>
	Matching workload	No official policies <i>covering-up for colleagues is more common in Denmark</i>	No official policies
	Accident prevention Absenteeism prevention	Similar no emphasis	Similar only more formal and explicit strong emphasis on absenteeism prevention (gym card) <i>free gym cards, stop smoking incentives, healthy food</i>
	Reintegration policies	Keeping in contact with absentee work related absenteeism: psychologist	A formal reintegration plan must be constructed feel good
	Availability substitute teachers	Full time employed substitute teacher <i>substitution on in case of emergency</i>	Limited number of contracted substitute hours <i>substitution on in case of emergency</i>
		<b>Denmark</b>	<b>Sweden</b>
<b>Individual</b>	Job evaluation	Positive	Positive
	positive job characteristics	<i>working with children</i>	<i>working with children</i>
	negative job characteristics	<i>close relation with colleagues flexibility, freedom in planning, and outdoor activities amount of administrative tasks</i>	<i>close relation with colleagues flexibility, freedom in planning, and outdoor activities amount of administrative tasks</i>
	Job expectations	Matching <i>physical environment</i>	Matching <i>stressful and loud environment due to large groups</i>
	Importance of having a job	Job is perceived as more important than in Sweden	Important
<i>Lund University</i>		<i>social aspects of the job financial reason</i>	<i>132 social aspects of the job financial reason</i>
	Clarity of tasks	Clearly defined	Clearly defined

