

https://dspace.org/

Determining the extent of absenteeism by nurses in De Aar Hospital

Hlomela, Nosipho

2014-03-25
http://hdl.handle.net10539/14300

Downloaded from a DSpace repository. https://dspace.org/

DETERMINING THE EXTENT OF ABSENTEEISM BY NURSES IN DE AAR HOSPITAL

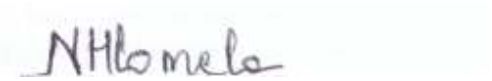
NOSIPHO HLOMELA

A research report submitted to the Faculty of Health Sciences, University of the Witwatersrand, in partial fulfilment of the requirements for the degree of Master of Public Health in the field of Hospital Management

NOVEMBER 2013

DECLARATION

I, Nosipho Hlomela, declare that this research report is my own work. It is being submitted for the degree of Master in Public Health in the field of Hospital Management at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or for any examination at this or any other University.



10/11/2013

…… .....

NOSIPHO HLOMELA DATE

DEDICATION

This work is dedicated to:

My late mother for the motivation, encouragement and support that she gave me during the period of my studies.

My husband, all my children and grand children for their understanding and support during this study.

Lastly but not least I want to dedicate this work to my Heavenly Father for his ability to make me who I am and for carrying me during this journey ensuring that I complete this research report.

ACKNOWLEDGEMENTS

First and foremost, I would like to thank God for making me who I am and for providing me with the wisdom for me to be able to compile this research report. My eternal gratitude goes to the following people for their advice, guidance, encouragement and support during my journey in compiling this report:

I would like to thank my supervisor, Mr Sagie Pillay and Dr Deb Basu, for their guidance, patience, assistance and support while I was compiling this research report, without them it would not have been possible.

I want to extend many thanks to the Department of Health, Northern Cape Province especially our former Head of Department, Dr D.G. Theys for granting me the opportunity to take part in this program.

Many thanks also go to Ms Nopopi Sweli and Mr Yolo Booysen who assisted me in compiling the data.

My gratitude also goes to everyone else who contributed to the completion of this report.

ABSTRACT

Background: Absenteeism in hospitals causes an increased workload for nursing staff members who have to stand in for their colleagues who do not turn up for work. This leads to poor quality of nursing care and a lack of motivation amongst nurses. The purpose of this study was to investigate the extent and reasons for absenteeism in De Aar Hospital. The study sample included all nursing personnel (50) within the hospital because of the small number of nurses within the institution. A descriptive study was conducted using a retrospective review of personnel records for the period January 2008 - 30 June 2009. In hospitals, nursing is the largest workforce and has numerous tasks / activities which require scientific knowledge and technical competence from nursing professionals. Absenteeism by nurses working in hospitals is a big concern because it disorganises the work routine, it causes dissatisfaction to workers who are overburdened by tasks of those who are absent. Absenteeism also lowers the quality of care for patients.

Aims: To determine the extent and reasons for absenteeism by nurses in De Aar Hospital. The intention is to utilize the results by developing strategies and recommendations to improve the situation.

Methodology: The method chosen was the descriptive study and a retrospective review of human resource records of all nursing personnel who took leave of absence during the study period was done. These records were analysed to gather the required information from January 2008 to June 2009.

Results: With regard to the gender of the study population, female nurses comprised 98% (n =44) and males were only 2% (n =1) in the study population. This is shown in table 4.2. This reaffirms the statistic that the nursing workforce is comprised mostly by females. With reference to age, the majority of the nurses

are noted to be on the older side. The average age was found to be 45.6 years (chi-square test p = 0.95) as shown in table 4.3. There was no significant association between categories of nurse and age.
The average number of days of absence per staff category was 17 (inter-quartile range 9 to 29 days). The findings revealed that there was no significant association of absenteeism between professional nurses (median =18) and enrolled nurses and enrolled assistant nurses (median =15).

Conclusion: This study has determined the extent of absenteeism in De Aar Hospital as well as reasons for absenteeism. The results indicate that there was no statistical difference noted based on category of nurses, median number of times that leave was taken was 6 (inter-quartile range 3 to 10). The findings have also revealed that the mean age of nurses in this hospital is 46 years which is an age range that often develops chronic medical problems. It is recommended to include other variables such as marital status, residential area, transportation, tenure and job satisfaction in future studies so as to determine the effect of these on absenteeism.

TABLE OF CONTENT

DECLARATION ii
DEDICATION iii
ACKNOWLEDGEMENTS iv
ABSTRACT v
TABLE OF CONTENT vii
LIST OF FIGURES x
LIST OF TABLES xi
GLOSSARY OF TERMS xii
LIST OF ABBREVIATIONS xiv
CHAPTER 1 1
INTRODUCTION 1
1.1 INTRODUCTION 1
1.2 BACKGROUND 4
1.3 STATEMENT OF THE PROBLEM 9
1.4 RESEARCH QUESTION 10
1.5 STUDY OBJECTIVES 10
1.5.1 BROAD OBJECTIVES 10
1.5.2 SPECIFIC OBJECTIVES 10
CHAPTER 2 11
LITERATURE REVIEW 11
2.1 INTRODUCTION 11
2.2 TYPES OF ABSENTEEISM 13
2.3 CAUSES OF ABSENTEEISM 15
2.3.1 DEMOGRAPHIC CHARACTERISTICS 15
2.3.2 PERSONAL CHARACTERISTICS 18
2.3.3 HEALTH STATUS 21
2.3.4 ORGANIZATIONAL CHARACTERISTICS 25

2.3 IMPACT OF ABSENTEEISM ON SERVICE DELIVERY AND ECONOMY....28
2.4 COST IMPLICATIONS....30
2.5 CONSEQUENCES OF ABSENTEEISM....33
2.6 STRATEGIES TO MANAGE ABSENTEEISM....33
2.7 SUMMARY OF THE CHAPTER....34
CHAPTER 3....35
RESEARCH METHODOLOGY....35
3.1 INTRODUCTION....35
3.2 STUDY SETTING....35
3.3 STUDY DESIGN....36
3.4 STUDY POPULATION....36
3.5 STUDY SAMPLE....37
3.6 DATA MANAGEMENT....37
3.6.1 DATA COLLECTION....37
3.6.2 MEASUREMENT AND DATA SOURCES....38
3.6.3 DATA PROCESSING AND DATA ANALYSIS....39
3.7 ETHICAL CONSIDERATIONS....40
CHAPTER 4....41
RESULTS OF THE STUDY....41
4.1 CATEGORIES OF NURSES....41
4.2 DEMOGRAPHIC PROFILES....41
4.2.1 ETHNICITY....41
4.2.2 GENDER....42
4.2.3 AGE....42
4.3 LEAVE OF ABSENCE....44
4.3.1 SICK LEAVE WITH CERTIFICATE....44
4.3.2 SICK LEAVE WITHOUT CERTIFICATE....45
4.3.3 FAMILY RESPONSIBILITY LEAVE....46
4.3.4 UNSCHEDULED LEAVE....48
4.3.5 TOTAL LEAVE TAKEN....49

CHAPTER 5....50
DISCUSSION....50
5.1 STUDY POPULATIONS....50
5.2 TYPES OF ABSENTEEISM....50
5.2.1 SICK LEAVE WITH CERTIFICATE....50
5.2.2 SICK LEAVE WITHOUT CERTIFICATE....51
5.2.3 FAMILY RESPONSIBILITY LEAVE....51
5.2.4 UNSCHEDULED LEAVE....52
5.3 CAUSES OF ABSENTEEISM....52
5.4 LIMITATIONS....53
CHAPTER 6....55
CONCLUSIONS AND RECOMMENDATIONS....55
6.1 CONCLUSIONS RELATED TO THE AIMS OF THE STUDY....55
6.1.1 DETERMINATION OF THE EXTENT OF ABSENTEEISM AMONGST NURSING PERSONNEL IN DE AAR HOSPITAL....55
6.1.2 ESTABLISHMENT OF THE REASONS OF ABSENTEEISM IN THE HOSPITAL....55
6.1.3 IDENTIFICATION OF THE NUMBER OF NURSES WHO SUBMIT SICK NOTES AFTER BEING ABSENT....56
6.2 RECOMMENDATIONS....56
6.2.1 PRESENTATION TO HOSPITAL MANAGEMENT AND DISTRICT 56
6.2.2 FURTHER RESEARCH....57
6.3 SUMMARY AND CONCLUSIONS....57
REFERENCES....58
APPENDICES....1
APPENDIX A: ETHICS CLEARANCE CERTIFICATE....2
AND LETTERS OF PERMISSION....2
APPENDIX B: DATA COLLECTION SHEET....3

LIST OF FIGURES

Figure 1.1 Breakdown of absenteeism by month 8
FIGURE 3.1 Map of the Pixley ka Seme District within the Northern Cape 36
Figure 4.1 Age distribution (n=45).....43
Figure 4.2 The number of days sick leave taken with certificates 45
Figure 4.3 The number of days sick leave taken without certificates 46
Figure 4.4 The number of days family responsibility leave taken by staff 47
Figure 4.5 The number of days Unscheduled leave taken by staff 48
Figure 4.6 The number of days leave taken by staff 49
Figure 3.1 Map of the Pixley ka Seme District within the Northern Cape 36
Figure 4.1 Age distribution (n=45).....43
Figure 4.2 The number of days sick leave taken with certificates 45
Figure 4.3 The number of days sick leave taken without certificates 46
Figure 4.4 The number of days family responsibility leave taken by staff 47
Figure 4.5 The number of days Unscheduled leave taken by staff 48
Figure 4.6 The number of days leave taken by staff 49

LIST OF TABLES

Table 3.1 Data collection tools 37
Table 3.2 Objectives and study variables 38
Table 4.1 Categories of nurses 41
Table 4.2 Ethnicity and categories of nurses 41
Table 4.3 Gender and categories of nurses 42
Table 4.4 Age distribution of the subjects 43
Table 4.5 Age group and categories of nurses 43
Table 4.6 Certified sick leave taken by staff 44
Table 4.7 Uncertified sick leave taken by staff 45
Table 4.8 Family responsibility leave taken by staff 47
Table 4.9 Unscheduled leave taken by staff 48

GLOSSARY OF TERMS

AUTHORISED LEAVE: This is leave of absence which occurs when the employee is absent from work for any reason other than illness. This leave of absence is accepted by management (Nel et al, 2003).

CATEGORY OF ABSENCE: Category of absence is based on policies and employer – employee contracted arrangements. These include: (a) Certified medical illness; (b) Certified accident, which could be: a work related accident and an accident outside of work; (c) Contracted absence (e.g. bereavement, union activities, disciplinary suspension.

FAMILY RESPONSIBILITY LEAVE: This is leave of absence (three (3) working days) that employees are entitled to in the event when the employee's spouse, child, mother or any other close family relative is sick. The total number of Family Responsible Leave is five (5) days in case of death of an immediate family member (Basic Conditions of Employment Act, 1997 as amended).

FREQUENCY OF ABSENCE: This is the average number of times or episodes an employee is absent per month (Prince and Mueller, 1986). The frequency of periods absent by employees is counted not the number of days absent.

NUMBER OF DAYS ABSENCE: These are measured in terms of the average number of days absent monthly per employee, including paid leave and unpaid leave (Prince and Mueller, 1986), Rhodes and Steers (1991) used another method to measure absenteeism which is "the category of absence and absence metrics.

NURSE: This is a licensed person who has completed an educational program in nursing and renders health care in preventive, promotive, curative and rehabilitative care (Nursing Act no 50 0f 1978 as amended)

PAID AND UNPAID ABSENCE: Paid absence is the average number of days an employee is absent for which she is compensated and unpaid absence is leave without pay (Booyens, 2002).

SICK LEAVE: This absence happens when an employee has reported an illness (Nel et al, 2003).

SICK LEAVE WITH CERTIFICATE: The company policy states at what stage a medical certificate is required (Nel et al, 2003). The Basic Conditions of Employment Act, 1997 as amended stipulates that a medical certificate must be produced when an employee is sick for more than two (2) days.

SINGLE DAY ABSENCE: This is regarded by some authors as most accurate as the total number of single day absences per employee per month or per year. (Chadwick–Jones, et al, 1982) Most of these absentees are the result of a choice made by the employee.

UNSCHEDULED LEAVE: This is absenteeism by an employee without an official reason. This happens when an employee fails to provide a satisfactory explanation for being absent or gives no explanation at all (Walfin, 1981). For this type of absence a relevant amount is deducted from the employee's salary.

LIST OF ABBREVIATIONS

FRL	Family responsibility leave
GDP	Gross Domestic Product
NHS	National Health System
SANC	South African Nursing Council
SL	Sick leave
SLWC	Sick leave with certificate
SLWTC	Sick leave without certificate
UNSCH	Unscheduled leave
CIPD	Chartered Institute of Personnel and Development
HIV	Human Immune Virus
AIDS	Acquired Immune Deficiency Syndrome
EAP	Employee Assistance Program
SD	Standard Deviation
n	number

CHAPTER 1
INTRODUCTION

This chapter outlines the introduction and background which motivate for why this study is relevant .The problem statement and study objectives have also been outlined.

1.1 INTRODUCTION

Employee absenteeism is a world wide phenomenon that various types of workplace must confront. Labour and management literature provide broad discussions on issues relating to absenteeism with emphasis on the damage resulting from absenteeism including direct and indirect cost implications methods as well as strategies to reduce this problem (Abeles, 2009).

Work attendance is a critical element to manage health service delivery in any health care institution. The tendency by nursing personnel to fail to report for duty is frustrating for hospital managers and nursing service managers. De Aar Hospital as with other public institutions has a challenge of absenteeism by health care personnel within the institution. The aim of this research was to determine the extent and reasons for absenteeism by nurses in De Aar Hospital a district hospital in Pixley Ka Seme District in the Northern Cape Province.

The nursing component of staff members in De Aar Hospital comprises of twenty eight professional nurses, five enrolled nurses and seventeen enrolled nursing assistants. Other staff members include seven doctors, two dentists, two radiographers, one physiotherapist, one occupational therapist, one speech therapist, thirty eight general workers including cleaners. This study focuses only on absenteeism by nursing personnel in De Aar Hospital. Services provided include medical care, surgery, paediatric care, obstetrics and gynaecology and operating theatre as well as outpatient and accident and emergency care.

A high level of absenteeism by nurses has been noted in the hospital for the past three years. Despite efforts that were put in place in an attempt to reduce absenteeism amongst nurses, the hospital is still struggling to improve work attendance. When a hospital has a high absenteeism rate, it is unable to function effectively and efficiently.

It is generally accepted that in terms of common law a contract of employment is based on an agreement between two parties, the employee and employer. The agreement may be verbal or written. The employee has a fundamental obligation to render a service to the employer and the employer is contractually bound to pay the employee for services rendered an agreed salary for the number of days and hours worked. The contract also includes the total number of leave days as well as sick leave days per annum (Tornello, 2005). In the event where the employee has failed to report for work, the employer records the absence as it has financial implications.

The problem of abuse of sick leave is usually noted amongst nurses who display resistance and inflexibility to rules and regulations as well as those who are inconsiderate towards their colleagues and to patients. Given the role that nursing personnel play in determining efficiency, effectiveness and sustainability of health care systems, it is crucial to understand what motivates nurses and the extent to which the organization and the contextual variables that satisfy them. Job dissatisfaction has been cited frequently as a primary reason for increased rates of absenteeism (Grol & Lawrence 1995; Lambert, 2005; Pillay, 2009) Nurses who are not satisfied at work due to factors like poor working conditions as a result of long hours of work, shortage of staff, lack of equipment and overcrowded wards are found to distance themselves from their patients and their nursing duties, resulting in suboptimal care for patients (Booyens, 1993).

Managing absenteeism is found to be time consuming and costly in health facilities with no dedicated human resource practitioners. Absences create unnecessary hardships and are disruptive to daily operations. Hospitals rely

heavily on a full staff complement to be able to accomplish efficient health service delivery because attending to patients' needs cannot be postponed (Lee & Erikson, 1990).

Nurses are the backbone of health services. At a time when organizations are expected by government to do more with less resources, good administrators need to understand and respond wisely to the problems of absent staff. According to Neil Lilford (Managing Director of Health Wealth Happiness- an employee benefit and services risk company) as cited by Chauke (2007) absenteeism can never be eradicated but it can be managed, starting with an understanding of the causes.

Due to the fact that health care institutions do not have adequate methods to measure and monitor absenteeism, nurse managers have to acquire knowledge and skills which will assist to manage down high rates of absenteeism. Identifying the causes of absenteeism should be the point of departure. An anonymous staff satisfaction survey can be conducted where the needs of employees within the hospital are identified through the questionnaire. The survey should also identify problems experienced by employees both at work and at home. One on one meetings which are not necessarily formal can also be held with individual staff members. Information received should then be utilized as a means of reducing staff absenteeism (Kaye, 1992).

A number of studies indicate that short term sick leave taken by staff members may provide information concerning the health status of any given group of workers. Additionally such leave may also be related to factors which are linked to the organization like the number of hours of work, shift and autonomy amongst others (Bourbonnais, Vinet, Meyer, Goldberg, 1992). Gillies (2000) described autonomy as the ability by individuals to set their own performance goals and work methods, evaluate their performance and modify their behaviour accordingly.

A study by Al-Ma'aitah, Cameron, Armstrong-Stassen and Horsburg (1999) indicates that a lack of opportunities for nurses to make independent decisions and exercise control over their work could lead to absenteeism as they would find their work lacking in motivation and thus boring.

The extent of absenteeism by nurses within hospitals in the Northern Cape Province has never been investigated and this study sought to determine the gravity of this problem so as to put appropriate intervention measures in place.

1.2 BACKGROUND

Absenteeism is defined as the non attendance of an employee or taking more leave than authorized when scheduled to work (Nel, Van Dyk, Haasbroek, 2002). This includes family responsibility leave. Family responsibility leave is defined as leave taken by staff members when their next of kin, namely the spouse, child, parent or grand-parent is either ill or has passed away (Determination on Leave of absence in the Public Sector, 2009 – Section 22, subsection 22.4). Some staff members tend to abuse this type of leave by using it inappropriately for extended family members. Due to the fact that absenteeism is non attendance from scheduled duty in terms of hours and days excluding minutes, it is different from being late for work and for the purpose of this study, late coming, extended tea and lunch breaks have not been included.

An employee's ability to attend work can be influenced by factors such as, transport problems, accidents and the like. When these variables have been identified, managers and supervisors may start to understand why employees sometimes choose not to come to work when they in fact are able to. Appropriate intervention measures can be developed to address the problems as identified Chadwick-Jones, Nicholson, Brown. 1982; Rhodes & Steers, 1990).

In a study conducted in a hospital in Nigeria absenteeism is described as the frequent absence from work without valid reasons (Oxford Advanced Learner's Dictionary, 2000). This is compounded by the "entitlement mentality" where workers utilize sick leave days available to them even when they are not ill and abuse sick leave in the process as they do not want to lose sick leave days which are available for their use in the three year cycle (Aldana & Pronk, 2001).

In terms of the Determination on Leave of absence in the Public Sector, 2009 section 14, subsection 14.1, employees are entitled to thirty six (36) working days sick leave in a three (3) year cycle. The Act stipulates that employees may only submit a medical certificate after being ill for more than two (2) consecutive days. Frequent use of one day or two days is often enough for managers to suspect abuse of sick leave provisions (Chauke, 2007).

According to Bydawell (2000), if all employees in an organization were to take their full leave entitlement, the company's absenteeism rate would approximately be 4% which is believed to be acceptable. He further states that some companies allow employees to exceed thirty six (36) days but in these instances it would be regarded as unpaid leave. Absenteeism seems to be a behaviour that can never be eliminated, but it can be controlled and managed.

The abuse of sick leave by nurses as observed in De Aar Hospital, results in the remaining nurses having a larger workload to cope with. This exposes the affected nurses as well as the Department of Health to the risk of litigation because of their inability to render quality services as well as ensure safety to their patients. A consequence of this is that the number of complaints from patients also increases because of poor quality of care and lower ratios of bed side and clinical nurses (Complaints register – De Aar Hospital). Employee attendance is critical for managing the performance of any organization. If employees are frequently absent from work, the productivity and health of the

organization suffers.

The absence of one person affects others and absences are only taken in terms of what is allowed by the organizational culture (Chadwick- Jones et al, 1982) Organizational culture refers to, the beliefs and practices which influence the total number of absences, that is, the frequency and duration of absences as they occur within the employee group or organization. Employees are generally aware of this culture and will subscribe to the norm (Chadwick Jones et al, 1982). The study further reveals that employees understand what types of absences are acceptable. The Steers and Rhodes model (1978) suggests that employee attendance is largely a function of two important variables:

I. An employee's motivation to work and
II. An employee's ability to work i.e. voluntary versus involuntary.

These variables are believed to interact to the extent that an employee's perceived ability to attend work moderates his or her motivation to be present at work. This motivation to attend work is influenced by a person's satisfaction with his or her job situation.

Ericson (2001) states that if people used their sick leave appropriately and responsibly such as for family commitments or when they are truly ill, – absenteeism would not be the major problem, that is currently experienced by organizations. However some employees believe that sick leave is a right and needs to be utilized irrespective of their condition of health and this action results in the remaining staff members being unable to render caring, effective and efficient services.

Hospital services are provided on a 24 hour basis and apart from the enormous effort involved in the preparation of shift duty rosters to which nursing personnel are subjected, human lives are involved. This is supported by Chauke (2007) in her study on absenteeism who stated that absenteeism in a hospital would not

be the same as for a coffee shop as hospitals deal with human life.
The Basic Conditions of Employment Act 75 of 1997 (South Africa, 1997) indicates that a medical certificate has to be produced after two days of sickness however employees often abuse the above by frequently absenting themselves for a day or two without a medical certificate (De Aar Hospital – Leave of absence register).

It is crucial that proper recording of information on each absentee is done, including the reason and duration of absence so as to determine if the absence should be compensated or not. On returning on duty each staff member that was absent should be asked for reasons of absence where a reason or sick certificate has not been submitted. Staff members who have a pattern of absenteeism should be informed individually of the impact of their absence on service delivery as well as on their colleagues. Counselling should be done where necessary as well as the necessary disciplinary process followed.

Josias (2005) in her study suggests that one of the factors which may contribute to high levels of absenteeism is the employee's level of job satisfaction in the work place. Several other studies have emphasized the underlying assumption that job dissatisfaction represents the primary cause of absenteeism (Steers, Porter & Bigley as cited by Josias). This is supported by Grobbler, (2002) who explains that attitudinal factors such as job satisfaction and the country's economical state contribute to absenteeism in the workplace. A further finding by Isah, et al (2008) is that absenteeism is also influenced by the physical demands of the job.

Absenteeism from work due to ill health has increased, Booyens (2002). In De Aar Hospital the total number of days of absence during the period of January to June 2007 doubled from one hundred and forty seven (147) to two hundred and eighty one (281) during the period of July to December 2007. Breakdown of absenteeism by nurses in De Aar Hospital by month for the year 2007 is

illustrated in Figure 1.1.

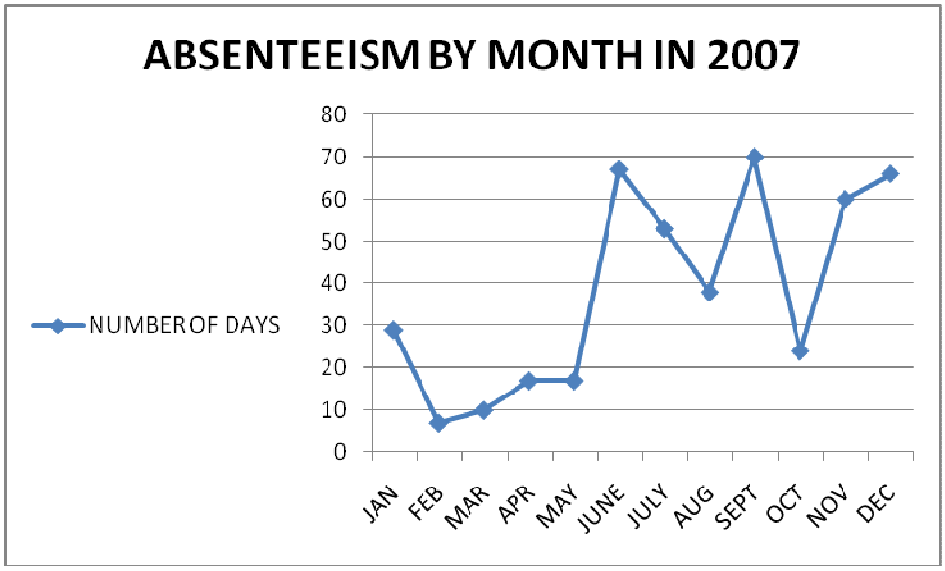


Figure 1.1 Breakdown of absenteeism by month

It is crucial that absenteeism should be measured for it to be managed effectively (Booyens, 2002) because it is costly on business operations and results in lost productivity (Nel et al, 2004).

Robbin, Odendaal, and Roodt (2003) report that absenteeism is costing South Africa millions of Rands per year in decreased productivity and increased benefit payments. This is supported by Moodley (2005) who indicates that South African economy loses an estimated R12 billion annually because of absenteeism.

The aim of this study was to analyze the frequency, determine whether sick notes are routinely submitted by personnel after having reported sick, reasons for certified absence and types of leaves taken by the different categories of nursing personnel. The availability of this information distinguishes this study from previously published studies on this subject.

1.3 STATEMENT OF THE PROBLEM

Absenteeism by the nursing personnel in De Aar Hospital seriously affects the running of the hospital with negative consequences on patient care, efficiency and value for money. The Determination on Leave of Absence in the Public Service section 14, subsection 14.3 (DPSA, 2009) indicates that an employee must submit his/her application for sick leave in respect of clinical procedures in advance, unless the treating practitioner certifies that such procedures have to be conducted as an emergency. Some employees however have been noted not to comply with this regulation and submit their request for a surgical operation at short notice even though the operation is not an emergency (De Aar Hospital leave of absence register).

The following are some of the effects of absenteeism within the institution as has been reported by the quality assurance unit in De Aar Hospital:

- Patients are dissatisfied with quality of care.
- Planned activities and objectives within the institution are disrupted or cannot be achieved.
- Increase in the number of complaints.
- Increase in adverse events, like patients falling out of bed.
- Increased workload for the remaining staff members resulting in burnout.
- Exposure to litigation
- Staff members are expected to work overtime resulting in disruption to the lives of other staff members who are called on to assist at short notice.
- Increased financial implications through the payment of overtime to replace absent staff members.

1.4 RESEARCH QUESTION

What is the extent of absenteeism amongst nursing personnel in De Aar Hospital and what are the factors influencing absenteeism in that Hospital?

1.5 STUDY OBJECTIVES

1.5.1 BROAD OBJECTIVES

To determine the extent of absenteeism amongst nursing personnel in De Aar Hospital and to establish the reasons of absenteeism in the hospital

1.5.2 SPECIFIC OBJECTIVES

1. To determine the extent of absenteeism amongst nursing personnel in De Aar Hospital.
   .
2. To identify the number of nurses who submit sick notes after being absent.
3. Develop recommendations to reduce days of absence from work by nurses.

CHAPTER 2
LITERATURE REVIEW

A review of literature by various researchers is described related to absenteeism especially in health care setting is described in this chapter.

2.1 INTRODUCTION

This chapter expresses the opinions of various researchers on absenteeism by employees. Absenteeism is defined as withdrawal behaviour when it is used as a means to escape an undesirable working environment (Nel et al, 2004). Cascio (2003) however defines absenteeism as failure of employees to report for work or to remain at work as scheduled, regardless of reason. He clarifies the word scheduled as excluding holidays, maternity leave or court cases.

Absenteeism has a detrimental effect on the work lives of nursing personnel who have a good attendance record. It creates both physical and mental strain. This often results in burnout of these nurses and leads to additional absenteeism by the loyal staff members. Results published from a study conducted amongst nurses and industrial workers confirm that role conflict combined with a lack of resources act together to produce tension and burnout which results in increased absence from work (Jamel, 1981).

In the event where there are shortages due to absence of staff members, temporary replacements are called in and have to be orientated with regard to standard operational procedures in that ward so as to enable them to perform unfamiliar tasks (Gaudine & Saks, 2001). Replacement nurses often need more supervision from the unit manager to ensure that allocated tasks are performed efficiently.

A study on sickness absenteeism conducted in a Nigerian Hospital states that the disruptive effects of absenteeism among hospital workers cannot be over emphasized (Bamgboye and Adeleye, 1992). A further consequence of absenteeism is that nurses have to hurry through their meals and work extended hours which were not scheduled for them because they have to cover in wards where their colleagues did not turn up for work (Khumalo, 2001).

To ensure continuity of patient care in the nursing unit, unit managers are expected to revise the work allocations. Due to the loss of expertise resulting from the absent employee, the replacement nurse has to be orientated in the unfamiliar environment and management has to allocate overtime for the replacement nurse. This is supported by Lambert, Edwards, Scott, Camp. & Saylor E (2005) who in their study of absenteeism amongst correctional officers found that absenteeism had adverse effects on employees who were good attendees. Employees who are good attendees are often resentful of being inconvenienced through the actions of others (Huczynski and Fitzpatrick, 1989). Loyal employees resent doing work for absentees, especially when they feel that there is no valid reason for them being away. In addition employees have to be frequently reallocated to fill in for the positions of employees who are absent.

Absenteeism results in fewer staff being available to respond to emergencies when they occur, as well as extra work and added responsibility. This is supported by Huczynsk and Fitzpatrick (1998), especially where this involves less desirable or unfamiliar job functions. This has been observed in De Aar Hospital where nursing personnel are reluctant to work overtime for an employee who is absent for no valid reason. Because of the inconvenience which is experienced by nurses who have to replace an absent colleague, some employees do not answer their phones when called from the hospital as they know that they will be requested to work overtime for an irresponsible staff member.

Rhodes & Steers (1990) argue that absenteeism is high amongst employees who belong to trade unions. They believe that due to the fact that union members are a threat to their managers they are not confronted nor disciplined. These employees absent themselves for invalid reasons such as attending to personal problems and do not report for work.

This results in attending employees being forced to perform duties they were not expecting or desiring to work during their shift. This puts hardship on those employees, who were scheduled to go home at the end of their shift (Farkas, 1990).

2.2 TYPES OF ABSENTEEISM

Two types of absenteeism have been identified, namely: involuntary (approved) and voluntary (unapproved) (Buschak, Craven, Ledman, 1996). Involuntary absence has been noted to occur for reasons that are beyond the control of the employee such as 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 for valid reasons, and because of persistent health problems (Levy & Associates, 2004).

In the case of voluntary absenteeism however, the nurse makes a deliberate decision to absent herself. This is a form of abuse of sick leave rights as described by Levy and Associates (2004) which occurs after an employee requested for leave of absence and permission was refused by management for valid reasons. Such employees often believe that they are treated unfairly when they have to be granted leave or off time, hence they feel they are entitled to take leave whenever they want to (Chauke, 2007).Unauthorized absenteeism warrants that a relevant amount of money is deducted from the employee's salary (Walfin, 1981; Robinson and Bennet, 1995; Sagie, 1998; Thompson et al., 2000). Literature reveals that employees are willing to pay for unexcused

absenteeism from their salaries (Latham & Purcell, 1977).

Due to the fact that it is not easy for managers to distinguish between voluntary and involuntary absence, absences are recorded as sick absences as reported by the employee. The only measure that could possibly be utilized to distinguish voluntary absence from involuntary absence is by monitoring the frequency as well as the duration of the sickness absence. For the absence frequency to be measured, each incident or episode of absence is counted irrespective of the duration of the absence. Higher frequency scores are interpreted as a sign of more voluntary absence.

Measures of duration however provide an index of involuntary absence such as the time lost index (Hammer and Landau 1981; Davey, Cummings, Newburn-cook2009). The time lost index is a measurement of duration which is done by keeping a record of the total number of days lost regardless of the number of incidents. Nurses with a high duration score of absence often are noted to have absented themselves due to reasons which are beyond their control for conditions like recovering from surgery or being involved in a motor vehicle accident. (Hammer & Landau, 1981)

Unauthorized or unscheduled absenteeism is a problem for organizations or businesses as it puts an unfair burden on the majority of employees who show up for work (Buschak et al, 1996). The report by Buschak further indicates that at least 50% of all employee absenteeism is not caused by bonafide illness or other acceptable reasons.

Wing (1999) however states that a study of the Confederation of the British Industry is of the view that 98% of nurse absenteeism due to illness is not falsified. The nurses who reported that they were ill actually were genuinely ill. The report by Buschak (1996) further states that experts estimate absenteeism in the United States results in the loss of over 400 million workdays per year. They argue that in the United States one million employees a day will not attend work

as scheduled at an estimated cost of $40 billion per year (Dalton and Enz, 1987).

Bydawell (2000) as 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 both to employer and employee. This can be very costly to the employer.

Kruger (2008) in his study conducted amongst Aviation Security Officers at Johannesburg International Airport (currently known as O.R. Tambo International Airport) state that absenteeism can be interpreted as an exchange between employees as a group, and between them and the organization. In the first instance, employees “share” their absenteeism so that it becomes acceptable. Secondly, absenteeism becomes a form of negative exchange between employee and employer (Kruger, 2008). The employee withholds his or her presence from the work place. These employees trade off their absence against workload pressure, boredom or the enormous artificiality of fixed work schedules.

2.3 CAUSES OF ABSENTEEISM

2.3.1 DEMOGRAPHIC CHARACTERISTICS

2.3.1.1 ETHNICITY

Limited research has been conducted on the relationship between absenteeism and race. However in a study which was conducted on the relationship of ethnicity and absenteeism among six hundred and fifty nine (659) Black, White and Hispanic employees in companies based in the United States, the results showed that Blacks reported significantly more absences than their White counter parts (Avery, McKay and Tonadindel,2007). The report further states that

the difference is more pronounced when the employees believe that their organization / employer places value on diversity. The Black/ White difference was significant where employees had racially similar supervisors and would expect their companies to value diversity.

In a study conducted amongst elementary and secondary school teachers in an effort to determine the level of commitment experienced by teachers, the results showed that there is no difference in the level of commitment amongst Black teachers in schools of different races (Mueller, Iverson, Finley and Price, 1999).

2.3.1.2 AGE

Age is hypothesized to contribute to absenteeism. A number of authors (Cooper, 1999; Payne, 1999; Nyathi, 2005; Nyathi and Jooste, 2008) were of the view that nurses are comprised of an ageing, predominantly female workforce that often develop chronic medical problems as they become older, contributing to higher absenteeism in this group. Erikson (2001) states that approximately one third of the nursing workforce is over fifty years and the average age of full-time nurses in health care institutions is forty nine years. The above statement is supported by data presented by South African Nursing Council (SANC) 2006 which show that the highest concentration of nurses in South Africa is between 40 – 49 years of age. Nurses younger than 25 were found to be in the minority which in turn translates to nursing being an aging workforce (Wildschut & Mqolozana, 2008). This trend is evident in De Aar Hospital as well where it has been noted that nurses in the older age group are more frequently absent. . As a result of this these nurses are constantly booked off sick by medical practitioners.

However the study by Van der Walt (1999) contradicts above study by arguing that nurses over the age of sixty have a lower rate of absenteeism compared to other age groups. The study reports that this is because older nurses have greater commitment to their work than younger nurses. The study by Van der

Walt further states that it is possible that older people regard sick leave as a privilege than a right. Older nurses may according to Van der Walt have developed outside sources of satisfaction in preparation for their retirement for example they might have joined health clubs and other related organizations where they are able to interact with others outside their work situation. They therefore are not reliant on the workplace for their esteem. Further to this they also do not want to provide reasons which will lead to termination of their work lives. For these reasons they are more dedicated to their work (Van der Walt, 1990; McNeese – Smith and Servellen, 2000).

Lawler, (1992) states that there is a connection in the literature between employee age (seniority) and personal position in the organization. He further states that as age and seniority increases, employees get better conditions of service, more responsibility and larger salaries which translates to decrease in absenteeism.

Huczynski and Fitzpatrick, (1989) revealed in their study that there is a general consensus in the research literature that younger workers have more frequent absences than their older colleagues. One of the reasons believed to be contributing to this is that they place greater emphasis on leisure time. Contrary to above however, Peiro et al (1999) as quoted by Siu (2002) reports that older workers are more prone to sickness absence than younger workers. Reasons cited are deterioration of the health status of the older employees as well as the longer time taken for recovery when injured.

2.3.1.3 GENDER

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

states that a study of five (5) large urban police departments revealed higher rates of sickness absenteeism by females compared to male officers. Gender differences in absenteeism are attributed to the fact that females are in most cases the primary care givers of dependants with special reference to caring for young children and the elderly family members.

A study conducted amongst school teachers revealed that women are absent more frequently than males (Fried, Melamed and Ben David, 2002; Ichino and Moretti, 2006). This has been noted to be more the case with women who are in their child bearing age (Bridges and Mumford, 2001) found that women in general have similar patterns of absenteeism and differences originate primarily from women with very young children. It is mothers who usually take time off from work when a child is sick (Mohony, 1999; Wing, 1999). The study by Erickson, Nichols and Ritter (2000) states that family demands and attitudes have an impact on nurses especially those with younger children, under the age of six (6) as well those experiencing difficulties in raising their children possibly due to child minders who do not turn up for work. The study by Cooper (1999) reports that nurses are exposed to conflicting responsibilities such as having to manage a house, look after family members and work shifts which leads to stress and might result in absenteeism.

Stress related illnesses are reported to be more prevalent among female nurses than their male counterparts (Johnson and Indvik, 1997).

2.3.2 PERSONAL CHARACTERISTICS

2.3.2.1 LACK OF MOTIVATION

According to Booyens (1993), employees could be lacking in motivation to report for work due to overcrowded wards and strained relations with their supervisors. This is noted in situations where workers have too little access to the boss and the feeling that no one in the higher levels of management really cares for them.

Workers tend to become demotivated to work (Khumalo, 2001) A study by Luthans (1995) reveals that employee satisfaction is increased if the immediate supervisor is emotionally supportive (Robbins,1989; Schlossberg,1997; Egan & Kadushin, 2004). Another factor as described by Luthan (1995) is the perception by the employee about whether they matter to their supervisor and to their organization. Mowday et al, (1982) supports the view that an employee's feelings of personal importance to the organization can be related to their level of commitment to the organization. Brooke (1986) proposed a model designed to explain absenteeism as opposed to attendance. He theorized that job satisfaction, organizational commitment, job involvement, organizational permissiveness and health status influenced absenteeism.

Above views demonstrate that lack of motivation contributes greatly to absenteeism.

2.3.2.2 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;). Rhodes and Steers (1990) support the statement that one of the factors contributing to absence behaviour is job satisfaction. These authors further argue that when work is satisfying, people will show up to enjoy it. They further report that employees will withdraw from a work situation which is painful and dissatisfying. This statement is supported by Anderson, (2004) who reports that dissatisfied employees withdraw from the work place by utilizing their sick leave inappropriately.

A culture of absenteeism amongst one group of employees often affect work values and commitment of other employees (Booyens, 2002; Du Plessis, Visser, Fourie, 2003). New employees adopt the existing culture, values norms and

standards as they are influenced by the current absenteeism norms in the organization (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. The study by Sullivan and Decker (1992) argues that employees' attitude, values and goals could impact on an employee's motivation to report for work. They are also of the opinion that nurses with high work ethics and those hoping for promotion are highly motivated to attend work. Due to the above it is imperative that management should manage absence behaviours within the various groups and ensure that working conditions are bearable whenever possible.

2.3.2.3 LIFESTYLE

According to Erikson (2001) lifestyle choices such as smoking, drinking alcohol and other substances abuse could influence absenteeism. This is observed in De Aar Hospital where staff members absent themselves on a Friday, Monday or after "pay day" due to substance abuse. Wood (1998) states that absenteeism of the lower categories of nurses becomes worse during public holidays and long weekends, because some nurses prolong their weekends. At times, nurses return late from holidays and produce a medical certificate when they return to work.

Above studies indicate that life style has a negative impact on work attendance.

2.3.2.4 QUALIFICATIONS

Parker and Kulik (1995) and Remsburg, Armacost and Bennet (1999) reveal that nurses with a qualification in bachelors degree or those with a diploma are less absent than nurses who do not have a basic professional nursing qualification. This indicates that professional nurses are more satisfied with their work than less qualified nursing personnel as they anticipate more opportunities for

promotion. This is supported by Rosenblatt and Shirom, 2005) who state that educational attainment may elevate employees' professionalism and would consequently improve their level of responsibility and commitment to their work.

Further studies by Al-Ma'aitah, Cameron, Horsburgh and Arnstrong-Stassen (1999) are of the view that nurses with a bachelor's degree share equal status as nurses who hold diplomas. This situation often results in nurses with degrees losing interest in their work resulting in absenteeism.

Above findings show that advanced nursing qualifications do not necessarily have a bearing of absenteeism patterns.

2.3.2.5 FAMILY RESPONSIBILITY

The Basic Conditions of Employment Act (1997), as amended stipulates that employees are entitled to three (3) working days which may be utilized when the employee's spouse, child, mother or any other close family member is sick. The total number of Family Responsibility Leave is five (5) days per year in case of death of an immediate family member. Nurses however are believed to abuse these leave days by attending funerals of extended families when they no longer have annual leave days available (Nyathi, 2005). A study by Scott and McClellan (1990) reveals that more women employees tend to take time off when a child is ill or injured. Bridges & Mumford (2000) concur with this study and add that women with children who are younger than three (3) years tend to be more absent. Nurses experience role conflicts due to family demands. Nyathi, (2005) stated that personal roles compete with professional roles and often result in nurses absenting themselves from work.

2.3.3 HEALTH STATUS

The health status of employees has been theorized to be a contributing factor in

absenteeism by employees (Brooke,1986; Rhodes & Steers,1990 ;Rhodes & Steers 1978). Employees who are not in good health are more prone to suffer from illness and will use more sick leave.

The reasons reported for absence by nursing personnel have been found to be mostly due to illness. This could be minor or more serious illness. Minor illnesses that have been frequently reported are conditions like a back ache, gastro enteritis, headaches and others. For these conditions nurses have been found to absent themselves for one to two days Cheek & Miller,1983; Ivancevich & Matteson, 1980. McHugh (2001) in his study reports that absenteeism caused by minor illnesses is higher amongst sub professional nurses than has been noted in professional nurses.

Stress is one of the contributory causes of absenteeism amongst employees. Stress related illnesses contribute to employees to leave the organization temporarily so as to escape the stressful work environment (Matteson & Ivancevich, 1987; Rhodes & Steers, 1990).

A high incidence of stress related illnesses among nurses is caused by the nature of their work. An example of this is that patients and their relatives expect nurses to be strong as well as to have the ability to calm anxious patients. Nurses are expected to be friendly at all times to patients and visitors despite their workloads and unbearable work conditions. Due to the fact that the public (patients) are aware of their rights, they often infringe on the rights of the nurses by displaying rudeness and being verbally abusive towards nursing personnel. This behaviour is often seen in areas like Casualty (accident and emergency units) especially when patients or their relatives are under the influence of alcohol (Quality assurance register – De Aar Hospital, 2009).

Nurses report such conduct by patients or visitors as one which subjects them to stress as they fear being criticized further should they retaliate. This is because

the public expects nurses to conduct themselves in a professional manner at all times.

A study by Cooper (1999) reveals that stress is more common amongst sub professional nurses than amongst professional nurses. Parker and Kulik (1999) however contradict this by arguing that stress amongst professional nurses is higher due to perceived inadequate support from their colleagues.

Chauke (2007) in her study on absenteeism amongst security officers suggests that it is difficult to deal with absenteeism at the best of times since employees can simply produce a doctor's certificate after being absent. She further argues that at times these sick certificates can be forged necessitating managers to check on the validity of the sick certificate which has been presented.

Chauke (2007) states that a further complication in South Africa is that Security Officers produce sick notes from Traditional Healers (Sangomas). This raises the question of how valid is the sick certificate and whether employers should accept such sick certificates

According to Strydom (2006) as cited by Chauke (2007), traditional healers will able to issue 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 need to be registered with the Department of Health for them to be able to act as a Traditional Healer. However there are concerns about the monitoring of sick certificates from Traditional Healers and increased costs to companies because in some cases employees are granted long sick leave by the Traditional Healer. Some employees within the institution misinterpret the sick leave directives for their own benefit despite having had several information sessions with regard to the document.

According to Neubouer (1996) absenteeism in nursing is possibly related more to

avoidance coping than to illness. This is noted in wards which have staff shortages and nurses are reallocated at random to work in understaffed wards at short notice. This lowers the morale and contributes to absenteeism as it is difficult for a nurse to work as a floating nurse in unfamiliar surroundings.

In a study done in a University Hospital in Nigeria, junior workers were found to comprise the majority of workers with a sickness absenteeism record (Bamgboye & Adeleye 1992) while a lower spell of sickness was noted among nurses, doctors and senior personnel. This could be attributed to poor record keeping as identified in the study where the study revealed that only 16% of the total workforce had records of sickness absenteeism over a three year period. The other probability could be commitment by the nurses, doctors and senior personnel as they were more mature workers. The overall proportion of absentee workers was 15.8% with an average of 3 spells of sickness per year per employee.

The key factors associated with sickness absence amongst staff include long hours worked, work overload and pressure and effects of these on their personal lives (Michie, 2003). Additional to these were lack of control over work, lack of participation in decision making and unclear work roles. There was evidence that sickness absence was associated with poor management style. In this systematic literature review Michie, (2003) reveals that interventions that were successful in improving psychological health and levels of sickness absence, used training and organizational approaches to increase participation in decision making and problem solving as well as increased support by supervisors. Feedback and improved communication and cultivating a culture which does not tolerate excessive absenteeism were other strategies used. These interventions could ultimately result in reduced sickness absence.

2.3.3.1 HIV / AIDS

Robbins et al (2003) are of the opinion that in South Africa, the impact of HIV/AIDS would have a crippling effect on the labour force in the 20 to 29 year age group which in turn results in organizations being faced with an aging workforce. This would be as a result of a reduction in the number of young employees entering the job market because of the impact of HIV/AIDS. Due to the fact that HIV/AIDS primarily affects the economically and sexually active population, this poses a serious threat to economic growth, development prospects and poverty reduction (Booysen et al 2003).

Bollinger and Stover further argue that the macro-economic impacts follow from micro level impacts, including the impact of HIV/AIDS epidemic on business, economic sectors, public sectors and households. The primary impact channels from above assumptions include a decline in total labour supply in the total population due to HIV/AIDS related mortality amongst the economically active population which affects both the supply and demand side of the economy.

2.3.4 ORGANIZATIONAL CHARACTERISTICS

2.3.4.1 POOR WORKING CONDITIONS

Different studies have revealed various causes of absenteeism. Poor working conditions caused by shortage of nursing personnel has been reported as one of the contributing factors for absenteeism (Nicholson, 1977; Steers and Rhodes, 1978). This research will hopefully be able to clarify additional reasons for unjustifiable and unexplained absences. Recommendations will thereafter be developed to reduce this problem.

A study which was conducted by Zondi (1998) reveals that absenteeism is more frequent in certain job classifications such as enrolled nursing assistants because their job responsibilities are monotonous and often do not allow them to be

creative resulting in boredom. Kass et al, 2001 reveals that repetitive tasks result in lower levels of motivation leading to boredom for some nurses and contributes to absenteeism.

Inability by nurse managers to give encouragement and praise for good work which has been performed by nurses often results in nurses feeling unappreciated (Van Dierendonck, et al, 2002). A study by McNeese-Smith (1997) reveals that negative feedback by managers to nurses regarding their performance and shouting at the nurses while they are performing their duties, demotivates and frustrates them resulting in them avoiding work attendance. Booyens, (1998) argues that criticizing staff members causes a lack of enthusiasm and creates hostility and aggression

2.3.4.2 LACK OF ORGANIZATIONAL COMMITMENT

Organizational commitment is defined as loyalty displayed by employees to the employing organization by identifying with the core values and goals of the organization and having a desire for meaningful involvement in the organization (Cooke & Wall, 1980; Mowday, Steers & Porter, 1979). An example of an employee with low organizational commitment as described by Lambert et al 2005 is one who sees severe weather as an excuse not to go to work, while another employee who has high organizational commitment would see the same situation as a challenge to be overcome.

In De Aar Hospital complaints from nursing personnel as received by the quality assurance committee indicate that some nurses absent themselves from work so as to attend a friend's funeral. Such reports are usually brought to the attention of the nurse manager by staff who attended the same funeral who were officially off duty. During visits to nurses' residences by the nurse manager in the hospital after a report of being unable to report for work due to illness, the nurse manager

at times discovered that the nurse who absented herself was under the influence of alcohol though the nurse had reported to be sick telephonically.

Nurses who are believed not to be sick sometimes report in sick and absent themselves even though they are not ill. They are believed to abuse sick leave because they are aware that they forfeit sick leave days that have not been used in the three year cycle. This information is obtained from nurses who are unhappy when requested to replace a nurse who reported in sick.

2.3.4.3 TENURE

Martocchio, (1989) states that employees who have been employed for a long period have higher levels of job satisfaction and organizational commitments, resulting in lower levels of absenteeism. However above study is contradicted by Hoque and Rahman, (1999) as quoted by Hoque and Islam, (1999) who are of the view that workers with higher work experience report higher levels of absenteeism than workers with lower work experience. According to these authors employees with higher work experience believe that they have been loyal to their organization and employer and are entitled to a few days of sickness absence. Above statement indicates that tenure of employees in the work place has an impact on absenteeism.

2.3.4.4 TRANSPORT

Gillies, (1994), views transport problems as contributing to absenteeism in a number of stages namely, nurses using a bus or train for the purpose of travelling from home to work and from work to home. The study argues that a nurse who walks or uses a bus or train has a higher absenteeism rate than nurses who live on hospital premises. The study further indicates that nurses using unreliable

transport might be disturbed by bad weather trying to reach their means of transport or they may have to walk to their workplace. In such cases some decide to rather absent themselves from work especially those having four (4) or more travel stages.

2.3.4.5 CAREER DEVELOPMENT AND PROMOTION OPPORTUNITIES

De Groot, Burke and George (1998) suggest that due to professional expertise and educational opportunities which are undervalued in some organizations, this ultimately leads to absenteeism amongst nurses. This is especially noted when nurses undergo further post graduation training, and after completion of the training they are placed in the same posts due to non availability of higher posts. This shows that in institutions where there are no promotion opportunities absenteeism tends to be more of a problem

2.3 IMPACT OF ABSENTEEISM ON SERVICE DELIVERY AND ECONOMY

Buschak, Craven and Ledman (1996) stipulate that unscheduled absenteeism is a problem in every organization as it puts an unfair burden on the majority of employees who show up for work. They further state that absenteeism ultimately hinders customer satisfaction and drains the country's economy. This is supported by Steers and Rhodes (1984) as cited by Buschak et al (1996) where they state that for every 0.5% increase in national absence rates in the United States, the gross domestic product drops by $10 billion. Based on the size of today's Gross Domestic Product (GDP) compared to the early eighties, that figure is substantially larger today. Buschak, et al (1996) further emphasize that at least 50% of all employee absence is not caused by illness or other acceptable reasons.

Absenteeism impacts negatively on the country's economy and drains productivity (Chauke, 2007). Chauke further states that employees with chronic

health problems are often seen as a liability.

In the United Kingdom, the industry's overall average sickness rate is 3.7% and the average National Health System (NHS) rate is at least 5% (Michie, Wren, Williams, 2004) The differences in the sickness absence rate between countries as well as between work forces with similar socio economic profiles within a country are reported to suggest that work characteristics predict sickness absence behaviour (Blau, 1985; Briner, 1999).

According to Aamodt (2004), a 2002 survey conducted by the Commerce Cleaning House revealed that employees in the United States took an average of 6.2 days for absenteeism. He further states that this figure is standing at ± 7.8 days for the United Kingdom. Aamodt (2004) notes that these figures are alarmingly high, hence the increased focus on absenteeism in organizations. In South Africa, absenteeism in the work place is receiving increasing attention and organizations are taking a closer look at the costs of absenteeism as well as issues such as employee loyalty (Du Plessis, Visser & Fourie, 2003). It is estimated that 4.5% of the SA work force are absent on any given day and in certain companies the figure is as high as 18% (Voide, 2005).

Furthermore, a study conducted by Occupational Care South Africa has revealed that SA companies are losing millions of Rands a year due to absenteeism in the work place. Robbins, S., Odendaal, A.. & Roodt, G. 2003 indicate that South African managers consider absenteeism their most serious discipline problem. If not managed and controlled, absenteeism can "speed like an epidemic" creating a range of problems for organizations (Hoque & Islam, 2003).

The main problem is perhaps that many employees believe that they are entitled to take sick leave irrespective of whether they are ill or not because they do not want to lose the sick leave benefit which was due to them during a three year cycle.

Some authors postulate that women's preferences are significantly different to men in that they would prefer part time work and flexible work schedules in order to accommodate their family responsibilities. It is therefore possible that if these options are available, it could influence their absence patterns positively within the organization.

To assess whether there is an absenteeism problem, it is important to measure absenteeism and have this data available. This will assist in determining if some departments have higher absence rates than others, have each ward compared with others.

2.4 COST IMPLICATIONS

Absenteeism is costly and managers are constantly exploring ways to reduce it. Bydawell (2000) and Schumaker (2004) highlight the growing concern that employees who absent themselves and present doctor's certificates, are actually absent for non health related matters. Some employees use their sick leave as their vacation days when they have exhausted their annual leave benefits. This makes it difficult for managers as some employees have an entitlement mentality.

Isah et al (2008) are of the opinion that the direct and indirect costs of high level absenteeism in the health sector include the costs of medical bills, paying of additional overtime to staff, employing temporary staff, reduction in the standard of care to patients, disruption of the work schedule and lowering of morale among staff members.

In 1998 it was estimated that the cost of sickness absence in the National Health System (NHS) was over $700 million a year Michie (2004). Experts estimate that absenteeism in the United States results in the loss of over 400 million workdays per year which is an average of approximately 5.1 days per employee (Buschak

et al 1996).

In Canada an average percentage of health care professionals that is likely to be absent from duty due to illness is 1.5 as compared to other occupations. The average number of days that Canadian health professionals absent themselves from work ranges between 12 to 15 days annually (Canadian Institute of Health Information 2005) as cited by Davey et al 2009. A further finding by Davey et al is that in the event where a nurse earns $28 per hour and the nurse works 40 hours a week, and that nurse fails to report for work for six times in one year, the costs for the hospital to pay the particular nurse amount to $1 344.00 excluding benefits while this nurse is absent. Costs for replacing the absentee nurse amount to $4032 where overtime rates for replacement are required.

The Chartered Institute of Personnel and Development (CIPD) absence study conducted in 2002 reveal that an average of 10 working days per year was lost per employee. According to the Confederation, absence cost United Kingdom employers 11.8 Billion pounds the previous year. This had gone up by 11 billion pounds.

Costs related to absenteeism in South Africa are estimated to be R12 Billion per annum- R1.8 Billion to R2.2 Billion due to AIDS (Business report, 9 Feb 2005).
In a study conducted amongst employees who are working in a motor and textile manufacturing industry in the Eastern Cape, it was revealed that the absenteeism rate for employees living with HIV/AIDS is three times higher than for those who are HIV negative (Johnson, 2004). The results of this study indicate that a total of thirty two (32) working days are taken annually by people living with HIV. On average people who are HIV positive were found to be absent 4.1 times a year and the duration for each sickness episode was found to be 7.8 days.

Assumptions regarding the magnitude of the direct and indirect costs of

HIV/AIDS to companies that were reviewed in a study conducted by Booysen, Geldenhuis & Marinkov (2003) , far exceed cost estimates from available company studies in South Africa (Van den Heever, 2003) as cited by Booysen et al, 2003. An example reported by Rosen et al (2003) found that cost estimates range from 0.4 to 5.9% of salaries and wages for six companies with an HIV prevalence rates which range between 7.9 and 29%. The report further states that the assumption of the Metropolitan is that direct and indirect costs amount to between 10 and 25% of remuneration budgets (Van den Heever, 2003) as cited by Booysen et al, 2003. A study conducted by Frazer et al. (2002) as cited by Booysen et al 2003, reveals that small and medium enterprises in South Africa are increasingly faced with the reality of HIV/AIDS in the work place. They are of the view that increased deaths, absenteeism and illness as a consequence of HIV/AIDS have been reported by ninety seven (97) businesses which were interviewed in Durban, Cape Town and greater Gauteng province. Booysen, et al (2003), are of the opinion that government spending will increase as a result of the HIV/AIDS epidemic. This will be due to more demand for public health care services and increased social spending relating to expenditure on social grants such as providing care for increasing numbers of orphans resulting from the increased mortality.

Further to this report, in South Africa unscheduled absenteeism is estimated at an average of 4.8% of available work time. Pillay (2009) reveals that the costs of absenteeism are not only limited to the employee's salary for the day not worked but it is actually 3 times the day's salary when related costs involved are taken into account including sourcing a temporary replacement and loss of productivity. Jackie Pillay however asserts that South African companies lose about R19,1 billion in lost productivity.

Indirect costs include disruptions, reduced productivity, loss of expertise and experience, administration costs to monitor and administer the absence program, training costs and moral of other employees as well as management's time to

revise work assignments (Lambert, 2001)

2.5 CONSEQUENCES OF ABSENTEEISM

Positive consequences for the employee is probably reduction from stress or boredom associated with the work environment (Mowday, Porter, & Steers, et al, 1982) as cited by Josias, 2005. Negative consequences to the employee are loss of financial income (leave without pay) as per leave policy of the organization. If the employee is frequently absent, this can result in negative performance evaluation by the supervisor (Mowday et al, 1982). Continuous absence without a valid reason reflects poorly on the employees' integrity, honesty and work ethos (Orrick, 2004).

Positive consequences for the organization are probably no risk of employees reporting for work whilst not feeling well. On the other hand, negative consequences for the organization are costs increase due to payment of overtime depending on the absence policies in the organization and dissatisfied customers

2.6 STRATEGIES TO MANAGE ABSENTEEISM

Work attendance policies should be developed and employees must be informed about the policy. The policy should reflect expectations of the institution with regard to attendance, procedures to be followed regarding use of leave provisions, Notification of absence procedure, return to work procedures, required documents in the event of illness, maternity leave benefits, family responsibility and the like (Ward & Hirsch, 1985; Schappi, 1988; McDonald and Shaver, 1981),

Systems should be put in place for efficient record keeping of absence data, including reasons for absences by employees will ensure that a developing trend

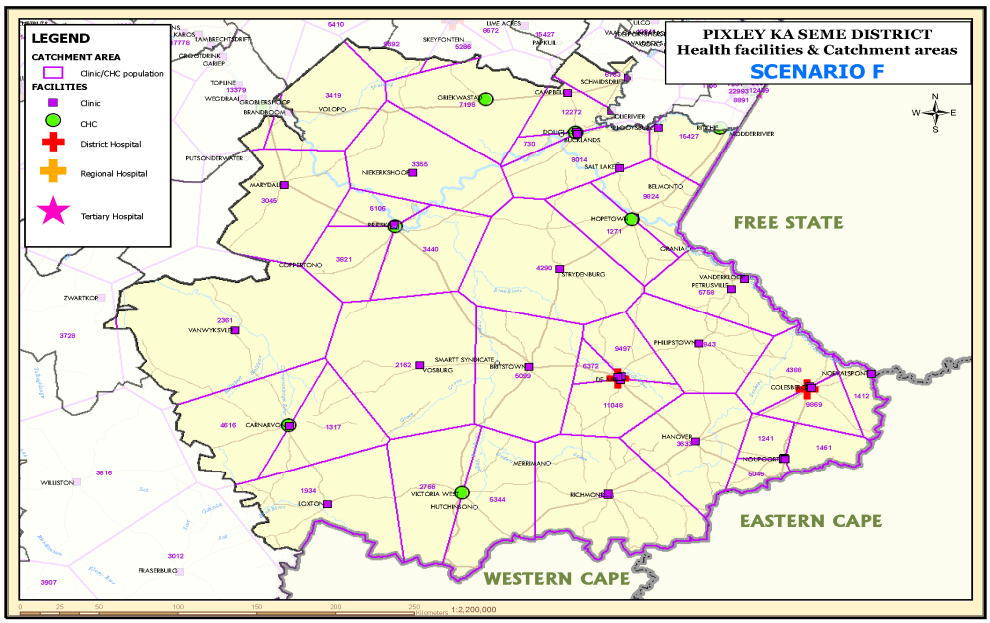
of absence is identified (McDonald & Shaver, 1981; Schappi, 1988; Robinson, 2002).

Fowler (1998) is of the view that return to work interviews is one of the strategies that can be used by organization so as to reduce absenteeism in the work place. The interviews should be conducted by first line managers. Employee Assistance Programs (EAP) are also effective as personal problems affecting employees are identified and the necessary assistance given (Zipes, 1987). A disciplinary system which imposes penalties that range in severity for unexcused absences should also be put in place (McDonald & Shaver, 1981).

2.7 SUMMARY OF THE CHAPTER

The definition of absenteeism as well as types of absenteeism were described. Various researchers in above literature review have highlighted an overview of the impact of absenteeism by employees on various organizations. The chapter further describes the different causes of absenteeism from the workplace.

Factors that have been suggested include personal characteristics such as education levels, age, sex and family size, job satisfaction as well as organizational commitment and ability to attend. The large cost implications linked to absenteeism have also been discussed.



CHAPTER 3 RESEARCH METHODOLOGY

This chapter discusses the study methodology, methods and techniques used while conducting this study. This chapter explains in depth the methodology which was used to conduct this study..

3.1 INTRODUCTION

In this chapter the following areas are discussed: The study setting, scope, study design, study population, study sample, method of data collection, limitations to the study and ethical considerations.

3.2 STUDY SETTING

The setting of this study was in De Aar Hospital, a district hospital rendering level 1 health care services. The hospital is situated in De Aar within Pixley Ka Seme District in the Northern Cape Province. The town is situated half way between Johannesburg and Cape Town. It is 320 kms away from Kimberley.

FIGURE 3.1 Map of the Pixley ka Seme District within the Northern Cape

De Aar Hospital has a 51 bed allocation where the beds are allocated as follows:

- Female Ward : 20 beds
- Male Ward : 14 beds
- Maternity Ward : 9 beds
- Paediatric Ward: 8 beds

3.3 STUDY DESIGN

The study design that was used is the descriptive study which was selected in an attempt to quantify the extent and reasons for absenteeism by nurses. Katzenellenbogen et al (2005) indicate that a descriptive study sets out to comprehensively describe the current state of affairs with regards to the study being conducted. They further report that a descriptive study seeks to quantify the extent of a problem. Additionally, descriptive studies have been found to be useful because they provide service providers as well as planners with information which will assist in the allocation of resources efficiently.

3.4 STUDY POPULATION

A review of the leave registers of all nurses working in De Aar Hospital from 01January 2008 to 30 June 2009 was conducted. This includes all professional nurses, enrolled nurses as well as enrolled nurse assistants.

3.5 STUDY SAMPLE

The study sample included a retrospective review of leave registers of nursing personnel from each ward in De Aar Hospital from 01 January 2008 to 30 June 2009. Since the total number of nurses in this institution is 50 nurses, the study included all Nurses for the purpose of significance testing so as to determine the extent of the problem. This also ensured that good quality information was obtained (Katzenellenbogen, et al, 2005). For the purpose of this study other categories of staff were excluded

3.6 DATA MANAGEMENT

3.6.1 DATA COLLECTION

For data collection a tool was developed to collect the relevant data such as the names which were coded, category of staff, type of leave taken, if it was sick leave whether a sick certificate was submitted to the office. Data was collected retrospectively fro 2008-2009. To ensure confidentiality of the study the names were coded and wards where the nurses are working were excluded. Study numbers were used. The leave register was used as well as the daily attendance register which reflects staff members on duty as well as absentees. A persal printout was also utilised so as verify the accuracy of the data

The Excel spreadsheet based data collection tools were designed to collect from different sources described in Table 3. 1

Table 3.1 Data collection tools

Objectives	Study instruments	Type	Source
1	Tool 1	Excel Spread sheet	Attendance register
2	Tool 2	Excel Spread sheet	Absentee register
3	Tool 3	Excel Spread sheet	Leave register
4	Tool 4	Excel spread sheet	Monthly report on absentees

The objectives, variables and indicators that were used are as tabulated on table 3.2 below.

Table 3.2 Objectives and study variables

Objectives	Variable	Indicators
Objective 1	Nurse category	Number of absent Professional Nurses Number of absent Staff Nurses Number of absent Assistant Nurses
Objective 2	Type of leave	Sick leave with sick certificate Sick leave without a sick certificate Family Responsibility Leave Unscheduled leave
Objective 3	Frequency	Total number of days absent per staff category Total number of times absent per staff category
Objective 4	Reasons for absence	Medical conditions as described by the doctor on sick certificate

3.6.2 MEASUREMENT AND DATA SOURCES

Review of human resource records of nursing personnel pertaining to leave and attendance were conducted using the following documents:

- Attendance registers.
- Absentee register where all absentees are recorded daily.
- Leave register where all approved and unscheduled leaves are recorded.
- Monthly report on absentees.

Information gathered was recorded on the data capture sheet and later entered into the computer according to all the variables that were measured such as biographical details, type of leave and frequency.

3.6.3 DATA PROCESSING AND DATA ANALYSIS

A review of all human resource records for nurses relating to leave and attendance records was performed. A spread sheet was utilized to collect information which was summarized and analyzed. Numerical variables utilized reflected the average as the mean or median and the spread was reflected as the standard deviation.

The following variables were looked at:

- Sick – with a sick certificate
- Sick - without sick certificate
- Unscheduled leave,
- Family responsibility leave
- Number of days and times absent in an 8 week period
- Total number and times absent during the study period

MEASURING ABSENTEEISM

Absence metrics indicate how absence is measured and is measured as follows (Booyens 2002):

Total time lost per employee during a given period of time:

Total hours absent of all employees absent during a period
Total number of employees = average hours lost per employee for a certain period of time

An example of this is:

$$\frac{\text{10 hours absent}}{\text{5 employees}} = 2 \text{ hours}$$

MEASURE OF OCCURRENCE

This is the number of episodes of unauthorized absence by an employee within a particular period, regardless of duration e.g. if an employee is absent for three (3) days in March over a period of one year, four days in June and 5 days in October the total number of days of unauthorized absence is not as important as is the number of occasions i.e. 3 (occasions in one year).

MEASURE OF DURATION

In this example the percentage of work time lost is measured. e.g.

Total days absent
Scheduled work days (Rhodes and Steers 1990)

Data was analysed using NCSS software (NCSS, 2007).

3.7 ETHICAL CONSIDERATIONS

Permission to conduct the study using the human resource records of nursing personnel within the hospital was authorized by the District Manager as well as the Head of Department for Health in the Northern Cape. The importance of conducting this study was also explained. The identity of personnel on records that were reviewed was handled confidentially during the period of study, identifiers were not used. The study was also approved by the Human Research Ethics Committee (Medical) of the University of the Witwatersrand.

CHAPTER 4
RESULTS OF THE STUDY

A description of findings and data analysis and interpretation is done in this chapter. This chapter outlines the results which were obtained in the study and provides a comprehensive discussion of the results. The previous chapters serve as a background against which the contents of this chapter are presented. The chapter starts by presenting the demographic aspects of the nurses in the study

4.1 CATEGORIES OF NURSES

The aim of including this variable in this study was to indicate the actual number of nurses in each category (Table 4.1). For the purpose of analysis, Enrolled nurse and Enrolled Nurse Assistant was grouped into one category.

Table 4.1 Categories of nurses

NURSE CATEGORIES	Total in the hospital	Those who took leave during the study period
Professional Nurse	28	27
Enrolled Nurse	5	5
Enrolled Nurse Assistant	17	13
Total	**50**	**45**

4.2 DEMOGRAPHIC PROFILES

4.2.1 ETHNICITY

The ethnicity of the subjects are described in Table 4.2.

Table 4.2 Ethnicity and categories of nurses

Ethnicity	Total n (%)	Professional Nurse n (%)	Enrolled Nurse and Nursing Assistant

			n (%)
BLACK	9 (20%)	5 (19%)	4 (22%)
COLOURED	36 (76%)	22 (81%)	12 (67%)
WHITE	2 (4%)	0	2 (11%)
Total	**45 (100%)**	27 (100%)	18 (100%)

There was no significant association between categories of nurse and ethnicity (Chi-square test p = 0.18)

4.2.2 GENDER

The gender of the subjects are described in Table 4.3.

Table 4.3 Gender and categories of nurses

GENDER	Total n (%)	Professional Nurse n (%)	Enrolled Nurse and Nursing Assistant n (%)
Male	1 (2%)	1 (4%)	0
Female	44 (98%)	26 (96%)	18
Total	**45 (100%)**	**27 (100%)**	**18 (100%)**

There was no significant association between categories of nurse and gender (Chi-square test p = 0.40)

4.2.3 AGE

The study sought to ascertain the different age groups included in the sample. The mean age was 45.6 years (SD 8 years) (Figure 4.1). The minimum and maximum age was 25 and 60 years respectively.

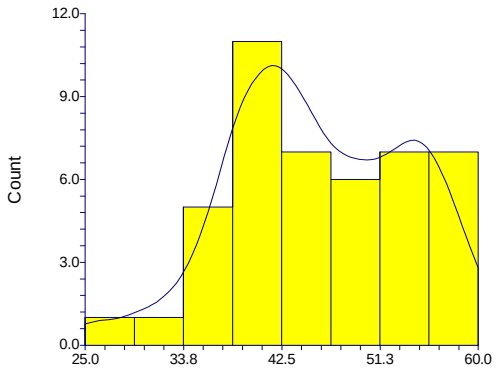


Figure 4.1 Age distribution (n=45)

The age distribution between two different categories is described in Table 4.4. There was no significant difference in age between the two groups (t-test, p = 0.69)

Table 4.4 Age distribution of the subjects

	Total	Professional nurse	Enrolled nurse and nursing assistant
Mean ± SD	45.6 ± 8	46 ± 8.4	45 ± 7.5
Minimum	25	25	30
Maximum	60	60	57

The age is categorised into four categories (Table 4.5).

Table 4.5 Age group and categories of nurses

AGE (years)	**Total n (%)**	**Professional Nurse n (%)**	**Enrolled Nurse and Nursing Assistant n (%)**
25 - 34	4 (9%)	2 (7%)	2 (11%)
35 - 44	17 (38%)	11 (41%)	6 (33%)
45 - 54	17 (38%)	10 (37%)	7 (39%)
55 - 60	7 (15%)	4 (15%)	3 (17%)
Total	**45 (100%)**	**27 (100%)**	**18 (100%)**

There was no significant association between categories of nurse and age (Chi-square test p = 0.95)

4.3 LEAVE OF ABSENCE

Leave (except for annual leave) can be four types namely (a) Sick leave with certificate (b) Sick leave without certificate (c) Family responsibility leave and (d) Unscheduled leave. They are described below.

4.3.1 SICK LEAVE WITH CERTIFICATE

Forty one staff members took sick leave with certificate. (Table 4.6).

Table 4.6 Certified sick leave taken by staff

Sick leave with certificate	Total n (%)	Professional Nurse n (%)	Enrolled Nurse and Nursing Assistant n (%)
Yes	41 (93%)	24 (92%)	17 (94%)
No	3 (7%)	3 (8%)	1 (6%)
Total	**45 (100%)**	**27 (100%)**	**18 (100%)**

The number of sick leave days (with certificate) taken by the nurses (n=41) is described in Figure 4.2. The Median was 11 (inter-quartile range 6 to 24). The minimum and maximum number of days were 2 and 84 days respectively. There was no significant differences between professional nurses (median = 11.5 days) and enrolled nurses and nursing assistant (median = 11 days) in terms of number of leave days (Mann-Whitney's U test, p = 0.7).

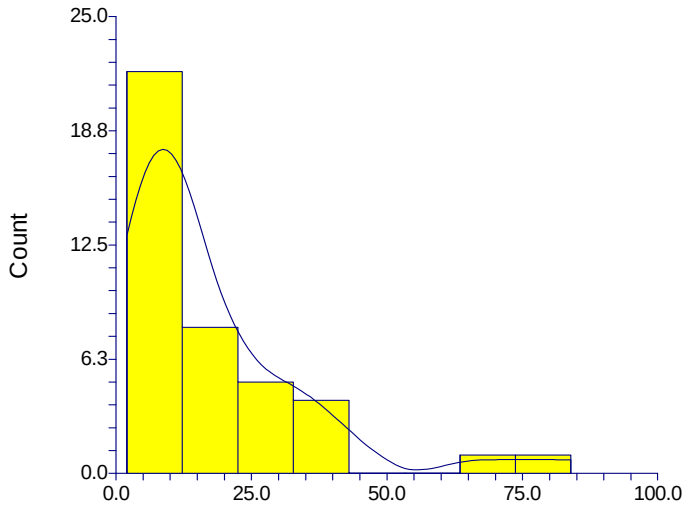


Figure 4.2 The number of days sick leave taken with certificates

The median number of times sick leave taken was 3 (inter-quartile range 1 to 6). The minimum and maximum was 1 and 19 respectively. There was no significant differences between professional nurses (median = 2.5 times) and enrolled nurses and nursing assistant (median = 3 times) in terms of number of times sick leaves were taken (Mann-Whitney's U test, p = 0.7). In terms of number of leave days, there was no difference between the two categories (Mann-Whitney's U test, p = 0.59).

4.3.2 SICK LEAVE WITHOUT CERTIFICATE

Thirty three staff members took sick leave without certificate (Table 4.7).

Table 4.7 Uncertified sick leave taken by staff

Sick leave without certificate	Total n (%)	Professional Nurse n (%)	Enrolled Nurse and Nursing Assistant n (%)
Yes	33 (71%)	20 (74%)	13 (67%)
No	12 (29%)	7 (26%)	5 (33%)
Total	**45 (100%)**	**27 (100%)**	**18 (100%)**

The number of sick leave days (without certificate) taken by these nurses (n=33) is described in Figure 4.3. The Median was 4 (inter-quartile range 2 to 7 days). The minimum and maximum number of days were 1 and 24 days respectively. Professional nurses (median 6) took significantly more sick leave without certificate than Enrolled nurses and nursing assistants (median = 2) (Mann-Whitney's U test, $p < 0.05$).

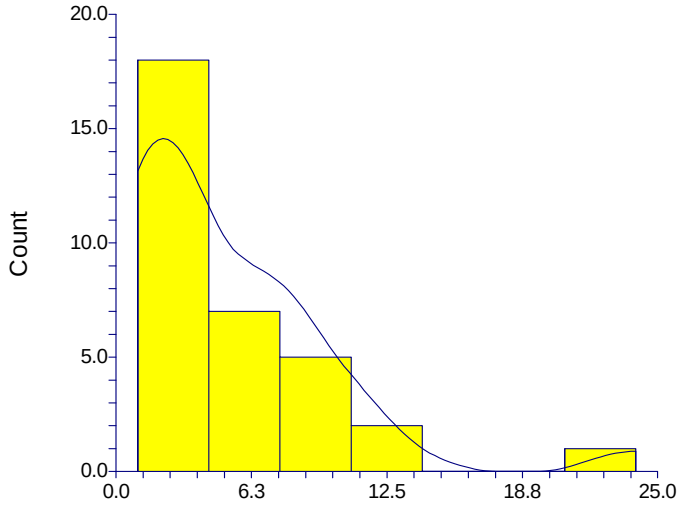


Figure 4.3 The number of days sick leave taken without certificates

The median number of times sick leave taken without certificate was 3 (inter-quartile range 1 to 6). The minimum and maximum was 1 and 19 respectively. Professional nurses (median 3.5) took significantly higher number of times sick leave without certificate than Enrolled nurses and nursing assistants (median = 2) (Mann-Whitney's U test, $p < 0.05$).

4.3.3 FAMILY RESPONSIBILITY LEAVE

Fifteen staff members took family responsibility leave (Table 4.8).

Table 4.8 Family responsibility leave taken by staff

Family responsibility leave	Total n (%)	Professional Nurse n (%)	Enrolled Nurse and Nursing Assistant n (%)
Yes	15 (33%)	9 (33%)	6 (33%)
No	30 (67%)	18 (67%)	12 (67%)
Total	**45 (100%)**	**27 (100%)**	**18 (100%)**

The number of days of family responsibility leave taken by these nurses (n=15) is described in Figure 4.4. The median was 4 (inter-quartile range 3 to 5 days). The minimum and maximum number of days were 1 and 9 days respectively. There was no significant difference between Professional nurses (median= 3) and Enrolled nurses and nursing assistants (median = 5) in terms of number of days of Family responsibility leave (Mann-Whitney's U test, p = 0.20).

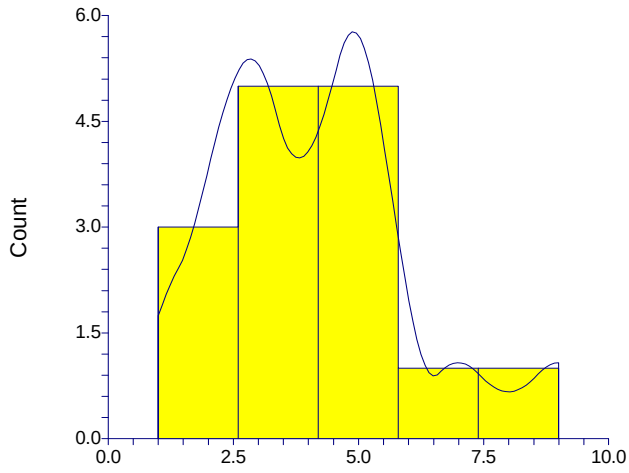


Figure 4.4 The number of days family responsibility leave taken by staff

The median number of times family responsibility leave taken was 1 (inter-quartile range 1 to 2). The minimum and maximum was 1 and 4 respectively. There was no significant difference between Professional nurses (median = 1) and Enrolled nurses and nursing assistants (median = 1) in terms of number of times Family responsibility leaves were taken (Mann-Whitney's U test, p = 0.42).

4.3.4 UNSCHEDULED LEAVE

Four staff members took unscheduled leave (Table 4.9).

Table 4.9 Unscheduled leave taken by staff

Unscheduled leave	Total n (%)	Professional Nurse n (%)	Enrolled Nurse and Nursing Assistant n (%)
Yes	4 (9%)	0	4 (22%)
No	41 (91%)	27	14 (78%)
Total	**45 (100%)**	**27 (100%)**	**18 (100%)**

The number of days of unscheduled leave taken by these nurses (n=4) is described in Figure 4.5. The median was 1. The minimum and maximum number of days were 1 and 61 days respectively.

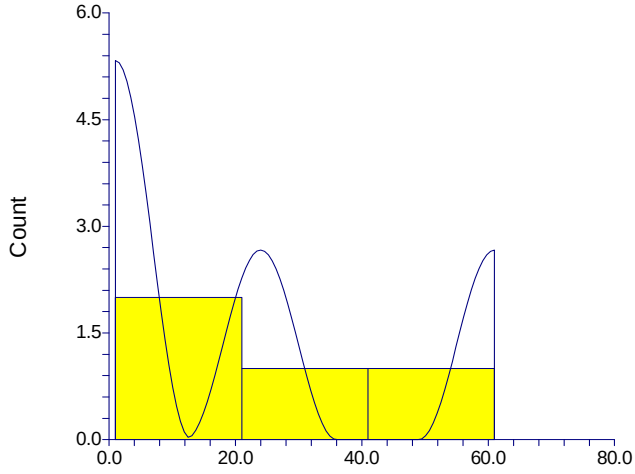


Figure 4.5 The number of days Unscheduled leave taken by staff

The median number of times unscheduled leave taken was 1. The minimum and maximum was 1 and 15 respectively.

4.3.5 TOTAL LEAVE TAKEN

The number of days of leave taken by these nurses (n=45) is described in Figure 4.5. The median was 17 (inter-quartile range 9 to 29 days). The minimum and maximum number of days were 2 and 101 days respectively. There was no significant difference between Professional nurses (median= 18) and Enrolled nurses and nursing assistants (median = 15) in terms of number of days of leave (Mann-Whitney's U test, p = 0.76).

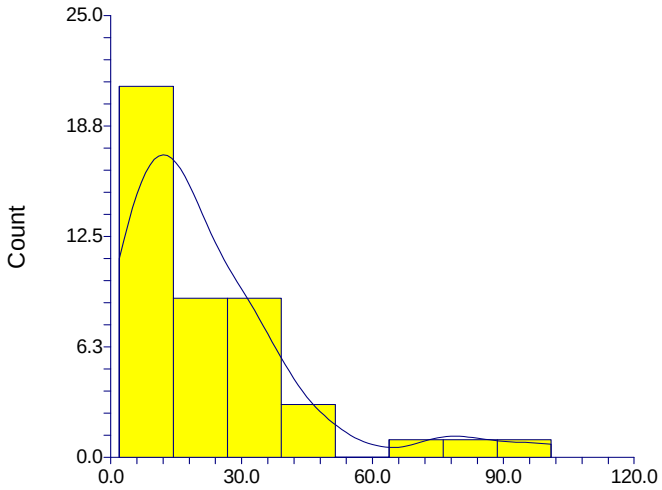


Figure 4.6 The number of days leave taken by staff

The median number of times leave taken was 6 (inter-quartile range 3 to 10). The minimum and maximum was 1 and 22 respectively. There was no significant difference between Professional nurses (median = 6) and Enrolled nurses and nursing assistants (median = 5) in terms of number of times leaves were taken (Mann-Whitney's U test, p = 0.76).

CHAPTER 5
DISCUSSION

A discussion of the findings will be found in this chapter with regard to previous findings in other studies.

5.1 STUDY POPULATIONS

The study sample consisted of 45 (n=45) participants.

5.2 TYPES OF ABSENTEEISM

An analysis of the leave records of nursing personnel in the study sample showed the sick leave trends. The records were further checked to determine the number of nurses absent due to ill health. The following types of absenteeism were looked at.

5.2.1 SICK LEAVE WITH CERTIFICATE

The results as indicated in Table 4.4 show that the number of sick leave days taken by the nurses (n=41) with a sick leave certificate median was 11. There was no significant difference in the number of sick leave days taken with a certificate between professional nurses (median = 11.5) and enrolled nurses and enrolled nurse assistants (median =11). The findings also indicate that the median number of times that sick leave with a certificate was taken was 3 times. There was no statistical significance noted based on category of nurses. The median score for professional nurses = 2.5 times whereas for enrolled nurses and enrolled nurse assistants the median = 3 times p = 0.7. The results are similar to findings by Josias (2005) who conducted a study amongst workers in a selected company in the Western Cape and found out that there was no significant correlation between absenteeism and job level.

5.2.2 SICK LEAVE WITHOUT CERTIFICATE

The findings as presented in Table 4.5 indicate that professional nurses (n = 20) took significantly more sick leave without submitting a sick certificate (median = 6) compared to enrolled nurses and enrolled nursing assistants (median = 2).This is in contrast to results from a study by Lambert et al (2001) which revealed that education level had a negative relationship with absenteeism amongst federal correctional employees. A means test was done where the relationship between absenteeism and education level was measured. The findings were that the mean of the absenteeism measure was lower for those with college degrees compared to those without a college degree (Lambert et al, 2001). Further findings by Lambert et al (2001) were that supervisors generally took less sick leave than their subordinates. (Pearson's $r = .20$, $p \leq .001$). Results from a study by Josephson et al (2008) conducted amongst registered and assistant nurses (n=2293) indicate that the rate of long spells of sick leave was higher among older nurses and assistant nurses compared to registered nurses.

5.2.3 FAMILY RESPONSIBILITY LEAVE

Figure 4.4 indicates that there was no significant difference between in the number of days taken by professional nurses (median = 3) and enrolled nurses and enrolled nursing assistants (median = 5 $p = 0.20$). A study by Scott & McClellan (1990) revealed that more women employees tend to take time off for a sick child or when child has been injured. Bridges & Mumford concur with these findings and add that women with children who are younger than three (3) years tend to be more absent from work.

5.2.4 UNSCHEDULED LEAVE

The number of days of unscheduled leave taken by these nurses (n=4) is described in Figure 4.5. The median was 1. The minimum and maximum number of days were 1 and 61 days respectively. It is noted that professional nurses did not take unscheduled leave during the study period. This concurs with findings by Lambert et al (2001) who found an indication that supervisors have more job satisfaction than non supervisory staff $r = .17$, $p \leq .001$).

5.3 CAUSES OF ABSENTEEISM

5.3.1 ETHNICITY

The results obtained from this study indicate that there was no significant association between categories of nurses who were absent and ethnicity (chi – square test $p = 0.18$). This is in contrast to a study conducted in companies in the United States of America to determine the relationship between absenteeism amongst six hundred and fifty nine (659) Black, White, and Hispanic employees in which Blacks reported significantly more absences than their White counterparts (Avery et al, 2007). A study by Baker & Pocock (1982) revealed that Asian employees had more episodes of absence due to sickness as compared to the Caucasians and West Indians. Asians were also found to have twice as many days off work compared to the Caucasians.

5.3.2 GENDER

Gender was not found to be a significant predictor of absenteeism as the study sample consisted of 98% (n = 44) female nurses and 2% (n = 1) male nurses. Most studies (Mowday et al, 1982.,Lau et al, 2003) attribute the difference in gender linked absenteeism as that females are on most occasions primary care givers of dependants especially for young children (Leigh, 1983). Several

research findings on the relationship between absenteeism and gender reveal that women are more absent from work than men.

5.3.3 NURSE CATEGORY

Contrary to the study by Zondi (1998) which indicates that absenteeism is more frequent in certain job classifications such as enrolled nurse assistants because of repetitive tasks which result in lower levels of motivation, the results of this current study reveal that the median number of times leave taken was 6 (inter-quartile range 3 to 10). The minimum and maximum was 1 and 22 respectively. There was no significant difference between Professional nurses (median = 6) and Enrolled nurses and nursing assistants (median = 5) in terms of number of times leaves were taken (Mann-Whitney's U test, p = 0.76).

5.3.4 AGE

Age is hypothesized to contribute to absenteeism. Ericson (2001) supports this and states that approximately one third of the nursing workforce is over fifty (50) years of age and that the average age of fulltime nurses in hospital is forty nine (49) years. The results of this study are similar to findings in data presented by the South African Nursing Council (Wildschut A. & Mqolozana, T. 2008) which indicate that the highest concentration of nurses in South Africa is between forty (40) and forty nine (49) years of age. Nurses who are younger than twenty five (25) years were found to be in the minority. This finding concurs with the view that nursing is an aging workforce. In this current study there was no significant association between categories of nurses and age (chi-square test p =0.95).

5.4 LIMITATIONS

Absenteeism data might not be correct as there is nobody who checks on attendance of staff members during week-ends and at times, not all absentees

are reported by supervisors after the weekend or public holiday therefore lack of true reflection from data collected regarding absenteeism as data collected might not be representative of actual absenteeism recording due to possible inaccurate data.

The study sample which was used was relatively small and thus reduced the study's generalizability to hospitals with larger nursing staff components.

CHAPTER 6
CONCLUSIONS AND RECOMMENDATIONS

In this chapter, the results obtained from this study were assessed in relation to the aims and objectives of the study, so that appropriate conclusions can be drawn. The limitations of the study were listed. Based on the findings of the study, appropriate recommendations and suggestions for future research were included.

6.1 CONCLUSIONS RELATED TO THE AIMS OF THE STUDY

This was a cross-sectional study that looked at broad issues pertaining to the determination of the extent of absenteeism amongst nursing personnel in De Aar Hospital and to establish the reasons of absenteeism at the Hospital over eighteen (18) months period.

6.1.1 DETERMINATION OF THE EXTENT OF ABSENTEEISM AMONGST NURSING PERSONNEL IN DE AAR HOSPITAL

The study was done so as to be able to determine the extent of absenteeism amongst nurses in De Aar Hospital.
This study has determined the extent of the different absences by nurses in this institution including the factors contributing to absenteeism amongst nurses.

6.1.2 ESTABLISHMENT OF THE REASONS OF ABSENTEEISM IN THE HOSPITAL

It is important to note that absence due to sickness cannot only be considered as an objective means of morbidity because each staff member's sickness absence experience could be reflecting his/her personal perception of ill health.

Additionally, due to the fact that nursing is viewed as comprising of a predominantly ageing work force, nurses are often faced with chronic medical problems as they grow older. This is reflected in the results of this study where the average age of nurses has been found to be 45.6 years (S.D. 8 years).

6.1.3 IDENTIFICATION OF THE NUMBER OF NURSES WHO SUBMIT SICK NOTES AFTER BEING ABSENT

Luz and Green (1997) in their study are of the view that medically certified absence amounted to 60 to 70% of absenteeism amongst employees. This study revealed that out of the total number of nurses who were absent due to ill health (n =45) only three (3) did not produce a sick certificate at all. Therefore the study has demonstrated that the majority of nurses (n = 42) which is 93% of nurses did submit sick notes after being absent due to sickness.

6.2 RECOMMENDATIONS

The role of other variables such as marital status, residential areas, transportation, tenure and job satisfaction were not included in this study although their impact is noted. It is suggested that further research including the above variables will have to be conducted in the future in this hospital so as to determine the effect of these on absenteeism. Job satisfaction should also be assessed through staff satisfaction surveys. This will assist in identifying possible factors that might be contributing to absenteeism. Quality of care for our patients will also be improved through this exercise.

6.2.1 PRESENTATION TO HOSPITAL MANAGEMENT AND DISTRICT

The results and findings of this study will be presented to the hospital management team as well as to the District manager.

6.2.2 FURTHER RESEARCH

The following research studies are suggested to be undertaken:

- Impact of absenteeism on service delivery and economy.
- Costing study to measure implications of absenteeism.

6.3 SUMMARY AND CONCLUSIONS

This study has determined the extent of absenteeism in De Aar Hospital as well as reasons for absenteeism. The results are displaying the importance of ensuring a sustainable health amongst nursing personnel so as to prevent high levels of absenteeism. Managing absenteeism is not an easy task for many organizations. It is imperative that Health Care Managers should identify contributing factors to absenteeism and address them because they play a critical role in health care service delivery. This in turn will result in provision of quality health care and improved health outcomes.

REFERENCES

Aamodt M.G. (2004) Applied Industrial/Organizational Psychology(4th edition. USA

Abeles LR. 2009. Absenteeism Among Teachers – Excused Absence and Unexcused absence. International Journal of Educational Administration 1(1-2): 31-49.

Aldane S. & Pronk N. 2001.Health promotion programs. Modifiable employee absenteeism. Journal of Occupational Environment 43 (1)

Anderson AE. 2004. What's absent in absence management. Employee benefits Journal 29(1): 25-30.

Armacost KA. & Bennet RG. 1999. Managing Nursing Assistant Absenteeism. Journal of Nursing Administration.

Avery, DR. et al 2007. Unequal attendance: The Relationship Between Race, Organizational Diversity Cues and Absenteeism.

Al Ma'aitah R, Cameron S, Armstrong-Stassen M, and Horsburgh ME. 1999. Effect of gender and education on the quality of nursing work life of Jordanian nurses. Nursing and Health Care Perspectives, 20(2), 88-94.

Bamgboye EA and Adeleye AI. 1992.Sickness absenteeism in a Nigerian Teaching Hospital. East African Medical Journal**,** 69 (8): 450-455

Blau GJ. 1985. The measurement and prediction of career commitment. Journal of Occupational Psychology 58: 277-288.

Boarbonnais R. Vinet A, Meyer F., Goldberg, M. 1992. Certified sick leave as a non specific morbidity indicator: Journal of Industrial Medicine v 49 (10) pp 673-678.

Booysen F, Geldenhuys J, and Marinkov M. 2003. The impact of HIV/AIDS on the South African Economy: A Review of Current Evidence. < http://www.tips.org.za/node/329/>

Booyens SW. 1993. Dimensions of Nursing Management, 2nd Edition Lansdowne: Juta & Co. Ltd

Booyens SW. 2002. Dimensions of Nursing Management, 2nd Edition. Lansdowne: Juta & Co, Ltd.

Bridges & Mumford. 2000. Absenteeism in the UK: a comparison across genders. York: University of York. <http://www.york.ac.uk/media/economics/documents/discussionpapers/2000/0012.pdf>

Briner R. 1999. Absence from work. In :Snashall D, ed. ABC of work related disorders. London: BMJ Publishing group.

Brooke PP. 1986. Beyond the Steers and Rhodes Model of Employee Attendance. Academy of Management Review 11(2): 345-361.

Buschak M, Craven C, Ledman R. 1996. Managing Absenteeism for Greater Productivity SAM Advanced Management Journal,.61: 26-30.

Bydawell M. 2000. Managing people who don't come to work. People dynamics 18 (4): 15-19.

Cascio WF. 2003. Managing human resources: Productivity, Quality of Work Life, Profits, 6th edition., McGraw-Hill, Boston, M.A.

Chadwick-Jones 1982. Social Psychology of Absenteeism. New York: Prager

Chatterji, M. and Tilley, C. 2002. Sickness, Absenteeism, Presenteeism and sick pay. Oxford Economic Papers, 54(4): 669-687.

Chauke BP. 2007. The impact of absenteeism on the private security industry in Gauteng Province, South Africa. (thesis): Pretoria: University of South Africa. http://uir.unisa.ac.za/xmlui/bitstream/handle/10500/1268/dissertation.pdf?sequence=1>

Cheek FE & Miller MDS. 1983. The experience of stress for correctional officers: a double - bind theory of correctional stress. Journal of criminal justice, 11(2): 105-120.

Dalton DR. & Enz CA. 1987. Absenteeism in Remission. Planning, Policy, Culture, Human Resource Plan

Davey MM, Cummings G, Newburn-Cook and Lo. 2009. Predictors of nurse absenteeism in hospitals: a systematic review. Journal of Nursing Management, 17: 312–330.

DPSA. 2008. Determination on leave of absence in the public service. Http://www.dpsa.gov.za/documents/cos/2008/17_5_p_8_07_2008pdf [accessed 20/10/2012]

Du Plessis A, Visser D, Fourie L. 2003. Die omvang en aard van afwesigheid in die werkplek; ‘n Suid – Afrikaanse geval studie. South African Journal of Industrial Psychology, 29 (1): 58-67.

Egan M.& Kadushan G. 2004. Job Satisfaction of Home Health Social Workers in the Environment of Cost Containment. v 4: pp 287-295

Erickson RJ, Nichols L and Ritter C. 2000. Family Influences on Absenteeism: Testing an Expanded Process Model. Journal of Vocational Behavior 57(2), 246–272.

Ericson, D. 2001. 'Lessons in absenteeism management', Benefits Canada, 25: 89–91.

Ferris GR, Bergin TG, & Wayne SJ. 1988. Personal Characteristics, Job Performance and Absenteeism of Public School Teachers. Journal of Applied Social Psychology, 18(7): 552–563.

Fraser FK. 2002. Impact of HIV/AIDS on small and medium enterprises in South Africa. South African Journal of Economics, 70 (7): 575-583

Fried Y., Melamed, S. & Ben-David, H. 2000. The joint effects of noise, job complexity, and Gender on Employee Sickness Absence.Journal of Occupational and Organizational Psychology. v75: pp 131-144

Garcia- Prado A. and Chawla M. 2006. The impact of hospital management reforms on absenteeism in Costa Rica. Health Policy and Planning, 21(2): 91-100

Gaudine & Saks 2001. Effects on an Absenteeism Feedback Intervention on Employee Absence Behavior. Journal of Organizational Behavior, v22

Gross GR, Larson, SJ, Urban GD, & Zupan LL 1994. Gender differences in Occupational Stress among Correctional Officers. American Journal of Criminal

Justice. 18 pp 219-234

Hackett RD. 1990. Age, tenure and employee absenteeism. Human Relations, 43(7): 601-619.

Hammer TH. and Landau JC. 1981. Methodological issues in the use of absence data. Journal of Applied Psychology, 66 (5), 574–581.

Hogue E. & Islam M. 1999. Contribution of some behavioural factors to absenteeism of manufacturing workers in Bangladesh. Pakistan Journal of Psychological Research, 18, 81-95

Huczynski A and Fitzpatrick M.1989. Managing employee absence for a competitive edge, London: Pitman Publishing.

nn Huczynski and Fitzpatrick. 1989. Managing employee absence for a competitive edge. London; Pitman Publishing.oo. Ichino A., and Moretti E. 2006. Bilogical Gender Differences. Absenteeism and the Earning Gap. Cambridge. UK.

Ivancevich, JM and Matteson MT. 1980. Stress and work: A managerial perspective. New York: Scott, Foresman.

Jamel M. 1981. Shift work related to job attitudes, social participation and withdrawal behaviour. A study of nurses and industrial workers. Personnel Psychology, 34(3): 535–547.

Josias, BA. 2005. The Relationship Between Job Satisfaction and Absenteeism i a Selected Field of Service Section within an Electricity Utility in the Western

Cape. Belville, Cape Town.

Kass 2001. StateTrait Boredom: Relationship to Absenteeism. Tenure and Job Satisfaction. Journal of Business and Psychology. v16 (9): pp 317-327

Katzenellenbogen J.M., Joubert G., Abdool Karim S.S. 2005: Epidemiology: A Manual for South Africa. 7th ed. Oxford University Press. South Africa

Khumalo NF. 2001. The impact of nursing staff absenteeism on patient care and nurses in medical and surgical wards at Ngwelezana Hospital, KwaZulu Natal. (thesis): Richards Bay: University of Zululand.

Kruger PC. 2008. The relationship between personality and biographical factors in absenteeism. (thesis). Pretoria: UNISA

Lambert EG. 2001. Absent Correctional Staff: A discussion of the issue and recommendations for future research. American Journal of Criminal Justice. 25 (2): 279-292.

Lambert E, Edwards C, Scott D, Camp WG, and Saylor E. 2005. Here today, gone tomorrow, back again the next day. <http://www.bop.gov/news/research_projects.../lambert_jcj2005.pdf>. (Accessed 23.06.2009)

Latham GP and Purcell ED. 1977. Measuring Attendance. Journal of Applied Psychology, 62: 239-246.

Lawler, EE. III., 1992. The Ultimate Advantage. San-Fransisco: Jossey-Bass.

Lee JB and Erikson LR. 1990. The effect of a policy change on three types of absence. Journal of Nursing Administration 20 (7/8): 37-40.

Levy A. & Associates. 2004. How to deal with unauthorized absenteeism at the work place. Johannesburg: Andrew Levy and Associates (Pty) Ltd.

Locke EA. 1970. Job satisfaction and job performance: A theoretical analysis, Organizational Behaviour and Human Decision Process, 5(5): 484–500.

Luthans F. 1995. Organizational Behavior. (7th Edition). McGraw-Hill, Inc

Martocchio J. 1989. Age related differences in employee absenteeism: A meta-analysis. Psychology and Aging 4(4): 409-414.

Matteson et al 1990. Financial Stress and Workplace Absenteeism

Matrunola P. 1996. Is there a relationship between job satisfaction and absenteeism? Journal of Advanced Nursing, 23: 827-834

McDonald JM and Shaver, AV. 1981. An absenteeism control program. Journal of Nursing Administration, 11(5): 13-18.

McHugh 2001. Factors Contributing to Absenteeism of Nurses in Primary Care Centres in the Ethekwini Municipal District of Kwazulu Natal.

McNeese-Smith, DR. 1997. The Influence of Manager Behavior on Nurses Job Satisfaction, productivity and Commitment

Michie S and Williams S. 2003. Reducing Work Related Psychological Ill Health and Sickness Absence. Occupational Environmental Medicine 60: 3-9.

Michie S, Wren B, Williams S. 2004. Reducing absenteeism in hospital cleaning staff: pilot of a theory based intervention. Occupational Environment Medical Journal, 61: 345-349.

Mowday R, Porter L and Steers R. 1982. Employee-organisations linkages The psychology of commitment, absenteeism and turnover. London: Academic Press.
Mueller CW.et al 1990. The Effects of Group Racial Composition of Job Satisfaction, Organizational Commitment and Career Commitment. Work and Occupations,v 26 (2)

NCSS. 2007. NCSS statistical analysis and graphics.
http://www.ncss.com/ncss.html (

Nel PS, Van Dyk PS, Haasbroek GD. 2004. Human Resource Management. 6th Edition. Oxford University Press . South Africa.

Nicholson N. 1977. Absence behaviour and attendance motivation, Journal of Management studies, 14 (3): 231–252.

Nyathi NM. 2005. Factors contributing to absenteeism amongst nurses : a management perspective. (thesis): Pretoria: University of South Africa.
Author

Nyathi M and Jooste K. 2008. Working conditions that contribute to absenteeism among nurses in a provincial hospital in the Limpopo Province. Curationis. 31(1):28-37.

Orrick, D. 2004. Controlling Abuse of Sick Leave. International Association of Chiefs of Police. v10 (1): 2-3

Parker PA and Kulik JA. 1995. Burnout, self and supervisor-rated job performance, and absenteeism among nurses. Journal of Behavioral Medicine 18 (6): 588-599.

Pillay, R. 2009. Work satisfaction of Professional Nurses in South Africa, Bellville, Cape Town. (thesis): University of Cape Town.

Steers RM and Rhodes SR. 1978. Major influences on employee attendance: a process model. Journal of Applied Psychology, 63 (4): 391-407.

Rhodes, SR. and Steers RM. 1990. Managing employee absenteeism. Addison: Wesley Publishing Company

Robbins et al 2003. Organizational Behavior: Global and Southern African perspectives. Johannesburg: Pearson Education

Robinson SL and Bennet RJ. 1995. A typology of deviant work place behaviours: A multidimensional scaling study. Academy of Management Journal. 38: 555–572.

Robbins, S.P. 1989. Organisational behaviour: Concepts, controversies, applications. 8th edition. New Jersey: Prentice Hall

Rosen SM, Simon J, Vincent JR, MacLeod W, Fox M and Thea DM. 2003. AIDS is your business. Harvard Business Review, February: pp. 81-87.

Rosenblatt Z.& Shiron A. 2005. A Panel Study of the Effects of School Positions and Promotions on Absenteeism in the Teaching Profession. Journal of

Occupational and Organizational Psychology. v 79 (4). pp 622 -644.

Rhodes SR and Steers RM. 1990. Towards a conceptualization of absence behaviour. Reading, MA: Addison Wesley.

Sagie, A. 1998. Employee absenteeism, Organizational Commitment, and Job Satisfaction: Another Look. Journal of Vocational Behavior, 52 (2): 156-171.

Scott, D.& McLellan, EL.1990. Gender Differences in Absenteeism. Public Personnel Management

Scott KD., & Taylor GS., 1985.An Examination of Conflicting Findings on the Relationship Between Job Satisfacation and Absenteeism: A Meta-Analysis. Academy of Management Journal. 28, 599-612.

Siu, O 2002. Predictors of Job Satisfaction and Absenteeism in two samples of Hong Kong Nurses. Journal of Advanced Nursing 40, 218-229

Steers, R.M. & Rhodes, S.R. 1984. Knowledge and Speculation About Absenteeism, in: Goodman P.S. & Atkin R.S. (Eds.), Absenteeism, Jossey-Bass Publishers.

Rhodes SR and Steers RM. 1990. Towards a conceptualization of absence behaviour. Reading, MA: Addison Wesley.

South Africa. 1997. The Basic Conditions of Employment Act 75 of 1997. Pretoria: South Africa.

Unden, A. 1996. Social support at work and it’s relationship to absenteeism. Work and Stress, 10 (1): 46-61.

Van den Heever, AM. 2003. Evaluation of the Sectoral Impact of HIV and AIDS in South Africa: A Methodological Review. Pretoria

Van Dierendock D. Blanc PML., & Breukelen W. 2002. Supervisory Behavior, Reciprocity and Subordinates Absenteeism. Leadership and Organizational Development Journal

Walfin, 1981. The connection between absence and substitutions in Israel industry. Tel-Aviv University.

Ward, RH. & Hirsch, NA. (1985). Reducing Employee Absenteeism: A Program that Works. Personnel Journal. v 6.

Wildschut A. and Mqolozana T. 2008. Shortage of nurses in South Africa: Relative or absolute?

Wing, M.1999. Nursing Makes You Sick

Wood, G. 1998. Absenteeism: Worse Workplace Goodwill Wanes Productivity.

Zipes SJ.1987. Associates for Life Enhancement

Zondi QC. 1998. The impact of nursing staff absenteeism on patient care and nurses in medical and surgical wards at Ngwelezana Hospital, KwaZulu Natal. (dissertation): Ngwelezane Nursing College, Kwa-ZuluNatal.

APPENDICES

APPENDIX A: ETHICS CLEARANCE CERTIFICATE AND LETTERS OF PERMISSION

APPENDIX B: DATA COLLECTION SHEET