MSc in Human Resources and Organizational Psychology

Absenteeism and the Effectiveness of Absence Management and Health Policies

The Case of an Icelandic Hotel Chain

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Abstract
The intention of this study is to explore the level of awareness, knowledge, understanding and perceptions of recently implemented health and attendance policies amongst the employees of an Icelandic hotel chain and how it affects absenteeism. The effects of other variables, such as age, gender, family responsibilities, stress levels and psychosocial factors at work, were tested simultaneously, to try to understand the relationship between individual decision making and absenteeism. A quantitative research method was used to conduct an online survey with 32 questions for the employees of the hotel chain. The responses were coded and then analysed through descriptive analysis. The results from the case study show that there seems to be a trend among the employees towards having fewer absences after the implementation of the policies. However, even though awareness of the policies is high, knowledge and understanding of their contents are lacking to a great extent. As for causes, illness was the mostly claimed reason for absenteeism, but stress was the second most highly cited reason for short-term absences and the number one cause of long-term absences. The results show that stress levels of employees are related to distorted psychosocial factors at work and an imbalance between their work and private lives. The main conclusion of this thesis, therefore, lays grounds for further investigation on the working environment of employees in the hospitality industry and what organizations can do to reduce the stressors that lead to absenteeism. Training employees in all aspects of their policies and facilitating programs for work-life balance is believed to be the key for reducing absenteeism at this particular organization and will lead to more profitability.

Keywords: Absenteeism, Absence Management, Psychosocial Factors, Work-Life Balance, Human Resource Management, Iceland.
Declaration of Research Work Integrity

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature of any degree. This thesis is the result of my own investigations, except where otherwise stated. Other sources are acknowledged by giving explicit references. A bibliography is appended.

By signing the present document, I confirm and agree that I have read RU’s ethics code of conduct and fully understand the consequences of violating these rules in regards of my thesis.

Reykjavik 15th May 2018 160785-2419 Pírhanna H. Hösdóttir
Date and place ID number Signature
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1. Introduction

Human resource management (HRM) has received much attention in the business world and academia in recent decades and numerous studies have shown that there is a clear link between organizational performance and effective HRM. Human resource practices do not only play a significant role in recruiting, selecting, and retaining employees but they also refer to “the policies, practices, and systems that influence employees’ behaviour, attitudes, and performance” (Noe, 2016, p. 6) which can help strengthening the organizational advantages if they align with the organizational strategy. Human resource management practices further include developing good relations between employees and employers (Noe, 2016).

Employee absences have long been a measure of performance since those can have a negative financial impact on organizations (Kocakulah, Galligan Kelley, Mitchell, & Ruggieri, 2016) and therefore, considerable gains can be achieved by managing sickness absences, which will be the focus of this study. There are various cost factors associated with employee absences which “include the basic salary of the absent employee, payments for overtime work, and/or payments to replacement workers, as well as management costs, including line management and HR functions” (Tenhiälä et al., 2013, p. 806). Work absenteeism is defined as the behaviour when an employee abandons or is absent from scheduled work, even if the reasons behind are legitimate. Predictable or regulated absenteeism is when absences are due to temporary sick leaves, accidents, etc., while unpredictable or unregulated absenteeism is when absences are illegitimate or without approval from managers (Pallarés et al., 2014). Absences on the individual level can be explained by several factors such as age, gender, job satisfaction, psychosocial work environment, work demands, family responsibilities, health status, etc. (Whitaker, 2001). Health issues, and psychological and social factors at work can have tremendous effects on people’s lives and may cause stress, anxiety, dissatisfaction, depression, and other factors that all contribute to absenteeism. Pallarés and associates (2014) discussed the five categories of healthy practices in the workplace that could prevent absentee behaviour: “reconciliation, personal development, health and safety, recognition, and employee involvement” (p. 63). When absenteeism in a workplace is high, the workload of the employees who attend work increases and they may experience more stress, injustice, and feeling the need to underperform due to bad morale (Mowday, Porter, & Steers, 2013).
Many organizations turn to disciplinary actions to try to solve absenteeism issues while others offer incentives, childcare, flexible working hours, etc., and many have integrated more than one of these arrangements (Kocakulah et al., 2016). With the rapidly changing working environment, some employees have the freedom to work from home or in virtual offices, which means measuring absence frequencies will become incessantly more difficult (K. Kristensen et al., 2006). Most management literature emphasizes that organizations should have attendance or absence policies that explain the details of sickness absences, how they should be reported, and how attendance should be managed (Whitaker, 2001). These policies are typically aimed at addressing attendance issues before they become problems. Less emphasis has been paid to researching the correlation between patterns of absences and changes in working conditions (Whitaker, 2001). When dealing with employee absences, it is important to understand the main causes for absenteeism before they are acted upon, since generic actions are unlikely to be successful. “Generalized or uncontrolled absentee behaviour in a company can have consequences for both the organization and the individuals that comprise it, becoming a psychosocial problem, in which both the problems of adjustment of the individual to the job and other organizational problems are reflected” (Pallarés et al., 2014, p. 63).

Employee absenteeism and turnover has been an issue in the hospitality industry for decades (Yang, Wan, & Fu, 2012). Since it seems to be no different in Iceland, the purpose of this study was to shed light on the absence management practices in the hospitality industry. According to a review of relevant literature, there was a local research gap for examining the key factors in absence management. The focus was thus on the employees and absence management performance of one specific organization within the hospitality industry in Iceland, specifically Icelandair Hotels. The aim was to do a case study to analyse how absence management practices and other localized measures affected absenteeism, and how well employees responded to absence management practices in general. Icelandair Hotels is one of the largest hotel chains in Iceland and employs over 750 people. They have recently implemented a health policy which includes a clause that describes their absence management program for managers and staff. They supplemented the health policy with an attendance policy which purpose is to open up the discussion of employee attendance, and to ensure employee health and wellbeing. They rely on a prediction tool for absenteeism, the Bradford Factor, which was developed to highlight disruptions in organizational performance caused by
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absences, and takes into consideration frequency of absence spells and the duration of each sickness absence (Merekoulias & Alexopoulos, 2015).

Not much has been researched on the concept of absence management in Iceland and the overall effectiveness of these policies. By reviewing available literature arguments have been laid out supporting the case for reducing absences by adopting and maintaining management methods such as health and attendance policies. The research focussed on the employees’ awareness, understanding and perception of the health and attendance policies of the organization, where the effects of a number of control variables on absenteeism were tested simultaneously. Due to cultural differences in HR practices, health services, and work arrangements between countries and continents, the main focus of this thesis was on European literature.

The thesis will be divided into six sections, the first section being the introduction on absenteeism and absence management practices. The second section covers a literature review of the theoretical approaches to the key concepts on macro-, meso-, and micro-levels. Starting with an introduction on the societal factors that affect organizations in terms of decision making, followed by the factors on the industrial and organizational level that can affect employee absences, human resource management, and a thorough definition on the concept of absenteeism. Leading to the individual factors that can cause absenteeism, its effect, and what measures can be taken to prevent it. Past research on health- and attendance policies will be considered, how they were implemented and how they turned out. Introduction on the organization and their policies is given, along with reasoning for scientific contribution, a theoretical framework, research objectives and proposed hypotheses. In the third section, a reasoning for the research method chosen is given along with a thorough description of how the research was conducted and analysis of the participants. The results are presented in chapter four, followed by chapter five, the discussion, where the findings are interpreted in more detail and limitations of the research and recommendations for future research are given. The sixth and final chapter contains the final conclusion and recommendations for the organization, followed by a list of references and appendices.
2. Literature Review

The following chapter contains a review of the literature on absenteeism on macro-level (societal), meso-level (industrial and organizational), and micro-level (individual), along with a review of its consequences on different stakeholders, and how managing strategies can act against absenteeism. The chapter also introduces the organization that was chosen for this case study. Lastly the conceptual framework is presented together with the research objectives and the research hypotheses.

2.1. Safety and Health at Work

Today, practically all businesses emphasize on being responsible businesses and are concerned with social and environmental performance. The ideology of responsible business activities interacts with responsible HRM practices. Responsible business activities can assure a safe and healthy working environment, increase job satisfaction, and ensure better work-life balance. As a result, counterproductive work behaviours of employees, such as absenteeism and turnover should decrease. The Occupational Safety and Health Act was adopted in the US in 1970 to ensure the safety and health of workers and create better working environments. The European Framework Directive on Safety and Health at Work (Directive 89/391 EEC) was adopted in 1989 and guaranteed minimum requirements throughout the continent. The Member States were given the freedom to set the directive as it was into their own laws by 1992 or adopt a more explicit version of it (“The OSH Framework Directive - Safety and health at work - EU-OSHA,” n.d.).

In Iceland, all organizations must have health and safety protocols in place according to the laws. The Act on Working Environment, Health and Safety in the Workplace No. 46/1980 stipulates:

The employer shall be responsible for having a health protection schedule made, based on the risk assessment, cf. Article 65 a, including a schedule of preventive measures, which shall include measures to be taken to reduce work-related illnesses and accidents. The aim of health protection measures shall be:

a. to increase the likelihood that workers will be protected against all forms of health risks and health damage that may result from their work or working conditions,
b. to increase the likelihood that work will be organized in such a way that workers will be assigned tasks to which they are suited, and to promote their mental and physical adaptation to the working environment,
c. to reduce absenteeism from work due to illness and accidents by raising safety levels and maintaining workers’ health in the workplace,
d. to promote workers’ mental and physical well-being (Working Environment, Health and Safety in Workplaces, 1980).

A regulation on the organization and implementation of health and safety at workplaces (no. 920/2006) was implemented to further ensure that all workplaces where more than one person work, with the aim to reduce “absences from work because of illness and accidents through increasing safety and maintaining employees’ health at the workplace [and] facilitating the mental and physical well-being of employees” (“Regulation on the organization and implementation of health and safety at workplaces,” 2006). Based on this, the Ministry of Social Affairs passed regulation no. 1000/2004 against bullying and mobbing to promote action against inappropriate behaviours in the workplace. Sexual harassment and other mental and physical violence also fell under this regulation. This regulation was further improved upon with the passing of a new regulation (No. 1009/2015) on measures against ostracism and exclusion (bullying), sexual harassment, gender-based harassment and violence in the workplace (“Reglagerð um aðgerðir gegn einelti, kynferðislegri áreitni, kynbundinni áreitni og ofbeldi á vinnustöðum.” 2015).

### 2.1.1. Laws on Sick Leave and Collective Agreements

The Icelandic labour market is considered as being flexible compared to the work market in mainland Europe. It is characterized by having an adaptable workforce with high labour participation of both genders. For the private sector, the minimum rights pertaining to sick leaves and sickness wages are regulated in the Act Respecting Labourers’ Right to Wages on Account of Absence through Sickness and Accidents No. 19/1979, and further improved upon in collective agreements, who cover approximately 88% of the work force (Icelandic Confederation of Labour (ASI), 2013). The collective agreements include three main sections, one on wages and working time pertaining to sickness and holiday payments, meal and coffee breaks, minimum hours of daily and weekly rest, one section on health and safety, and one section on the terms of the agreement. According to the Act, employers are legally obliged to pay a 1% premium
into sickness premium funds which ensures that when employees are unable to perform work duties due to sickness or accidents in their free time they are entitled to wages from the employer for a specific time period. In the first year of working for the same employer, an employee has the right of maintaining their wages for two days in respect of each month. After one year of employment, an employee is entitled to total wages for one month every twelve months, after three years of employment, an employee is entitled to total wages for one month and one month of day rate wages every twelve months, and finally, after five years of employment, an employee is entitled to total wages for one month of total wages and two months with day rate wages every twelve months. If an employee has an accident while working, or travelling to or from work, they receive the normal sickness leave and wages, and in addition to that they are entitled to keep their day rate wages for up to three months if they cannot return to work when their normal sickness leave has been used up. (Icelandic Confederation of Labour (ASI), 2013).

In the public sector, employees get paid in accordance with collective agreements as per the Act on Collective Bargaining of Civil Servants, No. 94/1986 and the Act on The Rights and Duties of Civil Servants, No. 70/1996. The aim of the latter Act was to bring hiring and job conditions for public employees closer to those that already existed for private sector employees. The Act is slowly eliminating the lifetime job guarantee (which stipulated that when combined life age and employment time of an employee reached 95 years they could retire) that has prevailed in the public sector for decades. The Act also stipulates that employees should receive pay during absences due to sickness or birth-related recovery in accordance with wage and salary agreements, as per Regulation 410/1989, cf. 280/1996. Furthermore, civil servants have a right to flexible working hours as long as it does not interfere with the service of the public agency they work for. If such a request is rejected, it may be referred to the Minister in charge (Act on The Rights and Duties of Civil Servants, 1996). In the public sector, the rights for sick leave payments transfer between public agencies and depend on the total time employees have worked as civil servants, as long as their absence days due to illnesses do not exceed the following number of days in 12 months: In the first three months the limit is 35 days; The next three months the limit is 35 days; After six months the limit goes up to 119 days; and then it gradually rises and reaches its limit after 18 years of service, or 360 absence days due to illness in 12 months. Overtime is permitted in the public sector, but only up to a fifth of legal weekly working hours.
These laws apply to all civil workers who are not protected by the commercial laws, such as the Act Respecting Labourers' Right to Wages on Account of Absence through Sickness and Accidents No. 19/1979, and it also does not apply to the President, Ministers, or members of the Parliament.

In the private sector, special attention should be given to shift workers. “Shift work is authorized by collective agreements where a shift differential is paid for any work that is carried out after 16:00 hours (from 17:00 hours at restaurants and hotels) to 8:00 hours and on weekends” (Icelandic Confederation of Labour (ASI), 2013), and also in special workplace agreements. Overtime is paid when employees work more than 40 hours average per week as shift work. The Act on Working Environment, Health and Safety in the Workplace, No. 46/1980, stipulates that average maximum weekly working time shall not exceed 48 hours per week in a four-month reference period, including over-time. Employees shall also get 11 hours rest period between shifts, however, if workers are asked to come to work before the rest period is over, it can be postponed and granted at a later time with the addition of increased salaries for each hour of reduced rest. When employees work shift work, there is also an exception where the daily rest period can be as short as eight hours (Icelandic Confederation of Labour (ASI), 2013).

Studies have shown that there is a relationship between levels of countries’ economic activities and absence rates. When there is a recession, the absence rates seem to decrease. Some researchers say this is due to the fact that employees are afraid of turnover if they have low attendance but more researchers agree that this is due to the “healthy worker effect” which is when organizations have more selective hiring and firing policies which act towards a more healthy workforce (P. J. D. Drenth & Henk, 2013).

2.2. Human Resource Management

For over 35 years, human resource management (HRM) researchers and practitioners have investigated the effects of HRM and organizational psychology on employees and organizational performance (Huselid, 1995; Sanders, Shipton, & Gomes, 2014). Performance management is the process of improving organizational performance in alignment with the business strategy by maximizing the productivity of the employees whether it is individually or in groups (Armstrong, 2015; Mondy & Martocchio, 2016). In the 1980s, the main focus was on defining the concept of HRM to
make a distinction between HRM and personnel management where practitioners “generally examined the administrative role of personnel departments and processes, using short-term focus and cost minimization as key evaluation criteria” (Beer, Boselie, & Brewster, 2015, p. 428). In the 1990s and onwards, strategic human resource management (SHRM) emerged and scholars and practitioners focussed mainly on productivity, efficiency and economic successes, but failed to address employee and societal well-being (Beer et al., 2015; Wright & McMahan, 1992). From the beginning of the 21st century, researchers shifted their focus “from what it is in the HRM arena that potentially affected performance to how HRM as a function and a system affected performance” (Sanders et al., 2014, p. 491). There is a familiar statement that most people are familiar with today, that ‘our human resources are our most important assets’ (Hendry, 2012; Kearns, 2008), and the main focus of HRM has for the recent years mainly been “to attract, select, train, evaluate, and reward employees as well as providing leadership that contributes to formation of a positive organizational culture” (Combe, 2014, p. 264). In order to be efficient, HRM practices also need to be aligned with the business strategy of the organization and human resource personnel should ideally be consulted on all personnel related matters (Boselie, 2010). For decades, HRM has been a vital part of providing grounds for a positive working environment. Beer, Spector, Lawrence, Mills, and Walton (1984) emphasized that there were multiple stakeholders involved in every business and HRM practices were linked to a wide range of factors that yielded positive outcomes in the present and the future for the individual employees, the business strategy, and the society as a whole.

HRM practices are thought to be one of the most localized of management practices since national cultures can influence HRM practices and policies, how they are understood, which stakeholders organizations should serve, etc. (Beer et al., 2015; Peretz & Fried, 2012; Tenhiälä et al., 2016). Previous studies have based their theories on Hofstede’s (1980, 2001) ideas for interpreting cultural differences (Parboteeah, Addae, & Cullen, 2005) and shown that there are more differences in HRM practices between cultures in practices that deal with interpersonal relationships such as management practices, performance appraisals, and career development, than the more technical aspects of HR that can be more easily transferred through cultures, such as staffing, and training and recruitment (Reiche, Lee, & Quintanilla, 2012; Tenhiälä et al., 2016). A classic study by Philipsen (1969) states that “50-80% of differences in absence rates between organizations can be explained through means of the characteristics of the
organization itself” (as cited in Drenth & Henk, 2013) and other researchers have supported his claim. It is, therefore, vital for organizations to ensure good working conditions.

2.3. Defining Absenteeism

Absenteeism has been widely discussed in the past decades since it is categorised as a counterproductive work behaviour and companies are getting more and more concerned with the concept (Ng & Feldman, 2008). The internationally accepted definition of absenteeism is “the manifestation of a decision by an employee not to present themselves at their place of work at a time when it is planned by management that they should be in attendance” (Edwards & Greasley, 2010, p. 2). A bibliometric analysis made by Bierla, Huver, and Richard (2013) estimated that 310 articles were written on the topic between 1970 and 2009, in 98 journals. A distinction can be made between two types of absences, but researchers do not agree on the exact use of the terms. Some call them organizationally excused and unexcused absences (Blau, 1985; Fitzgibbons & Moch, 1980), while some call them voluntary (avoidable) and involuntary (unavoidable) absences (García-Serrano & Malo, 2009). Absence, according to Bierla and associates (2013) and Chatterji and Tilley (2002), is being off work when sick, while absenteeism is unwarranted absence. A recent study uses the terms regulated and unregulated absenteeism where regulated absenteeism are absences due to common illnesses (cold, stomach flu, etc.), accidents, or child’s sick days, but unregulated absenteeism are the unpredictable absences with no apparent reason where an employee seems to be abandoning the workplace deliberately (Pallarés et al., 2014). Some researchers have suggested that being absent from work could be a strategic move by employees to recover and detach from negative working environments (Vignoli, Guglielmi, Bonfiglioli, & Violante, 2016).

Veazie (2011) states that around 35% of unregulated absences are due to physical illnesses while the remaining 65% are unregulated absences due to family issues, stress, etc. It is important for organizations to be consistent when recording employee absences so that comparison can be made over time and trends spotted before absenteeism becomes a problem. This research will classify all unplanned absences as absenteeism and make a distinction between regulated and unregulated absenteeism as per Pallarés and associates. Absenteeism can further be categorised into long-term and short-term absences and definitions vary between practices and organizations. The
universal understanding is, however, the same, that short-term absences are those that span a short period of time and long-term absences are those that span a longer period. In this research, absences that span less than 20 days will be categorised as short-term absences.

2.4. Psychosocial Factors at Work

Psychosocial factors are defined as the psychological and social characteristics of the environment and represent the individual’s own perceptions and experiences (Drenth & Henk, 2013). “Psychosocial factors at work refer to interactions between and among work environment, job content, organizational conditions and workers’ capacities, needs, culture, personal extra-job considerations that may, through perceptions and experience, influence health, work performance and job satisfaction” (Joint ILO/WHO Committee on Occupational Health, 1986, p. 3). Figure 3 shows a more detailed representation of the interactions between these factors.

![Figure 1. Psychosocial factors at work. (Joint ILO/WHO Committee on Occupational Health, 1986).](image-url)
“Positive psychosocial factors can act as health-maintaining and health-enhancing agents” (Joint ILO/WHO Committee on Occupational Health, 1986, p. 1), while adverse psychosocial factors at work are the ones that pose a threat to employee health and are usually resulting from bad management practices for the individual employee. These are factors pertaining to work demands such as long working schedules, unpaid overtime, lack of freedom and career development, enormous workloads and unclear policies. Employees who experience distortion in their psychosocial working environment are said to show higher levels of absenteeism (Fernandes & Pereira, 2016). Work demands can be categorized into several groups. In this research, the focus will be on quantitative demands (work load and work pace), cognitive demands (decision making), and emotional demands (treating people equally) in the workplace. Fernandes and Pereira (2016) analysed the literature behind the effects of exposure to psychosocial risk factors in the work settings and concluded that poor psychosocial working environments lead to various problems, both relating to the mental health of the employees to the working environment itself and the quality of leisure time.

2.5. Work-Life Balance

Up until the late twentieth century, men were predominant on the work-market and women were more commonly in charge of caring for children and taking care of domestic work. With increased female participation in the workforce and men’s increased participation in domestic lives, the issues of keeping a balance between work and private life transformed. Researchers have since begun focussing on the ideology of work-life balance (Crompton, 1999; Crompton & Lyonette, 2006). When work and family life is unbalanced it can result in health and performance problems at the individual, family, and organisational levels. While there are numerous conceptualisations of work-life balance within the literature, a universal definition has not yet been adopted. Kirchmeyer (2000) defined work-life balance as “achieving satisfying experiences in all life domains and to do so requires personal resources such as energy, time, and commitment to be well distributed across domains” (p. 81). Greenhaus, Collins and Shaw (2003) defined work-life balance as “the extent to which an individual is engaged in – and equally satisfied with – his or her work role and family role” (p. 513). Grüpel and Kuhl (2009), defined work-life balance as “the perceived sufficiency of the time available for work and social life” (p. 365). To
understand work-life balance to its fullest extent, it is important to recognize that the concept can go in both directions. Previous research used the terminology work-family balance while more recent studies have shifted to the use of work-life balance to include individuals who have roles and obligations outside their family lives and want to keep a good balance between work and leisure activities (Jones, Burke, & Westman, 2013; Kalliath & Brough, 2008). When the role expectations between the two fields do not match, it creates a conflict which appears to be strongly linked to job satisfaction, burnout, and higher absenteeism and turnover rates (Deery & Jago, 2015; Netemeyer, Boles, & McMurrrian, 1996). An imbalance also creates psychological stress, and for individuals with more family or life responsibilities there are evidence that work-life conflicts affect the organization as a whole (Netemeyer et al., 1996).

Pressures on organizations to ensure the work-life balance of their employees has been rapidly increasing since it is clearly linked to being beneficial for both the individual employees and the organizations. White, Hill, McGovern, Mills and Smeaton (2003) pointed out that possible solutions could be offering a combination of family-friendly policies, such as flexible working time and telecommunicating. “The underlying assumption is that work-life balance can be achieved without threatening the economic success of either party, possibly even promoting it for both” (White et al., 2003, p. 176). When individuals fail to fulfil the required responsibilities of their personal lives it can result in diverse problems such as increased stress and stress-related illnesses, which can cause serious personal problems (Hobsor, Delunas, & Kesic, 2001). Furthermore, if an employee is unable to balance their work and private life, the consequences can be “higher rates of absenteeism and turnover, reduced productivity, decreased job satisfaction, lower levels of organizational commitment, and rising healthcare costs” (Hobsor et al., 2001, p. 39). In the CIPD study, home/family/carer responsibilities were the most common cause for long-term absences among 29% of organizations and reported by 53% as one of the five most common causes for long-term absences. Stress was also the most common cause for short-term absences for 13% of organizations and reported by 47% as one of the five most common causes for short-term absences. (CIPD, 2016). Some organizations have undertaken changes such as limiting weekly working hours to 48 (Dex & Bond, 2005) and in some countries the working week has even been shortened to 40 hours and evidence show that these changes contribute to a better work-life balance and increases productivity, increases morale and motivates employees (as cited in Deery & Jago,
2015). Work-life balance was, up until 2008, a relatively small field within hospitality research but has since received growing attention (Deery & Jago, 2015).

2.6. Absenteeism Causes

Absences can be categorised as short-term and long-term absences and as previously stated, they can be voluntary or involuntary. Even though genuine illness of the employee is, according to most research, still the most common reason behind absences, there can be other reasons that lie behind, such as illness of family members or family commitments. There are, however, additional factors that can affect employee absenteeism pertaining to job satisfaction. Research has shown that when employees are not satisfied at work, their level of absences increases (Sagie, 1998). Other factors, such as gender, age, lack of perceptions of organizational justice, personality, strain, psychosocial factors, and work-life balance are also associated with absenteeism (Beehr, 2014; Deery & Jago, 2015; Løkke Nielsen, 2008; Soane et al., 2013; Tenhiälä et al., 2013). In this research, emphasis will be placed on a few of these factors, illnesses and injuries, gender, age, managerial duties, psychosocial factors at work, stress, and work-life balance. The impact these variables have on absenteeism will be discussed in the following sub-chapters.

2.6.1. Illnesses and Injuries

According to the CIPD survey report from 2016, 75% of the participating organizations reported that minor illnesses pertaining to cold, flu, headache and stomach flu were the main cause of short-term absences among employees (CIPD, 2016). In the same survey, organizations were asked to select the five most common causes of short-term absences of employees. Following is a list of how large percentage of the organizations reported each option in the question as one of the five most common causes of short-term absences due to illnesses or injuries: Minor illnesses (95%), musculoskeletal injuries such as neck strains (47%), back pain (34%), mental illnesses, such as depression or anxiety (34%), recurring medical conditions, i.e. asthma and allergies (31%), non-work related injuries (18%), acute medical conditions such as cancer or heart attacks (16%), pregnancy-related absences (not maternity leave) (11%), work-related accidents (6%), and drink- or drug-related conditions (2%). The organizations were further asked to choose which five of the answer options were the main causes for long-term absences, which here was classified as four weeks or longer.
Of those related to illnesses and injuries, the distribution was as follows: Acute medical conditions (53%), mental illnesses (49%), musculoskeletal injuries (44%), back pain (35%), Recurring medical conditions (29%), injuries/accidents not related to work (23%), minor illnesses (18%), pregnancy-related absences (not maternity leave) (10%), work-related injuries/accidents (8%), and drink- or drug-related conditions (2%) (CIPD, 2016).

2.6.2. Age

Age can be a factor when it comes to absenteeism, but scholars are divided between how and why it affects employee absences. Some state absences increase with age and others conclude it decreases with age (Løkke Nielsen, 2008). Evidence supporting a positive correlation between age and absenteeism is for example general deterioration of health and more proneness to long-term illnesses (Barmby, Ercolani, & Treble, 2004). More evidence, however, support that absenteeism decreases with age, and numerous research show negative correlation between age and absenteeism (Ng & Feldman, 2008). Schneider’s (1982) person-environment match can explain the relationship between age and absenteeism, but he stated that the social environment of the person predicted job satisfaction, more specifically, as people age, if they stay in their current position or with the organization, they are more likely to be satisfied at work and have lower levels of absences. Evidence also points to the fact that older employees have more work-life balance and younger employees who have children are more prone to be absent (Richert-Każmierska & Stankiewicz, 2016).

2.6.3. Gender

In some countries women have higher absence rates than men. It is often assumed that women’s more frequent absences are explained with pregnancy and maternity leave, but when the absence rates are corrected for these factors, women seem to have a similar absence percentage as men, but their absences are more frequent (P. J. D. Drenth & Henk, 2013). Even though results from previous research unequivocally state that women are more frequently absent than men, the cause of this difference has not yet been understood to its fullest (Mastekaasa and Olsen, 1998).
2.6.4. Family Responsibilities

One factor than can lead to increased absences is family responsibilities. When employees must take care of family members due to sickness or lack of child care arrangements, it may limit their ability to attend work. Different reasons have been associated with family related absences, but the most common factor has been the gender of the employee. Women have more often been associated with home and family responsibilities while men have more often been associated with having a full-time job to provide income (VandenHeuvel, 1997). However, in countries where gender equality is high, women and men seem to share the responsibilities of home and family responsibilities, as the *egalitarian role-balance view* proposes (Väänänen et al., 2008).

2.6.5. Managerial Duties

Studies have shown that people with lower education levels tend to have higher absence rates than people with higher education. It has also been shown that training and experience has a positive effect on lowering absence rates. It can be assumed that employees with managerial duties have higher education, or at least more training and experience, and should thus have fewer absences than employees with no managerial duties (P. J. D. Drenth & Henk, 2013). People in managerial positions often have more flexibility than other employees in terms of working hours and autonomy, and they sometimes have more financial resources to take care of family related responsibilities, such as child care (VandenHeuvel, 1997).

2.6.6. Stress

In the CIPD study, stress was the most common cause for long-term absences among 29% of participating organizations and reported by 53% of respondents as one of the five most common causes for long-term absences. Stress was also the most common cause for short-term absences of 13% of the organizations and reported by 47% as one of the five most common causes for short-term absences. (CIPD, 2016). Stress is an individual reaction of the body to demands made on it and it can affect employees’ performance. Stress seems to be somewhat linked to job satisfaction and can contribute to absenteeism as well (Beehr, 2014). Factors both inside and outside the workplace can lead to and be potential consequences of stress. Work related stress stems from factors such as excessive workload, organizational changes, lack of communication, and poor relationships between co-workers and/or management.
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(Hillier, Fewell, Cann, & Shephard, 2005; Mondy & Martocchio, 2016). Stress can have major negative implications for both the individual and the organization. The individual can experience symptoms like headaches, back spasms, high blood pressure, mental illness, coronary heart disease, poor health behaviours, and more (Hillier et al., 2005; Mondy & Martocchio, 2016). The organization can, in turn, experience high labour turnover, poor control, and high levels of absenteeism (Hillier et al., 2005). In the European Union, work-related stress is reported to affect a third of the whole working population and there is some evidence that show increased absenteeism and sickness absences due to mental health problems. In Spain, for instance, work-related stress is the cause for more than half of all sick leave and disability claims. Organizations have only recently realized the imminent need to address mental health issues and the introduction of stress management practices. (McDaid, Curran, & Knapp, 2005).

2.7. Absenteeism Theories and Models

The phenomenon of absenteeism has been approached with numerous different theories in the past decades. In the 1980’s and 1990’s, absenteeism was for example linked to the value-expectancy theory, equity theory, and the exchange theory (Drenth, 1998). Most cited as main influence on absenteeism is the socio-organizational psychological theory which was developed by Steers and Rhodes in 1978, see Figure 2. The model predicts that employees have different responses to different job situations and various internal and external factors can affect attendance to work.
In 2008, an absenteeism model (see Figure 3) was developed by Løkke Nielsen, integrating three approaches to study absences; the individual approach, the social psychological approach, and the economic approach. This can be viewed as a very simplified version of Steers and Rhodes’ attendance model but it covers the same basics principles. The individual approach assumes that absence is motivated by something that happens within the individual. These can be, for example, gender, age, and personal characteristics. The social psychological approach assumes that absence is circumstantial. Even though there is active attendance management at the workplace, its outcome may vary substantially if absence culture is pervasive in some departments and not others. The economic approach assumes that time off work for leisure has a positive value for the individual. This is based on the labour-leisure choice theory, i.e. that the

![Diagram of Steers and Rhodes' Attendance Model](image-url)
hours of work individuals want to work are determined by their indifference curves and the budget constraints they face (Ehrenberg & Smith, 2018). Løkke Nielsen’s argues that these three approaches combine the individual’s decision to be absent from work.

2.8. Frequency of Absences

In the UK, the average days lost per employee per year due to absences in the hospitality industry was 5.3 in 2016 (CIPD, 2016). On top of salary costs for the absentee there is additional cost associated with replacement staff, “lost productivity, or reduced quality of services, as well as the management, human resources, and occupational health time spent dealing with absence that could be used for other purposes” (Whitaker, 2001, p. 420). Despite the fact that absence costs weigh so heavily on employers, the CIPD survey from 2016 shows that only 33% of respondents monitored the cost of sickness absence at their organization.

Data on absences in Iceland is not as easily attained but faculty members of the Research Centre on HRM at the University of Reykjavik in Iceland have conducted the international Cranet research on policies and human resource practices every three years since 2003. According to their reports, average absence days per employee was 7,6 in 2012, 6,8 days in 2006 and 7,1 days in 2003 (Einarsdóttir, Bjarnadóttir, Ólafsdóttir, & Georgsdóttir, 2012). One report stated that the average length of absences per employee differed between sectors, the shortest was six days in production, and the longest was nine days in the public sector. In small sized companies the average absence rate per

![Diagram of Absence Management]

*Figure 3. An integrative model of absenteeism. (Løkke Nielsen, 2008).*
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employee per year was six days, it was eight days in medium sized companies, and ten
days in large companies (Einarsdóttir et al., 2012). The same report reflected on the fact
that they received fewer responses to a question on employee absences (58%) than a
question on employee turnover (69%). It is possible to draw the vague conclusion that
42% of respondents do not monitor absences and sick leaves of their employees
(Einarsdóttir et al., 2012).

2.9. Organizational Effects of Absenteeism

Absenteeism can have major negative effects on organizations in terms of
productivity and performance. “Absenteeism results in lost output when the absent
worker either is replaced by someone who is generally less efficient or is not replaced at
all” (Dionne & Dostie, 2007, p. 109). The replacement staff usually have lower
productivity than fully trained employees, the work flow gets interrupted, they could
lose production deadlines, and the organization could lose customers. There are also
direct and indirect costs related to absenteeism, such as replacing the employees who
are absent while still paying the salaries, pension contribution and benefits to the full-
time employee who is absent. Additionally, there is cost related to absenteeism
pertaining to the HR department and absence management practices (Kocakulah et al.,
2016; “Measuring, Reporting and Costing Absence,” 2007). It is difficult to estimate the
true cost of absenteeism and compare between countries or organizations due to the
different definitions of absence and how much governances vary, but in the countries
where GDP figures are available, the average cost for each nation is around 2.15% of
GDP (European Foundation for the Improvement of Living and Working Conditions,
2010).

Employee absences are inevitably most often due to the fact that people
sometimes need to take time off from work when they fall sick. When employees are
frequently absent from work, the completion of their tasks are slowed down and other
employees have to cover their projects or shifts, which can delay their own assignments.
The aim of absence management practices is, for example, to aid in creating a more
positive company culture, since “frequent absences can also adversely affect
organizational productivity by creating an “absence culture” in which more and more
employees consider being absent acceptable behaviour” (Ng & Feldman, 2008, p. 396).
This is why minimizing absences needs to be a priority within organizations as it is
possible to take action by reducing certain types of absences that are caused by the working environment (“Measuring, Reporting and Costing Absence,” 2007).

2.10. Managing Absenteeism

Most managing literature emphasize the importance of “having a robust attendance/absence management policy that defines clearly, for managers and staff, what sickness absence is, when it can be taken, how and when it should be reported and recorded, and what steps should be taken to manage attendance at an individual level” (Whitaker, 2001, p. 421).

The Harvard Model by Beer and associates (see Figure 4) is “a broad causal mapping of the determinants and consequences of HRM policies” (Beer et al., 1984, p. 15) and demonstrates how the role of employees of an organization is both a major operating cost, and human and social capital. The model contributes to long-term decision making with the aim of organizational effectiveness and individual well-being, thus, introducing the ideology that HRM differentiated from personnel management.

![Figure 4. The “Harvard” model. (Beer et al., 1984).](image-url)

The model suggests that managers need to recognize the different stakeholders of the organization and their different views in order to determine how to run the business. Stakeholders have different views about “business goals of efficiency, growth, and investment on the one hand and employee needs for security, equity, job satisfaction, and economic well-being on the other” (Beer et al., 1984, p. 22). The model also suggests that while HRM policies and practices need to take situational
factors into account and have a clear link between the HRM policy and the
organizational strategy, they must consider the characteristics of the work-force; their
motivation, values, and capacities. When a HR policy is implemented with good
balance of stakeholder interests and situational factors, positive HR outcomes can be
expected, such as higher congruence, where employees see the new policy in their
favour (Beer et al., 1984). Now, 35 years after the Harvard model was initially
published, Beer and associates (2015), have argued that the field of HRM has focussed
excessively on economic performance and proposed that the field should be pushed
“closer to the reality that practitioners face” (p. 432). They argue that HRM’s new way
of thinking is broadening the focus and not losing sight on the wider group of
stakeholders, i.e. management, employees, government, community and the unions.
Corporate social responsibility (CSR) is becoming a central element of how businesses
are run and it is making them more aware of their stakeholders, which means that
thinking about the environment, the well-being of employees, and numerous other
factor is becoming a cornerstone in the relationship between corporations and
employees to fulfil the changing needs of both parties. By increasing the involvement,
responsibility, and participation of employees, organizations can benefit a stream of
benefits over a long period of time. Poor management practices, however, can lead to
social capital being degraded and being unbeneﬁcial (Beer et al., 1984).

Beer and colleagues (2015) proposed that researchers started to adopt the multi-
stakeholder perspective of the old Harvard model when forming HRM policies, and
conducted research topics such as how HRM practices affected employee and societal
well-being, and how the “doing well by doing good” perspective could gain employee
commitment. Situational factors, such as laws, unions, and labour market conditions,
can act both as constraints and influences on the formation on HRM policies. Unless
HRM policies consider all these factors and stakeholders, they are likely to fail in
meeting both the societal needs and organizational goals (Beer et al., 1984). “Policy
choices made by managers affect the overall competence of employees, the
commitment of employees, the degree of congruence between the goals of employees
and those of the organization and the overall cost effectiveness of HRM practices”
(Beer et al., 1984, p. 16). Therefore, successfully implementing and maintaining
absence management practices in an organization should give rise to employee well-
being and a decrease in counter-productive work behaviour, leading to an increase in
organizational success.
According to the CIPD survey from 2016, 93% of organizations had a written absence or attendance management policy and even two thirds of the smallest organizations (one to nine employees) had a policy (CIPD, 2016). When the management at an organization implements a new policy for employees, they must ensure the policy is properly communicated, explained, and that all employees are aware of the policy, understand the policy, that they receive the signals it is conveying and that they understand the consequences of it (Hayday, 2008). Awareness, simply put, is whether employees are aware of the existence of the policy or not. Knowledge is knowing what the policy entails. Understanding the consequences of a policy means understanding that the policy was implemented to reach a certain organizational goal and there can be consequences linked to any behaviour that contradicts the policy. And finally, understanding of policy signals is whether employees understand the message that the policy emits. To ensure the effectiveness of a new policy, every member of the organization must understand their role. “For the policy to be effective in practice it is important that the roles and responsibilities of individuals, whether that means the line manager, senior manager, HR personnel, occupational health or employee assistance providers, are clearly defined” (Hayday, 2008, p. 29). Managers need to understand the policy in detail and be well trained to follow it through, but they also need to be flexible and able to use common sense in particular settings. According to the IRS survey, conducted by Wolff in 2008, 81% of respondents had adopted an approach to manage underperformance where the employer and the employee made a joint plan on performance improvement with time scales (as cited in Armstrong, 2015). The policies too often only focus on hard issues such as disciplinary procedures, but more recently, HRM practitioners claim that including softer issues is also useful to minimize absence behaviour. Softer issues are items such as family friendly workplaces, and better health and safety management (“Real support lacking in sickness absence policies,” 2005). CIPD reported in 2016 that more organizations were including employee wellness of their employees in their business decisions in order to lower absence figures and increase business performance (CIPD, 2016). There are some interesting examples of successful implementations of attendance policies, such as within the Tesco supermarkets in the UK, where they had severe issues of absenteeism which were rising every year. They introduced a new attendance policy that emphasized they would recognize full attendance and would be conducting return-to-work interviews. In the first year absence costs fell and performance was improved by 11 percent (Hayday,
Managers need to be well trained in every aspect of the policy and its process, but they also need to be flexible and understanding of individual circumstances. If managers are not confident and consistent, but able to apply common sense, it might bring down work morale and cause employees to become disengaged.

2.10.1. Fairness and Salience of Absence Management Practices

Perceived fairness of an attendance policy, the process of taking a decision to be absent or not and evaluating the outcome, is also an important factor in attendance management and ties to the theories of distributive justice and procedural justice (Lind & Tyler, 1988; Thibaut & Walker, 1975). The difference between distributive and procedural justice is described as follows by Lucas (2009): “Distributive justice involves evaluations of the fairness of outcomes, allocations or distribution of resources while procedural justice concerns evaluations of the fairness of decision processes, rules, or interpersonal treatment” (p. 252). A study by Johnson, Holley, Morgeson, LaBonar and Stetzer (2014) concluded that with increased fairness perceptions of newly implemented absence policies, employees were less likely to take casual absences.

Perceived salience of absence outcomes is “the extent to which individual employees perceive that rewards and/or punishments are tied to absence behaviour” (Johnson et al., 2014, p. 1080). The stronger an employee perceives absence outcomes to be salient, the less likely they are to take casual absences (Johnson et al., 2014). The implementation process of a policy can differ throughout a single organization and result in some employees perceiving the policy as more salient than others. Also, both salience and fairness of the same policy can be perceived differently by different employees since awards and punishments can weigh differently. Employees with a strong perception of policy salience will most likely steer away from skipping work due to the negative consequences it entails, but they might, however, skip work and report it as an sickness absence to bypass the punishment absenteeism can have according to the policy (Johnson et al., 2014).

2.11. Icelandair Hotels

Icelandair Hotels Group is a part of Icelandair Group which operates nine companies in the tourism industry in Iceland. Altogether they make up the largest private workplace in the country with over 5,000 employees. Icelandair Hotels Group consists of two hotel chains around Iceland, Icelandair Hotels and Hotel Edda, along
with three individual hotels; *Hilton Reykjavík Nordica, Canopy by Hilton Reykjavík City Centre* and *Reykjavík Konsulat Hotel* (Full name: *Reykjavík Konsulat Hotel, Curio Collection by Hilton*). Altogether, the group operates 1,686 rooms, 790 in Reykjavik and 896 in the countryside, thereof 616 rooms belong to the summer hotel chain Hotel Edda. Their vision is to “create an authentic Icelandic experience for visiting tourists, focussing on Iceland’s unique qualities as a tourist destination” (Icelandair Group, 2017). The management of Icelandair Hotels runs seven hotels; Reykjavík Natura, Reykjavík Marina, Akureyri, Hérað, Hilton Reykjavík Nordica, Canopy Reykjavík, and Reykjavík Konsulat Hotel. Furthermore, they have recently acquired *Hótel Reynihlíð* at Mývatn in north Iceland which is scheduled to open in May 2018 as *Icelandair Hotel Mývatn* and they are in the process of building one additional luxury hotel, *Reykjavík Parliament Hotel* under the brand name *Curio by Hilton*, which is planned to open in 2019. In total, they employ 788 people at the time when this research was conducted. In addition, the chain has four franchise hotels in south and west Iceland at Klaustur, Flúðir, Hamar, and Vik. The franchise hotels are run separately with mere guidance from the group and will not be discussed further in the thesis. Icelandair Group, and therefore all Icelandair Hotels, are certified to the ISO 14001 standard of environmental management and received SA-Business in Iceland’s 2017 Environmental Award. In 2017, the number of sold hotel rooms increased by 5% from the year before and the total occupancy rate of all hotels was 81.2% which was a mere 0.3% decrease from 2016, which was a record breaking year in the tourism sector in Iceland (Icelandair Group, 2017). The hospitality industry is characterized by long working hours and shift-work which for many employees means working late in the evenings or during nights. It is thus an ever changing and unpredictable working environment (Deery & Jago, 2015). With this in mind, Icelandair Hotels recently implemented a health policy and an employee attendance policy to gain better oversight of employees’ wellbeing and their attendance.

### 2.11.1. Icelandair Hotels Health Policy

The following two chapters will summarise the contents and purpose of Icelandair Hotels’ health and attendance policies. The health policy, which was implemented in 2016, states that working conditions should be safe and healthy and it also encourages employees to live a healthy lifestyle. (“The Health Policy of Icelandair Hotels,” 2016). Systematic measurements of all statements of the policy are, however,
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not conducted regularly by HR office. They offer flexible work hours for employees who work regular office hours but for employees working shift-work it is harder to manage. To accommodate shift-workers, Icelandair Hotels are currently in the process of implementing a system where employees can take an active part in planning their working hours and thereby offering more flexible working time, easing the process of storing up overtime and requesting holidays so they can achieve a better work-life balance. Access to the company doctor and medical services has been ensured with a contract with Heilsuvernd, a privately run medical office. Absence recording and follow-up has been implemented with the attendance policy which will be discussed further in the next sub-chapter. All accidents and mishaps are recorded and reported to the Quality Management which also carries out the regular risk-assessment of the organization. The Human Resources and Quality Management, in collaboration with department managers, make sure that minimum laws and regulations regarding health and safety are carried out continually. The training and development personnel regularly issues a training schedule and invites all employees to health- and safety courses, but also carries out training on career development, praise and criticism seminars, and classes to train managers in how to better meet the requirements of their employees. One of their initiatives led to the implementation of exit questionnaires in October 2017 which aim is to obtain information on why employees leave the organization. That way they will gain a deeper understanding of which constituent of their management practices might need to be improved. Due to confidential nature of the data, the Health Policy is not included in the appendix.

2.11.2. Icelandair Hotels Employee Attendance Policy

The section on absence management from the Icelandair Hotels health policy was followed up with an employee attendance policy which was implemented in 2017. Its purpose is to coordinate work procedures when it comes to absences to ensure the welfare and wellbeing of employees. The benefits of having an active attendance policy, according to Icelandair Hotels, is contributing to an open discussion about employees’ attendance that is guided with care and respect, and also to lower the absence levels in the organization. All employees were informed about the policy and its contents through Workplace, the online collaboration platform by Facebook. All new employees are informed when they sign their contract, and it is always accessible on MyWork, the organization’s intranet. (“The Employee Attendance Policy of Icelandair Hotels,”
Icelandair Hotels began using the Bradford Factor when evaluating the performance of their employees in conjunction with the employee attendance policy in 2017. All absences of employees at Icelandair Hotels are evaluated based on the Bradford Factor which is a measure that can indicate employee’s un-favoured tendency of being frequently absent for short periods. Managers can use the guidelines stated in the policy to decide what steps to take when an employee has a certain Bradford score. The policy is complemented with two additional documents; an attendance review form for the employee and an attendance conversation guide for managers. The attendance review form for the employee is given to the employee at the same time as the attendance conversation is scheduled. It gives the employee a chance to review their own experience of absenteeism, what it is that is affecting their attendance at work, what the workplace or supervisor could do to improve the attendance of the employee and what the employee could do to improve their own attendance. The attendance conversation guide for supervisors and managers includes directions for the conversation that the management at Icelandair Hotels believe to be the most successful in these circumstances. The steps are (1) Opening the conversation; (2) Explain the subject; (3) Explaining the consequences of the problem; (4) Get an approval; (5) Get the reasons; (6) Discuss the importance of changes; (7) Reach an understanding on actions; (8) Ensure mutual understanding; (9) Follow up on the matter. The guide also stresses the importance of managers being well prepared for the conversation, being familiar with the circumstances, considering collective agreements, illness rights, absence status in regards of Bradford Factor, reflecting on what it takes to insure a good working environment and wellbeing at work, and making sure that the conversation takes place in neutral surroundings without interruptions. It is also important that managers tend to their own approach towards attitude, bias, respect and willingness to change. Due to confidential nature of the data, the Attendance Policy is not included in the appendix.
2.12. Conceptual Framework of This Thesis

The relationship between policy and absenteeism can be conceptualised in a relatively general way, depicted in Figure 5, as a flow chart. The chart introduces the moderator variables that affect the relationship between the health and attendance policies and absenteeism. It also demonstrates the variables that can directly affect absenteeism and are explored in this study. The independent variables in the chart are the two policies and their relation to the dependent variable, absenteeism, is explained by the correlation between employee awareness of the policies, their understanding of the policy signals and consequences and employees’ perception of policy fairness and salience. The framework exhibits that absenteeism predicted to negatively correlate with all moderating variables, meaning that with lack of awareness, understanding and perceptions of fairness and salience of policies, absenteeism increases. The direct relationships between some factors that can affect absenteeism are also demonstrated. According to the literature, age, gender, and managerial duties can affect absenteeism, but researchers do not agree if the relationship is positive or negative. The literature review concludes that increased levels of stress, distorted psychosocial factors at work, lack of work-life balance, and having family responsibilities, positively correlate with absenteeism.

![Figure 5. Conceptual framework of this thesis.](image)
2.13. Research Objectives and Hypotheses

The following chapter will introduce the main purpose of the study, the research objectives and the proposed hypotheses. The aim of this study is to be a scientific contribution to the field of human resource management by using a large organization while they are in the midst of their change process. There are localized measures affecting the complex interaction between the above-mentioned variables and there is lack of research on the matter in Iceland. Thus, there is a research gap to examine these key factors in Icelandic circumstances at a single organization. With references to the theoretical background, the following research objectives and hypotheses were formulated:

2.13.1. Research Objectives

i. To assess the position of employee awareness of the Health Policy at Icelandair Hotels.

ii. To assess the position of employee awareness of the Attendance Policy at Icelandair Hotels.

iii. To assess the relationship between levels of absenteeism and awareness of both the health policy and the attendance policy at Icelandair Hotels.

iv. To assess the position of employees’ knowledge and understanding of the Health Policy at Icelandair Hotels.

v. To assess the position of employee knowledge of the Attendance Policy at Icelandair Hotels.

vi. To assess the position of employee understanding of the consequences of the Attendance Policy at Icelandair Hotels.

vii. To assess the position of employee understanding of the signals of the Attendance Policy at Icelandair Hotels.

viii. To assess the position of employee’s perception of salience of absence outcomes at Icelandair Hotels.

ix. To assess the position of the perceived fairness of the attendance policy among employees of Icelandair Hotels.

x. To examine how age of hospitality employees affects absenteeism.

xi. To examine how distorted psychosocial factors at work affect absenteeism.

xii. To examine how lack of work-life balance affects absenteeism.
2.13.2. Research Hypotheses

Based on a review of relevant literature, the following hypotheses are proposed:

**Hypothesis 1:** Increased **awareness, knowledge and understanding of the attendance policy** will be associated with lower absenteeism levels.

**Hypothesis 2:** Women will have higher levels of absenteeism than men.

**Hypothesis 3:** Having a child/children **under the age of 12** increases absenteeism.

**Hypothesis 4:** Having **managerial duties** decreases absenteeism.

**Hypothesis 5:** Having a child/children **under the age of 12** decreases work-life balance.

**Hypothesis 6:** High **stress** levels result in increased absenteeism.
3. Methodology

In this chapter, the methodology for conducting this research will be explained. The reason for using a quantitative research method will be provided, along with information on the sampling method and participants, as well as some ethical considerations will be presented. Data collection will be explained and the questionnaire will be defined. Finally, information on data analysis will be given.

3.1. Participants

The population was all employees of Icelandair Hotels who were employed at the time when the research was conducted (N = 788). To find the sample, there were two requirements the respondents needed to meet; (a) be employed at Icelandair Hotels and (b) have an e-mail address (either corporate or private) registered in the human resources database. The sample in this research was, thenceforth, a non-probability convenience sample of 655 employees of Icelandair Hotels (n = 655). This means 83.1% of all hospitality employees were included in the sample. There are limitations of using this sampling method. First of all, it is a large sample and the non-response rate can be very high since the researcher does not know much about the people who receive the link to the survey and whether they have equal access to computers, if they are computer literate, and if they know enough Icelandic or English to answer the questions, the languages the survey was sent out in. Typically, when conducting convenience sampling, the findings are impossible to generalize because the population to which the sample represents is unknown (Bryman & Bell, 2015). In this research, however, the sample represents almost all employees of a single organization and are therefore more generalizable to the workplace. Unusable responses are from individuals who did not answer a large part of the questions or show clear indications of not taking the questionnaire seriously (Bryman & Bell, 2015).

When unusable responses had been eliminated, the final number of participants were 120 employees working at Icelandair Hotels. As can be seen in Table 1, most respondents were in the age group 30-39 years old (40%). There were relatively few respondents in the age groups 50-59 and 60 years or older and the researcher combined the two groups who then represented 20% of respondents respectively. The analysis shows that 64.2% of respondents were 39 years old or younger and can be categorized as millennials and generation Z’s (Skinner, Sarpong, & White, 2018). The median age was 35.3 years with mean age 38.3 years. When asked about their gender, 23.3% of
respondents answered they identified as male and 74.2% answered they identified as female. There were 2.5% of participants who preferred not to answer the question on gender identity. The gender distribution of the population at Icelandair Hotels is approximately 35% male and 65% female which can be explained by the high number of women who work in Housekeeping and the Sales & Reservations department. The fact that a slightly higher percentage of females answered the questionnaire than represent the population is in tune with what some researchers have reported, that women are more likely to engage in online activities that constitute of communication such as taking part in surveys, while men’s online activity is more likely to be for information-seeking purposes (Jackson, Ervin, Gardner, & Schmitt, 2001). When it comes to family responsibilities, 40.8% of respondents reported they had one or more children aged 12 or younger whom they had responsibilities for, and 14.2% of respondents had one or more children aged 12-18 whom they had responsibilities for. Furthermore, 9.2% of respondents reported they assisted a family member who was older than 67 and 5.0% of respondents reported they assisted a family member aged 18-66 with health problems or a disability. 44.2% of participants reported they had none of these family responsibilities. Most responses were from employees in the Sales & Reservations department but that is also one of the largest departments in the organization (28.3%). The fewest responses were from employees in Marketing & Business Development, Spa, and Laundry. Marketing & Business Development is one of the smallest departments in the organization and Laundry is the department where very few people speak English or Icelandic. In terms of managerial responsibility, 67 respondents did not hold a managerial position (55.8%), 19 respondents held a managerial position and were responsible for 9 people or fewer (15.8%), and 34 respondents held a managerial position and were responsible for 10 people or more (28.3%). It can therefore be assumed that 44.2% of respondents were supervisors, line managers, directors, or general managers. Table 1 demonstrates a more detailed demographic analysis of the participants.
# ABSENCE MANAGEMENT

## Table 1

*Demographic Analysis of Respondents Based on Questions A1-A5*

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>n</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 years or younger</td>
<td>29</td>
<td>24.2%</td>
</tr>
<tr>
<td>30-39 years</td>
<td>48</td>
<td>40.0%</td>
</tr>
<tr>
<td>40-49 years</td>
<td>19</td>
<td>15.8%</td>
</tr>
<tr>
<td>50 years or older</td>
<td>24</td>
<td>20.0%</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0%</td>
</tr>
<tr>
<td>Estimated mean</td>
<td></td>
<td>38.2</td>
</tr>
<tr>
<td>Median</td>
<td></td>
<td>35.3</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>28</td>
<td>23.3%</td>
</tr>
<tr>
<td>Female</td>
<td>89</td>
<td>74.2%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>3</td>
<td>2.5%</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Family responsibilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have one or more children aged 12 or younger</td>
<td>49</td>
<td>40.8%</td>
</tr>
<tr>
<td>Have one or more children aged 12-18</td>
<td>17</td>
<td>14.2%</td>
</tr>
<tr>
<td>Assist a family member aged 18-66 with disability or health problem</td>
<td>6</td>
<td>5.0%</td>
</tr>
<tr>
<td>Assist a family member aged 67 or older</td>
<td>11</td>
<td>9.2%</td>
</tr>
<tr>
<td>None of the above</td>
<td>52</td>
<td>44.2%</td>
</tr>
<tr>
<td><strong>Department</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back Office</td>
<td>8</td>
<td>6.7%</td>
</tr>
<tr>
<td>Banquet C&amp;E</td>
<td>2</td>
<td>1.7%</td>
</tr>
<tr>
<td>Employee Relations</td>
<td>4</td>
<td>3.3%</td>
</tr>
<tr>
<td>Finance &amp; Administration</td>
<td>6</td>
<td>5.0%</td>
</tr>
<tr>
<td>Food &amp; Beverage</td>
<td>23</td>
<td>19.2%</td>
</tr>
<tr>
<td>Front Office</td>
<td>15</td>
<td>12.5%</td>
</tr>
<tr>
<td>General Manager</td>
<td>7</td>
<td>5.8%</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>8</td>
<td>6.7%</td>
</tr>
<tr>
<td>Human Resources &amp; Quality Management</td>
<td>9</td>
<td>7.5%</td>
</tr>
<tr>
<td>Laundry</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Marketing &amp; Business Development</td>
<td>1</td>
<td>0.8%</td>
</tr>
<tr>
<td>Sales &amp; Reservations</td>
<td>34</td>
<td>28.3%</td>
</tr>
<tr>
<td>Spa</td>
<td>1</td>
<td>0.8%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1.7%</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Managerial Position</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>67</td>
<td>55.8%</td>
</tr>
<tr>
<td>Yes, team consists of 9 people or less</td>
<td>19</td>
<td>15.8%</td>
</tr>
<tr>
<td>Yes, team consists of 10 people or more</td>
<td>34</td>
<td>28.3%</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
3.2. Procedure

The research was a quantitative, nonexperimental explanatory case study of one organization (Belli, 2009). It was an instrumental case study due to the focus on understanding a broader issue instead of only one situation (Bryman & Bell, 2015). This research entailed a thorough, cross-sectional analysis of a specific function within a single organization with the emphasis of testing several hypotheses. In this research, the principal data gathering tool used was in the form of an employee self-completion questionnaire, which was convenient for respondents, time consuming for both parties, quick to administer, and it eliminated interviewer effects and variability (Bryman & Bell, 2015). The disadvantages, however, were that the researcher was not present to explain questions if some of them were unclear or ambiguous and could probe for more detailed answers from respondents. Normally, the most damaging limitation of using self-completed questionnaires is that it typically results in a low response rate and if a questionnaire is lengthy or dull, participants might become tired and fail to complete answering all questions. The questionnaire was sent by e-mail to all employees who have an e-mail address, which was, according to the HR department at the organization, the best method to reach the broadest employee audience. This method was also chosen to ensure that each participant would only answer the survey once, since if the survey had been posted on Workplace, the company’s intranet, the only method to ensure that people only participated once would have been tracking their e-mail addresses and that would have compromised their anonymity and confidentiality. To improve response rate, the researcher wrote a covering letter which explained thoroughly the importance of the research, why participation was required and how the researcher guaranteed confidentiality of respondents (Bryman & Bell, 2015). The cover letters were included both in the e-mail that was sent out and at the beginning of the survey to counteract possible low response rate and to minimize any objectionable content. The cover letters can be viewed at the beginning of Appendices A and B.

3.2.1. Ethical Issues

Building up honest and open interactions with an organization is a crucial factor in a large research project. Confidentiality and trust was thus kept in mind in every aspect of the project. The management team at Icelandair Hotels realize that this project was for learning purposes and not a consultation for them, and the project was treated as such. The participants were informed about the purpose of the study and what their role
was. It was important that participants knew that the results would not be directly linked to them individually or analysed on an individual level. All respondents remained anonymous and all responses were kept safe with the researcher. Due to the sensitivity of some of the data that the researcher gathered during the process, the results in the thesis demonstrate an overall view of the organization as a whole, and departments with more than five employees, but not individual employees.

3.3. Data Collection

Data was collected using a self-completion questionnaire. The first step after constructing the survey was sending it electronically to participants. All employees of Icelandair Hotels who had an e-mail address registered with the company were asked to individually self-complete the survey that had been composed from various questionnaire tools to fit this research. The questions were closed-ended, and since there were people of 25 nationalities working at Icelandair Hotels, the questionnaire was sent out both in Icelandic and English. Equal stimulus was ensured by keeping the questionnaire design exactly the same between languages. All participants received a link to Survey Monkey, an online survey development software, where the surveys were accessible. Both versions had the same layout, font and font size. Also, both versions contained a progress bar which indicated how far along the participants were on their way to complete the survey. It is customary at the organization to send out material in these two languages and the researcher stuck to their ideology. The employee satisfaction survey at Icelandair Hotels is, for example, sent out in English and Icelandic. That way, more employees are able to answer the questionnaire. The initial invite to participate in the survey was sent to out to the whole sample in March 28th 2018 and then two follow-up e-mails were sent as reminders for answering the survey, the first on April 3rd and the second on April 9th. On April 11th the survey was closed for participation. The survey received 138 responses, 124 in Icelandic and 14 in English (n = 655, 21.1% response rate). To correct the response rate based on the fact that some participants only completed the demographic questions, 18 unusable responses were withdrawn as described in chapter 3.1. The corrected response rate was, therefore, 18.8%. A meta-analysis, conducted by Shih and Fan (2009), concluded that e-mail surveys have, on average, around 20% lower response rate than traditional mail surveys. Furthermore, researchers have reported that researching in the hospitality industry is more difficult and challenging than in many other sectors due to the composition and
diversity within the businesses (as cited in Keegan & Lucas, 2005). Even though published articles in the field of hospitality management “appear to have achieved a response rate of more than 40%, it is important to be aware of the ‘file-drawer-problem’. That is, there is potential bias in published literature because it tends to focus on studies with high response rate or significant relationships” (De Long & Lang, 1992; as cited in Keegan & Lucas, 2005, p. 159). The low response rate in this research is in tune with similar studies with sensitive subject matters within the hospitality industry; Radiven and Lucas’s (1997) survey yielded a response rate of 22%, and Lee and Chon (2000) achieved a response rate of 20.3%. To test for non-response bias in this research, a wave analysis was conducted (Rogelberg & Stanton, 2007). A comparison was made of late respondents to early respondents, which showed no significant correlation between the two groups, hence the results could at least be an indicator of the population. According to Keegan and Lucas (2005), overemphasizing on the response rate figures could lead to skewed knowledge about certain industries, such as the hospitality industry, which is known for low response rates.

3.4. Measurements

Questionnaires are the most widely used method in human resource management researches and practices, and multi-item psychometric scales are the most widely used measure (Robinson, 2017). The aim of a questionnaire is to obtain information that can be analysed and comparisons made between different variables. The questionnaire used in this research comprised of several questions that participants answered themselves about their feelings and what had happened in the past, and is therefore a self-report research method (Stone, Bachrach, Jobe, Kurtzman, & Cain, 1999, p. ix). It consisted of closed ended questions and statements and most rating scales had five anchors that are verbal labels that accommodate each response point (Robinson, n.d.). Participants could choose answers on a five point Likert scales (Likert, 1932), which is an ordinal scale, widely used to measure opinions, feelings, and personality traits (Lewis-Beck, Bryman, & Liao, 2003). In this research, the questions pertaining to the quantitative variables derived from validated questionnaires which were measured on five-point scales. There were four different ranges used; (1) *A very small extent/Not at all* to (5) *A very large extent*; (1) *Never/Hardly ever* to (5) *Always*; (1) *Not at all* to (5) *To a full extent*; and (1) *Strongly disagree* to (5) *Strongly agree*. Other questions were developed by the researcher and had multiple answer options or *Yes/No/I don’t know* options. These were
the questions pertaining to the categorical variables and were based on the health and attendance policies of Icelandair Hotels.

In this research, the questionnaire comprised of 32 questions with several different scales to create a conceptual fit to the variables the researcher wished to measure (Robinson, 2017). The scales measured awareness, understanding, and perception of the health and attendance policies of Icelandair Hotels along with scales to determine the control variables age, psychosocial factors, stress, and work-life balance. (The questionnaires can be viewed in Appendices A and B). The internal validity of all scales used in this research is summarized in Table 2.

### Table 2
**Internal Validity of the Scales Used in This Research**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Mean</th>
<th>SD</th>
<th>Cronbach alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salience (two items)</td>
<td>3.03</td>
<td>.98</td>
<td>.49</td>
</tr>
<tr>
<td>Fairness (four items)</td>
<td>3.57</td>
<td>.73</td>
<td>.63</td>
</tr>
<tr>
<td>Psychosocial Factors at Work (five items)</td>
<td>3.52</td>
<td>.61</td>
<td>.67</td>
</tr>
<tr>
<td>Stress (four items)</td>
<td>2.58</td>
<td>.82</td>
<td>.85</td>
</tr>
<tr>
<td>Work-Family Conflict (five items)</td>
<td>2.67</td>
<td>1.16</td>
<td>.94</td>
</tr>
<tr>
<td>Family-Work Conflict (five items)</td>
<td>1.59</td>
<td>.78</td>
<td>.88</td>
</tr>
</tbody>
</table>

**Demographic information (A1-A5).** Demographic data of participants was gathered at the beginning of the survey with five background questions which were developed for this study. These questions asked for participant’s age, gender, family responsibilities, which department at the organization they worked at, and if they had managerial duties.

**Health and attendance policies (B6-B11).** Section B contains six questions developed by the researcher on the health and attendance policies. There were four questions developed to examine the general awareness and understanding of either policy.

**Awareness.** To test for awareness, participants were asked two questions on whether Icelandair Hotels currently had health and attendance policies in place. The responses were coded with value 1 if a respondent answered *Yes* and value 0 if respondent answered *No* or *I don’t know*.

**Knowledge.** One question was developed to assess employees’ knowledge of the health policy. The participants were asked a multiple-choice question on whether any arrangements had been done to promote the well-being of the employees and their families. There were 14 answer choices to choose from, twelve of which were items that
were stated in the health policy of Icelandair Hotels, one item was a made-up option which was included to test for individuals who might have checked all options without giving it much thought. The option was *Offered a relaxation room for employees* which the researcher and the HR Director made up together. The last option was *None of the above* for any individuals who had no knowledge of any of the promotion activities Icelandair Hotels have been doing for their employees.

One question was developed to assess employees’ knowledge of the attendance policy. Respondents were asked whether Icelandair Hotels had a policy in place for rehabilitation of employees to assist them in returning to work from long and/or frequent absences. The responses were coded with value 1 if a respondent answered *Yes* and value 0 if respondent answered *No* or *I don’t know*.

**Signals.** One question was developed to assess employees’ understanding of the attendance policy signals. Respondents were asked if it was their experience that Icelandair Hotels were taking action to reduce employee absences. The responses were coded with value 1 if a respondent answered *Yes* and value 0 if respondent answered *No* or *I don’t know*.

**Consequences.** The last question was developed to assess employees’ understanding of the attendance policy consequences. To analyse whether employees realized the consequences of having an attendance policy, the researcher asked to what extent, if any, absence management affected employees’ attendance at work. The answer options were on a five-point Likert scale and ranged from *A very small extent / not at all* (1) to *A very large extent* (5).

**Employee absences (C12-C15).** Four questions were added to gain understanding of the participants’ absence frequencies and absence causes. Questions C12 and C13 were on frequency of absences in the past six and twelve months, and question C14 was on the causes of these absences. All participants who answered that illness was a cause for their absences were asked a follow up question (C15) on the types of illnesses they had and whether they were categorised as short-term or long-term absences. The questions originated from the CBI-AXA labour turnover surveys from 2006 and 2008 and were slightly modified by the researcher to fit the study. The time frames were altered to fit the research, so one question asks about absences in the past 6 months and another question asks about absences in the past 12 months. Furthermore, the CBI-AXA surveys are typically sent to managers of businesses to gain deeper understanding of the status within the firms and not to individuals thus the
wording of the questions had to be altered to fit accordingly. CBI have conducted their research annually for more than two decades in Great Britain and are one of the countries’ main source of absence management data from hundreds of public and private organizations covering all industry sections (Confederation of British Industry, 2006, 2008). Information on reported validity and reliability of the questions is not available.

**Fairness and salience (D16 a-f).** Two questions were added to measure employees’ perceived salience of the attendance policy and four questions to measure perceived fairness of the attendance policy. Two questions (D16 d-e) were reverse coded due to negative wording in the questions. All six questions derived from scales which were developed for a study conducted by Johnson, Holley, Morgeson, LaBonar and Stetzer (2014). They examined their psychometric properties before testing their hypotheses. They did a two-factor model analysis which resulted in root mean square error of approximation of .05 where the Cronbach alpha for salience was .71 and the alpha for fairness was .77. They also measured the correlation between the scales which showed a small but significant correlation between them ($r = .24, p < .05$). In this study, the Cronbach alpha coefficient for the salience scale was .49 which can be explained by the fact that only two items out of seven were used from the scale. The Cronbach alpha for fairness was .63. The correlation between the scales used in this research showed a medium significant correlation with each other ($r = .39, p < .01$).

**Psychosocial Factors and Stress (E17-F22).** The next nine questions originated from the second version of the Copenhagen Psychological Questionnaire (QOPSOQ II) on psychological working conditions, health and well-being by the National Research Centre for the Working Environment (NRCWE) in Denmark. The original tool, COPSOQ I, was developed in 1997 by Tage Kristensen and Vilhelm Borg to “satisfy the need of Danish work environment professionals and researchers for a standardized and validated questionnaire that covered a broad range of psychosocial factors” (Pejtersen, Kristensen, Borg, & Borner, 2010, p. 8). In 2003, the duo started developing the tool further and released COPSPQ II in 2009, which included several new validated scales and questions (T. S. Kristensen & Borg, 2009).

**Psychosocial factors at work (E17-E21).** There were five questions to measure psychosocial factors at work, more specifically the questions are on demands at work; quantitative demands ($\alpha=.82$), work pace ($\alpha=.84$), cognitive demands ($\alpha=.74$), emotional demands ($\alpha=.87$), and demands for hiding emotions ($\alpha=.57$). The internal
consistency of the scale used in the current study was calculated at .67. Since the alpha-level for hiding emotions was previously recorded low the researcher examined the impact of removing that item from the scale, which resulted in an increase of the Cronbach alpha coefficient to .75. An inter-item correlation of the five items resulted at an optimal level, or .26.

**Stress (F22 a-d).** In order to measure the level of stress employees were experiencing, four questions on stress were added from COPSOQ II. The participants were asked to report how they had been for the past four weeks before answering the questionnaire. The questions asked how often they had had problems relaxing, how often they had been irritable, how often they had been tense, and how often they had been stressed. According to Pejtersen and associates, the Stress Scale has good internal consistency, with a Cronbach alpha coefficient reported of .81 (2010). In the current study, the Cronbach alpha coefficient was .85.

**Work-life balance (F23-F32).** Lastly, there are ten questions to measure work-life balance from the Work-Family Conflict (WFC) and Family-Work Conflict (FWC) scales by Netemeyer, Boles and McMurrian (1996) who created two separate scales to try to better understand the interactions and difference between these concepts. The questions are measured on a five-point scale from (1) *strongly disagree* to (5) *strongly agree*. The scale proved to have coefficient alpha levels ranging from .83-.89 between three samples, where the WFC scale had an average alpha of .88 and the FWC scale had an average alpha of .86 (Netemeyer et al., 1996). In this study, the Cronbach alpha coefficient of the WFC-scale was .94 and the Cronbach alpha coefficient of the FWC-scale was .88

### 3.4.1. Translations of Scales

All scales were translated from English into Icelandic by the researcher. The researcher made sure to use the conceptual equivalent of a word or a phrase and steered away from literal translations. Short, simple sentences were emphasized, that were clear and concise without technical terms that respondents would not be able to fully understand. A back-translation ensured that the concepts of the questions did not lose their meaning through the translation between languages. A total of five colleagues, one teacher, and two professors read over both questionnaires and gave useful insight and comments on the translations and the questions which all were taken into account.
before the end product was released. The researcher acknowledges that this method is not scientifically accepted as best practice to ensure validity of the questionnaire.

3.5. Survey Analysis

When all responses had been collected, The English and Icelandic versions were combined and then the responses were numerically coded to quantify the response data and to facilitate the process of data analysis. First, the researcher screened the responses for outliers and responses with a high level of missing values. Responses of 18 participants were eliminated for further analysis due to the fact they had only answered the demographic background questions. Response data is presented in the forms of tables or graphs that include question texts, answer options, response count, response percentage and number of respondents who skipped questions. Skip logic was used for question 15 so a number of respondents automatically did not receive that question, based on their answer in question 14. Additionally, some respondents might have chosen to skip certain question or refused to answer them, which will be presented as missing values.

Study results were presented and analysed demographically, depending on variables such as age, gender, family status, and position within the company, and also based on employee’s awareness, knowledge and understanding of the company policies. The policies will be the independent variables and absenteeism the dependent variable. Furthermore, in this study, additional measures were examined in relations to absenteeism; fairness and salience of absence management practices, psychosocial work environment, stress, and work-life balance, which were also analysed individually. The key findings were presented and discussed in relations to the literature review and the research objectives. Statistical analysis methods used were independent samples t-tests (t), crosstabs, Spearman rank order correlations (rs), Pearson correlation coefficient (r), and reliability analyses. The data was analysed using the IBM SPSS statistical analysis software and tables and graphs were made with Microsoft Excel.
4. Results

In this chapter, a detailed analysis will be made of the findings in terms of the research objectives in an effort to accept the proposed hypotheses. The findings are based on the data that was collected from the responses to a survey for employees at Icelandair Hotels, which took place between March 28th and April 11th 2018. The results of the survey were examined under the assumption that the sample represented the population based on the fact that the gender ratio of the participants was very similar to the ratio for males and females at the organization as a whole. It was not possible to predict whether the sample represented the population based on other factors. External validity of the case study results, cannot be determined since the focus is on a single organization. The chapter will be followed by a discussion chapter where the results will be interpreted and explained further.

4.1. Absenteeism Levels

Two questions were asked about frequency of absences, one for the past six months and one for the past twelve months. A total of 27.1% of respondents reported they had never been absent in the past six months, and 18.6% respondents reported they had never been absent in the past twelve months. In the past six months, 35.6% of respondents had been absent 1-3 days, 20.3% had been absent 4-6 days, 5.1% had been absent 7-9 days, and 11.9% of respondents had been absent for 10 days or more (see Figure 6). In the past twelve months, 52.5% of respondents had been absent 1-7 days, 16.9% had been absent 8-14 days, 7.6% had been absent 15-29 days, and 3.4% had been absent 30 days or more (see Figure 7). Two participants did not answer the two questions on absence frequencies.
Figure 6. Frequency of self-reported absences in the past 6 months. Error bars represent standard error.

Figure 7. Frequency of self-reported absences in the past 12 months. Error bars represent standard error.

4.2. Awareness, Knowledge and Understanding of Policies

Hypothesis 1 predicted that increased awareness, knowledge and understanding of the attendance policy would be associated with lower absenteeism levels. To test the hypothesis, the variables were examined and the results are presented in the following sub-chapters.
4.2.1. Employee Awareness of Health Policy

The first research objective was to assess the position of employee awareness of the health policy at Icelandair Hotels. In order to determine individual awareness of the policy, respondents were asked whether they knew if such policy was currently in place at the organization. A total of 94 respondents stated that Icelandair Hotels had a health policy (78.3%), while 22 respondents stated they did not or were not sure (21.6%). The answers were coded as dummy variables, where 0 represented No/I don’t know, and 1 represented Yes, see Figure 7.

![Figure 8. Awareness of attendance policy. Data coded as dummy variables; 0 = No / I don’t know, 1 = Yes. Error bars represent standard error.](image)

The relationship between age, gender, family responsibilities and managerial duties were correlated against awareness of the health policy using Spearman Rank Order Correlation (rho), see Table 3. Results of the Spearman correlation indicated that there was no significant association between age, gender, or family responsibilities and health policy awareness, but there was a significant positive association between having managerial duties and health policy awareness, \( rs(120) = .22, p < .02 \), with managers being more aware of the health policy.
Table 3

**Correlation Coefficient Values (Spearman's rho) of Demographic Variables, Absences, Awareness, Knowledge and Understanding of Policies, and The Scales Used in This Research to Measure The Effects on Absenteeism.**

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<tr>
<td>5. Reported Absences in the Past 6 Months&lt;sup&gt;d&lt;/sup&gt;</td>
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<td>.12</td>
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<td>-.24*</td>
<td>.23*</td>
<td>.27**</td>
<td>.45**</td>
<td>.47**</td>
<td></td>
</tr>
</tbody>
</table>

Notes: *p < 0.05; **p ≤ 0.01.  
<sup>a</sup>Data analysed as dummy variable, 0 = male, 1 = female.  
<sup>b</sup>Data analysed as dummy variable, 0 = respondents with no family responsibilities, 1 = respondents with family responsibilities.  
<sup>c</sup>Data analysed as dummy variable, 0 = respondents with no managerial duties, 1 = respondents with managerial duties.  
<sup>d</sup>Data analysed as dummy variables, 0 = Respondents who had not reported absences, 1 = Respondents who had reported absences.  
<sup>e</sup>Data analysed as dummy variable, 0 = Respondents who are not aware of the health policy, 1 = Respondents who are aware of the health policy.  
<sup>f</sup>Data was analysed as dummy variable, 0 = Respondents who are not aware of the attendance policy, 1 = Respondents who are aware of the attendance policy.  
<sup>g</sup>Data was analysed as dummy variable, 0 = Respondents who do not have knowledge of the health policy, 1 = Respondents who have knowledge of the health policy.  
<sup>h</sup>Data was analysed as dummy variable, 1 = Respondents who do not have understanding of attendance policy consequences, 1 = Respondents who have understanding of attendance policy consequences.  
<sup>i</sup>Data was analysed as dummy variable, 0 = Respondents who do not have understanding of attendance policy signals, 1 = Respondents who have understanding of attendance policy signals.  
<sup>k</sup>Subscales were computed into individual variables where scales were reduced to three items.
4.2.2. Employee Awareness of Attendance Policy

The second research objective was to assess the awareness of the attendance policy at Icelandair Hotels. To answer the question, respondents were asked whether they knew if Icelandair Hotels currently had such a policy in place. The answers were coded as dummy variables, where 0 represented No/I don’t know, and 1 represented Yes. A total of 82 respondents reported they were aware of the policy (68.9%), and 36 respondents stated they were not or were not sure (31.1%), see Figure 9.

![Figure 9. Awareness of attendance policy. Data coded as dummy variables; 0 = No / I don’t know, 1 = Yes. Error bars represent standard error.](image)

The relationship between age, gender, family responsibilities and managerial duties was correlated against awareness of the attendance policy using Spearman Rank Order Correlation (rho), see table 3. Results of the Spearman correlation indicated that there was significant positive association between all variables; age (rs(119) = .30, p < .01), gender (rs(116) = .21, p < .03), family responsibilities (rs(119) = .25, p < .01), and managerial duties, (rs(119) = .45, p < .01), and attendance policy awareness, with older employees, women, employees with family responsibilities, and managers being more aware of the attendance policy.

4.2.3. Awareness of Policies and Levels of Absenteeism

Research objective three was aimed at assessing the relationship between levels of absenteeism and awareness of both the health policy and the attendance policy at
Icelandair Hotels. A chi-square test of independence (with Yates Continuity Correction) was performed to examine the relation between knowledge of both policies. The relation between these variables was significant, $\chi^2(1, N = 119) = 27.2, p < .001, \phi = .50$. Employees who were aware of the health policy were more likely to be aware of the attendance policy than those who were not aware of the health policy. A cross-tabulation between reported awareness of both policies is demonstrated in Table 4.

<table>
<thead>
<tr>
<th>Do Icelandair Hotels currently have an attendance policy in place?</th>
<th>No</th>
<th>Yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do Icelandair Hotels currently have a health policy in place?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>No</td>
<td>19</td>
<td>6</td>
<td>25</td>
</tr>
<tr>
<td>Yes</td>
<td>18</td>
<td>76</td>
<td>94</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
<td>82</td>
<td>119</td>
</tr>
</tbody>
</table>

Employees who were aware of the policy had fewer absence days in the last six months ($M = 2.38; SD = 1.25$) than employees who were not aware of the policy ($M = 2.42; SD = 1.36$). However, results of an independent sample t-test indicated that the differences were not significant; $t(116) = .15, p > .88$). Employees who were aware of the policy had fewer absence days in the last six months had more frequent absences in the past 12 months ($M = 2.26; SD = .97$) than those who were not aware of the health policy ($M = 2.15; SD = .93$) However, results of an independent sample t-test indicated that the differences were not significant; $t(118) = .95, p > .97$).

Employees who were aware of the attendance policy had fewer absence days in the last six months ($M = 2.30; SD = 1.22$) than employees who were not aware of the policy ($M = 2.59; SD = 1.38$). However, results of an independent sample t-test indicated that there were no significant differences between the variables; $t(115) = 1.17, p > .25$). Employees who were aware of the attendance policy also had fewer absence days in the past 12 months ($M = 2.20; SD = .95$) than those who were not aware of the attendance policy ($M = 2.32; SD = 1.00$), but an independent sample t-test indicated that the differences were not significant; $t(115) = .65, p > .52$).
4.2.4. Knowledge and Understanding of Health Policy

The fourth research objective was to assess the position of employee knowledge and understanding of the health policy at Icelandair Hotels. The participants were asked a multiple-choice question on whether any arrangements had been done to promote the well-being of the employees and their families. There were 14 answer choices to choose from (see Table 5), twelve of which were items that are stated in the health policy of Icelandair Hotels, one item was a made-up option which was included to test for individuals who might have checked all options without giving it much thought. The option was *Offered a relaxation room for employees* which the researcher and the HR Director made up together. The last option was *None of the above* for respondents who had no knowledge of any of the promotion activities Icelandair Hotels had been doing for their employees.

Table 5

<table>
<thead>
<tr>
<th>Understanding of Health Policy</th>
<th>n</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Healthy diet encouragement</td>
<td>60</td>
<td>49.2%</td>
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<tr>
<td>Provided employees with physical fitness grants</td>
<td>91</td>
<td>77.1%</td>
</tr>
<tr>
<td>Encouraged exercise during working hours</td>
<td>77</td>
<td>65.3%</td>
</tr>
<tr>
<td>Flexible working time</td>
<td>67</td>
<td>56.8%</td>
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<tr>
<td>Survey on employee health</td>
<td>9</td>
<td>7.6%</td>
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<tr>
<td>Offered first aid courses and safety training</td>
<td>112</td>
<td>94.9%</td>
</tr>
<tr>
<td>Offered a relaxation room for employees</td>
<td>2</td>
<td>1.7%</td>
</tr>
<tr>
<td>Support in cases of drink and/or substance misuse</td>
<td>22</td>
<td>18.6%</td>
</tr>
<tr>
<td>Possibility to work from home</td>
<td>68</td>
<td>57.6%</td>
</tr>
<tr>
<td>Access to psychology services</td>
<td>30</td>
<td>25.4%</td>
</tr>
<tr>
<td>Offered mental practices, i.e. yoga and meditation</td>
<td>55</td>
<td>46.6%</td>
</tr>
<tr>
<td>Shared information on health and wellness issues</td>
<td>46</td>
<td>39.0%</td>
</tr>
<tr>
<td>Dedicated medical advice, support services, and a company doctor</td>
<td>49</td>
<td>41.5%</td>
</tr>
<tr>
<td>None of the above</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>118</td>
<td></td>
</tr>
</tbody>
</table>

On average, the participants checked a total of 5.8 correct options (M = 5.80, SD = 2.82). Most respondents, or 112 of those who answered the question (94.9%), knew that Icelandair Hotels had offered first aid courses and safety training. Of the whole, 77.1% respondents knew that they provided employees with physical fitness grants, 65.3% knew that they had encouraged exercises during working hours, and a similar number of employees knew that they offered flexible working time (56.8%), and the
possibility to work from home (57.6%). The other items on the list all scored less than 50% which means that employees were less aware of them. A total of 49.2% of employees knew about healthy diet encouragement, 46.6% knew about the mental practices that they offered, and 41.5% were familiar with the dedicated medical advice, support services, and company doctor. The information on health and wellness issues seemed to have only reached 39.0% of employees, and 25.4% knew about access to psychology services. A total of 18.6% reported that Icelandair Hotels offered support in cases of drink and/or substance misuse. Lastly 7.6% reported they knew that the organization conducted surveys on employee health. The made-up item, that Icelandair Hotels offered a relaxation room for employees, was only ticked by 1.7% of respondents. In terms of individual understanding of the health policy contents, there were three participants of the study who had complete understanding of the policy, and four who understood all its contents with the exception of one item each. A further analysis of how many correct items participants answered is demonstrated in Table 6.

Table 6
Distribution of How Many Participants Got a Selected Number of Items Correct

<table>
<thead>
<tr>
<th>No. of correct items</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6</td>
<td>5.1%</td>
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<tr>
<td>2</td>
<td>11</td>
<td>9.3%</td>
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<tr>
<td>3</td>
<td>13</td>
<td>11.0%</td>
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<tr>
<td>4</td>
<td>11</td>
<td>9.3%</td>
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<td>6</td>
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<td>3</td>
<td>2.5%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

The relationship between knowledge of the health policy and absences was investigated using Spearman Rank Order Correlation (rho), see table 3. Results of the Spearman correlation indicated that there was significant positive association between policy knowledge and absences in the past six months, \( rs(118) = .19, p < 0.5 \), thus employees with knowledge of more of the health policy’s contents had higher absences.
in the past six months than employees with less knowledge of the health policy’s contents. The results of the Spearman correlation indicated that there was not a significant association between policy knowledge and absences in the past twelve months, \( \text{rs}(118) = .17 \ p > 0.6 \), see Table 3.

### 4.2.5. Knowledge of Attendance Policy

Research objective five was to assess the position of employees’ knowledge of the attendance policy. The participants were asked whether Icelandair Hotels had a policy in place with the aim to rehabilitate employees and assist them in returning to work from long and/or frequent absences, which is one of the main components of the attendance policy. The answers were coded as dummy variables, where 0 represented *No/I don’t know*, and 1 represented *Yes*. A total of 32 respondents reported that Icelandair Hotels had said policy in place (26.9%), while 87 respondents reported they did not or they did not know (73.1%), see Figure 10. A total of 19 respondents did not answer this question which is likely to be due to the fact that they did not know if such a policy was in place or not.

![Figure 10. Employees’ knowledge of what the attendance policy entails. The answers were coded as dummy variables, 0 = No/I don’t know, 1 = Yes. Error bars represent standard error.](image)

The relationship between age, gender, family responsibilities and managerial duties were correlated against knowledge of the attendance policy using Spearman’s
rho, see Table 3. Results of the Spearman correlation indicated that there was significant positive association between age, \( r_s(120) = .19 \ p < .05 \), gender \( r_s(117) = .22, p < .03 \), and managerial duties, \( r_s(120) = .32, p < .01 \), and attendance policy knowledge, with older employees, women, and managers being more knowledgeable about the attendance policy. The relationship between having family responsibilities and having knowledge of the policy was not significant, \( r_s(120) = .18, p > .05 \). A Spearman correlation indicated a significant positive association between attendance policy awareness and knowledge of the policy, \( r_s(119) = .76, p < .01 \).

Overall reported absence levels were compared to employees’ knowledge of the attendance policy using Spearman’s rho, see Table 3. The test concluded no significant difference between the variables, \( r_s(118) = -.02, p > .80 \).

### 4.2.6. Understanding of Attendance Policy Consequences

Research objective six was to assess the position of employees’ understanding of attendance policy consequences where responses were measured on a five-point Likert scale. A total of 44.9% of respondents reported absence management would affect their attendance to work to a small extent or not at all, 30.5% of respondents reported it would affect them to either small or a large extent, and 24.6% respondents were impartial to the question and reported it would neither affect their attendance to work to a small nor large extent, \( N = 118, M = 2.71, SD = 1.41 \). Distribution of the answers is depicted in Figure 11.

![Figure 11. To what extent absence management affects attendance of IH employees. Error bars represent standard error.](image-url)
A Spearman correlation indicated a significant positive association between attendance policy awareness and understanding of attendance policy consequences, \((rs(119) = .25, p < .01)\), see Table 3. There was no significant association between demographic variables and understanding of the policy consequences. Reported frequencies of absences were compared to employees’ understanding of the attendance policy consequences using Spearman’s rho. Results of the Spearman correlation indicated that there was no significant correlation between frequency of absences and understanding of policy consequences, \((rs(118) = -.07, p > .45)\).

### 4.2.7. Understanding of Attendance Policy Signals

Research objective seven was to assess the position of employee understanding of the signals of the Attendance Policy at Icelandair Hotels. The participants were asked whether it was their experience that Icelandair Hotels were taking action to reduce employee absences, for example with the use of attendance conversations, support, and in some cases disciplinary actions. The answers were coded as dummy variables, where 0 represented No/I don’t know, and 1 represented Yes. Of the 119 participants who answered this question, 58.0% believed that was the case, while 42.0% of respondents reported they did not know or it was not their experience that Icelandair Hotels were taking action to reduce absenteeism \((N = 119, M = .69, SD = .47)\), see Figure 12.

![Figure 12](image-url)  
Figure 12. Employees’ understanding of attendance policy signals. Error bars represent standard error.
The demographic variables were correlated with understanding of the attendance policy signals using Spearman’s rho, see Table 3. Results of the Spearman correlation indicated that there were significant positive associations between age, (rs(120) = .22, \( p < .02 \)), having family responsibilities (rs(120) = .21, \( p < .02 \)), and managerial duties, (rs(120) = .42, \( p < .01 \)), and understanding of attendance policy signals, with perceived understanding of attendance policy signals associated with older employees, employees with family responsibilities, and managers. There was no significant relationship between gender and understanding of the signals, (rs(120) = .09, \( p > .35 \)). A Spearman correlation indicated a significant positive association between attendance policy awareness and understanding of attendance policy signals, (rs(119) = .82, \( p < .01 \)), see Table 3.

Reported frequencies of absences were compared to employees’ understanding of the attendance policy signals using Spearman’s rho, see Table 3. Results of the Spearman correlation indicated that there was no significant association between absence frequencies and understanding of the policy signals, (rs(118) = -.01, \( p > .98 \)).

Based on the before mentioned results, hypothesis 1 was rejected, since increased awareness, knowledge and understanding of the attendance policy was not significantly associated with lower absenteeism levels.

### 4.2.8. Perceptions of Salience of Attendance Policy Outcomes

Research objective eight was to assess the position of perceived salience of attendance policy outcomes among the employees of Icelandair Hotels. There were two questions on salience which were measured on a five-point Likert scale. The first question asked respondents whether they were appreciated for good attendance at work. A total of 36.5% of respondents agreed while 22.4% disagreed, (N = 107, M = 3.22, SD = 1.24). When asked whether employees received appropriate discipline for frequent absences, 29.6% agreed and 37.1% disagreed with the statement, (N = 105, M = 2.82, SD = 1.17). The absence management salience scale was compared to overall absence frequencies using Spearman’s rho, see Table 3. Results of the Spearman correlation indicated that there was not a significant association between absence frequencies and perceptions of policy salience, (rs(105) < .02, \( p > .86 \)).
4.2.9. Perceptions of Attendance Policy Fairness

Research objective nine was aimed at assessing the position of perceived fairness of the attendance policy among employees of Icelandair Hotels. There were four questions on fairness which were measured on a five-point Likert scale. In the first question, more than half of respondents, or 50.5% agreed that attendance policies were fair and reasonable while 11.4% disagreed, (N = 105, M = 3.54, SD = 1.07). In the second question, a total of 62.2% of respondents agreed that employees were provided with sufficient time off for personal matters, while 24.5% neither agreed nor disagreed and 13.2% disagreed, (N = 106, M = 3.65, SD = 1.10). The third question asked respondents whether attendance policies were sensitive to employees’ personal needs and obligations, where 39.0% of respondents agreed and 7.6% disagreed. Here, most respondents were impartial to the statement (50.5%), (N = 105, M = 3.42, SD = .978). Finally, 62.3% of respondents agreed that limitations regarding employees’ time off were fair, while 9.4% disagreed, (N = 106, M = 3.75, SD = 1.11). Detailed summarization of the answers is demonstrated in Figure 13.

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am appreciated for good attendance at work.</td>
<td>12%</td>
<td>10%</td>
<td>41%</td>
<td>16%</td>
<td>21%</td>
</tr>
<tr>
<td>Employees who are frequently absent receive appropriate discipline.</td>
<td>17%</td>
<td>20%</td>
<td>33%</td>
<td>23%</td>
<td>7%</td>
</tr>
<tr>
<td>Attendance policies are fair and reasonable.</td>
<td>6%</td>
<td>7%</td>
<td>38%</td>
<td>30%</td>
<td>21%</td>
</tr>
<tr>
<td>Employees are provided with sufficient time off to attend to personal matters.</td>
<td>7%</td>
<td>7%</td>
<td>25%</td>
<td>40%</td>
<td>23%</td>
</tr>
<tr>
<td>Attendance policies are not sensitive to employee personal needs and obligations.</td>
<td>17%</td>
<td>22%</td>
<td>51%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Limitations regarding when employees can take time off are unfairly restrictive.</td>
<td>28%</td>
<td>34%</td>
<td>28%</td>
<td>3%</td>
<td>7%</td>
</tr>
</tbody>
</table>

A Spearman correlation indicated a significant positive association between attendance policy awareness and perceived fairness of the policy, (rs(103) = .30, p < .01), see Table 3. The relationship between absence frequencies and perceptions of fairness of attendance policy was investigated using Spearman’s rho, which indicated a
significant positive association between the variables, $rs(104) = .24$, $p < .01$, with higher levels of perceived fairness of policy associated with more frequent absences.

4.3. Demographic Characteristics and Absenteeism

This chapter will analyse the relationships of different demographic characteristics and their effects on absenteeism.

4.3.1. Age and Absenteeism

The tenth research objective set out to examine how the age of hospitality employees affected absenteeism. To answer the question, the relationship between age of respondents and frequency of their overall absences was investigated using Spearman Rank Order Correlation (rho), see Table 3. There was a significant negative correlation between age and overall absences of respondents, $rs(118) = -.19$, $p < .05$, with younger employees being associated with higher levels of absenteeism.

4.3.2. Gender and Absenteeism

Hypothesis 2 predicted that women would have higher levels of absenteeism than men. To test the hypothesis, the relationship between gender and frequency of absences was investigated using Spearman’s rho, see Table 3. There was small positive correlation between gender and frequency of absences, with women being associated with higher levels of absences in the past six months, $rs(117) = .22$, $p < .02$ and in the past 12 months, $rs(120) = .14$, $p > .13$, even though the latter was not statistically significant, thus, hypothesis 2 was only partially supported. However, the coefficient of determination ($R^2$) was calculated which demonstrated that gender helped to explain almost 2% of the variance in responses for the past six months, and 8% of the variance in responses for the past 12 months.

4.3.3. Family Responsibilities and Absenteeism

The research set out to examine how having family responsibilities affected absenteeism at Icelandair Hotels. Results of the Spearman correlation concluded there was not a statistically significant differences between absenteeism levels and having family responsibilities, $rs(118) = .10$, $p > .27$, see Table 3. There was however difference in what kind of family responsibilities the employees had and their absence levels. Hypothesis 3 predicted that having child/children under the age of 12 would
result in higher absenteeism levels. Employees who were responsible for a child or children aged 12 or younger were the only group that had a positive correlation with absences $rs(120) = .20, p < .03$, thus, hypotheses 3 was supported. Absence levels of employees with children aged 12 or older ($rs(120) = -.01, p > .99$), those caring for elderly ($rs(120) = -.01, p > .07$), or disabled relatives ($rs(120) = -.20, p < .04$), were all negatively correlated with absence levels.

4.3.4. Managerial Duties and Absenteeism

Hypothesis 4 predicted that having managerial responsibilities decreased absenteeism. Participants were asked whether or not their job was a managerial position and if so, whether their team consisted of nine people or less or ten people or more. An independent sample t-test concluded that even though the mean absence score for managers was lower in the past six months ($N = 52, M = 2.31, SD = 1.20$) than it was for non-managers ($N = 66, M = 2.45, SD = 1.33$), and the opposite in the past twelve months ($N = 55, M = 2.25, SD = .947$) versus ($N = 66, M = 2.23, SD = .973$), the differences were not statistically significant; $t(116) = .62, p > .53$ for the past six months, and $t(116) = -.13, p > .90$ for the past twelve months, thus, hypothesis 4 was rejected.

4.4. Absenteeism Causes

With the aim of investigating the main causes of absences in the hospitality industry, the participants were asked about the main causes of their absences in the past 12 months where they could answer as many options as they wanted from multiple choices. The highest percentage of employee absences was attributed to illnesses (79.5%). The second most common cause was home and family responsibilities (26.5%). None of the respondents reported lack of commitment to the workplace. A more detailed description of the causes for absences are presented in Table 7.
Table 7
The Causes for Absences from Scheduled Work in the Past 12 Months

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have not been absent from work in the last 12 months</td>
<td>16.20%</td>
</tr>
<tr>
<td>Illness</td>
<td>79.50%</td>
</tr>
<tr>
<td>Home and family responsibilities (caring for children/relatives, etc.)</td>
<td>26.50%</td>
</tr>
<tr>
<td>Personal problems (drink/drug/relationship problems, etc.)</td>
<td>1.70%</td>
</tr>
<tr>
<td>Poor workplace morale</td>
<td>1.70%</td>
</tr>
<tr>
<td>Lack of commitment to the workplace</td>
<td>0.00%</td>
</tr>
<tr>
<td>Poor management / leadership issues</td>
<td>1.70%</td>
</tr>
<tr>
<td>Used a paid sick day for other purposes than being sick</td>
<td>0.80%</td>
</tr>
<tr>
<td>Was absent for other reasons and did not use a sick day</td>
<td>3.30%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>117</strong></td>
</tr>
</tbody>
</table>

The results also showed that of all employees who reported absences in the past 12 months, those who were aware of the health policy and/or attendance policy reported fewer absences due to illnesses and home and family responsibilities than those who were not aware of the policies (see Table 8).

Table 8
Absence Causes in the Past 12 Months Categorized by Policy Awareness

<table>
<thead>
<tr>
<th>Absence causes</th>
<th>Health Policy</th>
<th>Attendance Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Awareness</td>
<td>No awareness</td>
</tr>
<tr>
<td>Illness</td>
<td>79.10%</td>
<td>80.80%</td>
</tr>
<tr>
<td>Home and family responsibilities</td>
<td>24.20%</td>
<td>34.60%</td>
</tr>
</tbody>
</table>

Participants who reported they had been absent due to illness were asked a follow-up question on which types of illnesses caused their absences, here, 31 respondents automatically skipped this part of the questionnaire with skip-logic since they did not answer the previous question with Illness. From the 85 responses which were recorded, 94.1% of respondents reported minor illnesses, such as cold, flu, and migraine, a cause for their short-term sickness absences. A total of 12.9% of respondents reported short-term illnesses were due to work related stress, followed by recurring illnesses (muscular/skeletal, back pain, asthma, etc.) at 10.60%, and the fourth most common cause was non-work related stress (7.1%). A total of 4.7% of respondents reported that work-related stress was the cause for their long-term illness and right behind, at 3.5%, were recurring illnesses. Further analysis is demonstrated in Table 9.
Table 9

*Distribution of Types of Illnesses Causing Short-Term and Long-Term Absences*

<table>
<thead>
<tr>
<th>Types of illnesses</th>
<th>Short-term percentage</th>
<th>Long-term percentage</th>
<th>Total percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor illness (^a)</td>
<td>94.10%</td>
<td>1.20%</td>
<td>95.30%</td>
</tr>
<tr>
<td>Recurring illness (^b)</td>
<td>10.60%</td>
<td>3.50%</td>
<td>14.10%</td>
</tr>
<tr>
<td>Work related stress</td>
<td>12.90%</td>
<td>4.70%</td>
<td>17.60%</td>
</tr>
<tr>
<td>Non-work related stress</td>
<td>7.10%</td>
<td>1.20%</td>
<td>8.30%</td>
</tr>
<tr>
<td>Serious long-term illness</td>
<td>1.20%</td>
<td>1.20%</td>
<td>2.40%</td>
</tr>
<tr>
<td>Acute illness (^c)</td>
<td>2.40%</td>
<td>0.00%</td>
<td>2.40%</td>
</tr>
<tr>
<td>Work related injuries</td>
<td>1.20%</td>
<td>1.20%</td>
<td>2.40%</td>
</tr>
<tr>
<td>Non-work related injuries</td>
<td>0.00%</td>
<td>1.20%</td>
<td>1.20%</td>
</tr>
<tr>
<td>Other</td>
<td>—</td>
<td>—</td>
<td>8.20%</td>
</tr>
</tbody>
</table>

Note: \(^a\)Minor illness (cold, flu, migraine, etc.). \(^b\)Recurring illness (muscular/skeletal, back pain, asthma, etc.). \(^c\)Acute illness (heart attack, emergency surgery, etc.).

4.4.1. Psychosocial Factors at Work

Research objective 11 was to examine how distorted psychosocial factors at work affected absenteeism at Icelandair Hotels. The questions on psychosocial demands at work were divided into three categories. The first category was on quantitative demands where the participants were asked whether their work load was unevenly distributed so it piled up, where the labelled anchors ranged from (1) *Never/hardly ever* to (5) *Always*, most respondents reported their workload was *Sometimes* unevenly distributed so it piled up, (N = 102, M = 2.88, SD = 1.08). Then the participants were asked if they were required to work at a high pace throughout the day, where the labelled anchors ranged from (1) *To a very small extent* to (5) *To a very large extent*. Most respondents answered *To a large extent* (46.2%), (N = 104, M = 3.70, SD = .89). Further analysis of the distribution of answers is demonstrated in Figure 14.
Figure 14. Distribution of participants’ answers to the questions on quantitative demands in the workplace.

The second category was cognitive demands and participants were asked if their work required them to make difficult decisions, where the labelled anchors ranged from (1) *Never/hardly ever* to (5) *Always*. Most respondents answered *Often* (37.5%), followed by 35.6% who answered *Sometimes*, *(N = 104, M = 3.25, SD = .92)*. Figure 15 demonstrates the distribution of the answers to this question.

*Figure 15. Distribution of participants’ answers to the question on cognitive demands in the workplace.*
The last two questions on psychosocial factors at work were on emotional demands. To the question “Is your work emotionally demanding?”, most respondents answered *To a large extent* (41.3%), but the labelled anchors ranged from (1) *Not at all* to (5) *To a full extent*, (N = 104, M = 3.26, SD = .96). The final question asked participants whether they treated everyone equally, even if they did not feel like it. The labelled anchors ranged from (1) *Never/hardly ever* to (5) *Always*. In this question, most respondents answered *Always* (59.2%), (N = 103, M = 4.49, SD = .74). Further analysis of distribution of the answers is demonstrated in Figure 16.

![Figure 16. Distribution of participants’ answers to the questions on emotional demands.](image)

The relationship between the items of the Psychosocial Factors at Work Scale was investigated using Pearson product-moment correlation coefficient. There were medium to strong correlations between the variables, apart from treating everyone equally. Table 10 depicts the correlation matrix.

<table>
<thead>
<tr>
<th>Scale Item</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is your work load unevenly distributed so it piles up?</td>
<td></td>
<td>—</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are you required to work at a high pace throughout the day?</td>
<td>.50**</td>
<td>—</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Does your work require you to make difficult decisions?</td>
<td>.44**</td>
<td>.38**</td>
<td>—</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Is your work emotionally demanding?</td>
<td>.40**</td>
<td>.42**</td>
<td>.43**</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>5. Do you treat everyone equally, even if you do not feel like it?</td>
<td>-.06</td>
<td>-.03</td>
<td>.02</td>
<td>.09</td>
<td>—</td>
</tr>
</tbody>
</table>

Note: ** p ≤ 0.01
The relationship between the psychosocial factors at work scale as a whole, demographical variables, and frequency of absences was investigated using Spearman Rank Order Correlation (rho), see Table 3. There was a significant positive association between distorted psychosocial factors at work and having managerial duties, rs(101) = .21, p < .05. There was no significant relationship between the psychosocial factors at work scale and frequency of absences. However, a Spearman’s rho test concluded that for those who had been absent in the past 12 months, a small positive correlation existed between absences due to illness and the requirements to work at a high pace throughout the day r(103) = .25, p > .012.

The relationship between the stress scale, psychosocial factors at work scale, work-family balance scale and work-family balance scale was investigated using Pearson’s r which showed small to medium, positive correlations between all scales. Table 11 demonstrates the results of the Pearson product-moment correlation coefficient measurements.

Table 11
The Relationship Between The Stress, Family-Work Balance, Work-Family Balance, and Psychosocial Factors at Work Scales Using Pearson’s r

<table>
<thead>
<tr>
<th>Scale</th>
<th>n</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stress</td>
<td>103</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Family-Work Balance</td>
<td>95</td>
<td>.34**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Work-Family Balance</td>
<td>94</td>
<td>.48**</td>
<td>.40**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Psychosocial Factors at Work</td>
<td>100</td>
<td>.28**</td>
<td>.33**</td>
<td>.50**</td>
<td></td>
</tr>
</tbody>
</table>

Note: ** p ≤ 0.01

4.4.2 Work-Life Balance

Research objective 12 was to examine how lack of work-life balance affected absenteeism at Icelandair Hotels. The participants were asked to reply to ten questions to measure work-life balance. The first five questions were the work-life balance scale, which asked whether the job or work load was affecting leisure time and family activities. The latter five questions were the life-work balance scale, which asked whether circumstances at home were affecting work-related duties. A detailed demonstration of the distribution of answers to each question is shown in Table 12.

When asked whether the demands of their work interfered with their home and family life, 48.9% of respondents disagreed while 29.2% agreed, (N = 96, M = 2.69, SD = 1.27). When asked whether the amount of time their job took up made it difficult to fulfil family responsibilities, 49.5% disagreed, 28.8% agreed, (N = 97, M = 2.52, SD =
1.28). The next question asked whether things they want to do at home did not get done because of the demands their job put on them, which resulted in 42.8% of respondents disagreeing, 40.8% agreeing, and 16.3% being impartial, (N = 98, M = 2.84, SD = 1.39). When asked whether their job produced strain that made it difficult to fulfill family duties, 51.5% disagreed and 20.2% agreed, (N = 99, M = 2.43, SD = 1.24). The last question about work-life balance asked if they had to make changes to their plans for family activities due to work-related duties and 48.0% of respondents disagreed while 34.7% agreed, (N = 98, M = 2.69, SD = 1.30).

The first question on life-work balance was on whether the demands of their family or spouse/partner interfered with work-related activities. 80.4% of respondents disagreed, while 10.3% agreed, (N = 97, M = 1.72, SD = 1.04). When asked whether they had to put off doing things at work because of demands on their time at home, 82.5% disagreed and 7.2% agreed, (N = 97, M = 1.67, SD = .97). The next question asked whether things they wanted to do at work did not get done because of the demands of their family or spouse/partner, and 88.7% disagreed while 3.0% agreed, (N = 98, M = 1.43, SD = .81). When asked whether their home life interfered with their responsibilities at work such as getting to work on time, and working overtime, 82.8% of the respondents disagreed, 10.1% agreed, (N = 99, M = 1.59, SD = 1.03). The final question of the questionnaire asked whether family-related strain interfered with their ability to perform job-related duties where most respondents disagreed (81.6%). A total of 15.3% neither agreed nor disagreed, and 3.1% reported they somewhat agreed. None of the respondents strongly agreed with this statement, (N = 98, M = 1.54, SD = .86).
The relationship between frequency of absences and work-life balance was investigated using Spearman’s rho and concluded there was not a significant relationship between the variables, with the exception of a small positive correlation between frequency of absences for the past six months and the ability to show up to work on time and working overtime due to interference from domestic responsibilities, \( rs(99) = 0.24, p < 0.02 \), see Table 13.

Hypothesis 5 predicted that having child/children under the age of 12 would significantly decrease work-life balance. A significant positive correlation was detected between employees who are parents or caregivers of children aged 12 or younger and both the work-family balance scale, \( rs(94) = 0.27, p < 0.01 \) and the family-work balance scale, \( rs(96) = 0.34, p < 0.01 \), thus, hypothesis 5 was supported, with employees who take care of younger children experiencing more difficulties balancing their work and home and family lives than other employees, see Table 13.
Table 13  
Correlation Matrix of the Work-Life Balance Scale, Demographic Variables, and Absences Using Spearman’s rho

<table>
<thead>
<tr>
<th>Variables</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
<th>6.</th>
<th>7.</th>
<th>8.</th>
<th>9.</th>
<th>10.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demands of work interfere with home and family life</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>2. The amount of time job takes up makes it difficult to fulfil family responsibilities</td>
<td>.82**</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>3. Things to do at home do not get done because of job demands</td>
<td>.72**</td>
<td>.83**</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>4. Job produces strain that makes it difficult to fulfil family duties</td>
<td>.77**</td>
<td>.87**</td>
<td>.83**</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>5. Due to work-related duties, changes are made to plans for family activities</td>
<td>.68**</td>
<td>.73**</td>
<td>.74**</td>
<td>.69**</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>6. Demands of family or spouse/partner interfere with work-related activities</td>
<td>.40**</td>
<td>.47**</td>
<td>.44**</td>
<td>.48**</td>
<td>.44**</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>7. Have to put off doing things at work because of demands on time at home</td>
<td>.39**</td>
<td>.43**</td>
<td>.40**</td>
<td>.44**</td>
<td>.29**</td>
<td>.72**</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>8. Things at work do not get done because of demands of family or spouse/partner</td>
<td>.25**</td>
<td>.33**</td>
<td>.31**</td>
<td>.31**</td>
<td>.25**</td>
<td>.70**</td>
<td>.75**</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>9. Home life interferes with responsibilities at work such as being on time and working overtime</td>
<td>.19**</td>
<td>.26**</td>
<td>.26**</td>
<td>.30**</td>
<td>.13**</td>
<td>.52**</td>
<td>.54**</td>
<td>.56**</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>10. Family-related strain interferes with ability to perform job-related duties</td>
<td>.26**</td>
<td>.34**</td>
<td>.34**</td>
<td>.35**</td>
<td>.21**</td>
<td>.65**</td>
<td>.67**</td>
<td>.71**</td>
<td>.78**</td>
<td>—</td>
</tr>
<tr>
<td>11. Gender*</td>
<td>-.16</td>
<td>-.14</td>
<td>-.06</td>
<td>-.08</td>
<td>-.16</td>
<td>.36**</td>
<td>-.13</td>
<td>-.04</td>
<td>-.07</td>
<td>.01</td>
</tr>
<tr>
<td>12. Age</td>
<td>-.05</td>
<td>-.10</td>
<td>-.11</td>
<td>-.04</td>
<td>-.06</td>
<td>-.09</td>
<td>-.08</td>
<td>-.15</td>
<td>-.27**</td>
<td>-.19</td>
</tr>
<tr>
<td>13. Manager^</td>
<td>.21*</td>
<td>.18</td>
<td>.18</td>
<td>.14</td>
<td>.28*</td>
<td>.05</td>
<td>.12</td>
<td>.15</td>
<td>.15</td>
<td>-.02</td>
</tr>
<tr>
<td>14. One or more children aged 12 or younger</td>
<td>.17</td>
<td>.25*</td>
<td>.21*</td>
<td>.26*</td>
<td>.14</td>
<td>.24*</td>
<td>.24*</td>
<td>.40**</td>
<td>.29**</td>
<td>—</td>
</tr>
<tr>
<td>15. One or more children aged 13-18</td>
<td>-.03</td>
<td>-.01</td>
<td>-.05</td>
<td>.08</td>
<td>-.12</td>
<td>-.01</td>
<td>-.08</td>
<td>-.06</td>
<td>-.06</td>
<td>.01</td>
</tr>
<tr>
<td>16. Assist a family member aged 18 - 66 who has a health problem or a disability</td>
<td>.07</td>
<td>.08</td>
<td>.03</td>
<td>.01</td>
<td>-.02</td>
<td>-.12</td>
<td>-.01</td>
<td>-.05</td>
<td>-.15</td>
<td>-.16</td>
</tr>
<tr>
<td>17. Assist a family member age 67 or older</td>
<td>.05</td>
<td>-.03</td>
<td>.01</td>
<td>-.03</td>
<td>-.10</td>
<td>-.13</td>
<td>-.04</td>
<td>-.11</td>
<td>-.05</td>
<td>-.08</td>
</tr>
<tr>
<td>18. No family responsibilities</td>
<td>-.11</td>
<td>-.18</td>
<td>-.15</td>
<td>-.18</td>
<td>-.04</td>
<td>-.09</td>
<td>-.17</td>
<td>-.18</td>
<td>.28**</td>
<td>-.20</td>
</tr>
<tr>
<td>19. Total absences^</td>
<td>.01</td>
<td>-.01</td>
<td>.05</td>
<td>-.13</td>
<td>-.12</td>
<td>-.01</td>
<td>.08</td>
<td>.20*</td>
<td>.13</td>
<td></td>
</tr>
</tbody>
</table>

Variables (correlation matrix continued)

| 11. Gender*                                                              | —     | —     | —     | —     | —     | —     | —     | —     | —     | —     |
| 12. Age                                                                  | .01   | —     | —     | —     | —     | —     | —     | —     | —     | —     |
| 13. Manager^                                                             | -.08  | .21*  | —     | —     | —     | —     | —     | —     | —     | —     |
| 14. One or more children aged 12 or younger                             | .11   | -.02  | .05   | —     | —     | —     | —     | —     | —     | —     |
| 15. One or more children aged 13-18                                      | -.05  | .32** | .17   | .10   | —     | —     | —     | —     | —     | —     |
| 16. Assist a family member aged 18 - 66 who has a health problem or a disability | -.05  | .25** | .03   | -.04  | .02   | —     | —     | —     | —     | —     |
| 17. Assist a family member age 67 or older                               | .01   | .20*  | .07   | -.03  | .04   | .19*  | —     | —     | —     | —     |
| 18. No family responsibilities                                          | -.06  | .27** | -.08  | .74** | .36** | -.20* | .28** | —     | —     | —     |
| 19. Total absences^                                                       | -.13  | -.19* | -.03  | .14   | -.03  | -.12  | -.01  | -.10  | —     | —     |

Notes: *p < 0.05; **p ≤ 0.01. *Data analysed as dummy variable, 0 = male, 1 = female. ^Data analysed as dummy variable, 0 = Respondent with no managerial duties, 1 = respondents with managerial duties. ^Data analysed as dummy variables, 0 = Respondents who had not reported absences, 1 = Respondents who had reported absences.
4.4.3. Stress

Hypothesis 6 predicted that high stress levels would increase absenteeism at Icelandair Hotels. There were four questions on stress which aim was to measure participants’ stress levels. When asked how often participants had had problems relaxing (N = 103, M 2.77, SD = 1.12), most respondents answered *Part of the time* (36.9%). When asked how often they had been irritable (N = 103, M 2.35, SD = .81), most participants answered *A small part of the time* (41.7%). When asked how often they had been tense, (N = 103, M 2.43, SD = .96), most responded *A small part of the time* (39.8%). Finally, when asked how often they had been stressed, (N = 103, M 2.78, SD = 1.02), most participants responded *part of the time* (45.0%). Figure 17 shows a more detailed demonstration of the distribution of the answers.

![Figure 17](image_url)

*Figure 17. Questions of the stress scale and distribution of answers. Error bars represent standard error.*

The relationship between the whole stress-scale and sickness absences was investigated using Spearman correlation coefficient, which concluded that higher stress levels were positively correlated with more frequent sickness absences, rs(103) = .20, p < .05, thus hypothesis 6 was supported. There was also a significant negative association between stress and age of employees, rs(103) = -.28, p < .01, with younger employees reporting higher levels of stress, see Table 14.
### Table 14

**Correlation Matrix of the Stress Scale, Demographic Variables, and Absences Using Spearman’s rho**

<table>
<thead>
<tr>
<th>Variables</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
<th>6.</th>
<th>7.</th>
<th>8.</th>
<th>9.</th>
<th>10.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often have you had troubles relaxing(^a)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>2. How often have you been irritable(^b)</td>
<td>.43**</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>3. How often have you been tense(^c)</td>
<td>.57**</td>
<td>.66**</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>4. How often have you been stressed(^d)</td>
<td>.54**</td>
<td>.56**</td>
<td>.78**</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>5. Stress scale</td>
<td>.78**</td>
<td>.76**</td>
<td>.91**</td>
<td>.86**</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>6. Gender(^e)</td>
<td>.01</td>
<td>.08</td>
<td>.06</td>
<td>-.01</td>
<td>.03</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>7. Age</td>
<td>-.29**</td>
<td>-.15</td>
<td>-.22**</td>
<td>-.32**</td>
<td>-.28</td>
<td>.01</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>8. Family responsibilities(^f)</td>
<td>.01</td>
<td>.09</td>
<td>-.01</td>
<td>-.02</td>
<td>.03</td>
<td>.06</td>
<td>.27**</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>9. Managerial duties(^g)</td>
<td>.07</td>
<td>.05</td>
<td>-.05</td>
<td>-.04</td>
<td>-.01</td>
<td>-.08</td>
<td>.21*</td>
<td>.08</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>10. Total absences(^h)</td>
<td>.09</td>
<td>.10</td>
<td>.22**</td>
<td>.27**</td>
<td>.20*</td>
<td>.13</td>
<td>-.19*</td>
<td>.10</td>
<td>-.03</td>
<td>—</td>
</tr>
</tbody>
</table>

Notes: *p < 0.05; **p ≤ 0.01. \(^a\)Respondents were asked to answer based on how they had been feeling in the last four weeks prior to taking part in the survey. \(^b\)Data analysed as dummy variable, 0 = male, 1 = female. \(^c\)Data analysed as dummy variables, 0 = Respondents who did not have family responsibilities, 1 = Respondents who had family responsibilities. \(^d\)Data analysed as dummy variables, 0 = Respondents who did not have managerial duties, 1 = Respondents who had managerial duties. \(^e\)Data analysed as dummy variables, 0 = Respondents who had reported absences, 1 = Respondents who had reported absences.
5. Discussion and Final Conclusion

The contribution of this research is to provide insight into the status of an organization in a growing industry in terms of health and wellness of employees, organizational environment and how it affects absenteeism and overall performance. The aim is to explore the status of absence management at Icelandair Hotels, the overall awareness, knowledge and understanding of their health and attendance policies, and to define if any of the control variables, age, gender, family responsibilities, managerial duties, psychosocial factors, stress, or work-life balance, affect absenteeism to a greater extent than others. The goal is also to find out whether different perceptions and understanding of the attendance policy alter employees’ absence behaviour or not.

5.1. The Overall Status of Absence Management at Icelandair Hotels

As with any organization policy, health and attendance policies need to be properly communicated to all employees to ensure company-wide awareness, knowledge and understanding of the policies. The roles of all employees must be straightforward, especially when it comes to management. They need to fully understand the policies to ensure their effectiveness in practice. The signals and consequences must be clearly defined and managers need to follow through on the policy objectives (Hayday, 2008). The results show that both the health and attendance policies at Icelandair Hotels are communicated quite well to the employees. A larger number of employees is aware of the health policy (78.3%) than the attendance policy (68.9%) which could be due to the fact that the health policy was implemented six months earlier at the organization, but it could also be because elements of the policy might be of higher interest to employees, such as physical fitness grants, flexible working hours, and weekly breaks to engage in physical activity during working hours. Older employees seem to be more aware of the health policy than younger employees, which could be explained by longer tenure with the company and the fact that older employees are more likely to have managerial positions, but managers are more aware of both policies. Even though almost 80% of employees state they are aware the health policy’s existence, knowledge of what the policy entails seems to be lacking. It is concerning that average employee knowledge of the health policy is between five and six items out of the twelve items that were tested. The fact that 95% know that first aid courses and safety training is offered at the organization can easily be explained since these courses are mandatory for all employees. All other factors, however, seem not to
be communicated clearly enough. The elements of the policy concern employee health and wellbeing and it should be in the organization’s best interest that the employees have full understanding of the policy contents, since they can also be viewed as employment benefits. For instance, less than half of employees know that the organization has done arrangements for dedicated medical advice, access to company doctor and psychology services.

Of the 70% of employees who report they are aware of the attendance policy, much fewer employees seem to have full knowledge of what it entails, since one of its core elements, the rehabilitation of employees to assist them in returning to work from long or frequent absences, is only known by 27% of employees. The results indicate significant association between having managerial duties and being aware of both policies, knowing what they entail and understanding their consequences and signals. Having implemented an attendance policy at the organization should emit the signal that the organization is taking action to reduce absences. The process seems to have been taken very seriously; the policy is thorough and every aspect of it is clearly explained. Even the attendance interview that managers take with employees who have scored too high on the Bradford Factor seems to adhere to the basic steps that Michael Armstrong (2015) describes in his book Armstrong’s Handbook of Performance Management: An evidence-based guide to delivering high performance. This staged procedure is as follows: (1) Opening the conversation; (2) Identifying the problem; (3) Explaining the consequences of the problem; (4) Agreeing on the problem; (5) Establishing the reasons for the problem; (6) Discussing the importance of change; (7) Reaching an understanding on action required; (8) Ensuring mutual understanding; (9) Discussing monitoring and follow-up. However, when only around 60% of employees report that it is their true experience that Icelandair Hotels are taking action to reduce employee absences, and third reports that absence management initiatives affect their attendance at work, it becomes clear that there might be some discrepancies in the system. Managers might know what to do but might not actually follow it through. The results support this since employees who are aware of the attendance policy are more knowledgeable about it and have higher levels of understanding of the policy signals and consequences. Therefore, it was to be expected that employees who are aware of the attendance policy are more affected by it in terms of work attendance, which will be discussed later.
Perceived salience of an attendance policy relates to how employees weigh the disciplinary procedures or rewards associated with certain behaviours. When it comes to salience and fairness of absence management outcomes, more than half of employees think attendance policies are fair and reasonable and roughly 35% of employees agree that they are appreciated for good attendance at work and 37% do not agree that employees receive appropriate discipline for frequent absences. These results are in tune with what is stated earlier about not following through with all aspects of the attendance policy. The literature review reveals that fairness perceptions of new absence management practices are likely to change employees’ absence behaviour, i.e. the more fair they perceive the policy, the fewer absences they will take (Johnson et al., 2014). This is not in line with the results from this study since employees with more fairness perceptions towards the attendance policy have higher levels of absenteeism. Perhaps this is due to the fact that absenteeism is not acted on properly and disciplinary actions are too lenient and, therefore, those who are frequently absent experience the absence management at the organization as fair.

5.2. Absence Management and Levels of Absenteeism

Even though the difference is not statistically significant, there is evidence in the research that show that after the implementation of the attendance policy, employees who are aware of the attendance policy, have knowledge of what it entails and understand its signals and consequences have had fewer absence days than other employees. Furthermore, the ratio of employees who do not report any absences in the past six months is 8.5 percent higher than in the past twelve months and managers report fewer absence days in the past six months than they did in the past twelve months, which is in tune with the fact that the Bradford Factor calculations were implemented for the company as a whole in the last six months, before that, the attendance policy had not been implemented at the head office where the largest percentage of managers are located.

Older employees at Icelandair Hotels have lower levels of absenteeism, which is in tune with what Ng and Feldman (2008) stated in their report, along with many other researchers. Schneider’s (1982) stated that as people age they are more likely to be satisfied at work and have lower levels of absences with increased tenure. The results also support that younger employees who have children are more prone to be absent,
while people with other family responsibilities were not affected in terms of their absenteeism levels.

It was hypothesized that women would have higher levels of absenteeism than men, and the results partially support this hypothesis, based on statistical significance. The average of reported absence days is higher for women both in the past six months and in the past twelve months. The research shows a significant difference in employees reporting absences due to home and family responsibilities based on if they are aware of the health and/or attendance policy. There are much fewer employees who use sick days because of home and family responsibilities if they know about the policies which can be explained with a) knowledge of health policy and b) understanding of attendance policy consequences. That is, knowing that the organization offers flexible working hours and understanding that the organization is taking action to reduce absences, could explain this vast difference.

5.3. Absenteeism Causes

The literature review reveals that illnesses account for the largest part of short-term employee absences and acute illnesses is the main cause of long-term illnesses. It was therefore expected that the main reason for short-term absences of employees at Icelandair Hotels is due to illnesses, but it is thought-provoking that work-related stress comes in second for short-term absences and is the main cause of long-term absences at the organization. Long-term illnesses related to muscular/skeletal problems, back pain, asthma, etc. are positively related to absenteeism due to personal problems and poor workplace morale, but health problems like these can sometimes be the result of prolonged exposure to stressful situations, or vice versa.

Psychosocial factors at work are the interactions that can influence work performance, job satisfaction and health of employees. The literature reveals that absenteeism is highly associated with distorted psychosocial working environment. The study shows that, remarkably, none of the factors are related to absence frequencies. However, the psychosocial factors that employees of Icelandair Hotels are experiencing the most are working at a high pace and treating everyone equally even though they do not feel like it, but more than 90% say they do that often or always.

In terms of work-life balance, there is a vast difference between how employees perceive how work-demands affect their private lives versus how they experience their private lives affecting work-related duties. A total of 60-70% of employees do not
encounter any life-work imbalance at all while only 20-30% do not encounter work-life imbalance. An imbalance creates psychological stress, and for individuals with more family or life responsibilities there are evidence that work-life conflicts affect the organization as a whole (Netemeyer et al., 1996). Older employees have less family responsibilities and they have less problems with showing up to work on time or working overtime. This is supports previous studies on age and work-life balance, where it has been shown that older people report a better balance between their work and private lives (Richert-Każmierska & Stankiewicz, 2016).

Stress seems to be highly associated with job performance and absences are no exception. Netemeyer and colleagues (1996) state that failing to balance work and private lives can lead to significant health problems associated with stress. Most employees at Icelandair Hotels have experienced stress, irritability, tension and problems relaxing in the four weeks prior to the survey but only 13-17% have not experienced it at all. There is a positive relationship between being tense and stressed and frequency of absences. Almost 13% of employees who have been absent in the past twelve months due to illness report that work-related stress is the cause for their short-term absences and 7% report non-work related stress as a cause. There is also significant positive relationship between stress and lack of work-life balance and life-work balance. This is in tune with the literature, but individuals who fail to balance their work and private lives can encounter significant health problems associated with stress.

5.4. Limitations of the Research

As with any research, there are some limitations that must be acknowledged. The translations of the questionnaire scales were not conducted according to best practice, but the researcher is confident this factor did not have a great influence on the validity or reliability of the survey and did not inhibit the effective interpretation of the results. The response rate was low and there was a number of respondents who did not complete the whole questionnaire, which could be due to the length of the survey, but these factors are not considered to have impacted the results of the research in a drastic way. The length could also have influenced the answers of some of the participants who completed the survey but experienced fatigue in the process, especially in terms of not reading the questions thoroughly which most likely resulted in response bias at one point. The sampling method used resulted in a fairly low response rate in comparison with the sample size, but that was to be expected. The fact that many of the question
had a “neither nor” answering possibilities was, in retrospect, not the best idea. When the respondents were presented with a middle option a majority tended to choose that option which could be due to the fact that they did not have a clear opinion, so the middle option presented as the best option for them. If there would have been only four options they would have been forced to choose to take a side towards either end of the scale which would have given clearer results. Having negatively worded questions caused some problems, and they were encountered on at least one occasion. There is no significant relationship between individual items of the perceived fairness scale and absenteeism with the exception of one variable, that attendance policies are not sensitive to employees’ personal needs and obligations. This is against the assumptions that can be made from the literature review, but it is likely that the reason is the negative wording of the question. If a question is too complicated or the respondents lack sufficient attention to thoroughly read the questions and miss the word ‘not’, it can result in response bias (Sonderen, Sanderman, & Coyne, 2013). Finally, since the researcher does not have many years of experience of conducting researches the results and discussions in the paper can be lacking in depth and scope if compared to the works of experienced scholars.

5.5. Recommendations for Future Research

To counter against low response rate in research within the hospitality industry, it will be useful to convince more managers of the importance of achieving a higher response rate to increase validity and reliability of the studies in the sector. The measures used in this research capture only a small portion of the complex relationship of absenteeism in the workplace, its causes, and absence management practices. The findings of this research imply that the working environment in the hospitality industry is causing high stress levels and work-life imbalance. It is, therefore, encouraged to do further investigations on employees’ health and well-being and the effects on organizational performance.
6. Final Conclusion and Recommendations for Icelandair Hotels

Due to how little research has been done in Iceland on absence management practices with the focus on individual, organizational and environmental causes instead of only focussing on health-related issues or pure statistic, the findings of this research are an important contribution to the field of human resource management. The hotel and restaurant environment are very under-researched in Iceland as well, but the people who work in this industry are the ones maintaining the Icelandic economy due to the rapid increase in tourism over the past few years. It is a fact, though, that many of the employees in the hospitality industry are foreign workers and language barriers could be the main reason for some of the communication difficulties that organizations seem to encounter. Absenteeism and turnover are very high in this industry, which could be the reason why the policy implementations seem to have worked well at Icelandair Hotels. However, after taking a closer look, their effectiveness has not been significant. Therefore, it is important that managers, who seem to be well versed in the policies, ensure that every member of the organization is educated about all aspects of the organization, their rights according to law, collective agreements and what is expected of them by organizational policies. The results also imply that there is something in the working environment affecting employees’ ability to have sufficient time for their private lives. Icelandair Hotels must therefore do their best in facilitating for work-life balance of their employees, which could reduce stress, illnesses related to stress, and that way lower absence levels. There are also some strong arguments here supporting the ideology of shortening the working week or limiting weekly working hours to give employees more time to attend to their obligations outside work.
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Appendix A

Questionnaire for the Employees of Icelandair Hotels – English Version

Dear recipient,

My name is Þórunn Þórsdóttir and I am a master student in Human Resource Management and Organizational Psychology at Reykjavík University. I am currently working on my final project since I aim to graduate the spring of 2018. My supervisor is Dr Auður Arna Arnardóttir, Assistant Professor in the School of Business at Reykjavík University and Director of the MBA Program at the same university. She and representatives from Icelandair Hotels have approved the execution of the study.

The aim of my study is to analyse how absence management practices and other measures can affect workplace absences. Little research has been done on the topic here in Iceland, especially in a single company setting, and therefore, I would like to ask for your participation.

Data for the research will be compiled by reaching out to all current employees of Icelandair Hotels and asking them to participate in a short online survey. Completing the survey will take approximately 5-10 minutes. Data collected will not be traceable back to individuals. Anonymity procedures will be followed throughout the whole process and individual responses will only be kept with the researcher during the analysis process and then deleted. If any further information or instructions are needed, do not hesitate to contact me in tel.no. 699-5176 or by e-mail thoranna16@ru.is.

Your participation is greatly valued, but participation is strictly voluntary and you may withdraw your participation at any time, without providing any reason.

With kind regards,

Þórunn Hrönn Þórsdóttir

If the contents of the questionnaire or any of the questions answered raise further questions and/or concerns participants would like to discuss further, they should not hesitate to contact their manager at Icelandair Hotels, the HR department, or Heilsuvernd medical services (tel. 510-6500, hv@hv.is).
A. The following five questions are for demographic purposes only. Responses will not be traceable back to individuals.

1. What is your age?
   a. 29 years or younger
   b. 30-39 years
   c. 40-49 years
   d. 50-59 years
   e. 60 years or older

2. To which gender do you most identify?
   a. Male
   b. Female
   c. Other
   d. Prefer not to answer

3. Do you currently have child/children who you are responsible for and/or provide assistance to adult family members? Please check all that apply:
   a. I currently have one or more children aged 12 or younger whom I have responsibilities for
   b. I currently have one or more children aged 13-18 whom I have responsibilities for
   c. I currently assist a family member aged 18-66 who has a health problem or a disability
   d. I currently assist a family member aged 67 or older
   e. None of the above

4. What department do you work in? Note that responses will not be categorised by hotels to ensure untraceability of respondents.
   a. Departments appear in a drop down menu

5. Is your job a managerial position?
   a. No
   b. Yes, my team consists of 9 people or fewer
   c. Yes, my team consists of 10 people or more

B. The following questions regard health- and attendance policies, please answer each question to the best of your knowledge.

6. Do Icelandair Hotels currently have a health policy in place?
   a. Yes
   b. I don’t know
   c. No

7. Do Icelandair Hotels currently have an attendance policy in place?
   a. Yes
   b. I don’t know
   c. No
8. To what extent, if any, does attendance management affect your attendance at work? (Absence management: Managing attendance of employees at work to minimise loss due to productivity and employee absence)
   a. A very large extent
   b. A large extent
   c. Neither/nor
   d. A small extent
   e. A very small extent / Not at all

9. Have Icelandair Hotels done any arrangements to promote the well-being of their employees and their families? Please check all that apply:
   a. Healthy diet encouragement
   b. Provided employees with physical fitness grants
   c. Encouraged exercise during working hours
   d. Flexible working time
   e. Survey on employee health
   f. Offered first aid courses and safety training
   g. Support in cases of drink and/or substance misuse
   h. Offered a relaxation room for employees
   i. Offered the possibility to work from home
   j. Access to psychology services
   k. Offered mental practices, i.e. yoga and meditation
   l. Shared information on health and wellness issues
   m. Dedicated medical advice, support services and a company doctor
   n. None of the above

10. Is it your experience that Icelandair Hotels are taking action to reduce employee absences? (Actions can here refer to attendance conversations, support and in some cases disciplinary actions.)
    a. Yes
    b. I don’t know
    c. No

11. Do Icelandair Hotels have a policy in place for rehabilitation of employees to assist them in returning to work from long and/or frequent absences?
    a. Yes
    b. I don’t know
    c. No
C. The following questions regard whether you have been absent from scheduled work in the past months. Please read each question carefully and answer to the best of your knowledge.

12. How many days have you been absent from scheduled work in the past 6 months?
   a. Never
   b. 1-3 days
   c. 4-6 days
   d. 7-9 days
   e. More than 10 days

13. How many days have you been absent from scheduled work in the past 12 months?
   a. Never
   b. 1-7 days
   c. 8-14 days
   d. 15-29 days
   e. More than 30 days

14. What caused your absences from scheduled work in the last 12 months? Please check all that apply:
   a. I have not been absent from work in the last 12 months
   b. Illness
   c. Home and family responsibilities (maternity/paternity leave, etc.)
   d. Personal problems (e.g. drink/drug/relationship problems)
   e. Poor workplace morale
   f. Lack of commitment to the workplace
   g. Poor management / leadership issues
   h. Pulled a paid sick day for other purposes than being sick
   i. Was absent for other reasons and did not use a sick day

[In question 15, respondents who answer “Illness” in Q14 will have the choice to check one or two out of three boxes for each option: Short-term illness; Long-term illness; Does not apply. Others skip this question automatically.]
15. **Which of the following are the types of illnesses that caused short-term and/or long-term absences?** Please check only the boxes that apply in each row. If any of the types of illnesses are not applicable, please select „Does not apply“.

Note: Long-term illness is defined here as spanning more than 20 working days.

- a. I have not been absent from work in the last 12 months due to illness
- b. Minor illness (cold, flu, migraine, etc.)
- c. Recurring illness (muscular/skeletal, back pain, asthma, etc.)
- d. Work related stress
- e. Non-work related stress
- f. Serious long-term illness
- g. Acute illness (heart attack, emergency surgery, etc.)
- h. Work related injuries
- i. Non-work related injuries
- j. Other (please specify): __________

D. **Please check the relevant boxes, in accordance with how much you agree or disagree with the following statements.** Answer options: Strongly agree; Somewhat agree; Neither agree nor disagree; Somewhat disagree; Strongly disagree.

16.

- a. I am appreciated for good attendance at work.
- b. Employees who are frequently absent receive appropriate discipline.
- c. Attendance policies are fair and reasonable.
- d. Employees are provided with sufficient time off to attend to personal matters.
- e. Attendance policies are not sensitive to employee personal needs and obligations.
- f. Limitations regarding when employees can take time off are unfairly restrictive.

E. **The following five questions concern the work you perform in your current job position.**

17. Is your work load unevenly distributed so it piles up?

- a. Always
- b. Often
- c. Sometimes
- d. Seldom
- e. Never/hardly ever
18. Are you required to work at a high pace throughout the day?
   a. To a very large extent
   b. To a large extent
   c. Neither/nor
   d. To a small extent
   e. To a very small extent

19. Does your work require you to make difficult decisions?
   a. Always
   b. Often
   c. Sometimes
   d. Seldom
   e. Never/hardly ever

20. Is your work emotionally demanding?
   a. To a full extent
   b. To a large extent
   c. Neither/nor
   d. To a small extent
   e. Not at all

21. Do you treat everyone equally, even if you do not feel like it?
   a. Always
   b. Often
   c. Sometimes
   d. Seldom
   e. Never/hardly ever

F. The following four questions concern how you have been during the last 4 weeks. Answer options: All the time; A large part of the time; Part of the time; A small part of the time; Not at all

22. 
   a. How often have you had problems relaxing?
   b. How often have you been irritable?
   c. How often have you been tense?
   d. How often have you been stressed?

G. The following statements concern the relationship between your professional and personal life. Please answer based on how much you agree or disagree to the statements.

23. The demands of my work interfere with my home and family life.
   a. Strongly agree
   b. Somewhat agree
   c. Neither agree nor disagree
   d. Somewhat disagree
   e. Strongly disagree
24. The amount of time my job takes up makes it difficult to fulfil family responsibilities.
   a. Strongly agree
   b. Somewhat agree
   c. Neither agree nor disagree
   d. Somewhat disagree
   e. Strongly disagree

25. Things I want to do at home do not get done because of the demands my job puts on me.
   a. Strongly agree
   b. Somewhat agree
   c. Neither agree nor disagree
   d. Somewhat disagree
   e. Strongly disagree

26. My job produces strain that makes it difficult to fulfil family duties.
   a. Strongly agree
   b. Somewhat agree
   c. Neither agree nor disagree
   d. Somewhat disagree
   e. Strongly disagree

27. Due to work-related duties, I have to make changes to my plans for family activities.
   a. Strongly agree
   b. Somewhat agree
   c. Neither agree nor disagree
   d. Somewhat disagree
   e. Strongly disagree

28. The demands of my family or spouse/partner interfere with work-related activities.
   a. Strongly agree
   b. Somewhat agree
   c. Neither agree nor disagree
   d. Somewhat disagree
   e. Strongly disagree

29. I have to put off doing things at work because of demands on my time at home.
   a. Strongly agree
   b. Somewhat agree
   c. Neither agree nor disagree
   d. Somewhat disagree
   e. Strongly disagree
30. Things I want to do at work don’t get done because of the demands of my family or spouse/partner.
   a. Strongly agree
   b. Somewhat agree
   c. Neither agree nor disagree
   d. Somewhat disagree
   e. Strongly disagree

31. My home life interferes with my responsibilities at work such as getting to work on time and working overtime.
   a. Strongly agree
   b. Somewhat agree
   c. Neither agree nor disagree
   d. Somewhat disagree
   e. Strongly disagree

32. Family-related strain interferes with my ability to perform job-related duties.
   a. Strongly agree
   b. Somewhat agree
   c. Neither agree nor disagree
   d. Somewhat disagree
   e. Strongly disagree

This was the last question.
I would like to place emphasis on that information you have given will not be traceable back to individuals and strict protocols regarding confidentiality, safekeeping of data and finally deletion of data will be followed.

Thank you for participating in the survey.
Þóranna Hrönn Þórsdóttir
thoranna16@ru.is

If the contents of the questionnaire of any of the questions answered raise further questions and/or concerns participants would like to discuss further, they should not hesitate to contact their manager at Icelandair Hotels, the HR department, or Heilsuvernd medical services (tel. 510-6500, hv@hv.is).
Kæri viðtakandi,

Ég heiti Þóranna Hrönn Þórsdóttir og stunda meistaránám í mannaðssljórnun og vinnusálfræði við Háskólan í Reykjavík. Ég stefni á að útskrifast í vor, 2018, og vinn að því að klára lokaverkefnið mitt. Leiðbeinandi minn er Dr. Auður Arna Arnardóttir, lektor við viðskiptadeild Háskólans í Reykjavík og þorðiðumaður MBA náms við sama skóla. Bæði hún og forsvarsmenn Icelandair hótela hafa samþykkt framkvæmd þessa verkefns.

Verkefnið felst í því að greina hvernig fjárvistastjórnun og aðrar mælingar geta haft áhrif á fjárvistir á vinnustjórnustað. Efni sem þetta hefur lítið hefur verið rannsakað herlendis og þá síður innan eins fyrirtækis, og þess vegna óska ég eftir þátttöku þinni í verkefnum.


Þátttaka þín skiptir miklu máli fyrir rannsóknina en tekið skal fram að þér er frjálst að hætta þátttöku hvænær sem er, án frekari útskyringa.

Með kæri kveðju,
Þóranna Hrönn Þórsdóttir

Ef efni spurningalistans eða einstaka spurningar vekja upp frekari spurningar og/eða áhyggjur sem þátttakendur myndu vilja ræða frekar ættu starfsmenn ekki að hika við að hafa samband við sinn næsta yfirmann, starfsmannasviði eða Heilsuvernd (s. 510-6500, hv@hv.is).
A. Eftirfarandi fimm spurningar varða bakgrunn þinn og starf þitt. Svör eru ekki persónugreinanleg og ekki rekjanleg til einstaklinga.

1. Hvað eftir þú gamall/gömul?
   a. 29 ára eða yngri
   b. 30-39 ára
   c. 40-49 ára
   d. 50-59 ára
   e. 60 ára eða eldri

2. Hvaða kyn samsvarar þú þig mest við?
   a. Karl
   b. Konu
   c. Annað
   d. Kýs að svara ekki

3. Eftir þú foreldri eða forráðamaður barns/barna og/eða veitar fullorðnum fjölskyldumeðlimi/um aðstoð? Vinsamlega merktu í alla reiti sem eiga við:
   a. Ég er foreldri/forráðamaður eins barns eða fleiri, 12 ára eða yngri
   b. Ég er foreldri/forráðamaður eins barns eða fleiri, 13-18 ára
   c. Ég aðstoða fjölskyldumeðlim sem er 18-66 ára, sem er með heilsuvandamál eða fótlun
   d. Ég aðstoða fjölskyldumeðlim sem er 67 ára eða eldri
   e. Ekkert af ofantöldu

4. Í hvaða deild starfar þú? ATH. Störf verða ekki flokkuð frekar (t.d. niður á hótel) til að tryggja að svör verði ekki rekjanleg til einstaklinga.
   a. Valmöguleikarnir birtast í flettilista

5. Er starf þitt sjórnunarstaða?
   a. Nei
   b. Já, ég ber ábyrgð á allt að 9 starfsmönnum
   c. Já, ég ber ábyrgð á 10 starfsmönnum eða fleirum
B. Eftirfarandi sex spurningar snúa að heilsu- og viðverustefnum. Vinsamlega svaraðu spurningunum eftir bestu getu

6. Eru Icelandair hótel með virka heilsustefnu?
   a. Já
   b. Ég veit ekki
   c. Nei

7. Eru Icelandair hótel með virka viðverustefnu?
   a. Já
   b. Ég veit ekki
   c. Nei

8. Hversu mikið eða lítill áhrif hefur viðverustefna á mætungu þína til vinnu?
   (Viðverustefna hefur það að markmiði að samræma vinnuferLA vegna fjárvis og tryggja velferð og vellíðan starfsmanna.)
   a. Mjög mikið áhrif
   b. Frekar mikið áhrif
   c. Hvorki né
   d. Frekar lítil áhrif
   e. Mjög lítil áhrif / engin áhrif

9. Hafa Icelandair hótel gert einhverjar ráðstafanir til að stuðla að velferð starfsmanna sinna og fjölskyldna þeirra? Vinsamlega merkið við það sem við á:
   a. Hvratningu til neyslu holls matræðis
   b. Styrkt starfsmenn til iðkunar liksamræktar
   c. Hvatt til hreyfingar á vinnutíma
   d. Sveigjanlegan vinnutíma
   e. Könnun á heilsu starfsmanna
   f. Boðið upp á námskeið í skyndihjálp og öryggisþjálfun
   g. Boðið upp á slöknarherbergi fyrir starfsmenn
   h. Stuðning í tilfellum misnotkunar á afængi og vímuferlum
   i. Möguleikann að vinna að heiman
   j. Aðgang að sálfræðiljónustu
   k. Boðið upp á andlega iðkun s.s. jóga, hugleiðslu o.s.frv.
   l. Miðlað upplýsingum um heilsufarstengd málefni
   m. Möguleikann á sérstakri læknisfræðilegri aðstoð, stuðningsþjónustu og trúnaðarlækni
   n. Ekkert af ofantöldu

10. Er það þín upplifun að Icelandair hótel gripi til aðgerða til að hafa áhrif á fjárvistir? (Með aðgerðum getur hér átt á við viðverusamtöl, stuðning og í sumum tilfellum agaviðurlög)
   a. Já
   b. Ég veit ekki
   c. Nei
11. Eru Icelandair hótel með virka stefnu sem hefur það markmið að endurhæfa starfsfólki og aðstoða það við að snúa aftur til vinnu eftir langa/tiðar fjarvistir?
   a. Já
   b. Ég veit ekki
   c. Nei

C. Eftirfarandi spurningar snúa að því hvort þú hafir verið fjárverandi frá fyrirhugaðri vinnu síðastliðna mánuði. Vinsamlega lestu hverja spurningu vel og svaraðu eftir bestu getu.

12. Hversu marga daga hefur þú verið fjárverandi frá fyrirhugaðri vinnu á síðastliðna 6 mánuði?
   a. Aldrei
   b. 1-3 daga
   c. 4-6 daga
   d. 7-9 daga
   e. 10 daga eða meira

13. Hversu marga daga hefur þú verið fjárverandi frá fyrirhugaðri vinnu síðastliðna 12 mánuði?
   a. Aldrei
   b. 1-7 daga
   c. 8-14 daga
   d. 15-29 daga
   e. 30 daga eða meira

14. Hverjar voru ástæður fjarvista þínna síðastliðna 12 mánuði? Vinsamlega merktu við allt sem við á:
   a. Ég hef ekki verið frá vinnu á síðustu 12 mánuðum
   b. Veikindi
   c. Ábyrgð á heimili og fjölskyldu (veikindi barna / fjölskyldumeðlima, o.þ.h.)
   d. Persónuleg vandamál (t.d. áfengis-/vímuefna-/sambandsvandamál)
   e. Lélegur starfsandi
   f. Skortur á hollustu/tryggð við vinnustaðinn
   g. Óánægja með stjórnun / Ægreiningur við yfirmann
   h. Notaði veikindadag í öðrum tilgangi en að vera veik/ur
   i. Mætti ekki í vinnu af öðrum ástæðum og notaði ekki veikindadag

[In question 15, respondents who choose „Veikindi“ in Q14 will have the choice to check one or two out of three boxes for each option: Short-term illness; Long-term illness; Does not apply. Others will automatically skip this question.]
   a. Minnihátta veikindi (kvef, flensa, migreni, o.þ.h.)
   b. Endurtekin veikindi (vöðva/-beinver, bakverk, astmi, o.þ.h.)
   c. Streita (vinnutengd)
   d. Streita (ekki vinnutengd)
   e. Alvarleg langvarandi veikindi
   f. Bráð veikindi (hjartafall, bráðaaðgerð, o.þ.h.)
   g. Slys á vinnutíma
   h. Slys utan vinnutíma
   i. Annað (vinsamlega tilgreinið): __________

D. Vinsamlega merktu í viðeigandi reit eftir því hversu sammála eða ósammála þú eftir eftirfarandi fullyrðingum. Valmöguleikar: Mjög ósammála, Nokkuð ósammála, Hvorki ósammála né sammála, Nokkuð sammála, Mjög sammála.
   a. Ég hlýt jákvæða viðurkenningu fyrir góða mætingu í vinnunni.
   b. Afleiðingar þess þegar starfsfólki er oft fjárverandi eru viðunandi.
   c. Viðverustefnur eru sanngjarnar og réttlætanlegar.
   d. Starfsfólki er veitt nægilegt frí til að sinna einkamálum sinum.
   e. Viðverustefnur taka ekki mið af persónulegum þörfum og skyldum starfsfólks.
   f. Takmarkanir á því hvenær starfsfólk getur tekið frí eru takmarkandi á ósanngjarnan hátt.

E. Eftirfarandi fimm spurningar snúa að þeirri vinnu sem þú framkvæmir í þínú núverandi starf.
   17. Hrannast upp verkefni hjá þér vegna ójafnrar verkefnadreifingar?
      a. Alltaf
      b. Óft
      c. Stundum
      d. Sjaldan
      e. Aldrei/næstum aldrei

18. Eru gerðar kröfur um að þú sinnir þínu daglega starf á miklum hraða??
   a. Að mjög miklu leyti
   b. Að miklu leyti
   c. Hvorki né
   d. Að litlu leyti
   e. Að mjög litlu leyti
19. Krefst starf þitt þess að þú takir erfiðar ákvarðanir?
   a. Alltaf
   b. Oft
   c. Stundum
   d. Sjaldan
   e. Aldrei/næstum aldrei

20. Er starf þitt tilfinningalega krefjandi?
   a. Að mjög miklu leyti
   b. Að miklu leyti
   c. Hvorki né
   d. Að litlu leyti
   e. Að mjög litlu leyti

21. Kemur þú jafnt fram við alla, jafnvel þó þig langi ekki til þess?
   a. Alltaf
   b. Oft
   c. Stundum
   d. Sjaldan
   e. Aldrei/næstum aldrei

F. Eftirfarandi spurningar snúa að lóðan þínni síðastliðnar 4 vikur.
   Svarmöguleikar: Alltaf, Mestallt tímaðilið, Hluta af tímaðilinnu, Litinn hluta tímaðilsins, Ekkert.

22. a. Hversu oft hefur þú átt erfitt með að slaka á?
    b. Hversu oft hefur þú verið skapstýgg/ur?
    c. Hversu oft hefur þú verið taugatrekkt/ur?
    d. Hversu oft hefur þú verið stressuð/stressaður?

G. Vinsamlega merktu við hversu sammála eða ósammála þú ert eftirfarandi fullyrðingum sem snúa að sambandi þínu milli vinnu og einkalífs.

23. Kröfur starfs míns trufla heimilis- og fjölskyldulíf mitt.
   a. Mjög sammála
   b. Nokkuð sammála
   c. Hvorki sammála né ósammála
   d. Nokkuð ósammála
   e. Mjög ósammála

   a. Mjög sammála
   b. Nokkuð sammála
   c. Hvorki sammála né ósammála
   d. Nokkuð ósammála
   e. Mjög ósammála
25. Ýmislegt sem mig langar að gera heima fyrir verður ekki að verki vegna vinnuálags.
   a. Mjög sammála
   b. Nokkuð sammála
   c. Hvorki sammála né ósammála
   d. Nokkuð ósammála
   e. Mjög ósammála

26. Ég á erfitt með að sinna fjölskyldunni sem skyldi vegna vinnuálags.
   a. Mjög sammála
   b. Nokkuð sammála
   c. Hvorki sammála né ósammála
   d. Nokkuð ósammála
   e. Mjög ósammála

27. Vinnutengdar skyldur leiða til þess að ég þarf að breyta fjölskylduplönum.
   a. Mjög sammála
   b. Nokkuð sammála
   c. Hvorki sammála né ósammála
   d. Nokkuð ósammála
   e. Mjög ósammála

   a. Mjög sammála
   b. Nokkuð sammála
   c. Hvorki sammála né ósammála
   d. Nokkuð ósammála
   e. Mjög ósammála

29. Êg þarf að slá vinnunállum á frest vegna krafna á tíma minn heima fyrir.
   a. Mjög sammála
   b. Nokkuð sammála
   c. Hvorki sammála né ósammála
   d. Nokkuð ósammála
   e. Mjög ósammála

30. Mál sem mig langar að ganga í í vinnunni komast ekki í verk vegna þeirra krafna sem fjölskylda mín eða maki setur á mig.
   a. Mjög sammála
   b. Nokkuð sammála
   c. Hvorki sammála né ósammála
   d. Nokkuð ósammála
   e. Mjög ósammála
31. Heimilislíf mitt truflar skyldur minar í vinnunni, svo sem að maeta til vinnu á réttum tíma og að vinna yfirvinnu.
   a. Mjög sammála
   b. Nokkuð sammála
   c. Hvorki sammála né ósammála
   d. Nokkuð ósammála
   e. Mjög ósammála

32. Álag tengt fjölskyldunni truflar hæfileika minn til að uppfylla vinnutengdar skyldur.
   a. Mjög sammála
   b. Nokkuð sammála
   c. Hvorki sammála né ósammála
   d. Nokkuð ósammála
   e. Mjög ósammála

Þetta var síðasta spurningin.
Ég vil ítreka að engar af þeim upplýsingum sem þú hefur gefið eru rekjanlegar til einstaklinga og farið verður eftir ströngum reglum um trúnað, varðveislú og að lokum eyðingu gagna.

Kærar þakkir fyrir að taka þátt í könnunninni.
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Ef efni spurningalistans eða einstaka spurningar vekja upp frekari spurningar og/eða áhyggjur sem þátttakendur myndu vilja ræða frekar ættu starfsmenn ekki að hika við að hafa samband við sinn næsta yfirmann, starfsmannasvið eða Heilsuvernd (s. 510-6500, hv@hv.is).