

Using Managerial Problem Solving Methods to Address Long-term Sickness Absence

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Abstract: Managerial problem solving methods as derived from the problem solving model present methods for finding solutions to problems facing organizations. Sickness absence in several organizations is a problem that needs models to settle it. The aim was to examine the implications of managerial problem solving methods in addressing long-term sickness absence among staff in Tanzanian work organizations. Through a review of literature, the article found that managerial problem solving methods implied that managers were to deploy three major stages against long term sickness absence. Each of the stages consisted of specific methods. Pre-problem mitigation stage was the first and included defining long term sickness absence, determining approaches to deal it, sickness analysis, and formulation of alternative solutions by managers and choosing the best solution against it. Second stage was implementation in which best solution against sickness had to be tried out while the third stage was assessment in which evaluation method was used to determine effectiveness of best solution against long term sickness absence. The article recommended that managers in Tanzanian work organizations should familiarize themselves with managerial problem solving methods and use them practically to solve long-term sickness absence in work organizations.

Keywords: pre-problem mitigation, implementation, assessment

1.0. Introduction

1.1. Managerial problem solving methods

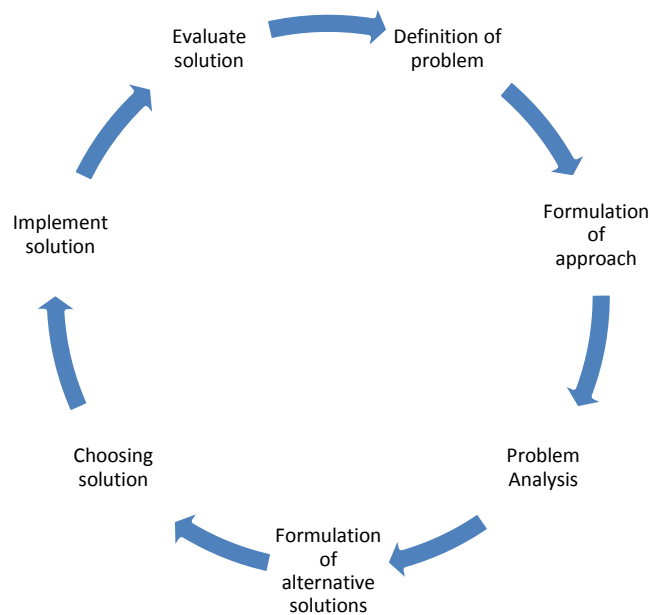
Managerial problem solving methods (MPSMs) seem to originate from a problem solving model (PSM) developed by George Polya in 1940's. Initially, the model prescribed various steps that should be followed to reach at solutions of mathematical problems (Schoenfeld, 1987). One of the management tasks is to find solutions to organizational problems that may hinder performance. The MPSMs were coined by management field to assist managers at all levels to use systematic methods to solve problems such as declining revenue, customer dissatisfaction, poor quality products, services and labour turnover as few examples among many others.

Lang et al, (1978) argued that problem solving could be done at individual, group and organizational levels. Individually, the manager or supervisor of a section had to use intelligence and physical energy to solve problems. This was contrary to taskforces which depended on collective efforts towards seeking solutions to problems. At organizational level, groups from different sub-systems of the organization needed to allocate resources and make effective collaboration in seeking solutions to problems. All these levels required to apply methods of which have been provided by the managerial problem solving methods.

Prior to prominence of MPSMs, Polya had introduced the model which had four steps of settling problems as published in his book titled *How to Solve It* in 1945. In his book the first phase of solving problem was to understand it and followed by a process of devising a plan to seek the solution. Other phases consisted of carrying out the plan to end the problem and finally looking back at the plan implemented as an evaluation on whether it was a success or not. The sequential processes would be repeated in a cyclical manner until a successful plan in solving a problem was achievable.

However, there has been refinement to early version of problem solving methods as suggested by Polya's model. Lange (1978) outlined programme planning and problem solving as models proposed by Delbecq, Van De Ven & Gustafson with five overlapping stages or methods in problem solving process at the individual level in 1970's. Heerkens & Winden (2017) indicated seven managerial problem solving methods (MPSMs) developed at University of Twente as displayed by figure 1 below. The MPSMs reflected several processes from models developed by scholars above. They will be used to examine its implications in addressing the long-term sickness absence among staff. This paper chose the MPSMs because of their potential for clarification and yet they provided an elaborate systematic approach that can be applied anywhere in the developed and developing world to settle problems. However, the MPSMs did not specify the timeframe for each method to take place to tackle the problem. It depended on the discretion of the manager to allocate time to each method of problem solving. Problems disturb organization and so quickest solution should be the most preferable undertaking in work organizations.

Figure 1: Managerial Problem Solving Methods at University of Twente



Source: Authors' diagram based on Heerkens&Winden ideas (2017; p-17)

Heerkens and Winden as pointed out clarified the managerial problem solving methods as highlighted below:

- Definition of problem: refers to the statement of the current situation versus the required situation (Rebori, n.d). Data collection is vital to enable the problem solver to state and clarify the current situation and the desired situation. Any discrepancy between the current and the desired situation indicates the existence of the problem.
- Formulation of approach: problem solver decides on the appropriate approach to deal with the problem in existence. There are always various approaches of which may comprise of quantitative or qualitative approaches. Quantitatively the problem could be handled through calculations and statistical data analysis and interpretation. Qualitatively, the problem could be solved through the use of policy and procedures, legal approach, communication and cooperation approaches. These approaches are decided in advance before the problem solvers implement the solution.
- Problem analysis: this is the third step in which identification and definition of the root causes are undertaken by problem solvers (Heerkens&Winden, 2017). This phase is concerned with the reasons rather than symptoms of the problem. Denut (2011) has argued that the analysis of the root causes in this phase is essential because it lays down mechanisms for prevention of problems in organizations. Brainstorming and discussions among problem solvers assist in determination of the root causes and reasons.
- Formulation of alternative solutions: may involve a process in which the solver determines a variety of possible solutions to fix the problem based on circumstances and availability of resources such as money, people and time.
- Choosing solution: refers to a decision in selecting a single or two best solutions out of many alternatives to deal it effectively.
- Implement solution: best solution to settle the problem will have to be implemented based on timeframe for achievement.
- Evaluate the solution: "Problem solving Process"(n.d) argues that this is a final stage in which an individual or group assesses the solution implemented by asking questions such as did the solution work?. If no-why? And what went wrong?. What adjustment can be done for solution to work better?. This stage could be the beginning of redressing mistakes that were done in the previous processes of problem solving.

This clarification of seven methods above indirectly indicate that the MPSMs to some extent look similar with the Early Care Discussion Model (ECDM) of mitigating sickness absenteeism as presented by Heiskanen (2013, as cited in Teärva&Mäkelä, 2011). ECDM presents five steps that should be used by HR managers for intervention once a number of individual sickness absences is detected in the organization. Such

steps include: 1). Bringing the issue with the employee, 2). Notifying the employee about the topic of discussion in advance, 3). Sharing observation and facts during discussion whereby the manager must listen, respect and avoid blames, 4). Agreeing on an objective and determine actions that should be taken to increase one's working ability, 5). Monitor the situation and providing support and feedback. Though the managers can utilize this model in settling the problem, the MPSMs still stands in a far better position to counteract sickness absence behaviour among workers. The justification is embedded in the facts that MPSMs present seven generic methods unlike the ECDM. It also gives an advance opportunity to the manager to think on the approaches to apply to solve the problem unlike the ECDM which appears to be more pragmatic towards the long-term sickness absence.

1.2. Sickness Absence

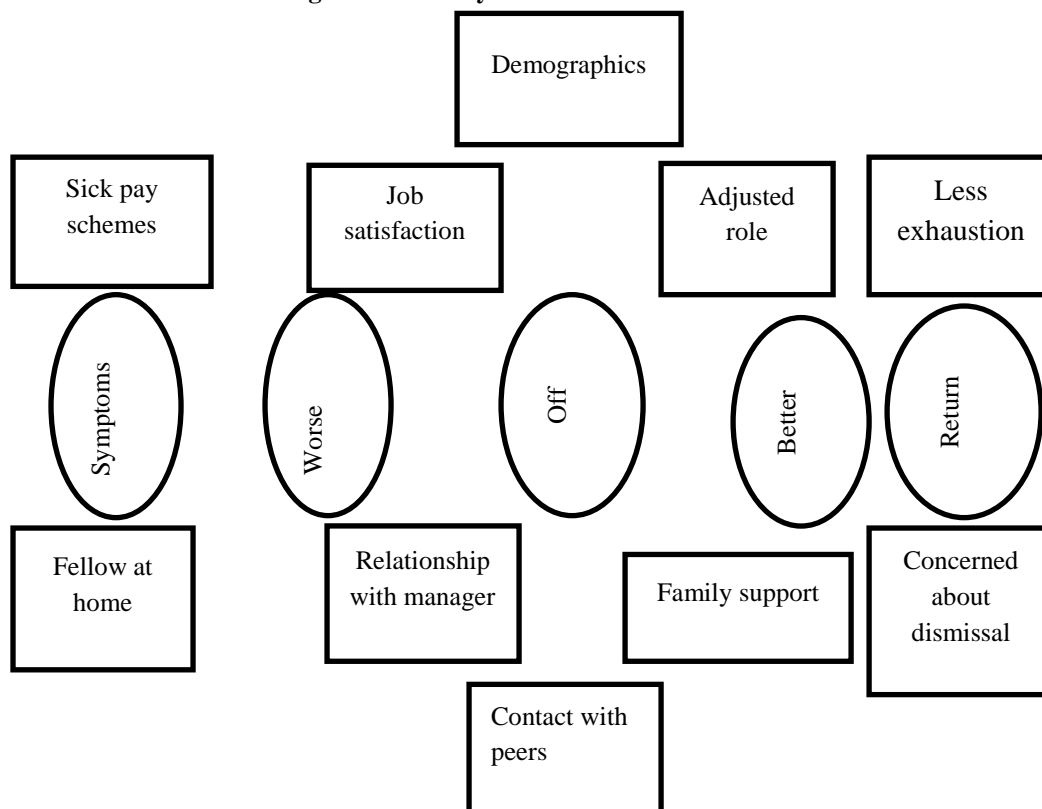
Absence refers to non-attendance at a scheduled work by individual employee (Australian Faculty of Occupational Medicines, 1999). The problem was more serious in developing countries compared to the developed world (Mgonja, 2017). According to Karanja (2013) the majority of respondents in Kenya Ports Authority perceived it as a problem in the organization while Mabagala (2016) found it as one of the teachers' misconduct acts in public secondary schools located in Nzega District, Tanzania. Despite of the fact that absence in general is a problem in the work organizations, there has been scanty information and models that can be used to curb the problem of sickness absence in Tanzania. Sickness absence is a situation in which ill-health condition makes a worker unable to work (Dundalk Institute of Technology, 2014; Yildiz et al, 2015). Sickness absence is pervasive though the rate of it may be distinct from one organization to another. It may be considered as unplanned absence and differs from other forms of planned absences where the worker may not attend work due to being on annual leave, maternity leave and study leave.

Sickness absence is costly to organizations (Bevan & Hayday (2001) argued that the costs of sickness absence are both direct and indirect. Direct costs include expenses that are incurred by the organization to pay salary to individuals who stay at home on sickness reasons. The firm also incurs staffing costs indirectly to replace the absent employee. Other costs are the absence management costs in an attempt to avoid or reduce them from the organization. Heinskanen (2013 as cited in Dunn & Wikinson, 2002) suggested that normally organizations initiate the framework for sickness absence management activities. Adherence to legal and regulative environment would constitute an element in the framework which manages the sickness absence. For this case, managers in Tanzania would continue to pay full wages to individuals who have been on sick leave for 63 days (United Republic of Tanzania, 2004). Half wages would be paid for the next 63 days upon presentation of a certificate from medical practitioner as stipulated in the employment and labour legislation act.

Organizational sickness absence management may consists of rules or preparation of a policy which covers a wide range of issues such as sickness absence reporting procedures, employee assistance programme (EAPs) and managers' responsibilities during sickness absence (Dundalk Institute of Technology, 2014). Other coverage information in the policy would address issues such as return to work interview and staff responsibilities when being away due to sickness. The policy further may state the roles of occupational adviser if available, sick leave arrangement and calculations of pay during the sick leave. In managing the sickness absence, the organization may require the line managers to monitor and prepare reports which analyze and interpret statistics over all forms of absence. Other managers control sickness absence through informal chats with the individual and promote a healthier life style at the workplace.

In general, Preece (2014) stated that the incidence of sickness absence can be explained by using both the traditional medical view (TMV) and bio- psycho-social factors facing the worker. TMV outlines five processes which account for sickness absence as follows: (1). An individual begins to develop symptoms of disease, (2). Symptoms become more severe and individual feels worse. (3). A point is reached whereby the level of symptoms is considered incompatible with doing the work assigned and sick leave begins (4). Symptoms become less intense and conditions improve. (5). A point is reached whereby it is expected that the worker can manage the work again and sick leave ends. But, the TMV only recognizes the biological conditions and overlooks the psychological and social factors that can permeate with the condition of the worker. The author therefore presents bio-psycho-social factors as displayed by figure 2 below.

Figure 2 : Bio-Psycho-Social Factors of Sickness Absence



Source: Preece (2014, p-10)

Specifically, the bio-psycho-social factors include factors such as: demographics, job satisfaction, adjusted roles, less exhaustion, contact with peers, concern about dismissal, family support, relationship with the manager, fellow at home and sick pay schemes of which can have great influence towards sickness absence behaviour. The model reminds managers not only to stick on symptoms in addressing the sickness absence but also take their efforts to understand the non-biological factors which can have impact on creating sickness absence.

Apart from explanations for the rise of sickness absence, there are mostly two forms of this problem including the short and long term sickness absences (Kausto&Leeman, 2016; Imperial College, 2014). Short term sickness absence ranges from a single to seven days and beyond up to three weeks or less while long term sickness absence is any continuous absence for a period which exceed four weeks as per policy of Dundalk Institute of Technology (2014). The short-term sickness absence may occur because of the complications based on diseases such as (1). Minor illnesses like colds, stomach upsets and headache (2). Musculo-skeletal injuries, (3).Back pain,(5). Recurring medical condition such as: asthma, angina and allergies (Preece, 2014). Malaria, diarrhoea and typhoid may also comprise unhealthy conditions which can make the worker capitulate to short term sickness absence.

Long-term sickness absence (LTSA) could be attributed to prolonged health ailment such as blood pressure, cancer, and HIV/AIDS cases as may be certified by doctor or self-reported by the individual. This perception of sickness absence can be applied to a Tanzanian context in which an individual who persistently stays away from work for one hundred and twenty six days as highlighted earlier would be considered missing work on the basis of long term sickness absence.

This paper will focus on the long term sickness absence by examining the implications of the managerial problem solving methods in tackling the problem from Tanzanian work organizations. Long-term sickness absence has been chosen because as argued by Hakull& Larsen (2015) it could be certified by medical practitioner and reflected the morbidity of the worker than the shorter term sickness absence. It was also a potential problem which cut across much wide range of work organizations employing workers to produce goods or services such as products, education, training, counseling, research and consultancies. Work organizations in each industry required to deploy approaches to help their workers being away from work due to long term sickness to solve their ailment and come back to job positions. Organizational help for such workers

could also smoothen their transitory period towards disability and invalidity retirement of long term sick absentees.

2.0. Implications from Managerial Problem Solving Methods in addressing Long-term Sickness Absence

The methods imply that managers in Tanzanian work organizations will have to pass through a series of methods in solving the long-term sickness absence. The series of methods to be applied to assist the individual worker will be mainly applicable in three major stages. The first stage will comprise of the *pre-problem mitigation*. This stage marks the beginning of abstraction towards the solution to sickness absence. The stage will require managers to apply several methods beginning from definition of the long-term sickness absence followed by determination of thorough approaches, sickness absence analysis, and formulation of alternative solutions and make a choice of the best alternatives to curb the sickness absence.

In defining the long-term sickness, managers in the work organizations in Tanzania will have to use the patient's self-reports, sick leave forms, supervisor's sickness absence reports, colleagues information to determine the number of non-attendance days at work. Another source of information to review and define the problem will consist of attendance register to identify at least the absences of an individual. As earlier indicated, an individual being away from work just for a month or so will be spotted as an employee with long-term sickness absence behaviour. Managers' further actions and strategies would be urgently required to solve the problem and encourage attendance.

After defining the Long-term Sickness Absence (LTSA) in pre-problem mitigation stage, the managers will have to *determine thoroughly the approaches* that have to be used to help the employee to recover from sickness and encourage return to work. There could be a single specific approach to address the problem but it is anticipated that managers will have to determine a combination of relevant approaches to solve the problem. Approaches such as the use of policy and procedures, communication and cooperation between stakeholders as suggested by Kausto&Leemann (2016) in the case of LTSA based on mental disorders can be relevant for many different sicknesses. Policy and legal instruments may be existing as approaches for dealing with all forms of absences at work. Managers also will have to determine whether communication and cooperation between stakeholders is a suitable approach or not in gathering information and implement a solution to individual's long term sickness absence. The article suggests that managers should think in advance to communicate and cooperate with stakeholders such as: medical practitioner, senior manager, fellow employee, spouses and friends in trying to finish the problem. These stakeholders have some powers and resources in dealing with an employee's LTSA problem.

Realization of approaches in this early stage will trigger managers to engage in long-term *sickness absence analysis*. This will require managers to investigate the root causes of one's long-term sickness absence. For instance, mental, heart attack, cancer are some of the causes for long term sickness absence in the UK businesses (Davies et al, 2017; Dunn, 2016). In Norway many respondents reported to have been absent for long period because of pain back, neck, knuckles and muscles (Joahansen, 2013). These are cases in the developed countries and many work organizations in the Tanzanian context could have several of their staff being on sickness absence from similar or different cases. Managers mostly are not medical physicians to diagnose the causes of sickness. So, cooperation approach with the stakeholders such as the medical practitioners as pointed out earlier may be important to reveal the causes of long term sickness absence.

Managers should understand that it is not only medical conditions that can bring long term sickness absence in the organization but also there are others which interact with the physical conditions of the worker as argued by Preece (2014). Managers in Tanzanian context will have to consider going beyond the biological condition and gather information on whether the sickness absence was attributed by factors such as occupational risk factors, life styles, job dissatisfaction, family problems and relationship with the immediate supervisor or senior management. After perceiving the root causes of sickness absence, managers in Tanzanian organizations can have ample opportunity to go on to apply different method to solve the problem based on knowledge and awareness of the causes. To this end they can prevent it from devastating the working ability of the worker.

Accomplishment of the long term sickness analysis will turn managers into brainstorming the alternative solutions against the sickness. Different cases of sickness may require different formulated solutions. However, managers may have to think of the following solutions against long-term sickness absence: 1). Provide or extend the sick leave as per sickness absence management policy or labour legislation provisions, 2). Sick leave pay perhaps should be executed to enable the individual to gain income for family and self-upkeep during sickness and thereby avoiding legal litigations in Tanzania and 3). Hiring or using internal available staff to perform the job of the sick absentee reliably.

Other formulated alternatives solutions that may be thought by manager are: 1). To request the individual to undergo depth medical referral check-up for enduring sickness symptoms to substantiate other

inner causes that may not be easily understood, 2). If the sickness is proved to be occupational, compensation of the employee would be among of the right solutions, 3). Helping the employee to obtain the invalidity or disability retirement benefits during the chronic incapacitating condition can be a useful solution, 4). A manager may require to discuss with other senior managers to initiate Employee Assistance Programme (EAP) to provide confidential support, counseling, advice and guidance during sickness as suggested by Health Service Executive (2009).

Eventually, the pre-problem mitigation stage will take managers to make a choice of the best solution in healing the long-term sickness absence. Selection of the solution should come out of those formulated in the preceding method. Preferably, the selected solution should be the one that helps the employee to recover from ill-health as a precondition for returning to work.

At this stage managers would move from the pre-problem mitigation to implementation stage of the best solution. In this stage they will have to try the solution against long-term sickness absence. However, the implementation of the best solution out of those proposed above requires allocation of resources to contact the employee. Managers in Tanzanian organizations will have to request senior managers to allocate finance, personnel probably the human resource officer, transport facilities and time for solving the long-term sickness absence. These resources are important because they will enable managers to outreach the employee and provide whatever support and solution. Implementation of the solution does not only require physical and human resources but also appropriate behavioural competences such as: courtesy, commitment, tolerance, listening, tenderness and information sharing in the course of actions.

Finally, the assessment stage will be followed after implementing the best solution. This will mark an evaluation of the solution towards helping an individual to recover or heal the long-term sickness. If an employee recovers and assumes the job due to the medical referral or Employee Assistance Programme solution, this will signify success of a solution. If severity exists irreversibly to the extent that the employee cannot return to work, managers will have to undergo the review of it and note where the mistakes were done during selection and implementation. Managers will be compelled to seek new solutions to settle the long-term sickness absence continuously until a workable solution is achieved for the employee.

3.0. Conclusion and Recommendations

Managerial Problem Solving Methods have been derived by management field from the problem solving model. The methods imply that managers in Tanzanian work organizations have to address long-term sickness absence by deploying important three major stages of solving long term sickness absence. Pre-problem mitigation would be the first stage and comprises of the preliminary methods towards settling the problem. This will be followed by implementation stage where the solutions as chosen from preceding stage will be put in action to help the individual to heal and come back to work. After implementation stage has taken place for sometimes, managers will be required to enter into assessment stage in which they will evaluate their solution implemented to determine its success or failure. Using such methods effectively help managers in Tanzania to solve the long-term sickness absence systematically. Eventually, the individual worker suffering from a long-term sickness can be assisted to return to work.

Though the pace of each method towards the solution is not clearly specified by MPSMs, managers should narrow the time they spend in executing one method after another in order to settle the long-term sickness absence as quickly as possible. This paper recommends that managers particularly human resource officers should familiarize themselves with managerial problem solving methods and apply them practically in finding the solution to the long-term sickness absence that may exist among individual workers of their organizations.

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