A STUDY OF SICK LEAVE UTILIZATION AT ST. PAUL HOSPITAL, DALLAS, TEXAS

A Problem Solving Thesis

Submitted to the Faculty of

Baylor University

In Partial Fulfillment of the

Requirements for the Degree

of

Master of Hospital Administration

By

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Waco, Texas

August 1975

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ABSTRACT

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This study was conducted to determine the extent of sick leave utilization and the most effective means for reducing abuse and associated costs at St. Paul Hospital, Dallas, Texas.

Research methodology included a review of the literature, compiling statistical data to determine usage and cost of the sick leave program, comparisons of the sick leave program with hospitals and other industry in Dallas, Texas, and a determination of management's methods of record keeping and controlling excessive use of sick leave.

The study concluded that the current sick leave program is competitive with other hospitals and industry in Dallas, Texas, but that the amount of sick leave taken and the cost had increased by an undesirable amount. It was further concluded that the program did not meet the varying needs of the employees and that management's system of controlling the program was unsatisfactory.

The study recommended that the hospital establish a system for reporting and controlling sick leave utilization; stress the responsibility of supervisors in controlling excessive use of sick leave, and study several variations of sick leave programs to determine whether they will better fulfill the needs of the hospital and its employees.

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CHAPTER I

INTRODUCTION

General Information

One of the most common fringe benefits granted by employers is paid sick leave. Estimates indicate that fringe benefits cost over 25 per cent of total wage and salary expenses, with sick leave accounting for approximately 3 per cent of the cost.[1]

Most hospitals provide paid sick leave to their employees in order to protect them against loss of income during a period of illness.[2] The number of benefit days are generally based on seniority; however, the accumulation of sick leave days from year to year will vary. Normally, all types of illnesses or injuries are covered. Plans vary, in that a doctor's certificate may be required under certain circumstances; or a one- or two-day waiting period may be required before the benefit will be paid.[3] These provisions are used primarily to minimize abuses of the program.

Once sick leave is included as a fringe benefit,

it is generally left to the discretion of the appropriate supervisor to determine whether or not sick leave should be paid for a particular absence. While the hospital may have a formal stated policy, different supervisors will invariably add their own interpretations. Many institutions established a policy whereby an employee must bring in a report from a physician for an absence of three or more days; however, most employees do not visit a doctor for a minor illness which will cause an absence of less than three days. Most employees simply call in sick and mention that they are too ill to come to work. Payment for these absences will depend upon company policy. This is where the abuses and expenses begin.[4]

Many researchers believe the normal rate of absenteeism in hospitals is between 2 and 3 per cent, with some estimates as high as 6 per cent of the scheduled hours of working time.[5] While statistics are sometimes difficult to obtain, it appears that approximately 5 per cent of the employees are absent at a given time. This percentage not only disrupts the operation by causing a redeployment of staff personnel, but it will affect the quality of patient

care. Absenteeism will also impact on the hospital's budget if overtime is required to provide coverage for those who are absent.[6] Some managers mistakingly fail to consider overtime costs and therefore do not feel the hospital is losing any money. They also feel that entitlement to sick leave is already budgeted; therefore, it does not constitute a real cost. In actuality, the cost is increased if overtime must be paid to compensate for the absent employee.[7]

Another factor is the impact on morale. While sick leave was originally considered a form of insurance, it is often now considered a benefit to which the employee is entitled, whether or not he is ill.[8] Because an employee may feign illness and absent himself for personal reasons and still get paid, the loyal and dedicated worker, who will not disappoint his employer, may feel that the sick leave policy favors the less-than-honest worker.[9] In order to prevent such abuses and reward loyal workers, some companies have installed plans to pay for unused sick leave.[10] While this solution, as well as a variety of other incentive plans, have met with varying degrees of success, there

does not appear to be one best solution to the problem of sick leave abuse.

A recent survey conducted by the Prentice-Hall research staff, in cooperation with the American Society for Personnel Administration, found that hospitals were the third highest in per-employee sick pay costs of the industries surveyed.[11] This growing problem was readily recognized by the Administration of St. Paul Hospital, Dallas, Texas. St. Paul Hospital is a 490-bed, nonprofit, general hospital operated by the Daughters of Charity of St. Vincent de Paul. Organization of the hospital follows traditional lines and is as depicted in Appendix A.

Conditions Which Prompted the Study

The hospital administration has become increasingly concerned over the increased use of sick leave. The sick leave policy was revised in January, 1973, to permit payment of wages for the first day of illness after six months' employment, rather than after twenty-four months' employment. These changes were implemented due to a large number of requests from employees.[12] Appendixes B and C provide the old and new policies, respectively.

For the first nine months of 1972, 5,043 sick leave days were paid. During the same period in 1973, after implementation of the more liberal policy, 7,522 sick leave days were paid--an increase of nearly 50 per cent.

In addition to the added expense, hospital management recognized that abuse of sick leave places an additional work load on the remaining employees which, in turn, has a detrimental effect on the quality of patient care. They realized that employee morale would suffer. This abuse could continue to proliferate as more and more employees would use sick leave for purposes other than originally intended, if their fellow workers were permitted to do so.

The administration believed that this situation could best be solved by an in-depth study to determine the extent of the problem and the most effective means for coping with it.

Statement of the Problem

The problem is to determine the extent of sick leave utilization and the most effective means for reducing abuse and associated costs at St. Paul Hospital, Dallas, Texas.

Objectives

The objectives of this study are:

1. Determine the amount and cost of sick leave used in 1973 as compared to 1972.

2. Determine which categories of employees use sick leave to the greatest extent.

3. Analyze the present means of controlling sick leave and determine a more effective method of reducing the amount of sick leave used and associated costs.

Criteria

The effectiveness of the proposed solution should fulfill the following criteria:

1. The recommendations must be acceptable to the administration of St. Paul Hospital and within their means to implement.

2. The recommendations should be designed to reduce the number of paid sick leave days taken thereby reducing costs.

3. The recommendations must meet the employee's needs by providing income during periods of unavoidable absences due to illness.

4. The recommended solutions must not entail additional hospital expenditures.

5. The adopted program must enhance the overall benefits of being employed by St. Paul Hospital lest the turnover rate increase.

Limitations

The following limitations were placed on this study:

1. This study was limited to absences due to utilization of sick leave at the request of the hospital administrator.

2. The policy currently in effect cannot be terminated to return to the old policy, because this action would have a detrimental effect on employee morale.

Factors Bearing on the Problem

The following factors and considerations are considered to have a bearing on the problem:

1. Of the 1,370 personnel currently employed, over 650 have been employed in excess of two and one half years.

2. The unemployment rate in Dallas, Texas, is currently 2.1 per cent and is not expected to rise higher than

3 per cent.

3. The employees of St. Paul Hospital, as well as other hospitals in Dallas, Texas, are not currently unionized.

4. St. Paul Hospital must compete with other hospitals and industry for qualified employees.

5. The fringe benefits, including sick leave offered by St. Paul Hospital, must remain competitive with those offered by other hospitals and industry in Dallas, Texas.

Assumptions

The following assumptions are made:

1. The labor market will remain relatively unchanged.

2. There will be significant attempts to unionize hospitals in the Dallas area in the next few years.

3. Wages and fringe benefits will remain relatively unchanged in their position to other hospitals and industry.

4. Information recorded on the employee's time card is sufficiently accurate to determine rates of sick leave use.

Definitions

Absenteeism.--The failure of an employee to report for work as scheduled.

Fringe benefit.--Any benefit, other than monetary, received by an employee from his employer or through his employer's contribution or efforts.

Health care manager.--An employee assigned to a patient care unit to perform administrative duties, thereby releasing the head nurse to perform patient care functions--commonly referred to as a unit manager.

Labor market.--The availability of manpower resources possessing skills required and desired by an employer.

Other fringe benefits.--Those benefits given to an employee but not required by law such as pensions, educational benefits, and life insurance.

Sick leave.--An insured benefit given to an employee to offset loss of income due to illness.

Statutory fringe benefits.--Those fringe benefits which the employer is required to provide by law such as Social Security, workmen's compensation, and unemployment

insurance.

Turnover rate.--The number of separations for a given time period compared to the number of employees on the payroll during that period and expressed as a percentage.

Research Methodology

The initial step in conducting this study was to research the literature which discusses sick leave programs, statistical studies, and methods for evaluating programs and coping with abuses. The next step in the sequence of events was to gather statistical data concerning the usage and cost of the sick leave program at St. Paul Hospital, with emphasis on the comparison of 1972 versus 1973 rates.

Information was obtained from other hospitals in Dallas, Texas, as well as data compiled by the Dallas Hospital Council in order that a comparison of the program could be made between St. Paul Hospital and other institutions competing in the labor market. A random sample of personnel records was selected to analyze the use of sick leave in 1972 and 1973 in relation to length of employment,

age, and sex.

Interviews were conducted with selected management personnel at St. Paul Hospital to determine their philosophy on the sick leave program, whether or not they felt it was satisfactory in terms of benefits, their concept of extent of abuse, and methods and management tools used or required to assist in controlling this program. Interviews were conducted with employees identified in the random sample who appeared to use a large number of sick leave days or single days, as well as those who used none in order to determine their motivations and expectations concerning the sick leave program.

Review of the Literature

Hospital administrators must recognize their responsibility to provide employee benefits similar to other comparable employers if they are to successfully compete in the labor market.[13] Many employees tend to view them, perhaps correctly, as a right to which entitled--even as a portion of their compensation. Fringe benefits have grown to a point where today they comprise over 25 per cent of the labor costs of most companies.[14] The primary reasons for

the growth of fringe-benefit programs include labor union demands, governmental requirements, and competition in the labor market. One of the most common fringe benefits offered is the sick leave plan. This has been recognized as being of considerable value to the employee's physical and mental health.[15] Traditionally, some hospital employees have been paid a high number of sick days per year in lieu of increased wages. This practice has resulted in a higher incidence of absenteeism.[16]

Absenteeism, like labor turnover, is a perennial problem. While abuse of sick leave has often been cited as a cause or an excuse for absentee rates, it is difficult to measure the actual relationships. It is possible, however, to measure the actual amount of use of sick leave, if for no other reason than to ascertain its cost. When the use or abuse of sick leave becomes excessive, judgmental decision is due on the part of management. There are no standard sick leave rates available; however, a ratio of days used and costs can be compared to other similar institutions as a guide in judging a company's program. While it is often inappropriate to generalize on absenteeism, several

observations can be made which have been supported by numerous studies. It appears that:

1. Supervisors show lower rates of absence than other employees.

2. Sick leave plans do not appear to cause increased absences if they provide a waiting period.

3. Absences are more common on Monday and before or after holidays.

4. Younger workers are more prone to absence than older workers.

5. Women have reversed the historical trend and now have fewer absences than men.

6. A "small number" of the work force accounts for a majority of the absences.

7. Some employees can be identified as absence-prone.[17]

Employee morale, the pretense of illness, social activities, and family responsibilities are frequently cited as causes for the excessive use of sick leave. While they are all probably used in a given hospital, it is difficult to ascertain just when an employee is, in fact, abusing the

sick leave program. One of the most effective means of combating sick leave abuse is the maintenance of accurate employee records.[18] If a record of employee absences is maintained, it should be relatively simple for a supervisor to analyze any employee's pattern of absences. Once a suspected malingerer is identified, he should be counseled to ascertain the reasons for his absences and any legitimate excuses or unavoidable causes. At this time, a warning may be necessary that future absences will warrant more severe disciplinary action.[19] There must, of course, be a hospital-wide standard policy as to the nature of the offense and the severity of the disciplinary action which may apply. Disciplinary procedures should be clearly understood by both supervisors and employees. On the other hand, those employees and departments with outstanding records should be commended in some manner. Free coffee and donuts, or a certificate presented by the administrator with accompanying publicity, is highly effective.

Present sick leave plans are generally considered generous and are highly appreciated; however, if sick leave does not encourage absenteeism, it does seem to authorize

it, as many employees consider their credit days as a right.[20] The method in which the sick leave program is administered can jeopardize need-fulfillment. For example, when sick benefits are not paid until after one day of illness, employees can interpret this rule as a lack of confidence or trust by management.[21] On the other hand, without such a waiting period, employees will often feel their needs justify taking one day sick leaves for reasons often unrelated to illness. Depending on their own perspectives of their needs, employees place different values on benefits.[22] An individual who views money as his primary need is not going to take a leave without pay in order to stay home and care for a sick child; he will "abuse" the sick leave program. For these reasons, a relatively new concept has been emerging. This is the "paid days off" or Combined Annual Leave programs.[23] Under these systems, all paid days off--such as holidays, vacations, and sick leave days--are combined into one lump sum. The employee uses these days basically as he needs them. This system better satisfies the employee's varying needs and permits more accurate cost projections for the employer; however, the

financial savings are questionable.

Perhaps the most difficult program to administer, yet most satisfying to the employee in terms of meeting his various needs as defined by Maslow, would be to offer a variety of fringe benefits and let the employee choose the one he feels is most suitable to his requirements and circumstances.[24] This system is often used for executives of companies, but no evidence of such a program was found on a company-wide basis. Such a system would, in the long run, be the most effective and efficient program for controlling costs.

Hospitals should develop computer-assisted information programs that will assist the administrator in measuring the amount of sick leave used, the costs of providing the benefit, identification of departments which appear to have excessively high rates of absenteeism, as well as individual employees who appear absence prone. This management tool, if used, can greatly assist in reducing excessive absenteeism.

The tendency is to view each benefit as separate and distinct from each other and from wages. In view of

the increasing costs, both from providing the benefits and from their abuse, each organization should develop a long-range program to evaluate and plan the direction and extent of their wage and benefit plans. With salaries and benefits comprising 60 per cent of the budget, hospitals can no longer afford to provide a piece-meal program. The wage and benefit program should be a thoroughly integrated and costed system designed to meet the needs of the hospital, its employees, and, at the same time, not pass the burden of arbitrariness of costs on to the patient.

Footnotes

[1]Dale Yoder, Personnel Management and Industrial Relations (6th ed., Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1970), p. 657.

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[6]M. W. Cuming, "Absenteeism," The Hospital (London), LXVI (December, 1970), 413.

[7]Richard I. Hartman and John J. Gibson, "The Persistent Problem of Employee Absenteeism," Personnel Journal, L (July, 1971), 536.

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[11]Prentice-Hall, Inc. Personnel Management-Policies and Practices: Report Bulletin 21 (Englewood Cliffs, N.J.: Prentice-Hall, Inc., February 13, 1974), p. 563.

[12]Private interview with John E. Finch, Administrative Assistant, St. Paul Hospital, Dallas, Texas, March 4, 1974.

[13]Arthur J. Deric, The Total Approach to Employee Benefits (New York: American Management Association, 1967), p. 10.

[14]Ibid.

[15]Herbert J. Chruden and Arthur Sherman, Personnel Management (Cincinnati: South-Western Publishing Co., 1968), p. 658.

[16]Clinton L. Packer, "Unique Approach to Control of Employee Absenteeism," Hospital Management, III (June, 1971), 10.

[17]Yoder, p. 555.

[18]Lewis R. Benton, A Guide to Creative Personnel Management (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1962), p. 162.

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[20]Alain-Daniel DeKar, "Absenteeism: A Fact of Life," Personnel Journal, XLVII (November, 1969), 886.

[21]Wendell French, The Personnel Management Process (Boston: Houghton-Mifflin Co., 1970), p. 355.

[22]Herbert J. Chruden and Arthur Sherman, Readings in Personnel Management (2d ed., New Rochell, N.Y.: South-Western Publishing Co., 1966), p. 353.

[23]Paul Williams, Lawrence Prybil, and Glenn Mitchell, "Consolidated Annual Leave," Hospital Progress, LIV (April, 1973), 42-45.

[24]Chruden and Sherman, Readings, pp. 350-57.

CHAPTER II

DISCUSSION

General

The sick leave benefit provided by St. Paul Hospital to its employees is only one of a comprehensive group of benefits. The hospital administration is acutely aware that it must provide a wage and benefit structure that is competitive with the other hospitals, as well as industry in the Dallas area in order to be able to hire and retain highly qualified employees. In this regard, it should be noted that the employee turnover rate was 42.7 per cent in 1972; and 26.8 per cent for the first half of 1973.[1] This is below the norm of approximately 60 per cent that hospitals average.[2]

Details and information pertaining to changes in benefits are communicated to employees through the use of orientations for new employees, "memos" which are distributed to each employee, the hospital newspaper, and through the supervisors. Each supervisor is provided a Personnel Manual which contains detailed information on the various

benefits. Appendix B outlines the sick leave policy that was in effect in 1972. Due to employee dissatisfaction and complaints, as well as a desire on the part of the hospital management to remain competitive in the labor market, this policy was revised as outlined in Appendix C, effective January, 1973.[3]

Evaluation of Sick Leave Data

Studies made by hospital management during 1973 indicated a large increase in the utilization of sick leave, apparently due to the new, more liberal policy. This increase was causing higher costs as more nonproductive hours were being paid, overtime pay was often required to compensate for those employees who were absent, and the additional burden of rescheduling personnel was adversely affecting the provision of efficient patient care.

In order to evaluate the existing system, it was ncessary to make the following evaluations:

1. The total increase in sick leave taken in 1973 as compared to 1972.

2. The total increase in single days of sick leave taken in 1973 as compared to 1972.

3. The increase in cost of the sick leave program in 1973 as compared to 1972.

Information on sick leave is recorded by the supervisor or health care manager on the Attendance Card, Appendix D. These cards are forwarded to the personnel office at the end of each pay period where they are reviewed and the appropriate data is transferred to the Personnel Record Card, Appendix E. One method of obtaining data pertaining to sick leave utilization is to review each employee's Personnel Record Card. This would be a time-consuming task. The attendance cards are also used as a basis for payroll preparation. A by-product of the payroll system is the Gross Hours Balance Listing, a sample of which is in Appendix F. This listing is published twenty-six times per year, at the end of each pay period. Four copies of the listings are distributed as follows: one copy each to the payroll office, personnel office, hospital administration, and the respective departments. It was learned that all copies for Patient Services Departments, supervised by Mrs. Kellberg, are delivered to her office and retained there.[4] A random survey of these units' head nurses and health care managers

indicated that they never saw these reports. Historical data on sick leave usage was maintained in these areas primarily by transferring data recorded on the Nursing Service Monthly Work Schedule, Appendix G, to a Tardiness Record, Appendix H. This data was then transferred to the Attendance Record--Nursing, Appendix I, maintained by a secretary in Mrs. Kellberg's office. Other departments surveyed had instituted similar schemes. There is no hospital-wide standard method of recording this information. A salient point is the fact that this data, except for tardiness information, is available on the Gross Hours Balance Listing; however, this listing does not readily portray increases or decreases in sick leave utilization. It is necessary to thumb through previous listings, or transfer the data to another form. The Executive Vice President, for example, requires those departments which he supervises to transfer the data from the Gross Hours Balance Listing to another form. A sample of the forms utilized is the Departmental Report, Appendix J.

In order to analyze the increase in sick leave utilization, it was necessary to review and manually extract

the pertinent information listed in the Gross Hours Balance Listings of 1972 and 1973. This task demonstrated that sick leave utilization data is available to hospital management; however, it is not in a format which can be easily analyzed. The results of this study are listed in Table 1. This report indicates a total increase of 3,080 days of sick leave taken in 1973.

Table 2 shows a comparison of paid single days of sick leave taken in 1972 and 1973. It must be pointed out that the 1973 data was obtained by reviewing the Gross Hours Balance Listing and counting each single, eight-hour period of sick leave. If an employee had taken two single days in one pay period, it would be reflected as sixteen hours. The only method of obtaining more accurate data would be to review each employee's Personnel Record Card, Appendix E. Such accuracy would not materially affect the outcome of this study. The information for 1972 was compiled in the same manner; however, the Gross Hours Balance Listing does not include those first days of absence that were without pay due to the employee not having an accumulation of 24 sick leave days. The personnel officer had

TABLE 1

SICK LEAVE UTILIZATION DATA
ST. PAUL HOSPITAL,
DALLAS, TEXAS
1972-1973

Pay Period	1972	1973
1	324	328
2	391	649
3	279	480
4	239	477
5	284	540
6	236	531
7	285	432
8	274	400
9	213	365
10	236	356
11	207	279
12	175	279
13	157	275
14	206	227
15	200	363
16	142	313
17	163	297
18	233	315
19	278	289
20	230	331
21	213	336
22	202	282
23	204	325
24	229	214
25	287	304
26	315	295
TOTAL	6,202	9,282

Source: Compiled from Gross Hours Balance Listing, St. Paul Hospital, Dallas, Texas.

TABLE 2

SINGLE DAYS OF SICK LEAVE UTILIZED,
ST. PAUL HOSPITAL, DALLAS, TEXAS,
1972-1973

Pay Period	1972	1973
1	48	46
2	49	90
3	29	86
4	38	97
5	57	89
6	48	99
7	45	111
8	38	98
9	37	108
10	46	87
11	43	95
12	30	73
13	40	94
14	28	84
15	35	104
16	36	101
17	30	84
18	41	87
19	33	87
20	49	90
21	55	94
22	51	102
23	48	93
24	28	68
25	42	81
26	59	82
TOTAL	1,083	2,330

Source: Ibid.

estimated that 1,380 unpaid first days were taken in 1972.[5] Adding these days to the 1972 total of 1,086 shows a decrease of 136 single days of absence in 1973; however, the cost would be lower in 1972, due to the unpaid days.

One other report available for monitoring sick leave is the Personnel Record, Appendix K. One purpose of this report is to illustrate the number of sick leave hours accumulated, as well as paid, during the year. The Personnel Director indicated that because of computer programming problems, this data was not accurate. However, the Chief of Data Processing felt it was accurate, based on verifications he has made.[6] During a number of interviews with various head nurses and other department managers, it was learned that they utilize this report in completing the Attendance Cards. Efforts should be made to verify the accuracy of this data in order to insure minimization of errors in the completion of the Attendance Cards. Likewise, this report can be used to inform employees of the balance of sick leave they have accumulated. Employees are currently notified of the amount of sick leave they have taken on their Statement of Earnings which accompanies

their pay checks; but to find out the balance, they must either ask their supervisor or obtain the information from the Personnel Office. If this information were included on the Statement of Earnings, it would minimize the disruptions caused by these employees attempting to determine their sick leave balance.

Evaluation of Costs

Table 3 shows the expenses for payroll, statutory fringe benefits, and "other" fringe benefits. An analysis of this information indicates an increase of $560,368 in budgeted payroll expenses and an increase of $865,108 in actual payroll expenses in 1973 as compared to 1972.

The accounting system utilized does not account for sick leave as a fringe benefit cost, but is shown as part of the payroll expense.[7] An analysis of this table indicates that fringe benefits amounted to 8 per cent of the 1972 payroll budget and 9 per cent in 1973. This is considerably below the 24.7 per cent obtained in a survey conducted by the Chamber of Commerce.[8] Likewise, the Hospital Council of Southern California conducted a study of fringe benefits and found that total fringe benefit payments aver-

TABLE 3

BUDGETED AND ACTUAL EXPENSES,
ST. PAUL HOSPITAL,
DALLAS, TEXAS

Type of Expense	1972		1973	
	Budget	Actual	Budget	Actual
Payroll Expenses	$10,257,469	$10,126,111	$10,817,837	$10,911,219
Statutory Fringe Benefits	606,820	547,156	702,943	675,360
Other Fringe Benefits	254,314	234,380[a]	288,123	292,186[b]
TOTAL EXPENSES	$17,495,474	$17,428,554	$18,736,393	$19,044,405

[a]A $15,000 rebate was received from the pension fund, thereby reducing the actual expenses from $249,380.

[b]No rebate was received from the pension fund.

Source: Interview with Oscar Hammett, Accounting Department, St. Paul Hospital, Dallas, Texas, March 12, 1974.

aged 20.8 per cent of gross payroll expenses. The apparent disparity between St. Paul Hospital and other cited averages is due to their accounting procedure. St. Paul actually had the following expenses, Table 4, which should be included in their fringe benefit cost in 1972.

TABLE 4

FRINGE BENEFIT COSTS,
ST. PAUL HOSPITAL,
DALLAS, TEXAS,
1972

Vacation	$ 336,010.
Holidays	117,234.
Sick Leave	159,795.
Funeral Leave	3,481.
Jury Duty	2,383.
Education Leave	10,926.
Rest Breaks	550,459.
TOTAL	$1,180,288.

Source: Hospital Employee Benefit Review, St. Paul Hospital, Dallas, Texas, May 23, 1973.

The above costs when combined with the statutory and "other" fringe benefits, approximate 19 per cent of the payroll costs for 1972, a much more favorable position. While the 1973 costs are not yet available, it is anticipated that they will be approximately the same.

Hospital's magazine indicated that vacation, holiday, and sick leave pay averaged 5 to 7 per cent of the hospital's payroll expenses.[9] In 1972, St. Paul expended 6 per cent on these items.

Sick leave expenses for 1972 and 1973 are depicted at Table 5. The significant factor is the increase of 63 per cent in sick leave pay expended in 1973 as compared to 1972.

One other factor impacting on the cost of the sick leave program is the requirement to pay another employee overtime in order to provide work coverage for the employee who is absent. While there is no method to determine the amount of overtime pay expended for this purpose, the hospital administration felt it was a significant factor.[10] The cost to cover an eight-hour shift for an employee whose pay rate is $4 per hour is $80; $32 for the absent worker; and $48 for the member who works overtime.

Survey of Sick Leave Programs

A survey was made of the other major hospitals in Dallas, Texas, in order to compare their sick leave plans with that of St. Paul. The results of this survey are in

TABLE 5

SICK LEAVE EXPENSES BY PAY PERIOD,
ST. PAUL HOSPITAL, DALLAS, TEXAS

1972	1973	Increase/Decrease
$ 7,591	$ 7,876	$ 285
8,825	15,176	6,351
6,519	11,072	4,553
5,366	11,698	6,332
6,232	13,034	6,802
5,118	12,944	7,826
6,534	10,279	3,745
6,325	9,573	3,248
5,035	8,645	3,610
5,752	8,546	2,794
4,666	6,776	2,110
3,866	6,757	2,891
3,637	6,668	3,030
4,979	5,458	479
4,478	9,315	4,837
3,261	8,184	4,923
3,721	7,554	3,833
5,375	8,103	2,728
6,089	7,354	1,265
5,306	7,982	2,676
5,051	8,165	3,114
4,600	6,572	1,972
4,546	8,104	3,114
5,510	5,306	(204)
7,229	7,486	257
7,710	7,662	(48)
TOTAL $143,321	$226,288	$82,967

Source: Payroll Reports, St. Paul Hospital, Dallas, Texas.

Table 6 and generally indicate that St. Paul's plan compares favorably with the other plans in terms of benefits provided by employers.

Additional data were obtained from the Dallas Hospital Council. That organization conducted a study of fringe benefit programs offered by other industry in the Dallas area in August, 1973. Their findings pertaining to sick leave plans are in Table 7. St. Paul Hospital's sick leave plan competed on a favorable basis with those surveyed.

The Hospital Personnel Management Association of Southern California also prepared a study of sick leave benefits. Its findings are in Table 8. Again, St. Paul Hospital's program competes very favorably.

Analysis of Causes of Increases in Sick Leave Utilization

A review of the data presented would seem to prove conclusively that there have been increases of sizable proportions in the amount of sick leave being taken as well as in associated costs. In an attempt to determine the causes of these increases, a random sample of 100 employee per-

TABLE 6

COMPARISON OF HOSPITAL SICK LEAVE PLANS
DALLAS, TEXAS

	St. Paul	Baylor	Parkland	Brookhaven	Methodist	Presbyterian
Days Accum. Per Year	12	10	10	12	12	10
Max. Days Accum	60	40	No Maximum	25	24	30
Pay for First Day	After 6 mos.	After 6 mos.	After 12 mos.	After 3 mos.	After 3 mos.	After 6 mos.
Phys. Statement	Optional	Optional	Optional	Optional	Optional	Optional
Disposition of Unused Sick Leave After Accumulating Maximum	Loss	Loss	See Note	Loss	Loss	Loss
No. of Employees	1,370	3,400	2,600	365	1,382	1,500

Note:

Up to 5 days' sick leave from a given year's accumulation is placed in a sick bank. Any other unused days are added to the vacation period of the next year.

TABLE 7

COMPARISON OF SICK LEAVE PLANS OF INDUSTRY, DALLAS, TEXAS

Max. Accumulated Sick Days Allowed	
10 days	1
45 days	1
60 days	1
65 days	1
180 days	2
367 days	1
No data	2
Total	9

Waiting Period for Sick Leave Eligibility	
None	2
1 month	1
3 months	2
6 months	3
No data	1
Total	9

First Day of Sick Leave Paid	
Yes - paid	6
No - no paid	2
No data	1
Total	9

Terminal Vacation Compensation Allowance for Unused Sick Days	
Yes	1
No	7
No data	1
Total	9

Source: 1973 Employee Benefit Survey (Second Part) prepared by the Dallas Hospital Council, Dallas, Texas.

TABLE 8

SICK LEAVE PLANS OF HOSPITALS
IN SOUTHERN CALIFORNIA

Waiting Period for Sick Leave Eligibility	
None	6
30 days	6
60 days	4
90 days	146
6 months	38

Number of Sick Days Earned Per Year	
6 days	17
10 days	28
12 days	125
Other	26

Maximum Accumulation of Sick Days Allowed	
None	18
12 days	14
24 days	18
30 days	28
60 days	37
90 days	16
Other	69

Sick Day on Termination	
Yes	46
No	154

Payment for Unused Sick Leave	
Yes	75
No	125

Source: Survey conducted in 1972 by the Hospital Personnel Management Association of Southern California in cooperation with the Hospital Council of Southern California.

sonnel records were selected. They were initially analyzed to determine the amount of sick leave utilized compared to length of employment. The results of this analysis are shown in Table 9. Although the amount of sick leave used increased in all categories, the greatest increase is in the group that has been employed from one to two years. This is also true of the increase in single sick leave days taken. It should be noted that prolonged illnesses substantially increased the amount of leave taken in the over-20-year category. The number of days not paid in 1973 showed a marked decrease apparently as a result of the new sick leave plan. The greatest overall usage is by those employees who have less than ten years of service.

The data obtained from the above cited sample were then arrayed to indicate the amount of sick leave used by sex and age. This data is located in Table 10 and generally indicates an increase in all categories, especially females less than fifty years old. The greatest amount of leave taken is in the female twenty to thirty year age group which comprises the bulk of the female employees. This group also encompasses the prime child-bearing ages.

TABLE 9

SICK LEAVE BY LENGTH OF SERVICE
ST. PAUL HOSPITAL, DALLAS, TEXAS

Length of Employment (Years)	1972				1973		
	No. of Employees	Sick Days Used	One Day Sick Leaves	Days Not Paid	Sick Days Used	One Day Sick Leaves	Days Not Paid
Under 1	25				12	4	38
1 - 2	26	8	4	13	132	40	27
2 - 5	26	93	25	34	181	63	
5 - 10	26	124	30	19	206	61	
10 - 20	2	7			8		
Over 20	5	8	4	3	75	6	
Totals	110	240	63	69	614	174	65

Source: Random Sample of Employee Record Cards, St. Paul Hospital, March, 1974.

TABLE 10

SICK LEAVE BY AGE AND SEX
ST. PAUL HOSPITAL
DALLAS, TEXAS

		1972				1973		
Age	Sex	No. of Employees	Sick Days Used	One Day Sick Leaves	Days Not Paid	Sick Days Used	One Day Sick Leaves	Days Not Paid
Under 20	M	3				2		1
	F	5				4	2	13
20-30	M	3	11	1	1	10	4	
	F	37	93	21	20	182	58	35
30-40	M	4	7			8		
	F	11	29	14	14	83	35	12
40-50	M	9	11	3	4	31	7	
	F	17	23	13	15	96	36	1
50-60	M	4	9	1	8	37	4	
	F	10	22	7	2	80	14	2
60-65	M	3	4		3	63	5	2
	F	4	36	4	2	21	5	

Source: Random Sample of Employee Record Cards, St. Paul Hospital, March, 1974.

While the foregoing statistical data helps identify those groups of individuals who may be prone to use sick leave, it does not assist in determining the causes for the rise in utilization, except, of course, for the obvious liberalization of the new sick leave plan.

As noted in the section pertaining to the review of the literature, there are many reasons, other than actual illness, which cause employees to take sick leave. Several employees of St. Paul Hospital were interviewed to ascertain their feelings and reasons for taking leave. These employees were selected by their utilization of sick leave, i.e., several took leave frequently and others seldom utilized it. The younger employees, especially the females, felt that sick leave should be used when they had a headache and did not feel like working, or if their child were sick and they had to stay at home to care for it. Several mentioned that they just could not afford to take leave without pay in order to stay home and care for a sick child. They felt sick leave was an appropriate alternative. The older employees felt more of a moral responsibility to come to work unless actually prevented from doing so by an

illness. Virtually all the employees interviewed were in favor of an incentive program as a means of reducing sick leave. They felt that the payment of a bonus at Christmas or the conversion of unused sick leave to additional vacation days would preclude unnecessary use of sick leave and, in the long run, might reduce costs for the hospital. Interviews were also conducted with department supervisors, head nurses, and members of administration. Virtually all of the supervisors had some means of keeping records on employee absences, but these systems were devised to suit their own requirements. There is no hospital-wide standardized system. Currently, the only way a supervisor can determine the exact dates and causes of an employee's absentee record for the past year is to determine the dates from his own files or from those in the personnel office, and then ask the employee to attempt to recollect the cause for the absence. Nearly all of the supervisors felt they had an effective program for controlling sick leave utilization, even though the statistics for their departments did not reflect this. The methods of control varied with each supervisor, but several required a physician's state-

ment; calling the employee during the day of absence to determine if he is, in fact, home; letters of reprimand; and withholding of merit-pay increases. The members of the hospital administration feel that the primary responsibility for control rests with the supervisors.[11] There is validity to this statement, as several departments greatly reduced their sick leave rate when the head nurse instituted stringent controls. Another method which is available, but does not appear to be used with any frequency, is the employee Performance Report, Appendix L. Item 9 of this form permits comment on the employee's attendance record. It is felt that one method for enabling better and more valid use of this item would be to institute a standardized record to be maintained by each department supervisor. In the nursing units, the health care manager would maintain it for the head nurse.

An employee survey was conducted in November, 1973, utilizing the questionnaire in Appendix M. The employees were advised on this questionnaire of the increase in sick leave utilization as a result of the new policy. The findings of this survey are indicated in Table 11.

TABLE 11

RESULTS OF EMPLOYEE SURVEY ON SICK LEAVE
ST. PAUL HOSPITAL, DALLAS, TEXAS

	YES	NO
1. Should we go back to the old sick leave policy?	58	226
2. Should we retain the present policy as is?	171	106
3. Should we change the present policy?	144	109

As can be readily seen, the overwhelming majority opposed a return to the old policy. An analysis of the replies indicates that most who chose "no" to question 2, also chose "yes" to question 3. They felt the current policy should not be retained but should be changed to a policy other than the previous one. Question 4 of the survey solicited employee comments on the program. The most frequently mentioned comments included the following:

1. Pay for unused sick days upon termination.
2. Pay for unused sick days annually.
3. Convert a portion of unused sick leave days to additional vacation days to be taken the following year.
4. Increase the minimum number of sick days which can be accumulated.

5. Increase the waiting period for the first paid day of sick leave (a return to the old policy).

6. Limit the number of paid first sick days off.

7. Require proof of illness.

8. Pay for sick days used at the discretion of the supervisor.

As indicated previously, these same comments were frequently mentioned during personal interviews with the employees. There appears to be a definite attitude or desire to have an incentive program to compensate in some way for unused sick leave. It is noted that only one hospital in the Dallas area has a version of this type of program as evidenced by Table 5. The Prentice-Hall research staff in 1973 surveyed 931 companies in the United States on their absentee policies and problems.[12] The results of this study found that 17.6 per cent of the hospitals granted paid time off for unused sick leave, and 2.9 per cent authorized bonus vacation days for perfect attendance. While the results depicted in the study are not conclusive, they do appear to have reduced the use of sick leave in those hospitals surveyed.

In addition, another study conducted by Norfolk General Hospital in 1972 found that approximately 24 per cent of the 266 hospitals surveyed had instituted what they referred to as a "paid days off" program.[13] These programs generally combine vacation days, holidays, and sick leave days into one consolidated annual leave program. Sixty-one per cent of the hospitals which had implemented or planned to implement such a plan were located in the Middle Atlantic, East, North Central, or New England states.[14] While the specific reasons for implementing such plans are not available, wages and benefits are generally higher in these geographic areas; and the influence of labor unions has impacted in these states to a much greater degree.

A Standard Sick Leave Record System

As previously mentioned, the various departments of St. Paul Hospital had devised their own methods of keeping records pertaining to sick leave. While some were quite thorough, others provided little useful information. Likewise, as discussed earlier, the reports received by the hospital administration should provide useful data in a manner which enables a simple review and analysis to ascertain

deviations. Appendix N is a report generated by the St. Paul Hospital Data Processing Department which shows the number of hours of sick leave taken each month by department. While there are errors in this report, due to the limitations of the card-processing equipment, it readily portrays the sick leave utilization scheme for the past year. An accurate report should be obtained from Honeywell which provides other computer services to the hospital. Such a report could be received on a monthly basis, reviewed by the administration, and queries made to the various departments to ascertain the reasons for gross deviations. For example, Department 617 increased over 100 per cent from February to March, 1972. The reasons may be entirely valid; however, if the appropriate supervisor is required to look into the reasons and give an explanation, she is going to have an interest in keeping accurate records. Likewise, she will insure that her employees are not abusing the sick leave program. This system also provides a tool for management to evaluate a supervisor's effectiveness in managing her department and in supporting hospital policies.

In order for the supervisor to be able to answer

inquiries from administration, it is necessary that she maintain accurate records. The Sick Leave Record, Appendix O, will provide the necessary information. The record would be initiated by the Personnel Department during the hiring process and delivered to the appropriate department by the employee when he reports for work initially. This would be a suitable time for the supervisor to explain the purpose and use of the form. The record contains the employee's name, number, and anniversary date. The column showing the dates of absence and reason should be completed by the supervisor when the employee calls in or departs from work on sick leave. The last day of leave would be entered upon the employee's return. The employee should be required to sign the form for each absence. The rationale for this requirement is that it will serve as a deterrent in some cases. An employee may not like the idea of having to explain and sign for an absence that was not justified. The remarks section enables the supervisor to record any counseling of the employee that may have been done for any particular absence. This record would be kept

on a continuing basis and would be transferred to another department if the employee is transferred. It will serve as a basis for the employee Performance Report, consideration for merit pay raises, disciplinary action, or dismissal, as appropriate. Table 12 provides a record of employee dismissals for absenteeism. Perhaps these statistics would have been higher if records were kept that would portray the absentee data more completely.

The proposed system would accomplish this. In those departments where a health care manager performs the administrative functions, the Sick Leave Record would be maintained by him. The head nurse would still be responsible for supervisory functions. A simple system would be for her to review them on a monthly basis and determine whether any disciplinary or other action is required. While the proposed system should be implemented on a hospital-wide basis, it is recognized that minor deviations would be necessary to accommodate the nightshift, for example.

TABLE 12

EMPLOYEE DISCHARGES FOR EXCESSIVE ABSENTEEISM, ST. PAUL HOSPITAL, DALLAS, TEXAS

	1972	1973
January	0	5
February	1	4
March	1	3
April	3	2
May	1	7
June	5	4
July	1	3
August	2	2
September	2	3
October	1	7
November	4	-
December	4	-
Total	25	40*

*Total through October, 1973.

Source: Employee Turnover Report, St. Paul Hospital, Dallas, Texas.

Other Controls

The literature on sick leave, as well as discussions with employees and supervisors, brought out a number of other methods that have been used to control absences for sick leave. One of the most frequently mentioned was

the requirement that an employee furnish a statement from a physician after an absence of two or three days. While some supervisors have used this tool on an individual basis, it is generally felt to be neither an effective nor a fair policy. In a hospital, it is too easy for an employee to obtain such a statement from an unwitting physician. Further, there are many illnesses which might cause an employee to use sick leave but not necessarily visit a physician. Common flu is a prime example. Requiring a physician's statement under these circumstances would impose a financial hardship on the employee and possibly detract the physician from more needy cases. This is not meant to imply that a supervisor should not require a statement for an absence of any length, when he feels the employee is abusing the benefit.

Another control is the use of the Employee Health Nurse to screen employees returning from sick leave prior to reporting for duty or to screen those departing from work, sick. The primary hindrance is that the one employee health nurse would have to be augmented to handle the increased work load if such a policy were instituted on a

hospital-wide basis. A more appropriate system might be to require all food service personnel and others who work in sensitive areas, such as the operating room, to visit the health nurse upon return from sick leave. This would simply be a precaution to prevent infection. The hospital infections control committee should determine which departments should be screened. In addition, management can direct screening of those departments with an abnormally high sick leave rate. Such a screening would be for a temporary period, until management is assured there is no danger of infection, that the high sick leave rate is justified, or the abuses have been eliminated. The device of screening an employee going on sick leave prior to the end of the work shift should be used on a case-by-case basis, as the supervisor deems appropriate.

One of the most effective controls is the use of disciplinary action. Many institutions have implemented a system of "progressive" or corrective discipline which imposes increasingly severe penalties.[15] The ordinary sequence is as follows:

1. Oral warning.

2. Written warning.

3. Disciplinary layoff.

4. Discharge.

These steps can be modified by the supervisor, for example, by requiring a physician's statement, withholding a merit-pay increase, or giving an unsatisfactory employee performance report. The important factor, which must be understood by all supervisors, is that the discipline should be imposed because the employee broke a rule and to obtain his compliance with the rules. The discipline must be regarded as fair, both by the employee and his fellow workers. There must be clear warning that an unjustified absence will result in disciplinary action and what that action will be. Discretion, fairness, and consistency must be followed. If an employee is absent two single days in five years, he should not receive a written warning on the second absence. Finally, a record of the action taken should be recorded on the Sick Leave Record, as discussed previously.

Incentive Programs

Discussed earlier were the many suggestions received

from employees that some form of incentive program be initiated. There are a variety of methods or alternative plans, but the cost of these plans must be considered as a primary factor. In addition to the benefit to the hospital of a possible cost reduction, the possibility of unionization lies ahead. Such an incentive program may be a union demand.

It is still generally assumed that people work primarily for money.[16] On the other hand, some employees may, for their own particular reasons, feel they need additional time off or conceivably will need a large amount of sick leave. The latter is particularly true of older employees. Studies have found that there are large differences in the value of a particular benefit, depending upon the age, sex, marital status, number of children, type of job held, and yearly income.[17] It may be an administrative burden to permit employees to choose the exact components of a pay-and-benefits package that best suits their needs, but it will be a more successful program in the long run. Surveys indicate that as income increases the employees tend to desire additional fringe benefits in liew of added pay

increases.[18] While the institution of an incentive program may reduce sick leave costs in the short run, it is doubtful that it will prove satisfactory in the long run. Any hard and fast rule or program is going to impact on each employee differently because of his individual needs. To assume that all employees desire or need sick leave is presumptuous on the part of the employer. For example, with the current sixty-day maximum accumulation, a male employee thirty-five years old with over five years of employment may desire to receive a bonus, while a female may desire extra days off to spend with her children when they are sick or to go on a vacation with her family. Without raising the maximum number of days that can be accumulated or some other incentive plan, the current policy actually encourages the use of sick leave. If an employee with sixty days accumulated does not take sick leave, he loses it. There is no financial savings in being idealistic and assuming that personnel will only take sick leave if they really need it, even if they are long-time employees. A variable benefit plan should, however, only be considered as a part of the total wage-and-benefit program. The objective is to

tailor a plan to the mutual needs of the hospital and the employee.

Footnotes

[1]Personnel Department Records, St. Paul Hospital, Dallas, Texas, March, 1974.

[2]United Hospital Fund of New York, Analyzing and Reducing Employee Turnover in Hospitals (New York: United Hospital Fund of New York, 1968), pp. 3, 14-15.

[3]Finch interview.

[4]Private interview with Elouise Kellberg, Administrative Assistant, St. Paul Hospital, Dallas, Texas, March 6, 1974.

[5]Report on Utilization of Sick Leave prepared by the Personnel Department, St. Paul Hospital, Dallas, Texas, November 8, 1972.

[6]Finch interview; Private interview with Homer Fletcher, Chief, Data Processing Department, St. Paul Hospital, Dallas, Texas, March 6, 1974.

[7]Private interview with Oscar Hammett, Accounting Department, St. Paul Hospital, Dallas, Texas, March 12, 1974.

[8]Chruden and Sherman, Personnel Management, p. 654.

[9]"Administrative Profiles," Hospitals, XLV (December 16, 1971), 34.

[10]Private interview with Leon T. Tayloe, Executive Vice-president, St. Paul Hospital, Dallas, Texas, March 12, 1974.

[11]Tayloe interview; Private interview with Douglas Farnham, Vice-president, St. Paul Hospital, Dallas, Texas, March 12, 1974.

[12]Prentice-Hall, Inc., p. 572.

[13]Williams, Prybil, and Mitchell, p. 43.

[14]Ibid., p. 44.

[15]Sayles and Strauss, p. 310.

[16]Chruden and Sherman, Readings in Personnel Management, p. 348.

[17]Ibid., p. 353.

[18]Ibid., p. 354.

CHAPTER III

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The following conclusions are derived from the study of the sick leave program at St. Paul Hospital:

1. The current sick leave program is quite competitive with that of other hospitals and industries in Dallas, Texas.

2. The amount of sick leave taken and the costs have increased by an undesirable amount.

3. While the current plan is preferred by employees over the former plan, there is still substantial dissatisfaction with the program as it fails to meet the needs of a large number of personnel.

4. The current system of reports and controls is unsatisfactory in that management cannot readily determine undesirable deviations, and supervisors have no adequate system of recording and controlling sick leave utilization.

5. While sick leave statistics can be compiled in a variety of ways to determine rates and costs, the reasons

for using sick leave are intangible.

6. Categories of employees who use the greatest number of sick days can be identified, as can specific individuals who abuse sick leave programs. There will always be a number of employees who take advantage of the program when they are not sick.

7. Hospital management must determine when sick leave utilization is considered excessive, as well as the most effective means of coping with it within their hospital. Increases of the nature which St. Paul Hospital has experienced can be attributed to a large combination of factors and circumstances. No one alteration of the program itself will be an effective deterrent.

Recommendations

This study recommends that St. Paul Hospital accomplish the following tasks:

1. Arrange to receive a report, to be reviewed by the president, on a monthly basis, in a format similar to that of the report in Appendix N.

2. Review of reports by the president of the hospital and require explanation of deviations from subordinates.

3. Establish a standard, hospital-wide system to record and control, at department level, each employee's use

of sick leave.

4. Eliminate reports by departments, which are currently required by management, to provide data on sick leave utilization. They require an additional work load and are redundant in view of recommendation one.

5. Conduct a study to determine the number of employees who would prefer to extend the number of sick leave days that can be accumulated, desire a cash bonus for unused sick leave, or desire conversion to additional vacation days. Upon completion of this study, a cost determination should be made to assess its impact.

6. Prepare a variable sick leave benefit plan for implementation when financially feasible.

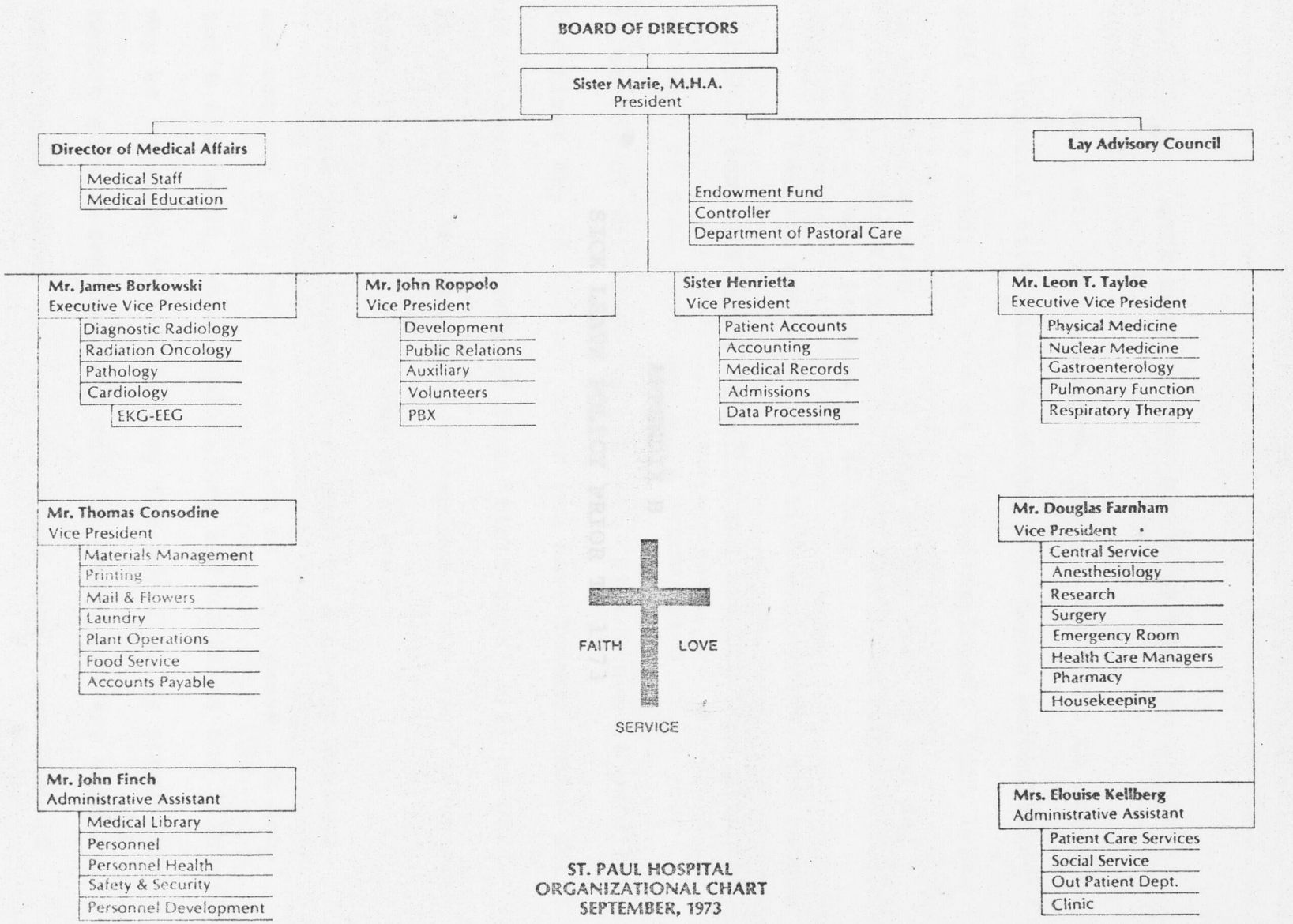
7. Conduct a study of the total wage and fringe benefit program and develop a long-range planning goal.

8. Verify information pertaining to sick leave shown in the Personnel Record, Appendix K, to ensure supervisors have accurate data available to them.

9. Modify the Employee Earnings Statement to indicate the amount of leave accumulated as of that pay period.

APPENDIX A

ORGANIZATIONAL CHART, ST. PAUL HOSPITAL



ST. PAUL HOSPITAL
ORGANIZATIONAL CHART
SEPTEMBER, 1973

APPENDIX B

SICK LEAVE POLICY PRIOR TO 1973

SICK LEAVE POLICY PRIOR TO 1973

As a St. Paul employee, you are entitled to our liberal hospital sick leave benefit. You begin accumulating sick leave credit as soon as you are employed. Sick leave is accumulated from year to year at the rate of one day per month up to a maximum of 60 days.

After six months of full-time employment, you become eligible for sick leave benefits and are credited with the six days of sick leave you have accumulated since your first day of full-time employment. Sick leave is paid for the first day of illness after you have accumulated a total of 24 days. A maximum of four 'first days' will be paid in any twelve month period to employees who have 24 or more days accumulated at the time of illness.

Sick leave benefits are paid to a 60-day maximum and are not paid upon termination of employment. A doctor's statement, which identifies and verifies the illness, may be required at any time by the hospital or supervisor before sick leave benefits will be paid. In any week in which hours worked and benefit hours total more than 40

hours, any sick leave must precede the last day of work or benefit day.

Pregnancy or any complication of pregnancy is not included in sick leave benefit pay.

In order to be eligible for sick leave pay you must:

1. Have been a continuous full-time employee of St. Paul Hospital for six months or longer.

2. Adhere to personnel health policies with regard to physical examinations, chest x-rays, laboratory tests, etc.

3. Report your illness to your department head or supervisor during the first hour of your scheduled shift if unable to notify them prior to the start of the shift. Failure to do this will mean the day's absence will not be considered as a sick day.

4. Complete a Sick Leave Request Card and submit it to your supervisor or department head upon your return to work.

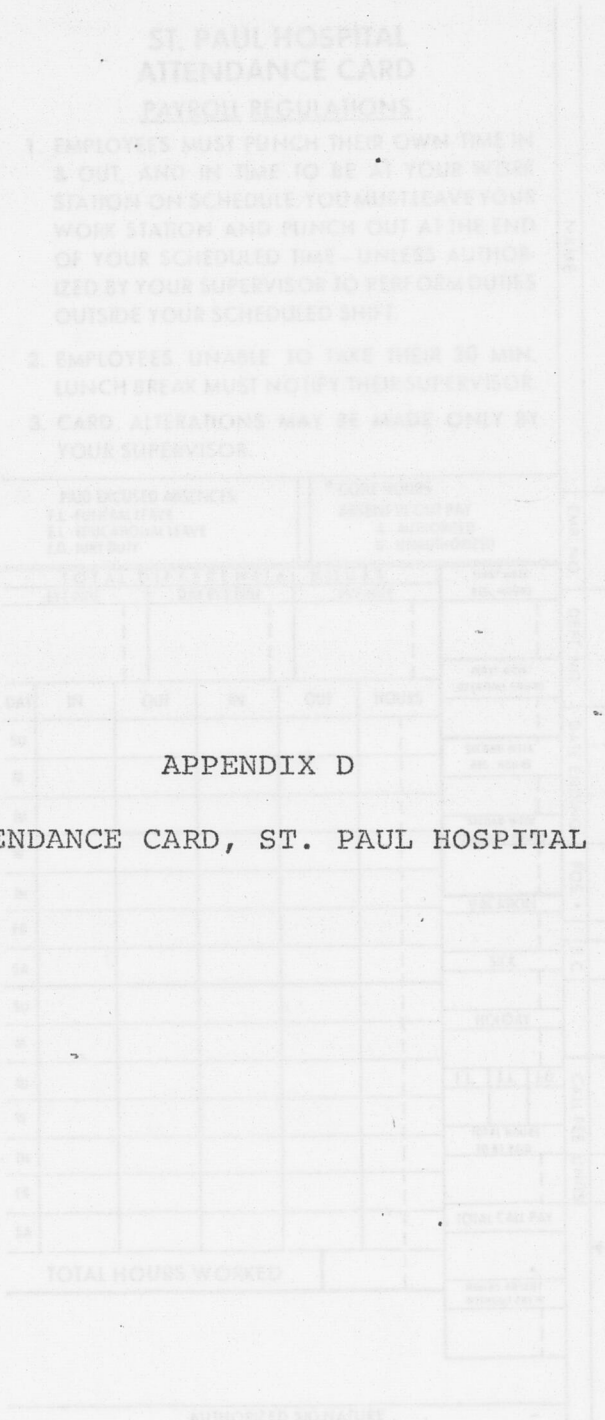
APPENDIX C

SICK LEAVE POLICY EFFECTIVE JANUARY 1, 1973

SICK LEAVE POLICY EFFECTIVE
JANUARY 1, 1973

Sick Leave Policy: Accumulation of sick leave begins as soon as you are employed. After six months of continuous employment, fulltime employees are credited with six days of sick leave accrued since the first day of employment and are eligible for sick leave benefits. Sick leave is accrued from year to year at the rate of one day per month up to a maximum of 60 days. You must report your illness to your department head or supervisor prior to or no later than one hour before your scheduled shift. Failure to comply with this procedure will mean the day's absence will not be considered as a paid sick day. The hospital reserves the right to withhold payment of sick leave benefits where there is reasonable doubt concerning the validity of an illness. A physician's statement which identifies and verifies the illness may be required at any time by the hospital before sick leave benefits will be paid. Misrepresentation in connection with sick leave privileges will result in denial of benefits, disciplinary action or dismissal. Sick leave benefits are not paid upon

termination of employment. Sick days may be taken for maternity absences when a physician's statement is provided.



APPENDIX D

ATTENDANCE CARD, ST. PAUL HOSPITAL

ST. PAUL HOSPITAL
ATTENDANCE CARD

PAYROLL REGULATIONS

1. EMPLOYEES MUST PUNCH THEIR OWN TIME IN & OUT, AND IN TIME TO BE AT YOUR WORK STATION ON SCHEDULE. YOU MUST LEAVE YOUR WORK STATION AND PUNCH OUT AT THE END OF YOUR SCHEDULED TIME – UNLESS AUTHORIZED BY YOUR SUPERVISOR TO PERFORM DUTIES OUTSIDE YOUR SCHEDULED SHIFT.
2. EMPLOYEES UNABLE TO TAKE THEIR 30 MIN. LUNCH BREAK MUST NOTIFY THEIR SUPERVISOR.
3. CARD ALTERATIONS MAY BE MADE ONLY BY YOUR SUPERVISOR.

NAME

EMP. NO.

PAID EXCUSED ABSENCES
F.L. - FUNERAL LEAVE
E.L. - EDUCATIONAL LEAVE
J.D. - JURY DUTY

* CODE HOURS
ABSENT W/OUT PAY
A - AUTHORIZED
U - UNAUTHORIZED

DEPT. NO.

DATE ENDING

POS. #

B.C.

CALL FEE UNITS

TOTAL DIFFERENTIAL HOURS

EVE-NITE	DAY EVE NITE	EVE NITE

DAY	IN	OUT	IN	OUT	HOURS
SU					
M					
TU					
W					
TH					
FR					
SA					
SU					
M					
TU					
W					
TH					
FR					
SA					
TOTAL HOURS WORKED					

FIRST WEEK REG. HOURS

FIRST WEEK OVERTIME HOURS

SECOND WEEK REG. HOURS

SECOND WEEK OVERTIME HOURS

VACATION

SICK

HOLIDAY

F.L.	E.L.	J.D.

TOTAL HOURS TO BE PAID

TOTAL CALL PAY

HOURS ABSENT WITHOUT PAY *

AUTHORIZED SIGNATURE

APPENDIX E

PERSONNEL RECORD CARD, ST. PAUL HOSPITAL

T

PERSONNEL RECORD

OUT OUT

NAME
STREET
CITY
STATE
PHONE
ZIP

PARKING CARD #	DATE OF BIRTH	S. S. NO

DATE	POS. CODE & GRADE	TITLE	SCALE GRADE	SCALE STEP	BEN CODE	INCREASE TYPE & AMT.	SELF IMPROVEMENT DATE	SELF IMPROVEMENT DESCRIPTION	TERMINATION DATE	TERMINATION REASON	TERMINATION REHIRE

AWARDS	
5	
10	
15	
20	
25	
30	
35	

DEPT. NO

EMP. NO

SOC. STATUS

S – SICK LEAVE PAID J – JURY
FL – FUNERAL LEAVE

PAID - BENEFITS
H – HOLIDAY V – VACATION A – AUTHORIZED ABSENCE
E – EDUCATION

X – SICK
NOT PAID
L – LEAVE
UA – UNAUTH ABSENCE

SICK DAYS DUE	19__	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	JAN.																															
	FEB.																															
	MAR.																															
	APR.																															
	MAY																															
	JUN.																															
	JUL.																															
	AUG.																															
	SEP.																															
	OCT.																															
	NOV.																															
	DEC.																															

DATES OF ENROLLMENT

HEALTH	
LIFE	
RETIRE	

1	2
3	4
5	6
7	8
9	10
11	12

VRE

YEARLY TOTAL: V S HOL

DIEBOLD INC
CANTON OHIO 44709

ST. PAUL HOSPITAL
DALLAS TEXAS

10.9 X 8 - 75
82490A

71.

APPENDIX F

GROSS HOURS BALANCE LISTING, ST. PAUL HOSPITAL

PAY PERIOD ENDING
03/02/74

ST. PAUL HOSPITAL PAYROLL
GROSS HOURS BALANCE LISTING

EMPL NO	DEPT NO	**	BENEFIT 20	HOURS 25	** 40	HOURS REG	HOURS OVT	HOURS VAC	HOURS SICK	HOURS HOL	HOURS F	HOURS E	HOURS J	HOURS TOTAL	AMOUNT CALL FEE	OCCU CODE	B C	PAY RATE	EMPLOYEE NAME
07510	71801		.0	.0	.0	64.0	.0	.0	16.0	.0	.0	.0	.0	80.0	.00	313	1	7.23	WOOD, GARY A
04221	71801		.0	.0	.0	87.0	.0	.0	.0	.0	.0	.0	.0	87.0	.00	134	4	4.75	LIPPERT, JOS
03392	71801		.0	.0	.0	80.0	.5	.0	.0	.0	.0	.0	.0	80.5	.00	249	5	3.14	JACHNA, GAYL
00581	71801		.0	.0	.0	70.5	.0	.0	8.0	.0	.0	.0	.0	78.5	.00	272	5	2.30	BRADLEY, CHA
00081	71801		.0	.0	.0	80.0	1.0	.0	.0	.0	.0	.0	.0	81.0	.00	406	5	3.71	ALLWARDT, RO
00168	71801		.0	.0	.0	80.0	1.5	.0	.0	.0	.0	.0	.0	81.5	.00	406	5	4.02	ARENIVAR, AN
06531	71801		.0	.0	.0	72.0	1.5	.0	8.0	.0	.0	.0	.0	81.5	.00	610	5	3.45	ST JOHN, PAT
00379	71801		.0	.0	.0	78.5	2.5	.0	.0	.0	.0	.0	.0	81.0	.00	654	5	2.70	BENNETT, CAR
00555	71801		.0	.0	.0	36.5	.0	.0	8.0	.0	.0	.0	.0	44.5	.00	725	5	2.62	BOWMAN, JAME
04054	71801		.0	.0	.0	40.0	.0	.0	.0	.0	.0	.0	.0	40.0	.00	18	6	5.20	LANCASTER, J
02121	71801		.0	.0	.0	46.0	.0	.0	.0	.0	.0	.0	.0	46.0	.00	406	6	3.65	FISHER, JENN
DEPT TOT			.0	.0	.0	734.5	7.0	.0	40.0	.0	.0	.0	.0	781.5	.00				

APPENDIX G

NURSING SERVICE MONTHLY WORK SCHEDULE

NURSING SERVICE
MONTHLY WORK SCHEDULE

Nursing Unit _____

From _____ To _____

Name	Title	Date	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S

APPENDIX H

TARDINESS RECORD

Tardiness Record

UNIT

NAMES	Week of ____ S	M	T	W	T	F	S	Total	Week of ____ S	M	T	W	T	F	S	2 Week Total

APPENDIX I

ATTENDANCE RECORD--NURSING

ST. PAUL HOSPITAL ATTENDANCE RECORD Dallas Texas
Nursing

NAME

YEAR_____ CLASSIFICATION_____

DIVISION_____

MONTH	ILLNESS	ABSENT	TARDY	REMARKS
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				

APPENDIX J

DEPARTMENTAL REPORT, ST. PAUL HOSPITAL

FY 1974

DEPARTMENTAL REPORT,

ST. PAUL HOSPITAL

Department_____

	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	TOTAL
Budget Hours													
Actual Hours													
Regular													
Sick													
Vacation													
Overtime													
Other (H,J,E,F)													
Budget Income													
Act. Inc IP-OP													
Prof. Fees													
Wages Only Budget Expense													
Wages Paid													
Other Exp Budg.													
Tot. Oth. Exp.													
Number Personnel Avail.													
Number Budgeted													
Cap Equip Ordered													
Cap. Equip. Rec'd													

APPENDIX K

PERSONNEL RECORD, ST. PAUL HOSPITAL

ST PAUL HOSPITAL PAYROLL
PERSONNEL RECORD

DATE 03 02 74 - PAY PERIOD ENDING

REPORT - PAY 01

DEPARTMENT - 71801 TAYLOE MCCONNELL
DEPARTMENT - 71801 NUCLEAR MEDICINE

NAME	EMPL NO	ANNIV. DATE	B C	POS CD	NCD OR TERM	DATE	PAY SCALE	CALL FEE	PAY RATE	CALL PAY TOTAL	HOURS PAID	GROSS PAY	VACATION EARNED	VACATION PAID	SICK PAY EARNED	SICK PAY PAID	HOLIDAY HRS.PAID
WOOD, GARY A	7510	03-06-72	1	313	02	75	00		7.23		80.0	578.40	73.7		136.0	32.0	16.0
LIPPERT, JOSEPH C	4221	08-22-72	4	134	02	75	00		4.75		87.0	413.25	46.9		136.0		16.0
JACHNA, GAYLE ANN	3392	04-03-72	5	249	02	75	00		3.14		80.5	253.56	20.1		96.0	8.0	16.0
BRADLEY, CHARLOTTE	581	02-28-70	5	272	02	75	00		2.30		78.5	180.55	80.4		136.0	92.0	16.0
ALLWARDT, ROBERT M	81	05-10-73	5	406	06	74			3.71		81.0	302.37	67.0		72.0		16.0
ARENIVAR, ANN H	168	02-23-71	5	406	02	75	00		4.02		81.5	330.65	80.4		280.0		16.0
ST JOHN, PATRICIA	6531	06-04-73	5	610	02	75			3.45		81.5	283.78	53.6		40.0	16.0	16.0
BENNETT, CAROLYN	379	08-07-73	5	654	08	74			2.70		81.0	222.08	40.2		40.0	8.0	16.0
BOWMAN, JAMES	555	08-24-70	5	725	02	75	00		2.62		44.5	116.59	40.2		110.0	58.0	16.0
LANCASTER, JACK L	4054	09-04-73	6	018					5.20		40.0	208.00					
FISHER, JENNIFER L	2121	11-14-72	6	406	00	00	00		3.65		46.0	167.90					
						DEPARTMENT TOTALS					781.5	3057.13	502.5		1046.0	214.0	144.0

APPENDIX L

PERFORMANCE REPORT

ST PAUL Hospital DALLAS, TEXAS 75235

PERFORMANCE REPORT

Name: _____ Position Title: _____ Pos. No. _____ Dept. _____

Always complete Heading, sections I, section IX, section X and section III. Complete other sections as indicated.

I						JUSTIFICATION REMARKS
	1. How well does employee cooperate with supervisor, fellow employees and subordinates?	☐ Frequently uncooperative.	☐ Usually cooperative.	☐ Sometimes fails to cooperate as well as expected.	☐ Always cooperates willingly, pleasantly and effectively.	
	2. What is the employee's attitude toward job, fellow employees and patients?	☐ Often apathetic disinterested or inconsiderate.	☐ Ordinarily concerned and thoughtful.	☐ Occasionally disinterested and lacking in consideration.	☐ Shows high degree of interest and thoughtfulness.	
	3. To what extent can employee be depended upon to stay occupied, carry out assignments and follow through?	☐ Requires close supervision.	☐ Completes routine assignments. Seldom shows initiative.	☐ Above average in dependability.	☐ Shows initiative. Needs little supervision.	
	4. Can employee plan and coordinate work?	☐ Plans work better than average employee.	☐ Average ability to plan work.	☐ Planning of work somewhat below average.	☐ Fails to plan work.	
	5. How well does the employee adjust to the varying demands of job?	☐ Adjusts rapidly to new assignments and work situations.	☐ Adjusts fairly well to new assignments and situations.	☐ Finds some difficulty in adjusting to new work situations.	☐ Serious lack of adaptability.	
	6. Does employee accept responsibility willingly and often do more than required?	☐ Frequently avoids responsibility.	☐ Tendency to avoid responsibility. Does required work.	☐ Average in willingness to accept responsibility.	☐ Above average in willingness to accept responsibility.	
	7. What is the quantity of work performed by the employee?	☐ Large volume.	☐ Better than average output.	☐ Average output.	☐ Below average output.	
	8. What is the quality of work performed by the employee?	☐ High quality.	☐ Good quality.	☐ Fair quality.	☐ Poor quality.	
	9. What is the employee's attendance record?	☐ Habitually absent.	☐ Rarely absent.	☐ Occasionally absent.	☐ Always on the job.	
	10. What is the employee's punctuality record?	☐ Always on time.	☐ Rarely late.	☐ Occasionally late.	☐ Habitually late.	
	11. How well does the employee adhere to hospital and departmental rules and regulations?	☐ Aware of policies and conforms pleasantly	☐ Normal adherence; Does not expect exceptions.	☐ Usually conforms, but not always pleasantly.	☐ Serious lack of adherence to policies.	

II End of Probation: ☐ Place on permanent status: Complete section V.

APPENDIX M

EMPLOYEE SURVEY MEMORANDUM, ST. PAUL HOSPITAL, NOVEMBER 7, 1973

MEMORANDUM

MEMO TO: All Employees

FROM: Sister Marie

DATE: November 7, 1973

RE: Sick Leave Policy - We want your opinion

You are aware St. Paul Hospital's sick leave policy was modified in January of 1973. The change essentially was to pay for the first day of illness after six months employment, rather than after 24 months employment.

After nine months under the new policy, we have experienced a tremendous increase in paid sick time.

For the first nine months of 1972, there were 40,345 paid sick hours. During the same period in 1973, with the new sick leave policy, there were 60,180 paid sick hours. This is a 50% increase in paid sick leave.

Although other factors may have contributed to the increased sick hours, we feel the new policy and misuse thereof are mainly responsible for this increased use of sick time.

Excessive use and abuse of sick leave is not only an unnecessary hospital expense, but it also puts an additional workload on the other employees.

The most serious consideration is that the quality of patient care suffers as a result, and the possibility that employee's form poor attitudes toward their work. When one employee sees another employee using sick leave for purposes other than intended, it influences that employee to also "cheat" on sick leave use.

Therefore, we are requesting your assistance in resolving this problem.

Please answer the following questions concerning the sick leave policy:

1. Should we go back to the old sick leave policy? (Do not pay 1st day until 24 days have been earned.) Yes_____ No_____
2. Should we retain the present policy as is? Yes_____ No_____
3. Should we change the present policy? Yes_____ No_____
4. How can we change the present policy to make it fairer to all? Please be specific in your suggestions and write your recommendations on the back of this questionnaire.

Return all questionnaires and suggestions to Administration - Tube Station C-8.

APPENDIX N

EXTRACT--SICK HOURS LISTING FOR 1973, ST. PAUL HOSPITAL

SICK HOURS LISTING FOR YEAR OF 1973

DEPT #	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	DEPT TOTAL
229	8.0	16.0	32.0	0.0	8.0	0.0	8.0	0.0	0.0	0.0	0.0	0.0	72.0
601	0.0	36.0	80.0	24.0	0.0	8.0	8.0	26.0	32.0	16.0	57.0	16.0	303.0
610	284.0	216.0	196.0	98.0	144.0	119.0	32.0	96.0	72.0	32.0	32.0	32.0	1,353.0
611	42.0	152.0	172.0	50.0	24.0	70.0	66.0	104.0	104.0	132.0	112.0	24.0	1,052.0
612	96.0	200.0	643.5	183.0	56.0	120.0	104.0	88.0	80.0	72.0	24.0	72.0	1,733.5
613	128.0	160.0	376.0	192.0	56.0	16.0	72.0	32.0	58.0	176.0	8.0	72.0	1,346.0
614	120.0	194.0	358.0	320.0	160.0	144.0	120.0	40.0	58.0	56.0	40.0	112.0	1,722.0
615	88.0	80.0	64.0	88.0	80.0	32.0	56.0	32.0	16.0	40.0	24.0	56.0	656.0
616	144.0	114.0	144.0	146.0	64.0	80.0	88.0	32.0	56.0	114.0	16.0	48.0	1,046.0
617	76.0	106.0	215.5	152.0	82.0	32.0	72.0	50.0	120.0	42.0	32.0	96.0	1,075.5
611	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
612	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
617	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
618	216.0	224.0	153.0	80.0	56.0	40.0	80.0	40.0	104.0	48.0	48.0	8.0	1,097.0
619	48.0	72.0	136.0	96.0	40.0	8.0	24.0	64.0	256.0	56.0	40.0	144.0	984.0

APPENDIX O

PROPOSED EMPLOYEE SICK LEAVE RECORD

EMPLOYEE SICK LEAVE RECORD

Name: _____ Department: _____

Anniversary Date: _____ Employee Number: _____

Date of Absence	Reasons for Absence	Employee Signature	Remarks

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BIBLIOGRAPHY

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ABSTRACT

A STUDY OF SICK LEAVE UTILIZATION AT
ST. PAUL HOSPITAL, DALLAS, TEXAS

A Problem-Solving Thesis Submitted to the Faculty of
Baylor University in Partial Fulfillment of the
Requirements for the Degree of
Master of Hospital Administration

by
Major Earl J. Damato, MSC

August 1975 97 Pages

A copy of this document may be obtained from University Microfilms, University of Michigan, Ann Arbor, Michigan, 48108.

This study was conducted to determine the extent of sick leave utilization and the most effective means for reducing abuse and associated costs at St. Paul Hospital, Dallas, Texas.

Research methodology included a review of the literature, compiling statistical data to determine usage and cost of the sick leave program, comparisons of the sick leave program with hospitals and other industry in Dallas, Texas, and a determination of management's methods of record keeping and controlling excessive use of sick leave.

The study concluded that the current sick leave program is competitive with other hospitals and industry in Dallas, Texas, but that the amount of sick leave taken and the cost had increased by an undesirable amount. It was further concluded that the program did not meet the varying needs of the employees and that management's system of controlling the program was unsatisfactory.

The study recommended that the hospital establish a system for reporting and controlling sick leave utilization; stress the responsibility of supervisors in controlling excessive use of sick leave, and study several variations of sick leave programs to determine whether they will better fulfill the needs of the hospital and its employees.