CHAPTER 1

ORIENTATION TO THE RESEARCH STUDY

1.1   INTRODUCTION

Absenteeism of nurses places a continual strain on the already limited number of nursing staff in health care institutions in this country. This affects the ability of such an organisation to cope effectively with the challenges presented by its environment and it has a disruptive effect on the functioning of this kind of an organisation (McHugh 2001:2; Van der Walt 1999:49). A sufficient number of nurses is essential for the delivery of quality nursing care in health care institutions. Nurses form the backbone of the health care delivery system worldwide and adequate nursing staff members are needed to address the health care needs of the community in this country as well.

Historically, health care institutions have had serious problems with absenteeism of nurses (Sullivan & Decker 1992:389). Matrunola (1996:827) states that nursing is an inherently demanding profession, with more focus on the patient than on the provider of patient care. Nurses perform their patient care activities without adequate support from the nurse manager (Van Dierendonck, Le Blanc & Van Breukelen 2002:1). This results in stress stemming from work pressure, which lowers the nurses' morale and leads to absenteeism in the workplace.

Absenteeism is a growing problem for organisations (Wood 1998:27). Employees may be absent from work for reasons that include personal reasons and unsatisfactory working conditions (Kass, Vodanovich & Callender 2001:318). The root cause of absenteeism may be partly attributable to the way in which organisations are managed, such as unfairness (De Boer, Bakker, Syrott & Schaufeli 2002:183; McHugh 2002:2).

Absenteeism can escalate to the point that it directly affects the smooth running of an institution (Bydawell 2000:18). Research findings show that many health care institutions poorly monitor and record absenteeism of nurses in the workplace (Bydawell 2000:18; Timmins & Kaliszer 2002b:586). This means that nurse managers frequently tolerate absenteeism until it interrupts work schedules (Johns 1997:236).

Borda and Norman (1997:381) confirm that absenteeism of nurses leads to an increased staff shortage in health care institutions. Nurse managers and patients alike expect nurses who are on duty to complete all their allocated tasks on time and meet the health care needs of patients irrespective of staff shortages.

Nurse managers experience difficulties in altering work schedules and reallocating the nursing tasks of those who are absent from work to the nurses who are present, to ensure the continuity of patient care in the unit (Taunton, Perkins, Oetker-Black & Heaton 1995:82). A nurse allocated to stand in for an absent colleague may be unfamiliar with the tasks to be performed. He or she may need orientation and more supervision from the unit manager to perform newly allocated tasks (Gaudine & Saks 2001:15). Specialist nurses are possibly not replaced with nurses with similar skills, which results in performance and safety issues for the organisation (Gaudine & Saks 2001:15). For example, if an intensive care nurse is replaced with a general nurse, patient care may be compromised.

Absenteeism and the resultant increased workload for the nurses who stand in for them could lead to a situation in which patient care is provided under pressure, thereby lowering the quality of patient care (McHugh 2001:5). The remaining nurses experience work-related stress, which adversely affects their morale. This may in turn cause absenteeism (Sarudi 2000:14).

The inevitable outcome of this is that various tasks are not completed and that scheduled deadlines are missed (McHugh 2001:5).

Absenteeism of nurses has huge financial implications for health care institutions and it is estimated that absenteeism of nursing staff costs South Africa in excess of ten billion rand per year (Arendse 1996:14; Gaudine & Saks 2001:15). Financial costs stem from sick leave benefits paid to absentees and the hiring of replacement nurses (McHugh 2002:4). Revenue is lost because absent employees receive full benefits without rendering health services (Mngomezulu 2001:39; Rowland & Rowland 1997:523). Replacement nurses must also be paid and this places strain on the organisational budget (Taunton, Hope, Woods & Bott 1995:217).

Since most of the health care institutions do not have suitable methods to measure and monitor absenteeism, nurse managers have to acquire knowledge and skills in order to manage the high rates of absenteeism in the workplace (Bydawell 2000:18). Identifying the causes of absenteeism would be a good starting point in the search for solutions to the problem (Van der Walt 1999:49). Bydawell (2000:18) states that if reasons for absenteeism are not measured, it cannot be managed.

This study was therefore aimed at identifying factors that contribute to the absenteeism of nurses in the workplace. Wood (1998:26) points out that when absenteeism is very high, management intervention will result in fewer employees being absent from work. Knowledge of various managerial strategies to deal effectively with absenteeism is essential for nurse managers. This study also recommended managerial strategies that could assist nurse managers in the Limpopo Province of South Africa to manage absenteeism in the workplace.

1.2   BACKGROUND TO THE PROBLEM

Literature reveals that several factors could lead to absenteeism in the workplace. Timmins and Kaliszer (2002a:260) state that the ***nurse's characteristics and the personal circumstances of the nurse*** may contribute to absenteeism. In Canada, the research study by Gellatly and Luchak (1998:1087) found that there is a high rate of absenteeism among nurses who have no strong personal relations within the immediate work group. Gellatly and Luchak (1998:1097) state that the individual's perception of the norms of absence from the

work group plays a role in absenteeism. The nurse's understanding of what is normal and acceptable in the workplace depends on the individual personality, but not on the work group. The nurse who perceives the absence norms of his or her group as normal will automatically be influenced to adapt such behaviour. Haccoun and Jeanrie (1995:167) found that individual absence patterns depend on the personal attitudes of the nurse towards his or her work. Nurses with a negative work attitude contribute to a higher rate of absenteeism in the workplace than those with a positive work attitude.

In South Africa absenteeism due to nurses' characteristics and their personal circumstances has also been reported in literature. The research study by Ncayiyana (1999:345) found that the high rate of absenteeism in health care organisations is due to nurse characteristics such as minor physical illnesses. Bhengu (2001:52) found that personal circumstances such as attending to additional jobs contribute to the absenteeism of nurses in South African health care organisations.

Manager characteristics also contribute to absenteeism among nurses (Taunton et al. 1995:218). In the United States of America, the research study by Tai, Bame and Robinson (1998:1920) found that conflict between the nurse manager and nursing staff is the most common cause of high staff turnover and the absenteeism of nurses in the workplace. According to their research reports, conflict between the nurse manager and nursing staff contributes to 85% of absenteeism in the workplace (Tai et al. 1998:1920). Nurses tend to avoid the situation by being absent from the workplace. The research study by Cooper (1999:541) found that nurses perform their allocated nursing tasks without the support of a nurse manager. It may not be possible for the nurse manager to support all the nursing staff in the unit. This creates feelings of distance and isolation, which leads to high rates of absenteeism in the nursing unit.

The research study by Song, Daly, Rudy, Douglas and Dyer (1997:451) revealed that the lack of a participative management style contributes to absenteeism in the workplace. The nurse manager makes the decisions alone and nurses are not involved in making decisions about issues that affect their daily operational activities.

Bydawell (2000:17) found that the lack of managerial skills to deal appropriately with the problems of nursing staff contributes to a high rate of employee absenteeism in the workplace in South Africa. Employees stay away from work, because they feel that they will not receive help when they experience problems.

Work characteristics may also contribute to the absenteeism of nurses in the workplace. According to De Boer et al. (2002:182), working conditions such as the assignment to scheduled working hours and the allocation to replace absent colleagues contribute to absenteeism of nurses in the workplace. In Florida, the research study by Kass et al. (2001:318) revealed that repetitive tasks cause boredom, which contributes to absenteeism.

Across Europe, health care organisations have high rates of reported illness absence among nurses in the workplace (Time 2003:42). In British hospitals, where nurses are overworked and underpaid, the culture of sickness absenteeism allegedly costs the government billions of pounds. British hospitals are also faced with poor staffing levels, which are often aggravated by a high rate of absenteeism among nurses (Payne 1999:14). Nurses work under the constant threat of public violence and criticism. Nurses are often abused both verbally and physically by patients and their relatives. The public also blame nurses, through the media, for the decline in the quality of patient care in hospitals (Wills 1999:21; Wing 1999:24).

The same is true for South African health care institutions, where work-related issues such as low pay, lack of incentives and poor working conditions demoralise nurses and contribute to absenteeism (Femina 2000:118; Mngomezulu 2001:39; Mzolo 2001:38). Bydawell (2000:16) found that in South Africa, physical exhaustion due to work pressure could also lead to absenteeism.

Other factors that could contribute to the absenteeism of nurses in the workplace are the *organisational characteristics* (Van der Walt 1999:49). The research study by Taunton et al. (1995:225) revealed that the lack of attendance policies and benefits systems in the organisation contributes to absenteeism of nurses in Europe. Other factors are the lack of

communication channels to upper management and inadequate employee selection, placement and orientation (Roos 1998:361).

According to Geurts, Schaufeli and Rutte (1999:254), nurses agree to make contributions to the organisation, for which they expect, in return, benefits that are proportional to their contributions. Absenteeism occurs if the nurse's expectations are not fulfilled by, for example, promotion. In the Netherlands the research study by Janssen, De Jonge and Bakker (1999:1366) revealed that the lack of career progression in the workplace lowers staff morale, because it results in limited opportunities for vertical growth. This ultimately affects nurses' work attendance patterns and contributes to a high staff turnover and absenteeism among nurses. Wills (1999:21) states that the high rate of absenteeism among nurses is due to issues of budget constraints in health care institutions. This causes inadequate provision of sufficient equipment for nurses to provide quality patient care, which may lead to increased stress levels among nurses.

In South African health care organisations, issues such as working in a hostile environment and facing unprecedented levels of violence and stress are bound to affect nurses' health (Femina 2000:118). Bhengu (2001:52) found that low salaries, which prevent nurses from keeping up with the inflation rate, contribute to absenteeism. Experts believe that employee absenteeism is more the result of organisational variables than employee characteristics and that absenteeism could be eliminated through organisational change (Gillies 1994:284).

From the above discussions, it is clear that absenteeism among nurses in the workplace is both a national and an international problem, and that it has dire consequences. It must therefore be addressed and ways must be found to combat this problem.

1.3   RESEARCH PROBLEM

From the national and international literature, it is evident that absenteeism among nurses is a problematic issue. The researcher has also observed a tendency to absenteeism among nursing staff in the surgical unit where she works as a unit manager. While research has

been done elsewhere to identify the different factors that contribute to absenteeism amongst nurses, the factors that are at play in a Government Hospital of the Limpopo Province have not been investigated and documented formally. The specific reasons for absenteeism in the units in this Government Hospital are unclear.

Both the nursing staff and the patients in this hospital experience the consequences of poorly managed absenteeism. The consequences include a strain on the staff budget, an increased workload for those who do report for duty and deterioration in the quality of patient care provided.

Effective management of absenteeism depends on knowledge of the factors that contribute to it. The absence of this information would impact negatively on efforts to establish strategies to manage absenteeism, effective staff utilisation, staff productivity and harmony in the units. The problem statement, stated in interrogative form, is:

Which main factors contribute to absenteeism among nurses in this State Hospital in the Limpopo Province?

The following research questions have emerged from the problem statement:
- Which *characteristics of the nurse* contribute to absenteeism?
- Which *characteristics* of the nurse *manage*r contribute to absenteeism?
- Which *characteristics of the work* contribute to absenteeism?
- Which *organisational characteristics* contribute to absenteeism?

1.4   THE PURPOSE OF THE STUDY

This study identified and described the main reasons for absenteeism among the nursing staff of a Government Hospital in the Limpopo Province of South Africa. This resulted in a description of recommendations, which could be used by nurse managers in combating absenteeism among nurses in this Government Hospital.

1.5   DEFINITIONS OF TERMS

1.5.1 Nursing

Nursing (noun) is a caring profession which enables and supports the patient, ill or well, at all stages of life, to achieve and maintain health, or where this is not possible, to live in dignity until death (South Africa 1978:1). *Nursing* (verb) refers to all the nursing activities performed by a nurse to render quality patient care.

1.5.2 Nurse

The term *nurse* refers to a person who is specially prepared and registered to provide care to the sick or well, to maintain a state of complete health for the individual (Blackwells Dictionary of Nursing 1994:459).

A registered nurse is a professional person who has undergone a specialised form of training over a period of time, at a recognised institution, and has a licence to practise following an examination before being registered with the South African Nursing Council (Mellish & Brink 1994:6). A registered nurse is a person who is registered as a nurse, in terms of the Nursing Act (South Africa 1978:1). In this study a registered nurse will be referred to as a professional nurse.

The term sub-professional nurse will refer to enrolled nurses and enrolled nursing assistants.

1.5.3 Manager

A manager is a person who controls the activities of others in a team or an institution (Concise Oxford Dictionary 1995:614). The term manager or nurse manager will in this study refer to the registered nurse who supervises and directs the nursing care activities of subordinates.

1.5.4 Absenteeism

Absenteeism is defined as the failure of an employee to report for work as scheduled, regardless of the reason (Bydawell 2000:15). According to Wood (1998:26), absenteeism is the withdrawal of an individual employee from the process of production, for individual personal reasons, usually for health or compassionate reasons. The term absenteeism in this study will refer to staying away from scheduled work, for one day or longer, due to personal reasons, or due to characteristics of the manager, work and organisation.

1.5.5 Strategies

Strategies are overall plans for the application of methods and techniques in pursuit of a goal (Gillies 1994:601). The term strategy in this study will refer to managerial methods and actions that can be applied by a nurse manager to combat the absenteeism of nurses in the workplace.

1.5.6 Factors

Factors are circumstances, facts or influences contributing to positive or negative results (Concise Oxford Dictionary 1995:346). The term factors will, in this study, refer to characteristics of the nurse, the manager, the work and the organisation which may contribute to the absenteeism of nurses.

1.6   CONCEPTUAL FRAMEWORK OF THE STUDY

A conceptual framework is a set of interrelated concepts, that are grouped together in a rational scheme by virtue of their relevance to a common theme (Polit & Hungler 1995:658). The title of this study focuses on absenteeism amongst nurses in the workplace.

In the discussion of the background to the problem and in outlining the research questions, four main aspects of absenteeism were identified as the major factors that contribute to

absenteeism among nurses. They are the *characteristics* of the *nurse, characteristics* of the *manager, characteristics* of the *work* and *characteristics of the organisation*. These four aspects correlate with the four main components of the framework of Taunton et al. (1995:218). This framework (figure 1) outlines important aspects of each of the four components that are relevant to absenteeism. It was decided to use the concepts outlined in the four components of the framework of Taunton et al. (1995) as a departure point for the literature study, and to plan the structure and substance of the questionnaire.

Fig 1.1   Conceptual framework
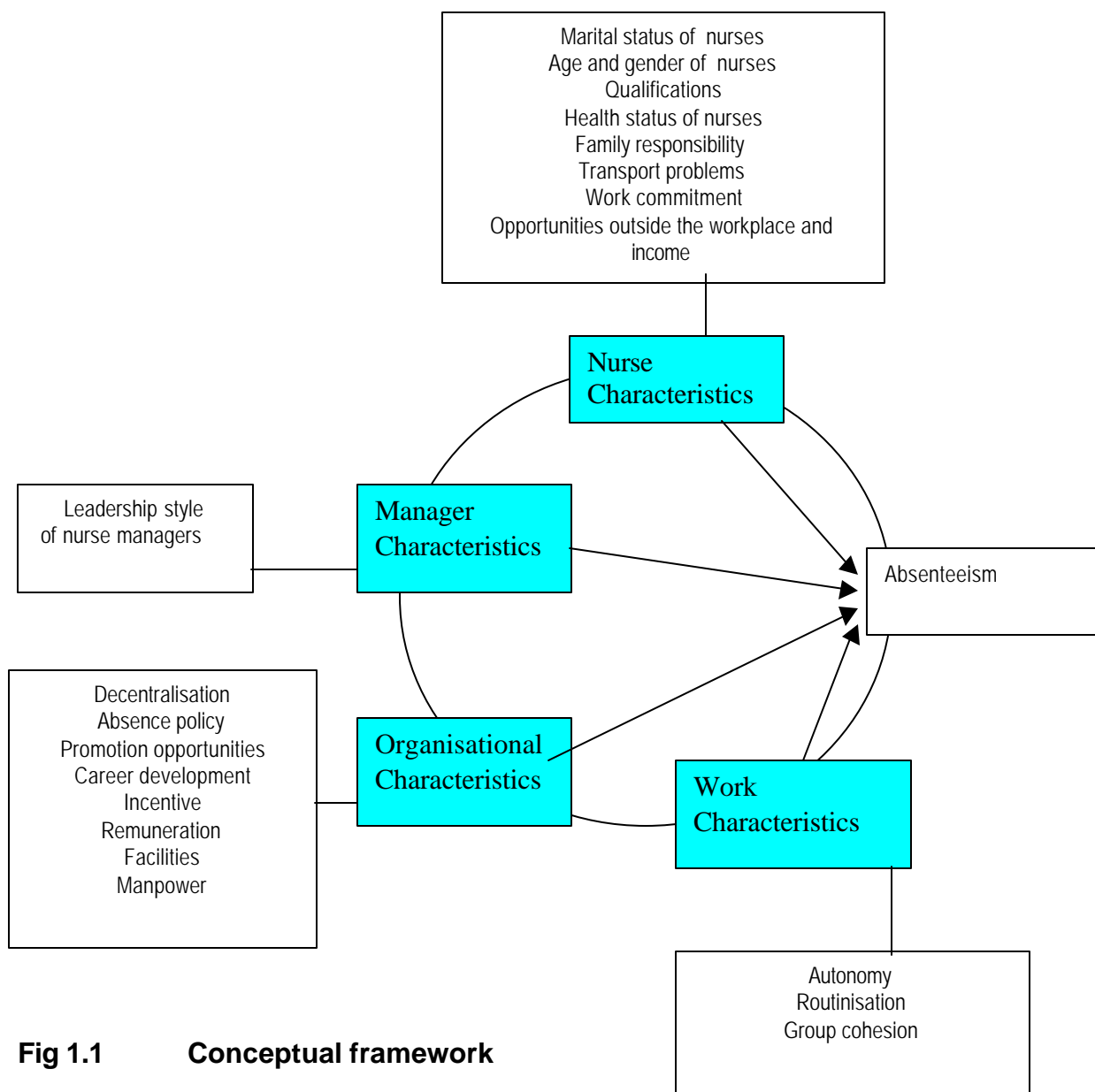
The four main components of the framework as well as the concepts outlined in each component in (figure 1) are briefly discussed below.

- ***Characteristics of the nurse***

The characteristics of the nurse that contribute to absenteeism include health status and personal circumstances. Absenteeism of nurses is often related to age and gender. Younger and older nurses have a higher rate of absenteeism than middle-aged nurses (Gillies 1994:285). The level of academic achievement could have an influence on the work attendance of the nurse. Being overqualified for the job or finding the job boring and becoming frustrated could lead to absenteeism (Forster 1995:79).

Poor physical health of the nurse could lead to his or her absenteeism in the workplace. Personal circumstances such as the marital status of the nurse and family responsibility could also contribute to absenteeism, because nurses often have conflicts at home. Gender differences regarding frequency of absence could be influenced by the extent of family commitment. Nurses are also faced with the responsibility of balancing their social life and their work. It is true, however, that in most instances nurses fail to report to work because of their lack of work commitment. Nurses are often absent from work because of the presence of other work opportunities. This occurs when there are other organisations close by that offer nurses part-time work. Nurses who travel great distances from home to work could have transport problems that may prevent them from showing up for work regularly (Taunton et al. 1995:218).

- ***Characteristics of the manager***

The characteristics of the manager that contribute to absenteeism are associated with his or her leadership style (Taunton et al. 1995:218). The inappropriate use of power, the failure of the nurse manager to motivate nursing staff and the use of an autocratic leadership style could contribute to absenteeism of nurses in the workplace.

- *Characteristics of the work*

There are various *characteristics of the work* that could contribute to absenteeism among nurses. Nurses could be absent from work because of the lack of autonomy. Autonomy allows or encourages individual decision-making in the daily operational activities in the workplace (Taunton et al. 1995:228). A routine refers to a regular course of procedures (Concise Oxford Dictionary 1995:910). The manner in which work routine is planned in the workplace could contribute to the absenteeism of nurses. Group cohesion is the degree to which members of an organisation have close relationships with one another in the organisation (Taunton et al. 1995:228). Cohesion is the tendency to stick together (Concise Oxford Dictionary 1995:181). The lack of group cohesion could contribute to the absenteeism of nurses in the workplace.

- *Characteristics of the organisation*

Characteristics of the organisation that contribute to absenteeism of nurses include decentralisation, that is the delegation of decision-making powers to middle and lower level managers (Gillies 1994:469). Nurses might experience difficulties in making decisions on certain tasks and become absent from work. Other issues are the lack of promotion opportunities and the lack of career development opportunities, incentives and equipments. Absenteeism could also be attributed to the absence of an absenteeism management policy, inadequate remuneration, and manpower shortages (Taunton et al. 1995:218). The failure to address these issues in the workplace could result in nurses being absent.

1.7   RESEARCH DESIGN AND METHOD

A quantitative, descriptive study was conducted to investigate and describe the factors contributing to absenteeism among nurses in the workplace. This design supports the collection of numerical data by using a structured self-report instrument, and statistical data analysis (Polit & Hungler 1999:466). This was a population study, as data was collected

involving the whole population of nurses in one Government hospital. The research design and method are outlined in chapter 3.

1.8 LAYOUT OF THE FINAL REPORT

The report will be presented as indicted in table 1.1

Table 1.1   Layout of the final report

CHAPTER	CHAPTER HEADING	CHAPTER CONTENT
1	Orientation to the research	The chapter deals with the research problem, purpose and rationale of the study. The foundations of the research, and the research design and method are discussed.
2	Literature review	In this chapter, various aspects related to absenteeism are discussed.
3	Research design and method	This chapter deals with the research design and method, and aspects related to reliability and validity of the study.
4	Data presentation and discussion	In this chapter, the research findings are presented.
5	Conclusions and recommendations	This final chapter deals with the interpretation of the research results.

1.9 CONCLUSION

Absenteeism of nursing staff is yet another burden that the already limited number of staff in the hospitals face and that causes a `staff shortage. Absenteeism has many disadvantages such as an increased workload and the disruption of the nurses' work schedules. It lowers the morale of nurses and this lowering of the morale can affect the quality of patient care negatively. It also impacts negatively on the organisational budget. Four main components of the framework regarding absenteeism are the characteristics of the nurse, characteristics of the manager, characteristics of the organisation and characteristics of work. Absenteeism was investigated by addressing the objectives of the study that relate to these four main components. In chapter 2 the literature on absenteeism will be reviewed according to the conceptual framework.