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Introduction

The healthcare industry is one of the critical sectors in any country which is expected to function optimally at all times. This translates to the ability of healthcare organisations to keep offering quality, safe, and timely services to the service users. One way of attaining this is by having enough staff at hand to handle the patient backlog. However, this is not always the case, as absenteeism impairs some healthcare institutions' ability to operate desirably. This is the case for many medium-sized district general hospitals in the UK, among them Mid Cheshire Hospitals NHS Foundation Trust (MCHT). Accordingly, absenteeism can be caused by various reasons, with staff sickness leading the way. During the Covid-19 pandemic, for instance, NHS England experienced a rise of up to 38% in staff absences caused by Covid-19 (Campbell, 2021). As a result, various trusts had to operate with a limited workforce, which had an overall impact on service provision across the UK. In this report, however, the focus is on MCHT to understand the nature of this problem; deduce

external factors leading to the issue; explore the cause-and-effect of the complexity and Analyse plausible solutions to the matter.

Nature and Impact of Absenteeism on MCHT and Employees

At MCHT, the Trust is a victim of a problem that ravages almost all medium-sized district general hospitals. This issue comprises healthcare professionals at the hospital not coming to work regularly. The hospital is already suffering the effects of this issue based on £1 million lost every year and the low quality of services currently offered. Continued losses will likely see the hospital run into financial problems and subsequently cease offering services. Currently, MCHT relies heavily on temporary and agency staff, which also means spending more to mitigate the issue. Consequently, Bajorek and Guest (2019) argued that relying on temporary staff means having issues with integrating into the workspace to work alongside permanent staff. Therefore, MCHT is not just spending more but also taking risks by hiring temporary staff because they will have to form a rapport and buy into the organisational culture to offer quality services.

Moreover, absenteeism at MCHT is evidently causing staff shortages at the Trust. This would indicate increasing pressure and stress on existing professionals that are likely to make them stay at home as well or quit their jobs (Bajorek and Guest, 2019). Limited staff members cannot attend to all the patients on time or get time off work. This explains the dwindling quality of care services experienced at the Trust. Belita et al. (2013) stipulated that absenteeism can be classified into two; voluntary and involuntary. The former happens when the employee decides not to report to work, while the latter is caused by reasons beyond the employer's control, e.g., sickness. However, differentiating the two can prove hectic for employers. For instance, at MCHT, employees may not be reporting to work because they are overwhelmed by the backlog, but the reason on file is sickness.

PESTLE Analysis of MCHT

Political Factors

One of the critical political issues that the UK has had to deal with over the recent past is Brexit. When Britain left the European Union, this had adverse effects on the staffing of public institutions like the NHS (Bush, 2019). Now, it is not easy for the NHS to hire immigrant professionals from other European countries because of various barriers. According to Read and Fenge (2018), many stakeholders in healthcare expressed their fears about what Brexit restrictions will cause on employment and the financial viability of health and care entities in the UK. MCHT is among those experiencing staff shortages due to

absenteeism but unable to make immediate replacements because of scarcity across the labour market.

Economic Factors

These cover the state of financial resources available at the Trust's disposal to hire or pay employees better. According to Bush (2019), the NHS has been in economic turmoil for more than a decade now. This has affected efforts to provide competitive salaries that would attract or help organisations like MCHT keep their employees and motivate them to work better. Further, austerity measures implemented by the government to cut down on public spending on healthcare saw the NHS experience budget allocation cuts.

Sociocultural Factors

The Chartered Institute of Personnel Development (CIPD) (2021) defined socio-cultural factors as the changes in lifestyle choices, career attitudes, and cultural expectations. In healthcare, these are relevant when analysing the job description of healthcare professionals and their impact on the lifestyle and attitude of the staff. MCHT's absenteeism problem could be due to workers wanting to get a rest from work to avoid burnout.

Technological Factors

Technological factors affect the quality of service through improved healthcare equipment, efficient information systems, and better education through quick access to information for NHS employees (Bush, 2019). Hospitals that have effectively adopted technology make employees' work simpler to influence their commitment and willingness to work. Healthcare innovations further comprise health safety measures to enable employees to avoid physician-acquired illnesses that could make them miss work.

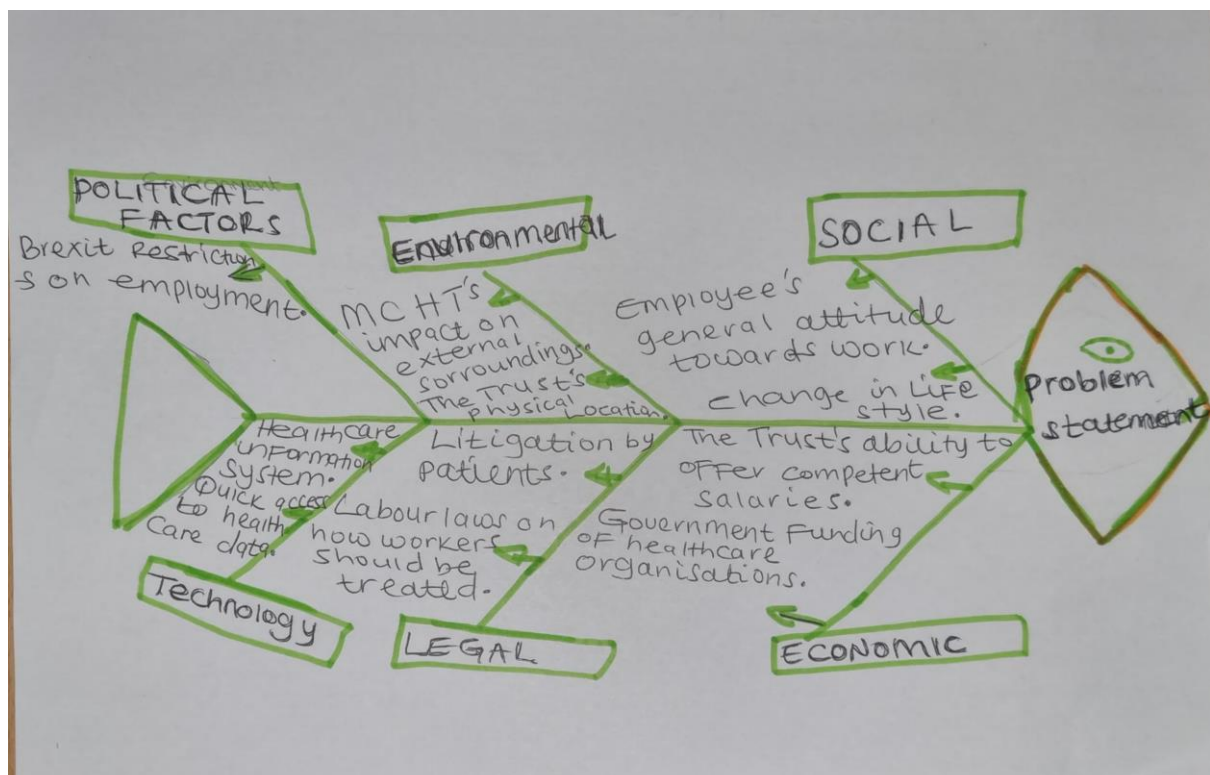
Legal Factors

These comprises of the law frameworks that guide care provision and employment regulations on what employees are entitled to (CIPD, 2021). For instance, employers have to allow their staff members to take a day off when feeling unwell. Legal aspects further include litigations from patients or their relatives against MCHT when not satisfied with the quality of service offered (Bush, 2019). Such issues could impact employees to stay at home because the work environment is not supportive enough to actualise quality care as needed by service users.

Environmental Factors

According to CIPD (2021), environmental factors could be in terms of the firm's corporate social responsibility (CSR), its ethical principles when operating, and the general impact on external surroundings. In this case, the connection to MCHT's employee absenteeism includes environmental factors causing illness to staff members to force them not to report to work. Similarly, these factors could be causing sickness to more people leading to an upsurge in cases at the hospital.

Fishbone Analysis of MCHT



Cause-and-Effect Analysis of the Issue

The leading causes of absenteeism in healthcare comprises of personal factors; sickness is on top of them. Statistics from 2016 and 2017 revealed that there was an annual absence rate of up to 4.2% among all NHS personnel, 4.5% among the nurses, and 5.5% among ambulance staff due to illness (Moberly, 2018). However, some organisations like MCHT are worst hit with absenteeism cases than others. As Belita et al. (2013) identified, the individual health status of healthcare professionals determines the frequency and length of stay away from work. Physicians with long-term health problems are likely to stay out of work for long and frequently. Other individual reasons include marital status, where married staff members are likely to often stay out of work because they are handling family issues (Borda and Norman, 1997).

Workplace factors can also cause employee absenteeism. These include the location of the facility, whether urban or rural (Belita et al., 2013). Being a medium-sized district general hospital, MCHT's location away from critical infrastructure and other amenities could be causing absenteeism. Another workplace factor leading to absenteeism is workload. Here, employees stay out of work to avoid heavy workloads or recover from illnesses caused as a result. Based on the King's Fund (2019) report, mental health (stress, depression, anxiety), musculoskeletal, and gastrointestinal issues are the leading causes of absenteeism among UK healthcare workers. These problems mostly arise from the workloads or the general work environment.

The critical adverse impact of absenteeism in healthcare is that it creates workforce shortages, leading to a host of other problems. For instance, Mbombi et al. (2018) argued that absenteeism creates an unhealthy working environment for nurses on duty. As such, they are bound to make mistakes at work that severely affect their professional credibility. Further, patients receiving care from MCHT are subjected to low-quality services, meaning their healthcare needs cannot adequately be addressed with limited staff members present (Mbombi et al., 2018). The organisation's reputation is at stake here in the long run, as

negative publicity will hinder patient perception about the hospital. This issue may also arise from the team members' lack of confidence or morale, which affects their ability to offer holistic care.

Evaluation of Solutions to Absenteeism

Curbing the absenteeism problem in the healthcare industry has crucial benefits to the government and healthcare institutions, including reducing the cost of care. Therefore, one way of mitigating the issue is by developing disciplinary proceedings for excessive absenteeism at the workplace (Kocakulah et al., 2016). These are workplace policies where employees have to account for their absence at work, including clear measures on actions to be taken, e.g., pay cuts if members keep being absent from work. Another proposal is for the hospital to formulate employees' assistant programmes that focus on issues beyond work affecting employees (Quinley, 2003). This is bound to enhance productivity and their commitment to work because they value their employer's concern for their welfare. Attaining this could be through counselling sessions to allow employees to cope with the mental problems or drug abuse issues.

More importantly, MCHT can solve the problem by creating a positive organisational culture. This type of culture accommodates healthcare workers' differences, needs, ideologies, and grievances. According to Trauman (2003), a positive culture promotes job satisfaction among employees, which reduces absenteeism. Achieving this can be through anonymous surveys within the workforce to allow employees to communicate their feelings about the workplace and what could be done to effect desirable change. Alternatively, the healthcare organisation adopts flexible scheduling of tasks to have a better balance of their work and life (Brown, 2003). Besides, MCHT should provide incentives and competitive salaries to its staff to make them more committed to their duties.

According to Neuborne (2003), companies use this approach to ensure the smooth and efficient running of their operations. Though, in the UK healthcare industry, actualising this has been an issue due to the limited financial resources the NHS is operating on. MCHT's absenteeism problem could partly be because employees have yet to see the value of their input at work, considering how much they are paid.

PMI Analysis of MCHT's scenario

Plus	Minus	Interesting
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- MCHT is a renowned healthcare provider. - Absenteeism could be rectified with the right measures in place. - Employing more people can mitigate the issue. - Funding the hospital could prove useful in improving workplace conditions. - The problem is prevalent in all district hospitals. - The hospital has not ceased operations despite undergoing massive financial losses.	- Absenteeism causes staff shortages. - The problem leads to low quality of service at MCHT. - Absenteeism of some employees creates a workload for others. - It also makes other workers want to stay at home.	- Having disciplinary measures in place can help reduce absenteeism. - Employees assistant programmes are also vital. - Absenteeism can end by promoting a positive workplace culture. - The organisation should consider having flexible work schedules for staff members. - Provision of incentives can motivate workers to report to work.
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Recommended Solution: Creating a Positive Workplace Environment

Plan

Based on the PMI analysis above, the author believed the right solution for MCHT is to promote a positive workplace environment. The plan to instil the right culture into the employees begins by having a seat-down with all of them. This meeting aims to communicate the next steps the organisation will be taking to minimise absenteeism, cut costs, and enhance the quality of care provided. Next, all employees will be allowed to speak outrightly about their workplace grievances and what they need to be done to solve their issues. These suggestions will then be assessed to identify the most appearing complaints

and solve them promptly. Next, departmental leaders will be required to stay close to their workers to understand their needs in out of work and support them where necessary. Lastly, Kocakulah et al. (2016) suggested that wellness programs can help promote morale among healthcare employees.

Success Measures

To test the effectiveness of the plan, the first indicator would be a drop in the frequency of absenteeism cases at MCHT. If the trend continues as before, the plan would have failed. Also, the length of stay out of work among employees who are absent should reduce to only a few days off. In addition, the plan would be effective if employees become more committed and willing to work at MCHT on a daily basis. More broadly, the organisation should see a decline in the losses accrued due to employee absenteeism. This translates to minimal to no use for temporary and agency employees at the hospital. Even better, the general quality of service needs to go up based on consumer feedback.

Conclusion

Absenteeism is undoubtedly a predominant issue in healthcare organisations to cause financial losses and a decline in the quality of service, as is at MCHT. The PESTLE analysis of the organisation showed that this could be due to external factors such as lack of finances to compensate and motivate employees to stay at work. In most cases, absenteeism results from individual factors such as illness and marital status or workplaces aspects such as the workload. Solutions to this problem include formulating disciplinary frameworks, developing employee assistance programs, providing incentives to the workers, and coming up with positive workplace culture. However, in MCHT's case, a positive organisational is the most viable option as it is inclusive and engages employees in the change process.

References

- Bajorek, Z. and Guest, D. (2019). The Impact of Temporary Staff on Permanent Staff in Accident and Emergency Departments. *Journal of Organizational Effectiveness: People and Performance*, 6(1), pp.2–18.
- Belita, A., Mbindyo, P. and English, M. (2013). Absenteeism Amongst Health Workers – Developing a Typology to Support Empiric Work in low-income Countries and Characterising Reported Associations. *Human Resources for Health*, 11(1).
- Borda, R.G. and Norman, I.J. (1997). Testing a Model of Absence and Intent to Stay in employment: a Study of Registered Nurses in Malta. *International Journal of Nursing Studies*, 34(5), pp.375–384.
- Bush, T. (2019). *PESTLE Analysis of the NHS*. [online] PESTLE Analysis. Available at: <https://pestleanalysis.com/nhs-pestle-analysis/>.
- Campbell, D. (2021). *NHS Staff Absences Due to Covid Soar by 38% in England*. [online] the Guardian. Available at: <https://www.theguardian.com/world/2021/dec/23/nhs-staff-sick-days-absence-england-covid>.
- CIPD (2021). *PESTLE Analysis*. [online] CIPD. Available at: <https://www.cipd.co.uk/knowledge/strategy/organisational-development/pestle-analysis-factsheet#gref>.
- King's Fund (2019). *NHS Sickness Absence*. [online] The King's Fund. Available at: <https://www.kingsfund.org.uk/blog/2019/10/nhs-sickness-absence>.
- Kocakulah, M.C., Kelley, A.G., Mitchell, K.M. and Ruggieri, M.P. (2016). Absenteeism Problems and Costs: Causes, Effects and Cures. *International Business & Economics Research Journal (IBER)*, 15(3), pp.89–96.
- Mbombi, M.O., Mothiba, T.M., Malema, R.N. and Malatji, M. (2018). The Effects of Absenteeism on Nurses Remaining on Duty at a Tertiary Hospital of Limpopo Province. *Curationis*, 41(1).
- Moberly, T. (2018). Sickness Absence Rates Across the NHS. *BMJ*, p.k2210.
- Neuborne, E. (1970). The Carrot , not the Stick. *Potentials*, 36, pp.39–41.
- Quinley, K. (2003). EAPs: a Benefit That Can Trim Your Disability and Absenteeism Costs. *Compensation & Benefits Report*, 17, pp.6–8.

Read, R. and Fenge, L.-A. (2018). What Does Brexit Mean for the UK Social Care workforce? Perspectives from the Recruitment and Retention Frontline. *Health & Social Care in the Community*, 27(3).

Truman, D. (2003). Ohio Companies Try to Encourage Employees Not to Take Sick Days. *Knight Ridder Tribune Business News*, 1.