ABSENTEEISM AND MOTIVATIONAL FACTORS AT CHRIS HANI BARAGWANATH HOSPITAL EMERGENCY UNIT

by

Martin Ndwandwe

Student Number: 986603

DISSERTATION

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Supervisor: Dr Jacqui Poltera

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DECLARATION

I, Martin Ndwandwe (986603), am a student registered for the degree of Masters of Management in Public Policy (MMPP) in the academic year 2019.

I hereby declare the following:

I am aware that plagiarism (the use of someone else's work without their permission and/or without acknowledging the original source) is wrong. I confirm that the work submitted for assessment for the above degree is my own unaided work except where explicitly indicated otherwise. I have not submitted this work before for any other degree or examination at this or any other University. I have followed the required conventions in referencing the thoughts and ideas of others. I understand that the University of the Witwatersrand may take disciplinary action against me if there is a belief that this is not my own unaided work or that I have failed to acknowledge the source of the ideas or words in my writing.

Signed on February 2021

DEDICATION

I dedicate this dissertation to my family and friends.

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ABSTRACT

Absenteeism, which is the practice of not attending a scheduled work duty as expected by an employer, is a serious concern in South African health institutions, which already suffer staff shortages. This study analyses the causes of absenteeism and its consequences for the emergency unit of a public hospital. The research was conducted through a qualitative and quantitative analysis using primary data. Data was collected through interviews and questionnaires with ten participants working at the Chris Hani Baragwanath Hospital Emergency Unit. Data analysis was conducted using codes and themes which were interpreted to deduce meaningful findings. The main findings were that poor working conditions, poor work relationships, poor management and inadequate compensation contribute to absenteeism. Absenteeism has negative repercussions for all stakeholders at a public hospital, especially the public, for whom the absence of staff equates to poor service delivery. Moreover, absenteeism results in the overloading of remaining staff, an increase in pressure on managers, and a poor reputation for the institution as a whole.

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ABBREVIATIONS

EU/ED	:	Emergency Unit or Department of Chris Hani Baragwanath Hospital
SA	:	South Africa

1. INTRODUCTION

1.1 Background

Absenteeism is defined as a situation in which staff members fail to be present for duty (Duclayet al 2014). The failure of an employee to attend a scheduled work obligation as expected by an employer is viewed as absenteeism (Huczynski and Fitzpatrick, 1989; Camp and Lambert 2005 and Chadwick-Jones, Nicholson and Brown, 1982; Gangai et al, 2015). Gangai et al (2015) argue that the decision to abscond from work or come to work is grounded on which motivation is dominant in the individual at that particular moment between choosing to attend or to abscond. However, apart from a worker being absent from work, absenteeism also has detrimental effects on all stakeholders in an organisation, whether private or public. When it is clients or customers at the receiving end of work disruption due to absenteeism, they will be the most affected by the poor services or no services at all. This is particularly challenging in the case of hospitals were lack of service or poor service affects patient outcomes (Ahwal and Arora, 2015; Belita et al, 2013; Gerein, Green and Pearson, 2006). This study seeks to identify the motivational factors of absenteeism and to investigate their consequences on staff performance, overall productivity and service delivery at the biggest hospital in South Africa; the Chris Hani Baragwaneth Hospital. Specifically, the staff working at the Emergency Unit (EU) of Chris Hani Baragwaneth Hospital, which receives a high number of casualties daily, will be the focus of the study. The study focuses primarily on those factors that are deemed to be under the control of line management. The study focuses on this unit as the consequences of absenteeism are more serious at a hospital that receives high volumes of patients (Ahwal and Arora 2015).

In order to get a better understanding of the motivational factors affecting absenteeism, the extent to which individual choices influence the non-occurrence or occurrence of the absence can be investigated (Nicholson, 1977; Rogers and Hertin, 1993; Gangai et al, 2015). This excludes situations where being absent from work is unplanned, such as leave and sickness, or other situations beyond the control of the employee such as transport problems or taking care of a sick child (Gangai et al, 2015). In a study on absenteeism amongst health care workers, Belita et al (2013) established a typological framework that makes use of the following classifications of absence: voluntary and planned, voluntary and unplanned, involuntary and planned, and involuntary and unplanned (Table 1).

Table 1.1: A typological framework for classifying absences at work.

	Planned	**Unplanned**
Voluntary	Statutory absence (annual/ vacation, study, maternity, off-duty leave), training, workshops, conferences	Sickness absence to attend to personal matters as they arise but reported as minor illness, often short-term self-certified
		Failing to report to work and not giving a valid and acceptable reason for one's absence (e.g. moonlighting)
Involuntary	Long-term sickness e.g. ≥90 days in Scandinavian countries	Transport problem, taking care of a sick child/relative, personal injury, sickness that is medically certified
	Absence caused by social obligation rather than for personal interest/benefit e.g. attendance at pre-specified event such as a political or community meeting. In such cases, a different allowable reason for absence may be provided to the employer in order to get time off	

Source: Belita et al (2013: 3)

Planned non-attendance happens when both the worker and employer are aware that the worker will not be coming to work, hence employers are able to plan. Unplanned non-attendance, on the other hand, occurs when an employee does not go to work when the employer is expecting them to be at work (Belita et al, 2013; Gangai et al, 2015). In addition, absence can be additionally classified into involuntary and voluntary absence. Involuntary absence characterizes factors outside the control of the individual, such as long-term illness. Voluntary absence, on the other hand, mirrors a conscious decision by the employee not to attend work as a result of reasons that are within his or her control. The difference between the two is based on whether the employee had a pre-authorised excuse for non-attendance (Belita et al, 2013; Gangai et al, 2015).

Rost et al (2004) noted that enhanced working conditions improve productivity and reduce absenteeism. Blau and Boal (1987) hinted that if career enhancing activities are directed outside the organisation, unexcused absences rise and vice versa. Beehr and Gupta (1978) advises that employee salaries have the highest influence on absenteeism. Bockerman and Ilmakunnas (2008) highlights that working conditions are integral to decreasing sickness absence. Ose (2005) indicated that the occurrence or potential occurrence of accidents at a workplace cause

high absences. Stressful events happening at an EU can have a deep effect on its staff members. Incidents relating to aggression, violence, death of a patient(s), or participating in resuscitation, can be emotionally and physically challenging (Ahwal and Arora, 2015). Mayfield and Mayfield (2016) oppose previous authors and argued that the managers' or leaders' language does in fact reduce absenteeism and that there was no clear agreement on the causes of work absenteeism. Therefore, this study focuses on closing this gap in knowledge by highlighting distinct motivational factors of absenteeism and the effects of absenteeism in the Chris Hani Baragwanath hospital's EU that are within line management control.

Chris Hani Baragwanath Hospital is the largest hospital in South Africa and also Africa. In addition, the EU of Chris Hani Baragwanath Hospital which has a lot of health workers receives a high number of casualties day and night. However, the unit is highly affected by absenteeism; thus, the hospital is always looking for ways to avoid it or mitigate the problems arising from absenteeism. As a proxy for measuring absenteeism the closest data reflecting absenteeism in public records was that on misconduct. In the public service, voluntary unplanned absenteeism leads to misconduct when an employee has absconded from work for 3 days or more without notifying management or providing a valid reason. The Gauteng Department of Health Annual Report (2017) reported that voluntary unplanned absenteeism accounted for 27.9% of the cases of misconduct addressed at disciplinary hearings in Gauteng hospitals for the period 1 April 2016 to 31 March 2017. This was by far the biggest contributor, with insubordination coming second at 12.5% (Gauteng Department of Health Annual Report 2016/2017).

Motivation to go to work is presumed as a main factor determining how frequent a staff member is absent (Obasan Kehinde, 2011; Gangai, et al, 2015). One of the shared theories is that absenteeism is as a result of a staff member avoiding a painful or a non-satisfactory work situation as a result of lack of motivation (Gangai et al, 2015). Gangai, et al, (2015) explained that managers can supervise, control, monitor, lead, organise and plan on day-to-day activities but, absenteeism causes problems that might be too far-fetched for them to manage. These issues include cases such as government policies, personal factors in an employee's life, as well as exploring the relationships between job satisfaction and motivation with absenteeism. Managers can thus design policies and procedures that provide positive work environments, prompting employees to have more positive feelings about the work situation thereby reducing absenteeism (Gangai, et al, 2015).

According to Magee et al (2016), the earlier studies on absenteeism indicated that job satisfaction, in particular employee values and job expectations as well as psychosocial job characteristics, are key motivational factors underlying absenteeism. Job satisfaction factors include organisational support for training and development, supervision, operating rules and procedures, co-worker relationships, and the nature of work performed. Psychosocial job characteristics include high job strain, difficult job demands, poor role clarity, workplace bullying, poor organizational climate, and poor leadership (Magee, et al., 2016). Some of these job satisfaction and psychosocial job characteristics are within the control of hospital line managers who can intervene to provide positive work environments so as to curb absenteeism (Gangai, et al, 2015). Line managers are employees that are responsible for administrative and/or functional management of other employees whilst reporting to senior management. This puts them in a position to observe and understand factors motivating absenteeism in the work place (Cholli, Sreeraj and Pandey, 2017).

Staff members can be affected by the abrupt increase in their tasks from the absent colleague that increases their workload. Furthermore, overloading staff with too much work due to absenteeism has been shown to reduce staff morale (Magee et al 2016). Individual performance and overall productivity are also likely to decline due to the pressure exerted on the employees available during staff shortages. This decrease in staff productivity has a knock-on effect to service delivery. Poor service delivery may lead to public dissent and a negative organisational reputation (Gerein, Green and Pearson, 2006). For public government run institutions like the Chris Hani Baragwanath Hospital's EU this can be detrimental. Management and leaders are thus drawn into this predicament as they are forced to develop contingency plans or fill the gaps created by absenteeism to maintain satisfactory service provision without negatively affecting the morale of present employees (Gerein, Green and Pearson, 2006). Absenteeism also leads to understaffing. Working in an environment of understaffing can increase the workload, levels of stress, tiredness and emotional exhaustion, all of which includes both the quality and safety of care (Gerein, Green and Pearson, 2006). Furthermore, absenteeism is costly to hospitals. Belita et al, (2017); and Kandemir and Şahin, (2017) emphasised that absenteeism is also expensive for institutions with regard to lost (paid) working-man days.

In this research study, the focus was on analysing the causes and consequences of absenteeism at Chris Hani Baragwanath hospital's EU that are within line management control. The analysis

aims at providing solutions to curb absenteeism through highlighting causes and advising authorities or policy makers on how to prevent absenteeism's negative effects such as poor service delivery, employee dissatisfaction, poor performance, and overall low productivity.

1.2 Problem statement

Chris Hani Baragwanath Hospital, registers about 150 000 inpatient and 500 000 outpatient cases every year. The busiest services at the hospital are emergency, accident and ambulance services, accounting for over 350 patients per day (over 127 750 per year). Approximately 70% of all admissions at the hospital are emergencies, making the emergency department a high impact department for absenteeism (https://www.chrishanibaragwanathhospital.co.za/). Stressful incidents taking place in the emergency department can have a profound effect on its staff members. Incidents involving aggression, violence, death of patient(s), or participating in resuscitation, can be emotionally and physically challenging (Ahwal & Arora, 2015).

Absenteeism is costly for health institutions in terms of lost paid working-man days (Belita *et al*, 2017; Lowe, 2002 cited in Kandemir & Şahin, 2017). In 2018. According to Aljazeera (2019), Chris Hani bara hospital reported to have lost a total number of 6,547 workdays in that year alone. Absenteeism from the Hospital EU has further great economic impact, as it interferes with productivity, increases operational cost and reduces the efficiency of work, in addition to resulting in overload on the EU staff who remain in the work environment and need to perform the absent workers' tasks. This overload may lead to the appearance of health problems and possible need to grant sick-leave. Lost resources that could have assisted in improving the quality of healthcare in the hospital.

Working in an understaffed environment can increase workload, levels of stress, fatigue and emotional exhaustion, all of which compromise both the quality and safety of care (Gerein, Green & Pearson, 2006). Motivation to attend work is assumed a major factor determining how often an employee is absent (Obasan Kehinde, 2011 cited in Gangai, *et al*, 2015: 1773). One of the most common theories is that absenteeism is caused by employees avoiding a painful or dissatisfying work situation due to lack of motivation (Gangai, Agrawal & Gupta, 2015). While some of these situations are beyond the control of line managers (such as government policy and personal factors in an employee's life), exploring the relationship between job satisfaction, motivation and other factors to absenteeism may help line managers design policies and procedures that provide positive work environments, prompting employees to have more

positive feelings about the work situation (Gangai, *et al*, 2015). If not curbed, absenteeism could also increase the risk to loss of life in this hospital. Shortage of employees can result to delay in patient's attendance. In a hospital like Chris Hani Bara where emergency unit admit a large number of patients, this could have dire consequences.

A number of studies conducted in relations to absenteeism are broad and general. They focus on the causes of absenteeism without narrowing it down to those causes of absenteeism that are within the control of line managers. The identification and management of the factors of absenteeism by a line manager can quickly assist in curbing the negative effects of absenteeism. As Felix, (98) believes that the initial cure of absenteeism is based on four earlies, namely: early identification, early intervention, early treatment and early return to work. As a result, the workplace can recognize gains in both efficiency and productivity almost immediately. The broad identification and analysing of the factors that contribute to absenteeism that most literature focus on may lead to lengthy period in identifying the root causes of the problem and the delay in the implementation of mitigating tools towards the problem. This research aims at filling that gap by zooming into the factors that contribute absenteeism which are within the control of line management. This is believed to have a quick response into the identification and addressing of those factors.

1.3 Definitions

Absenteeism is the non-attendance of a staff member when expected to attend (Huczynski and Fitzpatrick, 1989; Camp and Lambert, 2005). Absenteeism misconduct is being absent from work for 3 days or more without notifying management or providing a valid reason (Department of Public Service and Administration, 2009 Section 14, subsection 14.7).

E*mployee*/*staff* refers to any persons hired in accordance to the Public Service Act, 1994 regardless of rank or position (Public Service Act, 1994, Subsection 1.5). Staff of the EU includes porters, administrators, nurses, and doctors.

Manager refers to an individual responsible for the management of the hospital including line managers who have direct managerial responsibilities for the department staff (porters, administrators, nurses, and doctors). They have a key role in influencing the work environment to decrease absenteeism (Kandemir and Şahin, 2017; Cholli, Sreeraj and Pandey, 2017).

Voluntary unplanned absenteeism covers absences due to personal issues as they come including minor illness, often short-term self-certified. It further involves failing to report to work and not providing a valid and acceptable reason for one's absence (Belita et al 2013).

1.4 Research Purpose

The study aims to identify the motivational factors of absenteeism that are within line management control and the impact of absenteeism in the EU of Chris Hani Baragwanath Hospital. This can assist managers to plan ahead, have contingency plans in place and find ways to reduce absenteeism. Moreover, the findings of this study can assist the government and the Chris Hani Baragwanath hospital's management to mitigate the effects of absenteeism and ways to improve working conditions in order to avoid absenteeism as well.

1.5 Research significance

This research will assist the government, policymakers, authorities, participants, management, clients and other stakeholders in monitoring and controlling the causes and effects of absenteeism. This research may also help public institutions raise overall productivity, improve staff performance, and raise the quality-of-service provision.

1.6 Research Aim

The aim of the research is to identify the motivational factors towards the causes of absenteeism and examine how the organisation handles the problem, and gain insight regarding its effects at the Chris Hani Baragwanath Hospital Emergency Unit.

1.7 Research objectives

The objectives of the research are as follows:

- To identify the causes of absenteeism with a particular focus on job satisfaction, working conditions and managerial practices.
- To investigate the consequences of absenteeism on staff performance, overall productivity and service delivery.
- To explore job psychosocial aspects within management's control that may affect voluntary, unplanned absenteeism at Chris Hani Baragwanath Hospital 's EU.

1.8 Research design and methodology

The research adopted a mixed methodology making use of semi- structured face to face interviews and a structured questionnaire to get the maximum information needed for the research analysis. This study combines two facets of research design namely exploratory and explanatory that seeks in-depth understanding of motivational factors likely to affect voluntary unplanned absenteeism through in-depth interviews of staff of Chris Hani Baragwanath hospital EU and is qualitative in nature.

1.8.1 Setting

Using the Chris Hani Baragwanath Hospital EU as a case study, this research explores motivational factors likely to affect absenteeism that are within line management's control. These factors exclude remuneration and other financial incentives that are determined by the government. According to Ndhlovu (2012) Chris Hani Baragwanath Hospital, which is located in Soweto, is the largest hospital in South Africa and the third largest hospital in the world. The hospital registers about 150 000 inpatient and 500 000 outpatient cases every year and the busiest services at the hospital are emergency, accident and ambulance services, accounting for over 350 patients per day (over 127 750 per year) (Ndhlovu, 2012). Approximately 70% of all admissions at the hospital are emergencies, making the EU a high impact department for absenteeism.

1.9 Conclusion and chapter outline

The study consists of the following chapters:

Chapter 1 gives the background to the study, the problem statement, the objectives of the study, the research questions, the reason for the selection of the hospital under review, the research design and the setting of the study.

Chapter 2 presents the literature review on absenteeism, specifically on voluntary, unplanned absenteeism, and discusses the theoretical underpinnings of this study.

Chapter 3 presents the research methodology, covering aspects such as the research design, population, sampling and sample size, data collection techniques, data analysis procedure, reliability and validity, ethical considerations and limitations of the research.

Chapter 4 presents findings of the study from both the interviews and questionnaire.

Chapter 5 discusses the findings, linking them to the literature reviewed and to the study objectives.

Chapter 6 presents conclusions, recommendations, and recommendations for future research.

2. LITERATURE REVIEW

2.1 Introduction

This chapter discusses findings from the literature on absenteeism, noting how absenteeism is defined and measured, and examines its causes and impacts, particularly in the public sector. The chapter presents theories relevant to the study, namely, withdrawal theory and motivation theory, which underpin the study. Lastly, the chapter discusses the factors that contribute to absenteeism in the public sector, namely, job satisfaction and job psychosocial characteristics.

2.2 The meaning of absenteeism

Absenteeism has been defined as "the non-attendance of employees for scheduled work" (Chadwick-Jones, Nicholson & Brown, 1982, cited in Gangai, et al, 2015). Several authors highlight that individual choice influences the decision to abscond or to come to work, with the choice being informed by which motivation is strong at the time of decision making (Nicholson, 1977; Rogers & Hertin, 1993; Gangai, et al, 2015). Mayfield and Mayfield (2016) explain absenteeism as any failure to attend work or to remain at work, regardless of the reason. According to Gangai, et al (2015), "one of the most common theories is the notion that absenteeism is caused by employees avoiding a dissatisfying or painful work situation due to lack of motivation". This is especially the case for voluntary, unplanned absenteeism (Belita, et al, 2015). Conflict in its various forms can lead to low job motivation and can impact severely on performance, satisfaction and motivation, causing absenteeism (Nauta, et al, 2004; Nauta & Ybema, 2003; De Drea, et al, 2003).

One of the key motivational factors underlying absenteeism is job satisfaction (Gangai, et al, 2015). It has been argued that the more satisfied employees are with their jobs, the more motivated they will be to attend work (Steers & Rhodes, 1978). Job psychological characteristics also play a strong role (Gangai, et al, 2015). High job strain, low social support, low job control, poor job clarity, workplace bullying, low organisational commitment, poor organisational climate and poor leadership have all been linked with high absenteeism. Factors such as organisational climate, job demands and working conditions lie within management's control, and managers can design policies and procedures that provide positive work environments, fostering positive feelings about the work situation amongst employees (Gangai, et al, 2015). Rost et al (2004) define productivity as effectiveness at work over the past two

weeks and absenteeism as the total number of work hours lost due to illness or doctor visits over the past four weeks.

2.3 Types of absenteeism

Two types of absenteeism have been identified, namely, involuntary (approved) and voluntary (unapproved) absenteeism (Buschak, Craven & Ledman, 1996). Involuntary absence happens for reasons outside the control of the employee, for instance sickness, a death in the family, transport problems, maternity leave, work accidents, study leave, obligations to appear in court, and the like. Some employees stay away from work because of persistent health problems (Levy & Associates, 2004).

In the case of voluntary absenteeism, however, an employee makes a deliberate decision to be absent without obtaining the necessary permission. Levy and Associates (2004) describe this as an abuse of sick leave, often occurring after an employee has requested a leave of absence and permission has been refused for valid reasons. Such employees often believe that they have been treated unfairly and feel they deserve to be on leave whenever they want to (Chauke, 2007). Unauthorised absenteeism warrants that a commensurate amount of money be deducted from the employee's salary (Walfin, 1981; Robinson & Bennet, 1995; Sagie, 1998; Thompson et al, 2000). The literature also reveals that employees are generally willing to pay for unexcused absenteeism from their salaries (Latham & Purcell, 1977). Most managers find it difficult to distinguish between voluntary and involuntary absence, and are forced to accept many absences as sick leave simply based on the employee's reporting. The only way they have to distinguish between the two types is to monitor the frequency and duration of the absences. To measure frequency, managers need to record each incident of absence, irrespective of the duration. Higher frequency scores are interpreted as a sign of more voluntary absence.

Duration of absence can be measured through instruments such as the time lost index (Hammer & Landau 1981; Davey, Cummings, Newburncook, 2009). The time lost index is a measurement of duration made by keeping a record of the total number of days lost regardless of the number of incidents. Employees with a high duration score of absence are usually absent for reasons ouside their control, for example, recovering from surgery or being involved in a motor vehicle accident (Hammer & Landau, 1981). However, Buschak et al (1996) point out that at least 50% of all staff members non-attendance is not caused by bona fide illness or other

acceptable reasons. Wing (1999), on the other hand, in a study on absenteeism in the Confederation of British Industry, states that 98% of nurse absenteeism due to illness is not falsified, but true.

Buschak et al (1996) state that absenteeism in the United States results in the loss of over 400 million workdays per year and Dalton and Enz (1987) point out that one million employees per day do not attend work in the US. Bydawell (2000), cited by Josias (2005), states that "employers have the right to expect good attendance from their employees as employment is a contract between two consenting parties". He further states that absenteeism issues will undoubtedly arise within the employment relationship and should be resolved fairly and equitably for both employer and employee. Absenteeism can be very costly to the employer.

In his study on aviation security officers at O.R. Tambo International Airport, Kruger (2008) states that absenteeism may be interpreted as both an exchange among employees, and "an exchange between employees as a group and the organisation. In the first instance, employees 'share' their absenteeism so that it becomes acceptable. In the second instance, absenteeism becomes a form of negative exchange between employee and employer" (Kruger, 2008). Employees withhold their presence from the work place, 'trading off' their absence against job demands, boredom or the difficulty of fixed work schedules.

2.4 Staff absenteeism at Chris Hani Baragwanath hospital's Emergency Unit

The extent of absenteeism at Chris Hani Baragwanath Hospital Emergency Unit is beyond the scope of this study as cases of voluntary, unplanned absenteeism of one to two days go unrecorded. Voluntary, unplanned and unrecorded absenteeism is partly due to government's policy on leave of absence. According to the policy of the Department of Public Service and Administration, 2009, Section 14 subsection 14.7, an employee who has been absent from work for less than three consecutive days on sick leave does not require a doctor's certificate. A certificate is required only if an employee has been absent for three or more days, or if they have been absent from work on three or more cases in an eight-week period. This means an employee can report sick without a doctor's certificate as long as they stay away for no more than two days and as long as they do this no more than twice in eight weeks. The burden of absenteeism at public hospitals is therefore bigger than officially reported. It is crucial, however, to understand the reasons for the high absenteeism rate, as absenteeism in an emergency unit can have life threatening implications for patients.

2.5 Causes of absenteeism

Bockerman and Ilmakunnas (2008) studied the predictors of absenteeism among 2800 Finnish workers responding to the cross-sectional Quality of Work Life Survey in 1997, analysing the interaction between adverse working conditions, job satisfaction and absenteeism. They found that if the contracted working hours were greater than the number of desired working hours, employees missed work. Workers absented themselves if the benefits of not working were deemed greater than the costs. Bockerman and Ilmakunnas (2008) also showed that higher wages were associated with fewer absences.

Ose (2005) noted that long-term absence was higher in firms troubled by many accidents or near misses. Physically tired workers, or workers failing to cope with the psychological pressure at work, are more likely to be absent from work than those working in an environment of better quality (Ose, 2005). Ose's (2005) study classified shift work as a negative working condition and indicated that people doing shift work are more prone to be absent. Furthermore, Ose's study found that the quality of cohesion in work teams led to lower absences, since team cohesion enhanced job satisfaction. Higher wages, however, were found to be a compensatory factor for poor work conditions in Ose's (2005) study.

Both Marmot et al (1995) and Ose (2005) suggest that a better combination of pay and working conditions would reduce both voluntary and involuntary absenteeism – given that involuntary absenteeism may be associated with unsafe working conditions, resulting in injury or illness. They further defined involuntary absence as health related and unavoidable. Both these authors conclude that failure to fully compensate workers for adverse working conditions results in increased voluntary absence, and accidents or near misses increased long-term absence. Ose (2005) went on to suggest that relocated female workers were at the highest risk of absenteeism.

Blau and Boal (1987) asserted that low job involvement is a more reliable predictor of staff turnover than of absenteeism but, in cases where it is associated with absenteeism, it is a predictor of the frequency of absence, rather than duration. They defined job involvement as, firstly, the level of importance of one's employment to one's self-image, basing this definition on Lodahl and Kejner (1965) and Lawler and Hall (1970). Secondly, they defined it as the degree to which an individual actively participates in their job (Allport, 1943; Bass, 1965).

Thirdly, they defined it as the point at which an individual's self-esteem or self-worth is affected by higher performance level (French & Kahn, 1962; Gurin, Veroff & Feld, 1960). Workers have higher levels of commitment when they feel positive about the job and identify themselves as part of the organisation. Blau and Boal (1987) went on to highlight that employees with higher levels of both job involvement and organisational commitment are the highly motivated because they have a high regard for both their job and the organisation, and so shun absenteeism. They also explained that 'excused' absence includes categories like personal sickness, jury duty, religious holidays, funeral leave and transportation problems. On the other hand, career-enhancing activities outside the organisation raise 'unexcused' absences, often immediately before an employee leaves an organisation (Blau & Boal, 1987).

Blau and Boal (1987) argue that job involvement and organisational commitment came in four variations; greater job involvement and high organisational commitment, greater job involvement and less organisational commitment, little job involvement and greater organisational commitment, and little job involvement and less organisational commitment. Workers with greater levels of both job involvement and organisational commitment had less 'unexcused' absenteeism compared to those with low levels of job involvement and organisational commitment. People with high job involvement and low organisational commitment value work as important but do not identify with the organisation or its goals. People with low job involvement and high organisational commitment, termed 'lone wolves', show career-enhancing behaviours, and believe in maximising every work opportunity (Blau & Boal, 1987). People with low job involvement and low organisational commitment were termed 'apathetic' employees and were the least-valued members of an organisation. These workers would take maximum advantage of any company policy that does not penalise absenteeism.

Boal and Cidambi (1984) stated that job involvement accounts for a greater variance in absenteeism than does organisational commitment, while organisational commitment accounts for a greater variance in turnover than does job involvement.

Mayfield and Mayfield (2016) investigated the relationship between 'strategic leader languages' and absenteeism according to a theory termed the Motivating Language Theory. They found that both employee attitudes toward absenteeism and actual attendance are strongly affected by the leader's style of spoken language. They point out that management literature

strongly supports the value of communication as a significant mediator of increased employee motivation, and a key factor for the reduction of discretionary absence.

Mayfield and Mayfield (2016) also indicated that an estimated 52% of total employee absences are 'discretionary' (voluntary) in nature, with these absences resulting from factors such as stress, personal needs and a sense of entitlement. Key moderators clearly associated with absenteeism, such as job satisfaction and loyalty, are strongly supported by the amount and quality of information exchanged between leaders and subordinates. Mayfield and Mayfield (2016) highlighted three kinds of speech used by leaders that affect absenteeism. These are per-locutionary or direction-giving language, illocutionary or empathetic language, and locutionary or meaning-making language, as explained in Table 2.1 below.

Table 2.1: Types of leader speech

Per-locutionary or direction-giving language	Takes place when management speech boosts employee performance through reduced ambiguity. Embodied in practices such as goal setting, management by objectives, and performance feedback. Direction giving language is used when a boss clarifies priorities, objectives and rewards for the subordinate. Thus, direction giving language occurs when a leader reminds an employee of organisational absenteeism policies.
Illocutionary or empathetic language	Occurs when managers share their concerns and humanity with employees. To illustrate, a leader uses empathetic language to compliment an employee on a job well done or to commiserate with a subordinate's personal frustrations. Thus, motivating language is transmitted when a leader orally validates an employee's stress associated with lax employee attendance.
Locutionary or meaning-making language	Occurs when a leader explains and interprets the symbols that comprise each organisation's unique culture. This type of communication is often indirect and shared via stories and/or metaphors. For example, a leader's description of a company party as a 'command performance' or narration of an organisational success story to a subordinate fall into this classification. Although this latter speech genre is not always as literal as the two preceding classifications, meaning-making language holds the potential to

	become a primary channel during times of organisational orientation and change. Thus, meaning making language is shared when a leader reminds a new call centre employee that faithful attendance reinforces the company culture of excellent customer service.

Source: Mayfield and Mayfield (2016)

Mayfield and Mayfield (2016) identified various latent variables that cannot be measured but rather inferred indirectly through observation. These include intelligence, job satisfaction and work motivation. Conversely, manifest variables can be directly observed; for example, days absent. Mayfield and Mayfield (2016) conclude that there is a robust association between motivating language and worker absenteeism, but it is an indirect relationship since it is mediated by worker attitude. They state that motivating language operates by altering worker attitudes, meaning that motivating language had a significant and moderate link with worker absenteeism.

Beehr and Gupta (1978) noted that disenchanted employees may choose to withdraw from the organisation in four ways: psychological withdrawal, lateness, absenteeism, and turnover, and that these forms of withdrawal may be interrelated either negatively or positively. They attempted to determine the direction and strength of these relationships. Using a sample of 651 employees from all levels of five mid-western work organisations, they collected data through structured interviews, a search of companies' personnel records, and supervisors' ratings. They found that all forms of withdrawal are positively associated with common antecedents such as unsatisfactory working conditions and job stress.

Somers (1995) applied a three-component model of organisational commitment to study job withdrawal intentions, turnover and absenteeism. Somers (1995) was concerned with relationships between affective, continuance and normative commitment, and employee retention and absenteeism. Absenteeism was defined as the frequency of absences within a 12-month period. It was noted that affective commitment was the most consistent predictor of turnover and absenteeism, whereas continuance and normative commitment bore little relationship to absenteeism. Somers (1995) was critical of Hackett et al (1991) who reported a significant negative relationship between normative commitment and absenteeism.

Rost et al (2004) tested whether an intervention to relieve depression amongst employees significantly improved productivity and absenteeism over two years. They noted that employees in the 'enhanced care' condition reported 6.1% greater productivity and 22.8% less absenteeism during the period under study. They emphasised that depression substantially reduces an employee's ability to work as evidenced by increased absenteeism and reduced productivity during days at work. They argued that improving the quality of care in the work situation had positive consequences for productivity and absenteeism. Rost et al (2004) concluded that major depression is a substantial but addressable contributor to absenteeism if an organisation introduces improved depression management.

Hackett (1990) stated that older workers are likely to be absent more often than their younger counterparts because of age-related infirmities and above-average rates of illness. Rhodes (1983) mentioned that "the relationship between age and voluntary absenteeism is indirect, with several intermediate steps, including employee values and expectations, satisfaction with the job situation, and attendance motivation". On the other hand, age is more directly related to involuntary absenteeism. Hackett (1990) examined three aspects of absenteeism: frequency (the number of times absent from work); attitudinal (the number of absences for three days or less), and total lost time. Hackett (1990) also found that age, not tenure, was inversely associated with avoidable absenteeism and that neither age nor tenure were associated with unavoidable absenteeism. Clegg (1983) argues that older people may have an increasing need for stability and regularity while younger people may not have become socialised into particular work behaviours. Therefore, rather than being 'pushed out' of work, causing absence, young people may be absent because they have not been 'pulled into' work, either as a result of their own needs or as a result of an incomplete social learning process.

Goldberg and Waldman (2000) used a sample of hospital employees to investigate whether job satisfaction mediates the relationship between absenteeism predictors and absenteeism and how well absenteeism predictors explained various measures of absenteeism. They found that variables linked to employee absenteeism are related to variables influencing job satisfaction; for example, role conflict. However, Goldberg and Waldman (2000) found that job satisfaction was not related to absenteeism, but there was a significant relationship between wages and absenteeism, suggesting that organisations may use monetary incentives to increase attendance.

2.6 Factors that contribute to absenteeism

From the literature, it can be deduced that broadly eleven factors contribute to workplace absenteeism. These are: organisational culture, the need to generate additional income, job related reasons, family responsibilities, health status, working conditions, ethnicity, age, gender, work-related stress and job satisfaction. Each is discussed below.

2.6.1 Organisational culture

Cholli, Sreeraj and Pandey (2017) divide workplace absenteeism into four categories, namely, individual factors, organisational and workplace factors, social influences, and associated work factors. Organisational culture includes relationships with peers and superiors (i.e., the attitude of colleagues and superiors towards employees, which can become a stress booster for employees), transparent appraisal systems, recognition for work done, and career development programmes (Stimie & Fouche, 2004). Organisational culture also includes co-worker relationships, governance, gossip management and absenteeism rules or policies. A breakdown between the employee and the organisational culture and climate may cause stress to the employee and affect job attendance (Stimie & Fouche, 2004).

2.6.2 The need to generate additional income

Public servants are allowed to perform work outside the public service, provided such work does not interfere with the performance of their official duties. Outside employment includes paid work, such as tutoring or driving a taxi, running a business, holding a directorship or working as a tax agent. Unpaid voluntary work is also included (PSC, 2004).

Generating additional income is on the increase, based on the global economic environment and economies that are rapidly changing. In the current economic climate, employees are equally concerned with surviving economically as with success in the workplace. A 2009 interim report by the Special Investigating Unit (SIU) revealed that an estimated 27 000 public servants are active directors of private companies. The report also revealed that 70 employees had a direct interest in 73 companies that did business worth R31million with government. Such levels of involvement are likely to result in high levels of periodic absenteeism.

2.6.3 Job related reasons

De Groot, Burke & George (1998) state that a perceived denial of opportunities for growth and promotion can increase absenteeism. Such denial of opportunities can be directly linked to a lack of technical skills and inadequate soft skills, such as work ethics, overall attitude and lack of emotional intelligence. Most people go through the 'denied opportunity' cycle when it comes to promotion, regardless of their efforts. De Groot et al (1998) state that professional expertise and educational opportunities are undervalued in some organisations, which leads to absenteeism amongst nurses. This is especially the case when nurses undergo post-graduation training, and are then placed in the same posts as previously due to the non-availability of higher posts. In institutions where there are no promotion opportunities, job dissatisfaction is the natural outcome, which has already been shown to contribute to absenteeism.

Tenneti (2011) lists ten reasons for the denial of promotion, which can lead to absenteeism. These are shown in Table 2.2.

Table 2.2: Ten reasons for the denial of promotion, leading to absenteeism

Condition	Explanation
Attitude	'You do not show an interest in the job. Whether you make it noticeable to everyone or not, people notice your lack of curiosity. Analyse your strengths and prepare a list of reasons why you should stay in the same job, change to a different position in the same company that interests you, or move to another organisation.
No initiative.	'Most managers choose players who are pro-active in their teams. If you always wait for directions, your manager might assume that you have yet to gain self-assurance in your current role and avoid envisioning your growth options.'
Not a team player	'No matter how skilled you are as an individual contributor, your team skills play an important role in determining your suitability to get promoted.'
Communication Skills	'You are not self-confident in your communication. Being either passive or overly aggressive will always weaken your abilities. You need to be aware of your circumstances.'
Technical Skills	'Your skills are outdated or you are not keen on upgrading your skills. Even though you are

	unquestionably well-experienced in your field, it is necessary to think beyond and learn new skills and broaden your horizon.'
Extremely talented.	'You need to convey and share knowledge in order to find a replacement for your position.'
Performance.	Your performance is not in harmony with the set standards. This might not always be under-performance. While employees think that they are giving their best, manager's notice that the employee is not performing up to standard. The observed difference with regard to the performance standards need to be addressed before it becomes a real problem. The employee might consider the manager to be biased during the performance appraisal periods.'
You do not walk the extra mile	'Regardless of your performance in your current role, you also need to contribute more to the team and organisation. Most people are rewarded for helping their colleagues in activities such as trainings and presentations.'
Intuition	Identify areas that require attention apart from your current tasks and assign yourself on a regular basis. Remember to share your interests with everyone and your contribution in these areas.'
Organization perspective	'Your priorities are not united with the goals and objectives of the organisation. While it is not necessary to have opposing goals, it is quite possible to have personal goals that are in line with company goals.'
Organization's expectations	'You do not recognise the organisation's expectations. Miscommunication can at times be the perpetrator of this phenomenon and can have negative effects on team growth and development. It is better to be informed in advance, rather than recognising the difference in expectations at the last minute.'

Source: Tenneti (2011:30)

2.6.4 Family responsibilities

In accordance with Section 27 of the Basic Conditions of Employment Act, 1997 (Act 75 of 1997), family responsibility leave may be used when the employee's child is born, when the

employee's child is sick or upon the death of the employee's spouse or life partner, the employee's parent, adoptive parent, grandparent, adopted child, grandchild or sibling. Fulltime workers may take three days of paid family responsibility leave during each annual cycle (the 12-month period from date of employment). Family responsibility leave expires at the end of the annual cycle. The employer is entitled to ask for proof of the event for which the family responsibility leave is sought, such as a medical certificate or death certificate.

According to the Act, employees are entitled to three working days leave for any of the above events, with a total of five family responsibility leave days per year, in the case of the death of an immediate family member. Nyathi (2005) states that nurses abuse these leave days by attending the funerals of extended family members when they no longer have annual leave days available. This author states that for nurses, personal roles frequently compete with professional roles and the conflict results in nurses absenting themselves from work. Scott and McClellan (1990) revealed that women employees tend to take time off more frequently for a child's illness or injury than do men. Bridges and Mumford (2000) concur with this study, adding that women with children under three tend to be more absent.

2.6.5 Health status

The health status of employees is clearly a contributing factor to absenteeism (Brooke, 1986; Rhodes & Steers, 1990; Rhodes & Steers 1978). Employees who are not in good health are prone to suffer from frequent bouts of illness and to use more sick leave. For nurses, the chief reported reason for work absenteeism is illness (Cheek & Miller, 1983; Ivancevich & Matteson, 1980). McHugh (2001) reports that absenteeism caused by insignificant illnesses is higher amongst sub-professional nurses than among professional nurses. Stress is a clear contributor, as reported by many researchers. Employees are frequently 'pushed' out of a workplace by the need to escape a stressful situation or ongoing stress, at least temporarily (Matteson & Ivancevich, 1987; Rhodes & Steers, 1990).

The quality assurance register of De Aar Hospital (2009) reports that for nurses, stress is particularly aggravated as they work in often unbearable conditions, have heavy workloads, and are expected be calm and friendly in all circumstances. Patients are very aware of their rights, and often infringe upon the rights of nurses by being verbally abusive, especially in casualty or emergency units (Quality Assurance Register – De Aar Hospital, 2009).

Parker and Kulik (1999) states that stress is high amongst professional nurses due to perceived inadequate support from their colleagues. In her study on absenteeism amongst security officers, Chauke (2007) suggests that it is difficult to deal with absenteeism, since employees can simply produce a doctor's certificate after being absent, and that these sick certificates can be forged, necessitating that managers check on their validity, which is time consuming. A further complication in South Africa is that staff, security officers in particular, produce sick notes from traditional healers (Chauke, 2007). This raises the question of the validity of the sick certificate and whether employers should accept such sick certificates. According to Strydom (2006), cited by Chauke (2007), traditional healers will able to provide medical certificates to employees for the purpose of sick leave once the Traditional Health Practitioners Bill is passed and implemented. In terms of this Bill, traditional healers will have to be registered with the Department of Health for them to be recognised as traditional healers. However, there are anxieties about the monitoring of sick certificates from traditional healers and its costs implications to companies, because in many cases traditional healers require their patients to be absent from the place of work for extended periods of time.

According to Neubouer (1996), absenteeism amongst nurses may be related more to avoidance than to illness. This particularly applies in wards with staff shortages, where nurses are reallocated to work in understaffed wards at short notice. This lowers morale and contributes to absenteeism, as most find it difficult to work as a 'floating nurse' in unfamiliar surroundings (Neubouer, 1996). In a study conducted in University Hospital in Nigeria, junior workers were found to comprise the majority of workers with sickness-related absenteeism (Bamgboye & Adeleye 1992), while lower bouts of sickness were noted among nurses, doctors and senior personnel. However, the study noted that only 16% of the total workforce had records of sickness absenteeism over a three-year period, so the results could not be considered conclusive.

The key factors associated with sickness-related absence amongst employees include long hours worked, work overload and pressure, and the effects of these on employees' personal lives (Michie, 2003). There was evidence that sickness-related absence was associated with poor management style. In a systematic literature review, Michie (2003) reveals that interventions that improve psychological health and reduced sickness-related absence were training, increased participation in decision making and problem solving, increased support by

supervisors, regular feedback, improved communication, and the cultivation of a culture that does not tolerate excessive absenteeism. These interventions could ultimately result in reduced sickness-related absence.

2.6.6 Working conditions

According to a study by Selebi and Minnaar (2007), reasons for absenteeism due to working conditions were 'inadequate group cohesion, inadequate delegation of autonomy, role ambiguity, ineffective routinisation and the effect of workload in the workplace'. Group culture, such as the lack of group ethics, lack of work attendance, and tolerance for absenteeism, can lead to increased absenteeism. According to Saksvik and Nytro (2001), low personal work ethics contribute to voluntary, unplanned absenteeism. This is especially so for groups exposed to inflexible working schedules. A study by Stimie and Fouche (2004) noted that there may be lack of cohesion between the various functions of a unit. While healthy relationships generally prevail among nursing staff, the authors found that general staff, cleaners and porters did not see themselves as part of ward teams.

The delegation of autonomy has different results for different skills levels of staff. According to Adams and Bond (2000: 541), "knowledgeable staff who possess a variety of skills prefer more autonomy in their work, while to the less skilled staff, autonomy can be threatening and lead to absenteeism". Conversely, a lack of autonomy amongst skilled staff leads to decreased levels of job satisfaction, lack of motivation and absenteeism.

In their study on the public health care sector, Stimie and Fouche (2004) concluded that one of the factors affecting absenteeism among students and recently qualified nurses was the lack of opportunity to work in optimal conditions and to apply their theoretical knowledge at functioning public hospitals, which left them in a state of disillusionment. Where nurses have to perform duties without job descriptions, higher rates of absenteeism were noted (Selebi & Minnaar, 2007).

2.6.7 Ethnicity

Limited research has been conducted on the relationship between absenteeism and race. However, in a study conducted on the relationship between ethnicity and absenteeism among 659 black, white and Hispanic employees in companies based in the United States, blacks were

reported as having a significantly higher rate of absenteeism than their white counterparts (Avery, McKay & Tonadindel, 2007). The report further states that the difference is more pronounced when the employees believe that their organisation places a high value on diversity and where employees had supervisors of the same race. However, in a study amongst school teachers investigating the levels of commitment of various races, no difference in commitment was found between the various races (Mueller, Iverson, Finley & Price, 1999).

2.6.8 Age

Age is hypothesised to contribute to absenteeism. A number of authors (Cooper, 1999; Payne, 1999; Nyathi, 2005; Nyathi & Jooste, 2008) state that nurses form an ageing, predominantly female workforce and often develop chronic medical problems as they age, contributing to higher absenteeism in this group. Erikson (2001) states that approximately one third of the nursing workforce is over fifty years old with the average being forty-nine years. This is supported by South African Nursing Council (SANC) data of 2006, which shows that the highest concentration of nurses in South Africa is between 40 and 49 years of age. Peiro et al (1999) as quoted by Siu (2002) reports that older workers are more prone to sickness-related absence than younger workers because of deterioration of the health status and longer times taken for recovery when injured.

Interestingly, however, Felix (1998) found that nurses over the age of sixty (60) have a lower rate of absenteeism compared to other age groups. The author speculates that this may be because older nurses have higher commitment to their work, view sick leave as a privilege rather than a right, and have developed external sources of satisfaction in preparation for retirement and are therefore not dependent on the workplace for their sense of self-esteem. Lawler (1992) also points out that as age and seniority increases, employees get better conditions of service, more responsibilities and larger salaries, which result in decreased absenteeism. Huczynski and Fitzpatrick (1989) concur, stating that there is a general consensus in the literature that younger workers have more frequent absences than their older colleagues.

2.6.9 Gender

A study conducted among 1000 Michigan correctional officers found that females have higher rates of absenteeism than their male counterparts (Gross, Larson, Urban, & Zupan, 1994). This study is supported by Martin, 1990, who found that five large urban police departments had

higher rates of sickness-related absenteeism amongst females than amongst males. Gender differences in absenteeism may be attributed to the fact that females are in most cases the primary care givers of dependants. Bridges and Mumford (2001) found that women in general have similar patterns of absenteeism, with mothers of young children showing most frequent absences – a finding re-iterated by Mohony (1999) and Wing (1999). Cooper (1999) reports that nurses exposed to conflicting responsibilities such as having to manage a home, children, and work shifts experience stress which may lead to absenteeism. Johnson and Indvik (199) also found that stress-connected illnesses are predominant among female nurses compared to their male counterparts.

2.6.10 Work stress

Stress in the workplace is characterised by psychological withdrawal, quitting intentions and absenteeism, all associated with the physical demands of the job, working conditions, and working hours (Cholli, et al, 2017). According to Magee, Caputi and Lee (2016), low job control, high job strain, low social support, poor job clarity, workplace bullying, reduced organisational commitment, poor organisational climate, and poor leadership have all been linked with higher absenteeism. These factors lead to absenteeism via lower job satisfaction and motivation to attend work (Nicholson, 1977; Steers & Rhodes, 1978).

In a study on emotional wellness and management effectiveness within the public health care sector in South Africa, Stimie and Fouche (2004) noted that junior staff members are often exposed to verbal abuse by more senior staff, which contributed to absenteeism among junior staff members. Hospital emergency wards also create a stressful environment which can have a profound effect on staff members (Ahwal & Arora, 2015). A study by Healy and Tyrrel (2011) found that an alarming 97% of staff members in an emergency department experienced stress, with the common causes being poor rostering, heavy workloads, traumatic events, lack of teamwork, inter-staff conflict and poor managerial skills (Healy & Tyrrel, 2011). A study by Isikhan, Comez and Danis (2004) concluded that variables influencing stress included imbalance between the job and responsibilities, conflict with colleagues, lack of appreciation of efforts by superiors, role responsibilities, and long, tiring work hours. This stress leads to low work morale and increased absenteeism (Ahwal & Arora, 2015).

As noted by Magee et al (2016), workplace bullying can lead to absenteeism. While there is no single universally accepted definition of workplace bullying, it refers to "situations in which someone is subjected to social isolation, his or her work and efforts are devaluated, and he or she is threatened or otherwise worn down or frustrated" (Kivimäki, Elovainio & Vahtera, 2000).

Bullying does not only lead to voluntary, unplanned absenteeism but to also involuntary unplanned absenteeism. In their study on workplace bullying, Kivimäki et al (2000) found that the risk of certified absence sickness (four days or more) was 26% greater among victims of bullying than among those that did not report bullying. The risk of self-certified sickness (possible voluntary, unplanned absenteeism) was 16% greater among victims of bullying than among those that did not report bullying.

2.6.11 Job satisfaction

Job satisfaction is defined as a pleasurable or positive emotional state resulting from the appraisal of one's job or job experience (Locke, 1970). Research has generally revealed a consistent relationship between job satisfaction and absenteeism (Scott & Taylor, 1985; Luthans, 1995; Briner, 1999, Magee, Caputi & Lee, 2016). Krietner, Kinicki and Buelens (2002) describe job satisfaction as an affective (emotional) response to various facets of one's job. In general, employees who are satisfied with their jobs will tend to have lower rates of absenteeism (Steers & Rhodes, 1978).

Weiss, Dawis, England and Lofquist (1967) propose that job satisfaction may be understood as having three components: extrinsic job satisfaction, intrinsic job satisfaction and general job satisfaction. Extrinsic job satisfaction refers to satisfaction with those factors external to the job, while intrinsic job satisfaction refers to satisfaction with the job itself. General satisfaction, on the other hand, refers to overall attitude towards the job.

Belita et al (2013) allocates factors that might affect health workers' absenteeism into three categories: workplace/content, personal, and organisational/cultural factors. The workplace/content factor, which is intrinsic in nature, included workload, working conditions, organisational changes and organisational/cultural factors such as leadership style. By reducing

the absenteeism rate by just one day per employee, organisations can boost productivity, improve morale and improve their profit margins significantly (Nel, 2013).

In a study conducted in a public hospital in Gauteng, nurses were found to experience low levels of job satisfaction with motivational aspects of their job (Selebi & Minnaar, 2007). These motivational aspects were: recognition, independence, responsibility, and opportunity for creativity and innovation. Factors which caused dissatisfaction were lack of acknowledgement from supervisors, lack of autonomy in the job, lack of a sense of accomplishment, supervisor decisions, lack of creativity in the job, and poor relations with supervisors (Selebi & Minnaar, 2007).

Rhodes and Steers (1990) point out that when work is satisfying, people will show up to enjoy it, and that when work is painful and dissatisfying, employees will naturally withdraw from it in one way or another. This statement is supported by Anderson (2004) who reports that dissatisfied employees withdraw from the workplace by using their sick leave inappropriately.

A culture of absenteeism amongst one group of employees often affects the work values and commitment of other employees (Booyens, 2002; Du Plessis, Visser, Fourie, 2003). New employees adopt the existing culture, values, norms and standards, and are influenced by the current absenteeism norms in the organisation (Rosseau, 1985; Du Plessis, et al, 2003). Booyens (1993) further reports that due to the long hours worked by nurses in overcrowded wards, nurses tend to absent themselves. Sullivan and Decker (1992), however, argue that employees' own attitude, values and goals impact on their motivation to report for work. They state that nurses with high work ethics and those hoping for promotion are highly motivated to attend work. It is imperative that management is aware of the components of job satisfaction and do what is in their power to raise the quality of working conditions both overall and in individual departments of an organisation.

2.7 Absenteeism theories and model

2.7.1 Nicholson's attachment theory

Nicholson (1977) developed the attachment theory of absenteeism to explain absenteeism in the workplace. The attachment theory assumes that attending work in most forms of employment is natural to a human being (humans are 'attached' to normal work attendance),

and that searching for factors responsible for absence behaviour is the same as searching for factors that are responsible for disturbing this normality (Nicholson, 1977; Thirulogasundaram & Sahu, 2014). Nicholson devised an 'A-B' continuum, with positions on the continuum defined in terms of barriers to attendance. This allowed absenteeism to be viewed according to the extent to which individual choice influenced the absenteeism, with absences in 'A' being those in which individual choice played no role, and those in 'B' being those where choice played a role, and where absenteeism was therefore avoidable. Embedded in this model is Belita et al's (2013) typological framework of absenteeism, where absenteeism can be voluntary, involuntary, planned and unplanned. Voluntary, unplanned absenteeism, which is the focus of this study, falls into Nicholson's 'B' range on the continuum, in that voluntary, unplanned absenteeism is based on choice and can be avoided.

2.7.2 Steers and Rhodes' (1978) absence model

Steers and Rhodes' (1978) absence model explains absenteeism as a function of exogenous and endogenous factors. Exogenous factors are personal characteristics, pressures to attend, and job situation. Personal characteristics and job situation are linked to attendance motivation through job satisfaction and its antecedents, namely, job expectations and employee values. Endogenous factors are the ability to attend work and attendance motivation. Together, these factors predict employee attendance.

The abridged version of the Steers and Rhodes' (1978) absence model is illustrated in Figure 2.1 below. According to this model, the exogenous factors of personal characteristics (box 3), pressures to attend (box 5), and job situation (box 1) move employees toward attendance or absenteeism. Personal characteristics include age, education, sex, tenure and family size; job situation includes job level, job scope, workgroup size, role stress, leader style, co-worker relations and opportunity for advancement; pressures to attend includes incentive/reward systems, economic and market conditions, workgroup norms, organisational commitment and personal work ethic.

The intervening mechanisms that link personal characteristics and job situation to attendance motivation (box 6) are job satisfaction (box 4) and its antecedents, job expectations and employee values (box 2). Employee attendance (box 8) becomes the product of two endogenous predictors, namely, ability to attend (box 7) and attendance motivation (box 6).

Thus, this model indicates both internal and external influences on job attendance and absenteeism.

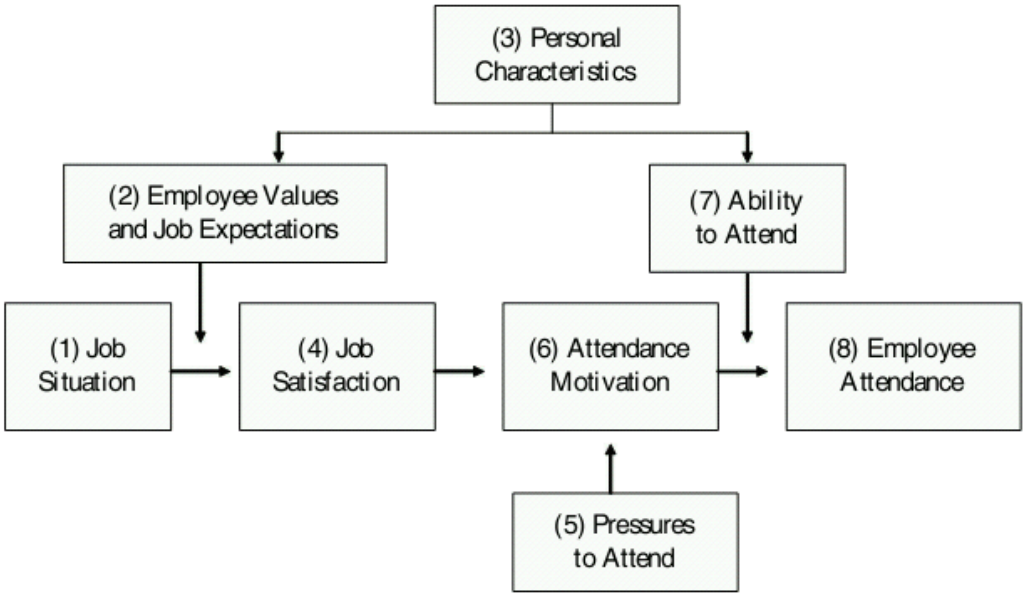

Figure 2.1: Steers and Rhodes' model of employee attendance

Source: Steel, Rentsch & Van Scotter (2007: 18).

While Nicholson's (1977) attachment theory distinguishes between voluntary and involuntary absenteeism (the A-B continuum), Steers and Rhodes' (1978) absence model attempts to integrate the causes of both forms of absenteeism into one model (Rhodes & Steers, 1990; Steel et al, 2007). Voluntary absenteeism is accounted for in the model by 'attendance motivation' while involuntary absenteeism is accounted for by 'ability to attend' (affected by factors such as illness and accidents, family responsibilities, and transportation problems). Unlike Nicholson's model, Steers and Rhodes' model does not refer explicitly to voluntary, unplanned absenteeism. In addition, Steers and Rhodes' model focuses more on predicting employee attendance rather than on absenteeism.

Theories of absenteeism have historically described absenteeism in terms of the withdrawal theory, which views absenteeism in terms of job satisfaction and its role in decision making regarding whether or not to attend work (Steers &Rhodes, 1978). It was historically believed that dissatisfaction with the job was directly related to absenteeism. However, studies conducted in recent years indicate that absence behaviour is more complex than simply being a product of job satisfaction (Harrison & Martocchio, 1998).

2.8 Conclusion

The literature offers differing analyses on the causes of absenteeism, each highlighting different aspects that contribute to this global phenomenon. It appears that age, gender, health status, family responsibilities, and even ethnicity play a role in predicting absenteeism, but in general, working conditions, job satisfaction, and personal motivation contribute most significantly to the phenomenon. Interestingly, salaries play a role too, with higher salaries associated with a lower rate of absenteeism (Lawler, 1992), possibly because higher salaries are associated with higher levels of seniority and responsibility.

In this study, we use Chris Hani Baragwanath Hospital Emergency Unit as a case study to assess whether working conditions affect absenteeism.

3. METHODOLOGY

3.1 Introduction

This chapter presents the research methodology used to study absenteeism factors at Chris Hani Baragwanath Hospital Emergency Unit. A mixed methods research approach was utilised as it allowed for a deeper understanding of factors that motivate voluntary absenteeism for health workers working in the EU of South Africa's largest hospital. The study was conducted in two phases comprising interviews and a questionnaire. The research design, population, sampling and sample size, data collection techniques, data analysis procedure, reliability and validity and ethical considerations are discussed in this chapter.

3.2 Research design

3.2.1 Mixed method approach

According to Williams (2007), the three broad categories of research designs are: quantitative, qualitative, and mixed methods. In this study, a mixed method design was used. The mixed methods design entails the use of both the qualitative and the quantitative. According to Harris and Brown (2010) questionnaires and interviews are often used together in mixed method studies (Brookhart and Durkin, 2003; Lai and Waltman, 2008). While questionnaires can provide evidence of patterns amongst large populations, qualitative interview data often gathers more in-depth insights on participant attitudes, thoughts, and actions (Harris and Brown, 2010 citing Kendall, 2008).

The qualitative research method also occurs in a natural setting which enables the researcher to collect primary data from actual experiences (Creswell, 2003). It also preferentially builds its premises on inductive, rather than deductive reasoning (Williams, 2007). Quantitative methodology, on the other hand, is deductive in nature (Tubey et al., 2015). According to Silverman (2000), quantitative research measures what it supposes to be a static reality, with the intention of drawing up generalisations. The data collection techniques focus on collecting data in the form of numbers to enable evidence to be presented in quantitative form (Neuman, 2003; Sarantakos, 2005; Tubey et al, 2015). From a methodological point of view, this is one of the few qualitative (explorative) studies conducted to determine motivational factors associated with or leading to voluntary unplanned absenteeism in an EU at a public hospital. The majority of studies reviewed used the quantitative approach. This study combines both

qualitative and quantitative analysis model to enhance the meaning of the results through collecting data using two forms that is interviews and questionnaires.

The research will also be a case study as the data collection is extensive and can draw from multiple sources such as direct or participant observations, interviews, answering questionnaires, archived records or documents, and audio-visual materials. Case studies as well as phenomenology are used to study individuals (Williams, 2007). The purpose of a phenomenological study is "to understand an experience from the participants' point of view" (Leedy and Ormrod, 2001; Williams, 2007). The focus is on the participant's perceptions of the event or situation and the study tries to answer the question of the experience. Case studies, on the other hand, explore a program, event, activity, process, or one or more individuals in-depth. This study will follow a case study approach as it does not seek to "understand an experience" but rather explores and explains an event (voluntary unplanned absenteeism) in a particular department at the hospital.

3.2.2 Exploratory and explanatory research design

This study combines two facets of research design namely exploratory and explanatory designs that seek in-depth understanding of motivational factors likely to affect voluntary unplanned absenteeism through in-depth interviews of staff of Chris Hani Baragwanath hospital EU. An exploratory research design seeks to help create an understanding of a phenomenon when little is known about it (Shajahan, 2014). This is the onus of the study as the study attempts to come to an understanding of the motivating factors for voluntary unplanned absenteeism in an EU. An explanatory research design seeks to explain the occurrence of a phenomenon in order to predict future events (Creswell, 2014). This allows us to come up with solutions or recommendations on how the related phenomenon, voluntary unplanned absenteeism, can be avoided or to develop methods that can be employed to reduce absenteeism in the workplace.

3.3 The researcher

The researcher has been employed by the Gauteng Department of Health for more than eight years as a State Accountant and holds an Honours degree in Public Management and Governance as well as a Postgraduate Diploma in Management: Public and Development sector Monitoring and Evaluation. There was also no direct relationship between the researcher

and any of the participants which would have constituted a conflict of interest or impart bias to the research study.

3.4 Population, sampling, and sample size

The study was carried out in the EU at Chris Hani Baragwanath located in Soweto, Gauteng, South Africa. The population of the study comprised of permanent and probation staff that are working or managing at ward level. Career examples included porters to nurses, doctors and managers. All participants were able to converse, read, write and speak English but, English did not have to be their native language.

3.4.1 Sampling

In this study, a sample of employees from the EU at Chris Baragwanath Hospital was selected for interviewing and to answer a follow-up questionnaire. A sample is a portion of the population to represent an entire population (Diamantopoulos and Schlegelmilch, 2004). A sample is drawn as a result of constraints that make it difficult to cover the entire research population (Leedy and Ormrod, 2010). There are two broad categories of sampling methods, namely, probability sampling and non-probability sampling. Probability sampling refers to sample selection methods which provide every unit in the target population an equal chance of being selected (Thyer, 2010); and non-probability sampling refers to sampling designs which do not make use of random techniques when selecting a sample (Griffiths and Mooney, 2012). In this study non-probability (purposive) sampling was used. Yin (2011) defines purposeful sampling as "The selection of participants or sources of data to be used in a study, based on their anticipated richness and relevance of information in relation to the study's research questions". Stratified sampling was used whereby the strata was created using different roles; as in managers, porters, administrators, nurses, patients and doctors.

3.4.2 Sample size

A number of authors have proposed rules of thumb for sample size in qualitative research based on methodological considerations and past experience with similar studies. For case studies, 4 to 30 cases per study have been proposed (Creswell, 2013; Kuzel, 1999; Lincoln and Guba, 1985). In this study, a sample of 10 participants from employees of the EU at Chris Baragwaneth Hospital was interviewed. In addition, these 10+1 (who was not available for an interview) were also asked to answer an accompanying questionnaire in order to more easily identify trends amongst their experiences in the EU. An effort was made to include at least one

participant involved in the department from first contact with patients to them receiving care which includes porters, nurses, and doctors.

3.5 Data collection

The research data was collected at Chris Hani Baragwanath Hospital EU. The staff members given an information sheet explaining the study then assured that participation in the study is voluntary and that anonymity and confidentiality would be guaranteed (Appendix A). Participants were given time to consider their participation in the study and ask any questions or concerns they had regarding the study. Those who agreed to participate in the study signed individual consent forms presented in Appendix B.

The study followed two phases of data collection which included a semi-structured interview and a structured questionnaire. Structured questionnaires and semi-structured interviews are often used in mixed method studies to generate confirmatory results despite differences in methods of data collection, analysis, and interpretation (Harris and Brown, 2010).

3.5.1 Interview phase: instrumentation and procedure

As stated by Creswell (2014), a semi-structured interview is used when the researcher wants to gain an in-depth understanding of the participant's beliefs or experiences of a specific phenomenon when the subject matter is still unknown. It is within this perspective that this study utilised semi-structured interviews in a bid to understand absenteeism and motivating factors at Chris Hani Baragwanath Hospital EU. The semi-structured interviews used in this study that allow the researcher freedom to probe and to follow the lead of the participant are presented in Appendix C. Unstructured interviews would not be effective for this study because they could lead to the collection of unwanted information, since neither the interviewer nor the interviewees would be guided in their questions and responses. As such, ten face-to-face interviews were conducted using a semi-structured interview guide. The interviews took place at the EU break room between the 1st of August and the 30th of September 2019. Each interview lasted between 20 and 35 minutes guided by the interview protocol in Appendix C consisting of pre-constructed and open-ended questions. The interviews were recorded using an audio recording device and then later transcribed.

3.5.2 Questionnaire phase: instrumentation and procedure

The second phase of the research involved using a questionnaire to identify common themes regarding absenteeism and its motivating factors among the interviewees. Structured questionnaires would augment the effectiveness of this research, as they involve pre-determined close-ended questions that allow no follow-up questions. Data was collected in adherence to the code of ethics (see section 3.8 as well as Appendix E). This method is consistent with the case study approach where the report would include lessons learned or patterns found that connect with theories. Questionnaires were beneficial in this study as they allowed anonymity and allowed the researcher to obtain data sensitive factors that motivate absenteeism which would be difficult to obtain in face-to-face interviews. Eleven participants were given 30 minutes to complete the questionnaire in private. The questionnaire has 23 questions divided into 4 sections (Appendix D). The sections were divided as follows:

- Section A: Demographic details such as age, gender, job tittle, academic qualification and length of employment at the hospital.
- Section B: Perceptions of the participants regarding leadership and how absenteeism is handled by management.
- Section C: Perceptions regarding fellow staff members and statements that investigate how absenteeism is affected by the other staff members within the department.
- Section D: Perceptions regarding how absenteeism is related to the work environment and working conditions of the staff members.

3.6 Data analysis procedure

The interviews were analysed using thematic coding adapted from Miles and Huberman (1994). The process involves identifying themes and categories that emerge from the data. This involves discovering themes in that data and attempting to verify, confirm and qualify them by searching through the data and then repeating the process to identify further themes and categories. The approach is illustrated in figure 3.1 below.

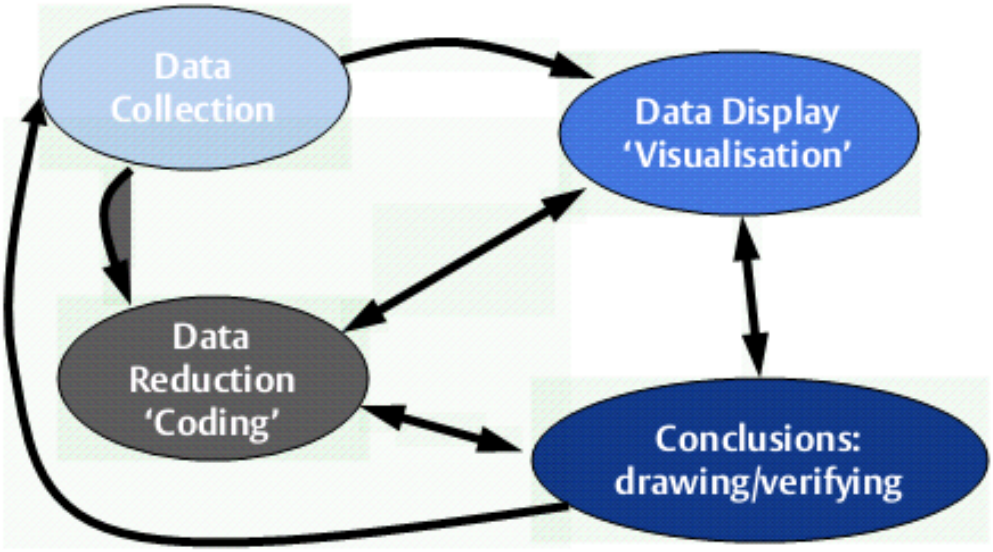

Figure 3.1: Thematic analysis of qualitative data

Source: (Miles and Huberman, 1994)

Data display means a visual format that presents information systematically so the user can draw conclusions and take needed action. In the case of this study, a matrix display was developed in line with themes of the study used. There are no fixed ways of constructing a matrix. It is more about developing a systematic approach that furthers the understanding and substance of data collected. Therefore, it is not about whether the method is "correct" but rather whether it is "helpful" in furthering the understanding of data (Miles and Huberman, 1994). In this study the matrix was constructed by using the research questions to sketch the matrix that was used to display the data categorised in three facets (Table 3.1).

Table 3.1: The categories or emergent themes

CATEGORIES		
Management aspects	**Staff issues**	**Working conditions**
▪ leadership ▪ competence ▪ staff wellness ▪ managers training ▪ staff motivation ▪ ratio of staff to patient	▪ worker support ▪ remuneration (salary or wages) ▪ family issues ▪ off duty workers to cover the work gap ▪ staff relationships	▪ organisational support ▪ staff training and, supervision ▪ operating rules and procedures ▪ employee fulfilment

It is generally agreed that there are three important steps in the analysis of qualitative data and that these are: Data reduction (coding), where a code can be represented by a word or a phrase; data display (identifying themes, patterns and relationships); and drawing conclusions (Dudovskiy, 2016). Figure 3.2 presents an example of how data will be displayed in this analysis. The quantitative data obtained in this study was manually entered into Microsoft excel and then analysed.

Major theme	Sub-theme	Code	Quote (that best articulates the sub-theme)
Major theme 1	Sub-theme 1.1	CST1.1	
	Sub-theme 1.2	CST1.2	
	Etc	Etc	
Major theme 2	Sub-theme 2.1	CST2.1	
	Sub-theme 2.2	CST2.2	
	Etc	Etc	
etc	etc		

Figure 3.2: Illustration of a data display matrix

3.7 Reliability and validity

3.7.1 Reliability

Reliability is the degree to which results are constant over time and are an accurate representation of the entire population under study. If the results of a study can be reproduced under a similar methodology, then the research instrument is considered reliable (Joppe, 2000; Golafshani, 2003). Embodied in this is the idea of the replicability or repeatability of results.

Findings derived from semi-structured interviews in a case study are not intended to be reproduced or applied to other contexts, since they reflect reality at the time, they were collected in a situation which may be subject to change (Marshall & Rossmann, 2006; Saunders, Lewis & Thornhill, 2009). There is therefore no need for a test of reliability for the qualitative part of the study. The use of a structured questionnaire, however, enhanced

reliability, as it gave responses to a single set of questions. The researcher merely handed out and collected the questionnaires and was not able to influence responses.

3.7.2 Construct validity

Construct validity expresses the degree to which a measurement measures what it purports to measure (Bolarinwa, 2015). This is an explorative study aimed at identifying factors likely to influence absenteeism from the first-person perspective of those interviewed for the purposes of the research. As a result, it does not require a test of validity. The questionnaire was also developed on the basis of themes that emerged in the literature. However, the findings of this study may not be valid when generalised to other situations.

3.8 Ethical considerations

The research adhered to the ethics and guidelines of academic research and strove to protect respondents from any discomfort or distress. Ethical considerations were addressed as follows:

3.8.1 Informed consent

All the participants were informed about their rights and privileges and understood that participation was voluntary with no compensation. Each was informed about the aims of the study and the research procedure before being asked whether they would like to participate in it. The informed consent form (Appendix B) and explanation of the study (Appendix A) was read to each participant prior to the interview. The letter of informed consent gave a fair explanation of the procedure and risks, and an offer of inquiry regarding the procedures. Participants were aware that they were free to withdraw at any point.

3.8.2 Confidentiality and privacy

The privacy of the participants was ensured in that the researcher used the information obtained only for the purpose intended and communicated to the participant. When the participants were initially approached, they were given the assurance that confidentiality would be maintained and all identifying information was removed from the data. No form of identity was requested from respondents. This was done by referencing them as Respondent 1, Respondent 2, etc. To further protect their identity, they were assured that the research report would not be made available to management of the hospital, nor was there any crossover between the research for

the purpose of a dissertation for the Wits School of Governance and the researcher's job at the Gauteng Department of Health.

3.8.3 Data management

A hard copy of data used in this study was stored in locked data storage cupboards. Digital data, including digital audio tapes of the interviews, was stored on password-protected computers. Access to this data was granted only to the research team. Both hard copy and digital data will be stored either in a locked cupboard or password-protected computer for five years, after which it will be destroyed responsibly according to University of the Witwatersrand policy.

3.8.4 Deception

At no stage in the research process were participants deceived about the purpose of this research. The aims were discussed with each participant before the research process commenced. The data collected by the researcher was made available to the participants for their perusal before being published.

3.8.5 Harm to respondents

No participants were harmed by participating in this study. Since anonymity was maintained throughout the study, there is little risk of any information being directly linked to any individual. The researcher also minimised the possibility of emotional harm and stress by conducting interviews in a familiar and private space at participants' place of work. In addition, participants had the option of not answering any question they were not comfortable with, in both interviews and questionnaire.

3.9 Limitations

The staff members were reluctant to provide information due to the fear of victimisation and so data was difficult to collect. In addition, many staff members struggled to evaluate working conditions, since they lacked experience with other employers with which to compare this variable. Moreover, employees can only compare current against previous conditions to comment on working conditions, job satisfaction, morale and service delivery which limits proper measurement of these variables under investigation. In addition, employee performance and overall productivity are immeasurable in public hospitals since patients come frequently with unique problems and require new and unique attention. The relationship between

management and staff also made it difficult to source information as some employees' absenteeism is protected. However, the most limiting factor was the demanding nature of the EU staff which limited the time available for participants to answer questions.

Information on absenteeism was difficult to source due to three main issues. Firstly, there are no reliable statistics on absenteeism in the public sector, and specifically in public hospitals. Secondly, little research exists on absenteeism in public hospitals in South Africa, especially voluntary unplanned absenteeism, and only inferences may be made from existing literature. Thirdly, no records could be obtained on absenteeism at Chris Hani Baragwanath hospital.

This study only looked at absenteeism and motivational `factors affecting absenteeism in the EU of Chris Hani Baragwanath hospital, from the perspective of those interviewed. As such, results cannot be generalizable to the EU's of other hospitals and can also not be taken to represent the views of all staff in the department in question. Some government employees and frontline staff were inaccessible due to their busy schedules. Where this was the case arrangements were made to access them before work, after work, or on weekends.

3.10 Chapter summary

This chapter has presented the research design, methods of data collection, data analysis procedure, reliability and validity and ethical considerations of the research. A mixed model of data collection was used, along with both an exploratory and explanatory research design process. A themed analysis process was adopted to extract meaning from responses.

The following chapter, Chapter 4, presents the findings of the research.

4 PRESENTATION OF RESULTS

4.1 Introduction

The aim of this study was to explore voluntary unplanned absenteeism at Chris Hani Baragwanath hospital EU and in which ways the key motivational factors of absenteeism, that are within management's control, affect voluntary unplanned absenteeism at Chris Hani Baragwanath Hospital EU. Specific objectives were to explore job satisfaction and psychosocial job characteristics factors that may affect voluntary unplanned absenteeism at the hospital's EU. Job satisfaction factors included: organisational support for training and development, supervision, operating rules and procedures, co-worker relationships, and the nature of work performed; and psychosocial job characteristics included: high job strain, job demands, poor role clarity, workplace bullying, poor organizational climate, and poor leadership. To address these objectives, eleven employees in the EU answered a questionnaire and ten were interviewed. These included three doctors, three nurses, two auxiliary nurses, one sister, one general worker, and one porter. The results of this analysis will be presented in two phases. The first one is based on the results from the interview and the second from the results of the structured questionnaire. This was done to augment the data collection system so as to exhaust all available meaningful information in line with absenteeism in an EU of Chris Hani Baragwaneth Hospital. Qualitative data was analysed using the Miles and Huberman (1994) thematic analysis using the matrix display format and quantitative data was analysed using Microsoft Excel ®.

4.2 Demographics

Ten participants were interviewed and 11 participants answered the questionnaire. Of the 11 participants, 4 were male and 8 were female staff members. The participant ages ranged from 19-49 years with the 30-49 years age group as the most common. Since the EU is a unit comprising of many different professions, the sample included 3 doctors, 4 nurses and 3 porters. The majority of the employees had worked in the department for more than 5 years therefore they had a good understanding of the unit. However, those that worked for less than 5 years in the department were also included in the study for their fresh perspective. The demographics of the respondents are presented in table 4.1

Table 4.1: Demographics of the respondents

Number of Respondents	Gender	Age group	Profession	Period of Employment category
1	Male	30-49 years	doctor	5 - 10 years
2	Male	50 -64 years	porter	10 – 20 years
3	Female	19-29 years	nurse	1- 5 years
4	Female	30-49 years	doctor	5 - 10 years
5	Male	30-49 years	porter	10 – 20 years
6	Female	30-49 years	nurse	1 - 5 years
7	Female	30-49 years	nurse	5 - 10 years
8	Female	19-29 years	doctor	1 - 5 years
9	Female	30-49 years	nurse	10 – 20 years
10	Female	30-49 years	doctor	5 - 10 years
11	Male	30-49 years	nurse	1 - 5 years

4.3 Findings from the interview phase

The interview questions were firstly focused on the leadership from management on issues such as competence, staff wellness, management training, staff motivation and control of the staff to patient ratio. The second focus of the interview was on staff related issues such as worker support, remuneration (salary or wages), family issues, colleague's personal problems like healthy, alcohol abuse etc, off duty workers to cover the gap and staff (co-worker) relationships. The third focus of the interviews was on working conditions such as organisational support, staff training, and supervision, operating rules and procedures and employee fulfilment by the nature of work performed.

The resulting themes of the interviews were categorised into two with the first focusing on the positive factors and the second on the negative factors of the workplace that can affect absenteeism. The former outlined the most satisfying aspects of respondents' jobs whilst the latter expressing the poor working environment felt by employees of the EU of Chris Hani Baragwaneth hospital. The following sections present findings of these interviews.

4.3.1 Most satisfying aspects of respondents' jobs

This theme had six sub-themes, namely: patient care and knowing that they [patients] were satisfied; I like my job; supervision; co-worker relationships; training and development; and autonomy. These are presented below.

4.3.1.1 Job Involvement

Job involvement was indicated by workers greatly involved in patient care in knowing that patients were satisfied with their services. Nine of the respondents reported that the most satisfying aspect of their jobs was knowing that the patients they attended to were satisfied. The following are some of the quotes from them:

> *"It is patients ….body care... healthcare and being able to solve a problem which is an issue for them if they are not satisfied"* – **Respondent 1**
>
> *"When I nurse a patient, I am happy because it I do it from my heart. I compare the patient to my mother or my sister or brother"* – **Respondent 6**
>
> *"I like helping people. If I miss coming to work it feels like I miss a lot to do and patients' needs my help*" – **Respondent 8**

Asked how they knew that patients were satisfied, one of the doctors responded:

> *"They will tell you, some would communicate their improvements or after being attended to by doctors or any other staff of the hospital"* **Respondent 1**

These results indicate that respondents placed high value on patient satisfaction as they would inquire the status of the patient after being attended to. The employees interviewed were satisfied that they were fulfilling their professional ethics such as commitment to healthcare; the love of helping other people and empathy. Since the employees feel valued and that they greatly contribute to the organization, they tend to want to be present at their workplace regardless of other discouraging factors.

4.3.1.2 Job Satisfaction

Job satisfaction is achieved when employees indicate that they like or love the nature of their job. Most of the respondents (six out of ten) also reported that they liked their jobs at the hospital's EU. According to some of the respondents:

> *"I like my job, like I don't like the paperwork of my job, but everything else I do like it".* – **Respondent 1**
>
> *"I have [always] loved nursing"* – **Respondent 9**

"At first we had that thing that we are just working because there are no jobs, but as time goes on, you grow and you get to love the job, and as I said, if somebody appreciates what they are doing, then it motivates them to want to do it the next time. So we grow with it and we end up being motivated" – **Respondent 3**

These results suggest that there is a certain culture at Chris Hani Baragwanath EU whereby employees, even those joining the department for the first time, love their jobs. As already indicated, this love was as a result of the value that they placed on commitment, helping patients, and empathy. Love, excitement and enjoying the tasks as part of employment represents job satisfaction as evidenced by some of these employees in general. Most of the employees indicated that they were satisfied by their jobs as they liked and enjoyed it.

4.3.1.3 Supervision

Respondents were divided on satisfaction with their supervisors, with only half (five) of the respondents reporting that they were satisfied with their supervisors. As one respondent commented:

"...when you are not sure the seniors are there for guidance. And they do run through everyone, they do rounds to make sure that everything is running smooth, so there is enough supervision" – **Respondent 1**

It is interesting to note that, of the five respondents who reported that supervision was not good, three were doctors (all the doctors in the sample), one a porter (the only porter in the sample), and one an auxiliary nurse. Doctors are of high interest as they are the main drivers of the core activities of the EU in a hospital. Nurses are second in command to these activities as they work daily with and in the absence of doctors. Other employees act as support structures to the smooth operations of the main hospital activities. It is also worth noting that while the porter reported that he was satisfied with supervision, this was only the case because porters required little supervision. According to the porter:

"Because we are used to our work, we know what we need to do. The supervisor will come in where he needs to do the supervision, like he will say I want so and so to do this and that, but because we know our work, we know what to do" – **Respondent 7**

These results, therefore, may suggest that supervision was perceived to be satisfactory at the doctors' level but not at the nurses' level however more research should be conducted with a

larger sample size. Great and positive supervision may result in the reduction of absences from employees in general.

4.3.1.4 Teamwork Relationship

Most of the respondents (eight out of ten) reported that co-worker relationships were good. According to one of the respondents:

> *"We just have to learn how people communicate otherwise you will have a miscommunication which causes issues but in terms of like actual issues, we don't really have any, we just go on with our daily duties"* - **Respondent 1**

Support within workers is crucial as it contributes to job involvement and job satisfaction since some employees get encouraged by colleagues who might be from the same background, offer moral support and excellent in teamwork. Organizational rules modify worker relationships as informal relationships were minimal but rather workers followed the mandate to work together supporting each other in their formal duties. This might result in reduced absenteeism when there is team work, worker to worker camaraderie or understanding.

4.3.1.5 Training and development

Most of the doctors and nurses were of the opinion that there were opportunities for training and development for employees of the hospital's EU. According to some of them:

> *"You know, that is one thing that always my manager tells us, there is a second year course which is coming up… And then when you start the class, you start the class it is going to be the whole year and in December, you get the results, you get the promotion, then you come back here she is going to teach you, with that promotion that you got"* – **Respondent 2**
>
> *"So your work is not just for you to treat the patient, you are studying, you do research ... on a constant basis"* – **Respondent 4**
>
> *"Yes, there is in-service training, like let us say there is a letter, they will come and tell us that there are people who need to go and do training and we will leave the other people working"* – **Respondent 8**

Respondents 2 and 8 were nurses and their responses indicated that after training they would get a promotion which was a belief without assurance of if it is always the case. For doctors, it was more of developing each day through gaining more on the job experience and further research or study. Overall, these results indicated that there were prospects for training and development for doctors and nurses in the department that would create room for improving job involvement and satisfaction as well as reduce absenteeism.

One of the respondents, who is a general worker, reported that even though there was training provided, it did not cover everything that they needed to know. According to this respondent:

> *"[Training] is lacking... So let us say that a patient with chest pains comes or Asthma comes in, then you take him and put him in the stretcher looking up, he will clog up and not be able to breathe, but if you put him in the wheelchair he will be able to breathe so such things, they are not teaching us here. We take them from somewhere and then implement them here because we love what we do"* – Respondent 3

The porter, on the other hand, reported that they did not receive any training.

> *"With regards to that [training], we never had"* – **Respondent 7**

The interview results indicated that opportunities for training and development exist at the hospital's EU and that these are satisfactory at the nurse and doctor level but, not for the porters general workers. Therefore, staff training may not be considered as a motivating factor for absenteeism in the case of doctors and nurses as they felt valued, involved, satisfied and need to develop through more job experience. However, training was reported to be lacking or not there at all at the lower levels that is porter and general worker levels within the hospital but they reported that training and development on this level had no impact on these staff's level of absenteeism.

4.3.1.6 Autonomy

One of the nurse respondents reported that the most satisfying aspects of the job is the autonomy that they were afforded by the doctors. According to this respondent:

> *"They [the doctors] tell you, they don't do it themselves. They tell you, go and do this to the patient, go and do this to the patient. ...so I am enjoying that, I don't want to lie"* – **Respondent 2**

Autonomy signifies workers feeling independent in exercising their duties. Workers get contented when left alone to perform tasks as this allows them to develop and shows that they are highly trusted and valued.

4.3.1.7 Summary of the most satisfying aspects of working in the hospital's EU

Positive feedback results probably on the satisfying aspects of working in the EU indicated that most of the respondents placed high value on commitment to healthcare, the love of helping other people, and empathy. This, they measured through patient satisfaction – patients verbally

expressing their gratitude for the help they had received. Most of the respondents also reported that they loved their jobs and had satisfactory co-worker relations.

Respondents were divided on satisfaction with their supervisors, with only half (five) of the respondents reporting that they were satisfied with their supervision in the jobs that they did. However, most of the respondents reported that there were good co-worker relationships in the department. Regarding training and development, results indicate that there are opportunities for training and development in the EU. One of the nurse respondents reported that the most satisfying aspects of the job was the autonomy that they were afforded by the doctors in performing certain procedures.

4.3.2 Negative aspects of the work environment

This element had eight codes, namely: responsibility outside their job description, job stress, insufficient training, poor supervision, poor co-worker relations, psychiatry and drunk patients, paying for training and death of patients. These are presented in the following sections.

4.3.2.1 Responsibility outside job description

Some of the respondents (only two) reported that they sometimes had to perform duties outside their scope of work, such as cleaning beds, instruments, and doing the work of a porter owing to shortage of staff. These two respondents were a doctor and a sister, and they stated as follows:

> *"Sometimes it is having to do people's jobs, like sometimes you also have to be a porter because porters [are not available] ...That happens quite a lot, like in Bara there are just too many patients and the porters can't keep up"* – **Respondent 1**
>
> *"Okay, number 1, they took all our operators. They are the people who do our instruments. They [also] clean the beds, they make sure the beds are clean and they put linen in. These [operators] were removed, so we have to stretch again, do all those things. When a patient is being taken to theatre or to the ward; I still have to clean the bed; I still have to clean instruments that are going to be used ... I don't like preparing instruments because there is supposed to be a person who does that, those are the things, it is not part of my work"* – **Respondent 10**

The above responses may indicate that the department has staff shortages or is understaffed because some staff had to perform other people's task or do activities beyond their core activities. The removal of operators made respondent 10 view the unit as becoming understaffed but however some employees might not be fully aware of their complete duties so that doing other activities might seem extra work not within their job description which may not be the case. It is interesting to note from respondent 10 (a sister) that people who clean instrument and make the beds (operators) were taken away and these duties have to be performed by nurses.

4.3.2.2 Job stress

All of the respondents reported job stress. According to some of the respondents:

> *"There are not enough people here, you just have to keep going, there is nothing to do about it"* – **Respondent 1**
>
> *"When people do not come to work it affects us present because now we have to do the job that was supposed to be done by that one"* – **Respondent 2**
>
> *"For now we are short staffed, we are very short staffed that is why it becomes strenuous because we are short staffed. You have to try to fulfil [everything] everywhere where you are called"* – **Respondent 7**

According to these results the major causes of job stress were staff shortages and this was compounded by absenteeism whereby staff had to cover for those absent. Workers at the EU showed that absenteeism increased their workload, made them feel overwhelmed or feel mistreated, reduced their excitement, exposed them to mistakes, affected their performance, reduced their job satisfaction and negatively impacted their job involvement. As they felt nothing could be done about this, it exposed management's inefficiency to deal with absenteeism and problems they faced at work. Employees showed dissatisfaction with absenteeism at all costs.

4.3.2.3 Insufficient training

Some of the respondents (two out of ten) reported that there was insufficient training in the department. According to one of the respondents:

> *"So in terms of training here, there is not much training, it seems like us as general staff they keep us there at the back, they don't focus on us. They put others, like managers and supervisors in front, yet all the time they will remind you that you are the face, when the patient comes in, they start by seeing you,*

but going forward like teaching us what to do when a patient comes in having fits, they don't teach us those things" – **Respondent 3**

The two respondents who reported insufficient training were a porter and a general worker. It is also interesting to note that these are the people that some of the patients have their first contact with when they get to hospital, and that failure to handle patients carefully could lead to dire consequences. Some of the respondents also mentioned that they had to pay for their own training.

4.3.2.4 Poor supervision

Five out of ten respondents reported poor supervision as one of the negative aspects of their jobs. According to some of the respondents:

"To be fair, with the supervisors, they are good with things like work politics but when it comes to monitoring us, they don't do it well" – **Respondent 3**

"I am scared of him [my supervisor]" – **Respondent 8**

"And management, they are rude, I mean those big bosses up there, the operational managers and those ones, they are rude" – **Respondent 8**

"When we need support from supervisors, we don't normally get that. If we need to talk to them about certain issues, they are always not available, it is all messed up between us and them" – **Respondent 10**

According to the general worker, there is poor monitoring of work done at the lower levels. This statement accompanied by responses on training under negative aspects of the working environment which indicate that those at the lower levels (porter and general worker) are not sufficiently trained (no formal training) and have to learn by observing how others do things. Respondent number 8 showed that supervision and personal behaviours move hand in hand as a leader with bad personality will never provide positive supervision which may affect employee job satisfaction, involvement and raise absenteeism. Two nurses also reported that supervisors were rude and were sometimes not there when they needed them. Supervisor's attitude towards subordinates forms part of the working environment which may decrease staff morale if negative, leading to absence due to sickness.

4.3.2.5 Poor co-worker relations

Some of the respondents (three out of ten) reported poor relations with their co-workers. According to these respondents:

"They don't, really, they don't and you can't work with someone, like I come and greet you in the morning I don't know how did you wake up, and then you

don't reply to my greeting. It does happen and even today, it happened to me, I went to visit another one, to go greet her, she just looked at me and go out from the department, she left me there. I would say it is poor. It is like you need something from that person and you go and approach her and she just look at you and goes without talking to you. With team work, we do it because we have to work and I can't say I will leave the patients, I came to help the patients, so the only thing that I have to do is to see if the patients are alright. And I can't nag people, most of them here are like my mother, I am the youngest one, so I can't keep stressing myself what have I done to get such a response and silence" – **Respondent 8**

"I think it is something that you decide in the morning to say, I am not going there, I think if you don't communicate well with the nurses or your team members or your supervisor, then you will think, it is the same these people are not acknowledging me. I think feeling important in whatever you do makes you want to keep coming back to whatever you do, but if you feel like your contribution is not recognised, then there is no motivation" – **Respondent 3**

"For instance, if I feel like a manager is having favouritism to some of my colleagues, even if I do something it is unrecognised, whereas if someone did something similar to what I did she is being praised" – **Respondent 9**

Poor co-worker relations included exclusion of a colleague by others, lack of acknowledgement and favouritism. These results indicate that there is lack of monitoring of co-worker relations or that if there is it is poorly implemented. The statement by respondent 8 suggests that there is a deliberate effort by the other nurses to exclude him/her. There also seems to be favouritism whereby some of the nurses are praised for a job well done while others are not as indicated by respondent number 9. The feeling of discrimination amongst employees affects job involvement, raises job dissatisfaction and brings uncertainty among staff that might end up feeling insecure. All these factors bring demotivation to other workers willing to do an excellent job.

4.3.2.6 Psychiatric and drunk patients

One of the negative aspects of the respondents' jobs was psychiatric and drunk parents because of their violent nature. According to one of the respondents:

"Restraining psych patients, I don't like that part, because there you are at risk because someone who is mentally sick is not the same as a normal person. Some

of them kick up, others beat us up and you find that you don't have manpower, you are alone" – **Respondent 3**

"Helping a drunk patient, because there will be those ones who are swearing at you" – **Respondent 8**

These results indicate that there are no proper arrangements to assist staffs that have to deal with violent psychiatric or drunk patients.

4.3.2.7 Trauma of seeing people die

One nurse reported seeing people die as one of the negative aspects of the job. This is especially important in an EU that receives a large number of critical patients. According to one respondent:

"What I don't enjoy is helping a patient and then when you have hope that a patient will recover, then the patient just collapses and dies, that is what I don't like at all" – **Respondent 9**

Trauma may be one of the negative aspects of the job as shown by respondent number 9. As this is part of the job and daily activities absenteeism and shirking caused by psychological trauma of witnessing a death may be solved by the hospital having counselling programme or psychologists to assist affected employees immediately after a traumatic incident.

4.3.2.8 Summary of negative aspects of respondents' jobs

Negative aspects of the work environment in the EU included: responsibility outside job description, job stress, insufficient training, poor supervision, poor co-worker relations, psychiatry and drunk patients, have to pay for our training, and trauma of seeing people die. Performing duties outside one's scope of work was due to understaffing and absenteeism (not necessarily voluntary unplanned absenteeism). The same reasons were cited as causes of job stress. Regarding training, some of the respondents reported that there was insufficient training in the department. Respondents also reported that there was poor monitoring of work done at the lower levels.

Regarding supervision some of the respondents reported that supervisors were rude and were sometimes not there when they needed them. Some of the respondents also mentioned poor co-worker relations, with one of them being excluded by others and others mentioning that they were not acknowledged for the good work they did.

4.3.3 Job aspects leading to absenteeism

Even though none of the respondents admitted to being voluntarily absent from work without a valid reason, they reported on aspects of the job that might lead to such voluntary unplanned absenteeism. These included: exhaustion, trauma of seeing people die, lack of acknowledgement, gossip, and unfair delegation/bullying. Some of these aspects have already been mentioned under negative aspects of the job environment.

4.3.3.1 Exhaustion

Five out of ten respondents mentioned exhaustion as an aspect of their job that might lead to voluntary unplanned absenteeism. The following are what some of the respondents said:

> *"You get tired; you get so exhausted sometimes when you have a lot of calls"* - **Respondent 1**
>
> *"That could be because of being tired because working 12 hours is not a joke"* – **Respondent 2**

Exhaustion leads to employees getting fatigue, depression, illness, dissatisfaction and displeasure. These negatively impact performance, productivity, and job involvement or job satisfaction even if there are excellent working conditions.

4.3.3.2 Gossip

One of the respondents mentioned gossip as an aspect of the job that might lead to voluntary unplanned absenteeism. According to this respondent:

> *"People gossip about each other that is the thing, we talk badly about one another, imagine if you came in and found them gossiping about you, your background and all of that which is not right, and it is going to spoil your whole day at work"* – **Respondent 8**

This is the same respondent who reported being excluded by co-workers. Gossip and other informal relationships at work affect teamwork, worker connection or understanding and communication. This may go as far as affecting job satisfaction and job involvement leading to high absenteeism or employee exodus. The only difficult challenge with the grapevine is that it is uncontrollable within an organization.

4.3.3.3 Unfair delegation/bullying

One of the respondents reported unfair treatment by superiors as an aspect of their work environment that might lead to voluntary unplanned absenteeism. According to this respondent:

> *"For instance, every time they delegate me where it is busy. Every time. If it is busy in surgery, they put me there, if it is busy in trauma, they put me there, like they don't go clockwise or anti-clockwise. That will make me to be absent, to say no this is unfair, why is it that every time I have been where it is busy? That is what I have seen here, that makes other people to be absent"* – **Respondent 9**

Respondents also mentioned workplace bullying as one of the aspects of their jobs that might lead to voluntary unplanned absenteeism. (Kivimäki et al (2000) defines workplace bullying as "situations in which someone is subjected to social isolation, his or her work and efforts are devaluated, and he or she is threatened or otherwise worn down or frustrated". In their study on workplace bullying Kivimäki *et al* (2000) found that the risk of self-certified sickness (possible voluntary unplanned absenteeism) was 16% greater among victims of bullying than among those that did not report bullying.

4.4 Findings from the Questionnaire phase

This section illustrates the results compiled from the structured questionnaires. The results were structured according to themes formulated from three categories which include management aspects, staff perspective and working conditions. These aspects influence job involvement, job satisfaction and finally absenteeism. The participants were required to give a score on a scale of 1 to 5 where 1 = Strongly Disagree, 2= Disagree, 3 = Neither Disagree nor Agree, 4 = Agree and 5 = Strongly Agree, to indicate the extent to which they agreed/disagreed with each of the statements. It is important to note that unless it is specified these results showed no trends in connection to age, gender, profession, period of employment or qualification.

4.4.1 Management Perspective

This section will discuss the perceptions of the participants on leadership and how absenteeism is handled by management. Figure 4.2 illustrates the level of satisfaction the participants have with leadership and management in the department. The leadership from management was found to be mostly satisfactory to reduce absenteeism. The 11 participants that answered the

questionnaire indicated that in reducing absenteeism management was satisfactorily performing their leading duties since most gave a score of 3 and above out of 5. There were 7 out of 11 staff members that agreed with the notion that the leadership from management was satisfactory to reduce absenteeism. This is illustrated in the figure 4.2A.

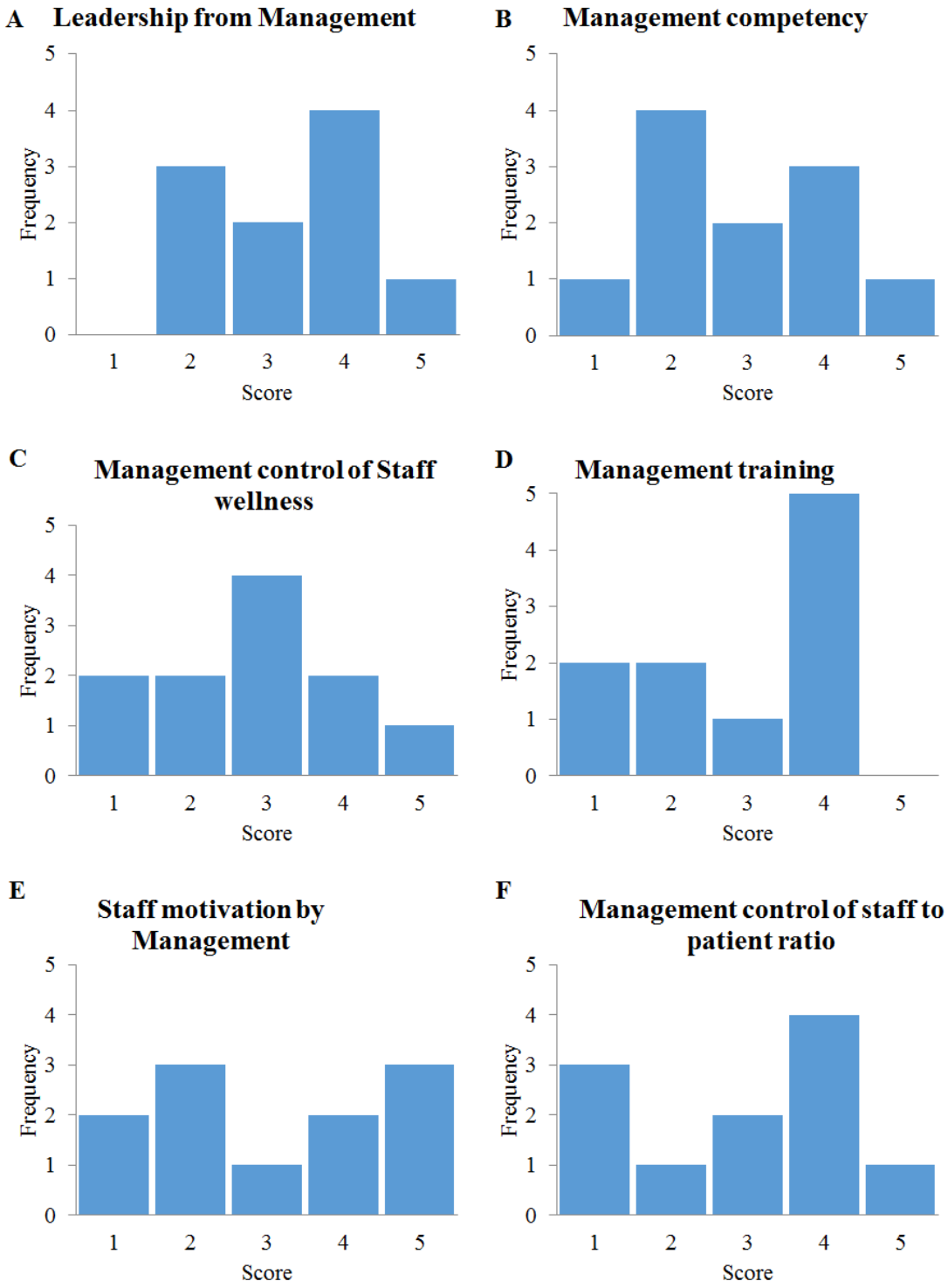

Figure 4.2: Perceptions of employees on how leadership and management handle absenteeism.

The management was perceived as mostly not handling absenteeism with high competence (Figure 4.2B). The highest frequency was on the score of 2 out of 5 showing the majority of participants did not believe that management handled absenteeism with high competence. The second highest frequency was supporting the notion of that management was handling absenteeism with high competence. This shows that a large sample is crucial to find meaningful information for policy making and drawing concrete conclusions. Moreover, staff wellness was perceived as a priority of the management to control absenteeism. Most participants were located between agreeing and disagreeing that the main priority of management was staff wellness so as to control absenteeism as the score of 3 out 5 had the highest frequency. This is illustrated in the figure 4.2C.

The management was also perceived as well trained to control absenteeism. Most of the participants agreed that management was well trained and developed to control absenteeism in the EU of the Chris Hani Baragwanath Hospital as majority gave them a score of 4 out of 5 illustrated in figure 4.2D. On assessing if managers effectively control the ratio of staff to patient in case of absenteeism by other colleagues, most participants gave a score of 4 out 5 indicating they may agree with management's performance in dealing with the problem of absenteeism (Figure 4.2F). However, some participants strongly disagreed with this notion.

On the other hand, there was no clear indication of whether the staff felt motivated by the management so as to reduce absenteeism. Participants were equally distributed or divided when it comes to agreeing and disagreeing with the notion that staff is motivated all the times by management so as to reduce absenteeism (Figure 4.4E). These results do not indicate whether the staff were motivated or not by management so as to reduce the problems emanating from absenteeism.

4.4.2 Staff Perspectives

This section consisted of statements that investigate how absenteeism is affected by the other staff members within the department. Figure 4.3 illustrates the level of satisfaction the participants have with their colleagues. Co-worker support from other colleagues was found to have a positive effect on employees and proved a control for absenteeism. Out of the 11 participants 5 indicated that they agree with some sort of teamwork as an element to reduce absenteeism as they gave a majority score of 4 out of 5 (Figure 4.3A). Teamwork is illustrated

by workers giving support to colleagues and the questionnaire assessed if this was satisfactory. Staff (co-worker) relationships at the hospital are satisfactory to stop absenteeism. This notion is confirmed in Figure 4.4F which shows that most participants supported the fact that the relationships between workers at the EU were supportive and satisfactory enough to reduce absenteeism.

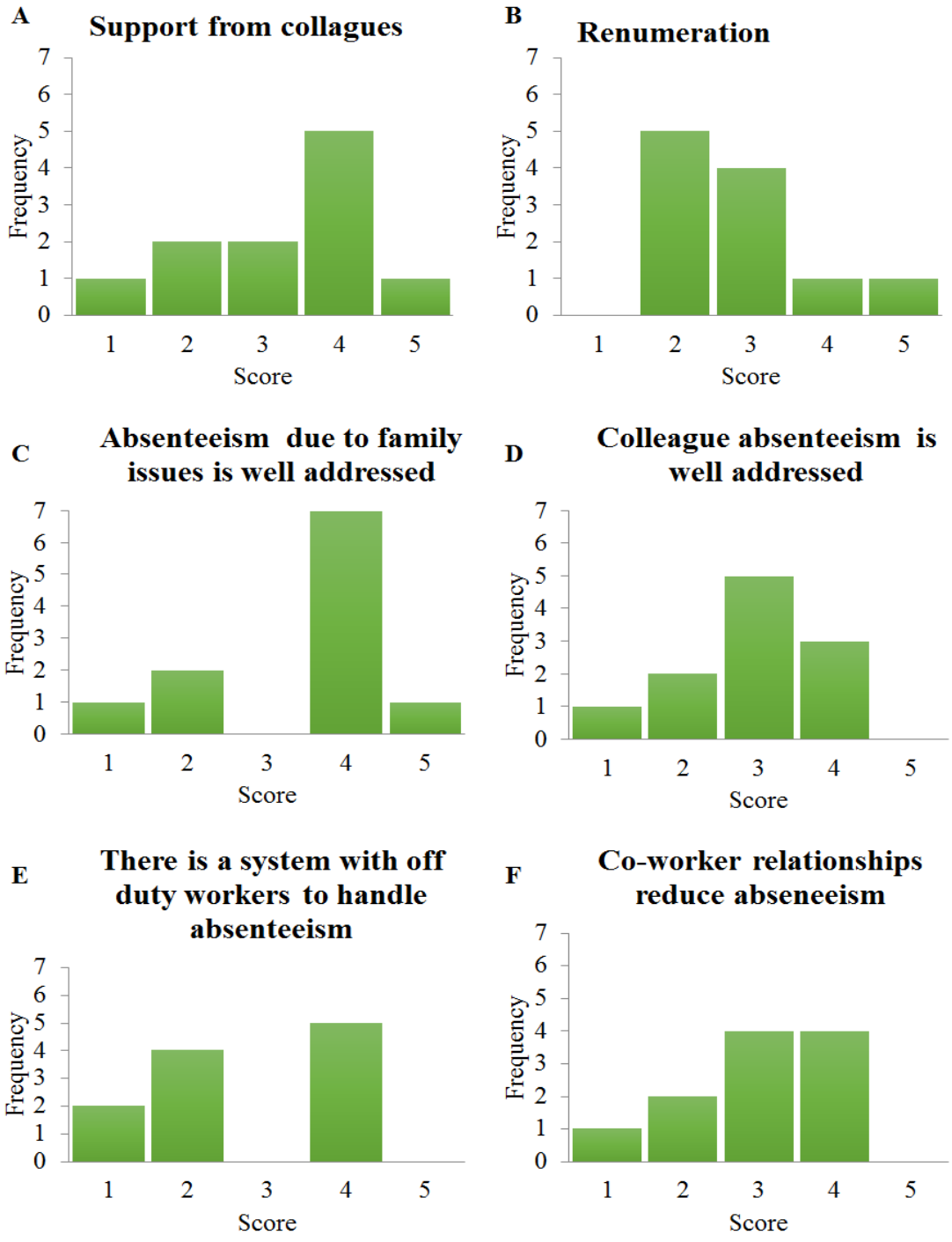

Figure 4.3: The effect of co-worker relations and issues on absenteeism.

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With regards to remuneration (salary or wages), employees had differing views on whether it was adequate to avoid absenteeism. However, majority of the participants disagreed that the compensation offered by the EU of the hospital was adequate. The score of 2 out of 5 had the highest frequency and was from only female workers (Figure 4.3B). However, the highest scores were from male workers who felt the remuneration system was adequate to control absenteeism. This indicates that due to different payrolls and genders, employees differ on how they feel towards their work compensation.

In addition, most of the participants agreed that absenteeism due to family issues was addressed properly in the EU of Chris Hani Baragwaneth as they gave a majority score of 4 out of 5 illustrated in the figure 4.3C. However, majority of the staff were neither agreeing nor disagreeing with the notion that absenteeism due to colleague's personal problems such as illness, alcohol abuse etc. were addressed properly (Figure 4.3D). This neutrality about whether co-worker absenteeism was well addressed is also confirmed by the next statement which showed neutrality about systems to deploy off duty workers in the case of absenteeism. Of the 11 participants who completed the questionnaire, they were equally divided on contingency planning allowing off duty staff to assist in case of some employees reporting absent from work. However, the score of 4 out 5 had the highest frequency of 5 indicating some participants agreeing with the notion of the unit having a satisfactory process to get help from off duty staff in case of absenteeism whilst 6 out of 11 participants were against this notion (Figure 4.3 E). For further research in this area more participants should be given a chance to respond in order to get meaningful information for policy development.

4.4.3 Working Conditions

This section probes how absenteeism is connected to the work environment and working conditions of the staff members. Figure 4.4 illustrates the level of satisfaction the participants have with their working conditions. Most participants indicated that the working conditions through organisational support were highly satisfactory so as to reduce absenteeism with a mark of 4 out 5 (Figure 4.4A). However, the staff members showed neutrality in regards to level of supervision on absenteeism. Participants gave a score of 3 out of 5 showing that they were indifferent whether to classify supervision of absenteeism satisfactory in line with working conditions (Figure 4.4 C).

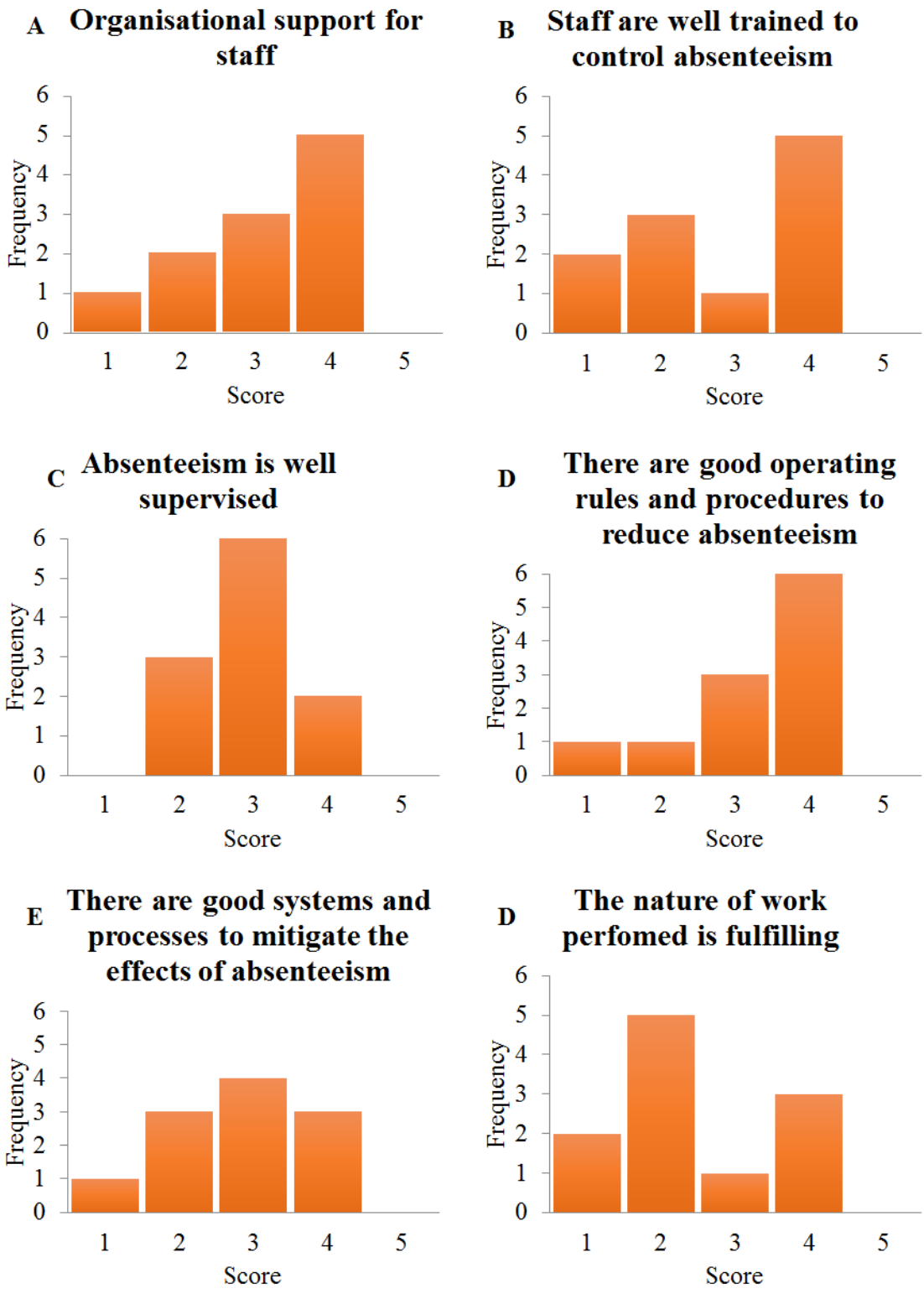

Figure 4.4: The effects of working conditions and systems on absenteeism.

The staff members felt well trained to control absenteeism and its effects. Respondents of the questionnaire gave a score of 4 out 5 on the question about if staff were well trained and developed to control absenteeism based on working conditions. The participants agreed that

the staffs in charge were well equipped with skills to control absenteeism and its effects. This is illustrated in the figure 4.4.B.

An important aspect of mitigating absenteeism are the systems and procedures already in place at the Chris Hani Baragwanath Hospital EU. The employees felt the current operating rules and procedures were well coordinated to reduce absenteeism. Under working conditions, the rules and procedures coordinated to reduce absenteeism received a favourable score of 4 out of 5 (Figure 4.4 D). This indicated that employees in the EU of Chris Hani Baragwaneth agreed that to some degree the rules and procedures were successful in reducing absenteeism. Furthermore, the systems and processes in the EU put in place to reduce the negative effects of absenteeism received a mostly neutral score of neither agreeing nor disagreeing. However, most of the employees gave a score of 3or more out of 5 showing that the systems and processes have a mostly positive impact in the workplace (Figure 4.4E).

Lastly, although the interviews showed that most of the workers found their jobs fulfilling, they did not find the nature of work performed fulfilling enough to reduce absenteeism. Majority of the employees' responded by giving a score of 2 out of 5 on the nature of work performed being fulfilling to reduce absenteeism. This shows that although the work being performed is fulfilling it can be perceived as not pleasant enough to control staff from being absent from work. This is illustrated in the figure 4.4F.

4.5 Chapter summary

In the first section focusing on the interview phase, the responses indicate that the most satisfying aspects of a respondents' job was patient care and knowing that they [patients] were satisfied. Other positive aspects of the job were good supervision; co-worker relationships; training and development; and autonomy of working. In contrast, the negative aspects were: responsibility outside job description, job stress, insufficient training, poor supervision, poor co-worker relations, psychiatry and drunk patients, paying for training, and seeing people die. Even though respondents did not admit to voluntary unplanned absenteeism, aspects of their work environment that might lead to this included exhaustion, trauma of seeing people die, lack of acknowledgement, gossip, and unfair delegation/bullying.

The second section covered results from the questionnaire phase. The themes were built from three main aspects which are management, staff relations and working conditions as linked to finding solutions to problems emanating from absenteeism. The questionnaire showed that the

staff members were more satisfied with the working conditions and procedures in comparison to staff or management aspects. There was highly satisfactory organisational support in order to reduce absenteeism and the staff also felt well trained. In addition, the staff felt that the operating rules and procedures were well coordinated to reduce absenteeism as well as the systems and processes in the workplace worked properly to reduce the negative effects of absenteeism. However, the staff members showed neutrality in regards to level of supervision on absenteeism. Lastly, although the interviews showed that most of the workers found their jobs fulfilling, they did not find the nature of work performed fulfilling enough to reduce absenteeism.

Staff co-worker relationships were found to play a large role in reducing absenteeism. The support from other colleagues as well as co-worker relationships in the EU is satisfactory to control absenteeism. In case of absenteeism, there is a satisfactory process to allow off duty workers to cover the gap and absenteeism due to family issues was addressed properly Conversely, majority of the participants disagreed that the compensation offered by the EU of the hospital was adequate as a motivator to avoid absenteeism. In addition, absenteeism due to colleague's personal problems like healthy, alcohol abuse etc. not always addressed properly

Some of the staff was the least satisfied with management aspects of the job. The nature of work performed was found to be fulfilling to reduce absenteeism. The leadership from management and prioritising staff wellness was also satisfactory to reduce absenteeism. However, the management was perceived as not handling absenteeism with high competence and there was no clear indication of whether the staff felt motivated by the management so as to reduce absenteeism. The next chapter (chapter 5) discusses these results in line with the objectives of the study as well as the literature.

5. DISCUSSION

5.1 Introduction

This chapter discusses the findings from the responses given by participants in the interviews and to the questionnaire.

5.2 Factors that mitigate against absenteeism

5.2.1 Job satisfaction

One of the key factors underlying absenteeism is job satisfaction, or the lack of it (Gangai, et al, 2015). It has been argued that the more satisfied employees are with their jobs, the more motivated they are to attend work (Steers & Rhodes, 1978). Job satisfaction has been described by Krietner, Kinicki and Buelens (2002) as an effective response to various facets of one's job. Results of this study seem to indicate that the majority of respondents were satisfied with their jobs, with the major motivating factors being patient care, the knowledge that patients were satisfied, a liking for the job, good supervision, good co-worker relationships, adequate training and development and a sense of autonomy.

5.2.2 Work commitment

Results of this study indicate that staff of the Emergency Unit at Chris Hani Baragwanath hospital are committed to their jobs. This love for their jobs was as a result of the value they placed on commitment, helping patients, and empathy. Although there are no academic reports on work commitment in hospitals in South Africa, or in Chris Hani Baragwaneth Hospital in particular, there have been reports in the media about the commitment of the staff at this hospital despite the pressures of work and the shortages of resources. According to a former doctor at the hospital, 'We deal with people on a very personal basis, which is fundamentally built on trust. The comfort that a patient feels by us caring for them, that's what gives us a lot of our job satisfaction' (Aljazeera, 2019).

5.2.3 Supervision

Respondents were divided on whether there was good supervision at the hospital, with half the respondents reporting good supervision and the other half reporting bad supervision. The doctors, who constitute senior personnel in the organisational hierarchy, reported good supervision, while the porters reported no supervision, meaning that supervision was skewed

in favour of senior staff. Some respondents went as far as describing their supervisors as rude. As Selebi and Minnaar (2007) note, poor supervision is one of the factors that cause dissatisfaction at work. Rude supervisors create a painful work situation which, according to Gangai et al, (2015), can lead to absenteeism. Steers and Rhodes (1978) also mention that poor leadership style can lead to absenteeism. It is clear from these results that improper supervision, a strong contributor to absenteeism, is a factor under management's control that needs to be addressed at the hospital.

5.2.4 Good co-worker relations

Most of the respondents (eight out of ten) reported that co-worker relationships were good. Save for poor supervision, the results may indicate that there is good organisational culture at the hospital. According to Stimie and Fouche (2004), the attitudes of colleagues towards others can become a stress booster for employees. Good co-worker relations can be thought of as a factor that reinforces work commitment. Good co-worker relations foster teamwork and trust, which boost morale, job involvement and satisfaction.

5.2.5 Training and development

Most of the doctors and nurses were of the opinion that there were opportunities for training and development for employees of the hospital's EU. This again indicates that there is good organisational culture at the hospital (Stimie & Fouche, 2004). Respondents also mentioned that after training they usually got promotions. An environment supporting training and development allows employees to feel valued and promotes inclusion. Training and development assure workers of job security and increases workers' participation whilst reducing absenteeism. However, one of the respondents (a general worker) mentioned that the training they received did not cover everything they needed to know. This suggests that surveys need to be conducted on the kind of training general workers require so that resources may be well spent.

5.2.6 Autonomy

According to Adams and Bond (2000: 541), 'Knowledgeable staff who possess a variety of skills prefer more autonomy in their work, while to the less skilled staff autonomy can be threatening and lead to absenteeism.' This statement is echoed by Selebi & Minnaar (2007), who concluded that preventing staff from experiencing autonomy leads to low job satisfaction. Few of the respondents mention autonomy as one of the satisfying aspects of their jobs, save

for one of the nurses who said that doctors gave them a chance to be autonomous and that this brought job satisfaction. Autonomy contributes to staff development, as people who feel trusted tend to aim to prove themselves worthy of that trust, and do so by achieving goals set on their own. Absenteeism is reduced when workers experience autonomy and are afforded opportunities to prove themselves capable.

5.3 Negative aspects of the work environment

Negative aspects of the work environment in the emergency unit mentioned in this study included responsibilities being outside of the job description, job stress, insufficient training, poor supervision, poor co-worker relations, psychiatric and drunk patients, having to pay for training, and the trauma of seeing people die. These negative aspects of the work environment are discussed under working conditions and job stress.

5.3.1 Working conditions

A study by Selebi and Minnaar (2007) found that reasons for absenteeism due to working conditions were 'inadequate group cohesion, inadequate delegation of autonomy, role ambiguity, ineffective routinisation and the effect of workload in the workplace' (Selebi & Minnaar, 2007: 31). Findings of this study that employees were given responsibilities outside of their job descriptions indicate that there is role ambiguity, ineffective routinisation and a high workload. Doctors find themselves doing the work of porters and nurses find themselves making beds in the wards and cleaning instruments. This adds to job stress and can lead to poor motivation and exhaustion. This study found that employees work long hours and are affected by exhaustion. These results are corroborated by a newspaper article in which a doctor working at the hospital states, 'We all have to do a certain number of calls this month, I'm doing ten calls. I'm on call every third day – so, yes, you get tired. You get tired. Fatigue is real. I've crashed my car twice getting home from call' (Mkhize, 2018 – City Press).

5.3.2 Job stress

According to Cholli, et al (2017), major factors and determinants of stress in a workplace are associated with the physical demands of the job, working conditions and working hours. Working conditions in hospital wards can be stressful. Incidents faced by staff of emergency wards such as aggression, the death of patients, violence, and resuscitations can be emotionally

and physically challenging (Ahwal & Arora, 2015). A study by Healy and Tyrrel (2011) found that 97% of staff in the emergency unit of a hospital experienced high levels of stress. Results were no different in this study, as respondents mentioned having to deal with psychiatric or drunken patients who sometimes turned violent, and the trauma of seeing people die.

The results of this study support the findings of Isikhan, Comez and Danis (2004), who concluded that the following variables cause stress: imbalance between jobs and responsibilities, conflict with colleagues, lack of appreciation of efforts by superiors, responsibilities of the role, and long and tiring working hours. Stress leads to low work morale and increases absenteeism. Stress factors like trauma, bullying, fatigue, over-burdening staff, dissatisfaction, discrimination, ill-treatment, poor recognition, poor working conditions, job insecurity, uncertainty, lack of planning by management and poor job safety all cause stress and lead to high levels of absenteeism.

5.4 How the study addressed the objectives

The overall objectives of this study were to identify the causes of absenteeism, to investigate the consequences of absenteeism and to explore job psychosocial aspects within management's control that affect voluntary, unplanned absenteeism at Chris Hani Baragwanath Hospital Emergency Unit. The literature indicates that job satisfaction (employee values and job expectations) and psychosocial job characteristics are key motivational factors underlying absenteeism (Magee, Caputi & Lee, 2016).

According to Steers and Rhodes (1978), employees who are satisfied with their jobs will tend to have lower rates of absenteeism. Job satisfaction factors include organisational support for training and development, adequate levels of supervision, operating rules and procedures, co-worker relationships, and the nature of work performed (Magee et al, 2016). The research addressed these aspects of job satisfaction in the context of Chris Hani Baragwanath Hospital, as highlighted in the discussions

Psychosocial job characteristics include high job strain, job demands, poor role clarity, workplace bullying, poor organisational climate, and poor leadership (Magee, et al, 2016). This discussion has also addressed these aspects of psychosocial job characteristics in the context of Chris Hani Baragwanath Hospital.

6. CONCLUSION

This chapter summarises the processes and results of the study, draws conclusions, makes recommendations and suggests areas for further study on the topic.

6.1 Summary

The research conducted an analysis of staff absenteeism in the Emergency Unit of Chris Hani Baragwaneth Hospital. The aim was to identify the elements that cause absenteeism, examine how the organisation handles the problem, and gain insight regarding its effects. The study examined the topic according to three dominant themes that emerged from the literature: management, staff and working conditions. Management includes supervision, motivation, language usage, planning, leadership, controlling, training and development, involvement, staff treatment, competence and support of staff in relation to absenteeism. The staff aspect includes job satisfaction, liking for the job, job involvement, co-worker relationships, teamwork, training and development, autonomy, responsibilities, job stress, gossip, unfair treatment, exhaustion and so on. Working conditions comprise elements such as safety, health, staff wellness, environment, organisational culture, structures, systems, processes, infrastructure, materials and equipment. There are many more, all of which either assist or mitigate against employee competence and enthusiasm in the carrying out of their daily tasks. Management, staff and working conditions were assessed to check their impact on factors such as job satisfaction and involvement, which contribute either directly or indirectly to absenteeism. When these aspects are poor or negative, they increase levels of absenteeism. When they are competently managed and positively expressed, they decrease absenteeism. The study also went further in checking whether systems were in place in the emergency unit to handle problems arising from absenteeism.

Interviews were conducted with ten staff members of the emergency unit and questionnaires were sent to eleven staff members. The staff members included doctors, nurses, porters, helpers and cleaners. Responses were collected from interviews and grouped into themes to produce meaning, while responses to the questionnaire, already grouped into themes, were used to create bar graphs and statistics for data analysis. The sample size was small but suitable for an explorative study, and revealed that a larger sample would yield valuable information that might assist in policy changes. Responses from participants were cited and formed part of the evidence on which the conclusions are drawn.

6.2 Feedback from research questions

An array of elements causes absenteeism in a Chris Hani Baragwanath hospital's emergency department, varying according to staff level or profession. Some staff spoke of bullying, others of a lack of supervision or inadequate training, and all spoke of high levels of stress. Poor working conditions also emerged as a common theme, and play a role in increasing absenteeism, while some fear losing their jobs and avoid absenteeism in order to sustain an income. Unexpected, informal and unavoidable absenteeism is manageable to a certain extent and is in any case beyond the scope of managers to prevent. With this kind of absenteeism, rules and regulations help keep the phenomenon under control. However, voluntary, unplanned absenteeism is a serious threat to service delivery and places huge stress on staff who report for work. When serious efforts are made to improve working control and so reduce absenteeism, service delivery can only improve. Of course, an unintended consequence of a reduced absenteeism rate is that some staff may turn up for work but be mentally and volitionally 'absent'; that is, they report for duty but give little of themselves to their tasks and end up affecting patient care, team work and the reputation of the institution.

Absenteeism affects performance and productivity in that employees who are overburdened with work and are dissatisfied are prone to make mistakes or to shirk tasks. Management plays a role in reducing absenteeism not so much by direct motivation but by creating the systems that create tolerable working conditions. Staff play a vital role because even with the best systems and management, staff who are depressed, who lack a sense of team work or who are the victims of gossip may lack motivation.

6.3 Conclusions

Although none of the respondents discussed their personal record of absenteeism, they indicated in the interviews that dissatisfaction with their jobs or job psychosocial characteristics could lead to voluntary, unplanned absenteeism. An issue that clearly complicates or even exacerbates absenteeism in the public sector is that an employee who has been absent from work for less than three consecutive days does not require a doctor's certificate (Department of Public Service and Administration, 2009 Section 14 subsection 14.7). Nor do they require one if they have been absent from work on less than three occasions in an eight-week period. This rule creates a loophole for those who wish to shirk work for personal reason other than illness, and thus by being absent, to increase the burden of work on those who report for work.

Results of this study indicate that some of the respondents were satisfied with their jobs while others were not. The major job satisfaction factors reported were organisational support for training and development, supervision, operating rules and procedures, co-worker relationships, the nature of work performed, and autonomy. While most of the respondents expressed good co-worker relations, they were divided on whether supervision was good or bad. Cases of bullying and rudeness by supervisors were also reported. It is clear from these results that supervision, as one of the major responsibilities of management, needs to be addressed at this hospital. Good opportunities for training were reported by one of the respondents, while another, a general worker, said that the training they received did not cover all the situations they dealt with. This suggests that surveys need to be conducted on the kind of training general workers require so that resources may be well spent.

Psychosocial job characteristics mentioned by respondents included high job strain, job demands, poor role clarity, workplace bullying, poor organisational climate, and poor leadership. This study found that there was high job strain, with employees performing duties beyond the scope of their job descriptions and also working long hours. Respondents also mentioned bullying by supervisors and the trauma of having to deal with psychiatric or drunk patients who sometimes turned violently against them. The trauma of seeing people die also contributed to job strain.

6.4 Recommendations

In this study, the following negative job satisfaction and psychosocial job characteristics, all within management's control, were found: inadequate supervision, rude supervisors, role ambiguity, and lack of training for general workers. The issue of lack of supervision may be due in part to the high workload that doctors, and indeed all staff, have to carry. It is recommended that managers at the hospital carry out periodic job satisfaction surveys to determine whether supervision is adequate and to work out, together with subordinates, how the problem may be addressed, given the realities of daily life in a busy hospital. It is noted here that lack of supervision as a complaint seems to contradict the finding that workers prefer autonomy. Clearly, the issue is one of balance; workers need good supervision that is supportive and timely, but still allows workers to get on with tasks without undue interference. Another way to interpret and deal with this apparent contradiction would be to determine who needs more supervision and who needs less, so that more supervision time can be spent on those who need it most.

The issue of rudeness by supervisors, possibly a result of work stress, needs to be addressed. It is recommended that quarterly sessions (following the surveys) be held with all employees of the department to address this and other 'teamwork' related issues.

Regarding lack of training for general workers, it is clear that a top-down approach is used to determine what training is to be undertaken as opposed to a bottom-up approach, in which workers themselves would state the kind of training that they require. It is recommended, therefore, that before training is undertaken, workers be allowed to make input on the kind of training they require over and above what managers have decided to offer.

A major drawback in this hospital is that absenteeism records are not accurate or are not well kept. It is recommended that all absenteeism records be kept, especially in cases that might turn out to be voluntary, unplanned absenteeism (such as self-certified sick leave and other 'self-certified' reasons). As measures are taken to record and reduce voluntary, unplanned absenteeism, the information may be used as a benchmark to determine whether or not efforts to address absenteeism are yielding improvements.

Based on the findings of the study, the following specific recommendations are proposed for consideration by Chris Hani Baragwanath Hospital Emergency Unit staff:

6.4.1 Identify occupational stressors

It is necessary to identify the occupational stressors of staff members in public institutions in South Africa. This can only be done if a valid and reliable measuring instrument is available.

A reliable and valid measure of stress could be an important instrument for early identification and successful treatment of stress within employees' service. Discovering which stressors are most pertinent to employees in South Africa could lead to these stressors being addressed during selection, stress management workshops, and organisational development interventions.

6.4.2 Develop a programme to boost employee morale

The hospital should develop and implement a management programme or system to boost employee morale. As stated by Nel (2013:19), instability may be the result if employees are left entirely to themselves, but stability may be created when staff is surrounded by a healthy

communication network and support system. High employee morale is crucial to a low absenteeism rate.

6.5 Further studies

As indicated in Chapter 3, Research Methodology, this is one of the few research studies using a mixed method approach to investigate absenteeism in a public hospital in South Africa. In addition to employing both qualitative and quantitative data collections methods, the study combined the explorative and explanatory approaches to determine the motivational factors associated with voluntary, unplanned absenteeism at a public hospital. Most studies on this topic have used the quantitative approach. It is recommended that future research increase the sample size and also include quantitative analysis in order to corroborate the findings of qualitative analysis, and thus improve the reliability of the results.

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APPENDICES

Appendix A: PARTICIPANT INFORMATION SHEET

Dear Sir/Madam

My name is Martin Ndwandwe and I am a Masters student in Management in Public Policy at Wits University in Johannesburg. As part of my studies I have to undertake a research project, and I am investigating motivational factors likely to affect voluntary unplanned absenteeism at public hospitals – the case of Chris Hani Baragwanath hospital emergency department. The aim of this research project is to explore job satisfaction and psychosocial job characteristics factors that can be influenced by line managers that may affect voluntary unplanned absenteeism at Chris Hani Baragwanath hospital emergency department.

As part of this project I would like to invite you to take part in an interview. This is a once off activity which will involve answering questions and a discussion on voluntary unplanned absenteeism in the emergency department, and will take 45 minutes to an hour. With your permission, I would also like to record the interview using a digital device. This recording will be transcribed and the transcription will not be made available to anyone. The recording will be stored on CD/memory stick and will be kept safely in the researcher's computer where it will only be accessible through a password. No personal identification will be made of the transcript as results will only be reported in aggregated form.

You will not receive any direct benefits from participating in this study, and there are no disadvantages or penalties for not participating or participating. You may withdraw at any time or not answer any question if you do not want to. The interview will be completely confidential and anonymous as I will not be asking for your name or any identifying information, and the information you give to me will be held securely and

not disclosed to anyone else. I will be using a pseudonym (false name) to represent your participation, in my final research report. If you experience any distress or discomfort, we will stop the interview or resume another time.

If you have any questions afterwards about this research, feel free to contact me on the details listed below. This study will be written up as a research report which will be available online through the university library website. If you have any questions about the research, you are welcome to contact my supervisor, Dr Jacqui Poltera Jacqui.poltera@wits.ac.za or 011 717 3807

Yours sincerely,
Martin Ndwandwe

Martin Ndwandwe, mkholo85@gmail.com , 066 227 2666

Appendix B: PARTICIPANT CONSENT FORM

TITLE OF PROJECT: **ABSENTEEISM AND MOTIVATIONAL FACTORS AT CHRIS HANI BARAGWANATH HOSPITAL EMERGENCY DEPARTMENT**

Name of researcher: Martin Ndwandwe

I …….. agree to participate in this research project. The research has been explained to me and I understand what my participation will involve.

I agree that my participation will remain anonymous YES NO (please circle)

I agree that the researcher may use anonymous quotes in his research report YES NO (please circle)

I agree that the interview may be audio recorded YES NO (please circle)

I agree that the information I provide may be used anonymously by other researchers following this study YES NO (please circle)

…… (participant's signature)
…… (name of participant)
…… (date)

Appendix C: INTERVIEW GUIDE

1. What are the most satisfying aspects of your job? (I am particularly interested in understanding aspects of your job that motivate you come to work, such as: organisational support for training and development, supervision, operating rules and procedures, co-worker relationships, the nature of work performed etc.).

2. What aspects of your job do you find so unsatisfying that they have, at least once, made you decide not to come to work?

3. What psychosocial job characteristics (i.e. job strain, job demands, poor role clarity, workplace bullying, poor organizational climate and / or leadership) affect your motivation to come or not come to work?

4. What features of working in an emergency department influence voluntary, unplanned absenteeism?

5. What, if any, unique features of Chris Hani Bara emergency department influence voluntary, unplanned absenteeism?

6. What are the effects of voluntary, unplanned absenteeism in the workplace? E.g. on patients, colleagues etc.?

7. Do you have anything else to add?

Thank you for your participation

Appendix D: Questionnaire

QUESTIONNAIRE

This questionnaire is for research purposes only and designed to explore motivational factors likely to affect voluntary unplanned absenteeism at Chris Hani Baragwaneth hospital emergency department. The findings of this assessment will be used to develop appropriate interventions to address challenges associated with absenteeism at public hospitals in South Africa.

Taking part in this survey is completely voluntary and anonymous. The data collected will be kept confidential. The questionnaire consists of four sections. The questionnaire should take no more than 15 minutes to complete.

When evaluating a question, please answer the question from your own perspective. Place an X in the appropriate box where applicable or complete where required.

Thank you for taking the time to complete this survey. Should you have any questions, please feel free to contact Martin Ndwandwe on +27 76 786 8424 or mkholo85@gmail.com.

SECTION A: BIOGRAPHICAL DETAILS

1. What is your gender?

☐ Female ☐ Male

2. Which category best represents your age when you took the gap year?

☐ 0-18 years ☐ 19-29 years ☐ 30-49 years ☐ 50 -64 years ☐ 65 and above years

3. Marital status?

☐ Single ☐ Married ☐ Divorced ☐ Widowed

4. What is your job title e.g. nurse, porter, doctor, etc.?

_____

5. Are you a permanent employee?

☐ Yes ☐ No

4. What is your highest academic qualification obtained?

☐Matric ☐ Certificate ☐ Diploma ☐ Bachelor ☐ Honours ☐ Masters ☐ PhD ☐ Other, please specify_____

5. How long have you been employed at Chris Hani Baragwanath Hospital?

☐ 1 year- 5 years ☐ 5 years - 10 years ☐ 10 years – 20 years ☐ 20 years and above

On a scale of 1 to 5 where 1 = Strongly Disagree, 2= Disagree, 3 = Neither Disagree nor Agree, 4 = Agree and 5 = Strongly Agree, indicate the extent to which you agree with each of the following statements.

SECTION B: MANAGEMENT

		Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
1	Leadership from management is satisfactory to reduce absenteeism	1	2	3	4	5
2	Management handles absenteeism with high competence	1	2	3	4	5
3	Staff wellness is the main priority of the management to control absenteeism	1	2	3	4	5
4	Management are well trained and developed to control absenteeism	1	2	3	4	5
5	Staff are motivated all the times by management so as to reduce absenteeism	1	2	3	4	5
6	Managers control effectively the ratio of staff to patient in case of absenteeism by other colleagues	1	2	3	4	5

SECTION C: STAFF

		Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
1	Workers support on other colleagues is satisfactory to control absenteeism	1	2	3	4	5
2	Remuneration (salary or wages) is adequate to avoid absenteeism	1	2	3	4	5
3	Absenteeism due to family issues are maintained and addressed properly	1	2	3	4	5
4	Absenteeism due to colleague's personal problems like healthy, alcohol abuse etc. are addressed properly	1	2	3	4	5
5	In case of absenteeism there is a satisfactory process to allow off duty workers to cover the gap	1	2	3	4	5
6	Staff (co-worker) relationships at the hospital are satisfactory to stop absenteeism	1	2	3	4	5

SECTION D: WORKING CONDITIONS

		Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
1	There highly satisfactory organisational support to reduce absenteeism	1	2	3	4	5
2	Staff are well trained and developed to control absenteeism	1	2	3	4	5
3	There is satisfactory levels of supervision on absenteeism	1	2	3	4	5
4	Operating rules and procedures are well coordinated to reduce absenteeism	1	2	3	4	5

5	Systems and processes work properly in the workplace reducing negative effects of absenteeism	1	2	3	4	5
6	The nature of work performed is full feeling to reduce absenteeism	1	2	3	4	5

Thank you for taking the time to complete this questionnaire!

Response to questionnaire statistics

		Mgt 1 Leadership from management is satisfactory to reduce absenteeism	Mgt 2 Management handles absenteeism with high competence	Mgt 3 Staff wellness is the main priority of the management to control absenteeism	Mgt 4 Management are well trained and developed to control absenteeism	Mgt 5 Staff are motivated all the times by management so as to reduce absenteeism
N	Valid	10	11	11	11	11
	Missing	1	0	0	0	0
Mean		3.30	2.91	2.82	3.00	3.00
Median		3.50	3.00	3.00	4.00	3.00
Mode		4	2	3	4	2[a]
Minimum		2	1	1	1	1
Maximum		5	5	5	4	5
Sum		33	32	31	33	33

		Mgt 6 Managers control effectively the ratio of staff to patient in case of absenteeism by other colleagues	Staff 1 Workers support on other colleagues is satisfactory to control absenteeism	Staff 2 Remuneration (salary or wages) is adequate to avoid absenteeism	Staff 3 Absenteeism due to family issues are maintained and addressed properly	Staff 4 Absenteeism due to colleague's personal problems like healthy, alcohol abuse etc. are addressed properly
N	Valid	11	11	11	11	11
	Missing	0	0	0	0	0
Mean		2.91	3.27	2.82	3.45	2.91
Median		3.00	4.00	3.00	4.00	3.00
Mode		4	4	2	4	3
Minimum		1	1	2	1	1
Maximum		5	5	5	5	4
Sum		32	36	31	38	32

		Staff 5 In case of absenteeism there is a satisfactory process to allow off duty workers to cover the gap	Staff 6 (co-worker) relationships at the hospital are satisfactory to stop absenteeism	WC 1 There highly satisfactory organisational support to reduce absenteeism	WC 2 Staff are well trained and developed to control absenteeism	WC 3 There is satisfactory levels of supervision on absenteeism
N	Valid	11	11	11	11	11
	Missing	0	0	0	0	0
Mean		2.73	3.00	3.09	2.82	2.91
Median		2.00	3.00	3.00	3.00	3.00
Mode		4	3[a]	4	4	3

Minimum	1	1	1	1	2
Maximum	4	4	4	4	4
Sum	30	33	34	31	32

		WC 4 Operating rules and procedures are well coordinated to reduce absenteeism	WC 5 Systems and processes work properly in the workplace reducing negative effects of absenteeism	WC 6 The nature of work performed is full feeling to reduce absenteeism
N	Valid	11	11	11
	Missing	0	0	0
Mean		3.27	2.82	2.45
Median		4.00	3.00	2.00
Mode		4	3	2
Minimum		1	1	1
Maximum		4	4	4
Sum		36	31	27

a. Multiple modes exist. The smallest value is shown