FACTORS CONTRIBUTING TO ABSENTEEISM OF NURSES IN PRIMARY CARE CENTRES IN THE ETHEKWINI MUNICIPAL DISTRICT OF KWAZULU-NATAL

By

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Thesis presented in partial fulfillment of the requirements for the Degree of Master of Nursing Science in the Faculty of Health Sciences at Stellenbosch University

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March 2012

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ACKNOWLEDGEMENTS

I want to express my gratitude to the following persons for their respective contributions to this dissertation:

- To God who through his generosity has granted me the courage and determination to complete this research project in spite of the various challenges encountered.
- This dissertation could not have been written without Dr. J.J. van der Colff who not only served as my supervisor, but also encouraged and challenged me throughout my academic program. She guided me through the dissertation process, never accepting less than my best efforts. She has motivated me many times and encouraged me when I had lost all hope. I owe my deepest gratitude to her.
- Dr Stellenberg for her understanding, assistance and words of encouragement and support.
- Professor Martin Kidd, a statistician at the University of Stellenbosch, who assists with the analysis of data.
- Mr. Bartel Haupt without whose insight and effort the objectives of this study would not have been achieved.
- The health research committee Kwazulu Natal Department of Health for granting me permission to conduct the research in Ethekwini district.
- The management teams at the community health centres for their assistance and cooperation in data collection.
- To Illona Meyer and Lize Vorster for language and technical editing.
- And finally it is an honor for me to thank my immediate family, Mr Eddy Singh, Avadhna Singh, Ashveer Singh for their continued support, motivation and sacrifices they have made in ensuring that I complete my thesis.
- To my mum Mrs. G. Singh, my sister Mrs. L. Pillai, my father- in-law, Mr. D. Singh and my mother-in-law Mrs. K Singh for their support, understanding and patience.
- To all my other friends and colleagues who contributed, supported and encouraged me at some time or the other.

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ABSTRACT

Absenteeism is a problem all over the world and a solution cannot be easily found. This is also a challenge faced by employers in South Africa. Absenteeism exacerbates the difficulty of health service delivery in many countries where the number of nurses available is insufficient to meet all of the healthcare demands in the health care sector, in this regard South Africa is no exception to this problem. The annual loss to the South African economy caused by absenteeism is between R12 billion and R19.144 billion per year. A combination of factors, namely characteristics of the nurse, the workplace, management, as well as characteristics of the organisation can influence absenteeism.

Absenteeism of nurses is on the increase at primary care centres in the Ethekwini municipal district and it has a negative impact on provision of health care services where the study is proposed. It is imperative that sufficient nursing staff be available for duty to provide services to clients. No research on absenteeism has been conducted at these institutions. Therefore, identifying the contributing factors in order to be able to manage it effectively is essential.

The aim of this research was to identify factors that contribute to absenteeism of nurses at eight primary care centres in the Ethekwini municipal district of KwaZulu-Natal. A quantitative descriptive exploratory research design was applied for this purpose.

The population was all categories of permanently employed nursing staff working at the eight primary care centres. The total population consisted of 689 nurses. Following a pilot study consisting of 10% of the total sample, a research sample was compiled by means of a simple random sampling method and included 30% of all categories of nurses – registered nurses, enrolled nurses and nursing assistants. Hundred and ninety one nurses out of 209 responded to the research study, which sets the response rate at 91%. Data was collected by means of an existing questionnaire. The questionnaire focused on the characteristics of the nurse, manager, work environment and organisation in order to identify factors that contribute to absenteeism of nurses.

The data was analysed with the support of a statistician and was expressed as frequencies in tables and histograms. Descriptive statistical analyses, including tests

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for statistical associations, were performed. Results of this study indicate significant relationships between characteristics of the nurse, the manager, workplace and the organisation. Factors that were identified included stress, staff shortage, work overload, lack of promotion opportunities, lack of child care facilities, lack of appreciation and feedback, bureaucratic leadership styles, inflexible working schedules and lack of a satisfactory reward system.

The results further indicate no significant relationship between demographical variables and absenteeism.

Recommendations based on the results were offered and recommendations for future research were made.

Key words:
Nurse
Nursing
Nurse Manager
Absenteeism
Factors
Work environment
Characteristics
Organisation

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OPSOMMING

Afwesigheid is ’n probleem dwarsoor die wêreld waarvoor daar nie ’n maklike oplossing gevind kan word nie. Dit is ook ’n uitdaging wat werkgewers in Suid-Afrika in die gesig staar. Afwesigheid vergroot die struikelblok om gesondheidsdienste in menige lande te verskaf waar die aantal beskikbare verpleegsters onvoldoende is vir die gesondheidssorgaanvraag. In hierdie opsig is Suid-Afrika geen uitsondering nie. Die jaarlikse verlies aan inkomste vir die Suid-Afrikaanse ekonomie veroorsaak deur afwesigheid is tussen R12 en R19.144 biljoen per jaar. ’n Kombinasie van faktore, naamlik kenmerke van die vepleegster, die bestuurder, die werkplek, asook kenmerke van die organisasie kan afwesigheid beïnvloed.

Afwesigheid van verpleegsters is aan die toeneem by gesondheidssorg gemeenskapsentrums in die Ethekwini-distrik in Kwazulu-Natal en dit het ’n negatiewe impak op die voorsiening van gesondheidssorgdienste waar die studie onderneem is. Dit is noodsaaklik dat voldoende verpleegpersoneel beskikbaar moet wees vir diensverskaffing aan kliënte. Geen navorsing oor afwesigheid is al onderneem by hierdie inrigtings nie. Die identifisering van die faktore wat bydra tot afwesigheid van die werk is essensieel sodat die probleem effektief bestuur kan word.

Die doel van hierdie navorsing is om die faktore te identifiseer wat bydra tot die afwesigheid van verpleegsters by agt primêre gesondheidssorg gemeenskapsentrums in die Ethekwini munisipale distrik van KwaZulu-Natal. ’n Kwantitatiewe beskrywende, ondersoekende navorsingsontwerp is toegepas vir hierdie doel.

Die populasie het bestaan uit alle kategorieë van permanent aangestelde verpleegpersoneel wat werk by agt primêre gesondheidssorg gemeenskapsentrums. Die totale populasie het bestaan uit 689 verpleegsters. Na ’n loodsprojek van 10% van die totale steekproef, is ’n navorsingssteekproef saamgestel deur middel van ’n eenvoudige ewekansige steekproefmetode wat 30% van alle kategorieë verpleegsters ingesluit het, naamlik geregistreerde verpleegsters, ingeskrewe verpleegsters en verpleegassistente. Honderd een-en-negentig verpleegsters uit 209 het reageer op die navorsingsondersoek wat ‘n responsvlak van 91% daargestel het. Data is ingesamel deur middel van ’n bestaande vraelys. Die vraelys het gefokus op

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die eienskappe van die verpleegster, die bestuurder, werksomgewing en organisasie ten einde die faktore te identifiseer wat bydrae tot die afwesigheid van verpleegsters.

Die data is geanaliseer met die ondersteuning van ’n statistikus en is uitgedruk as frekwensies in tabelle en histogramme en diagramme. Beskrywende statistiese analises, insluitende toetse vir statistiese assosiasies is uitgevoer. Resultate van hierdie studie dui aan dat ‘n beduidende verhouding bestaan tussen die kenmerke van die verpleegster, die bestuurder, werkplek, organisasie en afwesigheid van die werk. Faktore wat geidentifiseer is sluit in stress, personeel tekort, werkoorlading, gebrekkige bevorderingsgeleenthede, afwesigheid van fasiliteite vir die versorging van klein kinders, gebrek aan waardering en terugvoer, burokratiese leierskapstyle, onbuigbare werkskedules en ‘n gebrek aan ‘n bevredigende vergoedingstelsel.

Die resultate van hierdie studie dui verder aan dat daar geen verband bestaan tussen demografiese veranderlikes en afwesigheid nie.

Aanbevelings ten opsigte van die resultate is gemaak, asook aanbevelings vir toekomstige navorsing.

Sleutelwoorde:
Verpleegster
Verpleging
Verpleegbestuurder
Afwesigheid
Faktore
Werksomgewing
Karaktereienskappe
Organisasie

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CHAPTER 1: SCIENTIFIC FOUNDATION OF THE STUDY

Chapter one deals with the rationale for the research, the problem statement, the research question, the goals and objectives and gives an overview of the research design and methodology, as well as of the chapter layout.

1.1 INTRODUCTION

Absenteeism is a problem all over the world and a solution cannot be easily found (Harbison, 2004:1; Johnson, 2006:1). The detrimental effects of absenteeism are also a challenge faced by employers in South Africa (Van Yperen, Hagedoom & Geurts, 1996:3). According to Levy (2007) absenteeism is one of the major causes of poor productivity and time wastage faced not only by South Africa but also by health care sectors worldwide. As a country, South Africa is experiencing a serious challenge in nursing, particularly regarding staff shortages and loss of skilled professional nurses in the public health sector. This is perceived in the decline of the standard of nursing care. Based on this knowledge, a nursing strategy was developed by the Department of Health, which aimed at addressing the challenges faced by nursing. The purpose of this strategy is to achieve and maintain an adequate supply of nursing professionals who are appropriately educated, distributed and deployed to meet the health needs of all South Africans. This document articulates how nursing education and training, practice, resources, social positioning, regulation and leadership are planned and linked together with prescripts of professionalism to support the nation's health system (Department of Health, 2008). The strategy also touches on absenteeism in the nursing profession in South Africa (SA).

1.2 RATIONALE

Absenteeism can be defined as an unplanned, unjustifiable, disruptive incident, characterized by the lack of physical presence of an employee at work as scheduled, extended breaks, late arrival, early leaving and being at work but not doing her/his job (Taunton, Hope, Woods & Bott, 1995:217; Jackson, 2003:1).

Absenteeism exacerbates the difficulty of health service delivery in many countries where the number of nurses available is insufficient to meet all the healthcare

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demands of the population and the health care sector in South Africa is no exception to this problem (Rogers, Hutchins & Johnson, 1990:43; Cohen & Golan, 2007:416). In fact, an increase of absenteeism in the health sector in South Africa is noted (Nyathi, 2008:28). Absenteeism furthermore disrupts the working environment and has negative consequences towards continuity and quality of patient care, staff morale and costs (Taunton et al., 1995:217).

Many institutions in SA believe they address the problem of absenteeism through having a policy on sick leave, disciplinary- and positive absentee-control programmes (Scott, Markham, & Taylor, 1987:98; Harter, 2001:53; Johnson, 2007:19). There is a trend towards institutions regionally and globally attempting to understand this and embarking on wellness initiatives and health promotion programmes in an effort to curb the ever-increasing cost of absent employees (Aldana & Pronk, 2001:36; Pretorius, 2007:1; Msimang, 2008:4). In spite of all of the attempts to address absenteeism in the workplace, the increase in the prevalence of absenteeism, as well as the ever-rising costs attached to it, is proof that the problem is still not solved.

Annually health-related productivity losses caused by absenteeism in the United States of America are estimated to reach about 260 billion dollars, (Scott, et al., 1987:98; Mattke, Balakrishnan, Bergamo & Newberry, 2007:21). Feeney, North, Head, Canner & Marmot (1998:91) stated that in Britain 40 to 187 million workdays are lost each year due to workplace absenteeism. Common colds and flu are stated as reasons for ninety-three percent of employees missing a day's work. In England the cost of absenteeism is approximately 90.5 million pounds per year (Johnson, Croghan & Crawford, 2003:339). In Canada the cost is estimated to be from 325 to 440 million dollars per year (Canadian Nursing Advisory Committee, 2002a:3; Anderson, 2005:2).

According to Paulson (2006:1) the annual loss to the South African economy caused by absenteeism is between R12 billion and R19.144 billion per year. Studies in South Africa on absenteeism have been shown to result in loss in work-hours, productivity, bad staff morale and poor working conditions (Dovlo, 2005:8 Veriava, 2005:12; Paulson, 2006:1).

There are numerous reasons why employees absent themselves from work. Some experience ill health, while others are affected by a combination of factors, such as characteristics of the staff member her-/his self (the nurse), the workplace, management, as well as characteristics of the organization (McHugh, 2001:43;

Taunton et al., 1995:218). Characteristics of the nurse that have been sited include age (older employees exhibit a lower absenteeism rate), gender (women have a higher absenteeism rate as their primary role is caring for their families), marital status (married employees due to their increased role demands are absent more often than unmarried employees) (Martocchio, 1989:413; Blank & Diderichsen, 1995:269; Feeney et al., 1998:96; Cohen & Golan, 2007:419). Additional contributing factors include qualification, experience, stress levels, health, work commitment, transport problems and family responsibilities, some employees are absent because they are taking care of sick children or parents (Lee & Eriksen, 1990:37; Engelbrecht, 2000:2; (Society for the Advancement of Education, 2000:4); Aldana & Pronk, 2001:36; Siu, 2002:229; Hall, 2004:33).

Work characteristics such as physical demands, namely increased workload, psychosocial factors, for example, excessive job demands, job dissatisfaction, job involvement, role conflict and ambiguity all lead to absenteeism (Brooke & Price, 1989:17; Hackett, 1989:246; Lee & Eriksen; 1990:37; Kaplan, Boshoff & Kellerman; 1991:3-4; Burton, 1992:38; Van Yperen et al., 1996:369; Borda & Norman, 1997:393; Van Dyk, 1998: 328; Canadian Nursing Advisory Committee, 2002b: 5; Hall, 2004:34; Pillay, 2009:8).

Certain characteristics of the nurse manager, such as inability to influence nurses adequately and autocratic leadership styles, have an effect on absenteeism. Autocratic leadership demotivates staff, lowers their morale and makes the staff to feel dissatisfied with their job (Jooste, 1999:167-170).

Organisational characteristics go hand in hand with certain characteristics of the manager. Organisational characteristics that contribute to absenteeism include the lack of or ineffective attendance policies, promotional opportunities and remuneration (Lee & Eriksen, 1990:40; Taunton et al., 1995:223; Johnson et al., 2003:338).

It is evident from the above discussion that the current nursing shortage and high absenteeism rate is of great concern in many health care institutions, both nationally and internationally. Its negative impact upon the efficiency and effectiveness of health care delivery affects clients, staff and most importantly the quality of care provided (Canadian Nursing Advisory Committee, 2002b:2; Nyathi, 2008:28).

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1.3 PROBLEM STATEMENT

Absenteeism of nurses is on the increase at the primary care centres where the researcher works and it has been found to have a negative impact on the provision of health care. The primary care centres where the study was done are offering comprehensive services. They presently provide 85% of primary health care services, including 24-hour services to both rural and semi-rural catchment areas and are the entry point to the district health system. It is imperative that sufficient nursing staff is available for duty to provide all services to clients. No research on absenteeism has been conducted at these institutions. It was therefore essential to identify the contributing factors in order to enable effective management thereof.

1.4 RESEARCH QUESTION

Based on the rationale and problem statement as described above, the following research question arises:

> *What are the contributing factors of absenteeism amongst nurses in primary care centres in the Ethekwini municipal district of KwaZulu-Natal?*

1.5 GOAL AND OBJECTIVES

According to the above introduction and problem statement, the goal and objectives of this research are set as follows:

1.5.1 Goal

The goal of this research was to identify factors that contribute to absenteeism of nurses at primary care centres in the Ethekwini municipal district of KwaZulu- Natal.

1.5.2 Objectives

The specific objectives to be achieved were to identify and describe the factors that contributed to absenteeism in terms of the characteristics of the

- nurse
- manager
- work environment
- organisation.

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1.6 CONCEPTUAL FRAMEWORK

The following conceptual framework as seen below explains the relationship between absenteeism regarding the characteristics of the nurse, the manager, the work and the organization. (A detailed explanation is given in chapter 2, paragraph 2.5).

1.6.1 Characteristics of the nurse namely:

- age
- gender
- marital status
- qualifications
- family responsibility
- transport problems
- sickness
- substance abuse

1.6.2 Characteristics of the manager namely:

- Autocratic leadership style
- Laissez-faire leadership
- Participative Management

1.6.3 Characteristics of work

- job satisfaction
- workload
- group cohesion
- routinisation
- autonomy of nurses

1.6.4 Characteristics of the organization

- promotion opportunities
- remuneration, employee incentive programmes
- absenteeism control policies.

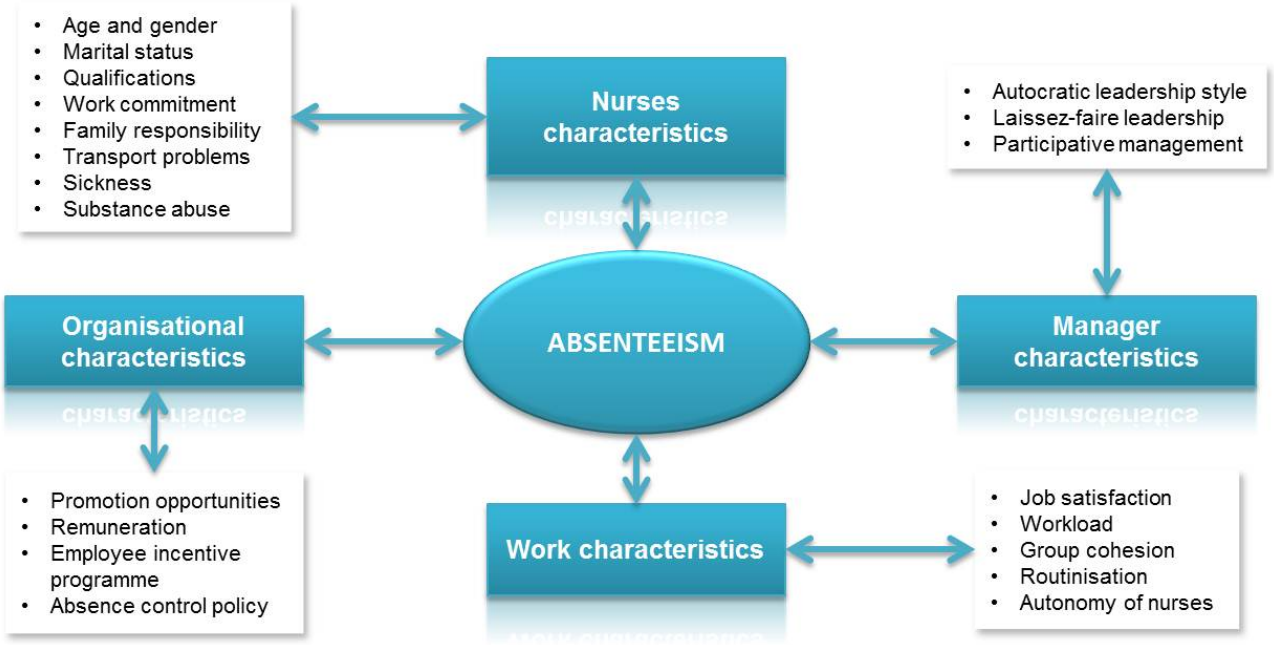

Figure 1.1: Conceptual Framework

1.7 RESEARCH METHODOLOGY

In the following section a short review of the research design and method will be presented.

1.7.1 Research Design

A descriptive exploratory design was used to collect more information and identify challenges with current practices. In this study a quantitative approach was used to investigate the factors and characteristics that contribute to absenteeism.

1.7.2 Research method

The research method included population, sampling, reliability and validity, instrumentation, data collection, data analysis and interpretation.

1.7.2.1 Population

According to De Vos, Strydom, Fouche and Delport (2003:194) population entails the entire population that the researcher was interested in for the relevant study. The population for the purpose of this study was all permanently employed nursing staff working at the eight primary care centres in the Ethekwini municipal district in KwaZulu-Natal. The total number of the population was 689 nurses. This included all categories of nursing staff, namely professional nurses, enrolled nurses and nursing assistants.

1.7.2.2 Sampling

Burns and Grove (2003:324) describe sampling as the process of selecting the target group that accurately represents the population to be studied. In this study 30% of all nurses of all categories working in the primary care centres in the Ethekwini District, namely Tongaat, Phoenix, Inanda, Newtown, KwaMashu, Kwadebeka, Hlengiswe and Cato Manor were included in the sample. The sample was compiled by means of a simple random sampling method. This method is a basic probability-sampling method (Burns & Grove, 2003:331). Every individual had an equal opportunity of being chosen (De Vos et al., 2007:200; Polit, Beck & Hunglar, 2001:127). The fish bowl sampling method was used, where every name from the total population was written on a piece of paper and put into a bowl. A slip was drawn from the bowl until the required number of each category of staff was obtained, a total of 209 nurses. The total number of 209 nurses in the sample included 128 professional nurses, 50 enrolled nurses and 31 enrolled nursing assistants.

1.7.2.3 Inclusion criteria

The criteria or standards set out before the onset of the study were that the participants

- had a qualification in nursing
- were registered with the South African Nursing Council
- worked full time in the primary care centres in the Ethekwini municipal District of KwaZulu Natal
- be able to read and write in English.

1.7.2.4 Exclusion Criteria

Exclusion criteria were used to determine whether a person could participate in the research study:

- Nurses that were included in the pilot study
- Part time nurses
- Staff that could not read and understand English.

1.7.2.5 Reliability and Validity

The validity and reliability of this study were ensured by a pilot study, which was conducted to assess the questionnaire for any ambiguity and inaccuracies. Experts in research methodology were consulted to evaluate the research. The researcher was personally responsible for data collection. The guideline of 0.70 provided by Nunnally

and Bernstein (1994) was followed as cut-off point for acceptable Chronbach Alpha coefficients.

1.7.2.6 Measuring instruments

A questionnaire was used to determine factors that influence absenteeism. An existing questionnaire that was adapted to suit the circumstances of the primary care centres where the study was conducted was used. Permission to use the questionnaire was obtained from the person who developed the questionnaire. The questionnaire was based on a 4-item likert scale and consisted mainly of close and some open-ended questions. Demographic data underpinned by literature was incorporated in the questionnaire, namely characteristics of the nurse, manager, work environment and the organization. The researcher has consulted a statistician at the Stellenbosch University about the feasibility and use of the instrument. He has approved the questionnaire for use in this research study. The questionnaire was previously used in a research study conducted by Nyathi in 2008 for nurses in district hospitals in the Limpopo district and proved to have acceptable Cronbach alphas.

1.7.2.7 Data collection

In this study a questionnaire was used for the purpose of data collection. The researcher obtained permission from the institutions where the study was proposed. Informed consent was also obtained from all participants. The researcher personally handed over the consent forms and questionnaires. Participants were informed that participation was voluntary. The participants were asked to complete the questionnaire in their spare time. All nursing staff spoke English, therefore the questionnaire was in English. Questionnaires were given to each member of the nursing staff on different shifts at the eight different institutions to complete and their names were not required. A collection box was placed in each nursing unit. Separate envelopes were provided for confidentiality.

1.7.2.8 Data analysis and interpretation

Statistical analyses provided a descriptive explanation of the relationship between absenteeism and characteristics of the nurse, the workplace, management, as well as characteristics of the organization. Data was analyzed by means of the software program Statistica 9, with the support of a statistician from the Centre for Statistical Consultation, University of Stellenbosch. A thematic framework was used to analyze the data from the open-ended questions.

For descriptive purposes, frequency tables with counts and percentages were used for categorical data, and means with standard deviations and Chi-square tests for ordinal data. A 5% statistical significance level ($p<0.05$) was used to judge significant relationships.

1.8 PILOT STUDY

A pilot study was undertaken, using 10% of the sample size, under similar conditions as the actual study in order to rectify and identify problems with the research design or the questionnaire. A 10% sample was drawn from each category of nursing in each primary health care centre by means of a simple random sampling method. Seventy participants made up the sample for the pilot study, which included 43 professional nurses, 17 enrolled nurses and 10 enrolled nursing assistants.

1.9 LIMITATIONS

The main problem related to the issue of non-response on certain items in the questionnaire. Some participants failed to return the questionnaire timeously and the researcher had to go back and forth to collect the completed questionnaires.

1.10 ETHICAL CONSIDERATIONS

Informed consent was obtained from all the participants. To ensure anonymity, the collection of the consent forms was undertaken separately from the questionnaires. Participants were informed of the purpose of the study. Participation was voluntarily. Anonymity and confidentiality were maintained by informing them that no names were required on the questionnaire and only the researcher had access to the completed questionnaires. No risks were foreseen in this study. The researcher was available for any queries. Consent was also obtained from the Head of Health services for the Province, the District Manager and Stellenbosch University's Ethical Committee and the institutions were the studies were conducted. The researcher was registered with Stellenbosch University for the duration of the study.

1.11 OPERATIONAL DEFINITIONS

Nurse

A nurse is a person educated and trained to care for the sick or well to maintain a state of complete health for the individual (*Blackwell's Dictionary of Nursing*, 1994:459).

In this study the word nurse refers to a person who is trained as a professional nurse (3 to 4 years training), enrolled nurse (2 year training) and enrolled nursing assistant (1 year training) and registered with South African Nursing Council who worked at the primary care centres of the Ethekwini Municipal district of Kwazulu-Natal

Nursing

According to the Nursing Act 33 of 2005, (The South African Nursing Council 2005), nursing is defined as a profession that cares and provides support to the well and sick patient in all stages of life. In this study, nursing is taking place in the primary care centres at an outpatient level where the research was conducted.

Nurse manager

A manager is a person who is in charge or controls the activities of others in an institution (*The Oxford Mini-dictionary*, 1988:305). A nurse manager, for the purpose of this study, refers to the direct nursing supervisor under whom the nurses are allocated.

Absenteeism

Absenteeism can be defined as an unplanned, unjustifiable, disruptive incident, characterized by the lack of physical presence of an employee at work as scheduled (Taunton et al., 1995:217; Jackson, 2003:1). Failure to appear at work when scheduled to do so is considered as absenteeism in this study, e.g. absent because one is sick, a child is sick or due to a social problem, which is referred to as unplanned leave.

Factors

Factors are circumstances that contribute towards a result (*The Oxford Minidictionary*, 1988:176). Factors in this study are causes or reasons that contribute to a result, which in this case is absenteeism.

Work environment

According to *The Oxford Minidictionary*, 1988:102, work environment is defined as one's place of employment. The term work environment in this study refers to the primary health centres where the nursing staff works.

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Characteristics

The Oxford Minidictionary (1988:50) defines characteristics as a prominent attribute or a trait. In this study, characteristics refer to aspects related to the nurse, manager, work and the organisation, which contributes to the individual nurse's absence from the workplace.

Organisation

Organisation can be defined as a system or department that make up a body for the purpose of administering something (*The Oxford Minidictionary* (1988:204). Organisation in this study refers to the eight primary care centres where the study was conducted.

1.12 DURATION OF THE STUDY

The pilot study was conducted in May 2010 to June 2010.The data was captured by the researcher and analyzed by a statistician from Stellenbosch University. A 10% sample from each category of nurses at the eight primary care centers was selected. This gave a total sample of 70 nurses for the pilot study from a total sample of 689 nursing staff.

Data for the main study was collected during July 2010 to August 2010 and analyzed from September 2010 to February 2011. 119 Professional nurses took part in the study, 48 enrolled nurses and 24 enrolled nursing assistants. The study was finalized and completed in November 2011. The completed study was submitted at the end of November 2011.

1.13 CHAPTER OUTLAY

Chapter 1: Scientific foundation of the study

Chapter 2: Factors contributing to absenteeism of nurses in primary care centres in the Ethekwini Municipal District of KwaZulu Natal: A Literature Review

Chapter 3: Research Methodology

Chapter 4: Data analysis, interpretation and discussion

Chapter 5: Conclusions, limitations and recommendations

1.14 CONCLUSION

Absenteeism of nurses in the public sector has a negative impact on service delivery. This leads to a financial loss and lack of service delivery in many organizations. The

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main goal of this study is to determine factors that contribute to absenteeism of nurses in primary care centres in KwaZulu Natal so that measures to curb this recurring problem are devised and implemented. The following chapter describes in detail the literature review of factors contributing to absenteeism.

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CHAPTER 2: FACTORS CONTRIBUTING TO ABSENTEEISM OF NURSES IN PRIMARY CARE CENTRES IN ETHEKWINI MUNICIPAL DISTRICT OF KWAZULU NATAL: A LITERATURE REVIEW

2.1 INTRODUCTION

The literature review will endeavor to provide knowledge related to the different variables that could lead to absenteeism of nurses in the workplace, namely characteristics of the nurse, manager, work and organization. Absenteeism is an expensive, disruptive, difficult and major problem at health institutions. Hence, the nurse manager needs to be aware of the extent and characteristics of absenteeism (Johnson et al., 2003:336). Absenteeism is not based on a single reason. There are multiple, complex and interrelated reasons for it.

2.2 WHAT IS ABSENTEEISM?

Research conducted previously indicates a plethora of definitions on absenteeism. Absenteeism can be defined as an unplanned, unjustifiable, disruptive incident. It is further characterized by the lack of physical presence of an employee at work as scheduled, extended breaks, late arrival, early leaving and not doing her/his job (Taunton et al., 1995:217; Jackson, 2003:1; Johnson et al., 2003: 337).

2.3 TYPES OF ABSENTEEISM

Absenteeism can be classified in three broad categories, namely sickness absence, authorized absence and unexcused absence.

2.3.1 Sickness absence

Employees who claim to be ill as their reason for being absent from work can be categorized as 'absent due to illness'. The Basic Conditions of Employment Act 75 of 1997 (Republic of South Africa, 1997), stipulates the minimum number of days an employee is entitled to stay away from work due to being sick as 12 days per year or 36 days per 3 year cycle.

2.3.2 Authorized absence

Permission is granted to employees for their absence, e.g. for holidays, study leave and special leave (Attendance Management working together, 2008).

2.3.3 Unexcused absence

According to the Basic conditions of Employment Act of 75 of 1997 (Republic of South Africa, 1997), all absences that are not included in the above two categories and where no explanation is given or not accepted and are regarded as unexcused absence.

2.4 CONSEQUENCES OF ABSENTEEISM

Absenteeism in any department upsets the routine and takes up a lot of supervisory time and effort, since it creates the need to juggle personnel around in order to enable staff to perform all tasks. When someone is absent, three things can happen: (1) the employee's work is not done, (2) a replacement is required or (3) someone else is hired to ensure service delivery is not compromised. Absenteeism is an expensive problem for both employer and employees that have to carry an extra burden in terms of money, morale and wasted human resource hours (Rowland & Rowland, 1993:523; McHugh, 2001a:51; Johnson, 2007:19).

2.5 VARIABLES THAT LEAD TO ABSENTEEISM

Variables that could lead to absenteeism of nurses in the workplace include characteristics of the nurse, manager, workplace and organisation. The conceptual framework that is illustrated in chapter 1, figure 1.1 is discussed in detail below, linking the different variables of absenteeism in an attempt to portray the relationship between absenteeism and characteristics of the nurse, the manager, the workplace, as well as characteristics of the organization.

2.5.1 Characteristics of the nurse

The discussion around characteristics of the nurse will incorporate marital status, age, gender, qualifications, sickness, family responsibilities, transport problems and substance abuse.

2.5.1.1 Marital status

Married women with small children are absent from work more often than men (Blank & Diderichsen, 1995:268). Taunton et al., (1995:225) state that absenteeism is high

among divorced nurses and lower among single nurses. A sense of family responsibility seems to be a major contributor to absenteeism.

2.5.1.2 Gender

Women are playing a significant role in alleviating the skills shortage in the South African economy since 1994. This trend of women combining a career with marriage and parenthood has affected women, men and families (Erasmus & Brevis, 2005:51). Research indicates that absenteeism is higher among women than men during their children's childbearing years. Females have multiple roles, for example that of homemaker, family caretaker, carer of sick children and wage earner. These multiple roles place enormous pressure on the female and at times, due to inflexible work schedules and lack of access to childcare, it is believed that women more likely stay home to care for sick children or family members, especially during winter months when the greatest number of illnesses occurs. On the other hand, Scott & McClellan (1990:1), Siu (2002:220), Johnson et al., (2003:338) and Yende (2005:25) state the reason for women being more absent than men as being due to stress and physical and mental health concerns. Although females are found to be absent more frequently than males, they are absent for shorter periods than males (Siu, 2002: 220; Prado & Chawla, 2006: 94).

2.5.1.3 Age

Absenteeism of nurses could be related to their age. Older nurses (38 – 59 years) have a lower absenteeism rate because of their commitment to work. They are also more satisfied and well adjusted at work (Taunton et al., 1995: 218; Shader, Broome, Broome, West & Nash, 2001: 211; Siu, 2002: 220; Cohen & Golan, 2007: 416). Reis, Rocca, Silveira, Bonilla, Gine & Martin (2003:632) on the other hand, believe that in nursing personnel absenteeism increases with age. This is supported by the findings of Isah, Omorogbe and Oyovwe (2008:6) who believe that younger workers are more energetic and enthusiastic about their jobs and will therefore be less absent. On the contrary, a study conducted by Martocchio (1989:413) revealed that younger workers generally exhibit greater absence than their older counterparts. Women experience their highest absenteeism rates in the 25-34 year age group and their lowest rates between 35-44 and over 55 years, while the incidence of absenteeism for men fluctuate through middle age and reaches its peak in old age (Scott & McClellan, 1990:2). Reis et al., (2003:617) oppose this statement, stating that young men are more prone to sickness leave than older men.

2.5.1.4 Sickness

Sickness, both minor and serious, is the most common cause of absenteeism of nurses at the workplace (McHugh, 2001a:49; Timmins & Kaliszer, 2002:255; Yende, 2005:22). Sickness absence is unanticipated, it affects productivity, is difficult to manage in the work place (Cole, 2002:62; Rauhala, Fagerstrom, Virtanen, Vahtera, Rainio, Ojaniemi & Kinnumen, 2006:286), and has a direct impact on employees, employers and the organization. Sick leave is considered a right by most employees, immaterial of the condition of their health. However, Hackett and Bycio (1996b:328), Westman and Etzion (2001:595) and Benavides (2006:229) believe that sickness absence will assist the employees to cope with sickness, lack of sleep, personal business and family responsibilities, as long as it is justified by certification of a doctor.

2.5.1.5 Qualifications

Nurses who are in possession of post-basic qualifications have lower absenteeism rates than nurses with basic qualifications. They perceive their jobs to be of high importance, are satisfied with their work and therefore attend work regularly (Taunton et al., 1995: 223).

2.5.1.6 Transport problems

Another contributing factor to absenteeism at the workplace is related to the availability of transport, as well as the distance that they live from work. Women that drive long distances to work are fatigued and are more likely to be absent from work (Scott & McClellan,1990:3). Nurses living on the work premises have less absenteeism than nurses using public transport or those who walk to work (Booyens, 1998b:356). Bad weather is another deterrent to employees who walk to work, as well as those who need to travel by more than one transport system in order to reach work (Gilles,1994).

2.5.1.7 Family responsibility

Nurses have multiple role expectations regarding work and non-work issues, e.g. working shifts, having to look after family members and running a household of which all contribute to conflicting responsibilities for the nurse and thus contributing to an increase in absenteeism when children are smaller (Lee & Eriksen, 1990:37; Scott & McClellan, 1990:4; McHugh, 2001a; 49; Cohen & Golan, 2007:419).

2.5.1.8 Substance abuse

Booyens (1998b:356) have reported an increased frequency of absence from work among alcoholics and drug abusers. The employee uses these chemicals to cope with stress. Some of the signs that performance is effected, are: increased lateness, loss of productivity, increased errors, increased number of missed deadlines and increased absenteeism (Foster & Vauhan, 2004:27; Most Common Effects of Substance Abuse on Job Performance at the Workplace, 2010).

According to Foster and Vaughan (2004:31) every employee who is affected by substance abuse costs organisations billions of dollars, not only because of absenteeism, but also because of occupational accidents and loss of productivity. According to the Australian Faculty of Occupational Medicine (1999:9) the absenteeism rate is increased six fold in the case of employees with alcohol dependence.

2.5.2 CHARACTERISTICS OF THE MANAGER

The discussion on characteristics of the manager revolves around the different management leadership styles and its effect on absenteeism.

2.5.2.1 Leadership style of nurse managers

Leadership is a flexible and dynamic process where one's skills, qualities and power is used to influence the thoughts and actions of nurses to perform to the best of their ability (Taunton et al., 1995:228; Gerber, 1998:289; Booyens, 1996a:144).

Leadership styles of the nurse manager have a significant relationship to job satisfaction and also play a dominant role in either motivating or de-motivating nursing staff (Booyens, 1998b:144; Walters, 2009:1). According to studies conducted by Lee and Eriksen (1990:38) and Stone, Pastor & Harrison, 2008:3) staff that have good relationships with their supervisors and receive supervisory support are more satisfied with their jobs and they therefore come to work regularly.

The nurse manager, as the head of the unit, acts as a leader over that part of the health care. Her role is to motivate, inspire and coach staff (Sellgren, Ekvall & Tomson, 2008:579). Lack of commitment among nurses and the inability of the nurse manager to influence nurses adequately are contributing factors to absenteeism in the workplace (Gillies, 1994:47). Nurse managers need to motivate their nursing staff by using power, but misuse of power adversely lowers nurse's morale, which in turn could lead to their absenteeism (Gerber, 1998:288).

Managers portray different leadership styles, some affecting absenteeism, as seen below:

- *Autocratic leadership style*

An autocratic leadership style causes stress and creates a defensive climate that impedes communication. This type of leader makes decisions alone and uses a top down approach where subordinates have little or no input in decision making (Booyens, 1998b:423). Autocratic leaders frequently exercise power with coercion, leading to nurses lacking enthusiasm, portraying dependent and aggressive submissive behavior, losing the power to think innovatively and are unproductive in the leader's absence (Booyens, 1998b:423) which lead to an increase in the absenteeism rate (Booyens, 1996a:156).

- *Laissez-faire leadership*

The laissez-faire leadership style is another factor that adds to absenteeism at the workplace. This leadership style provides little or no direction, resulting in a passive approach where minimum contact to subordinates takes place. Nursing staff feel confused, frustrated and lack a sense of direction. Due to inadequate communication between the nurse manager and staff, vital information is missed. Staff is disinterested, dissatisfied and together with negative or no feedback, leads to unpleasantness and absenteeism. A nurse with a high performance level will in time develop a low morale due to the lack of positive feedback that in turn affects her/his attendance at work (Booyens, 1996a:157). Employees with low decision latitude and high job demands also have a high absenteeism rate (Witt, Andrews & Kacmar, 2000:344).

- *Participative Management*

Participative decision making on the other hand, allows the supervisor and subordinate to discuss situations before making a decision. In this type of management style, both the subordinate and supervisor have a voice (Witt et al., 2000:344). In order to motivate staff, managers must assist employees to become aware of how they fit into the organisational plans and of their role in accomplishing the organisation's goals. Managers should foster initiative and responsibility by allowing staff to participate in decision making. This boosts staff confidence, increases self efficacy and therefore reduces absenteeism (Laschinger, Heather & Sullivan, 1997:49).

2.5.3 CHARACTERISTICS OF THE WORK

Characteristics of the work entail job satisfaction, the work load, group cohesion, routinisation and autonomy of nurses.

2.5.3.1 Job satisfaction

Employees' job satisfaction and commitment to the job have repeatedly been found to reduce absenteeism and turnover intentions (Anderson & Halsam, 1991:85-87). Research findings have linked job dissatisfaction with burnout, poor job performance, low productivity, increase in staff turnover and is also an added cost to the institution (Kettle, 2002:1; Chirumbolo, 2005:65; Mrayyan, 2005:41). According to Pillay (2009:8), the primary reasons for a high turnover of nurses, increased absenteeism and reduction in quality of patient care are job dissatisfaction and job insecurity. In a study conducted by Shader et al., (2001:211), middle aged nurses are found to be more satisfied with work.

2.5.3.2 Work load

General job demands and heavy workloads, deadlines that need to be kept, demands on standards, excessive administrative duties, poor time management, long working hours, lack of support and demands created by resource problems all add to the stress levels causing burnout that leads to absenteeism. (Brooke & Price, 1989:17; Hackett, 1989a:246; Lee & Eriksen; 1990:37; Kaplan, et al., 1991:3; Burton, 1992:38; Van Yperen, et al., 1996:369; Borda & Norman, 1997:393; Troy, Wyness & McAuliffe, 1997:10; Van D y k , 1 9 9 8 :328; Hall, 2004:34; Pillay, 2009:12). Excessive workload leads to job dissatisfaction, poor quality of care and increased sickness absence (Felton, 1998:241; Levert, Lucas & Ortlepp, 2000:36; Siu, 2002:218). Koekmoer and Mostert (2006:88) and Rauhala et al., (2006:293) state that nurses experience feelings of disillusionment within the health care system. They undergo repetitive activities, trying to meet unavoidable and unnecessary demands on limited resources, and on top of that, they work double shifts trying to cope with the overload. Burnout and absenteeism is thus inevitable.

2.5.3.3 Group cohesion

Work related stress is increased in members of groups with lower educational experience and low group cohesion. Friction and conflict in an interpersonal relationship between nurse manager and nurses lead to high job turnover and high absenteeism rates (Gerber, 1998:323). Employees of similar status, attitudes to life and cultural background, when placed to work together, enhance group cohesion,

thus experiencing less work related stress (Gerber, 1998:323). The size of a unit affects group cohesiveness and absenteeism. The larger the unit, the weaker the group cohesion and the higher the absenteeism rate (Prado & Chawla, 2006:94). In a study conducted by Engelbrecht (2000:2), staff was encouraged to work in teams. The staff reported to have enjoyed their work more and felt more committed to fellow workers. The amount of conflict dropped and a sense of ownership developed and management claimed that absenteeism dropped by 50%.

2.5.3.4 Routinisation

Taunton et al., (1995:219), Felton (1998:241) and McHugh (2002b:732) state that the extent to which a job requires staff to repeat routine tasks on a daily basis leads to boredom and gives rise to absenteeism. Furthermore, when over reliance on doing everything by the book is enforced, discontent sets in, leading to absenteeism (Booyens, 1998b:226). Booyens (1998b:352) also mentions that a nurse on frequent rotation does not perform at the same enthusiasm and efficiency level as a nurse who is scheduled to the same unit for a longer period.

2.5.3.5 Autonomy of nurses

Autonomy is described as having the authority to make decisions and the freedom to act in accordance with one's knowledge (Mrayyan, 2005:41). Autonomy is encouraged by shared governance or participative management where employees are given a chance to participate in decision making (Harter, 2001:54). Role ambiguity and work pressure result in a lack of autonomy that creates stress, resulting in absenteeism (Brooke & Price, 1989:16; Rowland & Rowland, 1993:525; Woo, Yap, OH & Long, 1999:2; Adams & Bond, 2000:541; Hirschfed, Schmitt & Bedian, 2002: 554; MacDonald, 2002:201; Stone et al., 2008:3). Involvement of nurses in shared governance and participative management encourage clinical decision-making, autonomy, control, confidence and trust, that lead to satisfied nurses and thus reduces absenteeism (Harter, 2001:54; Siu, 2002:219).

2.5.4 CHARACTERISTICS OF THE ORGANISATION

Organisational climate is determined by shared perceptions of organisational policies, practices and procedures, both formal and informal. It is important to analyze the characteristics of the organisational climate that lead to absenteeism problems (Siu, 2002: 219; Johnson et al., 2003:338). These characteristics include absence control policy, employee incentive programmes, remuneration and promotion opportunities.

2.5.4.1 Absence control policy

Harter (2001:53) states that employers should concentrate on building a committed workforce to reduce the frequency of absenteeism by cultivating a culture that is intolerable to excessive absenteeism through implementation of a disciplinary control programme. The author further suggests adherence to policies and procedures supporting shared governance, effective communication with staff regarding causes of absenteeism, using absentee control programs and bargaining as strategies to reduce absenteeism. Rogers et al. (1990:43) believe in the concept of non punitive discipline through which the nurse administrator can effectively reduce absenteeism and increase the availability of care to the patients. However, Taunton et al. (1995:224), identified a situation where absence policies were available in the organisation, but staff was not properly informed on it, which caused the absenteeism rate to still be high. According to a study conducted by Feeney et al. (1998:91), absences for social reasons were permitted if accompanied by a medical certificate.

Institutions should maintain a balance between work and other aspects of employees' lives in order to reduce absenteeism. Flexible working hours and strategies to improve staff morale should be implemented (Johnson et al., 2003:336). McHugh (2001a:51) believes that line managers are failing to implement the absence management policies because it is time consuming. They are so busy trying to cover every day's work and deadlines that they leave absence management policies for another day. It is determined by former studies that the level of consistency in the implementation of absenteeism policies has an effect on absenteeism. In institutions where there is greater consistency, absenteeism is low and vice versa (McHugh, 2002b:730). Gaudine & Saks (2001:16) suggest that continuous feedback to employees that are consistently absent are compelled to improve their own absence behaviour. Absenteeism feedback intervention is an attempt to decrease employee absenteeism.

2.5.4.2 Employee incentive programmes

Prado and Chawla (2006:99) believe that good employee attendance should be rewarded by paying for every unused sick leave day or giving employees a bonus for uninterrupted attendance as an incentive that will decrease absenteeism. Absenteeism can further be reduced by employee wellness programmes and disability management (Fister, 2003:2). Employees can be given incentives such as flexi time to attend to school issues or take care of family matters and be provided

with day care facilities for small children. These incentives assist with keeping employees at work (Anderson & Halsam, 1991:86).

2.5.4.3 Remuneration

Remuneration refers to pay received for a specific job done. Low remuneration, excessive workload, poor career opportunities and prestige acts as disincentives and increases absenteeism (Koekmoer & Mostert, 2006:88; Prado & Chawla, 2006:99). The higher the rate of pay, the longer the length of service and the lower the absenteeism rate as stated in an article on Attendance Management, 2008. Tourangeau, Hall, Doran & Petch (2006:135) state that when a nurse is rewarded with a satisfactory salary and benefits, job satisfaction is high.

2.5.4.4 Promotion opportunities

The lack of appropriate recognition and reward could lead to dissatisfaction and absenteeism among nurses. Limited promotion opportunities amongst nurses are a major problem in many organisations (Burton, 1992:39). Promotions in the nursing profession depend on the interview process and meeting certain criteria. These limited promotion opportunities and the fact that new candidates are brought in from outside to fill senior posts, lead to a lack of enthusiasm among nurses and an increase in absenteeism (McHugh, 2002b:732).

2.6 METHODOLOGY OF STUDIES REVIEWED

The studies reviewed used probability and non-probability sampling, simple random sampling and convenience sampling methods. Some of the above research used cross sectional designs which provided the researcher with a snapshot of the research elements at that time. Studies concentrated on the relationship between personal characteristics, organisational characteristics, work characteristics and characteristics of the manager. Data was collected by making use of questionnaires, interviews, analyses of reports and postal surveys. Studies conducted were both qualitative and quantitative. Sample sizes differed with each study and ranged from 270 to 470. Limitations of some of the studies were that the data for certain studies were collected from relative small samples that reduce representation of the population under study. Significant correlations were found and it is very important for management to understand these dynamics, to be aware of the organisational sickness policies and to evaluate their effectiveness in order to control absenteeism in the workplace (Johnson et al., 2003:336).

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2.7 CONCLUSION

Absenteeism in organisations is a costly problem, which is being neglected by management. One indirect effect of absenteeism is that it results in extra work for other healthy employees who stand in for absent colleagues. The different consequences of absenteeism were reviewed and highlighted, such as the expense involved with replacing staff. Nurse managers must act with supportive professional leadership to enhance the practice environment. The above review contains different views on various aspects on characteristics of the nurse, manager, work and organisations. Absenteeism is a growing problem for organisations. Although numerous researches have been conducted on contributing factors to absenteeism, it is still a major problem amongst nurses. In order to combat the multifaceted problem of absenteeism, the importance to understand its causes became evident. In the next chapter the research methodology used in this study will be discussed in more detail.

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CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

The purpose of this study was to identify factors that contribute to absenteeism of nurses in primary care centres in Ethekwini Municipal District of Kwazulu Natal This chapter focuses on the research problem that was identified by discussing the research design, population and sampling, inclusion and exclusion criteria, instrumentation, pilot study, the measuring instruments used, reliability and validity, collection and analysis of data and ethical considerations for this study.

3.2 RESEARCH DESIGN

The research design is a plan that guides the researcher in achieving the desired outcome by providing basic direction (Burns & Grove, 2003:237). The present study used a descriptive exploratory design to collect information and identify challenges with current practices within the nursing field of study. This type of design is ideal for this study as no manipulation of the variable was possible (Burns & Groves, 2003:240). This study was applied with a quantitative approach which investigated the factors influencing absenteeism. Conceptual and operational definitions of variables were developed and this assisted in preventing bias (Burns & Grove, 2003:240). A questionnaire was used as a data collection tool. Statistical analyses provided a descriptive explanation of the relationship between absenteeism and characteristics of the nurse, the workplace, management, as well as characteristics of the organization. The researcher looked for information about factors and characteristics that contribute to absenteeism.

3.3 DESCRIPTION OF THE ORGANISATION

For the purpose of this study eight primary care centres in the Ethekweni Municipal district of Kwazulu-Natal were involved in the research, namely the Tongaat, Newtown, Phoenix, Cato Manor, KwaMashu, Inanda, Kwadebeka and Hlengiswe primary care centres.

3.4 POPULATION AND SAMPLING

The population entailed the entire population that the researcher is interested in for the relevant study (Burns & Grove, 2003:40). The total population group consisted of 689 nurses, which comprised of 429 professional nurses, 163 enrolled nurses and 97

nursing assistants. The total sample consisted of 30% of all nurses of all categories working in the primary care centers, which comes to 209 nurses (128 professional nurses, 50 enrolled nurses and 31 nursing assistants).

Sampling comprises of a portion of the total population considered for the study (De Vos et al., 2007:190). This sample was compiled by means of a simple random sampling method (Burns & Grove, 2003:331). By using this sampling method, every individual had an equal opportunity of being chosen (Polit, et al., 2006:127; De Vos et al., 2007:200). The fish bowl sampling method was used whereby every name from the sampling frame was written on a piece of paper and put into a bowl. A slip was drawn from the bowl until the required number for each category of nurses was obtained. There was no opportunity for bias or selecting items according to some external purpose. This is the soundest method and the one recommended by most research texts (Polit, et al., 2001:127).

Participants were selected according to the table below:

Table 3.1: Sample Group

Community health centre	Professional Nurse	30%	Enrolled Nurse	30%	Nursing Assistant	30%
Tongaat CHC	41	12	13	4	15	4
Newtown CHC	23	7	23	7	9	3
Phoenix CHC	66	20	23	7	5	2
Cato Manor CHC	21	6	06	2	1	1
KwaMashu CHC	81	24	36	11	23	7
Inanda CHC	56	17	09	3	12	4
Kwadebeka CHC	91	27	30	9	20	6
Hlengiswe CHC	50	15	23	7	12	4
Total	**429**	**128**	**163**	**50**	**97**	**31**

3.4.1 Inclusion criteria

The inclusion criteria set out before the study was that the participants

- had a qualification in nursing
- were registered with SANC
- worked full time in the primary care centres in the Ethekwini Municipal District
- were able to read and write in English.

3.4.2 Exclusion criteria

Exclusion criteria were used to determine whether a person could participate in the research study:

- Nurses that were included in the pilot study
- Part time nurses
- Staff that could not read and understand English

3.5 INSTRUMENTATION

The measuring instrument that was used for this research study was a questionnaire that used a four-point likert scale. An even number scale was used so that participants were forced to choose, which left no room for indecision or neutrality. The Likert scale is commonly used in survey research (Burns & Grove, 2003:388). It is often used to measure respondents' attitudes by asking the extent of what they believe with a particular question or statement.

The questionnaire used for this study consisted mainly of closed and some open-ended questions, which were adapted from a tool used for a study conducted by Nyathi in 2008 for nurses in district hospitals in the Limpopo district. Based on the literature review, the questionnaire chosen was adapted, taking into account the purpose of the study. The questionnaire consisted of five sections.

Table 3.2: Sections of questionnaire

SECTION A	Demographics (8 Questions)
SECTION B	Personal Information of the nurse (17 closed-ended questions and 1 open-ended question)
SECTION C	Information about the manager (13 closed-ended questions and 1 open-ended question)
SECTION D	Information of freedom and independence of nurses at work (16 closed-ended questions & 1 open-ended question)
SECTION E	Information of the organizational stimulus and effective performance of nurses (16 closed-ended questions and 1 open-ended question)

Section A:

A biographical questionnaire consisting of the following information had to be completed by the respondents:

1. Age
2. Gender
3. Marital Status
4. Highest qualifications

5. Registration with council
6. Years of service
7. Unit of work
8. Designation

Advantages of having a questionnaire as an appropriate tool for data collection:

- The cost is low
- Structured questions make analysis easier
- Respondents have sufficient time to complete the questionnaire at their own pace

Disadvantages of questionnaires:

- The main problem with questionnaires is the non-response on certain items on the questionnaire
- Participants fail to return completed questionnaires (De Vos et al., 2007:166).

The response rate for this study was 91%. 191 nurses out of 209 responded to the research study.

3.6 PILOT STUDY

A pilot study is a pre-study of the main study. It can be seen as a miniature version of the main study. The pilot study almost always provides enough data for the researcher to decide whether to go ahead with the main study (Burns & Grove, 2003:549). A pilot study was conducted in June 2010 in order to reveal deficiencies and to check whether the instructions on the questionnaire were comprehensible, and also to check the validity and reliability of the results. 43 professional nurses, 17 enrolled nurses and 10 enrolled nursing assistants participated in the pilot study under similar conditions set for the main study.

3.7 RELIABILITY AND VALIDITY

Reliability depends on the consistency of the measuring technique. Each time the measuring instrument is used it should achieve the same results (Burns & Grove, 2003:364). The questionnaire was analyzed by a statistician and reliability analyses on each of the sections were found to be valid. In this study, Cronbach Alpha coefficients were used to measure the reliability of the questionnaire. The guideline of 0.70 provided by Nunnally and Bernstein (1994) was followed as cut-off point for

acceptable Chronbach Alpha coefficients. Chapter 4, paragraph 4.2, table 4.1 shows that the lowest Cronbach alpha score was 0.86, which indicates acceptable reliability.

Validity is how well the measuring instrument measures what it is supposed to measure (Burns & Grove, 2003:365). A pilot study was conducted to ensure that the questions were easily understood and was not ambiguous. The pilot study provided proof for the validity of the questionnaire by achieving the objectives of the study. Chapter 3, paragraph 3.6, provides a detail discussion of the pilot study that was conducted.

3.8 DATA COLLECTION

Data collection is the collection of information to meet the specific objectives of the study (Burns & Grove, 2003:41).The researcher first obtained ethical approval for the study from the university's ethical committee (Appendix A). Permission to conduct the study was also obtained from the provincial office of KwaZulu-Natal Health Department via the district office (Appendix B). Then the researcher contacted the CEOs of all primary care centres. The letter requesting permission and ethical approval was faxed to each institution. Appointments were set up with each nurse manager via the CEO (Appendix C). The content of the study was discussed and the researcher was granted permission verbally to collect data at the institutions. The researcher met with the respondents and explained the expectations of the study. The respondents were assured about ethical considerations, anonymity and confidentiality (Appendix D). The questionnaire and data collection procedure were explained to them. The researcher personally handed over the questionnaires to each participant and explained the expectations, left contact details for any enquires and left a ballot box in the unit (Appendix E). Participants were allowed to complete the questionnaire at their own convenient time. Arrangements were made to pick up the completed questionnaires after one week. Data was collected from nurses from all eight primary care centres. 209 questionnaires were distributed and 191 completed questionnaires were returned and used for analysis, out of which 128 were professional nurses, 48 out of 50 enrolled nurses and 24 out of 31 enrolled nursing assistants.18 questionnaires were not returned. The experiences of the participants during data collection are unknown as the participants did not have direct contact with the researcher when completing the questionnaire and no feedback was received.

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3.9 DATA ANALYSIS

Data analysis is a technique used to minimize, organize and provide meaning to data (Burns & Grove, 2003:536). After the data was collected, it was coded and prepared for analysis, e.g. the survey conducted asked respondents to what extent they agree with a question. Data analysis was done by means of the software program Statistica 9, with the support of a statistician from the Centre for Statistical Consultation, University of Stellenbosch. A thematic framework was used to analyze the data from the open-ended questions.

A 4-item likert scale was used where the responses were coded as follows: to no extent = 1, to a limited extent = 2, to a moderate extent = 3, to a large extent =4. Data was then entered in a computer on an Excel spreadsheet. A systematic plan was used to reduce errors during the data capturing phase. The data captured was cross-checked for accuracy. All errors and missing data were identified and corrected by the researcher. Descriptive statistics converted and organized the collected data to provide meaning to readers. Quantitative data analysis was conducted.

For descriptive purposes, frequency tables with counts and percentages were used for categorical data, and means with standard deviations for ordinal data. The results were analyzed using descriptive statistics, frequency tables with counts and percentages were used for categorical data, and means with standard deviations for ordinal data. A 5% significance level ($p<0.05$) was used to judge significant relationships.

3.10 ETHICAL CONSIDERATIONS

In any research study the rights of the participants to privacy, anonymity and confidentiality need to be respected (Burns & Grove, 2003: 212). Complete anonymity occurs when the researcher is unable to link the subject with the responses (Burns & Grove, 2003:212). This study was conducted with these principles in mind. The participants were assured that all information on the questionnaire was confidential. Their names were not a requirement that needed to be filled on the questionnaires. The right to fair treatment was assured by the following: All participants were selected randomly through the fish bowl method. The researcher explained all expectations to all the participants. Furthermore, a questionnaire covering letter was given to each participant, which explained what was expected (Appendix D). Informed consent was obtained from the participants before the collection of data (Appendix D). The researcher ensured that each

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participant understood the benefits and purpose of the study (Appendix D). Participation was voluntary. Participants could withdraw at anytime during the study. The benefits of participating in the study were emphasized by the researcher. The researcher's contact details were made available to the participants so that they could contact the researcher for any questions. The nature and the purpose of the study were explained prior to data collection. To ensure complete confidentiality and privacy, the researcher did not use any fieldworkers. Questionnaires were personally delivered and collected by the researcher.

The researcher was registered with Stellenbosch University for the duration of the study. Ethical approval was obtained from Stellenbosch University (Appendix A). Written permission was obtained from the Head of Province for Health via the District manager (Appendix B) and prior permission was obtained from the chief executive officer of each institution that was included in the study (Appendix C).

3.11 CONCLUSION

This chapter explained the research design, the sampling method, the data gathering procedure and the statistical techniques that were employed in an attempt to answer the research questions of the study. A self-explanatory questionnaire was used to conduct this research study. 191 respondents participated. The collected data was analyzed by a statistician and the results are presented in chapter 4.

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CHAPTER 4: DATA ANALYSIS, INTERPRETATION AND DISCUSSION

4.1 INTRODUCTION

In this chapter the results of the study are reported and discussed. The statistical programme used for analysis and presentation of data was Statistica 9, together with Excel© spreadsheets. The data from the questionnaires were analysed to identify items that are not statistically significant and to identify aspects that are perceived to have a significant correlation with absenteeism of nursing personnel in the primary care centres in the Ethekwini municipal district of KwaZulu-Natal.

The reliability analysis is presented first, followed by the descriptive statistic that outlines the characteristics of the sample with regards to the different variables included in the study. Next, the analyses of the questionnaire as it relates to absenteeism of nurses are presented. Conclusions were drawn on the basis of the obtained results. The discussion of results in this chapter will be embedded in the literature study as discussed in chapter 2.

4.2 RELIABILITY ANALYSIS

Reliability is an important indicator of the integrity with which an instrument is used and it is concerned with the consistency of the measurement. Reliability testing assesses characteristics such as dependability, consistency, accuracy and comparability (Burns & Grove, 2003:364).

In this study, Cronbach Alpha coefficients were used to measure the reliability of the questionnaire. The guideline of 0.70 provided by Nunnally and Bernstein (1994) was followed as cut-off point for acceptable Chronbach Alpha coefficients. From table 4.1 it can be seen that Cronbach Alphas were 0.86 and above for all sections, which indicates acceptable reliability. The higher the reliability coefficient, the more accurate the measure is (Polit, et al., 2001:307).

The table below shows the reliability of the variables used in this study.

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Table 4.1: Cronbach Alpha Coefficients

	Section B (characteristics of the nurse)	Section C (characteristics of the manager)	Section D (characteristics of work)	Section E (characteristics of the organization)
Cronbach Alpha	0.86	0.93	0.92	0.94

4.3 DESCRIPTIVE STATISTICS

Quantitative data without statistics would be a chaotic mass of numbers. Descriptive statistics assisted the researcher in summarizing, organising, interpreting, describing and synthesizing data so that the relations of the research problem can be studied, tested and conclusions can be drawn (Polit et al., 2001:330). The statistical procedure followed for this research included modes, frequencies, percentages, means and standard deviations in order to describe the data.

4.3.1 Frequencies and percentages

Frequencies and percentages were used to arrange data in a graphical format. Percentages provided the information of the respondents within each of the demographical variables, for example the percentage of males and females who took part in the study. Histograms were used in this study to display these intervals. Histograms are similar to bar graphs but the data shows frequencies in class intervals for continuous grouped variables. The horizontal base line (X axis) is where the essential data is plotted at midpoint intervals and the frequency scale along the Y axis (De Vos et al., 2007:229).

4.3.2 Means

The mean portrays the average value. The mean is a total of all scores added together and divided by the number of scores being added (Burns & Grove, 2003:417).

4.3.3 Standard deviations

Standard deviation is a measure of variability that indicates the average deviation of all the values in a set data from the mean (Burns & Grove, 2003:418).

4.3.4 Median

The median preserves the order of ordinal data. It is obtained by rank ordering the scores and is either the middle score or the average of the two middle scores (Burns & Grove, 2003:415).

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4.4 PRESENTATION OF THE BIOGRAPHICAL DATA IN THE STUDY

Two hundred and nine research survey questionnaires were distributed to 128 professional nurses, 50 enrolled nurses and 31 enrolled nursing assistants. Of the 209 questionnaires distributed, 191 were returned. One hundred and nineteen (119) questionnaires were completed by professional nurses, 48 by enrolled nurses and 24 by enrolled nursing assistants (*N* = 191). Biographical data was collected in Section A of the questionnaire.

Characteristics of the participants are shown in tables and histograms below. Frequencies and percentages are indicated in the histogram.

4.4.1 Variable 1: Age

Table 4.2 indicates the frequencies and percentages of the participants regarding their age.

Table 4.2: Characteristics of participants regarding age

Age in years	Frequency (*n* = 184)	Percentage
20 – 25	10	5 %
26 – 30	26	14 %
30 – 35	25	14 %
36 – 40	20	11 %
41 – 45	22	12 %
46 – 50	35	19 %
51 55	26	14 %
56 – 60	14	8 %
61 – 65	3	2 %
66 – 70	1	1 %

The data that is presented in table 4.2 shows that the highest proportion of participants falls in the age group 46 – 50 years, with the least – only one participant – in the age group 66 – 70 years. Seven participants did not report their age. The mean age was 41.83 years.

Figure 4.1 below shows a representation of a histogram analysis that was conducted with regards to variable 1: Age.

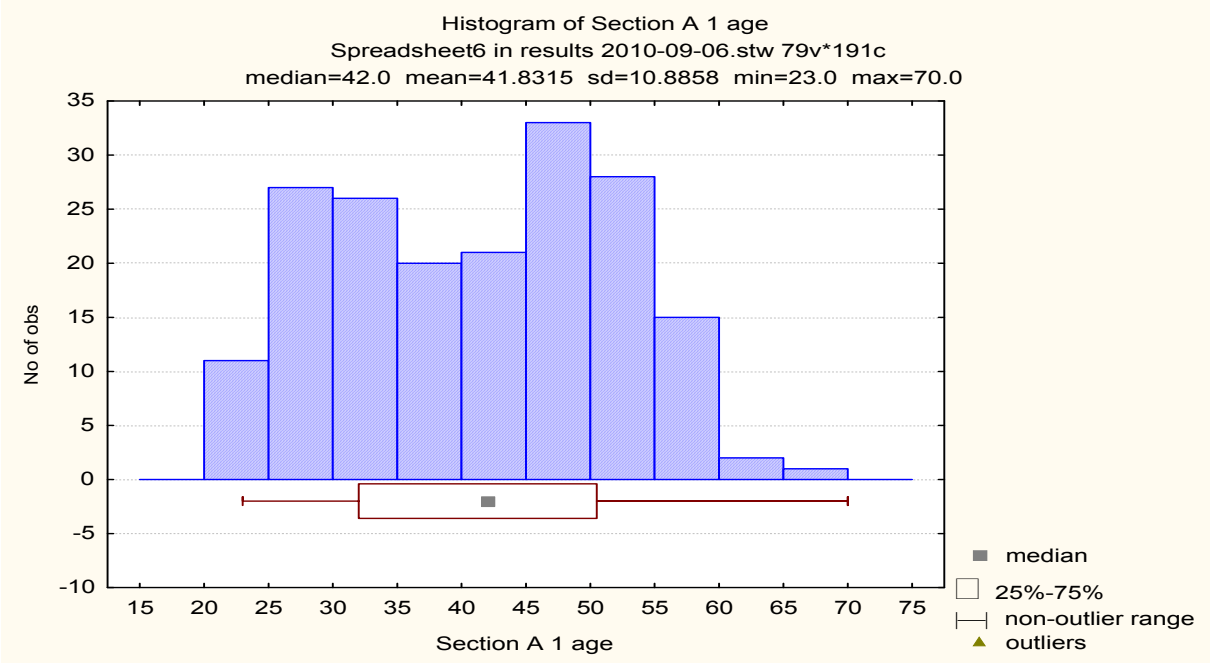

Figure 4.1: Histogram of Age

Forty five percent of the respondents were younger than 40 years, while 55% were heading towards retirement age.

4.4.2 Variable 2: Gender

Figure 4.2 below portrays the distribution of the group with regards to gender. The histogram indicates that the majority of the respondents were females. Hundred and seventy two participants (90%) were females and 19 (10%) were males. The male participants may have been under-represented in the sample because there are not many men in nursing.

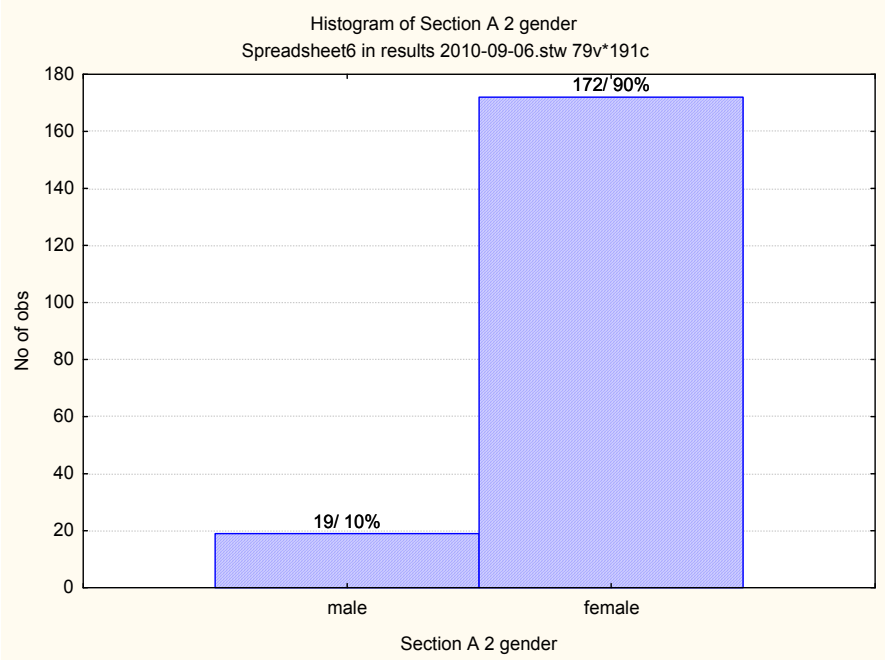

Figure 4.2: Histogram on Gender

4.4.3 Variable 3: Marital status

Characteristics of participants regarding marital status is shown in figure 4.3 below.

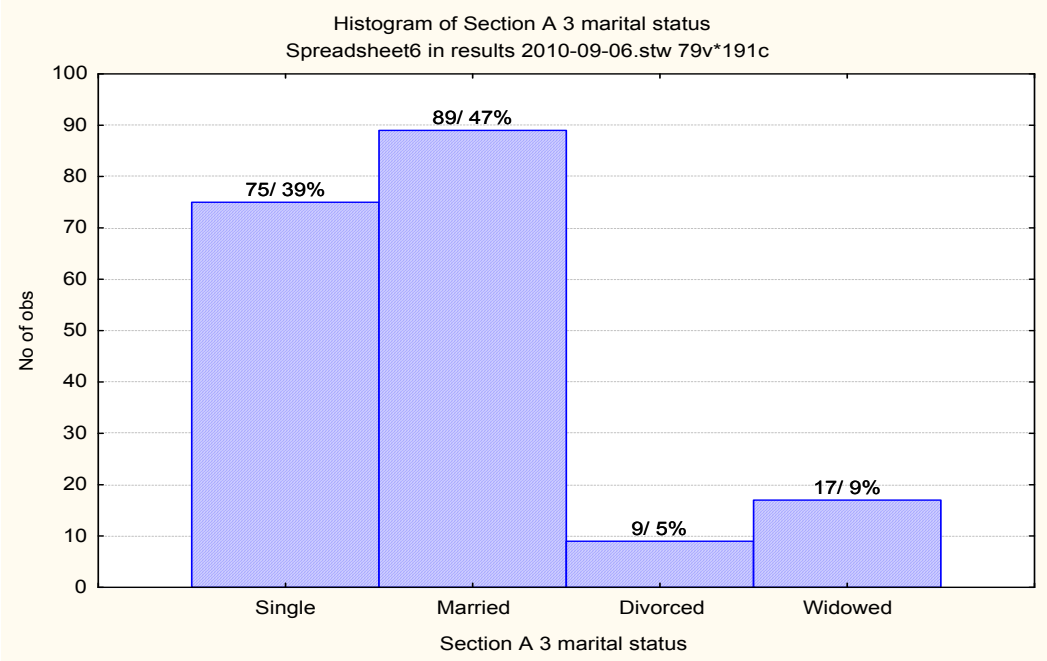

Figure 4.3: Histogram on Marital Status

The above table shows that the majority of the respondents, namely 89 (47%) were married, 75 (39%) were single, 17 (9%) were widowed and 9 (5%) were divorced.

4.4.4 Variable 4: Educational levels

Figure 4.4 below illustrates the distribution of the participants in terms of their educational level. Standard 10 as indicated in the histogram is equivalent to grade 8 as it is currently used in the educational system and standard 10 is equivalent to grade 12.

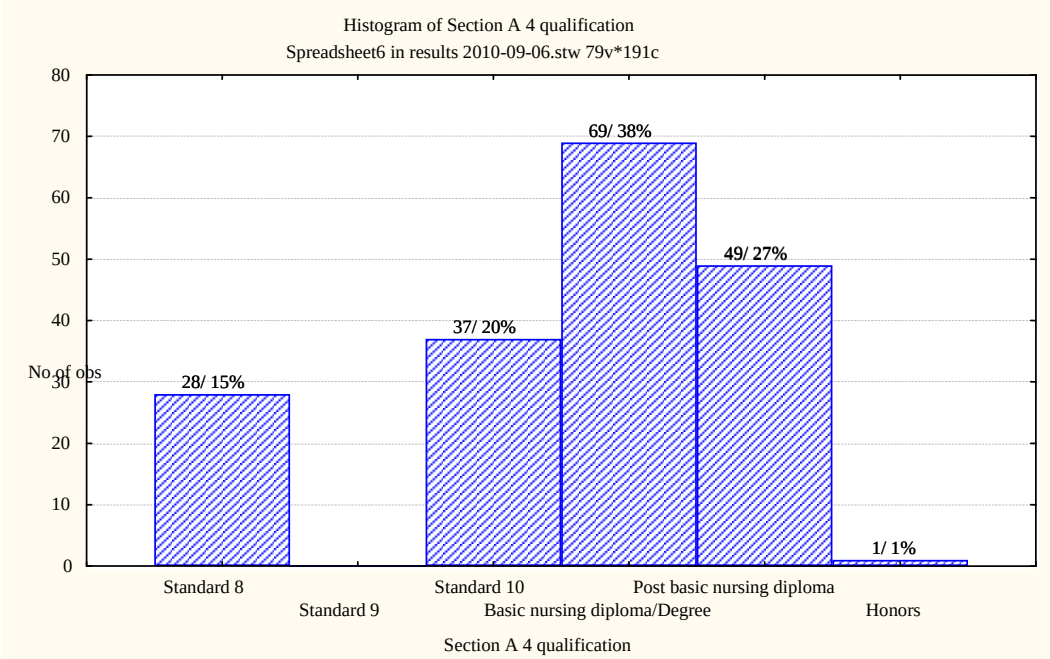

Figure 4.4 indicates that 69 (38)% of the participants have a basic nursing diploma/degree, 49 (27%) of the respondents have a post-basic nursing diploma, 37 (20%) of the respondents have standard 10 /grade 12 and 28 (15%) have a standard 8/grade 10 qualification. One (1%) of the respondents has an honours degree.

4.4.5 Variable 5: Registration of nurses

A histogram (figure 4.5) was constructed to determine the frequency of the variables regarding the registration of the nurses with the South African Nursing Council (SANC).

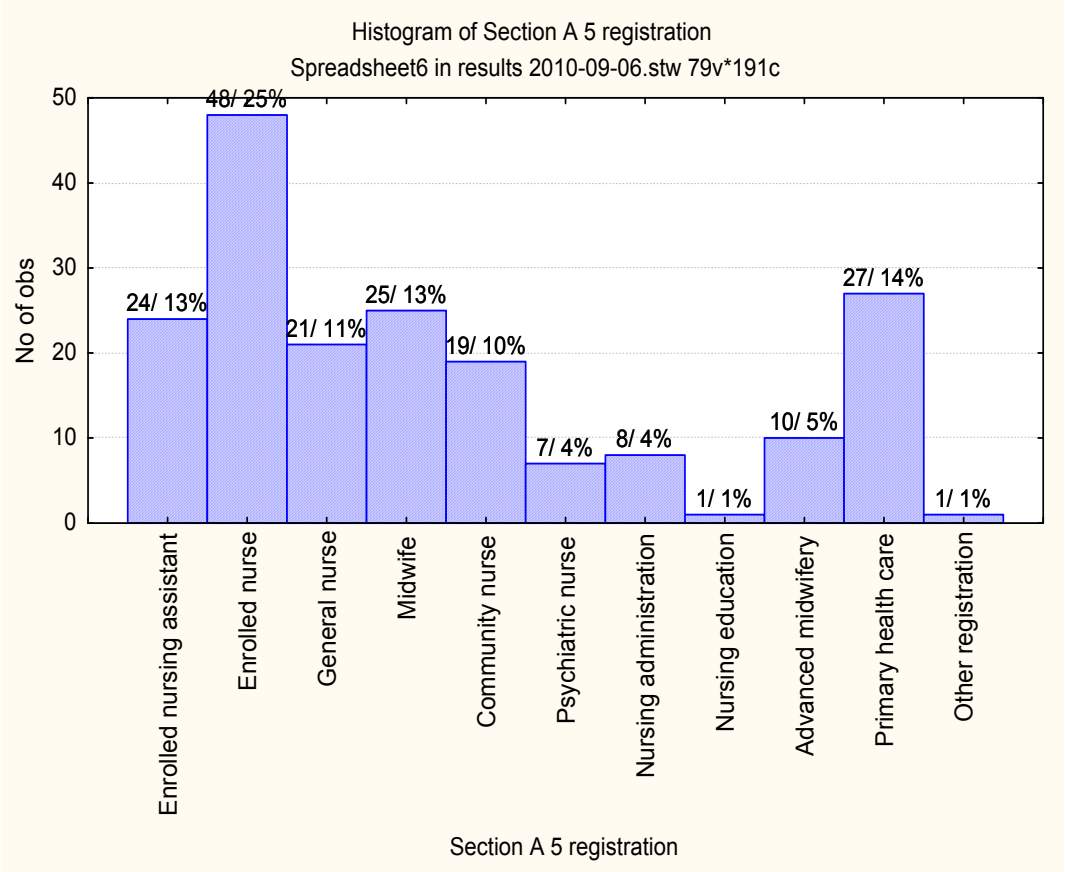

Figure 4.5: Histogram on registration

The above histogram reveals that 24(13%) of the respondents were registered with SANC as enrolled nursing assistants, 40(25%) as enrolled nurses, 21(11%) of professional nurses were registered as general nurses, 25(13%) as midwives, 19(10%) as community health nurses, 7(4%) as psychiatric nurses, 8(4%) as nursing administrators, 1(1%) had a qualification in nursing education, 10(5%) in advanced midwifery, 21(14%) in diagnosing, treatment and care, while 1 (1%) indicated another qualification.

4.4.6 Variable 6: Unit

The research was conducted at primary care centres which comprises of medical outpatient units, primary care outpatients, HIV/AIDS outpatients, psychiatric outpatients, maternal child health, outreach mobile services and nursing administration. A discussion on the type of unit where the nurse worked is portrayed in figure 4.6 below. Figure 4.6 shows that 53(28%) nurses that responded worked in a Primary care unit, 49(26 %) in Maternal and Child Health, 39(20%) in the Medical Outpatient unit, 30(16%) in HIV/Aids/TB, 13(7%) in Outreach Services, 6 (3%) in Psychiatric Services and 1(1%) worked in an administrative capacity.

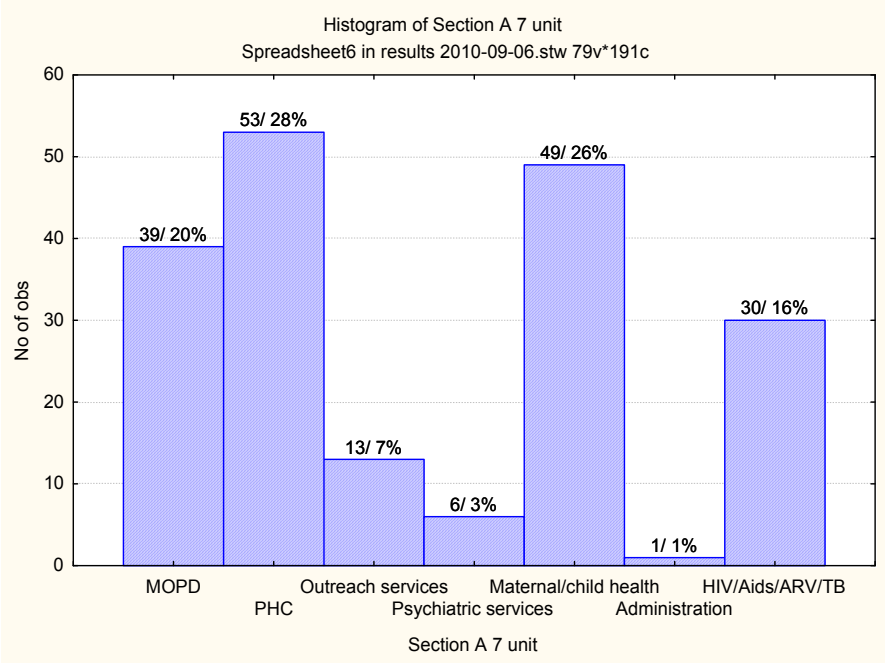

Figure 4.6: Histogram on unit of work

4.4.6 Variable 7: Experience

Years of experinece in nursing is showed in figure 4.7 below.

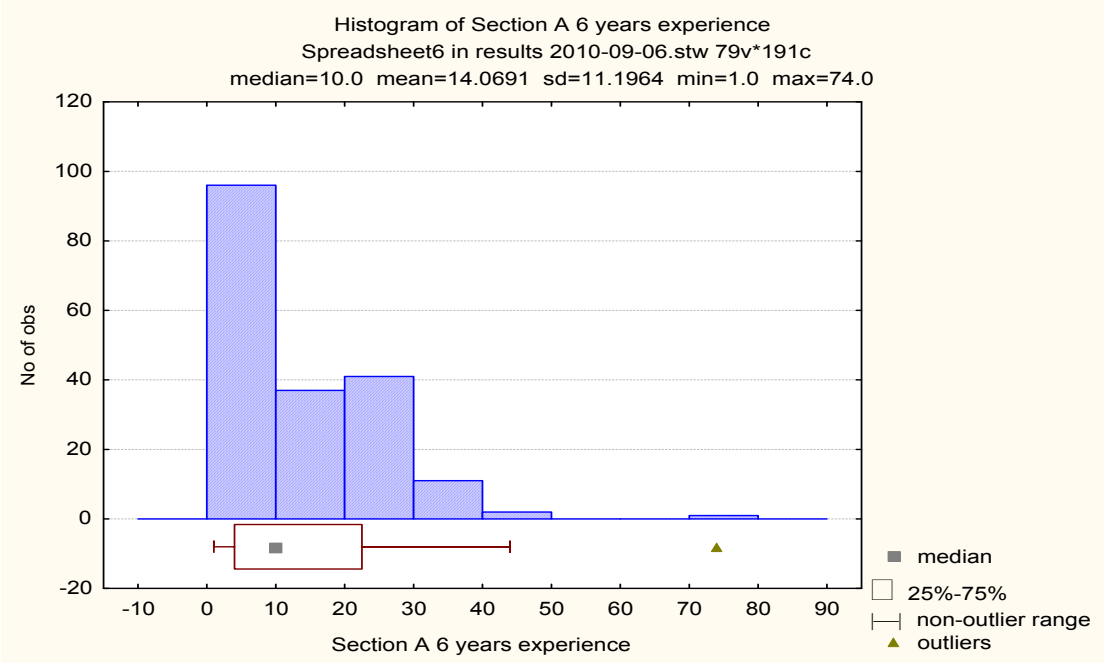

Figure 4.7: Histogram on experience

Table 4.3 shows that the majority of nurses (50%), had 0 – 10 years of experience and the minority – only 3 nurses (2 %) – had more than 40 years of experience in nursing. Three nurses did not state their years of experience.

4.4.7 Variable 8: Designation

A histogram was constructed and the findings were that of the 119(62%) professional nurses participated in the study, 114 were clinical nurses, 5 were operational managers (who performed duties on both clinical and administrative level), 48(25%) were enrolled nurses and 24(13%) enrolled nursing assistants. Designations are portrayed in figure 4.8 below.

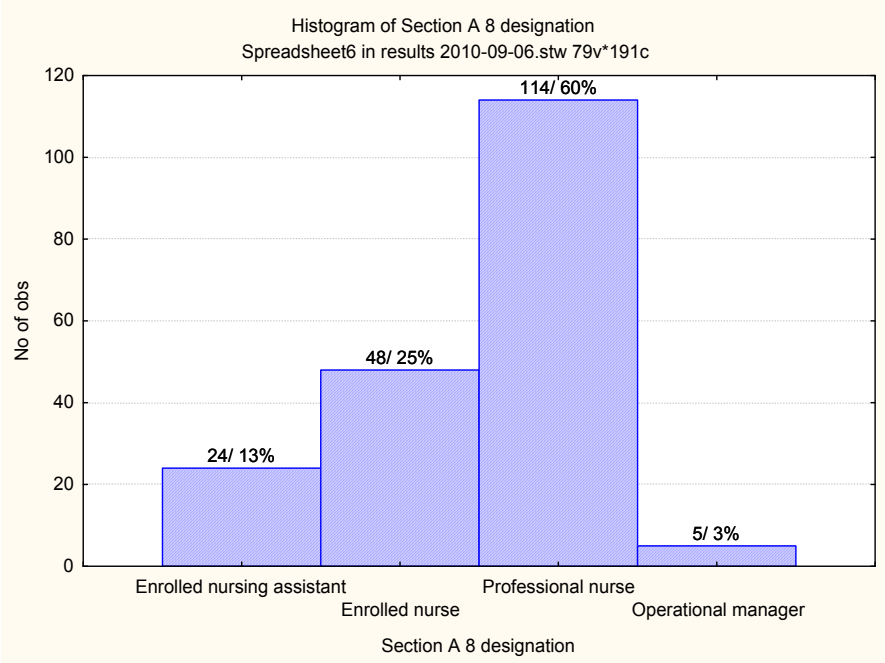

Figure 4.8: Histogram on Designation

4.5 STATISTICAL ANALYSES OF THE QUESTIONNAIRE

The questionnaire was designed to determine the perceived causes leading to absenteeism of nurses in primary care centres in the Ethekwini municipal district of KwaZulu-Natal. It was considered that the causes were concentrated in the characteristics of the following four categories, namely that of the:

- Nurse
- Manager
- Work itself
- Organisation

The questionnaire was analyzed according to these four sections to measure how the characteristics of each of these aspects affect absenteeism.

The results of the questionnaire were tabulated in an Excel© spreadsheet and the results were then analysed to identify the aspects - over the whole spectrum of questions, which are perceived to be the major causes of absenteeism.

The null hypothesis states that the characteristic does not affect absenteeism. If the characteristic has no relationship with absenteeism the expected result of the questionnaire would be random. Consequently, the Goodness of Fit test - using the Chi squared distribution - was used to compare the actual results received with the expected results for each characteristic.

The Chi squared goodness of fit test has the form where

X^2 is the Chi squared distribution value

O_i is the Observed value

E_i is the Expected value and the subscript df refers to the degrees of freedom of the distribution:

$$\chi^2_{df} = \sum_i \frac{(O_i - E_i)^2}{E_i}$$

(Ryan, n.d.)

The Chi-squared test has a number of degrees of freedom equal to the number of classes minus the number of parameters estimated from the data minus 1. The questionnaire has four classes and no parameters were estimated from the data, resulting in the test having 4-0-1=3 degrees of freedom.

Since a p-value of 0.01 implies a probability of 1% that the null hypothesis could be true, this value was adopted as the cut off point where the null hypothesis could be rejected. The upper critical value of Chi-squared distribution with 3 degrees of freedom for a p-value of 0.01 is 11.35. Consequently, the null hypothesis can be rejected for all results with a Chi-squared value higher than 11.35 and it can then be accepted that the characteristic is in fact perceived to affect absenteeism. Table 4.1 summarises the key parameters considered in the analyses.

Table 4.3: Parameters used in statistical analyses of data

No of Classes	Degrees of Freedom	p-value	X^2 (Chi-square)
4	3	<0.01	>11.35

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The first analyses were performed on the whole sample to determine the Goodness of fit of each question. The χ^2 values were determined and the questions with low values were eliminated as the null hypothesis could not be rejected. The remainder of the questions were then evaluated to determine the mean values and standard deviations. The characteristics indicating the highest perceived relationship with absenteeism is then discussed. Table 4.4 depicts a sample of the data analysed to demonstrate the parameters calculated.

Table 4.4: Sample of analyses of questionnaire

Section A 3 marital status	Section A 4 qualification	Section A 5 registration	Section A 6 years experience	Section A 7 unit	Section A 8 designation	Section B 1	Section B 2	Section B 3	Section B 6
Widowed	D Basic nursing diploma/ Degree	D Midwife	8	E Maternal/ child health	C Professional nurse	4	4	3	1
Single		A Enrolled nursing assistant	25	C Outreach services	A Enrolled nursing assistant	4	3		4
Divorced	D Basic nursing diploma/ Degree	F Psychiatric nurse	4	A MOPD	C Professional nurse	4	4	4	
Married	E Post- basic nursing diploma	E Community nurse	5	A MOPD	C Professional nurse	4	4	4	4
Single	A Standard 10	B Enrolled nurse	8	G HIV/Aids/ARV/TB	B Enrolled nurse	4	4	4	4
					Average	2.31	2.64	2.99	2.46
					Std Dev	0.95	0.96	1.10	1.12
					Sum Observed Values:	189.00	188.00	190.00	189.00
					4	25.00	43.00	86.00	48.00
					3	47.00	56.00	44.00	38.00
					2	78.00	68.00	33.00	56.00
					1	39.00	21.00	27.00	47.00
					Chi-squared values				
					X4	10.48	0.34	31.21	0.01
					X3	0.00	1.72	0.26	1.81
					X2	20.01	9.38	4.43	1.62
					X1	1.44	14.38	8.85	0.00
					Chi - squared	31.93	25.83	44.74	3.44
					Weighted average	548.00	708.50	949.00	662.50

The analyses determined the values shown in table 4.4 with the Chi-squared distribution indicating when the result of the questionnaire can be considered to be significant. A portion of Column B6 ("*nurses are absent from work because they have financial problems")* is included for illustrative purposes, since the Chi-squared distribution has a returned value of 3.44, which is lower than the cut off value of

11.35 which corresponds to a p-value of 0.01. Consequently, this result cannot be considered as the null hypothesis: "*The characteristic does not affect absenteeism*" could not be rejected.

The first 6 columns of the table depict the variables used in this study. Subsequent analyses sorted the results in relation to these variables to study whether differences in perception of reasons for absenteeism is noticeable across the variables. The four sections of the questionnaire dealing with characteristics of the Nurse, Manager, Work and the Organisation formed the remainder of the columns. The analyses deal with each category separately for each presentation of the data.

Since the number of questions is large, the results are depicted in graphical format as it clearly illustrates the calculated values. The calculated means and the frequency number of high scores, as well as high modes for each characteristic obtained were used to assess the dominant reasons for absenteeism. Although both the mean and the high modes - together with their frequency - selected the same characteristics, the high modes are displayed and used in the discussion. Since the Likert scale values are ordinal data rather than interval data, a modal approach was selected, where the high mode rather than a selection based on the mean was used (Burns & Grove, 1993:377).

In order to identify the dominant reasons contributing to absenteeism among nurses, a three step approach was used. Firstly, the questions found to have a p-value greater than 0.01 was eliminated as these values are not considered statistically significant. Secondly, the values where 50% of the population considered the characteristic to have no effect on absenteeism were omitted from the remainder of the analysis. Thirdly, the remainder of the results were considered to identify the characteristics considered to have the largest effect on absenteeism. This selection was done graphically by selecting the characteristics with the highest mode values from the valid results.

4.5.1 Analyses of results pertaining to the characteristics of the nurse

The first series of analyses were done to eliminate the questions that do not have statistical significance. It can be seen from fig. 4.9 that only one question indicates a X^2 value below 11.35, namely question 6 ($p>0.01$). Consequently, we cannot reject the null hypothesis for this question because the probability of this question not

having any affect on absenteeism is smaller than the selected probability of 1% (p = <0.01). Question B 6 relates to financial problems.

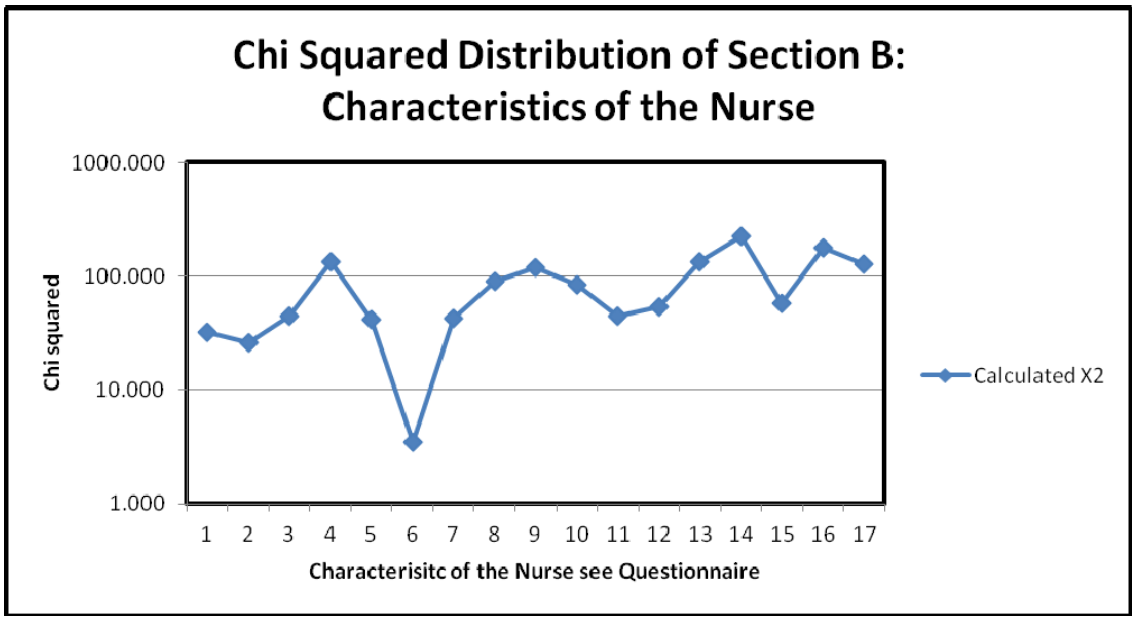

Figure 4.9: Null test on Characteristics of the Nurse

The graph below (figure 4.10) depicts mode and frequency of selection of each of the characteristics of the nurse.

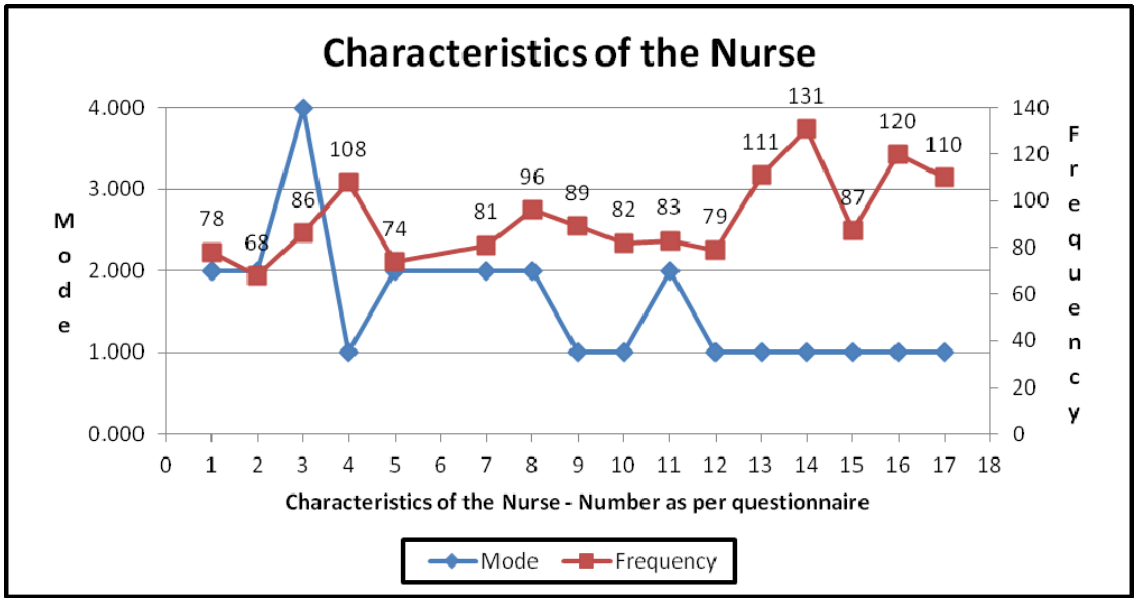

Figure 4.10: Modes and frequencies: Characteristics of the nurse

From the above graph it is clear that the respondents considered characteristic 3 to be the predominant characteristic of the nurse contributing to absenteeism. Characteristic 3 relates to stress related illnesses *("nurses are absent from work*

because they suffer from stress-related illness, e.g. tiredness"). It has a mode of 4 and a frequency of 86, indicating that 45% of the participants considered this characteristic to contribute to a large extent to absenteeism.

Characteristics 1, 2, 5, 7, 8 and 11 are also considered minor contributing factors with modes of 2 and frequencies in the region of 50%, as can be seen from the graph. Characteristics with a mode of 1, corresponding to the characteristic linked to 'no extent' to absenteeism, were eliminated. Consequently, characteristics 4, 9, 10, 12 to 17 are not considered to be contributing factors to absenteeism. Characteristics are shown in table 4.5 below.

Table 4.5: Section B: Characteristics of the Nurse

Characteristics of the nurse: *Nurses are absent from work because they*	**Remarks**	**Mode**	**Frequency**	**Mean**	**Standard Deviation**
1.suffer from minor physical ailments, e.g. headaches, backache	Minor factor	2	78	2.31	0.95
2.suffer from chronic medical conditions	Minor factor	2	68	2.64	0.96
3.suffer from a stress-related illness, e.g. tiredness	Critical factor	4	86	2.99	1.1
4.have problems regarding the abuse of alcohol, or drugs	Minor factor	1	108	1.6	0.82
5.suffer from work-related, e.g. a fractured limb, or hurting back	Minor factor	2	74	2.04	0.95
6.have financial problems	Statistically insignificant p> 0.01	2	56	2.46	1.12
7.have to look after family members e.g. mother or sick child	Minor factor	2	81	2.27	0.9
8.have to attend funerals of relatives e.g. grandmothers	Minor factor	2	96	1.06	0.8
9.have to attend funerals of friends e.g. friends outside the workplace	Minor factor	1	89	1.66	0.76
10.experience domestic conflict e.g. arguments, violence resulting in injuries outside the workplace	Minor factor	1	82	1.78	0.82
11.experience transport problems, e.g. getting to work by bus, taxi or own car	Minor factor	2	83	2.13	0.96
12.prolong their weekends, e.g. when visiting far from home	Minor factor	1	79	1.91	0.96
13.lack motivation to go to work, e.g. they are lazy to report to work	Minor factor	1	111	1.62	0.88
14.are disturbed by bad weather, e.g. rain	Minor factor	1	131	1.38	0.65
15.attend to additional jobs for financial gain	Minor factor	1	87	1.89	0.99
16.have to attend union meetings	Minor factor	1	120	1.48	0.75

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elsewhere					
17.want to do what colleagues do in the workplace, e.g. stay away from work regularly	Minor factor	1	110	1.65	0.92

4.5.2 Analyses of results pertaining to the characteristics of the manager

Retaining the same approach as before, characteristics that do not give significant results as the χ^2 (Chi-squared) values which are below 11.35 were identified. These characteristics are numbers 24; 26; 27; 29 and 31 as shown in figure 4.11 below.

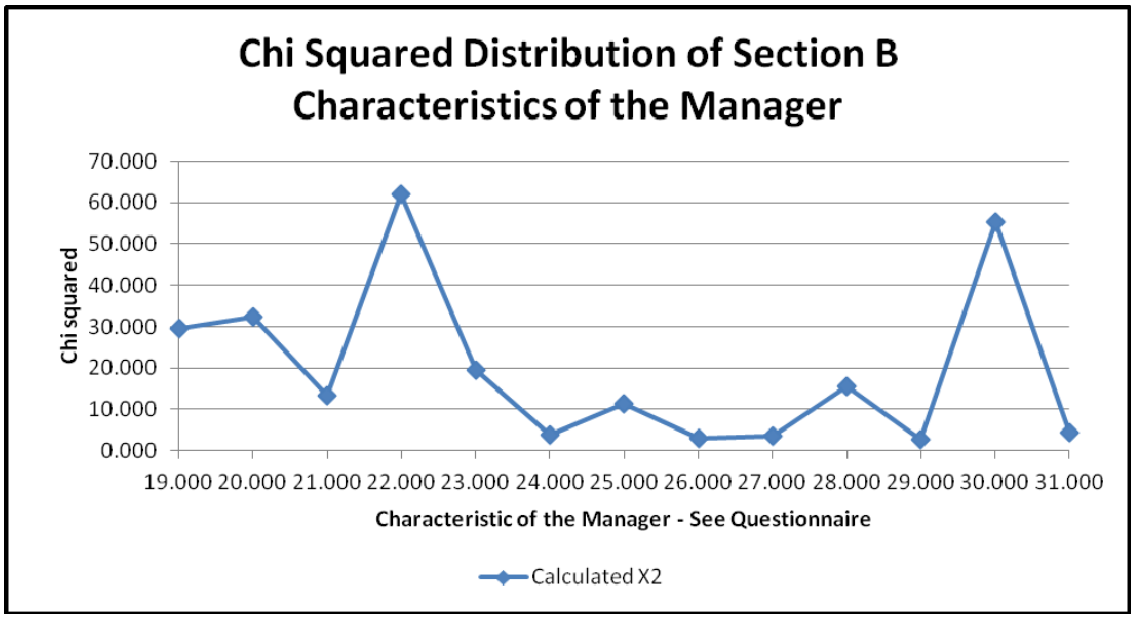

Figure 4.11: Null test on Characteristics of the Manager

Figure 4.12 below depicts the mode and frequency of selection of each of the characteristics of the manager.

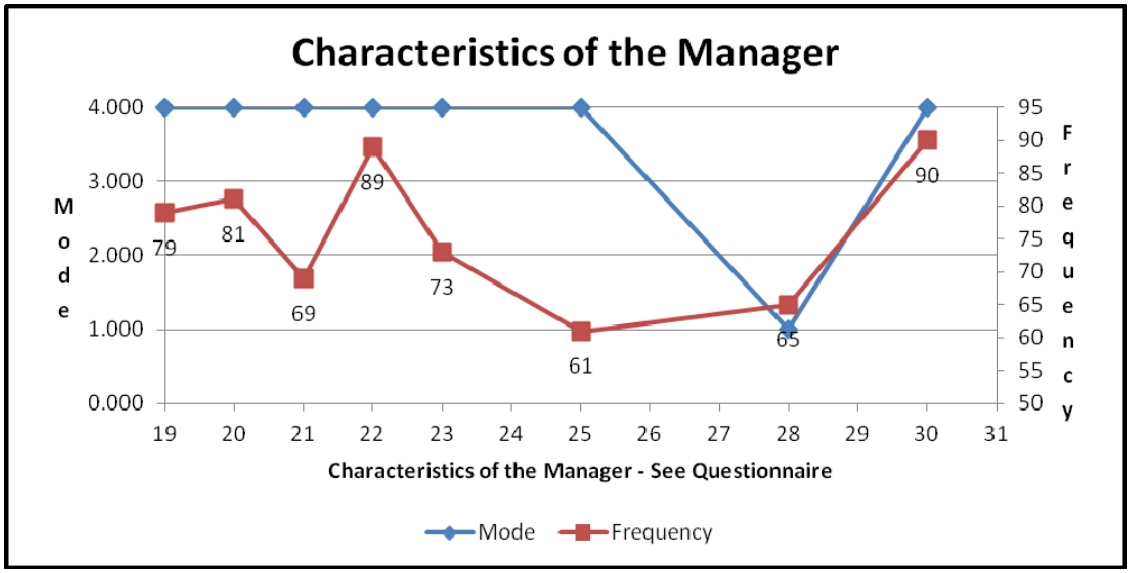

Figure 4.12: Modes and frequencies: Characteristics of the manager

Contrary to the analyses of the nurse's characteristics, the analysis of the manager's characteristics reveal that only one characteristic, namely no. 28, which refers to a laissez-faire management style, could be removed from being considered due to very low scores. Since the remainder of the characteristics all received a modal score of 4, the selection of the predominant characteristics is based on the frequency.

Selection based on frequency shows that characteristics 22 (Nurses are absent from work because *nurses problems are not satisfactorily solved')* and 30 *('they* (nurses) *need to be complimented on good work done*') should be considered the leading contributing characteristics of the Manager leading to absenteeism since their frequencies were 89 and 90 respectively.

Although the frequency of selection of characteristics 19, 20, 21, 23 and 25 are lower, they should still be considered to be important contributory factors since their modalities are all 4. However, since they all received less than 50% of the votes, their importance is considered less than characteristics 22 and 30. Characteristic 19 refers to 79(41%) of nurses who do not like the autocratic style of the nurse manager; characteristic 20, refers to the nurse manager who uses a one-way communication, e.g. nurses are told what they must do without being involved in the plan of action which is not acceptable for 81(42%) of nurses; characteristic 21, 69(36%) of the nurses found that the nurse manager shouts at nurses who do not conform to his/her standards/expectations in the workplace; characteristic 23, 73(38%) is concerned with those who believed that the nurse manager makes decisions alone in the workplace and characteristic 25, 61(32%) refers to those who thought that nurses

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are always criticized harshly for making mistakes while performing patient care activities in the workplace, e.g. being criticized for failure to put up a drip. Characteristics 19, 20, 21, 23 and 25 can therefore also be considered contributing factors to absenteeism.

Table 4.6: Section C - Characteristics of the Manager

Characteristics of the Manager: ***Nurses are absent from work because….***	**Remarks**	**Mode**	**Frequency**	**Mean**	**Standard Deviation**
19.they do not like the autocratic style of the nurse manager	Important factor	4	79	2.79	1.18
20.the nurse manager uses a one-way communication, e.g. nurses are told what they must do without being involved in the plan of action	Important factor	4	81	2.89	1.13
21.the nurse manager shouts at nurses who do not conform to his/her standards/expectations in the workplace	Important factor	4	69	2.68	1.19
22.nurses' problems are not satisfactorily solved	Critical factor	4	89	3.13	0.97
23.the nurse manager makes decisions alone, in the workplace	Important factor	4	73	2.82	1.12
24.the nurse manager exercises power with coercion in the daily management of nursing staff, e.g. nurses are punished	Insignificant result (p>0.01)	1	58	2.37	1.13
25.nurses are always criticized harshly for making mistakes while performing patient care activities in the workplace, e.g. being criticized for failure to put up a drip	Important factor	4	61	2.52	1.22
26.they come into conflict with the nurse manager, e.g. they have quarrels, or different opinions	Insignificant result (p>0.01)	2	55	2.4	1.12
27.the nurse manager always makes negative comments about nurses performance e.g. calling nurses lazy or incompetent.	Insignificant result (p>0.01)	1	57	2.46	1.18
28.the laissez-faire management style of the nurse manager leads junior nurses controlling unit activities, e.g. the manager does not control unit activities or deal with staff issues	No factor	1	65	2.22	1.12
29.conflicts of nurses are not resolved, e.g. some nurses request to be off duty every weekend	Insignificant result (p>0.01)	1	55	2.39	1.14
30.they need to be complimented on good work done	Critical factor	4	90	3.03	1.11
31.they experience inadequate support from the nurse manager when	Insignificant result (p>0.01)	2	58	2.46	1.07

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performing patient care activities, e.g. guidance

4.5.3 Analyses of results pertaining to the characteristics of the work

According to the results shown in figure 4.13, the characteristics that do not give significant results because of the χ^2 values which are below 11.35 and the p-values > 0.01 of numbers 33, 34, 35, 41, 43 and 48 are shown.

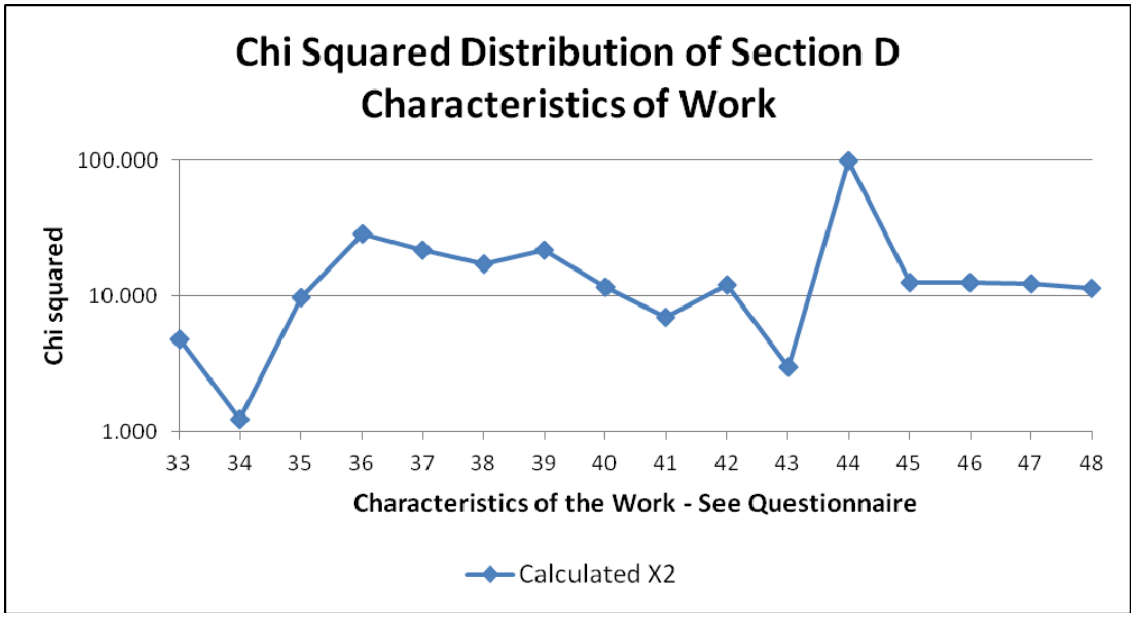

Figure 4.13: Null test on Characteristics of the Work

Analyses of the characteristics of work reveal that a further three characteristics could be removed from being considered due to modal scores of one, indicating respondents considered no link between the characteristic and absenteeism. These characteristics are numbers 40 (nurses are absent because *'they have to perform duties without a job description'*), 42 (because of *'insufficient orientation about the job'*) and 47 (because of *'having to work overtime in order to complete tasks'*).

From the results below (figure 4.14), it is evident that the participants considered characteristic 44 to be the predominant characteristic of the work factor contributing to absenteeism with a modal score of four and frequency of 105, signifying 55% of participants who considered this characteristic to contribute to a large extent to absenteeism. This characteristic refers to the nurse's work load. Characteristics 45 (working long hours) and 46 (lack of flexible working schedules) are also considered as significant contributing factors with modal scores of four, but with significantly lower frequency at 68(36%) of the sample. Since this frequency is considerably lower than 55%, less significance is assigned to these results, than to characteristic 44.

The only other significant score was for characteristic 38, with a modal score of 3 and a frequency of 58. It is therefore evident that 30% of the respondents considered this characteristic to be linked to absenteeism to a moderate extent. This characteristic is closely linked to work load, as it deals with the number of duties delegated to the nurse. It seems that the nurses experience that too many tasks are delegated to them. The remainder of the characteristics scored modes of 2, indicating that it is of minor significance.

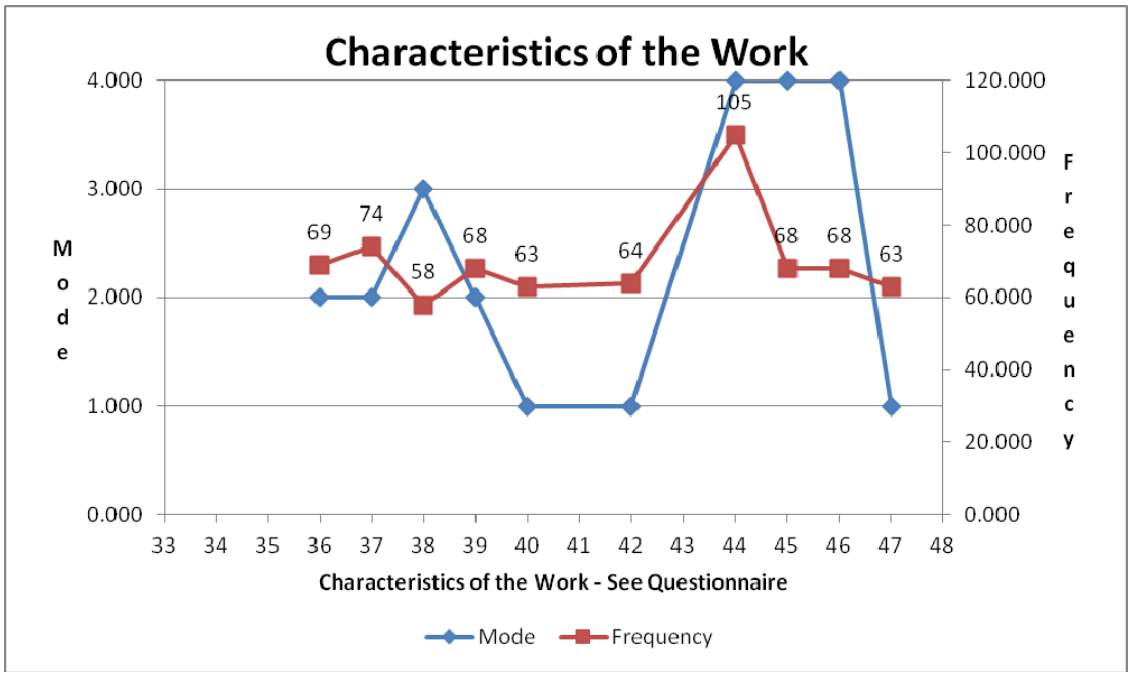

Figure 4.14: Modes and frequencies: Characteristics of the Work

Results of each characteristic of Work are shown in Table 4.7 below.

Table 4.7: Section D: Characteristics of the Work

Characteristics of the work: ***Nurses are absent from work because....***	**Remarks**	**Mode**	**Frequency**	**Mean**	**Standard Deviation**
33.they are tired of unit routine	Insignificant result	1	58	2.32	1.11
34their skills are under-utilised	Insignificant result	1	52	2.47	1.15
35.there is an insufficient group	Insignificant result	4	63	2.64	1.15
36.of lack of social relations with peers in the workplace	Minor factor	2	69	2.12	1.02
37.of tolerance for absenteeism in the case of some nurses in the unit	Minor factor	2	74	2.37	0.99
38.they are delegated a number of duties	Moderate factor	3	58	2.79	1.01

39.of anxiety of making too many decisions in the absence of the supervisor	Minor factor	2	68	2.18	1.04
40.they have to perform duties without a job description	No factor	1	63	2.34	1.19
41.of a lack of clear roles in the unit, e.g. to do the duties of other multidisciplinary teams	Insignificant result	4	63	2.66	1.17
42.of insufficient orientation about the job	No factor	1	64	2.11	1.1
43.unit lacks flexibility in allowing the off duties which they desire	Insignificant result	4	57	2.59	1.16
44.of the nurses' workload	Critical factor	4	105	3.2	1.06
45.of working hours that are too long	Significant factor	4	68	2.73	1.14
46.of lack of flexible working schedules	Significant factor	4	68	2.71	1.17
47.of having to work overtime in order to complete tasks	No factor	1	63	2.35	1.19
48.they have to work night duty which they do not like	Insignificant result	4	65	2.62	1.21

4.5.4 Analyses of results pertaining to the characteristics of the organisation

According to figure 4.15, retaining the same approach as before, the characteristics identified that do not give significant results were numbers 57, 58, 59, 60, 61 and 62.

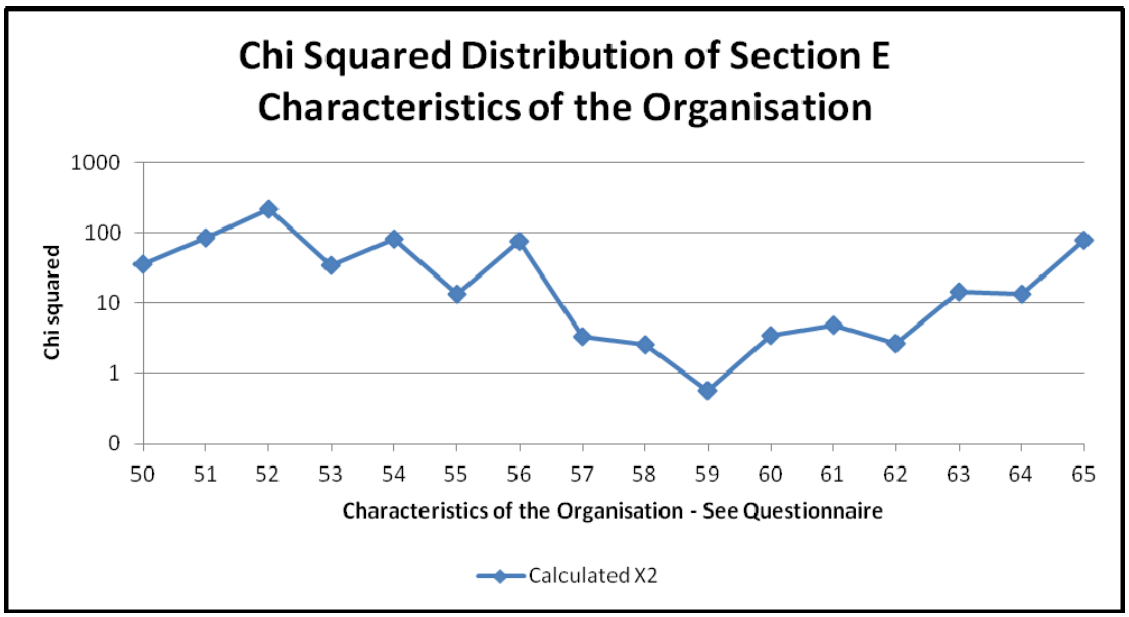

Figure 4.15: Null test on Characteristics of the Organisation

Figure 4.16 below provides results related to modes and frequencies of selection of each of the characteristics of the Organisation.

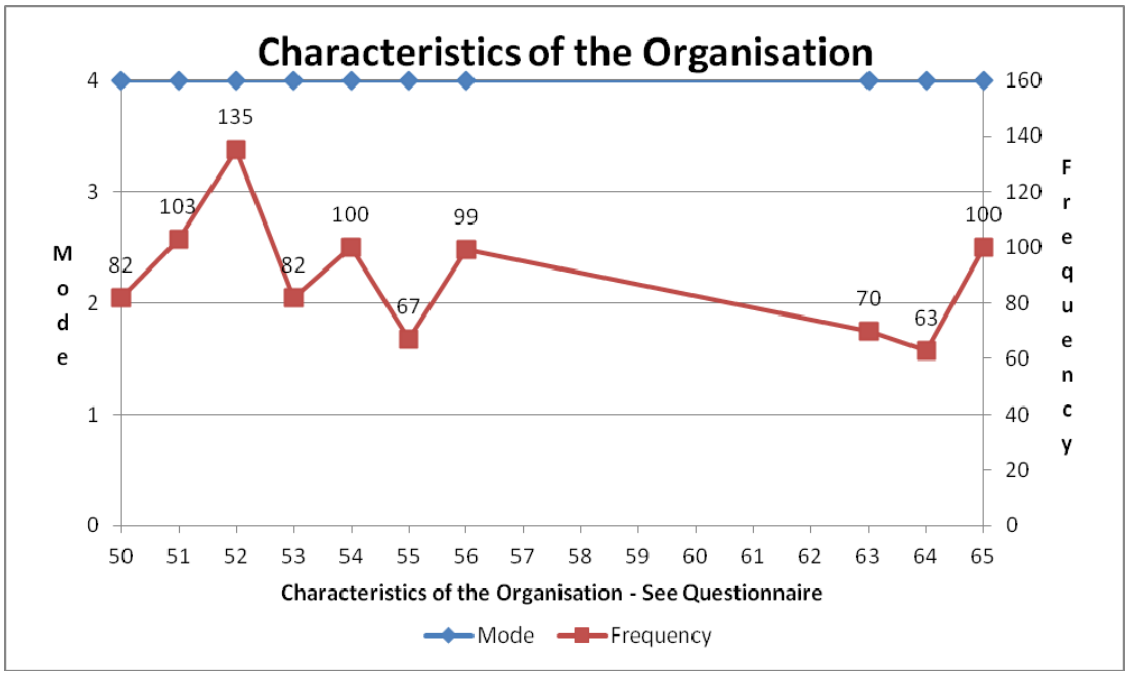

Figure 4.16: Modes and frequencies: Characteristics of the Organisation

Note that questions 57 to 62 cannot be considered, as it was deselected in the first step due to a p-value > 0.01. Analyses of the characteristics of the Organisation do not reveal any characteristics that could be removed from being considered due to very low scores. It is interesting to note the multi-modal nature of these characteristics with all of the valid results scoring a modal value of four. Since the modal scores are all significant, it was decided to rank the importance according to frequency.

From figure 4.16 it is thus evident that the participants considered characteristic 52 (shortages of nursing staff) to be the predominant characteristic of the Organisation contributing to absenteeism. Characteristics 51 (unfair selection of nurses for training), characteristic 54 (of lack promotion opportunities to the next rank), characteristic 56 (lack of fair reward systems for excellent performance) and characteristic 65 (of certain hard working nurses expected consistently to be doing extra duties, thus leading to demotivation), are also considered important contributing factors with frequencies of 103, 100, 99 and 100 respectively, indicating approximately 52% of the respondents who to a large degree considered these characteristics to be linked to absenteeism to a large degree.

Characteristic 50 (unfair promotion opportunities), characteristic 53 (of lack of child care facilities where nurses can keep their children while at work), characteristic 55 (there is irregular feedback about work performance), characteristic 63 (the existence of bureaucracy in the health care institutions, e.g. senior level managers make decisions and control units) and characteristic 64 (staff not being addressed about labour relations issues, e.g. types of leaves) are also considered to be important contributory factors by approximately 40% of the participants. Since these frequencies are lower, they are not considered to be as important as the characteristics with an over 50% selection but however, cannot be ignored.

The results of each characteristic of section D (characteristics of the organisation) is shown in Table 4.8 below.

Table 4.8: Section E: Characteristics of the Organisation

Characteristics of the organisation: *Nurses are absent from work because of…….*	**Remarks**	**Mode**	**Frequency**	**Mean**	**Standard Deviation**
50.unfair promotion opportunities	Significant factor	4	82	2.84	1.2
51.unfair selection of nurses for training	Important factor	4	103	3.08	1.15
52.shortages of nursing staff	Critical factor	4	135	3.45	0.96
53. lack of child care facilities where nurses can keep their children while at work	Significant factor	4	82	2.87	1.16
54.lack of promotion opportunities to the next rank	Important factor	4	100	3.13	1.09
55.irregular feedback about work performance	Significant factor	4	67	2.78	1.1
56. lack of fair reward systems for excellent performance	Important factor	4	99	3.13	1.06
57.they need to receive feedback from meetings attended by the nurse manager	Insignificant result	4	56	2.62	1.14
58.there is inadequate information about changes being implemented in the workplace	Insignificant result	3	53	2.62	1.09
59. of absence of policy on working hours and fair implementation to all staff in the institution	Insignificant result	3	51	2.5	1.12
60.of the absenteeism policy not being applied consistently among nurses	Insignificant result	3	56	2.62	1.11
61.of unfair discipline imposed on some of the nurses	Insignificant result	4	55	2.51	1.16
62.lack of decentralisation of decision making to clinical areas, e.g. discipline	Insignificant result	4	52	2.48	1.16

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of nurses by senior level managers					
63.the existence of bureaucracy in the health care institutions, e.g. senior level managers make decisions and control units	Significant factor	4	70	2.75	1.16
64.staff not being addressed about labour relations issues, e.g. types of leaves	Significant factor	4	63	2.57	1.19
65.certain hard working nurses expected consistently to be doing extra duties, thus leading to demotivation	Important factor	4	100	3.09	1.12

4.5.5 Analyses of results according to demographic variables

The results of the questionnaire were sorted repeatedly according to each of the variables and then analysed to compare the results across the following demographic parameters, namely:

- Age
- Gender
- Marital Status
- Educational Level

In order to assess whether there are significant variations in perception of absenteeism across the demographic variables, each variable was sub-divided into classes for example Male and Female. The means of these classes were then compared to the mean of the sample (sections B, C, D and E) to test whether any significant variations exist. This test, performed at a 95% probability level ($p<0.05$), indicated that no significant variations in the means could be detected in all cases, with one exception, namely widows. Widows considered attending funerals of friends of less importance than the remainder of the sample.

The number of divorcees included in the study amounts to 9 individuals (5%). Considering the fact that the questionnaire contains four classes it can be seen that the expected value for each of the classes under the null hypothesis would be 9/4 = 2.25. The X^2 Goodness of fit test performs poorly when a class has an expected value below 5. Consequently, the results of the divorcees cannot be said with any degree of statistical certainty to belong to the same population or not. Since the results of the divorcees do not contribute to any statistical certainty in the study they were not considered further.

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4.6 QUALITATIVE DATA ANALYSES

The open-ended questions at the end of each section were poorly answered. The majority of the sample did not attempt to give their opinions. It was therefore decided to omit the qualitative data from this research, as it would not be representative of the sample.

4.7 CONCLUSION

This chapter dealt with the results of the statistical analyses, including the demographic profile of the participants. The purpose of this study was to identify the factors that contribute to absenteeism in terms of the characteristics of the nurse, manager, work environment and the organisation.

The statistical analysis revealed the following, which will be discussed in detail in chapter 5.

- It has not been demonstrated that a relationship exists between any of the demographic variables and the characteristics measured, except that widows perceived attending funerals of friends as less important than the rest of the sample related to marital status.
- Stress related illnesses (e.g. tiredness) are considered the most significant characteristic that affects the absenteeism of the nurse.
- Managers solving nurses' problems satisfactorily are considered an important characteristic in minimising absenteeism.
- Managers should compliment nurses on work well done. The absence of positive feedback is considered to be a leading cause of absenteeism.
- The high work load of nurses is thought to be a critical characteristic of the work, which is giving rise to absenteeism.
- Shortage of nursing staff is considered the most important characteristic of the organisations, giving rise to absenteeism.
- The following characteristics have no effect on absenteeism: laissez-faire management style of the nurse manager, nurses performing duties without a job description, insufficient orientation about the job and nurses having to work overtime in order to complete tasks.

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CHAPTER 5:
CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter provides an in-depth discussion on the conclusions drawn in relation to the research question and related literature. It will also discuss limitations and recommendations for further research. A quantitative research study was conducted in order to address the research objectives.

The goal of this study was to determine the factors that contribute to absenteeism in terms of the characteristics of the nurse, manager, work environment and the organisation. The variety of variables examined represents both significant and non significant results. Results were verified with related literature.

5.2 CONCLUSIONS

The following conclusions from the empirical study were drawn:

5.2.1 Demographic information of the nurse in relation to absenteeism

Gender

Gender was not found to be a significant predictor of absenteeism. The mean for both males and females were equal. The null hypothesis can therefore not be rejected. In contrast to this finding, most research on the relationship between gender and absenteeism indicate that women are more frequently absent than males (Scott & McClellan, 1990:229; Siu, 2002:220; Johnson et al., 2003:338 & Yende, 2005:25).

Age

The results of the study indicate the sample population was relatively middle aged nurses, majority being highly qualified female registered nurses with more than 10 years experience, of which 47% were married.

Results in the present study do not show a significant correlation between age and absenteeism, although most research previously done on the relationship between absenteeism and age shows that older nurses have a lower absenteeism rate because of their commitment to their job and are also more satisfied and well

adjusted at work (Taunton et al., 1995:218; Siu, 2002: 220; Yende, 2005:25; Prado & Chawla, 2006:94; Cohen & Golan, 2007:416) whereas the findings of Isah, et.al., (2008:6) indicated that younger workers are more energetic and enthusiastic about their jobs and will therefore be less absent.

Experience

There is no significant relationship between nursing experience and absenteeism in this study. The p-value is >0.05, therefore the null hypothesis could not be rejected. This finding is also in contrast with research conducted by Martocchio (1989:412) on experience, stating that employees who have been working for a long period are more committed and satisfied, thus resulting in low absenteeism rates.

Marital Status

Results of this study also did not indicate any significant relationship between marital status and absenteeism. Previous research indicates married women with small children are absent from work more often (Blank & Diderichsen, 1995:268). The research of Taunton et al., (1995:225) showed that absenteeism was high among divorced nurses and lower among single nurses. Borda and Norman (1997:391) and Prado and Chawla (2006:94) found that single men are more frequently away from work than married men.

Qualifications

There was no statistically significant difference in absenteeism based on qualification (p value is > 0.05). The null hypothesis could therefore not be rejected. These results differ from research findings provided by Taunton et al., (1995:223), who states that nurses who are in possession of post-basic qualifications have lower absenteeism rates than nurses with basic qualifications. They perceive their jobs to be of high importance, are satisfied with their work and therefore attend work regularly.

The results of this study concluded that characteristics of the nurse, namely gender, age, experience, marital status and qualifications have no effect on absenteeism.

5.2.2 Characteristics of the nurse in relation to absenteeism

The study conducted by the researcher shows clearly that in this section the respondents considered stress-related illness to be the major factor of the nurse contributing to absenteeism. These findings are supported by previous research conducted by Fletcher (2001:325), Kettle (2002:3) and Isah et al., (2008:3), who stated that higher absenteeism rates are reported amongst staff that feels stressed.

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5.2.3 Characteristics of the manager in relation to absenteeism

In this section of the questionnaire many respondents felt that nurses' problems should be satisfactorily solved and they need to be complimented on good work that they do. These two factors should be considered as the leading contributing characteristics of the manager leading to absenteeism. A study conducted by Fletcher (2001:329) stated that not being praised and having problems solved effectively leads to decreased job satisfaction. McHugh (2002b:732) emphasizes the importance of these needs, stating that nurses are not praised enough for work well done and are spoken to harshly to when targets are not met.

Other important factors noted were that nurses do not like the autocratic style of the nurse manager, one-way communication instead of involving them in the plan of action and decision making, and being shouted at if they do not conform to standards and expectations in the workplace. It became clear that nurses are looking for supportive leadership. These findings are consistent with a research study conducted by Taunton et al., (1995:226) and Dierendonck, Pascale, Blanc, Breukelen & Wim (2002:89), stating that the managers' behaviour, power, influence and consideration affects absenteeism. Sellgren et el., (2008:579) also stated that poor management practices, including lack of support, are associated with job dissatisfaction.

5.2.4 Characteristics of work in relation to absenteeism

The majority of nurses that participated in the study highlighted the high workload of nurses and the number of duties delegated as the most critical factors of the characteristic of work affecting absenteeism. This has a detrimental effect on their performance and leads to burnout and absenteeism. Findings from other researchers support these conclusions drawn from this study (Levert et al., 2000:36; Hall, 2004:33; Koekmoer & Mostert, 2006:88). The workload of nurses has increased. An increase in the number of patients, unsatisfactory working conditions and shortage of nurses were highlighted in previous studies. Headcounts are important, but the number of activities should also be considered in regards to workload and the amount of time that is required to provide quality care.

Other significant factors that presented itself when characteristics of work was compared to absenteeism were working hours that is too long, as well as lack of flexible working schedules. The eleven hour shift (07h00 to 18h00) on day duty and the 13 hour scheduled shift (18h00 to 07h00) on night duty are too long. Once off duties are scheduled, it becomes a challenge to change, especially if there is nobody available to relief someone in case of an emergency. These factors contribute to

absenteeism where nurses will stay away from work if they are having a social problem instead of asking for leave for fear of being refused. Flexitime is rarely offered at public health institutions. These findings are supported by studies conducted by Felton (1998:241) and Tourangeau et al., (2006:135), who also found that nurses cannot complete their records, thereby overlapping in shifts. Overload leads to working double shifts. Trinkoff, Storr and Lipscomb (2001:36) and Koekemoer and Mostert (2006:94) state that working irregular and sociably undesirable hours contribute to higher exhaustion levels, which leads to absenteeism.

5.2.5 Characteristics of the organisation in relation to absenteeism

It is evident that the shortage of nursing staff is resulting in work withdrawal behaviours such as absenteeism, which is consistent with findings of Pillay (2009:15). Chronic shortage of nurses poses a real threat for the future of health care. Nursing shortage is caused by stressful work environments due to work overload, lack of support and an inadequately equipped work environment (Hall, 2004:32; Canadian Nursing Advisory Committee, 2002b:82).

The following factors can also not be ignored as they were found to be significant in this study:

One of these factors was unfair- and lack of promotion opportunities. This is supported by McHugh (2002b:732) and Troy, et al., (2007:14), stating that nurses have unequal career opportunities. Shader, et al., (2001:211) agrees with these findings, namely that a lack of professional growth leads to job dissatisfaction.

Lack of child care facilities where nurses can keep their children while at work was further found to be a significant factor in this study, supported by Borda and Norman (1997:393) and Lee and Eriksen (1990:37) by saying family responsibility increases absenteeism.

Irregular feedback about work performance and staff not being addressed about labour relation issues was found to be a causative factor of absenteeism, which is supported by Sellgren et al., (2008:584) who says that lack of feedback and supervision are associated with job dissatisfaction and absenteeism.

The existence of bureaucracy in health care institutions, e.g. senior level managers making all decisions and controlling units, created much unhappiness in the primary care centres where this research was conducted. McHugh (2002b:732) also found

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that staff is not given the opportunity to be innovative and to work on their own initiative.

Characteristics of the organisation revealed further that the following factors also affect absenteeism rates in the organisation:

- Unfair selection of nurses for training is an outcry of most nurses. Burton (1992:39) states that nurses of equal seniority felt frustrated to see other staff upgraded and not them.
- Lack of fair reward systems for excellent performance was one of the significant findings of this study. Burton (1992:32) concurs with the findings, stating lack of competitive incentives as a de-motivating factor.
- It is expected of certain hard working nurses to work even harder and do extra duties, which leads to de-motivation. The research results of Van Yperen, et al., (1996:370) were that inequity is a causative factor of withdrawal systems like absenteeism.

5.3 SUMMARY

The goal of the study has been achieved as the factors of the nurse, the manager, work and the organisation that contributed to absenteeism have been identified. The results of the demographic variables did not reveal any factors contributing to absenteeism. Stress related illnesses, staff shortages, workload, lack of promotion opportunities, lack of child care facilities, lack of appreciation and feedback and lack of flexible working schedules were identified as the critical factors to absenteeism. Irregular feedback, bureaucracy and an unfair rewarding system have been found to be significant in relation to absenteeism. Based on the results of this study, recommendations need to be devised to minimize absenteeism.

5.4 LIMITATIONS

Many questionnaires had non-response on certain items in the questionnaire, although participants were reassured that anonymity will be maintained. Some participants failed to return the questionnaire even with the provision of self addressed, paid postage envelopes being provided and the researcher collected some of the questionnaires from the participants via the ballot boxes that were left in the units. The study is further limited in that the instrument used had subjective questions (nurses were asked to what extent they believed the questions to be true). Further research should adopt more objective measures of determining absenteeism, e.g. nurses should be asked what the reasons are for their own absenteeism. As

English is the second language of most of the respondents, they might not always have understood all the questions. The open-ended questions at the end of each section were poorly answered. The majority of the sample did not attempt to give their opinions.

5.5 RECOMMENDATIONS FOR NURSING PRACTICE

Recommendations will be offered in terms of the four different sections, namely characteristics of the nurse, the manager, the work itself and the organisation.

5.5.1 Characteristics of the nurse

Stress related illnesses are considered the most significant (critical) characteristic that affects the absenteeism of the nurse. The cause(s) of the stress need be addressed, e.g. if stress is related to unsocial shifts, then flexible shifts should be allowed (Kettle, 2002:3). Stress management programmes should be offered to nurses in an attempt to cope with their stress levels. Nurses need to be provided with information on the causes of stress and ways of preventing and coping with stress. A sense of accomplishment needs to be enhanced in the working environment. Every small accomplishment needs to be acknowledged, both by colleagues and management.

5.5.2 Characteristics of the manager

Managers solving nurses' problems satisfactorily are considered a critical characteristic in minimising absenteeism. Managers should further compliment nurses on work well done. The absence of positive feedback is considered to be a leading cause of absenteeism. A strong, positive organisational climate with positive feedback to the staff, effective communication and good leadership traits should assist in minimizing absenteeism (Taunton, et al., 1995:226). Managers should have constructive interactions with staff, resolve staff problems as soon as possible and award staff for work well done. An incentive programme should be developed and implemented.

Other important factors that relate to absenteeism in relation to the manager were that the nurse manager shouts at nurses who do not conform to his/her standards and expectations in the workplace; the nurse manager makes decisions alone; and nurses are always criticised harshly for making mistakes while performing patient care activities, e.g. being criticised for failure to put up a drip. In order to reduce absenteeism, promoting good relations with their boss will not solve the problem, but promoting a sense of responsibility will (Dierendonck et al., 2002:90). The manager

should motivate staff, create an open minded atmosphere and be supportive to staff's ideas and initiatives (Sellgren et al., 2008:585).

Managers must tell the staff that they are an important part of the organisation and their importance in achieving organisational goals needs to be emphasized. Managers should frequently express confidence in the staff's ability, which will build self efficacy and boost their morale. Managers must also provide opportunities for staff to obtain skills and knowledge in order for them to assume accountability.

It is further recommended that managers adopt a democratic leadership style in which staff becomes part of the decision making and problem solving process.

5.5.3 Characteristics of work

Under this characteristic only one factor was identified as having a critical effect on absenteeism and that is the high work load of nurse. Koekemoer and Mostert (2006:87) highlight that high pressures and time related demands on nurses influences both their work and home life. A recommendation in this regard can be for work-family balance that will enable employees to better align both spheres of their life. Strengthening of or developing cohesive nursing teams with the capacity to support each other in order to cope with high workloads are also recommended (Adams & Bond, 2000:542). The researcher strongly believes that more people should be recruited and trained to ease the workload of nurses. Salaries for nursing personnel should be more lucrative in order to retain staff. Occupational dispensation for nurses should be revised and aligned with the medical fraternity. All vacant posts should be identified and filled as soon as possible to reduce the strain on already overworked nurses.

Other significant findings in relation to work were that nurses portrayed dissatisfaction about the long working hours and lack of flexible working schedules that they are exposed to. A recommendation will be to revise policies or change the wording in current policies, e.g. replace opportunity to work *straight* shifts with opportunity to work *preferred* shifts (Tourangeau et al., 2006:135). Nurses should be allowed to work flexible hours as long as they cover 40 hours a week, for example if a nurse needs to attend a problem at her child's school she will be requiring a few hours off. The nurse should be allowed to come late and work the time taken back, instead of be off for the whole day.

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5.5.4 Characteristics of the organisation

Shortage of nursing staff was found to be the most critical factor when it comes to characteristic of the Organisation. In this regard, appeals should be made to hospitals and clinics where a limited number of nurses have to provide health care services to provide sufficient human resources by increasing the number of staff and to support and enable nurses to operate effectively (Hall, 2004:34).

Other findings that were significant factors were the unfair- and lack of promotion opportunities to the next rank. Management should take cognisance of this factor. Current promotional systems should be revised in order to provide equal opportunities to all staff. Promotion criteria should be made available to all staff.

Management should ensure that the criteria are objective and should ensure a fair and unbiased process. Furthermore, priority should be given to the promotion of internal staff, instead of employing staff from outside of the organisation for senior positions. Nurses have unequal career opportunities when internal staff is not promoted from the department, but outside people are employed (McHugh, 2002b:732; Troy, et al., 2007:14; Shader et al., 2001:211). The department's equity plan needs to be revised as it is to the disadvantage of the staff that are dedicated workers, but cannot get selected for promotional posts even after going through the interview process, because the organisation does not meet the equity target.

The lack of child care facilities where nurses can keep their children while at work adds to nurses taking family responsibility leave when their children are sick, whereas if there was a childcare facility where nurses could have their children cared for, it would assist in reducing absenteeism (Borda & Norman, 1997:39; Lee & Eriksen, 1990:40). It is strongly recommended that a child care facility be provided as this will prevent the excuses of 'the nanny did not turn up' or 'my child is sick'.

Irregular feedback about work performance and staff not being addressed about labour relation issues were found to be a causative factor of absenteeism. In order to conquer this problem, managers should foster a creative working climate that will improve job satisfaction and ultimately reduce absenteeism (Sellgren et al., 2008:584). A good working relationship needs to be developed between managers and staff. Formal structures should be implemented to create a platform for feedback.

In order to address the existence of bureaucracy in the health care institutions, e.g. senior level managers making decisions alone and controlling units, it can be

recommended that staff be given the opportunity to be innovative and to work on their own initiative (McHugh, 2002b:732). A further recommendation will be the centralisation of power, which proofed to reduce absenteeism (Brooke & Price, 1989:14). Operational managers play a vital role in ensuring that staff is given the opportunity to make workable decisions and encourage participative management.

Apart from the above critical factors contributing to absenteeism, the following important factors should also be considered.

Regarding the findings of unfair selection of nurses for training, a recommendation would be for managers to have regular meetings with staff where these issues can be discussed in a transparent and honest way (Burton, 1992:39). Criteria should be set on who should be selected and what basis, for example years of service, etc.

Another important factor of this study was lack of fair reward systems for excellent performance. A recommendation would be the formulation of a forum for sharing views and opinions. A yearly awards function should be held to recognise and motivate the dedicated staff.

In general, the Department of Health in KZN needs to revise the leave policies and eliminate the loopholes in these existing policies. A range of interventions should be put in place to combat the causes of absenteeism. The success of the interventions will depend on the manager's ability to analyze the unique features of his/her absenteeism problem and his/her interpretation and implementation of the revised policy. One of the elements to be included in the interventions aimed at managing absenteeism should be interviewing an employee immediately on return to work, counseling and implementing the disciplinary process and completion of leave forms.

It is further recommended that nurse managers consider concerns faced by nurses, e.g. unexpected illness of children. Unless solutions can be devised, nurse managers should expect an increase in absenteeism. Nurses should seek to lead rather than to control and seek to establish programmes that engage staff, rather than imposing punitive restrictions.

Attendance incentives are another recommended alternative that can be considered in reducing absenteeism. An introduction of an induction and orientation workshop for all existing and newly employed nurse managers and their deputies, taking into cognizance the contributing factors of absenteeism as were revealed in this study, should be implemented.

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By ensuring that solutions are found to reduce absenteeism, quality of care will be improved and a reduction in costs of absenteeism will prevail.

5.6 RECOMMENDATIONS FOR FUTURE RESEARCH

One recommendation for further research would be for a job related study to be conducted, investigating the number of activities that is required for each patient visiting the primary health care centers, as with the one stop approach, more time is required to attend to each patient. Such a study should provide a basis for better task distribution and delegation.

It is further recommended that a study be conducted to determine the real reasons for real absence, rather than just investigating the perceptions of nurses as to the contributing factors to absenteeism.

Conducting a qualitative study in order to get more in-depth information about the nurses dissatisfaction with some aspects of the organisation should provide valuable information in order to enhance job satisfaction and thus also productivity, and at the same time decrease absenteeism rates.

Follow-up research will also be valuable to determine the effect of aspects that were implemented to decrease absenteeism rates, based on the findings of this study.

5.7 CONCLUSION

This study highlighted the factors that contribute to absenteeism amongst nurses in primary health care centers in the Ethekwini municipal district of KZN. Nurses are pivotal to providing quality nursing care. Many employers are under the misconception that having a sick leave policy, disciplinary control program and positive absentee-control programs is the solution to this persistent problem. However, it is imperative to identify and address the factors that are stumbling blocks in achieving the set goals. Effective management and supportive leadership are essential in ensuring reduction in absenteeism and provision of quality care. Nurses need consistent recognition and praise for work well done. Allocation of nurses' duties and tasks and even distribution of workload should be considered. Furthermore, there should be a balance between nurse-patient ratios. Absenteeism is costly and results in decreased standards of care and an aggravated effect should be made to eradicate this problem.

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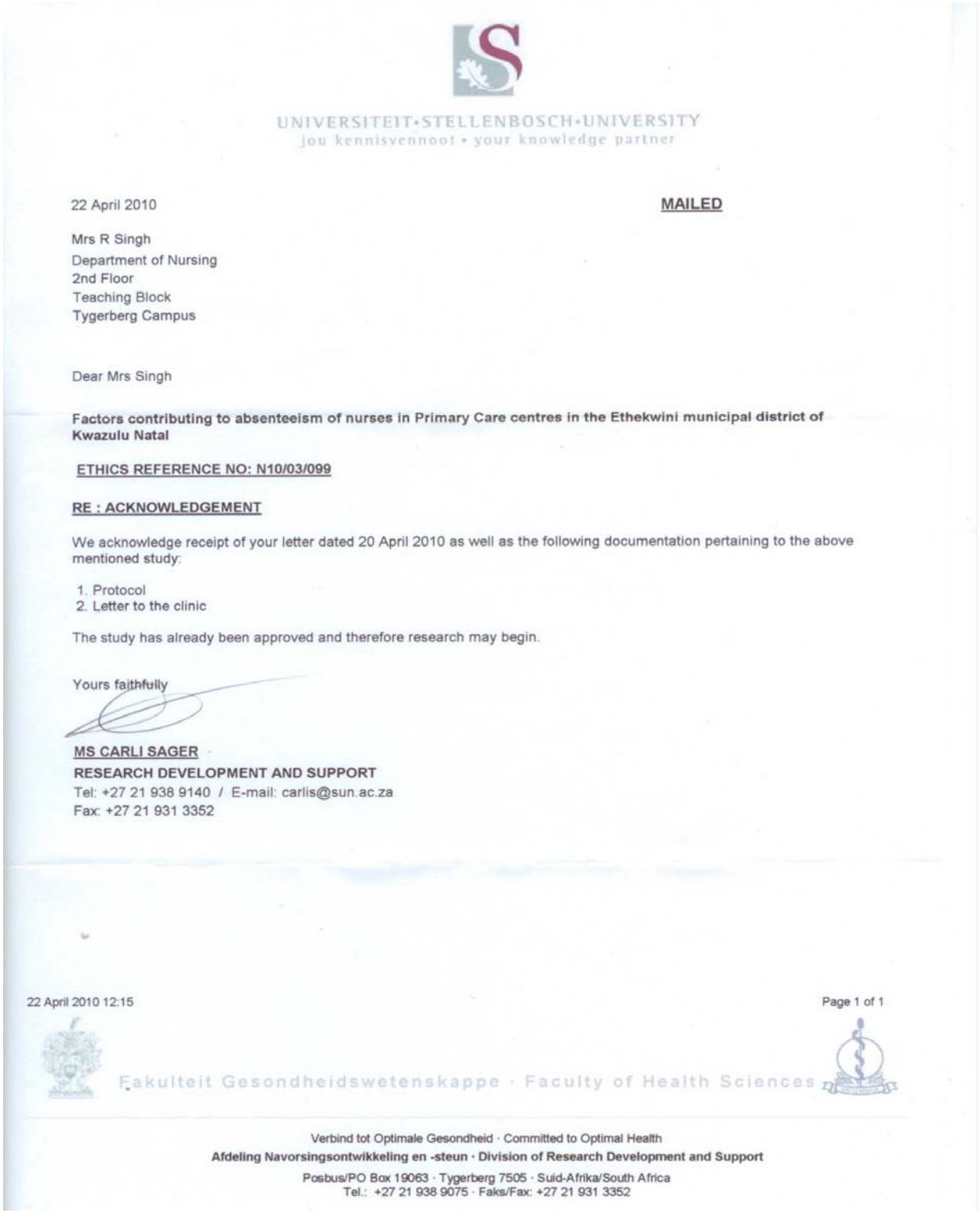
APPENDICES

Appendix A: Ethical approval letter



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22 April 2010 **MAILED**

Mrs R Singh
Department of Nursing
2nd Floor
Teaching Block
Tygerberg Campus

Dear Mrs Singh

Factors contributing to absenteeism of nurses in Primary Care centres in the Ethekwini municipal district of Kwazulu Natal

ETHICS REFERENCE NO: N10/03/099

RE : ACKNOWLEDGEMENT

We acknowledge receipt of your letter dated 20 April 2010 as well as the following documentation pertaining to the above mentioned study:

1. Protocol
2. Letter to the clinic

The study has already been approved and therefore research may begin.

Yours faithfully

MS CARLI SAGER
RESEARCH DEVELOPMENT AND SUPPORT
Tel: +27 21 938 9140 / E-mail: carlis@sun.ac.za
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22 April 2010 12:15 Page 1 of 1

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Appendix B: Approval of research proposal (KwaZulu-Natal)

HEALTH
KwaZulu-Natal

Health Research & Knowledge Management sub-component
10 – 102 Natalia Building, 330 Langalibalele Street
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3200
Tel.: 033 – 3953189
Fax.: 033 – 394 3782
Email.: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

Reference : **HRKM068/10**
Enquiries : **Mrs G Khumalo**
Telephone : 033 – 3953189

06 May 2010

Dear Ms R Singh

Subject: Approval of a Research Proposal

1. The research proposal titled '**Factors contributing to absenteeism of nurses in Primary Health Care Centres in the eThekwini District of KwaZulu-Natal**' was reviewed by the KwaZulu-Natal Department of Health.

   The proposal is hereby **approved** for research to be undertaken at clinics in the eThekwini District.

2. You are requested to take note of the following:
   a. Make the necessary arrangement with the identified facility before commencing with your research project.
   b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.

3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Mrs G Khumalo on 033-3953189.

Yours Sincerely

Dr S.S.S. Buthelezi
Date: 12 5 10
Chairperson, Health Research Committee
KwaZulu-Natal Department of Health

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Appendix C: Application to conduct a research study

The CEO
Community Health Centre

Re : Application to conduct a research study

I am currently a student studying for a Masters Degree in Nursing (MA Cur) with University of Stellenbosch, and I am expected to conduct a research study as required for the degree. I have attached the ethics approval from the health research committee,.

My topic is **"FACTORS CONTRIBUTING TO ABSENTEEISM OF NURSES IN PRIMARY CARE CENTRES IN THE ETHEKWINI MUNICIPAL DISTRICT OF KWAZULU NATAL".**

The requirements are as follows :
A pilot study needs to be conducted before the actual study. This study will entail using a minimum of 10% of the sample size that will be undertaken under similar conditions as the actual study in order to rectify any identified problems with the research design or the questionnaire.

The actual study will entail:
30% of all nurses of all categories working in the primary health care centre's in the EThekwini District, namely Tongaat, Phoenix, Inanda C, Newtown A, KwaMashu, Kwadebeka, Hlengiswe and Cato Manor will be included in the sample.

Recommendations based on the empirical evidence of the study will be made available to the management of the clinics where the research will be conducted..

The main goal of this study is to determine factors that contribute to absenteeism of nurses in primary health care centre's in Kwa Zulu Natal so that measures to curb this recurring problem are devised and implemented.

I hereby request permission to perform data collection at your institution.

Thank you

R.Singh
0734612582

Stellenbosch University http://scholar.sun.ac.za

Appendix D: Questionnaire covering letter to the participant/Informed Consent

I R.Singh have registered with the University of Stellenbosch for the master's degree in nursing science (MA CUR).I am conducting a research study on factors that contribute to absenteeism amongst nurses. I am requesting your voluntary participation in this research study.

Your honest opinion and experiences are very important in this study; therefore the questions need to be answered accurately to determine the factors that contribute to absenteeism. The main objective is to identify the contributing factors to absenteeism so that these factors can be addressed to improve working conditions for all nurses.

Participation in this study is voluntary. Anonymity will be maintained and all the information given by you will be managed with strict confidentially. Please do not write your name on the questionnaire, and assurance is given that nobody except the researcher and the statistician will see your questionnaire once it is completed

It should take your approximately 30 minutes to complete the questionnaire .The researchers contact details will be made available to you for any enquires. Please place your completed questionnaire in the envelope that will be provided, and seal it, then place it in a sealed box that will be available in the unit..

Thank you in anticipation for your cooperation.

Researcher Participant
Signature

R.Singh

0734612582

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Appendix E: Questionnaire

SECTION A

1. Instructions for completing the questionnaire;
2. Please answer the questions as honestly as possible

Please complete by inserting an (x)

		Response	For office use
1.How old are you	Years		
2.Indicate your gender	Male Female		
3.Indicate your marital status	Single Married Divorced Widowed		
4.Indicate your highest educational level	Standard 10 Standard 11 Standard 12 Basic nursing diploma/Degree Post basic nursing diploma Honours		
5.Indicate your registrations at the South African Nursing Council by inserting an (x) in the relevant column	Enrolled nursing assistant Enrolled nurse General nurse Midwife Community nurse Psychiatric nurse Nursing administration Nursing education Advanced midwifery Primary health care(diagnosing, treatment and care Other registration		
6.How many years of experience do you have	For example 04 years		
7.Indicate the unit in which you work	MOPD PHC Outreach services Psychiatric services Maternal/child health Administration HIV/Aids/ARV/TB		
8.What is your designation	Enrolled nursing assistant Enrolled nurse Professional nurse Operational manager Nurse Manager		

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Section B: CHARACTERISTICS OF THE NURSE

Characteristics of the nurse refer to aspects related to nurses, such as health status, family responsibilities and personal factors, which contribute to the individual nurses absence from the workplace.

To what extent do you believe that nurses are absent due to the following reasons? Indicate in the appropriate column with an (x)

Characteristics of the nurse Nurse are absent from work because they	To no extent	To a limited extent	To a moderate extent	To a large extent
1.suffer from minor physical ailments, e.g. headaches, backache				
2.suffer from chronic medical conditions				
3.suffer from stress-related illness, e.g. tiredness				
4.have problems e.g. regarding the abuse of alcohol, or drugs				
5.suffer from work-related, e.g. a fractured limb or hurting back				
6.have financial problems				
7.have to look after family members e.g. mother or sick child				
8. have to attend funerals of relatives eg grandmothers				
9. have to attend funeral of friends e.g. friends outside the workplace				
10.experience domestic conflict e.g. arguments at home, violence resulting in injuries outside the workplace				
11. experience transport problems, e.g. getting to work by bus, taxi or own car				
12. prolong their weekends e.g. when visiting far from home				
13. lack of motivation to go to work e.g. they are lazy to report to work				
14. are disturbed by bad weather e.g. rain				

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15. attend to additional jobs for financial gain				
16. have to attend union meetings elsewhere				
17. want to do what colleagues do in the workplace, e.g. stay away from work regularly				

18. Please mention any other personal circumstances, which contribute to the absence of the nurses from the workplace.

SECTION C: CHARACTERISTICS OF THE MANAGER

The 'manager' refers to the direct nursing supervisor, under whom nurses are allocated

To what extent do you believe that nurses in your workplace are absent from work due to characteristics of the manager?

(Indicate your answer by marking the appropriate box with a cross (x).

Characteristic of the manager Nurses are absent from work because. …	To no extent	To a limited extent	To a moderate extent	To a large extent
19.they do not like the autocratic style of the nurse manager				
20.the nurse manager uses one-way communication e.g. nurses are told what they must do without being involved in the plan of action				
21.the nurse manager shouts at nurses who do not conform with his/her standards/expectations in the workplace				
22.Nurses' problems are not satisfactorily solved				
23.the nurse manager makes decisions alone, in the workplace				
24.the nurse manager exercises power with coercion in the daily management of nursing staff e.g. nurses are punished				
25.nurses are always criticized harshly for making mistakes while performing patient care activities in the workplace, e.g. being criticized for failure to put up a drip				
26.they come into conflict with the nurse manager, e.g. they have quarrels, or different opinions				

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27.the nurse manager always makes negative comments about nurses performance e.g. calling nurses lazy or incompetent.				
28.the laissez-faire management style of the nurse manager leads to junior nurses controlling unit activities, e.g. the manager does not control unit activities or deal with staff issues				
29.Conflicts of nurses are not resolved e.g. some nurses request to be off duty every weekend				
30.Nurses need to be complimented on good work done				
31.Nurses experience inadequate support from the nurse manager when performing patient care activities, e.g. guidance				

32. Please list any other reasons related to the nurse manager that you believe may have contributed to absence on the part of the nurses_____

SECTION D: CHARACTERISTICS OF THE WORK

Characteristics of the work refer to the degree of freedom and independence of nurses in the workplace, and the degree to which nurses perform unit activities at their own discretion, and routinely

To what extent do you believe that nurses are absent from the workplace due to each of the following?

Indicate your answer by marking the appropriate box with a cross (x)

Characteristics of the work	To no extent	To a limited extent	To a moderate extent	To a large extent
33.they are tired of unit routine				
34.their skills are under-utilized				
35.there is an insufficient group of nurses				
36.of lack of social relations with peers in the workplace				
37.lack of tolerance for absenteeism in the case of some nurses in the unit				
38.they are delegated a number of duties				
39.of anxiety of making too many decisions in the absence of the				

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supervisor				
40.they have to perform duties without a job description				
41.of a lack of clear roles in the unit e.g. to do the duties of other multidisciplinary team				
42.of insufficient orientation about the job				
43.unit lacks flexibility in allowing the off duties which they desire				
44.of the nurses workload				
45.of working hours that is too long				
46.of lack of flexible working schedules				
47.of having to work overtime in order to complete tasks				
48.they have to work night duty which they do not like				

49. Please list any other work-related reasons, which you believe contribute to nurse's absence from work.

SECTION E: CHARACTERISTICS OF THE ORGANISATION

Characteristics of the organisation refer to all the different organisational stimulus which contribute to effective performance of a nurse

To what extent do you believe nurses are absent from the workplace due to each of the following reasons?

Characteristics of the organisation Nurses are absent from work because of…….	To no extent	To a limited extent	To a moderate extent	To a large extent
50.unfair promotion opportunities				
51.unfair selection of nurses for training				

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52.shortages of nursing staff				
53.of lack of child care facilities where nurses can keep their children while at work				
54.of lack promotion opportunities to the next rank				
55.there is irregular feedback about work performance				
56.lack of fair reward systems for excellent performance				
57.they need to receive feedback from meetings attended by the nurse manager				
58.there is inadequate information about changes being implemented in the workplace				
59.of absence of policy on working hours and fair implementation to all staff in the institution.				
60.of absenteeism policy not being applied consistently among nurses				
61.of unfair discipline imposed on some of the nurses				
62.of lack of decentralization of decision making to clinical areas e.g. discipline of nurses by top level managers				
63.of the existence of bureaucracy in the health care institutions e.g. senior level managers make decisions and control units				
64.of staff not being addressed about labour relations issues e.g. types of leaves				
65.of certain hard working nurses expected consistently to be doing extra duties thus leading to demotivation				

66. List any other reasons in the organization, which you believe to be the cause of nurses being absent from the workplace.

YOUR COOPERATION IN THIS STUDY IS HIGHLY APPRECIATED.