

Running Head: ABSENTEEISM IN HEALTHCARE: IDENTIFYING GAPS AND

UNIVERSITY OF CENTRAL OKLAHOMA

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**Absenteeism in healthcare: Identifying gaps and resources for working families**

A THESIS

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MASTER OF SCIENCE IN FAMILY AND CHILD STUDIES

By

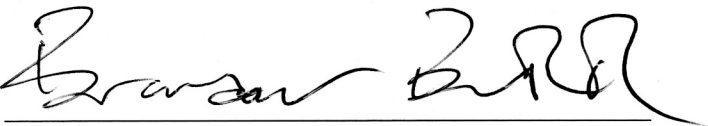
Sara E. English

Edmond, Oklahoma


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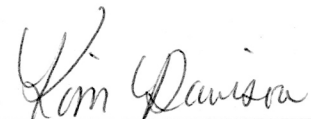
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By   
Dr. Brandon Burr  
Committee Chairperson

  
Dr. Kaye Sears  
Committee Member

  
Dr. Glee Bertram  
Committee Member

  
Dr. Kimberly Davison  
Committee Member

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## ABSTRACT

The need for quality care for children is a need families face across the country regardless of social status. In today's business of child care, hours of operation and cost of services have taken precedents to the quality of care received. Of the approximate 104,216 children who need child care in the state of Oklahoma, 45% need care outside of standard business hours (Child Care Aware of America, 2012). The main focus of this study is to understand the needs of rural Oklahoma families who serve as front line workers in the healthcare industry so that programs may be developed to foster a more positive work-family culture. As an attempt to see how child care impacts the work environment of healthcare professionals, researchers used the Human Ecological Model to understand the flow of influence the individual may have on his environment and vice versa. This study looks at each of the 5 layers of this model to determine key elements that can impact the successful balance of work and family for healthcare professionals. The data for this study was collected through an on-line survey completed by employees at Fairview Regional Medical Center in northwest Oklahoma. Based on the study findings, participants felt as though they had little to no help from extended family and friends in regards to caring for their children. Only 20% of participants have regular, consistent child care for their children. The data revealed that each participant with a child under the age of 18 missed, on average, 20 days annually due to child related issues.

## CHAPTER ONE: INTRODUCTION

### Introduction and Statement of the Problem

Between 1975 and 2009, the labor force rate of mothers with children under age eighteen increased from 47.4 percent to 71.6 percent (Bianchi, 2011). The number of working families has continued to climb over the past 50 years, but to a large degree the resources available to these families have not. The need for family resources for child care was identified over 40 years ago for families who could not afford to stay home and care for their small and/or sick children, thus programs such as formal daycare centers and Head Start programs were established to help meet and address the needs of these families.

In addition to the increase in working mothers, the average school year is 180 days, leaving a minimum of 185 days for parents to find alternative care for their child (Christensen, Schneider & Butler, 2011). Before and after-school programs in connection with summer programs are a possible solution to this specific issue, however the availability of these programs is extremely limited depending on the community and usually do not include the mandatory breaks throughout the school year such as Christmas break and Spring break.

The basic need addressed in this study is the same, the population however has varied. Understanding the needs of rural Oklahoma families who serve as front line workers in the healthcare industry is the main objective to this study. The main barrier for most individuals working in the health care field is availability and scope of care needed for their child. This information will allow for programs to be developed to enhance the quality of services available to these working families similar to programs designed for other specific populations.

## **Background of the Problem**

Child care has become hard to find, difficult to afford, and there are often child care quality issues in many communities across the country. Fifty-seven percent of first-time mothers are in the workforce within 6 months of giving birth, and 64% are working within a year (Kossen, Quigley & Nelson, 2013). In a household economic study using Census data, Laughlin (2013) found for parents who work outside of the 8am-4pm Monday through Friday work schedule, 33% required patching together a variety of arrangements to cover all hours of employment and consistent caregiving for the child was less likely.

Similar to the national sentiment, finding quality child care in Oklahoma remains a challenge for many families. According to Child Care Aware of America (2011), the cost of child care in Oklahoma for a 4 year-old was approximately 10% of a two-parent median income. These statistics also show that the average annual cost for child care in Oklahoma in 2011 was \$7,288 for an infant; \$5,397 for a 4 year-old; \$4,496 for a school-age child and \$12,988 for two children (Child Care Aware of America).

So, how many children are in need of reliable, consistent child care in Oklahoma? According to state statistics for 2012, an estimated 104,216 children from dual-earner homes are in need of child care. Of those Oklahoma children, 97% need full-time care and 45% need care during non-traditional hours (Child Care Aware of America, 2012). Based on these statistics, the first barrier addressed in this study is the need for child care outside of 7am-6pm traditional working hours since the majority of the front-line employees at Fairview Regional Medical Center in Fairview, Oklahoma, work 13 hour shifts from 6-7. In addition, there are no resources in the Fairview community or outlying region for over-night care if the employee works the night shift.

The second pressing issue of this study is to investigate is the quality of the child care available in the Fairview area. According to the National Association of Child Care Resource and Referral Agencies (2011), 38% of parents' ranked quality as their highest concern in regards to care for their child. This report also found that availability and reliability to be a key concern for parents since 37% of parents from dual-income families had to take leave from work due to child care arrangements falling through (National Association of Child Care Resource and Referral). Through this study, the barriers health care employees experience related to the quality of care their child receives will help to identify additional gaps in services. Like most parents, health care employees want to know their children were not just being watched, but having their needs meet.

Lastly, the employees want to be involved in their child's day-to-day activities going beyond simply providing snacks to being involved in field trips, school events or merely watching their child play via web-cam. On average, children with employed mothers spend 36 hours a week in child care based on a report from the US Census Bureau in the spring of 2011 (Laughlin, 2013). Barriers identified are primarily related to the nature of the job. Healthcare is not a job that you can step out for an hour without jeopardizing coverage and the safety of the patients in your care. However, the U.S. Department of Health and Human Services (2010) indicates that the child care industry can enhance employee satisfaction by:

**Lowering Absenteeism:** Child care breakdowns leading to employee absences cost businesses \$3 billion annually in the United States. Fifty-four percent of employers report that child care services had a positive impact on employee absenteeism, reducing missed workdays by 20 to 30 percent.

**Increasing Productivity:** Forty-nine percent of employers report that child care services had helped boost employee productivity.

**Reducing Turnover:** Almost two-thirds of employers found that providing child care services reduced turnover.

**Boosting Recruitment:** 85 percent of employers report that providing child care services improved employee recruitment. About one in three working parents is willing to change employers or trade salary and benefits for work/family programs that fit his/her needs.

### **Purpose of the Study**

The purpose of this study is to examine the degree to which children impact absenteeism rates of their parents who work in the health care field. Based on the literature review, it is hypothesized that the resources available within the community play a vital role in the parent's ability to plan absences, therefore directly impacting the absenteeism rates of front-line healthcare workers. As the community resources increase both in availability and scope of services, the absenteeism rates will decrease.

### **Definition of Terms**

*Front-line healthcare workers* are non-administrative personnel who contribute to the day to day function of the healthcare system. They may serve in a clinical or clerical role to ensure the patient's needs are met from their entrance into the hospital setting all the way through to their discharge.

*Relational care* is child care services being provided by a family member. This may include a parent, sibling, grandparent, or other extended family member.



*Standard work schedule* will refer to employees who work between the hours of 8am to 5pm, Monday through Friday. They do not participate in work outside of those hours on a regular basis.

*Non-traditional work schedule* will refer to employees who work outside of the standard work schedule. It may include longer shifts and fewer days, on-call duties, over-night or weekend shifts.

### **Significance of the Study**

The expectation is that through the findings of this study, resources that are needed to support working families in the health care industry will be identified as well as the needed information to know how to better implement programs that will have positive outcomes for health care employees' families, increased job satisfaction and ultimately better patient care. It is also expected that this study will also lend insight into specific programs and policies health care organization can implement to build a healthy work-family culture.

## **CHAPTER TWO: REVIEW OF THE LITERATURE**

Balancing work and family has been an underlying family stressor in the majority of research related to work-life happiness. Specifically, the scope of this study will look to identify perceived barriers that health care workers face in balancing work and family life. Building on the identified barriers, the study will highlight feasible initiatives health care employers could implement to help provide a positive work culture that supports the needs of families. As the number of families in the work force continues to grow, industry must also adapt to develop more family friendly policies and initiatives. Bianchi (2011) highlighted the growing prevalence of dual-earning families with children under the age of 6, which grew from 39% in 1975 to 63.6% in 2009.

Additionally, over the past 60 years, the family system has been redefined. The traditional “Leave it to Beaver” family began to transform into a model where both parents work outside of the home. In previous generations, relational care was the most common form of child care used while parents worked. However, today with multigenerational households shifting into single family homes, it has significantly decreased due to the reallocation of resources available to the family, such as grandparents to care for the children while parents worked.

### **Theoretical Framework**

#### **Bronfenbrenner’s Ecological Model.**

Throughout history, society has devised a variety of methodologies and frameworks to understand human behavior and development. As the field of behavior science developed, professionals struggled to understand not only the behavior itself, but how behavior is shaped. Understanding the context in which the event occurs is crucial to understanding the problem.

Based on this concept of holistic ideology, the ecological framework was selected to guide this study. Through the lens of the study, the role of the individual, as well, as the family and how they interact with the world around them will help to highlight the resources that are routinely used as well as the barriers that are faced.

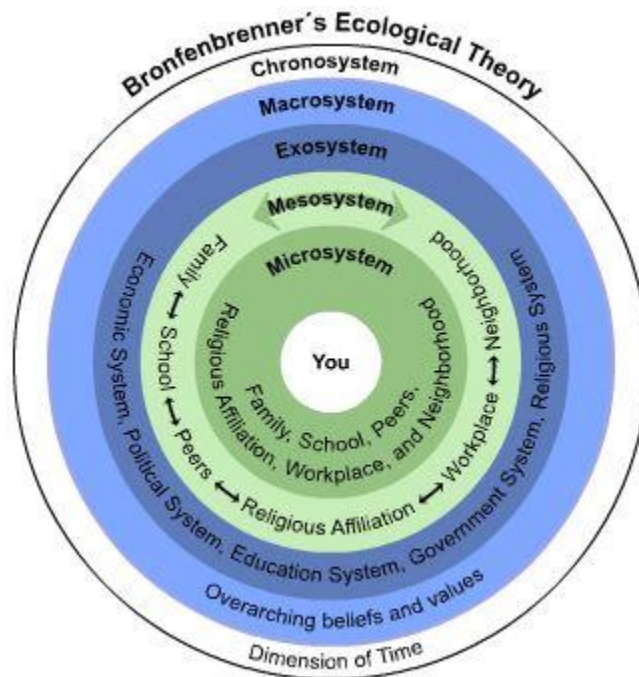
Bronfenbrenner (2005) proposed that you must consider the entire ecological system in which an individual exists in order to understand how they develop. The model consists of 4 subsystems; microsystem, mesosystem, exosystem and macrosystem that provide bi-directional influences on each level that provide support and resources for the individual's growth or containment as depicted in Figure 2.1.

The microsystem serves as the nucleus. It is the main source of interaction, support and information for the individual. The mesosystem is the link between the individual and those around them, or the connection between microsystems. An example of a mesosystem link would be the connection between school and home life. The exosystem focuses on the community, accounting for variables such as politics or local industry. The macrosystem is the overall societal-level culture and attitudes of the environment in which the individual/family functions within. In addition to the influences of each layer, Bronfenbrenner hypothesized that an additional element, the chronosystem, was also essential. This layer takes into consideration the cumulative experiences as they occur over time.

By using the ecological model, the study will be able to assess key resources that are available within the various systems in the Ecological Model, as well as identify growth areas in which additional resources can be added to help address the issue of absenteeism for families in the healthcare industry. The systems within the Ecological Model will be utilized to organize the content areas within this review of literature.

Figure 2.1

*Bronfenbrenner's Ecological Model (Weber State University, 2009)*



**MICROSYSTEMIC INFLUENCES.**

The microsystem is the layer closest to the individual and contains the structures with which the individual has direct contact. This subsystem focuses on the relationships the individual or child is directly involved with, such as family, school, work and childcare. This core environment allows the individual to collect data about and process the ever changing world around them. The microsystem also has the greatest direct impact on the individual, although the outer layers also contribute in various ways.

Johnson (2008) used Census data to compare the rate at which first time mothers returned to work in the early 1960's to that of the early 2000's. The finding showed that in 1960's only approximately 10% of first time mothers had returned to work compared to the 42% of the early 2000's (Johnson, 2008). Although comparisons were made for 6 months and 12 months post-delivery, the 3 month marker is particular interesting since that is the time frame allowed in

accordance with the Family Medical Leave Act (FMLA).

The other key change that has occurred is the schedule that most public schools follow. Over the past several years there has been an increasing trend in Oklahoma of moving to a year-round school schedule with more frequent and longer breaks throughout the year. According to Christensen et al. (2011) this has become a particularly challenge for families as they attempt to find and coordinate care for the child during non-school times. Although the additional breaks are planned and allow parents to spend additional time with their child, they are a logistical nightmare for many working parents. Parents' still have obligations to their work and many cannot afford the additional cost of child care particularly around the holidays which is when most breaks occur.

As children, parents and families prepare for life with children many must take into consideration the role work, child care, and school will have and at what time they will integrate. As dual-earner families, the transition may be more difficult due to the need to return to their job for both income and to maintain employment. In the U.S. it is common for women to return to work six to 12 weeks after the birth of a child. These adjustments often force families to introduce new elements into the microsystem and learn how to effectively manage each as well as how these new elements interact.

### **MESOSYSTEMIC INFLUENCES.**

The mesosystem moves beyond the dyad to focus on the relationships that develop due to interactions between microsystems, such as a parent's relationship with a child's caregiver in a childcare setting. This system helps develop the structure for relationships to grow that develop out of the microsystem. Through this lens, the study gains understanding of how the family is affected by the parent's employment, how the parent's work impacts the child's school/child care

and other key groups the family members interact with on a daily basis. This system is highlights the bi-directional influences of the various different connections between microsystems that have an impact on growth and development.

To understand how the parent's employment can impact the child, Brooks-Gunn, Han, and Waldfogel (2002) conducted a study to look at the affects of maternal employment on their child's cognition tests at 36 months. They found that for mothers who returned to work within the first 9 months and worked 30 hours a week or more, their children scored significantly lower on the standardized exam (Brooks-Gunn, Han & Waldfogel, 2002).

In addition to parental employment, the quality of care plays a significant role in the child's development, parent's involvement, and the overall stress related to returning to work. In the United States there are 73,941,848 children under the age of 18; 57,010,491 being under the age of 14 years old according to US Census Bureau (National Association for the Education of Young Children, 2013). In collaboration with federal, state and local programs, the National Association for the Education of Young Children (NAEYC) found that only 110,252 licensed child care facilities exist in the United States to care for these children (National Association for the Education of Young Children, 2013).

In Oklahoma, 4,519 child care facilities are open, caring for children; of those only 201 are licensed, accredited facilities operating under the guidelines of state and/or federal statutes based on a survey conducted in 2010 by the National Association of Child Care Resource and Referral Agencies (NACCRRRA, 2011). The unfortunate conclusion is that most children are receiving care in facilities with no quality measures in place and no governing body to hold them accountable for the quality of care they provide. The Fairview community is not much different, according to the Oklahoma State Department of Human Services Child Care Locator, 6 child

care facilities meet the minimum requirements to operate without any meeting the standards outlined through a national accrediting organization (Oklahoma Department of Human Services, 2013).

Parent's serve as the first and most influential teacher in a child's life, however, as they return to work the need for child care intersects with the need to ensure their child is in a safe place that can teach them the skills they need to grow and develop. Parents want to be active participants in their child's educational experience. Developing a trusting relationship with the childcare providers, teachers and other microsystem elements becomes crucial to the satisfaction the parent feels in the decisions they have made, such as returning to work.

#### **EXOSYSTEMIC INFLUENCES.**

The exosystem defines the larger social system in which the individual does not directly function. Exosystem factors influence the developing person indirectly through the microsystem. The community in which the individual lives has a large impact on the family. The social structure, availability and types of jobs, local politics all have indirect influences on the individual through the family unit. Parent's workplace schedule or community-based family resources are examples; the individual may not be directly involved, but the impact is felt through the indirect association between the community or work place environment and interactions in the microsystem in both positive and negative ways. This level can be very empowering or detrimental to the overall system in which the individual functions. Resources such as high quality child-care programs provide benefits to the entire family, where as excessive stress at work has an equally impacting result on the family system. Sahibzada, Hammer, Neal and Kuang (2005) found that employees who are parents of young children have greater job satisfaction when there is a supportive work-family culture.

As the need for dual incomes increases, so has the stress level related to providing for the family and maintaining the social ideals of what a family should be. Warner and Hausdorf (2009) found that work organizations with high levels of support for work-family issues have greater employee satisfaction, productivity levels and lower turn-over. The study also suggests that there are multiple options in creating a work culture that is family-friendly. Since the research was conducted using health care organizations, the unique work environment of the health care industry is captured. Many health care professional work extended shifts leading to issues of work overload and fatigue (Warner & Hausdorf).

With parental involvement with school-age children becoming more of a challenge for working parents, the child care concerns of families go beyond the first few years of life to include K-8<sup>th</sup> graders. Christensen et al. (2011) identified work schedules as a key obstacle for maintaining involvement with both the planned day to day responsibilities and the unforeseen occurrences such as illness. Developing a work culture that is family friendly allowing for flexibility or providing additional resources has been found to have the greatest impact on job satisfaction and productivity.

The exosystem layer helps identify factors that are “felt” indirectly through their influence on the microsystem. Understanding the impact that both the community at large and the work community have on the family allows employers to develop resources that may not exist within the larger community to attempt to enhance the experience of the employee and their family.

### **MACROSYSTEMIC INFLUENCES.**

The macrosystem is the outer most, and perhaps most abstract system in the Human Ecology model. The macrosystem is composed of cultural values, customs, and laws. The



macrosystem influences what, how, when and where we carry out our relations by providing social structures to guide the family in perceived acceptable behaviors. For example, programs like the Soon to be Sooners Medicaid initiative for expecting mothers may positively impact a new mother by granting access to quality healthcare, support systems and other educational resources. It may enhance her life in such a way that she is able to have a safe, full-term pregnancy resulting in a healthy newborn that she now has the resources and knowledge to parent. This system provides us with the boundary and structure to flourish as individuals and families.

Federal policies such as the Family Medical Leave Act (FMLA) have been implemented to help facilitate positive work-family cultures. States and communities strive to offer safe, family-focused environments through enforcing laws such as speed limits around schools and parks and the development of neighbor watch programs. Many employers offer paid time off for employees and may extend the availability of benefits such as insurance to the family members of the employee.

The development of a family friendly work culture has become one of the most desired benefits an organization can offer. The ability to recruit and retain valued employees is largely dependent on the resources available to ensure their family will thrive. Previous research highlighted by Sahibzada et al. (2005) has identified that flexible work plans make it easier for employees to be an active participant in their child's life, but in the healthcare industry many more common solutions may not work. For example, health care employees value their profession and understand the limits of reality. Solutions to making a family friendly work culture can consist on negotiations with local child care facilities to develop alternate schedules or opening an on-site facility; advocating for employees in regards to school transfers; hosting

child-centered activities when unforeseen weekend/evening meetings must occur. Such initiatives will be helpful for those in the health care industry as well.

Nurses make up the majority of front-line employees in the health care setting. Robinson, Davey and Murrells (2003) conducted a longitudinal study in the United Kingdom with a cohort of Registered Nurses to assess their experiences with maternity leave and the development of family-friendly policies in the work place. Their study concluded that nurses who returned to work in 4 to 5 months felt they had returned too early where as those who took a minimum of 6 months leave felt better about returning to work.

Knowing that employees want a family-friendly work culture and developing one are two different issues entirely. Friedman (2001) outlines four key solutions to help employers develop an environment for a more family-oriented work environment. These key solutions include flexible work schedules, time-off policies, on-site child care services and financial assistance for family expenses. However, in the healthcare industry allowing flexible work schedules can be difficult since the facility must operate 24 hours a day, 7days a week. Time-off is essential but can be very difficult to manage in a healthcare setting if not pre-planned and, of course, child illnesses difficult to anticipate, which complicates time-off procedures. On-site child care services function in many healthcare settings, particularly hospitals, by allowing parents easy access to their child as well as the ability to incorporate sick care, flex-pay options, and develop hours of operations to meet the needs of the employees.

Work culture and policies that support a positive work-family dynamic are two key elements that have the potential to have both positive and negative effects trickling down to the microsystem. To build a family-friendly work culture, you must look past the immediate gains the employee receives to the overall effect the incentives have on the family system. For

instance, allowing employees to payroll deduct cafeteria food has many immediate benefits, it keeps employees in-house for lunch which requires less time away from job duties and encourages employees to interact with other employees they may not see on a daily basis. However, the effects on the family system may not be as positive. Many individuals are unaware of the amount of money they have spent if they do not have to physically handle the money, therefore by the time they receive their paycheck stating how much they had spent in the cafeteria their pay is less and they are unable to make immediate changes to rectify the situation.

### **CHRONOSYSTEMIC INFLUENCES.**

The final element of Bronfenbrenner's theory, the chronosystem, was added to help understand how change over time impacted the development of individuals, families and ultimately society. Originally, it was thought that the impact of time was limited to the continued growth and development of the child over time. However, the true impact of the chronosystem takes into consideration the changes society has gone through as well as the changes families may currently be going through. For example, 1978 was a milestone year for families. It marked for the first time in history that more than half of all American women were in the workforce (Bronfenbrenner, 2005). Since the 1970's, the percentage of women with children joining the workforce has continued to increase. Looking at policies and programs that were designed and implemented in the 1960's such as Head Start, understanding the need to address the changing times was the goal of the program; however the program only focuses on the small target population that was identified at the particular time.

Moving forward in the development of programs to help foster a positive parent-child relationship, the need for an organic program is inevitable. Preparing and adapting to the changing needs of families, community and society are essential as well as taking into

consideration the historical perspective that influences our perception of the problem as well as the solution.

### **Summary**

To gain greater understanding of the issues healthcare workers face that may lead to greater absenteeism rates, the relationships, resources and environment in which the professionals readily interact must also be taken into consideration. The holistic view point of the human ecological model allows this study to account for both the culture and environment of the family, the workplace and that of the larger community. With this framework, strengths can be identified, gaps of services reduced, and feasible solutions developed.

Through this study, it is hypothesized that by identifying the barriers health care employees experience related to care for their child, resources and initiative will be able to be developed to help close the gap and build a more positive work-family culture.

## **CHAPTER THREE: METHODOLOGY**

### **Descriptive Study**

This descriptive study uses a combination of both qualitative and quantitative analysis to develop a comprehensive understanding of the needs and barriers for health care workers in rural Oklahoma as they attempt to balance work and family life. Quantitative data will be collected and analyzed to build a composite picture of the circumstances for dual-earner families in the health care industry. As a solution oriented project, a qualitative, open-ended question, was also included in the survey to help understand the perceived barriers and resources need by the participants.

### **Procedure**

The survey used for this study will be sent to all Fairview Regional Medical Center employees via their work email accounts. Informational flyers will be placed in each department on the communication board, added to the time-clock and placed on the intranet for employees to review and ask any follow-up questions. Information will also be provided to the directors of each department to add to the staff meeting agenda prior to the distribution of the survey. Participants will be given three weeks to respond to the survey with a reminder being sent after two weeks.

All information gathered from this survey will be collected in an anonymous manner and has no identifying markers that will allow a connection to be made between the participant and their answers. The email will be delivered by a general/non-response email and there are no identifying markers on the survey or the survey system used. Data for this study will be collected through the Qualtrics program. The Qualtrics program is a security certificate enabled

survey collection site to keep all data collected through the program confidential. The reader is directed to Appendix A to view the survey in its entirety.

### **Participants**

Fairview Regional Medical Center is located in Fairview, Oklahoma and serves as the rural health center for the surrounding communities and counties. Through Fairview Regional Medical Center, approximately 70 individuals are employed in various clinical and administrative settings. The Fairview Regional Medical Center system consists of both the hospital and physician offices in the Fairview community.

For the purpose of this study, the target population is front-line, non-administrative personnel with children under the age of 18 years old who live in the Fairview area.

### **Data Analysis**

Quantitative analysis will be conducted via PASW 21.0 to narrow the population to the study target population to determine how many Fairview Regional Medical Center employees face the particular issues relevant to aimed scope of this study. This narrowing process will include the following delineations:

- *Separate Front-line from administrative*
- *Separate Parents from non-parents*
- *Separate Dual-earner/single households from Non*

Once the target population is determined, additional analysis will be performed to determine mean age and range of children in each family; the percentage of families who have child care and those who still need child care; and the rate of absenteeism related to their children.

The current study is based on the following research questions: To what extent do the perceived resources available to healthcare professionals meet the actual needs they face in regards to care for their children? Does the availability of child care contribute to higher absenteeism rates in healthcare professionals? Do current family care models contribute to the lack of availability of healthcare professionals in rural areas?

## CHAPTER FOUR: FINDINGS

The findings highlighted in this chapter represent the data collected through the course of this study. The findings are delivered in a combination of raw data as well as analyzed data. The data was collected via an online survey conducted using Qualtrics and was completed by employees of Fairview Regional Medical Center.

To answer the study research questions, the survey was broken into 3 domains; understanding your role in the healthcare field, understanding you and your family, and understanding the resources available to your family. Basic demographic information was also collected through the survey.

The composition of this survey included employees from the Fairview Regional Medical Center. Eleven employees chose to participate in the study. The group consisted of all Caucasian individuals with an age range of 26-63 years with a mean age of 48 years old ( $SD = 11.78$ ). In regards to income, one participant fell into each of the 7 subgroups ranging in increments from under \$20,000 to over \$100,000; with the largest being 38% of participants having an annual income over \$100,000. Regarding relationship status, most were married (91%); one participant (9%) reported having been widowed.

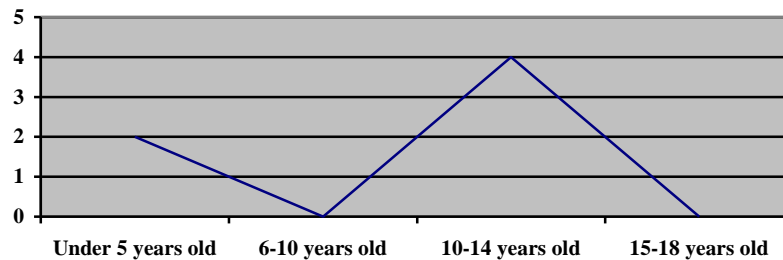
In an attempt to determine the degree to which current care models meet the needs of rural families in the healthcare industry, data was gathered on work shifts, employment status and number of children in the home. The majority of participants reported working the standard 8-5, Monday through Friday shift (73%). Subsequently, 36% of participants reported working either a rotating shift or the weekend shift. Eighty-two percent of participants reported both adults working full-time positions within the household.



Of the individuals participating in the survey, 82% reported having children. Families with only one child made up 9% of the sample, whereas families with two or three children made up 54%. The last grouping was for families with four or more children, which made up 18% of the sample. Of those families, 33% reported having children under the age of 18. A third of these families reported having preschool age children at home. The remaining 66% reported having children between the ages of 11-14 years old. For an overview of results for the number and ages of children please see Table 4.1

Table 4.1

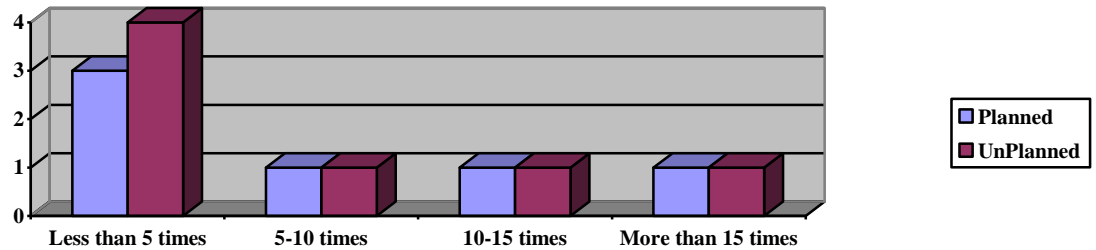
*Number and Ages of Minor Children*



In assessing the degree to which child care had contributed to absenteeism rates, participants were asked to report their planned and unplanned absences due to child related issues over the past month, 6 months and year. Seven participants missed up to 5 unplanned days in the past month. Over the past 6 months period, 5 participants missed up to 5 days, while 1 participant reported missing up to 10, as well as 1 missing up to 15 days. Reflecting over the past 12 months, 4 participants missed up to 5 days, while 1 participant missed each of the following; up to 10 days, up to 15 days and more than 15 days, of unplanned leave due to child related issues. For an overview of these results please see Table 4.2.

Table 4.2

*Absenteeism in the Past Year*



To what extent do the perceived resources available to healthcare professionals meet the actual needs they face in regards to care for their children? Eighty percent of participants reported having limited to no help from extended family and friends when it comes to care for their child. Only 20% of participants have regular, consistent child care for their children. The remaining 80% reported not needing care at the current time.

## CHAPTER FIVE: DISCUSSION

### Discussion of Findings

According to the findings, 33% of participants have children who are under the age of 18. Of those families, 66% are school age children between the ages of 11-14 while the remaining 33% are under the age of 5 years. Addressing the issue of absenteeism among healthcare professionals was a major focus of this study. After narrowing the participant pool to the target population, data revealed that each participant with a child under the age of 18 missed, on average, 20 days annually due to child related issues. Over half of the absences due to child related issues were unplanned. Understanding the bi-directionality of the relationship between the mesosystem, employment, and the microsystem, family, we can begin to see how the family unit effects key aspects of one's professional career such as absenteeism, productivity and the even the willingness to accept a job due to the resources and impact it will have on their family.

The participants in the study were primarily from dual-income earner families with a large proportion of the sample reporting an income of greater than \$100,000 annually. Understanding how work, home and family intersect is an obstacle they must all address, however, over half of the families will face additional hurdles as they address the need for child care outside of the standard work schedule. According to the Oklahoma State Department of Human Services (2014), there are currently no licensed programs available in the Fairview community to aid in the care of children outside of the standard work schedule. Although approximately 57% of children enrolled in child care in the state of Oklahoma are in dual-income earning families, few resources are available to help juggle work and family life (Child Care Aware, 2012).

What can be done to help families of healthcare workers? This seemingly simple yet complex question highlights the importance of the exosystem and its impact on the family system. Study participants felt as though they had little to no help from extended family and friends in regards to caring for their children. Only 20% of participants reported having help from family and friends in regards to caring for their children. They also felt that their employer, child care professionals, and community could come together to help make a better system. Two participants made comments that would help ensure a better work/family balance. One study participant noted it would be helpful for daycare hours to begin earlier, while another commented on the need for an area at the work facility for children.

Although this may seem like a daunting task, Friedman's (2001) four key solutions outline where to start. Most healthcare organizations already have time-off policies in place and have financial assistance programs in the form of child care tax credits (Galinsky & Bond, 2000). The remaining two components outlined by Friedman, flexible work schedules and on-site child care, represent a more significant undertaking, but can be implemented under the appropriate structure. Flexible work schedules are not fit for all positions in all departments of the healthcare system, because the majority of front-line workers in the healthcare industry are required to fulfill their job duties in person. However, for those individuals that can work outside the standard work schedule and/or telecommute, flexible work schedules may be a viable option to retain and recruit productive professionals with families. The implementation of on-site child care can begin as collaboration with a local child care facility and expand based on the needs of the health care workers.

Thus, perhaps the most important aspect of the on-site child care solution is the employer's willingness to be an advocate for families alongside their employees. Friedman

(2001) found that dual-earner couples report feeling stressed and rushed for time as they try to maintain a stable family life while balancing challenges such as rotating shifts. Of the participants in this study, 100% of the sample reported at least a stress level of “somewhat stressed” or above; 22% as “stressed” or above. Due to sample size limitations, it is not appropriate to assess whether this stress level is correlated with child care issues. Yet, the stress level of these employees appeared elevated according to the survey results. As parents struggle to meet the needs of their jobs and families, many fall short due to the lack of support and resources available to them. Galinsky and Bond (2000) found that while 95% of employers offer health insurance to employees, only 51% of all full-time employees receive paid leave for sick children. These are ongoing challenges for working families which highlight the multi-layered, ecological nature of the issue, and the utility of the human ecology perspective in addressing resources and needs. Stressors related to finding good childcare that accommodates the schedules of working families permeate from the microsystem to the macrosystem and back again.

### **Implications for Professionals**

This study addresses a few vital components for professionals in the field of family and child studies to address. The first is the importance of meeting the needs of the family, regardless of perceived resources. Traditionally, programs are developed for at-risk families assuming affluent families have the resources needed to address the problems on their own. As professionals, it is important to look past income and determine what variables may be at play. Additionally, understanding the role of “family” benefits in the recruitment process will help in developing a community of support and empower the community to ensure it can address its needs as they may change/arise over time.

### **Implications for Researchers**

The healthcare industry is a unique, vital and integral part of every community. Gaining a greater understanding of the needs of this population will help strengthen communities and ensure healthcare is available for even the most rural of residents. As researchers, it is important to look past the standard low-income, minority based need requirements for families with children, and help assess the overall need communities have for child care and the role it plays in the overall “well-being” of the community.

### **Limitations**

The goal of this study was to attempt to gain insight into the barriers families in the healthcare industry face while trying to manage both their family life and maintain their professional responsibilities. The study was designed as a descriptive study since very limited research existed on the topic. The main limitation of this study was the sample size due to the low survey response rate. In terms of data collection, an on-site presence may have helped the participants understand the purpose of the study as well as resulted in a greater buy-in from the workers (and greater participation). A deeper investigation to determine the key reasons for the lack of need for child care for many of the families with children is needed in the future. The sample size of this study can be improved in future studies by recruiting multiple rural health centers to participate, or even partnering with such programs such as the Oklahoma Rural Healthcare Association.

Yet, the results of this study have raised additional questions pertaining to meeting the needs of working families in the health care field. Namely, more clarification is needed as to why families may not need child care has raised additional questions for families of school age children to determine if child care is an issue outside of the traditional school year and/or school

breaks. Thus, more specific/nuanced investigations will better inform which needs are present for which families, and further highlight avenues for support.

### **Conclusion**

Access to healthcare is an integral part of all communities, even more so in rural, isolated areas where time and travel become unmanageable factors. By using the Human Ecological Model to assess the effects of child care needs in the healthcare industry, gaps of services have been identified. It is known that the ability to recruit and retain quality staff is an ongoing challenge for many medical facilities; and with the limited resources for families in rural locations, the task will become increasingly more difficult. By implementing programs and policies that enhance resources for families such as child care, the healthcare industry can begin to build a stable workforce with dedicated employees. A study conducted at Citibank (Friedman, 1998) found that the on-site child care center saved approximately 18,840 hours of work per year, estimated to equal \$211,077 in reduction of absenteeism. It is imperative that as employers in the healthcare industry, we must look at the needs of healthcare employees and help to develop programs that enable them to meet their obligations outside of work in addition to the duties listed on their job description. Whether it be child care, flexible work schedules, elder care or financial issues; the stress level of healthcare professionals can be managed by offering benefits that help boost family well-being and job satisfaction, as well as reduce costly turnover.

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## APPENDIX A

### IRB Approval Letter

**APPROVED**

JAN 22 2015

UCO IRB

**APPROVAL**

JAN 21 2016

**EXPIRES**

**Research Project Title:** Absenteeism in healthcare: Identifying gaps and resources for working families

**Researcher (s):** Sara English, Dr. Brandon Burr

**A. Purpose of this research:** We understand that resources available within a community play a vital role in the working parent's ability to structure schedules and plan absences from work. These community resources may directly impact the absenteeism rates of front-line healthcare workers. The purpose of this study is to examine the degree to which children impact absenteeism rates of their parents who work in the health care field. We want to learn more about community resources available to working families.

**B. Procedures/treatments involved:** You will be asked to complete an online survey.

**C. Expected length of participation:** The survey takes approximately 10 minutes to complete.

**D. Potential benefits:** By participating you may gain a greater understanding of the issues/resources needed to help families effectively manage family life while working in the rural healthcare setting. Also, by providing information about this issue, you are helping investigators develop solutions to ensure rural communities have access to quality healthcare services.

**E. Potential risks or discomforts:** Participants may experience some discomfort at answering questions about their personal/work life balance, yet, overall, the risks of participating in this study are not predicted to be greater than those ordinarily encountered in daily life.

**F. Medical/mental health contact information (if required):** N/A

**G. Contact information for researchers:** You may contact the principal investigators at the following e-mail addresses and telephone numbers if you want to talk about your participation in the study or inquire about the study: Sara English, E-mail:

[saraenglish85@gmail.com](mailto:saraenglish85@gmail.com); Phone: 405-614-0266; Brandon Burr, Ph.D., CFLE: Email:

[bburr1@uco.edu](mailto:bburr1@uco.edu); Phone: 405-974-5793.

**H. Contact information for UCO IRB:** If you have questions about your rights as a research volunteer, you may contact the UCO Institutional Review Board, Office of Research Compliance: E-mail: [irb@uco.edu](mailto:irb@uco.edu); Phone: 405-974-5479.

**I. Explanation of confidentiality and privacy:** Data will be collected electronically through the Qualtrics program (an online survey tool). No names will be included on the electronic record. The Qualtrics program is a security certificate enabled survey collection site to keep all data collected through the program confidential. Only the principal investigator will have access to the data. Once the data collection is complete, a copy of the data file will be stored on the principal investigators' work computer which is security protected through password entry. The investigator will not be able to attach names to information provided by the study participants.

**J. Assurance of voluntary participation:** Your participation in this study is voluntary and there is no penalty if you decide not to participate. You are free to refuse to participate, to refuse to answer any questions that make you feel uncomfortable, and to stop participating in the survey at any time without penalty.

#### **AFFIRMATION BY RESEARCH SUBJECT**

By clicking "Yes" I hereby voluntarily agree to participate in the above listed research project and further understand the above listed explanations and descriptions of the research project. I also understand that there is no penalty for refusal to participate, and that I am free to withdraw my consent and participation in this project at any time without penalty. I acknowledge that I am at least 18 years old. I have read and fully understand this Informed Consent Form. I sign it freely and voluntarily. I acknowledge that a copy of this Informed Consent Form has been given to me to keep.

If you would like a copy of this consent form for your records, please print this page.

## **APPENDIX B**

### Approved Informed Consent Letter

**Research Project Title:** Absenteeism in healthcare: Identifying gaps and resources for working families

**Researcher (s):** Sara English, Dr. Brandon Burr

**A. Purpose of this research:** We understand that resources available within a community play a vital role in the working parent's ability to structure schedules and plan absences from work. These community resources may directly impact the absenteeism rates of front-line healthcare workers. The purpose of this study is to examine the degree to which children impact absenteeism rates of their parents who work in the health care field. We want to learn more about community resources available to working families.

**B. Procedures/treatments involved:** You will be asked to complete an online survey.

**C. Expected length of participation:** The survey takes approximately 10 minutes to complete.

**D. Potential benefits:** By participating you may gain a greater understanding of the issues/resources needed to help families effectively manage family life while working in the rural healthcare setting. Also, by providing information about this issue, you are helping investigators develop solutions to ensure rural communities have access to quality healthcare services.

**E. Potential risks or discomforts:** Participants may experience some discomfort at answering questions about their personal/work life balance, yet, overall, the risks of participating in this study are not predicted to be greater than those ordinarily encountered in daily life.

**F. Medical/mental health contact information (if required):** N/A

**G. Contact information for researchers:** You may contact the principal investigators at the following e-mail addresses and telephone numbers if you want to talk about your participation in the study or inquire about the study: Sara English, E-mail: saraenglish85@gmail.com; Phone: 405-614-0266; Brandon Burr, Ph.D., CFLE: Email: bburr1@uco.edu; Phone: 405-974-5793.

**H. Contact information for UCO IRB:** If you have questions about your rights as a research volunteer, you may contact Ms. Jamie Peno, Manager, UCO Institutional Review Board, Office of Research Compliance: E-mail: irb@uco.edu; Phone: 405-974-5479.

**I. Explanation of confidentiality and privacy:** Data will be collected electronically through the Qualtrics program (an online survey tool). No names will be included on the electronic record. The Qualtrics program is a security certificate enabled survey collection site to keep all data collected through the program confidential. Only the principal investigator will have access to the data. Once the data collection is complete, a copy of the data file will be stored on the principal investigators' work computer which is security protected through password entry. The investigator will not be able to attach names to information provided by the study participants.

**J. Assurance of voluntary participation:** Your participation in this study is voluntary and there is no penalty if you decide not to participate. You are free to refuse to participate, to refuse to answer any questions that make you feel uncomfortable, and to stop participating in the survey at any time without penalty.

**AFFIRMATION BY RESEARCH SUBJECT**

By clicking "Yes" I hereby voluntarily agree to participate in the above listed research project and further understand the above listed explanations and descriptions of the research project. I also understand that there is no penalty for refusal to participate, and that I am free to withdraw my consent and participation in this project at any time without penalty. I acknowledge that I am at least 18 years old. I have read and fully understand this Informed Consent Form. I sign it freely and voluntarily. I acknowledge that a copy of this Informed Consent Form has been given to me to keep.

If you would like a copy of this consent form for your records, please print this page.

## APPENDIX C

### Study Survey

#### Understanding your role in the Healthcare Industry

1. What type of work do you perform?
  - Clinical
  - Administrative
2. *What type of position do you hold?*
  - Front-line
  - Supervisor
  - Management
  - Administrative
3. What shift do you work?
  - Standard M-F 8-5
  - Rotating 12 hr. shift
  - Weekend shift
  - Evening-night shift
  - PRN/on-call shift

#### Understanding you and your family

4. Where does your family:
  - Live?: drop down box of towns in Oklahoma
  - Work?: drop down box of towns in Oklahoma
5. What is your marital status

- Single
- Married
- Divorced
- Widowed

6. *What is the employment status of your family?*

- One income
- dual-income full-time
- dual income part-time

7. *How many children are in your family?*

- 0
- 1                    age: drop down box
- 2                    age: drop down box for each
- 3                    age: drop down box for each
- 4 or more        age: drop down box for oldest and youngest

Understanding the resources available to your family

8. Do you have extended family and/or friends to help with the care of your children?

- Yes
- No
- Under special circumstances

9. Do you have child care for your children?

- Yes, I have regular/consistent care
- No, but I need it.

- If so, what barriers keep you from having child care
- No, but I don't need it.

10. Approximately how many times have you had to miss work due to child related issues:

- In the past month
  - Planned
    - Drop down number box
  - Unplanned
    - Drop down number box
- In the past 6 months
  - Planned
    - Drop down number box
  - Unplanned
    - Drop down number box
- In the past 12 months
  - Planned
    - Drop down number box
  - Unplanned
    - Drop down number box

We want to hear from you:

11. What resources would be helpful for you and your family to ensure a better work/family balance?



Additional Demographic Information

12. How would you define your ethnicity?
  - Caucasian/White
  - African America
  - Native American
  - Hispanic
  - Asian
  - Other: \_\_\_\_\_
  
13. What is your age?
  - Drop down number box to select age
  
14. What is your income bracket?
  - Under \$20,000
  - \$20,000-\$30,000
  - \$30,000-\$45,000
  - \$45,000-\$60,000
  - Over \$60,000
  
15. How would you define your current stress level?
  - Not stressed at all
  - Somewhat stressed
  - Stressed
  - Very stressed