

## **Getting a Handle on Absenteeism**

*By Sheryl Smolkin*

A major challenge for organizations with an absenteeism problem is the standard assumption that when employees do not turn up for work, the problem is medical. In fact there are a myriad of other personal and other root causes for absenteeism that are never addressed.

Reasons why employees do not show up for work could range from personal matters such as a life crisis, length of their commute and financial problems to organizational issues including the work environment, undesirable shifts and performance issues.

Recent research conducted by UK mental health charity [Mind](#) confirms what many employers have long suspected – most of their employees do not tell them the real reasons why they take sick leave.

According to the study, stress has forced one in five workers (19%) to call in sick, yet almost all of these (93%) say they have lied to their boss about the real reason for not turning up, citing everything from stomach upsets, housing problems and the illness of a loved one as reasons for their absence.

Typically, once employees have been away from work for three to five days, they must go to a doctor and get a form filled out to remain eligible for salary continuance or short term disability.

“The vast number of these absences are not medical. [But] we keep putting people into a system they don’t belong in,” said Shepell.fgi Senior VP of Health Management Jean-Marc MacKenzie at a client event recently held in Toronto. “And then we sit back as managers and say we are frustrated with what the docs are putting on the forms.”

He is not surprised that employers who pay for the benefit may feel disenfranchised when they get a doctor's letter with a return to work date. "If employees spend six or seven minutes with the doctor, who do you think is making the decision about when they can work and when they can't? They are going to the doctor to get our forms filled out and they are setting the return date."

In order to put absences in context, he says employers should be aware there are three possible results when an employee goes to the doctor:

- The employee is required to be off for medical reasons. For example, he has had surgery and he is in hospital.
- There is some functional impairment, but it is medically discretionary based on the individual's condition whether he can or cannot return to work.
- Absence is medically unnecessary. This is where something else is going on.

How can an organization get people back to work where absence is medically discretionary or medically unnecessary?

Mackenzie recommends a triage system. "What we see working well at the occurrence stage is on day five, we don't send them to the doctor. We make a phone call to the employee and have a conversation. What's keeping you off work? We offer support and assistance, not a medical approach."

Does it work?

"The Conference Board last week said the average length of sick leave is 44 days. With the triage method, I think we are running around 18 days. It's not putting people into a system when they do not have medical issues. You are dealing with the root causes," he says.

Direct contact is also used to inhibit incidental absences. Programs are set up with organizations so employees are required to call in and have a private and confidential discussion about what is keeping them from work – for example, my

child has a problem or family financial difficulties. Then the employee is offered access to appropriate resources.

“You need to have support programs in place,” Mackenzie said, “But [this approach] can significantly improve engagement and attendance management.”

**For further information, see the Shepell·fgi White Paper [Workforce Management: Achieving Business Objectives through Absence Management](#). Interested readers can also gain further insight by tuning in to a recorded version of the white paper [webinar](#).**

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