Journal of HUMAN RESOURCE MANAGEMENT

www.jhrm.eu • ISSN 2453-7683

Management strategies and methods reducing work incapacity

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ABSTRACT

Purpose – Work incapacity and work absence are rapidly growing and lead to high costs for health systems but also for organisations, therefore management strategies and methods must be critically proved and changed.
Aims(s) – The aim of this article is to reveal possible strategies for managers and leaders which are appropriate to lower work incapacity and work absence.
Design/methodology/approach – To achieve the aspired aim, the theoretical literature is analysed and connect-ed with a literature review focusing on prevention of work incapacity and work absence.
Findings – Prevention programs, communication and an adequate working culture can lower work incapacity and work absence.
Limitations of the study – Because of the small study size this study is only considered as a base for further research.
Practical implications – Managers and Leaders have the power to lower work incapacity and work absence, but they must change their behaviours and methods.
Originality/value – Strategies against growing trends

KEY WORDS

management, leadership, work incapacity, work absence, cost reduction

JEL Code: A13

1 INTRODUCTION

Crucial problems for organisations arise when a considerable number of staff members is absent from work and must be paid for sick leave. Then, organisations and managers are not only faced with high costs but also with the risk of missing completion deadlines in highly com-petitive markets.

The present study focuses on the causes and consequences of work incapacity with a particular accent on the important field of psychic health diseases and investigates in which way work inability can be prevented or reduced by management strategies.

Even though 2017 German health report displayed a slight decline of employees' sick-ness rate from 4,1 percent in 2015 to 3,9 percent in 2016, the quote of people concerned amounted to 44,6 percent in 2016 (Storm 2017). The main reason given for leaving jobs in 2011, at the EU-28 level was own illness or disability (EUROSTAT 2018). These figures reveal the essential economic impact related with work incapacity.

As a matter of fact, there exist considerable differences in specific prevalence in age, country income levels, sex, and environmental factors (WHO 2010). Although the main factors of reducing work incapacity seem to be fear of losing work, high motivation for work and good working conditions whereas decreasing unemployment, high workload and a bad working at-mosphere are negative factors (Storm 2017). To reveal possible ways to reduce work incapacity, this research analyses the present situation with the focus on influences due to management strategies.

The study is based on analytics of the current status in relation to predicted future de-velopments of the labor market, such as digitalisation, industry 4.0 and labour market 4.0. Work inability impacts the profitability of organisations. To avoid demotivation and stress of staff-members, the management is required to develop strategic methods. The effectiveness of organi-sations substantially depends on the management´s creative decision-making to achieve external and internal participation, commitment and coordination of resources (Dess 2007). The European Commission has focused the problems connected with work incapacity in 2010 and presented the report,

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"Modernising and Activating Measures Relating to Work Incapacity" (w. p). This pub-lication was supported by the European Community Programme for Employment and Social Sol-idarity and shows the significance of this topic (European Commission 2010).

Modern scientific leadership/management literature and research are focusing on how managers and leaders must change their methods and behaviours to achieve excellency and suc-cess. Actually, avoiding or reducing work incapacity of employees is one central method to re-duce costs and to achieve better business results. Leadership methods and approaches are broad-ly discussed in economy and social sciences. Practice knowledge demonstrates that cooperation between the acting persons leads to high quality in transformation (ARGO-Studie 2009).

Literature sources confirm the influence of management/leadership methods on work incapacity and focus on defining what management strategies are preferable.

Based on relevance, the following research questions are set within this article:

Research question 1:

The first research question aims at determining the most relevant diseases referring to work incapacity and its costs for organisations and national economy:

Which diseases cause the most expenses due to work inability for the employers and the social systems?

Research question 2:

The second research question is focusing on the analysis of work place conditions which impact mental and behavioural diseases:

What characteristics of the work place have an impact on work incapacity due to men-tal and behavioural diseases?

Research question 3:

After specific work place conditions have been identified, the next research question focuses on the impact of management/leadership styles on work incapacity due to psy-chic illnesses. Therefore, the research question is formulated as follows:

What factors of management/leadership are increasing work incapacity and what fac-tors are reducing it?

Research question 4:

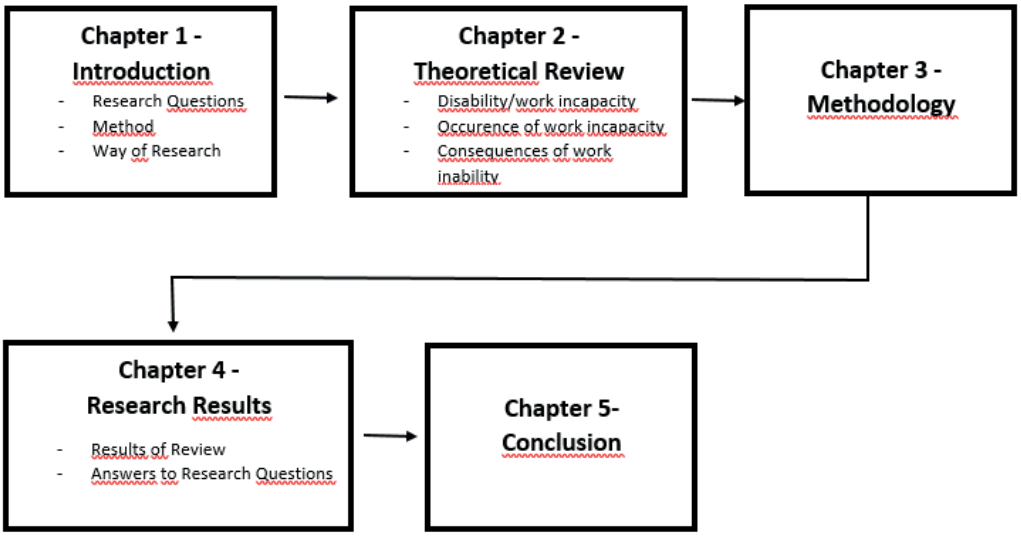
The fourth research question focuses on possible measures to be taken by the employer and the political system to prevent or reduce work incapacity.

Which measures can be established to prevent or reduce work incapacity due to psychic illnesses by the employer and its management and the political system?

To answer the research questions, the following methods are applied: A theoretical framework is worked out which serves as a base for an online literature review on working inca-pacity in particular due to psychic illnesses. Management/leadership strategies which result in a reduction of work inability are to be revealed.

This article consists of five chapters which are discussed below.

Figure 1. Way of Research



- In chapter 1, the relevance of the article is shown; research questions are being developed and the research methods including the structure of the article are presented.
- Chapter 2 contains the theoretical framework of work incapacity, its impact on organisa-tions and economy, furthermore, the literature sources about organisations and manage-ment/leadership are analysed.
- Chapter 3 presents the research methodology.

- Chapter 4 focuses on the analysis and the results, and the research questions are an-swered.
- In chapter 5, the conclusion of this work is drawn.

2 THEORETICAL REVIEW

The theoretical framework of this article focuses on the one hand on the economic im-pact of work incapacity and paid sick leave on organisations, on the other hand on management strategies and methods supposed to reduce work inability.

2.1 DISABILITY/DISEASE

Disability can be defined as a part of the human condition. Disability can be due to many different physical or psychic diseases; it can occur temporarily or result in a permanent impair-ment (WHO 2011).Very often it goes along with inability to work.

Table 1 presents the prevalence of moderate and severe disability, by region, sex, and age:

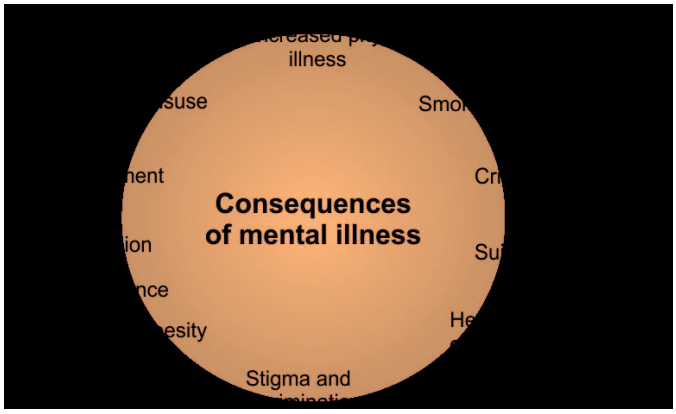
Table 1: Estimated prevalence of moderate and severe disability, by region, sex, and age, global-ly

Sex/age group	Percent							
	World	High-Income countries	Low-income and middle-income counties, WHO region					
			African	Americans	South-East Asia	European	Eastern Mediterranean	Western Pacific
Severe disability								
Males								
15-59 years	2.6	2.2	3.3	2.6	2.7	2.8	2.9	2.4
≥ 60 years	9.8	7.9	15.7	9.2	11.9	7.3	11.8	9.8
Females								
15-59 years	2.8	2.5	3.3	2.6	3.1	2.7	3.0	2.4
≥ 60 years	10.5	9.0	17.9	9.2	13.2	7.2	13.0	10.3
All people								
15-59 years	2.7	2.3	3.3	2.6	2.9	2.7	3.0	2.4
≥ 60 years	10.2	8.5	16.9	9.2	12.6	7.2	12.4	10.0
≥ 15 years	3.8	3.8	4.5	3.4	4.0	3.6	3.9	3.4
All ages	2.9	3.2	3.1	2.6	2.9	3.0	2.8	2.7
Moderate and severe disability								
Males								
15-59 years	14.2	12.3	16.4	14.3	14.8	14.9	13.7	14.0
≥ 60 years	45.9	36.1	52.1	45.1	57.5	41.9	53.1	46.4
Females								
15-59 years	15.7	12.6	21.6	14.9	18.0	13.7	17.3	13.3
≥ 60 years	46.3	37.4	54.3	43.6	60.1	41.1	54.4	47.0
All people								
15-59 years	14.9	12.4	19.1	14.6	16.3	14.3	15.5	13.7
≥ 60 years	46.1	36.8	53.3	44.3	58.8	41.4	53.7	46.7
≥ 15 years	19.4	18.3	22.0	18.3	21.1	19.5	19.1	18.1
All ages	15.3	15.4	15.3	14.3	16.0	16.4	14.0	15.0

Source: WHO 2010: 30.

Only surpassed in number by musculoskeletal disorders, in Germany´s health system as in other industrialized nations psychic and mental diseases are known to lead to inability to work in the majority of cases at least temporarily (Storm 2017), then resulting in a lack of in-come, social contact and sense of purpose (Royal College of Psychiatrists 2010). The following illustration shows the severe and multifaceted consequences of mental illness worked out by the Royal College of Psychiatrists.

Figure 2. Mental Illness and Consequences



Source: own illustration based on Royal College of Psychiatrists 2010: 13-17

The overall economic burden for society due to mental disorders can be split into direct costs (payments made) and indirect costs (resources lost). The following table shows the types of measurable costs:

Table 2: Types of costs measurable

	Core costs	*Other non-health costs*
Direct costs (payments made)	Treatment and service fees/payments	Social welfare administration Public and private criminal justice system Transportation
Indirect costs (resources lost)	Morbidity costs (in terms of value of lost productivity) Mortality costs	Value of family caregivers' time

Source: own illustration based on WHO 2003: 14

The WHO summarises the economic burden of mental disorders differentiated through sufferers, family and friends, employers, and society according to care costs, productivity costs and other costs (WHO 2003).

Table 3: Overall economic burden of mental disorders

	Care costs	*Productivity costs*	*Other costs*
Sufferers	Treatment and service fees/payments	Work disability; lost earnings	Anguish/ suffering; treatment side-effects; suicide
Family and friends	Informal caregiving	Time off work	Anguish; isolation; stigma
Employers	Contribution to treatment and care	Reduced productivity	
Society	Provision of mental health care and general medical care (taxation/insurance)	Reduced productivity	Loss of lives. untreated illnesses (unmet needs); social exclusion

Source: own illustration based on WHO 2003: 14

The following table shows a classification of the broad spectrum of mental diseases ac-cording to ICD 10 (International Classification of Diseases)-Code chapter , which offers a base for diagnostic assessment. (Krollner & Krollner 2018)

Table 4: ICD-Code List

F-Class	*Mental disease*
F00-F09	Organic, including symptomatic mental disorders
F10-F19	Mental and behavioural disorders due to psychotropic substances
F20-F29	schizophrenia, schizotypal and delusional disorders
F30-F39	Affective disorders
F40-F48	Neurotic, stress, and somatoform disorders
F50-F59	Behavioural problems with physical disorders and factors
F60-F69	Personality and behavioural disorders
F70-F79	Intelligence Disorder
F80-F89	Developmental Disorders
F90-F98	Behavioural and emotional disorders beginning with childhood and adolescence
F99-F99	Unspecified mental disorders

Source: own illustration based on Krollner & Krollner 2018: w. p.

2.2 DEFINITION OF WORK INCAPACITY

Swiss Insurance Medicine (SIM) defines work incapacity as an impairment of body, mental or psychic health that affects in part or full the ability to work within the occupation or previous functions (SIM 2013). The previous job cannot be fulfilled or executed only in a re-stricted way under the risk that health-status is exacerbated and that the individual itself or third parties are endangered. Work incapacity is stated by doctors. For the assessment of work inca-pacity, the given restrictions in relation to the previous job-requirements are of legal relevance.

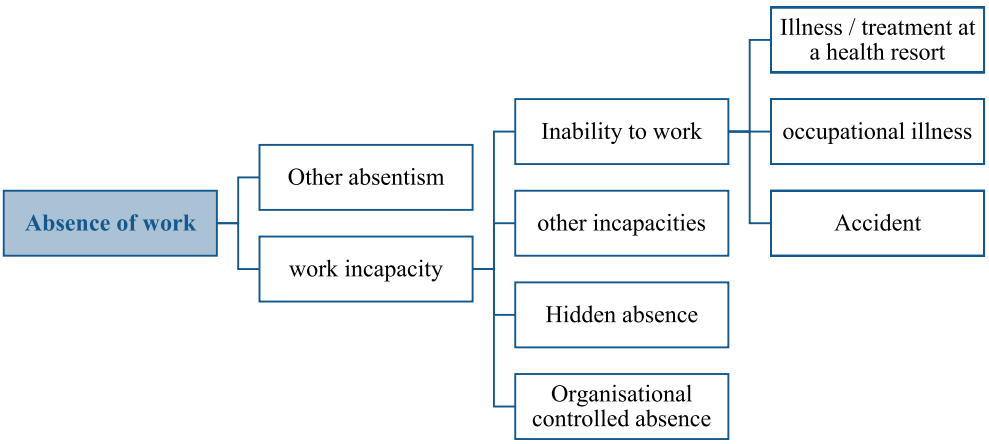
The status of an employee's illness is expressed in percent and numbers how many peo-ple in a workforce have been ill during an average calendar day. The status of employee's illness is swayed by many factors on different stages. Therefore, the decrease in the status of an em-ployee's illness cannot be radically forced by specific measures.

Factors which impact the rate of sick leave are developments of national economy and the employment situation. The sick leave ratio increases in a so-called worker´s job market with high employment. Vice versa the amount of sick leaves decreases in a poor economic situation. Then, members of staff may experience redundancy especially those who are considered as low per-formers because of illnesses. These observations indicate that work incapacity is not only deter-mined by medical facts but also by social context.

Moreover, in the last decades the labor market is undergoing a fundamental change from industrial jobs to service jobs. This shift changes the work place profiles from physical heavy work to more differentiated jobs, thus reducing sick leave due to somatic illnesses. Statistics show that white-collar workers have a lower rate of thick leave than blue- collar workers (DAK 2016).

Companies' internal factors which impact the status of employee's illness are e.g. the in-creasing stress of competition and simultaneously a reduction of the workforce in the service sectors. (DAK 2016).

Figure 2. Absence of work



Source: own illustration based on Schnabel 1997: 5

Otherwise, rationalisation and reduction of workforce concerns mostly elder staff-members and contribute to the so-called *"healthy-worker-effect"*. Moreover, the status of em-ployee's illness receives rather high attention from the management.

Thus, workforce-motivation, workforce climate and leadership-styles are analysed e.g. by round-table discussions and questionnaires. Measures of corporate health management foster the decrease of the sick leave rate (DAK 2016). Furthermore, people's health awareness is changing as well as health risks.

Therefore, the decrease of the sick leave ratio can only be understood in a multidimen-sional approach (DAK 2016). In that respect, psychic and mental disorders play a major role.

2.3 OCCURRENCE OF WORK INCAPACITY

Health is defined by the WHO (World Health Organization) as *"...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."* (WHO 2001: 1).Especially in modern societies a growing relevance is attributed to mental health problems (WHO 2004).

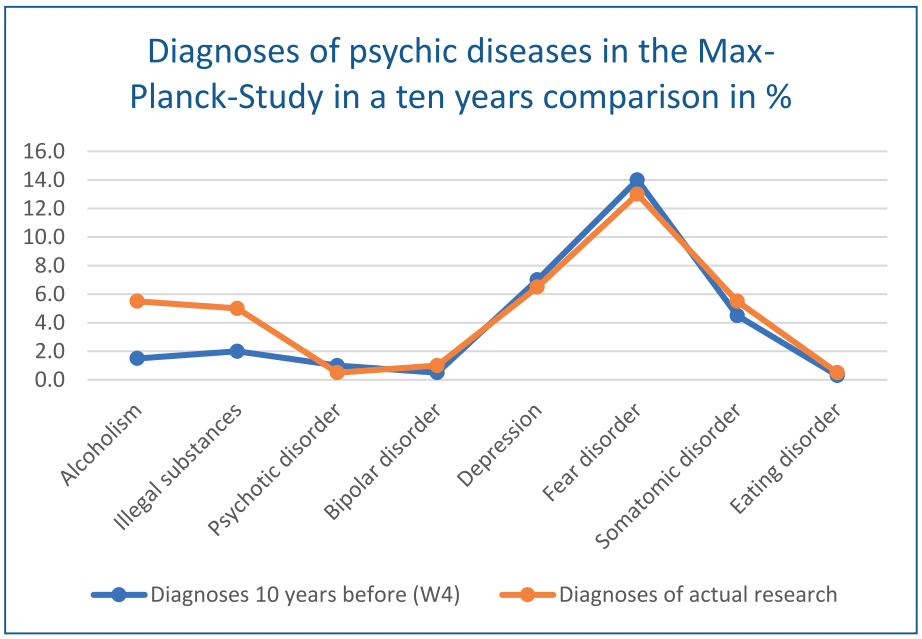
Psychic illness has grown steadily in recent years and according to Friedrich Ebert Stiftung, changes in the working environment have influenced this development. High job re-quirements paired with low esteem for the work effort bring about a substantial risk for psychic illnesses (Jobelius 2010). From 1990 to 2008, in Germany days of absence due to mental dis-eases have grown from 2.75 percent to 10.6 percent, which leads to 41 million days of absence and to production losses of 3.9 bn. Euro (Jobelius 2010). The likelihood of experiencing a men-tal disease during one's lifetime has grown to 30 percent. The early retirement rate due to psychic illnesses has also grown from 1993 to 2008 from 15.4 percent to 36.5 percent (Jobelius 2010). Especially in service jobs, social and health professions, psychic diseases have grown strongly. Mental illness in the staff of call-centres has a doubled rate in contrast to the average (Jobelius 2010).

Although these findings are widely shared there are also contrasting positions.

The Max-Planck-Institut für Psychiatrie (2015) stated based on the results of a newer study, promoted by Bavarian employers´ association, that they could not confirm an increase of psychic diseases in the last ten years, although this does not correspond with the figures of health insurance funds and pension insurance funds (Max-Planck-Institut für Psychiatrie 2015). To this, Max-Planck-Institut (2015) argues that mainly the assessment of psychic diseases in those institutions, and in the medical field in general, has changed. Moreover, the Max Planck Institut came to the conclusion that psychic illness is rather associated with biographical and per-sonal problems and less with work place conditions.

The following illustrations displays a twelve-month prevalence rate of psychic diseases at the actual survey period (green line) in contrast to that of ten years before (blue line) based on the same cohort and equal survey method (Max-Planck-Institut für Psychiatrie 2015).

Figure 3. Diagnoses of psychic diseases in a ten-year comparison

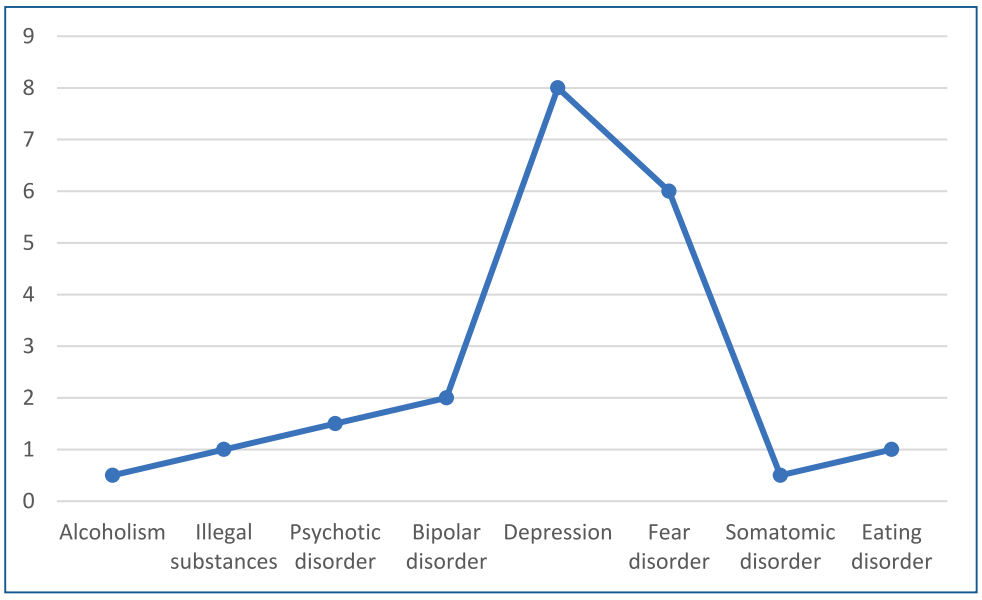


Source: Max-Planck-Institut für Psychiatrie 2015: 13

The monitored prevalence rates of psychic diseases are compared with the expectations according to other epidemiology studies in Germany and Europe.

Max-Planck-Institut für Psychiatrie focused the lifetime prevalence of psychic problems of study participants, which are on the job and the impact of work-incapacity times, which is shown in the next illustration. (Max-Planck-Institut für Psychiatrie 2015) It was found that espe-cially depression, anxiety disorders and bipolar disorders are responsible for job absence.

Figure 4. Relation between lifetime occurrence of psychic illnesses and job absence



Source: own illustration based on Max-Planck-Institut für Psychiatrie 2015: 17

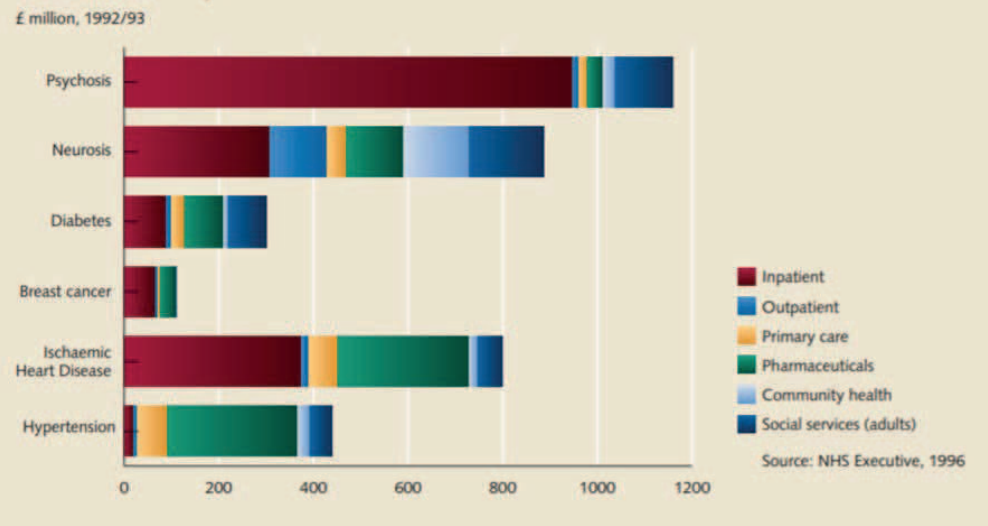
The research of Schweizerisches Gesundheitsobservatorium found that within the work-ing population 15 percent of the subgroup of young women and 8 percent of the subgroup of young men experience depressive symptoms, though the general health status of Swiss inhabit-ants is improving steadily. Moreover, dorsal pain is widely spread in this age group, which is often caused by both physical and psychical (depressive) factors (Schweizerisches Gesund-heitsobservatorium 2015).

Obesity is also often correlated with mental health problems and impaired health feeling. 24 percent of men, and 15 percent of women, are overweight, that figure has doubled in last 20 years (Schweizerisches Gesundheitsobservatorium 2015). In the middle adult ages, chronic dis-eases are increasing.

2.4 CONSEQUENCES OF WORK INABILITY

Cost reports of the different forms of mental illnesses are not available, especially not for all regions and sectors. However, research conducted by the United Kingdom's Health Service (NHS) revealed the relative and absolute costs of healthcare for many disorders among them mental illnesses like psychosis and neurosis. The results were published by WHO (2003).

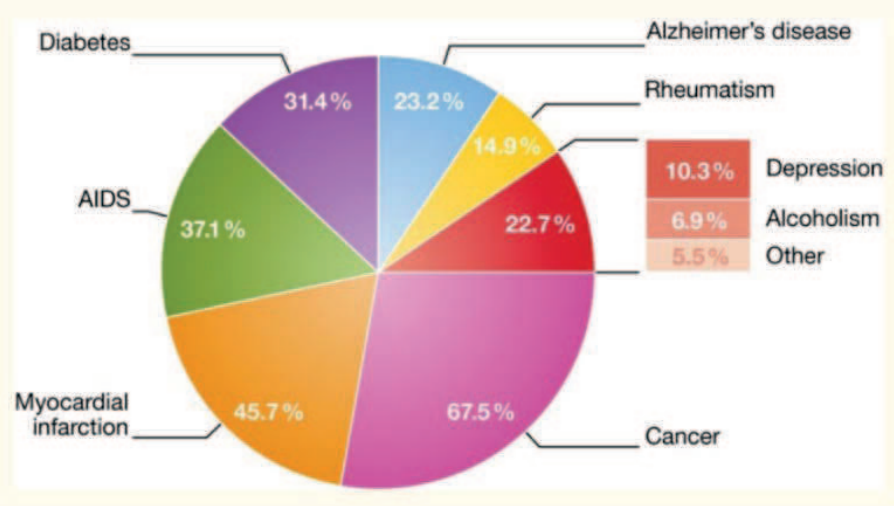
Figure 5. NHS burden of disease



Source: WHO 2003: 17

The costs of work incapacity on the economy are enormous. The average length of work incapacity of an employee in Germany in 2016 was 17.2 days. Therefore, 674.5 million days of work incapacity occur in 2016 in Germany. According to these facts, the Bundesanstalt für Ar-beitsschutz und Arbeitsmedizin values the aggregated economic costs of paid sick leave at 75 billion € and a decline of 133 billion € of the national gross value (Bundesanstalt für Arbeitss-chutz und Arbeitsmedizin 2018).

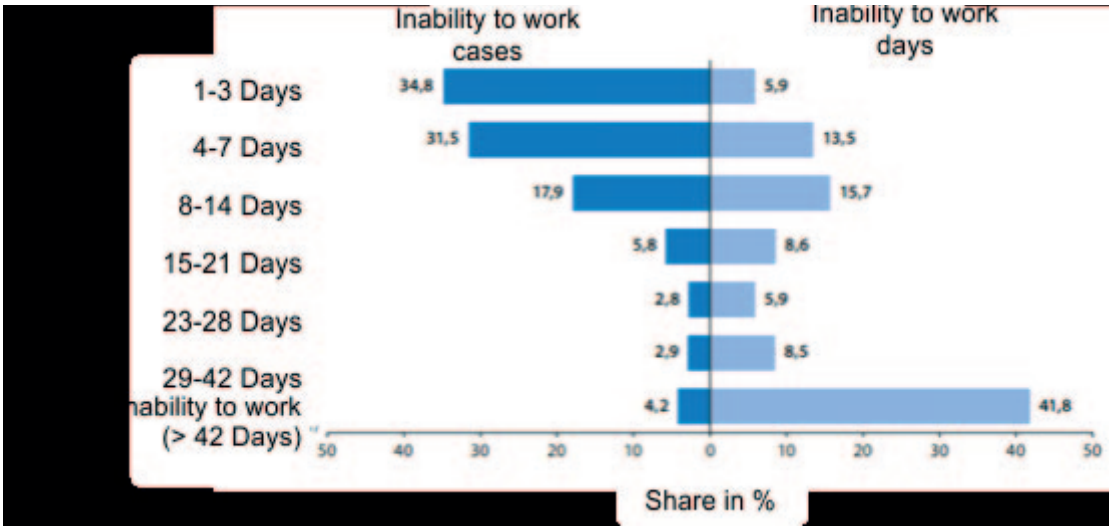
Figure 6. Medical conditions for which resources should not be cut



Source: Trautmann, Rehm & Wittchen 2016: 1.246

According to that report, 165 million of people in the EU are affected by mental disor-ders, which suggests that more than 50 percent of the general population in middle- and high-income countries "will suffer from at least one mental disorder at some point in their lives." (Tra-utmann, Rehm & Wittchen 2016: 1.245). In contrast to that, as shown in the illustration above, only 22.7 percent of respondents expressed that they do not want cutbacks in the healthcare budget for mental disorders. This fact shows that people do not consider mental disorders as important as for example cancer, aids, and diabetes (Trautmann, Rehm & Wittchen 2016).

Figure 7 Cases in percent and days of work absent in percent



Source: Meyer, Maisuradze & Schenkel 2019: 424

A study which assessed the economic costs of serious mental illness was conducted by Insel (2008). This study focused on U.S. public policy and revealed that in 2006, health costs reached 16 percent of the nation's gross domestic product, which was growing up to 20 percent in 2016. The mental disorders contribute to 6.2 percent of the nation's healthcare spending (Insel 2008).

3 MANAGEMENT AND LEADERSHIP

This sector of the article deals with the role of management and leadership in organisations. Major organisations are characterised by high complexity, insecurity, ambivalence and speed. Moreover, the demographic change, digitalisation, and technology enhancement related with new lifestyles. Significant changes in the working culture demand the development of new work de-signs (Petry 2016). New frameworks and methods for managers are essential to achieve organi-sational success (Wirtz 2003). The effectiveness of organisations is related to the management`s strategic decision-making. The handling of paid sick leave is one of the day-to-day management tasks.

3.1 ORGANISATION

Organisations are systems of individuals, which aim to achieve formulated targets (Schimak 2001). Organisations are individual networks and furthermore groups or social entities, based on cooperation frameworks, to achieve long-term goals for organisational survival (Petzold 1998). Therefore, organisations are patterns of relationships with common goals, and the organisational structure divides, organises, and coordinates organisational activities (Drumaux 2007).

Environmental aspects influence organisations' behaviour and *"…the formal structures of many organisations in post-industrial society […] dramatically reflects the myths of their institutional environments instead of the demands of their work activities."* (Meyer & Rowan 1977: 341).

3.2 MANAGEMENT VS LEADERSHIP

Psychology describes management as a process, which influences individuals to achieve aims (Haslam 2001). There exist some approaches, which try to define management in a holistic way. One of these definitions is presented by Weibler who argues that management is based on social strate-gies, which directs employees to change their own behaviour (Weibler 2016). A more strategical definition of management was presented by Felfe (2009), who described management as a steer-ing function focusing on the aims of the organisation. Managers can promote strategies only if they are able to comprehend the complex reality and therefore, Schein (2011) underlines that managers must create situations in which staff members are motivated to give mutual support.

In consequence of the discussed factors, successful managers must not confine them-selves to administrative and executive tasks but beyond that should implement a philosophy of leadership in their activities (Forum gute Führung w. D) which could be summarized as follows:

1. Flexibility and diversity
2. Process competence and developmental aims
3. Self-organising networks
4. Ability of cooperation
5. Individual coaching
6. Ability to motivate followers
7. Self-determination and self-estimation
8. Paradigms change in leadership culture

The following table (Table 5) gives a short overview of the research and literature of leadership.

Figure 1. The conceptual framework of this study.

Title	*Year*	*Source*
From Transactional to Transformational Leadership: Learning to Share the Vision	1990	(Bass)
Public Leadership in Times of Crisis: Mission Impossible?	2003	(Boin & Hart)
Leadership, Past, Present, and Future	2004	(Antonakis, Cianciolo, & Sternberg)
Leadership and Spirituality	2006	(Burke)
Integrating leadership development and succession planning best practices	2007	(Groves)
Shared Leadership as a Future Leadership Style – will the idea of the traditional top-down manager be an obstacle?	2008	(Andréas & Lindström)
Shared Leadership: Is it Time for a Change?	2010	(Kocolowsky)
The New Leadership Genre. A Qualitative Study of the Practice of Transformational, Servant and Charismatic Leadership in a Danish Context	2011	(Hyldelund & Fogtmann)
Leadership without Domination? Toward Restoring the Human and Natural World	2011	(Evans)
Shattering the Glass Ceiling. An Analytical Approach to Advancing Women into Leadership Roles	2012	(Dyrchs & Strack)
Steve Jobs And Modern Leadership	2013	(Toma & Marinescu)
New emerging leadership theories and styles	2014	(Sajjadi, Mehrpour, & Karimkhani)
Future Trends in Leadership Development	2014	(Petrie)
Leadership Role in Certain Phases of Knowledge Management Processes	2015	(Micic)
The digital emperor has no clothes. Are business leaders ready for a world of radical transparency?	2016	(Lacy, Smith, & Cooper)

Source: own illustration

Leadership is defined by Rost (1993) as *"Leadership is an influence relationship among leaders and collaborators who intend real changes that reflect their mutual purposes."* (p. 102). Rost's definition suggests that leadership´s purpose is not only to achieve specific organisational goals, moreover it has to affect organisational change. Thus, organisational change is connected with leading staff (Rost 1993). Based on these considerations, it can be stated that there is a dif-ferentiation between operational management and leadership, which is shown in the following table:

Table 6: Management and Leadership

Management (regime and consistency)	Leadership (Change and movement)
• Planning and budgeting • Setting agendas • Setting time guidelines • Resources allocation	• Direction orientation • Creating visions • Explaining the big picture • Work out of strategies
• Organization and staffing • Giving structure • Job assignment • Establishing of rules and processes	• Positioning people together • Communication aims • Generate negotiated environmental agreement • Foster and establish teams and coalitions
• Controlling and problem solving • Set intensives • Aspire creative solutions • Set corrective measures	• Motivation and inspiration • Inspire to provoke energies • Empowering of staff • Satisfy unfulfilled needs

Source: own illustration based on Northouse 2006: 10

As a consequence of enormous developments like digitalisation, complexity of work, and new working generations, organisations are facing profound changes in their processes (Walenta & Kirchler 2011). Globalisation, shorter product life cycles, and technological changes demand new and flexible organisational structures and highly qualified and motivated staff (Wischer 2005). Achieving motivation of staff is a critical factor of success (Kirchler 2011) and a central element of competitiveness (Martin 2006).

According to Werle (2009), the following trends in the leadership development can be identified: Shareholder-thinking is transformed to environmentally sustainable value creation. Internationalisation and the implementation of geographically distant work sites is growing, and new skills and expertise are essential. Furthermore, communication as a core factor for success-ful business, must be cultivated by the leading executives. (Kienbaum Studie 2017).

New leadership styles must consider that employees expect more self-determination and valuation, and autonomous acting is gaining more and more importance. The social responsibility within the organisations is also of growing relevance (Monitor w. D). The correlation between job-satisfaction and leadership behaviour is shown in table 2-7.

Table 7: Job-satisfaction and leadership behaviour

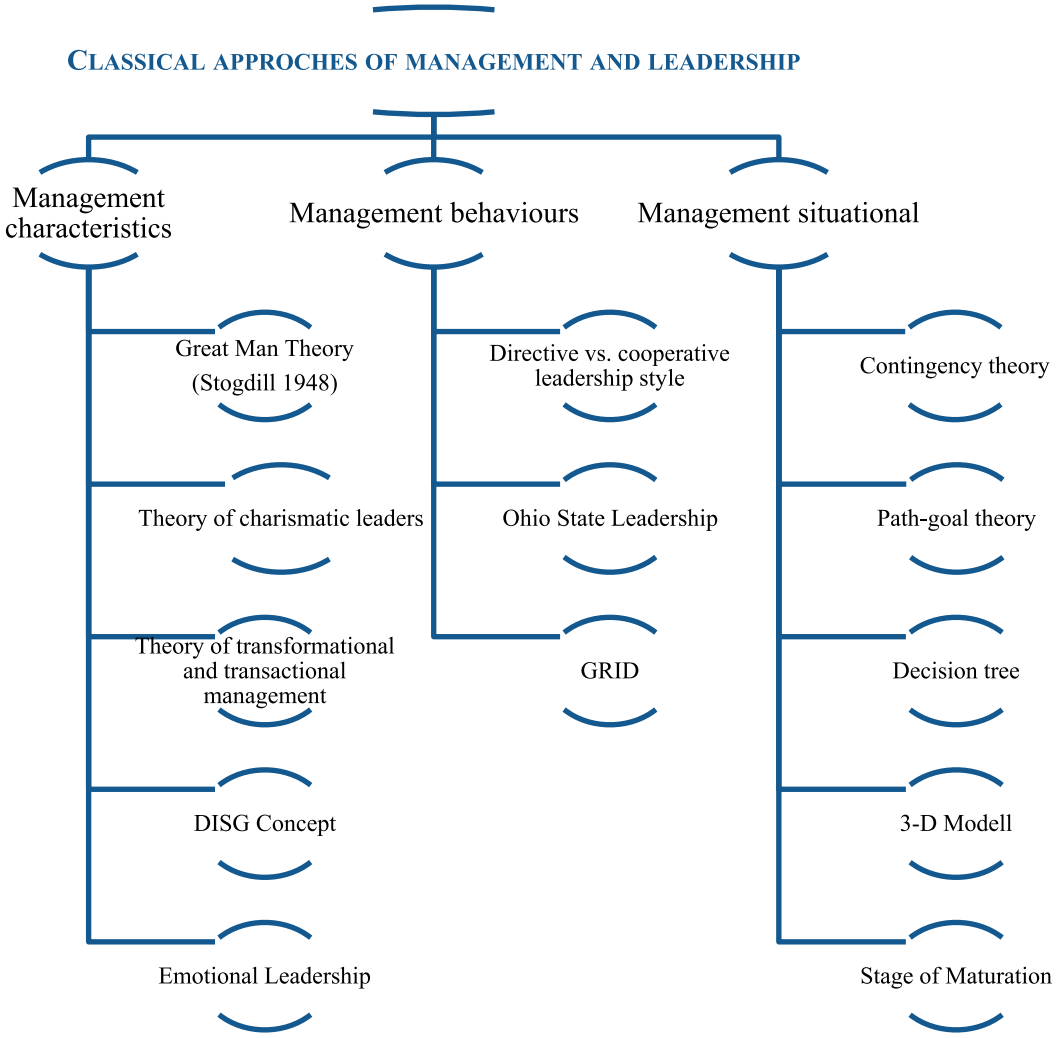
Job-satisfaction and leadership behaviour			
Leadership behaviour		**Job-satisfaction in %**	
		Germany	**EU-27**
Giving support	Seldom nor none	76.9	66.6
	Sometimes, often, or always	93.2	88.3
Giving feedback	No	74.0	76.1
	Yes	91.4	87.0
Giving valuation	No	48.5	46.3
	Yes	91.0	87.0
Is good in problem solving	No	68.1	65.4
	Yes	93.9	89.0
Is a good promoter and planner	No	72.8	66.9
	Yes	91.5	88.0
Involves people in decision making	No	75.7	72.1
	Yes	95.3	91.4

Source: own illustration based on Hammermann & Stettes 2013: 107

Conventional management approaches ("command and control") were developed in sta-ble times (Seliger w. D.), whereas post-industrial society demands more horizontal than vertical leadership styles considering employee`s development to more independency and individualism (Seliger w. D.). Therefore, the former characteristics of management are shifting to ambivalent and paradox pictures and are like leadership without leading (Gebhardt, Hofmann & Roehl 2015).

The following illustration shows classical management approaches, which are criticised to some extent because they are simplified models, based on a few factors and hypothetic constructs (Myers 2010).

Figure 8. Classical approaches of management and leadership



Source: own illustration based on Lippold 2015: 25

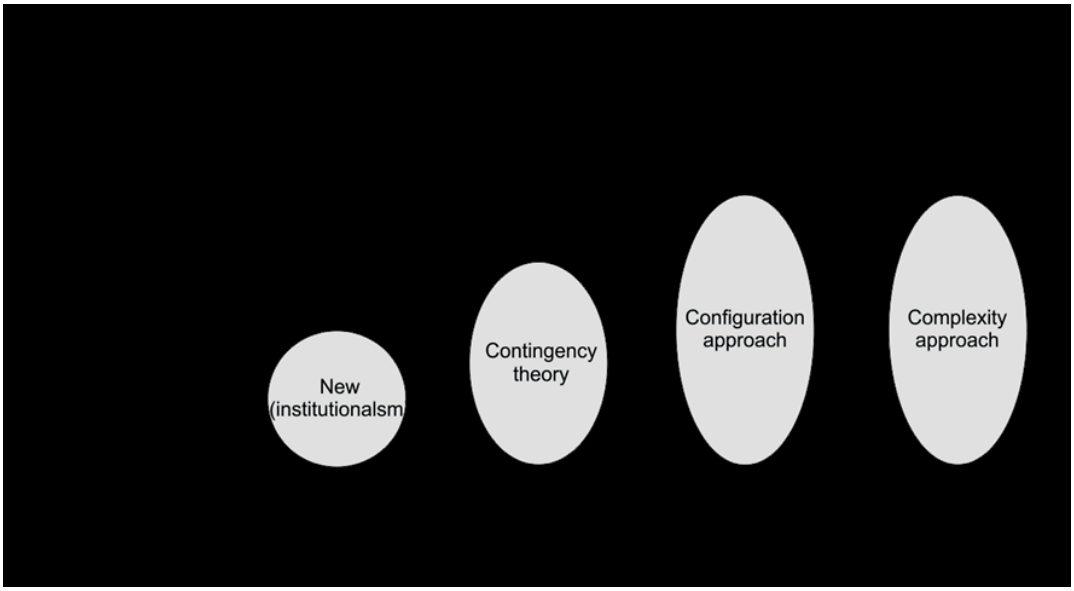
Studies revealed that 78 percent of firm's report practice open innovation and that no firms in the sample objected a practice of innovation. Furthermore, inbound innovation practices are more commonly preferred compared to outbound practices (Chesbrough & Brunswicker 2013). Practices used in organisations to foster innovation are customer co-creation, informal networking, and university grants. Outbound practices are joint ventures, donations, and spin-offs. A study conducted to reveal the effects of leadership styles (intercept, transformational style/convertible, light situational/contingency, democratic/participative style) on innovation shows in its results (Abdolmaleki et al. 2013) that *"innovation is a function of leadership compo-nents."* (p. 1.981). Moreover, an exploratory factor analysis revealed two leadership styles, which foster innovations: transformational leadership and consideration leadership (Wipulanu-sat, Panuwatwanich & Stewart 2017). According to Zuraik (2016), *"innovation management is a systematic, holistic approach"* (p. 17) and, therefore, innovation leadership must look beyond the boundaries of conventional leadership styles (Zuraik 2016). The choice of leadership style is related to innovation stages and types. Hence, there is no clear answer as to what leadership styles lead to innovation (Kesting et al. 2015).

The results of a leadership survey show that self-confidence, trust, and continuous feed-back are the main drivers for team innovation processes. However, there exists a clear role and function allocation for innovation. The laissez-faire leadership style does not directly improve teamwork. Summarising, Kienbaum/StepStone (2018) argued that the following three leadership styles foster innovation: ethical leadership, strategic management, and transformational leader-ship.

3.3 HUMAN RESOURCES MANAGEMENT

Human resources management (HRM) is an aggregated level of principles, fundamentals, and practices in organisations and its leaders, and is targeting all the members of the organisation, in sum or singular. Thus, HRM is executed by all persons which are responsible leaders and from staff-members of the HRM-department (Heimerl & Sichler 2012). The theoretical funda-ments of HRM are multifaceted and can be classified in several viewpoints. Illustration 2-9 shows the dimensions of the resource-based view:

Figure 9. Dimensions of strategic management with inclusion of complexity



Source: own illustration based on Colbert 2004: 352

3.4 DEFINITION

HRM is described as the totality of tasks in an organisation, which focuses on recruit-ment, management, and personal development (Büdenbender & Strutz 1996). The aim of a sus-tainable HRM is divided into two main categories, the strategical and the human/social part. Stra-tegically, HRM is responsible for the attractiveness and the image as employer, the stability of personal resources and the identification and commitment of the workforce. Focusing on the human and social aspects of HRM, its main tasks are to reduce days of absence and illness, to lower the number of work accidents and fostering the physical and psychical health of the work-force.

Moreover, HRM is responsible for strengthening the expertise of the workforce-members through training and fostering the general development of proficiency. Moreover, team develop-ment and team cohesion are focused upon (Olbert-Bock, Redzepi & Winistörfer 2016). Job-satisfaction is an essential factor for organisational success and can be described as an equilibri-um between expectations, requirements, and values of team members (Fellner 2012). Hoppock (1935) defined job-satisfaction as a combination of psychological, physiological and situational conditions. To achieve job-satisfaction, the following factors must be fulfilled: the job must be challenging, the job must be related to the psychic and physic needs of the employee, and the job must give a feeling of success (Weinert 1992). Furthermore, work must offer possibilities to the employees to use and enhance their skills and give them a feeling of self-worth and valuation. Wages should consider individual productivity and the employees should have possibilities for self-development (Weinert 1992). Therefore, in the following subchapter management methods in the sector of HRM are discussed.

3.5 MANAGEMENT METHODS

The following HRM strategies aim at the reduction of days of absence and paid thick leave:

1. Organisational culture and code of contact must be analysed and the leeway for decision-making should be enlarged.
2. Analysing causes of work absence based on statistics (Schnabel 1997), employee inter-views and employee coaching (Derr 1995).
3. Improvement of working conditions and prevention of accidents, amending work place design, optimised work-

time-conditions, and fairness of wages (Derr 1995), and moreo-ver job rotation (Derr 1995), job enlargement (Derr 1995), job enrichment (Schnabel 1995) and partially autonomous working teams (Derr 1995).
4. The technical and organisational work place conditions can be optimised through noise reduction, reduction of contaminant loads, air conditioning and adequate illumination (Derr 1995).
5. Through health fostering measures, employees are supported to maintain psychic, physic and social good health (Fick 1993).
6. Optimisation of working atmosphere can be achieved when employees are involved in decision-making processes, or when they are valued for high performance. Furthermore, leaders should attend special leadership coaching. (Derr 1995).

4 METHODOLOGY

Based on the theoretical literature review, online research was conducted focusing on studies, papers, and practical result papers of management methods, dealing with the reduction of work incapacity by management strategies. According to the restricted volume of this work, this research is not a systematic review. It should be considered as an exploratory study to reveal possible management procedures to reduce work incapacity and give an impulse for further re-search.

The following keywords and combinations were used in the research:

1. Effective Disability Management
2. Reducing work incapacity
3. Management work incapacity
4. Study work incapacity

Overall, 42 studies and papers were found. Some of them on second view did not corre-spond to the research subject of the present paper. Others showed redundancy at a considerable extent.

Overall, 15 papers and studies were selected which are listed in the following table:

Table 8: Selected studies focussing work incapacity and management

Title	Year	Source
Effective Disability Management and Return to Work Practices: What can we learn from low back pain?	2000	Brooker, A./Hogg-Johnson, S.
Code of practice Experts on the Management of Disability at the Workplace	2001	ILO
Who returns to work and why? A Six-Country Study on Work Incapacity and Reintegration	2001	Bloch, F. S., Prins, R.
Managing disability in the workplace	2002	ILO (International Labour Office Geneva)
Who returns to work and why? Evidence and policy implications from a new disability and work reintegration study	2002	International Social Security Association
Modernising and Activating Measures relating to Work Incapacity	2009	European Commission
Advice for employers on workplace adjustments for mental health conditions	2012	Department of Health
Developing disability management in the workplace	2012	Zivitere, M., Claidze, V.
Workplace Disability Management Programs Promoting Return to Work: A Systematic Review	2012	Gensby, U. et al.
Handbook of Work Disability. Prevention and Management	2013	Loisel, P., Anema, J. (Eds).
Integrated Disability Management: An Interdisciplinary and Holistic Approach	2013	Angeloni, S.
Disability and employment-overview and highlights	2017	Vornholt, K., et al.
Working Well. A Plan to reduce long-term sickness absence	2017	Davies et al.
Stay-at-Work/Return-to-Work	2018	CSG (The Council of State Governments)
Arbeitsbedingte Gesundheitsgefahren und arbeitsbedingter Stress	w. D.	Verdi

Source: own illustration

5 RESEARCH RESULTS

In this chapter, firstly all the results of the review are presented and discussed followed by answering the research questions.

5.1 RESULTS OF REVIEW

Zivitere and Claidze propose to set the corporative aims of organisations more on social responsibility to determine the organisational culture (Zivitere & Claidze 2012)

Brooker et al. state that workplace climate is a key, which is based on joint labour-management cooperation and especially on communication (European Commission 2009).

The European Commission states, *"it is important to design individual work/benefit pack-ages."* (European Commission 2009: 12).

Moreover, the European Commission proposes a holistic approach, which contains a broad social consensus and ensures the involvement and commitment of the social partners and other stakeholders (European Commission 2009). Furthermore, people's capabilities must be focused on so that personalised approaches are given (European Commission 2009). Thus, the European Commission (2009) underlines that the *"nature of incapacity is changing"* (p. 37) and that mental health problems are the fastest growing subgroup (European Commission 2009)with regard to absence of work.

The results of the systematic review of Gensby et al. are listed in the following table:

Table 9: Factors reducing work inability

1.	Organisational return to work policy
2.	Offer of suitable work accommodation
3.	Onsite physical rehabilitation services
4.	Tailored job modifications
5.	Workplace assessment with job analysis
6.	Corporate located return to work coordinators or disability case managers
7.	Internal disability claim information system
8.	Early contact and intervention
9.	Joint labour and management commitment
10.	Active employee participation
11.	Transitional work opportunities
12.	Education of workplace staff or case managers
13.	Access to alternative placements
14.	Preventive strategies to avoid disability occurrence
15.	Revision of workplace roles

Source: Gensby et al. 2012: 73-74

Angeloni argues that programs must reflect the complex interrelationships between work and health. For that, it is essential that flexibility is assured in order to respond to the shifting work-force and market changes (Angeloni 2013). Moreover, social responsibility is demanded (An-geloni 2013).

The Department of Health demands more proactive management activities regarding mental and physical health. Thus, not only reduction of sickness absence but also better staff engagement and higher productivity can be achieved.

Practical examples of workplace adjustments are presented, which are shown in the following table:

Table 10: Practical examples of workplace adjustments

Working hours or patterns	1. Take a flexible approach to start/finish times and/or shift patterns 2. Allow use of paid or unpaid leave for medical appointments 3. Phase the return to work, e.g., offering temporary part-time hours 4. Equal amount of break time, but in shorter, more frequent chunks 5. Allow someone to arrange their annual leave so that is spaced regularly throughout the year 6. Allow the possibility to work from home 7. Temporary reallocation of some tasks
Physical environment	1. Minimise noise – e.g., providing private office/room dividers/partitions, reducing pitch or volume of telephone ring tones 2. Provide a quiet space for breaks away from the main workspace 3. Offer a reserved parking space 4. Allow for increased personal space 5. Move workstation – to ensure for example that someone does not have their back to the door.
Support with work-load	1. Increase frequency of supervision 2. Support someone to prioritise their work 3. Allow the individual to focus on a specific piece of work 4. Consider job sharing
Support from others	1. Provide a job coach 2. Provide a buddy or mentor 3. Provide mediation if there are difficulties between colleagues

Source: own illustration based on Department of Health w. D.: 3

The Council of State Governments presented a 15-item guide of best practices. The most powerful practises are presented and discussed as followed: First, the commitment from the top management is demanded, so that written policies and procedures are developed, so that each new employee receives this orientation paper. After recovery from an illness, a return-to-work coordinator should be designated to support the employee through the return-to-work process. Thus, training supervisors and managers are responsible for the return-to-work process. Strong safety programs for prevention must be established. The roles and responsibilities of all stake-holders should be clearly defined (The Council of State Governments w. D.).

ILO underlines that OHS (occupational health services) are essential for prevention be-cause they advise employers, workers, and representatives *"on the requirements for establishing and maintaining a safe and healthy working environment to facilitate optimal physical and mental health in relation to work."* (International Labour Office 2002: 7).

The study of International Social Security Association states that early intervention leads to better outcomes in lowering work incapacity (International Social Security Association 2002). Flexibility helped return-to-work efforts especially when temporary or permanent interventions were used (International Social Security Association 2002).

The results of Davies et al. lead to recommendations for employers and for the government. The recommendations for employers are to strengthen work place culture and practices because they are vital for improving the identification with the organisation (Davies et al. 2017). Open dialogue and systematically monitoring of employees in regard to health, wellbeing and sickness, training for the managers and *"leadership on health and wellbeing issues from senior management have an important role to play,"* are essential. (Davies et al 2017: 4).

5.2 RESEARCH QUESTIONS ANSWERED

Research question 1: ***Which diseases are responsible for most expenses due to work ina-bility for the employers and the social system?***

Mental diseases are strongly growing and as these diseases are mostly long-term oriented. Employers and the social system must invest high costs in paid sick leave, medical care and ear-ly retirement pensions.

Research question 2: ***What characteristics of the work place have an impact on work in-capacity by mental and behavioural diseases?***

Environmental factors (illumination, noise, air conditioning, technical equipment) can arise work incapacity due to mental and behavioural diseases as well as time pressure and stress load. Furthermore, convenient work organisation like possibilities for job rotation and enhance-ment have a protective influence. The relations between work place and conditions of private life are of relevance to mental health too.

Research question 3: ***What factors of management/leadership are increasing work inca-pacity and what factors are reducing it?***

The results show that the main access points for reducing mental and behavioural diseas-es are a welcoming organisational culture, transparent communication and modern leadership styles and methods. A fundamental management challenge is an appropriate personnel selection. Job requirements should match with the skills and capabilities of the future employee to avoid under- or overburdening from the beginning (Derr 1995). The management/leadership must act effectively to foster communication, teamwork, mutual help, job enrichment and personal devel-opment. Other factors like security of work place, prevention of accidents increase the employ-ee's motivation and organisational identification (Rosenstiel 1992) and thus help to prevent men-tal diseases. Work incapacity is increased by lacking participation and involvement as well as low appreciation for work performance (European Commision 2009).

Research question 4: ***Which measures can be established to prevent or reduce work inca-pacity due to psychic illnesses by the employer and its management and the political system?***

The management/leadership strategies mentioned above are considered to prevent or to reduce work incapacity. On the other hand organisations need a political system which is aware of the multidimensional problems of work incapacity in particular due to mental health problems and offers a supportive legislative, socio-political and healthcare framework. Employers should adopt new strategies for managing inability to work as an integral part of the employment policy and see them as a priority task (International Labour Office 2002).

6 CONCLUSION

Based on the research results, it can be concluded that the reduction of work incapacity is a core management task, because absence of work negatively affects the efficiency of organisa-tions and society as a whole.

The following strategies of management can diminish the problem of work incapacity:

1. Creating an appropriate working culture
2. Implication of new leadership and management styles based on job enrichment, transparency, and open communication
3. Foster trainings and coaching focusing on teamwork and mutual help
4. Implementation of case management for employees who are partially unable to work or returning to their job
5. Prevention – methods to foster safety at work
6. Involvement of employees in decision making

It is predictable that the ongoing change of postmodern labor conditions will even accel-erate in the next years and will bring about a rising number of psychic health problems. The theme of the present paper will consequently gain in relevance and needs to be supplemented by further research.

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