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SOCIAL RESPONSIBILITY OF ORGANIZATION AND ITS EMPLOYEE: SICKNESS CASE ANALYSIS

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Annotation

Organizational social responsibility is more than a management theory. By no means, management theoreticians and practitioners affirm that accelerating globalization and international development of companies have turned it into a business changing strategy. A wide spectrum of general interesting signs of social responsibility promote scientific research. Accordingly, combining academic literature review and empirical research results the article selected sickness case analysis as a method analysing organization's management, as well as, its employees' perception and implementation of social responsibility.

Though healthcare and sickness are frequent and popular subjects within medical, sociological and psychological fields, apparently, they lack attention in the context of management sciences. Taking this into consideration, the article spotlights healthcare and social responsibility aspects associated with it, thus, questioning what behaviour is characteristic to an organization and its employee in case of sickness and how it relates to social responsibility?

Hereby, organization and its employee's behaviour became the object of the research, which aims at determining theoretical and practical relationship between organization and its employees' behaviour and social responsibility, specifically, in case of sickness.

The analysis of academic papers leads us to conclusion that organization stakeholders' expectations and ensuing requirements are related to the quality of their lives. The expectations can be identified by the stakeholders' physical and emotional well-being, material and social wealth. These factors could be measured by and based on objective facts on life conditions and/or subjective stakeholder's perceptions.

Both organization social groups – employers and employees – must work together in case of sickness to maintain and foster social responsibility in labour market relations. The employee must actively seek medical care and the organization should give him an opportunity to have a break from playing the employee's role.

The results of the empirical research showed that the respondents' sickness frequency does not affect their socially responsible behaviour with colleagues or the organization. Yet, it is not a rare behaviour, when the employee goes to work having disease symptoms (e.g., slight fever, cough, runny nose). The results revealed that the decreasing income in case of sickness is a compelling reason for the socially irresponsible behaviour. Withal, the analysis of empirical research data shows the employee's insecurity and social instability, thus, refuting Maslow's hierarchy of needs. Therefore, it can be concluded that the employee is socially responsible only when the organization behaving in a socially responsible manner allows him/her to be a socially responsible employee.

KEYWORDS: organization, employee, social responsibility, quality of life, sickness, human resource management.

Introduction

During the last decade scientific attention to organizational social responsibility has shown a remarkable growth both in Lithuania and abroad. Everyday researchers (Tam & Yeung 1999; Rojek-Nowosielska, 2014; Colombo & Gazzola, 2013, Gazzola & Colombo, 2014) present study data on various associated topics like multi-level implementation of social responsibility or the development of socially responsible relationships at organization.

Withal, organizational social responsibility has turned into an alternating business strategy, which transcends management theory.

According to Juščius et. al. (2009), organizational social responsibility performs as a response to globalization and the expansion of global international corporations. Therefore, the idea of a socially responsible business involves the international implementation of organizational social responsibility and its adaptation to the characteristics of a specific company.

Topics such as healthcare and sickness, specific to medical, sociological and psychological contexts, are yet dropped off management research radar. Only a handful of studies are evidenced in management resources analysing healthcare issues (Sorensen, Brand, 2011), healthy lifestyle promotion and its incorporation into organizational strategy (Mudge-Riley et al., 2013) and other similar topics. Apparently, the research on social responsibility in case of sickness remains insufficient, while scientific discourse lacks both theoretical assumptions and investigation on practical perspectives.

Meanwhile, the question – what behaviour is characteristic to an organization and its employee in case of sickness and how it relates to social responsibility – is of a specific relevance due to deteriorating working environment and shortcomings in social dialogue. Despite the compatibility with European Union norms and legal provisions, the decreasing adherence to workers, specifically within health and occupational safety contexts, remains an issue (Woolson & Calite, 2008).

Therefore, the research defines organization and its employee's behaviour as its object aiming at determining theoretical and practical relationship between organization and its employees' behaviour and social responsibility, specifically, in case of sickness.

Accordingly, the following tasks were formed:

1. To analyse the conceptions of a socially responsible organization and a socially responsible employee.
2. To examine the employee's opinion on his/her behaviour at the organization work environment in case of sickness.
3. To assess the organization and its employee's social responsibility in case of sickness.

Methods used: scientific data analysis and synthesis, quantitative research (questionnaire). Seeman methodology (1972) was selected in the formation of the quantitative research instrumentation. The research applied the following statistical methods in data analysis: descriptive statistics, correlation and reliability analyses. The data were processed using SPSS 17.0 software package.

The behaviour of a socially responsible organization and its effect

Speaking about social responsibility, different researchers emphasize an ethical concept hidden in its nature (Zwetsloot, 2003; Tauginienė, 2013), whereas, responsibility is titled as a major contemporary ethical category (Štreimikienė & Vasiljevienė, 2004).

The discussions about responsibility at large and social responsibility highlight a notable divide. In case, responsibility is attributed to a legal and moral category, social responsibility represents the qualities of a moral category like 1) a characteristic, 2) duty, 3) accountability or 4) normative standards (Tauginienė, 2013). According to Štreimikienė and Vasiljevienė (2004), social responsibility represents all the business entities' responsibility for the consequences of their activity. This conclusion relates the abstract ethical category to the activity, occurring within a social reality, and its participants. Here, a socially responsible behaviour is identified as an ethical conduct.

From organization's perspective, the latter landmarks of a socially responsible behaviour remain abstract. Scientific resources define social responsibility as a particular moral set-up of an organization, its determination to act responsibly in different situations, for instance, to comply with laws, create employee-friendly workplace, the same time, to maintain its operational profitability, cooperate with colleagues and community, as well as, supply services to customers and etc. (Matkevičienė, 2013).

Moreover, a commitment to minimize environmental damage is one of the important aspects of organizational activity indispensible from the concept of sustainable development and its principles. Researchers view organizational social responsibility as a seeking process, in which the organization develops its identity by balancing human, planet, profit and external world expectations (Juščius et. al., 2009).

Withal, a wide range of achievable results and benefits to stakeholders motivate organization's disposition to act in a socially responsible manner (Matkevičienė, 2013; Juščius et. al., 2009). Referring to operational standards of performance, a multi-level implementation of social responsibility promotes creation of long-term prospects, energy and waste decrease, not to mention, the associated expenses, as well as, business differentiation and readiness for change.

Meanwhile, social perspective sheds light on a rather different social responsibility effect. An efficient implementation of social responsibility within an organization opens up possibilities to strengthen its human resources and intellectual capital, ensures organization's security and reputation. Moreover, organizational social responsibility occurring with company's active involvement in the solution of particular social and relevant public issues can create value and ensure competitive advantage.

Yet, a socially responsible organizational behaviour is closely related to its members' and other stakeholders' voluntariness and public spirit, since this moral category demands more than it is determined by the public norms established by law and penalties. Organizations aim at an honest activity and reputation of a reliable partner, whereas, these objectives come not only from operational standards of performance, but also from the internal organizational needs and culture (Matkevičienė, 2013).

Relationship between an organization and the employee: the field of different expectations

In the analysis of theory and practice of social responsibility numerous theories seek to explain the phenomenon, which can be grouped into certain clusters: instrumental, utilitarian, managerial, relational and political theory. Here, the nature, progress and dynamics of the relationship an organization and its employees foster may be based on different scientific approaches. For instance, researchers (Apostol & Nasi, 2014) define the relationship an organization and its employee express in public sphere – media – by referring to classical – liberal economic and communist - doctrines, as well as, contemporary neoliberal – human resources management – conception.

Yet, avoiding macro level insights, the study selected political economy theories and their approaches as the basis in defining organization's behaviour. This approach merges and combines the elements of integrating legitimacy theory, stakeholder theory and institutional theory (Susith & Stewart, 2014). According to Freeman (2010), stakeholder theory performs an important part, which ascribes the organization stakeholders to any groups or individuals affected by the organization's implemented goals.

With the reference to various scientific sources, stakeholders can be divided into groups: internal and external (Carrol, 1989), strategic and moral (Goodpaster, 1991), voluntary or involuntary, primary and secondary (Clarkson, 1995), and etc. This type of stakeholders' allocation involves criteria, which help analysing the relations among stakeholders.

Meanwhile, relations among stakeholders turn into the central axis of the theory affected by different groups' expectations. Susith and Stewart (2014) identify the diversity of stakeholders' expectations taking a broader perspective and avoiding primitive approach, such as organization members' economic and financial needs. However, different stakeholders' expectations causing competitive interests may provoke the conflict. Here the

organization having regard to its financial, social and environmental commitments needs to be prepared to seek balance among the interests causing discord.

In Susith and Stewart's view (2014), the relationship among stakeholders can be assessed in two ways – taking ethical and managerial prospects. In case ethical prospect of stakeholders' theory stresses the necessity of accountability for each of the stakeholders' groups, notwithstanding their power, then managerial prospect focuses on the interests the most powerful groups express, referring to their options. Here the recourse an organization takes from conflict situations is its ability to manage the stakeholders' enforcement, as well as, crucial and competitive interests.

The opposition between life quality and sickness: the behaviour of a sick person and social environment

Researchers Štreimikienė and Vasiljevienė (2004) notice that scientific and technological progress satisfying people material needs in the developed countries now is directed towards the qualitative development of other aspects, such as education, culture and social environment. Therefore, greater human civilization requirements occur, which are related to the apprehension of major human values and their implementation in social life.

From the organization and stakeholders', especially employees', perspective, one of the principal values and expectations is their proper life quality. Orlova and Gruževskis (2012) specializing in the development of the life quality conception tendencies, define it as an aggregate welfare. It comprises objective descriptors and subjective evaluation of physical, material, social and emotional well-being, as well as, personal development and purposeful activity, all weighted by a personal set of values (Rapley, 2008: 54). In other words, life quality of an individual can be identified according to his/her physical and emotional status, as well as, material and social well-being. The evaluation of life quality may be based on objective facts and individual subjective perception. Noteworthy, the quality of life is dynamic and it shifts according to an individual's personal developmental processes. Therefore, researchers agree that the analysis of a life quality and its influencing factors requires addressing the cultural and valuable contexts, which an individual operates in (Orlova & Gruževskis, 2012).

In fact, physical well-being is among the major criteria of a life quality, which, according to Rapley's model (2008), can be analysed via three components:

1) objective conditions of living,

2) person's subjectively perceived physical well-being and

3) the link between physical well-being and individual's personal values, his/her expectations.

External environment affects each of these components, which depending on the approach, may be decomposed into separate factors.

Hereafter, medical fitness ensures the individual's physical well-being, whereas, sickness opposes to his/her favourable health condition. Basing on foreign studies (Bury, 1997; Freund & McGuire, 2003), Lithuanian researchers (Baltrušaitytė et. al., 2013) notice the diversity of trends this phenomenon is being explored in Anglo-Saxon scientific resources. Here, the following aspects are being applied in the analyses of sickness:

1) sickness as a biological reality (*disease*);

2) sickness as an anatomical experience (*illness*) and

3) sickness as a social reality *sickness*).

No doubt, biological parameters reflect sickness, but at the same time, they influence an individual's relationship with the environment and the reactions of his/her environment to the sickness.

Medically, sickness is identified as the expression of physical and psychopathological symptoms. Meanwhile, taking into account the sickness as an individual experience, the focus shifts to the sick individual's relationship with the ailment. This way, not only the perceived sickness symptoms, but also the individual's life situation, biography, cultural diseases and health conception, as well as, his/her interactions with others and their reaction to his/her sickness affect the individual's relationships. Sickness as a social reality expresses itself through its social aspects: sociodemographic morbidity trends, social definition of sickness and a patient's behavioural adjustment (e.g., the issue of fit note and etc.).

Actually, last century research declared about the socially undesirable status of sickness, which posed a threat to the social order (Parsons, 1951; Gerhardt, 1989). The sickness was approached as:

1) a deviation linking to the unconscious individual's desire for the time being to evade the commitments imposed by the modern society,

2) or an incapacity, when ailments stop the individual from performing his/her social roles.

Accordingly, sociological theory proposes two approaches towards person's omission of social commitments due his/her sickness, which can be related to the category of an ethic responsibility. In one case, an individual (consciously or unconsciously) is not keen on participating in the performance of his/her social roles (being an employee or a family member, etc.), thus taking personal responsibility for this omission. Otherwise, when the person is incapable of doing his/her duties due to sickness, he/she must take responsibility not for the unaccomplished duties, but for the appropriate realization of his/her sick role. According to Parsons (1951), sick role is closely related to the expectations imposed by other social groups and their actions, which anticipate the sick person's behaviour and the behaviour of his/her surrounding social environment:

1) the sick person is obliged to try to get well, since he/she is temporary exempted from duties (e.g., to seek effective treatment measures);

2) the sick person is not responsible for his/her condition, thus, he/she is not obliged to take willpower treatment (e.g., in case of mental illness);

3) in case the person is incapable of getting well, he/she should seek technically competent help and cooperation with the medical professional (e.g., in case of chronic or other illnesses).

One should note that a medical doctor and the entire health care system play an important role in the

establishment of relationship between the sick person and his/her surroundings. In Jutel and Nettleton's view (2011), the official diagnosis approved by a doctor is basically the single acceptable excuse from the execution of the accepted social commitments. Hereby, Freidson's (1970) approach is highly relevant in the determination of organization and its employee's behaviour in case of sickness, viewed as an expression of social responsibility. According to him, when a medical doctor diagnoses disease, the biophysical condition is granted a social status, which explains the sick person's behaviour in respect of his/her social environment. Due to this, the individual's behaviour may be based on an inadequate perception, which interferes the apprehension of a socially responsible behaviour in the organization.

Social responsibility in case of sickness: research methodology

In order to examine an employee's opinion on his/her behaviour in case of sickness in organization's work environment and to evaluate his/her and the organization's social responsibility in case of sickness, the research intends on carrying out a quantitative analysis applying a questionnaire. Seeman methodology (1972) was selected in the formation of the quantitative research instrumentation using concept rationalization:

1. Selected theoretical conceptions: organization's social responsibility, employee's social behaviour.
2. The main theoretical conceptions were divided into conceptual parts: the causes of sickness behaviour, the symptoms of sickness behaviour, and employer's attitude towards sickness behaviour.
3. Each of the conceptual part was determined and theoretically analysed.
4. The research designed separate questions for each of the conceptual parts using Likert scale.

The data were analysed applying the following statistical methods: descriptive statistics (frequencies, mean values), correlation analysis (Pearson correlation) and reliability analysis (Cronbach's alpha). The authors agreed on two levels of significance - p: $p < 0,01$ and $0,01 < p < 0,05$ – which allow determining the significance of the results. The methods applied enabled a significant distinction of the dependencies between separate research questions, which were related to the social responsibility of an organization and its employee's behaviour in sickness cases. Here statistically significant correlation coefficients contributed to the revelation of the quantitative research results.

The study selected the visitors of Kaunas trade town 'Urmas' and shopping mall 'Savas', as the respondents to the research questions, since both of these locations are famous for the abundance and diversity of clients. Hereby, using random sampling, it was possible to gather opinions from diverse employees, occupying various positions at different companies, on their behaviour in case of sickness considering the organizations' activities.

The sample was estimated using accredited sample calculation site (www.raosoft.com). Given the research data are about to be implemented as the tendencies of Lithuanian organizations' social responsibility in case of sickness, thus, the respondents' population was selected considering all the employed Lithuanian citizens. According to Statistics Lithuania, in 2014 there were 1833990 employed individuals, whereas in Kaunas district there were 362130 employable men and women. Here regarding 91% of the respondents' opinions as credible and applying a 5% error, the required research sample size is 288 respondents.

Cronbach's alpha coefficient was used in the detection of the questionnaire reliability, submitted to experts. Here, the more Cronbach's alpha draws near 1 ($\alpha \leq 1,00$), the greater consistency the questionnaire displays, the better accuracy the questionnaire results reflect (Čekanavičius & Murauskas, 2002). Despite demographic data, according to SPSS software package calculation, Cronbach's alpha coefficient of the questionnaire reaches 0,789, meaning the questionnaire is highly reliable.

Relationship between organization and its employees' social responsibility were identified and analysed using Pearson correlation and arithmetic means.

The research took place on November the 12th, 2014, at 2-4 PM, at Kaunas trade town "Urmas" and shopping mall "Savas" premises. The authors are extremely grateful to the students from Kauno kolegija/ University of Applied Sciences, Faculty of Management and Economics, for their kind contribution to research data collection.

In the course of quantitative research conduction, volunteers handed out 300 empty questionnaires. 293 completed questionnaires satisfying the required research sample size (288 respondents) were collected and used in data analysis.

The respondents' distribution by place of performance shows the following results: 52,2% of the respondents were surveyed at Kaunas trade town "Urmas" and 47,8% of them – at the premises of the shopping mall "Savas". Here 25% of men and 75% of women participated in the research. The majority of the respondents were 18-30 years-old (50%), 30% of them - 31-50 years-old, 17% - 51-65 years-old, and finally 3% of the respondents were over 66 years-old. Concerning the sample size, it is possible to conclude that potentially the majority of the research respondents were working-age Lithuanian citizens.

The respondents' distribution by educational level revealed that 30% of the participants had acquired higher professional education, 35% - higher or professional education, 32% - secondary, and 3% - basic education. Such an even distribution by educational level marks the respondents' diversity, thus, allowing the analysis of the research data in the national context and considering them as tendencies.

Social responsibility in case of sickness: research results

The survey revealed that 30% of the respondents fall ill only once or twice within a few years, whereas 40,3% once or twice a year (see Fig. 1).

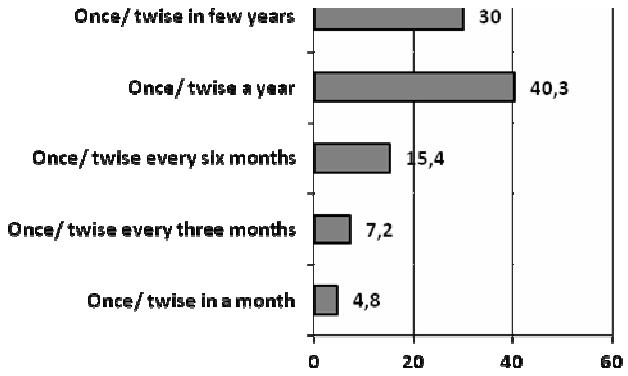

Fig. 1. Respondents' Distribution by Morbidity (%)

Such morbidity is sufficiently rare among the respondents. Thus, further on, the respondents' morbidity is being evaluated as a tendency reflecting organization and its employee's behaviour in case of sickness and expression of their social responsibility.

The research aimed at detecting, which sickness symptoms cause the respondents' concern and their absence at work, so the respondents would seek professional medical help and an adequate treatment at home or at medical institutions. Since the respondents' opinion varied from "I totally disagree" (value 1) to "I totally agree" (value 5), the mean respondents' opinion, approaching 5, was cibsidered as negative (see Fig. 2). Accordingly, the research data revealed that the respondents go to work having cold (mean 4,06, see Fig. 2), coughing (3,87) and having headache (3,73).

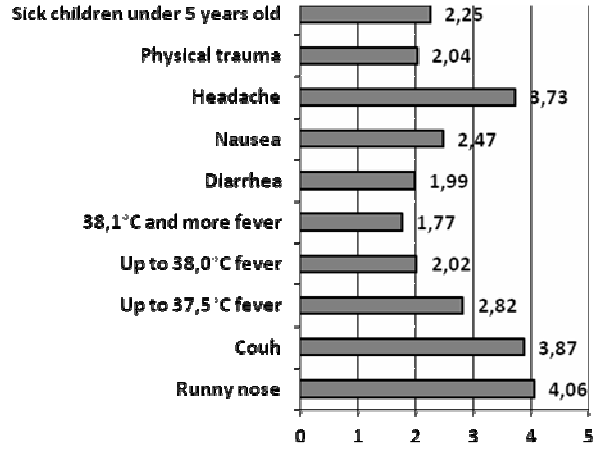

Fig. 2. Respondents' Distribution by Work Attendance in Case of Sickness (Mean)

Fortunately, the respondents rarely go to work having fever, diarrhoea, having physical trauma or in case of their children illnesses. Yet, work attendance having 37,5°C fever, affirmed by 2,82 of the respondents (see Fig. 2), causes concern and doubt about organization employees' social responsibility towards colleagues.

Focusing on the fact that the majority of respondents fall ill once or twice a year or within a few years (see Fig. 1), a presumption arises that a sick employee can afford resting, healing and becoming a socially responsible colleague. However, the research data show that the frequency of disease manifestations does not influence employees' social responsibility at work.

Conducting a causal analysis of the respondents' unwillingness to stay at home and have treatment, the research results revealed that the major causes are related to Laws of Republic of Lithuania on Social Responsibility Guarantee to Workers (see Fig. 3). During the research timing, Lithuanian Law obliged employers to pay 80% of earnings for the first two days of sickness, which in a week period decreased to 40% and were paid out by SoDra. In case home treatment lasted longer than a week, employee's earnings decreased to 80% and were paid out by SoDra. Accordingly, the situation, when a sick employee rather than staying at home goes to work is explainable by the importance he/she gives to the decreasing income, which disregards the risk of transmitting disease to the staff and his/her social responsibility at large.

The other reasons the respondents mentioned as the excuse for their attendance at work when being sick were related to their job admiration (mean 3,16, Fig. 3) and their belief that the work is extremely reasonable and the organization may suffer loss due to his/her absence (mean 2,75, Fig. 3). In case the person works alone without entering staff the possibility of transmitting disease to others is low, whereas, his/her attendance even in case of sickness may be of a great importance. Otherwise, the concern about work and disregard to the staff health can be seen as his/her selfishness rather than the social responsibility or loyalty to organization. In any case, further and more detailed research is required in order to confirm or deny these assumptions.

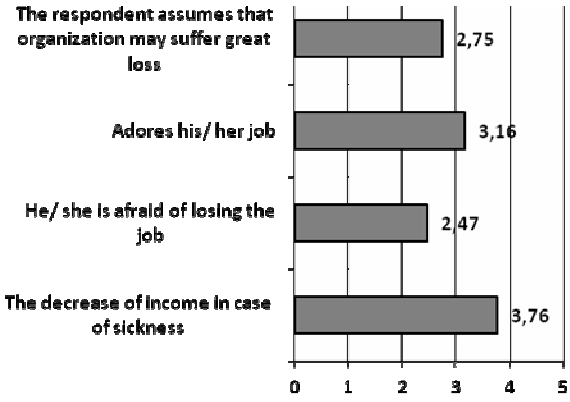

Fig. 3. The Causes of the Respondent's Attendance at Work in Case of Sickness (Mean)

In the analysis of the respondents' behaviour in case of sickness, the fear of losing job comes to the front (Fig. 3). Though the mean of 2,47 is relatively low and it rather shows that employees are not afraid of this kind of employer's behaviour, yet, some of the respondents do not reject this option.

Consequentially, the analysis of the respondents' opinion on organization as his/her employer's behaviour in case of his/her sickness revealed that the employer allows the employee to stay at home for some days without contacting a medical doctor regarding the fit note

(mean 2,77, Fig. 4) or on the contrary – insists on receiving the fit note. The latter tendency can be based on the employer's desire to save money, when SoDra, not the organization, pays sickness benefit. At the same time, the employee is still required to work at home or to deal with the accumulated workloads, when he/she is back to work.

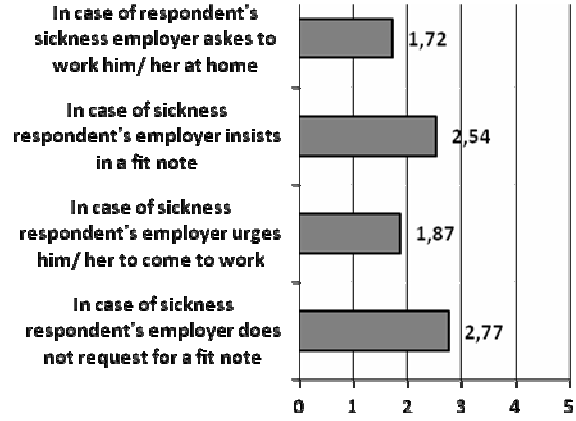

Fig. 4. Employer's Behaviour in Case of Employee's Sickness (Mean)

Research results cannot confirm the later assumptions, yet the following studies may use them as the hypotheses for further analysis of social responsibility between workers and organizations.

In order to link the respondents' responses on their behaviour in case of sickness to a common value, the research derived their arithmetic mean. Accordingly, the received value was correlated with the causes of the respondents' behaviour in case of their sickness (Table 1). The derived correlations show that the relationship between the employee's behaviour in case of sickness and its causes is not strong. Yet, a statistically significant relationship persists (noteworthy, the relationship gets stronger with the greater number of respondents).

Table 1. The Causal Relationship of Employees' Behaviour in Case of Sickness

The Respondent feeling disease symptoms goes to work, because...		**Employee's behaviour in case of sickness**
The income decreases in case of sickness	Pearson correlation	** **0,224**
	Number of respondents	279
He/she is afraid of losing job	Pearson correlation	** **0,176**
	Number of respondents	277
He/she adores his job	Pearson correlation	** **0,176**
	Number of respondents	272
He/she thinks that the organization shall suffer loss without him/her	Pearson correlation	0,095
	Number of respondents	283

Note: * - statistical significance 0,05; ** - statistical significance 0,01.

Regarding statistically significant relationships between the employee's behaviour in case of sickness and its causes, when his/her income decreases or he/she is afraid of losing job, one can note the respondent's social insecurity and instability. This tendency explains the general dominating mood emerging from the employees' social and financial stability in Lithuania. But on the other hand, the employee is required to show awareness when becoming a socially responsible member of an organization. Nevertheless, basing on Maslow's hierarchy of needs (1955), at this level, we cannot speak about social needs and commitments until an individual's (in this case, an employee's) physiological and safety needs are satisfied.

Hereafter, aiming at linking the respondents' answers to a common value and defining their opinion on organization/employer's behaviour in case of their sickness, the research derived an arithmetic mean, which allowed correlating the common employers' behaviour value with the variations of the respondents' behaviour in case of their sickness (Table 2).

Though the relationship between the analysed elements is rather lose, Table 2 provides with statistically significant data. Probably the strongest and statistically most significant relationship was detected between the employer's behaviour in case of sickness and the employee's fear of being fired. This relationship only confirms the assumption that not only the decreasing income encourages a sick worker ignore his illness, but also the fear of losing job. Therefore, there is a probability that the respondents associate their dignified life with employment, responsibility for it and earnings related with their accomplishments at work.

Table 2. The Relationship Between Employer's Behaviour in Case of Employee's Sickness and Sick Employee's Behaviour

The Respondent feeling disease symptoms goes to work, because...		**Employee's behaviour in case of sickness**
The income decreases in case of sickness	Pearson correlation	* **0,129**
	Number of respondents	279
He/she is afraid of losing job	Pearson correlation	** **0,345**
	Number of respondents	277
He/she adores his job	Pearson correlation	** **0,265**
	Number of respondents	272
He/she thinks that the organization shall suffer loss without him/her	Pearson correlation	** **0,235**
	Number of respondents	283

Note: * - statistical significance 0,05; ** - statistical significance 0,01.

On the other hand, such respondents' opinion (Table 2) on their employers speaks about the organizations' commitment to their social responsibility towards their major organization stakeholders - workers. Due to this reason, there is a mild, but statistically significant relationship between a socially responsible organization and a socially responsible employee (see Figure 5, mean

0,203**, when * - statistical significance 0,05; ** - statistical significance 0,01).

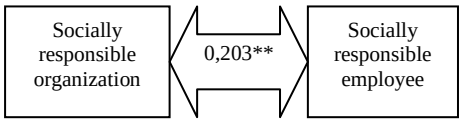

Fig. 5. The Relationship Between a Socially Responsible Organization and a Socially Responsible Employee

Consequentially, the relationship between a socially responsible organization and a socially responsible employee (Figure 5) can be grounded on regularity. Here an employee is socially responsible, when the organization behaving as a socially responsible subject within Lithuanian society, allows him/her to be a socially responsible worker.

Conclusions

The analysis of Lithuanian and foreign scientific researches shows that organization's social responsibility can be identified as its ethic attribute, duty and accountability towards its stakeholders. Moreover, it performs as normative standards legalizing the stakeholders' behaviour. The stakeholders' major expectations and ensuing requirements are very often related to the quality of life, identified as stakeholders' physical and emotional well-being, material and social wealth, which are based on objective facts and/or subjective stakeholders' perceptions.

In case of a temporary sickness (when the elements of biological and social reality, as well as, personal experience allow the perception of sickness), employees as the major stakeholders of an organization should take responsibility following the social responsibility norms and trying to get well by actively seeking medical assistance. Meanwhile, despite the most powerful stakeholders' interests and organization's financial, social and environmental commitments, organization itself should grant the worker a temporary break from playing the employee's role. In case a discord arises, the organization and its members should conjointly seek for the balanced means to solve the problem – the failure to perform the employee's role.

The analysis of the respondents' (employees at organizations) approach towards their behaviour in case of sickness showed that the frequency of disease manifestations does not influence the respondent's social responsibility towards his/her colleagues or organization, since such insignificant symptoms as fever, coughing and running nose do not stop them from going to work.

Therefore, the analysis of the causes affecting the respondent's behaviour in case of his/her sickness indicates that decreasing income plays a major role in the employee's insufficiently social behaviour. Withal, the statistically significant relationships between the employee's behaviour in case of sickness and its causes – decrease of earnings, fear of losing job – show that the employee feels socially insecure and unstable when he/she is sick. Each of these findings contradicts Maslow's hierarchy of needs, which claims that, when a person's (in this case, an employee's) physiological and safety needs are not satisfied, at this level, we cannot speak about social needs and commitments. Thus, the employee is socially responsible when the organization behaving as a socially responsible subject within Lithuanian society, allows him/her to be a socially responsible worker.

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ORGANIZACIJOS IR JOS DARBUOTOJO SOCIALINĖ ATSAKOMYBĖ: LIGOS ATVEJO ANALIZĖ

S a n t r a u k a

Orientuojantis į paskutiniais dešimtmečiais kreipiamą dėmesį į socialinę atsakomybę, pasitelkiant mokslinę literatūrą ir empirinį tyrimą straipsnyje analizuojamas organizacijos vadovų, jos darbuotojų socialinės atsakomybės supratimas bei taikymas. Pastebėtina, kad sveikatos ir ligų temos dažniausiai tyrinėjamos medicinos, sociologijos, psichologijos kontekstuose, tačiau vadybos tyrimuose šis klausimas beveik neliečiamas. Tokiu būdu susidaro tyrimų, susijusių su socialine atsakomybe ligos atveju verslo organizacijose stoka. Todėl straipsnyje ypatingas dėmesys telkiamas ir tyrimas orientuojamas į sveikatos apsaugos ir su ja susijusios socialinės atsakomybės aspektus, ieškant atsakymo į klausimą: kokia elgsena ligos atveju yra būdinga organizacijai ir darbuotojui bei kiek ji siejasi su socialine atsakomybe? Straipsnyje siekiama nustatyti teorines ir praktines organizacijos, jos darbuotojo elgesio bei socialinės atsakomybės sąsajas ligos atveju, išanalizuojant vyraujančias socialiai atsakingos organizacijos ir jos darbuotojo sampratas mokslo literatūroje, ištiriant darbuotojo nuomonę apie jo elgseną ligos atveju organizacijos darbo aplinkoje bei įvertinant organizacijos ir jos darbuotojo elgsenos ligos atvejais socialinę atsakomybę.

Atlikta analizė rodo, kad pagrindinių organizacijos suinteresuotųjų šalių lūkesčiai ir iš to kylantys reikalavimai būna susiję su gyvenimo kokybe, kuri identifikuojama pagal fizinę ir emocinę suinteresuotųjų šalių savijautą, taip pat pagal materialinę ir socialinę gerovę, kas nustatoma grindžiant objektyviais faktais ir/ar subjektyviu suinteresuotųjų šalių suvokimu. Laikinos ligos atvejais tiek organizacijos darbuotojai, tiek organizacija turi bendradarbiauti: darbuotojas turėtų dėti pastangas kuo greičiau pasveikti, aktyviai siekti medicininės pagalbos, o organizacija turi darbuotojui suteikti galimybę laikinai nebeprisiimti darbuotojo vaidmens.

Remiantis atlikto tyrimo rezultatais ligos pasireiškimo dažnis neturi įtakos respondento socialinei atsakomybei prieš kolegas ar organizaciją, nes į darbą einama ir esant ligos simptomams (esant nežymiam karščiavimui, kosuliui, slogai). Tyrimo rezultatai atskleidė, kad ligos atveju sumažėjančios pajamos yra svari priežastis darbuotojo nepakankamai atsakingai socialinei elgsenai. Be to, remiantis atlikto tyrimo duomenų analize galima teigti, darbuotojas nesijaučia socialiai saugus ar stabilus, o tai prieštarauja Maslow poreikių hierarchijai. Vadinasi, darbuotojas yra socialiai atsakingas, kai organizacija leidžia darbuotojui būti socialiai atsakingu, besielgdama pati kaip socialiai atsakingas subjektas Lietuvos visuomenėje.

PAGRINDINIAI ŽODŽIAI: organizacija, darbuotojas, socialinė atsakomybė, liga, gyvenimo kokybė, žmogiškųjų išteklių valdymas.

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