

# Absenteeism at The Ottawa Hospital: An Implementation Research Approach

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CIR Launch



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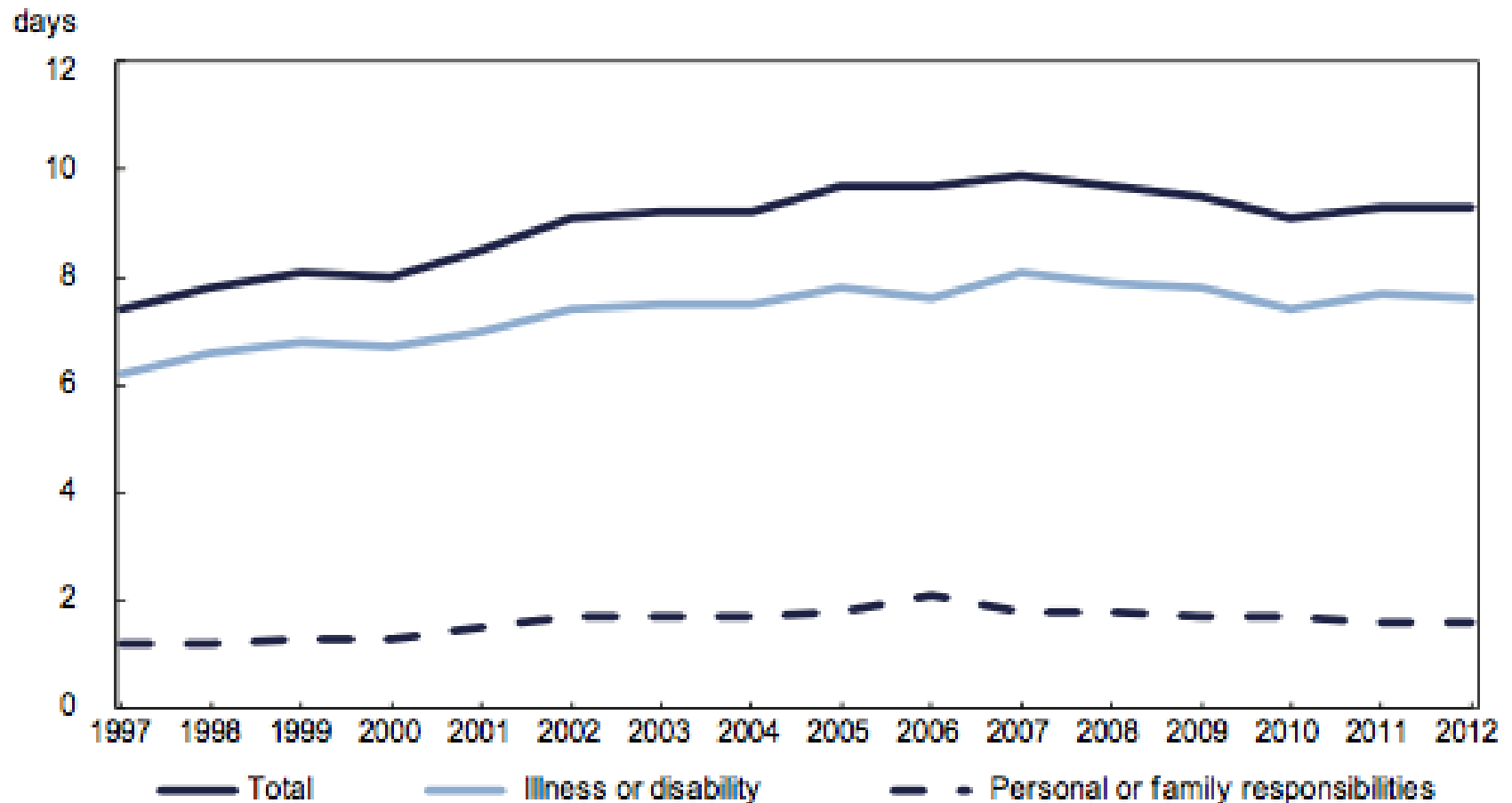


## Team members – IQ@TOH initiative

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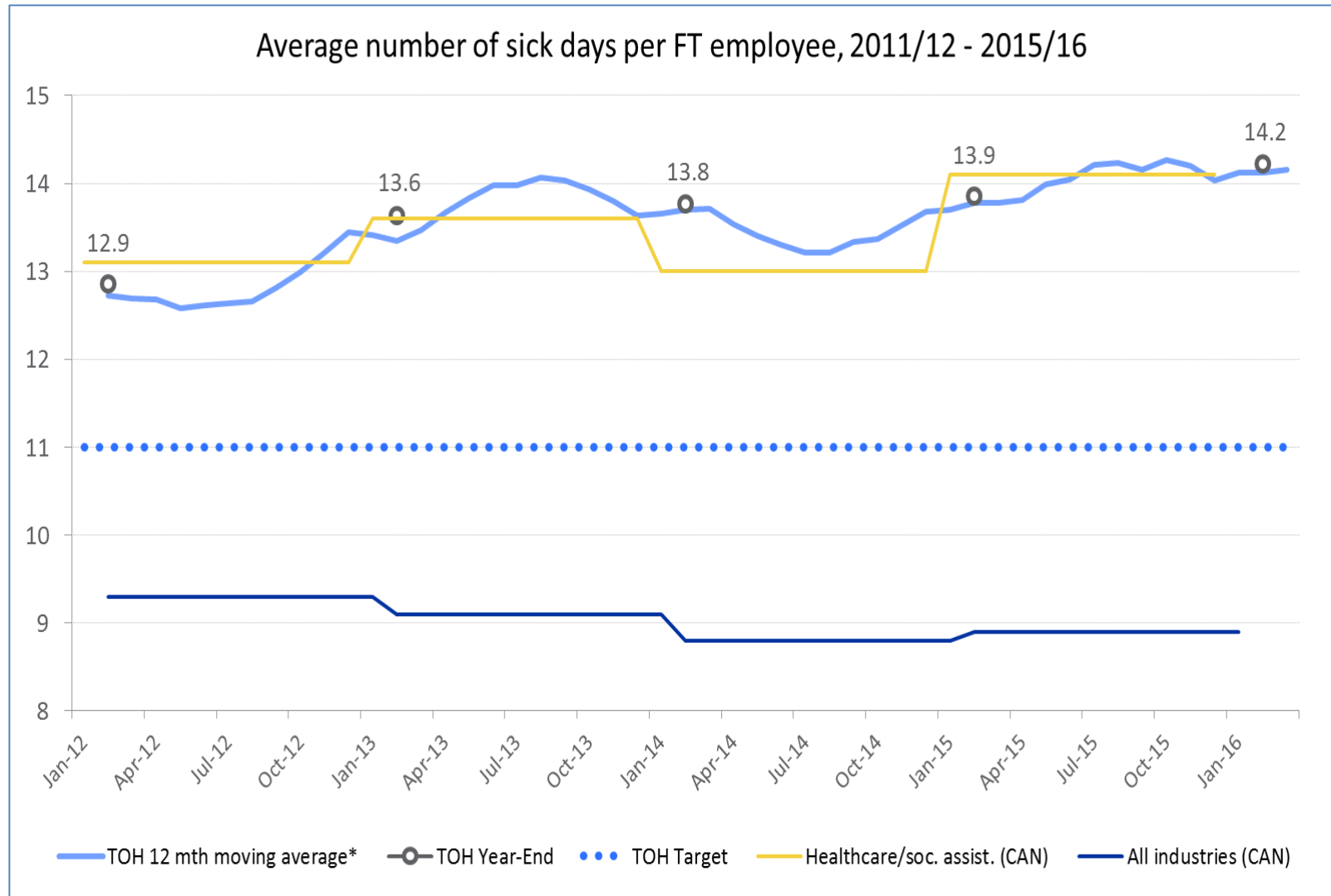
- Renée Légaré (Exec. VP, Chief HR Officer)
- Julie Lavergne (Manager, Occ Health & Safety)
- Thomas Hayes (Director, Occ Health & Safety)
- Alan Forster (VP, Quality, Performance & Population Health)
- Deanna Rothwell (Manager, Performance Measurement)
- Jamie Brehaut (Senior Scientist, OHRI)
- Justin Presseau (Scientist, OHRI)
- Kednapa Thavorn (Scientist/Health Economist, OHRI)
- Sasha Van Katwyk (Health Economist, OHRI)
- Kelly Carroll (Research Coordinator, OHRI)

# Days lost per worker per year remained relatively stable over several years



**Note:** Illness or disability, and personal or family responsibilities might not add up to total due to rounding.

# Health sector tends to have high absenteeism



# Addressing high absenteeism: administrative perspective

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**Absenteeism costs TOH about \$28 Million per year**

**Levers to reduce absenteeism might include:**

- Absenteeism management program
- Education of employees, managers on rates of absenteeism, costs of absenteeism, etc.
- Telephoning absent employees
- Requiring more doctor notes
- Improve wellness resources?

# **An implementation research approach to the absenteeism problem**

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Systematic, evidence-based, theory-informed, behavioural

1. What has been successful/unsuccessful elsewhere?
2. Who needs to behave differently?
3. What are the barriers to/drivers of these changes in behaviour?
4. What interventions will specifically target those barriers/drivers?



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# **1. WHAT HAS BEEN SUCCESSFUL/ UNSUCCESSFUL ELSEWHERE?**

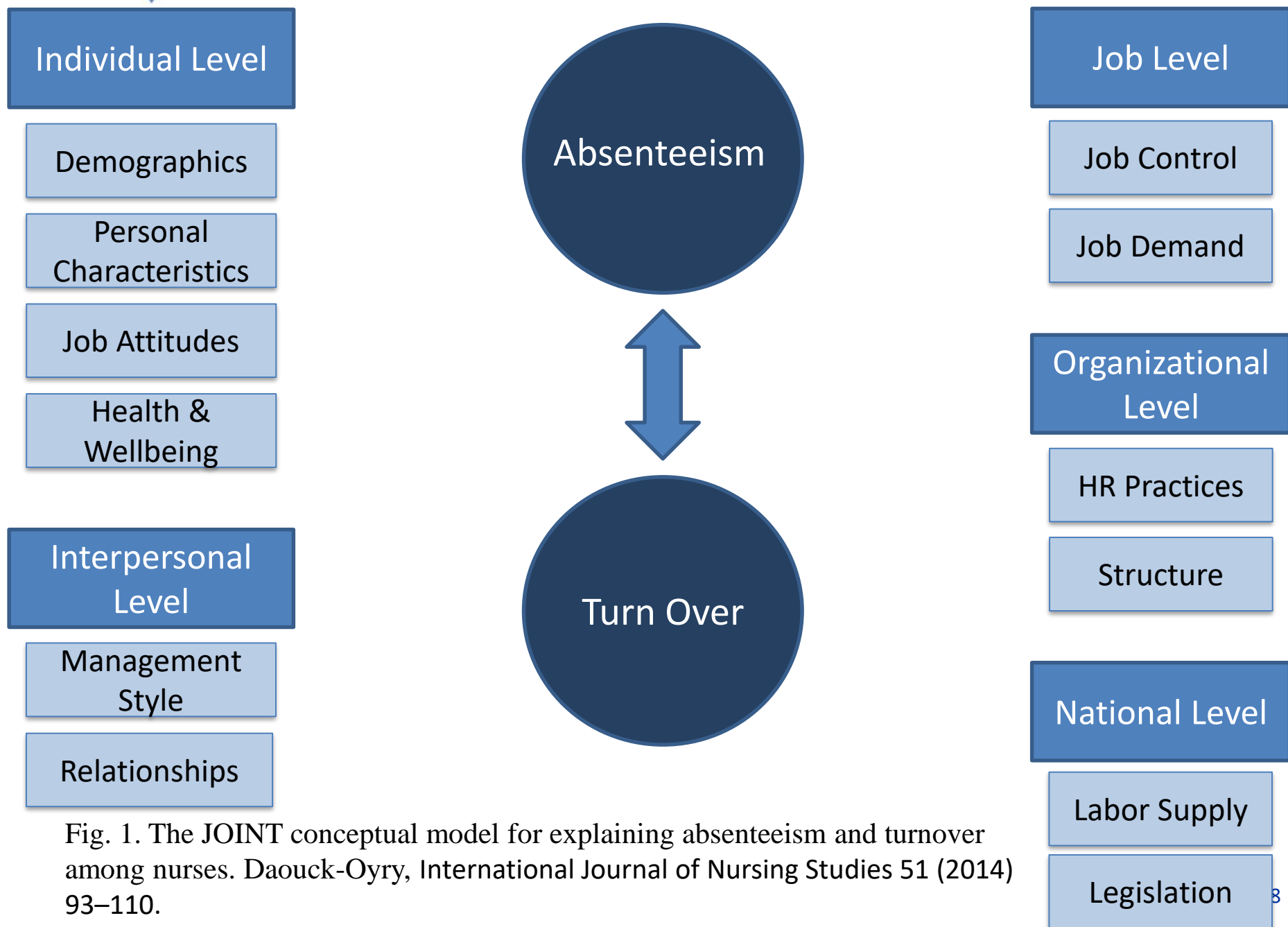


Fig. 1. The JOINT conceptual model for explaining absenteeism and turnover among nurses. Daouck-Oyry, International Journal of Nursing Studies 51 (2014) 93–110.



## Literature review shows...

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- A complex issue
- Successful interventions rarely target absenteeism alone
- Successful interventions tend to be substantial rather than minimal (e.g. re-working of programs rather than one-off education)
- Successful interventions have tended to be targeted at specific groups/conditions (e.g. low back pain, depression) rather than cross-the-board
- Some interventions actually make things WORSE



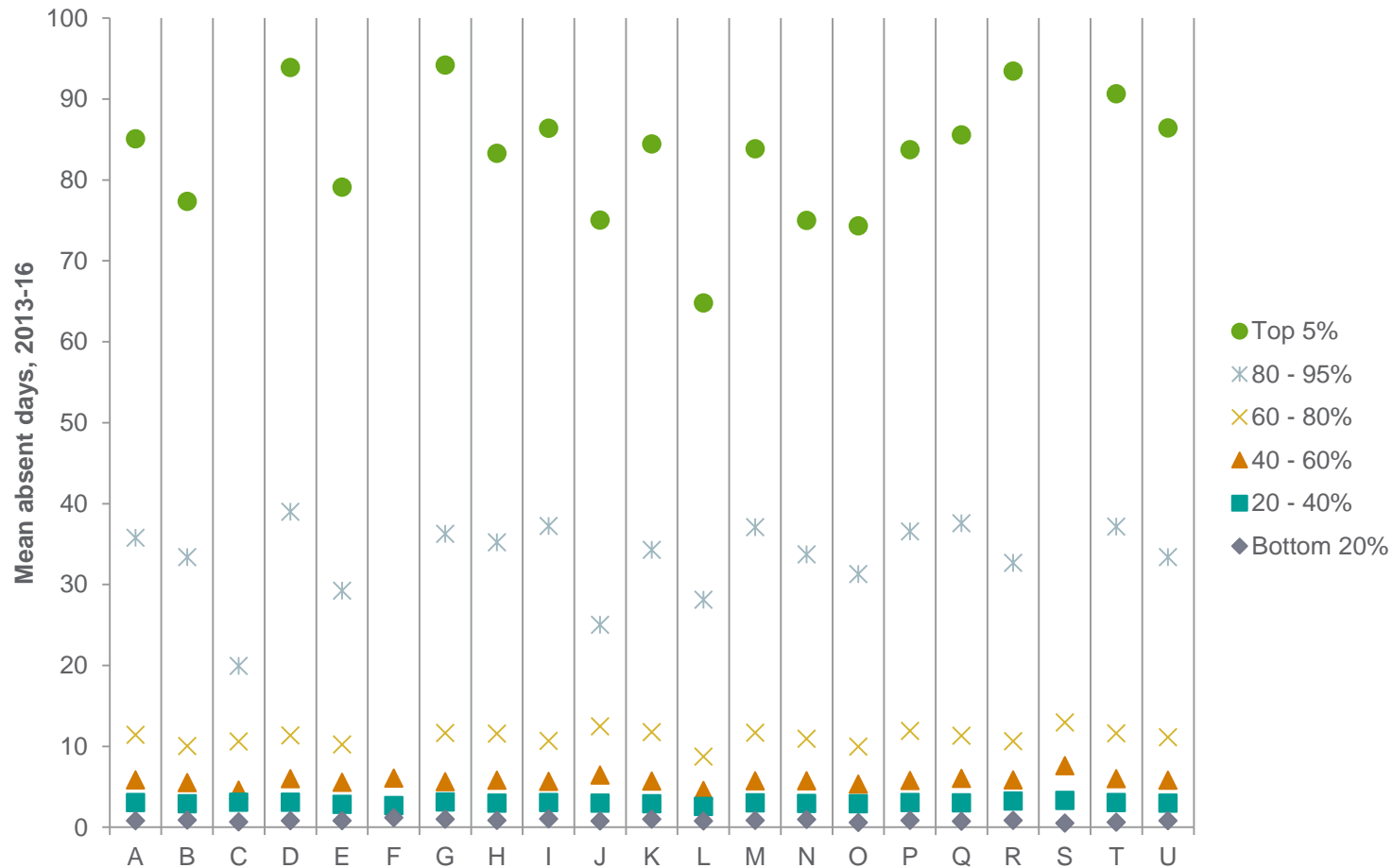
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## **2. WHO NEEDS TO CHANGE?**

# Certain departments account for a lot of the absence

<i>Department</i>	# Employees	Mean Sick Days	Sick Frequency	Persistent High Users	Single Day Absents	Absent to LOA	Absent to Absent	Triggering Incident
A	932	12.72	5.64	3.6%	3.12	0.03	2.34	0.03
B	428	9.12	4.18	0.9%	2.25	0.04	1.55	0.02
C	4	4.18	3.25	0.0%	2.13	0.00	0.63	0.00
D	211	9.35	4.38	2.8%	2.42	0.02	1.43	0.03
E	128	9.48	5.25	1.6%	2.94	0.01	2.11	0.06
F	6	2.6	2.5	0.0%	1.92	0.00	0.29	0.00
G	62	9.55	4.38	1.6%	2.72	0.02	1.28	0.03
H	78	6.77	2.48	1.3%	2.06	0.03	0.83	0.01
I	252	5.13	2.46	0.4%	2.13	0.01	0.59	0.00
J	36	2.79	0.56	0.0%	0.83	0.00	0.30	0.00
K	304	5.46	1.61	0.3%	1.23	0.02	0.44	0.01
L	3467	10	2.25	1.7%	1.27	0.06	0.31	0.03
M	60	12.99	5.09	1.7%	2.73	0.06	1.77	0.12
N	266	7.72	2.7	1.5%	1.81	0.03	0.77	0.02
O	201	13.01	3.92	4.0%	2.07	0.04	1.01	0.07
P	181	7.9	3.21	2.8%	1.93	0.03	0.79	0.01
Q	65	11.07	4.01	3.1%	2.41	0.04	1.13	0.06
R	113	7.39	4.04	1.8%	2.2	0.03	1.06	0.04
S	2	5.13	5.5	0.0%	3.5	0.00	0.88	0.00
T	549	18.7	5.43	9.3%	2.64	0.03	2.01	0.13
U	209	10.82	4.34	3.4%	2.45	0.04	1.47	0.03

# 5% of employees account for almost half of total absence



## Who needs to change?

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- High Use employees need to reduce use
- Managers need to engage High Use employees
- Organization needs to better support managers (Occupational Health, accommodation strategies, training on mental health issues)
- Upper management to better understand what is already being done



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### **3. WHAT ARE THE BARRIERS TO/DRIVERS OF CHANGE?**

# Manager Interviews

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Interviewed 16 managers from 'hot spot' departments at TOH, because managers are the front line of absenteeism management, and have the most detailed knowledge about it.

## Aims:

- Clarify **how** TOH managers currently promote wellness and manage absenteeism in their staff.
- Understand **challenges, barriers** and **drivers** to them improving absenteeism in their staff from their perspective.
- Inform future **interventions** for supporting managers to improve wellness and manage absenteeism in their staff.

# Interviews with managers – Interview Guide

## **Role and experience:**

“First, tell me a bit more about your role on your unit”

“How would you describe overall wellness among employees on your unit?”

**What are reasons?** “Think about anyone you manage that has been frequently or repeatedly absent in the last 12 months. What are some of the reasons given for absenteeism that your employees are providing? Do you think these are “real reasons”?”

**Overall barriers:** What sorts of issues/problems have you encountered in the last 12 months regarding employee wellness/absenteeism?

*[Follow up: How did you approach dealing with your employee regarding their wellness/absenteeism (what strategies did you use)? Are there any strategies that you found to be particularly effective?]*



# Interviews with Managers – Interview Guide

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## Nature of Behaviour:

- **How much of your time**, in a given month, do you spend dealing with wellness/absenteeism issues?
- Can you give me a few **examples of particular issues** that have come up recently that triggered your need to manage wellness/absenteeism?
- **How do you record** absenteeism? **Whose job is it to keep track** of this on your unit? What “counts” in terms of being absent? What doesn’t count?

## Knowledge:

- Are you aware of how often each of your employees has been absent?
- Are you aware of the absenteeism rates at TOH in general?
- What steps do you think are best taken to improve absenteeism rates?

## Skills:

- Have you ever received any formal training in how to manage absenteeism? *(if yes: what did that consist of? If no: do you think you might benefit from any if it were offered?)*

## Beliefs about Capabilities:

- How confident do you feel that you can improve current rates of absenteeism on your unit? What might reduce/improve your confidence?

# Interviews with Managers – Interview Guide

## Beliefs about Consequences:

- What might be some positive/negative outcomes of you improving absenteeism on your unit? Do the positives outweigh the negatives?

## Motivation and Goals:

- How **motivated** are you to improve absenteeism on your unit?
- How much of a **priority** is this compared to everything else you do? What is a **bigger priority**?

## Memory, Attention, Decision Processes

- Might you ever decide NOT to try to tackle someone's absenteeism? Why?
- Are there any aspect of absenteeism management that you sometimes forget/might benefit from reminders?

## Emotion:

- When you think about improving absenteeism on your unit, what sort of emotions come to mind?

# Interviews with Managers – Interview Guide

## **Environmental Context and Resources:**

- Do you have the resources (physical space, finances, time) to improve absenteeism? What else would you need?

## **Social/Professional Role and Identity:**

- To what extent do you see improving absenteeism as part of your current professional role?

## **Social Influences:**

- Who do you think thinks that you should improve absenteeism (peers, managers, other professional groups, patients, relatives). How inclined are you to follow-through with what they think you should do?
- Do you have other colleagues (in your unit or elsewhere) that are focused on improving absenteeism?
- How committed do you think TOH is to improving wellness/absenteeism?
- How committed do you think TOH is to supporting you in improving absenteeism?

## **Behavioural Regulation:**

- What steps have you or others put in place improve absenteeism on your unit?
- Are there any new procedures or strategies that might help to implement?
- Have you observed any procedures that have worked better elsewhere that you might want to implement?

# **What are the important barriers/drivers?**

## **These are NOT important**

- Knowledge, Memory and Decision Making, Motivation, Beliefs about Consequences

## **These ARE important**

- Skills: esp. dealing with mental health issues
- Social influences: perceived fairness of organization
- Environmental Resources: managers need support



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## **5. DESIGN AN INTERVENTION THAT TARGETS THE IMPORTANT BARRIERS/DRIVERS**

# Currently planning an intervention

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## Target the 5%, not the 95%

- 5% of employees account for nearly half of absences

## Develop a multi-pronged intervention that targets the right areas

1. Standardize the process of recording absenteeism (enable **accurate assessment** of intervention)
2. Standardize absenteeism management rules across the organization (**social influences**)
3. Develop optional training modules for dealing with mental health issues (**skills**)
4. Develop more Capacity within Occupational Health and other supports (**environmental resources**)
5. Develop a manager buddy system to enable mentoring (**environmental resources**)

# THANK YOU!

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